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

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
   ![Yes](Yes) ![No](No)

   1b If "Yes," was it a written policy?
   ![Yes](Yes) ![No](No)

   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)

   3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization’s patients during the tax year.

   a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
      ![Yes](Yes) ![No](No)

      *If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
      ![X](200%)

   b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
      ![X](600%)

   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 for “medically indigent”?
   ![X](Yes) ![No](No)

   5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
   ![X](Yes) ![No](No)

   5b If "Yes," did the organization’s financial assistance expenses exceed the budgeted amount?
   ![X](Yes) ![No](No)

   5c 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](Yes) ![No](No)

   6a Did the organization prepare a community benefit report during the tax year?
   ![X](Yes) ![No](No)

   6b If "Yes," did the organization make it available to the public?
   ![X](Yes) ![No](No)

---

### Financial Assistance and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Financial Assistance at cost (from Worksheet 1)</td>
<td><img src="4,374,105" alt="X" /></td>
<td><img src="4,374,105" alt="X" /></td>
<td><img src="1.62%25" alt="X" /></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td><img src="96,116,055" alt="X" /></td>
<td><img src="91,427,952" alt="X" /></td>
<td><img src="4,688,103" alt="X" /></td>
<td><img src="1.74%25" alt="X" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td><img src="100,490,160" alt="X" /></td>
<td><img src="91,427,952" alt="X" /></td>
<td><img src="9,062,208" alt="X" /></td>
<td><img src="3.36%25" alt="X" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total Financial Assistance and Means-Tested Government Programs</td>
<td><img src="100,490,160" alt="X" /></td>
<td><img src="91,427,952" alt="X" /></td>
<td><img src="9,062,208" alt="X" /></td>
<td><img src="3.36%25" alt="X" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td><img src="3" alt="X" /></td>
<td><img src="14,081" alt="X" /></td>
<td><img src="316,621" alt="X" /></td>
<td><img src="316,621" alt="X" /></td>
<td><img src=".12%25" alt="X" /></td>
<td></td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td><img src="3" alt="X" /></td>
<td><img src="754" alt="X" /></td>
<td><img src="6,319,270" alt="X" /></td>
<td><img src="6,319,270" alt="X" /></td>
<td><img src="2.34%25" alt="X" /></td>
<td></td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
<td><img src="1" alt="X" /></td>
<td><img src="720" alt="X" /></td>
<td><img src="191,633" alt="X" /></td>
<td><img src="191,633" alt="X" /></td>
<td><img src=".07%25" alt="X" /></td>
<td></td>
</tr>
<tr>
<td>h Research (from Worksheet 7)</td>
<td><img src="2" alt="X" /></td>
<td><img src="2,499" alt="X" /></td>
<td><img src="27,406" alt="X" /></td>
<td><img src="27,406" alt="X" /></td>
<td><img src=".01%25" alt="X" /></td>
<td></td>
</tr>
<tr>
<td>i Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td><img src="9" alt="X" /></td>
<td><img src="18,054" alt="X" /></td>
<td><img src="6,854,930" alt="X" /></td>
<td><img src="6,854,930" alt="X" /></td>
<td><img src="2.54%25" alt="X" /></td>
<td></td>
</tr>
<tr>
<td>j Total, Other Benefits</td>
<td><img src="9" alt="X" /></td>
<td><img src="18,054" alt="X" /></td>
<td><img src="107,345,090" alt="X" /></td>
<td><img src="15,917,138" alt="X" /></td>
<td><img src="5.90%25" alt="X" /></td>
<td></td>
</tr>
<tr>
<td>k Total, Add lines 7d and 7</td>
<td><img src="9" alt="X" /></td>
<td><img src="18,054" alt="X" /></td>
<td><img src="107,345,090" alt="X" /></td>
<td><img src="15,917,138" alt="X" /></td>
<td><img src="5.90%25" alt="X" /></td>
<td></td>
</tr>
</tbody>
</table>
### 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.

