

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **St. Vincent Hospital and Health Care Center, Inc.** Employer identification number **35-0869066**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<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 _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			34,216,614.		34,216,614.	2.40%
b Medicaid (from Worksheet 3, column a)			206,542,241.	133,666,453.	72,875,788.	5.12%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			240,758,855.	133,666,453.	107,092,402.	7.52%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		26,824	187,544.		187,544.	.01%
f Health professions education (from Worksheet 5)		2,811	38,254,993.	6,593,419.	31,661,574.	2.22%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			227,623.	18,482.	209,141.	.01%
i Cash and in-kind contributions for community benefit (from Worksheet 8)		184,591	3,859,268.		3,859,268.	.27%
j Total. Other Benefits		214,226	42,529,428.	6,611,901.	35,917,527.	2.51%
k Total. Add lines 7d and 7j		214,226	283,288,283.	140,278,354.	143,009,929.	10.03%

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			50,000.		50,000.	.00%
2 Economic development			50,100.		50,100.	.00%
3 Community support		52,477	20,638.		20,638.	.00%
4 Environmental improvements						
5 Leadership development and training for community members		50	120.		120.	.00%
6 Coalition building		50	10,140.		10,140.	.00%
7 Community health improvement advocacy		2,430	49,320.		49,320.	.00%
8 Workforce development						
9 Other		186	1,155.		1,155.	.00%
10 Total		55,193	181,473.		181,473.	

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?		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		
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		
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	263,375,046.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	354,674,625.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-91,299,579.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (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 The Surgery Center of Indianapolis, LLC	Surgery Center	40.00%		49.98%
2 Naab Road Surgery Center, LLC	Surgery Center	40.00%		60.00%
3 Terre Haute Surgical Center, LLC	Surgery Center	27.14%		51.66%
4 Women's Physician Surgery Center, LLC	Surgery Center	40.00%		60.00%
5 Indiana Orthopaedic Hospital, LLC	Orthopaedic Hospital	20.00%		80.00%
6 Breast MRI Leasing Company, LLC	Imaging Center	50.00%		50.00%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group St. Vincent Hospital and Health Care Cent

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

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

Part V Facility Information (continued) **St.Vincent Hospital and Health Care Cent**

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) **St.Vincent Hospital and Health Care Cent**

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

- 19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	X	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

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

- 20** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

- 21** During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

- 22** During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

21		X
22		X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group St. Vincent Stress Center

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 2

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

Part V Facility Information (continued) **St. Vincent Stress Center**

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) **St.Vincent Stress Center**

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	<input checked="" type="checkbox"/>	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

21		<input checked="" type="checkbox"/>
22		<input checked="" type="checkbox"/>

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group St. Vincent Women's Hospital

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 3

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

Part V Facility Information (continued) **St. Vincent Women's Hospital**

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) **St. Vincent Women's Hospital**

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	<input checked="" type="checkbox"/>	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

21		<input checked="" type="checkbox"/>
22		<input checked="" type="checkbox"/>

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group St. Vincent Medical Center Northeast

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 4

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

Part V Facility Information (continued) **St. Vincent Medical Center Northeast**

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) **St. Vincent Medical Center Northeast**

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

- 19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	X	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

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

- 20** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

- 21** During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

- 22** During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

21		X
22		X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group Peyton Manning Children's Hospital

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 5

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

Part V Facility Information (continued) **Peyton Manning Children's Hospital**

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) **Peyton Manning Children's Hospital**

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	<input checked="" type="checkbox"/>	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

21		<input checked="" type="checkbox"/>
22		<input checked="" type="checkbox"/>

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part I, Line 3c: The organization provides medically necessary care to all patients, regardless of race, color, creed, ethnic origin, gender, disability or economic status. The hospital uses a percentage of federal poverty level (FPL) to determine free and discounted care. At a minimum, patients with income less than or equal to 200% of the FPL, which may be adjusted for cost of living utilizing the local wage index compared to the national wage index, will be eligible for 100% charity care write off of charges for services that have been provided to them. Also, at a minimum, patients with incomes above 200% of the FPL but not exceeding 400% of the FPL, subject to adjustments for cost of living utilizing the local wage index compared to national wage index, will receive a discount on the services provided to them.

Part I, Line 7: The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines. The organization uses a cost accounting system that addresses all patient segments (for example, inpatient,

Part VI Supplemental Information

outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.

Part II: St.Vincent Hospital and Health Care Center promotes the health of its communities by striving to improve the quality of life within the community. Research has established that factors such as economic status, employment, housing, education level, and built environment can all be powerful social determinants of health. Additionally, helping to create greater capacity within the community to address a broad range of quality of life issues also impacts health. St.Vincent Hospital and Health Care Center meets regularly with local organizations in the community to learn what resources are available and plan community health improvement efforts. In fiscal year 2013, these organizations included: Crooked Creek Community Development Corporation, United Way, Indiana Youth Institute, Holy Family Shelter, Fay Biccard Glick Neighborhood Center, and Marian University.

Schedule H, Part III, Line 2:

After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies. After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal

Part VI Supplemental Information

year 2013 was \$38,604,987 at charges, (\$12,659,546 at cost).

Schedule H, Part III, Line 3:

The provision for doubtful accounts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts.

Part III, Line 4: The organization is part of the St.Vincent Health System's consolidated audit in which the footnote that discusses the bad debt expense is located on page 22.

Part III, Line 8: A cost to charge ratio is applied to the organization's Medicare Expense to determine the Medicare allowable costs reported in the organization's Medicare Cost Report. Ascension Health and its related health ministries follow the Catholic Health Association (CHA) guidelines for determining community benefit. CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit.

Part III, Line 9b: The organization has a written debt collection policy that also includes a provision on the collection practices to be

Part VI Supplemental Information

followed for patients who are known to qualify for charity care or financial assistance. If a patient qualifies for charity or financial assistance certain collection practices do not apply.

St.Vincent Hospital and Health Care Center:

Part V, Section B, Line 3: In conducting its CHNA, the hospital facility took into account input from representatives of the community as well as those with special knowledge or expertise in public health. These included the Crooked Creek Community Development Corporation (CDC), IUPUI and Marian University.

St.Vincent Stress Center:

Part V, Section B, Line 3: In conducting its CHNA, the hospital facility took into account input from representatives of the community as well as those with special knowledge or expertise in public health. These included the Crooked Creek Community Development Corporation (CDC), IUPUI and Marian University.

St.Vincent Women's Hospital:

Part V, Section B, Line 3: In conducting its CHNA, the hospital facility took into account input from representatives of the community as well as those with special knowledge or expertise in public health. These included the Crooked Creek Community Development Corporation (CDC), IUPUI and Marian University.

St.Vincent Medical Center Northeast:

Part V, Section B, Line 3: In conducting its CHNA, the hospital facility took into account input from representatives of the community as well as

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those with special knowledge or expertise in public health. These included the Crooked Creek Community Development Corporation (CDC), IUPUI and Marian University.

Peyton Manning Children's Hospital:

Part V, Section B, Line 3: In conducting its CHNA, the hospital facility took into account input from representatives of the community as well as those with special knowledge or expertise in public health. These included the Crooked Creek Community Development Corporation (CDC), IUPUI and Marian University.

St.Vincent Hospital and Health Care Center:

Part V, Section B, Line 7:

Poverty Rate - Even though this issue was not chosen as a priority, St.Vincent Indianapolis does provide supplemental funding to local organizations, including Horizon House, Holy Family Shelter, Project Health, and Glick Neighborhood Center, which are actively addressing this issue.

Air Quality - Addressing this issue is not a direct priority of St.Vincent; however, the hospital does support efforts of organizations focusing on improving air quality in our community.

Lack of infrastructure that encourages or allows walking - Addressing this issue is not a direct priority of St.Vincent; however, the hospital has a strong partnership with the Crooked Creek CDC, which focuses on community and housing issues in the St.Vincent Indianapolis campus neighborhood.

