

**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 ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC.	Employer identification number 35 0869066
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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)			38,375,284		38,375,284	3.71
b Medicaid (from Worksheet 3, column a)			168,105,242	119,699,579	48,405,663	4.68
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	206,480,526	119,699,579	86,780,947	8.39
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		13,044	45,402		45,402	0.00
f Health professions education (from Worksheet 5)		4,495	29,098,808	6,636,660	22,462,148	2.17
g Subsidized health services (from Worksheet 6)					0	0.00
h Research (from Worksheet 7)			403,147	90,913	312,234	0.03
i Cash and in-kind contributions for community benefit (from Worksheet 8)		49,806	2,885,734		2,885,734	0.28
j Total Other Benefits	0	67,345	32,433,091	6,727,573	25,705,518	2.49
k Total Add lines 7d and 7j	0	67,345	238,913,617	126,427,152	112,486,465	10.88

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		45,065	1,084		1,084	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building		17	200		200	0.00
7 Community health improvement advocacy		130	5,660		5,660	0.00
8 Workforce development		100	3,200		3,200	0.00
9 Other					0	0.00
10 Total	0	45,312	10,144	0	10,144	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	8,423,876	
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	2,527,163	
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	276,964,938
6	Enter Medicare allowable costs of care relating to payments on line 5	6	373,893,692
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(96,928,754)
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	THE SURGERY CENTER OF INDIANAPOLIS, LLC	SURGERY CENTER	40.00		49.98
2	INDIANA ORTHOPAEDIC HOSPITAL, LLC	ORTHOPAEDIC HOSPITAL	20.00		80.00
3	BREAST MRI LEASING COMPANY, LLC	IMAGING CENTER	50.00		50.00
4	NEURO ONCOLOGY EQUIPMENT, LLC	STEREOTACTIC RADIO SURGERY SERVICES	50.00		50.00
5	WOMEN'S SERVICES MANAGEMENT, LLC	MANAGEMENT COMPANY	5.00		95.00
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? 4

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 ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC 2001 WEST 86TH STREET, INDIANAPOLIS, IN 46260 HTTP://WWW.STVINCENT.ORG/ST-VINCENT-IN STATE LICENSE NO. : 14-005075-1	✓	✓		✓	✓	✓	✓			A
2 ST. VINCENT WOMEN'S HOSPITAL 8111 TOWNSHIP LINE ROAD, INDIANAPOLIS, IN 46260 HTTP://WWW.STVINCENT.ORG/ST-VINCENT-WO STATE LICENSE NO. : 14-005075-1	✓	✓					✓			A
3 ST. VINCENT STRESS CENTER 8401 HARCOURT ROAD, INDIANAPOLIS, IN 46260 HTTP://WWW.STVINCENT.ORG/ST-VINCENT-IN STATE LICENSE NO. : 14-005075-1	✓									A
4 PEYTON MANNING CHILDREN'S HOSPITAL 2001 WEST 86TH STREET, INDIANAPOLIS, IN 46260 HTTP://PEYTONMANNING.STVINCENT.ORG/ STATE LICENSE NO. : 14-005075-1	✓	✓	✓				✓			A
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 A

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

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 A

		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</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	<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 A

		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: FACILITY A 1, A 2, A 3, AND A 4</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 INCLUDED THE CROOKED CREEK COMMUNITY DEVELOPMENT CORPORATION (CDC), IUPUI AND MARIAN UNIVERSITY.</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: FACILITY A 1, A 2, A 3, AND A 4</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 (NUTRITION AND EXERCISE) EDUCATE AND PROMOTE THE IMPORTANCE OF PROPER NUTRITION AND PHYSICAL ACTIVITY TO THE COMMUNITY - ST. VINCENT STAFF WILL OFFER 3 ONE-HOUR EDUCATIONAL PRESENTATIONS REGARDING HEALTHY FOOD CHOICES AND/OR FITNESS AT THE CROOKED CREEK FARMER'S MARKET. - ST. VINCENT STAFF WILL BE INFORMED OF VOLUNTEER OPPORTUNITIES AVAILABLE AT CROOKED CREEK FARMER'S MARKET VIA WEEKLY REMINDERS, FROM MAY-OCTOBER, IN THE ONLINE NEWSLETTER SENT TO THE ST. VINCENT INDIANAPOLIS SYSTEM. - AS A PARTNERSHIP WITH PIKE TOWNSHIP SCHOOLS AND AS PART OF THEIR AWARD OF A PEP GRANT, PEYTON MANNING CHILDREN'S HOSPITAL WILL COORDINATE A WEEK-LONG SUMMER CAMP GEARED TO STUDENTS IN GRADES 3-5 FOR 2012, 2013 AND 2014. - TO BETTER SERVE OUR SPANISH-SPEAKING POPULATION, THE L.I.F.E. (LIFETIME INDIVIDUAL FITNESS & EATING) PROGRAM WILL DEVELOP A HEALTHY COOKBOOK IN SPANISH FEATURING TRADITIONAL HISPANIC DISHES. - PROVIDE AT LEAST 30 EDUCATIONAL PRESENTATIONS REGARDING NUTRITION AND 30 EDUCATIONAL PRESENTATIONS A YEAR REGARDING PHYSICAL ACTIVITY TO YOUTH, K-12.</p> <p>2. ACCESS TO HEALTHCARE COORDINATE ACCESS FOR VULNERABLE COMMUNITY MEMBERS THROUGH THE OUTREACH WORKERS - EACH OF THE 3 OUTREACH WORKERS WILL COMPLETE AT LEAST 55 APPLICATIONS FOR ASSISTANCE A MONTH. - EACH OF THE 3 OUTREACH WORKERS WILL MAKE AT LEAST 10 OUTREACH EFFORTS A MONTH BY VISITING COMMUNITY CENTERS, SUCH AS SHELTERS, UNEMPLOYMENT OFFICES, AND LAPLAZA (RESOURCE CENTER FOR HISPANIC COMMUNITY).</p> <p>3. BEHAVIORAL HEALTH EDUCATE LAW MAKERS AND PROFESSIONALS ABOUT BEHAVIORAL HEALTH ISSUES AND RESOURCES - REPRESENTATIVE(S) FROM ST. VINCENT STRESS CENTER WILL MEET WITH AT LEAST 5 DISTRICT REPRESENTATIVES IN THE STATE HOUSE AND SENATE TO DISCUSS BEHAVIORAL HEALTH ISSUES.</p> <p>4. CANCER CARE (LUNG, BREAST AND COLON) EDUCATE AND PROMOTE THE IMPORTANCE OF CANCER DETECTION TO THE COMMUNITY - A BCCP (BREAST AND CERVICAL CANCER PROGRAM) WILL BE ESTABLISHED AT OUR FLAGSHIP HOSPITAL TO SUPPORT THE FINANCIAL NEEDS OF OUR UNDERSERVED, HIGH RISK POPULATIONS AND ENSURE THE COMPLETION OF APPROPRIATE SCREENINGS AND RECOMMENDED FOLLOW-UPS FOR DETECTED BREAST CANCERS. - AT LEAST 5 COLON CANCER EDUCATIONAL PRESENTATIONS WILL BE OFFERED EACH FISCAL YEAR TO UNDERSERVED, HIGH RISK AND/OR ELDERLY POPULATIONS RELATED TO THE PREVENTION AND EARLY DETECTION OF COLON CANCER, WITH PROMOTIONAL EFFORTS AT LOCATIONS SUCH AS THE UNITED SOCCER ALLIANCE OF INDIANA, WHICH INCLUDES A LARGE HISPANIC POPULATION AND LARGE AFRICAN AMERICAN CHURCH COMMUNITIES WITHIN CENTRAL INDIANA. - AT LEAST 5 FREE FECAL BLOOD SCREENINGS EVENTS WILL BE OFFERED EACH FISCAL YEAR TO UNDERSERVED, HIGH RISK AND/OR ELDERLY POPULATIONS IN CENTRAL INDIANA RELATED TO THE PREVENTION AND EARLY DETECTION OF COLON CANCER. - TRAIN AT LEAST 1 EXISTING ASSOCIATE TO BECOME A TOBACCO CESSATION</p>