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

### Part III  Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?  
   - Yes  
   - No  
   - 1 X

2. Enter the amount of the organization’s bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.  
   - 2 14,929,815

3. Enter the estimated amount of the organization’s bad debt expense attributable to patients eligible under the organization’s financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.  
   - 3

4. Provide in Part VI the text of the footnote to the organization’s financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5. Enter total revenue received from Medicare (including DSH and IME)  
   - 5 56,744,950

6. Enter Medicare allowable costs of care relating to payments on line 5  
   - 6 52,490,065

7. Subtract line 6 from line 5. This is the surplus (or shortfall)  
   - 7 4,254,885

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  

   - 9a X

Section C. Collection Practices

9a. Did the organization have a written debt collection policy during the tax year?  
   - Yes  
   - No  

9b. 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  
   - Yes  
   - No  

   - 9a X

### Part IV  Management Companies and Joint Ventures

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

<table>
<thead>
<tr>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization’s profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees’ profit % or stock ownership %</th>
<th>(e) Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 MERCY ADVANCED MRI, LLC</td>
<td>SUB-LEASE MRI EQUIPMENT</td>
<td>65.00%</td>
<td>.00%</td>
<td>35.00%</td>
</tr>
</tbody>
</table>
### Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

<table>
<thead>
<tr>
<th>Facility Reporting Group</th>
<th>Licensed Hospital</th>
<th>Gen. Medical &amp; Surgical</th>
<th>Children's Hospital</th>
<th>Critical Access Hospital</th>
<th>ER 24 Hours</th>
<th>ER Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERCY HOSPITAL AND MEDICAL CENTER</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 MERCY HOSPITAL AND MEDICAL CENTER
2525 SOUTH MICHIGAN AVENUE
CHICAGO, IL 60616-2477
WWW.MERCY-CHICAGO.ORG
0001578
## 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

MERCY HOSPITAL AND MEDICAL CENTER

#### 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a. A definition of the community served by the hospital facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Demographics of the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. How data was obtained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The significant health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f. Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. The process for identifying and prioritzing community health needs and services to meet the community health needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. The process for consulting with persons representing the community’s interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Indicate the tax year the hospital facility last conducted a CHNA:

2015

#### 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

X

#### Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If “Yes,” list the other hospital facilities in Section C

X

#### Did the hospital facility make its CHNA report widely available to the public?

X

#### How was the CHNA report made widely available (check all that apply):

a. Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C

b. Other website (list url):

c. Made a paper copy available for public inspection without charge at the hospital facility

d. Other (describe in Section C)

#### 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

X

#### Indicate the tax year the hospital facility last adopted an implementation strategy:

2015

#### Is the hospital facility’s most recently adopted implementation strategy posted on a website?

X

#### 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.

#### 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)?

X

#### If “Yes” to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

#### 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?

$
Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: MERCY HOSPITAL AND MEDICAL CENTER

13 Did the hospital facility have in place during the tax year a written financial assistance policy that: [ ] Yes [ ] No

If "Yes," indicate the eligibility criteria explained in the FAP:

- Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 600%
- Income level other than FPG (describe in Section C)
- Asset level
- Medical indigency
- Insurance status
- Underinsurance status
- Residency
- Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients? [ ] Yes [ ] No

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):

- Described the information the hospital facility may require an individual to provide as part of his or her application
- Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- Other (describe in Section C)

15 Explained the method for applying for financial assistance? [ ] Yes [ ] No

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

- The FAP was widely available on a website (list url): WWW.MERCY-CHICAGO.ORG/FINANCIAL-ASSISTANCE
- The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8
- A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8
- The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
- Notified members of the community who are most likely to require financial assistance about availability of the FAP
- The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- Other (describe in Section C)
### Billing and Collections

**Name of hospital facility or letter of facility reporting group:** MERCY HOSPITAL AND MEDICAL CENTER

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:**

- [ ] a. Reporting to credit agency(ies)
- [ ] b. Selling an individual’s debt to another party
- [x] c. Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
- [ ] d. Actions that require a legal or judicial process
- [ ] e. Other similar actions (describe in Section C)
- [x] f. None of these actions or other similar actions were permitted

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**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:**

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

**Policy Relating to Emergency Medical Care**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**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?**

If "No," indicate why:

- [ ] a. The hospital facility did not provide care for any emergency medical conditions
- [ ] b. The hospital facility’s policy was not in writing
- [ ] c. The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- [ ] d. Other (describe in Section C)
## Part V Facility Information (continued)

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

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>MERCY HOSPITAL AND MEDICAL CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>22</strong> 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.</td>
<td>Yes</td>
</tr>
<tr>
<td>a</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
</tr>
<tr>
<td>b</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
</tr>
<tr>
<td>c</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
</tr>
<tr>
<td>d</td>
<td>The hospital facility used a prospective Medicare or Medicaid method</td>
</tr>
<tr>
<td><strong>23</strong> 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?</td>
<td>X</td>
</tr>
<tr>
<td><strong>24</strong> 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?</td>
<td>X</td>
</tr>
</tbody>
</table>
MERCY HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E:

MERCY HOSPITAL AND MEDICAL CENTER INCLUDED IN ITS CHNA WRITTEN REPORT A

PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY’S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR TAX YEAR 2017 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. IMPROVING SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINANTS OF HEALTH WHILE REDUCING SOCIAL AND ECONOMIC INEQUITIES
2. IMPROVING MENTAL HEALTH AND DECREASING SUBSTANCE ABUSE
3. PREVENTING AND REDUCING CHRONIC DISEASE, WITH A FOCUS ON RISK FACTORS—NUTRITION, PHYSICAL ACTIVITY, AND TOBACCO
4. INCREASING ACCESS TO CARE AND COMMUNITY RESOURCES

MERCY HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 5: MERCY HOSPITAL AND MEDICAL CENTER (MHMC)

CONDUCTED THE FISCAL YEAR 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN PARTNERSHIP WITH THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY. IT IS A PARTNERSHIP OF 26 HOSPITALS, SEVEN HEALTH DEPARTMENTS, AND NEARLY 100 COMMUNITY ORGANIZATIONS ACROSS CHICAGO AND COOK COUNTY, WORKING TO ASSESS COMMUNITY HEALTH NEEDS AND ASSETS, AND TO IMPLEMENT A SHARED PLAN TO MAXIMIZE HEALTH EQUITY AND WELLNESS IN CHICAGO AND COOK COUNTY. THE HEALTH
IMPACT COLLABORATIVE WAS DEVELOPED SO THAT PARTICIPATING ORGANIZATIONS CAN EFFICIENTLY SHARE RESOURCES AND WORK TOGETHER ON CHNA AND IMPLEMENTATION PLANNING TO ADDRESS COMMUNITY HEALTH NEEDS — ACTIVITIES THAT EVERY NONPROFIT HOSPITAL IS REQUIRED TO CONDUCT UNDER THE AFFORDABLE CARE ACT (ACA). THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) IS SERVING AS THE PROCESS FACILITATOR AND BACKBONE ORGANIZATION FOR THE COLLABORATIVE CHNA AND IMPLEMENTATION PLANNING PROCESSES.


- COMMUNITY HEALTH STATUS ASSESSMENT (CHSA)
- COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA)
- FORCES OF CHANGE ASSESSMENT (FOCA)
- LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)

THE FOUR MAPP ASSESSMENTS WERE CONDUCTED IN PARTNERSHIP WITH COLLABORATIVE MEMBERS AND THE RESULTS WERE ANALYZED AND DISCUSSED IN MONTHLY STAKEHOLDER ADVISORY TEAM MEETINGS.

THE COMMUNITY THEMES AND STRENGTHS ASSESSMENT INCLUDED BOTH FOCUS GROUPS AND COMMUNITY RESIDENT SURVEYS. APPROXIMATELY 5,200 SURVEYS WERE COLLECTED
From community residents through targeted outreach to communities affected by health disparities across the city and county between October 2015 and January 2016. About 2,250 of the surveys were collected from residents in the South region. The survey was disseminated in four languages and was available in paper and online formats. Between October 2015 and March 2016, Illinois Public Health Institute conducted eight focus groups in the South region. Focus group participants were recruited from populations that are typically underrepresented in community health assessments including diverse racial and ethno-cultural groups; immigrants; limited English speakers; families with children; older adults; lesbian, gay, bisexual, queer, intersex, and asexual (LGBQIA) individuals; transgender individuals; formerly incarcerated adults; individuals living with mental illness; and veterans and former military.

