

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

|   |   |
|---|---|
| <b>Name of the organization</b><br>CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. | <b>Employer identification number</b><br>35 1869951 |
|---|---|

**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 . . . . .  | ✓   |    |
| <b>b</b> If "Yes," was it a written policy? . . . . .  | ✓   |    |
| <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:<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %  | ✓   |    |
| <b>b</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: . . . . .<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %                      | ✓   |    |
| <b>c</b> 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.   |     |    |
| <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"? . . . . .  | ✓   |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  |     | ✓  |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .  |     |    |
| <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? . . . . .   | ✓   |    |
| <b>b</b> If "Yes," did the organization make it available to the public? . . . . .   | ✓   |    |

**7 Financial Assistance and Certain Other Community Benefits at Cost**

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>   |   |                               |                                     |                               |                                   |                              |
| <b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .   |   |                               | 1,001,511                           |                               | 1,001,511                         | 1.52                         |
| <b>b</b> Medicaid (from Worksheet 3, column a)   |   |                               | 14,875,209                          | 11,844,152                    | 3,031,057                         | 4.59                         |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .              |   |                               |                                     |                               | 0                                 | 0.00                         |
| <b>d Total.</b> Financial Assistance and Means-Tested Government Programs                                    | 0   | 0                             | 15,876,720                          | 11,844,152                    | 4,032,568                         | 6.10                         |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . . | 2   | 1                             | 55,669                              | 0                             | 55,669                            | 0.08                         |
| <b>f</b> Health professions education (from Worksheet 5) . . . . .   | 2   | 223                           | 143,279                             | 0                             | 143,279                           | 0.22                         |
| <b>g</b> Subsidized health services (from Worksheet 6) . . . . .   |   |                               |                                     |                               | 0                                 | 0.00                         |
| <b>h</b> Research (from Worksheet 7) . . . . .   |   |                               |                                     |                               | 0                                 | 0.00                         |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                   | 2   | 29                            | 1,435                               | 0                             | 1,435                             | 0.00                         |
| <b>j Total.</b> Other Benefits . . . . .   | 6   | 253                           | 200,383                             | 0                             | 200,383                           | 0.30                         |
| <b>k Total.</b> Add lines 7d and 7j . . . . .  | 6   | 253                           | 16,077,103                          | 11,844,152                    | 4,232,951                         | 6.41                         |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50192T

Schedule H (Form 990) 2022

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

|   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing                         |   |                               |                                      |                               | 0                                  | 0.00                         |
| 2 Economic development                                      |   |                               |                                      |                               | 0                                  | 0.00                         |
| 3 Community support   |   |                               |                                      |                               | 0                                  | 0.00                         |
| 4 Environmental improvements                                |   |                               |                                      |                               | 0                                  | 0.00                         |
| 5 Leadership development and training for community members |   |                               |                                      |                               | 0                                  | 0.00                         |
| 6 Coalition building  |   |                               |                                      |                               | 0                                  | 0.00                         |
| 7 Community health improvement advocacy                     |   |                               |                                      |                               | 0                                  | 0.00                         |
| 8 Workforce development                                     |   |                               |                                      |                               | 0                                  | 0.00                         |
| 9 Other   |   |                               |                                      |                               | 0                                  | 0.00                         |
| 10 <b>Total</b>   | 0   | 0                             | 0                                    | 0                             | 0                                  | 0.00                         |

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

**Section A. Bad Debt Expense**

|  |   | Yes | No |
|--|---|-----|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?  | 1 |     | ✓  |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .   | 2 |     |    |
| 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 | 85,793,541 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .   | 6 | 83,572,848 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .   | 7 | 2,220,693  |
| 8 Describe in Part VI the extent to which any shortfall reported on 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:<br><input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |   |            |

**Section C. Collection Practices**

|   |    |   |  |
|---|----|---|--|
| 9a Did the organization have a written debt collection policy during the tax year? . . . . .  | 9a | ✓ |  |
| b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | 9b | ✓ |  |

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1                  |   |  |  |   |
| 2                  |   |  |  |   |
| 3                  |   |  |  |   |
| 4                  |   |  |  |   |
| 5                  |   |  |  |   |
| 6                  |   |  |  |   |
| 7                  |   |  |  |   |
| 8                  |   |  |  |   |
| 9                  |   |  |  |   |
| 10                 |   |  |  |   |
| 11                 |   |  |  |   |
| 12                 |   |  |  |   |
| 13                 |   |  |  |   |

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest—see instructions)  
 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):

1 ASCENSION ST. VINCENT HEART CENTER  
 10580 N MERIDIAN STREET, CARMEL, IN 46290  
[HTTPS://HEALTHCARE.ASCENSION.ORG/LOCATIONS/INDIANA/INEVA/CARMEL-ASCENSION-ST-VINCENT-HEART-CENTER](https://healthcare.ascension.org/locations/indiana/ineva/carmel-ascension-st-vincent-heart-center) STATE LICENSE NO. : 23-003284-1

| Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| ✓                 |                            |                     |                   |                          |                   | ✓           |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                   |                            |                     |                   |                          |                   |             |          |                  |                          |

**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: ASCENSION ST. VINCENT HEART CENTER

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

|  |  | Yes | No |
|--|--|-----|----|
| <b>Community Health Needs Assessment</b> |  |     |    |
| <b>1</b>                                 | 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? . . . . .   |     | ✓  |
| <b>2</b>                                 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .  |     | ✓  |
| <b>3</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 12 . . . . .<br>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 significant 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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |     |    |
| <b>j</b>                                 | <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>4</b>                                 | Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>  |     |    |
| <b>5</b>                                 | 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 . . . . . | ✓   |    |
| <b>6a</b>                                | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | ✓   |    |
| <b>b</b>                                 | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .  |     | ✓  |
| <b>7</b>                                 | Did the hospital facility make its CHNA report widely available to the public?<br>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 (list url): <u>HTTPS://HEALTHCARE.ASCENSION.ORG/CHNA</u>   |     |    |
| <b>b</b>                                 | <input type="checkbox"/> Other website (list url): _____   |     |    |
| <b>c</b>                                 | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |     |    |
| <b>d</b>                                 | <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>8</b>                                 | 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 . . . . .  | ✓   |    |
| <b>9</b>                                 | Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 21</u>  |     |    |
| <b>10</b>                                | Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .  | ✓   |    |
| <b>a</b>                                 | If "Yes," (list url): <u>HTTPS://HEALTHCARE.ASCENSION.ORG/CHNA</u>   |     |    |
| <b>b</b>                                 | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   |     |    |
| <b>11</b>                                | 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.   |     |    |
| <b>12a</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>b</b>                                 | If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   |     |    |
| <b>c</b>                                 | If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____  |     |    |

