

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC.	Employer identification number 35 0869065
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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	✓	
b If "Yes," was it a written policy?	✓	
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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%	✓	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		✓
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?		
6a Did the organization prepare a community benefit report during the tax year?	✓	
b If "Yes," did the organization make it available to the public?	✓	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			14,239,024		14,239,024	2.72
b Medicaid (from Worksheet 3, column a)			69,020,135	37,155,061	31,865,074	6.09
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total Financial Assistance and Means-Tested Government Programs	0	0	83,259,159	37,155,061	46,104,098	8.81
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		993,982	993,982	465,063	528,919	0.10
f Health professions education (from Worksheet 5)		7,721	1,521,244		1,521,244	0.29
g Subsidized health services (from Worksheet 6)					0	0.00
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)		112,109	572,747		572,747	0.11
j Total Other Benefits	0	1,113,812	3,087,973	465,063	2,622,910	0.50
k Total Add lines 7d and 7j	0	1,113,812	86,347,132	37,620,124	48,727,008	9.31

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					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building		15,009	24,738		24,738	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	15,009	24,738	0	24,738	0.00

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	✓
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	4,841,321
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	484,132
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	136,000,262
6	Enter Medicare allowable costs of care relating to payments on line 5	6	173,432,672
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(37,432,410)
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	✓
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	✓

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 %
1 ST. MARY'S PERIPHERAL VASCULAR SERVICES MANAGEMEN	MANAGEMENT	75.00	0.00	75.00
2				
3				
4				
5				
6				
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10				
11				
12				
13				

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 ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE

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

Community Health Needs Assessment

	Yes	No
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?		✓
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		✓
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	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
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	✓	
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	✓	
6b 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	✓	
7 Did the hospital facility make its CHNA report widely available to the public?	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.STMARYS.ORG/CHNA</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> 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	✓	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>12</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a If "Yes," (list url): <u>HTTP://WWW.STMARYS.ORG/CHNA</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		✓
12b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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 ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANS

		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? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0 0</u> % and FPG family income limit for eligibility for discounted care of <u>3 0 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	✓	
15	Explained the method for applying for financial assistance? 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	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

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 non-payment?	✓	
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	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC.

		Yes	No
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?		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> 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	✓	
If "No," indicate why:				
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

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

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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
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		✓
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		✓
If "Yes," explain in Section C.				

Supplemental Information. 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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

