

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC.	<b>Employer identification number</b> 35 0869066
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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>1b</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 type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	✓	
<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) . . . . .			19,395,452		19,395,452	1.40
<b>b</b> Medicaid (from Worksheet 3, column a)			367,549,956	260,210,239	107,339,717	7.76
<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	386,945,408	260,210,239	126,735,169	9.16
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	7	166	3,639,363	12,660	3,626,703	0.26
<b>f</b> Health professions education (from Worksheet 5) . . . . .	3	6,368	25,763,914	0	25,763,914	1.86
<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) . . . . .	3	2,625	999,687	0	999,687	0.07
<b>j Total.</b> Other Benefits . . . . .	13	9,159	30,402,964	12,660	30,390,304	2.20
<b>k Total.</b> Add lines 7d and 7j . . . . .	13	9,159	417,348,372	260,222,899	157,125,473	11.36

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50192T

Schedule H (Form 990) 2021

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support	1	11	35,693	0	35,693	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	1	2	7,950	0	7,950	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 <b>Total</b>	<b>2</b>	<b>13</b>	<b>43,643</b>	<b>0</b>	<b>43,643</b>	<b>0.00</b>

**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?	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	24,505,658
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.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	388,405,207
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	482,744,000
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	(94,338,793)
8	Describe in Part VI the extent to which any shortfall reported on 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	✓
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	THE SURGERY CENTER OF INDIANAPOLIS, LLC	SURGERY CENTER	40.00		49.98
2	INDIANA ORTHOPAEDIC HOSPITAL, LLC	ORTHOPAEDIC HOSPITAL	20.00		80.00
3	NEURO ONCOLOGY EQUIPMENT, LLC	STEREOTACTIC RADIO SURGERY SERVICES	50.00		50.00
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? 5

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> ASCENSION ST. VINCENT HOSPITAL 2001 WEST 86TH STREET, INDIANAPOLIS, IN 46260 HTTPS://HEALTHCARE.ASCENSION.ORG/LOCATIONS/INDIANA/INEVA/INDIANAPOLIS-ASCENSION-ST-VINCENT (SEE STATEMENT)	✓	✓		✓	✓	✓	✓			A
<b>2</b> ST. VINCENT WOMEN'S HOSPITAL 8111 TOWNSHIP LINE ROAD, INDIANAPOLIS, IN 46260 HTTPS://HEALTHCARE.ASCENSION.ORG/LOCATIONS/INDIANA/INEVA/INDIANAPOLIS-ASCENSION-ST-VINCENT-WOMENS-HOSPITAL STATE LICENSE NO. : 22-005075-1	✓	✓					✓			A
<b>3</b> ST. VINCENT STRESS CENTER 8401 HARCOURT ROAD, INDIANAPOLIS, IN 46260 HTTPS://HEALTHCARE.ASCENSION.ORG/LOCATIONS/INDIANA/INEVA/INDIANAPOLIS-ASCENSION-ST-VINCENT-STRESS-CENTER STATE LICENSE NO. : 22-005075-1	✓									A
<b>4</b> PEYTON MANNING CHILDREN'S HOSPITAL 2001 WEST 86TH STREET, INDIANAPOLIS, IN 46260 HTTP://WWW.PEYTONMANNINGCH.ORG/ STATE LICENSE NO. : 22-005075-1	✓	✓	✓				✓			A
<b>5</b> ORTHOINDY HOSPITAL 8400 NORTHWEST BLVD, INDIANAPOLIS, IN 46278 HTTPS://WWW.ORTHOINDY.COM/ STATE LICENSE NO. : 23-003930-1	✓									B
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION A, LINE 1 - NAME, ADDRESS, PRIMARY WEBSITE ADDRESS, AND STATE LICENSE NUMBER (AND IF A GROUP RETURN, THE NAME AND EIN OF THE SUBORDINATE HOSPITAL ORGANIZATION THAT OPERATES THE HOSPITAL FACILITY)	-HOSPITAL-INDIANAPOLIS STATE LICENSE NO. : 22-005075-1

**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): \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<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>21</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>https://healthcare.ascension.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>21</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>https://healthcare.ascension.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>5</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 checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" 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>	Was widely publicized 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 checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

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

**Billing and Collections**

Name of hospital facility or letter of facility reporting group A

	Yes	No
<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 nonpayment? . . . . .	✓	
<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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<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**

	Yes	No
<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? . . . . .	✓	
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)		

