SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: ST. VINCENT CARMEL HOSPITAL, INC.

Employer identification number: 74 3107055

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	✔	
b	If "Yes," was it a written policy?	1b	✔	
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 250 %	3a	✔	
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 ____ %	3b	✔	
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"?	4	✔	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	✔	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	✔	
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?	5c		✔
6a	Did the organization prepare a community benefit report during the tax year?	6a	✔	
b	If "Yes," did the organization make it available to the public?	6b	✔	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

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)			3,556,279	0	3,556,279	2.33
b Medicaid (from Worksheet 3, column a)			20,946,832	9,773,832	11,173,000	7.34
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	24,503,111	9,773,832	14,729,279	9.67
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	14	2,935	57,345	0	57,345	0.04
f Health professions education (from Worksheet 5)	3	704	41,990	0	41,990	0.03
g Subsidized health services (from Worksheet 6)					0	0.00
h Research (from Worksheet 7)	2	1,012	216,687	0	216,687	0.14
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7	15,846	479,143	0	479,143	0.31
j **Total.** Other Benefits	26	20,497	795,165	0	795,165	0.52
k **Total.** Add lines 7d and 7j	26	20,497	25,298,276	9,773,832	15,524,444	10.19

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					0	0.00
2	Economic development	1	1,371	21,930	0	21,930	0.01
3	Community support	1	255	19,928	0	19,928	0.01
4	Environmental improvements					0	0.00
5	Leadership development and training for community members	1	200	960	0	960	0.00
6	Coalition building					0	0.00
7	Community health improvement advocacy					0	0.00
8	Workforce development	1	320	41,537	0	41,537	0.03
9	Other					0	0.00
10	**Total**	4	2,146	84,355	0	84,355	0.06

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

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1			✔
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	565,174		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	30,484,309
6	Enter Medicare allowable costs of care relating to payments on line 5	6	41,285,678
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(10,801,369)

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

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	✔	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	✔	

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 ST. VINCENT CARMEL HOSPITAL, INC. 13500 N. MERIDIAN STREET, CARMEL, IN 46032 WWW.STVINCENT.ORG/LOCATIONS/HOSPITALS /CARMEL STATE LICENSE NO. : 17-003932-1	✔	✔					✔			
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

			Yes	No
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?	1		✔
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	2		✔
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	3	✔	
	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 15			
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	5	✔	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	✔	
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	6b		✔
7	Did the hospital facility make its CHNA report widely available to the public?	7	✔	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): (SEE STATEMENT)			
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	8	✔	
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?	10	✔	
a	If "Yes," (list url): HTTPS://WWW.STVINCENT.ORG/HOW-WE-ARE-DIFFERENT/COMMUNITY-ASSESSMENT			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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.			
12 a	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)?	12a		✔
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	✔	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 2 5 0 % and FPG family income limit for eligibility for discounted care of 4 0 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance status			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	✔	
15	Explained the method for applying for financial assistance?	15	✔	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	✔	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): (SEE STATEMENT)			
b	☑ The FAP application form was widely available on a website (list url): (SEE STATEMENT)			
c	☑ A plain language summary of the FAP was widely available on a website (list url): (SEE STATEMENT)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ 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	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

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

			Yes	No
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?	17	✔	
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?	19		✔
	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	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	✔	
	If "No," indicate why:			
a	☐ 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)*

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

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

			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	☐ 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?	**23**		✔
	If "Yes," explain in Section C.			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		✔
	If "Yes," explain in Section C.			