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

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group: ASCENSION ST. VINCENT HEART CENTER

|   |   | Yes | No |
|---|---|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that:   |   |     |    |
| <b>13</b>   | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:  | ✓   |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 5 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0 0</u> %  |     |    |
| <b>b</b>  | <input type="checkbox"/> Income level other than FPG (describe in Section C)  |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> Asset level   |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> Medical indigency   |     |    |
| <b>e</b>  | <input checked="" type="checkbox"/> Insurance status  |     |    |
| <b>f</b>  | <input type="checkbox"/> Underinsurance status  |     |    |
| <b>g</b>  | <input checked="" type="checkbox"/> Residency   |     |    |
| <b>h</b>  | <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>14</b>   | Explained the basis for calculating amounts charged to patients? . . . . .  | ✓   |    |
| <b>15</b>   | Explained the method for applying for financial assistance? . . . . .   | ✓   |    |
| If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): |   |     |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |     |    |
| <b>b</b>  | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |     |    |
| <b>d</b>  | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |     |    |
| <b>e</b>  | <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>16</b>   | Was widely publicized within the community served by the hospital facility? . . . . .   | ✓   |    |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply):  |   |     |    |
| <b>a</b>  | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>  |     |    |
| <b>b</b>  | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>   |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>  |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |     |    |
| <b>e</b>  | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |     |    |
| <b>f</b>  | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |     |    |
| <b>g</b>  | <input checked="" type="checkbox"/> 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 |     |    |
| <b>h</b>  | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |     |    |
| <b>i</b>  | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations   |     |    |
| <b>j</b>  | <input type="checkbox"/> Other (describe in Section C)  |     |    |

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

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: ASCENSION ST. VINCENT HEART CENTER

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>17</b> | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .   | ✓   |    |
| <b>18</b> | 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:  |     |    |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency(ies)  |     |    |
| <b>b</b>  | <input type="checkbox"/> Selling an individual's debt to another party  |     |    |
| <b>c</b>  | <input type="checkbox"/> 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   |     |    |
| <b>d</b>  | <input type="checkbox"/> Actions that require a legal or judicial process   |     |    |
| <b>e</b>  | <input type="checkbox"/> Other similar actions (describe in Section C)  |     |    |
| <b>f</b>  | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted   |     |    |
| <b>19</b> | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged: |     | ✓  |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency(ies)  |     |    |
| <b>b</b>  | <input type="checkbox"/> Selling an individual's debt to another party  |     |    |
| <b>c</b>  | <input type="checkbox"/> 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   |     |    |
| <b>d</b>  | <input type="checkbox"/> Actions that require a legal or judicial process   |     |    |
| <b>e</b>  | <input type="checkbox"/> Other similar actions (describe in Section C)  |     |    |
| <b>20</b> | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):   |     |    |
| <b>a</b>  | <input checked="" type="checkbox"/> 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 (if not, describe in Section C)   |     |    |
| <b>b</b>  | <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)   |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)  |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)   |     |    |
| <b>e</b>  | <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>f</b>  | <input type="checkbox"/> None of these efforts were made  |     |    |

**Policy Relating to Emergency Medical Care**

|           |   |   |  |
|-----------|---|---|--|
| <b>21</b> | 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? . . . . .<br>If "No," indicate why: | ✓ |  |
| <b>a</b>  | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions  |   |  |
| <b>b</b>  | <input type="checkbox"/> The hospital facility's policy was not in writing  |   |  |
| <b>c</b>  | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)  |   |  |
| <b>d</b>  | <input type="checkbox"/> Other (describe in Section C)  |   |  |

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

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

Name of hospital facility or letter of facility reporting group: ASCENSION ST. VINCENT HEART CENTER

|           |   | Yes       | No |
|-----------|---|-----------|----|
| <b>22</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:  |           |    |
| <b>a</b>  | <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period   |           |    |
| <b>b</b>  | <input checked="" type="checkbox"/> 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   |           |    |
| <b>c</b>  | <input type="checkbox"/> 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                                  |           |    |
| <b>d</b>  | <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method   |           |    |
| <b>23</b> | 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? . . . . .<br>If "Yes," explain in Section C. | <b>23</b> | ✓  |
| <b>24</b> | 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? . . . . .<br>If "Yes," explain in Section C.   | <b>24</b> | ✓  |