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

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

Name of hospital facility or letter of facility reporting group A

		Yes	No
<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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<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? . . . . .	<b>23</b>	✓
	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? . . . . .	<b>24</b>	✓
	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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>TO BETTER TARGET COMMUNITY RESOURCES ON THE SERVICE AREA'S MOST PRESSING HEALTH NEEDS, THE HOSPITAL PARTICIPATED IN A GROUP DISCUSSION WITH ORGANIZATIONAL DECISION MAKERS AND COMMUNITY LEADERS TO PRIORITIZE THE SIGNIFICANT COMMUNITY HEALTH NEEDS WHILE CONSIDERING SEVERAL CRITERIA: ALIGNMENT WITH ASCENSION HEALTH STRATEGIES OF HEALTHCARE THAT LEAVES NO ONE BEHIND; CARE FOR THE POOR AND VULNERABLE; OPPORTUNITIES FOR PARTNERSHIP; AVAILABILITY OF EXISTING PROGRAMS AND RESOURCES; ADDRESSING DISPARITIES OF SUBGROUPS; AVAILABILITY OF EVIDENCE-BASED PRACTICES; AND COMMUNITY INPUT. THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AS IDENTIFIED THROUGH THE CHNA. SEE SCHEDULE H, PART V, LINE 7 FOR THE LINK TO THE CHNA AND SCHEDULE H, PART V, LINE 11 FOR HOW THOSE NEEDS ARE BEING ADDRESSED.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>Facility Name: Facility Group A</p> <p>Description: Ascension St. Vincent Hospital and Health Care Center, Line 1 Ascension St. Vincent Women's Hospital, Line 2 Ascension St. Vincent Stress Center, Line 3 Ascension St. Vincent Hospital - Peyton Manning Children's Hospital, Line 4</p> <p>Recognizing its vital importance to understanding the health needs and assets of the community, Ascension St. Vincent Indianapolis consulted with a range of public health and social service providers that represent the broad interests of residents of Marion County. Multiple methods were used to gather community input, including community input meetings, a hospital input meeting with hospital staff, and key informant interviews. A summary of the process and results is outlined below.</p> <p>Four community input meetings were conducted by Verite Healthcare Consulting in May and June 2021 to gather feedback on the health needs and assets of Marion County. Fifty-three (53) individuals participated in the Marion County community meetings. These individuals represented organizations including local health departments, non-profit organizations, faith-based organizations, health care providers, and local policymakers. The organizations that participated in the community input meetings are the following: Allen Chapel A.M.E. Church, Indianapolis City Council, Anthem Medicaid, Indianapolis City-County Council, Broadway United Methodist Church, Indianapolis Neighborhood Housing Partnership, City of Indianapolis (Division of Community Nutrition and Food Policy), Indianapolis Public Transportation Corporation (IndyGo), Coalition for Our Immigrant Neighbors, Indianapolis Urban League, Concerned Clergy of Indianapolis, Indy Hunger Network, Connections IN Health, Jump IN for Healthy Kids, Connections IN Health - IU School of Medicine, Managed Health Services (MHS), Covering Kids &amp; Families of Indiana, Marian University, Crossroads A.M.E. Church, Marian University - College of Osteopathic Medicine, First Baptist Church North Indianapolis, Marion County Public Health Department, Genesaret Free Clinic, Neighborhood Christian Legal Clinic, Gleaners Food Bank of Indiana, Nine13sports, Habitat for Humanity of Greater Indianapolis, Nurse Family Partnership - Goodwill of Central and Southern Indiana, Health by Design, Office of Representative Andre Carson, Horizon House Pathway to Recovery, Immigrant Welcome Center, Playworks Indiana, Indiana Civil Rights Commission (American Indian and Asian), Raphael Health Center, Clinical and Translational Sciences Institute (CTSI), Richard M. Fairbanks Foundation, Indiana Legal Services, The Julian Center, Indiana Public Health Association, Top 10 Coalition, Indiana State Department of Health, University of Indianapolis, Indiana University Richard M. Fairbanks School of Public Health, and YMCA of Greater Indianapolis.</p> <p>Two meetings also were conducted in November 2021 and January 2022 to gather feedback from hospital staff on the health needs and assets of Marion County. Twenty-four individuals participated. These staff included physician residents, discharge planners, community navigators, social workers, primary care providers, and administrators.</p> <p>Finally, an interview was conducted with a local public health department representative to obtain subject-matter expertise regarding health needs in Marion County. Questions focused, first, on identifying and discussing health issues in the community before the COVID-19 pandemic began. Questions then focused on the pandemic's impacts and on what has been learned about the community's health given those impacts.</p> <p>The organizations that participated represented a variety of vulnerable populations, which included individuals who are medically underserved (census tracts in Indianapolis and central Marion County are designated as a medically underserved area and the Indiana Hemophilia &amp; Thrombosis Center and the lower income population of the Indianapolis Northwest Side have been designated as MUPs), living in poverty, struggling to meet basic needs (including housing and food insecurity), experiencing addiction, seeking government assistance, victims of domestic violence and/or neglect, senior citizens, and/or experiencing racial/ethnic health disparities. Additionally, the Marion County Public Health Department represented the needs of these vulnerable populations via their public health expertise.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>Facility Name: Facility Group A</p> <p>Description: Ascension St. Vincent Hospital and Health Care Center, Line 1 Ascension St. Vincent Women's Hospital, Line 2 Ascension St. Vincent Stress Center, Line 3 Ascension St. Vincent Hospital - Peyton Manning Children's Hospital, Line 4</p> <p>During its most recent CHNA, The Hospital collaborated with other Indiana health systems to collect primary data through online community input meetings and key stakeholder interviews. These health systems include IU Health, Community Health Network, Riverview Health, and the Rehabilitation Hospital of Indiana. Ascension St. Vincent Indianapolis also collaborated with other hospitals that are members of Ascension St. Vincent.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>Facility Name: Facility Group A - Part 1</p> <p>Description: Ascension St. Vincent Hospital and Health Care Center, Line 1 Ascension St. Vincent Women's Hospital, Line 2 Ascension St. Vincent Stress Center, Line 3 Ascension St. Vincent Hospital - Peyton Manning Children's Hospital, Line 4</p> <p>Addressed Significant Needs of FY20-22 CHNA Cycle (FY22 Summary)</p> <p>1) Access to Health Services - The goal of the initiative is to increase the number of people enrolled in Medicare or Medicare Savings programs. This will be accomplished through an evidence-based strategy called Pathways, which is utilized by the hospital's health advocates, who educate people interested in these programs about their options and assist with the application and submission process. The SMART objective is as follows: By June 30, 2022, the hospital will increase its FY20 baseline number of enrollments for the Medicare and Medicare Savings Program by 2.5%. During FY22, the hospital dedicated \$160,008 in community benefit to this initiative and assisted 43 people with obtaining Medicare and/or Medicare Savings insurance (FY20 baseline = 16, FY22 goal = 17, FY22 goal attainment = achieved).</p> <p>2) Food Security - The goal of the initiative aligns with the Healthy People 2020 goal to eliminate very low food security among children. The strategy focuses on encouraging schools and/or school districts to adopt a school-wide or district wide policy designed to increase student availability and participation in the scientifically supported school breakfast program. The target population are schools with less than 70% of students who eat free or reduced-price lunch also eating breakfast at school. To accomplish this, the system partnered with the national organization, No Kid Hungry, and other local organizations to launch the initiative. The hospital works with a food service director of a school and/or districts to support breakfast after the bell models and/or universal free school meal options. The SMART objective is as follows: The hospital will partner with a school and/or a school district to increase the percentage of students who eat free/reduced-priced lunch also eating breakfast in the School Breakfast Program by 2% from the baseline established at the beginning of FY21 until the end of FY22 (June 30, 2022). However, due to the unanticipated, significant impact COVID-19 had on schools, the scope of the initiative was expanded to include all school nutrition programs, in addition to the school breakfast program. Consequently, during FY22, Ascension St. Vincent Indianapolis dedicated \$10,000 in community benefit to this initiative by supporting St. Monica's purchase of a new steamer for the school cafeteria.</p> <p>3) Mental Health - The goal of the initiative is to increase the number of community members that are trained in the evidence-based Mental Health First Aid (MHFA) curriculum to identify individuals who are experiencing mental health /substance issues. The strategy consists of the hospital offering at least one MHFA training to the community at no charge during the reporting year. The target population is community members who want to be trained as MFHA "first aiders". To accomplish this, the hospital works with certified MHFA instructors and local community mental health and service organizations. The SMART objective is as follows: By June 30, 2022, the hospital will increase the number of community members trained to identify individuals experiencing mental health /substance issues by the end of FY 2022. During FY22, Ascension St. Vincent Indianapolis Hospital did offer a MHFA training for 11 individuals. However, it was reported after the deadline and therefore, not included in the community benefit dollars reported.