

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b> ST. VINCENT SETON SPECIALTY HOSPITAL, INC.	<b>Employer identification number</b> 35 1712001
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	✓	
<b>b</b> If "Yes," was it a written policy? . . . . .	✓	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%	✓	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____%	✓	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> 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"? . . . . .	✓	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	✓	
<b>c</b> 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? . . . . .		✓
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	✓	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	✓	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			143,174		143,174	0.33
<b>b</b> Medicaid (from Worksheet 3, column a)			1,847,173	769,578	1,077,595	2.52
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .					0	0.00
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	0	0	1,990,347	769,578	1,220,769	2.86
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .		995	2,536		2,536	0.01
<b>f</b> Health professions education (from Worksheet 5) . . . . .		77	51,297		51,297	0.12
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .					0	0.00
<b>h</b> Research (from Worksheet 7) . . . . .					0	0.00
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .		84	4,865		4,865	0.01
<b>j Total</b> Other Benefits . . . . .	0	1,156	58,698	0	58,698	0.14
<b>k Total</b> Add lines 7d and 7j . . . . .	0	1,156	2,049,045	769,578	1,279,467	2.99

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support		92	967		967	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy		60	160		160	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 <b>Total</b>	0	152	1,127	0	1,127	0.00

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1**
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . . **2** (130,592)
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . . **3** 0
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

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

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . . **5** 28,869,256
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . . **6** 29,826,091
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . . **7** (956,835)
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  
 Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

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

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

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

**Part V Facility Information**

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 2

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

	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
<b>1</b> ST.VINCENT SETON - INDIANAPOLIS 8071 TOWNSHIP LINE ROAD, INDIANAPOLIS, IN 46260 <a href="https://www.stvincent.org/st-vincent-seton">HTTPS://WWW.STVINCENT.ORG/ST-VINCENT-SETON</a> STATE LICENSE NO. : 14-003350-1	✓									A
<b>2</b> ST.VINCENT SETON - LAFAYETTE 1501 HARTFORD STREET, LAFAYETTE, IN 47904 <a href="https://www.stvincent.org/st-vincent-s-state">HTTPS://WWW.STVINCENT.ORG/ST-VINCENT-S STATE</a> LICENSE NO. : 14-003495-1	✓									A
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group A

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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		✓
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		✓
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
<b>5</b> 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 . . . . .	✓	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		✓
<b>6b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		✓
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.STVINCENT.ORG/CHNA/</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	✓	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>12</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	✓	
<b>a</b> If "Yes," (list url): <u>WWW.STVINCENT.ORG/CHNA/</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> 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)? . . . . .		✓
<b>12b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group A

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

**Billing and Collections**

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

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group A

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

**Policy Relating to Emergency Medical Care**

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

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

<b>22</b>	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.			
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .	23		✓
If "Yes," explain in Section C.				
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .	24		✓
If "Yes," explain in Section C.				

