

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **St. Vincent Madison County Health System, Inc.** Employer identification number **35-0876389**

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			5,577,475.		5,577,475.	4.16%
b Medicaid (from Worksheet 3, column a)			13,654,300.	10,008,083.	3,646,217.	2.72%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			19,231,775.	10,008,083.	9,223,692.	6.88%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		6,721	404,761.		404,761.	.30%
f Health professions education (from Worksheet 5)		127	35,480.		35,480.	.03%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		2,394	418,971.		418,971.	.31%
j Total. Other Benefits		9,242	859,212.		859,212.	.64%
k Total. Add lines 7d and 7j		9,242	20,090,987.	10,008,083.	10,082,904.	7.52%

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 Saint John's Hospital

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

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

Part V Facility Information (continued) **Saint John's Hospital**

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

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

Part V Facility Information (continued) **Saint John's Hospital**

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

Policy Relating to Emergency Medical Care

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

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

If "No," indicate why:

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

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

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

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

21 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.

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

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 V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group St. Vincent Mercy Hospital

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 2

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

Part V Facility Information (continued) **St.Vincent Mercy Hospital**

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
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Billing and Collections		Yes	No
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Part V Facility Information (continued) **St.Vincent Mercy Hospital**

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Policy Relating to Emergency Medical Care

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

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

If "No," indicate why:

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

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

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

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

21 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.

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

22		<input checked="" type="checkbox"/>
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Part VI Supplemental Information

Complete this part to provide the following information.

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

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

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

Part VI Supplemental Information

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

Part II: St.Vincent Madison County Health System, Inc.

promotes the health of its communities by striving to improve the quality of life within the community. Research has established that factors such as economic status, employment, housing, education level, and built environment can all be powerful social determinants of health.

Additionally, helping to create greater capacity within the community to address a broad range of quality of life issues also impacts health.

St.Vincent Madison County Health System, Inc. 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, Elwood Chamber of Commerce, Elwood Community High School, YMCA, Honor Our Children, Anderson Schools, Madison County Corporation for Economic Development and United Way.

Schedule H, Part III, Line 2:

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

Part VI Supplemental Information

the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2013 was \$8,069,156 at charges, (\$2,392,743 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 III, Line 9b: The organization has a written debt collection

Part VI Supplemental Information

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.

Saint John's Hospital:

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. In addition to focus groups, the organizations included United Way of Madison County, Madison County Health Department, Madison County Community Health Center, UAW-GM Community Health Initiatives, and Indiana Prevention Resource.

St.Vincent Mercy Hospital:

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. In addition to focus groups, the organizations included United Way of Madison County, Madison County Health Department, Madison County Community Health Center, UAW-GM Community Health Initiatives, and Indiana Prevention Resource.

Saint John's Hospital:

Part V, Section B, Line 4: The CHNA was conducted for the Northeast Region, which included the other St.Vincent hospital, St.Vincent Randolph.

St.Vincent Mercy Hospital:

Part V, Section B, Line 4: The CHNA was conducted for the Northeast

Part VI Supplemental Information

Region, which included the other St.Vincent hospital, St.Vincent Randolph.

Saint John's Hospital:

Part V, Section B, Line 7:

Personal Responsibility - This issue is being addressed in the mental health priority.

Access to healthcare - Even though this issue was not chosen as a top priority, St.Vincent Madison County Health System, Inc. does employ a Health Access Worker to focus specifically on this issue.

Diabetes - Even though this issue was not chosen as a top priority, St.Vincent Madison County Health System, Inc. participates in the Madison Health Partners coalition, which focuses on health issues, including diabetes prevention and self-care. Additionally, St.Vincent Mercy Hospital offers general education to the community during health fairs and screenings.

Teen Pregnancy - Addressing this issue is not a direct priority of St.Vincent Mercy Hospital; however, the hospital does offer free pregnancy testing and refers individuals to Northern Madison County Community Health Center, which is a FQHC, for prenatal care and classes.

Sexually Transmitted Infections - Addressing this issue is not a direct priority of St.Vincent Mercy Hospital; however, the hospital does refer individuals to Northern Madison County Community Health Center, which is a FQHC, for screening and treatment. Additionally, the hospital participates

Part VI Supplemental Information

in the local SART (Sexual Assault Response Team), which includes partners from law enforcement and social service agencies.

