SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC.

Employer identification number: 35-0869065

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	X	
b	If "Yes," was it a written policy?	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) to determine eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
	[ ] 100% [ ] 150% [X] 200% [ ] Other _____ %		
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
	[ ] 200% [ ] 250% [X] 300% [ ] 350% [ ] 400% [ ] Other _____ %		
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria 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, to determine 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"?	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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?		X
6a	Did the organization prepare a community benefit report during the tax year?	X	
b	If "Yes," did the organization make it available to the public?	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)			22392733.		22392733.	5.55%
b Medicaid (from Worksheet 3, column a)			58399854.	43567265.	14832589.	3.68%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			80792587.	43567265.	37225322.	9.23%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		1025623	1025623.	493,777.	531,846.	.13%
f Health professions education (from Worksheet 5)			406,479.		406,479.	.10%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		30,486	296,006.		296,006.	.07%
j **Total.** Other Benefits		1056109	1728108.	493,777.	1234331.	.30%
k **Total.** Add lines 7d and 7j		1056109	82520695.	44061042.	38459653.	9.53%

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		42	789.		789.	.00%
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		42	789.		789.	

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	2	-1,792,717.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy	3	-179,282.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	113,769,315.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	143,566,924.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-29,797,609.
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 (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 MANAGEMENT COMPANY, LLC	MANAGEMENT	50.00%	.00%	50.00%

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 and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1 ST. MARY'S MEDICAL CENTER OF EVA, INC. 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750	X	X	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 listed in Part V, Section A)

Name of Hospital Facility: ST. MARY'S MEDICAL CENTER OF EVA, INC.

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 ____			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in its community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	9	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: 200 %			
If "No," explain in Part VI the criteria the hospital facility used.			

Part V Facility Information *(continued)* ST. MARY'S MEDICAL CENTER OF EVA, INC.

			Yes	No
10	Used FPG to determine eligibility for providing *discounted* care?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 300 %			
	If "No," explain in Part VI the criteria the hospital facility used.			
11	Explained the basis for calculating amounts charged to patients?	11	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	[X] Income level			
b	[X] Asset level			
c	[ ] Medical indigency			
d	[ ] Insurance status			
e	[ ] Uninsured discount			
f	[ ] Medicaid/Medicare			
g	[ ] State regulation			
h	[ ] Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	X	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[ ] The policy was posted on the hospital facility's website			
b	[X] The policy was attached to billing invoices			
c	[X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[X] The policy was posted in the hospital facility's admissions offices			
e	[ ] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[ ] The policy was available on request			
g	[ ] Other (describe in Part VI)			

Billing and Collections

14	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 actions the hospital facility may take upon non-payment?	14	X	
15	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 patient's eligibility under the facility's FAP:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):			
a	[ ] Notified patients of the financial assistance policy on admission			
b	[ ] Notified patients of the financial assistance policy prior to discharge			
c	[ ] Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d	[ ] Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e	[ ] Other (describe in Part VI)			

Part V Facility Information *(continued)* ST. MARY'S MEDICAL CENTER OF EVA, INC.

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	18	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 Part VI)
d ☐ Other (describe in Part VI)

Individuals Eligible for Financial Assistance

19 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
d ☒ Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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? If "Yes," explain in Part VI.	20		X
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI.	21		X

Part V Facility Information *(continued)*

Section C. 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? 48

	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 PARTNERS IN WOMENS HEALTH 3700 WASHINGTON AVENUE SUITE 2200 EVANSVILLE, IN 47750	OBSTETRICS/GYNECOLOGY
4	ST. MARY'S FOR WOMEN 711 ST. MARY'S DRIVE EVANSVILLE, IN 47750	OBSTETRICS/GYNECOLOGY
5	ST. MARY'S NEPHROLOGY ASSOCIATES 1312 PROFESSIONAL DRIVE SUITE 200 EVANSVILLE, IN 47714	SPECIALITY CARE FACILITY
6	ST. MARY'S MATERNAL-FETAL MEDICINE 3700 WASHINGTON AVENUE SUITE 2100A EVANSVILLE, IN 47750	OBSTETRICS/GYNECOLOGY
7	ST. MARY'S CONVENIENT CARE EAST 10444 SR 66 FRONTAGE ROAD NORTH NEWBURGH, IN 47630	PRIMARY CARE FACILITY
8	ST. MARY'S NORTHBROOK 3838 N. FIRST AVENUE EVANSVILLE, IN 47710	PRIMARY CARE FACILITY
9	ST. MARY'S REHAB 3900 WASHINGTON AVENUE EVANSVILLE, IN 47714	INPATIENT REHAB CENTER
10	ST. MARY'S HEBRON PEDIATRICS 7220 E. VIRGINIA STREET EVANSVILLE, IN 47715	PEDIATRICS

