

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2012**

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. ▶ See separate instructions.

Name of the organization **ST. MARY'S WARRICK HOSPITAL, INC.** Employer identification number **35-1343019**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? 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 _____ %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? 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 _____ %	<input checked="" type="checkbox"/>	
<b>c</b> If the organization used factors other than FPG in determining 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, as a factor in determining eligibility for free or discounted care.		
<b>4</b> 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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
<b>c</b> 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?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			327,495.		327,495.	2.04%
<b>b</b> Medicaid (from Worksheet 3, column a)			3381998.	843,351.	2538647.	15.79%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			3709493.	843,351.	2866142.	17.83%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)		3,610	3,610.		3,610.	.02%
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)		1,680	41,705.		41,705.	.26%
<b>j Total.</b> Other Benefits		5,290	45,315.		45,315.	.28%
<b>k Total.</b> Add lines 7d and 7j		5,290	3754808.	843,351.	2911457.	18.11%





**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 facility reporting group ST. MARY'S WARRICK HOSPITAL, INC.

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
<b>1</b> 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 9	<b>X</b>	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
<b>3</b> In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	<b>X</b>	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	<b>X</b>	
<b>5</b> Did the hospital facility make its CHNA report widely available to the public?	<b>X</b>	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website		
<b>b</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>c</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
<b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b> <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b> <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		<b>X</b>
<b>8a</b> 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)?		<b>X</b>
<b>8b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b> If "Yes" to line 8b, 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) ST. MARY'S WARRICK HOSPITAL, INC.

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients? .....	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance? .....	X	
14	Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	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? .....	X	
16	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	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	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? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

**Part V Facility Information** (continued) ST. MARY'S WARRICK HOSPITAL, INC.

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a  Notified individuals of the financial assistance policy on admission
  - b  Notified individuals of the financial assistance policy prior to discharge
  - c  Notified individuals 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)

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>19</b> 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? .....	X	
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 Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

<b>20</b> 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 Part VI)			
<b>21</b> During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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? .....			X
If "Yes," explain in Part VI.			
<b>22</b> During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? .....			X
If "Yes," explain in Part VI.			



**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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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, 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, ARE ELIGIBLE TO 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 AN 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

**Part VI** Supplemental Information

COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED.

PART II: WHILE MOST OF ST. MARY'S WARRICK HOSPITAL, INC.'S COMMUNITY BENEFIT ACTIVITIES DIRECTLY IMPACT THE HEALTH OF ITS COMMUNITIES, ST. MARY'S WARRICK HOSPITAL, INC. ALSO INVESTS IN COMMUNITY BUILDING ACTIVITIES THAT INDIRECTLY IMPROVE HEALTH BY IMPROVING 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. IN FISCAL YEAR 2013, ST. MARY'S WARRICK HOSPITAL, INC.'S COMMUNITY BUILDING ACTIVITIES INCLUDED: WORKING SOUP KITCHENS, PARTNERING WITH THE WARRICK CO. HEALTH COALITION, AND EMBRACING PROJECT SEARCH STUDENTS WITHIN THE HOSPITAL.

PART III, LINE 2:

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 2013 WAS \$4,938,644 AT CHARGES (\$1,741,509 AT COST).

PART III, LINE 3:

**Part VI** Supplemental Information

THE PROVISION FOR DOUBTFUL ACCOUNTS 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 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.

PART III, LINE 4:

THE ORGANIZATION IS A PART OF THE ST.VINCENT HEALTH SYSTEM'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT EXPENSE IS LOCATED ON PAGE 22.

PART III, LINE 8:

A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COST REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT. ASCENSION HEALTH AND ITS RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS A 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

**Part VI** Supplemental Information

ASSISTANCE. IF A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE CERTAIN COLLECTION PRACTICES DO NOT APPLY AND THE FINANCIAL ASSISTANCE PROGRAM IS FOLLOWED.

PART V, SECTION B, LINE 3:

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.

THE HOSPITAL FACILITY CONSULTED WITH THESE PERSONS THROUGH MEETINGS AND FOCUS GROUPS.

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-VANDEBURGH 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.

PART V, SECTION B, LINE 4:

THE OTHER HOSPITAL FACILITIES WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA INCLUDES ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC., DEACONESS HOSPITAL, DEACONESS GATEWAY, DEACONESS

**Part VI** Supplemental Information

CROSSPOINTE, AND THE WOMEN'S HOSPITAL.

PART V, SECTION B, LINE 5:

THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OF THE HOSPITAL FACILITY  
CAN BE LOCATED AT THE FOLLOWING WEB ADDRESS:

[HTTP://WWW.STMARYS.ORG/CHNA.](http://www.stmarys.org/chna)

PART V, SECTION B, LINE 7:

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.

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 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 BY METHODS AS NOTED IN QUESTION  
14. THIS INCLUDES, BUT IS NOT LIMITED TO, PROVIDING THE FOLLOWING:

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

**Part VI Supplemental Information**

- 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 12).

PART V, SECTION B, LINE 17:

THE FOLLOWING STEPS WERE FOLLOWED AND CONSIDERED REASONABLE EFFORTS FOR PURPOSES OF QUESTION 17:

- 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 14. THIS INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING:

- BRIEF DESCRIPTION OF ELIGIBILITY REQUIREMENTS AND ASSISTANCE PROVIDED

**Part VI Supplemental Information**

- 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 12).

