

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b> ST. VINCENT CARMEL HOSPITAL, INC.	<b>Employer identification number</b> 74 3107055
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	✓	
<b>b</b> If "Yes," was it a written policy? . . . . .	✓	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%	✓	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____%	✓	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	✓	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	✓	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		✓
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	✓	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	✓	

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			2,193,213		2,193,213	1.69
<b>b</b> Medicaid (from Worksheet 3, column a)			12,339,771	5,798,584	6,541,187	5.03
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .					0	0.00
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	0	0	14,532,984	5,798,584	8,734,400	6.71
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .		1,600	32,020		32,020	0.02
<b>f</b> Health professions education (from Worksheet 5) . . . . .		457	33,820		33,820	0.03
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .					0	0.00
<b>h</b> Research (from Worksheet 7) . . . . .					0	0.00
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .		13,121	308,469		308,469	0.24
<b>j Total</b> Other Benefits . . . . .	0	15,178	374,309	0	374,309	0.29
<b>k Total</b> Add lines 7d and 7j . . . . .	0	15,178	14,907,293	5,798,584	9,108,709	7.00

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development			180		180	0.00
3 Community support		864	1,892		1,892	0.00
4 Environmental improvements		800	600		600	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy		87	220		220	0.00
8 Workforce development					0	0.00
9 Other		100	3,000		3,000	0.00
10 Total	0	1,851	5,892	0	5,892	0.00

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

**Section A. Bad Debt Expense**

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1**
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . . **2** 1,669,007
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . . **3** 500,702
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

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

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . . **5** 25,210,839
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . . **6** 34,170,647
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . . **7** (8,959,808)
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  
 Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 CARMEL AMBULATORY SURGERY CENTER, LLC	SURGERY CENTER	51.00		49.00
2 COMFORT IMAGING, LLC	IMAGING SERVICES - MRI	16.67		83.33
3 ENDOSCOPY CENTER LLC	ANCILLARY SERVICES	51.00		49.00
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information**

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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

1 ST. VINCENT CARMEL HOSPITAL, INC.  
 13500 N. MERIDIAN STREET, CARMEL, IN 46032  
[HTTP://WWW.STVINCENT.ORG/ST-VINCENT-CA](http://www.stvincent.org/st-vincent-ca) STATE  
 LICENSE NO. : 14-003932-1

2

3

4

5

6

7

8

9

10

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
✓	✓					✓			

**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 ST. VINCENT CARMEL HOSPITAL, INC.

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
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		✓
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		✓
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	✓	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	✓	
<b>6b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		✓
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.STVINCENT.ORG/CHNA/</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	✓	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>12</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	✓	
<b>a</b> If "Yes," (list url): <u>WWW.STVINCENT.ORG/CHNA/</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		✓
<b>12b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

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

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group ST. VINCENT CARMEL HOSPITAL, INC.

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

**Billing and Collections**

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

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group ST. VINCENT CARMEL HOSPITAL, INC.