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St.Vincent Stress Center:

Part V, Section B, Line 7:

Poverty Rate - Even though this issue was not chosen as a priority, St.Vincent Indianapolis does provide supplemental funding to local organizations, including Horizon House, Holy Family Shelter, Project Health, and Glick Neighborhood Center, which are actively addressing this issue.

Air Quality - Addressing this issue is not a direct priority of St.Vincent; however, the hospital does support efforts of organizations focusing on improving air quality in our community.

Lack of infrastructure that encourages or allows walking - Addressing this issue is not a direct priority of St.Vincent; however, the hospital has a strong partnership with the Crooked Creek CDC, which focuses on community and housing issues in the St.Vincent Indianapolis campus neighborhood.

St.Vincent Women's Hospital:

Part V, Section B, Line 7:

Poverty Rate - Even though this issue was not chosen as a priority, St.Vincent Indianapolis does provide supplemental funding to local organizations, including Horizon House, Holy Family Shelter, Project Health, and Glick Neighborhood Center, which are actively addressing this issue.

Air Quality - Addressing this issue is not a direct priority of St.Vincent; however, the hospital does support efforts of organizations

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focusing on improving air quality in our community.

Lack of infrastructure that encourages or allows walking - Addressing this issue is not a direct priority of St.Vincent; however, the hospital has a strong partnership with the Crooked Creek CDC, which focuses on community and housing issues in the St.Vincent Indianapolis campus neighborhood.

St.Vincent Medical Center Northeast:

Part V, Section B, Line 7:

Poverty Rate - Even though this issue was not chosen as a priority, St.Vincent Indianapolis does provide supplemental funding to local organizations, including Horizon House, Holy Family Shelter, Project Health, and Glick Neighborhood Center, which are actively addressing this issue.

Air Quality - Addressing this issue is not a direct priority of St.Vincent; however, the hospital does support efforts of organizations focusing on improving air quality in our community.

Lack of infrastructure that encourages or allows walking - Addressing this issue is not a direct priority of St.Vincent; however, the hospital has a strong partnership with the Crooked Creek CDC, which focuses on community and housing issues in the St.Vincent Indianapolis campus neighborhood.

Peyton Manning Children's Hospital:

Part V, Section B, Line 7:

Poverty Rate - Even though this issue was not chosen as a priority, St.Vincent Indianapolis does provide supplemental funding to local

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organizations, including Horizon House, Holy Family Shelter, Project Health, and Glick Neighborhood Center, which are actively addressing this issue.

Air Quality - Addressing this issue is not a direct priority of St.Vincent; however, the hospital does support efforts of organizations focusing on improving air quality in our community.

Lack of infrastructure that encourages or allows walking - Addressing this issue is not a direct priority of St.Vincent; however, the hospital has a strong partnership with the Crooked Creek CDC, which focuses on community and housing issues in the St.Vincent Indianapolis campus neighborhood.

St.Vincent Hospital and Health Care Center:

Part V, Section B, Line 20d: The discount was determined by reviewing the lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers.

St.Vincent Stress Center:

Part V, Section B, Line 20d: The discount was determined by reviewing the lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers.

St.Vincent Women's Hospital:

Part V, Section B, Line 20d: The discount was determined by reviewing the

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lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers.

St.Vincent Medical Center Northeast:

Part V, Section B, Line 20d: The discount was determined by reviewing the lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers.

Peyton Manning Children's Hospital:

Part V, Section B, Line 20d: The discount was determined by reviewing the lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers.

St.Vincent Hospital and Health Care Center:

Part V, Section B, Line 21: The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP). This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

- Individuals were notified of the FAP as noted in Question 14. This includes, but is not limited to, the following:

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- Brief description of eligibility requirements and assistance provided
- Direct individuals to our website and physical location of application forms
- Provided instructions to obtain free copy of FAP and application by mail
- Provided contact information for an individual/nonprofit organization to assist if the individual has questions
- Provided statement of translations of FAP as well as plain language summaries
- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB
- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.
- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.
- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Stress Center:

Part V, Section B, Line 21: The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP). This notification began on the date care was provided and ended on

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the 120th day after the first billing statement was provided to the individual.

- Individuals were notified of the FAP as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided
- Direct individuals to our website and physical location of application forms

- Provided instructions to obtain free copy of FAP and application by mail
- Provided contact information for an individual/nonprofit organization to assist if the individual has questions

- Provided statement of translations of FAP as well as plain language summaries

- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Women's Hospital:

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Part V, Section B, Line 21: The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP). This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

- Individuals were notified of the FAP as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided

- Direct individuals to our website and physical location of application forms

- Provided instructions to obtain free copy of FAP and application by mail

- Provided contact information for an individual/nonprofit organization to assist if the individual has questions

- Provided statement of translations of FAP as well as plain language summaries

- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

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- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Medical Center Northeast:

Part V, Section B, Line 21: The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP). This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

- Individuals were notified of the FAP as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided
- Direct individuals to our website and physical location of application forms

- Provided instructions to obtain free copy of FAP and application by mail
- Provided contact information for an individual/nonprofit organization to assist if the individual has questions

- Provided statement of translations of FAP as well as plain language summaries

- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that

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individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

Peyton Manning Children's Hospital:

Part V, Section B, Line 21: The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP). This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

- Individuals were notified of the FAP as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided

- Direct individuals to our website and physical location of application forms

- Provided instructions to obtain free copy of FAP and application by mail

- Provided contact information for an individual/nonprofit organization to assist if the individual has questions

- Provided statement of translations of FAP as well as plain language

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summaries

- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Hospital and Health Care Center:

Part V, Section B, Line 22: The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP) as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided
- Direct individuals to our website and physical location of application forms

- Provided instructions to obtain free copy of FAP and application by mail
- Provided contact information for an individual/nonprofit organization to

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assist if the individual has questions

- Provided statement of translations of FAP as well as plain language summaries

- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Stress Center:

Part V, Section B, Line 22: The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP) as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided

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- Direct individuals to our website and physical location of application forms
- Provided instructions to obtain free copy of FAP and application by mail
- Provided contact information for an individual/nonprofit organization to assist if the individual has questions
- Provided statement of translations of FAP as well as plain language summaries
- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB
- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.
- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.
- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.
- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Women's Hospital:

Part V, Section B, Line 22: The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP:

- Notified each individual of the Hospital's Financial Assistance Policy

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(FAP) as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided
- Direct individuals to our website and physical location of application forms
- Provided instructions to obtain free copy of FAP and application by mail
- Provided contact information for an individual/nonprofit organization to assist if the individual has questions
- Provided statement of translations of FAP as well as plain language summaries
- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB
- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.
- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.
- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.
- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Medical Center Northeast:

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Part V, Section B, Line 22: The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP) as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided
- Direct individuals to our website and physical location of application forms

- Provided instructions to obtain free copy of FAP and application by mail
- Provided contact information for an individual/nonprofit organization to assist if the individual has questions

- Provided statement of translations of FAP as well as plain language summaries

- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing that

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the individual is eligible under one or more means tested programs (as noted in Question 12).

Peyton Manning Children's Hospital:

Part V, Section B, Line 22: The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP) as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided
- Direct individuals to our website and physical location of application forms

- Provided instructions to obtain free copy of FAP and application by mail
- Provided contact information for an individual/nonprofit organization to assist if the individual has questions

- Provided statement of translations of FAP as well as plain language summaries

- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

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- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Hospital and Health Care Center:

Part V, Section B, Line 5:

The Community Health Needs Assessment ("CHNA") of the hospital facility can be located at the following web address:

<http://www.stvincent.org/St-Vincent-Indianapolis/>.

St.Vincent Stress Center:

Part V, Section B, Line 5:

The Community Health Needs Assessment ("CHNA") of the hospital facility can be located at the following web address:

<http://www.stvincent.org/St-Vincent-Indianapolis/>.

