

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **FRANCISCAN ALLIANCE, INC.** Employer identification number: **35-1330472**

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	X	
1b If "Yes," was it a written policy?	X	
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) to determine 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 _____ %	X	
b Did the organization use FPG to determine 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 checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization did not use FPG to determine 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, to determine 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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		X
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
5c 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?	X	
6b If "Yes," did the organization make it available to the public?	X	

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)			69,346,148.		69,346,148.	3.13
b Medicaid (from Worksheet 3, column a)			251,928,493.	139,623,110.	112,305,383.	5.07
c Costs of other means-tested government programs (from Worksheet 3, column b)			4,486,353.	966,383.	3,519,970.	.16
d Total Financial Assistance and Means-Tested Government Programs			325,760,994.	140,589,493.	185,171,501.	8.36
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,267,449.	430,584.	4,836,865.	.22
f Health professions education (from Worksheet 5)			21,811,401.	6,416,604.	15,394,797.	.70
g Subsidized health services (from Worksheet 6)			113,042,402.	69,454,788.	43,587,614.	1.97
h Research (from Worksheet 7)			785,648.	188,658.	596,990.	.03
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,005,985.	23,430.	1,982,555.	.09
j Total. Other Benefits			142,912,885.	76,514,064.	66,398,821.	3.01
k Total. Add lines 7d and 7j.			468,673,879.	217,103,557.	251,570,322.	11.37

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule H (Form 990) 2011

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			463.		463.	
2 Economic development						
3 Community support			15,247.		15,247.	
4 Environmental improvements						
5 Leadership development and training for community members			546.		546.	
6 Coalition building			74,040.		74,040.	
7 Community health improvement advocacy			71,827.		71,827.	
8 Workforce development			3,713,624.	2,887,630.	825,634.	.04
9 Other			1,841.		1,841.	
10 Total			3,877,588.	2,887,630.	989,598.	.04

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?
- 2 Enter the amount of the organization's bad debt expense
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

	Yes	No
1	X	
2		
3		
5		
6		
7		
9a	X	
9b	X	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME)
- 6 Enter Medicare allowable costs of care relating to payments on line 5
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall)
- 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?
- 9b 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

Part IV Management Companies and Joint Ventures (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 SEE PART VI				
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)

How many hospital facilities did the organization operate during the tax year? 13

Name and address

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1 FRANCISCAN ST FRANCIS HEALTH - INDIANAPOLIS, 8111 SOUTH EMERSON AVENUE INDIANAPOLIS IN 46217	X	X		X			X	X	
2 FRANCISCAN ST ELIZABETH HEALTH - LAFAYETTE EAST, 1701 S CREASY LANE LAFAYETTE IN 47905	X	X					X		
3 FRANCISCAN ST ANTHONY HEALTH - CROWN POINT, 1201 SOUTH MAIN STREET CROWN POINT IN 46307	X	X					X		
4 FRANCISCAN ST FRANCIS HEALTH - BEECH GROVE, 1600 ALBANY STREET BEECH GROVE IN 46107	X	X		X		X	X	X	
5 FRANCISCAN ST MARGARET HEALTH - HAMMOND, 5454 HOHMAN AVENUE HAMMOND IN 46320	X	X		X			X		
6 FRANCISCAN ST JAMES HEALTH - CHICAGO HEIGHTS, 1423 CHICAGO ROAD CHICAGO HEIGHTS IL 60411	X	X		X			X		
7 FRANCISCAN ST ANTHONY HEALTH - MICHIGAN CITY, 301 W HOMER STREET MICHIGAN CITY IN 46360	X	X				X	X		
8 FRANCISCAN ST MARGARET HEALTH - DYER, 24 JOLIET STREET DYER IN 46311	X	X		X			X		
9 FRANCISCAN ST JAMES HEALTH - OLYMPIA FIELDS, 20201 SOUTH CRAWFORD AVE OLYMPIA FIELDS IL 60461	X	X		X		X	X		
10 FRANCISCAN ST FRANCIS HEALTH - MOORESVILLE, 1201 HADLEY ROAD MOORESVILLE IN 46158	X	X		X			X	X	
11 FRANCISCAN ST ELIZABETH HEALTH - CRAWFORDSVILLE, 1710 LAFAYETTE ROAD CRAWFORDSVILLE IL 47933	X	X					X		
12 FRANCISCAN PHYSICIANS HOSPITAL, LLC 701 SUPERIOR STREET MUNSTER IN 46321	X	X							
13 FRANCISCAN ST ELIZABETH HEALTH - LAFAYETTE CENTRAL, 1501 HARTFORD STREET LAFAYETTE IN 47904	X	X					X		
14									
15									
16									

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: FRANCISCAN ST FRANCIS HEALTH -

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: FRANCISCAN ST ELIZABETH HEALTH -

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: FRANCISCAN ST ANTHONY HEALTH -

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: FRANCISCAN ST FRANCIS HEALTH -

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: FRANCISCAN ST MARGARET HEALTH -

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: FRANCISCAN ST JAMES HEALTH -

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 6

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: FRANCISCAN ST ANTHONY HEALTH -

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 7

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: FRANCISCAN ST MARGARET HEALTH -

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 8

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: FRANCISCAN ST JAMES HEALTH -

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 9

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: FRANCISCAN ST FRANCIS HEALTH -

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 10

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: FRANCISCAN ST ELIZABETH HEALTH -

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 11

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: FRANCISCAN PHYSICIANS HOSPITAL, LLC

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 12

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: FRANCISCAN ST ELIZABETH HEALTH -

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 13

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 __ __		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued) FRANCISCAN ST FRANCIS HEALTH -

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 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):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input 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 checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) FRANCISCAN ST ELIZABETH HEALTH -

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 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):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input 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 checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) FRANCISCAN ST ANTHONY HEALTH -

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 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):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input 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 checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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	
15 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 patient's eligibility under the facility's FAP:		
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a <input type="checkbox"/> Reporting to credit agency		
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b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) FRANCISCAN ST FRANCIS HEALTH -

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input type="checkbox"/> Income level		
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c <input checked="" type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
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12 Explained the method for applying for financial assistance?	X	
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b <input type="checkbox"/> The policy was attached to billing invoices		
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Billing and Collections

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e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) FRANCISCAN ST MARGARET HEALTH -

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
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c <input checked="" type="checkbox"/> Medical indigency		
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Billing and Collections

14 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	
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d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) FRANCISCAN ST JAMES HEALTH -

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input type="checkbox"/> Income level		
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c <input checked="" type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
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g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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	
15 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 patient's eligibility under the facility's FAP:		
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c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) FRANCISCAN ST ANTHONY HEALTH -

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
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12 Explained the method for applying for financial assistance?	X	
13 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):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input 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		
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Billing and Collections

14 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	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
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a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
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e <input type="checkbox"/> Other similar actions (describe in Part VI)		
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a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) FRANCISCAN ST MARGARET HEALTH -

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 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):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input 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 checked="" type="checkbox"/> The policy was available on request		
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Billing and Collections

14 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	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
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e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) FRANCISCAN ST JAMES HEALTH -

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
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b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
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Billing and Collections

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Part V Facility Information (continued) FRANCISCAN ST FRANCIS HEALTH -

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 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):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input 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 checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) FRANCISCAN ST ELIZABETH HEALTH -

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 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):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input 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 checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) FRANCISCAN PHYSICIANS HOSPITAL, LLC

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 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):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input 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 checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) FRANCISCAN ST ELIZABETH HEALTH -

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 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):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input 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 checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) FRANCISCAN ST FRANCIS HEALTH -

Policy Relating to Emergency Medical Care

		Yes	No
18	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?	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 checked="" 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 type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) FRANCISCAN ST ELIZABETH HEALTH -

Policy Relating to Emergency Medical Care

		Yes	No
18	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?	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 checked="" 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 type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) FRANCISCAN ST ANTHONY HEALTH -

Policy Relating to Emergency Medical Care

		Yes	No
18	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?	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 checked="" 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 type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) FRANCISCAN ST FRANCIS HEALTH -

Policy Relating to Emergency Medical Care

		Yes	No
18	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? If "No," indicate why:	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 checked="" 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 type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI.		X
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI.		X

Part V Facility Information (continued) FRANCISCAN ST MARGARET HEALTH -
Policy Relating to Emergency Medical Care