Return Reference	Identifier	Explanation
		<p>COUNSELOR EACH YEAR FOR A TOTAL OF 11 COUNSELORS ON STAFF. - INCREASE THE NUMBER OF PARTICIPANTS COMPLETING THE PROGRAM DURING A 3-YEAR TIME FRAME BY 5% OR A TOTAL OF 126 INDIVIDUALS.</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>POVERTY RATE - EVEN THOUGH THIS ISSUE WAS NOT CHOSEN AS A PRIORITY, ST. VINCENT INDIANAPOLIS DOES PROVIDE SUPPLEMENTAL FUNDING TO LOCAL ORGANIZATIONS, INCLUDING HORIZON HOUSE, HOLY FAMILY SHELTER, PROJECT HEALTH, AND GLICK NEIGHBORHOOD CENTER, WHICH ARE ACTIVELY ADDRESSING THIS ISSUE.</p> <p>AIR QUALITY - ADDRESSING THIS ISSUE IS NOT A DIRECT PRIORITY OF ST. VINCENT; HOWEVER, THE HOSPITAL DOES SUPPORT EFFORTS OF ORGANIZATIONS FOCUSING ON IMPROVING AIR QUALITY IN OUR COMMUNITY.</p> <p>LACK OF INFRASTRUCTURE THAT ENCOURAGES OR ALLOWS WALKING - ADDRESSING THIS ISSUE IS NOT A DIRECT PRIORITY OF ST. VINCENT; HOWEVER, THE HOSPITAL HAS A STRONG PARTNERSHIP WITH THE CROOKED CREEK CDC, WHICH FOCUSES ON COMMUNITY AND HOUSING ISSUES IN THE ST. VINCENT INDIANAPOLIS CAMPUS NEIGHBORHOOD.</p>
SCHEDULE H, PART V, SECTION B, LINE 22D	HOW AMOUNTS CHARGED TO FAP-ELIGIBLE PATIENTS WERE DETERMINED	<p>FACILITY NAME: FACILITY A 1, A 2, A 3, AND A 4</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	FACTORS OTHER THAN FPG IN DETERMINING ELIGIBILITY	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 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 \$27,724,908 AT CHARGES, (\$8,423,876 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

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	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 V, SECTION B	HOSPITAL FACILITIES IN REPORTING GROUP A	A 1 - ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC. A 2 - ST. VINCENT WOMEN'S HOSPITAL A 3 - ST. VINCENT STRESS CENTER A 4 - PEYTON MANNING CHILDREN'S HOSPITAL
SCHEDULE H, PART VI	CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST - PART I	<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 HOSPITAL AND HEALTH CARE CENTER IS COMMITTED TO 100% ACCESS, AND IS PROACTIVE IN PROVIDING HEALTHCARE THAT LEAVES NO ONE BEHIND.</p> <p>PUBLIC PROGRAM PARTICIPATION ST. VINCENT HOSPITAL AND HEALTH CARE CENTER PARTICIPATES IN GOVERNMENT PROGRAMS INCLUDING MEDICAID, SCHIP (HOOSIER HEALTHWISE), HEALTHY INDIANA PLAN (HIP), THE INSURANCE EXCHANGE AND MEDICARE AND ASSISTS PATIENTS IN ENROLLING FOR PROGRAMS FOR WHICH THEY ARE ELIGIBLE. PER CATHOLIC HEALTH ASSOCIATION GUIDELINES AND ST. VINCENT HEALTH'S CONSERVATIVE APPROACH, MEDICARE SHORTFALL IS NOT INCLUDED AS COMMUNITY BENEFIT.</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 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 ROUND TABLE OR FORUM. THIS GROUP BRINGS TOGETHER INDIVIDUALS AND ORGANIZATIONS FROM THROUGHOUT THE COMMUNITY WHO SHARE A COMMON INTEREST IN IMPROVING HEALTH STATUS AND QUALITY OF LIFE AND PROVIDE EXPERTISE IN A VARIETY OF COMMUNITY AREAS INCLUDING PUBLIC HEALTH, OBESITY (NUTRITION AND PHYSICAL ACTIVITY), ACCESS TO HEALTHCARE, BEHAVIOR HEALTH, AND CANCER CARE (LUNG, BREAST AND COLON) HAVE ALL BEEN IDENTIFIED AS KEY COMMUNITY NEEDS.</p> <p>PUBLIC PROGRAM PARTICIPATION AND ENROLLMENT OUTREACH ST. VINCENT HOSPITAL AND HEALTH CARE CENTER PARTICIPATES IN GOVERNMENT PROGRAMS INCLUDING MEDICAID, SCHIP (HOOSIER HEALTHWISE), HEALTHY INDIANA PLAN (HIP) AND MEDICARE AND ASSISTS PATIENTS AND FAMILIES IN ENROLLING FOR PROGRAMS FOR WHICH THEY ARE ELIGIBLE. PER CATHOLIC HEALTHCARE ASSOCIATION GUIDELINES AND ST. VINCENT HEALTH'S CONSERVATIVE APPROACH, MEDICARE SHORTFALL IS NOT INCLUDED AS COMMUNITY BENEFIT.</p> <p>HOOSIER HEALTHWISE ENROLLMENT AND OUTREACH THE HOOSIER HEALTHWISE OUTREACH TEAM PARTNERED WITH COMMUNITY ORGANIZATIONS TO HELP ENROLL CITIZENS IN HOOSIER HEALTHWISE, HEALTHY INDIANA PLAN (HIP), MEDICAID DISABILITY, PRESUMPTIVE ELIGIBILITY, AND ST. VINCENT ADVANTAGE. IN FISCAL YEAR 2015, THE OUTREACH TEAM TOUCHED THE LIVES OF 7,265 FAMILIES AND COMPLETED 2,958 ENROLLMENT APPLICATIONS FOR ELIGIBLE INDIVIDUALS AND FAMILIES. ST. VINCENT PROVIDED OFFICE SPACE, EQUIPMENT AND SUPPLIES AS WELL AS FULL-TIME COORDINATION AND SUPERVISION OF THIS IMPORTANT OUTREACH. HEALTH AND HOSPITAL CORPORATION'S COVERING KIDS PROGRAM PROVIDED ENROLLMENT STAFF. ST. VINCENT FUNDS 50% OF THE SALARY COSTS FOR THREE ENROLLMENT OUTREACH WORKERS THROUGH AN ANNUAL COMMUNITY FUNDING AWARD TO COVERING KIDS AND FAMILIES OF CENTRAL INDIANA.</p> <p>JOSHUA MAX SIMON PRIMARY CARE CENTER THE ST. VINCENT JOSHUA MAX SIMON PRIMARY CARE CENTER PROVIDES FULL-SERVICE CARE FOR THE ENTIRE FAMILY ON A SLIDING FEE SCALE, BASED ON NEED. THERE WERE 72,580 PATIENT VISITS IN FISCAL YEAR 2015, AND MORE THAN 100,000 VISITS WERE RECORDED INCLUDING NURSE VISITS, PHARMACY, AND FINANCIAL COUNSELING VISITS. APPROXIMATELY 95 PERCENT OF THESE</p>