**Supplemental Information.** Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

| Return Reference - Identifier   | Explanation  |
|---|--|
| <p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p> | <p>IN ASCENSION ST. VINCENT HEART CENTER'S MOST RECENT CHNA, SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY WERE IDENTIFIED AFTER ANALYZING SECONDARY DATA AND PRIMARY DATA FROM COMMUNITY, PUBLIC HEALTH, AND ASSOCIATE INPUT. THE PROCESS FOR IDENTIFYING SIGNIFICANT HEALTH NEEDS AS WELL AS THE PRIORITIZATION PROCESS IS AS FOLLOWS.</p> <p>EXISTING HEALTH INDICATOR DATA (ALSO KNOWN AS SECONDARY DATA) - IN COLLABORATION WITH HEALTHCARE CONSULTANTS, THE HOSPITAL REVIEWED A VARIETY OF COMMUNITY HEALTH INDICATORS FOR THE COUNTY, WHICH WERE BENCHMARKED AGAINST STATE-WIDE, PEER COUNTY, AND NATIONAL AVERAGES. THE CHNA IDENTIFIES CERTAIN HEALTH ISSUES AS SIGNIFICANT IF INDICATORS BENCHMARK UNFAVORABLY. FOLLOWING THE REVIEW OF THIS DATA, KEY INSIGHTS WERE INCORPORATED INTO CHNA ACTIVITIES AND CONSIDERED DURING THE SELECTION OF HEALTH PRIORITIES.</p> <p>COMMUNITY, PUBLIC HEALTH, AND ASSOCIATE INPUT (ALSO KNOWN AS PRIMARY DATA) - MULTIPLE METHODS WERE USED TO GATHER INPUT, INCLUDING COMMUNITY INPUT MEETINGS, A HOSPITAL INPUT MEETING, AND KEY INFORMANT INTERVIEWS. THE COMMUNITY INPUT MEETINGS AND KEY STAKEHOLDER INTERVIEWS WERE CONDUCTED IN COLLABORATION WITH OTHER INDIANA HEALTH SYSTEMS, WHEN POSSIBLE, WHICH INCLUDED IU HEALTH, COMMUNITY HEALTH NETWORK, RIVERVIEW HEALTH, AND THE REHABILITATION HOSPITAL OF INDIANA. ADDITIONALLY, ASCENSION ST. VINCENT HEART CENTER COLLECTED PRIMARY DATA THROUGH A HOSPITAL INPUT MEETING WITH ASSOCIATES WHO HAD GRASSROOTS KNOWLEDGE OF THE NEEDS OF THE COMMUNITY. A CONCERTED EFFORT WAS MADE TO ENSURE THAT THE INDIVIDUALS AND ORGANIZATIONS REPRESENTED THE NEEDS AND PERSPECTIVES OF 1) PUBLIC HEALTH PRACTICE AND RESEARCH; 2) INDIVIDUALS WHO ARE MEDICALLY UNDERSERVED, ARE LOW-INCOME, OR CONSIDERED AMONG THE MINORITY POPULATIONS SERVED BY THE HOSPITAL; AND 3) THE BROADER COMMUNITY AT LARGE AND THOSE WHO REPRESENT THE BROAD INTERESTS AND NEEDS OF THE COMMUNITY SERVED.</p> <p>HEALTH NEEDS PRIORITIZATION SESSION - ASCENSION ST. VINCENT HEART CENTER USED A PHASED PRIORITIZATION APPROACH TO IDENTIFY THE NEEDS WITHIN HAMILTON COUNTY. THE FIRST STEP WAS TO DETERMINE THE BROADER SET OF IDENTIFIED NEEDS. THROUGH THE CHNA, IDENTIFIED NEEDS WERE THEN NARROWED TO A SET OF SIGNIFICANT NEEDS WHICH WERE DETERMINED MOST CRUCIAL FOR COMMUNITY STAKEHOLDERS TO ADDRESS. FOLLOWING THE COMPLETION OF THE CHNA, SIGNIFICANT NEEDS WERE FURTHER NARROWED DOWN TO A SET OF PRIORITIZED NEEDS THAT THE HOSPITAL WILL ADDRESS WITHIN THE IMPLEMENTATION STRATEGY. TO ARRIVE AT THE PRIORITIZED NEEDS, ASCENSION ST. VINCENT HEART CENTER USED THE FOLLOWING PROCESS AND CRITERIA: HOSPITAL LEADERS REVIEWED THE 2021 CHNA SIGNIFICANT HEALTH NEEDS AND THE DATA USED TO DEFINE EACH AS SIGNIFICANT, THEN VOTED ON THE TOP 3-5 NEEDS THEY DETERMINED THE HOSPITAL COULD ADDRESS IN THE NEXT THREE YEARS. THE CRITERIA USED TO PRIORITIZE THE SIGNIFICANT NEEDS WERE:</p> <p>ALIGNMENT WITH THE ORGANIZATION'S MISSION, VALUES, AND STRATEGIC PRIORITIES.<br/>                 ALIGNMENT WITH EXISTING SERVICE AND AREA OF EXPERTISE.<br/>                 CONCERN FOR LOW-INCOME OR VULNERABLE PERSONS.<br/>                 ABILITY FOR ORGANIZATION TO HAVE AN IMPACT.<br/>                 ABILITY TO LEVERAGE ORGANIZATIONAL ASSETS.</p> <p>CONSEQUENTLY, AFTER ALL HOSPITALS HAD PRIORITIZED THEIR TOP THREE TO FIVE NEEDS, THE TWO MOST COMMONLY PRIORITIZED NEEDS ACROSS THE SYSTEM WERE DETERMINED TO BE THE SYSTEM-WIDE HEALTH IMPROVEMENT PRIORITIES, AND THE MOST COMMONLY PRIORITIZED NEED ACROSS A REGION WAS DETERMINED TO BE A REGION-WIDE HEALTH IMPROVEMENT PRIORITY. EACH HOSPITAL'S IMPLEMENTATION STRATEGY ADDRESSES THESE THREE NEEDS: TWO SYSTEM-WIDE AND ONE REGION-WIDE. SEE SCHEDULE H, PART V, LINE 7 FOR THE LINK TO THE CHNA AND SCHEDULE H, PART V, LINE 11 FOR HOW THOSE NEEDS ARE BEING ADDRESSED.</p> |