		Yes	No
18	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?	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 checked="" 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 type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) FRANCISCAN ST JAMES HEALTH -

Policy Relating to Emergency Medical Care

		Yes	No
18	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? If "No," indicate why:	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 checked="" 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 type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI.		X
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI.		X

Part V Facility Information (continued) FRANCISCAN ST ANTHONY HEALTH -
Policy Relating to Emergency Medical Care

		Yes	No
18	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?	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 checked="" 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 type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) FRANCISCAN ST MARGARET HEALTH -
Policy Relating to Emergency Medical Care

		Yes	No
18	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? If "No," indicate why:	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 checked="" 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 type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI.		X
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI.		X

Part V Facility Information (continued) FRANCISCAN ST JAMES HEALTH -
Policy Relating to Emergency Medical Care

		Yes	No
18	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?	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 checked="" 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 type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) FRANCISCAN ST FRANCIS HEALTH -

Policy Relating to Emergency Medical Care

		Yes	No
18	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?	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 checked="" 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 type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) FRANCISCAN ST ELIZABETH HEALTH -

Policy Relating to Emergency Medical Care

		Yes	No
18	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? If "No," indicate why:	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 checked="" 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 type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI.		X
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI.		X

Part V Facility Information (continued) FRANCISCAN PHYSICIANS HOSPITAL, LLC

Policy Relating to Emergency Medical Care

		Yes	No
18	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?	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 checked="" 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 type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) FRANCISCAN ST ELIZABETH HEALTH -

Policy Relating to Emergency Medical Care

		Yes	No
18	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?	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 checked="" 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 type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued)**Section C. 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? 150

Name and address	Type of Facility (describe)
1 IIMC 701 E COUNTY LINE ROAD, SUITE 101 GREENWOOD IN 46143	PHYSICIAN PRACTICE
2 INDIANA ORTHOPEDIC SURGERY CENTER 5255 E STOP 11 ROAD, SUITE 110 INDIANAPOLIS IN 46237	AMBULATORY SURGERY CENTER
3 FRANCISCAN SURGERY CENTER 5255 E STOP 11 ROAD, SUITE 100 INDIANAPOLIS IN 46237	AMBULATORY SURGERY CENTER
4 THE ENDOSCOPY CENTER AT ST FRANCIS 8051 S EMERSON AVENUE, SUITE 150 INDIANAPOLIS IN 46237	ENDOSCOPY CENTER
5 ST FRANCIS RADIATION THERAPY CENTERS 8111 S EMERSON AVENUE INDIANAPOLIS IN 46239	RADIATION THERAPY
6 INDIANA HEART PHYSICIANS 5330 E STOP 11 ROAD INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
7 HEALTH PARTNERS 1225 E COOLSPRING AVENUE MICHIGAN CITY IN 46360	PHYSICIAN PRACTICE
8 SOUTH EMERSON SURGERY CENTER 8141 S EMERSON AVENUE, SUITE C INDIANAPOLIS IN 46237	AMBULATORY SURGERY CENTER
9 COOPERATIVE MANAGED CARE SERVICES 9045 RIVER ROAD, SUITE 250 INDIANAPOLIS IN 46240	MANAGED CARE
10 INDIANA BLOOD AND MARROW TRANSPLANTATION 1500 ALBANY STREET, SUITE 911 BEECH GROVE IN 46107	BLOOD AND MARROW TRANSPLANT

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Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 FRANCISCAN ST JAMES HEALTH-HOME HEALTH 1400 OTTO BOULEVARD CHICAGO HEIGHTS IL 60411	HOME HEALTH
2 MOORESVILLE SURGERY CENTER 1215 HADLEY ROAD, SUITE 100 MOORESVILLE IN 46260	AMBULATORY SURGERY CENTER
3 ATHENS ORTHOPEDIC AND SPORTS MEDICINE 1702 LAFAYETTE ROAD CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
4 JOINT REPLACEMENT SURGEONS 1199 HADLEY ROAD MOORESVILLE IN 46158	PHYSICIAN PRACTICE
5 ONCOLOGY AND HEMATOLOGY SPECIALISTS 8111 S EMERSON AVENUE, SUITE A INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
6 SOUTH INDY MRI AND REHAB 8141 S EMERSON AVENUE, SUITE A INDIANAPOLIS IN 46237	RADIOLOGY AND PHYSICAL SERVICES
7 MOORESVILLE ENDOSCOPY CENTER 1215 HADLEY ROAD, SUITE 101 MOORESVILLE IN 46158	ENDOSCOPY CENTER
8 FAMILY PRACTICE NETWORK 9470 BROADWAY CROWN POINT IN 46307	PHYSICIAN PRACTICE
9 SIGMA MEDICAL GROUP 2708 FERRY STREET LAFAYETTE IN 47904	PHYSICIAN PRACTICE
10 FRANCISCAN ST JAMES HEALTH - HEALTH & WELLNESS CENTER, 100 W 197TH PL CHICAGO HEIGHTS IL 60411	WELLNESS CENTER

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Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 GREENWOOD PEDIATRIC ASSOCIATES 900 AVERITT ROAD GREENWOOD IN 46143	PHYSICIAN PRACTICE
2 SIGMA MEDICAL GROUP 915 SAGAMORE PARKWAY WEST WEST LAFAYETTE IN 47906	PHYSICIAN PRACTICE
3 ST FRANCIS IMAGING CENTER 3147 W SMITH VALLEY ROAD, SUITE D GREENWOOD IN 46143	RADIOLOGY
4 SIGMA MEDICAL GROUP 1701 SOUTH CREASY LANE LAFAYETTE IN 47905	PHYSICIAN PRACTICE
5 FAMILY PRACTICE NETWORK 1505 SOUTH COURT STREET CROWN POINT IN 46307	PHYSICIAN PRACTICE
6 FAMILY PRACTICE NETWORK 12800 MISSISSIPPI PARKWAY CROWN POINT IN 46307	PHYSICIAN PRACTICE
7 FAMILY PRACTICE NETWORK 2421 LAPORTE AVENUE VALPARAISO IN 46385	PHYSICIAN PRACTICE
8 AMER. HEALTH NETWORK - MUNCIE 3631 N MORRISON ROAD MUNCIE IN 47304	PT, IMAGING, SURGERY
9 ATHENS MEDICAL SPECIALIST 1630 LAFAYETTE ROAD, SUITE 300 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
10 HEALTH PARTNERS 8865 W 400 NORTH MICHIGAN CITY IN 46360	PHYSICIAN PRACTICE

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Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 SIGMA MEDICAL GROUP 3900 SAINT FRANCIS WAY, STE 200 LAFAYETTE IN 47905	PHYSICIAN PRACTICE
2 AMER. HEALTH NETWORK - GROUP ONE 4880 CENTURY PLAZA ROAD, SUITE 100 INDIANAPOLIS IN 46254	IMAGING
3 AMER. HEALTH NETWORK - AVON 5250 E US 36, SUITE 610 AVON IN 46123	IMAGING
4 ATHENS CRAWFORDSVILLE FAMILY CARE 308 W MARKET STREET CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
5 ATHENS GREENACRES 1500 DARLINGTON AVENUE, SUITE 300 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
6 HEALTH PARTNERS 1507 WABASH STREET MICHIGAN CITY IN 46360	PHYSICIAN PRACTICE
7 FAMILY PRACTICE NETWORK 11161 RANDOLPH STREET CROWN POINT IN 46307	PHYSICIAN PRACTICE
8 SOUTHPORT FP AND SPORTS MEDICINE 7855 S EMERSON AVENUE, SUITE P INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
9 FAMILY PRACTICE NETWORK 1205 S MAIN STREET CROWN POINT IN 46307	PHYSICIAN PRACTICE
10 ST MARGARET MEDICAL ASSOCIATES 701 SUPERIOR AVE, SUITE E MUNSTER IN 46321	PHYSICIAN PRACTICE