Dental Services - Addressing this issue is not a direct priority of St.Vincent Mercy Hospital; however, the Hospital does refer individuals to Northern Madison County Community Health Center, which is a FQHC, for dental services.

Access to fresh food - This issue is being addressed in the obesity priority.

Physical Activity - This issue is being addressed in the obesity priority.

Prenatal Care - - Addressing this issue is not a direct priority of St.Vincent Mercy Hospital; however, the hospital does offer free pregnancy testing and refers individuals to Northern Madison County Community Health Center, which is a FQHC, for prenatal care and classes.

Transportation - Addressing this issue is not a direct priority of St.Vincent Mercy Hospital; however, the hospital does offer options, including transportation for individuals undergoing radiation therapy, for those that qualify.

Access to specialists - Even though this issue was not chosen as a top priority, St.Vincent Mercy Hospital provides a free physician referral service to the community.

St.Vincent Mercy Hospital:

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Part V, Section B, Line 7:

Personal Responsibility - This issue is being addressed in the mental health priority.

Access to healthcare - Even though this issue was not chosen as a top priority, St.Vincent Madison County Health System, Inc. does employ a Health Access Worker to focus specifically on this issue.

Diabetes - Even though this issue was not chosen as a top priority, St.Vincent Madison County Health System, Inc. participates in the Madison Health Partners coalition, which focuses on health issues, including diabetes prevention and self-care. Additionally, St.Vincent Mercy offers general education to the community during health fairs and screenings.

Teen Pregnancy - Addressing this issue is not a direct priority of St.Vincent Mercy Hospital; however, the hospital does offer free pregnancy testing and refers individuals to Northern Madison County Community Health Center, which is a FQHC, for prenatal care and classes.

Sexually Transmitted Infections - Addressing this issue is not a direct priority of St.Vincent Mercy Hospital; however, the hospital does refer individuals to Northern Madison County Community Health Center, which is a FQHC, for screening and treatment. Additionally, the hospital participates in the local SART (Sexual Assault Response Team), which includes partners from law enforcement and social service agencies.

Dental Services - Addressing this issue is not a direct priority of St.Vincent Mercy Hospital; however, the Hospital does refer individuals to

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Northern Madison County Community Health Center, which is a FQHC, for dental services.

Access to fresh food - This issue is being addressed in the obesity priority.

Physical Activity - This issue is being addressed in the obesity priority.

Prenatal Care - - Addressing this issue is not a direct priority of St.Vincent Mercy Hospital; however, the hospital does offer free pregnancy testing and refers individuals to Northern Madison County Community Health Center, which is a FQHC, for prenatal care and classes.

Transportation - Addressing this issue is not a direct priority of St.Vincent Mercy Hospital; however, the hospital does offer options, including transportation for individuals undergoing radiation therapy, for those that qualify.

Access to specialists - Even though this issue was not chosen as a top priority, St.Vincent Mercy Hospital provides a free physician referral service to the community.

Saint John's Hospital:

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.

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St.Vincent Mercy Hospital:

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.

Saint John's Hospital:

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

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- 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.Vincent Mercy Hospital:

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

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- 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).

Saint John's Hospital:

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

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- 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 individual with information relevant to assist them with completion of the FAP.
- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.
- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Mercy Hospital:

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

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(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 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).

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Saint John's Hospital:

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/AndersonRegional/.

St.Vincent Mercy Hospital:

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/Mercy/.

Saint John's Hospital:

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:

- 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

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- Instructions to obtain free copy of FAP and application by mail
- Contact information for an individual/nonprofit organization to assist if the individual has questions
- Statement of translations of FAP as well as plain language summaries
- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB

- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP.
- For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP.
- We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12).

St.Vincent Mercy Hospital:

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:

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- 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).

Saint John's Hospital:

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

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

- Individuals were notified of the FAP 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).

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St.Vincent Mercy Hospital:

Part V, Section B, Line 17:

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

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

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

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

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

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

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

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

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

- For individuals who submitted a complete FAP, we made and documented

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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).

