

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

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.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

**Open to Public
Inspection**

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"/> | <input type="checkbox"/> |
| b If "Yes," was it a written policy? | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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"/> | <input 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"/> | <input type="checkbox"/> |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6a Did the organization prepare a community benefit report during the tax year? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes," did the organization make it available to the public? | <input checked="" type="checkbox"/> | <input 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) | | | 30,351,763. | | 30,351,763. | 1.86% |
| b Medicaid (from Worksheet 3, column a) | | | 197,279,991. | 137,102,893. | 60,177,098. | 3.69% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 227,631,754. | 137,102,893. | 90,528,861. | 5.55% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | 16,632 | 936,554. | | 936,554. | .06% |
| f Health professions education (from Worksheet 5) | | 5,563 | 33,136,125. | 7,423,187. | 25,712,938. | 1.57% |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | 445,721. | 110,907. | 334,814. | .02% |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | 31,441 | 2,587,149. | | 2,587,149. | .16% |
| j Total. Other Benefits | | 53,636 | 37,105,549. | 7,534,094. | 29,571,455. | 1.81% |
| k Total. Add lines 7d and 7j | | 53,636 | 264,737,303. | 144,636,987. | 120,100,316. | 7.36% |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | 2,731 | 46,250. | | 46,250. | .00% |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | 25 | 220. | | 220. | .00% |
| 7 Community health improvement advocacy | | 775 | 15,800. | | 15,800. | .00% |
| 8 Workforce development | | | | | | |
| 9 Other | | 91 | 1,121. | | 1,121. | .00% |
| 10 Total | | 3,622 | 63,391. | | 63,391. | |

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 | 264,807,591. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 346,979,191. |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -82,171,600. |
| 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 Terre Haute Surgical Center, LLC | Surgery Center | 27.14% | | 51.66% |
| 3 Indiana Orthopaedic Hospital, LLC | Orthopaedic Hospital | 20.00% | | 80.00% |
| 4 Breast MRI Leasing Company, LLC | Imaging Center | 50.00% | | 50.00% |
| 5 Neuro Oncology Equipment, LLC | Stereotactic Radio Surgery Services | 50.00% | | 50.00% |
| 6 Women's Services Management, LLC | Management Company | 5.00% | | 95.00% |

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 Facility Reporting Group - A

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

| | 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 Section C) | | |
| 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 persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | X | |
| 4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | | X |
| 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 (list url): <u>www.stvincent.org/CHNA/</u> | | |
| b <input type="checkbox"/> Other website (list url): | | |
| c <input checked="" type="checkbox"/> Available upon request from the hospital facility | | |
| d <input type="checkbox"/> Other (describe in Section C) | | |
| 6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year): | | |
| 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 Section C) | | |
| 7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C 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) **Facility Reporting Group - A**

| 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 Section C 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 Section C 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"/> Residency | | |
| i | <input type="checkbox"/> Other (describe in Section C) | | |
| 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 Section C) | | |
| Billing and Collections | | | |
| 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 the individual'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 Section C) | | |
| 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 individual'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 Section C) | | |

Part V Facility Information (continued) **Facility Reporting Group - A**

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 individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)

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 Section C)
- d Other (describe in Section C)

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 Section C)

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Schedule H, Part V, Section B. Facility Reporting Group A

Facility Reporting Group A consists of:

- Facility 1: St.Vincent Hospital and Health Care Cent
- Facility 2: St.Vincent Stress Center
- Facility 3: St.Vincent Women's Hospital
- Facility 4: Peyton Manning Children's Hospital

Facility 1 -- St.Vincent Hospital and Health Care Cent

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.

Facility 1 -- St.Vincent Hospital and Health Care Cent

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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.

Facility 1 -- St.Vincent Hospital and Health Care Cent

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.

Facility 2 -- 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.

Facility 2 -- 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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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.

Facility 2 -- 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.

Facility 3 -- 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.

Facility 3 -- 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.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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.

Facility 3 -- St.Vincent Women'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.

Facility 4 -- 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.

Facility 4 -- 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

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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.

Facility 4 -- 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.

Part VI Supplemental Information

Provide the following information.

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

Part I, Line 3c:

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

Part VI Supplemental Information (Continuation)

("CHA") guidelines. The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.

Part II, Community Building Activities:

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 2014, these organizations included: Crooked Creek Community Development Corporation, United Way, Indiana Youth Institute, Holy Family Shelter, Fay Biccard Glick Neighborhood Center, and Marian University.