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Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 ALVERNO DURABLE MEDICAL EQUIPMENT 16149 SOUTH CLINTON STREET HARVEY IL 60426	DURABLE MEDICAL EQUIPMENT
2 IMPACT CENTER 1201 HADLEY ROAD MOORESVILLE IN 46158	PHYSICIAN PRACTICE
3 ST MARGARET MEDICAL ASSOCIATES 840 RICHARD ROAD DYER IN 46311	PHYSICIAN PRACTICE
4 BEECH GROVE FAMILY MEDICINE 2030 CHURCHMAN AVENUE BEECH GROVE IN 46107	PHYSICIAN PRACTICE
5 INDIANA SLEEP CENTER 701 E COUNTY LINE ROAD, SUITE 207 GREENWOOD IN 46143	SLEEP CENTER
6 HEALTH PARTNERS 810 MICHAEL DRIVE CHESTERTON IN 46304	PHYSICIAN PRACTICE
7 FAMILY PRACTICE NETWORK CHERRY CREEK CENTER CROWN POINT IN 46307	PHYSICIAN PRACTICE
8 NORTHRIDGE MEDICAL GROUP 1704 LAFAYETTE ROAD, SUITE 8 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
9 DIABETES AND ENDOCRINOLOGY SPECIALISTS 5230A E STOP 11 ROAD, SUITE 150 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
10 ST MARGARET MEDICAL ASSOCIATES 14785 WEST 101ST AVENUE DYER IN 46311	PHYSICIAN PRACTICE

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Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 KENDRICK FAMILY MEDICINE 1001 HADLEY ROAD, SUITE 101 MOORESVILLE IN 46158	PHYSICIAN PRACTICE
2 CRAWFORDSVILLE GYN 407 E MARKET STREET, SUITE 101 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
3 MOORESVILLE FAMILY CARE 1001 HADLEY ROAD, SUITE 102 MOORESVILLE IN 46158	PHYSICIAN PRACTICE
4 AMER. HEALTH NETWORK - SLEEP (CARMEL) 12425 OLD MERIDIAN STREET, SUITE A-2 CARMEL IN 46032	SLEEP CENTER
5 NEUROSURGICAL SPECIALISTS 8051 S EMERSON AVENUE, SUITE 300 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
6 GRAY ROAD FAMILY MEDICINE 7825 MCFARLAND LANE, SUITE A INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
7 AMER. HEALTH NETWORK - FRANKLIN 1300 W JEFFERSON STREET, SUITE C FRANKLIN IN 46131	PT, IMAGING
8 ORTHOPEDIC SPECIALISTS 5230A E STOP 11 ROAD, SUITE 250 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
9 AMER. HEALTH NETWORK - KOKOMO 2330 S DIXON ROAD KOKOMO IN 46902	IMAGING
10 CENTER GROVE FAMILY MEDICINE 362 MERIDIAN PARKE LANE GREENWOOD IN 46142	PHYSICIAN PRACTICE

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Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 SOUTH 31 FAMILY CARE 610 E SOUTHPORT ROAD, SUITE 205 INDIANAPOLIS IN 46227	PHYSICIAN PRACTICE
2 SOUTHEAST FAMILY MEDICINE 5136 E STOP 11 ROAD, SUITE 30 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
3 FAMILY PRACTICE NETWORK 2050 NORTH MAIN STREET CROWN POINT IN 46307	PHYSICIAN PRACTICE
4 FRANCISCAN ST JAMES HEALTH - AMBULANCE & EMS, 20201 SOUTH CRAWFORD AVENUE OLYMPIA FIELDS IL 60461	AMBULANCE SERVICES
5 ST MARGARET MEDICAL ASSOCIATES 8242 CALUMET AVENUE MUNSTER IN 46321	PHYSICIAN PRACTICE
6 VASCULAR SPECIALISTS 5255 E STOP 11 ROAD, SUITE 200 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
7 ST JAMES HEALTH OUTPATIENT PHARMACY 3700 203RD STREET, SUITE 108 OLYMPIA FIELDS IL 60461	PHARMACY
8 FRANKLIN TOWNSHIP FAMILY MEDICINE 8325 E SOUTHPORT ROAD, SUITE 100 INDIANAPOLIS IN 46259	PHYSICIAN PRACTICE
9 ST MARGARET MEDICAL ASSOCIATES 1573 N CLINE AVENUE GRIFFITH IN 46319	PHYSICIAN PRACTICE
10 HEARTLAND CROSSING PEDIATRICS 10701 ALLIANCE DRIVE CAMBY IN 46113	PHYSICIAN PRACTICE

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Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 IRVINGTON FAMILY MEDICINE 5839 E WASHINGTON STREET INDIANAPOLIS IN 46219	PHYSICIAN PRACTICE
2 MAJOR HOSPITAL CARDIAC DIAGNOSTICS 150 WEST WASHINGTON STREET SHELBYVILLE IN 46176	CARDIOVASCULAR TESTING
3 ATHENS ENT 1630 LAFAYETTE ROAD, SUITE 500 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
4 EASTSIDE FAMILY MEDICINE 2056 LEBANON ROAD CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
5 SPINE SPECIALISTS 8051 S EMERSON AVENUE, SUITE 360 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
6 MADISON AVE FAMILY MEDICINE 8778 S MADISON AVENUE, SUITE 200 INDIANAPOLIS IN 46227	PHYSICIAN PRACTICE
7 ATHENS PRIMARY CARE 1601 LAFAYETTE ROAD CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
8 AMER. HEALTH NETWORK - PERU 315 W OLD KEY DRIVE, IMAGING SUITE 140 PERU IN 46970	IMAGING
9 HEARTLAND INTERNAL MEDICINE 10701 ALLIANCE DRIVE CAMBY IN 46113	PHYSICIAN PRACTICE
10 FAMILY PRACTICE NETWORK 200 3RD COURT SE DEMOTTE IN 46310	PHYSICIAN PRACTICE

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Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 COUNTY LINE PEDIATRICS 8325 S EMERSON, SUITE B1 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
2 ST MARGARET MEDICAL ASSOCIATES 5530 HOHMAN AVENUE HAMMOND IN 46320	PHYSICIAN PRACTICE
3 ST MARGARET MEDICAL ASSOCIATES 221 US HWY 41, SUITE I SCHERERVILLE IN 46375	PHYSICIAN PRACTICE
4 HONEY GROVE FAMILY MEDICINE 1711 S STATE ROAD 135, SUITE C GREENWOOD IN 46143	PHYSICIAN PRACTICE
5 FAMILY PRACTICE NETWORK 297 WEST FRANCISCAN LANE, SUITE 104 CROWN POINT IN 46307	PHYSICIAN PRACTICE
6 SIGMA MEDICAL GROUP 1012 N 14TH STREET LAFAYETTE IN 47904	PHYSICIAN PRACTICE
7 ATHENS OBGYN 1630 LAFAYETTE ROAD, SUITE 200 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
8 ST MARGARET MEDICAL ASSOCIATES 2068 LUCAS PARKWAY LOWELL IN 46356	PHYSICIAN PRACTICE
9 SIGMA MEDICAL GROUP 3875 KENSINGTON DRIVE LAFAYETTE IN 47905	PHYSICIAN PRACTICE
10 GYNECOLOGIC ONCOLOGY SPECIALISTS 5255 E STOP 11 ROAD, SUITE 310 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE

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Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 ATHENS WILLIAMS FAMILY PRACTICE 1660 LAFAYETTE ROAD, SUITE 170 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
2 PLAINFIELD FAMILY MEDICINE 315 DAN HONES ROAD, SUITE 100 PLAINFIELD IN 46168	PHYSICIAN PRACTICE
3 PSYCHIATRIC SPECIALISTS 610 E SOUTHPORT ROAD, SUITE 200 INDIANAPOLIS IN 46227	PHYSICIAN PRACTICE
4 FAMILY PRACTICE NETWORK 10860 MAPLE LANE SAINT JOHN IN 46373	PHYSICIAN PRACTICE
5 FRANCISCAN IMAGING EQUIPMENT LEASING 1600 ALBANY STREET BEECH GROVE IN 46107	LEASING RADIOLOGY EQUIPMENT
6 ST MARGARET MEDICAL ASSOCIATES 3831 HOHMAN AVENUE HAMMOND IN 46327	PHYSICIAN PRACTICE
7 FRANCISCAN ST JAMES HEALTH CENTERS FOR DIABETES, 20201 SOUTH CRAWFORD AVENUE OLYMPIA FIELDS IL 60461	DIABETES CLINIC
8 PLEASANT VIEW FAMILY MEDICINE 12524 SOUTHEASTERN AVENUE INDIANAPOLIS IN 46259	PHYSICIAN PRACTICE
9 AMER. HEALTH NETWORK - EAGLE HIGHLANDS 6820 PARKDALE PLACE #105 INDIANAPOLIS IN 46254	IMAGING
10 ST MARGARET MEDICAL ASSOCIATES 24 JOLIET STREET, SUITE 101 DYER IN 46311	PHYSICIAN PRACTICE