</p> <p>Addressing Needs in Current CHNA Cycle (FY23-25)</p> <p>In Ascension St. Vincent Indianapolis most recent CHNA, the following were identified as significant needs in the community: Access to Care; Communicable Diseases/STDs; COVID-19 Pandemic; Food Security; Maternal, Infant, and Child Health; Mental Health Status and Access to Mental Health Services; Obesity; Racial and Ethnic Health Disparities; Social Determinants of Health, including: Poverty, Affordable Housing, Food Insecurity, and Transportation; Smoking and Tobacco Use; Substance Use Disorders and Overdoses; Violence and Crime The FY2023-2025 Implementation Strategy specifically addresses Access to Care, Mental Health, and Maternal, Infant, and Child Health, in following ways:</p> <p>1) Access to Care - The goal of the initiative is to increase access to comprehensive, high-quality health care services (Healthy People 2030). The hospital will do this through various strategies, which includes the evidence-based approach called Pathways, utilized by the hospital's health advocates, to assist individuals access various health, human, and social services. Specifically, the hospital will focus on increasing the proportion of people with a usual primary care provider by doing the following: 1) increasing the number of patients established with a medical home by 2.0% each year, amongst individuals who complete a Medical Home Pathway, from baseline established in FY2023, and 2) increasing the number of self-pay/charity Emergency Department patients connected with a provider by 5.0%, from baseline established in FY2023. Also, the hospital will focus on increasing the proportion of people with health insurance by 5.0% each year, amongst individuals who complete an enrollment pathway, from baseline established in FY2023. Finally, in an effort to work collaboratively with community groups and organizations, the hospital will strengthen community engagement by supporting coalitions and implementing partners to improve access to care.</p> <p>2) Mental Health - The goal of the initiative is to improve mental health (Healthy People 2030). The strategy is based on the HP2030 Mental Health and Mental Disorders objective: Reduce the suicide rate (MHMD-01). The hospital will collaborate with the Ascension St. Vincent Stress Center, to offer at least one QPR (Question, Persuade, Refer) training to the community at no charge by the end of the implementation strategy cycle. The target population will include community members, first responders, educators, students, and faith-based organizations. Additionally, this initiative includes a community engagement objective. The hospital will strengthen community engagement to expand the reach of evidence-based programs, advocacy, and/or services through financial support, facilitation, and/or promotion to improve mental health.</p> <p>3) Maternal, Infant, and Child Health (through the lens of poverty) - The goal of this initiative is to improve the health of the mother-baby dyad before, during, and after pregnancy and prevent maternal and infant deaths. The first strategy is based on the HP2030 Maternal, Infant, Child Health objective: Increase the proportion of pregnant women who receive early and adequate prenatal care (MICH-08). The hospital will increase the number of women who receive prenatal care within the first trimester (12 weeks and six days of conception) by 5.0%, amongst the Primary Care Center (PCC) and select Ascension Medical Group (AMG) OB practices, from baseline established in FY2023. The second strategy aims to increase the proportion of women who receive perinatal mental health care and adequate postpartum care via the following two methods: 1) implement a pilot program to standardize perinatal mood and anxiety disorder (PMAD) screening and referrals, amongst the Primary Care Center (PCC) and select Ascension Medical Group (AMG) OB practices and 2) increase the number of women who receive postpartum care within 56 days of delivery by 5.0% amongst the Primary Care Center (PCC) and select Ascension Medical Group (AMG) OB practices, from baseline established in FY2023. The third strategy will increase the number of babies born weighing more than 5 lbs. 8 oz. by 5.0%, each year, amongst the individuals who complete a Pregnancy Pathway, from baseline established in FY2023. Finally, the hospital will strengthen community engagement to expand the reach of evidence-based programs, advocacy, and/or services through financial support, facilitation, and/or promotion to maternal and infant health.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>Facility Name: Facility Group A - Part 2</p> <p>Description: Ascension St. Vincent Indianapolis is committed to improving community health by directly, and indirectly, addressing community needs. However, certain factors impact the hospital's ability to fully address all of the identified needs. The needs listed below are not included in the Ascension St. Vincent Indianapolis's implementation strategy for the following reasons:</p> <p>Communicable Diseases/STDs - The hospital, together with Ascension Medical Group (AMG), a physician-led provider organization, provides diagnoses, treatments, and counseling for community members with communicable diseases and STDs. Additionally, the hospital remains committed to partnering with community groups to address this identified health need and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, are working to reduce communicable diseases/STDs, the hospital will not directly address this need in the current Implementation Strategy.</p> <p>COVID-19 Pandemic - The hospital, together with AMG, continues to provide treatment for community members diagnosed with COVID-19, as it has done since the beginning of the pandemic. As federal, state, and local authorities are providing leadership for prevention and surveillance activities, the hospital will not directly address the COVID-19 pandemic in the current Implementation Strategy.</p> <p>Food Security - The hospital works to improve food security of community members through a variety of means, such as continuation of partnerships with schools to support weekend feeding programs or school nutrition programs, financial donations to charitable organizations, and/or food drives. Moreover, the hospital, together with AMG, screens patients for food insecurity and provides referrals to community resources and/or hospital-based local resources. Additionally, the hospital remains committed to partnering with community groups to address this identified health need and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, are working to improve food security, the hospital will not directly address this need in the current Implementation Strategy.</p> <p>Obesity, Physical Inactivity, and Associated Chronic Disease - The hospital, together with AMG, provides education on various health topics related to obesity, physical inactivity, and associated chronic disease through health fairs and screenings, health education, wellness programs, lectures, school health education programs, and/or community support groups. Additionally, the hospital remains committed to partnering with community groups to address these identified health needs and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, are working to reduce this need, the hospital will not directly address this need in their current Implementation Strategy.</p> <p>Racial and Ethnic Health Disparities - The hospital is a ministry of Ascension St. Vincent, which is committed to serving all individuals, with special attention to those living in poverty and who are most vulnerable. In 2020, this commitment was reinforced with the launch of a system-wide initiative to advance health equity and social justice through the ABIDE (Appreciation, Belongingness, Inclusivity, Diversity, and Equity) Framework. Moreover, the use of Community Health Workers across the market is a strategy that is deemed, "likely to decrease disparities", per County Health Rankings and Roadmaps. Additionally, the hospital remains committed to partnering with community groups to address the issue of health disparities and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, are working to reduce this need, the hospital will not directly address this need in the current Implementation Strategy.</p> <p>Smoking and Tobacco Use - The hospital, together with AMG, screens patients for tobacco use and promotes the use of the evidence-based state tobacco cessation quitline (1-800-Quit-Now). Additionally, the hospital remains committed to partnering with community groups to address this identified health issue and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, are working to reduce smoking and tobacco use, the hospital will not directly address this need in the current Implementation Strategy.</p> <p>Substance Use Disorders and Overdoses - The hospital, together with AMG, does provide diagnoses, treatment, and counseling for community members with substance use disorders and overdoses, most notably through emergency services. Additionally, the hospital remains committed to partnering with community groups to address this identified health need and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, have focused efforts to reduce substance use disorders and overdoses, the hospital will not directly address this need in the current Implementation Strategy.</p> <p>Violence and Crime - The hospital, together with AMG, screens patients to identify safety concerns as well as for social determinants of health factors related to violence and crime. Moreover, supporting services and referrals are provided by Community Health Workers in the Ascension St. Vincent Health Access Department, to respond to violence and crime encountered by patients. Additionally, the hospital remains committed to partnering with community groups to address these identified health needs and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, are working to reduce violence and crime, the hospital will not directly address this need in the current Implementation Strategy.</p> <p>While these needs are not the focus of this Implementation Strategy, Ascension St. Vincent Indianapolis may consider investing resources in these areas as appropriate, depending on opportunities to leverage organizational assets in partnership with local communities and organizations. Also, this report does not encompass a complete inventory of everything Ascension St. Vincent Indianapolis does to support health within the community.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p><a href="https://healthcare.ascension.org/Financial-Assistance">https://healthcare.ascension.org/Financial-Assistance</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p><a href="https://healthcare.ascension.org/Financial-Assistance">https://healthcare.ascension.org/Financial-Assistance</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p>	<p><a href="https://healthcare.ascension.org/Financial-Assistance">https://healthcare.ascension.org/Financial-Assistance</a></p>