Return Reference	Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	<p>FACILITY NAME: ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC.</p> <p>DESCRIPTION: IN CONDUCTING ITS CHNA, THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY AS WELL AS PROFESSIONAL RESEARCH CONSULTANTS, INC., A CONSULTING COMPANY THAT HAS SPECIAL KNOWLEDGE AND EXPERTISE IN PUBLIC HEALTH.</p> <p>THE HOSPITAL FACILITY CONSULTED WITH THESE PERSONS THROUGH MEETINGS AND FOCUS GROUPS.</p> <p>ADDITIONALLY, THE HOSPITAL CONSULTED WITH THE FOLLOWING ORGANIZATIONS AND GROUPS IN CONDUCTING ITS MOST RECENT CHNA: ECHO, UNITED WAY, WELBORN BAPTIST FOUNDATION, SMOKE FREE COMMUNITIES, YMCA, DIEHL CONSULTING, THE CITY OF EVANSVILLE'S MAYOR'S OFFICE, SOUTHWEST MENTAL HEALTH, BRENTWOOD MEADOWS, CROSSPOINTE, EVANSVILLE-VANDERBURGH DRUG TASK FORCE, WARRICK CO. SHERIFF DEPARTMENT, VANDERBURGH CO. SHERIFF DEPARTMENT, YOUTH FIRST, EVANSVILLE STATE HOSPITAL, LAMPION CENTER, WARRICK PSYCHIATRIC CARE AND THE CHILDREN'S PSYCHIATRIC HOSPITAL.</p>
SCHEDULE H, PART V, SECTION B, LINE 6A	CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	<p>FACILITY NAME: ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC.</p> <p>DESCRIPTION: THE OTHER HOSPITAL FACILITIES WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA INCLUDES ST. MARY'S WARRICK HOSPITAL, INC., DEACONESS HOSPITAL, DEACONESS GATEWAY, DEACONESS CROSSPOINTE, AND THE WOMEN'S HOSPITAL.</p>
SCHEDULE H, PART V, SECTION B, LINE 6B	CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES	<p>FACILITY NAME: ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC.</p> <p>DESCRIPTION: THE OTHER NON-HOSPITAL ORGANIZATIONS WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA INCLUDES ECHO COMMUNITY HEALTHCARE, UNITED WAY OF SOUTHWESTERN INDIANA AND WELBORN BAPTIST FOUNDATION, INC.</p>
SCHEDULE H, PART V, SECTION B, LINE 7D	OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE	<p>FACILITY NAME: ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC.</p> <p>DESCRIPTION: THE HOSPITAL FACILITY PRESENTED ITS CHNA TO THE COMMUNITY AT A LOCAL FINANCIAL INSTITUTION.</p>
SCHEDULE H, PART V, SECTION B, LINE 11	HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC.</p> <p>DESCRIPTION: USING THE CHNA COMPLETED IN FISCAL YEAR 2013, THE HOSPITAL DEVELOPED, ADOPTED, AND WORKED ON EXECUTING A 2014-2016 COMMUNITY-WIDE IMPLEMENTATION STRATEGY TO ADDRESS PRIORITY COMMUNITY HEALTH NEEDS. THE ORGANIZATION IS WORKING TO ADDRESS THE FOLLOWING NEEDS:</p> <ol style="list-style-type: none"> 1. TOBACCO USE: PROMOTE/MARKET THE QUIT LINE TO PATIENTS AND CLIENTELE BY UTILIZING EXISTING MARKETING MATERIALS AND RESOURCES TO SUPPORT CURRENT SMOKERS IN THEIR EFFORTS TO QUIT AND ENGAGE PRIMARY CARE PHYSICIANS AND OTHER CLINICIANS TO PROMOTE THE USE OF THE QUIT LINE; IMPLEMENT TOBACCO COMPONENT OF COMMUNITY TRANSFORMATION GRANT. 2. OBESITY: IMPROVE FOOD/NUTRITION CHOICES AVAILABLE ON-CAMPUS; SUPPORT OBESE AND MORBIDLY OBESE EMPLOYEES BY MAKING APPROPRIATE INCENTIVES AND INTERVENTIONS AVAILABLE TO THE WORKFORCE; WORK WITH CHILD CARE CENTERS, BUSINESSES, HEALTH CARE CENTERS AND CORPORATIONS TO IMPROVE PHYSICAL ACTIVITY AND NUTRITION AND TO IMPLEMENT HEALTHY, ACTIVE LIVING ENVIRONMENTS; ADDRESS FOOD ACCESS ISSUES BY CREATING NEW AND UNIQUE OPPORTUNITIES FOR RESIDENTS TO OBTAIN NUTRITIONALLY BALANCED FOOD OPTIONS. 3. SUBSTANCE ABUSE: EXPLORE THE OPPORTUNITY TO COLLABORATE ON THE

Return Reference	Identifier	Explanation
		<p>ISSUE OF PRESCRIPTION DRUGS; EDUCATE LOCAL DENTISTS REGARDING THE OVER PRESCRIBING OF MEDICATIONS AS AN ISSUE AND THE EFFECTS OF THIS PROBLEM; PROMOTE/MARKET THE WWW.DRUGFREE.ORG WEBSITE TO PATIENT AND CLIENTELE BY UTILIZING EXISTING MARKETING MATERIALS/RESOURCES TO SUPPORT CURRENT USERS IN THEIR EFFORTS TO QUIT.</p> <p>THE HOSPITAL FACILITY'S COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED ACCESS TO CARE, ORAL HEALTH, MENTAL HEALTH AND EDUCATION TRAINING AS NEEDS OF THE COMMUNITY. THE HOSPITAL FACILITY DID NOT TAKE ACTION TO ADDRESS THESE NEEDS AS IT HAS LIMITED FINANCIAL AND OTHER RESOURCES.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A	FAP AVAILABLE WEBSITE	HTTP://WWW.STMARYS.ORG/FORPATIENTS
SCHEDULE H, PART V, SECTION B, LINE 16B	FAP APPLICATION FORM WEBSITE	HTTP://WWW.STMARYS.ORG/FORPATIENTS
SCHEDULE H, PART V, SECTION B, LINE 22D	HOW AMOUNTS CHARGED TO FAP-ELIGIBLE PATIENTS WERE DETERMINED	<p>FACILITY NAME: ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC.</p> <p>DESCRIPTION: THE DISCOUNT WAS DETERMINED BY REVIEWING THE LOWEST DISCOUNT PROVIDED TO MANAGED CARE PAYERS THAT COMPRISE AT LEAST 3% OF OUR VOLUME WITH AN ADDED PROMPT PAY DISCOUNT TO THE HIGHEST PAID DISCOUNT PROVIDED TO OUR MANAGED CARE PAYERS.</p>

