

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization ST. VINCENT JENNINGS HOSPITAL, INC.	Employer identification number 35 1841606
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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	✓	
b If "Yes," was it a written policy?	✓	
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 care</i> ? 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 _____%	✓	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? 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 _____%	✓	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
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"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	✓	
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?		✓
6a Did the organization prepare a community benefit report during the tax year?	✓	
b If "Yes," did the organization make it available to the public?	✓	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			1,034,191		1,034,191	7.01
b Medicaid (from Worksheet 3, column a)			3,156,970	795,845	2,361,125	16.00
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total Financial Assistance and Means-Tested Government Programs	0	0	4,191,161	795,845	3,395,316	23.01
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		1,026	36,155		36,155	0.25
f Health professions education (from Worksheet 5)					0	0.00
g Subsidized health services (from Worksheet 6)					0	0.00
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)		13,979	58,410		58,410	0.40
j Total Other Benefits	0	15,005	94,565	0	94,565	0.64
k Total Add lines 7d and 7j	0	15,005	4,285,726	795,845	3,489,881	23.65

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support		1,076	738		738	0.01
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	1,076	738	0	738	0.01

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1**
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** 805,278
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. **3** 241,583
- 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.

	Yes	No
1		✓
2		
3		
4		
5		
6		
7		
8		
9a	✓	
9b	✓	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 5,512,740
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 5,458,159
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** 54,581
- 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:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 ST. VINCENT JENNINGS HOSPITAL, INC.
 301 HENRY STREET, NORTH VERNON, IN 47265
[HTTP://WWW.STVINCENT.ORG/ST-VINCENT-JE](http://www.stvincent.org/st-vincent-je) STATE
 LICENSE NO. : 14-005108-1

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1	✓	✓			✓		✓			
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ST. VINCENT JENNINGS HOSPITAL, INC.

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

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		✓
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		✓
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	✓	
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 significant 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)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
5 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	✓	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		✓
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		✓
7 Did the hospital facility make its CHNA report widely available to the public?	✓	
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"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>12</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a If "Yes," (list url): <u>WWW.STVINCENT.ORG/CHNA/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a 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)?		✓
12b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group ST. VINCENT JENNINGS HOSPITAL, INC.

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

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	✓	
18	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(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group ST. VINCENT JENNINGS HOSPITAL, INC.

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	✓	
If "No," indicate why:				
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

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

22	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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
23	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?	23		✓
If "Yes," explain in Section C.				
24	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?	24		✓
If "Yes," explain in Section C.				

Supplemental Information. Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1,' 'A, 4,' 'B, 2,' 'B, 3,' etc.) and name of hospital facility.

Return Reference	Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5</p>	<p>INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: ST.VINCENT JENNINGS HOSPITAL, INC.</p> <p>DESCRIPTION: 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.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ST.VINCENT JENNINGS HOSPITAL, INC.</p> <p>DESCRIPTION: USING THE CHNA COMPLETED IN FISCAL YEAR 2013, THE HOSPITAL DEVELOPED, ADOPTED AND WORKED ON EXECUTING A 2014-2016 COMMUNITY-WIDE IMPLEMENTATION STRATEGY TO ADDRESS PRIORITY COMMUNITY HEALTH NEEDS. AS PART OF THE IMPLEMENTATION, A COMMUNITY BENEFIT SECTION WAS INCLUDED IN OPERATIONAL PLANS AND A BUDGET FOR PROVISION OF THE SERVICES THAT ADDRESSED THE NEEDS IDENTIFIED WAS ADOPTED. THE ORGANIZATION IS WORKING TO ADDRESS THE FOLLOWING NEEDS:</p> <p>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.</p> <p>2. HUNGER REDUCE HUNGER WITHIN THE COUNTY - SERVE 12,000 MEALS EACH SUMMER DURING THE F.L.A.S.H. SUMMER FEEDING PROGRAM.</p> <p>3. ACCESS TO HEALTHCARE HEALTH ACCESS WORKER (HAW) WILL COORDINATE ACCESS FOR COMMUNITY MEMBERS - 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).</p> <p>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.</p> <p>THE NEEDS BELOW ARE NOT BEING ADDRESSED DIRECTLY BY THE ORGANIZATION IN ITS CURRENT YEAR AS PART OF ITS IMPLEMENTATION STRATEGY, FOR THE FOLLOWING REASONS:</p> <p>SUBSTANCE ABUSE - THERE ARE ORGANIZATION WITHIN THE COMMUNITY FOCUSED ON PREVENTION, INTERVENTION AND TREATMENT OF SUBSTANCE USE AND ABUSE.</p> <p>YOUTH CENTER - ADDRESSING THIS ISSUE IS NOT A DIRECT PRIORITY OF OUR HOSPITAL; HOWEVER, WE DO SUPPORT EFFORTS OF ORGANIZATION FOCUSED ON YOUTH INITIATIVES. CURRENTLY, THE JENNINGS COUNTY YOUTH FOUNDATION IS WORKING ON THE DEVELOPMENT OF A YOUTH CENTER.</p> <p>ECONOMIC DEVELOPMENT - ADDRESSING THIS ISSUE IS NOT A DIRECT PRIORITY OF OUR HOSPITAL; HOWEVER, WE DO SUPPORT EFFORTS OF ORGANIZATIONS FOCUSED ON ECONOMIC DEVELOPMENT.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 22D</p>	<p>HOW AMOUNTS CHARGED TO FAP-ELIGIBLE PATIENTS WERE DETERMINED</p>	<p>FACILITY NAME: ST.VINCENT JENNINGS HOSPITAL, INC.</p> <p>DESCRIPTION: THE DISCOUNT WAS DETERMINED BY REVIEWING THE LOWEST DISCOUNT PROVIDED TO MANAGED CARE PAYERS THAT COMPRISE AT LEAST 3% OF OUR</p>

