

**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 WILLIAMSPORT HOSPITAL, INC.	Employer identification number 35 0784551
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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)			933,339		933,339	4.94
b Medicaid (from Worksheet 3, column a)			2,955,670	1,323,855	1,631,815	8.63
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	3,889,009	1,323,855	2,565,154	13.57
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		2,144	32,684		32,684	0.17
f Health professions education (from Worksheet 5)		1,000	69,225		69,225	0.37
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)		773	21,148		21,148	0.11
j Total Other Benefits	0	3,917	123,057	0	123,057	0.65
k Total Add lines 7d and 7j	0	3,917	4,012,066	1,323,855	2,688,211	14.22

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		175	676		676	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building			60		60	0.00
7 Community health improvement advocacy		25	60		60	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	200	796	0	796	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	661,734
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	198,520
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	9,118,876
6	Enter Medicare allowable costs of care relating to payments on line 5	6	9,028,590
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	90,286
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				
6				
7				
8				
9				
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11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 ST. VINCENT WILLIAMSPORT HOSPITAL, INC
 412 N. MONROE STREET, WILLIAMSPORT, IN 47993
[HTTP://WWW.STVINCENT.ORG/WILLIAMSPORT/](http://www.stvincent.org/williamsport/) STATE
 LICENSE NO. : 14-005092-1

2

3

4

5

6

7

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Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓	✓			✓		✓			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

Community Health Needs Assessment

	Yes	No
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 WILLIAMSPORT HOSPITAL, INC

