

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **St. Vincent Dunn Hospital, Inc.** Employer identification number **27-2192831**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,169,177.		1,169,177.	4.18%
b Medicaid (from Worksheet 3, column a)			4,116,387.	2,304,049.	1,812,338.	6.48%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			5,285,564.	2,304,049.	2,981,515.	10.66%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		3,794	314,470.		314,470.	1.12%
f Health professions education (from Worksheet 5)			8,020.		8,020.	.03%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		100	820.		820.	.00%
j Total. Other Benefits		3,894	323,310.		323,310.	1.15%
k Total. Add lines 7d and 7j		3,894	5,608,874.	2,304,049.	3,304,825.	11.81%

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, and primary website address

1 St.Vincent Dunn Hospital, Inc.
1600 23rd Street
Bedford, IN 47421
http://www.stvincent.org/dunn/

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group St.Vincent Dunn Hospital, Inc.

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" 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 CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued) St.Vincent Dunn Hospital, Inc.

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients?	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine 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)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) **St.Vincent Dunn Hospital, Inc.**

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	<input checked="" type="checkbox"/>	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

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

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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.

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

If "Yes," explain in Part VI.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part I, Line 3c: The organization provides medically necessary care to all patients, regardless of race, color, creed, ethnic origin, gender, disability or economic status. The hospital uses a percentage of federal poverty level (FPL) to determine free and discounted care. At a minimum, patients with income less than or equal to 200% of the FPL, which may be adjusted for cost of living utilizing the local wage index compared to the national wage index, will be eligible for 100% charity care write off of charges for services that have been provided to them. Also, at a minimum, patients with incomes above 200% of the FPL but not exceeding 400% of the FPL, subject to adjustments for cost of living utilizing the local wage index compared to national wage index, will receive a discount on the services provided to them.

Part I, Line 7: The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines. The organization uses a cost accounting system that addresses all patient segments (for example, inpatient,

Part VI Supplemental Information

outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.

Part II: St.Vincent Dunn Hospital promotes the health of its communities by striving to improve the quality of life within the community. Research has established that factors such as economic status, employment, housing, education level, and built environment can all be powerful social determinants of health. Additionally, helping to create greater capacity within the community to address a broad range of quality of life issues also impacts health. St.Vincent Dunn Hospital meets regularly with local organizations in the community to learn what resources are available and plan community health improvement efforts. In fiscal year 2013, these organizations included: Bedford Chamber of Commerce, Bedford Mayor's Office, Lawrence County United Way Agencies and Hoosier Uplands.

Schedule H, Part III, Line 2:

After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies. After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2013 was \$1,005,029 at charges, (\$406,233 at cost).

Part VI Supplemental Information

Schedule H, Part III, Line 3:

The provision for doubtful accounts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts.

Part III, Line 4: The organization is part of the St.Vincent Health System's consolidated audit in which the footnote that discusses the bad debt expense is located on page 22.

Part III, Line 8: A cost to charge ratio is applied to the organization's Medicare Expense to determine the Medicare allowable costs reported in the organization's Medicare Cost Report. Ascension Health and its related health ministries follow the Catholic Health Association (CHA) guidelines for determining community benefit. CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit.

Part III, Line 9b: The organization has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or

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financial assistance. If a patient qualifies for charity or financial assistance certain collection practices do not apply.

St.Vincent Dunn Hospital, Inc.:

Part V, Section B, Line 3: In conducting its CHNA, the hospital facility took into account input from representatives of the community as well as those with special knowledge or expertise in public health. These included Lawrence County Health Department, Indiana University (IU) Health Bedford, American Cancer Society, Lawrence County United Way Agencies, Hoosier Uplands and an Indiana-based epidemiologist and consultant with extensive experience in public health.

St.Vincent Dunn Hospital, Inc.:

Part V, Section B, Line 7:

Child Abuse - This issue is being addressed by the Lawrence County Prevent Child Abuse Coalition, for which St.Vincent Dunn participates.

Transportation - There is public transportation available within the Bedford city limits via TASC (Transit Authority of Stone City).

Mental Health/Substance Abuse - Addressing this issue is not a direct priority of St.Vincent Dunn; however, the hospital does support efforts of organizations focused on substance abuse programs.

St.Vincent Dunn Hospital, Inc.:

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

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lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers.

