

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **St. Joseph Hospital & Health Center, Inc.** Employer identification number **35-0992717**

**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	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<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</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
<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?		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			1,997,775.		1,997,775.	1.53%
<b>b</b> Medicaid (from Worksheet 3, column a)			19,042,311.	11,632,017.	7,410,294.	5.69%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			21,040,086.	11,632,017.	9,408,069.	7.22%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)		6,744	250,973.		250,973.	.19%
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)		146	111,900.		111,900.	.09%
<b>j Total.</b> Other Benefits		6,890	362,873.		362,873.	.28%
<b>k Total.</b> Add lines 7d and 7j		6,890	21,402,959.	11,632,017.	9,770,942.	7.50%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or facility reporting group St. Joseph Hospital & Health Center, Inc.

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

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

**St. Joseph Hospital & Health  
Center, Inc.**

**Part V Facility Information** (continued) **St. Joseph Hospital & Health Center, Inc.**

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

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

**Part V Facility Information** (continued) **St. Joseph Hospital & Health Center, Inc.**

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

**Policy Relating to Emergency Medical Care**

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

	Yes	No
<b>19</b>	<b>X</b>	

If "No," indicate why:

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

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

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

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

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

If "Yes," explain in Part VI.

<b>21</b>		<b>X</b>
<b>22</b>		<b>X</b>

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

If "Yes," explain in Part VI.



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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

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

**Part VI** Supplemental Information

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

Part II: St. Joseph Hospital & Health Center promotes the health of its communities by striving to improve the quality of life within the community. Research has established that factors such as economic status, employment, housing, education level, and built environment can all be powerful social determinants of health. Additionally, helping to create greater capacity within the community to address a broad range of quality of life issues also impacts health. St. Joseph Hospital & Health Center meets regularly with local organizations in the community to learn what resources are available and plan community health improvement efforts. In fiscal year 2013, these organizations included: American Cancer Society, American Heart Association, Family Service Association, Greater Kokomo Economic Development Corp, Howard County Chamber of Commerce, Howard County Schools, Kokomo Advisory Board, Kokomo Area Schools, Kokomo Urban Outreach, Partners In Education, United Way, and YMCA.

Schedule H, Part III, Line 2:

After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been

**Part VI** Supplemental Information

followed in accordance with the Corporation's policies. After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2013 was \$10,256,623 at charges, (\$2,825,700 at cost).

Schedule H, Part III, Line 3:

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

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

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

**Part VI Supplemental Information**

Part III, Line 9b: The organization has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance. If a patient qualifies for charity or financial assistance certain collection practices do not apply.

St. Joseph Hospital & Health Center, Inc.:

Part V, Section B, Line 3: In conducting its CHNA, the hospital facility took into account input from representatives of the community as well as those with special knowledge or expertise in public health. These included Kokomo Police Department, Howard County Sheriff Department, Adult/Juvenile Probation, Kinsey Youth Center, a local prosecutor, Project Access, Bona Vista, Fairbanks, Trinity House, Howard County Health Department, Comfort Home Health, Visiting Nurse Services, Inc., Kokomo Rescue Mission, Salvation Army, Senior Citizen Center, Family Service Association, Kokomo Housing Authority, Kokomo Urban Outreach, Early Head Start, Early Childhood Education, Head Start, The Crossing, Kokomo Center Schools, Kokomo High School, Northwestern High School, Taylor Community School Corporation, Greater Kokomo Economic Development Alliance, Work One, Indiana University Kokomo, Ivy Tech Community College-Kokomo, General Motors, Chrysler, Haynes International, Ministerial Association, Oakbrook Church, Crossroads Church, Parr UMC, Fairfield Christian Church, and Fresh Start Ministries.

St. Joseph Hospital & Health Center, Inc.:

Part V, Section B, Line 7:

Addiction - This issue was not chosen as a top priority of St. Joseph

**Part VI Supplemental Information**

Hospital & Health Center; however, the hospital does partner with and supports efforts of community organizations such as CAM (Coordinated Assistance Ministry) and the Mental Health Association which focuses on prevention, intervention and treatment of this issue.