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

**Policy Relating to Emergency Medical Care**

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

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

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

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

Return Reference	Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	<p>FACILITY NAME: ST.VINCENT CARMEL HOSPITAL, INC.</p> <p>DESCRIPTION: IN CONDUCTING ITS CHNA, THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY AS WELL AS THOSE WITH SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH. THESE INCLUDE HAMILTON COUNTY HEALTH DEPARTMENT, GOOD SAMARITAN NETWORK, TRINITY FREE CLINIC, MAMA'S CUPBOARD AND MANY MORE.</p>
SCHEDULE H, PART V, SECTION B, LINE 6A	CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	<p>FACILITY NAME: ST. VINCENT CARMEL HOSPITAL, INC.</p> <p>DESCRIPTION: THE HOSPITAL CONDUCTED ITS CHNA IN CONJUNCTION WITH OTHER ST. VINCENT HOSPITALS, ST. VINCENT HEART CENTER OF INDIANA, LLC AND ST. VINCENT FISHERS HOSPITAL THAT RESIDE IN HAMILTON COUNTY.</p>
SCHEDULE H, PART V, SECTION B, LINE 11	HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: ST. VINCENT CARMEL HOSPITAL, INC.</p> <p>DESCRIPTION: USING THE CHNA COMPLETED IN FISCAL YEAR 2013, THE HOSPITAL DEVELOPED, ADOPTED, AND WORKED ON EXECUTING A 2014-2016 COMMUNITY-WIDE IMPLEMENTATION STRATEGY TO ADDRESS PRIORITY COMMUNITY HEALTH NEEDS. AS PART OF THE IMPLEMENTATION, A COMMUNITY BENEFIT SECTION WAS INCLUDED IN OPERATIONAL PLANS AND A BUDGET FOR PROVISION OF THE SERVICES THAT ADDRESSED THE NEEDS IDENTIFIED WAS ADOPTED. THE ORGANIZATION IS WORKING TO ADDRESS THE FOLLOWING NEEDS:</p> <p>1. MENTAL HEALTH ADDRESS THE NEED FOR MENTAL HEALTH SERVICES IN HAMILTON COUNTY - BUILD THE CAPACITY OF COMMUNITY, PRIMARY CARE PROVIDERS AND FAITH BASED SERVICE PROVIDERS TO ADDRESS MENTAL HEALTH ISSUES IN THE COMMUNITY BY PROVIDING EDUCATION ON MENTAL AND BEHAVIORAL HEALTH RESOURCES IN THE COMMUNITY AND CONDUCTING IN-SERVICES/TRAININGS IN INTEGRATIVE THERAPY SERVICES. - CONDUCT DEPRESSION AND/OR STRESS SCREENINGS AT COMMUNITY EVENTS SUCH AS THE HAMILTON COUNTY RESOURCE FAIR AND THE HAMILTON COUNTY HEALTH AND WELLNESS EXPO AND PROVIDE HEALTH EDUCATION AND REFERRAL MATERIALS. - PROMOTE THE "LIFE FOR KIDS" HEALTH AND WELLNESS PROGRAM TO SCHOOLS THROUGHOUT HAMILTON COUNTY; CONDUCT THE PROGRAM IN AT LEAST THREE SCHOOLS ANNUALLY.</p> <p>2. SUBSTANCE ABUSE/ALCOHOL CONSUMPTION INITIATE EDUCATIONAL OPPORTUNITIES ON DRUG ABUSE - DEVELOP OUTREACH AND EDUCATIONAL MATERIALS REGARDING THE TREATMENT OPTIONS AVAILABLE FOR HAMILTON COUNTY RESIDENTS AND DISTRIBUTE AT COMMUNITY EVENTS/HEALTH FAIRS. - PROVIDE SPACE FOR COMMUNITY BASED GROUPS TO CONDUCT AA AND/OR NA SESSIONS. - BUILD THE CAPACITY OF COMMUNITY, PRIMARY CARE PROVIDERS AND FAITH BASED SERVICE PROVIDERS TO ADDRESS MENTAL HEALTH ISSUES IN THE COMMUNITY BY PROVIDING EDUCATION ON MENTAL AND BEHAVIORAL HEALTH RESOURCES IN THE COMMUNITY AND CONDUCTING IN-SERVICES/TRAININGS IN INTEGRATIVE THERAPY SERVICES. - SPONSOR AT LEAST TWO PRESCRIPTION DRUG DROP-OFF AND DISPOSAL EVENTS ANNUALLY.</p> <p>3. TRANSPORTATION INCREASE AWARENESS OF CURRENT PUBLIC TRANSPORTATION OPPORTUNITIES - CONTINUE TO SPONSOR THE TRANSPORTATION PROGRAM AT PRIME LIFE FOR RESIDENTS OF HAMILTON COUNTY WHO ARE OVER THE AGE OF 55; PROMOTE THIS RESOURCE THROUGHOUT THE COMMUNITY. - CONTINUE TO WORK WITH THE HAMILTON COUNTY TASK FORCE TO EDUCATE COMMUNITY LEADERS ON THE NEED FOR PUBLIC TRANSPORTATION IN HAMILTON COUNTY.</p> <p>THE NEEDS BELOW ARE NOT BEING ADDRESSED DIRECTLY BY THE ORGANIZATION IN ITS CURRENT YEAR AS PART OF ITS IMPLEMENTATION STRATEGY, FOR THE FOLLOWING REASONS:</p> <p>PHYSICAL ABUSE/SHELTER - PARTNERING WITH ORGANIZATIONS WITHIN THE COMMUNITY FOCUSED ON EMERGENCY SHELTERS AND PREVENTION OF PHYSICAL ABUSE.</p> <p>GROWING SENIOR POPULATION - ADDRESSING THIS ISSUE IS NOT A DIRECT</p>

