

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

FRANCISCAN ALLIANCE, INC.

Employer identification number

35-1330472

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 criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
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

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)			91,268,235.		91,268,235.	3.82
b Medicaid (from Worksheet 3, column a)			284,687,394.	195,433,641.	89,253,753.	3.74
c Costs of other means-tested government programs (from Worksheet 3, column b)			672,674.		672,674.	.03
d Total Financial Assistance and Means-Tested Government Programs			376,628,303.	195,433,641.	181,194,662.	7.59
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,862,298.	308,512.	4,553,786.	.19
f Health professions education (from Worksheet 5)			18,477,617.	6,063,591.	12,414,026.	.52
g Subsidized health services (from Worksheet 6)			80,678,156.	49,013,935.	31,664,221.	1.33
h Research (from Worksheet 7)			1,383,750.		1,383,750.	.06
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,390,725.	4,920.	1,385,805.	.06
j Total Other Benefits			106,792,546.	55,390,958.	51,401,588.	2.16
k Total. Add lines 7d and 7j.			483,420,849.	250,824,599.	232,596,250.	9.75

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			285.		285.	
2 Economic development						
3 Community support			29,721.		29,721.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			79,190.		79,190.	
7 Community health improvement advocacy			75,236.		75,236.	
8 Workforce development			6,024,465.	5,291,066.	733,399.	.04
9 Other			3,075.		3,075.	
10 Total			6,211,972.	5,291,066.	920,906.	.04

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	683,407,867.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	920,733,931.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-237,326,064.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 13

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 FRANCISCAN ST FRANCIS HEALTH - INDIANAPOLIS, 8111 SOUTH EMERSON AVENUE INDIANAPOLIS IN 46217 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 11-004972-1	X	X		X			X			
2 FRANCISCAN ST ELIZABETH HEALTH - LAFAYETTE, 1701 S CREASY LANE LAFAYETTE IN 47905 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 14-005096-1	X	X					X			
3 FRANCISCAN ST ANTHONY HEALTH - CROWN POINT, 1201 SOUTH MAIN STREET CROWN POINT IN 46307 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 14-005107-1	X	X					X			
4 FRANCISCAN ST MARGARET HEALTH - HAMMOND, 5454 HOHMAN AVENUE HAMMOND IN 46320 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 14-005004-1	X	X		X			X			
5 FRANCISCAN ST JAMES HEALTH - CHICAGO HEIGHTS, 1423 CHICAGO ROAD CHICAGO HEIGHTS IL 60411 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 0002436	X	X		X			X			
6 FRANCISCAN ST ANTHONY HEALTH - MICHIGAN CITY, 301 W HOMER STREET MICHIGAN CITY IN 46360 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 14-005015-1	X	X		X			X	X		
7 FRANCISCAN ST MARGARET HEALTH - DYER, 24 JOLIET STREET DYER IN 46311 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 14-005080-1	X	X		X			X			
8 FRANCISCAN ST JAMES HEALTH - OLYMPIA FIELDS, 20201 SOUTH CRAWFORD AVE OLYMPIA FIELDS IL 60461 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 0005074	X	X		X			X			
9 FRANCISCAN ST FRANCIS HEALTH - MOORESVILLE, 1201 HADLEY ROAD MOORESVILLE IN 46158 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 14-005052-1	X	X		X			X			
10 FRANCISCAN HEALTHCARE - MUNSTER 701 SUPERIOR STREET MUNSTER IN 46321 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 14-005615-1	X	X		X						

Part V Facility Information

Section A. Hospital Facilities

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

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

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 FRANCISCAN ST ELIZABETH HEALTH - CRAWFORDSVILLE, 1710 LAFAYETTE ROAD CRAWFORDSVILLE IN 47933 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 14-005021-1	X	X					X			
2 FRANCISCAN ST ELIZABETH HEALTH - LAFAYETTE CENTRAL, 1501 HARTFORD STREET LAFAYETTE IN 47904 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 14-005003-1	X	X					X			
3 FRANCISCAN ST FRANCIS HEALTH - CARMEL, 12188-B N MERIDIAN STREET CARMEL IN 46032 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 13-012826-1	X	X								
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSMH - DYER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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 significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V-C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V-C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	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
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSMH - HAMMOND

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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 significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V-C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V-C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a 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
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FRANCISCAN HEALTHCARE - MUNSTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 12

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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 significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V-C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V-C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a 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
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSAH - CROWN POINT

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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 significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V-C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V-C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	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
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSAH - MICHIGAN CITY

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 7

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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 significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V-C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V-C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	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
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSJH - CHICAGO HEIGHTS

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

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding CHNA requirements and implementation.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSJH - OLYMPIA FIELDS

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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 significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V-C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V-C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	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
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSEH - LAFAYETTE CENTRAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 10

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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 significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V-C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V-C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a 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
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSEH - LAFAYETTE EAST

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding CHNA completion, data collection, and implementation strategies.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSEH - CRAWFORDSVILLE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 11

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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 significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V-C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V-C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a 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
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSFH - INDIANAPOLIS

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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 significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V-C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V-C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	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
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSFH - MOORESVILLE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 9

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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 significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V-C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V-C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a 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
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSFH - CARMEL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 13

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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 significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V-C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V-C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	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
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group FSMH - DYER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group FSMH - HAMMOND

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group FRANCISCAN HEALTHCARE - MUNSTER

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group FSAH - CROWN POINT

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group FSAH - MICHIGAN CITY

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group FSJH - CHICAGO HEIGHTS

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group FSJH - OLYMPIA FIELDS

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group FSEH - LAFAYETTE CENTRAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group FSEH - LAFAYETTE EAST

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group FSEH - CRAWFORDSVILLE

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group FSFH - INDIANAPOLIS

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group FSFH - MOORESVILLE

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group FSFH - CARMEL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group FSMH - DYER

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

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group FSMH - HAMMOND

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

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group FRANCISCAN HEALTHCARE - MUNSTER

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

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group FSAH - CROWN POINT

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

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group FSAH - MICHIGAN CITY

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

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group FSJH - CHICAGO HEIGHTS

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

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group FSJH - OLYMPIA FIELDS

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

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group FSEH - LAFAYETTE CENTRAL

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

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group FSEH - LAFAYETTE EAST

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

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group FSEH - CRAWFORDSVILLE

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

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group FSFH - INDIANAPOLIS

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

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group FSFH - MOORESVILLE

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
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a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
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c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group FSFH - CARMEL

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

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION C - SUPPLEMENTAL INFORMATION

IN THIS SECTION, THE FOLLOWING ABBREVIATIONS ARE USED TO REFERENCE THE HOSPITAL FACILITIES OPERATED BY FRANCISCAN ALLIANCE, INC.:

FRANCISCAN ST. FRANCIS HEALTH - INDIANAPOLIS: FSFH-INDIANAPOLIS

FRANCISCAN ST. ANTHONY HEALTH - CROWN POINT: FSAH-CROWN POINT

FRANCISCAN ST. MARGARET HEALTH - HAMMOND: FSMH-HAMMOND

FRANCISCAN ST. MARGARET HEALTH - DYER: FSMH-DYER

FRANCISCAN ST. JAMES HEALTH - CHICAGO HEIGHTS: FSJH-CHICAGO HEIGHTS

FRANCISCAN ST. ELIZABETH HEALTH - LAFAYETTE: FSEH-LAFAYETTE EAST

FRANCISCAN ST. ANTHONY HEALTH - MICHIGAN CITY: FSAH-MICHIGAN CITY

FRANCISCAN ST. JAMES HEALTH - OLYMPIA FIELDS: FSJH-OLYMPIA FIELDS

FRANCISCAN ST. FRANCIS HEALTH - MOORESVILLE: FSFH-MOORESVILLE

FRANCISCAN ST. ELIZABETH HEALTH - LAFAYETTE CENTRAL: FSEH-LAFAYETTE

CENTRAL

FRANCISCAN ST. ELIZABETH HEALTH - CRAWFORDSVILLE: FSEH-CRAWFORDSVILLE

FRANCISCAN HEALTHCARE - MUNSTER: FH-MUNSTER

FRANCISCAN ST. FRANCIS HEALTH - CARMEL: FSFH-CARMEL

LINE 5: FSMH-DYER, FSMH-HAMMOND, FSAH-CROWN POINT, FH-MUNSTER

INPUT FROM INDIVIDUALS IN THE COMMUNITY:

AN INDEPENDENT, THIRD PARTY WAS RETAINED TO CONDUCT THE COMMUNITY

ASSESSMENT AND A PART OF THAT WORK WAS THE FACILITATION OF SEVERAL FOCUS

GROUPS DESIGNED TO HAVE IN-PERSON EXCHANGE AND INFORMATION GATHERING

ABOUT COMMUNITY HEALTH NEEDS, INCLUDING NEEDS OF LOW INCOME, MINORITIES

Part V Facility Information (continued)

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

AND THE UNINSURED. THE FOLLOWING INDIVIDUALS ATTENDED AND CONTRIBUTED TO THAT INFORMATION GATHERING OPPORTUNITY:

DR. JANET SEABROOK - EXECUTIVE DIRECTOR, GARY COMMUNITY HEALTH CENTER

DR. JANICE ZUNICH, INDIANA UNIVERSITY SCHOOL OF MEDICINE

DR. MARK FELDNER, COMMUNITY CARE NETWORK

DR. LISA GREEN - CEO, FAMILY CHRISTIAN HEALTH CENTERS

JANICE WILSON - CEO, NORTH SHORE HEALTH CENTERS

OLGA GONZALES - MANAGER, WOMEN'S CARE CENTER OF NWI

TRACY TUCKER - SCHOOL NURSE, EGGERS MIDDLE SCHOOL

DUANE DEDALOW - EXECUTIVE DIRECTOR, CATHOLIC CHARITIES DIOCESE OF GARY

GORDON JOHNSON - CEO, AMERICAN RED CROSS OF NWI

GARY OLUND - PRESIDENT, NORTHWEST INDIANA COMMUNITY ACTION

GRACE TALBOT - DIRECTOR, HAMMOND RESCUE MISSION

JANE BISBEE - REGIONAL MANAGER, CHILD PROTECTIVE SERVICES

LOU MARTINEZ - PRESIDENT, LAKE AREA UNITED WAY

GILDA ORANGE - TRUSTEE, NORTH TOWNSHIP

TOM DEGUILIO - TOWN MANAGER, MUNSTER

LINE 5: FSAH-MICHIGAN CITY

INPUT FROM INDIVIDUALS IN THE COMMUNITY:

A SURVEY OF COMMUNITY OPINION LEADERS WAS CONDUCTED SOLICITING INPUT

REGARDING COMMUNITY HEALTH NEEDS. INDIVIDUALS CONTRIBUTING TO THIS

INFORMATION RESOURCE INCLUDED:

Part V Facility Information (continued)

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

ED MERRION - HOUSING PROGRAM MANAGER, CATHOLIC CHARITIES

KATHY DENNIS - COMMISSION ON WOMEN

GEORGE KUCKA - PRESIDENT, FAIR MEADOWS HOME HEALTH CENTER

TERESE FABBRI - FRIEND OF THE OPEN DOOR HEALTH CENTER

FRED MCNULTY - EVP, HR DIMENSIONS

DEBORAH CHUGG - EXECUTIVE DIRECTOR, IMAGINATION STATION (BEHAVIORAL MEDICINE)

PATRICIA PEASE - ADMINISTRATOR, LAPORTE COUNTY EMERGENCY MEDICAL SERVICES

CATHY ELLIS - LIFE CARE CENTER OF VALPARAISO

W. FAYE MOORE - VP, MICHIGAN CITY WOMEN'S COMMISSION/NAACP

DEBORAH BRIGGS - PROGRAM DIRECTOR, OPEN DOOR ADOLESCENT HEALTH CENTER

TYRA WALKER - SAMARITAN CENTER AND LAPORTE COUNTY JAIL

CEE TAYLOR - EXECUTIVE DIRECTOR, SAMARITAN COUNSELING CENTER

TERRI PHILLIPS - EXECUTIVE DIRECTOR, LIFE CARE OF MICHIGAN CITY (SKILLED NURSING FACILITY)

GERRY JONES - EXECUTIVE DIRECTOR, STEPPING STONE SHELTER FOR WOMEN

STEVE BIRNTH - EXECUTIVE DIRECTOR, YOUTH SERVICE BUREAU

LINE 5: FSJH-CHICAGO HEIGHTS, FSJH-OLYMPIA FIELDS

INPUT FROM INDIVIDUALS IN THE COMMUNITY:

A COMMUNITY WIDE SURVEY WAS CONDUCTED BY A THIRD PARTY IN COLLABORATION WITH MANY HOSPITALS COORDINATED BY THE CHICAGO METROPOLITAN HOSPITAL COUNCIL. SUBSEQUENT TO THAT COMMUNITY SURVEY THE SAME THIRD PARTY CONDUCTED A SERIES OF FOCUS GROUPS, SPECIFIC TO EACH PARTICIPATING

Part V Facility Information (continued)

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

HOSPITAL, COMPRISED OF INDIVIDUALS REPRESENTING VARIOUS SECTORS OF THE SERVICE AREA POPULATION INCLUDING: PUBLIC HEALTH; LOW INCOME; MINORITIES; MEDICALLY UNDERSERVED; CHRONIC DISEASE SERVICES; AND MORE. INDIVIDUALS PROVIDING INPUT VIA THE FOCUS GROUPS INCLUDED:

APOSTLE CARL WHITE, JR. - VICTORY INTERNATIONAL CHRISTIAN MINISTRIES

DEBORAH HARPER - COMMUNITY AND ECONOMIC DEVELOPMENT ASSOCIATION, CHICAGO HEIGHTS

MARIANNE BITHOS - NATIONAL ALLIANCE ON MENTAL ILLNESS, SOUTH SUBURBS OF CHICAGO

MARY PAT AMBROSINO - SOUTHWEST COMMUNITY SERVICES, TINLEY PARK (SERVICES FOR THE DISABLED)

YVONNE ORR - SOUTH/SOUTHWEST SUBURBAN UNITED WAY

LINE 5: FSEH-LAFAYETTE EAST, FSEH-LAFAYETTE CENTRAL

INPUT FROM INDIVIDUALS IN THE COMMUNITY:

A COMMUNITY SURVEY WAS CONDUCTED, FOLLOWED BY A REVIEW OF RESULTS BY A CROSS SECTION OF COMMUNITY REPRESENTATIVES. THAT REVIEW RESULTED IN CONDUCTING AN OPINION LEADER SURVEY OF APPROXIMATELY 200 INDIVIDUALS TO ADD MORE INFORMATION REGARDING PRIORITIES. FINALLY, INDIVIDUAL INTERVIEWS WERE CONDUCTED WITH THE FOLLOWING INDIVIDUALS TO FURTHER SOLICIT DIRECT INPUT FROM THEIR RESPECTIVE EXPERIENCES AND KNOWLEDGE:

JOHN DENNIS - MAYOR, WEST LAFAYETTE

TOM MURTAUGH - PRESIDENT OF THE COUNTY COUNCIL

Part V Facility Information (continued)

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

SHEILA KLINKER - INDIANA STATE REPRESENTATIVE

RONNIE ALTING - INDIANA STATE SENATOR

RANDY TRUITT - INDIANA STATE REPRESENTATIVE

BRANDT HERSHMAN - INDIANA STATE SENATOR

GARY HENRIOTT - CHAIRMAN AND CEO, HENRIOTT GROUP

TRISH HAUBER - HR MANAGER, CATERPILLAR, INC.

JULIA COLE - HR MANAGER, SUBARU

VERONIQUE LEBLANC - PRESIDENT, RIGGS COMMUNITY HEALTH CENTER

PAM BIGGS-REED - CEO, BAUER CENTER (HEAD START AND COUNSELING CENTER)

MARILYN REDMON - CEO, RIGHT STEPS CHILD DEVELOPMENT CENTERS

RON CRIPE - TIPPECANOE COUNTY HEALTH DEPARTMENT

BARRY RICHARDS - BOYS AND GIRLS CLUB

JAMES TAYLOR - EXECUTIVE DIRECTOR, UNITED WAY OF GREATER LAFAYETTE AND

TIPPECANOE COUNTY

JOE SEAMAN - PRESIDENT, GREATER LAFAYETTE CHAMBER OF COMMERCE

CHERYL UBELHOR - PROGRAM MANAGER, COMMUNITY FOUNDATION OF GREATER

LAFAYETTE

SCOTT HANBACK - SUPERINTENDENT, TIPPECANOE SCHOOLS

ERIC DAVIS - PRESIDENT, LAFAYETTE CATHOLIC SCHOOL CORP.

ROCKY KILLIAN - SUPERINTENDENT, WEST LAFAYETTE SCHOOLS

JANE KIRKPATRICK - DEAN, PURDUE SCHOOL OF NURSING

ANITA REED - ST. ELIZABETH SCHOOL OF NURSING

LINE 5: FSEH-CRAWFORDSVILLE

INPUT FROM INDIVIDUALS IN THE COMMUNITY:

Part V Facility Information (continued)

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

A COMMUNITY WIDE SURVEY WAS CONDUCTED, FOLLOWED BY AN OPINION LEADER SURVEY. THE OPINION LEADERS WERE THEN INTERVIEWED FOR FOCUSED INPUT. THE INDIVIDUALS FROM WHOM INPUT WAS GAINED ARE:

ROBERT COOK - ABILITIES SERVICES
 TODD BARTON - MAYOR, CITY OF CRAWFORDSVILLE
 FAWN JOHNSON - CRAWFORDSVILLE COMMUNITY CENTER
 JOANIE CRUM - DIVISION OF FAMILY AND CHILDREN
 PHIL WRAY - FISH CLOTHES CLOSET/FOOD PANTRY
 BRENDA DECKARD - FRIENDSHIP KITCHEN/HUB MINISTRIES
 DENISE MAXWELL - MONTGOMERY COUNTY AMERICAN RED CROSS
 KELLY TAYLOR - MONTGOMERY COUNTY COMMUNITY FOUNDATION
 CHERYL KIEM - MONTGOMERY COUNTY COMMUNITY FOUNDATION
 JAN SEARS - ST. BERNARD CATHOLIC CHURCH
 DAVE PEACH - WCVL/WIMC/WCDQ (BROADCASTING)
 JOY DUGAN - PURDUE UNIVERSITY EXTENSION SERVICE
 DEANNA DURETT - MONTGOMERY COUNTY COMMISSIONER
 TINA MCGRADY - EDITOR, CRAWFORDSVILLE JOURNAL REVIEW
 RICH HOLTZ - THE PAPER OF MONTGOMERY COUNTY
 AMBER REED - MONTGOMERY COUNTY HEALTH DEPARTMENT
 BILL DOEMEL - MARY LUDWIG FREE CLINIC

LINE 5: FSFH-INDIANAPOLIS, FSFH-MOORESVILLE, FSFH-CARMEL

INPUT FROM INDIVIDUALS IN THE COMMUNITY:

A COMMUNITY SURVEY WAS CONDUCTED FOLLOWED BY A SURVEY OF OPINION LEADERS.

