

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization **St. Vincent Carmel Hospital, Inc.** Employer identification number **74-3107055**

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	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			1,955,842.		1,955,842.	1.15%
b Medicaid (from Worksheet 3, column a)			12,928,593.	7,871,818.	5,056,775.	2.98%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			14,884,435.	7,871,818.	7,012,617.	4.13%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		61,873	55,305.		55,305.	.03%
f Health professions education (from Worksheet 5)		1,391	92,200.		92,200.	.05%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		17,073	315,204.	20,120.	295,084.	.17%
j Total. Other Benefits		80,337	462,709.	20,120.	442,589.	.25%
k Total. Add lines 7d and 7j		80,337	15,347,144.	7,891,938.	7,455,206.	4.38%

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						
2 Economic development						
3 Community support		1,249	7,322.		7,322.	.00%
4 Environmental improvements			60.		60.	.00%
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy		52	1,286.		1,286.	.00%
8 Workforce development						
9 Other						
10 Total		1,301	8,668.		8,668.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	21,029,554.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	27,514,892.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-6,485,338.
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Carmel Ambulatory Surgery Center, LLC	Surgery Center	51.00%		49.00%
2 Comfort Imaging, LLC	Imaging Services - MRI	16.67%		83.33%
3 Endoscopy Center, LLC	Ancillary Service	51.00%		49.00%

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 St.Vincent Carmel Hospital, Inc.
13500 N Meridian Street
Carmel, IN 46032
http://www.stvincent.org/St-Vincent-Ca
14-003932-1

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

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 Carmel Hospital, Inc.

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

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

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

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

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

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

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

Policy Relating to Emergency Medical Care

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

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

If "No," indicate why:

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

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

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

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

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

St.Vincent Carmel 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 Hamilton County Health Department, Hamilton Heart, Good Samaritan Network, and many more.

St.Vincent Carmel Hospital, Inc.:

Part V, Section B, Line 7:

Physical Abuse/Shelter - Partnering with organizations within the community focused on emergency shelters and prevention of physical abuse.

Growing Senior Population - Addressing this issue is not a direct priority of St.Vincent Carmel; however, we do support efforts of organizations like PrimeLife Enrichment focused on senior initiatives.

Obesity - Even though this was not chosen as a top priority, the St.Vincent Carmel Bariatric Center focuses on obesity prevention programs.

Sexually Transmitted Infections - St.Vincent Carmel works with the local health department to educate and inform the Hamilton County community about these issues.

St.Vincent Carmel Hospital, Inc.:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Part V, Section B, Line 20d: The discount was determined by reviewing the lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers.

Multiple horizontal lines for additional text entry.

Part VI Supplemental Information

Provide the following information.

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

Part I, Line 3c:

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

Part I, Line 7:

The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association

Part VI Supplemental Information (Continuation)

("CHA") guidelines. The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.

Part II, Community Building Activities:

St.Vincent Carmel 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 Carmel Hospital meets regularly with local organizations in the community to learn what resources are available and plan community health improvement efforts. In fiscal year 2014, these organizations included: Trinity Free Clinic, Chaucie's Place, PrimeLife Enrichment, and YMCA.

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

Part VI Supplemental Information (Continuation)

applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2014 was \$6,235,600 at charges, (\$1,625,233 at cost).

Part III, Line 3:

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

Part III, Line 4:

The organization is part of the Ascension Health Alliance's consolidated audit in which the footnote that discusses the bad debt expense is located on page 19.

Part III, Line 8:

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

Part VI Supplemental Information (Continuation)

benefit.

Part III, Line 9b:

The organization has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance. If a patient qualifies for charity or financial assistance certain collection practices do not apply.

Part VI, Line 2:

Communities are dynamic systems in which multiple factors interact to impact quality of life and health status. In addition to the formal CHNA conducted every 3 years, St.Vincent Carmel Hospital helps to lead a community roundtable called Hamilton County Task Force whose purpose is to periodically assess assets and needs within the community, prioritize action and work in partnership to address identified challenges. The coalition works closely with its member organizations which come from multiple sectors of the community, including local government, business, education, faith communities, public health, health care providers and other social and human service organizations. In addition, the coalition works closely with other coalitions as well as the local and state health departments to stay abreast of changing needs within the community by identifying evidence-based and promising practices to address these needs.

Part VI, Line 3:

St.Vincent Carmel Hospital communicates with patients in multiple ways to ensure that those who are billed for services are aware

Part VI Supplemental Information (Continuation)

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 Carmel Hospital is located in Carmel, Indiana and serves Hamilton and contiguous counties, in Central Indiana. Hamilton County has an estimated population of 296,693. The county has experienced significant growth over the past decade. Since 2010, the census has reported an increase of 8.1% in Hamilton County. Per capita personal income and median household income are above state averages. The poverty rate for Hamilton County is 4.7% which is significantly less than the state at 15.5%. The unemployment rate for Hamilton County is 5.3% compared to the state average of 7.5%.