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

Part VI Supplemental Information (Continuation)

Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies. After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2014 was \$47,804,270 at charges, (\$14,552,433 at cost).

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 healthcare 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 Ascension Health Alliance's consolidated audit in which the footnote that discusses the bad debt expense is located on page 19.

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

Part VI Supplemental Information (Continuation)

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 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.

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 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:

Part VI Supplemental Information (Continuation)

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 929,601. The population has grown 2.9% since 2010. When including the Metropolitan Statistical Area (MSA), the population of Indianapolis is 1.76 million. The city's population is diverse and younger compared to the state. The median age is 34.7, compared to the state's average age of 37.4. The population is 62.5% white, 26.1% African American, 2.2% Asian, and 3.0% two or more races, and continues to diversify. For example, the Hispanic population has increased from 3.9% in 2000 to 10.3% in 2014.

Part VI Supplemental Information (Continuation)

The unemployment rate in 2014 was 7.7% for Marion County, which ranks 37 out of 92 counties in the state. The poverty rate in 2012 was 21.6%, which ranked 4th in the state. The median household income was \$41,586 in 2012, which ranked 74th 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 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

Part VI Supplemental Information (Continuation)

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.

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

Community Benefit Report

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

Part VI Supplemental Information (Continuation)

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 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

Part VI Supplemental Information (Continuation)

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

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

Part VI Supplemental Information (Continuation)

identified as key community needs.

Implementation Strategy

Using the CHNA completed in fiscal year 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 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.

Part VI Supplemental Information (Continuation)

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 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

Part VI Supplemental Information (Continuation)

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

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.

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 2014, the Outreach team touched the lives of 8,725 families and completed 2,645 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.

Part VI Supplemental Information (Continuation)

St.Vincent funds 50% of the salary costs for three enrollment outreach workers through an annual community funding award to Covering Kids and Families of Central Indiana.

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 over 70,000 patient visits in fiscal year 2014, 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 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

Part VI Supplemental Information (Continuation)

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 2014, there were 2,732 families served through our B.A.B.E. store located in the Pecar Health Center sponsored by St.Vincent Women's Hospital.

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 supportive phone calls and home visits, and sending out grief education materials and a bi-monthly bereavement newsletter. Support groups are provided based on age or relationship to the loved one and are open to those who have been served by St. Vincent Hospice and to the community in general.

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. Mind, Body & Spirit explores

Part VI Supplemental Information (Continuation)

grief/loss through activities such as meditation, yoga, and Zumba and Finding Your Way focuses on the loss of a younger spouse. I Am the Legacy focuses on the loss of a parent(s) and Grief Through the Lens of Love explores grief through photography. During fiscal year 2014, approximately 250 people participated in a support group and approximately 1,500 families were served by St.Vincent Hospice Bereavement Services Department.

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 members of the community about cancer risk factors, healthier lifestyles and the importance of screening/early detection, including providing opportunities for oral, colorectal, skin, gynecological, lung and breast cancer screenings offered at no cost. 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 fiscal year 2014, 788 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

Part VI Supplemental Information (Continuation)

key economic, cultural, geographic, and transportation barriers that block access to recommended screening mammograms, providing both early detection and peace of mind. St.Vincent also coordinates care to ensure that 100% of women who are screened and require additional diagnostic testing (approximately 15% of women screened) or need treatment, 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.

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

Part VI Supplemental Information (Continuation)

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 fiscal year 2014, 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 groups. The Perinatal Hospice Program offers support to families during and following the birth and death of their babies born with fatal anomalies. During fiscal year 2014, 653 families received these services. The Perinatal Loss Evaluation Program assists families in discovering the cause of their baby's stillbirth or neonatal death as they go through their grief journey. During fiscal year 2014, 36 families received these services.

The Child Protection Team

The Child Protection Team was established in 2008 to provide a continuum of services for Indiana's most vulnerable children. As a member of Ascension Health, the Child Protection Team offers evidenced-based professional education to youth service providers in the area of child abuse prevention and intervention. The Child Protection Team is grateful for the ongoing support of The Crosser

Part VI Supplemental Information (Continuation)

Family Foundation and Peyton Manning Children's Hospital license plate sales. The Child Protection Team has worked with The Canadian Centre for Child Protection to bring The Commit to Kids Program to Indiana, which assists youth serving organizations with staff training and policy recommendations to ensure that children are protected from possible sexual abuse. The Child Protection Team has also partnered with The Children's Bureau and the National Center for Shaken Baby Syndrome to bring The Period of Purple Crying Program to parents and caregivers of infants, which is designed to prevent Shaken Baby Syndrome by providing education on the frustrating features of normal infant crying that can lead to shaking or abuse. As part of St.Vincent's child health advocacy mission, the Child Protection Team is continually seeking to provide a wide range of services with a compassionate approach to healing and preventative interventions to support Indiana's children and families.