Part V, Section C

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	TO BETTER TARGET COMMUNITY RESOURCES ON THE COUNTY'S MOST PRESSING HEALTH NEEDS, THE HOSPITAL PARTICIPATED IN A GROUP DISCUSSION WITH ORGANIZATIONAL DECISION MAKERS AND COMMUNITY LEADERS TO PRIORITIZE THE SIGNIFICANT COMMUNITY HEALTH NEEDS WHILE CONSIDERING SEVERAL CRITERIA: ALIGNMENT WITH ASCENSION HEALTH STRATEGIES OF HEALTHCARE THAT LEAVES NO ONE BEHIND; CARE FOR THE POOR AND VULNERABLE; OPPORTUNITIES FOR PARTNERSHIP; AVAILABILITY OF EXISTING PROGRAMS AND RESOURCES; ADDRESSING DISPARITIES OF SUBGROUPS; AVAILABILITY OF EVIDENCE-BASED PRACTICES; AND COMMUNITY INPUT. FACILITATED BY HCI, PARTICIPANTS UTILIZED A PRIORITIZATION TOOLKIT TO EXAMINE HOW WELL EACH OF THE 10 SIGNIFICANT HEALTH NEEDS (RESULTING FROM ANALYSIS OF THE PRIMARY AND SECONDARY DATA) MET THE CRITERIA. NEXT, PARTICIPANTS RANKED THE TOP 5 MOST PRESSING HEALTH NEEDS, WHICH WERE THEN AGGREGATED BY RANK. THE TOP 5 MOST PRESSING HEALTH NEEDS, AS PRIORITIZED BY THE GROUP, WILL BE UNDER CONSIDERATION FOR THE DEVELOPMENT OF AN IMPLEMENTATION PLAN THAT WILL ADDRESS SOME OF THE HEALTH ISSUES.
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	FACILITY NAME: ST.VINCENT CARMEL HOSPITAL, INC. DESCRIPTION: AS FEDERALLY REQUIRED BY THE AFFORDABLE CARE ACT, THE FOLLOWING IS AN OVERVIEW OF THE METHODS AND PROCESS USED TO IDENTIFY AND PRIORITIZE SIGNIFICANT HEALTH NEEDS IN HAMILTON COUNTY, INDIANA. ST. VINCENT HEALTH CONTRACTED HEALTHY COMMUNITIES INSTITUTE (HCI) TO HELP FACILITATE THEIR SYSTEM WIDE CHNA WORK AND DOCUMENT ALL EFFORTS. THE SECONDARY DATA INCLUDED OVER 100 COMMUNITY HEALTH AND QUALITY OF LIFE INDICATORS COVERING OVER 20 TOPIC AREAS. HEALTH INDICATORS FOR HAMILTON COUNTY WERE COMPARED TO OTHER COUNTIES IN INDIANA AND NATIONWIDE TO SCORE HEALTH TOPICS AND COMPARE RELATIVE AREAS OF NEED. OTHER CONSIDERATIONS FOR HEALTH AREAS OF NEED INCLUDED TRENDS OVER TIME, HEALTHY PEOPLE 2020 TARGETS, AND DISPARITIES BY GENDER AND RACE/ETHNICITY. THE NEEDS ASSESSMENT WAS FURTHER INFORMED BY INTERVIEWS WITH COMMUNITY MEMBERS WHO HAVE A FUNDAMENTAL UNDERSTANDING OF HAMILTON COUNTY'S HEALTH NEEDS AND REPRESENT THE BROAD INTERESTS OF THE COMMUNITY. FIFTEEN KEY INFORMANTS PROVIDED VALUABLE INPUT ON THE COUNTY'S HEALTH CHALLENGES, THE SUB-POPULATIONS MOST IN NEED, AND EXISTING RESOURCES FOR COUNTY RESIDENTS. THE INFORMANTS INCLUDED: * BOARD OF DIRECTORS FOR ST. VINCENT FISHERS HOSPITAL * CARMEL FIRE DEPARTMENT * CARMEL POLICE DEPARTMENT * CENTRAL INDIANA COMMUNITY FOUNDATION * FISHERS FIRE DEPARTMENT * FISHERS UNITED METHODIST CHURCH * FISHERS YMCA * GOOD SAMARITAN NETWORK OF HAMILTON, INC. * HAMILTON COUNTY HEALTH DEPARTMENT * HEART AND SOUL CLINIC * PURDUE EXTENSION * PREVAIL, INC. * ST. VINCENT FISHERS HOSPITAL * TRINITY FREE CLINIC * UNITED WAY OF CENTRAL INDIANA
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: ST. VINCENT CARMEL HOSPITAL, INC. DESCRIPTION: THE HOSPITAL CONDUCTED ITS CHNA IN CONJUNCTION WITH ST. VINCENT HEART CENTER OF INDIANA, LLC, ST. VINCENT FISHERS HOSPITAL, COMMUNITY HEALTH NETWORK, FRANCISCAN HEALTH AND INDIANA UNIVERSITY HEALTH.
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	HTTPS://WWW.STVINCENT.ORG/HOW-WE-ARE-DIFFERENT/COMMUNITY-ASSESSMENT