Return Reference	Identifier	Explanation
		VOLUME WITH AN ADDED PROMPT PAY DISCOUNT TO THE HIGHEST PAID DISCOUNT PROVIDED TO OUR MANAGED CARE PAYERS.

Part V Facility Information *(continued)*

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

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

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

Provide the following information.

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

Return Reference	Identifier	Explanation
SCHEDULE H, PART I, LINE 7	CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST	<p>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 JENNINGS HOSPITAL IS COMMITTED TO 100% ACCESS, AND IS PROACTIVE IN PROVIDING HEALTHCARE THAT LEAVES NO ONE BEHIND.</p> <p>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'S CONSERVATIVE APPROACH, MEDICARE SHORTFALL IS NOT INCLUDED AS COMMUNITY BENEFIT.</p> <p>RURAL AND URBAN ACCESS TO HEALTH AS PART OF ITS COMMITMENT TO 100% ACCESS, ST. VINCENT JENNINGS IS ONE OF NINE ST. VINCENT 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 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 2015, THE HEALTH ACCESS WORKER COMPLETED 262 PATHWAYS.</p> <p>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 2015, THE MEDICATION ASSISTANT HELPED PATIENTS OBTAIN A TOTAL OF 1,052 MEDICATIONS FOR WHICH THE AVERAGE WHOLESALE PRICE TOTALED \$1,043,981.</p> <p>24RD ANNUAL HEALTH & FITNESS EXPO ST. VINCENT JENNINGS HOSPITAL HOSTED ITS 24RD ANNUAL HEALTH & FITNESS EXPO, WITH HUNDREDS OF 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, MESSAGES, AND HEARING AND VISION CHECKS.</p>

Return Reference	Identifier	Explanation
		<p>JENNINGS COUNTY PARTNERSHIP FOR HEALTH ST. VINCENT JENNINGS HOSPITAL LEADS A COALITION FOCUSED ON SHARING RESOURCES AND WORKING TOGETHER TO IMPROVE THE HEALTH OF THE COMMUNITY. THE PARTNERSHIP MEETS MONTHLY AND INCLUDES REPRESENTATIVES FROM SOCIAL SERVICE AGENCIES, FAITH-BASED ORGANIZATIONS, TOBACCO PREVENTION AND CESSATION COALITION, SUBSTANCE ABUSE AND MENTAL HEALTH AGENCIES, YOUTH-FOCUSED ORGANIZATIONS AND GOVERNMENT AGENCIES.</p> <p>FLASH – FREE LUNCHEES ALL SUMMER, HOORAY! ACCORDING TO A STUDY CONDUCTED BY FEEDING AMERICA, 24.7% OF CHILDREN 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 LUNCHEES 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 2015, DURING THE NINE-WEEK PROGRAM, THE FLASH PROGRAM SERVED 20,620 FREE MEALS TO CHILDREN AND ADULTS.</p> <p>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 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 HEALTHCARE 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; WORKED WITH MANAGERS, OWNERS AND RESIDENTS OF LOCAL MULTI-UNIT HOUSING PROPERTIES TO INTRODUCE THE IDEA OF IMPLEMENTING SMOKE FREE POLICIES, 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 2015, 23 INDIVIDUALS PARTICIPATED IN THESE CLASSES.</p> <p>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.</p>
SCHEDULE H, PART I, LINE 7	COMMUNITY BENEFIT OVERVIEW	<p>ST. VINCENT JENNINGS HOSPITAL IS PART OF ST. VINCENT, A NON-PROFIT HEALTHCARE SYSTEM CONSISTING OF 20 LOCALLY-SPONSORED MINISTRIES SERVING OVER 57 COUNTIES THROUGHOUT CENTRAL INDIANA. SPONSORED BY ASCENSION HEALTH, THE NATION'S LARGEST CATHOLIC HEALTHCARE SYSTEM, ST. VINCENT IS ONE OF THE LARGEST HEALTHCARE EMPLOYERS IN THE STATE.</p> <p>AS PART OF ST. VINCENT, 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.</p> <p>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 COMMUNITY DEVELOPMENT & HEALTH IMPROVEMENT DEPARTMENT, BUT ASSOCIATES AT ALL LEVELS OF THE ORGANIZATION CONTRIBUTE TO COMMUNITY BENEFIT AND HEALTH IMPROVEMENT.</p>
SCHEDULE H, PART I, LINE 7	EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COST OF PROVIDING CHARITY CARE, MEANS TESTED GOVERNMENT PROGRAMS, AND COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES. THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF PAY). THE BEST AVAILABLE DATA

