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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2012**  
**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> SAINT JOSEPH HEALTH SYSTEM INC		<b>D Employer identification number</b> 61-1334601
	Doing Business As		<b>E Telephone number</b> (859) 313-1000
	Number and street (or P O box if mail is not delivered to street address) Room/suite 424 Lewis Hargett Circle		
	City or town, state or country, and ZIP + 4 Lexington, KY 40503		<b>G Gross receipts \$</b> 801,787,268

<b>F Name and address of principal officer</b> RUTH WILLIAMS-BRINKLEY 424 Lewis Hargett Circle Lexington, KY 40503	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number <b>▶</b> 0928
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**I Tax-exempt status**  501(c)(3)  501(c) ( ) (Insert no )  4947(a)(1) or  527

**J Website:** **▶** WWW SJHLEX ORG

**K Form of organization**  Corporation  Trust  Association  Other **▶**

**L Year of formation** 1998 **M State of legal domicile** KY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities SAINT JOSEPH HEALTH SYSTEM, INC 'S VISION IS TO BE THE PREMIER, INTEGRATED, COMPREHENSIVE HEALTH SYSTEM IN THE COMMUNITY PROVIDING HIGH QUALITY CARE CLOSE TO HOME, REDUCING THE INCIDENCE OF DISEASE AND ELIMINATING THE INEQUITIES IN ACCESS TO HEALTHCARE		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	18
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	5,807
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	534
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,327,915
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,668,906	601,099
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	749,748,228	742,951,794
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,128,796	6,301,863
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,977,591	51,723,101
		807,523,521	801,577,857
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,091,897	318,137
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	291,232,535	276,343,705
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>▶</b> 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	501,743,541	517,280,524
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	794,067,973	793,942,366
<b>19</b> Revenue less expenses Subtract line 18 from line 12	13,455,548	7,635,491	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	763,001,063	921,395,358
	<b>21</b> Total liabilities (Part X, line 26)	364,080,617	514,363,637
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	398,920,446	407,031,721	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>	Signature of officer _____	Date 2014-05-15
	COLLEEN HOLTON INTERIM CFO Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name PAMELA KROHN	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN P01210500
	Firm's name <b>▶</b> CATHOLIC HEALTH INITIATIVES			Firm's EIN <b>▶</b> 47-0617373	
	Firm's address <b>▶</b> 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112			Phone no (303) 298-9100	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission  
WE BRING HOPE, IMPROVE HEALTH AND CHANGE LIVES INSPIRED BY OUR CATHOLIC AND JEWISH FAITH HERITAGE, WE SERVE WITH A SPIRIT OF INNOVATION AND COLLABORATION, TRANSFORM HEALTH CARE DELIVERY, PARTNER TO CREATE HEALTHY COMMUNITIES AND ADVOCATE FOR A JUST HEALTH SYSTEM

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 642,530,433 including grants of \$ 318,137 ) (Revenue \$ 742,892,955 )  
SEE SCHEDULE H

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** 642,530,433

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? <input checked="" type="checkbox"/>	Yes	

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . 	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . . 	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . . 	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		No
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		No
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	Yes	
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		No

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed  KY
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 Colleen Holton One Saint Joseph Drive Lexington, KY (502) 587-4710





**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>						
	<b>d</b>	Related organizations . . . . . <b>1d</b>	589,030					
	<b>e</b>	Government grants (contributions) <b>1e</b>						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	12,069					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		601,099				
<b>Program Service Revenue</b>	<b>2a</b>	PATIENT SERVICES	900099	737,651,468	737,651,468			
	<b>b</b>	RENTAL INCOME	900099	3,761,204	3,702,365	58,839		
	<b>c</b>	MEDICAL SERVICES	621300	852,443	852,443			
	<b>d</b>	PROGRAM SERVICE REVENUE	900099	478,092	478,092			
	<b>e</b>	EQUITY CHANGES OF UNCONSOLIDATED ORGS	900099	208,587	208,587			
	<b>f</b>	All other program service revenue		0	0	0		
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		742,951,794				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,287,547		-729	2,288,276	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b>	Royalties . . . . .		0				
	<b>6a</b>	Gross rents	(i) Real	0				
			(ii) Personal					
			Less rental expenses					
			<b>c</b> Rental income or (loss)	0	0			
	<b>d</b>	Net rental income or (loss) . . . . .		0			0	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	4,180,896				
			(ii) Other		42,831			
			Less cost or other basis and sales expenses			209,411		
			<b>c</b> Gain or (loss)	4,180,896	-166,580			
	<b>d</b>	Net gain or (loss) . . . . .		4,014,316			4,014,316	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . .		0					
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
		<b>b</b> Less direct expenses . . . . . <b>b</b>						
		<b>c</b> Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>						
		<b>c</b> Net income or (loss) from sales of inventory . . . . .		0				
	Miscellaneous Revenue	Business Code						
<b>11a</b>	INTERCOMPANY TRANSACTIONS	900099	44,368,676			44,368,676		
<b>b</b>	CAFETERIA	722100	3,103,190		276,449	2,826,741		
<b>c</b>	LABORATORY SERVICES	621500	1,843,574		553,604	1,289,970		
<b>d</b>	All other revenue . . . . .		2,407,661	0	439,752	1,967,909		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		51,723,101					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		801,577,857	742,892,955	1,327,915	56,755,888		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	318,137	318,137		
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	6,719,406		6,719,406	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b>	Other salaries and wages	209,513,824	163,751,488	45,762,336	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,651,799	8,917,394	2,734,405	
<b>9</b>	Other employee benefits	32,487,850	24,765,402	7,722,448	
<b>10</b>	Payroll taxes	15,970,826	11,978,120	3,992,706	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management	0			
<b>b</b>	Legal	2,017,703		2,017,703	
<b>c</b>	Accounting	442,146		442,146	
<b>d</b>	Lobbying	0			
<b>e</b>	Professional fundraising services. See Part IV, line 17	0			
<b>f</b>	Investment management fees	0			
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	79,241,314	71,317,183	7,924,131	0
<b>12</b>	Advertising and promotion	3,449,331		3,449,331	
<b>13</b>	Office expenses	23,900,202	22,227,188	1,673,014	
<b>14</b>	Information technology	29,051,161		29,051,161	
<b>15</b>	Royalties	0			
<b>16</b>	Occupancy	12,537,121	10,656,553	1,880,568	
<b>17</b>	Travel	848,716	466,794	381,922	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b>	Conferences, conventions, and meetings	83,062	20,765	62,297	
<b>20</b>	Interest	13,310,612	13,310,612		
<b>21</b>	Payments to affiliates	17,568,913		17,568,913	
<b>22</b>	Depreciation, depletion, and amortization	36,162,619	16,273,179	19,889,440	
<b>23</b>	Insurance	6,298,045	6,172,084	125,961	
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b>	UNRELATED BUSINESS TAX	14,045		14,045	
<b>b</b>	MEDICAL SUPPLIES	149,144,217	149,144,217		
<b>c</b>	INTERCOMPANY ALLOCATIONS	45,858,567	45,858,567		
<b>d</b>	BAD DEBTS	71,660,817	71,660,817		
<b>e</b>	All other expenses	25,691,933	25,691,933	0	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	793,942,366	642,530,433	151,411,933	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	58,125	<b>1</b>	3,763,533
	<b>2</b> Savings and temporary cash investments . . . . .	26,349,590	<b>2</b>	88,403,679
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	152,818,144	<b>4</b>	114,077,556
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	116,952	<b>7</b>	125,531
	<b>8</b> Inventories for sale or use . . . . .	10,222,147	<b>8</b>	11,868,137
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,362,985	<b>9</b>	486,234
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	791,325,007		
	<b>b</b> Less accumulated depreciation . . . . .	362,103,071		
	<b>11</b> Investments—publicly traded securities . . . . .	2,059,987	<b>11</b>	2,171,079
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	113,236,276	<b>12</b>	140,619,470
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	9,134,720	<b>14</b>	10,711,233
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,501,262	<b>15</b>	119,946,970
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	763,001,063	<b>16</b>	921,395,358	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	70,471,885	<b>17</b>	202,252,997
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	2,671,180	<b>19</b>	2,884,248
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	290,937,552	<b>25</b>	309,226,392
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	364,080,617	<b>26</b>	514,363,637
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	398,883,839	<b>27</b>	406,996,059
	<b>28</b> Temporarily restricted net assets . . . . .	36,607	<b>28</b>	35,662
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	398,920,446	<b>33</b>	407,031,721	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	763,001,063	<b>34</b>	921,395,358	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	801,577,857
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	793,942,366
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	7,635,491
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	398,920,446
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,371,825
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-4,896,041
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	407,031,721

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

**Additional Data**

**Software ID:** 12000266  
**Software Version:** v2012.1.0  
**EIN:** 61-1334601  
**Name:** SAINT JOSEPH HEALTH SYSTEM INC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE KLOCKARS FORMER CHIEF EXECUTIVE OFFICER	50 00 10 00	X		X				0	564,715	44,649
MELVIN ALEXANDER CFO KYOne Health, Treasurer Board	20 00 41 00	X		X				0	54,742	3,825
RICHARD SCHULTZ Vice Chair	2 00 4 00	X		X				0	0	0
ROBERT HEWETT Chair	3 00 8 00	X		X				0	0	0
RON FARR Former Interim CFO KYOne Health/Treasurer	2 00 58 00	X		X				0	802,514	115,754
RUTH WILLIAMS BRINKLEY Board of Directors/President & CEO of KOH	5 00 55 00	X		X				0	994,417	134,196
DAVID FENNELL Board of Directors	2 00 5 00	X						0	0	0
DAVID L DUNN Board of Directors	3 00 7 00	X						0	0	0
GERALD TEMES MD Board of Directors	2 00 4 00	X						0	0	0
JANE BURKS Board of Directors	2 00 4 00	X						0	0	0
JANE J CHILES Board of Directors	2 00 4 00	X						0	0	0
LOU ANN ATLAS Board of Directors	2 00 4 00	X						0	0	0
MICHAEL ROWAN FACHE Board of Directors/Exec VP/CHI COO	2 00 58 00	X						0	1,652,367	220,553
MIKE ADES Board of Directors	2 00 4 00	X						0	0	0
MILLER HOFFMAN Board of Directors	2 00 4 00	X						0	0	0
PAUL EDGETT Board of Directors/SVP CHI	2 00 58 00	X						0	734,377	86,500
ROBERT C HUGHES MD Board of Directors	2 00 6 00	X						0	0	0
ROBERT W ROUNSAVALL III Board of Directors	2 00 6 00	X						0	0	0
RUSSELL WILLIAMS MD Board of Directors	2 00 4 00	X						0	0	0
SR ELIZABETH WENDELN Board of Directors	3 00 4 00	X						0	0	0
THOMAS MECHAS MD Board Observer	2 00 4 00	X						10,775	0	0
BEV WEBER Senior VP/COO KYOne Health	25 00 35 00			X				526,092	0	30,396
COLLEEN HOLTON VP FIN PLANNING/INTERIM VP FIN REPORTING	5 00 55 00			X				0	0	0
GARY ERMERS Former Chief Financial Officer	24 00 36 00			X				559,816	0	68,637
SHARON HAGER Secretary	1 00 54 00			X				0	383,074	32,011

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TAMMY HOWELL INTERIM VP FIN REPORTING/DIRECTOR OF ACCOUNTING	5 00 55 00			X				0	106,301	14,575
BENNY NOLEN President Saint Joseph Mount Sterling	59 00 1 00				X			204,679	0	41,964
CARLA WALTER Former Corp Resp & Privacy Officer	60 00 0				X			0	233,528	36,872
CARMEL JONES Former COO/VP Finance - London	10 00 45 00				X			222,991	0	43,891
CHRISTINE MAYS Former COO/CNE - SJH	60 00 0				X			302,475	0	46,247
CHRISTY SPITSER VP Finance London, Martin, Berea	60 00 0				X			164,364	0	35,050
DANIEL VARGA Former Chief Medical Officer	44 00 16 00				X			607,918	0	76,896
EDWARD CARTHEW Former Chief Human Resources Officer	60 00 0				X			318,697	0	34,013
ERIC GILLIAM President Saint Joseph East	58 00 2 00				X			188,206	0	40,313
GREG GERARD President London	59 00 1 00				X			231,130	0	45,771
JOHN SMITHHISLER President Saint Joseph Hospital/Market Leader KYOne Health	59 00 1 00				X			251,333	0	2,498
KATHY STUMBO President-Martin	60 00 0				X			244,367	0	59,678
KEN HAYNES Former President-SJH	59 00 1 00				X			482,998	0	65,108
MARK STREETY Former Chief Innovation Officer	57 00 3 00				X			343,822	0	57,740
MELINDA EVANS Regional VP of Finance	58 00 2 00				X			243,979	0	27,003
PEGGY GREEN Former COO/CNO-London	60 00 0				X			217,992	0	26,512
ROBERT BROCK Former VP Finance London	59 00 1 00				X			247,958	0	32,471
TANJA OQUENDO SVP Chief HR Officer - KYOne Health	5 00 55 00				X			326,822	74,956	38,945
VIRGINIA DEMPSEY Former President-London	57 00 3 00				X			416,610	0	37,542
ELISEO COLON Pulmonologist	60 00 0					X		12,168	484,604	41,344
JEFFREY MILAM Anesthesiologist	60 00 0					X		524,261	0	35,856
MUNAWAR SIDDIQI Anesthesiologist	20 00 40 00					X		67,555	571,142	40,546
SATHYENDRA MYSORE Anesthesiologist	60 00 0					X		576,555	0	43,512
STEVE LIN Cardiologist	20 00 40 00					X		10,802	855,338	37,604

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

**Name of the organization**

SAINT JOSEPH HEALTH SYSTEM INC

**Employer identification number**

61-1334601

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2011 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶		
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶		
<b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
<b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
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<b>Explanation</b>

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (SAINT JOSEPH HEALTH SYSTEM INC) and Employer identification number (61-1334601)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?	Yes		23,368
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?		No	
<b>j</b>	Total. Add lines 1c through 1i.			23,368
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Description of the activities reported on Lines 1a through 1i	Schedule C, Part II-B, Line 1	LINE 1F THE PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS FOLLOWS AMERICAN HOSPITAL ASSOCIATION \$12,070 CATHOLIC HEALTH ASSOCIATION \$4,683 KENTUCKY HOSPITAL ASSOCIATION \$23,368

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

SAINT JOSEPH HEALTH SYSTEM INC

Employer identification number

61-1334601

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a Yes/No column. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor property and grant purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for preservation purposes (land for public use, natural habitat, open space, historic structure), questions about monitoring, expenses, and reporting requirements.