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Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 RHEUMATOLOGY & OSTEOPOROSIS SPECIALISTS 5255 E STOP 11 ROAD, SUITE 320 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
2 WEIGHT LOSS SPECIALISTS 5230A E STOP 11 ROAD, SUITE 190 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
3 ST MARGARET MEDICAL ASSOCIATES 10860 MAPLE LANE ST. JOHN IN 46373	PHYSICIAN PRACTICE
4 FRANCISCAN ST JAMES HEALTH - FAMILY HEALTH, TINLEY PARK, 17859 S 80TH AVE TINLEY PARK IL 60477	PHYSICIAN PRACTICE
5 ST MARGARET MEDICAL ASSOCIATES 5454 HOHMAN AVENUE HAMMOND IN 46320	PHYSICIAN PRACTICE
6 HEALTH PARTNERS 500 W BUFFALO STREET NEW BUFFALO MI 49117	PHYSICIAN PRACTICE
7 ST MARGARET MEDICAL ASSOCIATES 8437 KENNEDY AVENUE HIGHLAND IN 46322	PHYSICIAN PRACTICE
8 FAMILY PRACTICE NETWORK 5985 EAST 1015 NORTH ROSELAWN IN 46372	PHYSICIAN PRACTICE
9 ST MARGARET MEDICAL ASSOCIATES 5500 HOHMAN AVENUE, SUITE 2A HAMMOND IN 46320	PHYSICIAN PRACTICE
10 MOORESVILLE AFTER HOURS CLINIC 1001 HADLEY ROAD, SUITE 101 MOORESVILLE IN 46158	PHYSICIAN PRACTICE

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Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 HEALTH PARTNERS 6916 W JOHNSON ROAD LAPORTE IN 46350	PHYSICIAN PRACTICE
2 SIGMA MEDICAL GROUP 3218 DAUGHERTY DRIVE, SUITE 140 LAFAYETTE IN 47909	PHYSICIAN PRACTICE
3 BREAST SPECIALISTS 5255 E STOP 11 ROAD, SUITE 250 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
4 HEALTH PARTNERS 3340 MONROE ST LAPORTE IN 46350	PHYSICIAN PRACTICE
5 INDY SOUTH AFTER HOURS CLINIC 7855 S EMERSON AVENUE, SUITE P INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
6 SFMG REHABILITATION SPECIALISTS 8051 S EMERSON AVENUE, SUITE 360 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
7 ST MARGARET MEDICAL ASSOCIATES 5454 HOHMAN AVENUE HAMMOND IN 46320	PHYSICIAN PRACTICE
8 BEECH GROVE INTERNAL MEDICINE 2030 CHURCHMAN AVENUE BEECH GROVE IN 46107	PHYSICIAN PRACTICE
9 SFMG PAIN SPECIALISTS 8051 S EMERSON AVENUE, SUITE 360 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
10 BEECH GROVE AFTER HOURS CLINIC 2030 CHURCHMAN AVENUE BEECH GROVE IN 46107	PHYSICIAN PRACTICE

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Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 ST MARGARET MEDICAL ASSOCIATES 8230 CALUMET AVENUE MUNSTER IN 46321	PHYSICIAN PRACTICE
2 MATERNAL FETAL SPECIALISTS 8051 S EMERSON AVENUE, SUITE 450B INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
3 PLASTIC SURGERY SPECIALISTS 8051 S EMERSON AVENUE, SUITE 450 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
4 ST JAMES COMMUNITY HEALTH CENTER - BEECHER, 989 DIXIE HIGHWAY BEECHER IL 60401	PHYSICAL THERAPY SERVICES
5 NEIGHBORHOOD CLINIC 407 E MARKET STREET, SUITE 101 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
6 ST MARGARET MEDICAL ASSOCIATES 5454 HOHMAN AVENUE HAMMOND IN 46320	PHYSICIAN PRACTICE
7 ST MARGARET MEDICAL ASSOCIATES 19400 NORTH CREEK DRIVE LYNWOOD IL 60411	PHYSICIAN PRACTICE
8 SIGMA MEDICAL GROUP 510 WEST JACKSON STREET MULBERRY IN 46058	PHYSICIAN PRACTICE
9 FRANCISCAN ST JAMES HEALTH - FAMILY HEALTH HOMEWOOD, 18636 DIXIE HIGHWAY HOMEWOOD IL 60430	PHYSICIAN PRACTICE
10 SIGMA MEDICAL GROUP 212 EAST MAIN STREET BROOK IN 47922	PHYSICIAN PRACTICE

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Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 PLAINFIELD SPORTS AND FAMILY MEDICINE 315 DAN JONES ROAD, SUITE 150 PLAINFIELD IN 46168	PHYSICIAN PRACTICE
2 AMER. HEALTH NETWORK - SLEEP (MUNCIE) 3631 N MORRISON ROAD MUNCIE IN 47304	SLEEP CENTER
3 REDOX REACTIVE REAGENTS 1600 ALBANY STREET BEECH GROVE IN 46107	AUTOIMMUNE DISEASE TREATMENT
4 AMER. HEALTH NETWORK - NOBLESVILLE 18051 RIVER AVENUE, SUITE 103 NOBLESVILLE IN 46062	IMAGING
5 MONTICELLO MEDICAL CENTER 826 N 6TH ST MONTICELLO IN 47960	MEDICAL PRACTICE
6 DR. RENE S. GUTIERREZ, MD 902 FOXWOOD COURT MONTICELLO IN 47960	MEDICAL PRACTICE
7 FRANCISCAN PHYSICIANS HOSPITAL SLEEP CTR 7905 CALUMET AVENUE MUNSTER IN 46321-4209	SLEEP CENTER
8 FRANCISCAN HAMMOND CLINIC 7905 CALUMET AVENUE MUNSTER IN 46321	SPECIALTY CENTER/URGENT CARE
9 FRANCISCAN HAMMOND CLINIC 9800 VALPARAISO DRIVE MUNSTER IN 46321	FAMILY WELLNESS CENTER
10 FRANCISCAN HAMMOND CLINIC 11355 WEST 97TH LANE ST. JOHN IN 46373	PRIMARY CARE

Schedule H (Form 990) 2011

Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 FAMILY PRACTICE NETWORK 952 COURT STREET CROWN POINT IN 46307	FAMILY PRACTICE
2 FAMILY PRACTICE NETWORK 297 WEST FRANCISCAN LANE, SUITE 203 CROWN POINT IN 46307	FAMILY PRACTICE
3 ST. JAMES HEALTH SURGERY CENTER 333 DIXIE HIGHWAY CHICAGO HEIGHTS IL 60411	OP SURGERY CENTER
4 FRANCISCAN ST JAMES HEALTH-FAMILY HEALTH 3700 WEST 203RD STREET, SUITE 112 OLYMPIA FIELDS IL 60461	PHYSICIAN PRACTICE
5 FRANKFORT REHABILITATION SERVICES 10043 LINCOLN HIGHWAY, 2ND FLOOR FRANKFORT IL 60423	PHYSICAL THERAPY
6 DIXIE HIGHWAY REHABILITATION SERVICES 211 DIXIE HIGHWAY CHICAGO HEIGHTS IL 60411	PHYSICAL THERAPY
7 GREENWOOD IMMEDIATE CARE 1001 N MADISON AVENUE GREENWOOD IN 46142	IMMEDIATE CARE CENTER
8 CHAPEL HILL IMMEDIATE CARE 650 N GIRLS SCHOOL ROAD INDIANAPOLIS IN 46214	IMMEDIATE CARE CENTER
9 NORA IMMEDIATE CARE 860 E 86TH STREET INDIANAPOLIS IN 46240	IMMEDIATE CARE CENTER
10 WASHINGTON SQUARE IMMEDIATE CARE 992 N MITTHOEFFER INDIANAPOLIS IN 46229	IMMEDIATE CARE CENTER

Schedule H (Form 990) 2011

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 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.