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 Carmel 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

Part VI Supplemental Information (Continuation)

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 Carmel Hospital is dedicated to improving the health status and quality of life for the communities it serves. While designated associates at St.Vincent Carmel 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 and service staff who work with each of its healthcare facilities to advocate for and provide technical assistance for community outreach, needs assessments and partnerships as well as to support regional and state-wide programs community programs sponsored by St.Vincent Health in which St.Vincent Carmel Hospital participates.

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

Community Benefit Report

St.Vincent Carmel Hospital provides inpatient and outpatient health care services that include Intensive Care, Medical Surgical, Surgical, Obstetrical-Gynecological, Bariatric Services, Diagnostic Imaging Services, Pharmacy Services, Respiratory Services, Physical Therapy,

Part VI Supplemental Information (Continuation)

Occupational Therapy, Speech Therapy, Emergency Services, Endoscopy Services, Breast Services, Recovery Room, Pediatrics, Sleep Disorders, and Neonatal Intensive Care. Some of these services operate at a loss in order to ensure that comprehensive services are available to the community.

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

Community Benefit Overview

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

As part of St.Vincent Health, the St.Vincent Carmel 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 Carmel associates and others. Working with its partners, and utilizing the CHNA completed every three years, St.Vincent Carmel Hospital is committed to addressing community health needs and developing and

Part VI Supplemental Information (Continuation)

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 Carmel, but is part of the St.Vincent mission and cultural fabric. The hospital leadership team provides direction and resources in developing and executing the Implementation Strategy in conjunction with the St.Vincent Health Community Development Department, but associates at all levels of the organization contribute to community benefit and health improvement.

Charity Care and Certain Other Community Benefits at Cost

Patient Services for Poor and Vulnerable

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

Public Program Participation

St.Vincent Carmel Hospital participates in government programs

Part VI Supplemental Information (Continuation)

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

Community Health Needs Assessment

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

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

Implementation Strategy

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

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needs. These strategies include:

1. Mental Health

Address the need for mental health services in Hamilton County

- Build the capacity of community, primary care providers and faith based service providers to address mental health issues in the community by providing education on mental and behavioral health resources in the community and conducting in-services/trainings in Integrative Therapy Services.

- Conduct depression and/or stress screenings at community events such as the Hamilton County Resource Fair and the Hamilton County Health and Wellness Expo and provide health education and referral materials.

- Promote the "Life for Kids" health and wellness program to schools throughout Hamilton County; conduct the program in at least three schools annually.

2. Substance Abuse/Alcohol Consumption

Initiate educational opportunities on drug abuse

- Develop outreach and educational materials regarding the treatment options available for Hamilton County residents and distribute at community events/health fairs.

- Provide space for community based groups to conduct AA and/or NA sessions.

- Build the capacity of community, primary care providers and faith based service providers to address mental health issues in the community by providing education on mental and behavioral health resources in the community and conducting in-services/trainings in Integrative Therapy Services.

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- Sponsor at least two prescription drug drop-off and disposal events annually.

3. Transportation

Increase awareness of current public transportation opportunities

- Continue to sponsor the transportation program at Prime Life for residents of Hamilton County who are over the age of 55; promote this resource throughout the community.

- Continue to work with the Hamilton County Task Force to educate community leaders on the need for public transportation in Hamilton County.

B.A.B.E. Store

St.Vincent Carmel Hospital monetarily supports the BABE (Beds and Britches, Etc.) Store. The BABE Store's mission is to educate and inform pregnant women about positive health options for infants and young children. The BABE Store uses a coupon exchange system to provide new baby and child items. Parents of babies and young children through 5 years of age may earn coupons from various coupon distributors throughout the county by fulfilling certain requirements, such as immunizations, well child visits, and nutrition educational activities provided by Purdue Extension.

Bariatric Support Group

Obesity has emerged as the second leading cause of preventable deaths in America today. Many of these individuals have tried multiple weight-loss programs and find surgical intervention as the only means of losing the weight necessary to lead healthy and productive lives. As

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a Center of Excellence in the area of Bariatric Surgery, St.Vincent Carmel Hospital has developed outreach programs for individuals who are experiencing weight related health issues. Through classes and support groups, individuals are better able to change their lifestyle, habits and activities to achieve success in their weight loss endeavors.

Center of Hope

The St.Vincent Carmel Center of Hope provides expert treatment, advocacy, legal services coordination and evidence collection/preservation for victims of sexual assault and domestic violence. A SANE (Sexual Assault Nurse Examiner) trained nurse is on-call at all times and a dedicated and private examination room is provided for these vulnerable patients. Specialized equipment has been purchased to collect and preserve evidence to assist in the successful prosecution of perpetrators. The Center of Hope coordinator works closely with law enforcement and the judicial system as well as mental health and social service agencies to help victims access the services they need and to provide expert testimony that assists in securing convictions.