Part V Facility Information *(continued)*

Section C. 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? _____

Name and address	Type of Facility (describe)
11 ST. MARY'S AT HOME 6840 LOGAN DRIVE SUITE E EVANSVILLE, IN 47711	DURABLE MEDICAL EQUIPMENT SUPPLY
12 ST. MARY'S OUTPATIENT REHAB 1144 WASHINGTON SQUARE EVANSVILLE, IN 47715	OUTPATIENT REHAB CLINIC
13 ST. MARY'S PHYSICIANS HEALTH GROUP 3801 BELLEMEADE AVENUE SUITE 200C EVANSVILLE, IN 47714	PRIMARY CARE FACILITY
14 ST. MARY'S WEST SIDE CONNECTION 2345 W. FRANKLIN STREET EVANSVILLE, IN 47712	PRIMARY CARE FACILITY
15 ST. MARY'S PULMONARY CARE 901 ST. MARY'S DRIVE EVANSVILLE, IN 47750	SPECIALITY CARE FACILITY
16 ST. MARY'S FOR CHILDREN 3900 WASHINGTON AVENUE EVANSVILLE, IN 47714	CHILDREN'S HEALTH FACILITY
17 ST. MARY'S CONVENIENT CARE - WEST 5320 WESTON ROAD EVANSVILLE, IN 47712	PRIMARY CARE FACILITY
18 ST. MARY'S INTEGRITY FAMILY PHYSICIAN 801 ST. MARY'S DRIVE SUITE 505 E EVANSVILLE, IN 47715	PRIMARY CARE FACILITY
19 ST. MARY'S PHYSICIANS HEALTH GROUP 3801 BELLEMEADE AVENUE SUITE 200E EVANSVILLE, IN 47714	PRIMARY CARE FACILITY
20 ST. MARY'S OCCMED 2330 LYNCH ROAD EVANSVILLE, IN 47711	OCCUPATIONAL MEDICINE CLINIC

Part V Facility Information *(continued)*

Section C. 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? _____

	Name and address	Type of Facility (describe)
21	ST. MARY'S PHYSICIANS OFFICES 2522 WATERBRIDGE WAY EVANSVILLE, IN 47712	PRIMARY CARE FACILITY
22	ST. MARY'S PHYSICIANS HEALTH GROUP 8077 ROSE HILL DRIVE NEWBURGH, IN 47630	PRIMARY CARE FACILITY
23	ST. MARY'S IM OF DUBOIS COUNTY 751 W. NINTH STREET JASPER, IN 47546	PRIMARY CARE FACILITY
24	ST. MARY'S PHYSICIANS OFFICES 801 ST. MARY'S DRIVE SUITE 110-E EVANSVILLE, IN 47714	PRIMARY CARE FACILITY
25	ST. MARY'S OB/GYN 7839 S PROFESSIONAL BLVD FORT BRANCH, IN 47648	OBSTETRICS/GYNECOLOGY
26	ST. MARY'S PHYSICIANS HEALTH GROUP 3801 BELLEMEADE AVENUE SUITE 200B EVANSVILLE, IN 47714	PRIMARY CARE FACILITY
27	ST. MARY'S SLEEP DISORDERS CENTER 3700 WASHINGTON AVENUE, 3RD FLOOR EVANSVILLE, IN 47714	SPECIALITY CARE FACILITY
28	ST. MARY'S PHYSICIANS HEALTH GROUP 3801 BELLEMEADE AVENUE SUITE 200A EVANSVILLE, IN 47714	PRIMARY CARE FACILITY
29	ST. MARY'S HUNTINGBURG PHYSICIAN OFFI 7240 S. US 231 HUNTINGBURG, IN 47542	PRIMARY CARE FACILITY
30	ST. MARY'S IMAGING AND LAB 1138 WASHINGTON SQUARE EVANSVILLE, IN 47715	IMAGING SERVICES/RADIOLOGY