Mental Health - This issue was not chosen as a top priority of St. Joseph Hospital & Health Center; however, the hospital partners with and supports efforts of community organizations such as Rescue Mission, the Mental Health Association, and the Homeless Veterans Shelter which focuses on prevention, intervention and treatment of this issue.

Teens Births/Family Disintegration - This issue was not chosen as a top priority of St. Joseph Hospital & Health Center; however, the hospital partners with and supports efforts of community organizations such as BLUSH Program for young girls, Baby University through the 4Community Program, Rescue Mission, Family Service Association of Howard County, Domestic Violence Shelter, and the Holy Family Conference of the Catholic Diocese which focuses on this issue.

St. Joseph Hospital & Health Center, Inc.:

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

St. Joseph Hospital & Health Center, Inc.:

**Part VI Supplemental Information**

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

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

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

- Brief description of eligibility requirements and assistance provided

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

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

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

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

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

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

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

**Part VI Supplemental Information**

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

St. Joseph Hospital & Health Center, Inc.:

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

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

- Brief description of eligibility requirements and assistance provided  
- Direct individuals to our website and physical location of application forms

- Provided instructions to obtain free copy of FAP and application by mail  
- Provided contact information for an individual/nonprofit organization to assist if the individual has questions

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

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

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

- For individuals who submitted an incomplete FAP, we provided that

**Part VI** Supplemental Information

individual with information relevant to assist them with completion of the FAP.

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

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

St. Joseph Hospital & Health Center, Inc.:

Part V, Section B, Line 5:

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

<http://www.stvincent.org/St-Joseph/>.

St. Joseph Hospital & Health Center, Inc.:

Part V, Section B, Line 16:

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

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

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

**Part VI Supplemental Information**

- A brief description of eligibility requirements and assistance provided
- Directions on how to access the FAP and application on our website and physical location of application forms
- Instructions to obtain free copy of FAP and application by mail
- Contact information for an individual/nonprofit organization to assist if the individual has questions
- Statement of translations of FAP as well as plain language summaries
- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB
- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.
- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.
- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St. Joseph Hospital & Health Center, Inc.:

Part V, Section B, Line 17:

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

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

**Part VI** Supplemental Information

to the individual.

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

- Brief description of eligibility requirements and assistance provided

- Direct individuals to our website and physical location of

application forms

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

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

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

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

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

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

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

St. Joseph Hospital & Health Center, Inc.:

**Part VI** Supplemental Information

Part V, Section B, Line 18:

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

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

Part VI, Line 2: Communities are dynamic systems in which multiple factors interact to impact quality of life and health status. In addition to the formal CHNA conducted every 3 years, St. Joseph Hospital & Health Center helps to lead a community roundtable called United Way of Howard County 4 Communities whose purpose is to periodically assess assets and needs within the community, prioritize action and work in partnership to address identified challenges. The coalition works closely with its member organizations which come from multiple sectors of the community, including local government, business, education, faith communities, public health,

**Part VI** Supplemental Information

health care providers and other social and human service organizations. In addition, the coalition works closely with other coalitions as well as the local and state health departments to stay abreast of changing needs within the community by identifying evidence-based and promising practices to address these needs.

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

Part VI, Line 4: St. Joseph Hospital & Health Center is located in Kokomo, Indiana and serves Howard and contiguous counties, in north Central Indiana. Howard County, which has an estimated population of 82,849, experienced minimal population growth since 2011. Per Capita Personal Income and Median Household Income are below state averages and the annual unemployment rate exceeds the state average. Manufacturing provides the largest percentage of employment in Howard County. Both the overall poverty rate and the poverty rate among children under age 18 exceed the state average.