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		<p>PATIENTS WERE UNINSURED/UNDER INSURED OR WERE ELIGIBLE FOR PUBLIC PROGRAMS, SUCH AS MEDICAID. APPROXIMATELY 50 PERCENT OF ALL VISITS WERE BY PATIENTS WITH LIMITED ENGLISH PROFICIENCY (INCLUDING MANY EASTERN EUROPEAN, LATINO AND BURMESE IMMIGRANTS). PRIMARY AND PREVENTIVE CARE WAS PROVIDED THROUGH FAMILY MEDICINE, INTERNAL MEDICINE, WOMEN'S HEALTH, PEDIATRIC, SURGICAL AND PEDIATRIC CLINICS. SPECIALTY CARE, SUCH AS GENERAL SURGERY, DERMATOLOGY, SPORTS MEDICINE, AND ORTHOPEDICS WERE AVAILABLE, AS WELL AS ANCILLARY SERVICES INCLUDING LAB, X-RAY, PHARMACY, FINANCIAL COUNSELING, LEGAL COUNSELING, PARENTING CLASSES, AND FULL-TIME MEDICAL INTERPRETATION.</p>
<p>SCHEDULE H, PART VI</p>	<p>CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST - PART II</p>	<p>B.A.B.E. STORE BED AND BRITCHES, ETC. (B.A.B.E.) IS A COMMUNITY-BASED PROGRAM THAT OFFERS INCENTIVES IN THE FORM OF COUPONS TO PARENTS WHO SEEK MEDICAL, EDUCATION AND NUTRITIONAL SERVICES FOR THEMSELVES AND THEIR CHILDREN. FAMILIES EARN COUPONS FOR SEEKING PRENATAL CARE, WELL BABY CARE, IMMUNIZATIONS, PARENTING AND CHILDBIRTH EDUCATION CLASSES, WIC NUTRITION EDUCATION, CARE COORDINATION, AND OTHER SERVICES. FAMILIES THEN REDEEM THE COUPONS AT BABE STORES FOR NEW OR GENTLY-USED INFANT AND MATERNITY CLOTHING, CRIBS, CAR SEATS, AND OTHER BABY SUPPLIES. DURING FISCAL YEAR 2015, THERE WERE 3,354 FAMILIES SERVED THROUGH OUR B.A.B.E. STORE LOCATED IN THE PECAR HEALTH CENTER SPONSORED BY ST. VINCENT WOMEN'S HOSPITAL.</p> <p>BEREAVEMENT SERVICES LOSING A LOVED ONE CAN BE EXTREMELY DISTRESSING FOR FAMILY MEMBERS. ST. VINCENT HOSPICE BEREAVEMENT SERVICES WORKS WITH FAMILIES BOTH BEFORE AND AFTER THE PASSING OF A LOVED ONE, HELPING THEM COPE WITH THEIR GRIEF. THE ST. VINCENT BEREAVEMENT TEAM REVIEWS INDIVIDUAL CARE PLANS, CONDUCTING SUPPORTIVE PHONE CALLS AND HOME VISITS, AND SENDING OUT GRIEF EDUCATION MATERIALS AND A BI-MONTHLY BEREAVEMENT NEWSLETTER. SUPPORT GROUPS ARE PROVIDED BASED ON AGE OR RELATIONSHIP TO THE LOVED ONE AND ARE OPEN TO THOSE WHO HAVE BEEN SERVED BY ST. VINCENT HOSPICE AND TO THE COMMUNITY IN GENERAL. THE ROAD TO HEALING AND WHEN GRIEF IS NEW: GRIEF 101 OFFERS SUPPORT FOR THE ONES LEFT BEHIND SHORTLY AFTER THE LOSS. A DAUGHTER'S GRIEF (DAUGHTERS WHO HAVE LOST THEIR MOTHERS) AND SAFE HAVEN (PARENTS WHO HAVE LOST A CHILD) FOCUS ON THE SPECIFIC RELATIONSHIP ONE MIGHT HAVE HAD WITH THE LOVED ONE. OTHER SUPPORT GROUPS INCLUDE WIDOW/WIDOWERS AND THE LUNCH BUNCH SOCIALIZATION GROUP. PROJECT SNOWFLAKE IS DESIGNED TO PROVIDE FAMILIES WITH CHILDREN AGES 6-16 YEARS OF AGE AN OPPORTUNITY TO GRIEVE AND HEAL TOGETHER AT THE HOLIDAYS. THE EMPTY CHAIR IS A GRIEF SEMINAR THAT FOCUSES ON GRIEF SUPPORT THROUGH THE HOLIDAYS. THE PROJECT BUTTERFLY IS A SUMMER FAMILY WORKSHOP SERIES FOR GRIEVING FAMILIES WITH CHILDREN AGES 4-17 YEARS OF AGE. MIND, BODY & SPIRIT EXPLORES GRIEF/LOSS THROUGH ACTIVITIES SUCH AS MEDITATION, YOGA, AND ZUMBA AND FINDING YOUR WAY FOCUSES ON THE LOSS OF A YOUNGER SPOUSE. I AM THE LEGACY FOCUSES ON THE LOSS OF A PARENT(S) AND GRIEF THROUGH THE LENS OF LOVE EXPLORES GRIEF THROUGH PHOTOGRAPHY.</p> <p>ST. VINCENT CANCER CARE ST. VINCENT CANCER CARE DEVOTES KEY RESOURCES TO PROVIDING EDUCATION ABOUT CANCER PREVENTION, HEALTHY LIFESTYLES AND THE IMPORTANCE OF EARLY DETECTION THROUGH SCREENINGS TO CENTRAL INDIANA COMMUNITIES. WORKING WITH A VARIETY OF COMMUNITY ORGANIZATIONS, INCLUDING MANY SPECIFICALLY TARGETING THE UNDER SERVED, ST. VINCENT CANCER CARE HAS BEEN AN ACTIVE PARTICIPANT IN HEALTH FAIRS AND OTHER COMMUNITY EVENTS THAT EDUCATE MEMBERS OF THE COMMUNITY ABOUT CANCER RISK FACTORS, HEALTHIER LIFESTYLES AND THE IMPORTANCE OF SCREENING/EARLY DETECTION, INCLUDING PROVIDING OPPORTUNITIES FOR ORAL, COLORECTAL, SKIN, GYNECOLOGICAL, LUNG AND BREAST CANCER SCREENINGS OFFERED AT NO COST. ST. VINCENT IS ALSO COMMITTED TO ENSURING A CONTINUUM OF CARE FOR THOSE WHO ARE FOUND TO NEED ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT.</p> <p>THE CHILD PROTECTION TEAM THE CHILD PROTECTION TEAM WAS ESTABLISHED IN 2008 TO PROVIDE A CONTINUUM OF SERVICES FOR INDIANA'S MOST VULNERABLE CHILDREN. AS A MEMBER OF ASCENSION HEALTH, THE CHILD PROTECTION TEAM OFFERS EVIDENCED-BASED PROFESSIONAL EDUCATION TO YOUTH SERVICE PROVIDERS IN THE AREA OF CHILD ABUSE PREVENTION AND INTERVENTION. THE CHILD PROTECTION TEAM IS GRATEFUL FOR THE ONGOING SUPPORT OF THE CROSSER FAMILY FOUNDATION AND PEYTON MANNING CHILDREN'S HOSPITAL LICENSE PLATE SALES. THE CHILD PROTECTION TEAM HAS WORKED WITH THE CANADIAN CENTRE FOR CHILD PROTECTION TO BRING THE COMMIT TO KIDS PROGRAM TO INDIANA, WHICH ASSISTS YOUTH SERVING ORGANIZATIONS WITH STAFF TRAINING AND POLICY RECOMMENDATIONS TO ENSURE THAT CHILDREN ARE PROTECTED FROM POSSIBLE SEXUAL ABUSE. THE CHILD PROTECTION TEAM HAS ALSO PARTNERED WITH THE CHILDREN'S BUREAU AND THE NATIONAL CENTER FOR SHAKEN BABY SYNDROME TO BRING THE PERIOD OF PURPLE CRYING PROGRAM TO PARENTS AND CAREGIVERS OF INFANTS, WHICH IS DESIGNED TO PREVENT SHAKEN BABY SYNDROME BY PROVIDING EDUCATION ON THE FRUSTRATING FEATURES OF NORMAL INFANT CRYING THAT CAN LEAD TO SHAKING OR ABUSE. AS PART OF ST VINCENT'S CHILD HEALTH ADVOCACY MISSION, THE CHILD PROTECTION TEAM IS CONTINUALLY SEEKING TO PROVIDE A WIDE RANGE OF SERVICES WITH A</p>

