

**SCHEDULE H**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

FRANCISCAN ALLIANCE, INC.

Employer identification number

35-1330472

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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.

Applied uniformly to all hospital facilities  Applied uniformly to most hospital facilities

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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:  100%  150%  200%  Other \_\_\_\_\_ %

b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:  200%  250%  300%  350%  400%  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? . . . . .

|    | Yes | No |
|----|-----|----|
| 1a | X   |    |
| 1b | X   |    |
| 3a | X   |    |
| 3b | X   |    |
| 4  | X   |    |
| 5a | X   |    |
| 5b | X   |    |
| 5c |     | X  |
| 6a | X   |    |
| 6b | X   |    |

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

| Financial Assistance and Means-Tested Government Programs   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) . . . . .   |   |                               | 84,714,081.                         |                               | 84,714,081.                       | 3.15                         |
| b Medicaid (from Worksheet 3, column a) . . . . .   |   |                               | 411,614,585.                        | 283,681,810.                  | 127,932,775.                      | 4.76                         |
| c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .              |   |                               | 515,969.                            |                               | 515,969.                          | .02                          |
| d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .                    |   |                               | 496,844,635.                        | 283,681,810.                  | 213,162,825.                      | 7.93                         |
| <b>Other Benefits</b>   |   |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) . . . . . |   |                               | 6,131,598.                          | 483,183.                      | 5,648,415.                        | .21                          |
| f Health professions education (from Worksheet 5) . . . . .   |   |                               | 22,029,268.                         | 7,233,832.                    | 14,795,436.                       | .55                          |
| g Subsidized health services (from Worksheet 6) . . . . .   |   |                               | 43,927,485.                         | 21,745,626.                   | 22,181,859.                       | .83                          |
| h Research (from Worksheet 7) . . . . .   |   |                               | 1,649,443.                          | 95,920.                       | 1,553,523.                        | .06                          |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                   |   |                               | 8,758,405.                          | 5,199,171.                    | 3,559,234.                        | .13                          |
| j <b>Total</b> Other Benefits . . . . .   |   |                               | 82,496,199.                         | 34,757,732.                   | 47,738,467.                       | 1.78                         |
| k <b>Total</b> Add lines 7d and 7j . . . . .  |   |                               | 579,340,834.                        | 318,439,542.                  | 260,901,292.                      | 9.71                         |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

6E1284 1,000

55076Y 1467

Schedule H (Form 990) 2016

**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                         |   |                               | 885.                                 |                               | 885.                               |                              |
| 2 Economic development                                      |   |                               |                                      |                               |                                    |                              |
| 3 Community support   |   |                               | 55,884.                              |                               | 55,884.                            |                              |
| 4 Environmental improvements                                |   |                               |                                      |                               |                                    |                              |
| 5 Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| 6 Coalition building  |   |                               | 123.                                 |                               | 123.                               |                              |
| 7 Community health improvement advocacy                     |   |                               | 3,550.                               |                               | 3,550.                             |                              |
| 8 Workforce development                                     |   |                               | 6,593,136.                           | 5,150,151.                    | 1,442,985.                         | .07                          |
| 9 Other   |   |                               |                                      |                               |                                    |                              |
| 10 Total  |   |                               | 6,653,578.                           | 5,150,151.                    | 1,503,427.                         | .07                          |

**Part III Bad Debt, Medicare, & Collection Practices****Section A. Bad Debt Expense**

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. ....

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Yes

1

No

2 34,638,767.

3

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....

6 Enter Medicare allowable costs of care relating to payments on line 5 .....

7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

Cost accounting system     Cost to charge ratio     Other

5 753,612,313.

6 1,046,959,561.

7 -293,347,248.

9a

X

9b

X

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? .....

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 .....

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



**Part V Facility Information**

## Section A. Hospital Facilities

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

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

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)

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

**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**

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  A definition of the community served by the hospital facility

b  Demographics of the community

c  Existing health care facilities and resources within the community that are available to respond to the health needs of the community

d  How data was obtained

e  The significant health needs of the community

f  Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

g  The process for identifying and prioritizing community health needs and services to meet the community health needs

h  The process for consulting with persons representing the community's interests

i  The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)

j  Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA: 20 16

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 . . . . .

b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .

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  Hospital facility's website (list url): SEE PART V-C

b  Other website (list url): \_\_\_\_\_

c  Made a paper copy available for public inspection without charge at the hospital facility

d  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 16

10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .  
a If "Yes," (list url): SEE PART V-C

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)? . . . . .

b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .

c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ \_\_\_\_\_

|     | Yes | No |
|-----|-----|----|
| 1   |     | X  |
| 2   |     | X  |
| 3   | X   |    |
| 5   |     | X  |
| 6a  | X   |    |
| 6b  | X   |    |
| 7   |     | X  |
| 8   | X   |    |
| 10  | X   |    |
| 10b |     |    |
| 12a |     | X  |
| 12b |     |    |

**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 B

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**

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  A definition of the community served by the hospital facility

b  Demographics of the community

c  Existing health care facilities and resources within the community that are available to respond to the health needs of the community

d  How data was obtained

e  The significant health needs of the community

f  Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

g  The process for identifying and prioritizing community health needs and services to meet the community health needs

h  The process for consulting with persons representing the community's interests

i  The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)

j  Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA: 20 16

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 . . . . .

b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .

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  Hospital facility's website (list url): SEE PART V-C

b  Other website (list url): \_\_\_\_\_

c  Made a paper copy available for public inspection without charge at the hospital facility

d  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 16

10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .  
a If "Yes," (list url): SEE PART V-C

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)? . . . . .

b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .

c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ \_\_\_\_\_

|     | Yes | No |
|-----|-----|----|
| 1   |     | X  |
| 2   |     | X  |
| 3   | X   |    |
| 5   |     | X  |
| 6a  | X   |    |
| 6b  | X   |    |
| 7   |     | X  |
| 8   | X   |    |
| 10  | X   |    |
| 10b |     |    |
| 12a |     | X  |
| 12b |     |    |

**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:   |           |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:  | <b>13</b> | X  |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %  |           |    |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C)  |           |    |
| c <input checked="" type="checkbox"/> Asset level   |           |    |
| d <input checked="" type="checkbox"/> Medical indigency   |           |    |
| e <input type="checkbox"/> Insurance status   |           |    |
| f <input checked="" type="checkbox"/> Underinsurance status   |           |    |
| g <input type="checkbox"/> Residency  |           |    |
| h <input type="checkbox"/> Other (describe in Section C)  |           |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .  | <b>14</b> | X  |
| <b>15</b> Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):   | <b>15</b> | X  |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |           |    |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |           |    |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |           |    |
| d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |           |    |
| e <input type="checkbox"/> Other (describe in Section C)  |           |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):  | <b>16</b> | X  |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>  |           |    |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>   |           |    |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>  |           |    |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |           |    |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |           |    |
| f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |           |    |
| g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |           |    |
| h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP  |           |    |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations   |           |    |
| j <input type="checkbox"/> Other (describe in Section C)  |           |    |

**Part V Facility Information (continued)****Financial Assistance Policy (FAP)****Name of hospital facility or letter of facility reporting group** B

|   | Yes       | No |
|---|-----------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that:   |           |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:  | <b>13</b> | X  |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %  |           |    |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C)  |           |    |
| c <input checked="" type="checkbox"/> Asset level   |           |    |
| d <input checked="" type="checkbox"/> Medical indigency   |           |    |
| e <input type="checkbox"/> Insurance status   |           |    |
| f <input checked="" type="checkbox"/> Underinsurance status   |           |    |
| g <input type="checkbox"/> Residency  |           |    |
| h <input type="checkbox"/> Other (describe in Section C)  |           |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .  | <b>14</b> | X  |
| <b>15</b> Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):   | <b>15</b> | X  |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |           |    |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |           |    |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |           |    |
| d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |           |    |
| e <input type="checkbox"/> Other (describe in Section C)  |           |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):  | <b>16</b> | X  |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>  |           |    |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>   |           |    |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>  |           |    |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |           |    |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |           |    |
| f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |           |    |
| g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |           |    |
| h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP  |           |    |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations   |           |    |
| j <input type="checkbox"/> Other (describe in Section C)  |           |    |

**Part V Facility Information (continued)****Billing and Collections****Name of hospital facility or letter of facility reporting group** A

|    | Yes | No |
|----|-----|----|
| 17 | X   |    |
| 19 |     | X  |
| 20 |     |    |
| 21 | X   |    |

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 nonpayment? . . . . .

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  Reporting to credit agency(ies)  
b  Selling an individual's debt to another party  
c  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  
d  Actions that require a legal or judicial process  
e  Other similar actions (describe in Section C)  
f  None of these actions or other similar actions were permitted

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  Reporting to credit agency(ies)  
b  Selling an individual's debt to another party  
c  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  
d  Actions that require a legal or judicial process  
e  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  Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs  
b  Made a reasonable effort to orally notify individuals about the FAP and FAP application process  
c  Processed incomplete and complete FAP applications  
d  Made presumptive eligibility determinations  
e  Other (describe in Section C)  
f  None of these efforts were made

**Policy Relating to Emergency Medical Care**

|    | Yes | No |
|----|-----|----|
| 21 | X   |    |

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .  
If "No," indicate why:

a  The hospital facility did not provide care for any emergency medical conditions  
b  The hospital facility's policy was not in writing  
c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)  
d  Other (describe in Section C)

**Part V Facility Information (continued)****Billing and Collections****Name of hospital facility or letter of facility reporting group** B

|    | Yes | No |
|----|-----|----|
| 17 | X   |    |
| 18 |     |    |
| a  |     |    |
| b  |     |    |
| c  |     |    |
| d  |     |    |
| e  |     |    |
| f  | X   |    |
| 19 |     | X  |
| a  |     |    |
| b  |     |    |
| c  |     |    |
| d  |     |    |
| e  |     |    |
| 20 |     |    |
| a  | X   |    |
| b  | X   |    |
| c  | X   |    |
| d  | X   |    |
| e  |     |    |
| f  |     |    |

**Policy Relating to Emergency Medical Care**

|                        |   |   |
|------------------------|---|---|
| 21                     |   | X |
| If "No," indicate why: |   |   |
| a                      | X |   |
| b                      |   |   |
| c                      |   |   |
| d                      |   |   |

**Part V Facility Information (continued)****Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)****Name of hospital facility or letter of facility reporting group** <sup>A</sup>

**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  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period

b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period

c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period

d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....

If "Yes," explain in Section C.

|           | Yes | No |
|-----------|-----|----|
| <b>22</b> |     |    |
| <b>23</b> | X   |    |
| <b>24</b> | X   |    |

**Part V Facility Information (continued)****Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)****Name of hospital facility or letter of facility reporting group** B

|    |   | Yes | No |
|----|---|-----|----|
| 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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period   |     |    |
| b  | <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period   |     |    |
| c  | <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period                                  |     |    |
| d  | <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method   |     |    |
| 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? . . . . .<br>If "Yes," explain in Section C. | 23  | X  |
| 24 | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .<br>If "Yes," explain in Section C.   | 24  | X  |

Schedule H (Form 990) 2016

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**Part V Facility Information (continued)**

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

## SCHEDULE H, PART V, SECTION C - SUPPLEMENTAL INFORMATION

## LINE 5: INPUT FROM INDIVIDUALS IN THE COMMUNITY

A STATEWIDE FOCUS GROUP WAS HELD TO DISCUSS REGIONAL ISSUES WITH STATE

PUBLIC HEALTH LEADERS. THE FOCUS GROUP WAS CO-SPONSORED BY INDIANA

UNIVERSITY HEALTH, ST. VINCENT HEALTH, AND COMMUNITY HEALTH NETWORK.

ATTENDEES INCLUDED:

- HEALTH BY DESIGN/ALLIANCE FOR HEALTH PROMOTION - KIM IRWIN, EXECUTIVE DIRECTOR

- HEALTH OCCUPATION STUDENT ASSOCIATION (INDIANA) - EDDIE ERICKSON, STATE COORDINATOR; HOLLI FRODGE, STATE PRESIDENT

- HOOSIER ENVIRONMENTAL COUNCIL - INDRA FRANK, ENVIRONMENTAL HEALTH PROJECT DIRECTOR

- INDIANA AREA HEALTH EDUCATION CENTERS - DR. JENNIFER TAYLOR, DIRECTOR OF EVALUATION

- INDIANA ASSOCIATION OF AREA AGENCIES ON AGING - KRISTEN LAEACE, CEO; DAWNE LYON; ELVA JAMES, EXECUTIVE DIRECTOR, AREA 4 AGENCY OF AGING

- LEADING AGE INDIANA - JIM LEICH, EXECUTIVE DIRECTOR; KATHY JOHNSON, DIRECTOR OF TRAINING

- INDIANA CARDIOVASCULAR AND DIABETES COALITION - SHARA WESLEY, COALITION MANAGER; JENNIFER PFERRER, CHAIRPERSON

- INDIANA COALITION AGAINST DOMESTIC VIOLENCE - COLLEEN YEAKLE, COORDINATOR OF PREVENTION INITIATIVES

- INDIANA CANCER CONSORTIUM - KEYLEE WRIGHT, CANCER CONTROL SECTION

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

DIRECTOR

- INDIANA JOINT ASTHMA COALITION - KELLI MCCRARY, COALITION COORDINATOR
- IU HEALTH - JOYCE HERTKO
- INDIANA HEALTHY WEIGHT INITIATIVE - ERIC BEERS, COALITION COORDINATOR
- INDIANA HOSPITAL ASSOCIATION - BERNIE ULRICH, VICE PRESIDENT
- INDIANA IMMUNIZATION COALITION - LISA ROBERSON, DIRECTOR
- INDIANA MINORITY HEALTH COALITION - ANITA OHMIT, DIRECTOR OF RESEARCH;

CALVIN ROBERSON, VP OF PLANNING AND PROGRAM DEVELOPMENT

- INDIANA NURSES ASSOCIATION - BLAYNE MILEY, DIRECTOR OF POLICY AND

ADVOCACY

- INDIANA PSYCHOLOGICAL ASSOCIATION - DR. KATHLEEN VOGLER, PAST PRESIDENT; TABITHA ARNETTE, EXECUTIVE DIRECTOR
- INDIANA PRIMARY HEALTH CARE ASSOCIATION - PHIL MORPHEW, CEO; ELAINE WILLIAMS, RESOURCE DEVELOPMENT PROGRAM DIRECTOR
- INDIANA SCHOOL NURSES ASSOCIATION - CAROLYN SNYDER, EXECUTIVE DIRECTOR
- INDIANA STATE DEPARTMENT OF HEALTH - DR. JOAN DUWVE, CHIEF MEDICAL OFFICER; KATELIN RYAN, DIRECTOR OF PROGRAM EVALUATION; J. DAVID HOPPER, DIRECTOR, LOCAL HEALTH DEPARTMENT OUTREACH DIVISION
- INDIANA SOCIETY FOR PUBLIC HEALTH EDUCATION - HEIDI HANCHER-RAUCH, ADVOCACY CHAIR; JENNIFER CONNER, PRESIDENT
- IUPUI FAIRBANKS SCHOOL OF PUBLIC HEALTH - SULA HOOD; CYNTHIA STONE
- IUPUI POLIS CENTER - KAREN COMER
- YMCA OF GREATER INDIANA - CHELSEY WINTERS, ASSOCIATE DIRECTOR OF HEALTH PARTNERSHIPS PROGRAMS; ANN GRAVES, DIRECTOR OF HEALTH INITIATIVES AND PARTNERSHIPS

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

IN ADDITION, LOCAL PUBLIC HEALTH AND SOCIAL LEADERS WERE CONSULTED ON THE COMMUNITY HEALTH ISSUES, PRIORITIZATION OF NEEDS, AND COMMUNITY STRENGTHS.

THE ASSESSMENT TASK FORCE FOR FRANCISCAN HEALTH CARMEL, FRANCISCAN HEALTH INDIANAPOLIS, AND FRANCISCAN HEALTH MOORESVILLE INCLUDED:

- DAN HODGKINS, VICE PRESIDENT OF HEALTH PROMOTION AND COMMUNITY BENEFIT, COMMUNITY HEALTH NETWORK
- ANN YEAKLE, COMMUNITY BENEFIT COORDINATOR, COMMUNITY HEALTH NETWORK
- JOHN WHITCOMB, CONSULTANT, FRANCISCAN ALLIANCE
- KATE HILL-JOHNSON, COMMUNITY BENEFIT AND ENGAGEMENT, FRANCISCAN HEALTH INDIANAPOLIS
- PAYGE LIGGETT, COMMUNITY BENEFIT ASSISTANT, FRANCISCAN HEALTH INDIANAPOLIS
- MANDI EGGERT, SERVICE EXCELLENCE, FRANCISCAN HEALTH CROWN POINT
- RACHEL BUCKMAN, HEALTH EDUCATOR, HENDRICKS COUNTY HEALTH DEPARTMENT
- STEPHANIE BERRY, COMMUNITY OUTREACH AND ENGAGEMENT, INDIANA UNIVERSITY HEALTH
- ANYAH LAND, COMMUNITY OUTREACH AND ENGAGEMENT, INDIANA UNIVERSITY HEALTH
- REBECCA YORK, DIRECTOR OF NURSING, MORGAN COUNTY HEALTH DEPARTMENT
- KELLY PEISKLER, COMMUNITY BENEFIT, ST. VINCENT HEALTH
- STEPHANIE ULLIANA, COMMUNITY BENEFIT, ST. VINCENT HEALTH

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

- AMBER BLACKMON, INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH BLOOMINGTON
- HEATHER DOLNE, INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH BLOOMINGTON
- VIDHI JOSHI, INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH BLOOMINGTON
- ASHLEY WEISHAAR, INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH BLOOMINGTON
- JACOB HARTMEISTER, INDIANA UNIVERSITY SCHOOL OF PUBLIC AND ENVIRONMENTAL AFFAIRS BLOOMINGTON
- ZACH LOTFALION, INDIANA UNIVERSITY SCHOOL OF PUBLIC AND ENVIRONMENTAL AFFAIRS BLOOMINGTON
- LAYNIE MASON, MARION UNIVERSITY SCHOOL OF MEDICINE
- H705 PUBLIC HEALTH CAPSTONE COURSE SPRING 2015 STUDENTS, INDIANA UNIVERSITY, RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH AT IUPUI, DR. CINDY STONE, CLINICAL ASSOCIATE PROFESSOR
- HEALTHIER MORGAN COUNTY INITIATIVE
- HENDRICKS COUNTY HEALTH PARTNERSHIP
- PARTNERSHIP FOR HEALTHY HAMILTON COUNTY
- JERRY KING, INDIANA PUBLIC HEALTH ASSOCIATION
- CAROLYN M. MUEGGE, INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH AT IUPUI
- JOE GIBSON, MARION COUNTY HEALTH DEPARTMENT
- TAMMY NELSON, MARION COUNTY HEALTH DEPARTMENT
- KAREN COMER-FREDRICKSON, THE POLIS CENTER AT IUPUI

THE ASSESSMENT TASK FORCE FOR FRANCISCAN HEALTH CRAWFORDSVILLE INCLUDED:

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

- MAYOR TODD BARTON, CITY OF CRAWFORDSVILLE, MAYOR'S OFFICE
- FAWN JOHNSON, DIRECTOR, CITY OF CRAWFORDSVILLE PARKS & RECREATION
- STEVE HOUSE, DIRECTOR, CHAMBER OF COMMERCE
- REX RYKER, ASSISTANT SUPERINTENDENT, CRAWFORDSVILLE SCHOOL CORPORATION
- TERRY KLEIN, VP/COO, FRANCISCAN HEALTH CRAWFORDSVILLE
- SISTER M. RUTH LUTHMAN OSF, DIRECTOR OF MISSION INTEGRATION, FRANCISCAN HEALTH CRAWFORDSVILLE
- MATT OATES, MARKETING SPECIALIST, FRANCISCAN HEALTH CRAWFORDSVILLE
- JOBETH MCCARTHY-JEAN, MPH, DIRECTOR, CENTER FOR PUBLIC HEALTH PRACTICE,
- INDIANA PUBLIC HEALTH TRAINING CENTER, AND LIAISON, PUBLIC HEALTH CORPS
- DR. CYNTHIA STONE, DRPH, RN, CLINICAL ASSOCIATE PROFESSOR, HEALTH POLICY AND MANAGEMENT CONCENTRATION DIRECTOR, INDIANA UNIVERSITY INDIANAPOLIS
- RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH
- ZACH CHURNEY, DEPUTY DIRECTOR, INDIANA WEST ADVANTAGE
- JILL ROGERS, PRESIDENT OF THE BOARD OF MCT, MCT (MEDICAL CARE TRUST)
- NANCY SENNETT, PRESIDENT, MONTGOMERY COUNTY HEALTH BOARD
- DR. SCOTT DOUGLAS, VICE-PRESIDENT, MONTGOMERY COUNTY HEALTH BOARD
- MONICA NAGELE, DIRECTOR, MONTGOMERY COUNTY PURDUE EXTENSION
- AMBER REED, ADMINISTRATOR, MONTGOMERY COUNTY HEALTH DEPARTMENT
- LUKE WREN, ACCREDITATION COORDINATOR, MONTGOMERY COUNTY HEALTH DEPARTMENT
- SAMANTHA SWEARINGEN, HEALTH EDUCATOR, MONTGOMERY COUNTY HEALTH DEPARTMENT

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

- REBECCA LANG, PUBLIC HEALTH NURSE, MONTGOMERY COUNTY HEALTH DEPARTMENT

- MARK DAVIDSON, MONTGOMERY COUNTY COUNCIL

- LEAH SINNET, NUCOR STEEL

- DAVID JOHNSON, EXECUTIVE DIRECTOR, MUFFY

- DR. SARA DRURY, STRATEGIC PLANNING FACILITATOR, WABASH COLLEGE

- KYLE STUCKER, WABASH STUDENT

- KATE HILL-JOHNSON, ADMINISTRATIVE DIRECTOR OF COMMUNITY HEALTH

IMPROVEMENT, FRANCISCAN HEALTH

- JESS CORBIN, DIRECTOR, ACO CARE MANAGEMENT, FRANCISCAN HEALTH

CRAWFORDSVILLE

- RAYMOND P. MILLER, DIVISION CHIEF OF EMS CRAWFORDSVILLE FIRE

DEPARTMENT

- JOSHUA S. KRUMENACKER, M.D., MEDICAL DIRECTOR FOR PARAMEDICINE AND FPN

PHYSICIAN

THE ASSESSMENT TASK FORCE FOR FRANCISCAN HEALTH LAFAYETTE INCLUDED

REPRESENTATIVES FROM:

- ACTION FOR HEALTHY KIDS

- AMERICAN HEALTH NETWORK

- AREA IV ON AGING AND COMMUNITY ACTION PROGRAMS

- CITY OF LAFAYETTE

- CITY OF WEST LAFAYETTE

- COMMUNITY VOLUNTEERS

- DRUG FREE COALITION OF TIPPECANOE COUNTY

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

- EMPLOYEE BENEFITS SOLUTIONS
- EMPLOYERS HEALTH NETWORK
- FRANCISCAN HEALTH LAFAYETTE
- GREATER LAFAYETTE COMMERCE
- GREATER LAFAYETTE PARISH NURSE
- GROUP HOMES FOR CHILDREN
- HANNA/MINORITY HEALTH COALITION
- HENRIOTT GROUP
- KATHRYN WEIL CENTER
- PHOENIX GROUP
- IU HEALTH ARNETT
- KIRBY RISK
- LAFAYETTE SCHOOL CORPORATION WELLNESS COMMITTEE
- LAFAYETTE FAMILY YMCA
- LAFAYETTE YWCA
- LAFAYETTE URBAN MINISTRY
- MENTAL HEALTH AMERICA
- MISSION COMMITTEE OF THE WESTERN INDIANA BOARD OF FRANCISCAN HEALTH

LAFAYETTE

- NUTRIPLEDGE
- PARISH NURSES
- PURDUE EXTENSION
- PURDUE DEPARTMENT OF HEALTH & KINESIOLOGY
- RIGGS COMMUNITY HEALTH CENTER
- TIPPECANOE COUNTY HEALTH DEPARTMENT

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

- TOBACCO FREE PARTNERSHIP
- UNITED WAY OF GREATER LAFAYETTE
- UNITY HEALTHCARE
- WOMEN, INFANT, CHILDREN (WIC) PROGRAM

THE ASSESSMENT TASK FORCE FOR FRANCISCAN HEALTH DYER, FRANCISCAN HEALTH

CROWN POINT, AND FRANCISCAN HEALTH HAMMOND INCLUDED REPRESENTATIVES

FROM:

- 411 NEWSPAPER
- CCNI
- CITY OF EAST CHICAGO HEALTH DEPARTMENT
- CITY OF EAST CHICAGO
- CITY OF GARY COMMUNITY DEVELOPMENT DEPARTMENT
- COMMUNITY HEALTHNET INC.
- EDGEWATER BEHAVIORAL HEALTH SERVICES
- FRANCISCAN ALLIANCE
- FRANCISCAN HEALTH - DYER, HAMMOND, AND CROWN POINT
- GARY HEALTH AND HUMAN SERVICES DEPARTMENT
- GARY MENTAL HEALTH
- GEMINUS CORPORATION
- GREATER PORTAGE CHAMBER OF COMMERCE
- HEALTHLINC
- HEC
- HOBART FAMILY YMCA