		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 WILLIAMSPORT HOSPITAL, INC

		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 WILLIAMSPORT HOSPITAL, INC.</p> <p>DESCRIPTION: IN CONDUCTING ITS CHNA, THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY AS WELL AS THOSE WITH SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH. THESE INCLUDED WARREN COUNTY COMMUNITY FOUNDATION, WARREN COUNTY SCHOOLS, FOUNTAIN COUNTY SCHOOLS, WARREN/FOUNTAIN COUNTY HEALTH DEPARTMENT, LOCAL COORDINATING COUNCIL, PURDUE EXTENSION, AND AN ASSOCIATE CLINICAL PROFESSOR IN THE DEPARTMENT OF APPLIED HEALTH SCIENCE AT INDIANA 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: ST. VINCENT WILLIAMSPORT HOSPITAL, INC.</p> <p>DESCRIPTION: USING THE CHNA COMPLETED IN FISCAL YEAR 2013, THE HOSPITAL DEVELOPED, ADOPTED, AND WORKED ON EXECUTING A 2014-2016 COMMUNITY-WIDE IMPLEMENTATION STRATEGY TO ADDRESS PRIORITY COMMUNITY HEALTH NEEDS. AS PART OF THE IMPLEMENTATION, A COMMUNITY BENEFIT SECTION WAS INCLUDED IN OPERATIONAL PLANS AND A BUDGET FOR PROVISION OF THE SERVICES THAT ADDRESSED THE NEEDS IDENTIFIED WAS ADOPTED. THE ORGANIZATION IS WORKING TO ADDRESS THE FOLLOWING NEEDS:</p> <p>1. TOBACCO USE EDUCATE AND CREATE A SYSTEM FOR PHYSICIANS TO MAKE REFERRALS TO THE INDIANA TOBACCO QUIT LINE - ST. VINCENT WILLIAMSPORT WILL INCREASE BY TWO THE PREFERRED PROVIDERS IN THE PREFERRED NETWORK OF THE INDIANA TOBACCO QUIT LINE. - ST. VINCENT WILLIAMSPORT WILL WORK WITH THE F/W TOBACCO PREVENTION & CESSATION PROGRAM TO INCORPORATE A FAX REFERRAL MECHANISM TO THE INDIANA TOBACCO QUIT LINE INTO THE TREATMENT PLAN FOR PATIENTS (ASK, ADVICE, REFER). - FIVE OF THE TEN PREFERRED PROVIDERS WILL MAKE THE FAX REFERRAL FORM PART OF THE ELECTRONIC MEDICAL RECORD.</p> <p>2. DRUG USE AND ABUSE PARTICIPATE IN DRUG ABUSE DISCUSSIONS AND EDUCATE THE COMMUNITY ABOUT PRESCRIPTION DRUGS - ST. VINCENT WILLIAMSPORT WILL ACTIVELY PARTICIPATE IN THE LOCAL COORDINATING COUNCIL MEETINGS FOR FOUNTAIN AND WARREN COUNTIES. - CREATE A FACT SHEET TO DISTRIBUTE TO ALL BUSINESSES AS A HANDOUT TO PATIENTS/CLIENTS THAT EXPLAINS HOW TO PROPERLY DISPOSE OF MEDICATIONS, HOW TO HANDLE MEDICATIONS, WHERE TO KEEP MEDICATIONS, AND MORE.</p> <p>3. OBESITY/RECREATION CREATE WAYS FOR THE COMMUNITY TO GET MORE ACTIVE - ST. VINCENT WILLIAMSPORT IN COLLABORATION WITH PURDUE EXTENSION WILL CREATE A WALKWAYS BROCHURE TO PROMOTE PHYSICAL ACTIVITY IN WARREN COUNTY. - PRESENT TO IDENTIFIED SCHOOL STAFF ABOUT PROJECT 18 AND BE A RESOURCE.