Organizations providing input for the focus groups included:
- Arab American Family Services
- Chinese American Service League
- Human Resources Development Institute
- National Alliance on Mental Illness
- Park Forest Health Department
- Sexual Assault Nurse Examiners
- Stickney Senior Center
- Veterans of Foreign Wars Post 311
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CHRIST MEDICAL CENTER AND CHILDREN'S HOSPITAL, ADVOCATE SOUTH SUBURBAN

HOSPITAL, ADVOCATE TRINITY HOSPITAL, PROVIDENT HOSPITAL OF COOK COUNTY,

AND ROSELAND COMMUNITY HOSPITAL.

MERCY HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 6B: THE MHMC CHNA WAS CONDUCTED WITH OTHER

ORGANIZATIONS, WHICH INCLUDE: CHICAGO DEPARTMENT OF PUBLIC HEALTH, COOK

COUNTY DEPARTMENT OF PUBLIC HEALTH, PARK FOREST HEALTH DEPARTMENT, AND

STICKNEY HEALTH DEPARTMENT.

MERCY HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE HEALTH IMPACT COLLABORATIVE OF COOK

COUNTY AND MHMC CHNA IDENTIFIED AND PRIORITIZED THE FOLLOWING NEEDS: (1)

IMPROVING SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINANTS OF HEALTH WHILE

REDUCING SOCIAL AND ECONOMIC INEQUITIES, (2) IMPROVING MENTAL HEALTH AND

DECREASING SUBSTANCE ABUSE, (3) PREVENTING AND REDUCING CHRONIC DISEASE,

WITH A FOCUS ON RISK FACTORS - NUTRITION, PHYSICAL ACTIVITY, AND TOBACCO),

AND (4) INCREASING ACCESS TO CARE AND COMMUNITY RESOURCES.

MHMC CONTINUED ADDRESSED PREVENTING AND REDUCING CHRONIC DISEASE THROUGH

ITS SIGNATURE "EAT RIGHT, EVERY BITE" NUTRITION EDUCATION CLASSES. MHMC

PROVIDED FINANCIAL SUPPORT TO THE CENTERS FOR NEW HORIZON TO ADDRESS

CHILDHOOD OBESITY PREVENTION IN LOW-INCOME COMMUNITIES. MHMC'S COMMUNITY

HEALTH POLICY AGENDA ALSO ADDRESSED TOBACCO PREVENTION. MHMC ADDRESSED

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

**MERCY HOSPITAL AND MEDICAL CENTER**

Schedule H (Form 990) 2017

Page 8

**Part V Facility Information** (continued)

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

**OF IMPLEMENTING A SOCIAL MEDIA CAMPAIGN.** MHMC SUPPORTED THE SMOKE-FREE MOVIES INITIATIVE THAT WOULD REQUIRE ALL MOVIES WITH NON-HISTORICAL SMOKING RECEIVE AN AUTOMATIC R-RATING. MHMC ALSO SUPPORTED LEGISLATION TO INCREASE THE LEGAL AGE TO PURCHASE TOBACCO TO 21 YEARS OF AGE IN ILLINOIS.

MERCY ADDRESSED THE SOCIAL DETERMINANTS OF HEALTH THROUGH A PARTNERSHIP WITH THE COMMUNITY BUILDERS. THE COMMUNITY BUILDERS AND MHMC CONTINUED WORKING TOGETHER TO ADDRESS VIOLENCE, YOUTH DEVELOPMENT, AND TOBACCO-FREE HOUSING. MERCY ALSO JOINED THE BRONZEVILLE NEIGHBORHOOD NETWORK TO ADDRESS WORKFORCE DEVELOPMENT IN THE GREATER BRONZEVILLE AREA.