St.Vincent Dunn Hospital, Inc.:

Part V, Section B, Line 21: The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP). This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

- Individuals were notified of the FAP as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided

- Direct individuals to our website and physical location of application forms

- Provided instructions to obtain free copy of FAP and application by mail

- Provided contact information for an individual/nonprofit organization to assist if the individual has questions

- Provided statement of translations of FAP as well as plain language summaries

- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

Part VI Supplemental Information

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Dunn Hospital, Inc.:

Part V, Section B, Line 22: The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP) as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided

- Direct individuals to our website and physical location of application forms

- Provided instructions to obtain free copy of FAP and application by mail

- Provided contact information for an individual/nonprofit organization to assist if the individual has questions

- Provided statement of translations of FAP as well as plain language summaries

- Provided statement that no FAP-eligible individual will be charged more

Part VI Supplemental Information

for emergency/medically necessary care than AGB

- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Dunn Hospital, Inc.:

Part V, Section B, Line 5:

The Community Health Needs Assessment ("CHNA") of the hospital facility can be located at the following web address:

[http://www.stvincent.org/Dunn/.](http://www.stvincent.org/Dunn/)

St.Vincent Dunn Hospital, Inc.:

Part V, Section B, Line 16:

The following steps were followed and considered reasonable efforts for purposes of Question 16:

- Notified each individual of the facility's Financial Assistance Policy (FAP). This notification began on the date care was provided and

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ended on the 120th day after the first billing statement was provided to the individual.

- Individuals were notified of the FAP by methods as noted in Question 14. This includes, but is not limited to, providing the following:

- A brief description of eligibility requirements and assistance provided

- Directions on how to access the FAP and application on our website and physical location of application forms

- Instructions to obtain free copy of FAP and application by mail

- Contact information for an individual/nonprofit organization to assist if the individual has questions

- Statement of translations of FAP as well as plain language summaries

- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.

- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Dunn Hospital, Inc.:

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Part V, Section B, Line 17:

The following steps were followed and considered reasonable efforts for purposes of Question 17:

- Notified each individual of the Hospital's Financial Assistance Policy (FAP). This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual.

- Individuals were notified of the FAP as noted in Question 14. This includes, but is not limited to, the following:

- Brief description of eligibility requirements and assistance provided

- Direct individuals to our website and physical location of application forms

- Provided instructions to obtain free copy of FAP and application by mail

- Provided contact information for an individual/nonprofit organization to assist if the individual has questions

- Provided statement of translations of FAP as well as plain language summaries

- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.

- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the

Part VI Supplemental Information

facility's FAP.

- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Dunn Hospital, Inc.:

Part V, Section B, Line 18:

Question 18 is more appropriately answered as not applicable as the Billing and Collections Policy of St.Vincent Dunn Hospital, Inc. does not allow a hospital to engage in extraordinary collection actions before the organization made reasonable efforts to determine whether the individual is eligible for assistance under the financial assistance policy. Reasonable efforts taken include but are not limited to:

- Notifying individuals of the financial assistance policy on admission
- Notifying individuals of the financial assistance policy prior to discharge
- Notifying individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- Documenting its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy

Part VI, Line 2: Communities are dynamic systems in which multiple factors interact to impact quality of life and health status. In addition to the formal CHNA conducted every 3 years, St.Vincent Dunn Hospital

Part VI Supplemental Information

participates in a community roundtable called Lawrence County United Way Agencies Coalition whose purpose is to assess needs within the community, prioritize action and work in partnership to address identified challenges. The coalition works closely with its member organizations which come from multiple sectors of the community, including local government, business, education, faith communities, public health, health care providers and other social and human service organizations. In addition, the coalition works closely with other coalitions as well as the local and state health departments to stay abreast of changing needs within the community by identifying evidence-based and promising practices to address these needs.

Part VI, Line 3: St.Vincent Dunn Hospital communicates with patients in multiple ways to ensure that those who are billed for services are aware of the hospital's financial assistance program as well as their potential eligibility for local, state or federal programs. Signs are prominently posted in each service area, and bills contain a formal notice explaining the hospital's charity care program. In addition, the hospital employs financial counselors, health access workers, and enrollment specialists who consult with patients about their eligibility for financial assistance programs and help patients in applying for any public programs for which they may qualify.