Part VI, Line 5: To provide the highest quality healthcare to all

**Part VI** Supplemental Information

persons in the community, and in keeping with its not-for-profit status,  
St. Joseph Hospital & Health Center:

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

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

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

**Part VI** Supplemental Information

IN

The State of Indiana no longer requires a separate Community Benefit Report, but will reference the Form 990. St. Joseph Hospital & Health Center and its related St. Vincent Health affiliates publish a Community Benefit Report which is available to the public. A copy of the full report (including the St. Joseph Hospital & Health Center section) is available at <http://www.stvincent.org/St-Joseph/>.

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

Community Benefit Report

St. Joseph Hospital & Health Center provides the following hospital services: Cancer (Oncology), Emergency Medicine, Heart (Cardiovascular), Home Care, Immediate Care, Laboratory Services, Maternity (Obstetrics), Mental Health (Trinity House), Outpatient Services, Pastoral Care, Radiology (Imaging), Rehabilitation Therapy, Respiratory Care, Sleep Disorders, Women's Services, and Wound Treatment. Some of these services operate at a loss in order to ensure that comprehensive services are available to the community.

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

Community Benefit Overview

St. Joseph Hospital & Health Center is part of St. Vincent Health, a non-profit healthcare system consisting of 22 locally-sponsored

**Part VI Supplemental Information**

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

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

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

Charity Care and Certain Other Community Benefits at Cost

Patient Services for Poor and Vulnerable

**Part VI Supplemental Information**

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

**Public Program Participation**

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

**Community Health Needs Assessment**

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

**Part VI** Supplemental Information

available resources.

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

**Implementation Strategy**

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

**1. Obesity**

Increase physical activity and promote proper nutrition to reduce the prevalence of chronic health conditions

- Provide opportunities for physical activity.
- Model best practices in workplace based strategies to other corporations to support physical fitness. Issue a "Corporate Challenge" to area businesses to promote health and wellness with their employees.
- Provide access to healthy foods to people of all economic levels.
- Promote healthy eating and exercise to the youth of Howard County.

**2. Food/Access to Food**

Reduce hunger within the county

**Part VI Supplemental Information**

- Provide access to nutrient dense foods to school age youth for out-of-school times.

- Facilitate access to community resources that connect families to food resources.

**3. Jobs/Economic Opportunity**

Partner to create more career opportunities

- Introduce and promote careers in healthcare to all the residents of Howard County beginning at an early age.

- Increase career and employment opportunities for residents of Howard County.

- Promote and expand the STAR employment program to adults in Howard County.

- Explore the development of a Nurse Practitioner program in partnership with Ivy Tech Community College.

**Rural and Urban Access to Health**

As part of its commitment to 100% access, St. Joseph Hospital is one of eight St. Vincent Health ministries that participate in Rural and Urban Access to Health (RUAH), a community based care coordination program.

Effective care coordination provides a strategy for addressing certain social determinants of health by assuring barriers to care are addressed and individuals are connected to critical prevention and treatment services. Central to the program are Health Access Workers whose roles are to connect each hospital to its community by helping individuals address barriers to health care, and referring them to other local resources as needed. Each Health Access Worker assists individuals with finding a medical home; applying for public programs

**Part VI Supplemental Information**

such as Medicaid, food stamps, and the Healthy Indiana Plan; and in assessing needs so referrals can be made for other forms of community-based assistance. The Health Access Worker also advocates for clients with service providers and serves as a system navigator. RUAH outcomes are measured using the Pathways Model with 5 defined pathways/protocols (enrollment, medical home, pregnancy, medical referral and social services) as a means of tracking interventions and improving accountability towards positive, measurable changes in patients' lives. During fiscal year 2013, the Health Access Worker opened 674 pathways and completed 642 pathways.

**Medication Assistance**

In addition to care coordination, RUAH assists patients who meet income guidelines in obtaining free or reduced-cost prescription drugs. St. Joseph Hospital & Health Center provides a sophisticated and continually-updated database to track eligibility and requirements that vary by company and medication. In 2013, the medication assistant helped patients obtain a total of 2,746 medications, for which the average wholesale price totaled \$1,513,263.