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

- IVY TECH COMMUNITY COLLEGE
- JASPER COUNTY HEALTH DEPARTMENT
- LAKE AREA UNITED WAY
- LAKESHORE CHAMBER OF COMMERCE
- MERRILLVILLE COMMUNITY SCHOOLS
- MULTICULTURAL WELLNESS NETWORK MOTTEP
- NORTHWEST INDIANA COMMUNITY ACTION
- NORTHWEST INDIANA FORUM
- PORTAGE POLICE DEPARTMENT
- PORTAGE TOWNSHIP YMCA
- PORTER-STARKE SERVICES
- SOJOURNER TRUTH HOUSE
- SOUTHERN LAKE COUNTY
- THE ARC NORTHWEST INDIANA
- THE SALVATION ARMY
- THE SALVATION ARMY EAST CHICAGO CORPS
- THE TIMES
- TOWN OF HEBRON
- TOWN OF KOUTS
- TOWN OF MOROCO
- WEST LAKE SPECIAL EDUCATION
- YWCA OF NORTHWEST INDIANA
- JOHN WHITCOMB, CONSULTANT, FRANCISCAN ALLIANCE
- KATE HILL-JOHNSON, ADMINISTRATIVE DIRECTOR OF COMMUNITY HEALTH IMPROVEMENT, FRANCISCAN HEALTH

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

- PAYGE LIGGETT, COMMUNITY BENEFIT ASSISTANT, FRANCISCAN HEALTH INDIANA
- VIDHI JOSHI, INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH BLOOMINGTON
- JOSEF DOU, FRANCISCAN HEALTH HAMMOND
- FATHER FRANCIS TEBBE, FRANCISCAN HEALTH MUNSTER
- JULIE MALLERS, FRANCISCAN HEALTH CROWN POINT
- MYLINDA CANE, COMMUNITY HEALTHCARE SYSTEM
- MARY SHIELDS, COMMUNITY HEALTHCARE SYSTEM
- LINDA HADLEY, METHODIST HOSPITAL

THE ASSESSMENT TASK FORCE FOR FRANCISCAN HEALTH CHICAGO HEIGHTS AND

FRANCISCAN HEALTH OLYMPIA FIELDS INCLUDED:

- DR. RUPERT EVAN, CHAIRMAN, HEALTH ADMINISTRATION PROGRAM, GOVERNORS STATE UNIVERSITY
- PATTY ZUCCARELLO, PRAIRIE STATE UNIVERSITY, DEAN, HEALTH & INDUSTRIAL TECHNOLOGY
- CARL WOLF, RESPOND NOW, EXECUTIVE DIRECTOR
- DR. GERALDINE PALMER, PADS, EXECUTIVE DIRECTOR
- DR. SHERRONE WARD, GRAND PRAIRIE SERVICES, CHIEF EXECUTIVE OFFICER
- MICHELE BURGIO, R.N., B.S.N, SPECIALITY PHYSICIANS OF ILLINOIS, OPERATIONS MANAGER
- CATHERINE GRANTNER-COLTON, FRANCISCAN HOME HEALTH SERVICES, ADMINISTRATIVE DIRECTOR
- SISTER PETRA NIELSEN, FRANCISCAN HEALTH CHICAGO HEIGHTS & FRANCISCAN HEALTH OLYMPIA FIELDS, VICE PRESIDENT, MISSION INTEGRATION

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

- FELICIA DAVIS, FRANCISCAN HEALTH CHICAGO HEIGHTS & FRANCISCAN HEALTH OLYMPIA FIELDS, MANAGER, COMPREHENSIVE CANCER INSTITUTE
- ALICE COLLINS, COOK COUNTY HEALTH AND HOSPITAL SYSTEM, COMMUNITY OUTREACH WORKER
- DAVID MEKARSKI, AICP, VILLAGE OF OLYMPIA FIELDS, VILLAGE ADMINISTRATOR
- ELIZABETH MURPHY, GRAND PRAIRIE SERVICES, DIRECTOR OF CORPORATE COMMUNICATION
- PATTY ZUCCARELLO, PRAIRIE STATE UNIVERSITY, DEAN, HEALTH & INDUSTRIAL TECHNOLOGY
- JENISE ERVIN, VILLAGE OF PARK FOREST, DIRECTOR OF PUBLIC HEALTH
- KATE HILL-JOHNSON, ADMINISTRATIVE DIRECTOR OF COMMUNITY HEALTH IMPROVEMENT, FRANCISCAN HEALTH
- VIDHI JOSHI, INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH BLOOMINGTON

ALL FACILITIES CONSTRUCTED A TASK FORCE WITH INTERNAL AND EXTERNAL PARTNERS (LISTED ABOVE) TO STEER AND ADVISE ON PROCESSES AND ADDITIONAL INDIVIDUALS AND AGENCIES TO INCLUDE IN KEY LEADER FOCUS GROUPS.

ALL FACILITIES, WITH THE EXCEPTION OF FRANCISCAN HEALTH DYER, FRANCISCAN HEALTH HAMMOND, FRANCISCAN HEALTH MUNSTER, AND FRANCISCAN HEALTH CROWN POINT CONDUCTED A MINIMUM OF TWO KEY LEADER FOCUS GROUPS THAT INCLUDED ORGANIZATIONS AND INDIVIDUALS LISTED ABOVE. KEY THEMES AND RANKING OF HEALTH ISSUES WERE IDENTIFIED AT THESE SESSIONS. THE SUMMARY POINTS OF THESE FOCUS GROUPS ARE DOCUMENTED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT.

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

FRANCISCAN HEALTH DYER, FRANCISCAN HEALTH HAMMOND, FRANCISCAN HEALTH MUNSTER, AND FRANCISCAN HEALTH CROWN POINT CONDUCTED A KEY LEADER SURVEY THAT INCLUDED RESPONSES FROM THE ORGANIZATIONS LISTED ABOVE. THE FULL SUMMARY OF RESPONSES IS INCLUDED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT.

LINES 6A AND 6B: ALL FACILITIES

ALL FRANCISCAN HEALTH FACILITIES COLLABORATED IN A STATEWIDE PARTNERSHIP WITH ST. VINCENT HEALTH, INDIANA UNIVERSITY HEALTH, COMMUNITY HEALTH NETWORK, INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH AT INDIANAPOLIS, AND WITH EACH FACILITY WITHIN THE FRANCISCAN HEALTH SYSTEM.

LINES 6A AND 6B: FRANCISCAN HEALTH DYER, FRANCISCAN HEALTH HAMMOND, FRANCISCAN HEALTH MUNSTER, AND FRANCISCAN HEALTH CROWN POINT ALSO COLLABORATED WITH METHODIST HEALTH SYSTEMS AND COMMUNITY HEALTH SYSTEM. A THIRD PARTY, PROFESSIONAL RESOURCE CONSULTING, WAS USED FOR KEY LEADER SURVEYS AND INTERVIEWS.

LINES 6A AND 6B: FRANCISCAN HEALTH CHICAGO HEIGHTS AND FRANCISCAN HEALTH OLYMPIA FIELDS ALSO PARTNERED WITH THE COOK COUNTY COLLABORATIVE, WHICH INCLUDES THE HEALTH DEPARTMENTS AND HOSPITALS SYSTEMS IN CHICAGO AND CHICAGO SUBURBS.

**Part V Facility Information (continued)**

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

LINE 6B: FRANCISCAN HEALTH MOORESVILLE PARTNERED WITH THE HENDRICKS COUNTY HEALTH DEPARTMENT AND THE MORGAN COUNTY HEALTH DEPARTMENT TO MEET THE LOCAL HEALTH DEPARTMENT ACCREDITATION STANDARDS AND THE COMMUNITY BENEFIT REQUIREMENTS.

LINE 6B: FRANCISCAN HEALTH CRAWFORDSVILLE PARTNERED WITH THE MONTGOMERY COUNTY HEALTH DEPARTMENT TO MEET THE LOCAL HEALTH DEPARTMENT ACCREDITATION STANDARDS AND THE COMMUNITY BENEFIT REQUIREMENTS.

LINE 6B: FRANCISCAN HEALTH LAFAYETTE PARTNERED WITH THE TIPPECANOE HEALTH DEPARTMENT TO MEET THE LOCAL HEALTH DEPARTMENT ACCREDITATION STANDARDS AND THE COMMUNITY BENEFIT REQUIREMENTS.

LINE 7: ALL FACILITIES  
ALL CHNA REPORTS ARE AVAILABLE ON FRANCISCAN ALLIANCE'S WEBSITE AT  
[HTTPS://WWW.FRANCISCANHEALTH.ORG/COMMUNITYHEALTH](https://www.franciscanhealth.org/communityhealth)

LINE 10: ALL FACILITIES  
ALL IMPLEMENTATION PLANS ARE AVAILABLE ON FRANCISCAN ALLIANCE'S WEBSITE AT  
[HTTPS://WWW.FRANCISCANHEALTH.ORG/COMMUNITYHEALTH](https://www.franciscanhealth.org/communityhealth)

LINE 11: FRANCISCAN HEALTH CARMEL (FH CARMEL)  
COMMUNITY HEALTH NEEDS:  
BASED ON THE 2016 CHNA, SEVERAL PRIORITY HEALTH NEEDS, INCLUDING SOCIAL

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

DETERMINANTS OF HEALTH, WERE IDENTIFIED. PER IRS GUIDELINES, THE LIST BELOW PROVIDES THE PRIORITY NEEDS, WHICH NEEDS FH CARMEL WILL COMMIT TO WORKING ON, AND JUSTIFICATION OF WHY THE OTHER NEEDS WERE NOT SELECTED.

SELECTION OF PRIORITY HEALTH NEEDS WAS BASED ON THE MAGNITUDE, IMPACT, FEASIBILITY, COST, AND PARTNERSHIPS. IT SHOULD BE NOTED THAT THIS LOCATION HAS SIX LICENSED BEDS AND LESS THAN 40 STAFF. CAPACITY GREATLY LIMITS THE AMOUNT OF COMMUNITY BENEFIT ACTIVITY.

HEALTH NEED: FOOD INSECURITY

DESCRIPTION: IN THE NORTHERN THIRD OF THE COUNTY, FOOD INSECURITY IS A HIGHER NEED THAN IN THE REST OF THE COUNTY.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: GOOD SAMARITAN NETWORK AND THE PARTNERSHIP FOR HEALTHY HAMILTON COUNTY ARE FOCUSED ON FOOD INSECURITY ISSUES THROUGHOUT THE COUNTY, WITH EMPHASIS ON THE NORTHERN THIRD. FH CARMEL IS REPRESENTED IN THE PARTNERSHIP AND WILL ASSIST WHEN NEEDED.

HEALTH NEED: POVERTY

DESCRIPTION: POVERTY IS A CONCERN SPECIFICALLY IN THE NORTHERN THIRD OF THE COUNTY, THOUGH DISPARITIES ARE APPARENT THROUGHOUT THE COUNTY.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: FH CARMEL DOES NOT HAVE THE FINANCIAL OR PERSONNEL RESOURCES TO ADDRESS THIS ISSUE.

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

HEALTH NEED: ACCESS TO HEALTH

DESCRIPTION: SURVEY RESPONSES AND KEY LEADER FOCUS GROUPS IDENTIFIED THAT THERE IS A SHORTAGE OF PROVIDERS IN THE NORTHERN THIRD OF THE COUNTY. IN ADDITION, COST OF CO-PAYS, MEDICATION EXPENSES, TRANSPORTATION, AND RELATED COSTS ARE CHALLENGES THROUGHOUT THE COUNTY.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: TWO FREE HEALTH CLINICS EXIST IN THE COUNTY, HEART AND SOUL AND TRINITY HEALTH CLINIC. FH CARMEL HAS AN ONGOING RELATIONSHIP WITH TRINITY HEALTH CLINIC AND WILL FOCUS ON IMPROVING THE SUPPORT OFFERED TO THE CLINIC.

HEALTH NEED: SUBSTANCE ABUSE (ILLEGAL DRUGS, PRESCRIPTION ABUSE, AND ALCOHOL)

DESCRIPTION: PAR FOR A MAJORITY OF INDIANA COUNTIES, ALL TYPES OF SUBSTANCE ABUSE ARE AT A DANGEROUS LEVEL. ALCOHOL HAS CONTINUED TO TREND UPWARD, WHILE THE OTHER TYPES OF SUBSTANCE ABUSE HAVE FLATTENED.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: FH CARMEL DOES NOT PROVIDE BEHAVIORAL HEALTH SERVICES. SEVERAL OTHER HEALTH SYSTEMS AND BEHAVIORAL HEALTH AGENCIES DO PROVIDE SERVICES. THE PARTNERSHIP FOR HEALTHY HAMILTON COUNTY IS DISCUSSING POTENTIAL INTERVENTIONS AND SUPPORTS. FH CARMEL IS REPRESENTED IN THE PARTNERSHIP AND WILL ASSIST WHEN POSSIBLE.

HEALTH NEED: CHRONIC DISEASE

DESCRIPTION: INCIDENT RATES OF HEART DISEASE, DIABETES, OBESITY,

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

ARTHRITIS, AND CANCER ARE AVERAGE OR BELOW THE STATE AVERAGE.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: A COMMON CAUSE OF CHRONIC DISEASE IS THE LACK OF PHYSICAL ACTIVITY. INSTEAD OF FOCUSING ON ONE DISEASE, FH CARMEL WILL FOCUS ON ENGAGING MORE INDIVIDUALS IN PHYSICAL ACTIVITY TO ASSIST WITH PREVENTION AND MANAGEMENT OF CHRONIC DISEASE.

HEALTH NEED: SUICIDE

DESCRIPTION: SUICIDE RATES ARE HIGH THROUGHOUT INDIANA.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: FH CARMEL DOES NOT PROVIDE BEHAVIORAL HEALTH SERVICES. SEVERAL OTHER HEALTH SYSTEMS AND BEHAVIORAL HEALTH AGENCIES DO PROVIDE SERVICES.

HEALTH NEED: LUNG CANCER/TOBACCO USE

DESCRIPTION: TOBACCO USE RATES ARE HIGHEST IN THE NORTHERN PORTION OF THE COUNTY. THE COUNTY DOES HAVE AVERAGE AIR QUALITY.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: THE PARTNERSHIP FOR HEALTHY HAMILTON COUNTY IS THE TOBACCO COORDINATOR VIA THE INDIANA STATE DEPARTMENT OF HEALTH FOR THE COUNTY. FH CARMEL IS REPRESENTED IN THE PARTNERSHIP AND WILL ASSIST WHEN POSSIBLE.

HEALTH NEED: STRESS AND DEPRESSION

DESCRIPTION: SURVEY RESULTS SHOW STRESS AND DEPRESSION IS A CONCERN FOR

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

RESIDENTS.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: FH CARMEL DOES NOT PROVIDE BEHAVIORAL HEALTH SERVICES. SEVERAL OTHER HEALTH SYSTEMS AND BEHAVIORAL HEALTH AGENCIES DO PROVIDE SERVICES.

2013-2016 COMMUNITY HEALTH IMPROVEMENT PLAN RESULTS:

IN THE 2013-2016 CYCLE, FH CARMEL HAD SEVERAL PRIORITY AREAS. WHEN THE IMPLEMENTATION PLAN WAS WRITTEN, FH CARMEL WAS SCHEDULED TO BECOME A LARGER FACILITY WITH ADDITIONAL SERVICES. THIS DID NOT MATERIALIZE, LEADING TO A LACK OF RESOURCES TO ADEQUATELY ACCOMPLISH THE GOALS SET FORTH IN THE FIRST IMPLEMENTATION PLAN. THE FOLLOWING LIST REVIEWS THE PREVIOUS PRIORITY AREAS, RESULTS, AND FUTURE EFFORTS:

PRIORITY: ARTHRITIS AND JOINT PAIN

RESULTS: EDUCATIONAL PROGRAMS ON JOINT PAIN AND ASSOCIATED ISSUES MET THE GOAL OF INCREASING ATTENDANCE BY 5%. HOWEVER, OSTEOPOROSIS SCREENINGS DID NOT MEET THE GOAL DUE TO THE CHANGES IN SERVICES OFFERED BY FH CARMEL.

CONTINUATION: YES

FUTURE EFFORTS: EDUCATIONAL PROGRAMS WILL CONTINUE THROUGH A PARTNERSHIP WITH THE YMCA ENHANCE FITNESS PROGRAM. THE PARTNERSHIP ALLOWS MORE ADULTS TO LEARN ADAPTIVE TECHNIQUES TO AID IN PHYSICAL ACTIVITY.

PRIORITY: CANCER

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

RESULTS: PROMOTION OF LUNG CT SCREENINGS DID NOT MEET ITS GOAL DUE TO THE CHANGE IN SERVICES AND PROVIDERS. BREAST CANCER EDUCATION AND MAMMOGRAPHY EVENTS DID MEET THE GOALS.

CONTINUATION: NO

FUTURE EFFORTS: DUE TO LIMITED STAFF AND RESOURCES, SCANS WILL NOT BE A PRIORITY COMMUNITY BENEFIT ACTIVITY, THOUGH BOTH WILL CONTINUE TO BE PROMOTED TO PATIENTS.

PRIORITY: TOBACCO USE

RESULTS: THE STATED GOAL IS RELATED TO DECREASING LUNG CANCER RATES AND PROMOTION OF TOBACCO CESSATION PROGRAMS.

CONTINUATION: NO

FUTURE EFFORTS: FH CARMEL WILL CONTINUE TO PROMOTE TOBACCO CESSATION PROGRAMS TO PATIENTS. THROUGH THE PARTNERSHIP FOR HEALTHY HAMILTON COUNTY, THE COUNTY'S TOBACCO CESSATION COORDINATING ORGANIZATION, COLLECTIVE EFFORTS WILL CONTINUE.

PRIORITY: ACCESS TO HEALTH SERVICES

RESULTS: FH CARMEL HAS DONATED STAFF, FINANCIAL RESOURCES, EDUCATIONAL PROGRAMS, AND SUPPLIES TO TRINITY HEALTH CLINIC.

CONTINUATION: YES

FUTURE EFFORTS: FH CARMEL WILL STRENGTHEN ITS SERVICE TO THE UNDERSERVED THROUGH PARTNERSHIP WITH TRINITY HEALTH CLINIC.

PRIORITY: CARDIOVASCULAR HEALTH

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

RESULTS: OBESITY AND EXERCISE ACTIVITIES HAVE BEEN COMPLETED WITH A

PARTNERSHIP WITH THE YMCA OF GREATER INDIANAPOLIS.

CONTINUATION: YES

FUTURE EFFORTS: THIS GOAL WILL BE SATISFIED THROUGH THE PARTNERSHIP WITH YMCA, LISTED ABOVE.

2016-2018 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP):

TWO PRIORITY AREAS HAVE BEEN IDENTIFIED FOR THE 2016-2018 TIMEFRAME - PHYSICAL ACTIVITY AND ACCESS TO HEALTH CARE. AS MENTIONED ABOVE, THE PHYSICAL ACTIVITY PROGRAM WILL FEATURE A PARTNERSHIP WITH THE FISHERS AND JORDAN BRANCHES OF THE YMCA OF GREATER INDIANAPOLIS, UTILIZING THE ENHANCE FITNESS NATIONAL PROGRAM. THIS PROGRAM IS DESIGNED TO HELP THOSE PREVIOUSLY UNDERACTIVE OR RECOVERING FROM JOINT OR MUSCLE INJURIES RETURN TO AN EXERCISE REGIMEN. THROUGH THE 12-WEEK PROGRAM, PARTICIPANTS WILL LEARN ADAPTIVE TECHNIQUES AND DEVELOP EXERCISE PLANS TO USE AFTER THE PROGRAM. ACTIVITIES INCLUDE STAFFING A DEPRESSION CLINIC, PROVIDING FREE LABORATORY SERVICES AND SCREENING, MAINTAINING A POSITION ON THE BOARD OF DIRECTORS, AND MAKING A FINANCIAL CONTRIBUTION.

LINE 11: FRANCISCAN HEALTH INDIANAPOLIS (FH INDIANAPOLIS)

COMMUNITY HEALTH NEEDS:

BASED ON THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), SEVERAL PRIORITY HEALTH NEEDS, INCLUDING SOCIAL DETERMINANTS OF HEALTH, WERE IDENTIFIED. PER IRS GUIDELINES, THE LIST BELOW PROVIDES THE PRIORITY NEEDS, WHICH NEEDS FH INDIANAPOLIS WILL COMMIT TO WORKING ON, AND

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

JUSTIFICATION OF WHY THE OTHER NEEDS WERE NOT SELECTED. SELECTION OF PRIORITY HEALTH NEEDS WERE BASED ON THE MAGNITUDE, IMPACT, FEASIBILITY, COST, AND PARTNERSHIPS.

HEALTH NEED: FOOD INSECURITY

DESCRIPTION: FOOD INSECURITY IS EVIDENT IN THE URBAN CENTERS OF MARION COUNTY AND WITHIN THE RURAL COMMUNITIES IN JOHNSON COUNTY.

PRIORITY: INDIRECTLY

JUSTIFICATION/EXPLANATION: FOOD INSECURITY IS A PRIORITY HEALTH ISSUE AMONGST THE GOVERNMENT, HEALTH SYSTEMS, AND SERVICE PROVIDERS IN MARION COUNTY. FH INDIANAPOLIS WILL COLLABORATE WHEN POSSIBLE. FINANCIAL LITERACY, SHOPPING, AND HEALTHY FOOD CHOICES WILL BE ADDRESSED IN THE 'PHYSICAL ACTIVITY AND NUTRITION' PRIORITY AREA.

HEALTH NEED: POVERTY

DESCRIPTION: POVERTY IS A CONCERN AND DISPARITIES ARE APPARENT THROUGHOUT THE COUNTY.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: FH INDIANAPOLIS DOES NOT HAVE THE FINANCIAL OR PERSONNEL RESOURCES TO ADDRESS THIS ISSUE.

HEALTH NEED: ACCESS TO HEALTH CARE

DESCRIPTION: SURVEY RESPONSES AND KEY LEADER FOCUS GROUPS IDENTIFIED COST OF CO-PAYS, MEDICATION EXPENSES, TRANSPORTATION, AND RELATED COSTS ARE CHALLENGES THROUGHOUT THE COUNTY.

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: AN EXISTING MEDICATION ASSISTANCE PROGRAM WILL BE IMPROVED AND BROADENED.

HEALTH NEED: SUBSTANCE ABUSE (ILLEGAL DRUGS, PRESCRIPTION ABUSE, AND ALCOHOL)

DESCRIPTION: PAR FOR A MAJORITY OF INDIANA COUNTIES, ALL TYPES OF SUBSTANCE ABUSE ARE AT A DANGEROUS LEVEL.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: FH INDIANAPOLIS BEHAVIORAL HEALTH STAFF DO NOT HAVE THE RESOURCES TO ADEQUATELY ADDRESS SUBSTANCE ABUSE AS A COMMUNITY HEALTH ISSUE. HOWEVER, AS THE STATE GOVERNMENT AND OTHER SAFETY NET PROGRAMS ADDRESS THIS ISSUE, FH INDIANAPOLIS WILL PARTICIPATE TO THE FULLEST EXTENT POSSIBLE.

HEALTH NEED: CHRONIC DISEASE

DESCRIPTION: INCIDENT RATES OF HEART DISEASE, DIABETES, OBESITY, ARTHRITIS, AND CANCER ARE AVERAGE OR ABOVE THE STATE AVERAGE.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: A COMMON CAUSE OF CHRONIC DISEASE IS THE LACK OF PHYSICAL ACTIVITY. INSTEAD OF FOCUSING ON ONE DISEASE, FH INDIANAPOLIS WILL FOCUS ON ENGAGING MORE INDIVIDUALS IN PHYSICAL ACTIVITY AND PROPER NUTRITION TO ASSIST WITH PREVENTION AND MANAGEMENT OF CHRONIC DISEASE.

HEALTH NEED: SUICIDE

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

DESCRIPTION: SUICIDE RATES ARE HIGH THROUGHOUT INDIANA.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: FH INDIANAPOLIS WILL PROVIDE TRAINING RELATED TO SUICIDE PREVENTION TO HEALTH AND SERVICE PROFESSIONALS IN THE COMMUNITIES IT SERVES.

HEALTH NEED: LUNG CANCER/TOBACCO/ASTHMA

DESCRIPTION: TOBACCO USE RATES ARE THE HIGHEST. THE COUNTY DOES HAVE AVERAGE AIR QUALITY.

PRIORITY: NOT AS A PRIORITY

JUSTIFICATION/EXPLANATION: FH INDIANAPOLIS DOES HAVE A TOBACCO CESSATION PROGRAM AND WORKS WITH THE INDIANA STATE HEALTH DEPARTMENT ON STATE-WIDE EFFORTS. HOWEVER, THIS HAS NOT BEEN SELECTED AS A PRIORITY PROGRAM.

