

**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 Randolph Hospital, Inc.

Employer identification number

35-2103153

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 type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" 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"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,819,654.		1,819,654.	7.26%
b Medicaid (from Worksheet 3, column a)			5,670,380.	7,338,230.	-1,667,850.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			7,490,034.	7,338,230.	151,804.	7.26%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		2,008	175,138.	97,748.	77,390.	.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)		86,090	6,660.		6,660.	.03%
j Total. Other Benefits		88,098	181,798.	97,748.	84,050.	.34%
k Total. Add lines 7d and 7j		88,098	7,671,832.	7,435,978.	235,854.	7.60%

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 Randolph Hospital, Inc.
473 Greenville Avenue
Winchester, IN 47394
http://www.stvincent.org/St-Vincent-Ra
14-005050-1

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 Randolph 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	1 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	3 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	4 X	
5 Did the hospital facility make its CHNA report widely available to the public?	5 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	7	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)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
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 Randolph 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		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine 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 Randolph 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 Randolph 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. Invitations to participate in focus groups were sent to organizations representing minorities, the underserved and vulnerable, physicians, business leaders and social workers. The Indiana Prevention Resource Center at Indiana University Center was engaged to collate and analyze public health and hospital-specific data. Additional organizations included Winchester Area Community & Churches Food Pantry, Randolph County YMCA, Randolph County Health Department, and many more.

St.Vincent Randolph Hospital, Inc.:

Part V, Section B, Line 4: The Northeast Region conducted the CHNA through a regional approach. The hospital facilities located in the Northeast Region include St.Vincent Mercy Hospital, Inc., St.Vincent Randolph Hospital, Inc. and St.Vincent Anderson Regional Hospital, Inc.

St.Vincent Randolph Hospital, Inc.:

Part V, Section B, Line 7:

Access to Primary Care - The identified health need is not being addressed directly due to limitations within the hospital's financial and human resources. However, the hospital does employ a Health Access Worker and provides a free physician referral service to the community.

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.

Economic Opportunities - This identified health need is not being addressed directly because it is outside the scope of the hospital's core mission.

Physical Activity - This issue will be addressed in the obesity priority.

Quality Nutrition - This issue will be addressed in the obesity priority.

Multi-Generational Poverty/Loss of Hope - This identified health need is not being addressed directly because it is outside the scope of the hospital's core mission. However, the hospital does play a key role in RC EPIC (Randolph County Ending Poverty in Our Community). The hospital also provides space on hospital grounds for the Winchester Area Churches Community Food Pantry.

Teen Pregnancy - This identified health need is not being addressed directly because it is outside the scope of the hospital's core mission. However, the hospital does partner to offer the program, Creating Positive Relationships, in all five public schools.

Diabetes - This identified health need is not being addressed directly due to limitations within the hospital's financial and human resources. However, the hospital does provide general diabetes education during health fairs and screenings.

Sexually Transmitted Infections - This identified health need is not being

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.

addressed directly due to limitations within the hospital's financial and human resources. However, the hospital does coordinate a Sexual Assault Response Team (SART), which includes partners from law enforcement and social service agencies.

Access to Medications - This identified health need is not being addressed directly due to limitations within the hospital's financial and human resources. However, the hospital does employ a Medication Access Coordinator to facilitate improved access to affordable medications for the underserved.

Dental Services - This identified health need is not being addressed directly because it is outside the scope of the hospital's core mission. However, the hospital does provide service referrals to dental providers who accept patients who are indigent and patients with Medicaid.

Prenatal Care Coordinator - This identified health need is not being addressed directly due to limitations within the hospital's financial and human resources. However, the hospital does offer free childbirth classes to the community and promotes the 338.4.HER hotline, designed for women's health concerns and questions.

Community Leadership Succession Planning/Pipeline - This identified health need is not being addressed directly because it is outside the scope of the hospital's core mission. However, the hospital does partner with Winchester Chamber of Commerce, which provides professional development opportunities.

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 Randolph Hospital, Inc.:

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 provided medically necessary care to all patients, regardless of race, color, creed, ethnic origin, gender, disability or economic status. St.Vincent Randolph Hospital, Inc. 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 Randolph Hospital, Inc. 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 Randolph Hospital, Inc. 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: Huntsville Community Center, Randolph County Economic Development, Randolph County Poverty Coalition, Randolph County Schools, and Winchester Area Churches.

