

**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.**

Name of the organization CENTRAL INDIANA HEALTH SYSTEM CARDIAC SERVICES, INC.	Employer identification number 35 1869951
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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	✓	
b If "Yes," was it a written policy?	✓	
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 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 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 _____%	✓	
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"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	✓	
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?		✓
6a Did the organization prepare a community benefit report during the tax year?	✓	
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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			2,099,773		2,099,773	1.41
b Medicaid (from Worksheet 3, column a)			6,621,860	1,950,309	4,671,551	3.13
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total Financial Assistance and Means-Tested Government Programs	0	0	8,721,633	1,950,309	6,771,324	4.53
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)					0	0.00
f Health professions education (from Worksheet 5)		54	2,260		2,260	0.00
g Subsidized health services (from Worksheet 6)					0	0.00
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			23,407		23,407	0.02
j Total Other Benefits	0	54	25,667	0	25,667	0.02
k Total Add lines 7d and 7j	0	54	8,747,300	1,950,309	6,796,991	4.55

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members		45	80		80	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	45	80	0	80	0.00

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
		2	737,526
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	221,258
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	64,414,314
6	Enter Medicare allowable costs of care relating to payments on line 5	6	70,089,126
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(5,674,812)
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	✓
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					
2					
3					
4					
5					
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11					
12					
13					

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 HEART CENTER OF INDIANA, LLC

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?		✓
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		✓
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):		
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>12</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	✓	
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		✓
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		✓
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):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.STVINCENT.ORG/CHNA/</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	✓	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>12</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a If "Yes," (list url): <u>WWW.STVINCENT.ORG/CHNA/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		✓
12b 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 ST. VINCENT HEART CENTER OF INDIANA, LLC

		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:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input 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?	✓	
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):	✓	
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):	✓	
a	<input type="checkbox"/> The FAP was widely available on a website (list url): _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
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?	✓	
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 ST. VINCENT HEART CENTER OF INDIANA, LLC