</p> <p>4. ACCESS TO HEALTHCARE COORDINATE ACCESS FOR VULNERABLE COMMUNITY MEMBERS THROUGH A HEALTH ACCESS WORKER (HAW) - WORK WITH COMMUNITY BASED AGENCIES, PROGRAMS, SERVICES AND PROVIDERS TO COORDINATE CARE FOR VULNERABLE COMMUNITY MEMBERS. -ACCESS REFERRALS AND ASSIST CLIENTS BASED ON PATHWAY INDICATORS (OUTCOMES MODEL). - DOCUMENT CLIENT INTERVENTION/ASSISTANCE IN ECAP. - REPORT COMPLETED PATHWAYS ON A QUARTERLY BASIS AND WORK ON IDENTIFIED BARRIERS TO ACCESS WITH COMMUNITY STAKEHOLDERS.</p> <p>THE NEEDS BELOW ARE NOT BEING ADDRESSED:</p> <p>SENIOR ISSUES - AREA IV AGENCY OF AGING, COMMUNITY ACTION PROGRAM, INC. OF WESTERN IN, PURDUE EXTENSION'S FAMILY NUTRITION PROGRAM, FRIENDSHIP CIRCLE CENTER, HOMEMAKER PROGRAM, MAC VAN, AND THE WILLIAMSPORT/ATTICA AREA SENIOR CENTER PROVIDE MANY RESOURCES FOR SENIORS, AND THE COMMUNITY ROUNDTABLE WORKS CLOSELY WITH THE ORGANIZATIONS.</p> <p>ECONOMIC DEVELOPMENT - THE LEDO (LOCAL ECONOMIC DEVELOPMENT ORGANIZATION) IS TACKLING THIS ISSUE DIRECTLY, AND THE COMMUNITY ROUNDTABLE WILL GIVE SUPPORT TO THEIR EFFORT.</p>

Return Reference	Identifier	Explanation
		<p>EDUCATIONAL ATTAINMENT - COMMUNITY ACTION PROGRAM, INC. OF WESTERN IN AND WARREN COUNTY LEARNING CENTER PROVIDE EDUCATIONAL OPPORTUNITIES FOR THE COMMUNITY, AND THE ROUNDTABLE WORKS CLOSELY WITH THESE ORGANIZATIONS.</p> <p>TRANSPORTATION - MAC VAN PROVIDES TRANSPORTATION TO ELDERLY AND DISABLED. BEING A RURAL COUNTY, IT IS DIFFICULT TO GET AROUND.</p> <p>INFRASTRUCTURE - WARREN AND FOUNTAIN COUNTIES ARE VERY SMALL IN POPULATION, SO FUNDS FOR INFRASTRUCTURE ARE DIFFICULT. THE COUNTIES RELY ON STATE FUNDING INFRASTRUCTURE PROJECTS.</p>
SCHEDULE H, PART V, SECTION B, LINE 22D	HOW AMOUNTS CHARGED TO FAP-ELIGIBLE PATIENTS WERE DETERMINED	<p>FACILITY NAME: ST. VINCENT WILLIAMSPORT HOSPITAL, INC.</p> <p>DESCRIPTION: THE DISCOUNT WAS DETERMINED BY REVIEWING THE LOWEST DISCOUNT PROVIDED TO MANAGED CARE PAYERS THAT COMPRISE AT LEAST 3% OF OUR VOLUME WITH AN ADDED PROMPT PAY DISCOUNT TO THE HIGHEST PAID DISCOUNT PROVIDED TO OUR MANAGED CARE PAYERS.</p>

Part V Facility Information *(continued)*

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

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

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

Provide the following information.