Return Reference	Identifier	Explanation
		<p>PRIORITY OF ST. VINCENT CARMEL; HOWEVER, WE DO SUPPORT EFFORTS OF ORGANIZATIONS LIKE PRIMELIFE ENRICHMENT FOCUSED ON SENIOR INITIATIVES.</p> <p>OBESITY – EVEN THOUGH THIS WAS NOT CHOSEN AS A TOP PRIORITY, THE ST. VINCENT CARMEL BARIATRIC CENTER FOCUSES ON OBESITY PREVENTION PROGRAMS.</p> <p>SEXUALLY TRANSMITTED INFECTIONS – ST. VINCENT CARMEL WORKS WITH THE LOCAL HEALTH DEPARTMENT TO EDUCATE AND INFORM THE HAMILTON COUNTY COMMUNITY ABOUT THESE ISSUES.</p>
SCHEDULE H, PART V, SECTION B, LINE 22D	HOW AMOUNTS CHARGED TO FAP-ELIGIBLE PATIENTS WERE DETERMINED	<p>FACILITY NAME: ST.VINCENT CARMEL HOSPITAL, INC</p> <p>DESCRIPTION: THE DISCOUNT WAS DETERMINED BY REVIEWING THE LOWEST DISCOUNT PROVIDED TO MANAGED CARE PAYERS THAT COMPRISE AT LEAST 3% OF OUR VOLUME WITH AN ADDED PROMPT PAY DISCOUNT TO THE HIGHEST PAID DISCOUNT PROVIDED TO OUR MANAGED CARE PAYERS.</p>

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

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

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

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

Provide the following information.

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

Return Reference	Identifier	Explanation
SCHEDULE H, PART I, LINE 7	COMMUNITY BENEFIT OVERVIEW	<p>ST. VINCENT CARMEL HOSPITAL IS PART OF ST. VINCENT, A NON-PROFIT HEALTHCARE SYSTEM CONSISTING OF 20 LOCALLY-SPONSORED MINISTRIES SERVING OVER 57 COUNTIES THROUGHOUT CENTRAL INDIANA. SPONSORED BY ASCENSION HEALTH, THE NATION'S LARGEST CATHOLIC HEALTHCARE SYSTEM, ST. VINCENT IS ONE OF THE LARGEST HEALTHCARE EMPLOYERS IN THE STATE.</p> <p>AS PART OF ST. VINCENT, THE ST. VINCENT CARMEL VISION IS TO DELIVER A CONTINUUM OF HOLISTIC, HIGH-QUALITY HEALTH SERVICES AND IMPROVE THE LIVES AND HEALTH OF INDIANA INDIVIDUALS AND COMMUNITIES, WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE. THIS IS ACCOMPLISHED THROUGH STRONG PARTNERSHIPS WITH BUSINESSES, COMMUNITY ORGANIZATIONS, LOCAL, STATE AND FEDERAL GOVERNMENT, PHYSICIANS, ST. VINCENT CARMEL ASSOCIATES AND OTHERS. WORKING WITH ITS PARTNERS, AND UTILIZING THE CHNA COMPLETED EVERY THREE YEARS, ST. VINCENT CARMEL HOSPITAL IS COMMITTED TO ADDRESSING COMMUNITY HEALTH NEEDS AND DEVELOPING AND EXECUTING AN IMPLEMENTATION STRATEGY TO MEET IDENTIFIED NEEDS TO IMPROVE HEALTH OUTCOMES WITHIN THE COMMUNITY.</p> <p>COMMUNITY BENEFIT IS NOT THE WORK OF A SINGLE DEPARTMENT OR GROUP WITHIN ST. VINCENT CARMEL, BUT IS PART OF THE ST. VINCENT MISSION AND CULTURAL FABRIC. THE HOSPITAL LEADERSHIP TEAM PROVIDES DIRECTION AND RESOURCES IN DEVELOPING AND EXECUTING THE IMPLEMENTATION STRATEGY IN CONJUNCTION WITH THE ST. VINCENT COMMUNITY DEVELOPMENT &amp; HEALTH IMPROVEMENT &amp; HEALTH IMPROVEMENT DEPARTMENT, BUT ASSOCIATES AT ALL LEVELS OF THE ORGANIZATION CONTRIBUTE TO COMMUNITY BENEFIT AND HEALTH IMPROVEMENT.</p>
SCHEDULE H, PART I, LINE 7	EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	<p>THE COST OF PROVIDING CHARITY CARE, MEANS-TESTED GOVERNMENT PROGRAMS, AND OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES. THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF PAY). THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE. FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED.</p>
SCHEDULE H, PART I, LINE 7	PART I CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST	<p>PATIENT SERVICES FOR POOR AND VULNERABLE HOSPITAL AND OUTPATIENT CARE IS PROVIDED TO PATIENTS THAT CANNOT PAY FOR SERVICES, INCLUDING HOSPITALIZATIONS, SURGERIES, PRESCRIPTION DRUGS, MEDICAL EQUIPMENT AND MEDICAL SUPPLIES. PATIENTS WITH INCOME LESS THAN 200% OF THE FEDERAL POVERTY LEVEL (FPL) ARE ELIGIBLE FOR 100% CHARITY CARE FOR SERVICES. PATIENTS WITH INCOMES AT OR ABOVE 200% OF THE FPL, BUT NOT EXCEEDING 400% OF THE FPL, RECEIVE DISCOUNTED SERVICES BASED ON AN INCOME-DEPENDENT SLIDING SCALE. HOSPITAL FINANCIAL COUNSELORS AND HEALTH ACCESS WORKERS ASSIST PATIENTS IN DETERMINING ELIGIBILITY AND IN COMPLETING NECESSARY DOCUMENTATION. ST. VINCENT CARMEL HOSPITAL IS COMMITTED TO 100% ACCESS, AND IS PROACTIVE IN PROVIDING HEALTHCARE THAT LEAVES NO ONE BEHIND.</p> <p>PUBLIC PROGRAM PARTICIPATION ST. VINCENT CARMEL HOSPITAL PARTICIPATES IN GOVERNMENT PROGRAMS INCLUDING MEDICAID, SCHIP (HOOSIER HEALTHWISE), HEALTHY INDIANA PLAN (HIP), THE HEALTH INSURANCE MARKETPLACE AND MEDICARE AND ASSISTS PATIENTS IN ENROLLING FOR PROGRAMS FOR WHICH THEY ARE ELIGIBLE. PER CATHOLIC HEALTH ASSOCIATION GUIDELINES AND ST. VINCENT'S CONSERVATIVE APPROACH, MEDICARE SHORTFALL IS NOT INCLUDED AS COMMUNITY BENEFIT.</p> <p>COMMUNITY HEALTH NEEDS ASSESSMENT TRUE COMMUNITY BENEFIT RESPONDS TO THE PARTICULAR NEEDS AND CHALLENGES OF THE COMMUNITY, BUILDING ON ITS UNIQUE STRENGTHS AND</p>