Table titled 'Held at the End of the Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenues and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		16,933,430		16,933,430
<b>b</b> Buildings . . . . .		487,009,481	172,039,272	314,970,209
<b>c</b> Leasehold improvements . . . . .		4,971,705	4,090,105	881,600
<b>d</b> Equipment . . . . .		261,867,710	184,547,345	77,320,365
<b>e</b> Other . . . . .		20,542,681	1,426,349	19,116,332
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				429,221,936



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	SAINT JOSEPH HEALTH SYSTEM, INC 'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION CHI'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2013 READS AS FOLLOWS "CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS "

## Additional Data

**Software ID:** 12000266  
**Software Version:** v2012.1.0  
**EIN:** 61-1334601  
**Name:** SAINT JOSEPH HEALTH SYSTEM INC

### Form 990, Schedule D, Part X, - Other Liabilities

<sup>1</sup> (a) Description of Liability	(b) Book Value
INTERCOMPANY PAYABLES	301,803,735
RENTAL DEPOSITS	458
CHECK CLEARING	302,186
SPECIAL PROGRAMS PAYABLE	30,066
PROFESSIONAL STAFF FUND	168,822
ENVIRONMENTAL REMEDIATION	109,352
340B PROGRAM	7,820
ACCRUED EXPENSES	6,803,953

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

Department of the Treasury  
Internal Revenue Service

# Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

## 2012

**Open to Public Inspection**

**Name of the organization**  
SAINT JOSEPH HEALTH SYSTEM INC

**Employer identification number**  
61-1334601

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

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities			
<input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> 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			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care	<b>3a</b>		No
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %			
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .	<b>3b</b>		No
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %			
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria 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			
<b>4</b> 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"? . . . . .	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<b>5b</b>	Yes	
<b>c</b> 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? . . . . .	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<b>6b</b>	Yes	

**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) . . . . .			33,040,635		33,040,635	4.570 %
b Medicaid (from Worksheet 3, column a) . . . . .			46,926,763	34,899,086	12,027,677	1.670 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			11,402,983		11,402,983	1.580 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .	0	0	91,370,381	34,899,086	56,471,295	7.820 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	49	18,174	1,308,740	8,850	1,299,890	0.180 %
f Health professions education (from Worksheet 5) . . . . .	12	387	440,941		440,941	0.060 %
g Subsidized health services (from Worksheet 6) . . . . .	1	11	12,457		12,457	0 %
h Research (from Worksheet 7) . . . . .					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	20	3,253	339,151		339,151	0.050 %
<b>j Total</b> Other Benefits . . . . .	82	21,825	2,101,289	8,850	2,092,439	0.290 %
<b>k Total</b> Add lines 7d and 7j . . . . .	82	21,825	93,471,670	34,907,936	58,563,734	8.110 %

**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
<b>1</b> Physical improvements and housing					0	0 %
<b>2</b> Economic development					0	0 %
<b>3</b> Community support	6	4,397	22,972		22,972	0 %
<b>4</b> Environmental improvements					0	0 %
<b>5</b> Leadership development and training for community members	1	4	1,125		1,125	0 %
<b>6</b> Coalition building	1	240	2,644		2,644	0 %
<b>7</b> Community health improvement advocacy	1	8	76		76	0 %
<b>8</b> Workforce development					0	0 %
<b>9</b> Other	2	200	69,210		69,210	0.010 %
<b>10 Total</b>	<b>11</b>	<b>4,849</b>	<b>96,027</b>	<b>0</b>	<b>96,027</b>	<b>0.010 %</b>

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>		71,660,817
<b>3</b> 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.	<b>3</b>		0
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME)	<b>5</b>	216,298,352
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5	<b>6</b>	229,071,608
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall)	<b>7</b>	-12,773,256
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes
<b>b</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.	<b>9b</b>	Yes

**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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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?  
6

Name, address, and primary website address

		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	SAINT JOSEPH HOSPITAL ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 WWW.KENTUCKYONEHEALTH.ORG	X	X					X			A
2	SAINT JOSEPH EAST 150 NORTH EAGLE CREEK DRIVE LEXINGTON, KY 40509 WWW.KENTUCKYONEHEALTH.ORG	X	X					X			A
3	SAINT JOSEPH - LONDON 1001 ST JOSEPH LANE LONDON, KY 40741 WWW.KENTUCKYONEHEALTH.ORG	X	X					X			A
4	SAINT JOSEPH - MOUNT STERLING 225 FALCON DRIVE MOUNT STERLING, KY 40353 WWW.KENTUCKYONEHEALTH.ORG	X	X					X			A
5	SAINT JOSEPH - BERA 305 ESTILL STREET BEREA, KY 40403 WWW.KENTUCKYONEHEALTH.ORG	X	X			X		X			A
6	SAINT JOSEPH - MARTIN 11203 MAIN STREET MARTIN, KY 41649 WWW.KENTUCKYONEHEALTH.ORG	X	X			X		X			A

**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 facility reporting group A

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) 1

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
<b>1</b>	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 9 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>1</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 12</u>		
<b>3</b>	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>3</b> Yes	
<b>4</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b> Yes	
<b>5</b>	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)	<b>5</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website		
<b>b</b>	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>c</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)		
<b>a</b>	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b>	<input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b>	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b>	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b>	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	<b>7</b>	No
<b>8a</b>	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>8a</b>	No
<b>b</b>	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>8b</b>	
<b>c</b>	If "Yes" to line 8b, 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)

<b>Financial Assistance Policy</b>		<b>Yes</b>	<b>No</b>
<b>9</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	Yes	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care ___% If "No," explain in Part VI the criteria the hospital facility used		No
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care ___% If "No," explain in Part VI the criteria the hospital facility used		No
<b>12</b>	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input checked="" type="checkbox"/> Asset level		
<b>c</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>d</b>	<input checked="" type="checkbox"/> Insurance status		
<b>e</b>	<input checked="" type="checkbox"/> Uninsured discount		
<b>f</b>	<input checked="" type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>13</b>	Explained the method for applying for financial assistance?	Yes	
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available upon request		
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)		

<b>Billing and Collections</b>			
<b>15</b>	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 actions the hospital facility may take upon non-payment?	Yes	
<b>16</b>	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 patient's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b>	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Part VI)		

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

**18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- a**  Notified individuals of the financial assistance policy on admission
- b**  Notified individuals of the financial assistance policy prior to discharge
- c**  Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d**  Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e**  Other (describe in Part VI)

**Policy Relating to Emergency Medical Care**

**19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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 Part VI)
- d**  Other (describe in Part VI)

	Yes	No
<b>19</b>	Yes	

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

**20** 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b**  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c**  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d**  Other (describe in Part VI)

**21** During the tax year, did the hospital facility charge any FAP-eligible individuals 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 Part VI

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

If "Yes," explain in Part VI

<b>21</b>		No
<b>22</b>		No

**Part V Facility Information** (continued)**Section C. 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?

7

Name and address	Type of Facility (describe)
1 SAINT JOSEPH JESSAMINE 1250 KEENE ROAD NICHOLASVILLE, KY 40356	AMBULATORY CARE CENTER
2 SAINT JOSEPH OUTPATIENT CARE CENTER RICHMOND 103 ALYCIA DRIVE RICHMOND, KY 40475	OUTPATIENT IMAGING CENTER
3 SAINT JOSEPH OUTPATIENT CARE CENTER - TATES CREEK 1099 DUVAL STREET LEXINGTON, KY 405156490	OUTPATIENT IMAGING CENTER
4 COMMONWEALTH CANCER CENTER - CORBIN 1 TRILLIUM WAY CORBIN, KY 40701	OUTPATIENT CANCER CARE CENTER
5 COMMONWEALTH CANCER CENTER - LONDON 165 LONDON MOUNTAIN VIEW DRIVE LONDON, KY 40741	OUTPATIENT CANCER CARE CENTER
6 ST JOSEPH RADIATIONMEDICAL ONCOLOGY 701 BOB-O-LINK DRIVE LEXINGTON, KY 40504	OUTPATIENT CANCER CARE CENTER
7 ST JOSEPH RADIATIONMEDICAL ONCOLOGY 3470 BLAZER PARKWAY LEXINGTON, KY 40509	OUTPATIENT CANCER CARE CENTER
8	
9	
10	

**Part VI Supplemental Information**

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 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
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
Eligibility criteria for free or discounted care	Schedule H, Part I, Line 3c	WHEN CATHOLIC HEALTH INITIATIVES (THE ULTIMATE PARENT ORGANIZATION TO SAINT JOSEPH HEALTH SYSTEM) ESTABLISHED ITS FINANCIAL ASSISTANCE POLICY IT WAS DETERMINED THAT ESTABLISHING A HOUSEHOLD INCOME SCALE BASED ON THE HUD VERY LOW INCOME GUIDELINES MORE ACCURATELY REFLECTS THE SOCIOECONOMIC DISPERSIONS AMONG URBAN AND RURAL COMMUNITIES IN 17 STATES SERVED BY CHI HOSPITALS AND HEALTH CARE FACILITIES. IN COMPARING HUD GUIDELINES TO THE FEDERAL POVERTY GUIDELINES ("FPG"), WE FIND THAT ON AVERAGE HUD GUIDELINES COMPUTE TO APPROXIMATELY 200% TO 250% (AND SOMETIMES 300%) OF FPG. SAINT JOSEPH HEALTH SYSTEM BASES ITS FINANCIAL ASSISTANCE ELIGIBILITY ON HUD'S 130% OF VERY LOW INCOME GUIDELINES BASED ON GEOGRAPHY, AND AFFORDS THE UNINSURED AND UNDERINSURED THE ABILITY TO OBTAIN FINANCIAL ASSISTANCE WRITE-OFFS, BASED ON A SLIDING SCALE, RANGING FROM 25%-100% OF CHARGES. AN INDIVIDUAL'S INCOME UNDER THE HUD GUIDELINES IS A SIGNIFICANT FACTOR IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE. HOWEVER, IN DETERMINING WHETHER TO EXTEND DISCOUNTED OR FREE CARE TO A PATIENT, THE PATIENT'S ASSETS MAY ALSO BE TAKEN INTO CONSIDERATION. FOR EXAMPLE, A PATIENT SUFFERING A CATASTROPHIC ILLNESS MAY HAVE A REASONABLE LEVEL OF INCOME, BUT A LOW LEVEL OF LIQUID ASSETS SUCH THAT THE PAYMENT OF MEDICAL BILLS WOULD BE SERIOUSLY DETRIMENTAL TO THE PATIENT'S BASIC FINANCIAL (AND ULTIMATELY PHYSICAL) WELL-BEING AND SURVIVAL. SUCH A PATIENT MAY BE EXTENDED DISCOUNTED OR FREE CARE BASED UPON THE FACTS AND CIRCUMSTANCES.
COMMUNITY BENEFIT REPORT	SCHEDULE H, PART I, LINE 6A	SAINT JOSEPH HEALTH SYSTEM, INC. DOES NOT PREPARE ITS OWN ANNUAL WRITTEN COMMUNITY BENEFIT REPORT. HOWEVER, ITS COMMUNITY BENEFIT REPORT IS CONTAINED IN THE REPORT OF A RELATED ORGANIZATION, KENTUCKYONE HEALTH, INC., EIN 61-1029769.

Identifier	ReturnReference	Explanation
Costing Methodology used to calculate financial assistance	Schedule H, Part I, Line 7	A COST ACCOUNTING SYSTEM WAS NOT USED TO COMPUTE AMOUNTS IN THE TABLE, RATHER COSTS IN THE TABLE WERE COMPUTED USING WORKSHEET 2 TO COMPUTE THE COST-TO-CHARGE RATIO THE COST-TO-CHARGE RATIO COVERS ALL PATIENT SEGMENTS WORKSHEET 2 WAS UTILIZED TO COMPUTE THE COST-TO-CHARGE RATIO FOR THE YEAR ENDED 6/30/13 USING THE FOLLOWING FORMULA OPERATING EXPENSE (LESS NON-PATIENT CARE ACTIVITIES, MEDICARE PROVIDER TAXES, COMMUNITY BENEFIT EXPENSE AND COMMUNITY BUILDING EXPENSE) DIVIDED BY GROSS PATIENT REVENUE (LESS GROSS CHARGES FOR COMMUNITY BENEFIT PROGRAMS) BASED ON THAT FORMULA, \$566,704,937/\$1,584,746,734 RESULTS IN A 35.76% COST-TO-CHARGE RATIO
Bad Debt Expense excluded from financial assistance calculation	Schedule H, Part I, Line 7, column(f)	71,660,817

Identifier	ReturnReference	Explanation
Subsidized Health Services	Schedule H, Part I, Line 7g	INCLUDED IN SUBSIDIZED HEALTH SERVICES ARE THE FOLLOWING PHYSICIAN CLINICS ST JOSEPH PRIMARY CARE ST ELIZABETH CLINIC ST JOSEPH PRIMARY CARE CLINIC
Bad debt expense - methodology used to estimate amount	Schedule H, Part III, Line 2	COSTING METHODOLOGY FOR AMOUNTS REPORTED ON LINE 2 IS DETERMINED USING THE ORGANIZATION'S COST/CHARGE RATIO OF 35.76% WHEN DISCOUNTS ARE EXTENDED TO SELF-PAY PATIENTS, THESE PATIENT ACCOUNT DISCOUNTS ARE RECORDED AS A REDUCTION IN REVENUE, NOT AS BAD DEBT EXPENSE

Identifier	ReturnReference	Explanation
Bad debt expense - methodology used to estimate amount as community benefit	Schedule H, Part III, Line 3	SAINT JOSEPH HEALTH SYSTEM DOES NOT BELIEVE THAT ANY PORTION OF BAD DEBT EXPENSE COULD REASONABLY BE ATTRIBUTED TO PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE SINCE AMOUNTS DUE FROM THOSE INDIVIDUALS' ACCOUNTS WILL BE RECLASSIFIED FROM BAD DEBT EXPENSE TO CHARITY CARE WITHIN 30 DAYS FOLLOWING THE DATE THAT THE PATIENT IS DETERMINED TO QUALIFY FOR CHARITY CARE
Bad debt expense - financial statement footnote	Schedule H, Part III, Line 4	SAINT JOSEPH HEALTH SYSTEM DOES NOT ISSUE SEPARATE COMPANY AUDITED FINANCIAL STATEMENTS HOWEVER, THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES THE CONSOLIDATED FOOTNOTE READS AS FOLLOWS "THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS MANAGEMENT ROUTINELY ASSESSES THE ADEQUACY OF THE ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THESE REVIEWS ARE USED TO MODIFY, AS NECESSARY, THE PROVISION FOR BAD DEBTS AND TO ESTABLISH APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE NET PATIENT ACCOUNTS RECEIVABLE AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, CHI FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY EACH FACILITY IN ACCORDANCE WITH ACCOUNTING STANDARDS UPDATE (ASU) NO 2011-07, PRESENTATION AND DISCLOSURE OF PATIENT SERVICES REVENUE, PROVISION FOR BAD DEBTS, AND ALLOWANCES FOR DOUBTFUL ACCOUNTS FOR CERTAIN HEALTH ENTITIES, THE PROVISION FOR BAD DEBTS IS PRESENTED ON THE CONSOLIDATED STATEMENT OF OPERATIONS AS A DEDUCTION FROM PATIENT SERVICES REVENUES (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS) SINCE CHI ACCEPTS AND TREATS ALL PATIENTS WITHOUT REGARD TO THE ABILITY TO PAY "