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		<p>COMPASSIONATE APPROACH TO HEALING AND PREVENTATIVE INTERVENTIONS TO SUPPORT INDIANA'S CHILDREN AND FAMILIES.</p> <p>COMPREHENSIVE COUNSELING SERVICES THE ST. VINCENT STRESS CENTER IS A KEY PARTNER IN A NEW, CONFIDENTIAL SERVICE, ACCESSIBLE THROUGH A 24-HOUR HOT LINE, DESIGNED TO SUPPLEMENT EXISTING COUNSELING OPTIONS ALREADY AVAILABLE TO INDIANAPOLIS DEPARTMENT OF PUBLIC SAFETY FIRST RESPONDERS. A COLLABORATION BETWEEN SIX LOCAL HOSPITAL SYSTEMS AND THE INDY PUBLIC SAFETY FOUNDATION FORMED WHAT IS KNOWN AS "COMPREHENSIVE COUNSELING SERVICES". COUNSELING IS NOW AVAILABLE TO PUBLIC SAFETY PERSONNEL AND THEIR SPOUSES, PARTNERS, SIGNIFICANT OTHERS, CHILDREN, AND OTHER HOUSEHOLD MEMBERS. COMPREHENSIVE COUNSELING SERVICES OFFERS ASSISTANCE FOR A NUMBER OF ISSUES INCLUDING, BUT NOT LIMITED TO, COPING WITH STRESS AND CHANGE; FAMILY, MARITAL, AND SIGNIFICANT OTHER RELATIONSHIPS; CHILD, ADOLESCENT AND PARENTING ISSUES; DEPRESSION AND/OR ANXIETY; AND ALCOHOL AND DRUG ABUSE ISSUES.</p> <p>HEALTH FAIRS AND SCREENINGS ST. VINCENT HOSPITAL AND HEALTH CARE CENTER PARTICIPATED IN, FACILITATED, SPONSORED OR PROMOTED NUMEROUS HEALTH FAIRS AND SCREENING. DURING FISCAL YEAR 2015, FAIRS AND SCREENINGS WERE HELD IN CONJUNCTION WITH SCHOOLS; COMMUNITY, STATE AND NATIONAL ORGANIZATIONS; LOCAL AND STATE GOVERNMENT AGENCIES; AND WERE HELD AT A VARIETY OF CONFERENCES AND COMMUNITY EVENTS. THESE EVENTS PROVIDED INVALUABLE HEALTH EDUCATION, PREVENTION AND SCREENINGS FOR THOUSANDS OF HOOSIERS ACROSS THE STATE FREE OF CHARGE.</p>
SCHEDULE H, PART VI	CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST - PART III	<p>HEALING AND WELLNESS SUPPORT GROUPS ST. VINCENT HOSPITAL AND HEALTH CARE CENTER SPONSORS A WIDE VARIETY OF SUPPORT GROUPS TO HELP BOTH PATIENTS AND FAMILIES COPE WITH SIGNIFICANT HEALTH CHALLENGES, FAMILY ISSUES, BEREAVEMENT OR GRIEF ISSUES AND OTHER MENTAL HEALTH CONCERNS. GROUPS OFTEN TARGET PARTICULAR AGE BRACKETS TO ENSURE THAT THE UNIQUE CHALLENGES FACING CHILDREN, TEENS, ADULTS AND SENIORS ARE ADDRESSED. ST. VINCENT HOSPITAL AND HEALTH CARE CENTER PROVIDES EXPERT FACILITATION, MEETING COORDINATION, MATERIALS AND MEETING SPACE FOR EACH SUPPORT GROUP.</p> <p>HEALTH PROFESSIONS CLINICAL TRAINING IN AN EFFORT TO PREPARE FUTURE HEALTHCARE PROFESSIONALS, ST. VINCENT HOSPITAL AND HEALTH CARE CENTER OFFERS A VARIETY OF CLINICAL SETTINGS AND INTERNSHIPS TO UNDERGRADUATE AND VOCATIONAL ALLIED HEALTH PROFESSIONALS FROM INDIANA UNIVERSITY, IUPUI, INDIANA WESLEYAN, MARIAN UNIVERSITY, PURDUE UNIVERSITY AND UNIVERSITY OF INDIANAPOLIS. ST. VINCENT HOSPITAL AND HEALTH CARE CENTER PROVIDES THESE STUDENTS EXPERIENCE IN CLINICAL SETTINGS WITH THE FOLLOWING PROGRAMS/DEPARTMENTS: EDUCATION AND DEVELOPMENT, SPORTS MEDICINE, PHYSICAL THERAPY, RESPIRATORY THERAPY, NURSING, AND PHARMACY. DURING FISCAL YEAR 2015, THE ST. VINCENT STRESS CENTER STAFF WORKED WITH SURROUNDING UNIVERSITIES IN MENTORING AND TRAINING STUDENTS IN THE HEALTHCARE FIELD. COLLEGE STUDENTS FROM MARION, MONROE, AND BARTHOLOMEW COUNTIES, REPRESENTING 8 SCHOOLS OF HIGHER LEARNING, WERE PROVIDED VALUABLE ON SITE EXPERIENCES IN THEIR FIELDS OF STUDY. NURSING, SOCIAL WORK, AND PSYCHOLOGY STUDENTS HAVE GAINED A BROADER KNOWLEDGE BASE TO CONTINUE AND COMPLETE THEIR DEGREES.</p> <p>MEDICAL SUPPLIES DONATIONS ST. VINCENT MADE DONATIONS OF MEDICAL SUPPLIES THROUGHOUT THE YEAR BY SUPPORTING MISSION TRIPS THROUGH LOCAL CHURCHES TO HAITI, DOMINICAN REPUBLIC, KENYA, AND GUATEMALA. ADDITIONALLY, DONATIONS WERE MADE TO LOCAL ORGANIZATIONS, SUCH AS HOSPITAL SISTERS MISSION OUTREACH, FOR WORLD-WIDE DISTRIBUTION OF LIFE-SAVING MEDICAL SUPPLIES AND EQUIPMENT.</p> <p>MEDICAL EDUCATION ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, IN AFFILIATION WITH THE INDIANA UNIVERSITY SCHOOL OF MEDICINE AND MARIAN UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE, IS A TEACHING HOSPITAL FOR FUTURE PHYSICIANS. ST. VINCENT HOSPITAL AND HEALTH CARE CENTER PROVIDES A BROAD RANGE OF GRADUATE, UNDERGRADUATE, AND CONTINUING EDUCATION OPPORTUNITIES TO PHYSICIANS, RESIDENTS, MEDICAL STUDENTS AND PHYSICIAN ASSISTANT STUDENTS THROUGH TRAINING PROGRAMS IN INTERNAL MEDICINE, FAMILY MEDICINE, OBSTETRICS/GYNECOLOGY, PEDIATRICS, GENERAL SURGERY AND TRANSITIONAL MEDICINE, AND THROUGH CONTINUING MEDICAL EDUCATION. OVER 180 INTERNS AND RESIDENTS TRAIN IN THESE PROGRAMS EACH YEAR, AND OVER 100 MEDICAL STUDENTS COME TO ST. VINCENT FOR CLINICAL ROTATIONS EACH MONTH. IN ADDITION, ST. VINCENT RESIDENTS PROVIDE HEALTH CARE TO THE POOR IN UNDER SERVED AREAS OF INDIANA, AS WELL AS IN UNDERDEVELOPED COUNTRIES. RESIDENTS PARTICIPATE IN URBAN, RURAL, OR INTERNATIONAL MEDICINE ROTATIONS TO GAIN A BROADER MEDICAL PERSPECTIVE WHICH ENHANCES THEIR PROFESSIONAL AND SPIRITUAL UNDERSTANDING.</p> <p>MEDICAL RESEARCH ST. VINCENT CONTRIBUTES FUNDS AND PERSONNEL TO ADVANCE MEDICAL</p>

