

**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 Jennings Hospital, Inc.** Employer identification number **35-1841606**

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	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			1,397,076.		1,397,076.	7.04%
b Medicaid (from Worksheet 3, column a)			3,921,292.	1,935,972.	1,985,320.	10.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			5,318,368.	1,935,972.	3,382,396.	17.04%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		270	73,166.	11,646.	61,520.	.31%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		6,981	9,672.		9,672.	.05%
j Total. Other Benefits		7,251	82,838.	11,646.	71,192.	.36%
k Total. Add lines 7d and 7j		7,251	5,401,206.	1,947,618.	3,453,588.	17.40%

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

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

Name, address, primary website address, and state license number

1 St.Vincent Jennings Hospital, Inc.
301 Henry Street
North Vernon, IN 47265
http://www.stvincent.org/St-Vincent-Je
14-005108-1

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first four columns.

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 Jennings Hospital, Inc.

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) 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 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) St.Vincent Jennings Hospital, Inc.

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
	If "No," explain in 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) **St.Vincent Jennings Hospital, Inc.**

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

St.Vincent Jennings Hospital, Inc.:

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 Jennings County Partnership for Health, Jennings County Community Foundation, Jennings County United Way, Jennings County Chamber of Commerce, and the Women's Giving Circle.

St.Vincent Jennings Hospital, Inc.:

Part V, Section B, Line 7: Substance Abuse - There are organizations within the community focused on prevention, intervention and treatment of substance use and abuse.

Youth Center - Addressing this issue is not a direct priority of our hospital; however, we do support efforts of organizations focused on youth initiatives. Currently, the Jennings County Youth Foundation is working on the development of a youth center.

Economic Development - Addressing this issue is not a direct priority of our hospital; however, we do support efforts of organizations focused on economic development.

St.Vincent Jennings Hospital, Inc.:

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

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.

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.

Multiple horizontal lines for providing supplemental information.

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 III, Line 2:

After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies. After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2014 was \$2,597,056 at charges, (\$672,941 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

Part VI Supplemental Information (Continuation)

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 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 Jennings Hospital helps to

Part VI Supplemental Information (Continuation)

lead a community roundtable called Jennings County Partnership for Health 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 by identifying evidence-based and promising practices to address these needs.

Part VI, Line 3:

St.Vincent Jennings Hospital 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 Jennings Hospital is located in North Vernon, Indiana, which is the county seat and serves Jennings and contiguous counties in southeast Central Indiana. Jennings County is a very rural county, which has an estimated population of 28,124. It has experienced a

Part VI Supplemental Information (Continuation)

slight decline in population over 2010, and whose population over age 45 is higher than state average. Per Capita Personal Income and Median Household Income are below state averages and the annual unemployment rate exceeds state average. Both the overall poverty rate and poverty rate among children under age 18 is below the state average.

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 Jennings Hospital:

- 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
- 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 Jennings Hospital is dedicated to improving the health status and quality of life for the communities it serves. While designated associates at St.Vincent Jennings Hospital 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

Part VI Supplemental Information (Continuation)

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 Jennings Hospital participates.

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

Community Benefit Report

St.Vincent Jennings Hospital provides the following hospital services:

Emergency Medicine, Immediate Care, Laboratory Services, Outpatient

Services, Pastoral Care, Radiology, Rehabilitation Therapy, and

Outpatient Surgery. 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 Jennings Hospital 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.

Part VI Supplemental Information (Continuation)

As part of St.Vincent Health, the St.Vincent Jennings 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 Jennings associates and others. Working with its partners, and utilizing the CHNA completed every three years, St.Vincent Jennings Hospital 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 Jennings, but is part of the St.Vincent mission and cultural fabric. The hospital 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%

Part VI Supplemental Information (Continuation)

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 Jennings Hospital is committed to 100% access, and is proactive in providing healthcare that leaves no one behind.

Public Program Participation

St.Vincent Jennings Hospital participates in government programs including Medicaid, SCHIP (Hoosier Healthwise), Healthy Indiana Plan (HIP), the Insurance Exchange, and Medicare and assists patients in enrolling for programs for which they are eligible. Per Catholic Health Association guidelines and St.Vincent Health's conservative approach, Medicare shortfall is not included as community benefit.

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

Part VI Supplemental Information (Continuation)

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. Tobacco use, hunger, access to healthcare and obesity/physical inactivity have all been 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. Tobacco Use

Prevent youth from initiating the use of tobacco, reduce exposure to secondhand smoke and increase cessation

- Offer a one-hour tobacco cessation class, free of charge, twice a week to the public every week, throughout the year.
- Enroll 24 additional healthcare providers in the Indiana Quitline's Preferred Provider Network (increase from 27 to 51).
- Advocate for (and facilitate implementation of) a comprehensive smoke free indoor air policy, in at least 2 of the 5 multi-housing units.

2. Hunger

Reduce hunger within the county

- Serve 12,000 meals each summer during the F.L.A.S.H. summer feeding program.