Identifier	ReturnReference	Explanation
Community benefit & methodology for determining medicare costs	Schedule H, Part III, Line 8	<p>USING ESSENTIALLY THE SAME MEDICARE COST REPORT PRINCIPLES AS TO THE ALLOCATION OF GENERAL SERVICES COSTS AND "APPORTIONMENT" METHODS, THE "CHI WORKBOOK" CALCULATES A PAYERS' GROSS ALLOWABLE COSTS BY SERVICE (SO AS TO FACILITATE A CORRESPONDING COMPARISON BETWEEN GROSS ALLOWABLE COSTS AND ULTIMATE PAYMENTS RECEIVED) THE TERM "GROSS ALLOWABLE COSTS" MEANS COSTS BEFORE ANY DEDUCTIBLES OR CO-INSURANCE ARE SUBTRACTED. SAINT JOSEPH HEALTH SYSTEM'S ULTIMATE REIMBURSEMENT WILL BE REDUCED BY ANY APPLICABLE COPAYMENT/DEDUCTIBLE WHERE MEDICARE IS THE SECONDARY INSURER, AMOUNTS DUE FROM THE INSURED'S PRIMARY PAYER WERE NOT SUBTRACTED FROM MEDICARE ALLOWABLE COSTS BECAUSE THE AMOUNTS ARE TYPICALLY IMMATERIAL. SAINT JOSEPH MARTIN AND SAINT JOSEPH BERA ARE TWO HOSPITALS WITHIN SAINT JOSEPH HEALTH SYSTEM THAT ARE DESIGNATED AS A CRITICAL ACCESS HOSPITAL ("CAH") CAHS ARE RURAL COMMUNITY HOSPITALS THAT ARE CERTIFIED TO RECEIVE COST-BASED REIMBURSEMENT FROM MEDICARE. THE REIMBURSEMENT THAT CAHS RECEIVE IS INTENDED TO IMPROVE THEIR FINANCIAL PERFORMANCE AND THEREBY REDUCE HOSPITAL CLOSURES. CAHS ARE CERTIFIED UNDER A DIFFERENT SET OF MEDICARE CONDITIONS OF PARTICIPATION (COP) SHORTFALLS ARE CREATED WHEN A FACILITY RECEIVES PAYMENTS THAT ARE LESS THAN THE COSTS OF CARING FOR PROGRAM BENEFICIARIES BECAUSE SHORTFALLS ARE BASED ON COSTS, NOT CHARGES. SAINT JOSEPH MARTIN AND SAINT JOSEPH BERA, DUE TO THEIR DESIGNATION AS A CAH, RECEIVED COST-BASED REIMBURSEMENT FOR MEDICARE PURPOSES, SAINT JOSEPH MARTIN AND SAINT JOSEPH BERA WILL TYPICALLY NOT EXPERIENCE MEDICARE RELATED SHORTFALLS. ALTHOUGH NOT PRESENTED ON THE MEDICARE COST REPORT, IN ORDER TO FACILITATE A MORE ACCURATE UNDERSTANDING OF THE "TRUE" COST OF SERVICES (FOR "SHORTFALL" PURPOSES) THE CHI WORKBOOK ALLOWS A HEALTH CARE FACILITY NOT TO OFFSET COSTS THAT MEDICARE CONSIDERS TO BE NON-ALLOWABLE, BUT FOR WHICH THE FACILITY CAN LEGITIMATELY ARGUE ARE RELATED TO THE CARE OF THE FACILITY'S PATIENTS. IN ADDITION, ALTHOUGH NOT REPORTABLE ON THE MEDICARE COST REPORT, THE CHI WORKBOOK INCLUDES THE COST OF SERVICES THAT ARE PAID VIA A SET FEE-SCHEDULE RATHER THAN BEING REIMBURSED BASED ON COSTS (E.G. OUTPATIENT CLINICAL LABORATORY). FINALLY, THE CHI WORKBOOK ALLOWS A FACILITY TO INCLUDE OTHER HEALTH CARE SERVICES PERFORMED BY A SEPARATE FACILITY (SUCH AS A PHYSICIAN PRACTICE) THAT ARE MAINTAINED ON SEPARATE BOOKS AND RECORDS (AS OPPOSED TO THE MAIN FACILITY'S BOOKS AND RECORDS WHICH HAS ITS COSTS OF SERVICE INCLUDED WITHIN A COST REPORT). TRUE COSTS OF MEDICARE COMPUTED USING THIS METHODOLOGY: TOTAL MEDICARE REVENUE \$216,298,352 TOTAL MEDICARE COSTS \$229,071,608 SURPLUS OR SHORTFALL \$(12,773,256). SAINT JOSEPH HEALTH SYSTEM BELIEVES THAT EXCLUDING MEDICARE LOSSES FROM COMMUNITY BENEFIT MAKES THE OVERALL COMMUNITY BENEFIT REPORT MORE CREDIBLE FOR THESE REASONS. UNLIKE SUBSIDIZED AREAS SUCH AS BURN UNITS OR BEHAVIORAL-HEALTH SERVICES, MEDICARE IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS. IN FACT, FOR-PROFIT HOSPITALS FOCUS ON ATTRACTING PATIENTS WITH MEDICARE COVERAGE, ESPECIALLY IN THE CASE OF WELL-PAID SERVICES THAT INCLUDE CARDIAC AND ORTHOPEDICS. SIGNIFICANT EFFORT AND RESOURCES ARE DEVOTED TO ENSURING THAT HOSPITALS ARE REIMBURSED APPROPRIATELY BY THE MEDICARE PROGRAM. THE MEDICARE PAYMENT ADVISORY COMMISSION (MEDPAC), AN INDEPENDENT CONGRESSIONAL AGENCY, CAREFULLY STUDIES MEDICARE PAYMENT AND THE ACCESS TO CARE THAT MEDICARE BENEFICIARIES RECEIVE. THE COMMISSION RECOMMENDS PAYMENT ADJUSTMENTS TO CONGRESS ACCORDINGLY. THOUGH MEDICARE LOSSES ARE NOT INCLUDED BY CATHOLIC HOSPITALS AS COMMUNITY BENEFIT, THE CATHOLIC HEALTH ASSOCIATION GUIDELINES ALLOW HOSPITALS TO COUNT AS COMMUNITY BENEFIT SOME PROGRAMS THAT SPECIFICALLY SERVE THE MEDICARE POPULATION. FOR INSTANCE, IF HOSPITALS OPERATE PROGRAMS FOR PATIENTS WITH MEDICARE BENEFITS THAT RESPOND TO IDENTIFIED COMMUNITY NEEDS, GENERATE LOSSES FOR THE HOSPITAL, AND MEET OTHER CRITERIA, THESE PROGRAMS CAN BE INCLUDED IN THE CHA FRAMEWORK IN CATEGORY C AS "SUBSIDIZED HEALTH SERVICES." MEDICARE LOSSES ARE DIFFERENT FROM MEDICAID LOSSES, WHICH ARE COUNTED IN THE CHA COMMUNITY BENEFIT FRAMEWORK, BECAUSE MEDICAID REIMBURSEMENTS GENERALLY DO NOT RECEIVE THE LEVEL OF ATTENTION PAID TO MEDICARE REIMBURSEMENT. MEDICAID PAYMENT IS LARGELY DRIVEN BY WHAT STATES CAN AFFORD TO PAY, AND IS TYPICALLY SUBSTANTIALLY LESS THAN WHAT MEDICARE PAYS.</p>
Collection practices for patients eligible for financial assistance	Schedule H, Part III, Line 9b	<p>ST JOSEPH HEALTH SYSTEM'S DEBT COLLECTION POLICY PROVIDES THAT ST JOSEPH HEALTH SYSTEM WILL PERFORM A REASONABLE REVIEW OF EACH INPATIENT ACCOUNT PRIOR TO TURNING AN ACCOUNT OVER TO A THIRD-PARTY COLLECTION AGENT AND PRIOR TO INSTITUTING ANY LEGAL ACTION FOR NON-PAYMENT, TO ASSURE THAT THE PATIENT AND PATIENT GUARANTOR ARE NOT ELIGIBLE FOR ANY ASSISTANCE PROGRAM (E.G. MEDICAID) AND DO NOT QUALIFY FOR COVERAGE THROUGH ST JOSEPH HEALTH SYSTEM COMMUNITY ASSISTANCE POLICY. AFTER HAVING BEEN TURNED OVER TO A THIRD-PARTY COLLECTION AGENT, ANY PATIENT ACCOUNT THAT IS SUBSEQUENTLY DETERMINED TO MEET THE ST JOSEPH HEALTH SYSTEM COMMUNITY ASSISTANCE POLICY IS REQUIRED TO BE RETURNED IMMEDIATELY BY THE THIRD-PARTY COLLECTION AGENT TO ST JOSEPH HEALTH SYSTEM FOR APPROPRIATE FOLLOW-UP. ST JOSEPH HEALTH SYSTEM REQUIRES ITS THIRD-PARTY COLLECTION AGENTS TO INCLUDE A MESSAGE ON ALL STATEMENTS INDICATING THAT IF A PATIENT OR PATIENT GUARANTOR MEETS CERTAIN STIPULATED INCOME REQUIREMENTS, THE PATIENT OR PATIENT GUARANTOR MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE. ALL OF CATHOLIC HEALTH INITIATIVES' HOSPITALS' CONTRACTS WITH THIRD PARTY COLLECTION AGENCIES INCLUDE THE FOLLOWING STANDARDS: * NEITHER CHI HOSPITALS NOR THEIR COLLECTION AGENCIES WILL REQUEST BENCH OR ARREST WARRANTS AS A RESULT OF NON-PAYMENT, * NEITHER CHI HOSPITALS NOR THEIR COLLECTION AGENCIES WILL SEEK LIENS THAT WOULD REQUIRE THE SALE OR FORECLOSURE OF A PRIMARY RESIDENCE, AND * NO CATHOLIC HEALTH INITIATIVES' COLLECTION AGENCY MAY SEEK COURT ACTION WITHOUT HOSPITAL APPROVAL. FINALLY, COLLECTION AGENCIES ARE TRAINED ON THE CATHOLIC HEALTH INITIATIVES MISSION, CORE VALUES AND STANDARD OF CONDUCT TO MAKE SURE ALL PATIENTS ARE TREATED WITH DIGNITY AND RESPECT.</p>

Identifier	ReturnReference	Explanation
Community Served by Needs Assessment	Schedule H, Part V Section B, Line 3	<p>(1) SAINT JOSEPH HOSPITAL - SAINT JOSEPH HOSPITAL IDENTIFIED COMMUNITY HEALTH NEEDS BY UNDERGOING AN ASSESSMENT PROCESS IN COLLABORATION WITH THE LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT AND THE LEXINGTON-FAYETTE COUNTY MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) COALITION OVER 1,200 RESIDENTS PROVIDED INPUT THROUGH A COMMUNITY HEALTH SURVEY ANOTHER 77 ADULTS PARTICIPATED IN THREE FOCUS GROUPS INTENDED TO IDENTIFY NEEDS IN MINORITY AND LOW-INCOME HOUSEHOLDS AND FIVE INDIVIDUALS WITH SPECIALIZED KNOWLEDGE PARTICIPATED IN KEY INFORMANT INTERVIEWS IN ADDITION, SECONDARY DATA WAS COMPILED FROM DEMOGRAPHIC AND SOCIOECONOMIC SOURCES AS WELL AS NATIONAL, STATE AND LOCAL SOURCES OF INFORMATION ON DISEASE PREVALENCE, HEALTH INDICATORS, HEALTH EQUITY AND MORTALITY THIS WAS ANALYZED AND REVIEWED TO IDENTIFY HEALTH ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS AND MINORITY GROUPS, AND THE COMMUNITY AS A WHOLE HEALTH NEEDS WERE PRIORITIZED UTILIZING A METHOD THAT WEIGHS 1) THE IMPACT ON VULNERABLE POPULATIONS, 2) THE IMPORTANCE TO THE COMMUNITY, 3) THE SIZE OF THE PROBLEM, 4) THE SERIOUSNESS OF THE PROBLEM, 5) PREVALENCE OF COMMON THEMES, 6) HOW CLOSELY THE NEED ALIGNS WITH THE STRATEGIES AND STRENGTHS OF THE HOSPITAL AND KENTUCKYONE HEALTH, AND 7) AN EVALUATION OF EXISTING HOSPITAL PROGRAMS RESPONDING TO THE IDENTIFIED NEED THE HOSPITAL ENGAGED BKD, LLP TO ASSIST WITH COMPILING SECONDARY DATA AND PRIORITIZING IDENTIFIED HEALTH NEEDS SUBSEQUENTLY, SAINT JOSEPH LEADERSHIP ENTERED INTO A DIALOGUE TO DISCUSS THE RESULTS OF THE EVALUATION AND SELECT HEALTH PRIORITIES PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO REVISE RANKINGS AND DEBATE ISSUES UNTIL A CONSENSUS WAS REACHED ON A COMPOSITE RANKING OF HEALTH ISSUES ,</p>
Community Served by Needs Assessment	Schedule H, Part V Section B, Line 3	<p>(2) SAINT JOSEPH EAST - SAINT JOSEPH HOSPITAL IDENTIFIED COMMUNITY HEALTH NEEDS BY UNDERGOING AN ASSESSMENT PROCESS IN COLLABORATION WITH THE LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT AND THE LEXINGTON-FAYETTE COUNTY MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) COALITION OVER 1,200 RESIDENTS PROVIDED INPUT THROUGH A COMMUNITY HEALTH SURVEY ANOTHER 77 ADULTS PARTICIPATED IN THREE FOCUS GROUPS INTENDED TO IDENTIFY NEEDS IN MINORITY AND LOW-INCOME HOUSEHOLDS AND FIVE INDIVIDUALS WITH SPECIALIZED KNOWLEDGE PARTICIPATED IN KEY INFORMANT INTERVIEWS IN ADDITION, SECONDARY DATA WAS COMPILED FROM DEMOGRAPHIC AND SOCIOECONOMIC SOURCES AS WELL AS NATIONAL, STATE AND LOCAL SOURCES OF INFORMATION ON DISEASE PREVALENCE, HEALTH INDICATORS, HEALTH EQUITY AND MORTALITY THIS WAS ANALYZED AND REVIEWED TO IDENTIFY HEALTH ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS AND MINORITY GROUPS, AND THE COMMUNITY AS A WHOLE HEALTH NEEDS WERE PRIORITIZED UTILIZING A METHOD THAT WEIGHS 1) THE IMPACT ON VULNERABLE POPULATIONS, 2) THE IMPORTANCE TO THE COMMUNITY, 3) THE SIZE OF THE PROBLEM, 4) THE SERIOUSNESS OF THE PROBLEM, 5) PREVALENCE OF COMMON THEMES, 6) HOW CLOSELY THE NEED ALIGNS WITH THE STRATEGIES AND STRENGTHS OF THE HOSPITAL AND KENTUCKYONE HEALTH, AND 7) AN EVALUATION OF EXISTING HOSPITAL PROGRAMS RESPONDING TO THE IDENTIFIED NEED THE HOSPITAL ENGAGED BKD, LLP TO ASSIST WITH COMPILING SECONDARY DATA AND PRIORITIZING IDENTIFIED HEALTH NEEDS SUBSEQUENTLY, SAINT JOSEPH LEADERSHIP ENTERED INTO A DIALOGUE TO DISCUSS THE RESULTS OF THE EVALUATION AND SELECT HEALTH PRIORITIES PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO REVISE RANKINGS AND DEBATE ISSUES UNTIL A CONSENSUS WAS REACHED ON A COMPOSITE RANKING OF HEALTH ISSUES ,</p>