| Return Reference - Identifier   | Explanation  |
|---|--|
| <p>SCHEDULE H, PART V,<br/>SECTION B, LINE 5 - INPUT<br/>FROM PERSONS WHO<br/>REPRESENT BROAD<br/>INTERESTS OF<br/>COMMUNITY SERVED</p> | <p>FACILITY NAME:<br/>ASCENSION ST. VINCENT HEART CENTER</p> <p>DESCRIPTION:<br/>RECOGNIZING ITS VITAL IMPORTANCE TO UNDERSTANDING THE HEALTH NEEDS AND ASSETS OF THE COMMUNITY, ASCENSION ST. VINCENT HEART CENTER CONSULTED WITH A RANGE OF PUBLIC HEALTH AND SOCIAL SERVICE PROVIDERS THAT REPRESENT THE BROAD INTERESTS OF RESIDENTS OF HAMILTON COUNTY. MULTIPLE METHODS WERE USED TO GATHER COMMUNITY INPUT, INCLUDING COMMUNITY INPUT MEETINGS, A HOSPITAL INPUT MEETING WITH HOSPITAL STAFF, AND KEY INFORMANT INTERVIEWS. A SUMMARY OF THE PROCESS AND RESULTS IS OUTLINED BELOW.</p> <p>TWO COMMUNITY INPUT MEETINGS WERE CONDUCTED IN MAY 2021 TO GATHER FEEDBACK ON THE HEALTH NEEDS AND ASSETS OF HAMILTON COUNTY. MORE THAN FIFTY INDIVIDUALS WERE INVITED TO PARTICIPATE IN THE HAMILTON COUNTY COMMUNITY INPUT MEETINGS AND THIRTY BOTH ATTENDED AND COMPLETED A POST-MEETING SURVEY TO IDENTIFY SIGNIFICANT COMMUNITY NEEDS. ORGANIZATIONS THAT HAVE A FUNDAMENTAL UNDERSTANDING OF HAMILTON COUNTY'S HEALTH NEEDS, SPECIFICALLY AMONG THOSE WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS, WERE INVITED TO ATTEND. THE ORGANIZATIONS INVITED WERE AS FOLLOWS: ASPIRE INDIANA HEALTH, HAND, BREATHE EASY HAMILTON COUNTY, HEART AND SOUL FREE CLINIC, CARMEL CLAY SCHOOL DISTRICT, HOPE FAMILY CARE CENTER, CICOA AGING AND IN-HOME SOLUTIONS, MEALS ON WHEELS HAMILTON COUNTY, CITY OF NOBLESVILLE (COMMON COUNCIL), NOBLESVILLE CHAMBER OF COMMERCE, CITY OF NOBLESVILLE (MAYOR'S OFFICE), NOBLESVILLE SCHOOLS, FISHERS HEALTH DEPARTMENT, PREVAIL OF HAMILTON COUNTY, GOOD SAMARITAN NETWORK OF HAMILTON COUNTY, PRIMELIFE ENRICHMENT, HAMILTON COUNTY COMMUNITY FOUNDATION, SHEPHERD'S CENTER OF HAMILTON COUNTY, HAMILTON COUNTY COUNCIL ON ALCOHOL AND OTHER DRUGS, SHERIDAN COMMUNITY SCHOOLS, HAMILTON COUNTY GOVERNMENT, ST. ELIZABETH SETON PARISH, HAMILTON COUNTY HARVEST FOOD BANK, THE VILLAGES HEALTHY FAMILIES, HAMILTON COUNTY HEAD START, TRINITY FREE CLINIC, AND HAMILTON COUNTY HEALTH DEPARTMENT.</p> <p>ADDITIONALLY, A MEETING WAS CONDUCTED IN NOVEMBER 2021 TO GATHER FEEDBACK FROM HOSPITAL STAFF ON THE HEALTH NEEDS AND ASSETS OF HAMILTON COUNTY. SIX INDIVIDUALS PARTICIPATED. THESE STAFF INCLUDED DISCHARGE PLANNERS, COMMUNITY NAVIGATORS, SOCIAL WORKERS, PRIMARY CARE PROVIDERS, AND ADMINISTRATORS.</p> <p>FINALLY, AN INTERVIEW WAS CONDUCTED WITH A LOCAL PUBLIC HEALTH DEPARTMENT REPRESENTATIVE TO OBTAIN SUBJECT-MATTER EXPERTISE REGARDING HEALTH NEEDS IN HAMILTON COUNTY. QUESTIONS FOCUSED, FIRST, ON IDENTIFYING AND DISCUSSING HEALTH ISSUES IN THE COMMUNITY BEFORE THE COVID-19 PANDEMIC BEGAN. QUESTIONS THEN FOCUSED ON THE PANDEMIC'S IMPACTS AND ON WHAT HAS BEEN LEARNED ABOUT THE COMMUNITY'S HEALTH GIVEN THOSE IMPACTS.</p> <p>THE ORGANIZATIONS INVITED TO PARTICIPATE REPRESENTED A VARIETY OF VULNERABLE POPULATIONS, WHICH INCLUDED INDIVIDUALS WHO ARE MEDICALLY UNDERSERVED, LIVING IN POVERTY, STRUGGLING TO MEET BASIC NEEDS, EXPERIENCING ADDICTION, SEEKING GOVERNMENT ASSISTANCE, VICTIMS OF DOMESTIC VIOLENCE AND/OR NEGLECT, SENIOR CITIZENS, AND/OR EXPERIENCING RACIAL/ETHNIC HEALTH DISPARITIES. ADDITIONALLY, THE HAMILTON COUNTY PUBLIC HEALTH DEPARTMENT REPRESENTED THE NEEDS OF THESE VULNERABLE POPULATIONS VIA THEIR PUBLIC HEALTH EXPERTISE.</p> |
| <p>SCHEDULE H, PART V,<br/>SECTION B, LINE 6A -<br/>CHNA CONDUCTED WITH<br/>ONE OR MORE OTHER<br/>HOSPITAL FACILITIES</p>               | <p>FACILITY NAME:<br/>ASCENSION ST. VINCENT HEART CENTER</p> <p>DESCRIPTION:<br/>ASCENSION ST. VINCENT HEART CENTER COLLABORATED WITH OTHER INDIANA HEALTH SYSTEMS TO COLLECT PRIMARY DATA THROUGH ONLINE COMMUNITY INPUT MEETINGS AND KEY STAKEHOLDER INTERVIEWS. THESE HEALTH SYSTEMS INCLUDE IU HEALTH, COMMUNITY HEALTH NETWORK, RIVERVIEW HEALTH, AND THE REHABILITATION HOSPITAL OF INDIANA. ASCENSION ST. VINCENT HEART CENTER ALSO COLLABORATED WITH OTHER HOSPITALS THAT ARE MEMBERS OF ASCENSION ST. VINCENT.</p>  |