Return Reference	Identifier	Explanation
		<p>ASSETS. THE HOSPITAL LEADS A COMMUNITY HEALTH NEEDS ASSESSMENT EVERY 3 YEARS. USING A VARIETY OF TOOLS, INCLUDING SURVEYS, KEY PERSON INTERVIEWS, FOCUS GROUPS, SECONDARY DATA, AND DATA ANALYSIS PROFESSIONALS, THE TEAM IDENTIFIES COMMUNITY ISSUES AND CONCERNS. THESE ARE SHARED WITH THE COMMUNITY AT LARGE, AND A CONSENSUS IS REACHED ABOUT PRIORITIES AND AVAILABLE RESOURCES. TO PROVIDE COMMUNITY INPUT AND A BASIS FOR COLLABORATION WITHIN THE COMMUNITY TO ADDRESS HEALTH NEEDS, ST. VINCENT LEADS OR PARTICIPATES IN A COMMUNITY ROUNDTABLE OR FORUM. THIS GROUP BRINGS TOGETHER INDIVIDUALS AND ORGANIZATIONS FROM THROUGHOUT THE COMMUNITY WHO SHARE A COMMON INTEREST IN IMPROVING HEALTH STATUS AND QUALITY OF LIFE AND PROVIDE EXPERTISE IN A VARIETY OF COMMUNITY AREAS INCLUDING PUBLIC HEALTH. MENTAL HEALTH, SUBSTANCE ABUSE/ALCOHOL CONSUMPTION, AND TRANSPORTATION HAVE ALL BEEN IDENTIFIED AS KEY COMMUNITY NEEDS.</p> <p>HEALTHY BABY PROGRAM ST. VINCENT CARMEL HOSPITAL MONETARILY SUPPORTS THE BABE (BEDS AND BRITCHES, ETC.) STORE. THE BABE STORE'S MISSION IS TO EDUCATE AND INFORM PREGNANT WOMEN ABOUT POSITIVE HEALTH OPTIONS FOR INFANTS AND YOUNG CHILDREN. THE BABE STORE USES A COUPON EXCHANGE SYSTEM TO PROVIDE NEW BABY AND CHILD ITEMS. PARENTS OF BABIES AND YOUNG CHILDREN THROUGH 5 YEARS OF AGE MAY EARN COUPONS FROM VARIOUS COUPON DISTRIBUTORS THROUGHOUT THE COUNTY BY FULFILLING CERTAIN REQUIREMENTS, SUCH AS IMMUNIZATIONS, WELL CHILD VISITS, AND NUTRITION EDUCATIONAL ACTIVITIES PROVIDED BY PURDUE EXTENSION.</p> <p>BARIATRIC SUPPORT GROUP OBESITY HAS EMERGED AS THE SECOND LEADING CAUSE OF PREVENTABLE DEATHS IN AMERICA TODAY. MANY OF THESE INDIVIDUALS HAVE TRIED MULTIPLE WEIGHT-LOSS PROGRAMS AND FIND SURGICAL INTERVENTION AS THE ONLY MEANS OF LOSING THE WEIGHT NECESSARY TO LEAD HEALTHY AND PRODUCTIVE LIVES. AS A CENTER OF EXCELLENCE IN THE AREA OF BARIATRIC SURGERY, ST. VINCENT CARMEL HOSPITAL HAS DEVELOPED OUTREACH PROGRAMS FOR INDIVIDUALS WHO ARE EXPERIENCING WEIGHT RELATED HEALTH ISSUES. THROUGH CLASSES AND SUPPORT GROUPS, INDIVIDUALS ARE BETTER ABLE TO CHANGE THEIR LIFESTYLE, HABITS AND ACTIVITIES TO ACHIEVE SUCCESS IN THEIR WEIGHT LOSS ENDEAVORS.</p> <p>HEALTH PROFESSIONS CLINICAL TRAINING IN AN EFFORT TO PREPARE FUTURE HEALTHCARE PROFESSIONALS, ST. VINCENT CARMEL HOSPITAL OFFERS A VARIETY OF CLINICAL SETTINGS AND INTERNSHIPS TO UNDERGRADUATE AND VOCATIONAL ALLIED HEALTH PROFESSIONALS FROM INDIANA UNIVERSITY AND IVY TECH.