Identifier	ReturnReference	Explanation
Community Served by Needs Assessment	Schedule H, Part V Section B, Line 3	<p>(3) SAINT JOSEPH - LONDON - SAINT JOSEPH LONDON (SJL) HAS HAD A SUCCESSFUL WORKING RELATIONSHIP WITH THE LAUREL COUNTY HEALTH DEPARTMENT (LCHD) SINCE 2005 WHEN WE PARTNERED IN A COLLABORATIVE ENDEAVOR TO STEM CHILDHOOD OBESITY IN OCTOBER OF 2011, WE HAD A MEETING TO BEGIN DISCUSSIONS AROUND A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TOGETHER WE WORKED TO ENGAGE ORGANIZATIONAL LEADERSHIP FROM COMMUNITY AGENCIES, CHURCH GROUPS, RETIRED PROFESSIONALS, MINORITIES AND INTERESTED CITIZENS TO HELP FORM A HEALTH NEEDS COALITION THAT WOULD GUIDE THE OVERALL PROCESS THE COALITION CONTINUES TO MEET MONTHLY THE OBJECTIVES OF THE COALITION ARE TO 1 DEVELOP A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY TOOL, 2 IDENTIFY COMMUNITY HEALTH NEEDS, 2 PRIORITIZE THE IDENTIFIED HEALTH NEEDS, 3 DEVELOP A COMMUNITY HEALTH IMPLEMENTATION PLAN BASED ON THE PRIORITIZED HEALTH NEEDS WHILE SJL WAS FOCUSED ON CONDUCTING A CHNA, THE LCHD WAS WORKING TOWARD ACCREDITATION UTILIZING THE MAPP PROCESS - MOBILIZING ACTION THROUGH PLANNING AND PARTNERSHIPS WE WORKED TOGETHER TO DESIGN A COMMUNITY SURVEY THAT WOULD ADDRESS COMMUNITY ASSESSMENT AND HEALTH NEEDS THE SURVEY WAS DEVELOPED WITH HELP FROM MEMBERS OF THE COMMUNITY COALITION AND DISTRIBUTED WITHIN LAUREL COUNTY MAY THROUGH AND JULY OF 2012 MEMBERS OF THE GENERAL PUBLIC WERE ASKED TO COMPLETE A SURVEY ON THEIR PERCEPTIONS OF THE COUNTIES HEALTH CARE NEEDS OVER 1,875 SURVEYS WERE COMPLETED IN THE TWO MONTH PERIOD (APPENDIX B) THE SURVEY WAS AVAILABLE ON-LINE WITH ONLY AN 18% RESPONSE, THE REMAINING WERE HARD COPY SURVEYS DISTRIBUTED AT FAITH-BASED ORGANIZATIONS, PHYSICIAN OFFICES, LOCAL GROCERS, KROGERS, WAL-MART, RESTAURANTS, LARGE BAKERY PLANTS I E FLOWERS BAKERY AND HEARTHSIDE FOOD SOLUTIONS AS WELL AS AT THE LOCAL ASSISTED LIVING FACILITY IT WAS ALSO OFFERED TO EMPLOYEES OF THE LCHD AND SJL IN ADDITION TWO FOCUS GROUPS WERE HELD WITH SPECIFIC GROUPS IN LAUREL AND WHITLEY COUNTIES THE QUESTIONS PRESENTED TO THESE GROUPS WERE FOCUSED ON HEALTHCARE ISSUES AND HOW THE HOSPITAL MIGHT ASSIST THE COMMUNITY WITH IDENTIFIED ISSUES ,</p>
Community Served by Needs Assessment	Schedule H, Part V Section B, Line 3	<p>(4) SAINT JOSEPH - MOUNT STERLING - SAINT JOSEPH MOUNT STERLING IDENTIFIED COMMUNITY HEALTH NEEDS BY UNDERGOING AN ASSESSMENT PROCESS IN COLLABORATION WITH THE MONTGOMERY COUNTY HEALTH DEPARTMENT ROUGHLY 1200 RESIDENTS PROVIDED INPUT VIA COMMUNITY FORUMS AND THROUGH A PAPER AND ON-LINE SURVEY (AVAILABLE IN BOTH ENGLISH AND SPANISH) IN ADDITION, SECONDARY DATA WAS COMPILED FROM DEMOGRAPHIC AND SOCIO-ECONOMIC SOURCES AS WELL AS NATIONAL, STATE AND LOCAL SOURCES OF INFORMATION ON DISEASE PREVALENCE, HEALTH INDICATORS, HEALTH EQUITY AND MORTALITY THIS WAS ANALYZED AND REVIEWED TO IDENTIFY HEALTH ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS AND THE COMMUNITY AS A WHOLE HEALTH NEEDS WERE PRIORITIZED UTILIZING A METHOD THAT WEIGHS 1) THE IMPACT ON VULNERABLE POPULATIONS, 2) THE IMPORTANCE TO THE COMMUNITY, 3) THE SIZE OF THE PROBLEM, 4) THE SERIOUSNESS OF THE PROBLEM, 5) PREVALENCE OF COMMON THEMES, 6) HOW CLOSELY THE NEED ALIGNS WITH THE STRATEGIES AND STRENGTHS OF THE HOSPITAL AND KENTUCKYONE HEALTH, AND 7) AN EVALUATION OF EXISTING HOSPITAL PROGRAMS RESPONDING TO THE IDENTIFIED NEED SUBSEQUENTLY, SAINT JOSEPH MOUNT STERLING LEADERSHIP ENTERED INTO A DIALOGUE WITH REPRESENTATION FROM THE MONTGOMERY COUNTY HEALTH DEPARTMENT TO DISCUSS THE RESULTS OF THE EVALUATION AND SELECT PRIORITIES PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO REVISE RANKINGS AND DEBATE ISSUES UNTIL A CONSENSUS WAS REACHED ON A COMPOSITE RANKING OF HEALTH ISSUES THE PROCESS IDENTIFIED FOUR PRIORITIES TO DEAL WITH HEALTH ISSUES FOR SAINT JOSEPH MOUNT STERLING IN THEIR PRIMARY SERVICE AREA 1 POLICY CHANGE 2 EDUCATION 3 PREVENTATIVE SERVICES 4 EARLY DETECTION AND SCREENING THE ISSUES OF SUBSTANCE USE DISORDERS, TEEN PREGNANCY AND OBESITY EMERGED AS THE PRIORITIES THAT TASK FORCE GROUPS WITH THE MONTGOMERY COUNTY HEALTH DEPARTMENT ARE TARGETING SPECIFICALLY FOR MONTGOMERY COUNTY THE HOSPITAL AND THE HEALTH DEPARTMENT, ALONG WITH OTHER COMMUNITY PARTNERS, WILL COLLABORATE IN ADDRESSING THESE PRIORITIES WHENEVER POSSIBLE ,</p>

Identifier	ReturnReference	Explanation
Community Served by Needs Assessment	Schedule H, Part V Section B, Line 3	<p>(5) SAINT JOSEPH - BERE A - SAINT JOSEPH BERE A IDENTIFIED COMMUNITY HEALTH NEEDS BY UNDERGOING AN ASSESSMENT PROCESS IN COLLABORATION WITH THE MADISON COUNTY HEALTH DEPARTMENT, THE KENTUCKY HOSPITAL ASSOCIATION AND OTHER LOCAL, COUNTY AND COMMUNITY AGENCIES OVER 1,000 RESIDENTS PROVIDED INPUT VIA COMMUNITY FOCUS GROUPS, INTERVIEWS AND THROUGH AN ON-LINE SURVEY (AVAILABLE IN BOTH ENGLISH AND SPANISH), REPRESENTING A BROAD SPECTRUM OF THE COMMUNITY INCLUDING COMMUNITY LEADERS, BUSINESS, FIRST RESPONDERS, RELIGIOUS COMMUNITY, EDUCATION, PEOPLE OF LOWER-INCOME, VARIOUS AGE GROUPS, CAREGIVERS AND THOSE WITH MEDICAL NEEDS IN ADDITION, SECONDARY DATA WAS COMPILED FROM DEMOGRAPHIC AND SOCIOECONOMIC SOURCES AS WELL AS NATIONAL, STATE AND LOCAL SOURCES OF INFORMATION ON DISEASE PREVALENCE, HEALTH INDICATORS, HEALTH EQUITY AND MORTALITY DATA WAS ANALYZED AND REVIEWED TO IDENTIFY HEALTH ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS AND MINORITY GROUPS, AND THE COMMUNITY AS A WHOLE HEALTH NEEDS WERE PRIORITIZED UTILIZING A METHOD THAT WEIGHTS 1) THE IMPACT ON VULNERABLE POPULATIONS, 2) THE IMPORTANCE TO THE COMMUNITY, 3) THE SIZE OF THE PROBLEM, 4) THE SERIOUSNESS OF THE PROBLEM, 5) PREVALENCE OF COMMON THEMES, 6) HOW CLOSELY THE NEED ALIGNS WITH THE STRATEGIES AND STRENGTHS OF THE HOSPITAL AND KENTUCKYONE HEALTH, AND 7) AN EVALUATION OF EXISTING HOSPITAL PROGRAMS RESPONDING TO THE IDENTIFIED NEED SUBSEQUENTLY, SAINT JOSEPH BERE A LEADERSHIP ENTERED INTO A DIALOGUE WITH OTHER KEY COMMUNITY PARTNERS, INCLUDING THE MADISON COUNTY HEALTH DEPARTMENT AND THE CHNA ADVISORY COMMITTEE, TO DISCUSS THE RESULTS OF THE EVALUATION, REVISE RANKINGS, DEBATE ISSUES AND SELECT HEALTH PRIORITIES ,</p>
Community Served by Needs Assessment	Schedule H, Part V Section B, Line 3	<p>(6) SAINT JOSEPH - MARTIN - SAINT JOSEPH MARTIN CONTRACTED WITH THE COMMUNITY AND ECONOMIC DEVELOPMENT INITIATIVE OF KENTUCKY (CEDIK) IN THE SPRING OF 2012 TO CONDUCT THIS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SAINT JO-SEPH MARTIN ALSO PARTNERED WITH THE HIGHLANDS REGIONAL MEDICAL CENTER TO CONDUCT THE CHNA BECAUSE THEY SHARE A COMMON SERVICE AREA EACH HOSPITAL IS RESPONSIBLE FOR PRIORITIZING AND CREATING A UNIQUE IM-PLEMENTATION STRATEGY FOR THE IDENTIFIED NEEDS THAT ARISE AS A RESULT OF THE CHNA CEDIK IS A COOPERATIVE EXTENSION-BASED CENTER AT THE UNIVERSITY OF KENTUCKY THAT PROVIDES TECHNICAL ASSISTANCE TO RURAL HOSPITALS AND HEALTH PROVIDERS IN KENTUCKY THE COMMUNITY STEERING COMMITTEE IS A VITAL PART TO THE CHNA PROCESS THESE INDIVIDUALS REPRESENT ORGANIZATIONS AND AGENCIES FROM THE SERVICE AREA IN PARTICULAR, THE INDIVIDUALS WHO WERE WILLING TO VOLUN-TEER ENABLED THE HOSPITAL TO GET INPUT FROM POPULATIONS THAT WERE OFTEN NOT ENGAGED IN CONVERSATIONS ABOUT THEIR HEALTH NEEDS CEDIK PROVIDED A LIST OF POTENTIAL AGENCIES AND ORGANIZATIONS THAT WOULD FACILITATE BROAD INPUT SPECIFICALLY, THE LIST INCLUDED INDIVIDUALS SERVING THE LOCAL HEALTH DEPARTMENT, THE SCHOOL SYS-TEM, COOPERATIVE EXTENSION, PUBLIC HOUSING, SENIOR CITIZENS, LOCAL GOVERNMENT, OTHER HEALTHCARE PROVIDER (EMS, CLINICS, ETC), SOCIAL WORK, AREA DEVELOPMENT DISTRICTS, AND SMALL BUSINESSES, AMONG OTHERS SAINT JOSEPH MARTIN AND HIGHLANDS REGIONAL MEDICAL CENTER (PRESTONSBURG, KY) CHOSE TO COMBINE THE PROCESS FOR THEIR CHNA BECAUSE BOTH HOSPITALS ARE LOCATED IN THE SAME COUNTY AS A RESULT, THERE WAS ONE COMMUNITY STEERING COMMITTEE HIGHLANDS REGIONAL MEDICAL CENTER IS A LARGER HOSPITAL (120 BEDS) AND SERVES A LARGER REGION THAN JUST FLOYD COUNTY HOWEVER THERE WAS AMPLE REPRESENTATION FROM FLOYD COUN-TY AND SURROUNDING COUNTIES TO ALLOW FOR THIS COMBINED STEERING COMMITTEE TABLE 1 PROVIDES AN OVERVIEW OF THOSE INDIVIDUALS WHO WERE WILLING TO SERVE ON THE COMMUNITY STEERING COMMITTEE AND THE ORGANIZA-TIONS THEY REPRESENT THERE WAS TREMENDOUS REPRESENTATION BY THE LOCAL HEALTH DEPARTMENTS, THE REGIONAL PLANNING DISTRICTS (BIG SANDY AREA DEVELOPMENT DISTRICT), OTHER HEALTHCARE PROVIDERS, SENIOR CITIZEN CEN-TER, AND LOCAL GOVERNMENT ASSESSMENT PROCESS THE ASSESSMENT PROCESS INCLUDED COLLECTING SECONDARY DATA RELATED TO THE HEALTH OF THE COMMUNITY INCLUD-ING ECONOMIC HEALTH IN ADDITION, CEDIK COMPILED HOSPITAL UTILIZATION DATA TO BETTER UNDERSTAND WHO AND WHY INDIVIDUALS WERE USING THE FACILITY FINALLY, THROUGH THE ASSISTANCE OF THE COMMUNITY STEERING COMMITTEE, INPUT FROM THE COMMUNITY WAS COLLECTED BOTH THROUGH FOCUS GROUP DISCUSSIONS AND THROUGH SURVEYS ,</p>

Identifier	ReturnReference	Explanation
Other Hospital Facilities included in Needs Assessment	Schedule H, Part V Section B, Line 4	(1) SAINT JOSEPH HOSPITAL - HIGHLANDS REGIONAL MEDICAL CENTER CONTINUING CARE HOSPITAL,
Other Hospital Facilities included in Needs Assessment	Schedule H, Part V Section B, Line 4	(2) SAINT JOSEPH EAST - SAINT JOSEPH HOSPITAL CONTINUING CARE HOSPITAL,

Identifier	ReturnReference	Explanation
Other Hospital Facilities included in Needs Assessment	Schedule H, Part V Section B, Line 4	(6) SAINT JOSEPH - MARTIN - HIGHLANDS REGIONAL MEDICAL CENTER,
Needs not addressed in Needs Assessment	Schedule H, Part V Section B, Line 7	(1) SAINT JOSEPH HOSPITAL - EXCESSIVE DRINKING, CHILDREN IN POVERTY AND CHILDREN IN SINGLE-PARENT HOUSEHOLDS WERE NOT ADDRESSED SAINT JOSEPH HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT TEAM CONSIDERED THE LEVELS TO WHICH SOME NEEDS WERE ALREADY BEING ADDRESSED IN THE SERVICE AREA ADDITIONALLY, SOME COMMUNITY NEEDS FALL OUT OF THE SCOPE OF EXPERTISE AND RESOURCES OF SAINT JOSEPH HOSPITAL THE FOLLOWING INCLUDE HOW SOME OF THE NEEDS IDENTIFIED IN THE ASSESSMENT ARE ADDRESSED BY OTHERS OR IN A DIFFERENT WAY SUBSTANCE ABUSE TREATMENT SERVICES ARE OFFERED BY NUMEROUS ORGANIZATIONS WITHIN THE LEXINGTON, KENTUCKY AREA A PARTIAL LISTING OF TREATMENT FACILITIES CAN BE FOUND AT <a href="http://alcoholism.about.com/od/tx_lexington/lexington_kentucky_treatment_centers.htm">HTTP //ALCOHOLISM ABOUT COM/OD/TX_LEXINGTON/LEXINGTON_KENTUCKY_TREATMENT_CENTERS HTM</a> THE STATE OF KENTUCKY PROVIDES VARIOUS FORMS OF ASSISTANCE FOR CHILDREN LIVING IN POVERTY INFORMATION ABOUT STATE PROGRAMS MAY BE FOUND AT <a href="http://chfs.ky.gov">CHFS KY GOV</a> CHILDREN LIVING IN SINGLE-PARENT HOUSEHOLDS IS OUT OF SCOPE OF SERVICES THAT SAINT JOSEPH HOSPITAL CAN ADDRESS ,