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: ST. VINCENT CARMEL HOSPITAL, INC. DESCRIPTION: THE ST. VINCENT FY 2017-2019 IMPLEMENTATION STRATEGY SPECIFICALLY ADDRESSES THE FOLLOWING THREE SWHIPS: 1) ACCESS TO HEALTH SERVICES - ST VINCENT CARMEL WILL USE THE RUAH PATHWAY PROGRAM TO INCREASE ITS REPORTED NUMBER OF COMPLETED PATHWAYS (I.E., VERIFICATION FROM FSSA) IN FY 2015 BY 5% EACH YEAR FOR FYS 2017-2019. ACHIEVING THIS GOAL WILL CONTRIBUTE TO THE PERCENTAGE OF PEOPLE WHO HAVE HEALTH INSURANCE IN CARMEL COUNTY. SPECIFIC ACTION STEPS INCLUDE THE FOLLOWING: HEALTH ADVOCATE (HA) ASSESSES FOR ELIGIBILITY AND EDUCATES INDIVIDUALS ABOUT COVERAGE OPTIONS; HA SUBMITS APPLICATION AND WORKS THROUGH ANY ISSUES OR DELAYS; AND HA VERIFIES ELIGIBILITY IN ORDER TO COMPLETE THE PATHWAY. 2) EXERCISE, NUTRITION & WEIGHT - ST. VINCENT CARMEL WILL PARTNER WITH A SCHOOL AND A FOOD SOURCE TO PROVIDE ELIGIBLE STUDENTS WITH A WEEKEND BACKPACK OF NUTRITIOUS FOOD THROUGHOUT THE SCHOOL YEAR IN ORDER TO REDUCE THE SCHOOL'S NUMBER OF FAMILIES IN FY 2018 WHO ARE FOOD INSECURE (BASED ON SURVEY RESPONSES) BY 5% AT THE END OF FY 2019 (JUNE 30, 2019). (NOTE: FY 2017 IS THE PLANNING YEAR FOR THE PROGRAM.) SPECIFIC ACTION STEPS INCLUDE THE FOLLOWING: COMPLETE THE WEEKEND FEEDING PROGRAM PREPARATION CHECKLIST; MEET WITH ALL STAKEHOLDERS TO DETERMINE PROGRAM LOGISTICS; PLAN THE SPECIFICS OF YOUR PROGRAM'S PROTOCOL; MAKE FINAL PREPARATIONS FOR THE PROGRAM'S "GO LIVE" DATE IN FY 2018; AND DISTRIBUTE AND COLLECT SURVEYS, ENTER SURVEY DATA INTO SOFTWARE AT THE BEGINNING AND END OF THE SCHOOL YEAR (TWICE A YEAR IN FY 2018 AND FY 2019). 3) BEHAVIORAL HEALTH - ST. VINCENT CARMEL WILL OFFER RX FOR CHANGE TRAINING AT NO CHARGE TO ANYONE WHO WORKS IN A HEALTH CARE SETTING TO INCREASE THE PROPORTION OF TRAINING PARTICIPANTS WHO SCREEN AND REFER TO THE INDIANA TOBACCO QUITLINE BY 10% BY THE END OF FY 2019 (JUNE 30, 2019). ACHIEVING THIS GOAL WILL CONTRIBUTE TO THE PERCENTAGE OF TOBACCO USERS WHO HAVE BEEN SCREENED AND REFERRED TO THE INDIANA TOBACCO QUITLINE. SPECIFIC ACTION STEPS INCLUDE THE FOLLOWING: COMPLETE THE PROVIDER TRAINING CHECKLIST - ACTION STEP #1; PLAN AT LEAST TWO RX FOR CHANGE TRAININGS IN YOUR COMMUNITY IN FY 2018 AND ENSURE CONTINUING EDUCATION CREDITS ARE AVAILABLE, IF APPLICABLE (SEE PROVIDER TRAINING CHECKLIST - ACTION STEP #2); DEVELOP A STRATEGY TO PROMOTE TRAININGS TO THE COMMUNITY; PROMOTE AND OFFER AT LEAST TWO RX FOR CHANGE TRAININGS AT NO CHARGE TO YOUR COMMUNITY IN FY 2018; ENTER FY 2018 BASELINE SURVEY DATA INTO DATABASE WITHIN TWO WEEKS OF EACH TRAINING; FOR FY 2019 - REPEAT ACTION STEPS #2-4 TO PLAN, DEVELOP, AND PROMOTE AND OFFER AT LEAST TWO RX FOR CHANGE TRAININGS AT NO CHARGE TO YOUR COMMUNITY IN FY 2019; AND ENTER FY 2019 BASELINE SURVEY DATA INTO DATABASE WITHIN TWO WEEKS OF EACH TRAINING. NEEDS THAT WILL NOT BE ADDRESSED - THE HOSPITAL IS COMMITTED TO IMPROVING COMMUNITY HEALTH BY DIRECTLY, AND INDIRECTLY, ADDRESSING PRIORITIZED HEALTH NEEDS. HOWEVER, CERTAIN FACTORS IMPACT THE HOSPITAL'S ABILITY TO FULLY ADDRESS ALL PRIORITIES HEALTH NEEDS. THE NEEDS LISTED BELOW ARE NOT INCLUDED IN THE HOSPITAL'S IMPLEMENTATION STRATEGY PLAN FOR THE FOLLOWING REASONS: TRANSPORTATION - THIS IDENTIFIED HEALTH NEED IS NOT BEING MONITORED AND EVALUATED IN THE IMPLEMENTATION STRATEGY DUE TO LIMITATIONS WITHIN THE HOSPITAL'S FINANCIALS AND HUMAN RESOURCES. HOWEVER, ST. VINCENT CARMEL SUPPORTS THE TRANSPORTATION SERVICE THAT IS OFFERED THROUGH PRIMELIFE ENRICHMENT AND HAS SUPPORTED PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY AND OTHER ORGANIZATIONS THAT ARE FOCUSING ON THIS ISSUE. OLDER ADULTS & AGING - THIS ISSUE IS BEING ADDRESSED IN THE ACCESS TO HEALTH SERVICES PRIORITY.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://WWW.STVINCENT.ORG/BILLING-SERVICES
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://WWW.STVINCENT.ORG/BILLING-SERVICES
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://WWW.STVINCENT.ORG/BILLING-SERVICES