HEALTH NEED: STRESS AND DEPRESSION

DESCRIPTION: SURVEY RESULTS SHOW STRESS AND DEPRESSION IS A CONCERN FOR RESIDENTS.

PRIORITY: INDIRECTLY

JUSTIFICATION/EXPLANATION: STRESS MANAGEMENT, DEPRESSION, AND ANXIETY EDUCATION WILL BE INCLUDED IN PHYSICAL ACTIVITY AND NUTRITION PROGRAMMING.

2013-2016 COMMUNITY HEALTH IMPROVEMENT PLAN RESULTS:

IN THE 2013-2016 CYCLE, FH INDIANAPOLIS HAD SEVERAL PRIORITY AREAS. WHEN THE IMPLEMENTATION PLAN WAS WRITTEN, FH INDIANAPOLIS HAD MORE STAFF AND

**Part V Facility Information (continued)**

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

FINANCIAL RESOURCES. HOWEVER, AS ECONOMIC CHANGES OCCURRED, A LACK OF RESOURCES MADE IT CHALLENGING TO ADEQUATELY ACCOMPLISH THE GOALS SET FORTH IN THE FIRST IMPLEMENTATION PLAN. THE FOLLOWING LIST REVIEWS THE PREVIOUS PRIORITY AREAS, RESULTS, AND FUTURE EFFORTS:

PRIORITY: ALIGNMENT WITH COMMUNITY PARTNERS

RESULTS: THE GOAL OF ENHANCING PARTNERSHIPS, ESPECIALLY WITHIN ACO ACTIVITIES, HAS BEEN MET.

CONTINUATION: INDIRECTLY

FUTURE EFFORTS: MOST OF THE FUTURE PROGRAMMING IS IN PARTNERSHIP WITH ORGANIZATIONS AND OTHER HEALTH SYSTEMS. IT IS NOT NECESSARY FOR THIS TO BE A SPECIFIC GOAL.

PRIORITY: BREAST CANCER

RESULTS: BREAST CANCER EDUCATION AND MAMMOGRAPHY EVENTS DID MEET THE GOALS WITH VERY POSITIVE RESULTS.

CONTINUATION: NOT AS A PRIORITY

FUTURE EFFORTS: THE ACTIVITIES OF THIS PRIORITY WILL CONTINUE, BUT WILL NOT BE LISTED AS A PRIORITY AREA.

PRIORITY: TOBACCO USE

RESULTS: THE STATED GOAL IS RELATED TO DECREASING LUNG CANCER RATES AND PROMOTION OF TOBACCO CESSATION PROGRAMS.

CONTINUATION: NO

FUTURE EFFORTS: FH INDIANAPOLIS WILL CONTINUE TO PROMOTE TOBACCO

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

CESSATION PROGRAMS TO PATIENTS.

PRIORITY: DIABETES EDUCATION

RESULTS: THIS GOAL HAS BEEN MET.

CONTINUATION: INDIRECTLY

FUTURE EFFORTS: WHILE DIABETES SPECIFICALLY IS NOT INCLUDED IN THE IMPLEMENTATION PLAN, A COMPREHENSIVE PHYSICAL ACTIVITY AND NUTRITION PROGRAM WILL ADDRESS THE ROOT CAUSE OF PREDIABETES AND POOR DIABETES MANAGEMENT.

PRIORITY: CARDIOVASCULAR HEALTH

RESULTS: COMPREHENSIVE EDUCATIONAL PROGRAMS WERE OFFERED WITH SURVEY RESULTS INDICATING AN ABOVE-AVERAGE TRANSFER OF LEARNING. THE GOAL IN THIS AREA ALSO INCLUDED AN INCREASE IN SCREENING, IMPLEMENTATION OF BEST CLINICAL PRACTICES, WEIGHT LOSS, AND DIABETES PREVENTION.

CONTINUATION: YES AND NO

FUTURE EFFORTS: WHILE CARDIOVASCULAR HEALTH SPECIFICALLY IS NOT INCLUDED IN THE IMPLEMENTATION PLAN, A COMPREHENSIVE PHYSICAL ACTIVITY AND NUTRITION PROGRAM WILL ADDRESS THE ROOT CAUSE OF MANY CARDIOVASCULAR CONDITIONS.

2016-2018 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP):

THREE PRIORITY AREAS HAVE BEEN IDENTIFIED FOR THE 2016-2018 TIMEFRAME - PHYSICAL ACTIVITY AND NUTRITION, MEDICATION ASSISTANCE, AND SUICIDE PREVENTION. A COMPREHENSIVE WELLNESS PROGRAM FOCUSED ON PHYSICAL ACTIVITY

**Part V Facility Information (continued)**

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

AND NUTRITION WILL TAKE AN INTERDISCIPLINARY APPROACH TO WELLNESS, DISEASE PREVENTION, AND DISEASE MANAGEMENT. TO ADDRESS ACCESS TO HEALTH CARE CHALLENGES, A MEDICATION ASSISTANCE PROGRAM WILL BE IMPROVED AND EXPANDED. SLIGHT CHANGES HAVE BEEN MADE TO THE THREE PRIORITY AREAS FOR THE 2016-2018 TIMEFRAME. THE FIRST PRIORITY, PHYSICAL ACTIVITY AND NUTRITION, HAS BEEN AUGMENTED WITH THE ADDITION OF WALK WITH A DOC IN INDIANAPOLIS, AS WELL AS A SUMMER FARMER'S MARKET, FREE ONLINE COURSES, AND REGULARLY SCHEDULED COOKING CLASSES AND FOOD DEMONSTRATIONS. THE MEDICATION ASSISTANCE PRIORITY SHIFTED BECAUSE OF THE INTRODUCTION OF A NEW RETAIL PHARMACY WITHIN FRANCISCAN HEALTH. INSTEAD, THE FOCUS IS ON MEDICATION TAKE-BACK AND ESTABLISHING MORE EVENTS AND LOCATIONS FOR PRESCRIPTION DRUG DISPOSAL AS A WAY TO COMBAT THE OPIATE EPIDEMIC AND LACK OF RESOURCES IN THE AREA. SUICIDE PREVENTION EDUCATION HAS BEEN MAINTAINED THROUGH REGULARLY SCHEDULE QPR AND MENTAL HEALTH FIRST AID COURSES OFFERED FREE OF CHARGE TO THE PUBLIC.

LINE 11: FRANCISCAN HEALTH MOORESVILLE (FH MOORESVILLE)

COMMUNITY HEALTH NEEDS:

BASED ON THE 2016 CHNA, SEVERAL PRIORITY HEALTH NEEDS, INCLUDING SOCIAL DETERMINANTS OF HEALTH, WERE IDENTIFIED. PER IRS GUIDELINES, THE LIST BELOW PROVIDES THE PRIORITY NEEDS, WHICH NEEDS FH MOORESVILLE WILL COMMIT TO WORKING ON, AND JUSTIFICATION OF WHY THE OTHER NEEDS WERE NOT SELECTED. SELECTION OF PRIORITY HEALTH NEEDS WERE BASED ON THE MAGNITUDE, IMPACT, FEASIBILITY, COST, AND PARTNERSHIPS.

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

HEALTH NEED: FOOD INSECURITY

DESCRIPTION: FOOD INSECURITY IS EVIDENCED IN MORGAN COUNTY.

PRIORITY: INDIRECTLY

JUSTIFICATION/EXPLANATION: FOOD INSECURITY IS A PRIORITY HEALTH ISSUE

AMONGST SERVICE PROVIDERS IN MORGAN COUNTY. FH MOORESVILLE WILL

COLLABORATE WHEN POSSIBLE. FINANCIAL LITERACY, SHOPPING, AND HEALTHY

FOOD CHOICES WILL BE ADDRESSED IN THE 'PHYSICAL ACTIVITY AND NUTRITION'

PRIORITY AREA.

HEALTH NEED: POVERTY

DESCRIPTION: POVERTY IS A CONCERN SPECIFICALLY IN THE NORTHERN THIRD OF

THE COUNTY, THOUGH DISPARITIES ARE APPARENT THROUGHOUT THE COUNTY.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: FH MOORESVILLE DOES NOT HAVE THE FINANCIAL OR

PERSONNEL RESOURCES TO ADDRESS THIS ISSUE.

HEALTH NEED: ACCESS TO HEALTH CARE

DESCRIPTION: SURVEY RESPONSES AND KEY LEADER FOCUS GROUPS IDENTIFIED COST

OF CO-PAYS, MEDICATION EXPENSES, TRANSPORTATION, AND RELATED COSTS ARE

CHALLENGES THROUGHOUT THE COUNTY.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: AN EXISTING MEDICATION ASSISTANCE PROGRAM WILL

BE IMPROVED AND BROADENED.

HEALTH NEED: SUBSTANCE ABUSE (ILLEGAL DRUGS, PRESCRIPTION ABUSE, AND

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

ALCOHOL)

DESCRIPTION: PAR FOR A MAJORITY OF INDIANA COUNTIES, ALL TYPES OF  
SUBSTANCE ABUSE ARE AT A DANGEROUS LEVEL.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: FH MOORESVILLE BEHAVIORAL HEALTH STAFF DO NOT  
HAVE THE RESOURCES TO ADEQUATELY ADDRESS SUBSTANCE ABUSE AS A COMMUNITY  
HEALTH ISSUE. HOWEVER, AS THE STATE GOVERNMENT AND OTHER SAFETY NET  
PROGRAMS ADDRESS THIS ISSUE, FH MOORESVILLE WILL PARTICIPATE TO THE  
FULLEST EXTENT POSSIBLE.

HEALTH NEED: CHRONIC DISEASE

DESCRIPTION: INCIDENT RATES OF HEART DISEASE, DIABETES, OBESITY,  
ARTHRITIS, AND CANCER ARE AVERAGE OR ABOVE THE STATE AVERAGE.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: A COMMON CAUSE OF CHRONIC DISEASE IS THE LACK  
OF PHYSICAL ACTIVITY. INSTEAD OF FOCUSING ON ONE DISEASE, FH MOORESVILLE  
WILL FOCUS ON ENGAGING MORE INDIVIDUALS IN PHYSICAL ACTIVITY AND PROPER  
NUTRITION TO ASSIST WITH PREVENTION AND MANAGEMENT OF CHRONIC DISEASE.

HEALTH NEED: SUICIDE

DESCRIPTION: SUICIDE RATES ARE HIGH THROUGHOUT INDIANA.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: FH MOORESVILLE WILL PROVIDE TRAINING RELATED  
TO SUICIDE TO HEALTH AND SERVICE PROFESSIONALS IN THE COMMUNITIES IT  
SERVES.

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

HEALTH NEED: LUNG CANCER/TOBACCO USE

DESCRIPTION: TOBACCO USE RATES ARE HIGHEST IN THE NORTHERN PORTION OF THE COUNTY. THE COUNTY DOES HAVE AVERAGE AIR QUALITY.

PRIORITY: NOT AS A PRIORITY

JUSTIFICATION/EXPLANATION: FH MOORESVILLE DOES HAVE A TOBACCO CESSATION PROGRAM. HOWEVER, THIS HAS NOT BEEN SELECTED AS A PRIORITY PROGRAM.

HEALTH NEED: STRESS AND DEPRESSION

DESCRIPTION: SURVEY RESULTS SHOW STRESS AND DEPRESSION IS A CONCERN FOR RESIDENTS.

PRIORITY: INDIRECTLY

JUSTIFICATION/EXPLANATION: STRESS MANAGEMENT, DEPRESSION, AND ANXIETY EDUCATION WILL BE INCLUDED IN PHYSICAL ACTIVITY AND NUTRITION PROGRAMMING.

HEALTH NEED: CANCER

DESCRIPTION: BREAST, COLORECTAL, AND PROSTATE CANCERS ARE ABOVE STATE AVERAGES IN MORGAN COUNTY.

PRIORITY: NOT AS A PRIORITY

JUSTIFICATION/EXPLANATION: FH MOORESVILLE CANCER CENTER WILL CONTINUE TO PROVIDE COMMUNITY HEALTH INITIATIVES TO PROMOTE SCREENINGS AND ASSIST INDIVIDUALS THROUGHOUT TREATMENT AND RECOVERY.

HEALTH NEED: AGING

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

DESCRIPTION: THE POPULATION IN MORGAN COUNTY IS AGING, AND BRINGS CONCERNS SUCH AS AGING IN PLACE, ARTHRITIS, OSTEOPOROSIS, DEPRESSION, AND INCREASED GERIATRIC CARE.

PRIORITY: INDIRECTLY

JUSTIFICATION/EXPLANATION: THE COMPREHENSIVE PHYSICAL ACTIVITY AND NUTRITION PROGRAM WILL APPLY TO THE SENIOR POPULATION.

2013-2016 COMMUNITY HEALTH IMPROVEMENT PLAN RESULTS:

IN THE 2013-2016 CYCLE, FH MOORESVILLE HAD SEVERAL PRIORITY AREAS. WHEN THE IMPLEMENTATION PLAN WAS WRITTEN, FH MOORESVILLE HAD MORE STAFF AND FINANCIAL RESOURCES. HOWEVER, AS ECONOMIC CHANGES OCCURRED, A LACK OF RESOURCES MADE IT CHALLENGING TO ADEQUATELY ACCOMPLISH THE GOALS SET FORTH IN THE FIRST IMPLEMENTATION PLAN. THE FOLLOWING LIST REVIEWS THE PREVIOUS PRIORITY AREAS, RESULTS, AND FUTURE EFFORTS:

PRIORITY: ALIGNMENT WITH COMMUNITY PARTNERS

RESULTS: THE GOAL OF ENHANCING PARTNERSHIPS, ESPECIALLY WITHIN ACO ACTIVITIES, HAS BEEN MET.

CONTINUATION: INDIRECTLY

FUTURE EFFORTS: MOST FUTURE PROGRAMMING IS IN PARTNERSHIP WITH ORGANIZATIONS AND OTHER HEALTH SYSTEMS. IT IS NOT NECESSARY FOR THIS TO BE A SPECIFIC GOAL.

PRIORITY: BREAST CANCER

RESULTS: BREAST CANCER EDUCATION AND MAMMOGRAPHY EVENTS DID MEET THE

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

GOALS WITH VERY POSITIVE RESULTS.

CONTINUATION: NOT AS A PRIORITY

FUTURE EFFORTS: THE ACTIVITIES OF THIS PRIORITY WILL CONTINUE, BUT WILL NOT BE LISTED AS A PRIORITY AREA.

PRIORITY: TOBACCO USE

RESULTS: THE STATED GOAL IS RELATED TO DECREASING LUNG CANCER RATES AND PROMOTION OF TOBACCO CESSATION PROGRAMS.

CONTINUATION: NO

FUTURE EFFORTS: FH MOORESVILLE WILL CONTINUE TO PROMOTE TOBACCO CESSATION PROGRAMS TO PATIENTS. THROUGH THE HEALTHIER MORGAN COUNTY INITIATIVE, THE COLLECTIVE EFFORTS WILL CONTINUE.

PRIORITY: DIABETES AND ARTHRITIS EDUCATION

RESULTS: THIS GOAL HAS BEEN MET.

CONTINUATION: INDIRECTLY

FUTURE EFFORTS: WHILE DIABETES SPECIFICALLY IS NOT INCLUDED IN THE IMPLEMENTATION PLAN, A COMPREHENSIVE PHYSICAL ACTIVITY AND NUTRITION PROGRAM WILL ADDRESS THE ROOT CAUSE OF PREDIABETES AND POOR DIABETES MANAGEMENT.

PRIORITY: CARDIOVASCULAR HEALTH

RESULTS: COMPREHENSIVE EDUCATIONAL PROGRAMS WERE OFFERED WITH SURVEY RESULTS INDICATING AN ABOVE-AVERAGE TRANSFER OF LEARNING. THE GOAL IN THIS AREA ALSO INCLUDED AN INCREASE IN SCREENING, IMPLEMENTATION OF BEST

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

CLINICAL PRACTICES, WEIGHT LOSS, AND DIABETES PREVENTION.

CONTINUATION: YES AND NO

FUTURE EFFORTS: WHILE CARDIOVASCULAR HEALTH SPECIFICALLY IS NOT INCLUDED IN THE IMPLEMENTATION PLAN, A COMPREHENSIVE PHYSICAL ACTIVITY AND

NUTRITION PROGRAM WILL ADDRESS THE ROOT CAUSE OF MANY CARDIOVASCULAR CONDITIONS.

2016-2018 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP):

THREE PRIORITY AREAS HAVE BEEN IDENTIFIED FOR THE 2016-2018 TIMEFRAME - PHYSICAL ACTIVITY AND NUTRITION, MEDICATION ASSISTANCE, AND SUICIDE PREVENTION. A COMPREHENSIVE WELLNESS PROGRAM FOCUSED ON PHYSICAL ACTIVITY AND NUTRITION WILL TAKE AN INTERDISCIPLINARY APPROACH TO WELLNESS, DISEASE PREVENTION, AND DISEASE MANAGEMENT. TO ADDRESS ACCESS TO HEALTH CARE CHALLENGES, A MEDICATION ASSISTANCE PROGRAM WILL BE IMPROVED AND EXPANDED. SLIGHT CHANGES HAVE BEEN MADE TO THE THREE PRIORITY AREAS FOR THE 2016-2018 TIMEFRAME. THE FIRST PRIORITY, PHYSICAL ACTIVITY AND NUTRITION, HAS BEEN AUGMENTED WITH THE ADDITION OF WALK WITH A DOC IN MOORESVILLE AND PLAINFIELD, AS WELL AS SCHOOL BASED INTERVENTIONS. THE MEDICATION ASSISTANCE PRIORITY SHIFTED BECAUSE OF THE INTRODUCTION OF A NEW RETAIL PHARMACY WITHIN FRANCISCAN HEALTH. INSTEAD, THE FOCUS IS ON MEDICATION TAKE-BACK AND ESTABLISHING MORE EVENTS AND LOCATIONS FOR PRESCRIPTION DRUG DISPOSAL AS A WAY TO COMBAT THE OPIATE EPIDEMIC AND LACK OF RESOURCES IN THE AREA. SUICIDE PREVENTION EDUCATION HAS MAINTAINED THROUGH REGULARLY SCHEDULE QPR AND MENTAL HEALTH FIRST AID COURSES OFFERED FREE OF CHARGE TO THE PUBLIC AND IN PARTNERSHIP WITH THE

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

HEALTHIER MORGAN COUNTY INITIATIVE.

LINE 11: FRANCISCAN HEALTH CHICAGO HEIGHTS AND FRANCISCAN HEALTH OLYMPIA FIELDS (FH CHICAGO HEIGHTS, FH OLYMPIA FIELDS)

COMMUNITY HEALTH NEEDS:

BASED ON THE 2016 CHNA, SEVERAL PRIORITY HEALTH NEEDS, INCLUDING SOCIAL DETERMINANTS OF HEALTH, WERE IDENTIFIED. PER IRS GUIDELINES, THE LIST BELOW PROVIDES THE PRIORITY NEEDS, WHICH NEEDS FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS WILL COMMIT TO WORKING ON, AND JUSTIFICATION OF WHY THE OTHER NEEDS WERE NOT SELECTED. SELECTION OF PRIORITY HEALTH NEEDS WAS BASED ON THE MAGNITUDE, IMPACT, FEASIBILITY, COST, AND PARTNERSHIPS.

HEALTH NEED: PHYSICAL ACTIVITY AND NUTRITION

DESCRIPTION: OBESITY, DIABETES MANAGEMENT, ARTHRITIS, AND CARDIOVASCULAR CONDITIONS ALL SCORE HIGHLY IN INCIDENT RATES AND PERCEPTION OF NEED. A COMMON THEME AMONGST ALL OF THESE CLINICAL ISSUES IS THE LACK OF PHYSICAL ACTIVITY AND PROPER NUTRITION. CONCERNS ABOUT PUBLIC SAFETY, LACK OF BUILT ENVIRONMENT, AND ACCESS TO HEALTHY FOOD ALSO CONTRIBUTE TO THIS ISSUE. FOOD INSECURITY IS ALSO AN ISSUE.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: PHYSICAL ACTIVITY AND NUTRITION INFORMATION WILL BE INCLUDED IN THE CANCER, DIABETES, AND CARDIOVASCULAR PROGRAMS.

HEALTH NEED: BEHAVIORAL HEALTH

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

DESCRIPTION: BEHAVIORAL HEALTH: SUBSTANCE ABUSE RATES ARE ALSO QUITE HIGH, ESPECIALLY WITH ALCOHOL AND OPIATES. STRESS, DEPRESSION, AND POOR MENTAL HEALTH RATES ALSO CONTRIBUTE TO POOR CHRONIC DISEASE MANAGEMENT, OBESITY, AND SELF-SATISFACTION.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS WILL PROVIDE ADDITIONAL BEHAVIORAL HEALTH SERVICES IN 2018.

HEALTH NEED: ACCESS TO HEALTH CARE

DESCRIPTION: SURVEY RESPONSES AND KEY LEADER FOCUS GROUPS IDENTIFIED COST OF CO-PAYS, MEDICATION EXPENSES, TRANSPORTATION, AND RELATED COSTS ARE CHALLENGES THROUGHOUT THE COUNTY. AREAS OF COOK COUNTY ARE A FEDERALLY DESIGNATED HEALTH PROFESSIONS SHORTAGE AREA (HPSA). THERE IS A SHORTAGE OF PROVIDERS AND LONG WAITS TO SEE A PRIMARY CARE PROVIDER.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: A COMPREHENSIVE PLAN TO RECRUIT ADDITIONAL HEALTHCARE PROVIDERS IS A PRIORITY FOR THE 2016-2018 CYCLE.

HEALTH NEED: BREAST, COLORECTAL, AND PROSTATE CANCER

DESCRIPTION: WHILE THE MAMMOGRAM RATES ARE FAIRLY GOOD IN THE COUNTY, THE INCIDENCE OF BREAST CANCER REMAINS HIGH. COLORECTAL AND PROSTATE CANCER SCREENING RATES ARE LOW AND INCIDENT RATES ARE HIGH.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS WILL WORK SPECIFICALLY WITH PROSTATE SCREENINGS. IN ADDITION, FH CHICAGO

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

HEIGHTS & FH OLYMPIA FIELDS WILL JOIN AN ACADEMIC COLLABORATION TO REDUCE CANCER DISPARITIES.

HEALTH NEED: PRENATAL CARE

DESCRIPTION: SMOKING DURING PREGNANCY, LOW CLINICAL CARE VISITS, AND HIGH INFANT MORTALITY RATES SHOW THE NEED FOR IMPROVED ACCESS AND SERVICES FOR PREGNANT WOMEN AND THEIR FAMILIES.

PRIORITY: NOT AS A PRIORITY

JUSTIFICATION/EXPLANATION: FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS HAS INSTITUTIONALIZED SEVERAL EFFORTS TO ENCOURAGE AND PROVIDE PRENATAL CARE.

FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS IS EXPLORING ADDING A PRENATAL SERVICE TO ITS CLINIC FOR THE UNINSURED AND UNDER-INSURED.

HEALTH NEED: ASTHMA

DESCRIPTION: PERHAPS LINKED TO THE POOR AIR QUALITY, ASTHMA RATES ARE HIGH AND MANAGEMENT IS POOR, ESPECIALLY IN CHILDREN.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: A NEIGHBORING FRANCISCAN ALLIANCE HOSPITAL IS ENGAGED IN THIS ACTIVITY AS A PRIORITY. AS THE PROGRAM DEVELOPS, CONTENT AND MATERIALS WILL BE SHARED WITH FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS FOR CONSIDERATION.

2013-2016 COMMUNITY HEALTH IMPROVEMENT PLAN RESULTS:

IN THE 2013-2016 CYCLE, FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS HAD THREE PRIORITY AREAS. THE FOLLOWING LIST REVIEWS THE PREVIOUS PRIORITY AREAS,

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

RESULTS, AND FUTURE EFFORTS:

PRIORITY: ACCESS TO HEALTHCARE SERVICES

RESULTS: FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS HAS HELPED IMPROVE THE ACCESS TO HEALTHCARE THROUGH THE ESTABLISHMENT OF MID-LEVEL CLINICS AT BOTH CAMPUSES TO ENSURE PATIENTS ARE SEEN POST-DISCHARGE IF THEY ARE UNABLE TO GET AN APPOINTMENT WITH THE PRIMARY CARE PHYSICIAN. FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS ALSO DEVELOPED A TRANSPORTATION HOTLINE WITH INFORMATION ON ALL COMMUNITY TRANSPORTATION OPTIONS AVAILABLE. FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS OPERATES TWO VANS TO ASSIST PATIENTS IN NEED OF FOLLOW UP CARE AT OUR CAMPUSES WITH TRANSPORTATION NEEDS IF THEY DO NOT QUALIFY FOR THE COMMUNITY TRANSPORTATION OPTION.

CONTINUATION: YES

FUTURE EFFORTS: FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS WILL FOCUS ON INCREASING ACCESS IN THE COMMUNITY THROUGH RECRUITMENT AND PLACEMENT OF PHYSICIANS IN UNDERSERVED AREAS, EXPANSION OF OUR CLINIC FOR THE UNINSURED AND UNDER-INSURED, EXPANSION OF DIABETES AND BARIATRIC SERVICES IN THE COMMUNITY, AND THE EXPANSION OF OUR URGENT CARE FACILITY, WHICH WILL BE OPEN 24 HOURS.