| Return Reference - Identifier  | Explanation  |
|--|--|
| <p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p> | <p>FACILITY NAME:<br/>ASCENSION ST. VINCENT HEART CENTER</p> <p>DESCRIPTION:<br/>ADDRESSING NEEDS IN CURRENT CHNA CYCLE (FY23-25)</p> <p>IN ASCENSION ST. VINCENT HEART CENTER'S MOST RECENT CHNA, THE FOLLOWING WERE IDENTIFIED AS SIGNIFICANT NEEDS IN THE COMMUNITY: ACCESS TO CARE; ALCOHOL MISUSE; COVID-19 PANDEMIC; MENTAL HEALTH AND ADVERSE CHILDHOOD EXPERIENCES (ACES); SERVICES FOR SENIORS; AND SUBSTANCE USE DISORDERS AND OVERDOSES. THE FY2023-2025 IMPLEMENTATION STRATEGY SPECIFICALLY ADDRESSES ACCESS TO CARE, MENTAL HEALTH, AND SUBSTANCE USE DISORDERS, IN THE FOLLOWING WAYS:</p> <p>ACCESS TO CARE - THE GOAL OF THE INITIATIVE IS TO INCREASE ACCESS TO COMPREHENSIVE, HIGH-QUALITY HEALTH CARE SERVICES (HEALTHY PEOPLE 2030). THE HOSPITAL WILL DO THIS THROUGH VARIOUS STRATEGIES, WHICH INCLUDE THE EVIDENCE-BASED APPROACH CALLED PATHWAYS, UTILIZED BY THE HOSPITAL'S HEALTH ADVOCATES, TO ASSIST INDIVIDUALS WITH ACCESSING VARIOUS HEALTH, HUMAN, AND SOCIAL SERVICES. SPECIFICALLY, THE HOSPITAL WILL FOCUS ON INCREASING THE PROPORTION OF PEOPLE WITH A USUAL PRIMARY CARE PROVIDER BY DOING THE FOLLOWING: 1) INCREASING THE NUMBER OF PATIENTS ESTABLISHED WITH A MEDICAL HOME BY 2.0% EACH YEAR, AMONGST INDIVIDUALS WHO COMPLETE A MEDICAL HOME PATHWAY, FROM BASELINE ESTABLISHED IN FY2023, AND 2) INCREASING THE NUMBER OF SELF-PAY/CHARITY EMERGENCY DEPARTMENT PATIENTS CONNECTED WITH A PROVIDER BY 5.0%, FROM BASELINE ESTABLISHED IN FY2023. ALSO, THE HOSPITAL WILL FOCUS ON INCREASING THE PROPORTION OF PEOPLE WITH HEALTH INSURANCE BY 5.0% EACH YEAR, AMONGST INDIVIDUALS WHO COMPLETE AN ENROLLMENT PATHWAY, FROM BASELINE ESTABLISHED IN FY2023. FINALLY, IN AN EFFORT TO WORK COLLABORATIVELY WITH COMMUNITY GROUPS AND ORGANIZATIONS, THE HOSPITAL WILL STRENGTHEN COMMUNITY ENGAGEMENT BY SUPPORTING COALITIONS AND IMPLEMENTING PARTNERS TO IMPROVE ACCESS TO CARE. DURING FY23, THE HOSPITAL ESTABLISHED THE FOLLOWING BASELINES: 6 INDIVIDUALS WERE CONNECTED TO A MEDICAL HOME, 173 ED PATIENTS WERE CONNECTED TO A PROVIDER AND 13 INDIVIDUALS OBTAINED HEALTH INSURANCE.</p> <p>MENTAL HEALTH - THE GOAL OF THE INITIATIVE IS TO IMPROVE MENTAL HEALTH (HEALTHY PEOPLE 2030). THE STRATEGY IS BASED ON THE HP2030 MENTAL HEALTH AND MENTAL DISORDERS OBJECTIVE: REDUCE THE SUICIDE RATE (MHMD-01). THE HOSPITAL WILL COLLABORATE WITH THE ASCENSION ST. VINCENT STRESS CENTER, TO OFFER AT LEAST ONE QPR (QUESTION, PERSUADE, REFER) TRAINING TO THE COMMUNITY AT NO CHARGE BY THE END OF THE IMPLEMENTATION STRATEGY CYCLE. THE TARGET POPULATION WILL INCLUDE COMMUNITY MEMBERS, FIRST RESPONDERS, EDUCATORS, STUDENTS, AND FAITH-BASED ORGANIZATIONS. ADDITIONALLY, THIS INITIATIVE INCLUDES A COMMUNITY ENGAGEMENT OBJECTIVE. THE HOSPITAL WILL STRENGTHEN COMMUNITY ENGAGEMENT TO EXPAND THE REACH OF EVIDENCE-BASED PROGRAMS, ADVOCACY, AND/OR SERVICES THROUGH FINANCIAL SUPPORT, FACILITATION, AND/OR PROMOTION TO IMPROVE MENTAL HEALTH. DURING FY23, THE HOSPITAL COMPLETED THE FOLLOWING PLANNING STEPS: IDENTIFIED A LEAD, DETERMINED INDIVIDUAL ROLES AND EXPECTATIONS AND UPDATED RESOURCE LISTS FROM THE PREVIOUS I.S. CYCLE TO REFLECT POSSIBLE COLLABORATING ORGANIZATIONS.</p> <p>SUBSTANCE USE DISORDERS - THE GOAL OF THIS INITIATIVE IS TO REDUCE THE MISUSE OF DRUGS AND ALCOHOL (HEALTHY PEOPLE 2030). THE STRATEGY IS BASED ON THE HP2030 SUBSTANCE USE DISORDER OBJECTIVE TO INCREASE THE PROPORTION OF PEOPLE WITH SUBSTANCE USE DISORDER WHO GOT TREATMENT IN THE PAST YEAR (SU-01). TO DO SO, THE HOSPITAL WILL DEVELOP A PROCESS TO PARTNER WITH COMMUNITY PROVIDERS TO ENHANCE CARE COORDINATION FOR PERSONS WITH MENTAL HEALTH AND SUBSTANCE USE DISORDER. COLLABORATORS WILL INCLUDE COMMUNITY CRISIS SUPPORT CENTERS, COMMUNITY HALFWAY HOUSES, FIRST RESPONDERS, AND EMERGENCY DEPARTMENTS. ADDITIONALLY, THIS INITIATIVE INCLUDES A COMMUNITY ENGAGEMENT OBJECTIVE. THE HOSPITAL WILL STRENGTHEN COMMUNITY ENGAGEMENT TO EXPAND THE REACH OF EVIDENCE-BASED PROGRAMS, ADVOCACY, AND/OR SERVICES THROUGH FINANCIAL SUPPORT, FACILITATION, AND/OR PROMOTION TO REDUCE THE MISUSE OF DRUGS OF ALCOHOL. DURING FY23, THE HOSPITAL COMPLETED THE FOLLOWING PLANNING STEPS: IDENTIFIED A LEAD, DETERMINED INDIVIDUAL ROLES AND EXPECTATIONS, IDENTIFIED EXISTING EXTERNAL COMMITTEES AND INTERNAL EXPERTS TO SERVE IN AN ADVISORY ROLE AND IDENTIFIED AN EVIDENCE-BASED TOOL TO SUPPORT THE OBJECTIVE.</p> <p>COMMUNITY ENGAGEMENT - THE GOAL OF THE COMMUNITY ENGAGEMENT INITIATIVE IS TO STRENGTHEN THE HOSPITAL'S STRATEGIES THAT RESPOND TO THE MARKET-WIDE AND REGIONAL-WIDE PRIORITIZED HEALTH NEEDS. A MARKET-WIDE WORKSTREAM, COMPOSED OF MULTIDISCIPLINARY HOSPITAL REPRESENTATIVES, WILL ASSESS THE STATUS, IDENTIFY OPPORTUNITIES, MAKE RECOMMENDATIONS AND DEVELOP A STRATEGIC PLAN TO ENHANCE COMMUNITY ENGAGEMENT. THE HOSPITAL, WITH GUIDANCE FROM THE WORKSTREAM, WILL IMPLEMENT THE STRATEGIC PLAN AT A MARKET AND REGIONAL LEVEL. DURING FY23, THE WORKSTREAM WAS DEVELOPED WITH REGIONAL LEADS, INDIVIDUAL ROLES AND EXPECTATIONS WERE DETERMINED AND AN EXISTING ASSESSMENT TOOL WAS IDENTIFIED.</p> <p>ASCENSION ST. VINCENT HEART CENTER IS COMMITTED TO IMPROVING COMMUNITY HEALTH BY DIRECTLY, AND INDIRECTLY, ADDRESSING COMMUNITY NEEDS. HOWEVER, CERTAIN FACTORS IMPACT THE HOSPITAL'S ABILITY TO FULLY ADDRESS ALL OF THE IDENTIFIED NEEDS. THE NEEDS LISTED BELOW ARE NOT INCLUDED IN ASCENSION ST. VINCENT HEART CENTER'S IMPLEMENTATION STRATEGY FOR THE FOLLOWING REASONS:</p> <p>COVID-19 PANDEMIC - THE HOSPITAL, TOGETHER WITH ASCENSION MEDICAL GROUP (AMG), A PHYSICIAN-LED PROVIDER ORGANIZATION, CONTINUES TO PROVIDE TREATMENT FOR COMMUNITY MEMBERS DIAGNOSED WITH COVID-19, AS IT HAS DONE SINCE THE BEGINNING OF THE PANDEMIC. AS FEDERAL, STATE, AND LOCAL AUTHORITIES ARE PROVIDING LEADERSHIP FOR PREVENTION AND SURVEILLANCE ACTIVITIES, THE HOSPITAL WILL NOT DIRECTLY ADDRESS THE COVID-19 PANDEMIC IN THE CURRENT IMPLEMENTATION STRATEGY.</p> <p>SENIOR SERVICES - THE HOSPITAL, TOGETHER WITH AMG, WORKS COLLABORATIVELY WITH THE ASCENSION ST. VINCENT - CENTER FOR HEALTHY AGING TO SUPPORT OLDER ADULTS AS THEY COPE WITH COMPLEX HEALTH PROBLEMS THAT CAN BE ASSOCIATED WITH AGING. ADDITIONALLY, THE HOSPITAL REMAINS COMMITTED TO PARTNERING WITH COMMUNITY GROUPS TO ADDRESS THESE IDENTIFIED HEALTH NEEDS AND WILL CONTINUE TO SEEK OPPORTUNITIES TO DO SO. AS FEDERAL, STATE, AND LOCAL</p> |