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		<p>CARE. THE RESEARCH & REGULATORY AFFAIRS DEPARTMENT ASSISTS PHYSICIANS AND HEALTHCARE PROVIDERS IN DEVELOPING NEW MEDICAL PROCEDURES, FINDING INNOVATIVE USES FOR EXISTING TECHNOLOGIES AND PARTICIPATING IN CLINICAL TRIAL PROGRAMS IN ORDER TO PROVIDE PATIENTS AND THEIR FAMILIES WITH CUTTING EDGE TECHNOLOGIES AND PHARMACEUTICALS. RESEARCH IS BEING CONDUCTED IN CARDIOVASCULAR, CANCER, NEUROLOGICAL, GASTROINTESTINAL AND ORTHOPEDIC TREATMENTS AS WELL AS IN ADDITIONAL SPECIALTY AREAS.</p> <p>MEDICAL SOCIAL SERVICES THE MEDICAL SOCIAL SERVICES DEPARTMENT OF ST. VINCENT PROVIDES PSYCHOSOCIAL SERVICES TO PATIENTS AND THEIR FAMILIES TO MAXIMIZE SOCIAL FUNCTIONING AND TO EMPOWER PATIENTS AND THEIR FAMILIES. THE MEDICAL SOCIAL WORKERS ARE ALL LICENSED CLINICAL SOCIAL WORKERS WITH MASTER'S DEGREES. THE SOCIAL WORKERS CONNECT PATIENTS AND THEIR FAMILIES TO SERVICES AND IN MANY CASES CAN PROVIDE DIRECT ASSISTANCE FOR TEMPORARY FOOD, CLOTHING, SHELTER AND TRANSPORTATION NEEDS. DURING FISCAL YEAR 2015, THROUGH THE WORK OF THE DEPARTMENT, 801 COMMUNITY AGENCIES WERE UTILIZED TO ASSIST 20,756 PATIENTS AND THEIR FAMILIES WITH ACHIEVING THEIR OPTIMAL LEVEL OF HEALTH.</p> <p>OUT OF THE DARKNESS COMMUNITY WALK FOR THE 10TH YEAR IN A ROW, ST.VINCENT STRESS CENTER WAS A SPONSOR OF THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION OUT OF DARKNESS COMMUNITY WALK, WHICH PROMOTES AWARENESS, EDUCATION, PREVENTION, AND INTERVENTION FOR SUICIDE AND DEPRESSION DISORDERS. STRESS CENTER ASSOCIATES CONTINUE TO PLAY AN INTEGRAL ROLE IN THIS EVENT. ASSOCIATES ORGANIZED A SUICIDE AWARENESS FUND RAISING EVENT TO HELP SUPPORT THE CAUSE AND RAISED AN ADDITIONAL \$2,157 FROM AN EVENING OF SPEAKERS, MUSIC, AND SILENT AUCTION ACTIVITIES. THIS YEAR 2,379 PARTICIPATED IN SUPPORT OF THE EVENT, WHICH RAISED \$154,205.</p>
SCHEDULE H, PART VI	CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST - PART IV	<p>SCHOOL AND COMMUNITY ASTHMA PROGRAM ASTHMA CAN BE A FRIGHTENING, DEBILITATING, EVEN LIFE-THREATENING CONDITION, ESPECIALLY FOR CHILDREN AND THEIR FAMILIES. PEYTON MANNING CHILDREN'S HOSPITAL BELIEVES THAT PROVIDING QUALITY INFORMATION ABOUT ASTHMA AND ITS TREATMENT CAN EMPOWER CHILDREN AND FAMILIES TO BETTER MANAGE THE CONDITION, ENABLING THEM TO PARTICIPATE MORE FULLY IN A WIDE RANGE OF ACTIVITIES. THE SCHOOL AND COMMUNITY ASTHMA PROGRAM OFFERS FREE ASTHMA CLASSES FOR PARENTS, STUDENTS AND TEACHERS IN CONJUNCTION WITH PEYTON MANNING CHILDREN'S HOSPITAL AT ST. VINCENT AND THE ASTHMA ALLIANCE OF INDIANAPOLIS. IN FISCAL YEAR 2015, MORE THAN 10,000 PEOPLE WERE EDUCATED BY HAPPY HEALTHY LUNGS, ASTHMA, AND ANTI-TOBACCO PRESENTATIONS IN MORE THAN 50 DIFFERENT SCHOOLS THROUGHOUT THE COMMUNITY.</p> <p>SCHOOL HEALTH AND WELLNESS IN ADDITION TO STAFFING SCHOOL HEALTH CLINICS, PEYTON MANNING CHILDREN'S HOSPITAL AT ST. VINCENT ALSO EMPLOYS A SCHOOL WELLNESS COORDINATOR WHO WORKS CLOSELY WITH SCHOOL ADMINISTRATION, FACULTY, AND STUDENTS TO SHARE AND COORDINATE AVAILABLE RESOURCES IN SCHOOLS IN MARION AND SURROUNDING COUNTIES, PROVIDING HEALTH EDUCATION, PHYSICAL FITNESS TESTING, WELLNESS CONSULTING, ORGANIZING HEALTH AND SAFETY FAIRS AND OTHER WELLNESS ACTIVITIES IN MANY SCHOOLS.</p> <p>SPORTS PERFORMANCE OUTREACH ST. VINCENT PROVIDES SPORTS MEDICINE SERVICES AT 19 HIGH SCHOOLS, 9 MIDDLE SCHOOLS AND SEVERAL YOUTH SPORTS ORGANIZATIONS. OVER 20,000 YOUTH WERE SERVED WITH OUTREACH ATHLETIC TRAINING SERVICES, SPORTS PHYSICALS AND INJURY MANAGEMENT ADVICE DURING FISCAL YEAR 2015.</p> <p>SPEAKERS BUREAU TO ACCOMMODATE THE NUMEROUS REQUESTS FOR PROFESSIONALS TO PRESENT HEALTH PROMOTION EDUCATION THROUGHOUT THE COMMUNITY, ST. VINCENT SPONSORS A SPEAKERS BUREAU AND COORDINATES PRESENTATIONS TO A MULTITUDE OF ORGANIZATIONS AND AGENCIES.</p> <p>338-KIDS AND 338-4HER LINES 338-KIDS ASSIST PARENTS IN DETERMINING THE MOST APPROPRIATE LEVEL OF CARE DEPENDING ON THEIR CHILD'S SYMPTOMS. WHEN PARENTS HAVE QUESTIONS ABOUT THEIR CHILD'S HEALTH, 338-KIDS PROVIDES A DIRECT LINK TO THE EXCLUSIVE NURSE ADVICE LINE AT PEYTON MANNING CHILDREN'S HOSPITAL AT ST. VINCENT. THIS HOT LINE - AVAILABLE 24/7 - HAS REGISTERED NURSES STANDING BY TO ANSWER QUESTIONS ABOUT FEVERS, ALLERGIC REACTIONS, BURNS, RASHES, ACCIDENTS AND OTHER HEALTH-RELATED PROBLEMS THEIR CHILD MAY BE HAVING. DURING FISCAL YEAR 2015, OVER 15,000 CALLS WERE ANSWERED ON THIS KID'S HEALTH ADVICE HOT LINE.</p> <p>ST. VINCENT WOMEN'S HOSPITAL ENCOURAGES WOMEN TO ASK QUESTIONS REGARDING ANY HEALTH ISSUES, AND IS DEDICATED TO ASSISTING THEM IN RECEIVING THE HELP THEY NEED. WOMEN ACROSS CENTRAL INDIANA ARE ABLE TO CALL 24 HOURS A DAY, SEVEN DAYS A WEEK. BY CALLING 317-338-4HER (4437) DAY OR NIGHT, INDIVIDUALS ARE ABLE TO REACH A HEALTH PROFESSIONAL WHO CAN ANSWER QUESTIONS OR CONNECT THEM WITH A</p>