PRIORITY: DIABETES SCREENING AND EDUCATION

RESULTS: THIS GOAL HAS BEEN MET.

CONTINUATION: YES

FUTURE EFFORTS: FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS WILL CONTINUE TO FOCUS ON SCREENING AND IDENTIFYING DIABETICS IN THE COMMUNITY.

**Part V Facility Information (continued)**

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

ADDITIONALLY, FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS WILL WORK TO ADDRESS SOME OF THE UNDERLYING CAUSES OF DIABETES THROUGH EDUCATION ON NUTRITION, EXERCISE, AND HEALTHY LIFESTYLE CHOICES.

PRIORITY: CARDIOVASCULAR HEALTH

RESULTS: FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS FOCUSED ON IDENTIFYING AND BETTER MANAGING CHRONIC HEART FAILURE AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE PATIENTS POST-DISCHARGE TO PREVENT READMISSIONS.

CONTINUATION: YES

FUTURE EFFORTS: WHILE FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS IS AGAIN INCLUDING CARDIOVASCULAR HEALTH IN THE IMPLEMENTATION PLAN, THE FOCUS WILL SHIFT TO EDUCATION ON EARLY WARNING SIGNS AS WELL AS PREVENTION ON HEART DISEASE AND STROKES. ADDITIONALLY, FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS WILL WORK TO ADDRESS SOME OF THE UNDERLYING CAUSES OF DIABETES THROUGH EDUCATION ON NUTRITION, EXERCISE, AND HEALTHY LIFESTYLE CHOICES.

2016-2018 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP):

THREE PRIORITY AREAS HAVE BEEN IDENTIFIED FOR THE 2016-2018 TIMEFRAME - CHRONIC DISEASE MANAGEMENT, CANCER SCREENING AND EDUCATION, AND ACCESS TO HEALTHCARE. THE CHRONIC DISEASE MANAGEMENT PROGRAM WILL PROVIDE SCREENINGS AND EDUCATION AROUND DIABETES AND CARDIOVASCULAR CONDITIONS AS WELL AS THE DEVELOPMENT OF A COMPREHENSIVE WELLNESS PROGRAM. PROSTATE CANCER SCREENING RATES ARE QUITE LOW, SO THE CANCER SCREENING PROGRAM WILL FOCUS ON PROSTATE CANCER EDUCATION AND SCREENING. IN ADDITION, AN ACADEMIC PARTNERSHIP WILL PROVIDE THE RESOURCES TO COMPLETE A CANCER

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

DISPARITIES PROGRAM THAT AIMS TO SERVE LOW INCOME AND VULNERABLE POPULATIONS. FH CHICAGO HEIGHTS & FH OLYMPIA FIELDS HAS ALSO DEVELOPED A PLAN TO INCREASE THE NUMBER OF PRIMARY AND SPECIALTY CARE PROVIDERS IN THE HPSA AREA.

LINE 11: FRANCISCAN HEALTH CRAWFORDSVILLE (FH CRAWFORDSVILLE)

COMMUNITY HEALTH NEEDS:

BASED ON THE 2016 CHNA, SEVERAL PRIORITY HEALTH NEEDS, INCLUDING SOCIAL DETERMINANTS OF HEALTH, WERE IDENTIFIED. PER IRS GUIDELINES, THE LIST BELOW PROVIDES THE PRIORITY NEEDS, WHICH NEEDS FH CRAWFORDSVILLE WILL COMMIT TO WORKING ON, AND JUSTIFICATION OF WHY THE OTHER NEEDS WERE NOT SELECTED. SELECTION OF PRIORITY HEALTH NEEDS WAS BASED ON THE MAGNITUDE, IMPACT, FEASIBILITY, COST, AND PARTNERSHIPS.

HEALTH NEED: PHYSICAL ACTIVITY AND NUTRITION

DESCRIPTION: OBESITY, DIABETES MANAGEMENT, ARTHRITIS, AND CARDIOVASCULAR CONDITIONS ALL SCORE HIGHLY IN INCIDENT RATES AND PERCEPTION OF NEED. A COMMON THEME AMONGST ALL OF THESE CLINICAL ISSUES IS THE LACK OF PHYSICAL ACTIVITY AND PROPER NUTRITION. CONCERNS ABOUT PUBLIC SAFETY, LACK OF BUILT ENVIRONMENT, AND ACCESS TO HEALTHY FOOD ALSO CONTRIBUTE TO THIS ISSUE.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: MONTGOMERY COUNTY LACKS OPPORTUNITIES TO BE PHYSICALLY ACTIVE. FH CRAWFORDSVILLE WILL INTRODUCE MULTIPLE OPPORTUNITIES FOR ALL RESIDENTS TO PARTICIPATE IN PHYSICAL ACTIVITY.

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

HEALTH NEED: BEHAVIORAL HEALTH

DESCRIPTION: SUICIDE RATES ARE HIGHER THAN THE STATE AVERAGE. NATIONAL DATA INDICATES OF THE REPORTED COMPLETED SUICIDES, MANY MORE ARE UNREPORTED DUE TO THE LISTED CAUSE OF DEATH. SUBSTANCE ABUSE RATES ARE ALSO QUITE HIGH, ESPECIALLY WITH ALCOHOL AND OPIATES. STRESS, DEPRESSION, AND POOR MENTAL HEALTH RATES ALSO CONTRIBUTE TO POOR CHRONIC DISEASE MANAGEMENT, OBESITY, AND SELF-SATISFACTION.

PRIORITY: INDIRECTLY

JUSTIFICATION/EXPLANATION: THE WELLNESS COALITION OF MONTGOMERY COUNTY HAS IDENTIFIED MENTAL HEALTH AND SUBSTANCE ABUSE AS TWO PRIORITIES FOR 2016-2020. FH CRAWFORDSVILLE PARTICIPATES IN THIS COALITION AND WILL PROVIDE SUPPORT AND RESOURCES TO THESE INTERVENTIONS WHEN POSSIBLE.

HEALTH NEED: ACCESS TO HEALTH CARE

DESCRIPTION: COST OF CO-PAYS, DEDUCTIBLES, MEDICATIONS, AND DURABLE MEDICAL EQUIPMENT ARE REPORTED MOST FREQUENTLY AS BARRIERS TO CLINICAL CARE. WHILE THE COUNTY IS NOT A FEDERALLY DESIGNATED HEALTH PROFESSIONS SHORTAGE AREA, THERE IS A SHORTAGE OF PROVIDERS, OR LONG WAITS TO SEE A PRIMARY CARE PROVIDER.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: FH CRAWFORDSVILLE WILL IMPLEMENT A PARAMEDICINE PROGRAM THAT DELIVERS HEALTH CARE IN THE HOMES OF RESIDENTS. IN ADDITION, FH CRAWFORDSVILLE WILL CONTINUE TO RECRUIT QUALIFIED HEALTH PROFESSIONALS, THOUGH NOT AS PART OF THE COMMUNITY BENEFIT PROGRAM.

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

HEALTH NEED: RESPIRATORY DISEASES

DESCRIPTION: PERHAPS LINKED TO THE HIGH TOBACCO USE RATES, ASTHMA AND COPD RATES ARE HIGH AND MANAGEMENT IS POOR, ESPECIALLY IN CHILDREN.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: COPD PATIENTS WHO HAVE BEEN DISCHARGED FROM THE HOSPITAL WILL RECEIVE HOME CARE AS PART OF THE PARAMEDICINE PROGRAM.

HEALTH NEED: TOBACCO

DESCRIPTION: AS IS TRUE IN MOST INDIANA COUNTIES, TOBACCO CONTINUES TO BE AN ISSUE AND MAY CONTRIBUTE TO OTHER CONDITIONS, INCLUDING LUNG, ORAL CAVITY, AND PHARYNX CANCERS.

PRIORITY: NOT AS A PRIORITY

JUSTIFICATION/EXPLANATION: HOSPITAL STAFF WILL CONTINUE TO SUPPORT PATIENTS WHO ARE READY TO QUIT SMOKING THROUGH INTERNAL AND EXTERNAL REFERRALS.

HEALTH NEED: YOUTH HEALTH

DESCRIPTION: COMPOUNDING FACTORS, SUCH AS HEALTH AND SAFETY ISSUES, LEAD TO ADVERSE CHILDHOOD EXPERIENCES. TEEN BIRTH RATES, HIGH FOOD INSECURITY RATES, USE OF ALCOHOL, TOBACCO, AND OTHER DRUGS, AND CASES OF CHILD ABUSE AND NEGLECT CONTRIBUTE TO POOR WELL-BEING OF YOUTH.

PRIORITY: INDIRECTLY

JUSTIFICATION/EXPLANATION: THE WELLNESS COALITION OF MONTGOMERY COUNTY HAS IDENTIFIED YOUTH HEALTH AS A PRIORITY FOR 2016-2020. FH

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

CRAWFORDSVILLE PARTICIPATES IN THIS COALITION AND WILL PROVIDE SUPPORT AND RESOURCES TO THESE INTERVENTIONS WHEN POSSIBLE.

2013-2016 COMMUNITY HEALTH IMPROVEMENT PLAN RESULTS:

IN THE 2013-2016 CYCLE, FH CRAWFORDSVILLE HAD TWO PRIORITY AREAS,

DIABETES MANAGEMENT AND ACCESS TO HEALTH CARE:

PRIORITY: DIABETES MANAGEMENT

RESULTS: A SHARED MEDICAL APPOINTMENT STRUCTURE GUIDED PARTICIPANTS IN SELF-MANAGEMENT.

CONTINUATION: YES

FUTURE EFFORTS: THE PROGRAM WILL BE CONTINUED AS PART OF THE PHYSICIAN NETWORK SERVICES.

PRIORITY: ACCESSIBLE CARE

RESULTS: A NEIGHBORHOOD CLINIC PROVIDED APPOINTMENTS TO PATIENTS WITH MEDICAID AND HOSPITAL FOLLOW UP APPOINTMENTS TO PATIENTS WITHOUT A PROVIDER. THE MODEL WAS DISCONTINUED AND ANOTHER SOLUTION WAS IMPLEMENTED.

CONTINUATION: NO

FUTURE EFFORTS: INSTEAD OF THIS CLINIC, MDWISE PANELS HAVE BEEN EXPANDED TO ALL PRIMARY CARE PHYSICIANS. IN ADDITION, A DOC OF THE DAY ALLOWS FOR MORE IMMEDIATE SERVICES TO THOSE MOST IN NEED.

2016-2018 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP):

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

TWO PRIORITY AREAS HAVE BEEN IDENTIFIED FOR THE 2016-2018 TIMEFRAME - PHYSICAL ACTIVITY AND IMPLEMENTATION OF A PARAMEDIC PROGRAM. THE PHYSICAL ACTIVITY PROGRAM BUILDS ON PREVIOUS ACTIVITIES HOSTED BY FH CRAWFORDSVILLE. BY OFFERING A SERIES OF 5KS AND A COUCH TO 5K PROGRAM, THE NUMBER OF OPPORTUNITIES TO BE ACTIVE AND GAIN INFORMATION ON PHYSICAL ACTIVITY ARE INCREASED IN THE COMMUNITY. THE PARAMEDICINE PROGRAM EXTENDS ACCESS TO HEALTHCARE TO THOSE WHO NEED ADDITIONAL RESOURCES TO PREVENT HOSPITAL READMISSION AND MANAGE CARE IN THE HOME.

MUCH OF THE ACTIVITY IN 2016 CENTERED ON THE DEVELOPMENT OF SUSTAINABLE PROGRAMS. BECAUSE DETAILS ARE NOT COMPLETE, ADDITIONAL ACTIONS WILL BE ADDED TO THE STRATEGIC PLANS ANNUALLY.

LINE 11: FRANCISCAN HEALTH LAFAYETTE (FH LAFAYETTE)

COMMUNITY HEALTH NEEDS:

BASED ON THE 2016 CHNA, SEVERAL PRIORITY HEALTH NEEDS, INCLUDING SOCIAL DETERMINANTS OF HEALTH, WERE IDENTIFIED. PER IRS GUIDELINES, THE LIST BELOW PROVIDES THE PRIORITY NEEDS, WHICH NEEDS FH LAFAYETTE WILL COMMIT TO WORKING ON, AND JUSTIFICATION OF WHY THE OTHER NEEDS WERE NOT SELECTED. SELECTION OF PRIORITY HEALTH NEEDS WAS BASED ON THE MAGNITUDE, IMPACT, FEASIBILITY, COST, AND PARTNERSHIPS.

HEALTH NEED: PHYSICAL ACTIVITY AND NUTRITION

DESCRIPTION: OBESITY, DIABETES MANAGEMENT, ARTHRITIS, AND CARDIOVASCULAR CONDITIONS ALL SCORE HIGHLY IN INCIDENT RATES AND PERCEPTION OF NEED. A

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

COMMON THEME AMONGST ALL OF THESE CLINICAL ISSUES IS THE LACK OF PHYSICAL ACTIVITY AND PROPER NUTRITION. CONCERNS ABOUT PUBLIC SAFETY, LACK OF BUILT ENVIRONMENT, AND ACCESS TO HEALTHY FOOD ALSO CONTRIBUTE TO THIS ISSUE.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: THE ACO WILL ADDRESS DIABETES AND CARDIOVASCULAR CONCERNS, INCLUDING PHYSICAL ACTIVITY AND NUTRITION. THE BREASTFEEDING INITIATIVES TO CURB CHILDHOOD OBESITY WILL CONTINUE.

HEALTH NEED: BEHAVIORAL HEALTH

DESCRIPTION: SUICIDE RATES ARE HIGHER THAN THE STATE AVERAGE. NATIONAL DATA INDICATES OF THE REPORTED COMPLETED SUICIDES, MANY MORE ARE UNREPORTED DUE TO THE LISTED CAUSE OF DEATH. SUBSTANCE ABUSE RATES ARE ALSO QUITE HIGH, ESPECIALLY WITH ALCOHOL AND OPIATES. STRESS, DEPRESSION, AND POOR MENTAL HEALTH RATES ALSO CONTRIBUTE TO POOR CHRONIC DISEASE MANAGEMENT, OBESITY, AND SELF-SATISFACTION.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: A WELLNESS AND PREVENTION PROGRAM WILL BE DEVELOPED AND IMPLEMENTED FOR STUDENTS AT IVY TECH COMMUNITY COLLEGE.

HEALTH NEED: ACCESS TO HEALTHCARE

DESCRIPTION: SURVEY RESPONSES IDENTIFIED COST OF CO-PAYS, MEDICATION EXPENSES, TRANSPORTATION, AND RELATED COSTS ARE CHALLENGES THROUGHOUT THE COUNTY.

PRIORITY: NOT AS A PRIORITY

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

JUSTIFICATION/EXPLANATION: FH LAFAYETTE PROVIDES SIGNIFICANT FINANCIAL

SUPPORT THROUGH GOVERNMENT PROGRAMS AND CHARITY CARE.

HEALTH NEED: LUNG CANCER/TOBACCO USE

DESCRIPTION: TOBACCO USE RATES ARE HIGH THROUGHOUT INDIANA.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: FH LAFAYETTE WILL DEVELOP AND IMPLEMENT A

PROGRAM DESIGNED TO ASSIST PREGNANT SMOKERS QUIT.

2013-2016 COMMUNITY HEALTH IMPROVEMENT PLAN RESULTS:

IN THE 2013-2016 CYCLE, FH LAFAYETTE HAD THREE PRIORITY AREAS. THE FOLLOWING LIST REVIEWS THE PREVIOUS PRIORITY AREAS, RESULTS, AND FUTURE EFFORTS:

PRIORITY: IMPROVING BREASTFEEDING RATES AMONG NEW MOTHERS

RESULTS: COMPARISON OF 2013 TO 2014 RESPONSES DEMONSTRATED A .41% INCREASE IN BREASTFEEDING AT 3 MONTHS AND A 2.44% INCREASE AT 6 MONTHS.

FOLLOW-UP CALL RESULTS FOR 2013 - LESS THAN 40% OF MOMS WERE STILL BREASTFEEDING AT 6 MONTHS, THE PERCENTAGE INCREASED TO GREATER THAN 40 % IN 2014 AND WAS SLIGHTLY UNDER 50 % IN 2015.

CONTINUATION: YES

FUTURE EFFORTS: CERTIFIED LACTATION NURSES WILL CONTINUE CALLING NEW MOTHERS AT DETERMINED INTERVALS TO PROVIDE EDUCATION AND BREASTFEEDING SUPPORT. FH LAFAYETTE WILL CONTINUE TO WORK WITH OTHER LOCAL AGENCIES TO PROVIDE CONSISTENT MESSAGING TO EXPECTANT AND NEWLY DELIVERED MOMS ABOUT

**Part V Facility Information (continued)**

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

THE BENEFITS OF BREASTFEEDING TO BOTH MOM AND BABY.

PRIORITY: DIABETES AWARENESS AND SUPPORT

RESULTS: A1C TESTING OF FRANCISCAN PHYSICIAN NETWORK PATIENTS WENT FROM 78% IN 2013 TO 93.2% IN 2015. THOSE REFERRED TO EDUCATION INCREASED FROM 10% TO 50%. REPEATED TESTING AFTER 3-6 MONTHS SHOWED THAT 96% OF PARTICIPANTS IMPROVED THEIR A1C SCORES IN THAT TIME PERIOD.

CONTINUATION: YES

FUTURE EFFORTS: EFFORTS WILL CONTINUE TO REFER PATIENTS FOR DIABETES EDUCATION AND MONITOR THEIR A1C SCORES. FH LAFAYETTE WILL REACH OUT TO PHYSICIAN OFFICES BEYOND OUR OWN PHYSICIANS.

PRIORITY: REDUCTION OF HEART FAILURE AND COPD AVOIDABLE RE-HOSPITALIZATION

RESULTS: THE GOAL WAS TO REDUCE READMISSIONS BY 20%. IN 2015 30-DAY HEART FAILURE READMISSIONS WAS 19.8% AND COPD WAS 16.59%.

CONTINUATION: YES

FUTURE EFFORTS: FRANCISCAN HEALTHY LIVING CENTER WILL MERGE WITH THE ACO TO ENHANCE SERVICES AND CARE COORDINATION. COPD AND HF NAVIGATORS WILL BE PART OF THE ACO READMISSION TEAM. A CORPORATE HEART FAILURE TASKFORCE IS BEING PLANNED.

2016-2018 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP):

THREE PRIORITY AREAS HAVE BEEN IDENTIFIED FOR THE 2016-2018 TIMREFRAME - PHYSICAL ACTIVITY AND NUTRITION, BEHAVIORAL HEALTH, AND TOBACCO CESSATION

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

AMONGST PREGNANT WOMEN. DIABETES AND CARDIOVASCULAR SCREENING AND EDUCATION WILL ADDRESS PHYSICAL ACTIVITY AND NUTRITION AS NOT ONLY A PREVENTATIVE, BUT MANAGEMENT TOOL. SPECIFIC DIETARY NEEDS WILL ALSO BE ADDRESSED. A WELLNESS BEHAVIORAL HEALTH PROGRAM WILL BE DEVELOPED FOR THE STUDENTS OF IVY TECH COMMUNITY COLLEGE. THE PROGRAM WILL ADDRESS MENTAL HEALTH CONCERNAS AS WELL AS PROTECTIVE FACTORS, SUCH AS LIFE SKILLS, STRESS REDUCTION, RESOURCES, AND LIFE SKILLS. A NEW EFFORT TO REDUCE THE NUMBER OF WOMEN WHO SMOKE DURING PREGNANCY WILL PARTNER WITH INDIANA'S BABY AND ME PROGRAM, EXPANDING THE REACH TO ADDITIONAL WOMEN. CHANGES HAVE BEEN MADE TO THE THREE PRIORITY AREAS FOR THE 2016-2018 TIMEFRAME. THE FIRST PRIORITY, PHYSICAL ACTIVITY AND NUTRITION, HAS BEEN AUGMENTED WITH THE ADDITION OF WALK WITH A DOC IN LAFAYETTE, AS WELL AS ONLINE EDUCATION. DUE TO CHANGES IN STATE FUNDING AND INTERNAL INFRASTRUCTURE, TOBACCO CESSATION AMONGST LOW INCOME PREGNANT WOMEN HAS BEEN REALIGNED TO PROVIDE AN INTERVENTION BASED ON ONLINE ACTIVITIES AND INCENTIVES TO MOVE WOMEN FROM PRE-CONTEMPLATION TO A MINIMUM OF CONTEMPLATION (USING THE HEALTH BELIEF MODEL). THE THIRD PRIORITY, BEHAVIORAL HEALTH, CHANGES DUE TO THE DISBANNING OF THE COMMUNITY PARTNER ORGANIZATION. HOWEVER, A MEDICALLY ASSISTED TREATMENT PROGRAM BECAME MORE URGENT DUE TO THE RISING OF ADDITION IN THE COMMUNITY. THE FACILITY IS DEVELOPING THE SERVICE, AS WELL AS SUPPORTIVE PROGRAMMING, IN LIEU OF THE ORIGINAL PROGRAM.

**Part V Facility Information (continued)**

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

LINE 11: FRANCISCAN HEALTH CROWN POINT (FH CROWN POINT)

COMMUNITY HEALTH NEEDS:

BASED ON THE 2016 CHNA, SEVERAL PRIORITY HEALTH NEEDS, INCLUDING SOCIAL DETERMINANTS OF HEALTH, WERE IDENTIFIED. PER IRS GUIDELINES, THE LIST BELOW PROVIDES THE PRIORITY NEEDS, WHICH NEEDS FH CROWN POINT WILL COMMIT TO WORKING ON, AND JUSTIFICATION OF WHY THE OTHER NEEDS WERE NOT SELECTED. SELECTION OF PRIORITY HEALTH NEEDS WERE BASED ON THE MAGNITUDE, IMPACT, FEASIBILITY, COST, AND PARTNERSHIPS.

HEALTH NEED: PHYSICAL ACTIVITY AND NUTRITION

DESCRIPTION: OBESITY, DIABETES MANAGEMENT, ARTHRITIS, AND CARDIOVASCULAR CONDITIONS ALL SCORE HIGHLY IN INCIDENT RATES AND PERCEPTION OF NEED. A COMMON THEME AMONGST ALL OF THESE CLINICAL ISSUES IS THE LACK OF PHYSICAL ACTIVITY AND PROPER NUTRITION.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: PHYSICAL ACTIVITY AND NUTRITION EDUCATION WILL BE INTEGRATED INTO THE DIABETES PREVENTION PROGRAM.

HEALTH NEED: BEHAVIORAL HEALTH

DESCRIPTION: SUICIDE, POOR MENTAL HEALTH DAYS, DEPRESSION, AND SUBSTANCE ABUSE ALL RANK HIGHLY IN THE COMMUNITY.

PRIORITY: SOMEWHAT

JUSTIFICATION/EXPLANATION: STRESS, DEPRESSION, AND POOR MENTAL HEALTH RATES ALSO CONTRIBUTE TO POOR CHRONIC DISEASE MANAGEMENT, OBESITY, AND SELF-SATISFACTION. THIS WILL BE ADDRESSED IN EDUCATIONAL PROGRAMMING.

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

HEALTH NEED: ACCESS TO HEALTH CARE

DESCRIPTION: THE COUNTY DOES HAVE A PORTION DESIGNATED AS HEALTH

PROFESSIONS SHORTAGE AREA DUE TO LOW INCOME POPULATIONS. IN ADDITION,

THERE IS A SHORTAGE OF PROVIDERS, OR LONG WAITS TO SEE A PRIMARY CARE

PROVIDER.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: THE ST. CLARE CLINIC, A PRIMARY CARE PROVIDER

THAT SERVES THOSE WHO ENDURE HARDSHIP TO ACCESS QUALITY HEALTHCARE, WILL

BE EXPANDED TO OFFER ADDITIONAL SERVICES. THE ST. CLAIRE CLINIC SERVES

THE UNINSURED AND UNDERINSURED WITH THEIR MEDICAL, BEHAVIORAL, AND SOCIAL

NEEDS. THE CLINIC MAINTAINS A FOOD PANTRY, SUPPORT SERVICES FOR PREGNANT

WOMEN, AND SPECIAL DIABETES PROGRAMMING AND ASSOCIATED SERVICES.

HEALTH NEED: LUNG AND COLORECTAL CANCERS

DESCRIPTION: WITH A HIGHER THAN STATE AVERAGE SMOKING RATE AND POOR AIR

QUALITY, LUNG CANCER RATES ARE HIGH. COLORECTAL CANCER SCREENING RATES

ARE LOW, AS ARE PROSTATE SCREENINGS, AND INCIDENT RATES ARE HIGH.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: OTHER FRANCISCAN ALLIANCE HOSPITALS IN THE

COUNTY WILL FOCUS ATTENTION ON REDUCING CANCER.

HEALTH NEED: INFANT MORTALITY

DESCRIPTION: SMOKING DURING PREGNANCY, LOW CLINICAL CARE VISITS, AND HIGH

INFANT MORTALITY RATES SHOW THE NEED FOR IMPROVED ACCESS AND SERVICES FOR

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

PREGNANT WOMEN AND THEIR FAMILIES.