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

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

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

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

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; Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 7 - CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST - PART 1	ST. VINCENT CARMEL HOSPITAL IS A CATHOLIC HEALTHCARE FACILITY LOCATED IN THE STATE OF INDIANA. ST. VINCENT ANDERSON IS A PART OF ST. VINCENT HEALTH, A NON-PROFIT HEALTHCARE SYSTEM CONSISTING OF 24 LOCALLY-SPONSORED MINISTRIES WHICH INCLUDES A COMPREHENSIVE NETWORK OF AFFILIATED JOINT VENTURES, MEDICAL PRACTICES, AND CLINICS. ST. VINCENT HEALTH IS ONE OF THE LARGEST HEALTHCARE EMPLOYERS IN THE STATE AND IS SPONSORED BY ASCENSION HEALTH, THE NATION'S LARGEST CATHOLIC HEALTHCARE SYSTEM. ST. VINCENT CREATES STRONG PARTNERSHIPS WITH BUSINESSES, COMMUNITY ORGANIZATIONS, LOCAL, STATE AND FEDERAL GOVERNMENT. WORKING WITH ITS PARTNERS, AND UTILIZING THE CHNA COMPLETED EVERY THREE YEARS, ST. VINCENT CARMEL HOSPITAL IS COMMITTED TO ADDRESSING COMMUNITY HEALTH NEEDS AND DEVELOPING AND EXECUTING AN IMPLEMENTATION STRATEGY TO MEET IDENTIFIED NEEDS TO IMPROVE HEALTH OUTCOMES WITHIN THE COMMUNITY. COMMUNITY BENEFIT IS NOT THE WORK OF A SINGLE DEPARTMENT OR GROUP WITHIN ST. VINCENT CARMEL, BUT IS PART OF THE ST. VINCENT MISSION AND CULTURAL FABRIC. THE HOSPITAL LEADERSHIP TEAM PROVIDES DIRECTION AND RESOURCES IN DEVELOPING AND EXECUTING THE IMPLEMENTATION STRATEGY IN CONJUNCTION WITH THE ST. VINCENT HEALTH COMMUNITY DEVELOPMENT & HEALTH IMPROVEMENT DEPARTMENT BUT ASSOCIATES AT ALL LEVELS OF THE ORGANIZATION CONTRIBUTE TO COMMUNITY BENEFIT AND HEALTH IMPROVEMENT. PART I CERTAIN OTHER COMMUNITY BENEFITS AT COST COMMUNITY HEALTH IMPROVEMENT EFFORTS MUST TAKE A COMPREHENSIVE APPROACH AND UTILIZE DIVERSE METHODS TO REACH INTENDED AUDIENCES. AS A SYSTEM, ST. VINCENT WORKS TO IMPROVE THE HEALTH OF COMMUNITIES THROUGH A VARIETY OF APPROACHES, INCLUDING COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, SUBSIDED HEALTH SERVICES, GENERALIZABLE RESEARCH, AND CASH AND IN-KIND CONTRIBUTIONS. DURING FISCAL YEAR 2018, ST. VINCENT SUPPORTED THE COMMUNITY IN THE FOLLOWING WAYS: COMMUNITY HEALTH IMPROVEMENT SERVICES COMMUNITY HEALTH EDUCATION ST. VINCENT PROVIDES HEALTH EDUCATION ON SEVERAL TOPICS AND ISSUES FACING THE LOCAL COMMUNITY THROUGHOUT THE YEAR. THE INFORMATION IS OFFERED TO THE COMMUNITY THROUGH A VARIETY OF METHODS, WHICH INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING: HEALTH FAIRS, HEALTH PROMOTION AND WELLNESS PROGRAMS, LECTURES, SCHOOL HEALTH EDUCATION PROGRAMS, AND SUPPORT GROUPS. COMMUNITY BASED CLINICAL SERVICES TO REACH INDIVIDUALS WHO ARE UNINSURED AND UNDERINSURED, ST. VINCENT OFFERS SCREENINGS, ONE-TIME CLINICS WHICH INCLUDE BLOOD PRESSURE, CHOLESTEROL SCREENING, AND/OR IMMUNIZATION CLINICS, AND FREE CLINICS WHICH PROVIDED FREE AND/OR LOW-COST HEALTHCARE. SOCIAL AND ENVIRONMENTAL IMPROVEMENT ACTIVITIES PROGRAMS AND ACTIVITIES THAT IMPROVE THE HEALTH OF PERSONS IN THE COMMUNITY BY ADDRESSING THE DETERMINANTS OF HEALTH, WHICH INCLUDE THE SOCIAL, ECONOMIC AND PHYSICAL ENVIRONMENT, WHICH INCLUDES REMOVAL OF HARMFUL MATERIALS IN PUBLIC HOUSING, PARTICIPATIONS IN COMMUNITY COALITIONS TO INCREASE JOBS WITH HEALTH INSURANCE AND CONDUCING A SEPARATE ASSESSMENT FOR COMMUNITY DISASTER PREPAREDNESS. HEALTH PROFESSIONS EDUCATION ST. VINCENT IS COMMITTED TO HELPING ENSURE THE NEXT GENERATION OF HEALTHCARE PROFESSIONALS BY PROVIDING EDUCATION THROUGH HANDS ON TRAINING TO STUDENTS WHO ARE WORKING TOWARDS A WIDE RANGE OF HEALTHCARE DEGREES AND CERTIFICATES. THESE CATEGORIES INCLUDE MEDICAL STUDENTS, NURSING STUDENTS AND OTHER HEALTH PROFESSIONS, SUCH AS PHYSICAL THERAPY, SOCIAL WORK, PHARMACY, AND PASTORAL CARE STUDENTS. RESEARCH ST. VINCENT PARTICIPATES IN CLINICAL AND COMMUNITY HEALTH RESEARCH, AS WELL AS STUDIES ON HEALTH CARE DELIVERY THAT IS GENERALIZABLE AND SHARED WITH THE PUBLIC. EXAMPLES OF STUDIES COULD INCLUDE HEALTH ISSUES FOR VULNERABLE PERSONS AND INCIDENCE RATES OF HEALTH CONDITIONS FOR SPECIAL POPULATIONS.