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		<p>DOCTOR, NURSE, OR OTHER PROFESSIONAL WHO WILL ADVISE THEM ON THEIR HEALTH ISSUES. DURING FISCAL YEAR 2015, OVER 3,000 CALLS WERE ANSWERED ON THIS WOMEN'S HEALTH ADVICE HOT LINE.</p> <p>PARISH NURSING PARISH NURSES PROVIDE HEALTH EDUCATION, COUNSELING, AND HEALTH ADVOCACY FOR THEIR CONGREGATION. ST. VINCENT PROVIDES SCHOLARSHIPS TO REGISTERED NURSES WHO WISH TO COMPLETE A PARISH NURSE CERTIFICATION COURSE. ALL DENOMINATIONS ARE SUPPORTED BY THE PARISH NURSING PROGRAM WHICH PROVIDES EDUCATIONAL MATERIALS AND HEALTH SUPPLIES TO THE FAITH COMMUNITIES THEY SERVE. A PARISH NURSE PROGRAM COORDINATOR, EMPLOYED BY ST. VINCENT, PROVIDES OVERSIGHT FOR THE PROGRAM AND ENSURES PARISH NURSES RECEIVE ONGOING PROFESSIONAL EDUCATION. DURING FISCAL YEAR 2015, TWO EDUCATIONAL/NETWORKING SESSIONS WERE OFFERED TO PARISH NURSES. ST. VINCENT ALSO PROVIDED AN ASSOCIATE WITH A SCHOLARSHIP TO PURSUE HER PARISH NURSE CERTIFICATION THROUGH INDIANA WESLEYAN.</p> <p>TOBACCO MANAGEMENT CENTER THE TOBACCO MANAGEMENT CENTER (TMC) IS A HOSPITAL-BASED, NURSE/PHARMACIST-DRIVEN SMOKING CESSATION PROGRAM OFFERED TO THE COMMUNITY WHICH OFFERS RESOURCES, GROUP SUPPORT AND INDIVIDUALIZED COUNSELING. DURING FISCAL YEAR 2015, THE TMC HAS SERVED 129 INDIVIDUALS WHO COMPLETED THE PROGRAM. OF THESE INDIVIDUALS, THERE WAS AN AVERAGE QUIT RATE OF 31% WHEN SURVEYED AT 12, 24 AND 52 WEEKS. BECAUSE STAYING SMOKE FREE CAN BE A CHALLENGE, THE TMC STAFF PROVIDES CRITICAL ON-GOING SUPPORT TO PARTICIPANTS TO ENCOURAGE, MOTIVATE, AND COUNSEL THEM REGARDING STRUGGLES THEY MAY BE HAVING.</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 VI	COMMUNITY BENEFIT OVERVIEW	<p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER IS PART OF ST. VINCENT HEALTH, 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 HEALTH IS ONE OF THE LARGEST HEALTHCARE EMPLOYERS IN THE STATE.</p> <p>AS PART OF ST. VINCENT HEALTH, THE ST. VINCENT HOSPITAL AND HEALTH CARE CENTER VISION IS TO DELIVER A CONTINUUM OF HOLISTIC, HIGH-QUALITY HEALTH SERVICES AND IMPROVE THE LIVES AND HEALTH OF INDIANA INDIVIDUALS AND COMMUNITIES, WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE. THIS IS ACCOMPLISHED THROUGH STRONG PARTNERSHIPS WITH BUSINESSES, COMMUNITY ORGANIZATIONS, LOCAL, STATE AND FEDERAL GOVERNMENT, PHYSICIANS, ST. VINCENT HOSPITAL AND HEALTH CARE CENTER ASSOCIATES AND OTHERS. WORKING WITH ITS PARTNERS, AND UTILIZING THE CHNA COMPLETED EVERY THREE YEARS, ST. VINCENT HOSPITAL AND HEALTH CARE CENTER IS COMMITTED TO ADDRESSING COMMUNITY HEALTH NEEDS AND DEVELOPING AND EXECUTING AN IMPLEMENTATION STRATEGY TO MEET IDENTIFIED NEEDS TO IMPROVE HEALTH OUTCOMES WITHIN THE COMMUNITY.</p> <p>COMMUNITY BENEFIT IS NOT THE WORK OF A SINGLE DEPARTMENT OR GROUP WITHIN ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, BUT IS PART OF THE ST. VINCENT MISSION AND CULTURAL FABRIC. THE HOSPITAL LEADERSHIP TEAM PROVIDES DIRECTION AND RESOURCES IN DEVELOPING AND EXECUTING THE IMPLEMENTATION STRATEGY IN CONJUNCTION WITH THE ST. VINCENT HEALTH COMMUNITY DEVELOPMENT & HEALTH IMPROVEMENT DEPARTMENT, BUT ASSOCIATES AT ALL LEVELS OF THE ORGANIZATION CONTRIBUTE TO COMMUNITY BENEFIT AND HEALTH IMPROVEMENT.</p>
SCHEDULE H, PART VI	COMMUNITY BUILDING ACTIVITIES	<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>CROOKED CREEK NEIGHBORHOOD PARTNERSHIPS THE NEIGHBORHOOD SURROUNDING THE ST. VINCENT INDIANAPOLIS HOSPITAL CAMPUS, CROOKED CREEK IS ONE OF THE LARGEST CULTURALLY AND ECONOMICALLY DIVERSE NEIGHBORHOODS IN THE CITY OF INDIANAPOLIS. ST. VINCENT INDIANAPOLIS HOSPITAL WAS INSTRUMENTAL IN FOUNDING THE CROOKED CREEK COMMUNITY DEVELOPMENT & HEALTH IMPROVEMENT CORPORATION (CDC) WHOSE MISSION IS TO IMPROVE HOUSING, PUBLIC INFRASTRUCTURE, AND COMMERCIAL AREAS FOR ALL WHO LIVE, WORK, AND VISIT THE NORTHWEST INDIANAPOLIS COMMUNITY. ALSO WITHIN THE PARTNERSHIP IS THE HUB, A RESOURCE CENTER WHICH CONNECTS RESIDENTS TO THE INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSHIP.</p> <p>HOPE FOR THE HOLIDAYS EACH YEAR, ST. VINCENT ASSOCIATES REACH INTO THEIR OWN POCKETS TO</p>