PRIORITY: NOT AS A PRIORITY

JUSTIFICATION/EXPLANATION: SERVICES ARE PROVIDED AS A STANDARD OF CARE

FOR PATIENTS.

HEALTH NEED: ASTHMA

DESCRIPTION: PERHAPS LINKED TO THE POOR AIR QUALITY IN THE COUNTY AND

HIGH TOBACCO USE RATES, ASTHMA RATES ARE HIGH AND MANAGEMENT IS POOR,

ESPECIALLY IN CHILDREN.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: OTHER FRANCISCAN ALLIANCE HOSPITALS IN THE

COUNTY WILL FOCUS ATTENTION ON ASTHMA AND RESPIRATORY CARE.

HEALTH NEED: SENIOR SERVICES

DESCRIPTION: THERE IS A NOTED LACK OF SERVICES FOR THE OLDER POPULATION,

INCLUDING ACTIVITIES, SPECIALIZED HEALTH CARE, AND TRANSPORTATION

PRIORITY: YES

JUSTIFICATION/EXPLANATION: A FALL PREVENTION PROGRAM WILL BE IMPLEMENTED

FOR THOSE IN THE SERVICE AREA.

2013-2016 COMMUNITY HEALTH IMPROVEMENT PLAN RESULTS:

IN THE 2013-2016 CYCLE, FH CROWN POINT HAD TWO PRIORITY AREAS. THE

FOLLOWING LIST REVIEWS THE PREVIOUS PRIORITY AREAS, RESULTS, AND FUTURE

EFFORTS:

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

PRIORITY: DIABETES EDUCATION

RESULTS: CLINICAL DATA SUPPORTS POSITIVE BEHAVIORAL CHANGES AND

BIOMETRICS WITHIN INDIVIDUALS OF THE DIABETES EDUCATION PROGRAMS OFFERED  
THROUGH ST. CLARE HEALTH CLINIC.

CONTINUATION: YES

FUTURE EFFORTS: WHILE THE DATA SUPPORTS POSITIVE RESULTS, THE PROGRAM HAS  
OPPORTUNITY FOR EXPANSION TO PRE-DIABETES THROUGH THE CDC'S DIABETES  
PREVENTION PROGRAM. THE CLINIC WILL BE EXPANDING SERVICES AND  
ANTICIPATES AN INCREASE IN EDUCATIONAL OPPORTUNITY.

PRIORITY: CARDIOVASCULAR HEALTH

RESULTS: THE GOAL IN THIS AREA ALSO INCLUDED AN INCREASE IN SCREENING,  
IMPLEMENTATION OF BEST CLINICAL PRACTICES, WEIGHT LOSS, AND DIABETES  
PREVENTION.

CONTINUATION: INDIRECTLY THROUGH PROGRAMS

FUTURE EFFORTS: WHILE CARDIOVASCULAR HEALTH SPECIFICALLY IS NOT INCLUDED  
IN THE IMPLEMENTATION PLAN, A COMPREHENSIVE PHYSICAL ACTIVITY AND  
NUTRITION PROGRAM WILL ADDRESS THE ROOT CAUSE OF MANY CARDIOVASCULAR  
CONDITIONS INCLUDING BUT NOT LIMITED TO DIABETES, TOBACCO USE, AND  
OBESITY.

2016-2018 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP):

THREE PRIORITY AREAS HAVE BEEN IDENTIFIED FOR THE 2016-2018 TIMEFRAME -  
DIABETES PREVENTION AND MANAGEMENT, FALL PREVENTION, AND ACCESS TO  
HEALTHCARE. A DIABETES SCREENING, PREVENTION, AND MANAGEMENT PROGRAM

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

USING HEALTH COACHING HAS BEEN ADDED TO THE ST. CLARE CLINIC, AS WELL AS

HEALTHIER FOOD PANTRY ITEMS FOR THOSE WHO NEED IT FOR DIABETES

MANAGEMENT. A NATIONAL FALL MANAGEMENT PROGRAM, STEPPING ON, HAS BEEN PUT

INTO PLACE TO SERVE THE ELDERLY POPULATION THAT HAS A FALL RISK OR HAS

HAD A RECENT FALL. THE THIRD PRIORITY, ACCESS TO HEALTH CARE, HAS BEEN

MET WITH A CHANGE TO ST. CLARE CLINIC SO THAT THEY MAY ACCEPT INDIVIDUALS

WITH INSURANCE THAT CANNOT AFFORD CO-PAYS OR NEED ADDITIONAL ASSISTANCE.

LINE 11: FRANCISCAN HEALTH DYER (FH DYER) AND FRANCISCAN HEALTH HAMMOND  
(FH HAMMOND)

COMMUNITY HEALTH NEEDS:

BASED ON THE 2016 CHNA, SEVERAL PRIORITY HEALTH NEEDS, INCLUDING SOCIAL DETERMINANTS OF HEALTH, WERE IDENTIFIED. PER IRS GUIDELINES, THE LIST BELOW PROVIDES THE PRIORITY NEEDS, WHICH NEEDS FH HAMMOND AND FH DYER WILL COMMIT TO WORKING ON, AND JUSTIFICATION OF WHY THE OTHER NEEDS WERE NOT SELECTED. SELECTION OF PRIORITY HEALTH NEEDS WERE BASED ON THE MAGNITUDE, IMPACT, FEASIBILITY, COST, AND PARTNERSHIPS.

HEALTH NEED: PHYSICAL ACTIVITY AND NUTRITION

DESCRIPTION: OBESITY, DIABETES MANAGEMENT, ARTHRITIS, AND CARDIOVASCULAR CONDITIONS ALL SCORE HIGHLY IN INCIDENT RATES AND PERCEPTION OF NEED. A COMMON THEME AMONGST ALL OF THESE CLINICAL ISSUES IS THE LACK OF PHYSICAL ACTIVITY AND NUTRITION.

PRIORITY: SOMEWHAT

JUSTIFICATION/EXPLANATION: PHYSICAL ACTIVITY AND NUTRITION EDUCATION WILL

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

BE INTEGRATED INTO THE ASTHMA PROGRAM.

HEALTH NEED: BEHAVIORAL HEALTH

DESCRIPTION: SUICIDE, POOR MENTAL HEALTH DAYS, DEPRESSION, AND SUBSTANCE

ABUSE ALL RANK HIGHLY IN THE COMMUNITY.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: THE ADOLESCENT COPING WITH DEPRESSION PROGRAM

AIMS TO IMPROVE YOUTH BEHAVIORAL HEALTH.

HEALTH NEED: ACCESS TO HEALTH CARE

DESCRIPTION: THE COUNTY DOES HAVE A PORTION DESIGNATED AS HEALTH

PROFESSIONS SHORTAGE AREA DUE TO LOW INCOME POPULATIONS. IN ADDITION,  
THERE IS A SHORTAGE OF PROVIDERS, OR LONG WAITS TO SEE A PRIMARY CARE  
PROVIDER.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: FH DYER PROVIDES SIGNIFICANT FINANCIAL SUPPORT  
THROUGH GOVERNMENT PROGRAMS AND CHARITY CARE. OTHER FRANCISCAN ALLIANCE  
FACILITIES IN THE COUNTY PROVIDE ADDITIONAL ACCESS-RELATED SERVICES.

HEALTH NEED: LUNG AND COLORECTAL CANCERS

DESCRIPTION: WITH A HIGHER THAN STATE AVERAGE SMOKING RATE AND POOR AIR  
QUALITY, LUNG CANCER RATES ARE HIGH. COLORECTAL CANCER SCREENING RATES  
ARE LOW, AS ARE PROSTATE SCREENINGS, AND INCIDENT RATES ARE HIGH.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: COLORECTAL CANCER SCREENINGS AND EDUCATION

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

WILL BE A PRIORITY FOR ANOTHER FRANCISCAN ALLIANCE FACILITY IN THE COUNTY.

HEALTH NEED: INFANT MORTALITY

DESCRIPTION: SMOKING DURING PREGNANCY, LOW CLINICAL CARE VISITS, AND HIGH INFANT MORTALITY RATES SHOW THE NEED FOR IMPROVED ACCESS AND SERVICES FOR PREGNANT WOMEN AND THEIR FAMILIES.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: THE PERIOD OF PURPLE CRYING PROGRAM WORKS TO DECREASE THE INCIDENCE OF SHAKEN BABY SYNDROME.

HEALTH NEED: ASTHMA

DESCRIPTION: PERHAPS LINKED TO THE POOR AIR QUALITY IN THE COUNTY AND HIGH TOBACCO USE RATES, ASTHMA RATES ARE HIGH AND MANAGEMENT IS POOR, ESPECIALLY IN CHILDREN.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: IN PARTNERSHIP WITH TWO FRANCISCAN ALLIANCE FACILITIES, ASTHMA EDUCATION AND MANAGEMENT WILL BE ADDRESSED.

HEALTH NEED: SENIOR SERVICES

DESCRIPTION: THERE IS A NOTED LACK OF SERVICES FOR THE OLDER POPULATION, INCLUDING ACTIVITIES, SPECIALIZED HEALTH CARE, AND TRANSPORTATION

PRIORITY: NO

JUSTIFICATION/EXPLANATION: A FALL PREVENTION PROGRAM WILL BE IMPLEMENTED BY ANOTHER FRANCISCAN ALLIANCE FACILITY IN THE COUNTY.

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

2013-2016 COMMUNITY HEALTH IMPROVEMENT PLAN RESULTS:

IN THE 2013-2016 CYCLE, FH HAMMOND AND FH DYER HAD TWO PRIORITIES. THE FOLLOWING LIST REVIEWS THE PREVIOUS PRIORITY AREAS, RESULTS, AND FUTURE EFFORTS:

PRIORITY: DECREASE SUBSTANCE ABUSE AMONG ADOLESCENTS

RESULTS: THE PROGRAM OVERALL HAS BEEN A SUCCESS. OUR COMMUNITY PARTNERS HAVE BEEN PLEASED WITH OUR PARTNERSHIP AND WE HAVE BEEN ABLE TO REACH OUR GOAL.

CONTINUATION: NO

FUTURE EFFORTS: FH HAMMOND AND FH DYER WILL CONTINUE ITS EFFORT TO DECREASE SUBSTANCE ABUSE AMONG ADOLESCENTS, BUT WILL NOT BE LISTED AS A PRIORITY AREA BECAUSE IT BECAME PART OF THE CLINICAL SERVICE LINE REQUIRING PAYMENT.

PRIORITY: IMPROVE CARDIOVASCULAR HEALTH AND LIFE QUALITY

RESULTS: PROGRAM EFFORTS FOR THOSE WHO PARTICIPATED WAS A SUCCESS. HOWEVER OVERALL PROGRAM HAS BEEN NOTABLE AS EFFORT TO RETAIN PARTICIPANTS WAS A CONSTANT CHALLENGE.

CONTINUATION: NO

FUTURE EFFORTS: THE ACTIVITIES OF THIS PRIORITY WILL CONTINUE, BUT WILL NOT BE LISTED AS A PRIORITY AREA. CARDIOVASCULAR HEALTH NO LONGER WARRANTED A PRIORITY PROGRAM STATUS BECAUSE IT WAS ROLLED INTO PHYSICAL ACTIVITY AND NUTRITION AS A WAY TO ADDRESS ROOT CAUSES OF MULTIPLE

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

DISEASES.

2016-2018 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP):

THREE PRIORITY AREAS HAVE BEEN IDENTIFIED FOR THE 2016-2018 TIMEFRAME - RESPIRATORY CARE, INFANT MORTALITY, AND BEHAVIORAL HEALTH. THE COMMUNITY IN WHICH THIS HOSPITAL SERVES SUFFERS FROM GREAT HEALTH DISPARITIES AND VERY POOR ENVIRONMENTAL FACTORS. THE RESPIRATORY CARE PROGRAM WAS SLIGHTLY MODIFIED TO ONLY INCLUDE ASTHMA. AFTER THE INITIAL POSTING OF THE IMPLEMENTATION PLAN, INDIANA RULED THAT FLU VACCINES COULD NO LONGER BE GIVEN AT SCHOOL. HOWEVER, THE ASTHMA PROGRAM HAS GROWN SIGNIFICANTLY IN PARTNERSHIP WITH EAST CHICAGO SCHOOLS AND INCLUDES A COMPREHENSIVE EDUCATION AND CLINICAL SERVICES INTERVENTIONS. INFANT MORTALITY IS ADDRESSED THROUGH THE EVIDENCE-BASED PROGRAM, PERIOD OF PURPLE CRYING, WHICH EDUCATES NEW PARENTS ON SAFE SLEEP AND HOW TO SAFELY WALK AWAY FROM AN INFANT WHEN STRESS BECOMES UNMANAGEABLE. A YOUTH BEHAVIORAL HEALTH INTERVENTION, ADOLESCENT COPING WITH DEPRESSION PROGRAM, ADDRESSES DEPRESSION IN PRE-TEENS AND TEENS IDENTIFIED THROUGH SCHOOLS AND YOUTH PROGRAMS IN A CLASS/SUPPORT GROUP FORMAT. BECAUSE FH HAMMOND AND FH DYER ARE WITHIN A FEW MILES OF EACH OTHER AND SHARE KEY STAFF, THE HOSPITALS ARE COLLABORATING ON THESE PROGRAMS.

LINE 11: FRANCISCAN HEALTH MICHIGAN CITY (FH MICHIGAN CITY)

COMMUNITY HEALTH NEEDS:

BASED ON THE 2016 CHNA, SEVERAL PRIORITY HEALTH NEEDS, INCLUDING SOCIAL DETERMINANTS OF HEALTH, WERE IDENTIFIED. PER IRS GUIDELINES, THE LIST

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

BELOW PROVIDES THE PRIORITY NEEDS, WHICH NEEDS FH MICHIGAN CITY WILL COMMIT TO WORKING ON, AND JUSTIFICATION OF WHY THE OTHER NEEDS WERE NOT SELECTED. SELECTION OF PRIORITY HEALTH NEEDS WAS BASED ON THE MAGNITUDE, IMPACT, FEASIBILITY, COST, AND PARTNERSHIPS.

HEALTH NEED: PHYSICAL ACTIVITY AND NUTRITION

DESCRIPTION: SEVERAL CHRONIC CONDITIONS AND DISEASES CAUSED OR EXACERBATED BY LACK OF PHYSICAL ACTIVITY AND NUTRITION HAVE HIGH INCIDENT RATES.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: THIS HEALTH NEED WILL BE ADDRESSED THROUGH THE PHYSICAL ACTIVITY AND NUTRITION AND DIABETES PREVENTION PROGRAM.

HEALTH NEED: PRE-NATAL CARE

DESCRIPTION: SMOKING DURING PREGNANCY, LOW CLINICAL CARE VISITS, AND HIGH INFANT MORTALITY RATES

PRIORITY: NO

JUSTIFICATION/EXPLANATION: FH-MICHIGAN CITY STAFF WILL PROVIDE SERVICES TO PATIENTS AND GENERAL PROGRAMMING.

HEALTH NEED: ACCESS TO HEALTH CARE

DESCRIPTION: SURVEY RESPONSES AND KEY LEADER FOCUS GROUPS IDENTIFIED COST OF CO-PAYS, MEDICATION EXPENSES, TRANSPORTATION, AND RELATED COSTS ARE CHALLENGES THROUGHOUT THE COUNTY.

PRIORITY: NO

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

JUSTIFICATION/EXPLANATION: AN EXISTING MEDICATION ASSISTANCE PROGRAM WILL

CONTINUE, BUT NOT AS A COMMUNITY HEALTH PRIORITY.

HEALTH NEED: SEXUALLY TRANSMITTED INFECTIONS

DESCRIPTION: HEPATITIS C, HIV, CHLAMYDIA, AND GONORRHEA IS PREVALENT

PRIORITY: NO

JUSTIFICATION/EXPLANATION: LAPORTE COUNTY HAS OTHER PROVIDERS THAT WORK

ON THESE ISSUES IN A COMMUNITY HEALTH CONTEXT.

HEALTH NEED: CHRONIC DISEASE

DESCRIPTION: INCIDENT RATES OF HEART DISEASE, DIABETES, OBESITY,

ARTHRITIS, AND CANCER ARE AVERAGE OR ABOVE THE STATE AVERAGE.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: THIS HEALTH NEED WILL BE ADDRESSED THROUGH THE

PHYSICAL ACTIVITY AND NUTRITION AND DIABETES PREVENTION PROGRAM.

HEALTH NEED: BEHAVIORAL HEALTH

DESCRIPTION: SUICIDE AND SUBSTANCE ABUSE RATES ARE HIGH THROUGHOUT

INDIANA.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: A SUBSTANCE ABUSE PROGRAM FOCUSED ON MIDDLE

SCHOOL STUDENTS WILL BE DEVELOPED AND IMPLEMENTED.

HEALTH NEED: LUNG CANCER/TOBACCO USE

DESCRIPTION: TOBACCO USE RATES ARE HIGH. THE COUNTY DOES HAVE AVERAGE

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

AIR QUALITY.

PRIORITY: NOT AS A PRIORITY

JUSTIFICATION/EXPLANATION: FH MICHIGAN CITY WORKS WITH THE INDIANA STATE  
HEALTH DEPARTMENT ON STATE-WIDE EFFORTS. HOWEVER, THIS HAS NOT BEEN  
SELECTED AS A PRIORITY PROGRAM.

HEALTH NEED: ASTHMA

DESCRIPTION: POOR AIR QUALITY AND HIGH SMOKING RATES CONTRIBUTE TO HIGH  
RATES OF ASTHMA.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: CLINICAL SERVICES TO PREVENT AND TREAT ASTHMA  
WILL BE AVAILABLE, BUT THIS WILL NOT BE A COMMUNITY HEALTH PRIORITY  
PROGRAM.

HEALTH NEED: CANCER

DESCRIPTION: BREAST AND COLORECTAL INCIDENT RATES ARE HIGH.

PRIORITY: NOT AS A PRIORITY

JUSTIFICATION/EXPLANATION: FH MICHIGAN CITY'S CLINICAL SERVICES WILL  
CONTINUE TO PROVIDE COMMUNITY HEALTH INITIATIVES TO PROMOTE SCREENINGS  
AND ASSIST INDIVIDUALS THROUGHOUT TREATMENT AND RECOVERY.

2013-2016 COMMUNITY HEALTH IMPROVEMENT PLAN RESULTS

IN THE 2013-2016 CYCLE, FH MICHIGAN CITY HAD THREE PRIORITY AREAS:

PRIORITY: MEDICATION ASSISTANCE

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

RESULTS: THE GOAL OF THIS PROGRAM WAS MET - PROVIDING ASSISTANCE FOR

PRESCRIPTIONS TO THOSE MOST IN NEED.

CONTINUATION: NOT AS A PRIORITY

FUTURE EFFORTS: THIS PROGRAM WILL CONTINUE, BUT IT WILL NO LONGER BE A

COMMUNITY HEALTH PRIORITY PROGRAM, AS IT HAS PREVIOUSLY ADDRESSED MANY OF

THE NEEDS INITIALLY INDICATED.

PRIORITY: DIABETES MANAGEMENT

RESULTS: THE GOAL OF THIS PROGRAM WAS MET. REFERRALS TO PROVIDERS,

CLINICAL MANAGEMENT, AND COMMUNITY EDUCATION PROVIDED TOOLS FOR BETTER

MANAGEMENT.

CONTINUATION: YES

FUTURE EFFORTS: TO BETTER SERVE THE COMMUNITY, THE PROGRAM AS-IS WILL

DISCONTINUE. IN ITS PLACE WILL BE THE CDC PROGRAM, DIABETES PREVENTION

PROGRAM.

PRIORITY: HEART FAILURE

RESULTS: THE GOAL OF THIS PROGRAM WAS MET.

CONTINUATION: NO

FUTURE EFFORTS: INTERNAL INFRASTRUCTURE DOES NOT ALLOW THIS PROGRAM TO

CONTINUE AS A COMMUNITY HEALTH PRIORITY PROGRAM, THOUGH CLINICAL SERVICES

FOR PATIENTS WILL CONTINUE.

2016-2018 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP):

THREE PRIORITY AREAS HAVE BEEN IDENTIFIED FOR THE 2016-2018 TIMEFRAME -

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

PHYSICAL ACTIVITY AND NUTRITION, DIABETES PREVENTION AND MANAGEMENT, AND MEDICATION ASSISTANCE. TO ADDRESS ACCESS TO HEALTH CARE CHALLENGES, A MEDICATION ASSISTANCE PROGRAM WILL BE IMPROVED AND EXPANDED. THE PHYSICAL ACTIVITY AND NUTRITION PROGRAM WILL TARGET CHILDREN AND THEIR FAMILIES THROUGH A PARTNERSHIP WITH THE YMCA. A NEW DIABETES PREVENTION AND MANAGEMENT PROGRAM WILL BE IMPLEMENTED FOR ADULTS.

IT SHOULD BE NOTED THAT TWO OF THESE PRIORITIES, DIABETES PREVENTION AND MANAGEMENT, AND PHYSICAL ACTIVITY AND NUTRITION ARE DEVELOPMENTAL. THE FIRST YEAR OF THESE PROGRAMS WILL INCLUDE AMPLE TIME OF DEVELOPMENT, TO ENSURE SUSTAINABLE PROGRAMMING AND INDIVIDUAL SUCCESS. MORE COMPLETE ACTION PLANS WILL BE AVAILABLE ONCE THE FULL DEVELOPMENT HAS BEEN COMPLETED.

MAJOR CHANGES HAVE BEEN MADE TO THE 2016-2018 IMPLEMENTATION PLAN DUE TO SHIFTS IN STAFFING AND THE CONSTRUCTION OF A REPLACEMENT HOSPITAL. THE PRIORITY AREAS REMAIN THE SAME: DIABETES PREVENTION AND MANAGEMENT, PHYSICAL ACTIVITY AND NUTRITION, AND MEDICATION ASSISTANCE. THE DIABETES PREVENTION AND MANAGEMENT DEVELOPMENTAL GOAL HAS RESULTED IN THE IMPLEMENTATION OF THE CDC'S DIABETES PREVENTION PROGRAM. THE PHYSICAL ACTIVITY AND NUTRITION PROGRAM BEGAN AS A CLINICAL PROGRAM IN PARTNERSHIP WITH THE YMCA TO REDUCE WEIGHT IN 10 IDENTIFIED CHILDREN THROUGH A CLINICAL PRACTICE. BECAUSE THE PROGRAM SERVED SUCH A SMALL NUMBER AND BECAME MORE CLINICAL THAN COMMUNITY-BASED, IT NO LONGER FIT THE COMMUNITY BENEFIT STANDARDS. THE FACILITY NOW PARTNERS WITH A LOCAL SCHOOL TO

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

PROVIDE COMPREHENSIVE EDUCATION AND SUPPORT SERVICES TO THIRD GRADERS  
THROUGHOUT THE DURATION OF THE SCHOOL YEAR. THIS PROGRAM WILL EXPAND IN  
2018 TO INCLUDE FAMILY INTERVENTIONS AND POSSIBLE EXPANSION TO A SECOND  
GRADE LEVEL. THE MEDICATION ASSISTANCE PROGRAM BECAME OBSOLETE DUE TO THE  
INTRODUCTION OF A FRANCISCAN HEALTH RETAIL PHARMACY. THE GOAL WAS SHIFTED  
TO MEDICATION TAKE BACK TO COMBAT THE OPIOID CRISIS. A MEDICATION DROP  
BOX HAS BEEN INSTALLED IN THE FACILITY AND A FULL COMMUNITY CAMPAIGN  
ADVERTISING THE NECESSITY OF SAFELY REMOVING DRUGS FROM HOMES, DROP  
SITES, AND AVAILABLE RESOURCES WILL BEGIN IN 2018.

LINE 11: FRANCISCAN HEALTH MUNSTER (FH MUNSTER)

COMMUNITY HEALTH NEEDS:

BASED ON THE 2016 CHNA, SEVERAL PRIORITY HEALTH NEEDS, INCLUDING SOCIAL  
DETERMINANTS OF HEALTH, WERE IDENTIFIED. PER IRS GUIDELINES, THE LIST  
BELOW PROVIDES THE PRIORITY NEEDS, WHICH NEEDS FH MUNSTER WILL COMMIT TO  
WORKING ON, AND JUSTIFICATION OF WHY THE OTHER NEEDS WERE NOT SELECTED.  
SELECTION OF PRIORITY HEALTH NEEDS WERE BASED ON THE MAGNITUDE, IMPACT,  
FEASIBILITY, COST, AND PARTNERSHIPS.

HEALTH NEED: PHYSICAL ACTIVITY AND NUTRITION

DESCRIPTION: OBESITY, DIABETES MANAGEMENT, ARTHRITIS, AND CARDIOVASCULAR  
CONDITIONS ALL SCORE HIGHLY IN INCIDENT RATES AND PERCEPTION OF NEED. A  
COMMON THEME AMONGST ALL OF THESE CLINICAL ISSUES IS THE LACK OF PHYSICAL  
ACTIVITY AND PROPER NUTRITION.