Identifier	ReturnReference	Explanation
Needs not addressed in Needs Assessment	Schedule H, Part V Section B, Line 7	<p>(2) SAINT JOSEPH EAST - EXCESSIVE DRINKING, CHILDREN IN POVERTY AND CHILDREN IN SINGLE-PARENT HOUSEHOLDS WERE NOT ADDRESSED SAINT JOSEPH HOSPITAL'S COMMUNITY NEEDS ASSESSMENT TEAM CONSIDERED THE LEVELS TO WHICH SOME NEEDS WERE ALREADY BEING ADDRESSED IN THE SERVICE AREA ADDITIONALLY, SOME COMMUNITY NEEDS FALL OUT OF THE SCOPE OF EXPERTISE AND RESOURCES OF SAINT JOSEPH HOSPITAL THE FOLLOWING INCLUDE HOW SOME OF THE NEEDS IDENTIFIED IN THE ASSESSMENT ARE ADDRESSED BY OTHERS OR IN A DIFFERENT WAY SUBSTANCE ABUSE TREATMENT SERVICES ARE OFFERED BY NUMEROUS ORGANIZATIONS WITHIN THE LEXINGTON, KENTUCKY AREA A PARTIAL LISTING OF TREATMENT FACILITIES CAN BE FOUND AT <a href="http://ALCOHOLISM.ABOUT.COM/OD/TX_LEXINGTON/LEXINGTON_KENTUCKY_TREATMENT_CENTERS.HTM">HTTP //ALCOHOLISM.ABOUT.COM/OD/TX_LEXINGTON/LEXINGTON_KENTUCKY_TREATMENT_CENTERS.HTM</a> THE STATE OF KENTUCKY PROVIDES VARIOUS FORMS OF ASSISTANCE FOR CHILDREN LIVING IN POVERTY INFORMATION ABOUT STATE PROGRAMS MAY BE FOUND AT <a href="http://CHFS.KY.GOV">CHFS.KY.GOV</a> CHILDREN LIVING IN SINGLE-PARENT HOUSEHOLDS IS OUT OF SCOPE OF SERVICES THAT SAINT JOSEPH HOSPITAL CAN ADDRESS ,</p>
Needs not addressed in Needs Assessment	Schedule H, Part V Section B, Line 7	<p>(3) SAINT JOSEPH - LONDON - SOME ISSUES IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT HAVE NOT BEEN ADDRESSED IN THIS PLAN IN INITIAL DISCUSSION AND SUBSEQUENT PRIORITIZATION, THE COMMITTEE CONSIDERED THE LEVELS TO WHICH SOME NEEDS WERE ALREADY BEING ADDRESSED IN THE SERVICE AREA ADDITIONALLY, SOME COMMUNITY NEEDS FALL OUT OF THE SCOPE OF EXPERTISE AND RESOURCES OF SAINT JOSEPH LONDON THE FOLLOWING CHART OUTLINES THE REMAINING NEEDS IDENTIFIED IN THE ASSESSMENT AND HOW BEING ADDRESSED BY OTHERS OR IN DIFFERENT WAYS COMMUNITY NEED HOW NEED IS ADDRESSED</p> <p>PHYSICAL INACTIVITY SAINT JOSEPH LONDON HAS A WALKING TRACT, EMPLOYEE WELLNESS PROGRAM THERE ARE LOCAL GYMS, BODY RECALL PROGRAMS, LAUREL COUNTY HEALTH DEPT HAS A PUBLIC WALKING TRACK, AND FIRST BAPTIST CHURCH HAS FITNESS PROGRAM OPEN TO PUBLIC FOR NOMINAL FEE PHYSICAL INACTIVITY WILL ALSO BE CONSIDERED UNDER CARDIOVASCULAR DISEASE/OBESITY HOSPITAL CURRENTLY WORKING TO IMPLEMENT TWO COMMUNITY PROGRAMS, 1 WALK WITH A DOC AND 2 SMALL STEPS TO HEALTH THRU UK EXTENSION OFFICE</p> <p>UNINSURED SAINT JOSEPH LONDON HAS PROGRAMS TO ASSIST FINANCIAL COUNSELORS, CHARITY PROGRAM, PHARMACEUTICAL ASSISTANCE PROGRAM - WORKING TO ASSIST UNDERINSURED/ UNINSURED WITH MEDICATIONS THROUGH PHARMACEUTICAL INDIGENT PROGRAMS PARTICIPATE IN "COVER THE UNINSURED WEEK" LACK OF PRIMARY CARE PHYSICIANS SAINT JOSEPH LONDON EMPLOYEES A PHYSICIAN RECRUITER TO MEET NEEDS OF THE COMMUNITY AND HOSPITAL DIABETIC SCREENING HOSPITAL DIETICIANS HOLD MONTHLY NUTRITIONAL EDUCATION CLASSES, THE HOSPITAL ALSO PARTNERS WITH OTHER AGENCIES AND HOSPITALS TO HOST A YEARLY DIABETIC SYMPOSIUM LAUREL COUNTY HEALTH DEPT HOLDS A MONTHLY DIABETIC CLINIC CHRONIC RESPIRATORY DISEASE SAINT JOSEPH LONDON ESTABLISHED A PULMONARY REHAB DEPT AND OFFERS A CARDIO-PULMONARY SUPPORT GROUP HOSPITAL PARTICIPATES WITH OTHER AGENCIES IN HOSTING A YEARLY PULMONARY SYMPOSIUM HIGH BLOOD PRESSURE THE HOSPITAL PARTICIPATES IN HEALTH FAIRS AND SCREENINGS THIS NEED WILL ALSO BE ADDRESSED IN THE STROKE/CARDIOVASCULAR/OBESITY PRIORITY AS PART OF CHRONIC HEALTH ISSUES IMPACTING HEART DISEASE CHILD ABUSE/NEGLECT SAINT JOSEPH LONDON IS LEADING COMMUNITY COALITION TO REDUCE RATES OF REPORTED CHILD ABUSE THROUGH A MULTIFACETED APPROACH IN THE COMMUNITY HOSPITAL HAS IMPLEMENTED IN OB DEPARTMENT EDUCATION ON "SHAKEN BABY SYNDROME" TO ALL PARENTS OF NEWBORNS ADULT SMOKING SAINT JOSEPH LONDON IS A TOBACCO FREE CAMPUS CITY OF LONDON - NO SMOKING IN PUBLIC BUILDINGS ORDINANCE, LAUREL COUNTY HEALTH DEPARTMENT OFFERS COOPER/CLAYTON CLASSES CHILDREN IN POVERTY SAINT JOSEPH LONDON OFFERS FINANCIAL ASSISTANCE PROGRAM, HELP WITH KCHIP APPLICATIONS DOMESTIC VIOLENCE THIS NEED IS IDENTIFIED AND ADDRESSED IN THE LONG-RANGE ACTION PLAN FOR THE VIOLENCE PREVENTION INITIATIVE CURRENTLY UNDERWAY IN THE COMMUNITY ,</p>

Identifier	ReturnReference	Explanation
Needs not addressed in Needs Assessment	Schedule H, Part V Section B, Line 7	<p>(4) SAINT JOSEPH - MOUNT STERLING - SOME ISSUES IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT HAVE NOT BEEN ADDRESSED IN THIS PLAN IN INITIAL DISCUSSION AND SUBSEQUENT PRIORITIZATION, SAINT JOSEPH MOUNT STERLING'S COMMUNITY NEEDS ASSESSMENT TEAM CONSIDERED THE LEVELS TO WHICH SOME NEEDS WERE ALREADY BEING ADDRESSED IN THE SERVICE AREA. ADDITIONALLY, SOME COMMUNITY NEEDS FALL OUT OF THE SCOPE OF EXPERTISE AND RESOURCES OF SAINT JOSEPH MOUNT STERLING. THE FOLLOWING CHART OUTLINES HOW SOME OF THE NEEDS IDENTIFIED IN THE ASSESSMENT ARE ADDRESSED BY OTHERS OR IN DIFFERENT WAYS. COMMUNITY NEED HOW NEED IS ADDRESSED. LOWER COST OF HEALTH CARE AND PRESCRIPTION DRUGS. SJMS WORKS WITH THE FOUNDATION TO PROVIDE OFF-SETS TO THE COST OF HEALTH CARE THROUGH THE PATIENT AND FAMILY ASSISTANCE FUND. THIS EMERGENCY FUND, AS WELL AS OUR CHARITY CARE, ASSISTS PATIENTS AND FAMILIES WITH THEIR COSTS. SJMS PROVIDES STAFFING FOR THE POST CLINIC (A FREE CLINIC IN MONTGOMERY COUNTY) AND PARTNERS WITH THE HEALTH DEPARTMENT AND STERLING HEALTH SOLUTIONS, INC (FQHC) TO MEET NEEDS THROUGH LOWER-COST AND/OR FREE PROGRAMS (SEE UNINSURED EXPLANATION BELOW). LACK OF PRIMARY CARE PHYSICIANS. SJMS HAS CONSISTENTLY WORKED TO RECRUIT AND RETAIN PRIMARY CARE PROVIDERS FOR OUR SERVICE AREA. IN THE LAST YEAR, WE EMPLOYED A PCP AND SUCCESSFULLY RECRUITED ANOTHER PROVIDER WHO BEGINS PRACTICING IN THAT MEDICAL OFFICE IN JULY 2013. SJMS ALSO ASSISTED A LOCAL PEDIATRICIAN IN SUCCESSFULLY RECRUITING ANOTHER PROVIDER FOR THAT MEDICAL OFFICE WITH A START DATE OF MAY 2013. THE HOSPITAL IS WORKING TO ADD ANOTHER EMPLOYED PCP, A GENERAL SURGEON, AND HAS CONTRACTED WITH ANOTHER PEDIATRICIAN TO PROVIDE PEDIATRIC AND NURSERY CALL. SJMS IS EXPLORING THE POSSIBILITY OF PROVIDING PRIMARY CARE THROUGH SCHOOL HEALTH SERVICES, AS WELL UNINSURED WITH A PRIMARY SERVICE AREA OF MONTGOMERY, BATH AND MENIFEE COUNTIES. STERLING HEALTH SOLUTIONS, INC, A FEDERALLY QUALIFIED HEALTH CENTER (FQHC), OPENED IN MOUNT STERLING IN OCTOBER 2012 TO PROVIDE COMPREHENSIVE PRIMARY AND PREVENTIVE CARE, INCLUDING MENTAL HEALTH SERVICES TO PERSONS OF ALL AGES REGARDLESS OF THEIR ABILITY TO PAY. THIS PRESENCE OF THIS FACILITY INCREASES ACCESS TO CARE FOR THE UNINSURED. THE FQHC WILL HAVE A 340B PHARMACY, MAKING PRESCRIPTIONS AVAILABLE TO PATIENTS OF THE FQHC AT A REDUCED COST. SJMS ALSO PARTICIPATES IN THE 340B PHARMACY PROGRAM. ADULT SMOKING. SJMS AND MONTGOMERY COUNTY HEALTH DEPARTMENT EACH PROVIDE SMOKING CESSATION PROGRAMS. THESE ARE AVAILABLE TO THE PUBLIC THROUGHOUT THE YEAR. THE MONTGOMERY COUNTY BOARD OF HEALTH IS ALSO CONSIDERING A LOCAL SMOKE FREE ORDINANCE, FOR WHICH SJMS WILL PROVIDE SUPPORT. HOSP LEADERSHIP ACTIVELY SUPPORT STATEWIDE SMOKE FREE LAW. CHILDREN IN POVERTY. SEE THE "UNINSURED" SECTION ABOVE. IN ADDITION, THE STRATEGIES INVOLVED IN THE GOAL OF IMPACTING POLICY CHANGE WITH THE SCHOOL SYSTEM SHOULD ASSIST WITH IDENTIFYING AND ADDRESSING THE NEEDS OF LOCAL CHILDREN WHO LIVE IN POVERTY. ADDICTION/SUBSTANCE. THIS ISSUE IS ONE OF THREE TOP STRATEGIC INITIATIVES IDENTIFIED BY COMMUNITY PARTNERS DURING THE COMMUNITY HEALTH ASSESSMENT. CURPAGE 6. ABUSE. RENTLY, A COMMUNITY WORKGROUP, WITH REPRESENTATIVES FROM LOCAL GOVERNMENT, LAW ENFORCEMENT, MENTAL HEALTH, PUBLIC HEALTH, SJMS, DRUG TREATMENT, LOCAL BUSINESS AND CONCERNED CITIZENS ARE EXPLORING WAYS TO ADDRESS THIS ISSUE. ACCESS TO FRESH FRUITS AND VEGETABLES. VOUCHERS FOR THE LOCAL FARMERS' MARKET ARE PROVIDED TO WIC PROGRAM PARTICIPANTS DURING THE SUMMER MONTHS. MORE SPECIALISTS. SJMS CREATED ADDITIONAL TIME SHARE SPACE IN THE NEW MEDICAL OFFICE BUILDING, WHICH OPENED IN 2011 ON THE SJMS CAMPUS. THIS NEW SPACE ALLOWED FOR THE ADDITION OF THE FOLLOWING SERVICES: ONCOLOGY, PAIN MANAGEMENT, AND OB-GYN. WHEN THE NEW HOSPITAL WAS CREATED (OPENED IN 2011), THE FOLLOWING SERVICES WERE ADDED: INFUSION AND CHEMOTHERAPY, ADDITIONAL PEDIATRIC ORAL SURGERY, DIGITAL MAMMOGRAPHY, AND MRIS. CHILDREN IN SINGLE PARENT HOUSEHOLDS. THIS GENERAL SITUATION IS OUTSIDE THE SPECIFIC SCOPE OF EXPERTISE OF SJMS. ALTHOUGH MANY OF THE SERVICES AND PROGRAMS OFFERED BY BOTH SJMS AND MCHD DIRECTLY AFFECT CHILDREN IN SINGLE PARENT HOUSEHOLDS. ASSISTANCE TO OTHER COMMUNITIES WITH OBTAINING URGENT TREATMENT FACILITIES. SJMS HAS ASSISTED OTHER AREAS WITH THE PROVISION OF SERVICES AND ACCESS TO SPECIALISTS, SPECIFICALLY IN STANTON AND CLAY CITY, BY OPENING PRIMARY CARE CLINICS. PRIMARY CARE PROVIDERS ARE ON-SITE IN EACH CLINIC AND SPECIALISTS ARE AVAILABLE THROUGH TELE-HEALTH CONSULTS. PRESCRIPTION COSTS ASSISTANCE. MCHD AND THE FQHC PROVIDE ASSISTANCE TO PATIENTS IN OBTAINING PRESCRIPTION DRUGS THROUGH THE KENTUCKY PRESCRIPTION ASSISTANCE PROGRAM. ADDITIONALLY, PATIENTS OF THE FQHC WILL HAVE ACCESS TO PRESCRIPTIONS AT A REDUCED COST THROUGH THE 340B PHARMACY PROGRAM. SJMS ALSO PARTICIPATES IN THE 340B PHARMACY PROGRAM. HELP SUPPORT SCHOOL PROGRAMS. DARE, PSI, TATTOO IF AND WHEN THESE PROGRAMS WOULD BE OFFERED IN OUR SCHOOLS. SJMS IS WILLING TO CONSIDER SUPPORT AS WE HAVE DONE FOR SOME PRE-SCHOOL AND PRIMARY SCHOOL LITERACY AND CHARACTER-BUILDING PROGRAMS. AFTER HOURS HEALTH CARE. SJMS PROVIDES SERVICES IN MANY AREAS, INCLUDING LAB AND IMAGING, ON A 24/7 BASIS. PATIENTS WHO NEED OUT-PATIENT SERVICES ARE NOT RESTRICTED TO WEEKDAYS, AS THE HOUSE ADMINISTRATOR WILL ACCEPT AND PROVIDE TREATMENT TO OUT-PATIENTS WHO PRESENT "AFTER HOURS." THE MED- SURG NURSING UNIT AND OB WILL PROVIDE CARE FOR OBSERVATION PATIENTS 24/7.</p>
Needs not addressed in Needs Assessment	Schedule H, Part V Section B, Line 7	<p>(5) SAINT JOSEPH - BERA - SOME ISSUES IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT HAVE NOT BEEN ADDRESSED IN THIS PLAN. IN INITIAL DISCUSSION AND SUBSEQUENT PRIORITIZATION, SAINT JOSEPH BERA'S COMMUNITY NEEDS ASSESSMENT TEAM CONSIDERED THE LEVELS TO WHICH SOME NEEDS WERE ALREADY BEING ADDRESSED IN THE SERVICE AREA. ADDITIONALLY, SOME COMMUNITY NEEDS FALL OUT OF THE SCOPE OF EXPERTISE AND RESOURCES OF SAINT JOSEPH BERA. THE FOLLOWING CHART OUTLINES HOW SOME OF THE NEEDS IDENTIFIED IN THE ASSESSMENT ARE ADDRESSED BY OTHERS OR IN DIFFERENT WAYS. COMMUNITY NEED HOW NEED IS ADDRESSED. CANCERS. PATIENTS ARE REFERRED TO ONCOLOGISTS AT OTHER SITES. SAINT JOSEPH BERA PROVIDES CHEMOTHERAPY TREATMENTS FOR PATIENTS. SOME ISSUES REGARDING PREVENTION HAVE BEEN ADDRESSED THROUGH EDUCATION WORKSHOPS OFFERED TO THE COMMUNITY. THE HOSPITAL SPONSORS AN ANNUAL EVENT TO PROMOTE INCREASED COLORECTAL CANCER AWARENESS. PROGRAMS OFFERING CANCER AWARENESS EDUCATION WERE POORLY ATTENDED. DIABETES. COMMUNITY GROUPS BELIEVE THAT IF THE ISSUE OF OVER-EATING, OBESITY AND EXERCISE CAN BE ADDRESSED, DIABETES WILL DECREASE. DIABETES EDUCATION AND PREVENTION IS PROVIDED BY THE APPALACHIA OUTREACH PROGRAM WHICH IS HELD AT SAINT JOSEPH BERA. IT IS ALSO ADDRESSED BY THE MADISON COUNTY HEALTH DEPARTMENT IN THE CHNA. ACCESS TO CARE/UNINSURED. SJB BERA FAMILY MEDICINE CURRENTLY SEES PATIENTS WHO NEED SERVICES BUT DO NOT HAVE THE MEANS TO PAY. SERVICES ARE PROVIDED BY THE HEALTH DEPARTMENT, WHITE HOUSE CLINIC AND HEALTH NOW FOR THOSE WHO ARE UNINSURED AND POOR. FINANCIAL COUNSELORS AT ALL THREE AREA HOSPITALS WORK WITH PATIENTS TO FIND PROGRAMS PATIENTS MIGHT QUALIFY FOR. THIS ISSUE IS ALSO ADDRESSED IN THE MADISON COUNTY HEALTH DEPARTMENT CHNA IMPLEMENTATION PLAN. CHILDREN LIVING IN POVERTY/CHILDREN LIVING IN SINGLE PARENT HOUSEHOLDS. THERE IS A SAFETY COALITION FOR MADISON COUNTY TRYING TO ADDRESS SOME OF THE ISSUES OF CHILD SAFETY. THE MADISON COUNTY HEALTH DEPARTMENT HAS ALSO FOCUSED ON THIS NEED IN THE CHNA REPORT. ADDICTION/SUBSTANCE ABUSE. SAINT JOSEPH BERA HAS CHOSEN TO IDENTIFY THIS NEED UNDER MENTAL HEALTH ISSUES IN OUR IMPLEMENTATION PLAN AND NOT AS A SEPARATE HEALTH ISSUE. LIMITED ACCESS TO HEALTHY FOODS. THIS IS BEING ADDRESSED IN THE COMMUNITY THROUGH SUSTAINABLE BERA PROGRAM, BERA FARMERS MARKET, POLICY CHANGES IN LOCAL SCHOOL CAFETERIAS AND IN EDUCATION AWARENESS PROGRAMS. THE MADISON COUNTY EXTENSION OFFICE OFFERS CLASSES IN GROWING YOUR OWN GARDEN AND PRESERVING FOODS THAT YOU GROW. DENTAL. THIS IS AN ISSUE WITHIN THE COMMUNITY THAT SAINT JOSEPH BERA IS UNABLE TO ADDRESS AT THIS TIME. HOWEVER, A DAY OF HOPE IS AN ANNUAL EVENT STARTED BY COMMUNITY CHURCHES TO SERVE UNINSURED CHILDREN AND THEIR PARENTS AND OFFERS FREE DENTAL SCREENINGS.</p>