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

Return Reference	Identifier	Explanation
SCHEDULE H, PART I, LINE 7	COMMUNITY BENEFIT OVERVIEW	<p>ST. VINCENT WILLIAMSPORT HOSPITAL 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 WILLIAMSPORT 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 WILLIAMSPORT ASSOCIATES AND OTHERS. WORKING WITH ITS PARTNERS, AND UTILIZING THE CHNA COMPLETED EVERY THREE YEARS, ST. VINCENT WILLIAMSPORT HOSPITAL IS COMMITTED TO ADDRESSING COMMUNITY HEALTH NEEDS AND DEVELOPING AND EXECUTING AN IMPLEMENTATION STRATEGY TO MEET IDENTIFIED NEEDS TO IMPROVE HEALTH OUTCOMES WITHIN THE COMMUNITY.</p> <p>COMMUNITY BENEFIT IS NOT THE WORK OF A SINGLE DEPARTMENT OR GROUP WITHIN ST. VINCENT WILLIAMSPORT, 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 I, LINE 7	EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	<p>THE COST OF PROVIDING CHARITY CARE, MEANS-TESTED GOVERNMENT PROGRAMS, AND OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES. THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF PAY). THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE. FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED.</p>
SCHEDULE H, PART I, LINE 7	PART I CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST	<p>PATIENT SERVICES FOR POOR AND VULNERABLE HOSPITAL AND OUTPATIENT CARE IS PROVIDED TO PATIENTS THAT CANNOT PAY FOR SERVICES, INCLUDING HOSPITALIZATIONS, SURGERIES, PRESCRIPTION DRUGS, MEDICAL EQUIPMENT AND MEDICAL SUPPLIES. PATIENTS WITH INCOME LESS THAN 200% OF THE FEDERAL POVERTY LEVEL (FPL) ARE ELIGIBLE FOR 100% CHARITY CARE FOR SERVICES. PATIENTS WITH INCOMES AT OR ABOVE 200% OF THE FPL, BUT NOT EXCEEDING 400% OF THE FPL, RECEIVE DISCOUNTED SERVICES BASED ON AN INCOME-DEPENDENT SLIDING SCALE. HOSPITAL FINANCIAL COUNSELORS AND HEALTH ACCESS WORKERS ASSIST PATIENTS IN DETERMINING ELIGIBILITY AND IN COMPLETING NECESSARY DOCUMENTATION. ST. VINCENT WILLIAMSPORT HOSPITAL IS COMMITTED TO 100% ACCESS, AND IS PROACTIVE IN PROVIDING HEALTHCARE THAT LEAVES NO ONE BEHIND.</p> <p>PUBLIC PROGRAM PARTICIPATION ST. VINCENT WILLIAMSPORT HOSPITAL PARTICIPATES IN GOVERNMENT PROGRAMS INCLUDING MEDICAID, SCHIP (HOOSIER HEALTHWISE), HEALTHY INDIANA PLAN (HIP), THE HEALTH INSURANCE MARKETPLACE AND MEDICARE AND ASSISTS PATIENTS IN ENROLLING FOR PROGRAMS FOR WHICH THEY ARE ELIGIBLE. PER CATHOLIC HEALTH ASSOCIATION GUIDELINES AND ST. VINCENT HEALTH'S CONSERVATIVE APPROACH, MEDICARE SHORTFALL IS NOT INCLUDED AS COMMUNITY BENEFIT.</p> <p>COMMUNITY HEALTH NEEDS ASSESSMENT</p>

