SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization LITTLE COMPANY OF MARY HOSPITAL OF INDIANA, INC

Employer identification number 35-0985964

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
[X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities			
[ ] Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	X	
[ ] 100% [ ] 150% [X] 200% [ ] Other _____ %			
b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	X	
[ ] 200% [ ] 250% [ ] 300% [ ] 350% [X] 400% [ ] Other _____ %			
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1216335.		1216335.	.57%
b Medicaid (from Worksheet 3, column a)			22044894.	24143649.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			23261229.	24143649.	1216335.	.57%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,247.		2,247.	.00%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			2,247.		2,247.	.00%
k **Total.** Add lines 7d and 7j			23263476.	24143649.	1218582.	.57%

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	11,476,004.	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	47,040,829.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	44,216,657.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	2,824,172.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other		

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 MEMORIAL HOSPITAL & HEALTH CARE CENTER 800 W 9TH ST JASPER, IN 47546 WWW.MHHCC.ORG 17-005102-1	X	X					X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group MEMORIAL HOSPITAL & HEALTH CARE CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 17			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): WWW.MHHCC.ORG			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [X] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 17			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		X
a If "Yes," (list url):			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group MEMORIAL HOSPITAL & HEALTH CARE CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[ ] Medical indigency			
e	[ ] Insurance status			
f	[ ] Underinsurance status			
g	[ ] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): WWW.MHHCC.ORG			
b	[X] The FAP application form was widely available on a website (list url): WWW.MHHCC.ORG			
c	[X] A plain language summary of the FAP was widely available on a website (list url): WWW.MHHCC.ORG			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[ ] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group MEMORIAL HOSPITAL & HEALTH CARE CENTER

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- **c** ☒ Processed incomplete and complete FAP applications
- **d** ☒ Made presumptive eligibility determinations
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group MEMORIAL HOSPITAL & HEALTH CARE CENTER

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☒	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		X
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		X
	If "Yes," explain in Section C.		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MEMORIAL HOSPITAL & HEALTH CARE CENTER:

PART V, SECTION B, LINE 5: A SERIES OF FOCUS GROUP AND ADVISORY COUNCIL MEETINGS WERE CONDUCTED TO PROVIDE AN OPPORTUNITY AND FORUM FOR COMMUNITY REPRESENTATIVES TO PARTICIPATE IN IDENTIFYING HEALTH NEEDS. THERE WERE 143 PEOPLE THAT PARTICIPATED IN THE FOCUS GROUP FEEDBACK PROCESS FOR THE 2017 CHNA. THE ADVISORY COUNCILS WERE DEVELOPED IN 2014 AS A WAY FOR THE HOSPITAL TO STAY CONNECTED WITH EACH COUNTY OUTSIDE OF DUBOIS COUNTY AND MEET ON A CONTINUED BASIS TO UPDATE THE HOSPTIAL ON COUNTY NEEDS.

MEMORIAL HOSPITAL & HEALTH CARE CENTER:

PART V, SECTION B, LINE 7D: THE MOST CURRENT TWO COMMUNITY HEALTH NEEDS ASSESSMENTS ARE AVAILABLE ON THE LOWER RIGHT CORNER OF THE HOSPITAL'S MAIN WEBPAGE LABELED 2017 AND 2014 COMMUNITY HEALTH NEEDS ASSESSMENTS.

MEMORIAL HOSPITAL & HEALTH CARE CENTER:

PART V, SECTION B, LINE 11: THE MOST CURRENT IMPLEMENTATION STRATEGY FOR THE TAX YEAR 2017 IS THE 2017 IMPLEMENTATION STRATEGY WHICH COVERS THE TAX YEARS 2017, 2018, AND 2019.

THE KEY HEALTH ISSUES BEING ADDRESSED WITH REGARDS TO THE CONDUCTED NEEDS ASSESSMENT ARE ACCESS TO PRIMARY CARE, ACCESS TO MENTAL HEALTH SERVICES, OPPORTUNITIES REGARDING WOMEN'S SERVICES RELATED TO MAMMOGRAPHY, AND EDUCATING THE COMMUNITY ON HEALTH CARE TOPICS TO ADDRESS KEY MORTALITY RATES.

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ACCESS TO PRIMARY CARE:

-COMPLETED THE '812-996-CARE' CAMPAIGN WITH INTERNAL COMMUNICATION, BILLBOARDS, ONLINE/DIGITAL ADS, NEWSPAPER ADS, EMPLOYER EDUCATION, AND COMMUNICATION TO VOLUNTEERS. THE CAMPAIGN EDUCATED THE SERVICE REGION THAT MEMORIAL HOSPITAL HAS FOUR NEW PROVIDERS IN JASPER, INDIANA.

-CONTINUED CONSTRUCTION OF A NEW FACILITY.

-ACTIVELY SEARCHED FOR NEW PROGRAM DIRECTOR.

ACCESS TO MENTAL HEALTH SERVICES:

-ACTIVELY RECRUITED PHYSICIANS AND CONTRACTORS TO ONBOARD IN 2018.