**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 B

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

		Yes	No
<b>Community Health Needs Assessment</b>			
<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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<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>21</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>https://www.orthoindy.com/pay-bill</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url): <u>https://www.orthoindy.com/pay-bill</u>		
<b>c</b>	<input 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>21</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>https://www.orthoindy.com/pay-bill</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 B

		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>3</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>	Was widely publicized 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 checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<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"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

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

**Billing and Collections**

Name of hospital facility or letter of facility reporting group B

		Yes	No
<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 nonpayment? . . . . .	✓	
<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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<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? . . . . .	✓	
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)		

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

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

Name of hospital facility or letter of facility reporting group B

		Yes	No
<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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<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? . . . . .	<b>23</b>	✓
	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? . . . . .	<b>24</b>	✓
	If "Yes," explain in Section C.		

**Part V, 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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>TO BETTER TARGET COMMUNITY RESOURCES ON THE SERVICE AREA'S MOST PRESSING HEALTH NEEDS, THE HOSPITAL PARTICIPATED IN A GROUP DISCUSSION WITH ORGANIZATIONAL DECISION MAKERS AND COMMUNITY LEADERS TO PRIORITIZE THE SIGNIFICANT COMMUNITY HEALTH NEEDS WHILE CONSIDERING SEVERAL CRITERIA: ALIGNMENT WITH ASCENSION HEALTH STRATEGIES OF HEALTHCARE THAT LEAVES NO ONE BEHIND; CARE FOR THE POOR AND VULNERABLE; OPPORTUNITIES FOR PARTNERSHIP; AVAILABILITY OF EXISTING PROGRAMS AND RESOURCES; OPPORTUNITIES FOR PARTNERSHIP; ADDRESSING DISPARITIES OF SUBGROUPS; AVAILABILITY OF EVIDENCE-BASED PRACTICES; AND COMMUNITY INPUT. THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AS IDENTIFIED THROUGH THE CHNA. SEE SCHEDULE H, PART V, LINE 7 FOR THE LINK TO THE CHNA AND SCHEDULE H, PART V, LINE 11 FOR HOW THOSE NEEDS ARE BEING ADDRESSED.</p>



Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>Facility Name: OrthoIndy</p> <p>Description: AS FEDERALLY REQUIRED BY THE AFFORDABLE CARE ACT, THE FOLLOWING IS AN OVERVIEW OF THE METHODS AND PROCESS USED TO IDENTIFY AND PRIORITIZE SIGNIFICANT HEALTH NEEDS IN THE FOLLOWING COUNTIES IN INDIANA: HAMILTON, HENDRICKS, JOHNSON AND MARION.</p> <p>The 2021 CHNA was conducted with contracted assistance from Verite Healthcare Consulting from June 2021 to April 2022 and utilized a process that incorporated data from both primary and secondary sources.</p> <p>Primary data sources included information provided by groups/individuals, e.g., representatives of public health departments, community residents, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. A community input meeting was held in June 2021. Numerous individuals representing organizations across Marion County were invited. A key stakeholder interview was conducted with a representative of the Marion County Health Department. A hospital input meeting was held with hospital staff members. Special attention was given to the needs of individuals and communities who are more vulnerable and to unmet health needs or gaps in services. Sessions were conducted using virtual meeting platforms and online polls to assess community priorities of significant needs in Marion County.</p> <p>Secondary data were compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.</p> <p>Four community input meetings were conducted in April and May 2021 to gather feedback on the health needs and assets of Marion County. Individuals from a wide variety of organizations and communities participated in community meetings and surveys. These individuals represented organizations including local health departments, non-profit organizations, faith-based organizations, health care providers, and local policymakers. Community organizations participating in the community input meetings are presented below.</p> <p>ALLEN CHAPEL A.M.E. CHURCH ANTHEM MEDICAID BROADWAY UNITED METHODIST CHURCH CITY OF INDIANAPOLIS, DIVISION OF COMMUNITY NUTRITION AND FOOD POLICY COALITION OF OUR IMMIGRANT NEIGHBORS CONCERNED CLERGY OF INDIANAPOLIS CONNECTIONS IN HEALTH - IU SCHOOL OF MEDICINE CONNECTIONS IN HEALTH COVERING KIDS AND FAMILIES OF INDIANA CROSSROADS A.M.E. CHURCH FIRST BAPTIST CHURCH NORTH INDIANAPOLIS GENNESARET FREE CLINIC GLEANERS FOOD BANK OF INDIANA HABITAT OF HUMANITY OF GREATER INDIANAPOLIS HEALTH BY DESIGN HORIZON HOUSE IMMIGRANT WELCOME CENTER INDIANA CIVIL RIGHTS COMMISSION (AMERICAN INDIAN AND ASIAN) INDIANA CLINICAL AND TRANSLATIONAL SCIENCES INSTITUTES (CTSI) INDIANA LEGAL SERVICES INDIANA PUBLIC HEALTH ASSOCIATION INDIANA STATE DEPARTMENT OF HEALTH INDIANA UNIVERSITY FICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH INDIANAPOLIS CITY COUNTY INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSHIP INDIANAPOLIS URBAN LEAGUE INDIANAPOLIS CITY-COUNTY COUNCIL INDIANAPOLIS PUBLIC TRANSPORTATION CORPORATION (INDYGO) INDY HUNGER NETWORK JUMP IN FOR HEALTH KIDS MANAGED HEALTH SERVICE (MHS) MARIAN UNIVERSITY - COLLEGE OF OSTEOPATHIC MEDICINE MARIAN UNIVERSITY MARION COUNTY PUBLIC HEALTH DEPARTMENT NEIGHBORHOOD CHRISTIAN LEGAL CLINIC NINE13SPORTS NURSING FAMILY PARTNERSHIP - GOODWILL OF CENTRAL AND SOUTHERN INDIANA OFFICE OF REPRESENTATIVE ANDRE CARSON PATHWAY TO RECOVERY PLAYWORKS INDIANA RAPHAEL HEALTH CENTER RICHARD M. FAIRBANKS FOUNDATION THE JULIAN CENTER TOP 10 COALITION UNIVERSITY OF INDIANAPOLIS YMCA OF GREATER INDIANAPOLIS</p> <p>A hospital input meeting also was conducted in January 2022 to gather feedback from hospital staff on the health need priorities and assets of Marion County. Two individuals participated. These staff represented the perspectives of discharge planners, community navigators, social workers, primary care providers, and administrators.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>Facility Name: OrthoIndy</p> <p>Description: THE HOSPITAL CONDUCTED ITS CHNA IN CONJUNCTION WITH THE FOLLOWING HOSPITAL FACILITIES:</p> <p>ASCENSION ST. VINCENT IU HEALTH COMMUNITY HEALTH NETWORK RIVERVIEW HEALTH REHABILITATION HOSPITAL OF INDIANA</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>Facility Name: Ortholndy</p> <p>Description: As a result of Ortholndy's most recent CHNA, the following needs were identified as significant in the community: substance abuse, mental health, chronic health conditions, youth services, and homelessness. The hospital's FY20-22 implementation strategy addresses the prioritized health needs of mental health, with the addition of the system-wide health improvement priorities of access to health services through the following system-wide health improvement priority strategies:</p> <p>1) Access to Health Services - The goal of the initiative is to increase the number of people enrolled in Medicare or Medicare Savings programs. This will be accomplished through an evidence-based strategy called Pathways, which is utilized by the hospital's health advocates, who educate people interested in these programs about their options and assist with the application and submission process. The SMART objective is as follows: By June 30, 2022 the hospital will increase its FY20 baseline number of enrollments for the Medicare and Medicare Savings Program by 2.5%. During FY21, the hospital dedicated \$160,008 in community benefit to this initiative and assisted 36 people with obtaining Medicare and/or Medicare Savings insurance (FY20 baseline = 16, FY21 goal = 17, FY21 goal attainment =211%).</p> <p>2) Mental Health - The goal of the initiative is to increase the number of community members that are trained in the evidence-based Mental Health First Aid (MHFA) curriculum to identify individuals who are experiencing mental health /substance issues. The strategy consists of the hospital offering at least one MHFA training to the community at no charge during the reporting year. The target population is community members who want to be trained as MFHA "first aiders". To accomplish this, the hospital works with certified MHFA instructors and local community mental health and service organizations. The SMART objective is as follows: By June 30, 2022 the hospital will increase the number of community members trained to identify individuals experiencing mental health /substance issues by the end of FY 2022. Please note, a specific target will be set for FY 2022, after the baseline is determined in FY 2021. During FY21, Ortholndy scheduled a virtual MHFA but had to cancel the training session due to a lack of participation.</p> <p>The hospital is committed to improving community health by directly, and indirectly, addressing prioritized health needs. However, certain factors impact the hospital's ability to fully address all priority health needs. The significant needs and explanations listed below are not being addressed in the hospital's implementation strategy plan for the following reasons:</p> <p>Nutrition &amp; Weight Status - Food Security - This identified health need is not being addressed in the Implementation Strategy due to limitations within the hospital's human capital and financial resources.</p> <p>Substance Abuse - This issue is being addressed through the Mental Health priority.</p> <p>Homelessness - This identified health need is not being addressed in the Implementation Strategy due to limitations within the hospital's human capital and financial resources. However, the hospital provides support through the community-based care coordination department of St. Vincent Rural and Urban Access to Health (RUAH).</p> <p>Chronic Health Conditions - This identified health need is not being addressed in the Implementation Strategy due to limitations within the hospital's financials and human resources. However, the hospital may provide education on various health needs facing the local community through the following: health fairs, health promotion, wellness programs, lectures, school health education programs, and support groups.</p> <p>Youth Services - This identified health need is not being addressed in the Implementation Strategy due to limitations within the hospital's human capital and financial resources.</p> <p>Following the completion of the current CHNA, Ortholndy has selected the prioritized needs outlined below for its FY2023 - FY2025 Implementation Strategy. Ascension has defined "prioritized needs" as the significant needs which have been prioritized by the hospital to address through the three-year CHNA cycle:</p> <p>Access to Care - This need was selected because access to care indicators such as adults reporting fair or poor health, low birthweight babies, per capita supply of healthcare providers, preventable hospital stays, and/or core preventive services compared unfavorably to peer counties or U.S. averages and because community meeting participants identified access to care (including preventive services) as a priority.</p> <p>Mental Health - This need was selected because mental health indicators such as number of mentally unhealthy days, number of mental health providers per population, depression rate and/or suicide rate compared unfavorably to peer counties or U.S. averages and because community meeting participants identified mental health and adverse childhood experiences (ACEs) as a priority.</p> <p>Ortholndy understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. For the purposes of this Implementation Strategy, Ortholndy has chosen to focus its efforts on the priorities listed above.</p> <p>Ortholndy is a specialty orthopedic hospital with expertise in providing the highest quality, comprehensive bone, joint, spine and muscle care. The hospital is committed to improving community health by directly, and indirectly, addressing prioritized health needs. However, certain factors impact the hospital's ability to fully address all prioritized health needs. The needs listed below are not included in the hospital's Implementation Strategy plan for the following reasons:</p> <p>COVID-19 Pandemic - This need was not selected because other facilities or organizations in the community are addressing the need.</p> <p>Food Security - This need was not selected because a relatively low priority was assigned to the need and because other organizations are addressing this need.</p> <p>Obesity, Physical Inactivity, and Associated Chronic Disease - This need was not selected because of resource constraints and because other facilities or organizations in the community are addressing the need.</p>