Part V Facility Information *(continued)*

Section C. 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? _____

Name and address	Type of Facility (describe)
31 ST. MARY'S LYNNVILLE PHYSICIAN OFFICE 12067 SPURGEON ROAD LYNNVILLE, IN 47619	PRIMARY CARE FACILITY
32 ST. MARY'S ELBERFELD PHYSICIAN OFFICE 110 W. SYCAMORE STREET ELBERFELD, IN 47613	PRIMARY CARE FACILITY
33 ST. MARY'S ROCKPORT PHYSICIAN OFFICE 105 S. SECOND STREET ROCKPORT, IN 47635	PRIMARY CARE FACILITY
34 ST. MARY'S PHYSICIANS HEALTH GROUP 835 S 9TH AVENUE HAUBSTADT, IN 47639	PRIMARY CARE FACILITY
35 ST. MARY'S PHYSICIAN OFFICE 801 ST. MARY'S DRIVE SUITE 302-E EVANSVILLE, IN 47714	PRIMARY CARE FACILITY
36 ST. MARY'S WEST SIDE X-RAY 2345 W. FRANKLIN STREET EVANSVILLE, IN 47712	IMAGING SERVICES/RADIOLOGY
37 ST. MARY'S PHYSICIAN OFFICE 3700 BELLEMEADE AVENUE SUITE 121 EVANSVILLE, IN 47714	PRIMARY CARE FACILITY
38 ST. MARY'S BOONVILLE PHYSICIAN OFFICE 1116 MILLIS AVENUE BOONVILLE, IN 47601	PRIMARY CARE FACILITY
39 ST. MARY'S WEIGHT MANAGEMENT CENTER 950 S. KENMORE EVANSVILLE, IN 47714	WEIGHT MANAGEMENT FACILITY
40 JOSLIN DIABETES CENTER 3801 BELLEMEADE AVENUE EVANSVILLE, IN 47714	DIABETES SERVICE CENTER

Part V Facility Information *(continued)*

Section C. 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? _____

Name and address	Type of Facility (describe)
41 ST. MARY'S RHEUMATOLOGY CARE 901 ST. MARY'S DRIVE SUITE 200 EVANSVILLE, IN 47714	SPECIALITY CARE FACILITY
42 ST. MARY'S NORTH POINTE REHAB 2300 LYNCH ROAD EVANSVILLE, IN 47711	OUTPATIENT REHAB CLINIC
43 ST. MARY'S PARTNERS IN WOMENS HEALTH 2000 N ELM STREET BLDG 2 HENDERSON, KY 42420	OBSTETRICS/GYNECOLOGY
44 ST. MARY'S WOMEN'S WELLNESS CENTER 3801 BELLEMEADE AVENUE SUITE 120 EVANSVILLE, IN 47714	SPECIALITY CARE FACILITY
45 ST. MARY'S PRE-PROCEDURE CLINIC 1140 WASHINGTON AVENUE EVANSVILLE, IN 47714	PRIMARY CARE FACILITY
46 ST. MARY'S ENDOCRINOLOGY CENTER 3801 BELLEMEADE AVENUE SUITE 110 EVANSVILLE, IN 47714	SPECIALITY CARE FACILITY
47 ST. MARY'S HEART INSTITUTE 3700 WASHINGTON AVENUE EVANSVILLE, IN 47714	SPECIALITY CARE FACILITY
48 ST. MARY'S PROFESSIONAL BUILDING 1400 PROFESSIONAL BUILDING EVANSVILLE, IN 47714	PRIMARY CARE FACILITY

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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.

PART I, LINE 3C: 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 MINUMUM, 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.

PART I, LINE 7: 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,

Part VI Supplemental Information

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.

PART II: ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. PROMOTES THE HEALTH OF ITS COMMUNITIIES BY STRIVING TO IMPROVE THE QUALITY OF LIFE WITHIN THE COMMUNITY. RESEARCH HAS ESTABLISHED THAT FACTORS SUCH AS ECONOMIC STATUS, EMPLOYMENT, HOUSING, EDUCATION LEVEL, AND BUILT ENVIRONMENT CAN ALL BE POWERFUL SOCIAL DETERMINANTS OF HEALTH. ADDITIONALLY, HELPING TO CREATE GREATER CAPACITY WITHIN THE COMMUNITY TO ADDRESS A BROAD RANGE OF QUALITY OF LIFE ISSUES ALSO IMPACTS HEALTH. ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. MEETS REGULARLY WITH LOCAL ORGANIZATIONS IN THE COMMUNITY TO LEARN WHAT RESOURCES ARE AVAILABLE AND PLAN COMMUNITY HEALTH IMPROVEMENT EFFORTS. IN FISCAL YEAR 2012, THESE ORGANIZATIONS INCLUDED: UNITED WAY DAY OF CARING, BACK TO SCHOOL HEALTH BLITZ, LEADERSHIP EVANSVILLE, AND AREA 10 BOARD READINESS TASK FORCE.