IN FY18, MERCY BEGAN PLANNING TO USE COMMUNITY RESOURCE REFERRAL SOFTWARE, NOWPOW, TO ADDRESS ACCESS TO CARE AND COMMUNITY RESOURCES. THE SOFTWARE WAS PURCHASED FOR USE WITHIN THE SOCIAL WORK DEPARTMENT. THIS WILL ALLOW OUR SOCIAL WORK TEAM TO REFER PATIENTS TO COMMUNITY RESOURCES AND RECEIVE FOLLOW-UP INFORMATION FROM THE COMMUNITY PARTNER. MERCY ALSO PARTNERED WITH LYFT RIDESHARE SERVICE FOR PATIENT DISCHARGES. LYFT IS AVAILABLE FOR ABLE-BODIED PATIENTS WHO ARE DISCHARGED TO THEIR HOMES. ADDITIONALLY, MERCY WAS AN IMPLEMENTATION SITE FOR NORTHWESTERN UNIVERSITY CHINESE CANCER NAVIGATOR PROGRAM FOR SEVERAL YEARS. LAY NAVIGATORS WHO SPEAK CHINESE DIALECTS ARE CO-LOCATED AT MERCY HOSPITAL AND HELP WOMEN WHO ARE RECEIVING TREATMENT FOR CERVICAL AND BREAST CANCER.

MHMC ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED,
AND WITHIN ITS ABILITY TO INFLUENCE. MHMC DID NOT TAKE ACTION ON MENTAL
HEALTH AND SUBSTANCE ABUSE IN FY18. MHMC HAS LIMITED RESOURCES AND THE
ORGANIZATION RECOGNIZES THAT IT MUST SET PRIORITIES. THEREFORE, MHMC
COMMUNITY INVESTMENT WILL BE DIRECTED TOWARD THE THREE ISSUES WHERE IMPACT
IS MOST LIKELY WITHIN OUR SERVICE AREA, TARGET POPULATION, AND
COLLABORATIVE PARTNERS.

MERCY HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS
ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.
THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON
AVAILABLE INFORMATION. EXAMPLES OF PRESumptIVE CASES INCLUDE: DECEASED
PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS,
NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING
FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF
RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO
RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS
UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL
NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE
MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS
ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF
OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE
UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN
ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS
TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

MERCY HOSPITAL AND MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.MERCY-CHICAGO.ORG/FINANCIAL-ASSISTANCE

MERCY HOSPITAL AND MEDICAL CENTER

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:
WWW.MERCY-CHICAGO.ORG/FINANCIAL-ASSISTANCE

MERCY HOSPITAL AND MEDICAL CENTER - PART V, SECTION B, LINE 7A:
WWW.MERCY-CHICAGO.ORG/COMMUNITY-NEEDS-ASSESSMENT

MERCY HOSPITAL AND MEDICAL CENTER - PART V, SECTION B, LINE 9:
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

MERCY HOSPITAL AND MEDICAL CENTER - PART V, SECTION B, LINE 10A:
WWW.MERCY-CHICAGO.ORG/COMMUNITY-NEEDS-ASSESSMENT
### 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? 13