| Return Reference - Identifier   | Explanation  |
|---|--|
|   | <p>AUTHORITIES, AS WELL AS COMMUNITY-BASED ORGANIZATIONS, ARE WORKING TO ADDRESS NEEDS OF SENIORS, THE HOSPITAL WILL NOT DIRECTLY ADDRESS THIS NEED IN THE CURRENT IMPLEMENTATION STRATEGY.</p> <p>WHILE THESE NEEDS ARE NOT THE FOCUS OF THIS IMPLEMENTATION STRATEGY, ASCENSION ST. VINCENT HEART CENTER MAY CONSIDER INVESTING RESOURCES IN THESE AREAS AS APPROPRIATE, DEPENDING ON OPPORTUNITIES TO LEVERAGE ORGANIZATIONAL ASSETS IN PARTNERSHIP WITH LOCAL COMMUNITIES AND ORGANIZATIONS. ALSO, THIS REPORT DOES NOT ENCOMPASS A COMPLETE INVENTORY OF EVERYTHING ASCENSION ST. VINCENT HEART CENTER DOES TO SUPPORT HEALTH WITHIN THE COMMUNITY.</p> |
| SCHEDULE H, PART V,<br>SECTION B, LINE 16A -<br>FAP AVAILABLE WEBSITE                 | <a href="http://healthcare.ascension.org/financial-assistance/indiana">HTTP://HEALTHCARE.ASCENSION.ORG/FINANCIAL-ASSISTANCE/INDIANA</a>  |
| SCHEDULE H, PART V,<br>SECTION B, LINE 16B -<br>FAP APPLICATION FORM<br>WEBSITE       | <a href="http://healthcare.ascension.org/financial-assistance/indiana">HTTP://HEALTHCARE.ASCENSION.ORG/FINANCIAL-ASSISTANCE/INDIANA</a>  |
| SCHEDULE H, PART V,<br>SECTION B, LINE 16C -<br>PLAIN LANGUAGE FAP<br>SUMMARY WEBSITE | <a href="http://healthcare.ascension.org/financial-assistance/indiana">HTTP://HEALTHCARE.ASCENSION.ORG/FINANCIAL-ASSISTANCE/INDIANA</a>  |

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

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

| Name and address | Type of facility (describe) |
|------------------|-----------------------------|
| 1                |                             |
| 2                |                             |
| 3                |                             |
| 4                |                             |
| 5                |                             |
| 6                |                             |
| 7                |                             |
| 8                |                             |
| 9                |                             |
| 10               |                             |