St.Vincent Women's Hospital:

Part V, Section B, Line 5:

The Community Health Needs Assessment ("CHNA") of the hospital facility can be located at the following web address:

<http://www.stvincent.org/St-Vincent-Womens/>.

St.Vincent Medical Center Northeast:

Part V, Section B, Line 5:

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The Community Health Needs Assessment ("CHNA") of the hospital facility
can be located at the following web address:

<http://www.stvincent.org/St-Vincent-Indianapolis/>.

Peyton Manning Children's Hospital:

Part V, Section B, Line 5:

The Community Health Needs Assessment ("CHNA") of the hospital facility
can be located at the following web address:

<http://peytonmanning.stvincent.org/>.

St.Vincent Hospital and Health Care Center:

Part V, Section B, Line 16:

The following steps were followed and considered reasonable efforts for
purposes of Question 16:

- Notified each individual of the facility's Financial Assistance
Policy (FAP). This notification began on the date care was provided and
ended on the 120th day after the first billing statement was provided
to the individual.

- Individuals were notified of the FAP by methods as noted in Question
14. This includes, but is not limited to, providing the following:

- A brief description of eligibility requirements and assistance
provided

- Directions on how to access the FAP and application on our website
and physical location of application forms

- Instructions to obtain free copy of FAP and application by mail

- Contact information for an individual/nonprofit organization to

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assist if the individual has questions

- Statement of translations of FAP as well as plain language summaries

- Statement that no FAP-eligible individual will be charged more for
emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that
individual with information relevant to assist them with completion of
the FAP.

- For individuals who submitted a complete FAP, we made and documented
a determination as to whether that person was eligible under the
facility's FAP.

- We determined eligibility based on other means such as establishing
that the individual is eligible under one or more means tested programs
(as noted in Question 12).

St.Vincent Stress Center:

Part V, Section B, Line 16:

The following steps were followed and considered reasonable efforts for
purposes of Question 16:

- Notified each individual of the facility's Financial Assistance
Policy (FAP). This notification began on the date care was provided and
ended on the 120th day after the first billing statement was provided
to the individual.

- Individuals were notified of the FAP by methods as noted in Question
14. This includes, but is not limited to, providing the following:

- A brief description of eligibility requirements and assistance

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provided

- Directions on how to access the FAP and application on our website
and physical location of application forms

- Instructions to obtain free copy of FAP and application by mail

- Contact information for an individual/nonprofit organization to
assist if the individual has questions

- Statement of translations of FAP as well as plain language summaries

- Statement that no FAP-eligible individual will be charged more for
emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that
individual with information relevant to assist them with completion of
the FAP.

- For individuals who submitted a complete FAP, we made and documented
a determination as to whether that person was eligible under the
facility's FAP.

- We determined eligibility based on other means such as establishing
that the individual is eligible under one or more means tested programs
(as noted in Question 12).

St.Vincent Women's Hospital:

Part V, Section B, Line 16:

The following steps were followed and considered reasonable efforts for
purposes of Question 16:

- Notified each individual of the facility's Financial Assistance
Policy (FAP). This notification began on the date care was provided and
ended on the 120th day after the first billing statement was provided
to the individual.

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- Individuals were notified of the FAP by methods as noted in Question 14. This includes, but is not limited to, providing the following:

- A brief description of eligibility requirements and assistance provided

- Directions on how to access the FAP and application on our website and physical location of application forms

- Instructions to obtain free copy of FAP and application by mail

- Contact information for an individual/nonprofit organization to assist if the individual has questions

- Statement of translations of FAP as well as plain language summaries

- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Medical Center Northeast:

Part V, Section B, Line 16:

The following steps were followed and considered reasonable efforts for

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purposes of Question 16:

- Notified each individual of the facility's Financial Assistance Policy (FAP). This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

- Individuals were notified of the FAP by methods as noted in Question 14. This includes, but is not limited to, providing the following:

- A brief description of eligibility requirements and assistance provided

- Directions on how to access the FAP and application on our website and physical location of application forms

- Instructions to obtain free copy of FAP and application by mail

- Contact information for an individual/nonprofit organization to assist if the individual has questions

- Statement of translations of FAP as well as plain language summaries

- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs

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(as noted in Question 12).

Peyton Manning Children's Hospital:

Part V, Section B, Line 16:

The following steps were followed and considered reasonable efforts for purposes of Question 16:

- Notified each individual of the facility's Financial Assistance Policy (FAP). This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

- Individuals were notified of the FAP by methods as noted in Question 14. This includes, but is not limited to, providing the following:

- A brief description of eligibility requirements and assistance provided

- Directions on how to access the FAP and application on our website and physical location of application forms

- Instructions to obtain free copy of FAP and application by mail

- Contact information for an individual/nonprofit organization to assist if the individual has questions

- Statement of translations of FAP as well as plain language summaries

- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

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- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Hospital and Health Care Center:

Part V, Section B, Line 17:

The following steps were followed and considered reasonable efforts for purposes of Question 17:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP). This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

- Individuals were notified of the FAP as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided

- Direct individuals to our website and physical location of application forms

- Provided instructions to obtain free copy of FAP and application by mail

- Provided contact information for an individual/nonprofit organization to assist if the individual has questions

- Provided statement of translations of FAP as well as plain language summaries

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- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Stress Center:

Part V, Section B, Line 17:

The following steps were followed and considered reasonable efforts for purposes of Question 17:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP). This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

- Individuals were notified of the FAP as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided
- Direct individuals to our website and physical location of application forms

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- Provided instructions to obtain free copy of FAP and application by mail
- Provided contact information for an individual/nonprofit organization to assist if the individual has questions
- Provided statement of translations of FAP as well as plain language summaries
- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB
- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.
- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.
- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Women's Hospital:

Part V, Section B, Line 17:

The following steps were followed and considered reasonable efforts for purposes of Question 17:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP). This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

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- Individuals were notified of the FAP as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided

- Direct individuals to our website and physical location of application forms

- Provided instructions to obtain free copy of FAP and application by mail

- Provided contact information for an individual/nonprofit organization to assist if the individual has questions

- Provided statement of translations of FAP as well as plain language summaries

- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Medical Center Northeast:

Part V, Section B, Line 17:

The following steps were followed and considered reasonable efforts for

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purposes of Question 17:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP). This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

- Individuals were notified of the FAP as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided

- Direct individuals to our website and physical location of application forms

- Provided instructions to obtain free copy of FAP and application by mail

- Provided contact information for an individual/nonprofit organization to assist if the individual has questions

- Provided statement of translations of FAP as well as plain language summaries

- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing

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that the individual is eligible under one or more means tested programs
(as noted in Question 12).

Peyton Manning Children's Hospital:

Part V, Section B, Line 17:

The following steps were followed and considered reasonable efforts for
purposes of Question 17:

- Notified each individual of the Hospital's Financial Assistance
Policy (FAP). This notification began on the date care was provided and
ended on the 120th day after the first billing statement was provided
to the individual.