Saint John's Hospital:

Part V, Section B, Line 18:

Question 18 is more appropriately answered as not applicable as the Billing and Collections Policy of Saint John's Hospital 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

St.Vincent Mercy Hospital:

Part V, Section B, Line 18:

Question 18 is more appropriately answered as not applicable as the Billing and Collections Policy of St.Vincent Mercy Hospital does not

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allow a hospital to engage in extraordinary collection actions before the organization made reasonable efforts to determine whether the individual is eligible for assistance under the financial assistance policy. Reasonable efforts taken include but are not limited to:

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

Part VI, Line 2: Communities are dynamic systems in which multiple factors interact to impact quality of life and health status. In addition to the formal CHNA conducted every 3 years, St.Vincent Madison County Health System, Inc. participates in a community roundtable called Madison Health Partners whose purpose is to assess needs within the community, prioritize action and work in partnership to address identified challenges. The coalition works closely with its member organizations which come from multiple sectors of the community, including local government, business, education, faith communities, public health, health care providers and other social and human service organizations. In addition, the coalition works closely with other coalitions as well as the local and state health departments to stay abreast of changing needs within the community by identifying evidence-based and promising practices

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to address these needs.

Part VI, Line 3: St.Vincent Madison County Health System, Inc.

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

Part VI, Line 4: St.Vincent Madison County Health System, Inc. is located in Madison County and serves Madison and contiguous counties, in north Central Indiana. Madison County has an estimated population of 130,348. From 2000 to 2010 the population is estimated to have dropped by 1.1 percent and the number of households fell by 2.2 percent. The population is projected to grow by 0.9 percent by 2015. Currently, median age is 39.7 and expected to rise to age 40 by 2015. The population is 88.2 percent White, 8.8 percent African American, and 0.2 percent Asian. Hispanic population is estimated at 2 percent. Both the Per Capita Personal Income and Median Household Income are currently below the state average.

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

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

Part VI, Line 6: As part of the St.Vincent Health System, St.Vincent Madison County Health System, Inc. is dedicated to improving the health status and quality of life for the communities it serves. While designated associates at St.Vincent Madison County Health System, Inc. 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.Vincent Madison County Health System, Inc. participates.

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

IN

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The State of Indiana no longer requires a separate Community Benefit Report, but will reference the Form 990. St.Vincent Madison County Health System, Inc. 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 St.Vincent Madison County Health System, Inc. - Saint John's Hospital and St.Vincent Mercy section) is available at <http://www.stvincent.org/andersonregional/> and <http://www.stvincent.org/mercy/>.

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

Community Benefit Report

St.Vincent Madison County Health System, Inc. provides inpatient and outpatient health care services that include: Medical-Surgical Care, Obstetrics, Intensive Care, Physical Rehabilitation, Mental Health and Substance Abuse, Adolescent Residential Care and Skilled Nursing, Emergency Room, Home Health Care and Hospice, Cardiology Services, Cancer Services, Physical Therapy, Speech, Audiology, Laboratory, Radiology (Diagnostic, Imaging, MRI/CT, Nuclear Medicine), Inpatient/Outpatient Surgery, Orthopedic Services, Occupational Health and Women's Health Services. 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.

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Community Benefit Overview

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

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

Community benefit is not the work of a single department or group within St.Vincent Madison County Health System, Inc., 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

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organization contribute to community benefit and health improvement.

Charity Care and Certain Other Community Benefits at Cost

Patient Services for Poor and Vulnerable

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

Public Program Participation

St.Vincent Madison County Health System, Inc. 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

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hospital leads a community health needs assessment every 3 years. Using a variety of tools, including surveys, key person interviews, focus groups, secondary data, and data analysis professionals, the team identifies community issues and concerns. These are shared with the community at large, and a consensus is reached about priorities and available resources.

To provide community input and a basis for collaboration within the community to address health needs, St.Vincent leads or participates in a community roundtable or forum. This group brings together individuals and organizations from throughout the community who share a common interest in improving health status and quality of life and provide expertise in a variety of community areas including public health. Obesity, tobacco cessation/substance abuse, mental health and access to primary care, 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

Educate the community and promote the importance of proper nutrition and physical activity

- Work with area food pantries/food banks to ensure they have healthy food to distribute to their clients.

- Promote Community Gardens.

- Work with community provided meal sites to ensure that meals contain

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healthy food choices.

- Partner with area employers to educate their employees about healthy food choices.

- Promote healthy eating and exercise to the general population.

- Partner with area agencies to expand programs focused on youth.

- Explore partnerships with school systems to identify children at high risk for obesity and provide services.