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

Return Reference	Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5</p>	<p>INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: ST. VINCENT SETON SPECIALTY HOSPITAL, INC.</p> <p>DESCRIPTION: IN CONDUCTING ITS CHNA, THE HOSPITAL FACILITY (LOCATED IN BOTH MARION AND TIPPECANOE COUNTIES) TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY AS WELL AS THOSE WITH SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH. THESE INCLUDED AN INDIANA-BASED EPIDEMIOLOGIST WITH EXTENSIVE EXPERIENCE IN PUBLIC HEALTH, THE CROOKED CREEK COMMUNITY DEVELOPMENT CORPORATION (CDC), IUPUI AND MARIAN UNIVERSITY.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ST. VINCENT SETON SPECIALTY HOSPITAL, INC.</p> <p>DESCRIPTION: USING THE CHNA COMPLETED IN FISCAL YEAR 2013, THE HOSPITAL DEVELOPED, ADOPTED, AND WORKED ON EXECUTING A 2014-2016 COMMUNITY-WIDE IMPLEMENTATION STRATEGY TO ADDRESS PRIORITY COMMUNITY HEALTH NEEDS. AS PART OF THE IMPLEMENTATION, A COMMUNITY BENEFIT SECTION WAS INCLUDED IN OPERATIONAL PLANS AND A BUDGET FOR PROVISION OF THE SERVICES THAT ADDRESSED THE NEEDS IDENTIFIED WAS ADOPTED. THE ORGANIZATION IS WORKING TO ADDRESS THE FOLLOWING NEEDS:</p> <p>1. HEALTHY LIFESTYLE/HEALTHY CHOICES (NUTRITION &amp; PHYSICAL ACTIVITY) INCREASE INDIVIDUAL PHYSICAL ACTIVITY AND HEALTHY FOOD CHOICES IN ORDER TO REDUCE CHRONIC HEALTH CONDITIONS</p> <ul style="list-style-type: none"> <li>- PROMOTE HEALTHY FOOD CHOICES AT COMMUNITY BASED LOCATIONS SUCH AS THE CROOKED CREEK FARMER'S MARKET (MARION COUNTY) AND THE SALVATION ARMY FAMILY SHELTER.</li> <li>- IN PARTNERSHIP WITH ST. VINCENT INDIANAPOLIS, STAFFS OFFER 3 ONE-HOUR EDUCATIONAL PRESENTATIONS REGARDING HEALTHY FOOD CHOICES AND/OR FITNESS AT THE CROOKED CREEK FARMER'S MARKET.</li> <li>- IN PARTNERSHIP WITH ST. VINCENT INDIANAPOLIS, INFORM STAFF OF VOLUNTEER OPPORTUNITIES AVAILABLE AT CROOKED CREEK FARMER'S MARKET VIA WEEKLY REMINDERS, FROM MAY-OCTOBER, IN THE ONLINE NEWSLETTER SENT TO THE ST. VINCENT INDIANAPOLIS SYSTEM.</li> <li>- DEVELOP LIST OF HEALTHY FOOD DONATIONS FOR AREA FOOD PANTRIES AND PUBLISH IN NEIGHBORHOOD NEWSPAPERS, CHURCH BULLETINS, AND COMMUNITY PARTNER WEB SITES.</li> <li>- EXPLORE PARTNERSHIP WITH GLEANERS FOOD BANK (MARION COUNTY) AND FOOD FINDERS (TIPPECANOE COUNTY) TO DEVELOP STRATEGIES TO INCREASE HEALTHY FOOD OPTIONS FOR LOW INCOME RESIDENTS.</li> <li>- CONDUCT HEALTHY FOOD PREPARATION CLASS AT COMMUNITY LOCATIONS SUCH AS THE GLICK CENTER (MARION COUNTY) AND SALVATION ARMY FAMILY SHELTER (TIPPECANOE COUNTY).</li> <li>- PROVIDE HEALTH EDUCATION SESSIONS FOCUSED ON PHYSICAL ACTIVITY FOR SENIORS AT THE CROOKED CREEK FARMER'S MARKET (INDY) AND THE GLICK CENTER (MARION COUNTY); AREA IV AGENCY ON AGING (TIPPECANOE COUNTY) AND LAFAYETTE SALVATION ARMY/VETERANS HOME.</li> <li>- CONTINUE TO SPONSOR AND PROMOTE THE "SENIOR GAMES" AND "SENIOR OLYMPICS" IN LAFAYETTE, IN (TIPPECANOE COUNTY).</li> <li>- DEVELOP A SENIOR WALKING PROGRAM IN PARTNERSHIP WITH THE GLICK CENTER AND LOCAL AREA CHURCHES (MARION COUNTY).</li> </ul> <p>2. QUALITY OF LIFE/CONTINUUM OF CARE INCREASE THE NUMBER OF INDIVIDUALS WHO ARE PREPARED FOR END OF LIFE DECISIONS</p> <ul style="list-style-type: none"> <li>- EXPAND "HEALTH CARE DECISION DAY" EVENT TO THE GLICK CENTER (MARION COUNTY) AND THE SALVATION ARMY AND VETERANS' HOME (TIPPECANOE COUNTY).</li> <li>- SPONSOR PANEL DISCUSSIONS ON THE CONTINUUM OF CARE INCLUDING</li> </ul> <p>THE NEEDS BELOW ARE NOT BEING ADDRESSED DIRECTLY BY THE ORGANIZATION IN ITS CURRENT YEAR AS PART OF ITS IMPLEMENTATION STRATEGY, FOR THE FOLLOWING REASONS:</p> <p>FAMILY SUPPORT – ST. VINCENT SETON SPECIALTY UNDERSTANDS THE IMPORTANCE OF THE FAMILY DYNAMIC AND THEREFORE, OPPORTUNITIES EXIST TO EXPAND THESE SERVICES.</p> <p>LUNG HEALTH – EVEN THOUGH THIS WAS NOT CHOSEN AS A TOP PRIORITY, EDUCATING THE COMMUNITY REGARDING LUNG HEALTH IS AN ONGOING FOCUS.</p> <p>DIABETES MANAGEMENT - THIS ISSUE IS BEING ADDRESSED IN THE HEALTHY LIFESTYLE/HEALTHY CHOICES PRIORITY.</p> <p>CARDIOVASCULAR HEALTH – THIS ISSUE IS BEING ADDRESSED IN THE HEALTHY LIFESTYLE/HEALTHY CHOICES PRIORITY.</p>