Part V Facility Information (continued)

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

ADDITIONALLY, INTERVIEWS WERE CONDUCTED WITH A VARIETY OF COMMUNITY LEADERS AND PEOPLE KNOWLEDGEABLE IN THE AREAS OF PUBLIC HEALTH AND THE NEEDS OF TARGET POPULATIONS. THE INDIVIDUALS INTERVIEWED INCLUDE THE FOLLOWING:

ROBERT LYONS - CHURCH ODYSSEY

THOMAS ZOSS - EXECUTIVE DIRECTOR, COMMUNITY FOUNDATION OF MORGAN COUNTY

BETTY PEDIGO - SITE MANAGER, ESKENAZI MEDICAL GROUP (A PROVIDER TO LOW INCOME AND MINORITIES)

MARJORIE PORTER - EXECUTIVE DIRECTOR, GOOD SHEPHERD CLINIC

MARY KAY MITCHELL - HORIZON HOUSE

NORMAN CONNELL - BOARD MEMBER, KENDRICK FOUNDATION

MICHAEL CROSLY - EXECUTIVE DIRECTOR, LIFE BRIDGE COMMUNITY

JULIA BRILLHART - VP, MAGELLAN HEALTH

JONI COLLINS - EXECUTIVE DIRECTOR, MARTIN LUTHER KING COMMUNITY CENTER

DENNIS PAYTON - PASTOR, MOORESVILLE FIRST UNITED METHODIST CHURCH

DEBRA PAGE - MOORESVILLE SCHOOLS

M. CLOUD - SUPERVISOR, NOBLE OF INDIANA

JOSEPH DONAHUE - SYCAMORE SERVICES

LYDIA RYCHTARCZYK - DIRECTOR, TOMORROW'S PROMISE PRE-SCHOOL

PAMELA TAYLOR - EMS, WESTFIELD FIRE DEPARTMENT

ADDITIONAL INDIVIDUALS PROVIDING INFORMATION THROUGH MEANS OTHER THAN AN INTERVIEW:

Part V Facility Information (continued)

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

MARK LINDENLAUB - EXECUTIVE DIRECTOR, AGING AND COMMUNITY SERVICES OF SO.

CENTRAL INDIANA

CARLA MARCHBANKS - DIRECTOR, BEECH GROVE SENIOR CITIZENS CENTER

RICK WHITTEN - EXECUTIVE DIRECTOR, BOYS AND GIRLS CLUBS OF INDIANAPOLIS

ELAISA VAHNE - EXECUTIVE DIRECTOR, BURMESE AMERICAN COMMUNITY

JULIE HEGER - CASE MANAGER, CHILDREN'S BUREAU

FRANK MASCARI - CITY-COUNTY COUNCIL MEMBER

STEPHEN RINK - TRUSTEE, DECATUR TOWNSHIP

NANCY BEALS - DRUG FREE MARION COUNTY

BUD SWISHER - EXECUTIVE DIRECTOR, HEALTHIER MORGAN COUNTY INITIATIVE

BETH ANN LEACH - EXECUTIVE DIRECTOR, HENDRICKS COUNTY SENIOR SERVICES

DOUG BUSH - EXECUTIVE DIRECTOR, INDIANA DENTAL ASSOCIATION

ANN ALLEY - DIRECTOR, PRIMARY CARE, INDIANA STATE DEPARTMENT OF HEALTH

JANE ZOBEL - SOCIAL WORKER, INDIANAPOLIS PUBLIC SCHOOLS

GLENN MOEHLING - VP, INDY HUNGER NETWORK

SUE BUROW - RESEARCH COORDINATOR, INDIANA UNIVERSITY PUBLIC POLICY

INSTITUTE

CONNIE MILLER - PROGRAM COORDINATOR, MARION COUNTY PUBLIC HEALTH

DEPARTMENT

CHUCK BRANDENBURG - DIRECTOR, UNITED WAY OF CENTRAL INDIANA

LINES 6A AND 6B: FSMH-DYER, FSMH-HAMMOND, FSAH-CROWN POINT, FH-MUNSTER

CHNA CONDUCTED WITH ONE OR MORE OTHER FACILITIES:

FRANCISCAN ST. MARGARET HEALTH-DYER, FRANCISCAN ST. MARGARET

HEALTH-HAMMOND, FRANCISCAN ST. ANTHONY HEALTH-CROWN POINT, AND FRANCISCAN

Part V Facility Information (continued)

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

HEALTHCARE-MUNSTER ARE PART OF FRANCISCAN ALLIANCE, INC. WHO COLLABORATED IN USING THE SAME THIRD PARTY RESOURCE (PROFESSIONAL RESEARCH CONSULTANTS). THESE FACILITIES IN TURN COLLABORATED WITH TWO OTHER HOSPITALS IN THE REGION - COMMUNITY HEALTHCARE SYSTEM AND METHODIST HOSPITALS, USING THE SAME THIRD PARTY RESOURCE.

LINE 6A: FSJH-CHICAGO HEIGHTS, FSJH-OLYMPIA FIELDS
CHNA CONDUCTED WITH ONE OR MORE OTHER FACILITIES:
FRANCISCAN ST. JAMES HEALTH-CHICAGO HEIGHTS AND FRANCISCAN ST. JAMES HEALTH-OLYMPIA FIELDS ARE PART OF FRANCISCAN ALLIANCE, INC. WHO COLLABORATED IN USING THE SAME THIRD PARTY RESOURCE (PROFESSIONAL RESEARCH CONSULTANTS). FRANCISCAN ST. JAMES HEALTH-CHICAGO HEIGHTS AND FRANCISCAN ST. JAMES HEALTH-OLYMPIA FIELDS COORDINATED WITH A NUMBER OF OTHER HOSPITALS AS PART OF A COORDINATED PROGRAM SPONSORED BY THE METROPOLITAN CHICAGO HOSPITAL COUNCIL USING THE SERVICES OF A THIRD PARTY, PROFESSIONAL RESEARCH CONSULTANTS.

LINE 6A: FSEH-LAFAYETTE EAST, FSEH-LAFAYETTE CENTRAL
CHNA CONDUCTED WITH ONE OR MORE OTHER FACILITIES:
A COMMUNITY SURVEY WAS CONDUCTED JOINTLY WITH FRANCISCAN ST. ELIZABETH HEALTH-LAFAYETTE EAST, FRANCISCAN ST. ELIZABETH HEALTH-LAFAYETTE CENTRAL, AND INDIANA UNIVERSITY ARNETT HOSPITAL, AS WELL AS WITH SOME ASSISTANCE FROM THE STAFF OF THE COUNTY HEALTH DEPARTMENT.

LINE 6A: FSFH-INDIANAPOLIS, FSFH-MOORESVILLE, FSFH-CARMEL

Part V Facility Information (continued)

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

CHNA CONDUCTED WITH ONE OR MORE OTHER FACILITIES:

ALL CHNA RELATED ACTIVITIES WERE A JOINT EFFORT BETWEEN FRANCISCAN ST. FRANCIS HEALTH-INDIANAPOLIS, FRANCISCAN ST. FRANCIS HEALTH-MOORESVILLE, AND FRANCISCAN ST. FRANCIS HEALTH-CARMEL.

LINE 7A: ALL FACILITIES

ALL 13 HOSPITAL'S CHNAS ARE AVAILABLE ON FRANCISCAN ALLIANCE'S WEBSITE AT:

[HTTP://WWW.FRANCISCANALLIANCE.ORG/COMMUNITY/COMMUNITY-NEEDS-ASSESSMENT/ANNUAL-REPORT/PAGES/DEFAULT.ASPX](http://WWW.FRANCISCANALLIANCE.ORG/COMMUNITY/COMMUNITY-NEEDS-ASSESSMENT/ANNUAL-REPORT/PAGES/DEFAULT.ASPX)

LINE 10: ALL FACILITIES

ALL 13 HOSPITAL'S IMPLEMENTATION STRATEGIES ARE AVAILABLE ON FRANCISCAN ALLIANCE'S WEBSITE AT:

[HTTP://WWW.FRANCISCANALLIANCE.ORG/COMMUNITY/COMMUNITY-NEEDS-ASSESSMENT/ANNUAL-REPORT/PAGES/DEFAULT.ASPX](http://WWW.FRANCISCANALLIANCE.ORG/COMMUNITY/COMMUNITY-NEEDS-ASSESSMENT/ANNUAL-REPORT/PAGES/DEFAULT.ASPX)

LINE 11: FSMH-DYER, FSMH-HAMMOND

NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES

- A. CARDIOVASCULAR HEALTH - IDENTIFY AT RISK PATIENTS AMONG AFRICAN AMERICAN POPULATION AND IMPROVE HEALTH THRU REDUCING RISK BY SCREENING, EDUCATION AND MONITORING OF SCORES OF KEY INDICATORS.
- B. ADOLESCENT SUBSTANCE ABUSE - IDENTIFY AT-RISK CHILDREN AND PROVIDE INTERVENTIONS TO STOP AND/OR PREVENT ABUSE OF ALCOHOL AND SUBSTANCES.
- C. LUNG CANCER - REDUCE THE INCIDENCE OF UNTREATABLE LUNG CANCER AMONG

Part V Facility Information (continued)

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

LOW-INCOME, AT-RISK POPULATION THRU EARLY SCREENING, EDUCATION AND TREATMENT.

D. DIABETES - IMPROVE SELF-MANAGEMENT TO AVOID COMPLICATIONS AMONG LOW INCOME, AT-RISK HISPANIC POPULATION THRU SCREENING, EDUCATION, INDIVIDUAL COUNSELING AND EARLY IDENTIFICATION OF COMPLICATIONS.

NEEDS IDENTIFIED BUT NOT SELECTED AMONG CHNA STRATEGIES

A. ACCESS TO HEALTH CARE SERVICES - THE HOSPITALS ALREADY OPERATE A COMMUNITY CLINIC (MOTHER MCAULEY CLINIC) TO SERVE UNDER AND UNINSURED; OPERATE PHYSICIAN PRACTICES THAT ACCEPT ALL PATIENTS; EXPECT PROVISIONS OF THE AFFORDABLE CARE ACT WILL IMPROVE ACCESS VIA MEDICAID AND EMPLOYER INSURANCE EXPANSION.

B. CANCER OF THE BREAST, CERVIX, COLON AND PROSTATE - IDENTIFIED AS BEING OF HIGHER INCIDENCE AND BEING ADDRESSED THROUGH OTHER, ESTABLISHED PROGRAMS AND THROUGH GRADUALLY IMPROVING UNDERLYING SOCIAL ISSUES.

C. CHLAMYDIA INCIDENCE RATE - AS A CATHOLIC ORGANIZATION WE ARE LIMITED BY THE ETHICAL AND RELIGIOUS DIRECTIVES AS TO WHAT WE CAN DO REGARDING THE USE OF CONTRACEPTIVES.

D. CHRONIC KIDNEY DISEASE - DEVELOPING A PROGRAM TO IMPROVE DIABETES MANAGEMENT, WHICH IS AN UNDERLYING CAUSE OF KIDNEY DISEASE.

E. HIGH USE OF ER - VARIOUS NEW PROGRAMS INITIATED AS PART OF FRANCISCAN'S ACO, ALSO WE OPERATE SEVERAL URGENT CARE CENTERS AND HAVE EXPANDED TO INCLUDE NEW SITES.

F. INJURY AND VIOLENCE PREVENTION - WE REGARD THIS AS PRIMARILY A TASK OF THE PUBLIC SECTOR AS WE DO NOT HAVE EXPERTISE OR RESOURCES TO DEVELOP

Part V Facility Information (continued)

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

AND SUSTAIN PROGRAMS.

G. MATERNAL, INFANT AND CHILD HEALTH - A ROBUST PROGRAM NEEDS NEO-NATAL RESOURCES WE DO NOT HAVE. WE DO ALREADY OFFER SOME SERVICES THROUGH OUR COMMUNITY CLINIC AND THROUGH OUR ST. MONICA HOME FOR UNWED MOTHERS.

H. ORAL HEALTH - WE DO NOT HAVE DENTAL SERVICES, STAFF, RESOURCES OR EXPERTISE TO MEET THIS NEED.

I. SOCIAL AND ECONOMIC FACTORS - THERE ARE A VARIETY OF CONDITIONS INCLUDING EDUCATION, TRANSPORTATION, EMPLOYMENT, CRIME, ETC., WHICH ARE OBLIGATIONS OF GOVERNMENT TO ADDRESS AS WE DO NOT HAVE NEEDED EXPERTISE, FUNDING, RESOURCES OR EXPERIENCE TO ADDRESS.

LINE 11: FSAH-MICHIGAN CITY

NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES

A. ACCESS TO MEDICATIONS - PREVENT ADVERSE IMPACT OF NOT COMPLYING WITH MEDICATION TREATMENT BY INCREASING THE ACCESS TO NEEDED MEDICATIONS.

B. DIABETES - INCREASE THE NUMBER OF PEOPLE IN AT-RISK POPULATION RECEIVING EDUCATION AND REFERRALS TO TREATMENT.

C. CONGESTIVE HEART FAILURE - IMPROVE OVERALL MANAGEMENT OF CARE AND AVOIDANCE OF ACUTE EPISODES THRU BETTER CONTINUITY OF CARE AMONG PROVIDERS, EDUCATION AND TREATMENT COMPLIANCE.

NEEDS IDENTIFIED BUT NOT SELECTED AMONG CHNA STRATEGIES

A. ACCESS TO HEALTH SERVICES - THE HOSPITAL ALREADY WORKS CLOSELY WITH ESTABLISHED FEDERALLY QUALIFIED HEALTH CENTERS IN THE COMMUNITY; OPERATES PHYSICIAN PRACTICES THAT ACCEPT ALL PATIENTS; EXPECT THE PROVISIONS OF

Part V Facility Information (continued)

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

THE AFFORDABLE CARE ACT TO IMPROVE ACCESS VIA MEDICAID AND EMPLOYER EXPANSION OF INSURANCE COVERAGE.

B. MATERNAL INFANT AND CHILD HEALTH - SOME NEEDS ARE SERVED THROUGH WOMEN'S CARE CENTER; LIMITED CAPABILITY IN NEO-NATAL CARE; SHORTAGE OF PHYSICIAN STAFF WITH WHOM TO PARTNER.

C. HOMELESSNESS - HOSPITAL DOES NOT HAVE EXPERTISE IN THIS AREA.

D. MENTAL HEALTH - LIMITED RESOURCES (NO PSYCHIATRIC SERVICES) PLUS THE EXISTENCE OF SEVERAL OTHER MENTAL HEALTH RESOURCES IN THE COMMUNITY.

E. NUTRITION, FITNESS/LIFE STYLE - EXISTING PROGRAMS ADDRESS SOME OF THESE NEEDS PLUS THE PROGRAMS SELECTED FOR DEVELOPMENT (DIABETES AND CARDIOVASCULAR) WILL INCLUDE EMPHASIS ON THESE FACTORS FOR IMPROVED HEALTH.

F. TOBACCO USE - EXISTING PROGRAMS ADDRESS THIS NEED PLUS, OTHER COMMUNITY PROGRAMS EMPHASIZE THIS PROBLEM; PLUS, THE HEART FAILURE PROGRAM THAT IS A CHNA SELECTION WILL INCLUDE SMOKING CESSATION.

LINE 11: FH-MUNSTER

NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES

A. DIABETES - IMPROVE SELF-MANAGEMENT OF DISEASE AMONG AT-RISK HISPANIC POPULATION THRU SCREENING AND EDUCATION.

B. COLORECTAL CANCER - REDUCE THE INCIDENCE OF THE DISEASE AND IMPROVE THE TREATMENT AMONG AT-RISK AFRICAN-AMERICAN POPULATION THRU EARLY SCREENING, EDUCATION AND REFERRALS FOR TREATMENT.

NEEDS IDENTIFIED BUT NOT SELECTED AMONG CHNA STRATEGIES

Part V Facility Information (continued)

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

- A. ACCESS TO CARE - FRANCISCAN ALLIANCE ALREADY OPERATES A CLINIC FOR THE UNDER AND UNINSURED POPULATION IN THE GEOGRAPHIC AREA. THE HOSPITAL DOES NOT OPERATE AN ER AND EXPECT THAT THE PROVISIONS OF THE AFFORDABLE CARE ACT WILL IMPROVE ACCESS VIA MEDICAID AND EMPLOYER EXPANSION OF INSURANCE COVERAGE.
- B. PREVENTABLE HOSPITALIZATIONS - FRANCISCAN'S ACO IS WORKING TOWARD ADDRESSING THIS PROBLEM AND THERE ARE OTHER TARGETED PROGRAMS ADDRESSING RE-ADMISSIONS.
- C. MATERNAL AND CHILD HEALTH - THE HOSPITAL DOES NOT OFFER ANY OBSTETRIC OR PEDIATRIC SERVICES AND THUS, DOES NOT HAVE THE RESOURCES OR EXPERTISE TYPICAL FOR SUCH PROGRAMS.
- D. ADULT IMMUNIZATIONS - OTHER COMMUNITY RESOURCES AND PHYSICIAN OFFICES ADDRESS THIS NEED.
- E. ASTHMA - DUE TO OUR LIMITED SERVICES WE DO NOT HAVE THE RESOURCES OR EXPERTISE TYPICAL FOR SUCH PROGRAMS.
- F. HEALTH EDUCATION - IT WAS DECIDED THAT BROAD-BASED HEALTH EDUCATION IS AVAILABLE FROM MANY SOURCES. HOWEVER, TARGETED HEALTH EDUCATION IN THE AREAS OF DIABETES AND COLON DISEASE WILL BE PART OF THE SELECTED CHNA PROGRAMS PROVIDED.
- G. SUBSTANCE ABUSE - OTHER PROGRAMS ARE CURRENTLY AVAILABLE IN THE COMMUNITY TO ADDRESS THE NEED.
- H. ORAL HEALTH - THE HOSPITAL DOES NOT HAVE THE EXPERTISE OR RESOURCES REQUIRED FOR THIS SERVICE.
- I. NUTRITION, PHYSICAL ACTIVITY/LIFE-STYLE - TARGETED EFFORT WILL BE A PART OF THE DIABETES PROGRAM BEING DEVELOPED; PLUS, OTHER COMMUNITY

Part V Facility Information (continued)

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

PROGRAMS ARE VERY ACTIVE REGARDING THIS NEED.