OPPORTUNITIES REGARDING WOMEN'S SERVICES RELATED TO MAMMOGRAPHY:

-IN ADDITION TO EDUCATING THE COMMUNITY ON THE IMPORTANCE OF MAMMOGRAMS, 3D MAMMOGRAPHY EQUIPMENT WAS ADDED IN MARCH 2018. THIS WILL ALLOW THE WOMEN IN THE COMMUNITY TO RECEIVE THEIR SCREENING OR DIAGNOSTIC MAMMOGRAM WITH THE NEWEST TECHNOLOGY, THEREBY IMPROVING PATIENT CARE AND PROVIDING CONVENIENCE FOR THE WOMEN IN THE SERVICE AREA.

EDUCATING THE COMMUNITY ON HEALTH CARE TOPICS TO ADDRESS KEY MORTALITY RATES:

-81 COMMUNITY PROGRAMS WERE COMPLETED INCLUDING PROGRAMS RELATED TO CARDIOLOGY, ONCOLOGY, MAMMOGRAPHY, DIABETES, AND ALZHEIMER'S.

-SPONSORED A CHILDREN'S DIABETES EDUCATION DAY.

MEMORIAL HOSPITAL & HEALTH CARE CENTER:

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 13H: PRESUMPTIVE ELIGIBILITY FOR DECEASED AND INDIVIDUALS IN HOMELESS SITUATIONS.

MEMORIAL HOSPITAL & HEALTH CARE CENTER:

PART V, SECTION B, LINE 24: GROSS CHARGES FOR NON-MEDICALLY NECESSARY SERVICES (ELECTIVE SERVICES) INCLUDING COSMETIC, SURGICAL WEIGHT LOSS, EXPERIMENTAL (NON-FDA APPROVED DEVICES) PROCEDURES, SPECIALTY REPLACEMENT LENSES, HEARING AIDS, SERVICES DENIED BY INSURANCE FOR NO PRIOR AUTHORIZATION OR NON-EMERGENCY SERVICES PROVIDED AS A RESULT OF BEING OUT-OF-NETWORK ARE NOT ELIGIBLE FOR DISCOUNTED CHARGES OR FINANCIAL ASSISTANCE.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

A PATIENT MAY QUALIFY FOR PARTIAL FINANCIAL ASSISTANCE IF THE PATIENT'S HOUSEHOLD INCOME IS BETWEEN 200% AND 400% OF THE FEDERAL POVERTY GUIDELINES. PRESUMPTIVE ELIGIBILITY FOR FREE CARE WITH REQUIRED VERIFICATION IS AVAILABLE FOR DECEASED INDIVIDUALS WITH NO ESTATE AND NO SURVIVING SPOUSE; AND, FOR INDIVIDUALS IN HOMELESS SITUATIONS RECEIVING ASSISTANCE FROM SUPPORTIVE SERVICES SUCH AS GOVERNMENTAL, RELIGIOUS OR COMMUNITY SERVICES.

PART I, LINE 7:

MEMORIAL HOSPITAL AND HEALTH CARE CENTER CALCULATED THE COST OF FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS, USING THE COST-TO-CHARGE RATIO DERIVED FROM SCHEDULE H, WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-HARGES. OTHER BENEFIT AMOUNTS REPORTED ON LINE 7 WERE CALCULATED USING COSTS CHARGED DIRECTLY TO THE INDIVIDUAL PROGRAMS VIA THE FINANCIAL ACCOUNTING SYSTEM.

PART I, LINE 7G:

Part VI **Supplemental Information** *(Continuation)*

THE ORGANIZATION DOES NOT PROVIDE ANY SUBSIDIZED HEALTH SERVICES ATTRIBUTABLE TO PHYSICIAN CLINICS.

PART III, LINE 2:

MEMORIAL HOSPITAL AND HEALTH CARE'S ANALYSIS AND ASSESSMENT OF THE BAD DEBT EXPENSE IS BASED ON THE EVALUATION OF ITS MAJOR PAYOR SOURCES OF REVENUE, THE AGING OF THE ACCOUNTS, HISTORICAL LOSSES, CURRENT ECONOMIC CONDITIONS, AND OTHER FACTORS UNIQUE TO ITS SERVICE AREA AND THE HEALTHCARE INDUSTRY. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

PART III, LINE 3:

PART III, SECTION A. BAD DEBT EXPENSE CONSIDERED COMMUNITY BENEFIT: NO OTHER BAD DEBT AMOUNTS HAVE BEEN INCLUDED AS COMMUNITY BENEFIT. THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY AND EDUCATES PATIENTS WITH LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE. FOR THIS REASON, THE ORGANIZATION BELIEVES IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY AND THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE.

PART III, LINE 4:

SECTION A. FOOTNOTE TO ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE:

SEE PAGE 8 OF THE AUDITED FINANCIAL STATEMENTS FOOTNOTE 1 FOR FOOTNOTE "PATIENT ACCOUNTS RECEIVABLE, ESTIMATED THIRD-PARTY PAYROL SETTLEMENT AND NET PATIENT SERVICE REVENUE"

Part VI **Supplemental Information** *(Continuation)*

PART III, LINE 8:

THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN PROVIDED FROM THE YEAR ENDED JUNE 30, 2018: HOSPITAL STATEMENT OF REIMBURSABLE COST.