- Individuals were notified of the FAP as noted in Question 14. This
includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided
- Direct individuals to our website and physical location of
application forms

- Provided instructions to obtain free copy of FAP and application by
mail

- Provided contact information for an individual/nonprofit organization
to assist if the individual has questions

- Provided statement of translations of FAP as well as plain language
summaries

- Provided statement that no FAP-eligible individual will be charged
more for emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that

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individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Hospital and Health Care Center:

Part V, Section B, Line 18:

Question 18 is more appropriately answered as not applicable as the Billing and Collections Policy of St.Vincent Hospital and Health Care Center, Inc. does not allow a hospital to engage in extraordinary collection actions before the organization made reasonable efforts to determine whether the individual is eligible for assistance under the financial assistance policy. Reasonable efforts taken include but are not limited to:

- Notifying individuals of the financial assistance policy on admission
- Notifying individuals of the financial assistance policy prior to discharge
- Notifying individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- Documenting its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy

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St.Vincent Stress Center:

Part V, Section B, Line 18:

Question 18 is more appropriately answered as not applicable as the Billing and Collections Policy of St.Vincent Stress Center, Inc. does not allow a hospital to engage in extraordinary collection actions before the organization made reasonable efforts to determine whether the individual is eligible for assistance under the financial assistance policy. Reasonable efforts taken include but are not limited to:

- Notifying individuals of the financial assistance policy on admission
- Notifying individuals of the financial assistance policy prior to discharge
- Notifying individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- Documenting its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy

St.Vincent Women's Hospital:

Part V, Section B, Line 18:

Question 18 is more appropriately answered as not applicable as the Billing and Collections Policy of St.Vincent Women's Hospital, Inc. does not allow a hospital to engage in extraordinary collection actions before the organization made reasonable efforts to determine whether the individual is eligible for assistance under the financial assistance policy. Reasonable efforts taken include but are not limited to:

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- Notifying individuals of the financial assistance policy on admission
- Notifying individuals of the financial assistance policy prior to discharge
- Notifying individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- Documenting its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy

St.Vincent Medical Center Northeast:

Part V, Section B, Line 18:

Question 18 is more appropriately answered as not applicable as the Billing and Collections Policy of St.Vincent Medical Center Northeast, Inc. does not allow a hospital to engage in extraordinary collection actions before the organization made reasonable efforts to determine whether the individual is eligible for assistance under the financial assistance policy. Reasonable efforts taken include but are not limited to:

- Notifying individuals of the financial assistance policy on admission
- Notifying individuals of the financial assistance policy prior to discharge
- Notifying individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- Documenting its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy

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Peyton Manning Children's Hospital:

Part V, Section B, Line 18:

Question 18 is more appropriately answered as not applicable as the Billing and Collections Policy of Peyton Manning Children's Hospital, Inc. does not allow a hospital to engage in extraordinary collection actions before the organization made reasonable efforts to determine whether the individual is eligible for assistance under the financial assistance policy. Reasonable efforts taken include but are not limited to:

- Notifying individuals of the financial assistance policy on admission
- Notifying individuals of the financial assistance policy prior to discharge
- Notifying individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- Documenting its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy

Part VI, Line 2: Communities are dynamic systems in which multiple factors interact to impact quality of life and health status. In addition to the formal CHNA conducted every 3 years, St.Vincent Hospital and Health Care Center participates in a community group called Crooked Creek Community Development Corporation whose purpose is to assess needs within the community, prioritize action and work in partnership to address identified challenges. The coalition works closely with its member

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organizations which come from multiple sectors of the community, including local government, business, education, faith communities, public health, health care providers and other social and human service organizations. In addition, the coalition works closely with other coalitions as well as the local and state health departments to stay abreast of changing needs within the community and evidence-based and promising practices for addressing these needs.

Part VI, Line 3: St.Vincent Hospital and Health Care Center

communicates with patients in multiple ways to ensure that those who are billed for services are aware of the hospital's financial assistance program as well as their potential eligibility for local, state or federal programs. Signs are prominently posted in each service area, and bills contain a formal notice explaining the hospital's charity care program. In addition, the hospital employs financial counselors, health access workers, and enrollment specialists who consult with patients about their eligibility for financial assistance programs and help patients in applying for any public programs for which they may qualify.

Part VI, Line 4: St.Vincent Hospital and Health Care Center campus is located on the northwest side of Indianapolis in a neighborhood known as Crooked Creek, one of the most racially and economically diverse neighborhoods in Indianapolis, with a population of approximately 34,500 residents.

St.Vincent Hospital and Health Care Center serves Marion and the surrounding counties in Central Indiana. Marion County is the largest county in the state, with a population of 918,977. It is also the 13th

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largest city in the nation. When including the Metropolitan Statistical Area (MSA), the population of Indianapolis is 1,756,241. The city's population is diverse and younger compared to the state. The median age is 33.9, compared to the state's average age of 37.1. The population is 62.7% white, 26.7% African American, 2.0% Asian, and 2.8% two or more races, and continues to diversify. For example, the Hispanic population has increased from 3.9% in 2000 to 9.3% in 2010.

The unemployment rate in 2013 was 9.5% for Marion County, which ranks 52 out of 92 counties in the state. The median household income was \$39,957 in 2011, which ranked 78th out of Indiana counties.

Part VI, Line 5: To provide the highest quality healthcare to all persons in the community, and in keeping with its not-for-profit status, St.Vincent Hospital and Health Care Center:

- delivers patient services, including emergency department services, to all individuals requiring healthcare, without regard to patient race, ethnicity, economic status, insurance status or ability to pay
- maintains an open medical staff that allows credentialed physicians to practice at its facilities
- participates in medical and scientific research
- trains and educates health care professionals
- participates in government-sponsored programs such as Medicaid and Medicare to provide healthcare to the poor and elderly
- is governed by a board in which independent persons who are representative of the community comprise a majority

Part VI, Line 6: As part of the St.Vincent Health System, St.Vincent

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Hospital and Health Care Center is dedicated to improving the health status and quality of life for the communities it serves. While designated associates at St.Vincent Hospital and Health Care Center devote all or a significant portion of their time to leading and administering local community-based programs and partnerships, associates throughout the organization are active participants in community outreach. They are assisted and supported by designated St.Vincent Health Community Development associates and other support staff who work with each of its healthcare facilities to advocate for and provide technical assistance for community outreach, needs assessments and partnerships as well as to support regional and state-wide programs, community programs sponsored by St.Vincent Health in which St.Vincent Hospital and Health Care Center participates.

Part VI, Line 7, List of States Receiving Community Benefit Report:

IN

The State of Indiana no longer requires a separate Community Benefit Report, but will reference the Form 990. St.Vincent Hospital and Health Care Center and its related St.Vincent Health affiliates publish a Community Benefit Report which is available to the public. A copy of the full report (including the St.Vincent Hospital and Health Care Center section) is available at:

<http://www.stvincent.org/St-Vincent-Indianapolis/>.

Form 990, Part III, Line 4a, 4b and 4c:

Community Benefit Report

Other key services include: Digestive Health, Diabetes Care, Center for

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Healthy Aging, Center for Joint Replacement, Breast Care Services, Mental Health Services, Surgery Services, Sports Medicine, Emergency Departments (Adult and Pediatric), and Primary Health Care. Some of these services operate at a loss in order to ensure that comprehensive services are available to the community.

Such community-focused programs improve access to healthcare, advocate for the poor and vulnerable, promote health through free education and screenings and help to build better communities by improving quality of life.

Community Benefit Overview

St.Vincent Hospital and Health Care Center is part of St.Vincent Health, a non-profit healthcare system consisting of 22 locally-sponsored ministries serving over 47 counties throughout Central Indiana. Sponsored by Ascension Health, the nation's largest Catholic healthcare system, St.Vincent Health is one of the largest healthcare employers in the state.

As part of St.Vincent Health, the St.Vincent Hospital and Health Care Center's vision is to deliver a continuum of holistic, high-quality health services and improve the lives and health of Indiana individuals and communities, with special attention to the poor and vulnerable. This is accomplished through strong partnerships with businesses, community organizations, local, state and federal government, physicians, St.Vincent Hospital and Health Care Center associates and others. Working with its partners, and utilizing the CHNA completed every three years, St.Vincent Hospital and Health Care Center is

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committed to addressing community health needs and developing and
executing an implementation strategy to meet identified needs to
improve health outcomes within the community.

Community benefit is not the work of a single department or group
within St.Vincent Hospital and Health Care Center, but is part of the
St.Vincent mission and cultural fabric. The hospital's leadership team
provides direction and resources in developing and executing the
Implementation Strategy in conjunction with the St.Vincent Health
Community Development Department, but associates at all levels of the
organization contribute to community benefit and health improvement.