PART III, LINE 4: THE ORGANIZATION IS A PART OF THE ST. MARY'S HEALTH SYSTEM OF AMERICA, INC. CONSOLIDATED AUDIT. THE PROVISION FOR BAD DEBT EXPENSE IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING ECONOMIC CONDITIONS, HISTORICAL EXPERIENCE, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE 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 BAD DEBT EXPENSE TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR

Part VI Supplemental Information

UNCOLLECTIABLE ACCOUNTS. 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 WITH 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. THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2012 WAS ($5,790,951) AT CHARGES (-$1,792,717 AT COST).

PART III, LINE 8: ASCENSION HEALTH AND RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SURPLUS (SHORTFALL) IS NOT TREATED AS COMMUNITY BENEFIT.

PART III, LINE 9B: 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.

ST. MARY'S MEDICAL CENTER OF EVA, INC.:

PART V, SECTION B, LINE 19D: 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.

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ST. MARY'S MEDICAL CENTER OF EVA, INC.:

PART V, SECTION B, LINE 20: THE FOLLOWING STEPS WERE FOLLOWED AND CONSIDERED REASONABLE EFFORTS FOLLOWED FOR PURPOSES OF IDENTIFYING PATIENTS ELIGIBLE FOR ASSISTANCE UNDER THE FACILITY'S FAP:

- NOTIFIED EACH INDIVIDUAL OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY (FAP). THIS NOTIFICATION BEGAN ON THE DATE CARE WAS PROVIDED AND ENDED ON THE 120TH DAY AFTER THE FIRST BILLING STATEMENT WAS PROVIDED TO THE INDIVIDUAL.

- INDIVIDUALS WERE NOTIFIED OF THE FAP AS NOTED IN QUESTION 13. THIS INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING:

- BRIEF DESCRIPTION OF ELIGIBILITY REQUIREMENTS AND ASSISTANCE PROVIDED
- DIRECT INDIVIDUALS TO OUR WEBSITE AND PHYSICAL LOCATION OF APPLICATION FORMS
- PROVIDED INSTRUCTIONS TO OBTAIN FREE COPY OF FAP AND APPLICATION BY MAIL
- PROVIDED CONTACT INFORMATION FOR AN INDIVIDUAL/NONPROFIT ORGANIZATION TO ASSIST IF THE INDIVIDUAL HAS QUESTIONS
- PROVIDED STATEMENT OF TRANSLATIONS OF FAP AS WELL AS PLAIN LANGUAGE SUMMARIES
- PROVIDED STATEMENT THAT NO FAP-ELIGIBLE INDIVIDUAL WILL BE CHARGED MORE FOR EMERGENCY/MEDICALLY NECESSARY CARE THAN AGB

- FOR INDIVIDUALS WHO SUBMITTED AN INCOMPLETE FAP, WE PROVIDED THAT INDIVIDUAL WITH INFORMATION RELEVANT TO ASSIST THEM WITH COMPLETION OF THE FAP.
- FOR INDIVIDUALS WHO SUBMITTED A COMPLETE FAP, WE MADE AND DOCUMENTED A

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DETERMINATION AS TO WHETHER THAT PERSON WAS ELIGIBLE UNDER THE FACILITY'S FAP.

- WE DETERMINED ELIGIBILITY BASED ON OTHER MEANS SUCH AS ESTABLISHING THAT THE INDIVIDUAL IS ELIGIBLE UNDER ONE OR MORE MEANS TESTED PROGRAMS (AS NOTED IN QUESTION 11).