PART V, SECTION B, LINE 18:

QUESTION 18 IS MORE APPROPRIATELY ANSWERED AS NOT APPLICABLE AS THE BILLING AND COLLECTIONS POLICY OF ST. MARY'S WARRICK HOSPITAL, INC. DOES NOT ALLOW A HOSPITAL TO ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS BEFORE THE ORGANIZATION MADE REASONABLE EFFORTS TO DETERMINE WHETHER THE INDIVIDUAL IS ELIGIBLE FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY. REASONABLE EFFORTS TAKEN INCLUDE BUT ARE NOT LIMITED

**Part VI** Supplemental Information

TO:

- NOTIFYING INDIVIDUALS OF THE FINANCIAL ASSISTANCE POLICY ON ADMISSION

- NOTIFYING INDIVIDUALS OF THE FINANCIAL ASSISTANCE POLICY PRIOR TO

DISCHARGE

- NOTIFYING INDIVIDUALS OF THE FINANCIAL ASSISTANCE POLICY IN

COMMUNICATIONS WITH THE PATIENTS REGARDING THE PATIENTS' BILLS

- DOCUMENTING ITS DETERMINATION OF WHETHER PATIENTS WERE ELIGIBLE FOR

FINANCIAL ASSISTANCE UNDER THE HOSPITAL FACILITY'S FINANCIAL ASSISTANCE

POLICY

PART V, SECTION B, LINE 20D:

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.

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). 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 14. THIS

INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING:

**Part VI** Supplemental Information

- 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 12).

PART V, SECTION B, LINE 22:

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 14. THIS INCLUDES, BUT IS NOT

**Part VI Supplemental Information**

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

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 12).

**Part VI** Supplemental Information

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 WARRICK HOSPITAL, INC. IS TO WORK WITH ITS COMMUNITY TO CONDUCT AN ASSESSMENT AT LEAST EVERY THREE YEARS IN PARTNERSHIP WITH ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. ASSESSMENTS MAY INCLUDE PRIMARY SURVEY DATA, SECONDARY SURVEY 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 WARRICK HOSPITAL, 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 WARRICK HOSPITAL, 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 WARRICK HOSPITAL, 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 CONTRACTS 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.

**Part VI** Supplemental Information

PART VI, LINE 4: ST. MARY'S WARRICK HOSPITAL, INC. IS A CRITICAL ACCESS HOSPITAL LOCATED IN BOONVILLE, INDIANA SERVING WARRICK, POSEY, SPENCER, AND OTHER RURAL POPULATED COUNTIES SURROUNDING THE AREA. ACCORDING TO THE 2013 COUNTY AND HEALTH RANKINGS, WARRICK COUNTY HAS A POPULATION OF 60,275 AND 12% OF THE CHILDREN IN WARRICK COUNTY ARE DEEMED TO LIVE IN HOUSEHOLDS BELOW THE POVERTY GUIDELINES. IN ADDITION, 15% OF THOSE LIVING IN WARRICK COUNTY UNDER THE AGE OF 65 DO NOT HAVE HEALTH INSURANCE.

CHILD AND ADULT OBESITY CONTINUES TO BE ONE OF THE HIGHEST COMMUNITY ISSUES FOR WARRICK COUNTY WITH 32% OF ADULTS WITH A BODY MASS GREATER THAN 30. OTHER COMMUNITY ISSUES INCLUDE:

- FAMILIES' UNDERSTANDING OF FINANCES, BUDGETING, AND TAX CREDITS;
- UNDERSTANDING THE CYCLE OF POVERTY THAT OCCURS IN SUCCESSIVE GENERATIONS;
- COST OF PRESCRIPTION MEDICINE; AND
- AFFORDABLE AND ACCESSIBLE HEALTH CARE FOR LOW- TO MODERATE-INCOME INDIVIDUALS

PART VI, LINE 5: TO PROVIDE THE HIGHEST QUALITY HEALTHCARE TO ALL PERSONS IN THE COMMUNITY, AND IN KEEPING WITH ITS NOT-FOR-PROFIT STATUS, ST. MARY'S WARRICK HOSPITAL, INC.:

- DELIVERS PATIENT SERVICES, INCLUDING EMERGENCY DEPARTMENT SERVICES 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.
- PARTICIPATES IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICAID AND

**Part VI** Supplemental Information

MEDICARE TO THE POOR AND ELDERLY.

- HOLDS MEMBERSHIP ON OTHER PUBLIC AGENCY BOARDS TO ENHANCE WELL BEING OF THE COMMUNITY IN PARTNERSHIP PROGRAMS.

PART VI, LINE 6: AS A PART OF ST. MARY'S HEALTH SYSTEM, ST. MARY'S WARRICK HOSPITAL, INC. IS DEDICATED TO IMPROVING THE HEALTH STATUS AND QUALITY OF LIFE FOR THE COMMUNITIES IT SERVES. WHILE DESIGNATED ASSOCIATES AT ST. MARY'S WARRICK HOSPITAL, INC. DEVOTE SIGNIFICANT PORTIONS OF 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 WARRICK HOSPITAL, INC. PARTICIPATES.

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

THE STATE OF INDIANA NO LONGER REQUIRES A SEPARATE COMMUNITY BENEFIT REPORT, BUT WILL REFERENCE THE FORM 990. ST. MARY'S WARRICK HOSPITAL, INC. AND ITS ITS RELATED ST. MARY'S HEALTH, INC. AFFILIATES PUBLISH A COMMUNITY BENEFIT REPORT WHICH IS AVAILABLE TO THE PUBLIC. A COPY OF THE FULL REPORT IS AVAILABLE AT [HTTP://WWW.STMARYS.ORG/CHNA](http://www.stmarys.org/chna).