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		<p>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 ROUNDTABLE OR FORUM. THIS GROUP BRINGS TOGETHER INDIVIDUALS AND ORGANIZATIONS FROM THROUGHOUT THE COMMUNITY WHO SHARE A COMMON INTEREST IN IMPROVING HEALTH STATUS AND QUALITY OF LIFE AND PROVIDE EXPERTISE IN A VARIETY OF COMMUNITY AREAS INCLUDING PUBLIC HEALTH. TOBACCO USE, DRUG USE/ABUSE, OBESITY/RECREATION, AND ACCESS TO HEALTHCARE HAVE ALL BEEN IDENTIFIED AS KEY COMMUNITY NEEDS.</p> <p>RURAL AND URBAN ACCESS TO HEALTH AS PART OF ITS COMMITMENT TO 100% ACCESS, ST. VINCENT WILLIAMSPORT IS ONE OF NINE ST. VINCENT HEALTH MINISTRIES THAT PARTICIPATE IN RURAL AND URBAN ACCESS TO HEALTH (RUAH), A COMMUNITY-BASED CARE COORDINATION PROGRAM. EFFECTIVE CARE COORDINATION PROVIDES A STRATEGY FOR ADDRESSING CERTAIN SOCIAL DETERMINANTS OF HEALTH BY ASSURING BARRIERS TO CARE ARE ADDRESSED AND INDIVIDUALS ARE CONNECTED TO CRITICAL PREVENTION AND TREATMENT SERVICES. CENTRAL TO THE PROGRAM IS A HEALTH ACCESS WORKER WHOSE ROLE IS TO CONNECT THE HOSPITAL TO THE COMMUNITY BY HELPING INDIVIDUALS ADDRESS BARRIERS TO HEALTH CARE, AND REFERRING THEM TO OTHER LOCAL RESOURCES AS NEEDED. THE HEALTH ACCESS WORKER ASSISTS INDIVIDUALS WITH FINDING A MEDICAL HOME; APPLYING FOR PUBLIC PROGRAMS SUCH AS MEDICAID, FOOD STAMPS AND THE HEALTHY INDIANA PLAN; AND IN ASSESSING NEEDS SO THAT REFERRALS CAN BE MADE FOR OTHER FORMS OF COMMUNITY-BASED ASSISTANCE. THE HEALTH ACCESS WORKER ALSO ADVOCATES FOR CLIENTS WITH SERVICE PROVIDERS AND SERVES AS A SYSTEM NAVIGATOR. RUAH OUTCOMES ARE MEASURED USING THE PATHWAYS MODEL WITH 5 DEFINED PATHWAYS/PROTOCOLS (ENROLLMENT, MEDICAL HOME, PREGNANCY, MEDICAL REFERRAL AND SOCIAL SERVICES) AS A MEANS OF TRACKING INTERVENTIONS AND IMPROVING ACCOUNTABILITY TOWARDS POSITIVE, MEASURABLE CHANGES IN PATIENTS' LIVES. DURING FISCAL YEAR 2015, THE HEALTH ACCESS WORKER COMPLETED 973 PATHWAYS.</p> <p>MEDICATION ASSISTANCE IN ADDITION TO CARE COORDINATION, RUAH ASSISTS PATIENTS WHO MEET INCOME GUIDELINES IN OBTAINING FREE OR REDUCED-COST PRESCRIPTION DRUGS. ST. VINCENT WILLIAMSPORT HOSPITAL PROVIDES A SOPHISTICATED AND CONTINUALLY-UPDATED DATABASE TO TRACK ELIGIBILITY AND REQUIREMENTS THAT VARY BY COMPANY AND MEDICATION. IN FISCAL YEAR 2015, THE MEDICATION ASSISTANT HELPED PATIENTS OBTAIN A TOTAL OF 521 MEDICATIONS FOR WHICH THE AVERAGE WHOLESAL PRICE TOTALED \$634,485.80.</p> <p>RURAL HEALTH CLINICS ST. VINCENT WILLIAMSPORT HOSPITAL HAS TWO RURAL HEALTH CLINICS PROVIDING FULL-SERVICE PRIMARY CARE AND BASIC LABORATORY SERVICES FOR THE ENTIRE FAMILY ON A SLIDING FEE SCALE, BASED ON NEED. PHYSICIANS AND NURSE PRACTITIONERS STAFF THE CLINICS, WHICH ARE LOCATED IN THE MOST RURAL SECTIONS OF ST. VINCENT WILLIAMSPORT HOSPITAL'S SERVICE AREA. THE RURAL HEALTH CLINICS' MAIN GOAL IS TO IMPROVE ACCESS TO PRIMARY AND PREVENTIVE CARE. A SIGNIFICANT PERCENTAGE OF PATIENTS WHO UTILIZE THESE CLINICS ARE UNINSURED OR UNDERINSURED.</p> <p>HEALTH PROFESSIONS CLINICAL TRAINING ST. VINCENT WILLIAMSPORT HOSPITAL PROVIDES AN OPTIMAL SETTING FOR RURAL HEALTH TRAINING. STUDENTS FROM PURDUE UNIVERSITY, BALL STATE UNIVERSITY, DANVILLE AREA COMMUNITY COLLEGE, AND MANCHESTER COLLEGE PARTICIPATED IN THIS TRAINING. ST. VINCENT WILLIAMSPORT HOSPITAL PROVIDES THESE STUDENTS EXPERIENCE IN CLINICAL SETTINGS WITH THE FOLLOWING PROGRAMS: EXERCISE SCIENCE, RADIOLOGY, AND PHARMACY. ST. VINCENT WILLIAMSPORT IS COMMITTED TO PROVIDING HEALTHCARE CAREERS TRAINING THAT WILL ENSURE A STRONG SUPPLY OF HEALTH PROFESSIONALS FOR FOUNTAIN AND WARREN COUNTIES WELL INTO THE FUTURE.</p> <p>HEALTH FAIRS AND SCREENINGS ST. VINCENT WILLIAMSPORT HOSPITAL PARTICIPATES IN SEVERAL HEALTH FAIRS AND SCREENING EVENTS EACH YEAR, INCLUDING THE WARREN COUNTY 4H FAIR. PARTICIPANTS CAN BE TESTED FOR BLOOD PRESSURE, BLOOD GLUCOSE, CHOLESTEROL, FITNESS TESTING, AND MORE AT LOW OR NO COST. EDUCATIONAL MATERIALS REGARDING HEALTH ISSUES AND PREVENTATIVE MEASURES ARE A VITAL PART OF HEALTH FAIRS AND SCREENINGS. DURING FISCAL YEAR 2015, ST. VINCENT WILLIAMSPORT HOSPITAL SERVED OVER 400 PEOPLE THROUGH ITS PARTICIPATION IN THESE HEALTH FAIRS AND SCREENINGS.</p> <p>HEALTH OCCUPATIONS VOCATIONAL INSTRUCTION ST. VINCENT WILLIAMSPORT HOSPITAL ASSOCIATES PROVIDE INSTRUCTION</p>