Identifier	ReturnReference	Explanation
Needs not addressed in Needs Assessment	Schedule H, Part V Section B, Line 7	<p>(6) SAINT JOSEPH - MARTIN - SOME ISSUES IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT HAVE NOT BEEN ADDRESSED IN THIS PLAN IN INITIAL DISCUSSION AND SUBSEQUENT PRIORITIZATION, THE COMMITTEE CONSIDERED THE LEVELS TO WHICH SOME NEEDS WERE ALREADY BEING ADDRESSED IN THE SERVICE AREA. ADDITIONALLY, SOME COMMUNITY NEEDS FALL OUT OF THE SCOPE OF EXPERTISE AND RESOURCES OF SAINT JOSEPH MARTIN. THE FOLLOWING CHART OUTLINES THE RE-MAINING NEEDS IDENTIFIED IN THE ASSESSMENT ARE HOW THEY ARE ADDRESSED BY OTHERS OR IN DIFFERENT WAYS. COMMUNITY NEED HOW NEED IS ADDRESSED MORE SPECIALISTS FLOYD COUNTY IS NOT CONSIDERED A MEDICALLY UNDERSERVED AREA UNINSURED 15.2% OF SAINT JOSEPH MARTIN INPATIENT VISITS (1-1-11 THROUGH 12-31-11) WERE CHARITY CARE. IN FY 11, 56.2% OF NET PATIENT REVENUES WAS CHARITY CARE. SAINT JOSEPH MARTIN ALSO EMPLOYS THREE FINANCIAL ASSISTANCE CLERKS TO HELP THOSE WHO ARE UNINSURED. LACK OF PRIMARY CARE PHYSICIANS FLOYD COUNTY IS NOT CONSIDERED A MEDICALLY UNDERSERVED AREA. SAINT JOSEPH MARTIN EMPLOYS SIX PRIMARY CARE PHYSICIANS AND TWO MID-LEVEL PROVIDERS. MORE PREVENTIVE SERVICES SAINT JOSEPH MARTIN WILL EVALUATE, DEVELOP AND IMPLEMENT/EXPAND METHOD OF TRACKING SCREENINGS SUCH AS MAMMOGRAMS, COLONOSCOPY, PAP SMEARS, ETC. CHILDREN IN POVERTY THE 2011 KIDS COUNT DATA REPORT STATED THAT 26% OF KENTUCKY CHILDREN ARE IN POVERTY. THE APPALACHIAN REGIONAL COMMISSION LISTS FLOYD COUNTY AS ONE OF THE 32 COUNTIES IN KENTUCKY THAT ARE DISTRESSED ECONOMICALLY - MEANING THAT THE THREE-YEAR AVERAGE UNEMPLOYMENT RATE WAS AT LEAST 1.25 TIMES THE NATIONAL AVERAGE, PER CAPITA MARKET INCOME NO GREATER THAN TWO-THIRDS OF THE NATIONAL AVERAGE, AND POVERTY RATES AT LEAST 1.25 TIMES THE NATIONAL AVERAGE. SAINT JOSEPH MARTIN IS IN THE MIDST OF THESE TROUBLING STATISTICS CARING FOR THE SAME PEOPLE. HELP SUPPORT SCHOOL PROGRAMS. SAINT JOSEPH MARTIN HAS HAD A ROBUST COMMUNITY EDUCATION PROGRAM SINCE 1989 AND HAS PROVIDED PREVENTION PROGRAMS FOR ALL SCHOOLS IN FLOYD COUNTY. CHILDREN IN SINGLE PARENT HOUSEHOLDS THIS IS OUT OF SCOPE OF SERVICES THAT SAINT JOSEPH MARTIN CAN ADDRESS. PRESCRIPTION COSTS ASSISTANCE IT IS NOT FINANCIALLY FEASIBLE FOR SAINT JOSEPH MARTIN TO EMPLOY A PERSON WHOSE ONLY RESPONSIBILITY WOULD BE TO ASSIST PATIENTS WITH PRESCRIPTION COSTS, HOWEVER, SAINT JOSEPH MARTIN OPERATES FOUR RURAL HEALTH CLINICS AND PERSONNEL ASSISTS PATIENTS WHEN NEEDED. ALSO, SOCIAL SERVICES MAINTAINS AN ACCOUNT THAT CAN BE ACCESSED FOR PRESCRIPTION COSTS WHEN SET CRITERIA IS MET. AFTER HOURS HEALTH CARE IT IS NOT FEASIBLE FOR SAINT JOSEPH MARTIN TO ENTER INTO AN AFTER HOURS HEALTH CARE BUSINESS AT THIS TIME. THERE ARE AFTER HOURS CLINICS WITHIN 30 MILES IN ANY DIRECTION FROM SAINT JOSEPH MARTIN. ASSISTANCE TO OTHER COMMUNITIES WITH OBTAINING URGENT TREATMENT FACILITIES OR HAVE HOSPITAL STAFF ASSIST AT THESE FACILITIES. SAINT JOSEPH MARTIN IS A CRITICAL ACCESS HOSPITAL WITH LIMITED MEANS. SAINT JOSEPH MARTIN AND THE OTHER TWO FLOYD COUNTY HOSPITALS HAVE HIGH FUNCTIONING EMERGENCY DEPARTMENTS. SAINT JOSEPH MARTIN EMPLOYEES ARE ACTIVE MEMBERS OF COMMITTEES THAT CROSS COUNTY BOUNDARIES SUCH AS PIKE/FLOYD ASAP BOARD, TRI-COUNTY DIABETES CO-ALITION AND PROJECTS OF THE BIG SANDY AREA DEVELOPMENT DISTRICT. TEEN BIRTH RATE SAINT JOSEPH MARTIN HAS PROVIDED AN ABSTINENCE BASED PROGRAM FOR SIXTH AND/OR SEVENTH GRADE FEMALES OF FLOYD COUNTY SINCE 1995. MOTOR VEHICLE CRASH RATE THIS IS OUT OF SCOPE OF SERVICES THAT SAINT JOSEPH MARTIN CAN ADDRESS. SEXUALLY TRANSMITTED INFECTIONS SAINT JOSEPH MARTIN HAS PROVIDED AN ABSTINENCE BASED PROGRAM THAT INCLUDES DISCUSSION OF SEXUALLY TRANSMITTED INFECTIONS FOR SIXTH AND/OR SEVENTH GRADE FEMALES OF FLOYD COUNTY SINCE 1995. ALSO, FLOYD COUNTY HEALTH DEPARTMENT CONDUCTS A PROGRAM IN HIGH SCHOOLS THAT ADDRESS THIS NEED,</p>
Used federal poverty guidelines (FPG) to determine eligibility	Schedule H, Part V Section B, Line 10	(1) SAINT JOSEPH HOSPITAL - THE HUD GUIDELINES WERE USED,

Identifier	ReturnReference	Explanation
Used FPG to determine eligibility for providing discounted care criteria	Schedule H, Part V Section B, Line 11	(1) SAINT JOSEPH HOSPITAL - THE HUD GUIDELINES WERE USED ,
Used FPG to determine eligibility for providing discounted care criteria	Schedule H, Part V Section B, Line 11	(2) SAINT JOSEPH EAST - HUD LOW INCOME GUIDELINES WERE USED ,

Identifier	ReturnReference	Explanation
Used FPG to determine eligibility for providing discounted care criteria	Schedule H, Part V Section B, Line 11	(3) SAINT JOSEPH - LONDON - HUD LOW INCOME GUIDELINES WERE USED ,
Used FPG to determine eligibility for providing discounted care criteria	Schedule H, Part V Section B, Line 11	(4) SAINT JOSEPH - MOUNT STERLING - HUD LOW INCOME GUIDELINES WERE USED ,

Identifier	ReturnReference	Explanation
Used FPG to determine eligibility for providing discounted care criteria	Schedule H, Part V Section B, Line 11	(5) SAINT JOSEPH - BEREA - HUD LOW INCOME GUIDELINES WERE USED ,
Used FPG to determine eligibility for providing discounted care criteria	Schedule H, Part V Section B, Line 11	(6) SAINT JOSEPH - MARTIN - HUD LOW INCOME GUIDELINES WERE USED ,

Identifier	ReturnReference	Explanation
Other actions taken before collection actions	Schedule H, Part V Section B, Line 18e	(2) SAINT JOSEPH EAST - NO SUCH EFFORTS HAVE BEEN MADE ,
Other actions taken before collection actions	Schedule H, Part V Section B, Line 18e	(3) SAINT JOSEPH - LONDON - NO SUCH EFFORTS HAVE BEEN MADE ,

Identifier	ReturnReference	Explanation
Other actions taken before collection actions	Schedule H, Part V Section B, Line 18e	(4) SAINT JOSEPH - MOUNT STERLING - NO SUCH EFFORTS HAVE BEEN MADE ,
Other actions taken before collection actions	Schedule H, Part V Section B, Line 18e	(5) SAINT JOSEPH - BEREA - NO SUCH EFFORTS HAVE BEEN MADE ,