Charity Care and Certain Other Community Benefits at Cost

Patient Services for Poor and Vulnerable

Hospital and outpatient care is provided to patients that cannot pay
for services, including hospitalizations, surgeries, prescription
drugs, medical equipment and medical supplies. Patients with income
less than 200% of the Federal Poverty level (FPL) are eligible for 100%
charity care for services. Patients with incomes at or above 200% of
the FPL, but not exceeding 400% of the FPL, receive discounted services
based on an income-dependent sliding scale. Hospital financial
counselors and health access workers assist patients in determining
eligibility and in completing necessary documentation. St.Vincent
Hospital and Health Care Center is committed to 100% access, and is
proactive in providing healthcare that leaves no one behind.

Community Health Needs Assessment

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True community benefit responds to the particular needs and challenges of the community, building on its unique strengths and assets. The hospital leads a community health needs assessment every 3 years. Using a variety of tools, including surveys, key person interviews, focus groups, secondary data, and data analysis professionals, the team identifies community issues and concerns. These are shared with the community at large, and a consensus is reached about priorities and available resources.

To provide community input and a basis for collaboration within the community to address health needs, St.Vincent leads or participates in a community roundtable or forum. This group brings together individuals and organizations from throughout the community who share a common interest in improving health status and quality of life and provide expertise in a variety of community areas including public health. Obesity (nutrition and physical activity), access to healthcare, behavior health, and cancer care (lung, breast and colon) have all been identified as key community needs.

Implementation Strategy

Using the CHNA completed in 2013, the hospital developed a 2014-2016 Implementation Strategy to address priority community health needs.

These strategies include:

1. Obesity (Nutrition and Exercise)

Educate and promote the importance of proper nutrition and physical activity to the community

- St.Vincent staff will offer 3 one-hour educational presentations

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regarding healthy food choices and/or fitness at the Crooked Creek
Farmer's Market.

- St.Vincent staff will be informed of volunteer opportunities
available at Crooked Creek Farmer's Market via weekly reminders, from
May-October, in the online newsletter sent to the St.Vincent
Indianapolis system.

- As a partnership with Pike Township Schools and as part of their
award of a PEP Grant, Peyton Manning Children's Hospital will
coordinate a week-long summer camp geared to students in grades 3-5 for
2012, 2013 and 2014.

- To better serve our Spanish-speaking population, the L.I.F.E.
(Lifetime Individual Fitness & Eating) program will develop a healthy
cookbook in Spanish featuring traditional Hispanic dishes.

- Provide at least 30 educational presentations regarding nutrition and
30 educational presentations a year regarding physical activity to
youth, K-12.

2. Access to Healthcare

Coordinate access for vulnerable community members through the Outreach
Workers

- Each of the 3 outreach workers will complete at least 55 applications
for assistance a month.

- Each of the 3 outreach workers will make at least 10 outreach efforts
a month by visiting community centers, such as shelters, unemployment
offices, and LaPlaza (resource center for Hispanic community).

3. Behavioral Health

Educate law makers and professionals about behavioral health issues and

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resources

- Representative(s) from St.Vincent Stress Center will meet with at least 5 district representatives in the State House and Senate to discuss behavioral health issues.

4. Cancer Care (lung, breast and colon)

Educate and promote the importance of cancer detection to the community

- A BCCP (Breast and Cervical Cancer Program) will be established at our flagship hospital to support the financial needs of our underserved, high risk populations and ensure the completion of appropriate screenings and recommended follow-ups for detected Breast Cancers.

- At least 5 colon cancer educational presentations will be offered each fiscal year to underserved, high risk and/or elderly populations related to the prevention and early detection of Colon Cancer, with promotional efforts at locations such as the United Soccer Alliance of Indiana, which includes a large Hispanic population and large African American church communities within Central Indiana.

- At least 5 free fecal blood screenings events will be offered each fiscal year to underserved, high risk and/or elderly populations in central Indiana related to the prevention and early detection of Colon Cancer.

- Train at least 1 existing associate to become a tobacco cessation counselor each year for a total of 11 counselors on staff.

- Increase the number of participants completing the program during a 3-year time frame by 5% or a total of 126 individuals.

Public Program Participation and Enrollment Outreach

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St.Vincent Hospital and Health Care Center participates in government programs including Medicaid, SCHIP (Hoosier Healthwise), Healthy Indiana Plan (HIP) and Medicare and assists patients and families in enrolling for programs for which they are eligible. Per Catholic Healthcare Association guidelines and St.Vincent Health's conservative approach, Medicare shortfall is not included as community benefit. Specific eligibility outreach programs sponsored by St.Vincent in 2013 include:

- Hoosier Healthwise Enrollment and Outreach

The Hoosier Healthwise Outreach Team partnered with community organizations to help enroll citizens in Hoosier Healthwise, Healthy Indiana Plan (HIP), Medicaid Disability, Presumptive Eligibility, and St.Vincent Advantage. In fiscal year 2013, the Outreach team touched the lives of 9,720 families and completed 2,160 enrollment applications for eligible individuals and families. St.Vincent provided office space, equipment and supplies as well as full-time coordination and supervision of this important outreach. Health and Hospital Corporation's Covering Kids program provided enrollment staff. St.Vincent funds 50% of the salary costs for three enrollment outreach workers through an annual community funding award to Covering Kids.

- Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB)

St.Vincent's QMB/SLMB team worked with more than 1,200 (last year it was 2,400) seniors either by mail or phone, completing over 48 applications with patients who were struggling with the financial burden of Medicare deductibles and co-payments during FY 2013. Their

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premium was subtracted from their Social Security checks in the amount of anywhere from \$96 to \$150 per month. The seniors were Social Security recipients and Medicare beneficiaries of modest means who paid all or some of Medicare's cost sharing amounts (i.e. premiums, deductibles, and co-payments). To qualify, it was imperative that the individuals were eligible for Medicare and met certain income guidelines which change annually. The QMB/SLMB team assists seniors with completing the application to allow them to be refunded the amount they are paying for Medicare B and the government then begins to pick up the cost.

- Senior Health Insurance Information Program (SHIIP)

SHIIP is a partnership between St.Vincent and the Indiana Department of Insurance and five trained volunteer counselors. The program has been in existence for ten years. In fiscal year 2013, the counselors provided free and unbiased information to 759 seniors with questions regarding Medicare, Medicare Supplements, HMOs, Managed Care Plans, Medicaid and long-term care programs.

Joshua Max Simon Primary Care Center

The St.Vincent Joshua Max Simon Primary Care Center provides full-service care for the entire family on a sliding fee scale, based on need. There were 73,542 patient visits in fiscal year 2013, and more than 100,000 visits were recorded including nurse visits, pharmacy, and financial counseling visits. Approximately 95 percent of these patients were uninsured/underinsured or were eligible for public programs, such as Medicaid. Approximately 50 percent of all visits were by patients

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with limited English proficiency (including many Eastern European, Latino and Burmese immigrants). Primary and preventive care was provided through family medicine, internal medicine, women's health, pediatric, surgical and podiatric clinics. Specialty care, such as general surgery, dermatology, sports medicine, and orthopedics were available, as well as ancillary services including lab, X-ray, pharmacy, financial counseling, legal counseling, parenting classes, and full-time medical interpretation.

B.A.B.E. Store

Bed And Britches, Etc. (B.A.B.E.) is a community-based program that offers incentives in the form of coupons to parents who seek medical, education and nutritional services for themselves and their children. Families earn coupons for seeking prenatal care, well baby care, immunizations, parenting and childbirth education classes, WIC nutrition education, care coordination, and other services. Families then redeem the coupons at BABE stores for new or gently-used infant and maternity clothing, cribs, car seats, and other baby supplies. During fiscal year 2013, 3,927 families were served through the two B.A.B.E. stores sponsored by St.Vincent.