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 officers from Marion, Boone, Hamilton, and Johnson Counties received this training in fiscal year 2014.

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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.

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 2014.

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 2014, 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

Part VI Supplemental Information (Continuation)

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 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.

International Pediatric Heart Surgery Project

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. This program has provided life-saving heart surgery for children from these

Part VI Supplemental Information (Continuation)

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 104 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.

Medical Supplies Donations

St.Vincent made donations of medical supplies throughout the year by supporting mission trips through local churches to Haiti, Dominican Republic, Kenya, Nicaragua, Guatemala, and Philippians. 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 and Marian University College of Osteopathic Medicine, is a teaching hospital for future physicians. St.Vincent Hospital and Health Care Center provides a broad range of

Part VI Supplemental Information (Continuation)

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 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 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

Part VI Supplemental Information (Continuation)

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 2014, through the work of the department, 743 community agencies were utilized to assist 105,450 patients and their families with achieving their optimal level of health.

Out of the Darkness Community Walk

For the 9th year in a row, St.Vincent Stress Center was a sponsor of the American Foundation for Suicide Prevention Out of Darkness Community Walk, which promotes awareness, education, prevention, and intervention for suicide and depression disorders. Stress Center associates continue to play an integral role in this event. Associates organized a suicide awareness fund raising event to help support the cause and raised an additional \$3,423 from an evening of speakers, music, and silent auction activities. The Out of Darkness Community Walk took place on Saturday, September 14, 2013, which was the last day of Suicide Prevention week, and included 1,700 walkers, which raised \$142,000.

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 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

Part VI Supplemental Information (Continuation)

with Peyton Manning Children's Hospital at St.Vincent and the Asthma Alliance of Indianapolis. In fiscal year 2014, more than 10,158 people were educated by Happy Healthy Lungs, Asthma, and Anti-Tobacco presentations in 55 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 5 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

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 2014.

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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 2014, 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 who will advise them on their health issues.

St.Vincent Stress Center Education/Support

Mental disorders are common in the United States and internationally.

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An estimated 26.2% 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. The St.Vincent Stress Center provides long-term recovery from depression by addressing the underlying relationship causes of depression. Our counselors and trained clinicians are the backbone of the care we deliver to those in the community seeking assistance. We are committed to supporting the next generation of health care professionals. During fiscal year 2014, the St.Vincent Stress Center staff worked with surrounding universities in mentoring and training students in the healthcare field. College students from Marion, Monroe, and Bartholomew Counties, representing 8 schools of higher learning, were provided valuable on site experiences in their fields of study. Nursing students, social workers, psychology, and art therapy majors have gained a more broad knowledge base to continue and complete their degrees.

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 certification course. 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

Part VI Supplemental Information (Continuation)

nurses receive ongoing professional education. During fiscal year 2014, two 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 (TMC) is a hospital-based, nurse/pharmacist-driven smoking cessation program offered to the community which offers resources, group support and individualized counseling. To date, the TMC has served 167 individuals who completed the program. Of these, 34% were tobacco free for at least 60 days or more. Because staying smoke free can be a challenge, the TMC 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, the hospital 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

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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 to collect supplies, associates then deliver these supplies to be sorted and distributed to students in need. In fiscal year 2014, the program was able to assist over 46,000 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. In fiscal year 2014, St.Vincent sponsored 75 households and touched the lives of 465 individuals.

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

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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.

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. 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 the northwest Indianapolis community. For the 3rd year, the CDC offered a Farmer's Market to provide convenient access to locally-grown, healthy food choices. Also within the partnership is the HUB, a resource center which connects residents to The Indianapolis Neighborhood Housing Partnership.

St.Vincent Indianapolis supports The Fay Bickard Glick Neighborhood Center at Crooked Creek, which 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/after school 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

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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 2014. More than 318 STARS have gone on to sustain full-time employment since the program's inception.

Community Building Cash and In-Kind Contribution

The hospital makes cash and in-kind donations to a variety of community organizations focused on building the community and improving quality of life. 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 infrastructure for the community.