J. MENTAL HEALTH - OTHER COMMUNITY SERVICES ARE AVAILABLE AND ANOTHER FRANCISCAN HOSPITAL THAT IS PART OF THIS FORM 990 ALREADY PROVIDES A VARIETY OF INPATIENT AND OUTPATIENT MENTAL HEALTH PROGRAMS.

K. HEART DISEASE AND STROKE - EXISTING SERVICES IN OUR HOSPITAL ADDRESS SOME OF THESE NEEDS AND ANOTHER FRANCISCAN HOSPITAL THAT IS PART OF THIS FORM 990 ALREADY OFFERS SERVICES SPECIFIC TO THESE NEEDS AND THEY ARE DEVELOPING MORE TARGETED PROGRAMS IN THEIR CHNA EFFORTS.

LINE 11: FSAH-CROWN POINT

NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES

A. DIABETES - IMPROVE SELF-MANAGEMENT OF DISEASE AMONG LOW INCOME POPULATION TO GAIN BETTER COMPLIANCE WITH DISEASE MANAGEMENT THRU SCREENING, EDUCATION AND MONITORING OF KEY INDICATORS.

B. CARDIOVASCULAR DISEASE - REDUCE RISK AND INCIDENCE OF DISEASE AMONG LOW-INCOME POPULATION THRU SCREENING, SMOKING CESSATION, IMPROVED HEALTH BEHAVIORS AND MONITORING OF KEY INDICATORS.

NEEDS IDENTIFIED BUT NOT SELECTED AMONG CHNA STRATEGIES

A. ACCESS TO HEALTH SERVICES - THE HOSPITAL ALREADY OPERATES A CLINIC (ST. CLARE HEALTH CLINIC) TO SERVE THE UNDER AND UNINSURED POPULATION. PEOPLE CAN ALSO ACCESS A FEDERALLY QUALIFIED HEALTH CLINIC IN THE AREA; THE HOSPITAL ALSO OPERATES PHYSICIAN PRACTICES THAT ACCEPT ALL PATIENTS; AND EXPECT THAT THE PROVISIONS OF THE AFFORDABLE CARE ACT WILL IMPROVE ACCESS VIA MEDICAID AND EMPLOYER INSURANCE EXPANSION.

Part V Facility Information (continued)

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

B. CANCER CARE - SEVERAL EXISTING PROGRAMS THAT FOCUS ON SEVERAL TYPES OF CANCER ADDRESS MANY OF THE CANCER NEEDS OF THE COMMUNITY.

C. FAMILY PLANNING (TEEN BIRTHS) - EXISTING PROGRAMS IN THE HOSPITAL AND THE COMMUNITY ARE ADDRESSING THIS NEED.

D. INJURY AND VIOLENCE PREVENTION - WE REGARD THIS AS PRIMARILY A TASK OF THE PUBLIC SECTION AS WE DO NOT HAVE EXPERTISE, STAFF OR FUNDING.

E. MENTAL HEALTH - THERE ARE EXISTING SERVICES IN THE AREA FOR BOTH INPATIENT AND OUTPATIENT MENTAL HEALTH NEEDS.

F. SUBSTANCE ABUSE - EXISTING PROGRAMS IN THE COMMUNITY ADDRESS THESE NEEDS.

LINE 11: FSJH-CHICAGO HEIGHTS

NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES

A. ACCESS TO HEALTH SERVICES - EXPAND USE OF LOW-INCOME CLINICS AND ASSOCIATED TRANSPORTATION AMONG LOW-INCOME POPULATION FOR THOSE WITH CHRONIC DISEASES SUCH AS COPD, CHF, DIABETES, CANCER AND RENAL DISEASE

NEEDS IDENTIFIED BUT NOT SELECTED AMONG CHNA STRATEGIES

A. CANCER - PROGRAMS ALREADY IN PLACE ADDRESS COLONOSCOPY AND MAMMOGRAPHY SCREENING SO IT WAS DECIDED THAT RESOURCES WOULD BE DIRECTED TOWARD OTHER NEEDS.

B. CHRONIC KIDNEY DISEASE - FRANCISCAN ST. JAMES HEALTH-OLYMPIA FIELDS IS DEVELOPING A PROGRAM THAT ADDRESSES DIABETES, WHICH IS A MAJOR CAUSE OF KIDNEY DISEASE. THUS, RATHER THAN DUPLICATE THAT EFFORT, IT WAS NOT SELECTED FOR DEVELOPMENT AT FRANCISCAN ST. JAMES HEALTH-CHICAGO HEIGHTS.

Part V Facility Information (continued)

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

C. MATERNAL, INFANT AND CHILD HEALTH - THIS NEED IS BEING ADDRESSED CURRENTLY BY A PARTNER FEDERALLY QUALIFIED HEALTH CENTER AND THUS, WAS NOT SELECTED FOR DEVELOPMENT.

D. MENTAL HEALTH - OTHER COMMUNITY AND REGIONAL ORGANIZATIONS ARE ADDRESSING THIS NEED PLUS, WE DO NOT HAVE EXPERTISE OR RESOURCES TO ADEQUATELY DEVELOP EFFECTIVE PROGRAMS.

E. RESPIRATORY DISEASE - EXISTING INPATIENT AND OUTPATIENT SERVICES ADDRESS THIS NEED AND THUS, IT WAS NOT SELECTED FOR FURTHER DEVELOPMENT.

F. INJURY AND VIOLENCE PREVENTION - THIS NEED IS SEEN AS BEING MORE APPROPRIATELY MET BY OTHER PUBLIC RESOURCES PLUS, WE DO NOT HAVE EXPERTISE, RESOURCES OR FUNDING TO ADEQUATELY ADDRESS THIS NEED.

G. SEXUALLY TRANSMITTED DISEASES - WE ARE A CATHOLIC ORGANIZATION AND ARE CONSTRAINED FROM HAVING A COMPREHENSIVE PROGRAM BY THE ETHICAL AND RELIGIOUS DIRECTIVES PLUS, OTHER ORGANIZATIONS HAVE ESTABLISHED PROGRAMS.

LINE 11: FSJH-OLYMPIA FIELDS

NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES

A. DIABETES - DECREASE SEVERITY OF ILLNESS AMONG DIAGNOSED PATIENTS BY SCREENING FOR HIGH A1C SCORES AND PROVIDING REFERRALS TO DIABETES CENTER FOR IMPROVED CARE, EDUCATION AND SELF-MANAGEMENT.

B. DIABETES - IDENTIFY UNDIAGNOSED PATIENTS THRU MORE SCREENING AND PROVIDE EDUCATION, REFERRAL TO TREATMENT AND BETTER SELF-MANAGEMENT.

C. CARDIOVASCULAR DISEASE - DECREASE AVOIDABLE READMISSIONS AMONG IMPACTED PATIENTS THRU IDENTIFYING AT-RISK PATIENTS IN AN ACUTE PHASE,

Part V Facility Information (continued)

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

REFERRAL TO SOURCES OF BETTER CONTINUITY OF CARE AND THE USE OF
TELEMONITORING IN THE HOME.

NEEDS IDENTIFIED BUT NOT SELECTED AMONG CHNA STRATEGIES

A. CANCER - PROGRAMS ALREADY IN PLACE ADDRESS COLONOSCOPY AND
MAMMOGRAPHY SCREENING SO IT WAS DECIDED THAT RESOURCES WOULD BE DIRECTED
TOWARD OTHER NEEDS.

B. CHRONIC KIDNEY DISEASE - WE ARE IMPLEMENTING A DIABETES PROGRAM AS
ONE OF OUR PRIORITIES AND BELIEVE THAT THIS WILL SOMEWHAT ADDRESS THIS
NEED SINCE DIABETES IS A MAJOR CAUSE OF KIDNEY DISEASE.

C. MATERNAL, INFANT AND CHILD HEALTH - THIS NEED IS BEING ADDRESSED
CURRENTLY BY A PARTNER FEDERALLY QUALIFIED HEALTH CENTER AND THUS, WAS
NOT SELECTED FOR DEVELOPMENT.

D. MENTAL HEALTH - OTHER COMMUNITY AND REGIONAL ORGANIZATIONS ARE
ADDRESSING THIS NEED PLUS, WE DO NOT HAVE EXPERTISE OR RESOURCES TO
ADEQUATELY DEVELOP EFFECTIVE PROGRAMS.

E. RESPIRATORY DISEASE - EXISTING INPATIENT AND OUTPATIENT SERVICES
ADDRESS THIS NEED AND THUS, IT WAS NOT SELECTED FOR FURTHER DEVELOPMENT.

F. INJURY AND VIOLENCE PREVENTION - THIS NEED IS SEEN AS BEING MORE
APPROPRIATELY MET BY OTHER PUBLIC RESOURCES PLUS, WE DO NOT HAVE
EXPERTISE, RESOURCES OR FUNDING TO ADEQUATELY ADDRESS THIS NEED.

G. SEXUALLY TRANSMITTED DISEASES - WE ARE A CATHOLIC ORGANIZATION AND
ARE CONSTRAINED FROM HAVING A COMPREHENSIVE PROGRAM BY THE ETHICAL AND
RELIGIOUS DIRECTIVES PLUS, OTHER ORGANIZATIONS HAVE ESTABLISHED
PROGRAMS.

Part V Facility Information (continued)

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

LINE 11: FSEH-LAFAYETTE EAST

NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES

A. CONGESTIVE HEART FAILURE - REDUCE AVOIDABLE HOSPITAL READMISSIONS THRU IDENTIFICATION OF AT-RISK PATIENTS AND PROVIDING INDIVIDUAL COACHING, COMPLIANCE WITH CARE REGIMEN, IMPROVED HEALTH BEHAVIORS AND BETTER CONTINUITY OF CARE. ADDITIONAL OBJECTIVE IS TO REDUCE AVOIDABLE ER VISITS.

B. DIABETES - IMPROVE OVERALL HEALTH AND CARE COMPLIANCE AMONG IDENTIFIED PATIENTS THRU MONITORING OF TIMELY VISITS TO PROVIDERS, EDUCATION, COACHING AND IMPROVED HEALTH BEHAVIORS. AN ADDITIONAL OBJECTIVE IS TO EXPAND OVERALL SCREENING OF THE GENERAL PUBLIC FOR EARLY IDENTIFICATION.

C. MATERNAL AND CHILD HEALTH - EXPAND NUMBER OF MOTHERS WHO BREAST FEED UP TO 3 MONTHS POST-PARTUM THRU EDUCATION AND LACTATION COUNSELING.

NEEDS IDENTIFIED BUT NOT SELECTED AMONG CHNA STRATEGIES

A. OBESITY - EXISTING PROGRAMS ADDRESS ASPECTS OF THIS NEED PLUS, THE CHNA PROGRAMS IN DIABETES AND CONGESTIVE HEART FAILURE SELECTED FOR DEVELOPMENT BY ANOTHER FRANCISCAN HOSPITAL THAT IS PART OF THIS FORM 990, FRANCISCAN ST. ELIZABETH HEALTH-CENTRAL, INCLUDE FOCUS ON THIS NEED.

B. SUBSTANCE AND TOBACCO USE - EXISTING COMMUNITY PROGRAMS ADDRESS THESE NEEDS PLUS, THE CHNA PROGRAMS IN DIABETES AND CONGESTIVE HEART FAILURE WILL INCLUDE SMOKING CESSATION EFFORTS.

C. PREVENTIVE HEALTH SCREENINGS - A VARIETY OF HEALTH SCREENINGS ARE

Part V Facility Information (continued)

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

CONDUCTED BY MANY ORGANIZATIONS, INCLUDING OUR HOSPITAL.

D. CHLAMYDIA - AS A CATHOLIC ORGANIZATION WE ARE CONSTRAINED BY OUR ETHICAL AND RELIGIOUS DIRECTIVES FROM DEVELOPING A COMPREHENSIVE PROGRAM.

E. MEDICATION ACCESS - OTHER COMMUNITY RESOURCES ADDRESS THIS NEED AND WHILE NOT SELECTED AT THIS TIME, IT WILL BE EXAMINED MORE FULLY IN THE FUTURE.

F. PRE-NATAL CARE IN THE FIRST TRIMESTER - IT WAS FELT THAT OTHER AREAS OF NEED WERE OF HIGHER PRIORITY, PARTIALLY DUE TO THE NUMBER OF PEOPLE THAT COULD BENEFIT.

G. CANCER AND RESPIRATORY DISEASE - EXISTING PROGRAMS IN OUR HOSPITAL AND IN THE COMMUNITY ALREADY ADDRESS THESE NEEDS.

H. GENERAL SOCIAL AND ECONOMIC NEEDS SUCH AS: TRANSPORTATION; EDUCATION; AIR QUALITY; CRIME, ETC., ARE FELT TO BE RESPONSIBILITIES OF THE PUBLIC SECTOR PLUS, WE DO NOT HAVE EXPERTISE, FUNDING OR RESOURCES ADEQUATE TO ADDRESS THESE NEEDS.

LINE 11: FSEH-LAFAYETTE CENTRAL

NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES

SAME AS FSEH-EAST EXCEPT FOR MATERNAL AND /CHILD HEALTH SINCE THIS FACILITY DOES NOT PROVIDE OBSTETRICAL SERVICES.

NEEDS IDENTIFIED BUT NOT SELECTED AMONG CHNA STRATEGIES

A. OBESITY - EXISTING PROGRAMS ADDRESS ASPECTS OF THIS NEED, PLUS, THE PROGRAMS WE ARE DEVELOPING IN DIABETES AND CONGESTIVE HEART FAILURE

Part V Facility Information (continued)

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

INCLUDE A FOCUS ON THIS NEED.

B. SUBSTANCE AND TOBACCO USE - EXISTING COMMUNITY PROGRAMS ADDRESS THESE NEEDS PLUS, THE CHNA PROGRAMS IN DIABETES AND CONGESTIVE HEART FAILURE WILL INCLUDE SMOKING CESSATION EFFORTS.

C. PREVENTIVE HEALTH SCREENINGS - A VARIETY OF HEALTH SCREENINGS ARE CONDUCTED BY MANY ORGANIZATIONS, INCLUDING OUR HOSPITAL.

D. CHLAMYDIA - AS A CATHOLIC ORGANIZATION WE ARE CONSTRAINED BY OUR ETHICAL AND RELIGIOUS DIRECTIVES FROM DEVELOPING A COMPREHENSIVE PROGRAM.

E. MEDICATION ACCESS - OTHER COMMUNITY RESOURCES ADDRESS THIS NEED AND WHILE NOT SELECTED AT THIS TIME, IT WILL BE EXAMINED MORE FULLY IN THE FUTURE.

F. PRE-NATAL CARE IN THE FIRST TRIMESTER - IT WAS FELT THAT OTHER AREAS OF NEED WERE OF HIGHER PRIORITY, PARTIALLY DUE TO THE NUMBER OF PEOPLE THAT COULD BENEFIT.

G. CANCER AND RESPIRATORY DISEASE - EXISTING PROGRAMS IN OUR HOSPITAL AND IN THE COMMUNITY ALREADY ADDRESS THESE NEEDS.

H. GENERAL SOCIAL AND ECONOMIC NEEDS SUCH AS: TRANSPORTATION; EDUCATION; AIR QUALITY; CRIME, ETC., ARE FELT TO BE RESPONSIBILITIES OF THE PUBLIC SECTOR PLUS, WE DO NOT HAVE EXPERTISE, FUNDING OR RESOURCES ADEQUATE TO ADDRESS THESE NEEDS.

LINE 11: FSEH-CRAWFORDSVILLE

NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES

A. ACCESS TO CARE - IMPROVE UTILIZATION/ACCESS TO ESTABLISHED LOW-INCOME

Part V Facility Information (continued)

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

CLINICS BY MORE EFFECTIVE ER IDENTIFICATION AND REFERRALS AND BY EXPANDING PROVIDER CAPACITY.

B. DIABETES - IMPROVE REFERRAL OF IDENTIFIED PATIENTS TO APPROPRIATE CARE TO REDUCE INCIDENCE OF COMPLICATIONS AND IMPROVE SELF-MANAGEMENT THRU EDUCATION AND COACHING.

NEEDS IDENTIFIED BUT NOT SELECTED AMONG CHNA STRATEGIES

A. PRENATAL CARE - OUR HOSPITAL DOES NOT OPERATE AN OBSTETRICS SERVICE AND THUS, WE HAVE FEW OF THE RESOURCES AND EXPERTISE NECESSARY TO SUPPORT SUCH A PROGRAM.

B. ASTHMA - DUE TO OUR SMALL SIZE AND LIMITED STAFF, WE DO NOT HAVE THE RESOURCES NECESSARY TO DEVELOP AN ADEQUATE PROGRAM.

C. SMOKING CESSATION - THE OPPORTUNITY TO DEVELOP A COLLABORATIVE PROGRAM COLLAPSED DUE TO A CHANGE IN THE RESOURCES AVAILABLE FROM THAT NON-OWNED/NON-AFFILIATED ENTITY.

D. LUNG CANCER - AS WITH SMOKING CESSATION, A PROGRAM UNDER CONSIDERATION COULD NOT BE DEVELOPED DUE TO THE INABILITY OF THE PLANNED COLLABORATOR TO PROVIDE NECESSARY RESOURCES.

E. PEDIATRIC ASTHMA - DUE TO OUR SMALL SIZE AND LIMITED STAFF, WE DO NOT HAVE THE RESOURCES NECESSARY TO DEVELOP AN ADEQUATE PROGRAM.

F. GENERAL SOCIAL AND ECONOMIC NEEDS SUCH AS: TRANSPORTATION; EDUCATION; AIR QUALITY; CRIME, ETC., ARE FELT TO BE RESPONSIBILITIES OF THE PUBLIC SECTOR PLUS, WE DO NOT HAVE EXPERTISE, FUNDING OR RESOURCES ADEQUATE TO ADDRESS THESE NEEDS.