Return Reference	Identifier	Explanation
		WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE. FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED.
SCHEDULE H, PART II	DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	RESEARCH SHOWS THAT SOCIAL DETERMINANTS AND QUALITY OF LIFE PLAY A MAJOR ROLE IN THE HEALTH STATUS OF INDIVIDUALS AND COMMUNITIES. COMMUNITY BUILDING ACTIVITIES, WHICH FOCUS ON 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 2015, STAFF DONATIONS RESULTED IN THE DISTRIBUTION OF 364 BACKPACKS THAT WERE FILLED WITH SUPPLIES REACHING CHILDREN IN EACH GRADE LEVEL, KINDERGARTEN THROUGH 6TH GRADE, IN TIME TO START THE NEW SCHOOL YEAR. 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.
SCHEDULE H, PART III, LINE 2	METHODOLOGY USED TO ESTIMATE BAD DEBT	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2015 WAS \$3,147,002 AT CHARGES, (\$805,278 AT COST).
SCHEDULE H, PART III, LINE 3	FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	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.
SCHEDULE H, PART III, LINE 4	FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	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 18.
SCHEDULE H, PART III, LINE 8	DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE 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.
SCHEDULE H, PART III, LINE 9B	DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	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.
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	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 LEAD A COMMUNITY ROUND TABLE 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 AND TO IDENTIFY EVIDENCE-BASED AND PROMISING PRACTICES TO ADDRESS THESE NEEDS.
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION	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

Return Reference	Identifier	Explanation
		APPLYING FOR ANY PUBLIC PROGRAMS FOR WHICH THEY MAY QUALIFY.
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	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 28,000. IT HAS A MEDIAN POPULATION AGE OF 38.8 YEARS OLD. THE MAJORITY OF THE POPULATION IS CAUCASIAN AND ETHNICITY IS 2.2%. THE MEDIAN ANNUAL HOUSEHOLD INCOME IS \$45,545. POVERTY RATE FOR THE COUNTY IS 15.4%.
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	ST. VINCENT JENNINGS HOSPITAL 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 JENNINGS HOSPITAL MEETS REGULARLY WITH LOCAL ORGANIZATIONS IN THE COMMUNITY TO LEARN WHAT RESOURCES ARE AVAILABLE AND PLAN COMMUNITY HEALTH IMPROVEMENT EFFORTS. IN FISCAL YEAR 2015, THESE ORGANIZATIONS INCLUDED: JENNINGS COUNTY CHAMBER OF COMMERCE, JENNINGS COUNTY YOUTH FOUNDATION, JENNINGS COUNTY SCHOOL CORPORATION, AND NORTH VERNON ROTARY.
SCHEDULE H, PART VI, LINE 6	DESCRIPTION OF AFFILIATED GROUP	AS PART OF ST. VINCENT, 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 COMMUNITY OUTREACH. THEY ARE ASSISTED AND SUPPORTED BY DESIGNATED ST. VINCENT COMMUNITY DEVELOPMENT & HEALTH IMPROVEMENT 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 IN WHICH ST. VINCENT JENNINGS HOSPITAL PARTICIPATES.
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT	THE STATE OF INDIANA NO LONGER REQUIRES A SEPARATE COMMUNITY BENEFIT REPORT, BUT WILL REFERENCE THE FORM 990. ST. VINCENT JENNINGS HOSPITAL AND ITS RELATED ST. VINCENT AFFILIATES PUBLISH A COMMUNITY BENEFIT REPORT WHICH IS AVAILABLE TO THE PUBLIC. A COPY OF THE FULL REPORT (INCLUDING THE ST. VINCENT JENNINGS HOSPITAL SECTION) IS AVAILABLE AT HTTP://WWW.STVINCENT.ORG/JENNINGS/ .