Bereavement Services

Losing a loved one can be extremely distressing for family members. St.Vincent Hospice Bereavement Services works with families both before and after the passing of a loved one, helping them cope with their grief. The St.Vincent bereavement team reviews individual care plans, conducting support phone calls and home visits, and sending out mailings and a bereavement newsletter each month. Support groups are

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provided based on age or relationship to the loved one.

The Road to Healing and When Grief Is New: Grief 101 offers support for the ones left behind shortly after the loss. A Daughter's Grief (daughters who have lost their mothers) and Safe Haven (parents who have lost a child) focus on the specific relationship one might have had with the loved one. Other support groups include Widow/Widowers and the Lunch Bunch Socialization Group. Project Snowflake is designed to provide families with children ages 6-16 years of age an opportunity to grieve and heal together at the holidays. The Empty Chair is a grief seminar that focuses on grief support through the holidays. The Project Butterfly is a summer family workshop series for grieving families with children ages 4-17 years of age. Hospice also provides an Art Counseling Program, using drawing and painting to help grieving persons work through their emotional pain. During fiscal year 2013, new groups were added, including Mind, Body & Spirit - explores grief/loss through meditation, yoga, and Zumba and Finding Your Way - dealing with the loss of a younger spouse. Approximately 1,500 families were served through the St.Vincent Hospice Bereavement Services Department during fiscal year 2013.

St.Vincent Cancer Care

St.Vincent Cancer Care devotes key resources to providing education about cancer prevention, healthy lifestyles and the importance of early detection through screenings to central Indiana communities. Working with a variety of community organizations, including many specifically targeting the underserved, St.Vincent Cancer Care has been an active participant in health fairs and other community events that educate

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members of the community about cancer risk factors, healthier lifestyles and the importance of screening/early detection, including providing opportunities for low/no cost oral, colorectal, skin, gynecological, lung and breast cancer screenings. St.Vincent is also committed to ensuring a continuum of care for those who are found to need additional diagnostic testing or treatment.

A key initiative of the St.Vincent Center for Cancer Care is the mobile mammography van. In FY13, 1,081 uninsured/underinsured women received free screening mammograms aboard the St.Vincent Cancer Care Mobile Mammography Van. The mammograms were provided at no charge through a grant from the Susan G. Komen for the Cure Indianapolis Affiliate. The mobile mammography program allows St.Vincent to overcome key economic, cultural, geographic, and transportation barriers that block access to recommended screening mammograms, early detection, and peace of mind. St.Vincent coordinates care to ensure that 100% of women who are screened and require additional diagnostic testing (approximately 15% of women screened), or need treatment, will have access to the cancer care continuum.

Center of Hope

The St.Vincent Indianapolis Center of Hope provides expert treatment, advocacy, emotional support and legal services coordination, as well as evidence collection and preservation for victims of violence. The Center provides experienced forensic nurse examiners (FNEs) who are available 24 hours a day to serve victims of violent crimes, such as sexual assault, child sexual abuse, domestic violence, elder abuse, attempted homicide and physical assault.

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These vulnerable patients are provided with a dedicated and private exam room equipped with specialized technology for collecting and preserving evidence, assistance in applying for victim compensation benefits for which they may qualify, consultation with a medical social worker and referral to a range of services to assist victims in healing both physically and emotionally. The Center of Hope team consults with health professionals and departments throughout St.Vincent Indianapolis Hospital to ensure victims needs can be assessed and met. The Center of Hope clinical supervisor works closely with law enforcement, the judicial system and mental health and social service agencies throughout Marion and surrounding counties to help victims access the services they need, to provide expert testimony that assists in securing convictions, and to train these professionals about issues related to sexual assault and domestic violence. The Center of Hope is also actively involved in educating the community about sexual assault and domestic violence and the services that are available for victims of these crimes. The Center of Hope is supported by St.Vincent, as well as by grant funding from the Indiana Criminal Justice Institute. In FY 2013, the Center served over 200 victims of sexual assault and domestic violence.

Center for Perinatal Loss

St.Vincent Women's Center for Perinatal Loss assists families experiencing an infant loss with their grief journey by providing ongoing emotional and spiritual support through telephone contact, literature, counseling and support group meetings. The Perinatal Hospice Program offers support to families during, at the time of, and

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following the birth and death of their babies born with fatal anomalies. The Perinatal Loss Evaluation Program helps families deal with the pain and trauma experienced with the loss of an infant. Through this program, families are assisted in discovering the cause of their baby's stillbirth or neonatal death as they go through their grief journey.

The Child Protection Team

In Indiana, one child is identified as an abuse victim every 26 minutes (Kids Count in Indiana 2013 Data Book). The Child Protection Team at Peyton Manning Children's Hospital at St.Vincent was established in 2008 to provide services to Indiana's most vulnerable children. The team specializes in identification, counseling and prevention of child abuse. The team includes a social work coordinator trained in the field of child abuse and a nurse who is specialized in child maltreatment case management. The team works with health professionals and community agencies who serve the needs of high risk children. The Child Protection Team is grateful for the ongoing support of The Daughters of Charity, The Crosser Family Foundation and Peyton Manning Children's Hospital license plate funding. The Child Protection Team has worked with The Canadian Centre for Child Protection to bring The Commit to Kids Program to Indiana. The Commit to Kids Program assists youth serving organizations with staff training and policy recommendations to make sure children are protected from the possibility of sexual abuse. There has been an increased interest from organizations for a comprehensive, sustainable and evidenced-based program to prevent sexual victimization of children. The Child Protection Team has

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responded to Indiana's commitment to children by making this new program available, easily accessible and affordable for all youth serving organizations. As part of our hospital's child health advocacy mission, the Child Protection Team is continually seeking ways to be a strong community partner in keeping children safe.

Crisis Intervention Training

St.Vincent Stress Center partners in a Crisis Intervention Training for law enforcement officers. Through this program, the Stress Center provides general education about mental illness, suicide prevention education, communication skills, de-escalation techniques, and information about community resources for people in mental health crises. Mental health professionals and others in the community also provide instruction on psychopharmacology and the legal aspects of involuntary treatment. The courses, which are endorsed by the Indiana Law Enforcement Academy, are offered free to law enforcement officers. Approximately 200 - 250 officers from Marion, Boone, Hamilton, and Johnson Counties received this training in fiscal year 2013.

Diabetes Education

Diabetes affects over 10 percent of people in Indiana. Type 2 diabetes accounts for approximately 95% of these cases and Type 1 accounts for the remaining 5%. The St.Vincent Diabetes Center's team of specialists, which includes certified diabetes educators, help individuals balance their diabetes care with their lifestyle needs. Understanding how to manage this chronic condition is key to living an active, healthy life. Through a collaborative effort between St.Vincent Hospital Indianapolis and the Juvenile Diabetes Research Foundation, a full-day event for

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adults and children, and their families, living with Type I diabetes, was offered at no charge. Various speakers provided sessions addressing the body, mind and spirit in relation to living a healthy life with diabetes.

Fresh Start Parenting Program

The St.Vincent Fresh Start to Life Prenatal Education Program provides health education, counseling and support for under-insured and uninsured women throughout Central Indiana. The program evaluates the most at-risk women based on household income, language barriers, health knowledge and access to transportation. Those at the greatest risk based on these criteria were chosen for the Prenatal Education Program, which served over 50 women in fiscal year 2013.

Health Fairs and Screenings

St.Vincent Hospital and Health Care Center participated in, facilitated, sponsored or promoted numerous health fairs and screening. During fiscal year 2013, over 4,000 individuals either attended health fairs and/or were screened. Fairs and screenings were held in conjunction with schools; community, state and national organizations; local and state government agencies; and were held at a variety of conferences and community events. These events provided invaluable health education, prevention and screenings for thousands of Hoosiers across the state free of charge.

Healing and Wellness Support Groups

St.Vincent Hospital and Health Care Center sponsors a wide variety of support groups to help both patients and families cope with significant

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health challenges, family issues, bereavement or grief issues and other mental health concerns. Groups often target particular age brackets to ensure that the unique challenges facing children, teens, adults and seniors are addressed. St.Vincent Hospital and Health Care Center provides expert facilitation, meeting coordination, materials and meeting space for each support group.