PRIORITY: SOMEWHAT

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

JUSTIFICATION/EXPLANATION: PHYSICAL ACTIVITY AND NUTRITION EDUCATION WILL BE INTEGRATED INTO THE COLORECTAL AND ASTHMA PROGRAMS.

HEALTH NEED: BEHAVIORAL HEALTH

DESCRIPTION: SUICIDE, POOR MENTAL HEALTH DAYS, DEPRESSION, AND SUBSTANCE ABUSE ALL RANK HIGHLY IN THE COMMUNITY.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: FH MUNSTER IS UNABLE TO PROVIDE RESOURCES RELATED TO BEHAVIORAL HEALTHCARE.

HEALTH NEED: ACCESS TO HEALTH CARE

DESCRIPTION: THE COUNTY DOES HAVE A PORTION DESIGNATED AS HEALTH PROFESSIONS SHORTAGE AREA DUE TO LOW INCOME POPULATIONS. IN ADDITION, THERE IS A SHORTAGE OF PROVIDERS, OR LONG WAITS TO SEE A PRIMARY CARE PROVIDER.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: FH MUNSTER PROVIDES SIGNIFICANT FINANCIAL SUPPORT THROUGH GOVERNMENT PROGRAMS AND CHARITY CARE. OTHER FRANCISCAN ALLIANCE FACILITIES IN THE COUNTY PROVIDE ADDITIONAL ACCESS-RELATED SERVICES.

HEALTH NEED: LUNG AND COLORECTAL CANCERS

DESCRIPTION: WITH A HIGHER THAN STATE AVERAGE SMOKING RATE AND POOR AIR QUALITY, LUNG CANCER RATES ARE HIGH. COLORECTAL CANCER SCREENING RATES ARE LOW, AS ARE PROSTATE SCREENINGS, AND INCIDENT RATES ARE HIGH.

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: COLORECTAL CANCER SCREENINGS AND EDUCATION

WILL BE A PRIORITY FOR FH MUNSTER

HEALTH NEED: INFANT MORTALITY

DESCRIPTION: SMOKING DURING PREGNANCY, LOW CLINICAL CARE VISITS, AND HIGH INFANT MORTALITY RATES SHOW THE NEED FOR IMPROVED ACCESS AND SERVICES FOR PREGNANT WOMEN AND THEIR FAMILIES.

PRIORITY: NO

JUSTIFICATION/EXPLANATION: FH MUNSTER DOES NOT PROVIDE LABOR AND DELIVERY SERVICES

HEALTH NEED: ASTHMA

DESCRIPTION: PERHAPS LINKED TO THE POOR AIR QUALITY IN THE COUNTY AND HIGH TOBACCO USE RATES, ASTHMA RATES ARE HIGH AND MANAGEMENT IS POOR, ESPECIALLY IN CHILDREN.

PRIORITY: YES

JUSTIFICATION/EXPLANATION: IN PARTNERSHIP WITH TWO FRANCISCAN ALLIANCE FACILITIES, ASTHMA EDUCATION AND MANAGEMENT WILL BE ADDRESSED.

HEALTH NEED: SENIOR SERVICES

DESCRIPTION: THERE IS A NOTED LACK OF SERVICES FOR THE OLDER POPULATION, INCLUDING ACTIVITIES, SPECIALIZED HEALTH CARE, AND TRANSPORTATION

PRIORITY: NO

JUSTIFICATION/EXPLANATION: A FALL PREVENTION PROGRAM WILL BE IMPLEMENTED

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

BY ANOTHER FRANCISCAN ALLIANCE FACILITY IN THE COUNTY.

2013-2016 COMMUNITY HEALTH IMPROVEMENT PLAN RESULTS

IN THE 2013-2016 CYCLE, FH-MUNSTER HAD TWO PRIORITIES. THE FOLLOWING LIST REVIEWS THE PREVIOUS PRIORITY AREAS, RESULTS, AND FUTURE EFFORTS:

PRIORITY: COLORECTAL SCREENING

RESULTS: PROGRAM EFFORTS FOR THOSE WHO PARTICIPATED WAS A SUCCESS.

HOWEVER OVERALL PROGRAM HAS BEEN NOTABLE AS EFFORT TO RETAIN PARTICIPANTS WAS A CONSTANT CHALLENGE.

CONTINUATION: YES

FUTURE EFFORTS: FH MUNSTER WILL CONTINUE EXPAND THE PROGRAM EFFORT TO A LARGER TARGETED GROUP THAN PREVIOUSLY.

PRIORITY: IMPROVE SELF-MANAGEMENT AMONG DIABETIC PATIENTS

RESULTS: OVERALL PROGRAM HAS BEEN NOTABLE AS EFFORT TO RETAIN PARTICIPANTS WAS A CONSTANT CHALLENGE.

CONTINUATION: NO

FUTURE EFFORTS: THE ACTIVITIES OF THIS PRIORITY WILL CONTINUE, BUT WILL NOT BE LISTED AS A PRIORITY AREA.

2016-2018 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP):

TWO PRIORITY AREAS HAVE BEEN IDENTIFIED FOR THE 2016-2018 TIMEFRAME - COLORECTAL CANCER AND RESPIRATORY CARE. THE COLORECTAL PROGRAM WILL IMPROVE EDUCATION AND SCREENING RATES THROUGH A FAITH BASED INITIATIVE,

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

TARGETED TO THE AFRICAN AMERICAN COMMUNITY. THE DISPARITY IN COLORECTAL SCREENING AND INCIDENT RATES BETWEEN CAUCASIANS AND AFRICAN AMERICANS IS QUITE HIGH IN THIS COMMUNITY. THE RESPIRATORY CARE PROGRAM WAS SLIGHTLY MODIFIED TO ONLY INCLUDE ASTHMA. HOWEVER, THE ASTHMA PROGRAM HAS GROWN SIGNIFICANTLY IN PARTNERSHIP WITH EAST CHICAGO SCHOOLS AND INCLUDES A COMPREHENSIVE EDUCATION AND CLINICAL SERVICES INTERVENTIONS.

LINES 15 AND 16: ALL FACILITIES

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

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

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

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

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

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

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

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

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

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

6. PATIENTS/GUARANTORS CAN REQUEST FINANCIAL ASSISTANCE INFORMATION BY CALLING FRANCISCAN'S BILLING OFFICE PHONE LINE ON A 24-HOUR BASIS.

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

8. PRIOR TO TRANSFER TO A COLLECTION AGENCY, FRANCISCAN SENDS A MINIMUM OF 4 STATEMENTS AND MAKES 7 PHONE CALL ATTEMPTS TO CONTACT THE PATIENT/GUARANTOR AT THE ADDRESS AND PHONE NUMBER PROVIDED BY THE PATIENT/GUARANTOR. STATEMENTS AND COMMUNICATIONS INFORM THE PATIENT OF THE AMOUNT DUE AND IF THEY CANNOT PAY THEIR BALANCE THE AVAILABILITY OF FINANCIAL ASSISTANCE.

A PATIENT'S QUALIFICATION FOR CHARITY CARE IS DETERMINED THROUGH A FINANCIAL ASSISTANCE APPLICATION AND SCREENING PROCESS. PATIENTS WHO MAY QUALIFY FOR MEDICAID OR ANY OTHER GOVERNMENTAL ASSISTANCE MUST BE DENIED

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

COVERAGE OR ASSISTANCE FROM THOSE GOVERNMENTAL PROGRAMS PRIOR TO RECEIVING APPROVAL FOR CHARITY CARE. AS SUCH, FRANCISCAN OFFERS PATIENTS ASSISTANCE IN APPLYING OR ENROLLING IN SUCH PROGRAMS. A PATIENT WILL NEED TO FILL OUT, SIGN, AND SUBMIT THE FINANCIAL ASSISTANCE APPLICATION ALONG WITH ALL REQUESTED DOCUMENTATION OF INCOME, EXPENSES, ASSETS, AND LIABILITIES. FRANCISCAN'S BILLING OFFICE WILL PLACE THE PATIENT'S ACCOUNT ON HOLD ONCE A FINANCIAL ASSISTANCE APPLICATION HAS BEEN REQUESTED AND UNTIL A FINANCIAL ASSISTANCE DETERMINATION IS MADE.

APPLICANTS ARE TREATED WITH DIGNITY AND RESPECT THROUGHOUT THE FINANCIAL ASSISTANCE PROCESS AND ALL INFORMATION/MATERIALS RECEIVED ARE CONFIDENTIALLY MAINTAINED. FRANCISCAN ALSO UTILIZES AN EXTERNAL VENDOR, SERVICE, OR DATA SOURCE THAT PROVIDES INFORMATION ON A PATIENT'S OR GUARANTOR'S ABILITY TO PAY (I.E. CREDIT SCORING). ELIGIBILITY FOR CHARITY CARE MAY BE DETERMINED AT ANY POINT IN THE COLLECTIONS CYCLE (I.E. PRIOR TO THE PROVISION OF SERVICES, DURING THE NORMAL COLLECTIONS CYCLE, OR MAY BE USED TO RE-CLASSIFY ACCOUNTS AFTER THEY HAVE BEEN DEEMED UNCOLLECTIBLE AND SUBSEQUENTLY RETURNED FROM A THIRD PARTY COLLECTION AGENCY). ONCE APPROVED, THE PATIENT WILL REMAIN ELIGIBLE FOR CHARITY CARE FOR A MAXIMUM OF FOUR MONTHS. THE ELIGIBILITY PERIOD WILL BEGIN FROM THE DATE OF THE PATIENT'S APPROVAL OF CHARITY CARE. CHARITY CARE DISCOUNTS WILL BE GIVEN FOR CURRENT OPEN ACCOUNTS AND THE FOLLOWING FOUR MONTHS OF EMERGENCY SERVICES OR MEDICALLY NECESSARY CARE. AFTER THE ELIGIBILITY PERIOD HAS ELAPSED, THE PATIENT MUST REAPPLY FOR FINANCIAL ASSISTANCE.

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

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

THE FAP, FAP APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY OF THE FAP ARE

AVAILABLE AT THE FOLLOWING ADDRESS:

HTTPS://FRANCISCANHEALTH.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE-AND-COUNSELING

LINE 22: FRANCISCAN HEALTH CHICAGO HEIGHTS, FRANCISCAN HEALTH OLYMPIA

FIELDS

FRANCISCAN HEALTH CHICAGO HEIGHTS AND FRANCISCAN HEALTH OLYMPIA FIELDS

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

**Part V Facility Information (continued)****Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 179

| Name and address  | Type of Facility (describe)  |
|---|------------------------------|
| 1 WOODLAND CANCER CARE CENTER<br>8955 W 400 NORTH<br>MICHIGAN CITY IN 46360                 | CANCER CENTER                |
| 2 IIMC<br>701 E COUNTY LINE ROAD, SUITE 101<br>GREENWOOD IN 46143                           | PHYSICIAN PRACTICE           |
| 3 ST FRANCIS RADIATION THERAPY CENTERS<br>8111 S EMERSON AVENUE<br>INDIANAPOLIS IN 46239    | RADIATION THERAPY            |
| 4 INDIANA HEART PHYSICIANS<br>5330 E STOP 11 ROAD<br>INDIANAPOLIS IN 46237                  | PHYSICIAN PRACTICE           |
| 5 FRANCISCAN SURGERY CENTER<br>5255 E STOP 11 ROAD, SUITE 100<br>INDIANAPOLIS IN 46237      | AMBULATORY SURGERY CENTER    |
| 6 FPN - ST ANTHONY WOODLAND HEALTH CENTER<br>8865 W 400 NORTH<br>MICHIGAN CITY IN 46360     | PHYSICIAN PRACTICE           |
| 7 FRANCISCAN HAMMOND CLINIC<br>7905 CALUMET AVENUE<br>MUNSTER IN 46321                      | SPECIALTY CENTER/URGENT CARE |
| 8 FPN MC - ORTHOPEDIC HEALTH PARTNERS<br>1225 E COOLSPRING AVENUE<br>MICHIGAN CITY IN 46360 | PHYSICIAN PRACTICE           |
| 9 FRANCISCAN MEDICAL SPECIALISTS<br>761 45TH STREET<br>MUNSTER IN 46321                     | PHYSICIAN PRACTICE           |
| 10 FRANCISCAN HAMMOND CLINIC<br>9800 VALPARAISO DRIVE<br>MUNSTER IN 46321                   | FAMILY WELLNESS CENTER       |

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

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

| Name and address  | Type of Facility (describe)          |
|---|--------------------------------------|
| 1 THE ENDOSCOPY CENTER AT ST FRANCIS<br>8051 S EMERSON AVENUE, SUITE 150<br>INDIANAPOLIS IN 46237 | ENDOSCOPY CENTER                     |
| 2 FPN OBSTETRICS/GYNECOLOGY<br>3900 SAINT FRANCIS WAY, STE 100, 110, &<br>LAFAYETTE IN 47905      | PHYSICIAN PRACTICE                   |
| 3 FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS<br>30 E 15TH STREET<br>CHICAGO HEIGHTS IL 60411        | RESIDENCY CLINIC<br>SERVICES         |
| 4 FRANCISCAN MEDICAL SPECIALISTS<br>919 MAIN STREET<br>DYER IN 46311                              | PHYSICIAN PRACTICE                   |
| 5 MOORESVILLE SURGERY CENTER<br>1215 HADLEY ROAD, SUITE 100<br>MOORESVILLE IN 46260               | AMBULATORY SURGERY CENTER            |
| 6 SOUTH EMERSON SURGERY CENTER<br>8141 S EMERSON AVENUE, SUITE C<br>INDIANAPOLIS IN 46237         | AMBULATORY SURGERY CENTER            |
| 7 FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS<br>20180 S LAGRANGE ROAD<br>FRANKFORT IL 60423         | PHYSICIAN PRACTICE                   |
| 8 FRANCISCAN PHYSICIANS NETWORK - FMS<br>759 45TH STREET<br>MUNSTER IN 46321                      | ORTHO/PT                             |
| 9 COOPERATIVE MANAGED CARE SERVICES<br>9045 RIVER ROAD, SUITE 250<br>INDIANAPOLIS IN 46240        | MANAGED CARE                         |
| 10 FRANCISCAN PHYSICIAN NETWORK - MC<br>8965 W 400 NORTH<br>MICHIGAN CITY IN 46360                | PHYSICIAN PRACTICE<br>SURGERY CENTER |

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

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| 1 INDY SOUTHSIDE SURGICAL<br>5255 E. STOP 11, #450<br>INDIANAPOLIS IN 46237                          | PHYSICIAN PRACTICE          |
| 2 FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS<br>20121 SOUTH CRAWFORD AVENUE<br>OLYMPIA FIELDS IL 60461 | PHYSICIAN PRACTICE          |
| 3 ONCOLOGY AND HEMATOLOGY SPECIALISTS<br>8111 S EMERSON AVENUE, SUITE 101<br>INDIANAPOLIS IN 46237   | PHYSICIAN PRACTICE          |
| 4 ORTHOPEDIC SPECIALISTS<br>5255 E. STOP 11 RD. #300<br>INDIANAPOLIS IN 46237                        | PHYSICIAN PRACTICE          |
| 5 FRANCISCAN PHYSICIAN NETWORK - MC<br>1501 WABASH STREET<br>MICHIGAN CITY IN 46360                  | PHYSICIAN PRACTICE          |
| 6 FPN DERMATOLOGY, FAMILY MEDICINE, PEDS<br>915 SAGAMORE PARKWAY WEST<br>WEST LAFAYETTE IN 47906     | PHYSICIAN PRACTICE          |
| 7 KENDRICK COLON & RECTAL CENTER<br>5255 E. STOP 11 RD, #250<br>INDIANAPOLIS IN 46237                | PHYSICIAN PRACTICE          |
| 8 ST. FRANCIS IMAGING CENTER<br>3147 WEST SMITH VALLEY ROAD<br>GREENWOOD IN 46143                    | IMAGING                     |
| 9 FRANCISCAN ST JAMES HEALTH<br>HEALTH & WELLNESS CENTER, 100 W 197TH PL<br>CHICAGO HEIGHTS IL 60411 | WELLNESS CENTER             |
| 10 FRANCISCAN PHYSICIANS NETWORK - HOMEWOOD<br>18636 DIXIE HIGHWAY<br>HOMEWOOD IL 60430              | PHYSICIAN PRACTICE          |

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

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| 1 JOINT REPLACEMENT SURGEONS<br>1199 HADLEY ROAD<br>MOORESVILLE IN 46158                             | PHYSICIAN PRACTICE          |
| 2 FPN CP CROWN POINT PEDIATRICS<br>1505 SOUTH COURT STREET<br>CROWN POINT IN 46307                   | PHYSICIAN PRACTICE          |
| 3 FRANCISCAN HAMMOND CLINIC<br>11355 WEST 97TH LANE<br>ST. JOHN IN 46373                             | PRIMARY CARE                |
| 4 MOORESVILLE ENDOSCOPY CENTER<br>1215 HADLEY ROAD, SUITE 101<br>MOORESVILLE IN 46158                | ENDOSCOPY CENTER            |
| 5 FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS<br>20201 SOUTH CRAWFORD AVENUE<br>OLYMPIA FIELDS IL 60461 | DIABETES CLINIC             |
| 6 FRANCISCAN MEDICAL SPECIALISTS<br>2001 US 41<br>SCHERERVILLE IN 46375                              | PT/SPEC CENTER              |
| 7 FPN CP VALPARAISO CLINIC<br>2421 LAPORTE AVENUE<br>VALPARAISO IN 46385                             | PHYSICIAN PRACTICE          |
| 8 GREENWOOD IMMEDIATE CARE<br>1001 N MADISON AVENUE<br>GREENWOOD IN 46142                            | IMMEDIATE CARE CENTER       |
| 9 FRANCISCAN MEDICAL SPECIALISTS<br>300 W. 80TH PLACE<br>MERRILLVILLE IN 46410                       | PHYSICIAN PRACTICE          |
| 10 FPN NEPHROLOGY / FPN PULMONARY<br>2708 FERRY STREET<br>LAFAYETTE IN 47904                         | PHYSICIAN PRACTICE          |

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

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| 1 FRANCISCAN MEDICAL SPECIALISTS<br>5529 HOHMAN AVENUE<br>HAMMOND IN 46320                           | PHYSICIAN PRACTICE          |
| 2 DIABETES AND ENDOCRINOLOGY SPECIALISTS<br>5230A E STOP 11 ROAD, SUITE 150<br>INDIANAPOLIS IN 46237 | PHYSICIAN PRACTICE          |
| 3 FPN BROADWAY CLINIC<br>9470 BROADWAY<br>CROWN POINT IN 46307                                       | PHYSICIAN PRACTICE          |
| 4 PEDIATRIC ASSOCIATES OF GREENWOOD<br>900 AVERITT ROAD<br>GREENWOOD IN 46143                        | PHYSICIAN PRACTICE          |
| 5 FRANCISCAN IMMEDIATE CARE - THOMPSON<br>5210 E. THOMPSON ROAD<br>INDIANAPOLIS IN 46237             | IMMEDIATE CARE              |
| 6 NEUROSURGICAL SPECIALISTS<br>8051 S EMERSON AVENUE, SUITE 300<br>INDIANAPOLIS IN 46237             | PHYSICIAN PRACTICE          |
| 7 FPN CARDIOLOGY / ELECTROPHYSIOLOGY<br>3900 SAINT FRANCIS WAY, STE 200<br>LAFAYETTE IN 47905        | PHYSICIAN PRACTICE          |
| 8 FRANCISCAN MEDICAL SPECIALISTS<br>757 45TH STREET<br>MUNSTER IN 46321                              | HOME INFUSION               |
| 9 FRANCISCAN ST JAMES HEALTH-HOME HEALTH<br>1400 OTTO BOULEVARD<br>CHICAGO HEIGHTS IL 60411          | HOME HEALTH                 |
| 10 INDIANA SLEEP CENTER<br>701 E COUNTY LINE ROAD, SUITE 207<br>GREENWOOD IN 46143                   | SLEEP CENTER                |

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

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

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| 1 FPN CP WINFIELD CLINIC<br>11161 RANDOLPH STREET<br>CROWN POINT IN 46307                 | PHYSICIAN PRACTICE          |
| 2 SPECIALTY PHYSICIANS OF ILLINOIS<br>3900 W 203RD ST<br>OLYMPIA FIELDS IL 60461          | PHYSICIAN PRACTICE          |
| 3 FPN - DYER FAMILY HEALTH CENTER<br>840 RICHARD ROAD<br>DYER IN 46311                    | PHYSICIAN PRACTICE          |
| 4 IMPACT CENTER<br>1201 HADLEY ROAD<br>MOORESVILLE IN 46158                               | PHYSICIAN PRACTICE          |
| 5 OMNI REHABILITATION<br>810 MICHAEL DRIVE<br>CHESTERTON IN 46304                         | PHYSICIAN PRACTICE          |
| 6 SOUTHPORT FP AND SPORTS MEDICINE<br>7825 MCFARLAND LANE #A<br>INDIANAPOLIS IN 46237     | PHYSICIAN PRACTICE          |
| 7 FPN FAMILY & GERIATRIC MEDICINE<br>3920 ST FRANCIS WAY, SUITE 209<br>LAFAYETTE IN 47905 | PHYSICIAN PRACTICE          |
| 8 ALVERNO DURABLE MEDICAL EQUIPMENT<br>16149 SOUTH CLINTON STREET<br>HARVEY IL 60426      | DME                         |
| 9 REHABILITATION SPECIALISTS<br>8051 S EMERSON AVENUE, SUITE 250<br>INDIANAPOLIS IN 46237 | PHYSICIAN PRACTICE          |
| 10 MOORESVILLE FAMILY CARE<br>1001 HADLEY ROAD, SUITE 102<br>MOORESVILLE IN 46158         | PHYSICIAN PRACTICE          |

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

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| 1 FPN CP EXPRESS CARE<br>12800 MISSISSIPPI PARKWAY<br>CROWN POINT IN 46307                   | PHYSICIAN PRACTICE          |
| 2 FPN CP - CHESTERON NEURO<br>770 INDIAN BOUNDARY ROAD<br>CHESTERTON IN 46304                | PHYSICIAN PRACTICE          |
| 3 FPN - DYER SOUTH FAMILY HEALTH CENTER<br>14785 WEST 101ST AVENUE<br>DYER IN 46311          | PHYSICIAN PRACTICE          |
| 4 FPN CRAWFORDSVILLE FAMILY MEDICINE<br>308 W MARKET STREET<br>CRAWFORDSVILLE IN 47933       | PHYSICIAN PRACTICE          |
| 5 FPN CP SCHERERVILLE CHERRY CREEK CLINIC<br>7310 W LINCOLN HIGHWAY<br>SCHERERVILLE IN 46307 | PHYSICIAN PRACTICE          |
| 6 FPN - HAMMOND SPECIALTY HEALTH CENTER<br>5454 HOHMAN AVENUE<br>HAMMOND IN 46320            | PHYSICIAN PRACTICE          |
| 7 ST JAMES COMMUNITY HEALTH CENTER<br>BEECHER, 989 DIXIE HIGHWAY<br>BEECHER IL 60401         | PHYSICAL THERAPY SERVICES   |
| 8 SOUTH INDY MRI AND REHAB<br>8141 S EMERSON AVENUE, SUITE A<br>INDIANAPOLIS IN 46237        | RADIOLOGY AND PHYSICAL      |
| 9 CENTER GROVE FAMILY MEDICINE<br>362 MERIDIAN PARKE LANE<br>GREENWOOD IN 46142              | PHYSICIAN PRACTICE          |
| 10 SOUTHEAST FAMILY MEDICINE<br>965 EMERSON PARKWAY STE. J<br>GREENWOOD IN 46143             | PHYSICIAN PRACTICE          |

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

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| 1 SPINE SPECIALISTS<br>8051 S EMERSON AVENUE, SUITE 360<br>INDIANAPOLIS IN 46237                 | PHYSICIAN PRACTICE          |
| 2 COUNTY LINE PEDIATRICS<br>747 E. COUNTY LINE RD. #G<br>GREENWOOD IN 46143                      | PHYSICIAN PRACTICE          |
| 3 MADISON AVE FAMILY MEDICINE<br>747 E. COUNTY LINE ROAD SUITE D<br>GREENWOOD IN 46143           | PHYSICIAN PRACTICE          |
| 4 PSYCHIATRIC SPECIALISTS<br>610 E SOUTHPORT ROAD, SUITE 200<br>INDIANAPOLIS IN 46227            | PHYSICIAN PRACTICE          |
| 5 BEECH GROVE FAMILY MEDICINE<br>2030 CHURCHMAN AVENUE #A<br>BEECH GROVE IN 46107                | PHYSICIAN PRACTICE          |
| 6 CENTRAL INDIANA DERMATOLOGY<br>5255 E. STOP 11 ROAD #310<br>INDIANAPOLIS IN 46237              | PHYSICIAN PRACTICE          |
| 7 FPN CP NORTH POINT OB/GYN<br>1205 S MAIN STREET<br>MUNSTER IN 46321                            | PHYSICIAN PRACTICE          |
| 8 AMER. HEALTH NETWORK - SLEEP (MUNCIE)<br>3631 N MORRISON ROAD<br>MUNCIE IN 47304               | SLEEP CENTER                |
| 9 FPN GREENACRES FAMILY MEDICINE<br>1500 DARLINGTON AVENUE, SUITE 300<br>CRAWFORDSVILLE IN 47933 | PHYSICIAN PRACTICE          |
| 10 FPN CP CROWN POINT CLINIC<br>12800 MISSISSIPPI PARKWAY<br>CROWN POINT IN 46307                | PHYSICIAN PRACTICE          |