Part V Facility Information (continued)

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

LINE 11: FSFH-INDIANAPOLIS

NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES

A. CARDIOVASCULAR HEALTH - IMPLEMENT PROGRAMS TARGETING 34 - 45 AGE MEN

AND WOMEN TO EDUCATE AND MONITOR KEY BIOMETRIC INDICATORS TO IMPROVE

HEALTH AMONG THOSE WITH IDENTIFIED RISKS.

B. BREAST CANCER - IMPLEMENT PROGRAM TO INCREASE AWARENESS GENERALLY AND

TO ENHANCE SELF-EXAM CAPABILITY TO PROMOTE EARLY DETECTION AND

TREATMENT.

C. LUNG CANCER - ADDRESS EARLY EDUCATION AND HEALTHY BEHAVIORS AMONG

CHILDREN BY PROVIDING PROGRAMS WITH SCHOOLS.

D. ACCESS TO CARE - PROMOTE AND IMPROVE ACCESS TO APPROPRIATE CARE AMONG

A BURMESE POPULATION BY IMPROVING CULTURAL AWARENESS AMONG PROVIDERS,

APPROPRIATE USE OF ER'S AND BETTER ACCESS TO AVAILABLE PRIMARY CARE

SITES.

E. DIABETES - PROMOTE IMPROVED AWARENESS AND SELF-MANAGEMENT AMONG

EMPLOYEES OF PARTICIPATING EMPLOYERS AND IDENTIFIED AT-RISK FAMILY UNITS.

NEEDS IDENTIFIES BUT NOT SELECTED AMONG CHNA STRATEGIES

A. SUBSTANCE ABUSE - OTHER COMMUNITY ORGANIZATIONS HAVE THE RESOURCES

AND ESTABLISHED PROGRAMS TO ADDRESS THIS NEED.

B. INPATIENT MENTAL HEALTH - WE HAVE LIMITED RESOURCES RELATIVE TO OTHER

PROVIDERS AND COMMUNITY RESOURCES.

C. IMMUNIZATION AND INFECTIOUS DISEASE - STRONG PROGRAMS IN EXISTENCE

AMONG A VARIETY OF COMMUNITY ORGANIZATIONS PLUS, A STRONG PROGRAM IS

Part V Facility Information (continued)

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

ALREADY IN PLACE IN OUR VISITING NURSE SERVICE/HOME HEALTH DIVISION.

D. INJURY AND VIOLENCE PREVENTION - IT IS FELT THAT THESE NEEDS ARE MORE THE RESPONSIBILITY OF THE PUBLIC SECTOR PLUS, WE LACK THE EXPERTISE, RESOURCES AND FUNDING TO BE EFFECTIVE IN THESE NEEDS.

LINE 11: FSFH-MOORESVILLE

NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES

A. CARDIOVASCULAR HEALTH - SAME AS FSFH-INDIANAPOLIS BUT DIFFERENT GEOGRAPHIC COVERAGE

B. BREAST CANCER - SAME AS FSFH-INDIANAPOLIS BUT DIFFERENT GEOGRAPHIC COVERAGE

C. LUNG CANCER - SAME AS FSFH-INDIANAPOLIS BUT DIFFERENT GEOGRAPHIC COVERAGE

D. ACCESS TO CARE - INCREASE CAPACITY OF ESTABLISHED CLINIC TO RESPOND TO NEEDS AMONG LOW-INCOME POPULATION.

E. JOINT AND ARTHRITIS CARE - IMPROVE CARE OF POPULATION (ESPECIALLY SENIORS) THRU EDUCATION OFFERINGS, OSTEOPOROSIS SCREENING, AQUATIC OFFERINGS AND APPROPRIATE REFERRALS.

NEEDS IDENTIFIED BUT NOT SELECTED AMONG CHNA STRATEGIES

SAME AS FSFH-INDIANAPOLIS

LINE 11: FSFH-CARMEL

NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES

A. JOINT AND ARTHRITIS CARE - SAME AS FSFH-MOORESVILLE BUT DIFFERENT

Part V Facility Information (continued)

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

GEOGRAPHIC COVERAGE

B. BREAST CANCER - SAME AS FSFH-INDIANAPOLIS BUT DIFFERENT GEOGRAPHIC COVERAGE

C. ACCESS TO CARE - SAME AS FSFH-MOORESVILLE BUT DIFFERENT CLINIC AND GEOGRAPHIC COVERAGE

NEEDS IDENTIFIED BUT NOT SELECTED AMONG CHNA STRATEGIES

SAME AS FSFH-INDIANAPOLIS AND FSFH-MOORESVILLE

LINES 15 AND 16: ALL FACILITIES

THROUGH FRANCISCAN ALLIANCE, INC. ("FRANCISCAN"), WE CONTINUE THE HEALING MINISTRY OF CHRIST IN A CATHOLIC HEALTH CARE SYSTEM THAT UPHOLDS THE MORAL VALUES AND TEACHINGS OF THE CATHOLIC CHURCH.

CENTRAL CONCERNS OF THIS CORPORATE MINISTRY INCLUDE COMPASSION FOR THOSE IN NEED, RESPECT FOR LIFE AND THE DIGNITY OF PERSONS. FRANCISCAN BELIEVES IN THE DIGNITY, UNIQUENESS, AND WORTH OF EACH INDIVIDUAL AND, WITHIN THE LIMITS OF OUR RESOURCES, FRANCISCAN OFFERS A COMPREHENSIVE RANGE OF HEALTH CARE SERVICES TO ALL REGARDLESS OF RACE, CREED, COLOR, SEX, NATIONAL ORIGIN, HANDICAP OR AN INDIVIDUAL'S FINANCIAL CAPABILITY. IN LIGHT OF THIS BELIEF, WE CONSIDER OUR HEALTH CARE SERVICES TO BE REACHING OUT AND RESPONDING, IN A CHRIST-LIKE MANNER, TO THOSE WHO ARE PHYSICALLY, MATERIALLY, OR SPIRITUALLY IN NEED. FRANCISCAN IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE, IN THE FORM OF CHARITY CARE OR UNINSURED DISCOUNTS, TO PERSONS WHO ARE UNINSURED OR UNDERINSURED, WHO ARE INELIGIBLE FOR

Part V Facility Information (continued)

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

GOVERNMENTAL OR SOCIAL SERVICE PROGRAMS, AND WHO OTHERWISE ARE UNABLE TO PAY FOR EMERGENCY SERVICES OR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. CONSISTENT WITH OUR MISSION TO DELIVER COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTH CARE AND TO ADVOCATE FOR THOSE WHO ARE POOR AND DISENFRANCHISED, FRANCISCAN STRIVES TO ENSURE THE FINANCIAL CAPACITY OF PEOPLE WHO NEED MEDICALLY NECESSARY HEALTH CARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING THAT CARE. FRANCISCAN'S FINANCIAL ASSISTANCE POLICY IS DESIGNED TO ALLOW RELIEF FROM ALL OR PART OF THE CHARGES RELATED TO EMERGENCY OR MEDICALLY NECESSARY HEALTH CARE SERVICES THAT EXCEED A PATIENT'S REASONABLE ABILITY TO PAY. IN ORDER TO ENSURE TRANSPARENCY, CONSISTENCY AND FAIRNESS, WE ASK PATIENTS TO COOPERATE BY PROVIDING NECESSARY INFORMATION TO DETERMINE THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE.

FOR PATIENTS NOT INITIALLY IDENTIFIED AS QUALIFYING FOR FINANCIAL ASSISTANCE, FRANCISCAN COMMUNICATES THE AVAILABILITY OF CHARITY CARE AND FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL COMMUNITY THROUGH THE FOLLOWING MEANS:

1. FRANCISCAN COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN APPROPRIATE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS, ADMITTING/REGISTRATION AREAS, BILLING OFFICES, OUTPATIENT SERVICE SETTINGS, AND ON OUR HOSPITALS' WEBSITES. SIGNS/POSTINGS INFORM PATIENTS THAT FREE OR REDUCED COST CARE MAY BE AVAILABLE TO QUALIFYING PATIENTS WHO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

Part V Facility Information (continued)

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

2. BROCHURES SUMMARIZING OUR FINANCIAL ASSISTANCE PROGRAMS ARE AVAILABLE THROUGHOUT EACH FRANCISCAN HOSPITAL.
 3. FINANCIAL COUNSELORS AND BUSINESS OFFICE PERSONNEL ARE AVAILABLE TO HELP PATIENTS UNDERSTAND AND APPLY FOR LOCAL, STATE, FEDERAL HEALTH CARE, AND HEALTH INSURANCE EXCHANGE PROGRAMS AND FRANCISCAN'S FINANCIAL ASSISTANCE PROGRAMS.
 4. ALL BILLS AND STATEMENTS FOR SERVICES INFORM UNINSURED PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE.
 5. PATIENTS/GUARANTORS MAY REQUEST A COPY OF THE FINANCIAL ASSISTANCE APPLICATION BY CALLING THE FRANCISCAN BILLING OFFICE OR DOWNLOADING A COPY AT NO COST FROM FRANCISCAN HOSPITAL'S WEBSITES.
 6. PATIENTS/GUARANTORS CAN REQUEST FINANCIAL ASSISTANCE INFORMATION BY CALLING FRANCISCAN'S BILLING OFFICE PHONE LINE ON A 24-HOUR BASIS.
 7. INDIVIDUALS OTHER THAN THE PATIENT, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES, OR HOSPITAL PERSONNEL MAY MAKE REQUESTS FOR FINANCIAL ASSISTANCE ON THE PATIENT'S BEHALF, SUBJECT TO APPLICABLE PRIVACY LAWS.
 8. PRIOR TO TRANSFER TO A COLLECTION AGENCY, FRANCISCAN SENDS A MINIMUM OF 4 STATEMENTS AND MAKES 7 PHONE CALL ATTEMPTS TO CONTACT THE PATIENT/GUARANTOR AT THE ADDRESS AND PHONE NUMBER PROVIDED BY THE PATIENT/GUARANTOR. STATEMENTS AND COMMUNICATIONS INFORM THE PATIENT OF THE AMOUNT DUE AND IF THEY CANNOT PAY THEIR BALANCE THE AVAILABILITY OF FINANCIAL ASSISTANCE.
- A PATIENT'S QUALIFICATION FOR CHARITY CARE IS DETERMINED THROUGH A

Part V Facility Information (continued)

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

FINANCIAL ASSISTANCE APPLICATION AND SCREENING PROCESS. PATIENTS WHO MAY QUALIFY FOR MEDICAID OR ANY OTHER GOVERNMENTAL ASSISTANCE MUST BE DENIED COVERAGE OR ASSISTANCE FROM THOSE GOVERNMENTAL PROGRAMS PRIOR TO RECEIVING APPROVAL FOR CHARITY CARE. AS SUCH, FRANCISCAN OFFERS PATIENTS ASSISTANCE IN APPLYING OR ENROLLING IN SUCH PROGRAMS. A PATIENT WILL NEED TO FILL OUT, SIGN, AND SUBMIT THE FINANCIAL ASSISTANCE APPLICATION ALONG WITH ALL REQUESTED DOCUMENTATION OF INCOME, EXPENSES, ASSETS, AND LIABILITIES. FRANCISCAN'S BILLING OFFICE WILL PLACE THE PATIENT'S ACCOUNT ON HOLD ONCE A FINANCIAL ASSISTANCE APPLICATION HAS BEEN REQUESTED AND UNTIL A FINANCIAL ASSISTANCE DETERMINATION IS MADE. APPLICANTS ARE TREATED WITH DIGNITY AND RESPECT THROUGHOUT THE FINANCIAL ASSISTANCE PROCESS AND ALL INFORMATION/MATERIALS RECEIVED ARE CONFIDENTIALLY MAINTAINED. FRANCISCAN ALSO UTILIZES AN EXTERNAL VENDOR, SERVICE, OR DATA SOURCE THAT PROVIDES INFORMATION ON A PATIENT'S OR GUARANTOR'S ABILITY TO PAY (I.E. CREDIT SCORING). ELIGIBILITY FOR CHARITY CARE MAY BE DETERMINED AT ANY POINT IN THE COLLECTIONS CYCLE (I.E. PRIOR TO THE PROVISION OF SERVICES, DURING THE NORMAL COLLECTIONS CYCLE, OR MAY BE USED TO RE-CLASSIFY ACCOUNTS AFTER THEY HAVE BEEN DEEMED UNCOLLECTIBLE AND SUBSEQUENTLY RETURNED FROM A THIRD PARTY COLLECTION AGENCY). ONCE APPROVED, THE PATIENT WILL REMAIN ELIGIBLE FOR CHARITY CARE FOR A MAXIMUM OF FOUR MONTHS. THE ELIGIBILITY PERIOD WILL BEGIN FROM THE DATE OF THE PATIENT'S APPROVAL OF CHARITY CARE. CHARITY CARE DISCOUNTS WILL BE GIVEN FOR CURRENT OPEN ACCOUNTS AND THE FOLLOWING FOUR MONTHS OF EMERGENCY SERVICES OR MEDICALLY NECESSARY CARE. AFTER THE ELIGIBILITY PERIOD HAS ELAPSED, THE PATIENT MUST REAPPLY FOR FINANCIAL

Part V Facility Information (continued)

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

ASSISTANCE.

LINES 16A, 16B, AND 16C: ALL FACILITIES

THE FAP, FAP APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY OF THE FAP ARE
AVAILABLE AT THE FOLLOWING ADDRESS:

[HTTP://WWW.FRANCISCANALLIANCE.ORG/PATIENTS/BILLING/PAGES/FINANCIAL-ASSISTANCE.ASPX](http://WWW.FRANCISCANALLIANCE.ORG/PATIENTS/BILLING/PAGES/FINANCIAL-ASSISTANCE.ASPX)

LINE 22: FSJH-CHICAGO HEIGHTS, FSJH-OLYMPIA FIELDS

FSJH-CHICAGO HEIGHTS AND FSJH-OLYMPIA FIELDS COMPUTE THE MAXIMUM AMOUNTS
CHARGED TO FAP-ELIGIBLE INDIVIDUALS BASED ON THE ILLINOIS UNINSURED
DISCOUNT ACT. UNDER THIS ACT, ILLINOIS FACILITIES CANNOT CHARGE GREATER
THAN 135% OF COST. THIS METHOD RESULTS IN A LARGER DISCOUNT THAN THAT
DETERMINED BY THE FEDERAL CALCULATION.

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 166

Name and address	Type of Facility (describe)
1 IIMC 701 E COUNTY LINE ROAD, SUITE 101 GREENWOOD IN 46143	PHYSICIAN PRACTICE
2 INDIANA ORTHOPEDIC SURGERY CENTER 5255 E STOP 11 ROAD, SUITE 110 INDIANAPOLIS IN 46237	AMBULATORY SURGERY CENTER
3 FRANCISCAN SURGERY CENTER 5255 E STOP 11 ROAD, SUITE 100 INDIANAPOLIS IN 46237	AMBULATORY SURGERY CENTER
4 THE ENDOSCOPY CENTER AT ST FRANCIS 8051 S EMERSON AVENUE, SUITE 150 INDIANAPOLIS IN 46237	ENDOSCOPY CENTER
5 ST FRANCIS RADIATION THERAPY CENTERS 8111 S EMERSON AVENUE INDIANAPOLIS IN 46239	RADIATION THERAPY
6 FRANCISCAN PHYSICIAN NETWORK - MC 1225 E COOLSPRING AVENUE MICHIGAN CITY IN 46360	PHYSICIAN PRACTICE
7 SOUTH EMERSON SURGERY CENTER 8141 S EMERSON AVENUE, SUITE C INDIANAPOLIS IN 46237	AMBULATORY SURGERY CENTER
8 COOPERATIVE MANAGED CARE SERVICES 9045 RIVER ROAD, SUITE 250 INDIANAPOLIS IN 46240	MANAGED CARE
9 FRANCISCAN ST JAMES HEALTH-HOME HEALTH 1400 OTTO BOULEVARD CHICAGO HEIGHTS IL 60411	HOME HEALTH
10 MOORESVILLE SURGERY CENTER 1215 HADLEY ROAD, SUITE 100 MOORESVILLE IN 46260	AMBULATORY SURGERY CENTER