Return Reference - Identifier	Explanation
	<p>Social Determinants of Health, including poverty, affordable housing, food insecurity, and transportation - This need was not selected because of a relative lack of expertise or competencies to effectively address the need.</p> <p>Smoking and Tobacco Use - This need was not selected because a relatively low priority was assigned to the need and other organizations in the community are addressing the need. While these needs are not the focus of this Implementation Strategy, OrthoIndy may consider investing resources in these areas as appropriate, depending on opportunities to leverage organizational assets in partnership with local communities and organizations. Also, this report does not encompass a complete inventory of everything OrthoIndy does to support health within the community.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p><a href="https://www.orthoindy.com/pay-bill">https://www.orthoindy.com/pay-bill</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p><a href="https://www.orthoindy.com/pay-bill">https://www.orthoindy.com/pay-bill</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p>	<p><a href="https://www.orthoindy.com/pay-bill">https://www.orthoindy.com/pay-bill</a></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? 38

Name and address	Type of Facility (describe)
<b>1</b> ST. VINCENT - INDIANAPOLIS HEART CARE 8333 NAAB RD INDIANAPOLIS, IN 46260	CARDIOVASCULAR SERVICES
<b>2</b> ST. VINCENT - INDIANAPOLIS CENTER FOR MATERNAL & FETAL CARE 8111 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260	MATERNAL FETAL CARE
<b>3</b> NAAB ROAD SURGERY CENTER 8260 NAAB RD INDIANAPOLIS, IN 46260	SURGERY CENTER
<b>4</b> ST. VINCENT - INDIANAPOLIS RESPIRATORY CARE 8333 NAAB RD, SUITE 250 INDIANAPOLIS, IN 46260	RESPIRATORY SERVICES
<b>5</b> ASCENSION ST. VINCENT CANCER CARE 8301 HARCOURT RD INDIANAPOLIS, IN 46260	ONCOLOGY SERVICES
<b>6</b> ASCENSION ST. VINCENT STRESS CENTER 8401 HARCOURT RD INDIANAPOLIS, IN 46260	BEHAVIORAL HEALTH SERVICES
<b>7</b> ASCENSION ST. VINCENT BREAST CENTER INDIANAPOLIS 8550 NAAB RD, SUITE 300 INDIANAPOLIS, IN 46260	WOMEN'S BREAST CARE
<b>8</b> ST. VINCENT NAAB RD. INDIANAPOLIS HEART CARE 8333 NAAB RD, SUITE 400 INDIANAPOLIS, IN 46260	CARDIOVASCULAR SERVICES
<b>9</b> ST. VINCENT TRANSPLANT SERVICES 8402 HARCOURT RD, SUITE 500 INDIANAPOLIS, IN 46260	TRANSPLANT SERVICES
<b>10</b> ST. VINCENT - PLAINFIELD PRIMARY & SPECIALTY CARE 2414 EAST MAIN ST PLAINFIELD, IN 46168	PRIMARY & SPECIALTY CARE

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**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? 38

Name and address	Type of Facility (describe)
<b>1</b> ASCENSION ST. VINCENT HOSPITAL AVON EMERGENCY DEPARTMENT 9613 E. US HIGHWAY 36 AVON, IN 46123	EMERGENCY SERVICES
<b>2</b> ASCENSION ST. VINCENT HOSPITAL CASTLETON EMERGENCY DEPARTMENT 8602 ALLISONVILLE RD CASTLETON, IN 46250	EMERGENCY SERVICES
<b>3</b> ASCENSION ST. VINCENT - INDIANAPOLIS SOUTH 8451 S. EMERSON AVE INDIANAPOLIS, IN 46237	EMERGENCY SERVICES
<b>4</b> ASCENSION ST. VINCENT PRIMARY CARE CENTER 8414 NAAB RD INDIANAPOLIS, IN 46260	PRIMARY CARE
<b>5</b> ST. VINCENT CARDIOVASCULAR RESEARCH INSTITUTE 10590 N. MERIDIAN, SUITE 300 INDIANAPOLIS, IN 46290	CARDIOVASCULAR SERVICES
<b>6</b> ST. VINCENT - CENTER FOR MATERNAL FETAL MEDICINE 8081 TOWNSHIP LINE RD, SUITE 203 INDIANAPOLIS, IN 46260	MATERNAL FETAL CARE
<b>7</b> ASCENSION ST. VINCENT HOSPITAL NOBLESVILLE EMERGENCY DEPARTMENT 9460 E. 146TH ST NOBLESVILLE, IN 46060	EMERGENCY SERVICES
<b>8</b> ST. VINCENT CRITICAL CARE TRANSPORT 7950 GEORGETOWN RD INDIANAPOLIS, IN 46268	CRITICAL CARE TRANSPORT
<b>9</b> ASCENSION ST. VINCENT PEDIATRIC THERAPY CENTER 8220 NAAB RD, SUITE 300 INDIANAPOLIS, IN 46260	PEDIATRIC REHABILITATION
<b>10</b> ASCENSION ST. VINCENT PHYSICAL THERAPY CARMEL 1185 W. CARMEL DR, BUILDING C CARMEL, IN 46032	PHYSICAL THERAPY

Schedule H (Form 990) 2021

**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? 38

Name and address	Type of Facility (describe)
<b>1</b> PEYTON MANNING CHILDREN'S HOSPITAL - EVANSVILLE FEEDING CLINIC 3900 WASHINGTON AVE EVANSVILLE, IN 47714	FEEDING CLINIC
<b>2</b> ASCENSION ST. VINCENT SPORTS PERFORMANCE 14555 CLAY TERRACE DR CARMEL, IN 46032	SPORTS PERFORMANCE
<b>3</b> ST. VINCENT INDIANAPOLIS WOMEN'S HEALTH 8091 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260	WOMEN'S HEALTH SERVICES
<b>4</b> ST. VINCENT - CENTER FOR PRENATAL DIAGNOSIS 8081 TOWNSHIP LINE RD, SUITE 200 INDIANAPOLIS, IN 46260	PRENATAL CARE
<b>5</b> ST. VINCENT - MINIMALLY INVASIVE GENERAL SURGERY 8402 HARCOURT RD, SUITE 830 INDIANAPOLIS, IN 46260	SURGERY CENTER
<b>6</b> EVANSVILLE MATERNAL FETAL CARE - ST. VINCENT - ASCENSION 3700 WASHINGTON AVE EVANSVILLE, IN 47714	MATERNAL FETAL CARE
<b>7</b> ST. VINCENT - PULMONARY MEDICINE 8402 HARCOURT RD, SUITE 731 INDIANAPOLIS, IN 46260	PULMONARY SERVICES
<b>8</b> ST. VINCENT ZIONSVILLE PRIMARY & SPECIALTY CARE 10801 N. MICHIGAN RD ZIONSVILLE, IN 46077	PRIMARY & SPECIALTY CARE
<b>9</b> ST. VINCENT - CARMEL PRIMARY CARE 13500 N. MERIDAN CARMEL, IN 46032	PRIMARY CARE
<b>10</b> ST. VINCENT - INDIANAPOLIS HEART CARE 8433 HARCOURT RD, SUITE 100 INDIANAPOLIS, IN 46260	CARDIOVASCULAR SERVICES