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		<p>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. IN FY15, ST. VINCENT SPONSORED 102 HOUSEHOLDS AND TOUCHED THE LIVES OF 337 INDIVIDUALS.</p> <p>REACH OUT AND READ EARLY LITERACY PROGRAM REACH OUT AND READ IS A NATIONAL EARLY LITERACY PROGRAM DESIGNED TO TAKE ADVANTAGE OF THE ACCESS PEDIATRICIANS HAVE TO CHILDREN WHO ARE IN THEIR CRITICAL EARLY YEARS (6 MONTHS TO 5 YEARS) OF COGNITIVE AND LANGUAGE DEVELOPMENT. ACROSS INDIANA, PHYSICIAN-BASED SITES DISTRIBUTE THOUSANDS OF NEW BOOKS EACH YEAR TO HOOSIER CHILDREN AND THEIR FAMILIES. IN THE STATE OF INDIANA, PHYSICIANS AND NURSES HAVE BEEN TRAINED IN THE PROGRAM, INCLUDING THE HEALTHCARE PROFESSIONALS AT THE JOSHUA MAX SIMON PRIMARY CARE CENTER AT ST. VINCENT.</p> <p>ST. VINCENT STAR JOB READINESS PROGRAM THE STAR PROGRAM AIMS TO ENRICH LIVES AND PROVIDE JOB READINESS SKILLS TO INDIVIDUALS IN MARION AND SURROUNDING COUNTIES WHO ARE FACING SIGNIFICANT BARRIERS TO EMPLOYMENT, BUT HAVE A SINCERE DESIRE TO GAIN AND MAINTAIN A JOB. THE STAR PROGRAM REACHES OUT TO BOTH DISADVANTAGED INDIVIDUALS AND THOSE WHO FIND THEMSELVES IN SITUATIONAL STRESS DUE TO A RECENT JOB LOSS, OR AN INABILITY TO FIND EMPLOYMENT. FOR MANY INDIVIDUALS, THE PROGRAM HAS NOT ONLY RESULTED IN A JOB, BUT HAS BEEN LIFE-TRANSFORMING. PARTICIPANTS MEET FOR SIX WEEKS IN A CLASSROOM SETTING, WHERE THEY GAIN AND/OR ENHANCE JOB READINESS AND LIFE SKILLS. FOLLOWING CLASSROOM TRAINING, STUDENTS ARE PLACED WITH MENTORS THROUGHOUT VARIOUS DEPARTMENTS IN ST. VINCENT HOSPITAL INCLUDING PATIENT REGISTRATION, FOOD SERVICES, AND HOUSEKEEPING. FOUR SERIES OF STAR CLASSES WERE OFFERED IN FISCAL YEAR 2015. MORE THAN 330 STARS HAVE GONE ON TO SUSTAIN FULL-TIME EMPLOYMENT SINCE THE PROGRAM'S INCEPTION.</p> <p>TOOLS FOR SCHOOLS MOTHER THEODORE CATHOLIC ACADEMIES SERVES ECONOMICALLY CHALLENGED FAMILIES, WITH OVER 90% OF THE SCHOOL FAMILIES BEING UNABLE TO AFFORD BASIC SCHOOL SUPPLIES. ST. VINCENT RUNS A 3-WEEK CAMPAIGN DURING THE SUMMER TO COLLECT SUPPLIES TO BENEFIT THESE SCHOOLS. ASSOCIATES THEN DELIVER THESE SUPPLIES TO BE SORTED AND DISTRIBUTED TO STUDENTS IN NEED AT THE CATHOLIC CENTER. DURING FISCAL YEAR 2015, OVER 800 CHILDREN WERE SERVED WITH 15,000 SCHOOL SUPPLIES COLLECTED.</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 VI, LINE 2	NEEDS ASSESSMENT	<p>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 HOSPITAL AND HEALTH CARE CENTER HELPS TO LEAD A COMMUNITY ROUND TABLE CALLED 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.</p>
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION	<p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER COMMUNICATES WITH PATIENTS IN MULTIPLE WAYS TO ENSURE THAT THOSE WHO ARE BILLED FOR SERVICES ARE AWARE OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM AS WELL AS THEIR POTENTIAL ELIGIBILITY FOR LOCAL, STATE OR FEDERAL PROGRAMS. SIGNS ARE PROMINENTLY POSTED IN EACH SERVICE AREA, AND BILLS CONTAIN A FORMAL NOTICE EXPLAINING THE HOSPITAL'S CHARITY CARE PROGRAM. IN ADDITION, THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS, HEALTH ACCESS WORKERS, AND ENROLLMENT SPECIALISTS WHO CONSULT WITH PATIENTS ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS AND HELP PATIENTS IN APPLYING FOR ANY PUBLIC PROGRAMS FOR WHICH THEY MAY QUALIFY.</p>
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	<p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER CAMPUS IS LOCATED ON THE NORTHWEST SIDE OF INDIANAPOLIS IN A NEIGHBORHOOD KNOWN AS CROOKED CREEK (ZIP CODES=46260, 46268, 46228). ONE OF THE MOST RACIALLY AND ECONOMICALLY DIVERSE NEIGHBORHOODS IN INDIANAPOLIS, WITH A POPULATION OF APPROXIMATELY 73,447 RESIDENTS.</p> <p>ST. VINCENT HOSPITAL AND HEALTH CARE CENTER SERVES MARION AND THE SURROUNDING COUNTIES IN CENTRAL INDIANA. MARION COUNTY IS THE</p>