SUPPLEMENTAL INFORMATION

SCHEDULE H, PART VI, ITEM 2

NEEDS ASSESSMENT

FRANCISCAN ALLIANCE, INC. ("FRANCISCAN") HOSPITALS ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE BY COLLABORATING WITH PUBLIC AND PRIVATE AGENCIES TO DETERMINE COMMUNITY HEALTH NEEDS AND HOW BEST TO ADDRESS THEM. FRANCISCAN'S CORPORATE COMMUNITY BENEFIT COMMITTEE, AS WELL AS COMMITTEES IN THE LOCAL FACILITIES, COMMITTED TO AN ONGOING ASSESSMENT OF COMMUNITY HEALTH NEEDS AND PRIORITIES BASED UPON HEALTH INITIATIVES OF THE MUNICIPAL, COUNTY, AND STATE HEALTH DEPARTMENTS, COMMUNITY-BASED ASSESSMENTS BY OTHER PUBLIC SECTOR PARTNERS, PROFESSIONAL RESEARCH CONSULTANT REPORTS, AND FAITH-BASED PARTNERS WITHIN THE COMMUNITIES SERVED. IN ADDITION, OUR HOSPITALS ADDRESS PUBLIC AGENCY AND COMMUNITY GROUP REQUESTS TO PROVIDE COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS THAT MEET CERTAIN SPECIALTY OR HYBRID NEEDS OR POPULATIONS.

Part VI Supplemental Information

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SCHEDULE H, PART VI, ITEM 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

FRANCISCAN'S HOSPITALS INFORM AND EDUCATE PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR UNDER FRANCISCAN'S FINANCIAL ASSISTANCE AND CHARITY CARE POLICY.

FOR PATIENTS NOT INITIALLY IDENTIFIED AS QUALIFYING FOR FINANCIAL ASSISTANCE, FRANCISCAN COMMUNICATES THE AVAILABILITY OF CHARITY CARE AND FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL COMMUNITY THROUGH THE FOLLOWING MEANS:

1. FRANCISCAN COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN APPROPRIATE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS, ADMITTING/REGISTRATION AREAS, BILLING OFFICES, OUTPATIENT SERVICE SETTINGS, AND ON OUR HOSPITALS' WEBSITES. SIGNS/POSTINGS INFORM PATIENTS THAT FREE OR REDUCED COST CARE MAY BE AVAILABLE TO QUALIFYING PATIENTS

Part VI Supplemental Information

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WHO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

2. BROCHURES SUMMARIZING OUR FINANCIAL ASSISTANCE PROGRAMS ARE AVAILABLE THROUGHOUT EACH FRANCISCAN HOSPITAL.

3. FINANCIAL COUNSELORS AND BUSINESS OFFICE PERSONNEL ARE AVAILABLE TO HELP PATIENTS UNDERSTAND AND APPLY FOR LOCAL, STATE, AND FEDERAL HEALTH CARE PROGRAMS AND FRANCISCAN'S FINANCIAL ASSISTANCE PROGRAMS.

4. ALL BILLS AND STATEMENTS FOR SERVICES INFORM UNINSURED PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE.

5. PATIENTS/GUARANTORS MAY REQUEST A COPY OF THE FINANCIAL ASSISTANCE APPLICATION BY CALLING THE FRANCISCAN BILLING OFFICE OR DOWNLOADING A COPY AT NO COST FROM FRANCISCAN HOSPITAL'S WEBSITES.

6. PATIENTS/GUARANTORS CAN REQUEST FINANCIAL ASSISTANCE INFORMATION BY CALLING FRANCISCAN'S BILLING OFFICE PHONE LINE ON A 24-HOUR BASIS.

Part VI Supplemental Information

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7. INDIVIDUALS OTHER THAN THE PATIENT, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES, OR HOSPITAL PERSONNEL MAY MAKE REQUESTS FOR FINANCIAL ASSISTANCE ON THE PATIENT'S BEHALF, SUBJECT TO APPLICABLE PRIVACY LAWS.

8. FRANCISCAN SENDS A MINIMUM OF 4 STATEMENTS AND MAKES 7 PHONE CALL ATTEMPTS TO CONTACT THE PATIENT/GUARANTOR AT THE ADDRESS AND PHONE NUMBER PROVIDED BY THE PATIENT/GUARANTOR. STATEMENTS AND COMMUNICATIONS INFORM THE PATIENT OF THE AMOUNT DUE AND IF THEY CANNOT PAY THEIR BALANCE THE AVAILABILITY OF FINANCIAL ASSISTANCE.

SCHEDULE H, PART VI, ITEM 4

COMMUNITY INFORMATION

Part VI Supplemental Information

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FRANCISCAN ALLIANCE SERVICES A LARGE GEOGRAPHIC AREA WHICH INCLUDES 17 COUNTIES IN INDIANA (BENTON, CARROLL, FOUNTAIN, JASPER, JOHNSON, LAKE, LAPORTE, MARION, MONTGOMERY, MORGAN, NEWTON, PORTER, SHELBY, STARKE, TIPPECANOE, WARREN AND WHITE) AND 3 COUNTIES IN ILLINOIS (COOK, KANKAKEE, AND WILL). THE POPULATION OF THE COMMUNITIES THAT WE SERVE WAS ESTIMATED AT OVER 3.8 MILLION PEOPLE WITH AN AVERAGE HOUSEHOLD INCOME OF APPROXIMATELY \$61,000 IN 2011. FOR THESE COMMUNITIES, THE PERCENTAGE OF RESIDENTS BELOW THE FEDERAL POVERTY LEVEL WAS ESTIMATED AT 16.3% IN 2011. THE PERCENTAGE OF INPATIENTS FROM THESE COMMUNITIES WHO WERE SERVED BY MEDICAID WAS 16.9%. AND THE PERCENTAGE OF INPATIENTS FROM THESE COMMUNITIES WHO WERE UNINSURED WAS APPROXIMATELY 2.7%. IN COMPARISON, THE PERCENTAGES OF MEDICAID AND UNINSURED TREATED BY FRANCISCAN ALLIANCE WERE 15.9% AND 4.9% RESPECTIVELY IN 2011. THERE WERE 54 OTHER HOSPITALS IN 2011 THAT SERVE WITHIN THESE COMMUNITIES AS WELL.

SCHEDULE H, PART VI, ITEM 5

OTHER INFORMATION

Part VI Supplemental Information

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FRANCISCAN CONTINUES TO PROVIDE ACCESS TO HEALTH CARE SERVICES AND A WIDE VARIETY OF COMMUNITY EDUCATION/HEALTH AND WELLNESS PROGRAMS. ALL OF OUR FACILITIES REACH OUT TO THEIR COMMUNITIES BY PROVIDING ACCESS TO FREE, PUBLIC WEB SITES AND ONLINE RESOURCES. EACH WEB SITE PROVIDES THE LATEST MEDICAL INFORMATION TO VISITORS, IN A BI-LINGUAL FORMAT, THROUGH THE USE OF INTERACTIVE A TO Z HEALTH LIBRARIES. THERE ARE ONLINE CENTERS THAT FOCUS ON INFORMATION RELATED TO MEDICAL CONDITIONS IN SPECIALTY AREAS SUCH AS THE HEART, BONES, KIDNEYS AND NERVES. THEY FURTHER OFFER CONDITION AND DISEASE-SPECIFIC INFORMATION ON TOPICS LIKE CANCER, PREGNANCY AND GERIATRICS THAT PROVIDE ILLUSTRATIONS, GRAPHICS AND NARRATED VIDEOS. THE WEB SITES ALSO PROVIDE UNLIMITED FREE ACCESS TO ONLINE HEALTH RISK ASSESSMENT TOOLS SUCH AS THE HEART RISK ASSESSMENT THAT USES AN ESTABLISHED ALGORITHM TO CALCULATE RISK FACTORS FOR HEART ATTACK BASED UPON USER-ENTERED PARAMETERS. THE SITES ALSO OFFER CONDITION-SPECIFIC RECOMMENDATIONS FOR MANAGING CHRONIC ILLNESSES AND CONDITIONS SUCH AS DIABETES, HIGH BLOOD PRESSURE AND ASTHMA, AMONG OTHERS. FINALLY, THE SITES HAVE HEALTHY LIVING SECTIONS THAT OFFER TIPS

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AND SUGGESTIONS ON BEGINNING AND MAINTAINING DIET AND EXERCISE REGIMENTS TO OPTIMIZE HEALTHY LIFESTYLES. OUR HOSPITALS PROVIDE URGENT CARE CLINICS WITHIN THE COMMUNITIES THEY SERVE TO HELP MINIMIZE COST OF NON-CRITICAL, EMERGENT MEDICAL CARE. WE ENGAGE IN A TREMENDOUS AMOUNT OF UNIVERSITY-AFFILIATED MEDICAL EDUCATION AND TRAINING PROGRAMS INCLUDING BUT NOT LIMITED TO; ALL LEVELS OF NURSING (LPN, ASN, BSN AND MSN), PHARMACY, EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS, RESPIRATORY THERAPISTS, PHYSICAL/OCCUPATIONAL/SPEECH THERAPISTS AND INTERNSHIPS/RESIDENCIES FOR PHYSICIANS. WE ALSO PROVIDE CONTINUING MEDICAL EDUCATION PROGRAMS. SEVERAL OF OUR HOSPITALS PARTICIPATE IN CLINICAL TRIALS, MEDICAL RESEARCH PROGRAMS AND PHARMACEUTICAL TRIALS.