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? 28

Name and address	Type of Facility (describe)
1 ST. MARY'S SURGICARE 300 CIRCLE FRONT DRIVE EVANSVILLE, IN 47715	GENERAL SURGICAL CENTER
2 ST. MARY'S SURGICARE 1125 PROFESSIONAL BLVD EVANSVILLE, IN 47714	GENERAL SURGICAL CENTER
3 ST. MARY'S REHAB 3900 WASHINGTON AVENUE EVANSVILLE, IN 47714	INPATIENT REHAB CENTER
4 ST. MARY'S INFUSION CENTER 3900 WASHINGTON AVENUE EVANSVILLE, IN 47714	INFUSION SERVICES
5 ST. MARY'S OUTPATIENT REHAB 1144 WASHINGTON SQUARE EVANSVILLE, IN 47715	OUTPATIENT REHAB CLINIC
6 ST. MARY'S MATERNAL-FETAL MEDICINE 3700 WASHINGTON AVENUE SUITE 2100A EVANSVILLE, IN 47750	OBSTETRICS/GYNECOLOGY
7 ST. MARY'S FOR CHILDREN 3900 WASHINGTON AVENUE EVANSVILLE, IN 47714	CHILDREN'S HEALTH FACILITY
8 ST. MARY'S URGENT CARE EPWORTH 100 ST. MARY'S EPWORTH CROSSING, SUITE B100 NEWBURGH, IN 47630	MULTI SERVICE OUTPATIENT FACILITY
9 ST. MARY'S BREAST CENTER 100 ST. MARY'S EPWORTH CROSSING, SUITE B100 NEWBURGH, IN 47630	MAMMOGRAPHY
10 ST. MARY'S NORTHBROOK 3838 N. FIRST AVENUE EVANSVILLE, IN 47710	IMAGING SERVICES/RADIOLOGY

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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? 28

Name and address	Type of Facility (describe)
1 ST. MARY'S CONVENIENT CARE WEST 5320 WESTON ROAD EVANSVILLE, IN 47712	MULTI SERVICE OUTPATIENT FACILITY
2 ST. MARY'S NORTH POINTE REHAB 2300 LYNCH ROAD EVANSVILLE, IN 47711	OUTPATIENT REHAB CLINIC
3 ST. MARY'S OCCUPATIONAL MEDICINE CLINIC 2330 LYNCH ROAD EVANSVILLE, IN 47711	OCCUPATIONAL MEDICINE CLINIC
4 ST. MARY'S IMAGING AND LAB 1138 WASHINGTON SQUARE EVANSVILLE, IN 47715	IMAGING SERVICES/RADIOLOGY
5 ST. MARY'S WEST SIDE X-RAY 2345 W. FRANKLIN STREET EVANSVILLE, IN 47712	IMAGING SERVICES/RADIOLOGY
6 ST. MARY'S WARRICK EMERGENCY MEDICAL SERVICES 415 S 4TH STREET BOONVILLE, IN 47601	EMS
7 ST. MARY'S WARRICK EMERGENCY MEDICAL SERVICES 540 S STATE ST NEWBURGH, IN 47630	EMS
8 ST. MARY'S DME 100 ST. MARY'S EPWORTH CROSSING, SUITE A001 NEWBURGH, IN 47630	DME
9 ST. MARY'S DME 6840 LOGAN DR., STE. E EVANSVILLE, IN 47715	DME
10 ST. MARY'S WARRICK EMERGENCY MEDICAL SERVICES 510 N STATE ST CHANDLER, IN 47610	EMS