Return Reference	Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 22D	HOW AMOUNTS CHARGED TO FAP- ELIGIBLE PATIENTS WERE DETERMINED	<p data-bbox="672 170 1166 216">FACILITY NAME: ST.VINCENT SETON SPECIALTY HOSPITAL, INC.</p> <p data-bbox="672 233 1503 338">DESCRIPTION: 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.</p>

**Part V Facility Information** *(continued)*

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

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

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

Provide the following information.

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

Return Reference	Identifier	Explanation
<p>SCHEDULE H, PART I, LINE 7</p>	<p>CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST</p>	<p>PATIENT SERVICES FOR POOR AND VULNERABLE HOSPITAL AND OUTPATIENT CARE IS PROVIDED TO PATIENTS THAT CANNOT PAY FOR SERVICES, INCLUDING HOSPITALIZATIONS, SURGERIES, PRESCRIPTION DRUGS, MEDICAL EQUIPMENT AND MEDICAL SUPPLIES. PATIENTS WITH INCOME LESS THAN 200% OF THE FEDERAL POVERTY LEVEL (FPL) ARE ELIGIBLE FOR 100% CHARITY CARE FOR SERVICES. PATIENTS WITH INCOMES AT OR ABOVE 200% OF THE FPL, BUT NOT EXCEEDING 400% OF THE FPL, RECEIVE DISCOUNTED SERVICES BASED ON AN INCOME-DEPENDENT SLIDING SCALE. HOSPITAL FINANCIAL COUNSELORS AND HEALTH ACCESS WORKERS ASSIST PATIENTS IN DETERMINING ELIGIBILITY AND IN COMPLETING NECESSARY DOCUMENTATION. ST. VINCENT SETON SPECIALTY HOSPITAL IS COMMITTED TO 100% ACCESS, AND IS PROACTIVE IN PROVIDING HEALTHCARE THAT LEAVES NO ONE BEHIND.</p> <p>PUBLIC PROGRAM PARTICIPATION ST. VINCENT SETON SPECIALTY HOSPITAL PARTICIPATES IN GOVERNMENT PROGRAMS INCLUDING MEDICAID, SCHIP (HOOSIER HEALTHWISE), HEALTHY INDIANA PLAN (HIP), THE HEALTH INSURANCE MARKETPLACE AND MEDICARE AND ASSISTS PATIENTS IN ENROLLING FOR PROGRAMS FOR WHICH THEY ARE ELIGIBLE. PER CATHOLIC HEALTH ASSOCIATION GUIDELINES AND ST. VINCENT'S CONSERVATIVE APPROACH, MEDICARE SHORTFALL IS NOT INCLUDED AS COMMUNITY BENEFIT.</p> <p>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 ROUND TABLE 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. HEALTHY LIFESTYLE/HEALTHY CHOICES (NUTRITION &amp; PHYSICAL ACTIVITY) AND QUALITY OF LIFE/CONTINUUM OF CARE HAVE ALL BEEN IDENTIFIED AS KEY COMMUNITY NEEDS.</p> <p>HEALTH FAIRS ST. VINCENT SETON SPECIALTY PARTICIPATES IN SEVERAL HEALTH FAIRS EACH YEAR, PROVIDING HEALTH EDUCATION ON VARIOUS TOPICS, INCLUDING NUTRITION, PHYSICAL ACTIVITY, CAREGIVER SUPPORT, AND END OF LIFE CARE. MATERIALS WITH HEALTH INFORMATION AND PREVENTIVE SERVICES ARE A VITAL PART OF HEALTH FAIRS AND ARE DISTRIBUTED.</p> <p>HEALTH PROFESSIONS CLINICAL TRAINING IN AN EFFORT TO PREPARE FUTURE HEALTHCARE PROFESSIONALS, ESPECIALLY IN THE AREA OF LONG-TERM ACUTE CARE, ST. VINCENT SETON SPECIALTY IN INDIANAPOLIS AND LAFAYETTE, IN COLLABORATION WITH AREA SCHOOLS, OFFERS A VARIETY OF CLINICAL SETTINGS AND INTERNSHIPS FOR UNDERGRADUATE AND VOCATIONAL ALLIED HEALTH PROFESSIONALS, INCLUDING NURSES AND RESPIRATORY THERAPISTS. LAST YEAR, STUDENTS FROM INDIANA UNIVERSITY, MARIAN, IUPUI, INDEPENDENCE UNIVERSITY AND IVY TECH RECEIVED SPECIALIZED TRAINING FROM SETON SPECIALTY HEALTH PROFESSIONALS.</p> <p>COMMUNITY BENEFIT CASH AND IN-KIND CONTRIBUTIONS IN ADDITION TO THE OUTREACH PROGRAMS OPERATED BY THE HOSPITAL, THE HOSPITAL MAKES CASH AND IN-KIND DONATIONS TO A VARIETY OF COMMUNITY</p>