</p> <p>HEALTH FAIRS AND SCREENINGS ST. VINCENT CARMEL HOSPITAL PARTICIPATES IN SEVERAL HEALTH FAIRS AND SCREENINGS THROUGHOUT THE YEAR. HEALTH INFORMATION AND PREVENTIVE SERVICES MATERIAL ARE A VITAL PART OF HEALTH FAIRS AND SCREENINGS. ALSO, PARTICIPANTS CAN BE TESTED FOR BLOOD PRESSURE, CHOLESTEROL, PULMONARY FUNCTION, OXYGENATION AND MORE AT LOW OR NO COST. IN ADDITION TO HEALTH FAIRS AND SCREENINGS, ST. VINCENT CARMEL HOSPITAL PROVIDED MEDICAL SUPPORT FOR THE GEIST HALF MARATHON AND THE CARMEL MARATHON.</p> <p>SENIOR SUPPORT ST. VINCENT CARMEL HOSPITAL SUPPORTS PRIMELIFE ENRICHMENT, INC., A SENIOR ORGANIZATION FOR THOSE AGED 50 AND OLDER, EACH YEAR TO PROVIDE SCHOLARSHIPS FOR LOW INCOME INDIVIDUALS FOCUSING ON WELLNESS AND PHYSICAL FITNESS ACTIVITIES. IN ADDITION,</p> <p>COMMUNITY FREE CLINICS ST. VINCENT CARMEL HOSPITAL PROVIDES SUPPORT FOR SEVERAL LOCAL AREA FREE CLINICS INCLUDING THE HOPE FAMILY CARE CENTER, INC., HEART AND SOUL CLINIC, AND TRINITY FREE CLINIC. THESE CLINICS SERVE THE INDIGENT, UNINSURED AND UNDERSERVED POPULATIONS IN HAMILTON COUNTY. ST. VINCENT CARMEL HAS PARTNERED WITH TRINITY FREE CLINIC SINCE ITS INCEPTION. THE TRINITY FREE CLINIC IS LOCATED AT OUR LADY OF MOUNT CARMEL CATHOLIC CHURCH. NINE FULL-TIME, PAID STAFF AND AN ABUNDANT AMOUNT OF VOLUNTEER HEALTHCARE PROFESSIONALS MANAGE THE FACILITY. IT IS A FINE-TUNED GRASSROOTS EFFORT. BEYOND MONETARY DONATIONS, ST. VINCENT CARMEL ASSOCIATES PROVIDE HEALTH ASSESSMENTS, IMMUNIZATIONS, HEALTH EDUCATION AND PRIMARY CARE THROUGHOUT THE YEAR. DONATIONS OF MEDICATIONS, VACCINES, AND MEDICAL SUPPLIES ARE ALSO MADE TO THIS CLINIC.</p> <p>FOOD SECURITY ST. VINCENT CARMEL HOSPITAL AND FIRST UNITED METHODIST CHURCH HAVE PROVIDED DONATIONS AND REFERRAL SERVICES IN SHERIDAN, INDIANA THROUGH MAMA'S CUPBOARD FOOD PANTRY FOR MORE THAN 12 YEARS. DONATIONS GIVEN OUT TO THE COMMUNITY INCLUDE NON-PERISHABLE FOOD ITEMS, PERSONAL HYGIENE, BABY, CLEANING AND PAPER PRODUCTS. ST. VINCENT CARMEL'S YEARLY FINANCIAL CONTRIBUTION SUPPORTS A PROGRAM COORDINATOR AND A PERCENTAGE OF THE UTILITIES TO HELP THE MOST VULNERABLE IN THIS RURAL PART OF HAMILTON COUNTY.</p> <p>MEALS ON WHEELS PARTNERSHIP IN KEEPING WITH THE MISSION TO CARE FOR THE POOR AND VULNERABLE, ST.</p>