MOREOVER, THERE ARE OTHER FACTORS THAT DEMONSTRATE THAT FRANCISCAN IS OPERATED FOR A PUBLIC RATHER THAN A PRIVATE INTEREST. FRANCISCAN'S GOVERNING BODY IS COMPOSED OF INDEPENDENT MEMBERS REPRESENTING THE BROAD COMMUNITY SERVED BY FRANCISCAN. MEDICAL STAFF PRIVILEGES ARE AVAILABLE TO QUALIFIED PHYSICIANS. FRANCISCAN ALSO USES ITS SURPLUS FOR IMPROVEMENT IN PATIENT CARE, TO EXPAND AND REPLACE FACILITIES AND EQUIPMENT,

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AMORTIZATION OF INDEBTEDNESS, AND MEDICAL TRAINING, EDUCATION, AND
RESEARCH.

SCHEDULE H, PART VI, ITEM 6

ROLE OF AFFILIATES

EVERY HOSPITAL WITHIN OUR SYSTEM HAS THE DEGREE OF AUTONOMY AND
FLEXIBILITY TO MEET THE NEEDS OF THE COMMUNITIES IT SERVES. EACH FACILITY
PERFORMS A MISSION ASSESSMENT THAT IS SPECIFICALLY DESIGNATED FOR THE
IDENTIFIED HEALTH CARE NEEDS WITHIN THE INDIVIDUAL SERVICE AREAS. THE
INDIVIDUAL AND REGIONAL COMMUNITY BENEFIT PLANS ARE DESIGNED TO BE PART
OF AN OVERALL FRANCISCAN SYSTEM VISION TO PROVIDE FOR THE ONGOING
HEALTHCARE NEEDS OF THE COMMUNITIES WE ARE PRIVILEGED TO SERVE.

SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES

Part VI Supplemental Information

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FRANCISCAN IS INVOLVED IN AND ACTIVELY PARTICIPATES IN NUMEROUS COMMUNITY BUILDING ACTIVITIES. WE WORK TO PROVIDE QUALITY CARE AND COMMUNITY BUILDING ACTIVITIES BY PARTNERING WITH OTHER HEALTH CARE PROVIDERS, GOVERNMENT AGENCIES, AND NOT-FOR-PROFIT SOCIAL SERVICE AGENCIES TO SERVE OUR COMMUNITIES' DIVERSE HEALTH CARE NEEDS. THE COMMUNITY BUILDING ACTIVITIES OFFERED BY FRANCISCAN ARE PROVIDED WITHOUT REIMBURSEMENT, SERVE AT-RISK POPULATIONS, AND PROVIDE HEALTH EDUCATION TO KEY COMMUNITY GROUPS. WE MONITOR THESE ACTIVITIES FOR OUTCOMES BY IDENTIFYING CHANGES IN HEALTH BEHAVIORS AND KNOWLEDGE. SOME EXAMPLES OF COMMUNITY HEALTH PROGRAMS FRANCISCAN PROVIDES INCLUDE: HEALTH EDUCATION, HEALTH FAIRS, FREE OR LOW COST HEALTH SCREENING, ACCESS TO HEALTHCARE SERVICES, IMMUNIZATION SERVICES, PRESCRIPTION MEDICATION ASSISTANCE PROGRAMS, NUTRITIONAL COUNSELING, ENROLLMENT ASSISTANCE IN MEDICAID, FREE SPA SERVICES FOR CANCER PATIENTS, FOOD ASSISTANCE, TRANSPORTATION ASSISTANCE, REFERRAL ASSISTANCE, BREAST CANCER AND CHILDHOOD OBESITY INITIATIVES, HEALTHY CHOICES INITIATIVES, CHILDHOOD ALCOHOLISM PREVENTION, AND OTHER VARIOUS COMMUNITY OUTREACH PROGRAMS AS FURTHER DESCRIBED IN "OUR GIVING

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JOURNAL" AT WWW.FRANCISCANALLIANCE.ORG/COMMUNITYBENEFIT. ADDITIONALLY, SEVERAL OF OUR HOSPITALS HAVE BEEN IDENTIFIED BY THE FEDERAL GOVERNMENT AS DESIGNATED REGIONAL MEDICATION DISTRIBUTION SITES IN THE EVENT OF A NATIONAL DISASTER OR EPIDEMIC/PANDEMIC. RESPONDING TO FEDERAL, STATE AND LOCAL NEEDS IN THE EVENT OF NATIONAL OR LOCAL DISASTERS OR EPIDEMIC/PANDEMICS, WE COLLABORATE AND COORDINATE OUR EFFORTS WITH MANY CIVIC AND OTHER AGENCIES TO ENSURE THAT THOSE NEEDS WILL BE MET SHOULD DISASTER STRIKE.

SCHEDULE H, PART III, LINE 4

THE CORPORATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM ITS AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS:

"THE COLLECTION OF OUTSTANDING PATIENT ACCOUNTS RECEIVABLE FROM GOVERNMENTAL PAYORS, MANAGED CARE AND OTHER THIRD PARTY PAYORS, AND PATIENTS IS THE CORPORATION'S PRIMARY SOURCE OF CASH. THE PRIMARY

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COLLECTION RISK RELATES TO UNINSURED PATIENT ACCOUNTS AND PATIENT ACCOUNTS FOR WHICH THE THIRD PARTY PAYOR HAS PAID AMOUNTS IN ACCORDANCE WITH THE APPLICABLE AGREEMENT, HOWEVER THE PATIENT'S RESPONSIBILITY, USUALLY IN THE FORM OF DEDUCTIBLES, COPAYMENTS, AND COINSURANCE PAYMENTS, REMAIN OUTSTANDING ("SELF PAY ACCOUNTS"). THE CORPORATION'S PATIENT ACCOUNTS RECEIVABLE IS REDUCED BY AN ALLOWANCE FOR AMOUNTS, PRIMARILY SELF PAY ACCOUNTS, WHICH COULD BECOME UNCOLLECTIBLE IN THE FUTURE. THROUGHOUT THE YEAR, THE CORPORATION ESTIMATED THIS ALLOWANCE BASED ON THE AGING OF ITS PATIENT ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE, AND OTHER RELEVANT FACTORS. THESE FACTORS INCLUDE CHANGES IN THE ECONOMY, WHICH HAS AN IMPACT ON UNEMPLOYMENT RATES AND THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, AS WELL AS TRENDS IN HEALTH CARE COVERAGE, SUCH AS THE INCREASED BURDEN OF DEDUCTIBLES, COPAYMENTS, AND COINSURANCE PAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE. AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED PROCEDURES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS AND CERTAIN RESTRICTIONS ON

Part VI Supplemental Information

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- 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.

COLLECTION EFFORTS DETERMINED BY THE CORPORATION. UNCOLLECTIBLE PATIENT ACCOUNTS RECEIVABLE ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WITH ANY SUBSEQUENT RECOVERIES BEING RECORDED AGAINST THE PROVISION FOR DOUBTFUL ACCOUNTS. "

THE PROVISION OF DOUBTFUL ACCOUNTS (AT COST) REPORTED ON LINE 2 IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY.