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 MERCY MEDICAL ON PULASKI - NORTH</strong></td>
<td>CLINIC - PRIMARY AND SPECIALTY PHYSICIANS</td>
</tr>
<tr>
<td>5525 SOUTH PULASKI</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60629</td>
<td></td>
</tr>
<tr>
<td><strong>2 MERCY MEDICAL IN CHATHAM</strong></td>
<td>CLINIC - PHYSICIAN OFFICES</td>
</tr>
<tr>
<td>8541 SOUTH STREET</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60619</td>
<td></td>
</tr>
<tr>
<td><strong>3 MERCY FAMILY HEALTH CENTER AT OAKWOOD</strong></td>
<td>CLINIC - PRIMARY CARE</td>
</tr>
<tr>
<td>3753 SOUTH COTTAGE GROVE</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60653</td>
<td></td>
</tr>
<tr>
<td><strong>5 MERCY MEDICAL AT DEARBORN</strong></td>
<td>INTEGRATIVE MEDICINE, PRIMARY AND SPECIALTY PHYSICIANS</td>
</tr>
<tr>
<td>47 WEST POLK</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60605</td>
<td></td>
</tr>
<tr>
<td><strong>7 MERCY MEDICAL AT 43RD. STREET</strong></td>
<td>CLINIC - PRIMARY CARE</td>
</tr>
<tr>
<td>4321 SOUTH PULASKI</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60632</td>
<td></td>
</tr>
<tr>
<td><strong>8 MERCY MEDICAL IN BRIDGEPORT</strong></td>
<td>CLINIC - PRIMARY CARE</td>
</tr>
<tr>
<td>3700 SOUTH WALLACE</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60609</td>
<td></td>
</tr>
<tr>
<td><strong>9 MERCY MEDICAL ON MICHIGAN</strong></td>
<td>PHYSICAL THERAPY, HAND REHABILITATION &amp; PRIMARY CARE PHYSICIANS</td>
</tr>
<tr>
<td>2930 SOUTH MICHIGAN</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60616</td>
<td></td>
</tr>
<tr>
<td><strong>10 MERCY MEDICAL IN CHINATOWN</strong></td>
<td>CLINIC - PRIMARY CARE</td>
</tr>
<tr>
<td>2323 SOUTH WENTWORTH</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60616</td>
<td></td>
</tr>
<tr>
<td><strong>11 MERCY MEDICAL GROUP AT HENRY BOOTH HO</strong></td>
<td>CLINIC - PRIMARY CARE</td>
</tr>
<tr>
<td>2907 S WABASH AVE</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60616</td>
<td></td>
</tr>
<tr>
<td><strong>12 MERCY ADVANCED MRI, LLC</strong></td>
<td>SUB-LEASE MRI EQUIPMENT</td>
</tr>
<tr>
<td>2525 SOUTH MICHIGAN AVENUE</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60616</td>
<td></td>
</tr>
</tbody>
</table>
### Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 MERCY MEDICAL AT 2600</td>
<td>CLINIC - OCCUPATIONAL MEDICINE</td>
</tr>
<tr>
<td>2600 SOUTH MICHIGAN AVENUE</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60616</td>
<td></td>
</tr>
<tr>
<td>15 MERCY MEDICAL IN BRIDGEPORT</td>
<td>CLINIC - PRIMARY CARE AND SPECIALTY PHYSICIANS</td>
</tr>
<tr>
<td>2837 SOUTH HALSTED</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60608</td>
<td></td>
</tr>
<tr>
<td>16 MERCY MEDICAL</td>
<td>CLINIC - PRIMARY CARE PHYSICIANS</td>
</tr>
<tr>
<td>2850 SOUTH WABASH</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60609</td>
<td></td>
</tr>
</tbody>
</table>
Provide the following information.

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

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

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

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

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

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

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

PART I, LINE 3C:
IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

PART I, LINE 6A:
MHMC PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF ILLINOIS. IN ADDITION, MHMC REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, MHMC INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

PART I, LINE 7:
THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND
MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $14,929,815, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

MHMC USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED.
FOR FINANCIAL STATEMENT PURPOSES, MHMC IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MHMC IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

PART III, LINE 5:
TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.
PART III, LINE 8:

MHMC DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.
PART VI, LINE 2:

NEEDS ASSESSMENT - MHMC ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY BY HAVING ONGOING DIALOGUE WITH COMMUNITY RESIDENTS, HEALTH PROVIDERS AND LEADERS. EXAMPLES OF ORGANIZATIONS AND COMMUNITY LEADERS ARE AREA BUSINESS LEADERS, CHICAGO PUBLIC SCHOOLS, CITY OF CHICAGO, COMMUNITY HEALTH CENTERS, AND COMMUNITY AND STATE PUBLIC HEALTH DEPARTMENTS. MHMC HOSPITAL LEADERS SERVE ON AREA BOARDS AND PARTICIPATE IN COMMUNITY ORGANIZATIONS THAT HAVE AN INTEREST IN PROMOTING HEALTH AND WELLNESS IN THE COMMUNITY. ADDITIONALLY, HEALTH FAIRS AND HEALTH PROMOTION ACTIVITIES ENABLE THE ORGANIZATION TO GAUGE HEALTH CARE NEEDS AND INITIATE STRATEGIES TO ASSIST IN MEETING THESE NEEDS.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MHMC COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.
MHMC OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