Identifier	ReturnReference	Explanation
Other actions taken before collection actions	Schedule H, Part V Section B, Line 18e	(6) SAINT JOSEPH - MARTIN - NO SUCH EFFORTS HAVE BEEN MADE ,
LINES 2, 4 AND 5	SCHEDULE H, PART VI	<p>SAINTE JOSEPH HEALTH SYSTEM, INC COMMUNITY BENEFIT NARRATIVE FYE 2013 ORGANIZATION'S MISSION, VISION &amp; TAX-EXEMPT PURPOSE IN 2012, KENTUCKYONE HEALTH, INC WAS FORMED WHEN TWO MAJOR KENTUCKY HEALTHCARE ORGANIZATIONS, SAINT JOSEPH HEALTH SYSTEM, INC (SJHS) AND JEWISH HOSPITAL &amp; ST MARY'S HEALTHCARE, CAME TOGETHER TO WORK FOR A HEALTHIER KENTUCKY THE NONPROFIT SYSTEM IS COMMITTED TO IMPROVING THE HEALTH OF KENTUCKIANS BY INTEGRATING MEDICAL RESEARCH, EDUCATION, TECHNOLOGY AND HEALTH CARE SERVICES WHEREVER PATIENTS RECEIVE CARE KENTUCKYONE HEALTH, INC IS THE LARGEST HEALTH SYSTEM IN KENTUCKY WITH MORE THAN 200 LOCATIONS INCLUDING HOSPITALS, OUTPATIENT FACILITIES AND PHYSICIAN OFFICES, AND MORE THAN 3,100 LICENSED BEDS A 20-MEMBER BOARD OF DIRECTORS GOVERNS KENTUCKYONE HEALTH, INC , ITS FACILITIES AND OPERATIONS, WITH THIS MISSION WE BRING HOPE, IMPROVE HEALTH AND CHANGE LIVES INSPIRED BY OUR CATHOLIC AND JEWISH FAITH HERITAGE, WE - SERVE WITH A SPIRIT OF INNOVATION AND COLLABORATION - TRANSFORM HEALTH CARE DELIVERY - PARTNER TO CREATE HEALTHY COMMUNITIES - ADVOCATE FOR A JUST HEALTH SYSTEM KENTUCKYONE HEALTH, INC 'S VISION IS TO BE THE PREMIER, INTEGRATED, COMPREHENSIVE HEALTH SYSTEM IN THE COMMONWEALTH PROVIDING HIGH QUALITY CARE AND REDUCING THE INCIDENCE OF DISEASE AND ELIMINATING INEQUITIES IN ACCESS THE FOCUS OF THIS NARRATIVE IS ON SJHS THE LEGACY OF SJHS BEGAN MORE THAN 130 YEARS AGO WITH THE SISTER OF CHARITY OF NAZARETH THE HEART AND SOUL OF THE FOUNDING WOMEN WAS THEIR COMMITMENT TO COMMUNITY OUTREACH TO THE POOR AND UNDERSERVED THIS TRADITION CONTINUES TODAY AT THE FACILITIES IN SJHS THEY INCLUDE SAINT JOSEPH LEXINGTON (SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST, AND SAINT JOSEPH JESSAMINE RJ CORMAN AMBULATORY CARE CENTER), SAINT JOSEPH LONDON, SAINT JOSEPH MARTIN, SAINT JOSEPH MOUNT STERLING, SAINT JOSEPH BEREA AND FLAGET MEMORIAL HOSPITAL FOR TAX REPORTING PURPOSES, FLAGET MEMORIAL HOSPITAL HAS A SEPARATE TAX IDENTIFICATION NUMBER AND WILL NOT BE INCLUDED IN THIS NARRATIVE ORGANIZATION DESCRIPTION SAINT JOSEPH HOSPITAL SAINT JOSEPH HOSPITAL, LEXINGTON'S FIRST HOSPITAL WAS FOUNDED IN 1877, AND HAS GROWN INTO A 433-BED MEDICAL CENTER, WITH A FULL RANGE OF SERVICES, INCLUDING A 24 HOUR/365 DAYS EMERGENCY DEPARTMENT AND THE NATIONAL AWARD-WINNING HEART INSTITUTE AND LEADING EDGE DA VINCI ROBOTIC SURGERY THE LEGACY OF SAINT JOSEPH HOSPITAL BEGAN MORE THAN 130 YEARS AGO WITH THE SISTER OF CHARITY OF NAZARETH THE HEART AND SOUL OF THE FOUNDING WOMEN WAS THEIR COMMITMENT TO COMMUNITY OUTREACH TO THE POOR AND UNDERSERVED THIS TRADITION CONTINUES TODAY ALSO KNOWN AS LEXINGTON'S HEART HOSPITAL, SAINT JOSEPH HAS PIONEERED MANY FIRSTS IN THE HEALTH CARE COMMUNITY THE HEART INSTITUTE AT SAINT JOSEPH HOSPITAL IS CENTRAL KENTUCKY'S PIONEERING HEART AND VASCULAR CARE CENTER IT IS HOME TO AN INNOVATIVE NEW CARDIAC CATHETERIZATION LAB, ELECTROPHYSIOLOGY LAB AND THE FIRST FULLY ACCREDITED NONINVASIVE SERVICES DEPARTMENT INCLUDING BOTH ADULT ECHOCARDIOGRAPHY AND VASCULAR ULTRASOUND TESTING IN A PRIVATE HOSPITAL, DEMONSTRATING OUR COMMITMENT TO THE LATEST IN STATE-OF-THE-ART TECHNOLOGY THE INSTITUTE'S PRIMARY FOCUS IS THE PREVENTION, DIAGNOSIS, TREATMENT AND MANAGEMENT OF PATIENTS WITH HEART AND VASCULAR DISEASE COMMUNITY SERVICE HAS ALWAYS BEEN AT THE CORE OF SAINT JOSEPH HOSPITAL'S ACTIVITIES EACH YEAR, SERVICES AND PROGRAMS ARE EXPANDED TO PROMOTE A HEALTHY COMMUNITY THE PROGRAMS AND SERVICES DESCRIBED THROUGHOUT THIS REPORT NOT ONLY SERVE THE COMMUNITY, BUT ALSO REDUCE THE BURDENS ON THE GOVERNMENT FOR EXAMPLE, IF SAINT JOSEPH HOSPITAL DID NOT PROVIDE CHARITY CARE, THE BURDEN OF PROVIDING CHARITY CARE WOULD FALL ON GOVERNMENT-SUPPORTED INSTITUTION SAINT JOSEPH HOSPITAL IS PART OF KENTUCKYONE HEALTH AN 18-MEMBER VOLUNTEER BOARD OF DIRECTORS GOVERNS KENTUCKYONE HEALTH, ITS FACILITIES AND OPERATIONS, INCLUDING SAINT JOSEPH HOSPITAL, WITH THIS MISSION PURPOSE TO BRING WELLNESS, HEALING AND HOPE TO ALL, INCLUDING THE UNDERSERVED, OUR FUTURE TO TRANSFORM THE HEALTH OF COMMUNITIES, CARE DELIVERY AND HEALTH CARE PROFESSIONS SO THAT INDIVIDUALS AND FAMILIES CAN ENJOY THE BEST OF HEALTH AND WELLBEING, AND, OUR VALUES - REVERENCE RESPECTING THOSE WE SERVE AND THOSE WHO SERVE, INTEGRITY DOING THE RIGHT THINGS IN THE RIGHT WAY FOR THE RIGHT REASON COMPASSION SHARING IN OTHERS' JOYS AND SORROWS, AND, EXCELLENCE LIVING UP TO THE HIGHEST STANDARDS SAINT JOSEPH EAST SAINT JOSEPH EAST, A COMMUNITY HOSPITAL WITH 217 BEDS, IS LOCATED IN THE RAPIDLY GROWING SOUTHEASTERN PART OF LEXINGTON SAINT JOSEPH EAST COMPLEMENTS SAINT JOSEPH HOSPITAL'S HEALTH CARE MISSION THROUGH MULTIPLE SERVICES AND SPECIALTIES AT SAINT JOSEPH EAST, MATERNAL AND CHILDCARE, CARDIOVASCULAR SERVICES, AMBULATORY SURGERY AND 24-HOUR EMERGENCY CARE ARE SUPPORTED THROUGH TRADITIONAL INPATIENT AND OUTPATIENT PROGRAMS ADDITIONAL SPECIALTY SERVICES INCLUDE THE HEART INSTITUTE, BREAST CENTER, SLEEP WELLNESS CENTER AND THE CENTER FOR WEIGHT LOSS SURGERY THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAST IS THE ONLY HOSPITAL OF ITS KIND IN LEXINGTON AND CENTRAL KENTUCKY DEDICATED EXCLUSIVELY TO THE HEALTH AND WELL-BEING OF WOMEN THE WOMEN'S HOSPITAL OFFERS A FULL RANGE OF SERVICES TO MEET THE NEEDS OF EVERY WOMAN NO MATTER WHAT STAGE OF LIFE THEY ARE IN-FROM ADOLESCENCE TO MATURE ADULTHOOD SAINT JOSEPH EAST IS PART OF KENTUCKYONE HEALTH AN 18-MEMBER VOLUNTEER BOARD OF DIRECTORS GOVERNS KENTUCKYONE HEALTH, ITS FACILITIES AND OPERATIONS, INCLUDING SAINT JOSEPH EAST, WITH THIS MISSION PURPOSE TO BRING WELLNESS, HEALING AND HOPE TO ALL, INCLUDING THE UNDERSERVED, OUR FUTURE TO TRANSFORM THE HEALTH OF COMMUNITIES, CARE DELIVERY AND HEALTH CARE PROFESSIONS SO THAT INDIVIDUALS AND FAMILIES CAN ENJOY THE BEST OF HEALTH AND WELLBEING, AND, OUR VALUES - REVERENCE RESPECTING THOSE WE SERVE AND THOSE WHO SERVE, INTEGRITY DOING THE RIGHT THINGS IN THE RIGHT WAY FOR THE RIGHT REASON COMPASSION SHARING IN OTHERS' JOYS AND SORROWS, AND, EXCELLENCE LIVING UP TO THE HIGHEST STANDARDS SAINT JOSEPH BEREA SAINT JOSEPH BEREA, FORMERLY BEREA HOSPITAL, BEGAN IN 1898, AS AN EIGHT-BED COTTAGE ON THE BEREA COLLEGE CAMPUS IN BEREA, KENTUCKY NOW A 25-BED FACILITY, SAINT JOSEPH - BEREA PROVIDES HEALTH CARE TO RESIDENTS IN MADISON, JACKSON, ROCKCASTLE AND GARRARD COUNTIES BEREA IS LOCATED IN MADISON COUNTY AND ACCORDING TO THE 2012 COUNTY HEALTH RANKINGS, IT IS THE 20TH HEALTHIEST COUNTY OF KENTUCKY'S 120 COUNTIES ON APRIL1, 2003, BEREA HOSPITAL JOINED CATHOLIC HEALTH INITIATIVES IN NOVEMBER OF 2005, THE HOSPITAL CONSOLIDATED WITH SAINT JOSEPH HEALTHCARE KENTUCKY (BECOMING SAINT JOSEPH HEALTH SYSTEM IN LEXINGTON IN 2007), TAKING A NEW NAME - SAINT JOSEPH BEREA AND, IN DECEMBER 2011, SAINT JOSEPH HEALTH SYSTEM BECAME PART OF KENTUCKYONE HEALTH SAINT JOSEPH BEREA CONTINUES TO BRING QUALITY HEALTH CARE TO THE APPALACHIAN COMMUNITIES THAT IT SERVES REGARDLESS OF THEIR RACE, CREED OR ABILITY TO PAY SAINT JOSEPH BEREA IS A CRITICAL ACCESS HOSPITAL, WHICH SERVES OVER 19,000 FAMILIES THE HOSPITAL IS KNOWN FOR PROVIDING EXCELLENCE OF CARE WHILE UTILIZING ADVANCED MEDICAL TECHNOLOGY IN A FRIENDLY, FAMILY-LIKE ATMOSPHERE COMPETENCE, COMMITMENT AND DEDICATION ARE THE HALLMARKS OF SAINT JOSEPH BEREA WITH A FULL COMPLEMENT OF INPATIENT AND OUTPATIENT SERVICES, SAINT JOSEPH BEREA IS COMMITTED TO PROVIDING THE HIGHEST QUALITY OF CARE AT A REASONABLE COST IN A PERSONAL AND COMPASSIONATE FAMILY-ORIENTED ENVIRONMENT THROUGH PROVISION OF A BROAD RANGE OF HOSPITAL AND COMMUNITY SERVICES SAINT JOSEPH BEREA WORKS WITH AN EXTENSIVE MEDICAL STAFF OF PRIMARY CARE PHYSICIANS AND SPECIALISTS TO DELIVER SERVICES AND PROGRAMS THAT EMBRACE SUPERIOR VALUE AND INTEGRITY SERVICES INCLUDE A FULLY STAFFED 24 HOUR EMERGENCY DEPARTMENT THAT TREATS MORE THAN 22,000 PATIENTS A YEAR AND HAS A 24/7 SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM SERVICES ALSO INCLUDE ACUTE AND INTENSIVE CARE, GENERAL SURGERY, OUTPATIENT SURGICAL SERVICES, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, DIABETES TREATMENT, DIAGNOSTIC SERVICES INCLUDING MRI, RADIOLOGY AND NUCLEAR MEDICINE, OUTPATIENT LABORATORY, CARDIOPULMONARY SERVICES, AND ONCOLOGY SERVICES SPECIALTY CLINICS INCLUDE SERVICES IN RADIOLOGY, GYNECOLOGY, NEUROLOGY, PSYCHOLOGY, ORTHOPEDICS, ONCOLOGY, OPHTHALMOLOGY, PULMONARY, ENT/HEARING TESTS, PODIATRY AND CARDIOTHORACIC SURGERY SPECIAL DEPARTMENTS OF THE HOSPITAL ARE BEREA FAMILY MEDICINE (A DESIGNATED RURAL HEALTH CARE CLINIC), BREAST CENTER, BEREA SPECIALTY CLINIC, DIABETES AND NUTRITION CENTER, CARDIOVASCULAR SERVICES THROUGH THE SAINT JOSEPH BEREA HEART INSTITUTE, SENIOR RENEWAL CENTER, SLEEP WELLNESS CENTER, SURGICAL SERVICES, PAIN MANAGEMENT CENTER, MEDWORKS AND WOUND CARE CENTER (CONTINUED)</p>