Return Reference - Identifier	Explanation
	CASH AND IN-KIND CONTRIBUTIONS ST. VINCENT MAKES CASH AND IN-KIND CONTRIBUTIONS TO A VARIETY OF ORGANIZATIONS FOCUSED ON IMPROVING THE HEALTH STATUS IN THE COMMUNITY. EXAMPLES INCLUDE CASH DONATIONS TO NONPROFITS IN RESPONSE TO NATURAL DISASTERS, EVENT SPONSORSHIPS FOCUSED ON ADDRESSING AN IDENTIFIED COMMUNITY HEALTH NEED, DONATION OF EMPLOYEE TIME/SERVICES TO OUTSIDE ORGANIZATIONS, AND THE REPRESENTATION OF THE HOSPITAL ON COMMUNITY BOARDS AND COMMITTEES. COMMUNITY BENEFIT OPERATIONS ST. VINCENT STAFF DEDICATES SIGNIFICANT TIME AND COSTS TO LEAD AND MANAGE COMMUNITY BENEFIT PROGRAMS AND ACTIVITIES. RESOURCES ARE ALSO ALLOCATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AND DEVELOP AN IMPLEMENTATION STRATEGY. COMMUNITY BENEFIT IS TRACKED AND REPORTED TO ST. VINCENT LEADERSHIP, ASCENSION LEADERSHIP, STATE AND FEDERAL GOVERNMENT ENTITIES. SYSTEM WIDE HEALTH IMPROVEMENT PRIORITIES FY18 WAS THE SECOND YEAR OF THE THREE-YEAR SWHIP IMPLEMENTATION STRATEGY (FY17-19). BELOW IS A YEAR 2 UPDATE FOR EACH SWHIP: 1) ACCESS TO HEALTH SERVICES: COMMUNITY BENEFIT=$275; STAFF TIME=6.5 HOURS DURING THE SECOND YEAR OF THE IMPLEMENTATION STRATEGY, THE HOSPITAL: - PROVIDED AN ASSOCIATE TO ASSIST RUAH AT AN ENROLLMENT EVENT, WHICH WAS HELD AT A LOCAL ELEMENTARY SCHOOL (10/23/17). - OFFERED INFORMATION ABOUT ENROLLING INTO A MEDICAL INSURANCE PLAN TO 20 FAMILIES, COLLECTED CONTACT INFORMATION FROM 1 FAMILY THAT REQUESTED A FOLLOW UP CALL ABOUT HIP, AND 0 PEOPLE WERE ENROLLED FROM THE EVENT (PER RUAH EMAIL 10/24/17). 2) EXERCISE, NUTRITION & WEIGHT: COMMUNITY BENEFIT=$1,297; STAFF TIME=29.5 HOURS FY18 WAS AN IMPLEMENTATION YEAR. THE SCHOOL INCORPORATED THE SURVEY TOOL INTO ITS STUDENT REGISTRATION PROCESS. DE-IDENTIFIED DATA WAS COLLECTED AND PROVIDED TO ST. VINCENT BY THE SCHOOL FOR ANALYSIS. - A TOTAL OF 102 FAMILIES PARTICIPATED IN THE EXISTING WEEKEND FEEDING PROGRAM. - 100% (102) RESPONDED TO THE SURVEY - 63% (N=64) REPORTED BEING FOOD SECURE - 37% (N=38) REPORTED BEING FOOD INSECURE ST. VINCENT PREPARED A WRITTEN SUMMARY OF THE ANALYSIS TO THE SCHOOL. SURVEY #2 WILL BE ADMINISTERED IN FY19 BY THE SCHOOL DURING STUDENT REGISTRATION. ANOTHER WRITTEN SUMMARY WILL BE SENT TO THE SCHOOL AFTER DATA COLLECTION IS COMPLETED.
SCHEDULE H, PART I, LINE 7 - CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST - PART 2	3) BEHAVIORAL HEALTH: COMMUNITY BENEFIT=$1,030; STAFF TIME=18 HOURS THE HOSPITAL OFFERED RX FOR CHANGE TRAININGS TO THE COMMUNITY ON FEBRUARY 7, 2018 AND MAY 16, 2018. A TOTAL OF ELEVEN PARTICIPANTS ATTENDED THE TRAINING. THE TRAINING WAS OPEN TO THE COMMUNITY HOWEVER, ALL PARTICIPANTS WERE ST. VINCENT ASSOCIATES. EACH PARTICIPANT WAS ELIGIBLE TO EARN TWO CONTINUING EDUCATION UNITS FOR THE TRAINING. THE CONTINUING EDUCATION UNIT REQUEST FORM DOUBLED AS THE BASELINE SURVEY. TO INCREASE THE RESPONSE RATE, PARTICIPANTS WERE ALLOTTED TWO WEEKS TO COMPLETE THE BRIEF, ONLINE FORM. THE RESPONSE RATE FOR THE BASELINE WAS 