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

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

Name and address	Type of Facility (describe)
1 FPN ORTHOPEDIC AND SPORTS MEDICINE 1702 LAFAYETTE ROAD CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
2 JOINT REPLACEMENT SURGEONS 1199 HADLEY ROAD MOORESVILLE IN 46158	PHYSICIAN PRACTICE
3 ONCOLOGY AND HEMATOLOGY SPECIALISTS 8111 S EMERSON AVENUE, SUITE 101 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
4 SOUTH INDY MRI AND REHAB 8141 S EMERSON AVENUE, SUITE A INDIANAPOLIS IN 46237	RADIOLOGY AND PHYSICAL SERVICES
5 MOORESVILLE ENDOSCOPY CENTER 1215 HADLEY ROAD, SUITE 101 MOORESVILLE IN 46158	ENDOSCOPY CENTER
6 FRANCISCAN PHYSICIAN NETWORK 9470 BROADWAY CROWN POINT IN 46307	PHYSICIAN PRACTICE
7 FPN NEPHROLOGY / FPN PULMONARY 2708 FERRY STREET LAFAYETTE IN 47904	PHYSICIAN PRACTICE
8 FRANCISCAN ST JAMES HEALTH - HEALTH & WELLNESS CENTER, 100 W 197TH PL CHICAGO HEIGHTS IL 60411	WELLNESS CENTER
9 PEDIATRIC ASSOCIATES OF GREENWOOD 900 AVERITT ROAD GREENWOOD IN 46143	PHYSICIAN PRACTICE
10 FPN DERMATOLOGY, FAMILY MEDICINE, PEDS 915 SAGAMORE PARKWAY WEST WEST LAFAYETTE IN 47906	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 FPN FAMILY & GERIATRIC MEDICINE 3920 ST FRANCIS WAY, SUITE 209 LAFAYETTE IN 47905	PHYSICIAN PRACTICE
2 FRANCISCAN PHYSICIAN NETWORK 1505 SOUTH COURT STREET CROWN POINT IN 46307	PHYSICIAN PRACTICE
3 FRANCISCAN PHYSICIAN NETWORK 12800 MISSISSIPPI PARKWAY CROWN POINT IN 46307	PHYSICIAN PRACTICE
4 FRANCISCAN PHYSICIAN NETWORK 2421 LAPORTE AVENUE VALPARAISO IN 46385	PHYSICIAN PRACTICE
5 AMER. HEALTH NETWORK - MUNCIE 3631 N MORRISON ROAD MUNCIE IN 47304	PT, IMAGING, SURGERY
6 FPN INTERNAL MEDICINE & SURGICAL SPEC. 1630 LAFAYETTE ROAD, SUITE 300 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
7 FRANCISCAN PHYSICIAN NETWORK - MC 8865 W 400 NORTH MICHIGAN CITY IN 46360	PHYSICIAN PRACTICE
8 FPN CARDIOLOGY / ELECTROPHYSIOLOGY 3900 SAINT FRANCIS WAY, STE 200 LAFAYETTE IN 47905	PHYSICIAN PRACTICE
9 FPN CRAWFORDSVILLE FAMILY MEDICINE 308 W MARKET STREET CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
10 FPN GREENACRES FAMILY MEDICINE 1500 DARLINGTON AVENUE, SUITE 300 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 FRANCISCAN PHYSICIAN NETWORK - MC 1501 WABASH STREET MICHIGAN CITY IN 46360	PHYSICIAN PRACTICE
2 FRANCISCAN PHYSICIAN NETWORK 11161 RANDOLPH STREET CROWN POINT IN 46307	PHYSICIAN PRACTICE
3 SOUTHPORT FP AND SPORTS MEDICINE 7855 S EMERSON AVENUE, SUITE P INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
4 FRANCISCAN PHYSICIAN NETWORK 1201 S MAIN STREET CROWN POINT IN 46307	PHYSICIAN PRACTICE
5 ALVERNO DURABLE MEDICAL EQUIPMENT 16149 SOUTH CLINTON STREET HARVEY IL 60426	DURABLE MEDICAL EQUIPMENT
6 IMPACT CENTER 1201 HADLEY ROAD MOORESVILLE IN 46158	PHYSICIAN PRACTICE
7 BEECH GROVE FAMILY MEDICINE 2030 CHURCHMAN AVENUE BEECH GROVE IN 46107	PHYSICIAN PRACTICE
8 INDIANA SLEEP CENTER 701 E COUNTY LINE ROAD, SUITE 207 GREENWOOD IN 46143	SLEEP CENTER
9 FRANCISCAN PHYSICIAN NETWORK - MC 810 MICHAEL DRIVE CHESTERTON IN 46304	PHYSICIAN PRACTICE
10 FRANCISCAN PHYSICIAN NETWORK CHERRY CREEK CENTER CROWN POINT IN 46307	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 FPN NORTHRIDGE INTERNAL MEDICINE 1704 LAFAYETTE ROAD, SUITE 8 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
2 DIABETES AND ENDOCRINOLOGY SPECIALISTS 5230A E STOP 11 ROAD, SUITE 150 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
3 FRANCISCAN PHYSICIAN NETWORK 14785 WEST 101ST AVENUE DYER IN 46311	PHYSICIAN PRACTICE
4 KENDRICK FAMILY MEDICINE 1001 HADLEY ROAD, SUITE 101 MOORESVILLE IN 46158	PHYSICIAN PRACTICE
5 FPN CRAWFORDSVILLE GYNECOLOGY 407 E MARKET STREET, SUITE 101 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
6 MOORESVILLE FAMILY CARE 1001 HADLEY ROAD, SUITE 102 MOORESVILLE IN 46158	PHYSICIAN PRACTICE
7 AMER. HEALTH NETWORK - SLEEP (CARMEL) 12425 OLD MERIDIAN STREET, SUITE A-2 CARMEL IN 46032	SLEEP CENTER
8 NEUROSURGICAL SPECIALISTS 8051 S EMERSON AVENUE, SUITE 300 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
9 GRAY ROAD FAMILY MEDICINE 7825 MCFARLAND LANE, SUITE A INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
10 ORTHOPEDIC SPECIALISTS 5255 E. STOP 11 RD. #300 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 AMER. HEALTH NETWORK - KOKOMO 2330 S DIXON ROAD KOKOMO IN 46902	IMAGING
2 CENTER GROVE FAMILY MEDICINE 362 MERIDIAN PARKE LANE GREENWOOD IN 46142	PHYSICIAN PRACTICE
3 SOUTH 31 FAMILY CARE 610 E SOUTHPORT ROAD, SUITE 205 INDIANAPOLIS IN 46227	PHYSICIAN PRACTICE
4 SOUTHEAST FAMILY MEDICINE 965 EMERSON PARKWAY STE. J GREENWOOD IN 46143	PHYSICIAN PRACTICE
5 FRANCISCAN PHYSICIAN NETWORK 2050 NORTH MAIN STREET CROWN POINT IN 46307	PHYSICIAN PRACTICE
6 VASCULAR SPECIALISTS 5255 E STOP 11 ROAD, SUITE 200 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
7 ST JAMES HEALTH OUTPATIENT PHARMACY 3700 203RD STREET, SUITE 108 OLYMPIA FIELDS IL 60461	PHARMACY
8 FRANKLIN TOWNSHIP FAMILY MEDICINE 8325 E SOUTHPORT ROAD, SUITE 100 INDIANAPOLIS IN 46259	PHYSICIAN PRACTICE
9 FRANCISCAN PHYSICIAN NETWORK 1573 N CLINE AVENUE GRIFFITH IN 46319	PHYSICIAN PRACTICE
10 HEARTLAND CROSSING PEDIATRICS 1001 HADLEY RD. STE LL 100 MOORESVILLE IN 46158	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 IRVINGTON FAMILY MEDICINE 5839 E WASHINGTON STREET INDIANAPOLIS IN 46219	PHYSICIAN PRACTICE
2 MAJOR HOSPITAL CARDIAC DIAGNOSTICS 150 WEST WASHINGTON STREET SHELBYVILLE IN 46176	CARDIOVASCULAR TESTING
3 FPN EASTSIDE FAMILY MEDICINE 2056 LEBANON ROAD CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
4 SPINE SPECIALISTS 8051 S EMERSON AVENUE, SUITE 360 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
5 MADISON AVE FAMILY MEDICINE 8778 S MADISON AVENUE, SUITE 200 INDIANAPOLIS IN 46227	PHYSICIAN PRACTICE
6 AMER. HEALTH NETWORK - PERU 315 W OLD KEY DRIVE, IMAGING SUITE 140 PERU IN 46970	IMAGING
7 HEARTLAND INTERNAL MEDICINE 10701 ALLIANCE DRIVE CAMBY IN 46113	PHYSICIAN PRACTICE
8 FRANCISCAN PHYSICIAN NETWORK 200 3RD COURT SE DEMOTTE IN 46310	PHYSICIAN PRACTICE
9 COUNTY LINE PEDIATRICS 747 E. COUNTY LINE RD. #G GREENWOOD IN 46143	PHYSICIAN PRACTICE
10 FRANCISCAN PHYSICIAN NETWORK 221 US HWY 41, SUITE I SCHERERVILLE IN 46375	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 HONEY GROVE FAMILY MEDICINE 1711 S STATE ROAD 135, SUITE C GREENWOOD IN 46143	PHYSICIAN PRACTICE
2 FRANCISCAN PHYSICIAN NETWORK 297 WEST FRANCISCAN LANE, SUITE 104 CROWN POINT IN 46307	PHYSICIAN PRACTICE
3 FPN PHYSICAL MEDICINE & REHABILITATION 1012 N 14TH STREET LAFAYETTE IN 47904	PHYSICIAN PRACTICE
4 FPN WOMEN'S HEALTH SERVICES 1630 LAFAYETTE ROAD, SUITE 200 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
5 FPN FAMILY MEDICINE - KENSINGTON 3875 KENSINGTON DRIVE LAFAYETTE IN 47905	PHYSICIAN PRACTICE
6 GYNECOLOGIC ONCOLOGY SPECIALISTS 8111 S. EMERSON, SUITE 204 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
7 FPN NORTHSIDE FAMILY MEDICINE 1660 LAFAYETTE ROAD, SUITE 170 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
8 PLAINFIELD FAMILY MEDICINE 315 DAN JONES ROAD, SUITE 150 PLAINFIELD IN 46168	PHYSICIAN PRACTICE
9 PSYCHIATRIC SPECIALISTS 610 E SOUTHPORT ROAD, SUITE 200 INDIANAPOLIS IN 46227	PHYSICIAN PRACTICE
10 FRANCISCAN PHYSICIAN NETWORK 10860 MAPLE LANE SAINT JOHN IN 46373	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 FRANCISCAN PHYSICIAN NETWORK 3831 HOHMAN AVENUE HAMMOND IN 46327	PHYSICIAN PRACTICE
2 FRANCISCAN ST JAMES HEALTH CENTERS FOR DIABETES, 20201 SOUTH CRAWFORD AVENUE OLYMPIA FIELDS IL 60461	DIABETES CLINIC
3 PLEASANT VIEW FAMILY MEDICINE 12524 SOUTHEASTERN AVENUE INDIANAPOLIS IN 46259	PHYSICIAN PRACTICE
4 FRANCISCAN PHYSICIAN NETWORK 24 JOLIET STREET, SUITE 101 DYER IN 46311	PHYSICIAN PRACTICE
5 RHEUMATOLOGY & OSTEOPOROSIS SPECIALISTS 5255 E STOP 11 ROAD, SUITE 320 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
6 WEIGHT LOSS SPECIALISTS 5230A E STOP 11 ROAD, SUITE 190 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
7 FRANCISCAN PHYSICIAN NETWORK 10860 MAPLE LANE ST. JOHN IN 46373	PHYSICIAN PRACTICE
8 FRANCISCAN PHYSICIAN NETWORK - MC 500 W BUFFALO STREET NEW BUFFALO MI 49117	PHYSICIAN PRACTICE
9 FRANCISCAN PHYSICIAN NETWORK 5985 EAST 1015 NORTH ROSELAWN IN 46372	PHYSICIAN PRACTICE
10 MOORESVILLE AFTER HOURS CLINIC 1001 HADLEY ROAD, SUITE 101 MOORESVILLE IN 46158	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 FPN GASTROENTEROLOGY 3218 DAUGHERTY DRIVE, SUITE 140 LAFAYETTE IN 47909	PHYSICIAN PRACTICE
2 BREAST SPECIALISTS 8111 S. EMERSON #104 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
3 REHABILITATION SPECIALISTS 8051 S EMERSON AVENUE, SUITE 250 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
4 MATERNAL FETAL SPECIALISTS 8051 S EMERSON AVENUE, SUITE 450B INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
5 PLASTIC & RECONSTRUCTIVE SURGEONS 8051 S EMERSON AVENUE, SUITE 450 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
6 ST JAMES COMMUNITY HEALTH CENTER - BEECHER, 989 DIXIE HIGHWAY BEECHER IL 60401	PHYSICAL THERAPY SERVICES
7 FPN NEIGHBORHOOD CLINIC 407 E MARKET STREET, SUITE 101 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
8 FRANCISCAN PHYSICIAN NETWORK 5454 HOHMAN AVENUE HAMMOND IN 46320	PHYSICIAN PRACTICE
9 FPN FAMILY MEDICINE - MULBERRY 510 WEST JACKSON STREET MULBERRY IN 46058	PHYSICIAN PRACTICE
10 FRANCISCAN ST JAMES HEALTH - FAMILY HEALTH HOMEWOOD, 18636 DIXIE HIGHWAY HOMEWOOD IL 60430	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 AMER. HEALTH NETWORK - SLEEP (MUNCIE) 3631 N MORRISON ROAD MUNCIE IN 47304	SLEEP CENTER
2 AMER. HEALTH NETWORK - NOBLESVILLE 18051 RIVER AVENUE, SUITE 103 NOBLESVILLE IN 46062	IMAGING
3 MONTICELLO MEDICAL CENTER 826 N 6TH ST MONTICELLO IN 47960	MEDICAL PRACTICE
4 FPN FAMILY MEDICINE - MONTICELLO 902 FOXWOOD COURT MONTICELLO IN 47960	MEDICAL PRACTICE
5 FRANCISCAN PHYSICIANS HOSPITAL SLEEP CTR 7905 CALUMET AVENUE MUNSTER IN 46321-4209	SLEEP CENTER
6 FRANCISCAN HAMMOND CLINIC 7905 CALUMET AVENUE MUNSTER IN 46321	SPECIALTY CENTER/URGENT CARE
7 FRANCISCAN HAMMOND CLINIC 9800 VALPARAISO DRIVE MUNSTER IN 46321	FAMILY WELLNESS CENTER
8 FRANCISCAN HAMMOND CLINIC 11355 WEST 97TH LANE ST. JOHN IN 46373	PRIMARY CARE
9 FRANCISCAN PHYSICIAN NETWORK 6831 133RD AVENUE CEDAR LAKE IN 46303	FAMILY PRACTICE
10 FRANCISCAN PHYSICIAN NETWORK 297 WEST FRANCISCAN LANE, SUITE 203 CROWN POINT IN 46307	FAMILY PRACTICE

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

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

Name and address	Type of Facility (describe)
1 FRANCISCAN ST JAMES HEALTH-FAMILY HEALTH 3700 WEST 203RD STREET, SUITE 112 OLYMPIA FIELDS IL 60461	PHYSICIAN PRACTICE
2 GREENWOOD IMMEDIATE CARE 1001 N MADISON AVENUE GREENWOOD IN 46142	IMMEDIATE CARE CENTER
3 CHAPEL HILL IMMEDIATE CARE 650 N GIRLS SCHOOL ROAD INDIANAPOLIS IN 46214	IMMEDIATE CARE CENTER
4 NORA IMMEDIATE CARE 860 E 86TH STREET INDIANAPOLIS IN 46240	IMMEDIATE CARE CENTER
5 FPN HILLSBORO FAMILY MEDICINE 203 EAST MAIN STREET HILLSBORO IN 47949	PHYSICIAN PRACTICE
6 FRANCISCAN PHYSICIAN NETWORK - MC 770 INDIAN BOUNDARY ROAD CHESTERTON IN 46304	PHYSICIAN PRACTICE
7 FRANCISCAN PHYSICIAN NETWORK - MC 900 I STREET LAPORTE IN 46350	PHYSICIAN PRACTICE
8 FRANCISCAN PHYSICIAN NETWORK 1020 EAST COMMERCIAL AVENUE LOWELL IN 46356	PHYSICIAN PRACTICE
9 HAMMOND CLINIC SPECIALTY CENTER 7905 CALUMET AVENUE MUNSTER IN 46321	MULTISPECIALTY/OUTPATIENT FACILITY
10 HAMMOND CLINIC FAMILY WELLNESS CENTER 9800 VALPARAISO DRIVE MUNSTER IN 46321	MULTI SPEC/OUTPATIENT FACILITY

Schedule H (Form 990) 2014

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

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

Name and address	Type of Facility (describe)
1 HAMMOND CLINIC ST. JOHN 11355 W. 97TH LANE ST. JOHN IN 46373	MULTISPEC/OUTPATIENT FACILITY
2 FRANCISCAN MEDICAL SPECIALISTS 919 MAIN STREET DYER IN 46311	PHYSICIAN PRACTICE
3 FRANCISCAN MEDICAL SPECIALISTS 5529 HOHMAN AVENUE HAMMOND IN 46320	PHYSICIAN PRACTICE
4 FRANCISCAN MEDICAL SPECIALISTS 1400 S. LAKE PARK AVENUE, SUITE 305 HOBART IN 46432	PHYSICIAN PRACTICE
5 FRANCISCAN MEDICAL SPECIALISTS 901 LINCOLN WAY LAPORTE IN 46350	PHYSICIAN PRACTICE
6 FRANCISCAN MEDICAL SPECIALISTS 300 W. 80TH PLACE MERRILLVILLE IN 46410	PHYSICIAN PRACTICE
7 FRANCISCAN MEDICAL SPECIALISTS 1950 45TH STREET MUNSTER IN 46321	PHYSICIAN PRACTICE
8 FRANCISCAN MEDICAL SPECIALISTS 761 45TH STREET MUNSTER IN 46321	PHYSICIAN PRACTICE
9 FRANCISCAN MEDICAL SPECIALISTS 757 45TH STREET MUNSTER IN 46321	PHYSICIAN PRACTICE
10 FRANCISCAN MEDICAL SPECIALISTS 2001 US 41 SCHERERVILLE IN 46375	PHYSICIAN PRACTICE

Schedule H (Form 990) 2014

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

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

Name and address	Type of Facility (describe)
1 FRANCISCAN MEDICAL SPECIALISTS 1101 GLENDALE ROAD, SUITE 110 VALPARAISO IN 46383	PHYSICIAN PRACTICE
2 FPN- MICHIGAN CITY EXPRESS CARE 3325 WILLOWCREEK ROAD PORTAGE IN 46368	PHYSICIAN PRACTICE
3 FPN - MICHIGAN CITY EXPRESS CARE 2307 LAPORTE AVE, STE B VALPARAISO IN 46383	PHYSICIAN PRACTICE
4 FPN - MICHIGAN CITY EXPRESS CARE 2590 MONTLAND DRIVE, STE I VALPARAISO IN 46383	PHYSICIAN PRACTICE
5 MICHIGAN CITY EXPRESS CARE- WORKING WELL 6615 S BOUNDARY RD PORTAGE IN 46368	PHYSICIAN PRACTICE
6 PREMIER HEALTHCARE FOR WOMEN 3774 BAYLEY DRIVE, SUITE B LAFAYETTE IN 47905	PHYSICIAN PRACTICE
7 FRANCISCAN PHYSICIAN NETWORK 8437 KENNEDY AVENUE HIGHLAND IN 46322	PHYSICIAN PRACTICE
8 FRANCISCAN PHYSICIAN NETWORK 19400 NORTH CREEK DRIVE LYNWOOD IL 60411	PHYSICIAN PRACTICE
9 FRANCISCAN PHYSICIAN NETWORK 2068 LUCAS PARKWAY LOWELL MA 46350	PHYSICIAN PRACTICE
10 FPN - MICHIGAN CITY 610 JEFFERSON AVE LAPORTE IN 46360	PHYSICIAN PRACTICE