Schedule H (Form 990) 2014

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? 28

Name and address	Type of Facility (describe)
1 ST. MARY'S URGENT CARE BOONVILLE 3277 LIBERTY BLVD BOONVILLE, IN 47601	MULTI SERVICE OUTPATIENT FACILITY
2 JOSLIN DIABETES CENTER 3801 BELLEMEADE AVENUE EVANSVILLE, IN 47714	DIABETES SERVICE CENTER
3 ST. MARY'S HEART INSTITUTE 3700 WASHINGTON AVENUE EVANSVILLE, IN 47714	SPECIALITY CARE FACILITY
4 ST. MARY'S WARRICK EMERGENCY MEDICAL SERVICES 5266 OLD STATE RD 66 NEWBURGH, IN 47630	EMS
5 ST. MARY'S WEIGHT MANAGEMENT CENTER 950 S. KENMORE EVANSVILLE, IN 47714	WEIGHT MANAGEMENT FACILITY
6 ST. MARY'S DME 2345 W. FRANKLIN STREET SUITE 102 EVANSVILLE, IN 47712	DME
7 ST. MARY'S WARRICK EMERGENCY MEDICAL SERVICES 333 PEACH STREET LYNNVILLE, IN 47619	EMS
8 ST. MARY'S PRE-PROCEDURE CLINIC 1140 WASHINGTON AVENUE EVANSVILLE, IN 47714	PRE-SURGERY TESTING FACILITY
9 	
10 	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments 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.

Return Reference	Identifier	Explanation
SCHEDULE H, PART I, LINE 3C	FREE AND DISCOUNTED CARE DETERMINATION	THE ORGANIZATION PROVIDES MEDICALLY NECESSARY CARE TO ALL PATIENTS, REGARDLESS OF RACE, COLOR, CREED, ETHNIC ORIGIN, GENDER, DISABILITY, OR ECONOMIC STATUS. THE HOSPITAL USES A PERCENTAGE OF FEDERAL POVERTY LEVEL (FPL) TO DETERMINE FREE AND DISCOUNTED CARE. AT A MINIMUM, PATIENTS WITH INCOME LESS THAN OR EQUAL TO 200% OF THE FPL, WHICH MAY BE ADJUSTED FOR COST OF LIVING UTILIZING THE LOCAL WAGE INDEX COMPARED TO THE NATIONAL WAGE INDEX, WILL BE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF CHARGES FOR SERVICES THAT HAVE BEEN PROVIDED TO THEM. ALSO, AT A MINIMUM, PATIENTS WITH INCOMES ABOVE 200% OF THE FPL BUT NOT EXCEEDING 300% OF THE FPL, SUBJECT TO ADJUSTMENTS FOR COST OF LIVING UTILIZING THE LOCAL WAGE INDEX COMPARED TO NATIONAL WAGE INDEX, WILL RECEIVE A DISCOUNT ON THE SERVICES PROVIDED TO THEM.
SCHEDULE H, PART I, LINE 7	EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COST OF PROVIDING CHARITY CARE, MEANS TESTED GOVERNMENT PROGRAMS, AND COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES. THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF PAY). THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE. FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED.
SCHEDULE H, PART II, LINE 6	COMMUNITY BUILDING	ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES THROUGH COMMUNITY BUILDING BY PARTICIPATING AND SITTING ON VARIOUS BOARDS OF OTHER AGENCIES IN THE AREA. SOME OF THE AGENCIES THAT ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. WORKS WITH INCLUDE 4C OF SOUTHERN INDIANA, CHAMBER OF COMMERCE, CHILD ABUSE TASK FORCE, COMMUNITY ALLIANCE FOUNDATION, EASTER SEALS AND THE RONALD MCDONALD HOUSE.
SCHEDULE H, PART III, LINE 2	METHODOLOGY USED TO ESTIMATE BAD DEBT	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED, IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2015 WAS \$18,200,847 AT CHARGES (\$4,841,321 AT COST).
SCHEDULE H, PART III, LINE 3	FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL EXPERIENCE, ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS.
SCHEDULE H, PART III, LINE 4	FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE ORGANIZATION IS A PART OF THE ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT EXPENSE IS LOCATED ON PAGE 18.
SCHEDULE H, PART III, LINE 8	DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT. ASCENSION HEALTH AND RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY