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**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? 38

Name and address	Type of Facility (describe)
<b>1</b> ST. VINCENT - FISHERS PRIMARY CARE 13914 SOUTHEASTERN PARKWAY FISHERS, IN 46037	PRIMARY CARE
<b>2</b> ASCENSION ST. VINCENT OUTPATIENT ADULT PHYSICAL THERAPY - ANSON 6085 HEARTLAND DR, SUITE 201 ZIONSVILLE, IN 46077	REHABILITATION SERVICES
<b>3</b> ASCENSION ST. VINCENT - MINIMALLY INVASIVE GENERAL SURGERY 8402 HARCOURT RD, SUITE 105 INDIANAPOLIS, IN 46260	SURGERY CENTER
<b>4</b> ASCENSION ST. VINCENT PHYSICAL THERAPY ON BROAD RIPPLE 1001 BROAD RIPPLE AVE INDIANAPOLIS, IN 46220	PHYSICAL THERAPY
<b>5</b> RIVERVIEW HOSPITAL 395 WESTFIELD RD NOBLESVILLE, IN 46060	PRIMARY & SPECIALTY CARE
<b>6</b> ASCENSION ST. VINCENT PEDIATRIC NEUROLOGY 8414 NAAB RD, SUITE 205 INDIANAPOLIS, IN 46260	PEDIATRIC NEUROLOGY
<b>7</b> ASCENSION ST. VINCENT PHYSICAL THERAPY 8227 NORTHWEST BLVD, SUITE 160 INDIANAPOLIS, IN 46278	PHYSICAL THERAPY
<b>8</b> ASCENSION ST. VINCENT - CARMEL HEARING HEALTH 14828 GREYHOUND CT, SUITE 150 CARMEL, IN 46032	AUDIOLOGY SERVICES
<b>9</b>  	
<b>10</b>  	



Provide the following information.