Schedule H (Form 990) 2014

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

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

Name and address	Type of Facility (describe)
1 FPN - MICHIGAN CITY 414 LINCOLN WAY LAPORTE IN 46460	PHYSICIAN PRACTICE
2 FRANCISCAN PHYSICIAN NETWORK 840 RICHARD ROAD DYER IN 46311	PHYSICIAN PRACTICE
3 FRANCISCAN PHYSICIAN NETWORK 5530 HOHMAN AVENUE HAMMOND IN 46320	PHYSICIAN PRACTICE
4 BEECH GROVE INTERNAL MEDICINE 2030 CHURCHMAN AVENUE SUITE A BEECH GROVE IN 46107	PHYSICIAN PRACTICE
5 FRANCISCAN MEDICAL SPECIALISTS 9034 COLUMBIA MUNSTER IN 46321	PHYSICIAN PRACTICE
6 CARMEL FAMILY MEDICINE 12188 B NORTH MERIDIAN ST #280 CARMEL IN 46032	PHYSICIAN PRACTICE
7 CENTRAL INDIANA DERMATOLOGY 5255 E. STOP 11 ROAD #310 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
8 CENTRAL INDIANA PROCTOLOGY 49 BILLS BLVD. MARTINSVILLE IN 46151	PHYSICIAN PRACTICE
9 COLUMBUS PRIMARY & SPECIALTY CARE 123 2ND STREET COLUMBUS IN 47201	PHYSICIAN PRACTICE
10 FRANCISCAN IMMEDIATE CARE - VILLAGE PARK 14641-1 THATCHER LANE CARMEL IN 46032	IMMEDIATE CARE

Schedule H (Form 990) 2014

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

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

Name and address	Type of Facility (describe)
1 FRANCISCAN IMMEDIATE CARE - THOMPSON 5210 E. THOMPSON ROAD INDIANAPOLIS IN 46237	IMMEDIATE CARE
2 FRANCISCAN IMMEDIATE CARE - CASTLE KEY 4527 E. 82ND STREET INDIANAPOLIS IN 46250	IMMEDIATE CARE
3 GREENWOOD PARKE FAMILY MEDICINE 701 E. COUNTY LINE ROAD, SUITE 204 GREENWOOD IN 46143	PHYSICIAN PRACTICE
4 GREENWOOD PEDIATRICS 8849 SHELBY ST. #B1 INDIANAPOLIS IN 46227	PHYSICIAN PRACTICE
5 INDY SOUTHSIDE FAMILY MEDICINE 4018 E. SOUTHPORT RD INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
6 INDY SOUTHSIDE SURGICAL 5255 E. STOP 11, #450 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
7 KENDRICK COLON & RECTAL CENTER 5255 E. STOP 11 RD, #250 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
8 KENDRICK INTERNAL MEDICINE 1001 HADLEY ROAD #LL050 MOORESVILLE IN 46158	PHYSICIAN PRACTICE
9 MARTINSVILLE FAMILY & INTERNAL MEDICINE 49 BILLS BLVD MARTINSVILLE IN 46151	PHYSICIAN PRACTICE
10 MCFARLAND FAMILY MEDICINE 7825 MCFARLAND LANE, SUITE A INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE

Schedule H (Form 990) 2014

Part V Facility Information *(continued)*

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

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

Name and address	Type of Facility (describe)
1 MCFARLAND INTERNAL MEDICINE 7825 MCFARLAND LANE, SUITE B INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
2 ORTHOPEDIC FOOT & ANKLE SURGEONS 1199 HADLEY ROAD SUITE 300 MOORESVILLE IN 46158	PHYSICIAN PRACTICE
3 PULMONARY & SLEEP SPECIALISTS 1040 GREENWOOD SPRINGS BLVD GREENWOOD IN 46143	PHYSICIAN PRACTICE
4 RHEUMATOLOGY CARE SPECIALISTS 1205 HADLEY ROAD MOORESVILLE IN 46158	PHYSICIAN PRACTICE
5 SPORTS MEDICINE SPECIALISTS 315 DAN JONES ROAD #120 PLANFIELD IN 46168	PHYSICIAN PRACTICE
6 WOUND CARE SPECIALISTS 8111 S. EMERSON AVENUE INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
7 	
8 	
9 	
10 	

Part VI Supplemental Information

Provide the following information.

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

SUPPLEMENTAL INFORMATION

SCHEDULE H, PART VI, ITEM 2

NEEDS ASSESSMENT

FRANCISCAN ALLIANCE, INC. ("FRANCISCAN") HOSPITALS ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE BY COLLABORATING WITH PUBLIC AND PRIVATE AGENCIES TO DETERMINE COMMUNITY HEALTH NEEDS AND HOW BEST TO ADDRESS THEM. FRANCISCAN'S CORPORATE COMMUNITY BENEFIT COMMITTEE, AS WELL AS COMMITTEES IN THE LOCAL FACILITIES, COMMITTED TO AN ONGOING ASSESSMENT OF COMMUNITY HEALTH NEEDS AND PRIORITIES BASED UPON HEALTH INITIATIVES OF THE MUNICIPAL, COUNTY, AND STATE HEALTH DEPARTMENTS, COMMUNITY-BASED ASSESSMENTS BY OTHER PUBLIC SECTOR PARTNERS, PROFESSIONAL RESEARCH CONSULTANT REPORTS, AND FAITH-BASED PARTNERS WITHIN THE COMMUNITIES SERVED. IN ADDITION, OUR HOSPITALS ADDRESS PUBLIC AGENCY AND COMMUNITY GROUP REQUESTS TO PROVIDE COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS THAT MEET CERTAIN SPECIALTY OR HYBRID NEEDS OR POPULATIONS. THE DETAILED CHNA ACTIVITIES FOR EACH OF FRANCISCAN'S HOSPITALS CAN BE FOUND IN PART V OF THIS SCHEDULE H.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

SCHEDULE H, PART VI, ITEM 3

FINANCIAL ASSISTANCE POLICY

FRANCISCAN'S HOSPITALS INFORM AND EDUCATE PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR UNDER FRANCISCAN'S FINANCIAL ASSISTANCE AND CHARITY CARE POLICY.

FOR PATIENTS NOT INITIALLY IDENTIFIED AS QUALIFYING FOR FINANCIAL ASSISTANCE, FRANCISCAN COMMUNICATES THE AVAILABILITY OF CHARITY CARE AND FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL COMMUNITY THROUGH THE FOLLOWING MEANS:

1. FRANCISCAN COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN APPROPRIATE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS, ADMITTING/REGISTRATION AREAS, BILLING OFFICES, OUTPATIENT SERVICE SETTINGS, AND ON OUR HOSPITALS' WEBSITES. SIGNS/POSTINGS INFORM PATIENTS

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

THAT FREE OR REDUCED COST CARE MAY BE AVAILABLE TO QUALIFYING PATIENTS WHO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

2. BROCHURES SUMMARIZING OUR FINANCIAL ASSISTANCE PROGRAMS ARE AVAILABLE THROUGHOUT EACH FRANCISCAN HOSPITAL.

3. FINANCIAL COUNSELORS AND BUSINESS OFFICE PERSONNEL ARE AVAILABLE TO HELP PATIENTS UNDERSTAND AND APPLY FOR LOCAL, STATE, FEDERAL HEALTH CARE PROGRAMS; HEALTH INSURANCE EXCHANGES; AND FRANCISCAN'S FINANCIAL ASSISTANCE PROGRAMS.

4. ALL BILLS AND STATEMENTS FOR SERVICES INFORM UNINSURED PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE.

5. PATIENTS/GUARANTORS MAY REQUEST A COPY OF THE FINANCIAL ASSISTANCE APPLICATION BY CALLING THE FRANCISCAN BILLING OFFICE OR DOWNLOADING A COPY AT NO COST FROM FRANCISCAN HOSPITAL'S WEBSITES.

6. INDIVIDUALS OTHER THAN THE PATIENT, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES, OR HOSPITAL PERSONNEL MAY MAKE REQUESTS FOR FINANCIAL ASSISTANCE ON THE PATIENT'S BEHALF, SUBJECT TO APPLICABLE PRIVACY LAWS.

7. FRANCISCAN SENDS 4 STATEMENTS AND MAKES 6 PHONE CALL ATTEMPTS TO

Part VI Supplemental Information

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- 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.

CONTACT THE PATIENT/GUARANTOR AT THE ADDRESS AND PHONE NUMBER PROVIDED BY THE PATIENT/GUARANTOR. STATEMENTS AND COMMUNICATIONS INFORM THE PATIENT OF THE AMOUNT DUE AND IF THEY CANNOT PAY THEIR BALANCE THE AVAILABILITY OF FINANCIAL ASSISTANCE.

SCHEDULE H, PART VI, ITEM 4

COMMUNITY INFORMATION

THE FRANCISCAN ALLIANCE SERVES A LARGE GEOGRAPHIC AREA WHICH INCLUDES 18 COUNTIES IN INDIANA (BENTON, CARROLL, FOUNTAIN, HAMILTON, JASPER, JOHNSON, LAKE, LAPORTE, MARION, MONTGOMERY, MORGAN, NEWTON, PORTER, SHELBY, STARKE, TIPPECANOE, WARREN, AND WHITE) AND 3 COUNTIES IN ILLINOIS (COOK, KANKAKEE, AND WILL). THE POPULATION OF THE COMMUNITIES THAT WE SERVE WAS ESTIMATED AT OVER 3.9 MILLION PEOPLE WITH AN AVERAGE HOUSEHOLD INCOME CLOSE TO \$55,000 IN 2014. FOR THESE COMMUNITIES, THE PERCENTAGE OF RESIDENTS BELOW THE FEDERAL POVERTY LEVEL WAS ESTIMATED AT 16.4%. THE PERCENTAGE OF INPATIENTS FROM THESE COMMUNITIES WHO WERE SERVED BY

Part VI Supplemental Information

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- 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.

MEDICAID WAS 21.8%. AND THE PERCENTAGE OF INPATIENTS FROM THESE COMMUNITIES WHO WERE UNINSURED WAS APPROXIMATELY 4.7%. IN COMPARISON, THE PERCENTAGES OF MEDICAID AND UNINSURED INPATIENTS TREATED BY THE HOSPITALS OF THE FRANCISCAN ALLIANCE WERE 17.6% AND 4.6% RESPECTIVELY IN 2014. THERE ARE 56 OTHER HOSPITALS THAT SERVE WITHIN THESE COMMUNITIES AS WELL.

SCHEDULE H, PART VI, ITEM 5 & PART I, LINE 6A

OTHER INFORMATION

"OUR GIVING JOURNAL" AT WWW.FRANCISCANALLIANCE.ORG/COMMUNITYBENEFIT REFLECTS FRANCISCAN'S MISSION OF "CONTINUING CHRIST'S MINISTRY IN OUR FRANCISCAN TRADITION" ALONG WITH A REPORT OF OUR COMMUNITY BENEFIT ACTIVITIES. ALTHOUGH IT IS NOT ALL INCLUSIVE OF THE MANY BENEFITS PROVIDED BY FRANCISCAN IT DOES PORTRAY THE SIGNIFICANT BENEFITS THAT REFLECT OUR COMMITMENT TO HEALTHCARE AND THE COMMUNITIES WE ARE PRIVILEGED TO SERVE.

Part VI Supplemental Information

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- 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.

THE FOLLOWING IS A SUBSET OF THE MANY CLINICAL SERVICES AS WELL AS
POPULATION HEALTH IMPROVEMENT AND COMMUNITY OUTREACH ACTIVITIES OFFERED
BY ONE OR MORE OF FRANCISCAN'S HEALTHCARE FACILITIES:

- INPATIENT HOSPITAL SERVICES INCLUDING: MEDICAL SERVICES, SURGICAL SERVICES, INTENSIVE CARE SERVICES, TELEMETRY SERVICES, OBSTETRICS SERVICES, PEDIATRICS SERVICES, NEONATAL INTENSIVE CARE SERVICES, ACUTE REHABILITATION SERVICES, ONCOLOGY SERVICES, BONE MARROW TRANSPLANT SERVICES, GENERAL SURGERY SERVICES, CARDIAC SURGERY SERVICES, VASCULAR SERVICES, PULMONARY SERVICES, INTERVENTIONAL RADIOLOGY, ORTHOPEDICS, JOINT AND SPINE CARE, GASTROINTESTINAL CARE, NEUROSCIENCES SERVICES, COLON AND RECTAL SERVICES, ANESTHESIA SERVICES, HOSPICE SERVICES, INPATIENT PSYCHIATRIC CARE, RESIDENTIAL TREATMENT PROGRAM FOR ADOLESCENTS, ETC.
- EMERGENCY SERVICES INCLUDING: 24 HOUR EMERGENCY ROOM SERVICES, AMBULANCE SERVICES, IMMEDIATE CARE SERVICES, ADVANCED LIFE SUPPORT SERVICES, BASIC LIFE SUPPORT SERVICES, BEHAVIORAL HEALTH EMERGENCY

Part VI Supplemental Information

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CONSULTATION SERVICES, 24-HOUR CRISIS AND REFERRAL HOTLINE, ETC.

- OUTPATIENT SERVICES INCLUDING: LABORATORY SERVICES, PHYSICAL THERAPY SERVICES, OCCUPATIONAL THERAPY SERVICES, SPEECH THERAPY SERVICES, GENERAL RADIOLOGY SERVICES, COMPUTED TOMOGRAPHY SERVICES, MAGNETIC RESONANCE IMAGING (MRI), NUCLEAR MEDICINE SERVICES, MAMMOGRAPHY SERVICES, ANGIOGRAPHY SERVICES, NEURODIAGNOSTICS SERVICES, GASTRO/INTESTINAL SERVICES, SLEEP LABORATORY, PULMONARY SERVICES, OUTPATIENT SURGERY, CARDIAC TESTING, ELECTROCARDIOGRAM (EKG) SERVICES, MEDICAL ONCOLOGY SERVICES, RADIATION ONCOLOGY SERVICES, PHARMACY, OCCUPATIONAL MEDICINE SERVICES, CARDIAC/PULMONARY REHABILITATION SERVICES, CONGESTIVE HEALTH FAILURE CLINIC, WOUND HEALING AND PREVENTION, NUTRITIONAL COUNSELING, DIABETES MANAGEMENT, BARIATRIC SERVICES, PAIN MANAGEMENT, SOCIAL SERVICES, PALLIATIVE CARE, SPORTS MEDICINE, BEHAVIORAL HEALTH, STROKE SERVICES, HOME HEALTH SERVICES, SKILLED NURSING SERVICES, SOCIAL SERVICES, DURABLE MEDICAL EQUIPMENT.
- PRIMARY CARE AND SPECIALTY CARE PHYSICIAN CLINICS.
- SUBSIDIZED HEALTHCARE SERVICES OFFERED BY FRANCISCAN:
 - FRANCISCAN HAS NEIGHBORHOOD HEALTH CLINICS THAT OFFER FAMILY

Part VI Supplemental Information

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- 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.

PRACTICE SERVICES DESIGNED FOR FAMILIES WITHOUT ACCESS TO AFFORDABLE HEALTH CARE. THE FOCUS IS ON PROVIDING PRIMARY AND PREVENTIVE CARE AS WELL AS HEALTH EDUCATION. THESE CLINICS OFFER FREE IMMUNIZATIONS.

- FRANCISCAN'S SEXUAL ASSAULT CLINICS THAT PROVIDE MEDICAL AND FORENSIC ASSISTANCE THAT IS SENSITIVE TO THE SPECIAL NEEDS OF THE VICTIM AS WELL AS A VICTIM ADVOCATE PROGRAM AND CRISIS INTERVENTION COUNSELORS.

- FRANCISCAN'S BLOOD AND MARROW TRANSPLANT PROGRAM IS ONLY ONE OF TWO PROGRAMS IN INDIANA OFFERING FULL SERVICE TRANSPLANT CARE AND SPECIALIZES IN THE TREATMENT OF PATIENTS WITH LEUKEMIA, HODGKIN'S OR NON-HODGKIN'S LYMPHOMA, MULTIPLE MYELOMA, AND MANY OTHER MALIGNANCIES AND BLOOD DISORDERS.

- FRANCISCAN'S DIABETES EDUCATION CENTERS OFFER A NUMBER OF DIABETES CLASSES AND INDIVIDUALIZED SESSIONS TO HELP PATIENTS TAKE CONTROL OF THEIR HEALTH WITH A FOCUS ON NUTRITIONAL, EXERCISE, MEDICATIONS, CHRONIC CONDITIONS, PRECONCEPTION AND PREGNANCY, BLOOD GLUCOSE MONITORING, GOAL SETTING, PROBLEM SOLVING, PSYCHOSOCIAL ADJUSTMENT, DETECTION/TREATMENT OF HIGH AND LOW BLOOD SUGAR, AND INSULIN ADMINISTRATION.

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- 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.

- FRANCISCAN'S WOMEN'S AND CHILDREN'S SERVICES INCLUDE PREVENTIVE MEDICAL CARE AND HEALTH SCREENINGS TO GYNECOLOGICAL CARE, MATERNITY, LACTATION CONSULTATION SERVICES, AND BEYOND, FRANCISCAN'S FACILITIES FOCUS ON KEEPING WOMEN HEALTHY.

- FRANCISCAN'S HOSPICE CARE SERVICES PROVIDE A SENSE OF DIGNITY AND COMPASSION TO BOTH THE PATIENT AND THEIR FAMILY IN CARING FOR PATIENTS WITH A LIFE EXPECTANCY OF SIX MONTHS OR LESS. OUR PROGRAMS AFFIRM AND CELEBRATE LIFE AND REGARD DYING AS A NATURAL PROCESS, RECOGNIZING THAT EVERY PERSON HAS THE RIGHT TO DIE WITH DIGNITY, PEACE, AND COMFORT REGARDLESS OF THEIR ETHNIC, FAITH BACKGROUND, OR ABILITY TO PAY.

- ST. MONICA HOME FOR PREGNANT TEENS OFFERS A MEDICALLY SOUND AND EMOTIONALLY HEALTHY ENVIRONMENT FOR A PREGNANT TEEN TO RESIDE IN WHILE WAITING FOR THE BIRTH OF HER BABY. OPENED IN JULY OF 1994 ON THE FRANCISCAN ST. MARGARET HEALTH - DYER CAMPUS, RESIDENTS OF ST. MONICA HOME LEARN TO FOSTER POSITIVE RELATIONSHIPS AND PARENTING SKILLS UNDER THE GUIDANCE OF EXPERIENCED AND ENCOURAGING RESIDENT ADVISORS.