Return Reference	Identifier	Explanation
		BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS A COMMUNITY BENEFIT.
SCHEDULE H, PART III, LINE 9B	DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	THE ORGANIZATION HAS A WRITTEN DEBT COLLECTION POLICY THAT ALSO INCLUDES A PROVISION ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE. IF A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE CERTAIN COLLECTION PRACTICES DO NOT APPLY AND THE FINANCIAL ASSISTANCE PROGRAM IS FOLLOWED.
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	COMMUNITIES ARE DYNAMIC SYSTEMS IN WHICH MULTIPLE FACTORS INTERACT TO IMPACT QUALITY OF LIFE AND HEALTH STATUS. AS PART OF THE ST. MARY'S HEALTH SYSTEM, THE GOAL OF ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. IS TO WORK WITH ITS COMMUNITY TO CONDUCT AN ASSESSMENT AT LEAST EVERY THREE YEARS. ASSESSMENTS MAY INCLUDE PRIMARY SURVEY DATA, SECONDARY DATA, FOCUS GROUP INPUT, COMMUNITY LEADERS' SURVEY AND OTHER DATA. RESULTS ARE MADE AVAILABLE TO ORGANIZATIONS AND INDIVIDUALS THROUGHOUT THE COMMUNITY. THESE NEEDS ASSESSMENTS ARE ALSO UTILIZED IN CREATING THE HOSPITAL'S INTEGRATED STRATEGIC FINANCIAL AND OPERATIONAL PLAN. TO THAT END, ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. HAS BROUGHT TOGETHER A COMMUNITY ROUNDTABLE WITH THE PURPOSE OF DETERMINING THE RESOURCES AND NEEDS, PRIORITIZING ACTION AND WORKING IN PARTNERSHIP TO ADDRESS IDENTIFIED CHALLENGES WITHIN A DESIGNATED AREA SURROUNDING THE HOSPITAL. ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. ALSO IDENTIFIES COMMUNITY HEALTH NEEDS BY EMPLOYING OTHER PUBLIC AGENCY NEEDS ASSESSMENTS SUCH AS WELBORN BAPTIST FOUNDATION AND THE UNITED WAY.
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION	ST. MARY'S HEALTH, INC., F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. COMMUNICATES WITH PATIENTS IN MULTIPLE WAYS TO ENSURE THAT THOSE WHO ARE BILLED FOR SERVICES ARE AWARE OF THE HOSPITAL'S CHARITY CARE PROGRAM AS WELL AS THEIR POTENTIAL ELIGIBILITY FOR LOCAL, STATE OR FEDERAL PROGRAMS. SIGNS ARE PROMINENTLY POSTED IN EACH SERVICE AREA. IN ADDITION, THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS, HEALTH ACCESS WORKERS, AND ENROLLMENT SPECIALISTS WHO CONSULT WITH PATIENTS ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS AND HELP PATIENTS IN APPLYING FOR ANY PUBLIC PROGRAMS FOR WHICH THEY MAY QUALIFY. ALL SELF-PAY PATIENTS RECEIVE A 15% DISCOUNT OFF THE TOP ON ALL CHARGES BEFORE STATEMENTS ARE MAILED.