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

| Return Reference - Identifier   | Explanation   |
|---|---|
| SCHEDULE H, PART I, LINE 3C - FACTORS OTHER THAN FPG  | IN ADDITION TO FPG, THE ORGANIZATION USES MEDICAL INDIGENCY, ASSET TEST, INSURANCE STATUS AND RESIDENCY AS OTHER FACTORS IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE. A PATIENT MAY NOT BE ELIGIBLE FOR FINANCIAL ASSISTANCE IF SUCH PATIENT IS DEEMED TO HAVE SUFFICIENT ASSETS TO PAY PURSUANT TO AN "ASSET TEST." THE ASSET TEST INVOLVES A SUBSTANTIVE ASSESSMENT OF A PATIENT'S ABILITY TO PAY BASED ON THE CATEGORIES OF ASSETS MEASURED IN THE FAP APPLICATION. A PATIENT WITH SUCH ASSETS THAT EXCEED 250% OF SUCH PATIENT'S FPL AMOUNT MAY NOT BE ELIGIBLE FOR FINANCIAL ASSISTANCE. AN ASSET TEST APPLIES IF A PATIENT HAS ELIGIBLE LIQUID ASSETS THAT EXCEED 250% OF THE PATIENT'S FPG LEVEL FOR CONSIDERATION OF FINANCIAL ASSISTANCE ELIGIBILITY. LIQUID ASSETS INCLUDE ASSETS THAT CAN BE CONVERTED TO CASH WITHIN 1 YEAR. THESE INCLUDE ITEMS SUCH AS CHECKING ACCOUNTS, SAVINGS ACCOUNTS, TRUST FUNDS AND LUXURY ITEMS SUCH AS RECREATIONAL VEHICLES, BOATS, A SECOND HOME, ETC. |
| SCHEDULE H, PART I, LINE 5A - BUDGET AMOUNTS FOR FREE OR DISCOUNTED CARE  | THE ORGANIZATION ADMINISTERS ITS FINANCIAL ASSISTANCE POLICY IN ACCORDANCE WITH THE TERMS OF THE POLICY.  |
| SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE                             | THE COST OF PROVIDING CHARITY CARE, MEANS-TESTED GOVERNMENT PROGRAMS, AND OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES. THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF PAY). THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE. FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED.  |
| SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY                          | RESEARCH SHOWS THAT SOCIAL DETERMINANTS AND QUALITY OF LIFE PLAY A MAJOR ROLE IN THE HEALTH STATUS OF INDIVIDUALS AND COMMUNITIES. COMMUNITY BUILDING ACTIVITIES, WHICH FOCUS ON THE ROOT CAUSES OF HEALTH PROBLEMS, ULTIMATELY INFLUENCE, AND IMPROVE HEALTH STATUS. EXAMPLES OF COMMUNITY BUILDING ACTIVITIES INCLUDE PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND LEADERSHIP TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS AND SAFETY, AND WORKFORCE DEVELOPMENT.<br><br>DURING FY23, THERE WERE NO COMMUNITY BUILDING ACTIVITIES TO REPORT. ALL REPORTED ACTIVITIES QUALIFY AS COMMUNITY BENEFIT AND ARE DESCRIBED IN THE NARRATIVE UNDER SCHEDULE H PART I LINE 7.   |
| SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT  | AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2023 WAS \$4,530,768 AT CHARGES, (\$724,923 AT COST).  |
| SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY  | BASED ON THE ORGANIZATION'S ADMINISTRATION OF ITS FINANCIAL ASSISTANCE PROGRAM, NO ESTIMATE FOR BAD DEBT ATTRIBUTABLE TO FINANCIAL ASSISTANCE ELIGIBLE PATIENTS IS DEEMED APPLICABLE TO HOSPITAL OPERATIONS.  |
| SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT                            | THE ORGANIZATION IS PART OF ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES BAD DEBT (IMPLICIT PRICE CONCESSIONS) EXPENSE IS LOCATED IN FOOTNOTE #2, PAGES 17-19, OF THE AUDITED FINANCIAL STATEMENTS.  |
| SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED | A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE GROSS CHARGES TO CALCULATE MEDICARE COSTS, WHICH ARE THEN COMPARED TO MEDICARE PAYMENTS RECEIVED, TO DETERMINE A MEDICARE GAIN OR LOSS. 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 A MEDICARE SHORTFALL (LOSS) IS NOT TREATED AS COMMUNITY BENEFIT, EVEN THOUGH THE HOSPITAL HAS INCURRED LOSSES IN PROVIDING CARE TO MEDICARE PATIENTS. THEREFORE, NONE OF THE AMOUNT ON LINE 7 IS TREATED AS COMMUNITY BENEFIT.   |