MHMC HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. MHMC MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

COMMUNITY INFORMATION-

MHMC OPERATES 12 SATELLITE OUTPATIENT OFFICES, ONE OF WHICH IS A SAFETY-NET CLINIC. MHMC ALSO OPERATES SCHOOL-BASED HEALTH CENTERS AT WENDELL PHILLIPS VOCATIONAL ACADEMY AND PERCY DUNBAR VOCATIONAL CAREER ACADEMIES, BOTH IN THE BRONZEVILLE NEIGHBORHOOD.
THE SATELLITE OFFICES OFFER PEOPLE-CENTERED CARE AT CONVENIENT LOCATIONS THROUGHOUT THE DIVERSE COMMUNITIES OF CHICAGO. MERCY OFFERS TREATMENT, EDUCATION AND SUPPORT, STRIVING TO EMPOWER THE COMMUNITY TO TAKE CHARGE OF THEIR HEALTH AND MAKE THE APPROPRIATE LIFESTYLE AND BEHAVIORAL CHANGES NECESSARY TO LIVE WELL.

SERVICE AREA

TWENTY-TWO CHICAGO ZIP CODES MAKE UP THE PRIMARY SERVICE AREA FOR MHMC. THESE ZIP CODES SPAN ACROSS OVER 30 OFFICIALLY RECOGNIZED NEIGHBORHOODS.

OVER 85% OF THE INPATIENTS AND OUTPATIENTS THAT MHMC SERVES LIVE IN THE ZIP CODES IDENTIFIED BELOW:

60616 - DOUGLAS, BRIDGEPORT, LOWER WEST (PILSEN) AND NEAR SOUTH SIDE
60608 - BRIDGEPORT, LOWER WEST SIDE (PILSEN), MCKINLEY PARK, NEAR WEST SIDE, NORTH LAWNDALE, AND SOUTH LAWNDALE
60609 - ARMOUR SQUARE, BRIDGEPORT, DOUGLAS, FULLER PARK, GAGE PARK, GRAND BOULEVARD, MCKINLEY PARK, NEW CITY, WASHINGTON PARK
60653 - DOUGLAS, GRAND BOULEVARD, KENWOOD, OAKLAND
60632 - ARCHER HEIGHTS, BRIGHTON PARK, GAGE PARK, GARFIELD RIDGE, WEST ELSDON
60629 - CHICAGO LAWN, CLEARING, GAGE PARK, GARFIELD RIDGE, WEST ELSDON, WEST LAWN
60636 - CHICAGO LAWN, GAGE PARK, WEST ENGLEWOOD
60621 - ENGLEWOOD, GREATER GRAND CROSSING, WASHINGTON PARK
60615 - GRAND BOULEVARD, HYDE PARK, KENWOOD, WASHINGTON PARK
60637 - GREATER GRAND CROSSING, HYDE PARK, SOUTH SHORE, WASHINGTON PARK,
MHMC SERVES A RACIAL/ETHNIC COMPOSITION OF 56% AFRICAN AMERICAN, 26% CAUCASIAN, 16% HISPANIC, AND MORE THAN 2.4% ASIAN. THIS COMPOSITION INCLUDES AN IN-PATIENT AND OUT-PATIENT PAYER MIX OF 37% MEDICARE, 38% MEDICAID, 22% HMO/PPO, AND 3% OTHER SOURCES. BETWEEN 80% AND 90% OF THE POPULATION SERVED BY MHMC ARE ECONOMICALLY CHALLENGED, UNDERSERVED, UNDERPRIVILEGED, AND TYPICALLY UNINSURED.