		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:			
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?	21	✓	
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?	23		✓
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?	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
<p>SCHEDULE H, PART V, SECTION B, LINE 5</p>	<p>INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: ST. VINCENT HEART CENTER OF INDIANA, LLC</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 REPRESENTATIVES INCLUDED GOOD SAMARITAN NETWORK, HAMILTON COUNTY HEALTH DEPARTMENT, AND MANY MORE.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ST. VINCENT HEART CENTER OF INDIANA, LLC</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.OBESITY - TRANSFORM RETAIL CAFE MENU OFFERINGS TO HEART-HEALTHY ITEMS AND PROMOTE THROUGH THE COMMUNITY. ELIMINATE SUGARED BEVERAGES FROM MENU. MODIFY OR DISCONTINUE MENU ITEMS THAT DO NOT MEET HEART-HEALTHY GUIDELINES. POST CALORIE/NUTRITION INFORMATION FOR ALL MENU ITEMS. - PROVIDE NUTRITION EDUCATION THROUGH THE RETAIL CAFE. IMPLEMENT HEALTHY COOKING DEMONSTRATIONS DURING PEAK BUSINESS HOURS (LUNCHTIME). RUN NUTRITION EDUCATION VIDEOS ON LARGE SCREEN INSTALLED AT RETAIL CAFE. - CONDUCT HEART-HEALTH SCREENINGS AND NUTRITION EDUCATION SESSIONS AT AREA HEALTH FAIRS SUCH AS THE HAMILTON COUNTY RESOURCE FAIR AND THE HAMILTON COUNTY HEALTH AND WELLNESS EXPO. - SUPPORT AMERICAN HEART ASSOCIATION ACTIVITIES LIKE THE ANNUAL HEART WALK. SVHC WILL RECRUIT ASSOCIATES AND AREA RESIDENTS TO PARTICIPATE IN WALK. SVHC WILL ADVERTISE AND/OR SPONSOR THE HEART WALK. - PROVIDE EDUCATION TO INDIANA LEGISLATORS ON ISSUES RELATING TO HEART HEALTH, OBESITY, SMOKING.</p> <p>2.SMOKING CESSATION - CONDUCT SMOKING CESSATION EDUCATION SESSIONS AT AREA HEALTH FAIRS SUCH AS THE HAMILTON COUNTY RESOURCE FAIR AND THE HAMILTON COUNTY HEALTH AND WELLNESS EXPO. - MODIFY CURRENT SMOKING CESSATION CURRICULUM AND KITS OFFERED TO PATIENTS AND MAKE CLASSES AVAILABLE TO THE GENERAL PUBLIC. - PROVIDE EDUCATION TO INDIANA LEGISLATORS ON ISSUES RELATED TO HEART HEALTH AND SMOKING. - PARTICIPATE IN NATIONAL ADVOCACY EFFORTS RELATING TO HEART HEALTH AND SMOKING.</p> <p>3.STRESS MANAGEMENT - EXPLORE DEVELOPING INTEGRATIVE MEDICINE EDUCATIONAL PROGRAM FOR RESIDENTS OF HAMILTON COUNTY FOCUSED ON A MIND-BODY-SPIRIT WELLNESS APPROACH TO STRESS MANAGEMENT.</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>SAFE SEX PRACTICES - ADDRESSING THIS ISSUE IS NOT A DIRECT PRIORITY OF ST. VINCENT HEART CENTER; HOWEVER, THE HOSPITAL DOES SUPPORT EFFORTS OF ORGANIZATIONS FOCUSED ON THIS ISSUE.</p> <p>ALCOHOL CONSUMPTION - THIS ISSUE IS BEING ADDRESSED IN THE STRESS MANAGEMENT PRIORITY.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 22D</p>	<p>HOW AMOUNTS CHARGED TO FAP-ELIGIBLE PATIENTS WERE DETERMINED</p>	<p>FACILITY NAME: ST. VINCENT HEART CENTER OF INDIANA, LLC</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 3C	CRITERIA FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE	THE ORGANIZATION PROVIDES MEDICALLY NECESSARY CARE TO ALL PATIENTS, REGARDLESS OF RACE, COLOR, CREED, ETHNIC ORIGIN, GENDER, DISABILITY OR ECONOMIC STATUS. THE HOSPITAL USES A PERCENTAGE OF FEDERAL POVERTY LEVEL (FPL) TO DETERMINE FREE AND DISCOUNTED CARE. AT A MINIMUM, PATIENTS WITH INCOME LESS THAN OR EQUAL TO 200% OF THE FPL, WHICH MAY BE ADJUSTED FOR COST OF LIVING UTILIZING THE LOCAL WAGE INDEX COMPARED TO THE NATIONAL WAGE INDEX, WILL BE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF CHARGES FOR SERVICES THAT HAVE BEEN PROVIDED TO THEM. ALSO, AT A MINIMUM, PATIENTS WITH INCOMES ABOVE 200% OF THE FPL BUT NOT EXCEEDING 400% OF THE FPL, SUBJECT TO ADJUSTMENTS FOR COST OF LIVING UTILIZING THE LOCAL WAGE INDEX COMPARED TO NATIONAL WAGE INDEX, WILL RECEIVE A DISCOUNT ON THE SERVICES PROVIDED TO THEM.
SCHEDULE H, PART I, LINE 7	EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COST OF PROVIDING CHARITY CARE, MEANS-TESTED GOVERNMENT PROGRAMS, AND OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES. THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF PAY). THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE. FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED.
SCHEDULE H, PART II	DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	EXTENSIVE RESEARCH HAS SHOWN THAT SOCIAL DETERMINANTS, SUCH AS POVERTY LEVEL, EDUCATION LEVEL, EMPLOYMENT AND HOUSING, HAVE SIGNIFICANT IMPACT ON HEALTH OUTCOMES, EQUAL TO OR GREATER THAN THE IMPACT OF HEALTH CARE, HEALTH EDUCATION AND DIRECT HEALTH BEHAVIORS. EFFORTS TO IMPROVE HEALTH WITHIN OUR COMMUNITIES MUST INCLUDE BOTH TRADITIONAL COMMUNITY BENEFIT ACTIVITIES THAT DIRECTLY ADDRESS HEALTH OUTCOMES AS WELL AS COMMUNITY BUILDING ACTIVITIES THAT ADDRESS SOME OF THE UNDERLYING FACTORS THAT HELP TO DETERMINE THE OVERALL HEALTH AND WELL-BEING OF INDIVIDUALS AND COMMUNITIES SERVED.
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 \$3,111,584 AT CHARGES, (\$737,526 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 HISTORICAL EXPERIENCE, ECONOMIC CONDITIONS, 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 ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT EXPENSE IS LOCATED ON PAGE 18.
SCHEDULE H, PART III, LINE 8	DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY	A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT. ASCENSION HEALTH AND ITS