2. Tobacco Cessation/Substance Abuse

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

- Promote the availability of smoking cessation programs.

- Target smoking cessation programs to community employers.

3. Mental Health

Expand mental health services in order to provide accessibility for the community

- Partner with The Anderson Center to expand The Day School.

- Expand access to mental health services across both counties.

- Work with area nursing homes to develop and implement support groups for families of dementia patients.

4. Access to Primary Care

Increase accessibility to primary care as a source of prevention and early intervention

- Continue primary care provider recruitment efforts in Randolph and Madison Counties.

- Develop methods for connecting people to patient centered medical

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homes.

Rural and Urban Access to Health

As part of its commitment to 100% access, St.Vincent Madison County Health System, Inc. accounts for two of the 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 accessing 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 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 Saint John's Hospital Health Access Worker opened 270 pathways and completed 168 pathways, and the St.Vincent Mercy Hospital Health Access Worker opened 263 pathways and completed 189 pathways.

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Medication Assistance

In addition to care coordination, RUAH assists patients who meet income guidelines in obtaining free or reduced-cost prescription drugs.

St.Vincent Madison County Health System, Inc. provides a medication assistant who works with a sophisticated and continually-updated database to track eligibility and requirements that vary by company and by medication. In 2013, the Saint John's medication assistant helped patients obtain a total of 826 medications for which the average wholesale price totaled \$684,564 and the St.Vincent Mercy medication assistant helped patients obtain a total of 1,064 medications for which the average wholesale price totaled \$634,777.

Saint John's Children's Clinic

Saint John's Children's Clinic, open since 1973, serves children from birth to 18 years who do not have insurance and cannot pay for service. The Clinic also provides care for children covered by Medicaid. The Children's Clinic provides immunizations, physicals, care of illnesses and injuries, prescription medications, and referrals for surgery, specialized diagnostic procedures and counseling. Because the Clinic assists children whose families cannot afford medical care, eligibility for services is determined using guidelines similar to those of federal poverty programs. During fiscal year 2013, 2,667 children received medical services at the Saint John's Children's Clinic.

Birthing Center

Infant mortality rates are higher for women living in poverty. The infant mortality rate for infants born at poverty level is 13.5 per 1,000 births compared to 8.3 per 1,000 births for infants born to

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mothers with family incomes above poverty level. As a response to these astounding statistics, Saint John's Health System Birthing Center provides free classes to expectant parents and their families. The Birthing Center reaches out to any expectant mothers with limited family income. Courses included prenatal care, Lamaze childbirth, and classes for siblings. Personnel also assist expectant mothers in accessing the health care system, public assistance programs and other community resources.

Clinical Pastoral Education (CPE) Program

Saint John's Health System offers a Clinical Pastoral Education (CPE) program, in partnership with St.Vincent Indianapolis, which is open to pastors, seminary students and lay persons interested in working in health care. The chaplains serve as part of the faculty for the CPE program, offering seminars and serving as resources for CPE students.

Cancer Awareness

For several years, in honor of Breast Cancer Awareness Month, Saint John's Health System has sponsored a free event designed to educate women on the importance of early detection and new treatments in the fight against breast cancer. Healthcare exhibits and presentations by medical personnel on the latest cancer treatments and women's health issues are offered at this event.

Healing and Wellness Support Groups

Saint John's Health System sponsors several support groups to help both patients and families cope with significant health challenges, family

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issues, bereavement or grief issues and other mental health concerns. The hospital provides free expert facilitation, meeting coordination, materials and meeting space for each group. Support groups meet on a monthly basis.

Health Fairs and Screenings

St.Vincent Madison County Health System, Inc. participates in several health fairs and screening events each year, including those in conjunction with the YMCA, Elwood Schools, Red Gold, Hopewell Association, Longfellow Plaza, Central School Senior Apartments, Harter House and many others. Participants can be tested for blood pressure, cholesterol, glucose, balance testing, hearing screening, cancer screenings including head, neck, skin, cervical and prostate, and more at low or no cost. Materials on health information and preventative services are a vital part of health fairs and screenings. During fiscal year 2013, St.Vincent Madison County Health System, Inc. served approximately 1,400 people through its participation in these health fairs and screenings.