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		<p>FOR THE INTRODUCTION TO HEALTH CARE SYSTEMS COURSE AT ATTICA HIGH SCHOOL. THIS COURSE INTRODUCES STUDENTS TO VARIOUS ASPECTS OF THE HEALTH CARE INDUSTRY. STUDENTS HAVE THE OPPORTUNITY TO EXPLORE A NUMBER OF HEALTH RELATED DISCIPLINES, LEARN ASSOCIATED ENTRY LEVEL SKILLS, AND COMPARE THE EDUCATIONAL REQUIREMENTS, CREDENTIALING AND JOB OPPORTUNITIES OF EACH WITH THEIR PERSONAL ABILITIES AND INTERESTS AS A MEANS TO MAKING INFORMED CAREER CHOICES. VARIED INSTRUCTIONAL STRATEGIES AND TECHNOLOGIES ARE USED TO INTRODUCE MEDICAL TERMINOLOGY, ANATOMY AND PHYSIOLOGY, AND HEALTH CONCEPTS FOUND IN THE HEALTH AND SAFETY COURSES; WITH EMPHASIS ON A HEALTHY LIFESTYLE, WELLNESS, HEALTH MAINTENANCE, AND DISEASE PREVENTION. SUCCESSFUL COMPLETION OF THIS COURSE PROVIDES STUDENTS WITH CPR/FIRST AID CERTIFICATION.</p> <p>COMMUNITY BENEFIT CASH AND IN-KIND CONTRIBUTIONS IN ADDITION TO THE OUTREACH PROGRAMS OPERATED BY THE HOSPITAL, THE HOSPITAL MAKES CASH AND IN-KIND DONATIONS TO A VARIETY OF COMMUNITY ORGANIZATIONS FOCUSED ON IMPROVING HEALTH STATUS IN THE COMMUNITY. THESE TAKE THE FORM OF CASH DONATIONS TO OUTSIDE ORGANIZATIONS, THE DONATION OF EMPLOYEE TIME/SERVICES TO OUTSIDE ORGANIZATIONS AND THE REPRESENTATION OF THE HOSPITAL ON COMMUNITY BOARDS AND COMMITTEES WORKING TO IMPROVE HEALTH STATUS AND QUALITY OF LIFE WITHIN THE COMMUNITY.</p>
SCHEDULE H, PART II	DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	<p>RESEARCH SHOWS THAT SOCIAL DETERMINANTS AND QUALITY OF LIFE PLAY A MAJOR ROLE IN THE HEALTH STATUS OF INDIVIDUALS AND COMMUNITIES. COMMUNITY BUILDING ACTIVITIES, WHICH FOCUS ON IMPROVING THE QUALITY OF LIFE WITHIN A COMMUNITY, ULTIMATELY INFLUENCE AND IMPROVE HEALTH STATUS.</p> <p>COMMUNITY BUILDING CASH AND IN-KIND CONTRIBUTION THE HOSPITAL MAKES CASH AND IN-KIND DONATIONS TO A VARIETY OF COMMUNITY ORGANIZATIONS FOCUSED ON BUILDING THE COMMUNITY AND IMPROVING QUALITY OF LIFE. THESE TAKE THE FORM OF CASH DONATIONS TO OUTSIDE ORGANIZATIONS, THE DONATION OF EMPLOYEE TIME/SERVICES TO OUTSIDE ORGANIZATIONS AND THE REPRESENTATION OF THE HOSPITAL ON COMMUNITY BOARDS AND COMMITTEES WORKING TO IMPROVE INFRASTRUCTURE FOR THE COMMUNITY.</p>
SCHEDULE H, PART III, LINE 2	METHODOLOGY USED TO ESTIMATE BAD DEBT	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2015 WAS \$2,443,154 AT CHARGES, (\$661,734 AT COST).
SCHEDULE H, PART III, LINE 3	FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING ECONOMIC CONDITIONS, HISTORICAL EXPERIENCE, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS.
SCHEDULE H, PART III, LINE 4	FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE ORGANIZATION IS PART OF THE ST. VINCENT HEALTH CONSOLIDATED AUDIT WHICH INCLUDES A FOOTNOTE DESCRIBING BAD DEBT EXPENSE ON PAGE 18.
SCHEDULE H, PART III, LINE 8	DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	A COST- TO- CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT. ASCENSION HEALTH AND ITS RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT.
SCHEDULE H, PART III, LINE 9B	DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	THE ORGANIZATION HAS A WRITTEN DEBT COLLECTION POLICY THAT ALSO INCLUDES A PROVISION ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE. IF A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE CERTAIN COLLECTION PRACTICES DO NOT APPLY.
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	COMMUNITIES ARE DYNAMIC SYSTEMS IN WHICH MULTIPLE FACTORS INTERACT TO IMPACT QUALITY OF LIFE AND HEALTH STATUS. IN ADDITION TO THE FORMAL CHNA CONDUCTED EVERY 3 YEARS, ST. VINCENT WILLIAMSPORT HOSPITAL HELPS TO LEAD A COMMUNITY ROUNDTABLE CALLED WARREN AND FOUNTAIN COUNTY COMMUNITY ROUNDTABLE 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