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

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| 1 FPN CP NORTH POINT INTERNAL MEDICINE<br>2050 NORTH MAIN STREET<br>CROWN POINT IN 46307         | PHYSICIAN PRACTICE          |
| 2 PLASTIC & RECONSTRUCTIVE SURGEONS<br>8051 S EMERSON AVENUE, SUITE 450<br>INDIANAPOLIS IN 46237 | PHYSICIAN PRACTICE          |
| 3 FPN CP SPECIALTY CENTER SUITE 201<br>1205 S MAIN STREET<br>CROWN POINT IN 46307                | PHYSICIAN PRACTICE          |
| 4 HEARTLAND CROSSING PEDIATRICS<br>1001 HADLEY RD. STE LL 100<br>MOORESVILLE IN 46158            | PHYSICIAN PRACTICE          |
| 5 INDY SOUTHSIDE FAMILY MEDICINE<br>4018 E. SOUTHPORTE RD<br>INDIANAPOLIS IN 46237               | PHYSICIAN PRACTICE          |
| 6 IRVINGTON FAMILY MEDICINE<br>5839 E WASHINGTON STREET<br>INDIANAPOLIS IN 46219                 | PHYSICIAN PRACTICE          |
| 7 FRANCISCAN IMMEDIATE CARE - VILLAGE PARK<br>14641-1 THATCHER LANE<br>CARMEL IN 46032           | IMMEDIATE CARE              |
| 8 MARTINSVILLE FAMILY & INTERNAL MEDICINE<br>49 BILLS BLVD<br>MARTINSVILLE IN 46151              | PHYSICIAN PRACTICE          |
| 9 FPN CP LOWELL CLINIC<br>4500 W 181ST AVE<br>LOWELL IN 46356                                    | PHYSICIAN PRACTICE          |
| 10 KENDRICK FAMILY MEDICINE<br>1001 HADLEY ROAD, SUITE 101<br>MOORESVILLE IN 46158               | PHYSICIAN PRACTICE          |

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

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

| Name and address  | Type of Facility (describe)         |
|---|-------------------------------------|
| 1 FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS<br>1423 CHICAGO ROAD<br>CHICAGO HEIGHTS IL 60411           | PHYSICIAN PRACTICE                  |
| 2 FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS<br>18636 DIXIE HIGHWAY<br>HOMEWOOD IL 60430                | PHYSICIAN PRACTICE                  |
| 3 WEIGHT LOSS SPECIALISTS<br>5230A E STOP 11 ROAD, SUITE 190<br>INDIANAPOLIS IN 46237                 | PHYSICIAN PRACTICE                  |
| 4 GREENWOOD PEDIATRICS<br>8849 SHELBY ST. #B1<br>INDIANAPOLIS IN 46227                                | PHYSICIAN PRACTICE                  |
| 5 PHYSICIAN OUTPATIENT<br>24 JOLIET STREET, SUITE 101<br>DYER IN 46311                                | PHYSICIAN PRACTICE                  |
| 6 SOUTH 31 FAMILY CARE<br>610 E SOUTHPORT ROAD, SUITE 205<br>INDIANAPOLIS IN 46227                    | PHYSICIAN PRACTICE                  |
| 7 GYNECOLOGIC ONCOLOGY SPECIALISTS<br>8111 S. EMERSON, SUITE 204<br>INDIANAPOLIS IN 46237             | PHYSICIAN PRACTICE                  |
| 8 FPN INTERNAL MEDICINE & SURGICAL SPEC.<br>1630 LAFAYETTE ROAD, SUITE 300<br>CRAWFORDSVILLE IN 47933 | PHYSICIAN PRACTICE                  |
| 9 FRANCISCAN PHYSICIAN NETWORK - MC<br>8955 W 400 NORTH<br>MICHIGAN CITY IN 46360                     | PHYSICIAN PRACTICE<br>CANCER CENTER |
| 10 FRANCISCAN PHYSICIAN NETWORK LAKE RIDGE<br>1573 N CLINE AVENUE<br>GRIFFITH IN 46319                | PHYSICIAN PRACTICE                  |

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

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| 1 FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS<br>3700 W 203RD ST<br>OLYMPIA FIELDS IL 60461         | PHYSICIAN PRACTICE          |
| 2 SPECIALTY PHYSICIANS OF ILLINOIS<br>1423 CHICAGO ROAD<br>CHICAGO HEIGHTS IL 60411              | PHYSICIAN PRACTICE          |
| 3 FPN CP CEDAR LAKE CLINIC<br>6831 133RD AVENUE<br>CEDAR LAKE IN 46303                           | FAMILY PRACTICE             |
| 4 COLUMBUS PRIMARY & SPECIALTY CARE<br>123 2ND STREET<br>COLUMBUS IN 47201                       | PHYSICIAN PRACTICE          |
| 5 FPN ORTHOPEDIC AND SPORTS MEDICINE<br>1702 LAFAYETTE ROAD<br>CRAWFORDSVILLE IN 47933           | PHYSICIAN PRACTICE          |
| 6 PLAINFIELD FAMILY MEDICINE<br>315 DAN JONES ROAD, SUITE 150<br>PLAINFIELD IN 46168             | PHYSICIAN PRACTICE          |
| 7 GREENWOOD PARKE FAMILY MEDICINE<br>701 E. COUNTY LINE ROAD, SUITE 204<br>GREENWOOD IN 46143    | PHYSICIAN PRACTICE          |
| 8 CARMEL FAMILY MEDICINE<br>12188 B NORTH MERIDIAN ST #280<br>CARMEL IN 46032                    | PHYSICIAN PRACTICE          |
| 9 FRANKLIN TOWNSHIP FAMILY MEDICINE<br>8325 E SOUTHPORT ROAD, SUITE 100<br>INDIANAPOLIS IN 46259 | PHYSICIAN PRACTICE          |
| 10 FPN EASTSIDE FAMILY MEDICINE<br>2056 LEBANON ROAD<br>CRAWFORDSVILLE IN 47933                  | PHYSICIAN PRACTICE          |

Schedule H (Form 990) 2016

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

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

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| 1 BREAST SPECIALISTS<br>8111 S. EMERSON #104<br>INDIANAPOLIS IN 46237                         | PHYSICIAN PRACTICE          |
| 2 FPN - OMNI FAMILY HEALTH CENTER<br>221 US HWY 41, SUITE I<br>SCHERERVILLE IN 46375          | PHYSICIAN PRACTICE          |
| 3 FPN - ST. JOHN HEALTH CENTER<br>10860 MAPLE LANE<br>ST. JOHN IN 46373                       | PHYSICIAN PRACTICE          |
| 4 FPN FAMILY MEDICINE - KENSINGTON<br>3875 KENSINGTON DRIVE<br>LAFAYETTE IN 47905             | PHYSICIAN PRACTICE          |
| 5 FPN CP DEMOTTE CLINIC<br>200 3RD COURT SE<br>DEMOTTE IN 46310                               | PHYSICIAN PRACTICE          |
| 6 MAJOR HOSPITAL CARDIAC DIAGNOSTICS<br>150 WEST WASHINGTON STREET<br>SHELBYVILLE IN 46176    | CARDIOVASCULAR TESTING      |
| 7 FPN NORTHRIDGE INTERNAL MEDICINE<br>1704 LAFAYETTE ROAD, SUITE 8<br>CRAWFORDSVILLE IN 47933 | PHYSICIAN PRACTICE          |
| 8 SPECIALTY PHYSICIANS OF ILLINOIS<br>3700 W 203RD ST<br>OLYMPIA FIELDS IL 60461              | PHYSICIAN PRACTICE          |
| 9 PULMONARY & SLEEP SPECIALISTS<br>1040 GREENWOOD SPRINGS BLVD<br>GREENWOOD IN 46143          | PHYSICIAN PRACTICE          |
| 10 FPN - DYER SPECIALTY HEALTH CENTER<br>24 JOLIET STREET, SUITE 101<br>DYER IN 46311         | PHYSICIAN PRACTICE          |

Schedule H (Form 990) 2016

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

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| 1 HEARTLAND INTERNAL MEDICINE<br>10701 ALLIANCE DRIVE<br>CAMBY IN 46113                                | PHYSICIAN PRACTICE          |
| 2 FPN NORTHSIDE FAMILY MEDICINE<br>1660 LAFAYETTE ROAD, SUITE 170<br>CRAWFORDSVILLE IN 47933           | PHYSICIAN PRACTICE          |
| 3 MONTICELLO MEDICAL CENTER<br>826 N 6TH ST<br>MONTICELLO IN 47960                                     | MEDICAL PRACTICE            |
| 4 FPN PHYSICAL MEDICINE & REHABILITATION<br>1012 N 14TH STREET<br>LAFAYETTE IN 47904                   | PHYSICIAN PRACTICE          |
| 5 FPN - HAMMOND FAMILY HEALTH CENTER<br>5500 HOHMAN AVENUE SUITE 2A<br>HAMMOND IN 46320                | PHYSICIAN PRACTICE          |
| 6 FPN CP MEDICAL ARTS INTERNAL MEDICINE<br>297 WEST FRANCISCAN LANE, SUITE 104<br>CROWN POINT IN 46307 | PHYSICIAN PRACTICE          |
| 7 KENDRICK INTERNAL MEDICINE<br>1001 HADLEY ROAD #LL050<br>MOORESVILLE IN 46158                        | PHYSICIAN PRACTICE          |
| 8 RHEUMATOLOGY & OSTEOPOROSIS SPECIALISTS<br>5255 E STOP 11 ROAD, SUITE 320<br>INDIANAPOLIS IN 46237   | PHYSICIAN PRACTICE          |
| 9 CENTER GROVE INTERNAL MEDICINE<br>107 N. STATE ROAD 135 #103<br>GREENWOOD IN 46142                   |                             |
| 10 CENTRAL INDIANA PROCTOLOGY<br>49 BILLS BLVD.<br>MARTINSVILLE IN 46151                               | PHYSICIAN PRACTICE          |

Schedule H (Form 990) 2016

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

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

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| 1 MCFARLAND INTERNAL MEDICINE<br>7855 S. EMERSON AVE #P<br>INDIANAPOLIS IN 46237          | PHYSICIAN PRACTICE          |
| 2 MCFARLAND FAMILY MEDICINE<br>7855 S. EMERSON AVE #P<br>INDIANAPOLIS IN 46237            | PHYSICIAN PRACTICE          |
| 3 CENTRAL EXPRESS CARE<br>1501 HARTFORD ST<br>LAFAYETTE IN 47905                          | URGENT CARE                 |
| 4 FPN BEHAVIOR HEALTH<br>1501 HARTFORD ST<br>LAFAYETTE IN 47905                           | PHYSICIAN PRACTICE          |
| 5 FPN - DOUGLAS PARK HEALTH CARE<br>3831 HOHMAN AVENUE<br>HAMMOND IN 46327                | PHYSICIAN PRACTICE          |
| 6 CITYWAY FAMILY & SPORTS MEDICINE<br>426 S. ALABAMA STREET<br>INDIANAPOLIS IN 46225      | PHYSICIAN PRACTICE          |
| 7 RHEUMATOLOGY CARE SPECIALISTS<br>1205 HADLEY ROAD<br>MOORESVILLE IN 46158               | PHYSICIAN PRACTICE          |
| 8 FRANCISCAN PHYSICIAN NETWORK - MC<br>500 W BUFFALO STREET<br>NEW BUFFALO MI 49117       | PHYSICIAN PRACTICE          |
| 9 MOORESVILLE AFTER HOURS CLINIC<br>1001 HADLEY ROAD, SUITE 101<br>MOORESVILLE IN 46158   | PHYSICIAN PRACTICE          |
| 10 FPN - MICHIGAN CITY EXPRESS CARE<br>2590 MORTHDAND DRIVE, STE I<br>VALPARAISO IN 46383 | PHYSICIAN PRACTICE          |

Schedule H (Form 990) 2016

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

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| 1 AMER. HEALTH NETWORK - KOKOMO<br>2330 S DIXON ROAD<br>KOKOMO IN 46902                      | IMAGING                     |
| 2 PLEASANT VIEW FAMILY MEDICINE<br>12524 SOUTHEASTERN AVENUE<br>INDIANAPOLIS IN 46259        | PHYSICIAN PRACTICE          |
| 3 SPECIALTY PHYSICIANS OF ILLINOIS<br>20201 SOUTH CRAWFORD AVENUE<br>OLYMPIA FIELDS IL 60461 | PHYSICIAN PRACTICE          |
| 4 EXPRESS CARE RENSSELAER<br>919 GRACE STREET<br>RENSSELAER IN 47978                         | PHYSICIAN PRACTICE          |
| 5 FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS<br>20180 S LAGRANGE ROAD<br>FRANKFORT IL 60423    | EXPRESS CARE CLINIC         |
| 6 FPN CP SKILLED NURSING<br>1205 S MAIN STREET<br>CROWN POINT IN 46307                       | PHYSICIAN PRACTICE          |
| 7 SPECIALTY PHYSICIANS OF ILLINOIS<br>BEECHER, 989 DIXIE HIGHWAY<br>BEECHER IL 60401         | PHYSICIAN PRACTICE          |
| 8 WOUND CARE SPECIALISTS<br>8111 S. EMERSON AVENUE<br>INDIANAPOLIS IN 46237                  | PHYSICIAN PRACTICE          |
| 9 SKILLED NURSING FACILITY<br>4904 WAR ADMIRAL DRIVE<br>INDIANAPOLIS IN 46237                | NURSING FACILITY            |
| 10 FRANCISCAN IMMEDIATE CENTER<br>919 E GRACE STREET<br>RENSSELAER IN 47978                  | IMMEDIATE CARE              |

Schedule H (Form 990) 2016

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

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| 1 BEECH GROVE INTERNAL MEDICINE<br>2030 CHURCHMAN AVENUE SUITE A<br>BEECH GROVE IN 46107           | IMMEDIATE CARE              |
| 2 SPORTS MEDICINE SPECIALISTS<br>315 DAN JONES ROAD #120<br>PLAINFIELD IN 46168                    | PHYSICIAN PRACTICE          |
| 3 AMER. HEALTH NETWORK - SLEEP (CARMEL)<br>12425 OLD MERIDIAN STREET, SUITE A-2<br>CARMEL IN 46032 | SLEEP CENTER                |
| 4 FPN CARDIOLOGY LOGANSPORT<br>1201 MICHIGAN AVE, SUITE 50<br>LOGANSPORT IN 46947                  | SLEEP CENTER                |
| 5 ORTHOPEDIC FOOT & ANKLE SURGEONS<br>1199 HADLEY ROAD SUITE 300<br>MOORESVILLE IN 46158           | PHYSICIAN PRACTICE          |
| 6 FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS<br>344 VICTORY DRIVE<br>PARK FOREST IL 60466            | PHYSICIAN PRACTICE          |
| 7 SPECIALTY PHYSICIANS OF ILLINOIS<br>3800 W 203RD ST<br>OLYMPIA FIELDS IL 60461                   | PHYSICIAN PRACTICE          |
| 8 FPN - MICHIGAN CITY<br>2307 LAPORTE AVE, STE B<br>VALPARAISO IN 46383                            | PHYSICIAN PRACTICE          |
| 9 FPN- MICHIGAN CITY EXPRESS CARE<br>3325 WILLOWCREEK ROAD<br>PORTAGE IN 46368                     | PHYSICIAN PRACTICE          |
| 10 MUNSTER DME<br>7847 CALUMET AVENUE<br>MUNSTER IN 46321  | DME                         |

Schedule H (Form 990) 2016

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

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

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| 1 PALLATIVE CARE<br>8111 S EMERSON AVE<br>INDIANAPOLIS IN 46237                                 |                             |
| 2 AMER. HEALTH NETWORK - MUNCIE<br>3631 N MORRISON ROAD<br>MUNCIE IN 47304                      | PT, IMAGING, SURGERY        |
| 3 FPN CP RADIATION ONCOLOGY<br>1201 S MAIN STREET BURRELL CANCER CENTER<br>CROWN POINT IN 46307 | PHYSICIAN PRACTICE          |
| 4 FPN RENSSELAER MEDICAL CENTER- FM & GEN<br>118 W DREXEL PARKWAY<br>RENSSELAER IN 47978        | PHYSICIAN PRACTICE          |
| 5 FPN HD SKILLED NURSING<br>5454 HOHMAN AVENUE<br>HAMMOND IN 46320                              | PHYSICIAN PRACTICE          |
| 6 ALVERNO DURABLE MEDICAL EQUIPMENT<br>3900 W 203RD ST<br>OLYMPIA FIELDS IL 60461               | DME                         |
| 7 FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS<br>20939 S CICERO AVENUE<br>MATTESON IL 60443        | PHYSICIAN PRACTICE          |
| 8 FPN CP ST CLARE CLINIC<br>1121 S. INDIANA<br>CROWN POINT IN 46307                             | PHYSICIAN PRACTICE          |
| 9 FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS<br>211 DIXIE HIGHWAY<br>CHICAGO HEIGHTS IL 60411     | EXPRESS CARE CLINIC         |
| 10 PHYSICAL THERAPY - AQUA @ WORKING WELL<br>4111 FRANKLIN STREET<br>MICHIGAN CITY IN 46360     | PHYSICAL THERAPY            |

Schedule H (Form 990) 2016

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

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| 1 FRANCISCAN IMMEDIATE CARE - CASTLE KEY<br>4527 E. 82ND STREET<br>INDIANAPOLIS IN 46250         | IMMEDIATE CARE              |
| 2 FRANCISCAN PHYSICIAN NETWORK - MC<br>900 I STREET<br>LAPORTE IN 46350                          | PHYSICIAN PRACTICE          |
| 3 POST ACUTE TRANSITIONAL CARE<br>5330 E STOP 11 ROAD<br>INDIANAPOLIS IN 46237                   |                             |
| 4 FPN CP MUNSTER NEUROSURGERY<br>759 45H STREET<br>MUNSTER IN 46321                              | PHYSICIAN PRACTICE          |
| 5 ST JAMES HEALTH OUTPATIENT PHARMACY<br>3700 203RD STREET, SUITE 108<br>OLYMPIA FIELDS IL 60461 | PHARMACY                    |
| 6 AMER. HEALTH NETWORK - PERU<br>315 W OLD KEY DRIVE, IMAGING SUITE 140<br>PERU IN 46970         | IMAGING                     |
| 7 FRANCISCAN PHYSICIAN NETWORK<br>19400 NORTH CREEK DRIVE<br>LYNWOOD IL 60411                    | PHYSICIAN PRACTICE          |
| 8 FPN CP HOSPITALISTS<br>1205 S MAIN STREET<br>CROWN POINT IN 46307                              | PHYSICIAN PRACTICE          |
| 9 FRANCISCAN MEDICAL SPECIALISTS<br>1101 GLENDALE ROAD, SUITE 110<br>VALPARAISO IN 46383         | PHYSICIAN PRACTICE          |
| 10   |                             |

Schedule H (Form 990) 2016

**Part VI Supplemental Information**

Provide the following information.

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

**SUPPLEMENTAL INFORMATION****SCHEDULE H, PART VI, ITEM 2****NEEDS ASSESSMENT**

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

**Part VI Supplemental Information**

Provide the following information.

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

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SCHEDULE H, PART VI, ITEM 3

FINANCIAL ASSISTANCE POLICY

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

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

1. FRANCISCAN COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN  
APPROPRIATE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS,  
ADMITTING/REGISTRATION AREAS, BILLING OFFICES, OUTPATIENT SERVICE

**Part VI Supplemental Information**

Provide the following information.

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

SETTINGS, AND ON OUR HOSPITALS' WEBSITES. SIGNS/POSTINGS INFORM PATIENTS

THAT FREE OR REDUCED COST CARE MAY BE AVAILABLE TO QUALIFYING PATIENTS

WHO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

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

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

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

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

**Part VI Supplemental Information**

Provide the following information.

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

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

7. FRANCISCAN SENDS 4 STATEMENTS AND MAKES 6 PHONE CALL ATTEMPTS TO CONTACT THE PATIENT/GUARANTOR AT THE ADDRESS AND PHONE NUMBER PROVIDED BY THE PATIENT/GUARANTOR. STATEMENTS AND COMMUNICATIONS INFORM THE PATIENT OF THE AMOUNT DUE AND IF THEY CANNOT PAY THEIR BALANCE THE AVAILABILITY OF FINANCIAL ASSISTANCE.

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SCHEDULE H, PART VI, ITEM 4

COMMUNITY INFORMATION

FRANCISCAN ALLIANCE SERVES A LARGE GEOGRAPHIC AREA WHICH INCLUDES 18 COUNTIES IN INDIANA (BENTON, CARROLL, FOUNTAIN, HAMILTON, JASPER,

**Part VI Supplemental Information**

Provide the following information.

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- 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.

JOHNSON, LAKE, LAPORTE, MARION, MONTGOMERY, MORGAN, NEWTON, PORTER,  
SHELBY, STARKE, TIPPACANOE, WARREN, AND WHITE) AND 3 COUNTIES IN ILLINOIS  
(COOK, KANKAKEE, AND WILL). THE POPULATION OF THE COMMUNITIES THAT WE  
SERVE WAS ESTIMATED AT OVER 3.8 MILLION PEOPLE WITH AN AVERAGE HOUSEHOLD  
INCOME ABOVE \$55,000 IN 2016. FOR THESE COMMUNITIES, THE PERCENTAGE OF  
RESIDENTS BELOW THE FEDERAL POVERTY LEVEL WAS ESTIMATED AT 15.3%. THE  
PERCENTAGE OF INPATIENTS FROM THESE COMMUNITIES WHO WERE SERVED BY  
MEDICAID WAS 19.4%. THE PERCENTAGE OF INPATIENTS FROM THESE COMMUNITIES  
WHO WERE UNINSURED WAS APPROXIMATELY 3.0%. IN COMPARISON, THE  
PERCENTAGES OF MEDICAID AND UNINSURED INPATIENTS TREATED BY THE HOSPITALS  
OF THE FRANCISCAN ALLIANCE WERE 20.1% AND 2.2% RESPECTIVELY IN 2016.  
THERE ARE 55 OTHER HOSPITALS THAT SERVE WITHIN THESE COMMUNITIES AS  
WELL.

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**Part VI Supplemental Information**

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
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SCHEDULE H, PART VI, ITEM 5 & PART I, LINE 6A

OTHER INFORMATION

WWW.FRANCISCANHEALTH.ORG/COMMUNITYHEALTH REFLECTS FRANCISCAN'S MISSION OF  
"CONTINUING CHRIST'S MINISTRY IN OUR FRANCISCAN TRADITION." ALTHOUGH IT  
IS NOT ALL INCLUSIVE OF THE MANY BENEFITS PROVIDED BY FRANCISCAN IT DOES  
PORTRAY THE SIGNIFICANT BENEFITS THAT REFLECT OUR COMMITMENT TO  
HEALTHCARE AND THE COMMUNITIES WE ARE PRIVILEGED TO SERVE. THE FOLLOWING  
IS A SUBSET OF THE MANY CLINICAL SERVICES AS WELL AS POPULATION HEALTH  
IMPROVEMENT AND COMMUNITY OUTREACH ACTIVITIES OFFERED BY ONE OR MORE OF  
FRANCISCAN'S HEALTHCARE FACILITIES:

- INPATIENT HOSPITAL SERVICES INCLUDING: MEDICAL SERVICES, SURGICAL  
SERVICES, INTENSIVE CARE SERVICES, TELEMETRY SERVICES, OBSTETRICS  
SERVICES, PEDIATRICS SERVICES, NEONATAL INTENSIVE CARE SERVICES, ACUTE  
REHABILITATION SERVICES, ONCOLOGY SERVICES, BONE MARROW TRANSPLANT  
SERVICES, GENERAL SURGERY SERVICES, CARDIAC SURGERY SERVICES, VASCULAR  
SERVICES, PULMONARY SERVICES, INTERVENTIONAL RADIOLOGY, ORTHOPEDICS,  
JOINT AND SPINE CARE, GASTROINTESTINAL CARE, NEUROSCIENCES SERVICES,

**Part VI Supplemental Information**

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COLON AND RECTAL SERVICES, ANESTHESIA SERVICES, HOSPICE SERVICES,

INPATIENT PSYCHIATRIC CARE, RESIDENTIAL TREATMENT PROGRAM FOR

ADOLESCENTS, ETC.