MHMC IS LOCATED WITHIN THREE GEOGRAPHIC DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS AND SEVEN LOW-INCOME POPULATION HEALTH PROFESSIONAL SHORTAGE AREAS. THERE ARE SIX MENTAL HEALTH GEOGRAPHIC POPULATION HEALTH PROFESSIONAL SHORTAGE AREAS IN THE SERVICE AREA AND ONE LOW-INCOME POPULATION MENTAL HEALTH PROFESSIONAL SHORTAGE AREA.
PART VI, LINE 5:

OTHER INFORMATION -

IN ORDER TO MEET THE HEALTH CARE NEEDS OF THE RESIDENTS OF THE COMMUNITY AND TO MAINTAIN MHMC’S STATUS AS A Viable TEACHING HOSPITAL, MHMC IS CONSTANTLY EVALUATING AND STRENGTHENING ITS CLINICAL PROGRAMS ON THE MAIN HOSPITAL CAMPUS AND AT SATELLITE FACILITIES LOCATED THROUGHOUT THE CITY OF CHICAGO. AS AN ACTIVE PARTICIPANT IN THE HEALTH AND WELLNESS OF ITS COMMUNITY, MHMC IS DEDICATED TO PARTNERING WITH RESIDENTS, COMMUNITY LEADERS, AREA BUSINESSES, AND OTHER HEALTH PROVIDERS TO SUPPORT THE HEALTH NEEDS AND FOSTER THE ECONOMIC GROWTH OF THE DIVERSE COMMUNITIES SERVED BY THE INSTITUTION.

IN FY18 THE MHMC BIRTH CENTER PROGRESSED THROUGH THE BABY-FRIENDLY HOSPITAL DESIGNATION STEPS AND CONTINUED IN PHASE 3 (OF FOUR) OF THE DESIGNATION PROCESS. BABY-FRIENDLY HOSPITALS ARE HOSPITALS THAT ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS.

AS A MEMBER OF THE ILLINOIS COALITION AGAINST TOBACCO AND THE CHICAGO COALITION AGAINST TOBACCO, MHMC'S COMMUNITY HEALTH AND WELL-BEING DEPARTMENT PARTICIPATED IN ADVOCACY EFFORTS TO SUPPORT TOBACCO REFORM IN ILLINOIS TO RAISE THE LEGAL AGE TO PURCHASE TOBACCO FROM 18 YEARS OF AGE TO 21 YEARS OF AGE. MHMC, PARTNERS FROM THE CHICAGO COALITION AGAINST TOBACCO, NATIONAL TOBACCO ADVOCACY PARTNERS, AND LOCAL NON-PROFIT ORGANIZATIONS ADDRESSED THE TOBACCO INDUSTRY'S MARKETING TACTICS THROUGH A SOCIAL MEDIA CAMPAIGN ON YOUTUBE AND FACEBOOK.
PART VI, LINE 6:

MHMC is a member of Trinity Health, one of the largest Catholic health care delivery systems in the country. Trinity Health annually requires that all member ministries define and achieve specific community health and well-being goals. In Fiscal Year 2018, every ministry focused on four goals:

1. Reduce tobacco use
2. Reduce obesity prevalence
3. Address at least one significant health need identified in the ministry community health needs assessment
4. Address at least one social determinant of health

Trinity Health acknowledges the impact social determinants such as adequate housing, safety, access to food, education, income, and health coverage have on the health of the community. In Fiscal Year 2016, Trinity Health launched the Transforming Communities Initiative (TCI) to advance community partnerships that focus on improving the health and well-being in communities served by the ministries of Trinity Health. TCI is an innovative funding model and technical assistance initiative supporting eight communities using policy, system, and environmental (PSE) change strategies to prevent tobacco use and childhood obesity, as well as address social determinants of health. Trinity Health invested $3.6 million in Fiscal Year 2018 in TCI. In Fiscal Year 2018, Trinity Health launched the Good Samaritan Initiative (GSI) to support the most vulnerable patients' social and economic needs in our system through integrating community health workers as part of care teams across nine ministries. Trinity Health invested over $260,000 in Fiscal Year 2018 in
GSI. ADDITIONALLY, TRINITY HEALTH INVESTED $500,000 IN ELEVEN GRANTS TO IMPROVE THE BUILT ENVIRONMENT ACROSS EIGHT MINISTRIES.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROMOTING WELLNESS AND DEVELOPING PROGRAMS SPECIFICALLY SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM AND ENVIRONMENTAL CHANGE. THE ORGANIZATION WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2018, TRINITY HEALTH INVESTED OVER $1.1 BILLION IN SUCH COMMUNITY BENEFITS.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

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

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