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		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 WILLIAMSPORT HOSPITAL COMMUNICATES WITH PATIENTS IN MULTIPLE WAYS TO ENSURE THAT THOSE WHO ARE BILLED FOR SERVICES ARE AWARE OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM AS WELL AS THEIR POTENTIAL ELIGIBILITY FOR LOCAL, STATE OR FEDERAL PROGRAMS. SIGNS ARE PROMINENTLY POSTED IN EACH SERVICE AREA, AND BILLS CONTAIN A FORMAL NOTICE EXPLAINING THE HOSPITAL'S CHARITY CARE PROGRAM. IN ADDITION, THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS, HEALTH ACCESS WORKERS, AND ENROLLMENT SPECIALISTS WHO CONSULT WITH PATIENTS ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS AND HELP PATIENTS IN APPLYING FOR ANY PUBLIC PROGRAMS FOR WHICH THEY MAY QUALIFY.
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	ST. VINCENT WILLIAMSPORT HOSPITAL IS LOCATED IN WILLIAMSPORT, INDIANA WHICH SERVES RURAL WARREN, FOUNTAIN AND CONTIGUOUS COUNTIES, IN NORTHWEST CENTRAL INDIANA. WARREN AND FOUNTAIN COUNTIES COMBINED ESTIMATED POPULATION IS 25,010. THE POPULATIONS FOR BOTH COUNTIES ARE COMPRISED MAINLY OF CAUCASIANS (97.5% AND 96%, RESPECTIVELY). HISPANICS MAKE UP 1.0% OF WARREN'S POPULATION AND 2.3% OF FOUNTAIN COUNTY. MEDIAN AGE FOR THE COUNTIES IS 43.2 YEARS AND 42.2 YEARS OLD, RESPECTIVELY. THE MEDIAN ANNUAL HOUSEHOLD INCOME FOR WARREN IS \$52,317 WHILE FOUNTAIN IS \$45,884. THE POVERTY RATE FOR WARREN COUNTY IS 7.1%. FOUNTAIN COUNTY HAS A HIGHER POVERTY RATE AT 11.9%.
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	ST. VINCENT WILLIAMSPORT HOSPITAL PROMOTES THE HEALTH OF ITS COMMUNITIES BY STRIVING TO IMPROVE THE QUALITY OF LIFE WITHIN THE COMMUNITY. RESEARCH HAS ESTABLISHED THAT FACTORS SUCH AS ECONOMIC STATUS, EMPLOYMENT, HOUSING, EDUCATION LEVEL, AND BUILT ENVIRONMENT CAN ALL BE POWERFUL SOCIAL DETERMINANTS OF HEALTH. ADDITIONALLY, HELPING TO CREATE GREATER CAPACITY WITHIN THE COMMUNITY TO ADDRESS A BROAD RANGE OF QUALITY OF LIFE ISSUES ALSO IMPACTS HEALTH. ST. VINCENT WILLIAMSPORT HOSPITAL MEETS REGULARLY WITH LOCAL ORGANIZATIONS IN THE COMMUNITY TO LEARN WHAT RESOURCES ARE AVAILABLE AND PLAN COMMUNITY HEALTH IMPROVEMENT EFFORTS. IN FISCAL YEAR 2015, THESE ORGANIZATIONS INCLUDED: WARREN/FOUNTAIN COUNTY HEALTH DEPARTMENT, WARREN/FOUNTAIN BI-COUNTY COUNCIL OF SOCIAL SERVICE AGENCIES, HARRISON STEEL, C&D BATTERY, HUBNER SEED AND TRUFLEX.
SCHEDULE H, PART VI, LINE 6	DESCRIPTION OF AFFILIATED GROUP	AS PART OF ST. VINCENT HEALTH, ST. VINCENT WILLIAMSPORT HOSPITAL IS DEDICATED TO IMPROVING THE HEALTH STATUS AND QUALITY OF LIFE FOR THE COMMUNITIES IT SERVES. WHILE DESIGNATED ASSOCIATES AT ST. VINCENT WILLIAMSPORT HOSPITAL DEVOTE ALL OR A SIGNIFICANT PORTION OF THEIR TIME TO LEADING AND ADMINISTERING LOCAL COMMUNITY-BASED PROGRAMS AND PARTNERSHIPS, ASSOCIATES THROUGHOUT THE ORGANIZATION ARE ACTIVE PARTICIPANTS IN COMMUNITY OUTREACH. THEY ARE ASSISTED AND SUPPORTED BY DESIGNATED ST. VINCENT 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 WILLIAMSPORT HOSPITAL PARTICIPATES.
SCHEDULE H, PART VI, LINE 7		THE STATE OF INDIANA NO LONGER REQUIRES A SEPARATE COMMUNITY BENEFIT REPORT, BUT WILL REFERENCE THE FORM 990. ST. VINCENT WILLIAMSPORT HOSPITAL AND ITS RELATED ST. VINCENT HEALTH AFFILIATES PUBLISH A COMMUNITY BENEFIT REPORT WHICH IS AVAILABLE TO THE PUBLIC. A COPY OF THE FULL REPORT (INCLUDING THE ST. VINCENT WILLIAMSPORT HOSPITAL SECTION) IS AVAILABLE AT HTTP://WWW.STVINCENT.ORG/ST-VINCENT-WILLIAMSPORT/ .