- EMERGENCY SERVICES INCLUDING: 24 HOUR EMERGENCY ROOM SERVICES,

AMBULANCE SERVICES, IMMEDIATE CARE SERVICES, ADVANCED LIFE SUPPORT

SERVICES, BASIC LIFE SUPPORT SERVICES, BEHAVIORAL HEALTH EMERGENCY

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

- OUTPATIENT SERVICES INCLUDING: LABORATORY SERVICES, PHYSICAL THERAPY

SERVICES, OCCUPATIONAL THERAPY SERVICES, SPEECH THERAPY SERVICES, GENERAL

RADIOLOGY SERVICES, COMPUTED TOMOGRAPHY SERVICES, MAGNETIC RESONANCE

IMAGING (MRI), NUCLEAR MEDICINE SERVICES, MAMMOGRAPHY SERVICES,

ANGIOGRAPHY SERVICES, NEURODIAGNOSTICS SERVICES, GASTRO/INTESTINAL

SERVICES, SLEEP LABORATORY, PULMONARY SERVICES, OUTPATIENT SURGERY,

CARDIAC TESTING, ELECTROCARDIOGRAM (EKG) SERVICES, MEDICAL ONCOLOGY

SERVICES, RADIATION ONCOLOGY SERVICES, PHARMACY, OCCUPATIONAL MEDICINE

SERVICES, CARDIAC/PULMONARY REHABILITATION SERVICES, CONGESTIVE HEART

FAILURE CLINIC, WOUND HEALING AND PREVENTION, NUTRITIONAL COUNSELING,

DIABETES MANAGEMENT, BARIATRIC SERVICES, PAIN MANAGEMENT, SOCIAL

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SERVICES, PALLIATIVE CARE, SPORTS MEDICINE, BEHAVIORAL HEALTH, STROKE

SERVICES, HOME HEALTH SERVICES, SKILLED NURSING SERVICES, SOCIAL

SERVICES, DURABLE MEDICAL EQUIPMENT.

- PRIMARY CARE AND SPECIALTY CARE PHYSICIAN CLINICS.

- SUBSIDIZED HEALTHCARE SERVICES OFFERED BY FRANCISCAN:

- FRANCISCAN HAS NEIGHBORHOOD HEALTH CLINICS THAT OFFER FAMILY PRACTICE

SERVICES DESIGNED FOR FAMILIES WITHOUT ACCESS TO AFFORDABLE HEALTH CARE.

THE FOCUS IS ON PROVIDING PRIMARY AND PREVENTIVE CARE AS WELL AS HEALTH

EDUCATION. THESE CLINICS OFFER FREE IMMUNIZATIONS.

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

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

- FRANCISCAN'S DIABETES EDUCATION CENTERS OFFER A NUMBER OF DIABETES

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

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

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

- ST. MONICA HOME FOR PREGNANT TEENS OFFERS A MEDICALLY SOUND AND  
EMOTIONALLY HEALTHY ENVIRONMENT FOR A PREGNANT TEEN TO RESIDE IN WHILE  
WAITING FOR THE BIRTH OF HER BABY. OPENED IN JULY OF 1994 ON THE

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FRANCISCAN HEALTH DYER CAMPUS, RESIDENTS OF ST. MONICA HOME LEARN TO  
FOSTER POSITIVE RELATIONSHIPS AND PARENTING SKILLS UNDER THE GUIDANCE OF  
EXPERIENCED AND ENCOURAGING RESIDENT ADVISORS.

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

- RESIDENTIAL TREATMENT PROGRAM FOR ADOLESCENTS IS THE ST. FRANCIS  
CENTER OF FRANCISCAN HEALTH DYER. IT IS AN ADOLESCENT RESIDENTIAL  
TREATMENT PROGRAM FOR MALE AND FEMALE YOUTHS, AGES 12 THROUGH 18, WHO  
WOULD BE UNSUCCESSFUL WITHOUT A HIGHLY STRUCTURED AND CONTROLLED  
ENVIRONMENT. THE ST. FRANCIS CENTER OFFERS TWO LEVELS OF CARE IN A  
NURTURING, THERAPEUTIC AND SECURE ENVIRONMENT. THE PROGRAM IS DESIGNED TO

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ASSIST ADOLESCENTS IN DEVELOPING THE NECESSARY SKILLS TO FUNCTION

AGE-APPROPRIATELY AND SUCCESSFULLY ON A DAILY BASIS SO THEY CAN

REINTEGRATE WITH THE COMMUNITY AND THEIR FAMILIES. IT IS OUR BELIEF THAT

SUCCESS IS OFTEN DEPENDENT ON FAMILY INVOLVEMENT. THEREFORE, FAMILIES ARE

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

ROUTINELY SCHEDULED.

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

IT OFFERS ADVANCED PROCEDURES, TECHNOLOGY AND EXPERTISE TO GIVE VERY

SMALL OR VERY ILL NEWBORNS THE BEST CHANCE FOR A HEALTHY START IN LIFE.

OUR TEAM OF DOCTORS, NURSES AND OTHER HEALTH PROFESSIONALS DEMONSTRATES

THE GENUINE CARING, WARMTH AND SINCERITY THAT BRING OUR MISSION OF

SERVICE TO LIFE AND OFFER REASSURANCE AND CONFIDENCE TO PARENTS AND

REFERRING PHYSICIANS ALIKE.

- PALLIATIVE CARE SERVICES ASSIST PATIENTS AND FAMILIES IN MAKING

COMPLEX MEDICAL DECISIONS BY PROVIDING A GOOD UNDERSTANDING OF THE

PATIENT'S PRESENT CONDITION, COORDINATING AND COMMUNICATING CARE WITH

PHYSICIANS, ADVOCATING FOR PATIENTS' WISHES, AND HELPING THEM TO ACHIEVE

A SENSE OF CONTROL OVER THEIR MEDICAL CARE. PALLIATIVE CARE IS OFFERED

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REGARDLESS OF THE STAGE OF DISEASE OR THE NEED FOR OTHER THERAPIES AND  
CAN BE PROVIDED CONCURRENTLY WITH LIFE-PROLONGING CARE OR AS THE MAIN  
FOCUS OF CARE.

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

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

- INDIGENT HEALTH CARE CLINICS.

- AT FRANCISCAN HOSPICE HOUSE, PATIENTS RECEIVE SPECIALIZED CARE AND  
RESPITE CARE FOR FAMILIES WHILE BEING PROVIDED ALL THE COMFORTS OF HOME.  
FROM ROOMS THAT ARE LARGE, PRIVATE AND PET-FRIENDLY TO A GARDEN THAT'S  
JUST RIGHT FOR PRAYER, CONTEMPLATION OR QUIET CONVERSATION, THE SERVICES

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AND AMENITIES AT FRANCISCAN HOSPICE HOUSE WERE DESIGNED WITH PATIENT COMFORT IN MIND. FRANCISCAN HOSPICE HOUSE WAS ENVISIONED AS A COMPLEMENT TO THE EXCEPTIONAL HOME HEALTH, HOSPICE AND PALLIATIVE CARE SERVICES THAT FRANCISCAN HEALTH AND FRANCISCAN VNS HAVE PROVIDED TO FAMILIES IN SOUTH-CENTRAL INDIANA FOR MORE THAN TWO DECADES. FRANCISCAN HOSPICE HOUSE OFFERS 12 PRIVATE ROOMS FOR PATIENTS AND FAMILIES, A LARGE COMMON AREA FOR FAMILIES, A WELL-EQUIPPED KITCHEN WITH DINING ROOM, A CHAPEL AND PRAYER GARDEN, AND HIGH-QUALITY, HOLISTIC MEDICAL CARE FOR ALL PATIENTS-REGARDLESS OF THEIR FINANCIAL SITUATIONS-AND SUPPORT FOR THEIR FAMILIES.

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

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

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

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NO ONE DIES ALONE PROGRAMS, GRIEVANCE SUPPORT PROGRAMS FOR CHILDREN,  
LANGUAGE INTERPRETER SERVICES, DEAF INTERPRETER SERVICES, TRANSPORTATION  
FOR THE INDIGENT, ENROLLMENT ASSISTANCE IN MEDICAID AND HEALTH INSURANCE  
EXCHANGES, CHRISTIAN LEGAL CLINIC, TRANSPORTATION SERVICE FOR INDIGENT  
PATIENTS, ETC.  
- MEDICAL EDUCATION INCLUDING: PHYSICIAN RESIDENCY PROGRAMS, FAMILY  
MEDICINE RESIDENCY PROGRAM, EMERGENCY ROOM PHYSICIAN RESIDENCY PROGRAM,  
PHARMACY RESIDENCY PROGRAM, MEDICAL STUDENT TRAINING PROGRAM, ST.  
ELIZABETH SCHOOL OF NURSING PROGRAM, ADVANCE NURSING CONTINUING  
EDUCATION, NURSING CLINICAL ROTATIONS, PHLEBOTOMY TRAINING PROGRAM,  
RESPIRATORY THERAPY TRAINING, REHABILITATIVE TRAINING, MEDICAL ASSISTANCE  
TRAINING, MEDICAL TECHNOLOGY TRAINING PROGRAMS, HIGH SCHOOL CAREER DAYS,  
SCHOOL OF ECHOCARDIOGRAPHY, SURGICAL TECHNICIAN EXTERNSHIPS, SOCIAL  
WORKER INTERNSHIPS, HOME HEALTH STUDENT TRAINING, INTERN & RESIDENT  
TRAINING FOR MIDWESTERN UNIVERSITY, TECHNOLOGY TRAINING, ETC.  
- RESEARCH PROGRAMS INCLUDING: CANCER GENOME PROJECT, CARDIAC RESEARCH,  
HLA-VASCULAR BIOLOGY RESEARCH, CLINICAL TRIALS, HEART FAILURE AND LIPD  
TRIALS, USE OF DRUG ELUTING STENTS STUDIES, ETC. FRANCISCAN CONTINUES TO

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

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

**Part VI Supplemental Information**

Provide the following information.

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

FRANCISCAN ALLIANCE, INC. AND ITS ACCOUNTABLE CARE ORGANIZATION ("ACO")

WAS THE FIRST AND ONLY PIONEER ACO IN INDIANA AND AMONG THE FIRST IN THE COUNTRY TO PARTNER WITH MEDICARE AS AN ACO. FRANCISCAN ALSO PARTICIPATES IN VARIOUS MEDICARE SHARED SAVINGS ACO PROGRAMS AND NONGOVERNMENTAL ACO PROGRAMS. FORMED IN 2011, FRANCISCAN ACOS PROVIDE COORDINATED, COMPREHENSIVE CARE ACROSS HOSPITALS, PHYSICIAN PRACTICES, AND OTHER HEALTHCARE PROVIDERS, WITH THE AIM OF BRINGING DOWN THE OVERALL COSTS OF MEDICAL CARE AND IMPROVING THE HEALTH OF PATIENTS ATTRIBUTED TO THE ACOS.

UNDER THE ACO MODEL, ATTRIBUTED BENEFICIARIES MAINTAIN THE ABILITY TO SEE ANY DOCTOR OR HEALTHCARE PROVIDER, AS WELL AS THE FULL BENEFITS ASSOCIATED WITH TRADITIONAL MEDICARE, BUT WITH THE ADDED BENEFIT OF A MORE COORDINATED CARE EXPERIENCE. THIS INCLUDES COORDINATION OF PREVENTIVE HEALTH SERVICES, THE ASSIGNMENT OF CARE MANAGERS, THE PROVISION OF SOCIAL SUPPORT SERVICES, AND SUPPORT FOR PERSONS WITH CHRONIC HEALTH CONDITIONS, SUCH AS DIABETES AND CONGESTIVE HEART FAILURE. FRANCISCAN ACOS SERVE APPROXIMATELY 107,000 MEDICARE BENEFICIARIES AND

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
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APPROXIMATELY 82,000 NONGOVERNMENTAL ACO BENEFICIARIES. FRANCISCAN'S ACO

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

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

**Part VI Supplemental Information**

Provide the following information.

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

BEREAVEMENT SUPPORT GROUPS, CANCER SCREENING CLINICS, ARTHRITIS EXERCISE

GROUP, SMOKING CESSATION CLASSES, PROSTATE SCREENINGS, CANCER SURVIVORS

DAY, NUTRITIONAL COUNSELING SERVICES TO NAME A FEW.

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SCHEDULE H, PART VI, ITEM 6

**ROLE OF AFFILIATES**

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

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**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

## SCHEDULE H, PART I, LINE 3B

IN ADDITION TO USING FEDERAL POVERTY GUIDELINES AS A FACTOR IN DETERMINING ELIGIBILITY FOR DISCOUNTED CARE, FOR UNINSURED PATIENTS, FRANCISCAN WILL PROVIDE AN UNINSURED PATIENT DISCOUNT FOR EMERGENCY SERVICES OR MEDICALLY NECESSARY SERVICES PERFORMED AT ITS HOSPITAL LOCATIONS. THE UNINSURED PATIENT DISCOUNT IS BASED ON THE AVERAGE RATE OF RESPECTIVE FRANCISCAN HOSPITAL FACILITY'S AVERAGE RATES FOR PRIVATE HEALTH PAYERS, INCLUDING MEDICARE. FRANCISCAN FACILITIES MAY OFFER ADDITIONAL DISCOUNTS BASED ON THE FACTS AND CIRCUMSTANCES UNIQUE TO THEIR LOCAL MARKETS. THIS DISCOUNT SHALL NOT BE COMBINED WITH OTHER FACILITY DISCOUNTS, EXCEPT FOR A PROMPT PAY DISCOUNT, IF AVAILABLE. NO DISCOUNT SHALL BE PROVIDED THAT VIOLATES ANY LAWS OR GOVERNMENT REGULATIONS.

FRANCISCAN WILL IDENTIFY UNINSURED PATIENTS DURING THE REGISTRATION AND/OR ADMISSIONS PROCESS. THE UNINSURED DISCOUNT IS APPLIED AUTOMATICALLY BY THE RECEIVABLE SYSTEM AT THE TIME OF INITIAL BILL. ALL STATEMENTS TO PATIENTS WILL INDICATE THE ADJUSTMENT AND THE REVISED PATIENT BALANCE. THE UNINSURED DISCOUNT IS A CONTRACTUAL DISCOUNT AND IS

**Part VI Supplemental Information**

Provide the following information.

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

NOT CONSIDERED A CHARITY CARE WRITE OFF UNLESS THE PATIENT ALSO QUALIFIES

FOR CHARITY CARE. UNINSURED PATIENT DISCOUNTS WILL NOT BE REVERSED DUE TO

NONPAYMENT OF AN ACCOUNT. IF, AT ANY TIME, FRANCISCAN BECOMES AWARE THAT

A PREVIOUSLY IDENTIFIED UNINSURED PATIENT WAS IN FACT COVERED BY

INSURANCE AT THE TIME OF SERVICE, FRANCISCAN WILL REVOKE THE UNINSURED

DISCOUNT AND ISSUE A REVISED STATEMENT TO THE PATIENT AND THE ASSOCIATED

INSURANCE PROVIDER. PATIENTS THAT ARE STILL NOT ABLE TO PAY THE BALANCE

AFTER THE UNINSURED DISCOUNT ARE ABLE TO APPLY FOR A CHARITY CARE WRITE

OFF OR A MEDICAL FINANCIAL HARDSHIP ADJUSTMENT.

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SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES

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

**Part VI Supplemental Information**

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GOVERNMENT AGENCIES, AND NOT-FOR-PROFIT SOCIAL SERVICE AGENCIES TO SERVE

OUR COMMUNITIES' DIVERSE HEALTH CARE NEEDS. THE COMMUNITY BUILDING

ACTIVITIES OFFERED BY FRANCISCAN ARE PROVIDED WITHOUT REIMBURSEMENT,

SERVE AT-RISK POPULATIONS, AND PROVIDE HEALTH EDUCATION TO KEY COMMUNITY

GROUPS. WE MONITOR THESE ACTIVITIES FOR OUTCOMES BY IDENTIFYING CHANGES

IN HEALTH BEHAVIORS AND KNOWLEDGE. SOME EXAMPLES OF COMMUNITY HEALTH

PROGRAMS FRANCISCAN PROVIDES INCLUDE: HEALTH EDUCATION, HEALTH FAIRS,

FREE OR LOW COST HEALTH SCREENING, ACCESS TO HEALTHCARE SERVICES,

IMMUNIZATION SERVICES, PRESCRIPTION MEDICATION ASSISTANCE PROGRAMS,

NUTRITIONAL COUNSELING, ENROLLMENT ASSISTANCE IN MEDICAID, FREE SPA

SERVICES FOR CANCER PATIENTS, FOOD ASSISTANCE, TRANSPORTATION ASSISTANCE,

REFERRAL ASSISTANCE, BREAST CANCER AND CHILDHOOD OBESITY INITIATIVES,

HEALTHY CHOICES INITIATIVES, CHILDHOOD ALCOHOLISM PREVENTION, AND OTHER

VARIOUS COMMUNITY OUTREACH PROGRAMS. ADDITIONALLY, SEVERAL OF OUR

HOSPITALS HAVE BEEN IDENTIFIED BY THE FEDERAL GOVERNMENT AS DESIGNATED

REGIONAL MEDICATION DISTRIBUTION SITES IN THE EVENT OF A NATIONAL

DISASTER OR EPIDEMIC/PANDEMIC. RESPONDING TO FEDERAL, STATE AND LOCAL

NEEDS IN THE EVENT OF NATIONAL OR LOCAL DISASTERS OR EPIDEMIC/PANDEMICS,

**Part VI Supplemental Information**

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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WE COLLABORATE AND COORDINATE OUR EFFORTS WITH MANY CIVIC AND OTHER AGENCIES TO ENSURE THAT THOSE NEEDS WILL BE MET SHOULD DISASTER STRIKE.

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

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SCHEDULE H, PART III, LINE 2

THROUGHOUT THE YEAR, THE CORPORATION ESTIMATES THIS ALLOWANCE BASED ON THE AGING OF ITS PATIENT ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION

**Part VI Supplemental Information**

Provide the following information.

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

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SCHEDULE H, PART III, LINE 3

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE CORPORATION HAS A SYSTEM-WIDE CHARITY CARE AND UNINSURED DISCOUNT POLICY; HAS DETAILED ADMINISTRATIVE PROCEDURES ESTABLISHED FOR QUALIFYING AND ENROLLING PATIENTS FOR CHARITY CARE OR UNINSURED/UNDERINSURED DISCOUNTS; USES VARIOUS ANALYTICAL PROGRAMS INCLUDING SOFT CREDIT INQUIRIES THAT DO NOT AFFECT CREDIT SCORES TO HELP ASSESS A PATIENT'S ABILITY TO PAY; AND UTILIZES NUMEROUS MECHANISMS TO INFORM AND EDUCATE PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE WHICH ARE DETAILED UNDER SCHEDULE H, PART VI, ITEM 3. DESPITE THESE RIGOROUS EFFORTS, PATIENTS WHO NEED SUBSIDIZED CARE MAY NOT SEEK THIS ASSISTANCE OR CHOOSE TO ENROLL IN THE STATE'S MEDICAID PROGRAM. ALSO, AS FURTHER DESCRIBED IN HFMA STATEMENT NO. 15, THE APPROPRIATE CLASSIFICATION OF CHARITY CARE AND BAD DEBT IS OFTEN DIFFICULT. THE URGENCY OF SOME TREATMENTS, AS WELL AS CERTAIN FEDERAL REGULATIONS, OFTEN REQUIRES THE PROVISION OF SERVICE WITHOUT CONSIDERATION OF THE PATIENT'S ABILITY TO PAY. SOME PATIENTS HAVE COMPLEX MEDICAL CONDITIONS WITH UNPREDICTABLE TREATMENT NEEDS. FOR THESE AND OTHER REASONS, FRANCISCAN BELIEVES, A PORTION OF ITS BAD DEBT EXPENSE AS REPORTED ON LINE 2 OF PART III REPRESENTS CHARITY CARE DELIVERED TO INDIVIDUALS IN THE COMMUNITIES IT SERVES CONSISTENT WITH ITS CHARITABLE

**Part VI Supplemental Information**

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HEALTHCARE MISSION.

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SCHEDULE H, PART III, LINE 4

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

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Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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ESTIMATED THIS ALLOWANCE BASED ON THE AGING OF ITS PATIENT ACCOUNTS

RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE, AND OTHER RELEVANT FACTORS.

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

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SCHEDULE H, PART III, LINE 8

**Part VI Supplemental Information**

Provide the following information.

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

CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF FRANCISCAN AND THE COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545 AND THE REQUIREMENTS OF IRC SECTION 501(R), FRANCISCAN PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SEEKING MEDICAL CARE AT FRANCISCAN. SUCH CARE IS PROVIDED REGARDLESS OF WHETHER THE REIMBURSEMENT PROVIDED FOR SUCH SERVICES MEETS OR EXCEEDS THE COSTS INCURRED BY FRANCISCAN TO PROVIDE SUCH SERVICES. LIKE MEDICAID, PAYMENT RATES FOR MEDICARE ARE SET BY LAW RATHER THAN THROUGH A NEGOTIATION PROCESS AS WITH PRIVATE INSURERS. THESE PAYMENT RATES ARE CURRENTLY SET BELOW THE COSTS OF PROVIDING CARE RESULTING IN UNDERPAYMENTS. MEDICARE RATES ARE DETERMINED WITHIN THE CONTEXT OF ALL THE BUDGETARY NEEDS OF THE FEDERAL GOVERNMENT AND MEDICARE PAYMENTS HAVE HISTORICALLY BEEN SET BELOW THE COSTS OF PROVIDING CARE TO MEDICARE PATIENTS THOUGH HOW FAR BELOW VARIES OVER TIME AND BY SERVICE. EACH YEAR MEDICARE IS SUPPOSED TO PROVIDE HOSPITALS AN INCREASE IN BOTH INPATIENT AND OUTPATIENT PAYMENTS TO ACCOUNT FOR INFLATION IN THE PRICES FOR GOODS AND SERVICES HOSPITALS MUST PURCHASE IN ORDER TO PROVIDE PATIENT CARE. HOWEVER INPATIENT UPDATES HAVE BEEN SET

**Part VI Supplemental Information**

Provide the following information.

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

BELOW THE RATE OF INFLATION AND ACTUALLY NEGATIVE IN RECENT YEARS

RESULTING IN A SHORTFALL THAT HAS GROWN OVER TIME. THE COMPOUNDING ISSUE

THAT OCCURS IS THAT THIS SHORTFALL JEOPARDIZES HOSPITALS' ABILITY TO

SERVE THEIR COMMUNITIES BECAUSE THEY ARE NOT REIMBURSED THEIR INCURRED

COSTS. PROVIDERS MAKE THE DECISION TO ELIMINATE OR SIGNIFICANTLY REDUCE

NECESSARY CLINICAL SERVICES WITHIN THE MARKETPLACE PLACING THE MEDICARE

SHORTFALL BURDEN ON OTHERS THAT DO, SUCH AS FRANCISCAN. GIVEN THAT

FRANCISCAN PROVIDES SUCH SERVICES TO MEDICARE PATIENTS KNOWING THAT THEY

WILL RESULT IN A LOSS, AND GIVEN THAT FRANCISCAN BELIEVES THAT IT

PROVIDES THESE SERVICES IN AN EFFICIENT AND COST EFFECTIVE MANNER, THE

SHORTFALL REPORTED ON LINE 7 OF PART III SHOULD BE VIEWED AS COMMUNITY

BENEFIT PROVIDED BY FRANCISCAN.

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SCHEDULE H, PART III, LINE 9B

FRANCISCAN ALLIANCE, INC.'S WRITTEN CHARITY CARE AND UNINSURED PATIENT

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DISCOUNT POLICY AND PATIENT COLLECTION PROCEDURE INCLUDE VARIOUS

PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO

ARE KNOWN TO QUALIFY FOR CHARITY OR FINANCIAL ASSISTANCE. IF A PATIENT

QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE CERTAIN COLLECTION

PRACTICES DO NOT APPLY.

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**SCHEDULE H, PART IV**

NAME OF ENTITY: MOORESVILLE ENDOSCOPY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: ENDOSCOPY SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

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

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: INDIANA SLEEP CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SLEEP CENTER

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

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

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: FRANCISCAN SURGERY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.16077

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

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 49.83923

NAME OF ENTITY: SOUTH EMERSON SURGERY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 45.50000

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

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 54.50000

NAME OF ENTITY: ST FRANCIS MOORESVILLE SURGERY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

**Part VI Supplemental Information**

Provide the following information.

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

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 51.54639

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

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 48.45361

NAME OF ENTITY: ST ANTHONY HEALTH NETWORK LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: PHYSICIAN SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 88.07000

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

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 11.93000

NAME OF ENTITY: ST FRANCIS RADIATION THERAPY CENTERS LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: RADIATION THERAPY SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 88.95000

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

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 11.05000

NAME OF ENTITY: SOUTH INDY MRI & REHAB SERVICES LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: MRI SERVICES

**Part VI Supplemental Information**

Provide the following information.

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

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

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

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

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

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: IMAGING SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 60.00000

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

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 40.00000

NAME OF ENTITY: THE ENDOSCOPY CENTER AT ST FRANCIS LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: ENDOSCOPY SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

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

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: INDIANA INTERNAL MEDICINE CONSULTING LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: INTERNAL MEDICINE SERVICES

**Part VI Supplemental Information**

Provide the following information.

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

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 49.000000

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

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 51.000000

NAME OF ENTITY: MAJOR MEDICAL GROUP, LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: PHYSICIAN SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 40.000000

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

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 60.000000

FILING OF COMMUNITY BENEFIT REPORT

IL, IN