45% (N=5). ONE PARTICIPANT REPORTED BEING/WORKING FOR AN ORGANIZATION THAT IS REGISTERED AS A "PREFERRED PROVIDER" WITH THE INDIANA TOBACCO QUITLINE (YES=1; NO=4). AS A RESULT OF THIS TRAINING, PARTICIPANTS REPORTED HOW LIKELY THEY WERE TO: - ASK MORE PATIENTS ABOUT TOBACCO USE (N=5, 100%) - ADVISE MORE TOBACCO USERS TO QUIT (N=5, 100%) - RECOMMEND MEDICATIONS FOR QUITTING MORE OFTEN (N=5, 100%) - REFER PATIENTS TO THE TOBACCO QUITLINE (N=5, 100%) THIRTY DAYS AFTER THE TRAINING, A BRIEF, FOLLOW-UP SURVEY WAS EMAILED TO ALL PARTICIPANTS (EMAIL ADDRESS PROVIDED BY PARTICIPANT). TO INCREASE THE RESPONSE RATE, PARTICIPANTS RECEIVED A FRIENDLY REMINDER MESSAGE WITH LINK TO THE SURVEY ONCE A WEEK FOR FOUR WEEKS. PARTICIPANTS WHO ANSWERED THE EMAIL WITHIN THE 4-WEEK FOLLOW-UP PERIOD WERE REMOVED FROM THE EMAIL QUEUE AND DID NOT RECEIVE SUBSEQUENT MESSAGES. TIMESTAMPS INDICATE THAT PARTICIPANTS COMPLETED THE SURVEY WITHIN THE FIRST WEEK OF THE 4-WEEK FOLLOW-UP PERIOD. NO INCENTIVES WERE OFFERED FOR SURVEY COMPLETION. A TOTAL OF 4 PARTICIPANTS COMPLETED THE 30-DAY FOLLOW-UP SURVEY. OF THOSE COMPLETING THE FOLLOW-UP SURVEY: - 3 (75%) PARTICIPANTS REPORTED ASKING MORE PATIENTS ABOUT TOBACCO USE - 3 (75%) PARTICIPANTS REPORTED ADVISING MORE TOBACCO USERS TO QUIT - 3 (75%) PARTICIPANTS REPORTED RECOMMENDING CESSATION MEDICATIONS FOR QUITTING - 3 (75%) PARTICIPANT REPORTED REFERRING PATIENTS TO THE TOBACCO QUITLINE PARTICIPANTS (N=4) WERE ALSO ASKED TO CONSIDER THE 30 DAYS FOLLOWING THE TRAINING AND APPROXIMATE THE NUMBER OF PATIENTS THAT THEY: - ASKED ABOUT TOBACCO USE = ~16 (RANGE OF APPROXIMATIONS = 0-10) - ADVISED MORE TOBACCO USERS TO QUIT = ~5 (RANGE OF APPROXIMATIONS = 0-2) - RECOMMENDED MEDICATIONS FOR QUITTING = ~3 (RANGE OF APPROXIMATIONS = 0-2) - REFERRED PATIENTS TO THE QUITLINE = ~3 (RANGE OF APPROXIMATIONS = 0-2) BASELINE AND FOLLOW-UP SURVEYS WERE MATCHED AT THE INDIVIDUAL PARTICIPANT LEVEL USING A UNIQUE ID NUMBER. NINE PERCENT OF ALL PARTICIPANTS COMPLETED THE BASELINE AND 30-DAY FOLLOW-UP SURVEYS (N=1). A CHANGE WAS OBSERVED IN THIS PARTICIPANT'S STATUS AS A "PREFERRED PROVIDER" WITH THE QUITELINE (STATUS AT FOLLOW-UP=YES). ALTHOUGH THE SMALL SAMPLE SIZE AND LOW NUMBER OF MATCHED SURVEYS PRECLUDE DETECTING CHANGES IN SCREENING BEHAVIORS WITH STATISTICAL SIGNIFICANCE, THESE FINDINGS PROVIDE MAY PROVIDE INSIGHT INTO: - RESPONDENTS AWARENESS OF THEIR OWN/ORGANIZATIONAL STATUS AS A REGISTERED QUITLINE "PREFERRED PROVIDER". - RESPONDENTS PERCEPTION OF THE NUMBER OF PATIENTS THEY SCREEN FOR TOBACCO USE IN A 30-DAY PERIOD. - HOSPITAL CAN DETERMINE NEXT STEPS, IF ANY, FOR SIMILAR PROGRAMS IN THE FUTURE.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COST OF PROVIDING CHARITY CARE, MEANS-TESTED GOVERNMENT PROGRAMS, AND OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES. THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF PAY). THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE. FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED.