THE CORPORATION HAS A SYSTEM-WIDE CHARITY CARE AND UNINSURED DISCOUNT POLICY; HAS DETAILED ADMINISTRATIVE PROCEDURES ESTABLISHED FOR QUALIFYING AND ENROLLING PATIENTS FOR CHARITY CARE OR UNINSURED/UNDERINSURED DISCOUNTS; USES VARIOUS ANALYTICAL PROGRAMS INCLUDING SOFT CREDIT INQUIRIES THAT DO NOT AFFECT CREDIT SCORES TO HELP ASSESS A PATIENT'S ABILITY TO PAY; AND UTILIZES NUMEROUS MECHANISMS TO INFORM AND EDUCATE PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE WHICH ARE DETAILED UNDER SCHEDULE H, PART VI, ITEM 3. DESPITE THESE RIGOROUS EFFORTS, PATIENTS WHO NEED SUBSIDIZED CARE MAY NOT SEEK THIS ASSISTANCE OR CHOOSE TO ENROLL IN THE STATE'S MEDICAID PROGRAM. ALSO, AS FURTHER DESCRIBED IN HFMA

Part VI Supplemental Information

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- 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.

STATEMENT NO. 15, THE APPROPRIATE CLASSIFICATION OF CHARITY CARE AND BAD DEBT IS OFTEN DIFFICULT. THE URGENCY OF SOME TREATMENTS, AS WELL AS CERTAIN FEDERAL REGULATIONS, OFTEN REQUIRES THE PROVISION OF SERVICE WITHOUT CONSIDERATION OF THE PATIENT'S ABILITY TO PAY. SOME PATIENTS HAVE COMPLEX MEDICAL CONDITIONS WITH UNPREDICTABLE TREATMENT NEEDS. FOR THESE AND OTHER REASONS, FRANCISCAN BELIEVES, A PORTION OF ITS BAD DEBT EXPENSE AS REPORTED ON LINE 3 OF PART III REPRESENTS CHARITY CARE DELIVERED TO INDIVIDUALS IN THE COMMUNITIES IT SERVES CONSISTENT WITH ITS CHARITABLE HEALTHCARE MISSION.

SCHEDULE H, PART III, LINE 8

CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF FRANCISCAN AND THE COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545, FRANCISCAN PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SEEKING MEDICAL CARE AT FRANCISCAN. SUCH CARE IS PROVIDED REGARDLESS OF WHETHER THE REIMBURSEMENT PROVIDED FOR SUCH SERVICES MEETS OR EXCEEDS THE COSTS

Part VI Supplemental Information

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INCURRED BY FRANCISCAN TO PROVIDE SUCH SERVICES. LIKE MEDICAID, PAYMENT RATES FOR MEDICARE ARE SET BY LAW RATHER THAN THROUGH A NEGOTIATION PROCESS AS WITH PRIVATE INSURERS. THESE PAYMENT RATES ARE CURRENTLY SET BELOW THE COSTS OF PROVIDING CARE RESULTING IN UNDERPAYMENTS. MEDICARE RATES ARE DETERMINED WITHIN THE CONTEXT OF ALL THE BUDGETARY NEEDS OF THE FEDERAL GOVERNMENT AND MEDICARE PAYMENTS HAVE HISTORICALLY BEEN SET BELOW THE COSTS OF PROVIDING CARE TO MEDICARE PATIENTS THOUGH HOW FAR BELOW VARIES OVER TIME AND BY SERVICE. EACH YEAR MEDICARE IS SUPPOSED TO PROVIDE HOSPITALS AN INCREASE IN BOTH INPATIENT AND OUTPATIENT PAYMENTS TO ACCOUNT FOR INFLATION IN THE PRICES FOR GOODS AND SERVICES HOSPITALS MUST PURCHASE IN ORDER TO PROVIDE PATIENT CARE. HOWEVER INPATIENT UPDATES HAVE BEEN SET BELOW THE RATE OF INFLATION AND ACTUALLY NEGATIVE IN RECENT YEARS RESULTING IN A SHORTFALL THAT HAS GROWN OVER TIME. THE COMPOUNDING ISSUE THAT OCCURS IS THAT THIS SHORTFALL JEOPARDIZES HOSPITALS' ABILITY TO SERVE THEIR COMMUNITIES BECAUSE THEY ARE NOT REIMBURSED THEIR INCURRED COSTS. PROVIDERS MAKE THE DECISION TO ELIMINATE OR SIGNIFICANTLY REDUCE NECESSARY CLINICAL SERVICES WITHIN THE MARKETPLACE PLACING THE MEDICARE SHORTFALL BURDEN ON OTHERS THAT DO, SUCH

Part VI Supplemental Information

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AS FRANCISCAN. GIVEN THAT FRANCISCAN PROVIDES SUCH SERVICES TO MEDICARE PATIENTS KNOWING THAT THEY WILL RESULT IN A LOSS, AND GIVEN THAT FRANCISCAN BELIEVES THAT IT PROVIDES THESE SERVICES IN AN EFFICIENT AND COST EFFECTIVE MANNER, THE SHORTFALL REPORTED ON LINE 7 OF PART III SHOULD BE VIEWED AS COMMUNITY BENEFIT PROVIDED BY FRANCISCAN.

SCHEDULE H, PART III, LINE 9B

FRANCISCAN ALLIANCE, INC.'S WRITTEN CHARITY CARE AND UNINSURED PATIENT DISCOUNT POLICY AND PATIENT COLLECTION PROCEDURE INCLUDE VARIOUS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY OR FINANCIAL ASSISTANCE. IF A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE CERTAIN COLLECTION PRACTICES DO NOT APPLY.

SCHEDULE H, PART IV NAME OF ENTITY:

Part VI Supplemental Information

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FRANCISCAN IMAGING EQUIPMENT LEASING LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: IMAGING EQUIPMENT LEASING

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 59.67000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 40.33000

NAME OF ENTITY: MOORESVILLE ENDOSCOPY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: ENDOSCOPY SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: LAPORTE COUNTY OPEN MRI LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: MRI SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 33.33333

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 66.66667

Part VI Supplemental Information

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- 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.

NAME OF ENTITY: INDIANA SLEEP CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SLEEP CENTER

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: FRANCISCAN SURGERY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 54.0540541

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 45.9459459

NAME OF ENTITY: ST FRANCIS CARDIAC CARE CENTER MOORESVILLE LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: CARDIAC SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 25.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 75.00000

Part VI Supplemental Information

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NAME OF ENTITY: SOUTH EMERSON SURGERY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: SOUTHEAST SURGERY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: ST FRANCIS MOORESVILLE SURGERY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 59.5238095

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 40.4761905

Part VI Supplemental Information

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NAME OF ENTITY: ST ANTHONY HEALTH NETWORK LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: PHYSICIAN SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 88.07000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 11.93000

NAME OF ENTITY: ST JAMES PHO INC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: PHYSICIAN SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: ST FRANCIS RADIATION THERAPY CENTERS LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: RADIATION THERAPY SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 86.74000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 13.26000

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NAME OF ENTITY: SOUTH INDY MRI & REHAB SERVICES LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: MRI SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: ST FRANCIS IMAGING CENTER (GREENWOOD) LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: IMAGING SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 60.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 40.00000

NAME OF ENTITY: THE ENDOSCOPY CENTER AT ST FRANCIS LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: ENDOSCOPY SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

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NAME OF ENTITY: FRANCISCAN PHYSICIANS HOSPITAL LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: HOSPITAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 61.750000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 38.250000

(THESE PERCENTAGES ARE THROUGH MAY 2011. FRANCISCAN ALLIANCE, INC.

ACQUIRED ALL OF THE PHYSICIANS' INTERESTS IN MAY 2011.)

NAME OF ENTITY: FRANCISCAN PHYSICIANS REAL PROPERTY LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: LEASE OF HOSPITAL FACILITY

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 89.562500

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 10.437500

SCHEDULE H, PART V, LINES 12 AND 13G

THROUGH FRANCISCAN ALLIANCE, INC. ("FRANCISCAN"), WE CONTINUE THE HEALING

Part VI Supplemental Information

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MINISTRY OF CHRIST IN A CATHOLIC HEALTH CARE SYSTEM THAT UPHOLDS THE
MORAL VALUES AND TEACHINGS OF THE CATHOLIC CHURCH.