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

Part VI Supplemental Information (Continuation)

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 \$2,750,706 at charges, (\$753,549 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 for determining community benefit. CHA community benefit reporting

Part VI Supplemental Information (Continuation)

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 Randolph Hospital, Inc. helps to lead a community roundtable called Randolph County Eliminate Poverty in the Community (RC EPIC) whose primary purpose is to periodically assess assets and 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 Randolph Hospital, Inc. communicates with patients

Part VI Supplemental Information (Continuation)

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 Randolph Hospital, Inc. is located in Winchester, Indiana and serves rural Randolph and contiguous counties, in northeast Central Indiana. Randolph County is a mostly rural county which has an estimated population of 25,627, has experienced a slight decline in population from 2010, and whose population over age 45 exceeds state average. Per Capita Personal Income and Median Household Income are below state averages, and the annual unemployment rate exceeds state average. Manufacturing provides the largest percentage of employment in the County, followed by Government. Both the overall poverty rate and the poverty rate among children under age 18 exceed 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 Randolph Hospital, Inc.:

- delivers patient services, including emergency department services, to all individuals requiring healthcare, without regard to patient race,

Part VI Supplemental Information (Continuation)

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 Randolph Hospital, Inc. is dedicated to improving the health status and quality of life for the communities it serves. While designated associates at St.Vincent Randolph Hospital, Inc. devote all or a significant portion of their time to leading and administering local community-based programs and partnerships, associates throughout the organization are active participants in community outreach. They are assisted and supported by designated St.Vincent Health community development and service 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 Randolph Hospital, Inc. participates.

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

Community Benefit Report

St.Vincent Randolph Hospital, Inc. provides the following hospital services: Diabetes Care, Emergency Medicine, Heart (Cardiovascular),

Part VI Supplemental Information (Continuation)

Immediate Care, Laboratory, Maternity (Obstetrics), Mental Health (Psychiatry), Occupational Health, Pastoral Care, Radiology, Rehabilitation Therapy, Sleep Disorders, Surgery, and Women's Services. 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 build better communities by improving quality of life.

Community Benefit Overview

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

As part of St.Vincent Health, St.Vincent Randolph Hospital, Inc.'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 Randolph Hospital, Inc.'s associates and others. Working with its partners, and utilizing the CHNA completed every three years, St.Vincent Randolph Hospital, Inc. is committed to addressing community

Part VI Supplemental Information (Continuation)

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

Public Program Participation

St.Vincent Randolph Hospital, Inc. participates in government programs

Part VI Supplemental Information (Continuation)

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 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, tobacco cessation/substance abuse, mental health, and access to primary care have all been identified as key community needs.

Implementation Strategy

Using the results of the CHNA completed in fiscal year 2013, the hospital developed a 2014-2016 Implementation Strategy to address

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priority health needs. These strategies include:

1. Obesity

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

- Work with area food pantries/food banks to ensure they have healthy food to distribute to their clients.
- Promote Community Gardens.
- Work with community provided meal sites to ensure that meals contain healthy food choices.
- Partner with area employers to educate their employees about healthy food choices.
- Promote healthy eating and exercise to the general population.
- Partner with area agencies to expand programs focused on youth.
- Explore partnerships with school systems to identify children at high risk for obesity and provide services.

2. Tobacco Cessation/Substance Abuse

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

- Promote the availability of smoking cessation programs.
- Target smoking cessation programs to community employers.

3. Mental Health

Expand mental health services to increase accessibility for the community

- Partner with The Anderson Center to expand The Day School.
- Expand access to mental health services across both counties.

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- Work with area nursing homes to develop and implement support groups for families of dementia patients.

4. Access to Primary Care

Increase accessibility to primary care as a source of prevention and early intervention

- Continue primary care provider recruitment efforts in Randolph and Madison Counties.

- Develop methods for connecting people to patient centered medical homes.

Rural and Urban Access to Health

As part of its commitment to 100% access, St.Vincent Randolph Hospital, Inc. 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 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

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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 460 pathways and completed 413 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 Randolph Hospital, Inc. 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 a total of 1,669 medications for which the average wholesale price totaled \$1,199,626.