Health Professions Clinical Training

In an effort to prepare future healthcare professionals, St.Vincent Hospital and Health Care Center offers a variety of clinical settings and internships to undergraduate and vocational allied health professionals from Franklin College, Harrison College, Indiana University, IUPUI, Ivy Tech, Marian University, Purdue University and University of Indianapolis. St.Vincent Hospital and Health Care Center provides these students experience in clinical settings with the following programs/departments: Education and Development, Sports Medicine, Physical Therapy, Respiratory Therapy, Nursing, and Pharmacy.

HIV Care Coordination

HIV Care Coordination services provide access to health coverage, patient assistance programs, and other basic needs such as housing, food and utility assistance. The program is coordinated by a licensed clinical social worker who offers individual, group and family counseling and facilitates a weekly support group for HIV-diagnosed patients and their families. During fiscal year 2013, the outpatient program served 52 clients with case management.

International Pediatric Heart Surgery Project

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The International Pediatric Heart Surgery Project was founded as part of The Children's Heart Center and St.Vincent's commitment to fulfilling the mission of advocacy and care of the poor. Through this effort, St.Vincent provided \$500,000 in fiscal year 2013 for life-saving heart surgery for children from impoverished areas, such as Bolivia, Kosovo, Mongolia, Honduras, Kenya, Uganda and Haiti. These countries have minimal health care available for the treatment of congenital heart disease and without surgery these children would not survive. There is no charge to the child's family. The cardiothoracic surgeon and physicians of the Children's Heart Center, as well as pediatric anesthesiologists, intensivists, and other members of Peyton Manning Children's Hospital at St.Vincent donate their skills and time in caring for these children. Since the first patient arrived in February 2000, the program has provided life saving care for 103 children. This program works with individual volunteers, local church congregations, and organizations such as Samaritan's Purse in order to coordinate and provide transportation, visas, host families, and interpreter services. The lives of those who have had the opportunity to assist in caring for these children have been touched forever.

L.I.F.E. (Lifetime Individual Fitness & Eating) for Kids Program

Obesity among children has become a national epidemic, particularly in Indiana where 1 out of 3 children and 2 out of 3 adults are overweight or obese. Life-threatening conditions such as type 2 diabetes, hypertension and heart disease, just to name a few, are also increasing among this population. L.I.F.E. for Kids is a yearlong healthy lifestyle weight management program especially designed for children and adolescents. This program was introduced in 2007 to help families

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develop healthier eating and physical activity habits through integrated education and counseling from a multi-disciplinary team that includes a physician, dietitian, behavior therapist, exercise physiologist and registered nurse.

Medical Supplies Donations

St.Vincent made donations of medical supplies throughout the year by supporting mission trips through local churches to Jamaica, Ecuador, and Haiti. Additionally, donations were made to local organizations, such as, Timmy Global Health Foundation and FAME.

Medical Education

St.Vincent Hospital and Health Care Center, in affiliation with the Indiana University School of Medicine, is a teaching hospital for future physicians. St.Vincent Hospital and Health Care Center provides a broad range of graduate, undergraduate, and continuing education opportunities to physicians, residents, medical students and physician assistant students through training programs in Internal Medicine, Family Medicine, Obstetrics/Gynecology, Pediatrics, General Surgery and Transitional Medicine, and through continuing medical education. Over 170 interns and residents train in these programs each year, and over 400 medical students from Indiana University and other medical schools come to St.Vincent for clinical rotations. In addition, St.Vincent residents provide health care to the poor in underserved areas of Indiana, as well as in underdeveloped countries. Residents participate in urban, rural, or international medicine rotations to gain a broader medical perspective which enhances their professional and spiritual

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understanding.

Medical Research

St.Vincent contributes funds and personnel to advance medical care. The Research & Regulatory Affairs Department assists physicians and healthcare providers in developing new medical procedures, finding innovative uses for existing technologies and participating in clinical trial programs in order to provide patients and their families with cutting edge technologies and pharmaceuticals. Research is being conducted in cardiovascular, cancer, neurological, gastrointestinal and orthopedic treatments as well as in additional specialty areas.

Medical Social Services

The Medical Social Services Department of St.Vincent provides psychosocial services to patients and their families to maximize social functioning and to empower patients and their families. The medical social workers are all licensed clinical social workers with master's degrees. The social workers connect patients and their families to services and in many cases can provide direct assistance for temporary food, clothing, shelter and transportation needs. During fiscal year 2013, through the work of the department, 625 community agencies were utilized to assist 109,338 patients and their families with achieving their optimal level of health.

Out of the Darkness Community Walk

For the 8th year in a row, St.Vincent Stress Center was a platinum sponsor of the American Foundation for Suicide Prevention Out of Darkness Community Walk, which promotes awareness, education,

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prevention, and intervention for suicide and depression disorders.

Stress Center associates continue to play an integral role in holding this event. Associates lead the committee that organizes the walk, and the Stress Center executive director has been an opening ceremony speaker for each year of the event. In fiscal year 2013, the Out of Darkness Community Walk took place on September 14th. This year 1,774 walkers showed up in support of the event, which raised \$142,103.

Project 18

Project 18, a partnership with Peyton Manning Children's Hospital at St.Vincent and Ball State University, provides a hands on, standards-based, eighteen-week curriculum targeting 3rd through 5th grade students focusing on nutrition, physical fitness and holistic health. Now in its fifth year, Project 18 currently has over 560 registered schools representing 76 Indiana counties and 121 cities. Project 18 has impacted well over 100,000 students with its curriculum and programming. Project 18 has also developed partnerships with the Indiana State Department of Health, the Indiana Department of Education and the Indiana Blood Center in an effort to increase awareness, to broaden the base of programs and to increase community involvement. As the battle against childhood obesity continues, Project 18 encourages young students and their families to eat healthy, exercise regularly and to give back to the community.

School and Community Asthma Program

Asthma can be a frightening, debilitating, even life-threatening condition, especially for children and their families. Peyton Manning Children's Hospital believes that providing quality information about

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asthma and its treatment can empower children and families to better manage the condition, enabling them to participate more fully in a wide range of activities. The School and Community Asthma Program offers free asthma classes for parents, students and teachers in conjunction with Peyton Manning Children's Hospital at St.Vincent and the Asthma Alliance of Indianapolis. In fiscal year 2013, more than 4,846 people were educated by Happy Healthy Lungs, Asthma, and Anti-Tobacco presentations in 51 different schools throughout the community.

School Health and Wellness

In order to enhance the health of our communities, Peyton Manning Children's Hospital at St.Vincent has entered into a collaborative agreement with local schools to establish health centers in 16 area schools; 4 Archdiocesan inner-city schools, 8 Zionsville Community Schools, and 4 Carmel Clay Schools. Through these partnerships, Peyton Manning Children's Hospital at St.Vincent employs and trains school health personnel, including RNs, LPNs, Certified nurse assistants, and Emergency Medical Technicians, to work in local elementary, middle and high schools, allowing for consistent health practices across the school systems. In addition to staffing school health clinics, Peyton Manning Children's Hospital at St.Vincent also employs a school wellness coordinator who works closely with school administration, faculty, and students to share and coordinate available resources in schools in Marion and surrounding counties, providing health education, physical fitness testing, wellness consulting, organizing health and safety fairs and other wellness activities in over 110 schools.

Sports Performance Outreach

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St.Vincent provides sports medicine services at 24 high schools, 17 middle schools and several youth sports organizations. Over 24,000 youth were served with Outreach athletic training services, sports physicals and injury management advice during fiscal year 2013.

Speakers Bureau

To accommodate the numerous requests for professionals to present health promotion education throughout the community, St.Vincent sponsors a Speakers Bureau and coordinates presentations to a multitude of organizations and agencies.