PART III, LINE 9B:

THE ORGANIZATION'S WRITTEN DEBT COLLECTION POLICY INCLUDES PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED DURING THE FOLLOW-UP PERIOD AFTER A PATIENT IS DISCHARGED AND INCLUDES SPECIFIC INSTRUCTIONS FOR SELF-PAY WHO MAY QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE.

PART VI, LINE 2:

NEEDS ASSESSED:

IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED EVERY THREE YEARS. THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES WITH HOSPITAL COMMITTEES DEVELOPING STRATEGIC PLANS FOR THE HOSPITAL TO PROVIDE QUALITY CARE TO THE COMMUNITY MEMBERS. ADDITIONALLY, IN 2014, THE HOSPITAL IMPLEMENTED ADVISORY COUNCILS WITH THE ADJACENT COUNTIES TO DUBOIS COUNTY, INDIANA, AND MANAGEMENT COLLABORATES AND OBTAINS ONGOING FEEDBACK FOR NEEDED ASSISTANCE WITH THESE COUNCILS. THE COUNCIL'S PARTICIPANTS INCLUDE ECONOMIC DEVELOPMENT DIRECTORS, COUNTY HEALTH NURSE, CHAMBER OF COMMERCE LEADERS, EDUCATORS, EXECUTIVES, PASTORS, EMS, SHERIFFS, BUSINESS OWNERS, AND OTHER HEALTH CARE ORGANIZATION LEADERS.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

Part VI **Supplemental Information** *(Continuation)*

APPROPRIATE SIGNAGE IS VISIBLE IN THE HOSPITAL AND ALL HOSPITAL-OWNED FACILITIES, SPECIFICALLY IN PATIENT ACCESS AREAS, CREATING AWARENESS FOR THE FINANCIAL ASSISTANCE PROGRAM AND THE FINANCIAL ASSISTANCE THAT IS AVAILABLE. THE FINANCIAL ASSISTANCE POLICY, APPLICATION, AND PLAIN LANGUAGE SUMMARY (COLLECTIVELY THE "FAP PACKET") ARE AVAILABLE FOR DOWNLOAD AT THE HOSPITAL'S WEBSITE PROVIDED IN SCH H, PART V. THE FAP PACKET CAN BE OBTAINED FREE OF CHARGE FROM THE HOSPITAL'S MAIN REGISTRATION DESK, THE REGISTRATION AREA OF THE EMERGENCY ROOM, OR THE CASHIER/FINANCIAL COUNSELOR'S OFFICE. REQUESTS FOR THE FAP PACKET CAN BE MADE VIA EMAILING FINANCIALASSISTANCE@MHHCC.ORG OR BY CALLING 812-996-0413.

PART VI, LINE 4:

DESCRIPTION OF COMMUNITY:

AS A REGIONAL HEALTH CENTER, THE STAFF PROVIDES A COMPREHENSIVE RANGE OF MEDICAL CARE FOR RESIDENTS OF DUBOIS AND SURROUNDING COUNTIES WITH A POPULATION OF APPROXIMATELY 168,000 WITH AVERAGE HOUSEHOLDS RANGING BETWEEN 5,000 TO 16,200 FOR THE COUNTIES. THE UNEMPLOYMENT RATE HAS BEEN BETWEEN 3.1 AND 4.4 AND PERSONAL PER CAPITAL INCOME RANGES BETWEEN $36,000 AND $51,000. THE POVERTY RATE RANGES FROM 7.6 TO 11.1. MORE THAN 80% OF THE ADULTS HAVE HIGH SCHOOL DIPLOMAS AND OVER 10% HAVE BACHELOR'S DEGREES. IN DUBOIS COUNTY THE PERCENT IS HIGHER WITH 18.7% OF ADULTS AGED 25 AND OLDER HAVING BACHELOR'S DEGREAS OR MORE EDUCATION. LESS THAN 7% OF THE POPULATION IS REPORTED AS HISPANIC.

PART VI, LINE 5:

OTHER COMMUNITY HEALTH PROMOTION:

THE ORGANIZATION FURTHERS ITS EXEMPT PURPOSE BY PROMOTING HEALTH OF THE

Part VI **Supplemental Information** *(Continuation)*

COMMUNITY THROUGH THE FOLLOWING: THE MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA. ANY SURPLUS FUNDS ARE APPLIED DIRECTLY OR INDIRECTLY TO IMPROVE PATIENT CARE SERVICES. ALSO, THE ORGANIZATION OPERATES UNDER THE PREMISE OF AN OPEN MEDICAL STAFF WITH REGARD TO QUALIFIED PHYSICIANS IN THE 9 COUNTY COMMUNITY IT SERVES, HOWEVER IT DOES NOT ACTIVELY PURSUE THOSE PHYSICIANS WHO HAVE NOT APPROACHED THE ORGANIZATION REGARDING THESE PRIVILEGES.

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM:

NOT APPLICABLE. THE ORGANIZATION IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

IN