- BEHAVIORAL HEALTH SERVICES AT FRANCISCAN ST. MARGARET HEALTH - DYER TOUCHES ALL FACETS OF EMOTIONAL, MENTAL HEALTH, BEHAVIORAL HEALTH

Part VI Supplemental Information

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AND CHEMICAL DEPENDENCY PROBLEMS. WE OFFER TREATMENTS IN PSYCHIATRIC DISORDERS, SUBSTANCE ABUSE AND ADDICTION, FAMILY CONFLICTS, AND EMOTIONAL DISORDERS, INCLUDING TESTING FOR PSYCHOLOGICAL DISORDERS AND CONSULTATIONS. OUR BEHAVIORAL HEALTH SERVICES AND PROGRAMS ARE TAILORED TO MEET THE NEEDS OF ADULTS, ADOLESCENTS AND CHILDREN WITH BOTH INDIVIDUAL AND GROUP BEHAVIORAL THERAPY AND COUNSELING OPTIONS. AFTERCARE AND LONG-TERM RECOVERY PROGRAMS ARE ADDITIONAL, CRITICAL ASPECTS OF OUR BEHAVIORAL HEALTH SERVICES.

- RESIDENTIAL TREATMENT PROGRAM FOR ADOLESCENTS IS THE ST. FRANCIS CENTER OF FRANCISCAN ST. MARGARET HEALTH - DYER. IT IS AN ADOLESCENT RESIDENTIAL TREATMENT PROGRAM FOR MALE AND FEMALE YOUTHS, AGES 12 THROUGH 18, WHO WOULD BE UNSUCCESSFUL WITHOUT A HIGHLY STRUCTURED AND CONTROLLED ENVIRONMENT. THE ST. FRANCIS CENTER OFFERS TWO LEVELS OF CARE IN A NURTURING, THERAPEUTIC AND SECURE ENVIRONMENT. THE PROGRAM IS DESIGNED TO ASSIST ADOLESCENTS IN DEVELOPING THE NECESSARY SKILLS TO FUNCTION AGE-APPROPRIATELY AND SUCCESSFULLY ON A DAILY BASIS SO THEY CAN REINTEGRATE WITH THE COMMUNITY AND THEIR FAMILIES. IT IS OUR BELIEF THAT SUCCESS IS OFTEN DEPENDENT ON FAMILY INVOLVEMENT. THEREFORE, FAMILIES ARE

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ENCOURAGED TO TAKE AN ACTIVE ROLE IN THE TREATMENT WITH FAMILY SESSIONS
ROUTINELY SCHEDULED.

- NEONATAL INTENSIVE CARE SERVICES ARE PROVIDED IN THE BIRTH PLACE.

IT OFFERS ADVANCED PROCEDURES, TECHNOLOGY AND EXPERTISE TO GIVE VERY
SMALL OR VERY ILL NEWBORNS THE BEST CHANCE FOR A HEALTHY START IN LIFE.
OUR TEAM OF DOCTORS, NURSES AND OTHER HEALTH PROFESSIONALS DEMONSTRATES
THE GENUINE CARING, WARMTH AND SINCERITY THAT BRING OUR MISSION OF
SERVICE TO LIFE AND OFFER REASSURANCE AND CONFIDENCE TO PARENTS AND
REFERRING PHYSICIANS ALIKE.

- PALLIATIVE CARE SERVICES ASSIST PATIENTS AND FAMILIES IN MAKING
COMPLEX MEDICAL DECISIONS BY PROVIDING A GOOD UNDERSTANDING OF THE
PATIENT'S PRESENT CONDITION, COORDINATING AND COMMUNICATING CARE WITH
PHYSICIANS, ADVOCATING FOR PATIENTS' WISHES, AND HELPING THEM TO ACHIEVE
A SENSE OF CONTROL OVER THEIR MEDICAL CARE. PALLIATIVE CARE IS OFFERED
REGARDLESS OF THE STAGE OF DISEASE OR THE NEED FOR OTHER THERAPIES AND
CAN BE PROVIDED CONCURRENTLY WITH LIFE-PROLONGING CARE OR AS THE MAIN
FOCUS OF CARE.

- CLINICS FOR THE UNINSURED INCLUDE THE ST. CLARE HEALTH CLINIC AND

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THE CATHERINE MCAULEY CLINIC. THESE CLINICS PROVIDE PRIMARY CARE FOR NON-EMERGENCY SERVICES WITH AN EMPHASIS ON PREVENTION, EARLY DETECTION, PATIENT EDUCATION, PHYSICAL EXAMS AND HEALTH SCREENINGS. THE CLINIC ALSO SERVES THOSE WHO ENDURE HARDSHIP TO ACCESS QUALITY HEALTH CARE.

- EMERGENCY SERVICES PROVIDE OUR COMMUNITIES WITH STATE-OF-THE-ART EMERGENCY FACILITIES, OPEN 24-HOURS A DAY, SEVEN DAYS A WEEK. EQUIPPED WITH ADVANCED MEDICAL TECHNOLOGY, OUR EMERGENCY TEAM OF SPECIALLY TRAINED PHYSICIANS AND NURSES TREAT THEIR PATIENTS FOR TRAUMA, STROKE, CARDIAC, AND OTHER LIFE-THREATENING CONDITIONS IN ADULTS AND CHILDREN.

- INDIGENT HEALTH CARE CLINICS.

- HEALTH AND WELLNESS CENTERS AND HEALTHY LIVING EDUCATION CENTERS.

- COMMUNITY OUTREACH AND EDUCATION PROGRAMS INCLUDING: HEALTH FAIRS, FREE HEALTH SCREENINGS, FREE IMMUNIZATIONS, FREE BREAST HEALTH SCREENING SERVICES, FREE PROSTATE SCREENINGS, FREE SKIN CANCER SCREENINGS, FREE CERVICAL CANCER SCREENINGS, FREE GLUCOSE SCREENINGS, FREE CHOLESTEROL SCREENINGS, FREE BONE DENSITY SCREENINGS, FREE LUNG SCREENINGS, FREE SPA SERVICES FOR CANCER PATIENTS, ONLINE HEALTH CONDITION ASSESSMENT TOOLS, CANCER PREVENTION ACTIVITIES, CANCER SURVIVOR PROGRAMS AND RETREATS,

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CANCER & HEART CARE CLINICAL SYMPOSIUMS, HEALTH CARE DECISION-MAKING SESSIONS, SENIOR HEALTH EDUCATION, DIABETES MANAGEMENT EDUCATION AND ACTIVITIES, PAIN MANAGEMENT SEMINARS AND ACTIVITIES, CARDIAC RISK FACTORS EDUCATIONAL SESSIONS AND ONLINE TOOLS, HOSPICE AND PALLIATIVE CARE COUNSELING AND EDUCATION SERVICES, ALZHEIMER SUPPORT SERVICES, BEHAVIORAL HEALTH COMMUNITY EDUCATION, SMOKING CESSATION PROGRAMS, MOBILE DENTAL CLINICS, BASIC LIFE-SAVING SKILLS PROGRAMS, CHILDREN'S HEALTH NEEDS ACTIVITIES, CHILDHOOD OBESITY ACTIVITIES, WEIGHT LOSS EDUCATION, ORGAN AND TISSUE DONATION FAIRS, VOLUNTEER ADVOCATES FOR SENIORS, PARENTING PROGRAMS, RESIDENTIAL SUPPORT PROGRAM FOR PREGNANT GIRLS, PRENATAL 'BABY SHOWERS', ATHLETIC TRAINING (SCHOOLS AND VARIOUS MARATHONS), ORTHOPEDIC ROAD SHOWS, FLU VACCINATIONS, CHILD SEAT SAFETY PROGRAMS, BEREAVEMENT SUPPORT GROUPS, COMMUNITY EDUCATION LECTURES, INDIGENT PRESCRIPTION PROGRAMS, SEX CAN WAIT PROGRAMS, CAREGIVERS EDUCATION SYMPOSIUMS, HEALTH CAREER DAYS, ARTHRITIS EXERCISE GROUP, BABYSITTING COURSE, PREPARED CHILDBIRTH PROGRAMS, FOOD SHARE PROGRAMS, NUTRITIONAL COUNSELING FOR GRADE SCHOOLS AND SENIORS, ETC.

- SOCIAL SERVICES INCLUDING: PASTORAL CARE, EUCHARISTIC MINISTRY PROGRAM,

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NO ONE DIES ALONE PROGRAMS, GRIEVANCE SUPPORT PROGRAMS FOR CHILDREN,
LANGUAGE INTERPRETER SERVICES, DEAF INTERPRETER SERVICES, TRANSPORTATION
FOR THE INDIGENT, ENROLLMENT ASSISTANCE IN MEDICAID AND HEALTH INSURANCE
EXCHANGES, CHRISTIAN LEGAL CLINIC, TRANSPORTATION SERVICE FOR INDIGENT
PATIENTS, ETC.

- MEDICAL EDUCATION INCLUDING: PHYSICIAN RESIDENCY PROGRAMS, FAMILY
MEDICINE RESIDENCY PROGRAM, EMERGENCY ROOM PHYSICIAN RESIDENCY PROGRAM,
PHARMACY RESIDENCY PROGRAM, MEDICAL STUDENT TRAINING PROGRAM, ST.
ELIZABETH SCHOOL OF NURSING PROGRAM, ADVANCE NURSING CONTINUING
EDUCATION, NURSING CLINICAL ROTATIONS, PHLEBOTOMY TRAINING PROGRAM,
RESPIRATORY THERAPY TRAINING, REHABILITATIVE TRAINING, MEDICAL ASSISTANCE
TRAINING, MEDICAL TECHNOLOGY TRAINING PROGRAMS, HIGH SCHOOL CAREER DAYS,
SCHOOL OF ECHOCARDIOGRAPHY, SURGICAL TECHNICIAN EXTERNSHIPS, SOCIAL
WORKER INTERNSHIPS, HOME HEALTH STUDENT TRAINING, INTERN & RESIDENT
TRAINING FOR MIDWESTERN UNIVERSITY, TECHNOLOGY TRAINING, ETC.

- RESEARCH PROGRAMS INCLUDING: CANCER GENOME PROJECT, CARDIAC RESEARCH,
HLA-VASCULAR BIOLOGY RESEARCH, CLINICAL TRAILS, PLAQUE FORMATION STUDIES,
USE OF DRUG ELUTING STENTS STUDIES, ETC.

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FRANCISCAN CONTINUES TO PROVIDE ACCESS TO HEALTH CARE SERVICES AND A WIDE VARIETY OF COMMUNITY EDUCATION/HEALTH AND WELLNESS PROGRAMS. ALL OF OUR FACILITIES REACH OUT TO THEIR COMMUNITIES BY PROVIDING ACCESS TO FREE, PUBLIC WEB SITES AND ONLINE RESOURCES. EACH WEB SITE PROVIDES THE LATEST MEDICAL INFORMATION TO VISITORS, IN A BI-LINGUAL FORMAT, THROUGH THE USE OF INTERACTIVE A TO Z HEALTH LIBRARIES. THERE ARE ONLINE CENTERS THAT FOCUS ON INFORMATION RELATED TO MEDICAL CONDITIONS IN SPECIALTY AREAS SUCH AS THE HEART, BONES, KIDNEYS AND NERVES. THEY FURTHER OFFER CONDITION AND DISEASE-SPECIFIC INFORMATION ON TOPICS LIKE CANCER, PREGNANCY AND GERIATRICS THAT PROVIDE ILLUSTRATIONS, GRAPHICS AND NARRATED VIDEOS. THE WEB SITES ALSO PROVIDE UNLIMITED FREE ACCESS TO ONLINE HEALTH RISK ASSESSMENT TOOLS SUCH AS THE HEART RISK ASSESSMENT THAT USES AN ESTABLISHED ALGORITHM TO CALCULATE RISK FACTORS FOR HEART ATTACK BASED UPON USER-ENTERED PARAMETERS. THE SITES ALSO OFFER CONDITION-SPECIFIC RECOMMENDATIONS FOR MANAGING CHRONIC ILLNESSES AND CONDITIONS SUCH AS DIABETES, HIGH BLOOD PRESSURE AND ASTHMA, AMONG OTHERS. FINALLY, THE SITES HAVE HEALTHY LIVING SECTIONS THAT OFFER TIPS

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AND SUGGESTIONS ON BEGINNING AND MAINTAINING DIET AND EXERCISE REGIMENTS TO OPTIMIZE HEALTHY LIFESTYLES. OUR HOSPITALS PROVIDE URGENT CARE CLINICS WITHIN THE COMMUNITIES THEY SERVE TO HELP MINIMIZE COST OF NON-CRITICAL, EMERGENT MEDICAL CARE. WE ENGAGE IN A TREMENDOUS AMOUNT OF UNIVERSITY-AFFILIATED MEDICAL EDUCATION AND TRAINING PROGRAMS INCLUDING BUT NOT LIMITED TO; ALL LEVELS OF NURSING (LPN, ASN, BSN AND MSN), PHARMACY, EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS, RESPIRATORY THERAPISTS, PHYSICAL/OCCUPATIONAL/SPEECH THERAPISTS AND INTERNSHIPS/RESIDENCIES FOR PHYSICIANS. WE ALSO PROVIDE CONTINUING MEDICAL EDUCATION PROGRAMS. SEVERAL OF OUR HOSPITALS PARTICIPATE IN CLINICAL TRIALS, MEDICAL RESEARCH PROGRAMS AND PHARMACEUTICAL TRIALS. MOREOVER, THERE ARE OTHER FACTORS THAT DEMONSTRATE THAT FRANCISCAN IS OPERATED FOR A PUBLIC RATHER THAN A PRIVATE INTEREST. FRANCISCAN'S GOVERNING BODY IS COMPOSED OF INDEPENDENT MEMBERS REPRESENTING THE BROAD COMMUNITY SERVED BY FRANCISCAN. MEDICAL STAFF PRIVILEGES ARE AVAILABLE TO QUALIFIED PHYSICIANS. FRANCISCAN ALSO USES ITS SURPLUS FOR IMPROVEMENT IN PATIENT CARE, TO EXPAND AND REPLACE FACILITIES AND EQUIPMENT, AMORTIZATION OF INDEBTEDNESS, AND MEDICAL TRAINING, EDUCATION, AND

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RESEARCH.

FRANCISCAN ALLIANCE, INC. AND ITS ACCOUNTABLE CARE ORGANIZATION ("ACO") WAS THE FIRST AND ONLY PIONEER ACO IN INDIANA AND AMONG THE FIRST IN THE COUNTRY TO PARTNER WITH MEDICARE AS AN ACO. FRANCISCAN ALSO PARTICIPATES IN VARIOUS MEDICARE SHARED SAVINGS ACO PROGRAMS AND NONGOVERNMENTAL ACO PROGRAMS. FORMED IN 2011, FRANCISCAN ACOS PROVIDE COORDINATED, COMPREHENSIVE CARE ACROSS HOSPITALS, PHYSICIAN PRACTICES, AND OTHER HEALTHCARE PROVIDERS, WITH THE AIM OF BRINGING DOWN THE OVERALL COSTS OF MEDICAL CARE AND IMPROVING THE HEALTH OF PATIENTS ATTRIBUTED TO THE ACOS. UNDER THE ACO MODEL, ATTRIBUTED BENEFICIARIES MAINTAIN THE ABILITY TO SEE ANY DOCTOR OR HEALTHCARE PROVIDER, AS WELL AS THE FULL BENEFITS ASSOCIATED WITH TRADITIONAL MEDICARE, BUT WITH THE ADDED BENEFIT OF A MORE COORDINATED CARE EXPERIENCE. THIS INCLUDES COORDINATION OF PREVENTIVE HEALTH SERVICES, THE ASSIGNMENT OF CARE MANAGERS, THE PROVISION OF SOCIAL SUPPORT SERVICES, AND SUPPORT FOR PERSONS WITH CHRONIC HEALTH CONDITIONS, SUCH AS DIABETES AND CONGESTIVE HEART FAILURE. FRANCISCAN ACOS SERVE APPROXIMATELY 107,000 MEDICARE BENEFICIARIES AND

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APPROXIMATELY 82,000 NONGOVERNMENTAL ACO BENEFICIARIES.

FRANCISCAN'S ACO EFFORTS INCLUDE IMPROVED COMMUNICATION AND INFORMATION SHARING AMONG AFFILIATED AND NONAFFILIATED HEALTHCARE PROVIDERS REGARDING ACO PATIENTS, ALONG WITH THE EXPANSION OF ACO CASE MANAGEMENT RESOURCES, THE ASSIGNMENT OF DEDICATED CHRONIC DISEASE CASE ADVOCATES TO PATIENTS, EVALUATING THE QUALITY AND CAPABILITIES OF LONG-TERM CARE FACILITIES THAT ACO PATIENTS MAY TRANSITION TO, AND WORKING WITH POST-ACUTE CARE PROVIDERS TO IMPROVE THEIR CONTINUING CARE CAPABILITIES. THE SUPPORTING RESOURCES AND TECHNOLOGY OF FRANCISCAN ACOS ARE FUNDAMENTAL FOR IMPROVING POPULATION HEALTH AND MAKING HEALTHCARE COSTS MORE AFFORDABLE TO THE PATIENTS IN OUR COMMUNITIES WE ARE PRIVILEGED TO SERVE.

FRANCISCAN ALLIANCE FACILITIES AND THEIR EMPLOYEES SPONSOR AND PARTICIPATE IN MANY COMMUNITY HEALTH IMPROVEMENT INITIATIVES AND ACTIVITIES. COMMUNITY HEALTH FAIRS, EDUCATION SESSIONS AND SUPPORT GROUPS ARE MADE AVAILABLE THROUGH PROGRAMS SUCH AS THE ORTHOPEDIC ROAD SHOW, ASK-THE-DOC SEMINARS, DAY OF DANCE, HEART HEALTH CLASSES, SENIOR CITIZENS DAY AT THE FAIR, SPIRIT OF WOMEN, PERINATAL EDUCATION,

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BEREAVEMENT SUPPORT GROUPS, CANCER SCREENING CLINICS, ARTHRITIS EXERCISE
 GROUP, SMOKING CESSATION CLASSES, PROSTATE SCREENINGS, CANCER SURVIVORS
 DAY, NUTRITIONAL COUNSELING SERVICES TO NAME A FEW.