Farm Health Initiative

Farming is one of the most hazardous of all occupations. Because many farmers are self-employed, and often carry only catastrophic medical coverage, going without preventive healthcare is not uncommon. The St.Vincent Farm Health Initiative reaches out by offering screenings and education to farm families at locations convenient for them.

Emphasizing the continuum of care, the participants receive the results of their screenings on-site and are encouraged to discuss with their personal healthcare provider. When screening results are outside the healthy range, St.Vincent Randolph Hospital, Inc. contacts the participant and their healthcare provider. During fiscal year 2014, approximately 750 farmers were screened for blood pressure, random blood sugars, bone density, lung capacity, skin cancer and depression.

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Health Fairs and Screenings

St.Vincent Randolph Hospital, Inc. participates in several health fairs and screening events each year, including those held at the Purdue Davis Field Day and Ag Day. Participants can be tested for blood pressure, cholesterol tests, and more at low or no cost. Materials on health information and preventive services are a vital part of health fairs and screenings.

Kids Safety Day

St.Vincent Randolph Hospital, Inc. hosted and coordinated Kids Safety Day to educate children and parents on how to be safe while enjoying everyday activities. Partners included Winchester Fire Department, White River Fire Department, Winchester Police Department (K-9 Unit), Randolph County Sheriff's Department, YMCA, Randolph County Health Department, Randolph County Homeland Security and Emergency Management, K-IDs BMV, Union City Fire Department, and Union City Police Department. As a part of the annual event, St.Vincent Randolph Hospital, Inc.'s staff provided health education regarding various topics, including hand hygiene, healthy snacks, asthma education and sun safety. Also available were fire engines, ambulances, and police cars, for which youth were encouraged to explore, and 89 bike helmets and 5 bicycles were distributed. During the fiscal year 2014 event, 150 pre-school and elementary age children attended, along with their parents.

Rural Health Clinics

St.Vincent Medical Group, Inc., in conjunction with

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St.Vincent Randolph Hospital, Inc., operates two rural health clinics in Randolph 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 Randolph 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 primary and preventive care, and help to improve 100% access for residents of Randolph County.

Sexual Assault Victims of Crime Team

The Sexual Assault Victims of Crime (SAVOC) team is comprised of many individuals including law enforcement personnel, social workers, and nurse examiners. This program provides quality, compassionate services to victims and family members. A focus on assessment, evidence collection, treatment of physical and emotional needs, collaboration with law enforcement and victim assistance is undertaken with each victim.

Winchester Area Churches Community Food Pantry

St.Vincent Randolph Hospital, Inc. associates help unload the Second Harvest delivery truck, stock shelves, and clean the Winchester Area Churches Community Food Pantry (WCCFP) on a monthly basis. This food pantry serves an average of 350 families each month. During fiscal year 2014, construction continued on the new facility for which the food pantry will be housed and is located on St.Vincent Randolph Hospital, Inc.'s grounds.

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

Back Pack 'Em Project

St.Vincent Randolph Hospital, Inc.'s associates are always involved in projects that support community initiatives and find ways to raise funds, including silent auctions. During fiscal year 2014, associates were involved in community initiatives including Back Pack 'Em Project. This program provides a back pack and school supplies to the schools to be distributed to students in need. It is a boost to a child's self-esteem to start school with the proper supplies.

Hope for the Holidays

Each year, St.Vincent Randolph Hospital, Inc.'s associates reach into

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their own pockets to purchase Christmas gift items for families in need. During their work time, department associates contact families, create a wish list, collect donations, shop for items, wrap gifts and deliver food and packages to these families.

Ending Poverty In Our Community (EPIC)

St.Vincent Randolph Hospital, Inc. is a founding partner of Randolph County EPIC, a coalition formed to address the barriers faced by individuals in the community living in poverty, both generational and situational. EPIC adopted the Bridges Out Of Poverty model for formulating practical strategies to help impoverished individuals and families improve their lives. From this model, Randolph County facilitates the Getting Ahead in a Just Getting-By World, a 16-week curriculum designed for persons living in poverty to enable them to build resources to transition out of poverty. During fiscal year 2014, sixteen community members completed the 16-week course.

Community Building Cash and In-kind Contributions

The hospital makes cash and in-kind donations to a variety of community organizations focused on building the community. These take the form of cash donations to outside organizations, the donation of employee time and services to outside organizations and the representation of the hospital on community boards and committees working to improve infrastructure for the community.