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - FACTORS OTHER THAN FPG	IN ADDITION TO FPG, THE ORGANIZATION USES MEDICAL INDIGENCY, ASSET TEST, INSURANCE STATUS AND RESIDENCY AS OTHER FACTORS IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE. A PATIENT MAY NOT BE ELIGIBLE FOR THE FINANCIAL ASSISTANCE IF SUCH PATIENT IS DEEMED TO HAVE SUFFICIENT ASSETS TO PAY PURSUANT TO AN "ASSET TEST." THE ASSET TEST INVOLVES A SUBSTANTIVE ASSESSMENT OF A PATIENT'S ABILITY TO PAY BASED ON THE CATEGORIES OF ASSETS MEASURED IN THE FAP APPLICATION. A PATIENT WITH SUCH ASSETS THAT EXCEED 250% OF SUCH PATIENT'S FPL AMOUNT MAY NOT BE ELIGIBLE FOR FINANCIAL ASSISTANCE. AN ASSET TEST APPLIES IF A PATIENT HAS ELIGIBLE LIQUID ASSETS THAT EXCEED 250% OF THE PATIENT'S FPG LEVEL FOR CONSIDERATION OF FINANCIAL ASSISTANCE ELIGIBILITY. LIQUID ASSETS INCLUDE ASSETS THAT CAN BE CONVERTED TO CASH WITHIN 1 YEAR. THESE INCLUDE ITEMS SUCH AS CHECKING ACCOUNTS, SAVINGS ACCOUNTS, TRUST FUNDS AND LUXURY ITEMS SUCH AS RECREATIONAL VEHICLES, BOATS, A SECOND HOME, ETC.
SCHEDULE H, PART I, LINE 5A - BUDGET AMOUNTS FOR FREE OR DISCOUNTED CARE	THE ORGANIZATION ADMINISTERS ITS FINANCIAL ASSISTANCE POLICY IN ACCORDANCE WITH THE TERMS OF THE POLICY.
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 COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	RESEARCH SHOWS THAT SOCIAL DETERMINANTS AND QUALITY OF LIFE PLAY A MAJOR ROLE IN THE HEALTH STATUS OF INDIVIDUALS AND COMMUNITIES. COMMUNITY BUILDING ACTIVITIES, WHICH FOCUS ON THE ROOT CAUSES OF HEALTH PROBLEMS, ULTIMATELY INFLUENCE, AND IMPROVE HEALTH STATUS. EXAMPLES OF COMMUNITY BUILDING ACTIVITIES INCLUDE PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND LEADERSHIP TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS AND SAFETY, AND WORKFORCE DEVELOPMENT. DURING FY22, THE COMMUNITY BUILDING DOLLARS REPORTED FOR ASCENSION ST. VINCENT INDIANAPOLIS HOSPITAL FOCUSED ON EMPOWERING YOUTH THROUGH EDUCATION VIA SUPPORT OF JUNIOR ACHIEVEMENT AND ADVOCACY FOR COLLEGE AND CAREER OPPORTUNITIES WITHIN THE HISPANIC COMMUNITY.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2022 WAS \$70,795,198 AT CHARGES, (\$24,505,658 AT COST).
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	BASED ON THE ORGANIZATION'S ADMINISTRATION OF ITS FINANCIAL ASSISTANCE PROGRAM, NO ESTIMATE FOR BAD DEBT ATTRIBUTABLE TO FINANCIAL ASSISTANCE ELIGIBLE PATIENTS IS DEEMED APPLICABLE TO HOSPITAL OPERATIONS.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE ORGANIZATION IS PART OF ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES BAD DEBT (IMPLICIT PRICE CONCESSIONS) EXPENSE IS LOCATED IN FOOTNOTE #2, PAGES 17-20, OF THE AUDITED FINANCIAL STATEMENTS.
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 GROSS CHARGES TO CALCULATE MEDICARE COSTS, WHICH ARE THEN COMPARED TO MEDICARE PAYMENTS RECEIVED, TO DETERMINE A MEDICARE GAIN OR LOSS. 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 A MEDICARE SHORTFALL (LOSS) IS NOT TREATED AS COMMUNITY BENEFIT, EVEN THOUGH THE HOSPITAL HAS INCURRED LOSSES IN PROVIDING CARE TO MEDICARE PATIENTS. THEREFORE, NONE OF THE AMOUNT ON LINE 7 IS TREATED AS COMMUNITY BENEFIT.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>THE HOSPITAL FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE. A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE. ONCE QUALIFYING DOCUMENTATION IS RECEIVED THE PATIENT'S ACCOUNT IS ADJUSTED IF ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY. PATIENT ACCOUNTS FOR THE QUALIFYING PATIENT IN THE PREVIOUS SIX MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE. ONCE A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED FOR THE AMOUNTS FOR WHICH THE PATIENT QUALIFIES.</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. USES INTERNAL AND EXTERNAL DATA AND REPORTS FROM THIRD PARTIES, INCLUDING GOVERNMENT SOURCES, TO ASSESS THE HEALTHCARE NEEDS OF THE COMMUNITIES WE SERVE. THESE REPORTS PROVIDE KEY INFORMATION ABOUT HEALTH, SOCIOECONOMIC, DEMOGRAPHIC FACTORS THAT IDENTIFY AREAS OF NEED AND INFORM OUR STRATEGIES THAT HELP TO MEET THOSE NEEDS OF OUR COMMUNITY. THESE REPORTS INCLUDE, BUT ARE NOT LIMITED TO: SG2 HEALTHCARE INTELLIGENCE, THE ADVISORY BOARD, IQVIA FOR HEALTHCARE CLAIMS DATASETS, 3D HEALTH, INDIANA HOSPITAL ASSOCIATION, AND INTERNAL DATA.</p> <p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. UTILIZES INFORMATION FROM THESE SECONDARY SOURCES TO DEVELOP PROGRAMS AND PROVIDE APPROPRIATE SERVICES NEEDED THROUGHOUT THE REGION. IN ADDITION, THE HEART CENTER CONSIDERS THE HEALTH CARE NEEDS OF THE OVERALL COMMUNITY WHEN EVALUATING INTERNAL FINANCIAL AND OPERATIONAL DECISIONS.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. IS COMMITTED TO DELIVERING EFFECTIVE, SAFE, PERSON-CENTRIC, HEALTH CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. AS A NONPROFIT HOSPITAL, IT IS OUR MISSION AND PRIVILEGE TO PLAY THIS IMPORTANT ROLE IN OUR COMMUNITY.</p> <p>STAFF SCREEN UNINSURED PATIENTS AND IF FOUND POTENTIALLY ELIGIBLE FOR A GOVERNMENT FUNDING SOURCE, PROVIDE ASSISTANCE AND/OR RESOURCES TO THE PATIENT AND THEIR FAMILY. IF A PATIENT IS NOT ELIGIBLE FOR A PAYMENT SOURCE, THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY COVERS PATIENTS WHO LACK THE FINANCIAL RESOURCES TO PAY FOR ALL OR PART OF THEIR BILLS. ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED UPON THE ANNUAL FEDERAL POVERTY GUIDELINES; ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. PROVIDES FULL FINANCIAL ASSISTANCE FOR THOSE WHO EARN UP TO 250% OF THE FEDERAL POVERTY LEVEL AND SLIDING SCALE ASSISTANCE UP TO 400% OF THE FEDERAL POVERTY LEVEL.</p> <p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. WIDELY PUBLICIZES ITS:</p> <ul style="list-style-type: none"> <li>- FINANCIAL ASSISTANCE POLICY</li> <li>- FINANCIAL ASSISTANCE APPLICATION</li> <li>- FINANCIAL ASSISTANCE POLICY SUMMARY</li> <li>- LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY</li> </ul> <p>VIA THE HOSPITAL FACILITY'S WEBSITE - <a href="https://healthcare.ascension.org/financial-assistance/indiana">HTTPS://HEALTHCARE.ASCENSION.ORG/FINANCIAL-ASSISTANCE/INDIANA</a></p> <p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. MAKES PAPER COPIES OF THE:</p> <ul style="list-style-type: none"> <li>- FINANCIAL ASSISTANCE POLICY</li> <li>- FINANCIAL ASSISTANCE APPLICATION</li> <li>- FINANCIAL ASSISTANCE POLICY SUMMARY</li> <li>- LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY</li> </ul> <p>- AMOUNT GENERALLY BILLED CALCULATION. THE PAPER COPIES ARE MADE READILY AVAILABLE AS PART OF THE INTAKE, DISCHARGE AND CUSTOMER SERVICE PROCESSES. UPON REQUEST, PAPER COPIES CAN ALSO BE OBTAINED BY MAIL.</p> <p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. INFORMS ITS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA A NOTICE ON PATIENT BILLING STATEMENTS, INCLUDING THE PHONE NUMBER AND WEB ADDRESS WHERE MORE INFORMATION MAY BE FOUND.</p> <p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. INFORMS ITS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA SIGNAGE DISPLAYED IN THE EMERGENCY ROOM AND ADMISSIONS AREAS.</p>
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. SERVICES CENTRAL INDIANA WITH A 12-COUNTY PRIMARY SERVICE AREA.</p> <p>THE TOTAL POPULATION OF THE 12-COUNTY PRIMARY SERVICE AREA IS ESTIMATED TO BE 2,060,357 RESIDENTS IN CALENDAR 2022 AND IS EXPECTED TO INCREASE BY APPROXIMATELY 3.7% TO 2,135,970 RESIDENTS IN FIVE YEARS.</p> <p>THE MEDIAN HOUSEHOLD INCOME OF THE PRIMARY SERVICE AREA IS \$64,916. APPROXIMATELY 10.7% OF THE SERVICE AREA RESIDENTS LIVE BELOW THE POVERTY LINE. WITHIN THE PRIMARY SERVICE AREA, THERE ARE 13 FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS.</p> <p>THERE ARE 25 ACUTE CARE HOSPITALS LOCATED WITHIN THE PRIMARY SERVICE AREA.</p>
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER'S GOVERNING BODY IS COMPRISED OF PERSONS REPRESENTING DIVERSE ASPECTS AND INTERESTS OF THE COMMUNITY. MANY MEMBERS OF ST. VINCENT HOSPITAL AND HEALTH CARE CENTER'S GOVERNING BODY RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF.</p> <p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL ITS DEPARTMENTS OR SPECIALTIES.</p> <p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. APPLIES SURPLUS FUNDS TO FUND IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. IS A MEMBER OF ASCENSION. ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011. ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 19 OF THE UNITED STATES AND THE DISTRICT OF COLUMBIA.</p> <p>ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON. THE PARTICIPATING ENTITIES OF ASCENSION SPONSORS ARE THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, ST. LOUISE PROVINCE; THE CONGREGATION OF ST. JOSEPH; THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET; THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC. - AMERICAN PROVINCE; AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE.</p> <p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. OPERATES A HOSPITAL FACILITY IN MARION COUNTY INDIANA AND IS PART OF ASCENSION ST. VINCENT WHICH ALSO OWNS AND OPERATES OTHER HEALTHCARE RELATED ENTITIES, INCLUDING ST. MARY'S HEALTH, ST. JOSEPH HOSPITAL AND HEALTH CARE CENTER, AND ST. VINCENT ANDERSON REGIONAL HOSPITAL. THE HEALTH SYSTEM PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES FOR RESIDENTS OF INDIANA.</p>