3. Access to Healthcare

Health Access Worker (HAW) will coordinate access for community members

Part VI Supplemental Information (Continuation)

- Work with community based agencies, programs, services and providers to coordinate care for vulnerable community members.
- Access referrals and assist clients based on Pathway indicators.
- Document client intervention/assistance in eCAP.
- Report completed Pathways on a quarterly basis and work on identified barriers to access with community stakeholders (goal of 300 completed Pathways a year).

4. Obesity/Physical Inactivity

Increase physical activity in order to prevent obesity and reduce the prevalence of chronic health conditions

- Enroll at least 10 youth (and their families) in the Lifetime Individual Fitness and Eating (L.I.F.E.) program per year, with at least 6 youth completing per year.

Rural and Urban Access to Health

As part of its commitment to 100% access, St.Vincent Jennings is one of eight St.Vincent Health ministries that participate in Rural and Urban Access to Health (RUAH), a community-based care coordination program.

Effective care coordination provides a strategy for addressing certain social determinants of health by assuring barriers to care are addressed and individuals are connected to critical prevention and treatment services. Central to the program is a Health Access Worker whose role is to connect the hospital to the community by helping individuals address barriers to health care, and referring them to other local resources as needed. The Health Access Worker assists individuals with finding a medical home; applying for public programs such as Medicaid, food stamps and the Healthy Indiana Plan; and in

Part VI Supplemental Information (Continuation)

assessing needs so that referrals can be made for other forms of community-based assistance. The Health Access Worker also advocates for clients with service providers and serves as a system navigator. RUAH outcomes are measured using the Pathways Model with 5 defined pathways/protocols (enrollment, medical home, pregnancy, medical referral and social services) as a means of tracking interventions and improving accountability towards positive, measurable changes in patients' lives. During fiscal year 2014, the Health Access Worker opened 353 pathways and completed 258 pathways.

Medication Assistance

In addition to care coordination, RUAH assists patients who meet income guidelines in obtaining free or reduced-cost prescription drugs.

St.Vincent Jennings Hospital provides a sophisticated and continually-updated database to track eligibility and requirements that vary by company and medication. In fiscal year 2014, the medication assistant helped patients obtain medications for which the average wholesale price totaled \$1,184,352.

Rural Health Clinics

St.Vincent Medical Group, in conjunction with St.Vincent Jennings Hospital, operates two rural health clinics in Jennings County providing full-service, primary care for the entire family on a sliding fee scale, based on need. Physicians and nurse practitioners staff the clinics, which are located near St.Vincent Jennings Hospital. A significant percentage of visits to the clinics are uninsured/underinsured patients or patients covered under public programs. These clinics provide a seamless, comprehensive approach to

Part VI Supplemental Information (Continuation)

primary and preventive care, and help to improve 100% access for residents of Jennings County.

23rd Annual Health & Fitness Expo

St.Vincent Jennings Hospital hosted its 23rd Annual Health & Fitness Expo, with approximately 400 Jennings County residents attending the event. Outside health-related vendors and/or social service agencies participated, providing a variety of services including blood screenings, blood pressure checks, massages, and hearing and vision checks.

FLASH - Free Lunches All Summer, Hooray!

According to a study conducted by Feeding America, 27.6% of children (over 2,000) in Jennings County are food insecure. St.Vincent Jennings Hospital collaborated with Gleaners Food Bank of Indiana, Inc. and several local organizations to provide free lunches to students up to age 18 in a variety of ways throughout the summer at five different lunch sites. This initiative began as a St.Vincent Jennings Hospital Free Summer Lunch Program offered three days each week during the summer of 2011 and has grown even larger with more collaborative partners and individuals. In fiscal year 2014, during the nine-week program, the FLASH program provided free meals to 5,588 children and adults.

Tobacco Prevention and Cessation

The Jennings County Tobacco Prevention and Cessation Coalition formed to address the leading cause of preventable death in Indiana, tobacco use. Representing the coalition, and serving as its

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fiscal agent, St.Vincent Jennings Hospital applied for, and was awarded, Indiana Tobacco Prevention & Cessation funds. These funds support a part-time Tobacco Prevention and Cessation Coordinator for Jennings County. The coordinator has focused on promoting the Indiana Tobacco Quitline to providers, employers and organizations; provided education at schools, health fairs, and workplaces; worked with local physicians to assist their patients with evidence-based tobacco cessation strategies; worked with the local Head Start in an effort to provide education and resources regarding the harmful effects of tobacco use to the families who receive their services; and worked on policy change for workplaces, schools and the community. Additionally, provides smoking cessation classes, free-of-charge, to anyone needing help overcoming this addiction. During fiscal year 2014, 24 individuals participated in these classes.

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 life play a major role in the health status of individuals and

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communities. Community building activities, which focus on improving the quality of life within a community, ultimately influence and improve health status.

Back Pack to School Program

St.Vincent Jennings Hospital and its associates continue to give back to their community. Through the hospital-sponsored Back Pack to School Program, St.Vincent Jennings Hospital associates collect money, clothing, and school supplies for youth who may go without each year. During fiscal year 2014, staff donations resulted in the distribution of approximately 322 backpacks that were filled with supplies reaching children in each grade level, kindergarten through 6th grade in time to start the new school year.