Return Reference	Identifier	Explanation
		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.
SCHEDULE H, PART I, LINE 7	COMMUNITY BENEFIT OVERVIEW	<p>ST. VINCENT SETON SPECIALTY HOSPITAL IS PART OF ST. VINCENT, A NON-PROFIT HEALTHCARE SYSTEM CONSISTING OF 20 LOCALLY-SPONSORED MINISTRIES SERVING OVER 57 COUNTIES THROUGHOUT CENTRAL INDIANA. SPONSORED BY ASCENSION HEALTH, THE NATION'S LARGEST CATHOLIC HEALTHCARE SYSTEM, ST. VINCENT IS ONE OF THE LARGEST HEALTHCARE EMPLOYERS IN THE STATE.</p> <p>AS PART OF ST. VINCENT, THE ST. VINCENT SETON SPECIALTY 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 SETON SPECIALTY ASSOCIATES AND OTHERS. WORKING WITH ITS PARTNERS, AND UTILIZING THE CHNA COMPLETED EVERY THREE YEARS, ST. VINCENT SETON SPECIALTY HOSPITAL IS COMMITTED TO ADDRESSING COMMUNITY HEALTH NEEDS AND DEVELOPING AND EXECUTING AN IMPLEMENTATION STRATEGY TO MEET IDENTIFIED NEEDS TO IMPROVE HEALTH OUTCOMES WITHIN THE COMMUNITY.</p> <p>COMMUNITY BENEFIT IS NOT THE WORK OF A SINGLE DEPARTMENT OR GROUP WITHIN ST. VINCENT SETON SPECIALTY, BUT IS PART OF THE ST. VINCENT MISSION AND CULTURAL FABRIC. THE HOSPITAL LEADERSHIP TEAM PROVIDES DIRECTION AND RESOURCES IN DEVELOPING AND EXECUTING THE IMPLEMENTATION STRATEGY IN CONJUNCTION WITH THE ST. VINCENT COMMUNITY DEVELOPMENT &amp; HEALTH IMPROVEMENT DEPARTMENT, BUT ASSOCIATES AT ALL LEVELS OF THE ORGANIZATION CONTRIBUTE TO COMMUNITY BENEFIT AND HEALTH IMPROVEMENT.</p>
SCHEDULE H, PART I, LINE 7	EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COST OF PROVIDING CHARITY CARE, MEANS-TESTED GOVERNMENT PROGRAMS, AND OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES. THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF PAY). THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE. FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED.
SCHEDULE H, PART II	DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	<p>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.</p> <p>FUNDRAISING CAMPAIGNS ST. VINCENT SETON SPECIALTY ASSOCIATES COORDINATE SEVERAL FUNDRAISING EVENTS EACH YEAR TO HELP THOSE LESS FORTUNATE. DURING FISCAL YEAR 2015, ASSOCIATES HOSTED SEVERAL EVENTS FOR UNITED WAY, LEUKEMIA AND LYMPHOMA SOCIETY, AND ALS FOUNDATION. FOOD DRIVES WERE ALSO HELD WITH DONATIONS BEING DISTRIBUTED TO LOCAL FOOD PANTRIES.</p> <p>STUDENT TUTORING ST. VINCENT SETON SPECIALTY ASSOCIATES SPEND TIME TUTORING 3RD GRADE STUDENTS WHO STRUGGLE TO READ AT GRADE LEVEL THROUGH UNITED WAY'S READUP PROGRAM. THE GOAL FOR THESE STUDENTS IS TO REACH GRADE LEVEL LITERACY AND PASS THE ENGLISH LANGUAGE ARTS PORTION OF THE ISTEP. ADDITIONALLY, ASSOCIATES SPEND TIME TUTORING CHILDREN IN THE SUMMER, PRIOR TO STARTING KINDERGARTEN THROUGH LION CATCHERS, A LOCAL GRASS ROOTS COALITION FOCUSED ON IMPROVING THE LIVES OF CHILDREN IN OUR COMMUNITY.</p> <p>COMMUNITY BUILDING CASH AND IN-KIND CONTRIBUTION THE HOSPITAL MAKES CASH AND IN-KIND DONATIONS TO A VARIETY OF COMMUNITY ORGANIZATIONS FOCUSED ON BUILDING THE COMMUNITY AND IMPROVING QUALITY OF LIFE. THESE TAKE THE FORM OF CASH DONATIONS TO OUTSIDE ORGANIZATIONS, THE DONATION OF EMPLOYEE TIME/SERVICES TO OUTSIDE ORGANIZATIONS AND THE REPRESENTATION OF THE HOSPITAL ON COMMUNITY BOARDS AND COMMITTEES WORKING TO IMPROVE INFRASTRUCTURE FOR THE COMMUNITY.</p>
SCHEDULE H, PART III, LINE 2	METHODOLOGY USED TO ESTIMATE BAD DEBT	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2015 WAS (\$402,208) AT CHARGES, ((\$130,592) AT COST).