ST. MARY'S MEDICAL CENTER OF EVA, INC.:

PART V, SECTION B, LINE 21: THE FOLLOWING STEPS WERE FOLLOWED AND CONSIDERED REASONABLE EFFORTS FOLLOWED FOR PURPOSES OF IDENTIFYING PATIENTS ELIGIBLE FOR ASSISTANCE UNDER THE FACILITY'S FAP:

- NOTIFIED EACH INDIVIDUAL OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY (FAP) AS NOTED IN QUESTION 13. THIS INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING:

- BRIEF DESCRIPTION OF ELIGIBILITY REQUIREMENTS AND ASSISTANCE PROVIDED
- DIRECT INDIVIDUALS TO OUR WEBSITE AND PHYSICAL LOCATION OF APPLICATION FORMS
- PROVIDED INSTRUCTIONS TO OBTAIN FREE COPY OF FAP AND APPLICATION BY MAIL
- PROVIDED CONTACT INFORMATION FOR AN INDIVIDUAL/NONPROFIT ORGANIZATION TO ASSIST IF THE INDIVIDUAL HAS QUESTIONS
- PROVIDED STATEMENT OF TRANSLATIONS OF FAP AS WELL AS PLAIN LANGUAGE SUMMARIES
- PROVIDED STATEMENT THAT NO FAP-ELIGIBLE INDIVIDUAL WILL BE CHARGED MORE FOR EMERGENCY/MEDICALLY NECESSARY CARE THAN AGB

- THIS NOTIFICATION BEGAN ON THE DATE CARE WAS PROVIDED AND ENDED ON THE 120TH DAY AFTER THE FIRST BILLING STATEMENT WAS PROVIDED TO THE

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INDIVIDUAL.

- FOR INDIVIDUALS WHO SUBMITTED AN INCOMPLETE FAP, WE PROVIDED THAT INDIVIDUAL WITH INFORMATION RELEVANT TO ASSIST THEM WITH COMPLETION OF THE FAP.

- FOR INDIVIDUALS WHO SUBMITTED A COMPLETE FAP, WE MADE AND DOCUMENTED A DETERMINATION AS TO WHETHER THAT PERSON WAS ELIGIBLE UNDER THE FACILITY'S FAP.

- WE DETERMINED ELIGIBILITY BASED ON OTHER MEANS SUCH AS ESTABLISHING THAT THE INDIVIDUAL IS ELIGIBLE UNDER ONE OR MORE MEANS TESTED PROGRAMS (AS NOTED IN QUESTION 11).

ST. MARY'S MEDICAL CENTER OF EVA, INC:

PART V, SECTION B, LINE 15:

THE FOLLOWING STEPS WERE FOLLOWED AND CONSIDERED REASONABLE EFFORTS FOR PURPOSES OF QUESTION 15:

- NOTIFIED EACH INDIVIDUAL OF THE FACILITY'S FINANCIAL ASSISTANCE POLICY (FAP). THIS NOTIFICATION BEGAN ON THE DATE CARE WAS PROVIDED AND ENDED ON THE 120TH DAY AFTER THE FIRST BILLING STATEMENT WAS PROVIDED TO THE INDIVIDUAL.

- INDIVIDUALS WERE NOTIFIED OF THE FAP AS NOTED IN QUESTION 13. THIS INCLUDES, BUT IS NOT LIMITED TO, PROVIDING THE FOLLOWING:

- A BRIEF DESCRIPTION OF ELIGIBILITY REQUIREMENTS AND ASSISTANCE PROVIDED

- DIRECTIONS ON HOW TO ACCESS THE FAP AND APPLICATION ON OUR WEBSITE AND PHYSICAL LOCATION OF APPLICATION FORMS

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- INSTRUCTIONS TO OBTAIN FREE COPY OF FAP AND APPLICATION BY MAIL

- CONTACT INFORMATION FOR AN INDIVIDUAL/NONPROFIT ORGANIZATION TO ASSIST IF THE INDIVIDUAL HAS QUESTIONS

- STATEMENT OF TRANSLATIONS OF FAP AS WELL AS PLAIN LANGUAGE SUMMARIES

- STATEMENT THAT NO FAP-ELIGIBLE INDIVIDUAL WILL BE CHARGED MORE FOR EMERGENCY/MEDICALLY NECESSARY CARE THAN AGB.

- FOR INDIVIDUALS WHO SUBMITTED AN INCOMPLETE FAP, WE PROVIDED THAT INDIVIDUAL WITH INFORMATION RELEVANT TO ASSIST THEM WITH COMPLETION OF THE FAP.