Return Reference - Identifier	Explanation
SCHEDULE H, PART II - DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	RESEARCH SHOWS THAT SOCIAL DETERMINANTS AND QUALITY OF LIFE PLAY A MAJOR ROLE IN THE HEALTH STATUS OF INDIVIDUALS AND COMMUNITIES. COMMUNITY BUILDING ACTIVITIES, WHICH FOCUS ON THE ROOT CAUSES OF HEALTH PROBLEMS, ULTIMATELY INFLUENCE AND IMPROVE HEALTH STATUS. EXAMPLES OF COMMUNITY BUILDING ACTIVITIES INCLUDE PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND LEADERSHIP TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS AND SAFETY, AND WORKFORCE DEVELOPMENT.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2018 WAS $2,387,036 AT CHARGES, ($565,174 AT COST).
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING ECONOMIC CONDITIONS, HISTORICAL EXPERIENCE, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE ORGANIZATION IS PART OF THE ST. VINCENT CONSOLIDATED AUDIT WHICH INCLUDES A FOOTNOTE DESCRIBING BAD DEBT EXPENSE ON PAGE 21.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	A COST-TO-CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT. ASCENSION HEALTH AND ITS RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	THE ORGANIZATION HAS A WRITTEN DEBT COLLECTION POLICY THAT ALSO INCLUDES A PROVISION ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE. IF A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE CERTAIN COLLECTION PRACTICES DO NOT APPLY.
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	ST. VINCENT CARMEL HOPSITAL USES RELIABLE, THIRD PARTY REPORTS, INCLUDING DATA FROM GOVERNMENT SOURCES TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES. THESE REPORTS PROVIDE INFORMATION ABOUT KEY HEALTH, SOCIOECONOMIC AND DEMOGRAPHIC INDICATORS THAT POINT TO AREA OF NEED AND INCLUDE BUT ARE NOT LIMITED TO REPORTS FROM INDIANA STATE DEPARTMENT OF HEALTH, INDIANA BUSINESS RESEARCH CENTER AT INDIANA UNIVERSITY, U.S. CENSUS BUREAU, ALLIANCE FOR A HEATHIER INDIANA, TOBACCO PREVENTION & CESSATION COMMISSION AND INDIANA HOSPITAL ASSOCIATION. ST. VINCENT CARMEL HOSPITAL UTILIZES INFORMATION FROM THESE SECONDARY SOURCES TO DEVELOP PROGRAMS AND PROVIDE SERVICES THROUGHOUT THE REGION. IN ADDITION, ST. VINCENT CARMEL HOSPITAL CONSIDERS THE HEALTH CARE NEEDS OF THE OVERALL COMMUNITY WHEN EVALUATING INTERNAL FINANCIAL AND OPERATIONAL DECISIONS.
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	ST.VINCENT CARMEL HOSPITAL COMMUNICATES WITH PATIENTS IN MULTIPLE WAYS TO ENSURE THAT THOSE WHO ARE BILLED FOR SERVICES ARE AWARE OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM AS WELL AS THEIR POTENTIAL ELIGIBILITY FOR LOCAL, STATE OR FEDERAL PROGRAMS. SIGNS ARE PROMINENTLY POSTED IN EACH SERVICE AREA, AND BILLS CONTAIN A FORMAL NOTICE EXPLAINING THE HOSPITAL'S CHARITY CARE PROGRAM. IN ADDITION, THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS, HEALTH ACCESS WORKERS, AND ENROLLMENT SPECIALISTS WHO CONSULT WITH PATIENTS ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS AND HELP PATIENTS IN APPLYING FOR ANY PUBLIC PROGRAMS FOR WHICH THEY MAY QUALIFY.