**Clinic of Hope**

Providing quality outpatient care for the past 17 years, the Clinic of Hope serves adults ages 18 to 64 who have low or no income, and who are uninsured. St. Joseph Hospital collaborates with other healthcare providers and health and human service agencies to help patients find the services they need to improve their health and well-being.

The Clinic staff includes a nurse practitioner and social worker.

**Part VI** Supplemental Information

Volunteer support is provided by physicians, podiatrists, nurses, and clerical staff. The Clinic of Hope is committed to improving the health status of patients and the community through a holistic approach to caring for the total person; body, mind, and spirit. The Clinic emphasizes education and preventive health for adults. During fiscal year 2013, the Clinic of Hope had 2,359 patient visits.

**Health Fairs and Screenings**

St. Joseph Hospital & Health Center participates in several health fairs and screening events each year where participants can be tested for cholesterol level, blood pressure, blood sugar level, Body Mass Index (BMI), bone density, hearing, vision, HIV, pulmonary function, oxygen saturation, carbon monoxide, balance, and more at low or no cost. Materials on health information and preventive services are a vital part of these health fairs and screening events. During fiscal year 2013, St. Joseph Hospital & Health Center served over 700 people through its participation in these health fairs and screenings.

**Let's Pretend Hospital**

More than 1,400 kindergarten students visited St. Joseph Hospital as part of Let's Pretend Hospital, a fun and educational program that helps children understand what happens in a hospital so that they will not be afraid should they, or a loved one, be hospitalized. Children participate in hands-on demonstrations of how an X-ray works, how to avoid germs, and what their own heart sounds like through a stethoscope. At the end of their visit, children get to help Dr. Doolittle treat Scooby-Doo's broken arm.

**Part VI** Supplemental Information

Boot Camp for New Dads

Boot Camp for New Dads is a free eight-week course geared for the soon-to-be new dad. In this informal setting, men can ask questions about childbirth and taking care of their infant. Additionally, new dads are invited to return with their baby to offer their wisdom and share their experience with the current participants. Returning dads have the opportunity to continue to learn best ways to care for their growing babies.

New Mom's Meeting/Support Group

St. Joseph Obstetrics/Gynecological Center provides mothers with a continuum of care after their pregnancy. Meetings and support groups, for moms and babies only, are essential in providing a secure and comfortable place to discuss personal topics relevant with many new mothers. Additionally, during one session each month, a guest speaker provides valuable information for the new moms. The women also have the opportunity to weigh their infant at each session to ensure he or she is on a healthy track. Meetings are free and are held every Wednesday for mothers and babies from newborns up to one year old or walking.

Community Benefit Cash and In-kind Contributions

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

**Part VI** Supplemental Information

community.

Community Building Activities

Research shows that social determinants and quality of life play a major role in the health status of individuals and communities.

Community building activities, which focus on improving the quality of life within a community, ultimately influence and improve health status.

St. Vincent Health STAR Intensive Program

The St. Vincent STAR (Special Talents to Achieve and Rise) program is a highly successful, life-transforming job and life skills development program that reaches out to individuals with significant barriers to employment. In response to requests from other St. Vincent ministries to replicate the Indianapolis based program in order to serve individuals from their own communities, the STAR Intensive program was developed in 2009. Each participating St. Vincent ministry works with community organizations and STAR staff to select candidates to participate in the eight-week program, with two weeks of in-class training in Indianapolis, and six weeks mentorship at their local St. Vincent ministry. STAR graduates are not guaranteed positions with St. Vincent ministries. During fiscal year 2013, ten individuals from St. Vincent communities in Central Indiana enrolled in the STAR Intensive program, including six individuals from Kokomo. Students mentored in the patient access, environmental services, food services and transportation departments at St. Joseph Hospital & Health Center.

Kokomo Rescue Mission

**Part VI** Supplemental Information

St. Joseph Hospital & Health Center makes daily food donations to the Kokomo Rescue Mission, as well as donating turkeys for their annual Thanksgiving dinner. In fiscal year 2013, over 2,000 people were fed nutritious, hot meals from these efforts.

Community Building Cash and In-Kind Contributions

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