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. IS LOCATED IN EVANSVILLE, INDIANA AND SERVES VANDERBURGH AND CONTINGUOUS COUNTIES IN SOUTHERN INDIANA AND NORTH CENTRAL KENTUCKY. THE PRIMARY SERVICE AREA IS DEFINED AS VANDERBURGH, WARRICK AND POSEY COUNTIES. THE POPULATION FOR THE PRIMARY SERVICE AREA WAS 288,877 IN 2015. ALSO THE MEDIAN INCOME FOR THE PRIMARY SERVICE AREA WAS \$53,211 FOR 2015 WITH 16% OF CHILDREN BELOW POVERTY LEVEL.
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	TO PROVIDE THE HIGHEST QUALITY HEALTHCARE TO ALL PERSONS IN THE COMMUNITY, AND IN KEEPING WITH ITS NOT FOR-PROFIT STATUS, ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC.: - DELIVERS PATIENT SERVICES, INCLUDING EMERGENCY DEPARTMENT SERVICES AND URGENT CARE SITES, TO ALL INDIVIDUALS REQUIRING HEALTHCARE, WITHOUT REGARD TO PATIENT RACE, ETHNICITY, ECONOMIC STATUS, INSURANCE STATUS OR ABILITY TO PAY - MAINTAINS AN OPEN MEDICAL STAFF THAT ALLOWS CREDENTIALLED PHYSICIANS TO PRACTICE AT ITS FACILITIES - TRAINS AND EDUCATES HEALTH CARE PROFESSIONALS - PARTICIPATES IN GOVERNMENT SPONSORED PROGRAMS SUCH AS MEDICAID AND MEDICARE TO PROVIDE TO THE POOR AND ELDERLY. APPLICATION EVENTS ARE HELD AS WELL AS FOLLOW UP ASSISTANCE FOR INSURANCE - HEALTH ACCESS ADVOCATES ("HAA") ARE COMMUNITY BASED STAFF WHOSE PRIMARY ROLE IS TO SIGN CHILDREN UP FOR HOOSIER HEALTHCARE INSURANCE. THEY CAN DO THIS BY ASSISTING FAMILIES IN APPLYING FOR HOOSIER HEALTHCARE INSURANCE HERE IN THE OFFICE, IN THE COMMUNITY, OR AT THE PATIENT'S HOME. DURING THIS PROCESS, THEY CAN ALSO ASSIST FAMILIES WITH BASIC NEEDS SUCH AS FOOD, SHELTER AND CLOTHING. THE ADVOCATES CAN ALSO ASSIST ADULTS WITH APPLYING FOR MEDICAID, HEALTHY INDIANA PLAN, AND OTHER RESOURCES SUCH AS PHARMACEUTICAL APPLICATIONS FOR THOSE WHO QUALIFY. HAA WILL AT TIMES TRANSPORT PATIENTS TO NECESSARY APPOINTMENTS. ADDITIONALLY, HAA PROVIDES ASSISTANCE TO THE LATINO POPULATION BY PROVIDING A BI LINGUAL ASSOCIATE. THIS ASSOCIATE SPEARHEADS A CERTIFIED MEDICAL INTERPRETER TRAINING PROGRAM THROUGH THE BRIDGING THE GAP PROGRAM - IS GOVERNED BY A BOARD IN WHICH INDEPENDENT COMMUNITY MEMBERS COMPRISE A MAJORITY - CONDUCTS COMMUNITY HEALTH NEEDS ASSESSMENTS AND HOLDS MEMBERSHIP ON OTHER PUBLIC AGENCY BOARDS TO ENHANCE WELL BEING OF THE COMMUNITY IN PARTNERSHIP PROGRAMS - PROVIDES DENTAL SERVICES FOR PRIMARY SERVICE AREA WITH MOBILE DENTAL FOR KIDS CLINIC - NUTRITION COUNSELING IS PROVIDED TO THE COMMUNITY AND SPECIFICALLY AREA SCHOOLS AND YOUTH GROUPS, SUCH AS FOOD PYRAMID PROGRAMS, STAFF HEALTH FAIR, ETC - COMPLIMENTARY THERAPIES INCLUDING MESSAGES, YOGA CLASSES, STRESS