338-KIDS and 338-4HER Lines

338-KIDS assist parents in determining the most appropriate level of care depending on their child's symptoms. When parents have questions about their child's health, 338-KIDS provides a direct link to the exclusive nurse advice line at Peyton Manning Children's Hospital at St.Vincent. This hotline - available 24/7 - has registered nurses standing by to answer questions about fevers, allergic reactions, burns, rashes, accidents and other health-related problems their child may be having. During fiscal year 2013, over 25,000 calls were taken on this kid's health advice hotline.

St.Vincent Women's Hospital encourages women to ask questions regarding any health issues, and is dedicated to assisting them in receiving the help they need. Women across Central Indiana are able to call 24 hours a day, seven days a week. By calling 317-338-4HER (4437) day or night, individuals are able to reach a health professional who can answer questions or connect them with a doctor, nurse, or other professional

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who will advise them on their health issues. During fiscal year 2013,
over 14,000 calls were taken on this women's health advice hotline.

St.Vincent Stress Center Education/Support

Mental disorders are common in the United States and internationally.

An estimated 26.2 percent of Americans ages 18 and older, about one in
four adults, suffer from a diagnosable mental disorder in a given year.

Recent statistics suggest roughly seven of every one hundred people
suffer depression after age 18 at some point in their lives.

Depression's annual toll on U.S. businesses amounts to about \$70

billion in medical expenditures, lost productivity and other costs.

Depression accounts for close to \$12 billion in lost workdays each

year. The St.Vincent Stress Center provides long-term recovery from

depression by addressing the underlying relationship causes of

depression. During fiscal year 2013, the St.Vincent Stress Center staff

worked with surrounding universities in mentoring and training students

in the healthcare field. An active program of school integration also

reached out to various schools in Marion, Hamilton, Boone, and

Hendricks Counties, providing valuable and informative lectures on

topics such as bullying, peer pressure, alcohol and substance abuse,

test performance anxiety, suicide awareness, and peer pressure. Between

these two initiatives, staff spent over 2,000 hours of time teaching,

supervising, and delivering behavioral health presentations to over 25

different schools.

Safe Sleep

Peyton Manning Children's Hospital at St.Vincent and St.Vincent Women's

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Hospital joined forces with The Children's Museum in promoting various kids' health issues. In an effort to reduce the incidence of sudden infant death syndrome, St.Vincent provided free sleep sacks, in exchange for crib bumper pads, to infant caregivers who brought crib bumper pads to the concierge desk at The Children's Museum. The bumper pads were then recycled and the materials used to make quilts which were donated to local shelters.

Parish Nursing

Parish nurses provide health education, counseling, and health advocacy for their congregation. St.Vincent provides scholarships to registered nurses who wish to complete a parish nurse training program. All denominations are supported by the parish nursing program which provides educational materials and health supplies to the faith communities they serve. A parish nurse program coordinator, employed by St.Vincent, provides oversight for the program and ensures parish nurses receive ongoing professional education. During fiscal year 2013, three educational/networking sessions were offered. Additionally, in an effort to guide future educational sessions, parish nurses were asked to complete a survey regarding how their time is spent and the most prominent healthcare issues within their congregation.

Tobacco Management Center

The Tobacco Management Center is a hospital-based, nurse/pharmacist-driven smoking cessation program offered to the community which offers resources, group support and individualized counseling. During fiscal year 2013, 39 individuals completed the program. Of these, 39% were tobacco free for at least 60 days or more.

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Because staying smoke free can be a challenge, the Tobacco Management Center staff provides critical on-going support to participants to encourage, motivate, and counsel them regarding struggles they may be having.

Community Benefit Cash and In-Kind Contributions

In addition to the outreach programs operated by the hospital, St.Vincent makes cash and in-kind donations to a variety of community organizations focused on improving health status in the community. These take the form of cash donations to outside organizations, the donation of employee time/services to outside organizations and the representation of the hospital on community boards and committees working to improve health status and quality of life within the community.

Community Building Activities

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 improving the quality of life within a community, ultimately influence and improve health status.

Back Pack Attack

Eighty-eight percent of Indianapolis Public School families cannot afford the basic school supplies their children need requiring many teachers to spend their own money to operate their classrooms. St.Vincent has joined with other local partners to participate in the Back Pack Attack Program each year. St.Vincent runs a 3-week campaign

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to collect supplies, associates then deliver these supplies to be sorted and distributed to students in need. In 2013, the program was able to assist 45,650 children.

Hope for the Holidays

Each year, St.Vincent associates reach into their own pockets to purchase Christmas gift items for families in need. During their work time, department associates contact families, create needs list, collect donations, shop for items, wrap gifts and deliver food and packages to these families.

Reach Out and Read Early Literacy Program

Reach Out and Read is a national early literacy program designed to take advantage of the access pediatricians have to children who are in their critical early years (6 months to 5 years) of cognitive and language development. Across Indiana, physician-based sites distribute thousands of new books each year to Hoosier children and their families. In the State of Indiana, physicians and nurses have been trained in the program, including the healthcare professionals at the Joshua Max Simon Primary Care Center at St.Vincent.

United Way Day of Caring

St.Vincent associates are given time during their regular work day to participate in the United Way Day of Caring making this community wide effort a gift of time, effort and skills by participating organizations. In fiscal year 2013, associates chose to work at one of two locations. Holy Family Shelter is an emergency shelter for homeless families. Associates participated in fun activities with the children

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to allow parents time to address other pressing issues, such as job searching. The Christamore House is a family and community center. Associates spent their time cleaning the inside of the center and the outside of the building by mowing the lawn and picking up debris.

Crooked Creek Neighborhood Partnerships

The neighborhood surrounding the St.Vincent Indianapolis Hospital campus, Crooked Creek is one of the largest culturally and economically diverse neighborhoods in the city of Indianapolis. Over the past decade, Crooked Creek has experienced significant decline due to home foreclosures and business closures, resulting in vacant homes and buildings throughout the area. St.Vincent Indianapolis Hospital was instrumental in founding the Crooked Creek Community Development Corporation (CDC) whose mission is to improve housing, public infrastructure, and commercial areas for all who live, work, and visit this northwest Indianapolis community.

Crooked Creek CDC initiatives in fiscal year 2013 included:

- The HUB is a place where neighbors gather, learn and work. The HUB is open to all residents and businesses for use as a resource center, meeting place, or workplace. Visitors can gather information and take classes on home and business ownership, or connect with services offered by Indianapolis Neighborhood Housing Partnership, Business Ownership Initiative, or Michigan Road Business Association. A gallery for local art provides the back drop for a kind of living room where residents can gather and share ideas.

- The Crooked Creek Farmer's Market provides convenient access to

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locally-grown, healthy food choices and provides local farmers with the opportunity to sell their locally-grown produce to contribute to the health and economic vitality of the Crooked Creek Community.

- The Fay Biccard Glick Neighborhood Center at Crooked Creek provides programs for families living on Indianapolis' northwest side including employment, energy and emergency assistance, English as a Second Language, food pantry, senior wellness, before/afterschool care, Skool of MADD Arts, recreational programs, early childhood development, GED, pre-college enrichment and summer camp.

St.Vincent STAR Job Readiness Program

The STAR Program aims to enrich lives and provide job readiness skills to individuals in Marion and surrounding counties who are facing significant barriers to employment, but have a sincere desire to gain and maintain a job. The STAR Program reaches out to both disadvantaged individuals and those who find themselves in situational stress due to a recent job loss, or an inability to find employment. For many individuals, the program has not only resulted in a job, but has been life-transforming. Participants meet for six weeks in a classroom setting, where they gain and/or enhance job readiness and life skills. Following classroom training, students are placed with mentors throughout various departments in St.Vincent Hospital including patient registration, food services, and housekeeping. Four series of STAR classes were offered in fiscal year 2013. More than 291 STARS have gone on to sustain full-time employment since the program's inception.

Community Building Cash and In-Kind Contributions