- FOR INDIVIDUALS WHO SUBMITTED A COMPLETE FAP, WE MADE AND DOCUMENTED A DETERMINATION AS TO WHETHER THAT PERSON WAS ELIGIBLE UNDER THE FACILITY'S FAP.

- WE DETERMINED ELIGIBILITY BASED ON OTHER MEANS SUCH AS ESTABLISHING THAT THE INDIVIDUAL IS ELIGIBLE UNDER ONE OR MORE MEANS TESTED PROGRAMS (AS NOTED IN QUESTION 11).

ST. MARY'S MEDICAL CENTER OF EVA, INC:

PART V, SECTION B, LINE 16:

THE FOLLOWING STEPS WERE FOLLOWED AND CONSIDERED REASONABLE EFFORTS FOR PURPOSES OF QUESTION 16:

- NOTIFIED EACH INDIVIDUAL OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY (FAP). THIS NOTIFICATION BEGAN ON THE DATE CARE WAS PROVIDED AND ENDED ON THE 120TH DAY AFTER THE FIRST BILLING STATEMENT WAS PROVIDED TO THE INDIVIDUAL.

- INDIVIDUALS WERE NOTIFIED OF THE FAP AS NOTED IN QUESTION 13. THIS INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING:

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- BRIEF DESCRIPTION OF ELIGIBILITY REQUIREMENTS AND ASSISTANCE PROVIDED
- DIRECT INDIVIDUALS TO OUR WEBSITE AND PHYSICAL LOCATION OF APPLICATION FORMS
- PROVIDED INSTRUCTIONS TO OBTAIN FREE COPY OF FAP AND APPLICATION BY MAIL
- PROVIDED CONTACT INFORMATION FOR AN INDIVIDUAL/NONPROFIT ORGANIZATION TO ASSIST IF THE INDIVIDUAL HAS QUESTIONS
- PROVIDED STATEMENT OF TRANSLATIONS OF FAP AS WELL AS PLAIN LANGUAGE SUMMARIES
- PROVIDED STATEMENT THAT NO FAP-ELIGIBLE INDIVIDUAL WILL BE CHARGED MORE FOR EMERGENCY/MEDICALLY NECESSARY CARE THAN AGB
- FOR INDIVIDUALS WHO SUBMITTED AN INCOMPLETE FAP, WE PROVIDED THAT INDIVIDUAL WITH INFORMATION RELEVANT TO ASSIST THEM WITH COMPLETION OF THE FAP.
- FOR INDIVIDUALS WHO SUBMITTED A COMPLETE FAP, WE MADE AND DOCUMENTED A DETERMINATION AS TO WHETHER THAT PERSON WAS ELIGIBLE UNDER THE FACILITY'S FAP.
- WE DETERMINED ELIGIBILITY BASED ON OTHER MEANS SUCH AS ESTABLISHING THAT THE INDIVIDUAL IS ELIGIBLE UNDER ONE OR MORE MEANS TESTED PROGRAMS (AS NOTED IN QUESTION 11).

PART VI, LINE 2: COMMUNITIES ARE DYNAMIC 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 MEDICAL CENTER OF EVANSVILLE, INC. IS TO WORK WITH ITS COMMUNITY TO CONDUCT AN ASSESSMENT AT LEAST EVERY

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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 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 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.

PART VI, LINE 3: 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.

PART VI, LINE 4: 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

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POPULATION FOR THE PRIMARY SERVICE AREA WAS 279,998 IN 2012. ALSO THE MEDIAN INCOME FOR THE PRIMARY SERVICE AREA WAS $51,026 FOR 2012 WITH 19% OF CHILDREN BELOW POVERTY LEVEL.

PART VI, LINE 5: TO PROVIDE THE HIGHEST QUALITY HEALTHCARE TO ALL PERSON IN THE COMMUNITY, AND IN KEEPING WITH ITS NOT-FOR-PROFIT STATUS, 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 CREDENTIALED 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

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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 MASSAGES, YOGA CLASSES, STRESS REDUCTION CLASSES AT HOPE RESOURCE CENTER FOR CANCER PATIENTS AND SURVIVORS.

- 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 KARE 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 CHILDERN, TODDLERS, AND INFANTS

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- 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

PART VI, LINE 6: AS A PART OF ST. MARY'S HEALTH SYSTEM OF AMERICA, INC., 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 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 IN WHICH ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. PARTICIPATES.

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

IN