CENTRAL CONCERNS OF THIS CORPORATE MINISTRY INCLUDE COMPASSION FOR THOSE
IN NEED, RESPECT FOR LIFE AND THE DIGNITY OF PERSONS. FRANCISCAN BELIEVES
IN THE DIGNITY, UNIQUENESS, AND WORTH OF EACH INDIVIDUAL AND, WITHIN THE
LIMITS OF OUR RESOURCES, FRANCISCAN OFFERS A COMPREHENSIVE RANGE OF
HEALTH CARE SERVICES TO ALL REGARDLESS OF RACE, CREED, COLOR, SEX,
NATIONAL ORIGIN, HANDICAP OR AN INDIVIDUAL'S FINANCIAL CAPABILITY. IN
LIGHT OF THIS BELIEF, WE CONSIDER OUR HEALTH CARE SERVICES TO BE REACHING
OUT AND RESPONDING, IN A CHRIST-LIKE MANNER, TO THOSE WHO ARE PHYSICALLY,
MATERIALLY, OR SPIRITUALLY IN NEED.

FRANCISCAN IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE, IN THE FORM OF
CHARITY CARE OR UNINSURED DISCOUNTS, TO PERSONS WHO ARE UNINSURED OR
UNDERINSURED, WHO ARE INELIGIBLE FOR GOVERNMENTAL OR SOCIAL SERVICE
PROGRAMS, AND WHO OTHERWISE ARE UNABLE TO PAY FOR EMERGENCY SERVICES OR
MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION.
CONSISTENT WITH OUR MISSION TO DELIVER COMPASSIONATE, HIGH QUALITY,

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

AFFORDABLE HEALTH CARE AND TO ADVOCATE FOR THOSE WHO ARE POOR AND
 DISENFRANCHISED, FRANCISCAN STRIVES TO ENSURE THE FINANCIAL CAPACITY OF
 PEOPLE WHO NEED MEDICALLY NECESSARY HEALTH CARE SERVICES DOES NOT PREVENT
 THEM FROM SEEKING OR RECEIVING THAT CARE. FRANCISCAN'S FINANCIAL
 ASSISTANCE POLICY IS DESIGNED TO ALLOW RELIEF FROM ALL OR PART OF THE
 CHARGES RELATED TO EMERGENCY OR MEDICALLY NECESSARY HEALTH CARE SERVICES
 THAT EXCEED A PATIENT'S REASONABLE ABILITY TO PAY. IN ORDER TO ENSURE
 TRANSPARENCY, CONSISTENCY AND FAIRNESS, WE ASK PATIENTS TO COOPERATE BY
 PROVIDING NECESSARY INFORMATION TO DETERMINE THEIR ELIGIBILITY FOR
 FINANCIAL ASSISTANCE.

FOR PATIENTS NOT INITIALLY IDENTIFIED AS QUALIFYING FOR FINANCIAL
 ASSISTANCE, FRANCISCAN COMMUNICATES THE AVAILABILITY OF CHARITY CARE AND
 FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL
 COMMUNITY THROUGH THE FOLLOWING MEANS:

1. FRANCISCAN COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN
 APPROPRIATE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS,

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ADMITTING/REGISTRATION AREAS, BILLING OFFICES, OUTPATIENT SERVICE SETTINGS, AND ON OUR HOSPITALS' WEBSITES. SIGNS/POSTINGS INFORM PATIENTS THAT FREE OR REDUCED COST CARE MAY BE AVAILABLE TO QUALIFYING PATIENTS WHO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

2. BROCHURES SUMMARIZING OUR FINANCIAL ASSISTANCE PROGRAMS ARE AVAILABLE THROUGHOUT EACH FRANCISCAN HOSPITAL.

3. FINANCIAL COUNSELORS AND BUSINESS OFFICE PERSONNEL ARE AVAILABLE TO HELP PATIENTS UNDERSTAND AND APPLY FOR LOCAL, STATE, AND FEDERAL HEALTH CARE PROGRAMS AND FRANCISCAN'S FINANCIAL ASSISTANCE PROGRAMS.

4. ALL BILLS AND STATEMENTS FOR SERVICES INFORM UNINSURED PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE.

5. PATIENTS/GUARANTORS MAY REQUEST A COPY OF THE FINANCIAL ASSISTANCE APPLICATION BY CALLING THE FRANCISCAN BILLING OFFICE OR DOWNLOADING A COPY AT NO COST FROM FRANCISCAN HOSPITAL'S WEBSITES.

Part VI Supplemental Information

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6. PATIENTS/GUARANTORS CAN REQUEST FINANCIAL ASSISTANCE INFORMATION BY CALLING FRANCISCAN'S BILLING OFFICE PHONE LINE ON A 24-HOUR BASIS.

7. INDIVIDUALS OTHER THAN THE PATIENT, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES, OR HOSPITAL PERSONNEL MAY MAKE REQUESTS FOR FINANCIAL ASSISTANCE ON THE PATIENT'S BEHALF, SUBJECT TO APPLICABLE PRIVACY LAWS.

8. PRIOR TO TRANSFER TO A COLLECTION AGENCY, FRANCISCAN SENDS A MINIMUM OF 4 STATEMENTS AND MAKE 7 PHONE CALL ATTEMPTS TO CONTACT THE PATIENT/GUARANTOR AT THE ADDRESS AND PHONE NUMBER PROVIDED BY THE PATIENT/GUARANTOR. STATEMENTS AND COMMUNICATIONS INFORM THE PATIENT OF THE AMOUNT DUE AND IF THEY CANNOT PAY THEIR BALANCE THE AVAILABILITY OF FINANCIAL ASSISTANCE.

A PATIENT'S QUALIFICATION FOR CHARITY CARE IS DETERMINED THROUGH A FINANCIAL ASSISTANCE APPLICATION AND SCREENING PROCESS. PATIENTS WHO MAY

Part VI Supplemental Information

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QUALIFY FOR MEDICAID OR ANY OTHER GOVERNMENTAL ASSISTANCE MUST BE DENIED
 COVERAGE OR ASSISTANCE FROM THOSE GOVERNMENTAL PROGRAMS PRIOR TO
 RECEIVING APPROVAL FOR CHARITY CARE. AS SUCH, FRANCISCAN OFFERS PATIENTS
 ASSISTANCE IN APPLYING OR ENROLLING IN SUCH PROGRAMS. A PATIENT WILL
 NEED TO FILL OUT, SIGN, AND SUBMIT THE FINANCIAL ASSISTANCE APPLICATION
 ALONG WITH ALL REQUESTED DOCUMENTATION OF INCOME, EXPENSES, ASSETS, AND
 LIABILITIES. FRANCISCAN'S BILLING OFFICE WILL PLACE THE PATIENT'S
 ACCOUNT ON HOLD ONCE A FINANCIAL ASSISTANCE APPLICATION HAS BEEN
 REQUESTED AND UNTIL A FINANCIAL ASSISTANCE DETERMINATION IS MADE.
 APPLICANTS ARE TREATED WITH DIGNITY AND RESPECT THROUGHOUT THE FINANCIAL
 ASSISTANCE PROCESS AND ALL INFORMATION/MATERIALS RECEIVED ARE
 CONFIDENTIALLY MAINTAINED. FRANCISCAN ALSO UTILIZES AN EXTERNAL VENDOR,
 SERVICE, OR DATA SOURCE THAT PROVIDES INFORMATION ON A PATIENT'S OR
 GUARANTOR'S ABILITY TO PAY (I.E. CREDIT SCORING).
 ELIGIBILITY FOR CHARITY CARE MAY BE DETERMINED AT ANY POINT IN THE
 COLLECTIONS CYCLE (I.E. PRIOR TO THE PROVISION OF SERVICES, DURING THE
 NORMAL COLLECTIONS CYCLE, OR MAY BE USED TO RE-CLASSIFY ACCOUNTS AFTER

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THEY HAVE BEEN DEEMED UNCOLLECTIBLE AND SUBSEQUENTLY RETURNED FROM A
 THIRD PARTY COLLECTION AGENCY). ONCE APPROVED, THE PATIENT WILL REMAIN
 ELIGIBLE FOR CHARITY CARE FOR A MAXIMUM OF FOUR MONTHS. THE ELIGIBILITY
 PERIOD WILL BEGIN FROM THE DATE OF THE PATIENT'S APPROVAL OF CHARITY
 CARE. CHARITY CARE DISCOUNTS WILL BE GIVEN FOR CURRENT OPEN ACCOUNTS AND
 THE FOLLOWING FOUR MONTHS OF EMERGENCY SERVICES OR MEDICALLY NECESSARY
 CARE. AFTER THE ELIGIBILITY PERIOD HAS ELAPSED, THE PATIENT MUST REAPPLY
 FOR FINANCIAL ASSISTANCE.

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STATE FILING OF COMMUNITY BENEFIT REPORT

IL, IN,