Part VI, Line 4: St.Vincent Dunn Hospital is located in southern Indiana and serves Lawrence County and surrounding areas. The county seat is Bedford, located approximately 75 miles south of Indianapolis. Lawrence County is rural, with a population of approximately 46,000 residents. Over the past decade, there has been less than 1% population growth in Lawrence

Part VI Supplemental Information

County. Both the Per Capita Personal Income and Median Household Income are below the state's average.

Part VI, Line 5: To provide the highest quality healthcare to all persons in the community, and in keeping with its not-for-profit status, St.Vincent Dunn Hospital:

- delivers patient services, including emergency department services, to all individuals requiring healthcare, without regard to patient race, ethnicity, economic status, insurance status or ability to pay
- maintains an open medical staff that allows credentialed physicians to practice at its facilities
- trains and educates health care professionals
- participates in government-sponsored programs such as Medicaid and Medicare to provide healthcare to the poor and elderly
- is governed by a board in which independent persons who are representative of the community comprise a majority

Part VI, Line 6: As part of the St.Vincent Health System, St.Vincent Dunn Hospital is dedicated to improving the health status and quality of life for the communities it serves. While designated associates at St.Vincent Dunn Hospital devote all or a significant portion of their time to leading and administering local community-based programs and partnerships, associates throughout the organization are active participants in community outreach. They are assisted and supported by designated St.Vincent Health Community Development associates and other support staff who work with each of its healthcare facilities to advocate for and provide technical assistance for community outreach, needs assessments and partnerships as well as to support regional and state-wide

Part VI Supplemental Information

programs, community programs sponsored by St.Vincent Health in which St.Vincent Dunn Hospital participates.

Part VI, Line 7, List of States Receiving Community Benefit Report:

IN

The State of Indiana no longer requires a separate Community Benefit Report, but will reference the Form 990. St.Vincent Dunn Hospital and its related St.Vincent Health affiliates publish a Community Benefit Report which is available to the public. A copy of the full report (including the St.Vincent Dunn Hospital section) is available at:

<http://www.stvincent.org/dunn/>.

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

Community Benefit Report

St.Vincent Dunn Hospital provides services including a 24-hour, physician-staffed emergency department. Medical specialties available at the facility include orthopedics, ophthalmology, gastroenterology, obstetrics/gynecology and podiatry.

Such community-focused programs improve access to healthcare, advocate for the poor and vulnerable, promote health through free education and screenings and help to build better communities by improving quality of life.

Community Benefit Overview

St.Vincent Dunn Hospital is part of St.Vincent Health, a non-profit healthcare system consisting of 22 locally-sponsored ministries serving

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over 47 counties throughout Central Indiana. Sponsored by Ascension Health, the nation's largest Catholic healthcare system, St.Vincent Health is one of the largest healthcare employers in the state.

As part of St.Vincent Health, the St.Vincent Dunn vision is to deliver a continuum of holistic, high-quality health services and improve the lives and health of Indiana individuals and communities, with special attention to the poor and vulnerable. This is accomplished through strong partnerships with businesses, community organizations, local, state and federal government, physicians, St.Vincent Dunn associates and others. Working with its partners, and utilizing the CHNA completed every three years, St.Vincent Dunn Hospital is committed to addressing community health needs and developing and executing an implementation strategy to meet identified needs to improve health outcomes within the community.

Community benefit is not the work of a single department or group within St.Vincent Dunn, but is part of the St.Vincent mission and cultural fabric. The hospital leadership team provides direction and resources in developing and executing the Implementation Strategy in conjunction with the St.Vincent Health Community Development Department, but associates at all levels of the organization contribute to community benefit and health improvement.

Charity Care and Certain Other Community Benefits at Cost

Patient Services for Poor and Vulnerable

Hospital and outpatient care is provided to patients that cannot pay

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for services, including hospitalizations, surgeries, prescription drugs, medical equipment and medical supplies. Patients with income less than 200% of the Federal Poverty level (FPL) are eligible for 100% charity care for services. Patients with incomes at or above 200% of the FPL, but not exceeding 400% of the FPL, receive discounted services based on an income-dependent sliding scale. Hospital financial counselors and health access workers assist patients in determining eligibility and in completing necessary documentation. St.Vincent Dunn Hospital is committed to 100% access, and is proactive in providing healthcare that leaves no one behind.