Return Reference	Identifier	Explanation
SCHEDULE H, PART III, LINE 3	FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING ECONOMIC CONDITIONS, HISTORICAL EXPERIENCE, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS.
SCHEDULE H, PART III, LINE 4	FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE ORGANIZATION IS PART OF THE ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT EXPENSE IS LOCATED ON PAGE 18.
SCHEDULE H, PART III, LINE 8	DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT. ASCENSION HEALTH AND ITS RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT.
SCHEDULE H, PART III, LINE 9B	DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	THE ORGANIZATION HAS A WRITTEN DEBT COLLECTION POLICY THAT ALSO INCLUDES A PROVISION ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE. IF A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE CERTAIN COLLECTION PRACTICES DO NOT APPLY.
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	COMMUNITIES ARE DYNAMIC SYSTEMS IN WHICH MULTIPLE FACTORS INTERACT TO IMPACT QUALITY OF LIFE AND HEALTH STATUS. IN ADDITION TO THE FORMAL CHNA CONDUCTED EVERY 3 YEARS, ST. VINCENT SETON SPECIALTY HOSPITAL COLLABORATES WITH CROOKED CREEK COMMUNITY DEVELOPMENT CORPORATION AND FAY BICCARD GLICK NEIGHBORHOOD CENTER TO ASSESS NEEDS WITHIN THE COMMUNITY, PRIORITIZE ACTION AND WORK IN PARTNERSHIP TO ADDRESS IDENTIFIED CHALLENGES. THESE ORGANIZATIONS WORK CLOSELY WITH ITS MEMBERS WHO 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, THEY WORK CLOSELY WITH OTHER COALITIONS AS WELL AS THE LOCAL AND STATE HEALTH DEPARTMENTS TO STAY ABREAST OF CHANGING NEEDS WITHIN THE COMMUNITY AND TO IDENTIFY EVIDENCE-BASED AND PROMISING PRACTICES TO ADDRESS THESE NEEDS.
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION	ST. VINCENT SETON SPECIALTY 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.
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	ST. VINCENT SETON SPECIALTY HOSPITAL IS LOCATED IN INDIANAPOLIS AND LAFAYETTE, INDIANA AND SERVES MARION, TIPPECANOE AND CONTIGUOUS COUNTIES, IN NORTHWEST AND CENTRAL INDIANA. WITH THE SPECIAL CARE THAT ST. VINCENT SETON SPECIALTY HOSPITAL PERFORMS, THE PATIENTS COME FROM ALL OVER THE STATE OF INDIANA AND EVEN BORDERING STATES. ST. VINCENT SETON SPECIALTY HOSPITAL IS FOR MEDICALLY COMPLEX PATIENTS WHO STILL NEED A HIGH LEVEL OF ACUTE CARE SERVICES.  ST. VINCENT SETON SPECIALTY INDIANAPOLIS IS LOCATED IN MARION COUNTY, WHICH IS THE LARGEST COUNTY IN THE STATE, WITH A POPULATION OF 934,243. THE CITY'S POPULATION IS MORE DIVERSE COMPARED TO THE STATE, WITH 57.8% OF INDIVIDUALS WHO ARE WHITE AND 27% OF INDIVIDUALS WHO ARE BLACK. HISPANIC POPULATION IS ABOUT 9.8%. MEDIAN AGE FOR THE COUNTY IS 34.2 YEARS OLD. THE MEDIAN ANNUAL HOUSEHOLD INCOME IS \$42,557 AND THE POVERTY RATE IS 21.4%.  ST. VINCENT SETON SPECIALTY LAFAYETTE IS LOCATED IN TIPPECANOE COUNTY, IN NORTHWESTERN INDIANA, AND IS HOME TO THE CITIES OF LAFAYETTE AND WEST LAFAYETTE. THE LATTER HOUSES PURDUE UNIVERSITY, A TOP-TIER RESEARCH INSTITUTION. THE POPULATION IS 183,074 (WHITE=78.1%, ASIAN=7.4%, AND HISPANIC=8%). THE LARGE STUDENT POPULATION ACCOUNTS FOR TIPPECANOE COUNTY'S YOUNG AVERAGE AGE OF 27.7 YEARS OLD.
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	ST. VINCENT SETON SPECIALTY 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 SETON SPECIALTY HOSPITAL MEETS REGULARLY WITH LOCAL ORGANIZATIONS IN THE COMMUNITY TO LEARN WHAT