 SCHEDULE H, PART VI, ITEM 6

ROLE OF AFFILIATES

EVERY HOSPITAL WITHIN OUR SYSTEM HAS THE DEGREE OF AUTONOMY AND
 FLEXIBILITY TO MEET THE NEEDS OF THE COMMUNITIES IT SERVES. EACH FACILITY
 PERFORMS A MISSION ASSESSMENT AND COMMUNITY HEALTH NEEDS ASSESSMENT THAT
 IS SPECIFICALLY DESIGNATED FOR THE IDENTIFIED HEALTH CARE NEEDS WITHIN
 THE INDIVIDUAL SERVICE AREAS. THE INDIVIDUAL AND REGIONAL COMMUNITY
 BENEFIT PLANS ARE DESIGNED TO BE PART OF AN OVERALL FRANCISCAN SYSTEM
 VISION TO PROVIDE FOR THE ONGOING HEALTHCARE NEEDS OF THE COMMUNITIES WE
 ARE PRIVILEGED TO SERVE.

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SCHEDULE H, PART I, LINE 3B

IN ADDITION TO USING FEDERAL POVERTY GUIDELINES AS A FACTOR IN DETERMINING ELIGIBILITY FOR DISCOUNTED CARE, FOR UNINSURED PATIENTS, FRANCISCAN WILL PROVIDE AN UNINSURED PATIENT DISCOUNT FOR EMERGENCY SERVICES OR MEDICALLY NECESSARY SERVICES PERFORMED AT ITS HOSPITAL LOCATIONS. THE UNINSURED PATIENT DISCOUNT IS BASED ON THE AVERAGE RATE OF THE RESPECTIVE FRANCISCAN HOSPITAL FACILITY'S THREE BEST NEGOTIATED MANAGED CARE CONTRACTS WHICH WILL BE CALCULATED ON AN ANNUAL BASIS. FRANCISCAN FACILITIES MAY OFFER ADDITIONAL DISCOUNTS BASED ON THE FACTS AND CIRCUMSTANCES UNIQUE TO THEIR LOCAL MARKETS. THIS DISCOUNT SHALL NOT BE COMBINED WITH OTHER FACILITY DISCOUNTS, EXCEPT FOR A PROMPT PAY DISCOUNT, IF AVAILABLE. NO DISCOUNT SHALL BE PROVIDED THAT VIOLATES ANY LAWS OR GOVERNMENT REGULATIONS. FRANCISCAN WILL IDENTIFY UNINSURED PATIENTS DURING THE REGISTRATION AND/OR ADMISSIONS PROCESS. THE UNINSURED DISCOUNT IS APPLIED AUTOMATICALLY BY THE RECEIVABLE SYSTEM AT THE TIME OF INITIAL BILL. ALL STATEMENTS TO PATIENTS WILL INDICATE THE ADJUSTMENT AND THE REVISED PATIENT BALANCE. THE UNINSURED DISCOUNT IS A

Part VI Supplemental Information

Provide the following information.

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

CONTRACTUAL DISCOUNT AND IS NOT CONSIDERED A CHARITY CARE WRITE OFF
UNLESS THE PATIENT ALSO QUALIFIES FOR CHARITY CARE. UNINSURED PATIENT
DISCOUNTS WILL NOT BE REVERSED DUE TO NONPAYMENT OF AN ACCOUNT. IF, AT
ANY TIME, FRANCISCAN BECOMES AWARE THAT A PREVIOUSLY IDENTIFIED UNINSURED
PATIENT WAS IN FACT COVERED BY INSURANCE AT THE TIME OF SERVICE,
FRANCISCAN WILL REVOKE THE UNINSURED DISCOUNT AND ISSUE A REVISED
STATEMENT TO THE PATIENT AND THE ASSOCIATED INSURANCE PROVIDER. PATIENTS
THAT ARE STILL NOT ABLE TO PAY THE BALANCE AFTER THE UNINSURED DISCOUNT
ARE ABLE TO APPLY FOR A CHARITY CARE WRITE OFF OR A MEDICAL FINANCIAL
HARDSHIP ADJUSTMENT.

SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES

FRANCISCAN IS INVOLVED IN AND ACTIVELY PARTICIPATES IN NUMEROUS COMMUNITY
BUILDING ACTIVITIES. WE WORK TO PROVIDE QUALITY CARE AND COMMUNITY
BUILDING ACTIVITIES BY PARTNERING WITH OTHER HEALTH CARE PROVIDERS,

Part VI Supplemental Information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

GOVERNMENT AGENCIES, AND NOT-FOR-PROFIT SOCIAL SERVICE AGENCIES TO SERVE OUR COMMUNITIES' DIVERSE HEALTH CARE NEEDS. THE COMMUNITY BUILDING ACTIVITIES OFFERED BY FRANCISCAN ARE PROVIDED WITHOUT REIMBURSEMENT, SERVE AT-RISK POPULATIONS, AND PROVIDE HEALTH EDUCATION TO KEY COMMUNITY GROUPS. WE MONITOR THESE ACTIVITIES FOR OUTCOMES BY IDENTIFYING CHANGES IN HEALTH BEHAVIORS AND KNOWLEDGE. SOME EXAMPLES OF COMMUNITY HEALTH PROGRAMS FRANCISCAN PROVIDES INCLUDE: HEALTH EDUCATION, HEALTH FAIRS, FREE OR LOW COST HEALTH SCREENING, ACCESS TO HEALTHCARE SERVICES, IMMUNIZATION SERVICES, PRESCRIPTION MEDICATION ASSISTANCE PROGRAMS, NUTRITIONAL COUNSELING, ENROLLMENT ASSISTANCE IN MEDICAID, FREE SPA SERVICES FOR CANCER PATIENTS, FOOD ASSISTANCE, TRANSPORTATION ASSISTANCE, REFERRAL ASSISTANCE, BREAST CANCER AND CHILDHOOD OBESITY INITIATIVES, HEALTHY CHOICES INITIATIVES, CHILDHOOD ALCOHOLISM PREVENTION, AND OTHER VARIOUS COMMUNITY OUTREACH PROGRAMS AS FURTHER DESCRIBED IN "OUR GIVING JOURNAL" AT WWW.FRANCISCANALLIANCE.ORG/COMMUNITYBENEFIT. ADDITIONALLY, SEVERAL OF OUR HOSPITALS HAVE BEEN IDENTIFIED BY THE FEDERAL GOVERNMENT AS DESIGNATED REGIONAL MEDICATION DISTRIBUTION SITES IN THE EVENT OF A NATIONAL DISASTER OR EPIDEMIC/PANDEMIC. RESPONDING TO FEDERAL, STATE AND

Part VI Supplemental Information

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- 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.

LOCAL NEEDS IN THE EVENT OF NATIONAL OR LOCAL DISASTERS OR
 EPIDEMIC/PANDEMICS, WE COLLABORATE AND COORDINATE OUR EFFORTS WITH MANY
 CIVIC AND OTHER AGENCIES TO ENSURE THAT THOSE NEEDS WILL BE MET SHOULD
 DISASTER STRIKE.

FRANCISCAN ALLIANCE PROVIDES MEDICAL AND OTHER SUPPLIES, HEALTH CARE AND
 OTHER SERVICES, SCREENINGS, SUPPORT GROUPS, EDUCATIONAL OPPORTUNITIES AND
 PRESENTATIONS, AND OTHER SPONSORSHIPS. MEMBERS FROM ALL OF OUR
 ORGANIZATION CONTRIBUTE THEIR TIME AND SKILLS AND, IN MEANINGFUL WAYS,
 TOUCH MANY LIVES IN OUR COMMUNITIES. MEMBERS FROM OUR FACILITIES
 PARTICIPATE ON BOARDS, COALITIONS, TASK FORCES AND WORK WITH COLLEGES,
 UNIVERSITIES AND OTHER GROUPS TO ADDRESS THE HEALTHCARE NEEDS OF OUR
 COMMUNITIES.

 SCHEDULE H, PART III, LINE 2

THROUGHOUT THE YEAR, THE CORPORATION ESTIMATES THIS ALLOWANCE BASED ON

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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- 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.

THE AGING OF ITS PATIENT ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE, AND OTHER RELEVANT FACTORS. THESE FACTORS INCLUDE CHANGES IN THE ECONOMY AND UNEMPLOYMENT RATES, WHICH HAS AN IMPACT ON THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, AS WELL AS TRENDS IN HEALTH CARE COVERAGE, SUCH AS THE INCREASED BURDEN OF DEDUCTIBLES, COPAYMENTS, AND COINSURANCE PAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE. AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED PROCEDURES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS AND CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY THE CORPORATION. UNCOLLECTIBLE PATIENT ACCOUNTS RECEIVABLE ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WITH ANY SUBSEQUENT RECOVERIES BEING RECORDED AGAINST THE PROVISION FOR DOUBTFUL ACCOUNTS.

SCHEDULE H, PART III, LINE 3

THE CORPORATION HAS A SYSTEM-WIDE CHARITY CARE AND UNINSURED DISCOUNT

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

POLICY; HAS DETAILED ADMINISTRATIVE PROCEDURES ESTABLISHED FOR QUALIFYING AND ENROLLING PATIENTS FOR CHARITY CARE OR UNINSURED/UNDERINSURED DISCOUNTS; USES VARIOUS ANALYTICAL PROGRAMS INCLUDING SOFT CREDIT INQUIRIES THAT DO NOT AFFECT CREDIT SCORES TO HELP ASSESS A PATIENT'S ABILITY TO PAY; AND UTILIZES NUMEROUS MECHANISMS TO INFORM AND EDUCATE PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE WHICH ARE DETAILED UNDER SCHEDULE H, PART VI, ITEM 3. DESPITE THESE RIGOROUS EFFORTS, PATIENTS WHO NEED SUBSIDIZED CARE MAY NOT SEEK THIS ASSISTANCE OR CHOOSE TO ENROLL IN THE STATE'S MEDICAID PROGRAM. ALSO, AS FURTHER DESCRIBED IN HFMA STATEMENT NO. 15, THE APPROPRIATE CLASSIFICATION OF CHARITY CARE AND BAD DEBT IS OFTEN DIFFICULT. THE URGENCY OF SOME TREATMENTS, AS WELL AS CERTAIN FEDERAL REGULATIONS, OFTEN REQUIRES THE PROVISION OF SERVICE WITHOUT CONSIDERATION OF THE PATIENT'S ABILITY TO PAY. SOME PATIENTS HAVE COMPLEX MEDICAL CONDITIONS WITH UNPREDICTABLE TREATMENT NEEDS. FOR THESE AND OTHER REASONS, FRANCISCAN BELIEVES, A PORTION OF ITS BAD DEBT EXPENSE AS REPORTED ON LINE 3 OF PART III REPRESENTS CHARITY CARE DELIVERED TO INDIVIDUALS IN THE COMMUNITIES IT SERVES CONSISTENT WITH ITS CHARITABLE HEALTHCARE MISSION.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

SCHEDULE H, PART III, LINE 4

THE CORPORATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM ITS
AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS:

"THE COLLECTION OF OUTSTANDING PATIENT ACCOUNTS RECEIVABLE FROM
GOVERNMENTAL PAYORS, MANAGED CARE AND OTHER THIRD PARTY PAYORS, AND
PATIENTS IS THE CORPORATION'S PRIMARY SOURCE OF CASH. THE CORPORATION'S
MAIN COLLECTION RISK RELATES TO UNINSURED PATIENT ACCOUNTS AND PATIENT
ACCOUNTS FOR WHICH THE THIRD PARTY PAYOR HAS PAID AMOUNTS IN ACCORDANCE
WITH THE APPLICABLE AGREEMENT, HOWEVER THE PATIENT'S RESPONSIBILITY,
USUALLY IN THE FORM OF DEDUCTIBLES, COPAYMENTS, AND COINSURANCE PAYMENTS,
REMAIN OUTSTANDING ("SELF PAY ACCOUNTS"). THE CORPORATION'S PATIENT
ACCOUNTS RECEIVABLE IS REDUCED BY AN ALLOWANCE FOR AMOUNTS, PRIMARILY
SELF PAY ACCOUNTS, WHICH COULD BECOME UNCOLLECTIBLE IN THE FUTURE.
THROUGHOUT THE YEAR, THE CORPORATION ESTIMATED THIS ALLOWANCE BASED ON
THE AGING OF ITS PATIENT ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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EXPERIENCE, AND OTHER RELEVANT FACTORS. THESE FACTORS INCLUDE CHANGES IN THE ECONOMY AND UNEMPLOYMENT RATES, WHICH HAS AN IMPACT ON THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, AS WELL AS TRENDS IN HEALTH CARE COVERAGE, SUCH AS THE INCREASED BURDEN OF DEDUCTIBLES, COPAYMENTS, AND COINSURANCE PAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE. AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED PROCEDURES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS AND CERTAIN RESTRICTIONS ON COLLECTION EFFORTS DETERMINED BY THE CORPORATION. UNCOLLECTIBLE PATIENT ACCOUNTS RECEIVABLE ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WITH ANY SUBSEQUENT RECOVERIES BEING RECORDED AGAINST THE PROVISION FOR DOUBTFUL ACCOUNTS."

SCHEDULE H, PART III, LINE 8

CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF FRANCISCAN AND THE

Part VI Supplemental Information

Provide the following information.

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- 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.

COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545,
FRANCISCAN PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SEEKING
MEDICAL CARE AT FRANCISCAN. SUCH CARE IS PROVIDED REGARDLESS OF WHETHER
THE REIMBURSEMENT PROVIDED FOR SUCH SERVICES MEETS OR EXCEEDS THE COSTS
INCURRED BY FRANCISCAN TO PROVIDE SUCH SERVICES. LIKE MEDICAID, PAYMENT
RATES FOR MEDICARE ARE SET BY LAW RATHER THAN THROUGH A NEGOTIATION
PROCESS AS WITH PRIVATE INSURERS. THESE PAYMENT RATES ARE CURRENTLY SET
BELOW THE COSTS OF PROVIDING CARE RESULTING IN UNDERPAYMENTS. MEDICARE
RATES ARE DETERMINED WITHIN THE CONTEXT OF ALL THE BUDGETARY NEEDS OF THE
FEDERAL GOVERNMENT AND MEDICARE PAYMENTS HAVE HISTORICALLY BEEN SET BELOW
THE COSTS OF PROVIDING CARE TO MEDICARE PATIENTS THOUGH HOW FAR BELOW
VARIES OVER TIME AND BY SERVICE. EACH YEAR MEDICARE IS SUPPOSED TO
PROVIDE HOSPITALS AN INCREASE IN BOTH INPATIENT AND OUTPATIENT PAYMENTS
TO ACCOUNT FOR INFLATION IN THE PRICES FOR GOODS AND SERVICES HOSPITALS
MUST PURCHASE IN ORDER TO PROVIDE PATIENT CARE. HOWEVER INPATIENT
UPDATES HAVE BEEN SET BELOW THE RATE OF INFLATION AND ACTUALLY NEGATIVE
IN RECENT YEARS RESULTING IN A SHORTFALL THAT HAS GROWN OVER TIME. THE
COMPOUNDING ISSUE THAT OCCURS IS THAT THIS SHORTFALL JEOPARDIZES

Part VI Supplemental Information

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- 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.

HOSPITALS' ABILITY TO SERVE THEIR COMMUNITIES BECAUSE THEY ARE NOT REIMBURSED THEIR INCURRED COSTS. PROVIDERS MAKE THE DECISION TO ELIMINATE OR SIGNIFICANTLY REDUCE NECESSARY CLINICAL SERVICES WITHIN THE MARKETPLACE PLACING THE MEDICARE SHORTFALL BURDEN ON OTHERS THAT DO, SUCH AS FRANCISCAN. GIVEN THAT FRANCISCAN PROVIDES SUCH SERVICES TO MEDICARE PATIENTS KNOWING THAT THEY WILL RESULT IN A LOSS, AND GIVEN THAT FRANCISCAN BELIEVES THAT IT PROVIDES THESE SERVICES IN AN EFFICIENT AND COST EFFECTIVE MANNER, THE SHORTFALL REPORTED ON LINE 7 OF PART III SHOULD BE VIEWED AS COMMUNITY BENEFIT PROVIDED BY FRANCISCAN.

SCHEDULE H, PART III, LINE 9B

FRANCISCAN ALLIANCE, INC.'S WRITTEN CHARITY CARE AND UNINSURED PATIENT DISCOUNT POLICY AND PATIENT COLLECTION PROCEDURE INCLUDE VARIOUS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY OR FINANCIAL ASSISTANCE. IF A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE CERTAIN COLLECTION

Part VI Supplemental Information

Provide the following information.

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- 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.

PRACTICES DO NOT APPLY.

 SCHEDULE H, PART IV

NAME OF ENTITY: MOORESVILLE ENDOSCOPY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: ENDOSCOPY SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: INDIANA SLEEP CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SLEEP CENTER

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: FRANCISCAN SURGERY CENTER LLC

Part VI Supplemental Information

Provide the following information.

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DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.3246753

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 49.6753247

NAME OF ENTITY: ST FRANCIS CARDIAC CARE CENTER MOORESVILLE LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: CARDIAC SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 25.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 75.00000

NAME OF ENTITY: SOUTH EMERSON SURGERY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: ST FRANCIS MOORESVILLE SURGERY CENTER LLC

Part VI Supplemental Information

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DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 70.4225352

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 29.5774648

NAME OF ENTITY: ST ANTHONY HEALTH NETWORK LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: PHYSICIAN SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 88.07000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 11.93000

NAME OF ENTITY: ST JAMES PHO INC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: PHYSICIAN SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: ST FRANCIS RADIATION THERAPY CENTERS LLC

Part VI Supplemental Information

Provide the following information.

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

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: RADIATION THERAPY SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 88.95000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 11.05000

NAME OF ENTITY: SOUTH INDY MRI & REHAB SERVICES LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: MRI SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: ST FRANCIS IMAGING CENTER (GREENWOOD) LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: IMAGING SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 60.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 40.00000

NAME OF ENTITY: THE ENDOSCOPY CENTER AT ST FRANCIS LLC

Part VI Supplemental Information

Provide the following information.

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

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: ENDOSCOPY SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: INDIANA INTERNAL MEDICINE CONSULTING LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: INTERNAL MEDICINE SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 49.000000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 51.000000

NAME OF ENTITY: MAJOR MEDICAL GROUP, LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: PHYSICIAN SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 40.000000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 60.000000

Part VI Supplemental Information

Provide the following information.

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

STATE FILING OF COMMUNITY BENEFIT REPORT

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