Public Program Participation

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

Community Health Needs Assessment

True community benefit responds to the particular needs and challenges of the community, building on its unique strengths and assets. The hospital leads a community health needs assessment every 3 years. Using a variety of tools, including surveys, key person interviews, focus groups, secondary data, and data analysis professionals, the team identifies community issues and concerns. These are shared with the community at large, and a consensus is reached about priorities and available resources.

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To provide community input and a basis for collaboration within the community to address health needs, St.Vincent leads or participates in a community roundtable or forum. This group brings together individuals and organizations from throughout the community who share a common interest in improving health status and quality of life and provide expertise in a variety of community areas including public health. Tobacco use and obesity have been identified as key community needs.

Implementation Strategy

Using the CHNA completed in 2013, the hospital developed a 2014-2016 Implementation Strategy to address priority community health needs.

These strategies include:

1. Tobacco Use

As a member of the Smoke Free Bedford Coalition, continue to advocate for, and assist with implementation of (when adopted), a comprehensive smoke free air ordinance for the city of Bedford

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

- At least 100 women, who are pregnant and use tobacco, will enroll in the Quit Baby program and at least 50% will be tobacco free by delivery and remain tobacco free for at least 3 months.

2. Obesity

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

- Promote the L.I.F.E. program to the 2 school systems (Mitchell

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Community Schools and North Lawrence Community Schools), all 16 SVMG physicians and at least 5 youth service organizations in Lawrence County.

- Promote the Diabetes Education Program to all 16 SVMG physicians and offer 12 series (6 classes per series) each year.

Community Health & Wellness Center

St.Vincent Dunn Hospital sponsors the Community Health & Wellness Center, which provides needed healthcare and support to those in the community with little or no insurance. The Center serves all residents of Lawrence County and surrounding areas. Services include: obstetrics/gynecology, pediatrics, and adult primary care. The center is also a WIC site which provides nutrition education, health screenings, and health assessments, as well as counseling to pregnant women and children.

Health Professions Clinical Training

In an effort to prepare future health care professionals, St.Vincent Dunn Hospital, in collaboration with area schools, offers a variety of clinical settings and internships for undergraduate and vocational allied health professionals. In fiscal year 2013, the surgery department provided training to a student from Harrison College wherein the student learned and carried out the duties of a scrub tech.

Diabetes Education

Diabetes is a major and growing health concern in Indiana. If uncontrolled, it can take a significant toll on an individual's health. St.Vincent Dunn sponsors a Diabetes Support Group held monthly, free of

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charge. A registered dietitian addresses problems surrounding living with and managing diabetes. The dietitian assists individuals living with diabetes in gaining a better understanding of their disease; teaching them how to adjust their lifestyles and behaviors to develop diabetes self-management skills that will help them live healthier, longer lives.

Community Health Education

St.Vincent Dunn Hospital provides health education on a number of topics and issues facing the local community throughout the year. One such important topic is proper nutrition. Unhealthy eating is taking a toll on the residents of Indiana by contributing to the increasing rates of obesity, diabetes, heart disease and cancer. St.Vincent Dunn offers an instructional presentation at the farmers market focusing on the various fruits and vegetables offered. Topics discussed include the nutritional value and instructions for buying and preparing these foods. The registered dietitian assists the public on gaining a better understanding of healthier eating and promotes behaviors to make a positive change for a healthier lifestyle.

Wings for the Journey Grief Support Group

This monthly support group is led by the hospital chaplain, who has many years experience in grief support. The program is free of charge, including resources, and is open to moms, dads and family members who mourn the loss of a child. This group provides a positive, supportive environment for healing. Average attendance is currently six to eight attendees.

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Community Benefit Cash and In-Kind Contributions

In addition to the outreach programs operated by the hospital, the hospital makes cash and in-kind donations to a variety of community organizations focused on improving health status in the community. These take the form of cash donations to outside organizations, the donation of employee time/services to outside organizations and the representation of the hospital on community boards and committees working to improve health status and quality of life within the community.

Community Building Activities

Research shows that social determinants and quality of life play a major role in the health status of individuals and communities. Community building activities, which focus on improving the quality of life within a community, ultimately influence and improve health status.

Community Building Cash and In-Kind Contributions

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