Return Reference	Identifier	Explanation
		RESOURCES ARE AVAILABLE AND PLAN COMMUNITY HEALTH IMPROVEMENT EFFORTS. IN FISCAL YEAR 2015, THESE ORGANIZATIONS INCLUDED THE CROOKED CREEK COMMUNITY DEVELOPMENT CORPORATION, UNITED WAY, FAY BICCARD GLICK NEIGHBORHOOD CENTER, AND THE JEWISH COMMUNITY CENTER.
SCHEDULE H, PART VI, LINE 6	DESCRIPTION OF AFFILIATED GROUP	AS PART OF ST. VINCENT, ST. VINCENT SETON SPECIALTY HOSPITAL IS DEDICATED TO IMPROVING THE HEALTH STATUS AND QUALITY OF LIFE FOR THE COMMUNITIES IT SERVES. WHILE DESIGNATED ASSOCIATES AT ST. VINCENT SETON SPECIALTY HOSPITAL DEVOTE ALL OR A SIGNIFICANT PORTION OF THEIR TIME TO LEADING AND ADMINISTERING LOCAL COMMUNITY-BASED PROGRAMS AND PARTNERSHIPS, ASSOCIATES THROUGHOUT THE ORGANIZATION ARE ACTIVE PARTICIPANTS IN COMMUNITY OUTREACH. THEY ARE ASSISTED AND SUPPORTED BY DESIGNATED ST. VINCENT COMMUNITY DEVELOPMENT & HEALTH IMPROVEMENT ASSOCIATES AND OTHER SUPPORT STAFF WHO WORK WITH EACH OF ITS HEALTHCARE FACILITIES TO ADVOCATE FOR AND PROVIDE TECHNICAL ASSISTANCE FOR COMMUNITY OUTREACH, NEEDS ASSESSMENTS AND PARTNERSHIPS AS WELL AS TO SUPPORT REGIONAL AND STATE-WIDE PROGRAMS, COMMUNITY PROGRAMS SPONSORED BY ST. VINCENT IN WHICH ST. VINCENT SETON SPECIALTY HOSPITAL PARTICIPATES.
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT	THE STATE OF INDIANA NO LONGER REQUIRES A SEPARATE COMMUNITY BENEFIT REPORT, BUT WILL REFERENCE THE FORM 990. ST. VINCENT SETON SPECIALTY HOSPITAL AND ITS RELATED ST. VINCENT AFFILIATES PUBLISH A COMMUNITY BENEFIT REPORT WHICH IS AVAILABLE TO THE PUBLIC. A COPY OF THE FULL REPORT (INCLUDING THE ST. VINCENT SETON SPECIALTY HOSPITAL SECTION) IS AVAILABLE AT <a href="http://www.stvincent.org/st-vincent-seton-specialty/">HTTP://WWW.STVINCENT.ORG/ST-VINCENT-SETON SPECIALTY/</a> .