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	ST. VINCENT CARMEL HOSPITAL IS LOCATED IN CARMEL, INDIANA AND SERVES HAMILTON AND CONTIGUOUS COUNTIES, IN CENTRAL INDIANA. HAMILTON COUNTY HAS AN ESTIMATED POPULATION OF 323,747. ACCORDING TO THE 2018 COUNTY HEALTH RANKINGS, HAMILTON COUNTY RANKS FIRST OUT OF 92 INDIANA COUNTIES IN OVERALL HEALTH OUTCOMES. HAMILTON COUNTY RACIAL AND CULTURAL DEMOGRAPHICS DIFFER SLIGHTLY FROM THE OVERALL INDIANA STATE POPULATION. BY PERCENTAGE, THERE ARE FEWER AFRICAN-AMERICANS (3.6%), FEWER HISPANIC OR LATINOS (3.7%), MORE ASIANS (5.5%), AND MORE WHITES (87.7%) LIVING IN HAMILTON WHEN COMPARED TO THE STATE. INCOME AND POVERTY LEVELS IN THE COUNTY ARE DISSIMILAR COMPARED TO THE STATE. THE MEDIAN HOUSEHOLD INCOME OF HAMILTON IS ABOUT $92,406, WHICH IS $40,117 HIGHER THAN THE STATE. AND ROUGHLY 5% OF HAMILTON COUNTY FAMILIES ARE LIVING IN POVERTY, WHICH IS LOWER THAN THE STATE. HAMILTON COUNTY'S UNINSURED RATE IS 6% WHICH IS THE LOWER THAN THE STATE'S RATE OF 11%. BY THE INDIANA STATE DEPARTMENT OF HEALTH AND U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, HAMILTON COUNTY IS NOT DESIGNATED AS A MEDICALLY UNDERSERVED AREA (MUA) AND POPULATION (MUP).
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	ST. VINCENT CARMEL'S GOVERNING BODY IS COMPRISED OF PERSONS REPRESENTING DIVERSE ASPECTS AND INTERESTS OF THE COMMUNITY. MANY MEMBERS OF ST. VINCENT CARMEL'S GOVERNING BODY RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA; WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF. THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALTIES AND APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	ST. VINCENT CARMEL IS AN AFFILIATE OF ST. VINCENT HEALTH SYSTEM AND ASCENSION HEALTH. ST. VINCENT CARMEL AFFILIATES ARE LARGE MULTI-FACETED, INTEGRATED, NOT-FOR-PROFIT MINISTRIES INCLUDING HOSPITAL AND NON-HOSPITAL MINISTRIES (PHYSICIAN GROUP PRACTICES, HOSPITAL ORGANIZATIONS, RESEARCH, HOME HEALTH, DURABLE MEDICAL EQUIPMENT AND SENIOR FACILITIES). THESE MINISTRIES WORK TOGETHER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF SERVING AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS ESPECIALLY THOSE WHO ARE VULNERABLE. THIS COMMUNITY BENEFIT HAPPENS THROUGH ITS FOCUS ON PATIENT CARE, EDUCATION AND RESEARCH. THE ORGANIZATIONS WORK TOGETHER TO SERVE THEIR COMMUNITIES AT THE LOCAL, REGIONAL, STATE, AND NATIONAL LEVEL. ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011. ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH. A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 21 OF THE UNITED STATES AND THE DISTRICT OF COLUMBIA. ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON. THE PARTICIPATING OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, ST. LOUISE PROVINCE; THE CONGREGATION OF ST. JOSEPH; THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET; THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC. - AMERICAN PROVINCE; AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE. AS PART OF ST. VINCENT HEALTH, ST. VINCENT CARMEL IS DEDICATED TO IMPROVING THE HEALTH STATUS AND QUALITY OF LIFE FOR THE COMMUNITIES IT SERVES. WHILE DESIGNATED ASSOCIATES AT ST. VINCENT CARMEL DEVOTE TIME TO LEADING AND ADMINISTERING LOCAL COMMUNITY-BASED PROGRAMS AND PARTNERSHIPS, ASSOCIATES THROUGHOUT THE ORGANIZATION ARE ACTIVE PARTICIPANTS IN COMMUNITY OUTREACH. THEY ARE ASSISTED AND SUPPORTED BY DESIGNATED ST. VINCENT HEALTH COMMUNITY DEVELOPMENT & HEALTH IMPROVEMENT ASSOCIATES AND OTHER SUPPORT STAFF WHO WORK WITH EACH OF ITS HEALTHCARE FACILITIES TO ADVOCATE FOR AND PROVIDE TECHNICAL ASSISTANCE FOR COMMUNITY OUTREACH, NEEDS ASSESSMENTS AND PARTNERSHIPS AS WELL AS TO SUPPORT REGIONAL AND STATE-WIDE PROGRAMS, COMMUNITY PROGRAMS SPONSORED BY ST. VINCENT HEALTH IN WHICH ST. VINCENT CARMEL PARTICIPATES.