| Return Reference - Identifier   | Explanation   |
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| SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE | CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE. A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE. ONCE QUALIFYING DOCUMENTATION IS RECEIVED THE PATIENT'S ACCOUNT IS ADJUSTED IF ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY. PATIENT ACCOUNTS FOR THE QUALIFYING PATIENT IN THE PREVIOUS SIX MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE. ONCE A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED FOR THE AMOUNTS FOR WHICH THE PATIENT QUALIFIES.   |
| SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT  | <p>CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. D/B/A ASCENSION ST. VINCENT HEART CENTER (HEART CENTER) USES INTERNAL AND EXTERNAL DATA AND REPORTS FROM THIRD PARTIES, INCLUDING GOVERNMENT SOURCES, TO ASSESS THE HEALTHCARE NEEDS OF THE COMMUNITIES WE SERVE. THESE REPORTS PROVIDE KEY INFORMATION ABOUT HEALTH, SOCIOECONOMIC, AND DEMOGRAPHIC FACTORS THAT IDENTIFY AREAS OF NEED AND INFORM OUR STRATEGIES THAT HELP TO MEET THOSE NEEDS OF OUR COMMUNITY. THESE REPORTS INCLUDE, BUT ARE NOT LIMITED TO: SG2 HEALTHCARE INTELLIGENCE, CLARIFY FOR HEALTHCARE CLAIMS DATASETS, 3D HEALTH, INDIANA HOSPITAL ASSOCIATION, AND INTERNAL DATA.</p> <p>THE HEART CENTER UTILIZES INFORMATION FROM THESE SECONDARY SOURCES TO DEVELOP PROGRAMS AND PROVIDE APPROPRIATE SERVICES NEEDED THROUGHOUT THE REGION. IN ADDITION, THE HEART CENTER CONSIDERS THE HEALTH CARE NEEDS OF THE OVERALL COMMUNITY WHEN EVALUATING INTERNAL FINANCIAL AND OPERATIONAL DECISIONS.</p>  |
| SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION   | <p>CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. IS COMMITTED TO DELIVERING EFFECTIVE, SAFE, PERSON-CENTRIC, HEALTH CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. AS A NONPROFIT HOSPITAL, IT IS OUR MISSION AND PRIVILEGE TO PLAY THIS IMPORTANT ROLE IN OUR COMMUNITY.</p> <p>STAFF SCREEN UNINSURED PATIENTS AND IF FOUND POTENTIALLY ELIGIBLE FOR A GOVERNMENT FUNDING SOURCE, PROVIDE ASSISTANCE AND/OR RESOURCES TO THE PATIENT AND THEIR FAMILY. IF A PATIENT IS NOT ELIGIBLE FOR A PAYMENT SOURCE, THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY COVERS PATIENTS WHO LACK THE FINANCIAL RESOURCES TO PAY FOR ALL OR PART OF THEIR BILLS. ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED UPON THE ANNUAL FEDERAL POVERTY GUIDELINES. CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. PROVIDES FULL FINANCIAL ASSISTANCE FOR THOSE WHO EARN UP TO 250% OF THE FEDERAL POVERTY LEVEL AND SLIDING SCALE ASSISTANCE UP TO 400% OF THE FEDERAL POVERTY LEVEL.</p> <p>CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. WIDELY PUBLICIZES ITS:</p> <ul style="list-style-type: none"> <li>- FINANCIAL ASSISTANCE POLICY</li> <li>- FINANCIAL ASSISTANCE APPLICATION</li> <li>- FINANCIAL ASSISTANCE POLICY SUMMARY</li> <li>- LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY</li> </ul> <p>VIA THE HOSPITAL FACILITY'S WEBSITE - <a href="https://healthcare.ascension.org/financial-assistance/indiana">HTTPS://HEALTHCARE.ASCENSION.ORG/FINANCIAL-ASSISTANCE/INDIANA</a></p> <p>CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. MAKES PAPER COPIES OF THE:</p> <ul style="list-style-type: none"> <li>- FINANCIAL ASSISTANCE POLICY</li> <li>- FINANCIAL ASSISTANCE APPLICATION</li> <li>- FINANCIAL ASSISTANCE POLICY SUMMARY</li> <li>- LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY</li> </ul> <p>- AMOUNT GENERALLY BILLED CALCULATION. THE PAPER COPIES ARE MADE READILY AVAILABLE AS PART OF THE INTAKE, DISCHARGE AND CUSTOMER SERVICE PROCESSES. UPON REQUEST, PAPER COPIES CAN ALSO BE OBTAINED BY MAIL.</p> <p>CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. INFORMS ITS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA A NOTICE ON PATIENT BILLING STATEMENTS, INCLUDING THE PHONE NUMBER AND WEB ADDRESS WHERE MORE INFORMATION MAY BE FOUND.</p> <p>CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. INFORMS ITS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA SIGNAGE DISPLAYED IN THE EMERGENCY ROOM AND ADMISSIONS AREAS.</p> |
| SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION   | <p>CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. D/B/A ASCENSION ST. VINCENT HEART CENTER (HEART CENTER) SERVICES CENTRAL INDIANA WITH A 12-COUNTY PRIMARY SERVICE AREA.</p> <p>THE TOTAL POPULATION OF THE 12-COUNTY PRIMARY SERVICE AREA IS ESTIMATED TO BE 2,067,065 RESIDENTS IN CALENDAR 2022 AND IS EXPECTED TO INCREASE BY APPROXIMATELY 3.4% TO 2,136,639 RESIDENTS IN FIVE YEARS.</p> <p>THE MEDIAN HOUSEHOLD INCOME OF THE PRIMARY SERVICE AREA IS \$68,925. APPROXIMATELY 11.3% OF THE SERVICE AREA RESIDENTS LIVE BELOW THE POVERTY LINE. WITHIN THE PRIMARY SERVICE AREA, THERE ARE 13 FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS.</p> <p>THERE ARE 28 ACUTE CARE HOSPITALS LOCATED WITHIN THE PRIMARY SERVICE AREA.</p>  |
| SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH   | <p>CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. D/B/A ASCENSION ST. VINCENT HEART CENTER'S GOVERNING BODY IS COMPRISED OF PERSONS REPRESENTING DIVERSE ASPECTS AND INTERESTS OF THE COMMUNITY. MANY MEMBERS OF ASCENSION ST. VINCENT HEART CENTER'S GOVERNING BODY RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF.</p> <p>ASCENSION ST. VINCENT HEART CENTER EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL ITS DEPARTMENTS OR SPECIALTIES.</p> <p>ASCENSION ST. VINCENT HEART CENTER APPLIES SURPLUS FUNDS TO FUND IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH.</p>  |

| Return Reference - Identifier  | Explanation   |
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| <p>SCHEDULE H, PART VI,<br/>LINE 6 - DESCRIPTION OF<br/>AFFILIATED GROUP</p> | <p>CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. D/B/A ASCENSION ST. VINCENT HEART CENTER IS A MEMBER OF ASCENSION. ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011. ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES.</p> <p>ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON. THE PARTICIPATING ENTITIES OF ASCENSION SPONSORS ARE THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL IN THE UNITED STATES, ST. LOUISE PROVINCE, THE CONGREGATION OF THE SISTERS OF ST. JOSEPH, INC., THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET, THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC. - AMERICAN PROVINCE, AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE.</p> <p>CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC. D/B/A ASCENSION ST. VINCENT HEART CENTER OPERATES A HOSPITAL FACILITY IN HAMILTON COUNTY, INDIANA AND IS PART OF ASCENSION ST. VINCENT WHICH ALSO OWNS AND OPERATES OTHER HEALTHCARE RELATED ENTITIES, INCLUDING ASCENSION ST. VINCENT INDIANAPOLIS HOSPITAL. THE HEALTH SYSTEM PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES FOR RESIDENTS OF INDIANA.</p> |