Return Reference	Identifier	Explanation
		<p>VINCENT CARMEL HOSPITAL PARTNERS WITH MEALS ON WHEELS OF HAMILTON COUNTY TO DELIVER NUTRITIOUS MEALS TO HOMEBOUND PERSONS WHO CANNOT PREPARE ADEQUATE MEALS FOR THEMSELVES DUE TO ILLNESS, AGE, OR DISABILITY. MANY MEALS ARE PRESCRIBED DIETS BY A MEDICAL DOCTOR.</p> <p>COMMUNITY BENEFIT CASH AND IN-KIND CONTRIBUTIONS IN ADDITION TO THE OUTREACH PROGRAMS OPERATED BY THE HOSPITAL, THE HOSPITAL MAKES CASH AND IN-KIND DONATIONS TO A VARIETY OF COMMUNITY ORGANIZATIONS FOCUSED ON IMPROVING HEALTH STATUS IN THE COMMUNITY. THESE TAKE THE FORM OF CASH DONATIONS TO OUTSIDE ORGANIZATIONS, THE DONATION OF EMPLOYEE TIME/SERVICES TO OUTSIDE ORGANIZATIONS AND THE REPRESENTATION OF THE HOSPITAL ON COMMUNITY BOARDS AND COMMITTEES WORKING TO IMPROVE HEALTH STATUS AND QUALITY OF LIFE WITHIN THE COMMUNITY.</p>
SCHEDULE H, PART II	DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	<p>RESEARCH SHOWS THAT SOCIAL DETERMINANTS AND QUALITY OF LIFE PLAY A MAJOR ROLE IN THE HEALTH STATUS OF INDIVIDUALS AND COMMUNITIES. COMMUNITY BUILDING ACTIVITIES, WHICH FOCUS ON IMPROVING THE QUALITY OF LIFE WITHIN A COMMUNITY, ULTIMATELY INFLUENCE AND IMPROVE HEALTH STATUS.</p> <p>BACK PACK'EM ST. VINCENT CARMEL HOSPITAL SPONSORS A BACK PACK'EM TO SCHOOL PROGRAM. THE BACK PACK'EM TO SCHOOL PROGRAM PROVIDES A NEW OUTFIT, UNDERWEAR, SOCKS, SHOES, BACK PACK, AND SUPPLIES FOR STUDENTS. IT IS A BOOST TO A CHILD'S SELF-ESTEEM TO START SCHOOL WITH THE PROPER SUPPLIES AND NEW CLOTHING. THE ST. VINCENT CARMEL SOCIAL SERVICE DEPARTMENT HELPS IDENTIFY CHILDREN WHO COULD BENEFIT FROM THE PROGRAM, AND MATCHES THEM WITH HOSPITAL DEPARTMENTS AND ASSOCIATES WHO PARTICIPATE IN THE DRIVE.</p> <p>CAR SEAT PROGRAM ST. VINCENT CARMEL HOSPITAL SUPPORTS THE CARMEL POLICE DEPARTMENT PROGRAM TO PROVIDE CAR SEAT INSPECTIONS BY CERTIFIED CHILD PASSENGER SAFETY TECHNICIANS. THE TECHNICIANS CHECK THE CHILD RESTRAINTS FOR DAMAGE/RECALLS, DETERMINE IF THE RESTRAINT FITS THE CHILD CORRECTLY, EDUCATE PARENTS ON PROPER INSTALLATION IN THE VEHICLE AND ANSWER ANY QUESTIONS THEY MAY HAVE. ALL STAGES AND SIZES OF CHILD RESTRAINTS ARE INSPECTED. THE TECHNICIANS ALSO DETERMINE IF AN OLDER CHILD COULD BE RESTRAINED PROPERLY BY THE VEHICLE SAFETY BELT OR IF A BOOSTER SEAT IS NEEDED. ALL INSPECTIONS ARE FREE OF CHARGE. REPLACEMENT SEATS ARE AVAILABLE AT MANUFACTURE'S COST IF NEEDED. IF FINANCIAL NEED IS DEMONSTRATED, CHILD RESTRAINTS ARE PROVIDED AT NO COST.</p> <p>HOPE FOR THE HOLIDAYS EACH YEAR, ST. VINCENT CARMEL ASSOCIATES REACH INTO THEIR OWN POCKETS TO PURCHASE CHRISTMAS GIFT ITEMS FOR FAMILIES IN NEED. DURING THEIR WORK TIME, DEPARTMENT ASSOCIATES CONTACT FAMILIES, CREATE NEEDS LIST, COLLECT DONATIONS, SHOP FOR ITEMS, WRAP GIFTS AND DELIVER FOOD AND PACKAGES TO THESE FAMILIES.</p> <p>COMMUNITY BUILDING CASH AND IN-KIND CONTRIBUTION THE HOSPITAL MAKES CASH AND IN-KIND DONATIONS TO A VARIETY OF COMMUNITY ORGANIZATIONS FOCUSED ON BUILDING THE COMMUNITY AND IMPROVING QUALITY OF LIFE. THESE TAKE THE FORM OF CASH DONATIONS TO OUTSIDE ORGANIZATIONS, THE DONATION OF EMPLOYEE TIME/SERVICES TO OUTSIDE ORGANIZATIONS AND THE REPRESENTATION OF THE HOSPITAL ON COMMUNITY BOARDS AND COMMITTEES WORKING TO IMPROVE INFRASTRUCTURE FOR THE COMMUNITY.</p>
SCHEDULE H, PART III, LINE 2	METHODOLOGY USED TO ESTIMATE BAD DEBT	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2015 WAS \$6,588,980 AT CHARGES, (\$1,669,607 AT COST).
SCHEDULE H, PART III, LINE 3	FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING ECONOMIC CONDITIONS, HISTORICAL EXPERIENCE, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS.
SCHEDULE H, PART III, LINE 4	FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE ORGANIZATION IS PART OF THE ST. VINCENT CONSOLIDATED AUDIT WHICH INCLUDES A FOOTNOTE DESCRIBING BAD DEBT EXPENSE ON PAGE 18.
SCHEDULE H, PART III, LINE 8	DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7	A COST-TO-CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE

Return Reference	Identifier	Explanation
	TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	ORGANIZATION'S MEDICARE COST REPORT. ASCENSION HEALTH AND ITS RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT.
SCHEDULE H, PART III, LINE 9B	DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	THE ORGANIZATION HAS A WRITTEN DEBT COLLECTION POLICY THAT ALSO INCLUDES A PROVISION ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE. IF A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE CERTAIN COLLECTION PRACTICES DO NOT APPLY.
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	COMMUNITIES ARE DYNAMIC SYSTEMS IN WHICH MULTIPLE FACTORS INTERACT TO IMPACT QUALITY OF LIFE AND HEALTH STATUS. IN ADDITION TO THE FORMAL CHNA CONDUCTED EVERY 3 YEARS, ST.VINCENT CARMEL HOSPITAL HELPS TO LEAD A COMMUNITY ROUNDTABLE CALLED PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY WHOSE PURPOSE IS TO ASSESS NEEDS WITHIN THE COMMUNITY, PRIORITIZE ACTION AND WORK IN PARTNERSHIP TO ADDRESS IDENTIFIED CHALLENGES. THE COALITION WORKS CLOSELY WITH ITS MEMBER ORGANIZATIONS WHICH COME FROM MULTIPLE SECTORS OF THE COMMUNITY, INCLUDING LOCAL GOVERNMENT, BUSINESS, EDUCATION, FAITH COMMUNITIES, PUBLIC HEALTH, HEALTH CARE PROVIDERS AND OTHER SOCIAL AND HUMAN SERVICE ORGANIZATIONS. IN ADDITION, THE COALITION WORKS CLOSELY WITH OTHER COALITIONS AS WELL AS THE LOCAL AND STATE HEALTH DEPARTMENTS TO STAY ABREAST OF CHANGING NEEDS WITHIN THE COMMUNITY AND TO IDENTIFY EVIDENCE-BASED AND PROMISING PRACTICES TO ADDRESS THESE NEEDS.
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION	ST.VINCENT CARMEL HOSPITAL COMMUNICATES WITH PATIENTS IN MULTIPLE WAYS TO ENSURE THAT THOSE WHO ARE BILLED FOR SERVICES ARE AWARE OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM AS WELL AS THEIR POTENTIAL ELIGIBILITY FOR LOCAL, STATE OR FEDERAL PROGRAMS. SIGNS ARE PROMINENTLY POSTED IN EACH SERVICE AREA, AND BILLS CONTAIN A FORMAL NOTICE EXPLAINING THE HOSPITAL'S CHARITY CARE PROGRAM. IN ADDITION, THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS, HEALTH ACCESS WORKERS, AND ENROLLMENT SPECIALISTS WHO CONSULT WITH PATIENTS ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS AND HELP PATIENTS IN APPLYING FOR ANY PUBLIC PROGRAMS FOR WHICH THEY MAY QUALIFY.
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	ST.VINCENT CARMEL HOSPITAL IS LOCATED IN CARMEL, INDIANA AND SERVES HAMILTON AND CONTIGUOUS COUNTIES, IN CENTRAL INDIANA. HAMILTON COUNTY HAS AN ESTIMATED POPULATION OF 302,623. PER CAPITA PERSONAL INCOME AND MEDIAN HOUSEHOLD INCOME ARE ABOVE STATE AVERAGES. THE POVERTY RATE FOR HAMILTON COUNTY IS 5.0%. CAUCASIANS MAKE UP THE MAJORITY OF THE POPULATION (84.8%), FOLLOWED BY ASIANS AT 5.7%. HISPANICS COMPRISE 3.8% OF THE POPULATION. MEDIAN AGE FOR THE COUNTY IS 36.5 YEARS.