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		LARGEST COUNTY IN THE STATE, WITH A POPULATION OF 934,243. WHEN INCLUDING THE METROPOLITAN STATISTICAL AREA (MSA), THE POPULATION OF INDIANAPOLIS IS APPROXIMATELY 1.76 MILLION. THE MEDIAN AGE IS 34.2 YEARS OLD. RACE CONSISTS PRIMARILY OF TWO CATEGORIES, CAUCASIAN (57.8%) AND AFRICAN AMERICAN (27.0%). THE HISPANIC POPULATION IS ABOUT 9.8%. THE POVERTY RATE IS 21.4%. THE MEDIAN HOUSEHOLD INCOME WAS \$42,577.
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	ST. VINCENT HOSPITAL AND HEALTH CARE CENTER PROMOTES THE HEALTH OF ITS COMMUNITIES BY STRIVING TO IMPROVE THE QUALITY OF LIFE WITHIN THE COMMUNITY. RESEARCH HAS ESTABLISHED THAT FACTORS SUCH AS ECONOMIC STATUS, EMPLOYMENT, HOUSING, EDUCATION LEVEL, AND BUILT ENVIRONMENT CAN ALL BE POWERFUL SOCIAL DETERMINANTS OF HEALTH. ADDITIONALLY, HELPING TO CREATE GREATER CAPACITY WITHIN THE COMMUNITY TO ADDRESS A BROAD RANGE OF QUALITY OF LIFE ISSUES ALSO IMPACTS HEALTH. ST. VINCENT HOSPITAL AND HEALTH CARE CENTER 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 CROOKED CREEK COMMUNITY DEVELOPMENT & HEALTH IMPROVEMENT CORPORATION, UNITED WAY, INDIANA YOUTH INSTITUTE, HOLY FAMILY SHELTER, FAY BICCARD GLICK NEIGHBORHOOD CENTER, MARIAN UNIVERSITY, AND MANY OTHERS.
SCHEDULE H, PART VI, LINE 6	DESCRIPTION OF AFFILIATED GROUP	AS PART OF ST. VINCENT HEALTH, ST. VINCENT HOSPITAL AND HEALTH CARE CENTER IS DEDICATED TO IMPROVING THE HEALTH STATUS AND QUALITY OF LIFE FOR THE COMMUNITIES IT SERVES. WHILE DESIGNATED ASSOCIATES AT ST. VINCENT HOSPITAL AND HEALTH CARE CENTER DEVOTE ALL OR A SIGNIFICANT PORTION OF THEIR TIME TO LEADING AND ADMINISTERING LOCAL COMMUNITY-BASED PROGRAMS AND PARTNERSHIPS, ASSOCIATES THROUGHOUT THE ORGANIZATION ARE ACTIVE PARTICIPANTS IN COMMUNITY OUTREACH. THEY ARE ASSISTED AND SUPPORTED BY DESIGNATED ST. VINCENT HEALTH COMMUNITY DEVELOPMENT & 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 HEALTH IN WHICH ST. VINCENT HOSPITAL AND HEALTH CARE CENTER 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 HOSPITAL AND HEALTH CARE CENTER, INC. AND ITS RELATED ST. VINCENT HEALTH AFFILIATES PUBLISH A COMMUNITY BENEFIT REPORT WITH IS AVAILABLE TO THE PUBLIC. A COPY OF THE FULL REPORT (INCLUDING THE ST. VINCENT HOSPITAL AND HEALTH CARE CENTER SECTION) IS AVAILABLE AT HTTP://WWW.STVINCENT.ORG/ST-VINCENT-INDIANAPOLIS/ .