Health Professions Clinical Training

In an effort to prepare future healthcare professionals, St.Vincent Carmel Hospital offers a variety of clinical settings and internships to undergraduate and vocational allied health professionals from Indiana University Purdue University at Indianapolis, Indiana University, Marian University, Ivy Tech, and Harrison College. St.Vincent Carmel Hospital provides these students experience in clinical settings with the following programs: Bariatric Health, Sports

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Medicine, Physical Therapy, Respiratory Therapy, Nursing, and Surgical Technology.

Health Fairs and Screenings

St.Vincent Carmel Hospital participates in several health fairs and screenings throughout the year. Health information and preventive services material are a vital part of health fairs and screenings. Also, participants can be tested for blood pressure, cholesterol, pulmonary function, oxygenation and more at low or no cost. In addition to health fairs and screenings, St.Vincent Carmel Hospital provided medical support for the Geist Half Marathon and the Carmel Marathon.

PrimeLife Enrichment

St.Vincent Carmel Hospital supports PrimeLife Enrichment, Inc., a senior organization for those aged 50 and older, each year to provide scholarships for low income individuals focusing on wellness and physical fitness activities. In addition, St.Vincent Carmel provided flu shots to 100 individuals at PrimeLife Enrichment in FY14.

Community Free Clinics

St.Vincent Carmel Hospital provides support for several local area free clinics including the HOPE Family Care Center, Inc., Heart and Soul Clinic, and Trinity Free Clinic. These clinics serve the indigent, uninsured and underserved populations in Hamilton County. St.Vincent Carmel has partnered with Trinity Free Clinic since its inception. The Trinity Free Clinic is located at Our Lady of Mount Carmel Catholic Church. Nine full-time, paid staff and an abundant amount of volunteer healthcare professionals manage the facility. It is a fine-tuned

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grassroots effort. Beyond monetary donations, St.Vincent Carmel associates provide health assessments, immunizations, health education and primary care throughout the year. Donations of medications, vaccines, and medical supplies are also made to this clinic.

Mama's Cupboard

St.Vincent Carmel Hospital and First United Methodist Church have provided donations and referral services in Sheridan, Indiana through Mama's Cupboard food pantry for more than 12 years. Donations given out to the community include non-perishable food items, personal hygiene, baby, cleaning and paper products. St.Vincent Carmel's yearly financial contribution supports a program coordinator and a percentage of the utilities to help the most vulnerable in this rural part of Hamilton County.

Meals on Wheels Partnership

In keeping with the mission to care for the poor and vulnerable, St.Vincent Carmel Hospital partners with Meals on Wheels of Hamilton County to deliver nutritious meals to homebound persons who cannot prepare adequate meals for themselves due to illness, age, or disability. Many meals are prescribed diets by a medical doctor.

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

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representation of the hospital on community boards and committees working to improve health status and quality of life within the community.

Community Building Activities

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

Back Pack'em

St.Vincent Carmel Hospital sponsors a Back Pack'Em to School Program. The Back Pack'Em to School Program provides a new outfit, underwear, socks, shoes, back pack, and supplies for students. It is a boost to a child's self-esteem to start school with the proper supplies and new clothing. The St.Vincent Carmel Social Service Department helps identify children who could benefit from the program, and matches them with hospital departments and associates who participate in the drive.

Public Safety Day

Each fall, the Carmel community and surrounding neighbors anticipate the Carmel Public Safety Day, an event geared toward educating children and adults on safety issues. The success of the event was due to the coordination of St.Vincent Carmel Hospital and staff, Carmel Fire and Police departments, and the City of Carmel. Last year St.Vincent staff focused on several educational themes: household hazardous waste, appropriate use of 911, and personal safety, health and wellness.

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Car Seat Program

St.Vincent Carmel Hospital supports the Carmel Police Department program to provide car seat inspections by certified child passenger safety technicians. The technicians check the child restraints for damage/recalls, determine if the restraint fits the child correctly, educate parents on proper installation in the vehicle and answer any questions they may have. All stages and sizes of child restraints are inspected. The technicians also determine if an older child could be restrained properly by the vehicle safety belt or if a booster seat is needed. All inspections are free of charge. Replacement seats are available at manufacture's cost if needed. If financial need is demonstrated, child restraints are provided at no cost.

Hope for the Holidays

Each year, St.Vincent Carmel associates reach into their own pockets to purchase Christmas gift items for families in need. During their work time, department associates contact families, create needs list, collect donations, shop for items, wrap gifts and deliver food and packages to these families.

Community Building Cash and In-Kind Contribution

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

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community.

Lined area for supplemental information.