Return Reference	Identifier	Explanation
	BENEFIT AND COSTING METHOD USED	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	COMMUNITY BENEFIT REPORT	<p>ST. VINCENT HEART CENTER OF INDIANA, LLC IS DEDICATED TO PROVIDING SPIRITUALLY-CENTERED, HOLISTIC HEALTHCARE THAT SUSTAINS AND IMPROVES THE HEALTH OF THOSE SERVED, WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE. BOTH INPATIENT AND OUTPATIENT HEALTH SERVICES ARE PROVIDED WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, INSURANCE STATUS OR ABILITY TO PAY. THIS MISSION EXTENDS WELL BEYOND THE PROVISION OF CORE MEDICAL SERVICES TO ENCOMPASS MEDICAL AND SCIENTIFIC RESEARCH PROGRAMS, THE TRAINING AND EDUCATING OF HEALTH CARE PROFESSIONALS AND ACTIVE SUPPORT OF COMMUNITY-BASED PARTNERSHIPS AND PROGRAMS TO IMPROVE HEALTH AND QUALITY OF LIFE.</p> <p>ST. VINCENT HEART CENTER OF INDIANA, LLC IS A SPECIALIZED CARDIOVASCULAR HOSPITAL SERVING HAMILTON AND CONTIGUOUS COUNTIES AND PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY.</p> <p>ST. VINCENT HEART CENTER OF INDIANA, LLC PROVIDES A SUBSTANTIAL PORTION OF ITS CORE HEALTH SERVICES TO THE POOR, UNINSURED OR UNDER INSURED AND HAS PROACTIVELY TAKEN STEPS TO ADDRESS THE ACCESSIBILITY, FINANCING, AND DELIVERY OF HEALTHCARE TO THE UNDER SERVED. DURING THE FISCAL YEAR ENDING JUNE 30, 2015, THE UNREIMBURSED COST OF FREE OR DISCOUNTED SERVICES PROVIDED TO PATIENTS WHO WERE DEEMED INDIGENT UNDER STATE, COUNTY, OR HOSPITAL GUIDELINES WAS \$6,771,324 WHICH INCLUDED \$2,099,773 OF TRADITIONAL CHARITY CARE AND \$4,671,551 IN UNPAID COSTS OF CARE FOR THOSE QUALIFYING FOR MEDICAID OR OTHER PUBLIC PROGRAMS FOR THE POOR.</p> <p>IN ADDITION TO CORE MEDICAL SERVICES, ST. VINCENT HEART CENTER OF INDIANA, LLC PARTNERS WITH ITS COMMUNITY TO ASSESS COMMUNITY HEALTH ASSETS AND NEEDS AND TO WORK TOGETHER TO ADDRESS ISSUES IMPACTING HEALTH AND QUALITY OF LIFE, WITH SPECIAL EMPHASIS ON THE POOR AND VULNERABLE. IN FISCAL YEAR 2015, ST. VINCENT HEART CENTER OF INDIANA, LLC PROVIDED \$49,866 IN UNBILLED SERVICES TO THE POOR AND TO THE BROADER COMMUNITY. (WHEN COMBINED WITH THE COSTS OF FREE OR DISCOUNTED SERVICES FOR THE POOR, ST. VINCENT HEART CENTER OF INDIANA, LLC PROVIDED A TOTAL COMMUNITY BENEFIT OF \$6,821,190 IN FISCAL YEAR 2015.) ST. VINCENT HEART CENTER OF INDIANA, LLC SERVES AND SUPPORTS ITS COMMUNITY BY PROVIDING SUCH PROGRAMS AS HEALTH FAIRS AND SCREENINGS, PROFESSIONAL HEALTH EDUCATION, AND COMMUNITY HEALTH EDUCATION.</p>
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 HEART CENTER OF INDIANA HELPS TO LEAD A COMMUNITY ROUND TABLE 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 HEART CENTER OF INDIANA, LLC 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 HEART CENTER OF INDIANA, LLC (SVHC) IS LOCATED IN THE SOUTHERN PORTION OF HAMILTON COUNTY, WHICH BORDERS MARION COUNTY, HOME TO INDIANAPOLIS. SVHC SERVES MOSTLY CENTRAL INDIANA; HOWEVER, ITS REACH EXTENDS TO THE ENTIRE STATE AND BEYOND. MARION COUNTY HAS EXPERIENCED SOME GROWTH; HOWEVER, HAMILTON COUNTY HAS EXPERIENCED SIGNIFICANT GROWTH OVER THE PAST DECADE, AND CONTINUES TO EXPERIENCE ANNUAL GROWTH ABOVE THE STATE AVERAGE. AS OF 2014, THE ESTIMATED POPULATION FOR MARION COUNTY WAS 934,243 AND

Return Reference	Identifier	Explanation
		HAMILTON COUNTY WAS 302,623. HAMILTON COUNTY IS ONE OF THE HEALTHIEST AND WEALTHIEST COUNTIES IN THE STATE WITH A PER CAPITA PERSONAL INCOME AND MEDIAN HOUSEHOLD INCOME WELL ABOVE THE STATE AVERAGE. ALTHOUGH MARION COUNTY HAS A PER CAPITA PERSONAL INCOME HIGHER THAN THE STATE, THE MEDIAN HOUSEHOLD INCOME IS BELOW THE STATE AVERAGE. THE POVERTY RATE IS 5.0 FOR HAMILTON COUNTY AND 21.4 FOR MARION COUNTY.
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	ST. VINCENT HEART CENTER OF INDIANA, LLC 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 HEART CENTER OF INDIANA, LLC 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: GOOD SAMARITAN NETWORK, COMMUNITY HOSPITAL, IU HEALTH, ST. FRANCIS HOSPITAL, YMCA, ASPIRE RIVERVIEW HEALTH, AND STAFF FROM PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY.
SCHEDULE H, PART VI, LINE 6	DESCRIPTION OF AFFILIATED GROUP	AS PART OF ST. VINCENT, ST. VINCENT HEART CENTER OF INDIANA, LLC IS DEDICATED TO IMPROVING THE HEALTH STATUS AND QUALITY OF LIFE FOR THE COMMUNITIES IT SERVES. WHILE DESIGNATED ASSOCIATES AT ST. VINCENT HEART CENTER OF INDIANA, LLC 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 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 HEART CENTER OF INDIANA, LLC 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 HEART CENTER OF INDIANA, LLC 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 HEART CENTER OF INDIANA, LLC SECTION) IS AVAILABLE AT HTTP://BESTHEARTCARE.COM/ .