Health Resource Line

Madison County has an increasing population of persons living in poverty and unemployment, as well as a growing Hispanic population. Saint John's Hospital provides a physician referral service which is available to any Madison County resident. Information is available to callers on primary care and specialty providers within Madison County, who are accepting new patients, can see new patients quickly, are participating providers with Medicare, Medicaid or specific insurance plans, or who require a referral to be seen. General information about

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other services, such as other local clinics, Medicaid office, Madison County Health Department, Pain Clinics, etc., is provided to callers. During fiscal year 2013, the Health Resource Line managed close to 2,000 calls.

Women's Health Resources

St.Vincent Madison County Health System, Inc. provided free health information and advice through a 24-hour nurse advice telephone line and internet website. The nurse helpline allows women to talk to a nurse at any time about non-emergency health issues. The line is staffed by specially trained registered nurses who briefly interview callers, assess the caller's situation, and help callers decide on the most appropriate treatment. The caller receives a follow up call from a healthcare provider to ensure the issue was appropriately resolved. Local healthcare professionals contribute blog entries and pod casts regarding health and wellness issues and to the website, which contains a schedule of upcoming classes and programs.

Supporting Healthy Families

Saint John's Hospital receives grant funding through the State of Indiana Department of Child Services to operate Healthy Families Madison County. Saint John's Hospital provides office space, utilities, maintenance, housekeeping, and clerical supplies as in-kind community benefit. Healthy Families Indiana, part of the national Healthy Families of America program, is a voluntary home visitation program designed to promote healthy families and healthy children through a variety of services, including child development, access to health care, and parent education. In fiscal year 2013, approximately 85

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families attained services from this program.

Health Professions Education

St.Vincent Madison County Health System, Inc. provided an optimal setting for rural health training. Students from Anderson University, Ball State University, Indiana University, Indiana Wesleyan University, Ivy Tech, and Purdue University participated in training. St.Vincent Madison County Health System, Inc. provided these students experience in clinical settings within the following departments: Audiology, Pharmacy, Physical Therapy, and Nursing. St.Vincent Madison County Health System, Inc. is committed to providing healthcare careers training that will ensure a strong supply of health professionals for Madison County well into the future.

Health Stations

Saint John's Health Stations are located in nine local churches in the Anderson community. These health stations make a positive and profound impact through the promotion of personal health awareness, non-invasive health status monitors and physician referrals, health screenings, displays, and instructional materials. Each station is staffed solely by volunteers and is outfitted with a range of materials and supplies. A monthly meeting of Health Station leaders provides a forum for sharing best-practice ideas and planning. Health Station volunteers also represent Saint John's at community-wide health fairs.

Just for Teens

Saint John's Birthing Center offers a prenatal class titled Just for Teens. The class sessions are free of charge and are offered every

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three months for expecting teen mothers. During the class, the teen girls receive educational information about the birthing process, nutritional guidelines, and expectations during pregnancy. Also, community resources are made available to assist them through their pregnancy. The mothers-to-be have the opportunity to speak to a dietitian and other guest speakers, including former teen moms who discuss their experiences with teen pregnancy, and encourage the teen girls to stay in school. A lunch is provided during the day.

Marie's Hope

Saint John's Health System provides free screening mammograms to uninsured women who meet income guidelines through the Marie's Hope Program. In addition to meeting financial guidelines, participating women must be age 40 or older, have no breast disease symptoms or current or previous breast cancer, and not have had a mammogram within the prior 12 months. Marie's Hope was established in 2001 to provide key women's health screenings to uninsured women who meet the necessary guidelines. Services include clinical breast exams, mammograms and PAP smears. The program honors former Saint John's Vice President Sister Marie Bush, CSC.

Student Training

St.Vincent Mercy staff provided an introduction to health care professions for local high school students. These students received a broad overview of the hospital and spent time mentoring in Pharmacy and Physical Therapy departments.

Community Benefit Cash and In-Kind Contributions

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

Community Building Activities

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

Tailgate Food Distribution

Saint John's associates spent work time distributing free food to Madison County families in need at a Tailgate Distribution event. The food was provided by Second Harvest Food Bank of East Central Indiana. In fiscal year 2013, approximately 200 families received food at this Tailgate Distribution.

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

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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, eight individuals from St.Vincent communities in Central Indiana enrolled in the STAR Intensive program, including one individual from Madison County. This student mentored in the Saint John's Health System Security Department and later secured a full-time position with an outside company that is contracted with the hospital.

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.