Return Reference	Identifier	Explanation
		<p>REDUCTION CLASSES AT HOPE RESOURCE CENTER FOR CANCER PATIENTS AND SURVIVORS</p> <ul style="list-style-type: none"> - MALL WALKING PROGRAMS AND MONTHLY BLOOD PRESSURE SCREENINGS AT LOCAL MALL - CHRISTMAS PROGRAMS FOR THE POOR: GREAT EXPECTATIONS. AREA FAMILIES ARE IDENTIFIED FROM LOCAL GROUPS SUCH AS UNITED WAY, CHURCHES, AND THE SCHOOL SYSTEMS, AS NEEDING ASSISTANCE WITH CHRISTMAS. ASSOCIATES OF ST. MARY'S GIVE MONIES, FOOD, CLOTHING, TOYS, ETC. TO FAMILIES IN NEED EACH YEAR. - AUTISM VISIT WITH SANTA - WNIN KIDS DAY - MOBILE DENTAL CARE LAB - CPR CLASSES GIVEN AT LOCAL DAYCARES AND SCHOOLS - JOSLIN AND DIABETIC FOOT CLINIC - LECTURES, CLASSES, EXERCISE INSERVICES - SAFESITTERS EDUCATION FOR TEENAGERS PREPARING TO TAKE CARE OF YOUNG CHILDREN, TODDLERS, AND INFANTS - ST. MARY'S NIGHTS AT CHILDREN'S MUSEUM OF EVANSVILLE - YOUTH FIRST RETREATS - AMERICAN RED CROSS BLOOD DRIVES - AMBULANCE, REHAB, AND MISC. BILLINGS PAID FOR PATIENTS - PATIENT CARE FOR NON PROFIT ECHO CLINIC - TRANSPORTATION SERVICES FOR PATIENTS AND FAMILIES - MEAL TICKETS FOR PATIENT FAMILIES
<p>SCHEDULE H, PART VI, LINE 6</p>	<p>DESCRIPTION OF AFFILIATED GROUP</p>	<p>AS A PART OF ST. MARY'S HEALTH SYSTEM, ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. IS DEDICATED TO IMPROVING THE HEALTH STATUS AND QUALITY OF LIFE FOR THE COMMUNITIES IT SERVES. WHILE DESIGNATED ASSOCIATES AT ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. DEVOTE ALL OR SIGNIFICANT PORTIONS OF THEIR TIME TO LEADING AND ADMINISTERING LOCAL COMMUNITY-BASED PROGRAMS AND PARTNERSHIPS, ASSOCIATES THROUGHOUT THE ORGANIZATION ARE ACTIVE PARTICIPANTS IN COMMUNITY OUTREACH. THEY ARE ASSISTED AND SUPPORTED BY DESIGNATED ST. MARY'S HEALTH COMMUNITY DEVELOPMENT AND SERVICE STAFF WHO WORK WITH EACH OF ITS HEALTHCARE FACILITIES TO ADVOCATE FOR AND PROVIDE TECHNICAL ASSISTANCE FOR COMMUNITY OUTREACH, NEEDS ASSESSMENTS AND PARTNERSHIPS AS WELL AS TO SUPPORT REGIONAL AND STATE WIDE PROGRAMS, COMMUNITY PROGRAMS SPONSORED BY ST. MARY'S HEALTH SYSTEM, IN WHICH ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. PARTICIPATES.</p>
	<p>COMMUNITY BENEFIT REPORT</p>	<p>AS A MEMBER OF ASCENSION HEALTH, THE NATION'S LARGEST CATHOLIC HEALTHCARE SYSTEM, ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. CONTINUES TO BUILD AND STRENGTHEN SUSTAINABLE COLLABORATIVE EFFORTS THAT BENEFIT THE HEALTH OF INDIVIDUALS, FAMILIES, AND SOCIETY AS A WHOLE. THE GOAL OF ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. IS TO PERPETUATE THE HEALING MISSION OF THE CHURCH. ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. FURTHERS THIS GOAL THROUGH DELIVERY OF PATIENT SERVICES, CARE TO THE ELDERLY AND INDIGENT, PATIENT EDUCATION AND HEALTH AWARENESS PROGRAMS FOR THE COMMUNITY, AND MEDICAL RESEARCH. OUR CONCERN FOR ALL HUMAN LIFE AND DIGNITY OF EACH PERSON LEADS THE ORGANIZATION TO PROVIDE MEDICAL SERVICES TO ALL PEOPLE IN THE COMMUNITY WITHOUT REGARD TO THE PATIENT'S RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. IN ORDER TO PORTRAY THE FULL BREADTH OF OUR CONTRIBUTION, OUR COMMUNITY BENEFIT INFORMATION IS DESCRIBED BELOW:</p> <p>ORGANIZATIONAL COMMITMENT TO PROVIDING COMMUNITY BENEFIT ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. IS A 494-BED ACUTE CARE HOSPITAL. ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. SERVICES THE TRI-STATE AREA AROUND SOUTHERN INDIANA, INCLUDING SOUTHEASTERN ILLINOIS, AND NORTHWESTERN KENTUCKY. ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. SEEKS TO IMPROVE THE PHYSICAL, MENTAL, SOCIAL AND SPIRITUAL HEALTH STATUS OF ITS SURROUNDING COMMUNITY. ST. MARY'S HEALTH, INC. F/K/A ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. PROVIDES SIGNIFICANT RESOURCES ONLINE FOR PUBLIC USE AND EDUCATION AT WWW.STMARYS.ORG. SUCH ITEMS INCLUDE INFORMATION ON ALLERGIES, ASTHMA, BACK PAIN, CANCER, DIABETES, HEART DISEASE, KIDNEY DISEASE, MEN'S HEALTH, ORTHOPEDIC HEALTH, MENTAL HEALTH, PARENTING, PATIENT SAFETY, PREGNANCY, SENIOR HEALTH, STRESS, STROKE, WEIGHT MANAGEMENT AND WOMEN'S HEALTH. PLEASE VISIT WWW.STMARYS.ORG FOR A FULL LIST OF SERVICES.</p>