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	ST. VINCENT CARMEL HOSPITAL PROMOTES THE HEALTH OF ITS COMMUNITIES BY STRIVING TO IMPROVE THE QUALITY OF LIFE WITHIN THE COMMUNITY. RESEARCH HAS ESTABLISHED THAT FACTORS SUCH AS ECONOMIC STATUS, EMPLOYMENT, HOUSING, EDUCATION LEVEL, AND BUILT ENVIRONMENT CAN ALL BE POWERFUL SOCIAL DETERMINANTS OF HEALTH. ADDITIONALLY, HELPING TO CREATE GREATER CAPACITY WITHIN THE COMMUNITY TO ADDRESS A BROAD RANGE OF QUALITY OF LIFE ISSUES ALSO IMPACTS HEALTH. ST. VINCENT CARMEL HOSPITAL MEETS REGULARLY WITH LOCAL ORGANIZATIONS IN THE COMMUNITY TO LEARN WHAT RESOURCES ARE AVAILABLE AND PLAN COMMUNITY HEALTH IMPROVEMENT EFFORTS. IN FISCAL YEAR 2015, THESE ORGANIZATIONS INCLUDED: CARMEL POLICE DEPARTMENT, CHAUCIE'S PLACE, CREATING POSITIVE RELATIONSHIPS, AND PROMISING FUTURES OF CENTRAL INDIANA.
SCHEDULE H, PART VI, LINE 6	DESCRIPTION OF AFFILIATED GROUP	AS PART OF ST. VINCENT, ST. VINCENT CARMEL HOSPITAL IS DEDICATED TO IMPROVING THE HEALTH STATUS AND QUALITY OF LIFE FOR THE COMMUNITIES IT SERVES. WHILE DESIGNATED ASSOCIATES AT ST. VINCENT CARMEL HOSPITAL DEVOTE ALL OR A SIGNIFICANT PORTION OF THEIR TIME TO LEADING AND ADMINISTERING LOCAL COMMUNITY-BASED PROGRAMS AND PARTNERSHIPS, ASSOCIATES THROUGHOUT THE ORGANIZATION ARE ACTIVE PARTICIPANTS IN COMMUNITY OUTREACH. THEY ARE ASSISTED AND SUPPORTED BY DESIGNATED ST. VINCENT COMMUNITY DEVELOPMENT & HEALTH IMPROVEMENT & HEALTH IMPROVEMENT ASSOCIATES AND OTHER SUPPORT STAFF WHO WORK WITH EACH OF ITS HEALTHCARE FACILITIES TO ADVOCATE FOR AND PROVIDE TECHNICAL ASSISTANCE FOR COMMUNITY OUTREACH, NEEDS ASSESSMENTS AND PARTNERSHIPS AS WELL AS TO SUPPORT REGIONAL AND STATE-WIDE PROGRAMS, COMMUNITY PROGRAMS SPONSORED BY ST. VINCENT IN WHICH ST. VINCENT CARMEL HOSPITAL PARTICIPATES.
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT	THE STATE OF INDIANA NO LONGER REQUIRES A SEPARATE COMMUNITY BENEFIT REPORT, BUT WILL REFERENCE THE FORM 990. ST. VINCENT CARMEL HOSPITAL AND ITS RELATED ST. VINCENT AFFILIATES PUBLISH A COMMUNITY BENEFIT REPORT WHICH IS AVAILABLE TO THE PUBLIC. A COPY OF THE FULL REPORT (INCLUDING THE ST. VINCENT CARMEL HOSPITAL SECTION) IS AVAILABLE AT <a href="http://www.stvincent.org/st-vincent-carmel">HTTP://WWW.STVINCENT.ORG/ST-VINCENT-CARMEL</a> .