Identifier	ReturnReference	Explanation
LINES 2, 4 AND 5	SCHEDULE H, PART VI	<p>COMMUNITY INVOLVEMENT AND PARTNERSHIPS ARE VERY IMPORTANT TO SAINT JOSEPH BERA. THE HOSPITAL HAS A CLOSE RELATIONSHIP WITH THE MADISON COUNTY HEALTH DEPARTMENT, LOCAL GOVERNMENT, BUSINESSES, CIVIC ORGANIZATIONS, EDUCATIONAL SYSTEMS AND COMMUNITY AGENCIES. SAINT JOSEPH BERA IS PART OF KENTUCKYONE HEALTH AN 18-MEMBER VOLUNTEER BOARD OF DIRECTORS GOVERNS KENTUCKYONE HEALTH, ITS FACILITIES AND OPERATIONS, INCLUDING SAINT JOSEPH BERA, WITH THIS MISSION PURPOSE TO BRING WELLNESS, HEALING AND HOPE TO ALL, INCLUDING THE UNDERSERVED, OUR FUTURE TO TRANSFORM THE HEALTH OF COMMUNITIES, CARE DELIVERY AND HEALTH CARE PROFESSIONS SO THAT INDIVIDUALS AND FAMILIES CAN ENJOY THE BEST OF HEALTH AND WELLBEING, AND, OUR VALUES - REVERENCE RESPECTING THOSE WE SERVE AND THOSE WHO SERVE, INTEGRITY DOING THE RIGHT THINGS IN THE RIGHT WAY FOR THE RIGHT REASON COMPASSION SHARING IN OTHERS' JOYS AND SORROWS, AND, EXCELLENCE LIVING UP TO THE HIGHEST STANDARDS.</p> <p>SAINT JOSEPH LONDON IN JULY OF 1946 THE SISTERS OF CHARITY OF NAZARETH, KENTUCKY PURCHASED WHAT WAS THEN CALLED PENNINGTON GENERAL HOSPITAL IN LONDON, KENTUCKY AND ASSUMED ITS LEADERSHIP RENAMED MARYMOUNT - OUR LADY OF THE MOUNTAIN, THE MISSION OF THE SISTERS WAS TO EXTEND THE HEALING MINISTRY OF CHRIST BRINGING QUALITY HEALTH CARE TO THE POOR AND UNDERSERVED OF RURAL KENTUCKY. IN 1997 MARYMOUNT ALONG WITH SEVEN OTHER KENTUCKY FACILITIES, BECAME PART OF CATHOLIC HEALTH INITIATIVES (CHI) AND IN 2008 THOSE SAME EIGHT FACILITIES FORMED SAINT JOSEPH HEALTH SYSTEM. AT THAT TIME THE HOSPITAL NAME WAS CHANGED TO SAINT JOSEPH - LONDON. SAINT JOSEPH LONDON BECAME PART OF KENTUCKYONE HEALTH IN JANUARY 2012. AN 18-MEMBER VOLUNTEER BOARD OF DIRECTORS GOVERNS KENTUCKYONE HEALTH, ITS FACILITIES AND OPERATIONS, INCLUDING SAINT JOSEPH LONDON, WITH THIS MISSION PURPOSE TO BRING WELLNESS, HEALING AND HOPE TO ALL, INCLUDING THE UNDERSERVED, OUR FUTURE TO TRANSFORM THE HEALTH OF COMMUNITIES, CARE DELIVERY AND HEALTH CARE PROFESSIONS SO THAT INDIVIDUALS AND FAMILIES CAN ENJOY THE BEST OF HEALTH AND WELLBEING, AND, OUR VALUES - REVERENCE RESPECTING THOSE WE SERVE AND THOSE WHO SERVE, INTEGRITY DOING THE RIGHT THINGS IN THE RIGHT WAY FOR THE RIGHT REASON COMPASSION SHARING IN OTHERS' JOYS AND SORROWS, AND, EXCELLENCE LIVING UP TO THE HIGHEST STANDARDS.</p> <p>SAINT JOSEPH MARTIN IN SEPTEMBER 1947, THREE COURAGEOUS SISTERS OF DIVINE PROVIDENCE OF MELBOURNE, KENTUCKY ASSUMED OWNERSHIP OF A 30-BED HOSPITAL NAMED MARTIN GENERAL HOSPITAL. THE HOSPITAL'S NAME WAS CHANGED TO OUR LADY OF THE WAY HOSPITAL IN JANUARY 2008, OUR LADY OF THE WAY HOSPITAL BECAME PART OF SAINT JOSEPH HEALTH SYSTEM AND IS PRESENTLY NAMED SAINT JOSEPH MARTIN (SJM). SAINT JOSEPH MARTIN IS A NON-PROFIT CRITICAL ACCESS HOSPITAL (CAH) LOCATED IN MARTIN, KENTUCKY. SAINT JOSEPH MARTIN IS PART OF KENTUCKYONE HEALTH AN 18-MEMBER VOLUNTEER BOARD OF DIRECTORS GOVERNS KENTUCKYONE HEALTH, ITS FACILITIES AND OPERATIONS, INCLUDING SAINT JOSEPH MARTIN, WITH THIS MISSION PURPOSE TO BRING WELLNESS, HEALING AND HOPE TO ALL, INCLUDING THE UNDERSERVED, OUR FUTURE TO TRANSFORM THE HEALTH OF COMMUNITIES, CARE DELIVERY AND HEALTH CARE PROFESSIONS SO THAT INDIVIDUALS AND FAMILIES CAN ENJOY THE BEST OF HEALTH AND WELLBEING, AND, OUR VALUES - REVERENCE RESPECTING THOSE WE SERVE AND THOSE WHO SERVE, INTEGRITY DOING THE RIGHT THINGS IN THE RIGHT WAY FOR THE RIGHT REASON COMPASSION SHARING IN OTHERS' JOYS AND SORROWS, AND, EXCELLENCE LIVING UP TO THE HIGHEST STANDARDS.</p> <p>SAINT JOSEPH MOUNT STERLING FORMERLY KNOWN AS MARY CHILES HOSPITAL, SAINT JOSEPH MOUNT STERLING (SJMS) IS LICENSED FOR 42 ACUTE CARE BEDS FROM ITS BEGINNING IN 1921, THE HOSPITAL HAS BEEN COMMITTED TO SERVING THE PEOPLE. ON JUNE 16, 2011, SJMS MOVED TO ITS NEW FACILITY. SAINT JOSEPH MOUNT STERLING OPERATES A 24-HOUR EMERGENCY ROOM 365 DAYS PER YEAR. THE EMERGENCY ROOM IS OPEN TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY. SAINT JOSEPH MOUNT STERLING HAS AN OPEN MEDICAL STAFF, PARTICIPATES IN MEDICARE AND MEDICAID, AND HAS AN ACTIVE CHARITY CARE PROGRAM. SAINT JOSEPH MOUNT STERLING IS PART OF KENTUCKYONE HEALTH AN 18-MEMBER VOLUNTEER BOARD OF DIRECTORS GOVERNS KENTUCKYONE HEALTH, ITS FACILITIES AND OPERATIONS, INCLUDING SAINT JOSEPH MOUNT STERLING, WITH THIS MISSION PURPOSE TO BRING WELLNESS, HEALING AND HOPE TO ALL, INCLUDING THE UNDERSERVED, OUR FUTURE TO TRANSFORM THE HEALTH OF COMMUNITIES, CARE DELIVERY AND HEALTH CARE PROFESSIONS SO THAT INDIVIDUALS AND FAMILIES CAN ENJOY THE BEST OF HEALTH AND WELLBEING, AND, OUR VALUES - REVERENCE RESPECTING THOSE WE SERVE AND THOSE WHO SERVE, INTEGRITY DOING THE RIGHT THINGS IN THE RIGHT WAY FOR THE RIGHT REASON COMPASSION SHARING IN OTHERS' JOYS AND SORROWS, AND, EXCELLENCE LIVING UP TO THE HIGHEST STANDARDS.</p> <p>OUR PURPOSE COMMUNITY BENEFIT APPROACH. SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST ARE LOCATED IN FAYETTE COUNTY IN LEXINGTON, KENTUCKY. AS OF 2011, THE LEXINGTON-FAYETTE COUNTY METRO AREA HAS A POPULATION OF 301,569. THE LEXINGTON-FAYETTE METRO AREA IS HOME TO SIX COUNTIES: CLARK, FAYETTE, JESSAMINE, BOURBON, WOODFORD AND SCOTT. ACCORDING TO THE 2012 U.S. CENSUS BUREAU, 78.8% OF THE POPULATION IN FAYETTE COUNTY IS WHITE, 14.9% IS BLACK OR AFRICAN AMERICAN AND 7.0% ARE HISPANIC OR LATINO. THE MEDIAN HOUSEHOLD INCOME WAS \$48,779, ABOVE THE STATE'S MEDIAN INCOME OF \$42,248. IN ADDITION, 18.2% OF FAMILIES IN FAYETTE COUNTY LIVE BELOW THE POVERTY LEVEL. THE UNEMPLOYMENT RATE IN FAYETTE COUNTY IS 8.0%. SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST HAVE BEEN INTIMATELY INVOLVED IN COMMUNITY HEALTH COLLABORATION AND HAVE BEEN LEADERS IN LOOKING AT AREA HEALTH ISSUES, SET PRIORITIES AND PLANS FOR IMPROVEMENT. SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST CONTINUE OUR DEEP COMMITMENT AND INVOLVEMENT IN THE COMMUNITY HEALTH COLLABORATIONS TODAY. SAINT JOSEPH BERA. SAINT JOSEPH BERA IS LOCATED IN MADISON COUNTY IN BERA, KENTUCKY. SAINT JOSEPH BERA IS ONLY 40 MILES SOUTH OF LEXINGTON, KENTUCKY AND 15 MILES FROM RICHMOND, KENTUCKY. SAINT JOSEPH BERA SERVES PATIENTS FROM MADISON, ROCKCASTLE, GARRARD, AND JACKSON COUNTIES, ALTHOUGH OVER 63% OF THE DISCHARGES ORIGINATE IN MADISON COUNTY. ALL FOUR OF THE COUNTIES HAVE PERCENTAGES OF POPULATION IN POVERTY AND UNEMPLOYMENT RATES THAT ARE UNFAVORABLE COMPARED TO STATE AND NATIONAL AVERAGES. ACCORDING TO THE 2010 U.S. CENSUS BUREAU, MADISON COUNTY'S POPULATION WAS 82,916. OF THE POPULATION IN MADISON COUNTY, 90.4% OF THE POPULATION IS WHITE, 4.3% IS BLACK OR AFRICAN AMERICAN AND 2.2% IS HISPANIC OR LATINO. THE MEDIAN HOUSEHOLD INCOME WAS \$41,876, SLIGHTLY BELOW THE STATE'S MEDIAN INCOME OF \$42,248 AND BELOW THE NATION'S INCOME OF \$52,762. IN ADDITION, 20.3% OF MADISON COUNTY RESIDENTS LIVE BELOW THE POVERTY LEVEL. THE 2011 UNITED STATES DEPARTMENT OF LABOR DATA REPORTS UNEMPLOYMENT IN MADISON COUNTY TO BE 7.7%. ABOUT ONE QUARTER OF THE COMMUNITY WHO IS BELOW THE POVERTY LEVEL IS UNINSURED AND WITHOUT A MEANS TO PAY FOR MANY OF THEIR MEDICAL EXPENSES. SAINT JOSEPH LONDON. SAINT JOSEPH LONDON IS LOCATED IN LAUREL COUNTY IN LONDON, KENTUCKY. LAUREL COUNTY IS A FAIRLY RURAL COMMUNITY IN KENTUCKY. SAINT JOSEPH LONDON SERVES PATIENTS FROM LAUREL, WHITLEY, CLAY, JACKSON AND KNOX COUNTIES, HOWEVER 50.42% OF THE DISCHARGES ORIGINATE IN LAUREL COUNTY. AS OF THE 2010 U.S. CENSUS BUREAU, LAUREL COUNTY'S POPULATION WAS 58,849. OF THE POPULATION IN LAUREL COUNTY, 97.2% OF THE POPULATION IS WHITE, 0.9% IS BLACK OR AFRICAN AMERICAN AND 1.3% IS HISPANIC OR LATINO. THE MEDIAN HOUSEHOLD INCOME WAS \$36,787, BELOW THE STATE'S MEDIAN INCOME OF \$42,248 AND WELL BELOW THE NATION'S INCOME OF \$52,762. IN ADDITION, 20.1% OF LAUREL COUNTY RESIDENTS LIVE BELOW THE POVERTY LEVEL. THE 2011 UNITED STATES DEPARTMENT OF LABOR DATA REPORT UNEMPLOYMENT IN LAUREL COUNTY TO BE 10.8%. SAINT JOSEPH MARTIN. SAINT JOSEPH MARTIN IS LOCATED IN FLOYD COUNTY - EASTERN PART OF KENTUCKY. IN 2010, THE POPULATION OF FLOYD COUNTY WAS 39,451 AND THERE ARE ROUGHLY 634 INDIVIDUALS RESIDING IN THE CITY OF MARTIN. OF THE 39,451 INDIVIDUALS LIVING IN FLOYD COUNTY, 98.7% OF THEM ARE WHITE. THE POVERTY RATE (30.3%) IS SIGNIFICANTLY HIGHER THAN THE NATIONAL RATE OF 11% AND THE MEDIAN HOUSEHOLD INCOME (\$29,725) IS ALSO LOWER THAN THE NATIONAL AVERAGE (\$52,762). SAINT JOSEPH MARTIN HAS BEEN INTIMATELY INVOLVED IN COMMUNITY HEALTH COLLABORATION AND HAS BEEN A LEADER IN LOOKING AT AREA HEALTH ISSUES, SET PRIORITIES AND PLANS FOR IMPROVEMENT. SAINT JOSEPH MARTIN CONTINUES OUR DEEP COMMITMENT AND INVOLVEMENT IN THE COMMUNITY HEALTH COLLABORATIONS TODAY. (CONTINUED)</p>
LINES 2, 4 AND 5	SCHEDULE H, PART VI	<p>SAINT JOSEPH MOUNT STERLING. SAINT JOSEPH MOUNT STERLING IS LOCATED IN MONTGOMERY COUNTY IN MOUNT STERLING, KENTUCKY. SAINT JOSEPH MOUNT STERLING'S PRIMARY SERVICE AREAS INCLUDE BATH, MENIFEE, MONTGOMERY, AND POWELL COUNTIES, ALTHOUGH 53% OF THE PATIENTS COME FROM MONTGOMERY COUNTY. AS OF 2010 U.S. CENSUS BUREAU, MONTGOMERY COUNTY'S POPULATION WAS 26,244. OF THE POPULATION IN MONTGOMERY COUNTY, 96.6% OF THE POPULATION IS WHITE, 1.9% IS BLACK OR AFRICAN AMERICAN AND 1.2% IS HISPANIC OR LATINO. THE MEDIAN HOUSEHOLD INCOME WAS \$37,393, BELOW THE STATE'S MEDIAN INCOME OF \$42,248 AND WELL BELOW THE NATION'S INCOME OF \$52,762. IN ADDITION, 23.2% OF MONTGOMERY COUNTY RESIDENTS LIVE BELOW THE POVERTY LEVEL. THE UNEMPLOYMENT RATE IN MONTGOMERY COUNTY IS ESTIMATED TO BE 11.9%.</p> <p>PROCESS SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST. SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST'S COMMUNITY BENEFIT PLAN IS BASED ON OUR UNDERSTANDING OF UNIQUE COMMUNITIES' NEEDS DERIVED FROM COLLABORATIVE NEEDS ASSESSMENTS, FOCUS GROUPS, AND SURVEYS CONDUCTED WITH OUR COMMUNITY PARTNERS. SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST IDENTIFIED COMMUNITY HEALTH NEEDS BY UNDERGOING AN ASSESSMENT PROCESS IN COLLABORATION WITH THE LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT AND THE LEXINGTON-FAYETTE COUNTY MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAP) COALITION. OVER 1,200 RESIDENTS PROVIDED INPUT THROUGH A COMMUNITY HEALTH SURVEY. ANOTHER 77 ADULTS PARTICIPATED IN THREE FOCUS GROUPS INTENDED TO IDENTIFY NEEDS IN MINORITY AND LOW-INCOME HOUSEHOLDS AND FIVE INDIVIDUALS WITH SPECIALIZED KNOWLEDGE PARTICIPATED IN KEY INFORMANT INTERVIEWS. IN ADDITION, SECONDARY DATA WAS COMPILED FROM DEMOGRAPHIC AND SOCIOECONOMIC SOURCES AS WELL AS NATIONAL, STATE AND LOCAL SOURCES OF INFORMATION ON DISEASE PREVALENCE, HEALTH INDICATORS, HEALTH EQUITY AND MORTALITY. THIS WAS ANALYZED AND REVIEWED TO IDENTIFY HEALTH ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS AND MINORITY GROUPS, AND THE COMMUNITY AS A WHOLE. HEALTH NEEDS WERE PRIORITIZED UTILIZING A METHOD THAT WEIGHS: 1) THE IMPACT ON VULNERABLE POPULATIONS, 2) THE IMPORTANCE TO THE COMMUNITY, 3) THE SIZE OF THE PROBLEM, 4) THE SERIOUSNESS OF THE PROBLEM, 5) PREVALENCE OF COMMON THEMES, 6) HOW CLOSELY THE NEED ALIGNS WITH THE STRATEGIES AND STRENGTHS OF THE HOSPITAL AND KENTUCKYONE HEALTH, AND 7) AN EVALUATION OF EXISTING HOSPITAL PROGRAMS RESPONDING TO THE IDENTIFIED NEED. SUBSEQUENTLY, SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST LEADERSHIP ENTERED INTO A DIALOGUE TO DISCUSS THE RESULTS OF THE EVALUATION AND SELECT HEALTH PRIORITIES. PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO REVISE RANKINGS AND DEBATE ISSUES UNTIL A CONSENSUS WAS REACHED ON A COMPOSITE RANKING OF HEALTH ISSUES TO FACILITATE PRIORITIZATION OF IDENTIFIED HEALTH NEEDS. A RANKING AND PRIORITIZATION PROCESS WAS USED. HEALTH NEEDS WERE RANKED BASED ON THE FOLLOWING SEVEN FACTORS: EACH FACTOR RECEIVED A SCORE BETWEEN 0 AND 4. 1) HOW MANY PEOPLE ARE AFFECTED BY THE ISSUE OR SIZE OF THE ISSUE? FOR THIS FACTOR RATINGS WERE BASED ON THE PERCENTAGE OF THE COMMUNITY WHO ARE IMPACTED BY THE IDENTIFIED NEED. THE FOLLOWING SCALE WAS UTILIZED FOR HEALTH OUTCOMES AND FACTORS: GREATER THAN 20% OF THE COMMUNITY POPULATION=4, GREATER THAN 10% AND LESS THAN 20%=3, GREATER THAN 5% AND LESS THAN 10%=2 AND LESS THAN 5%=1. CHRONIC DISEASES WERE RATED BASED ON STATE RANKING FOR INCIDENCE OF THE DISEASE. A FACTOR OF 1-4 WAS ASSIGNED BASED ON WHICH QUARTILE THE STATE WAS REPORTED. 2) WHAT ARE THE CONSEQUENCES OF NOT ADDRESSING THIS PROBLEM? IDENTIFIED HEALTH NEEDS WHICH HAVE A HIGH DEATH RATE OR HAVE A HIGH IMPACT ON CHRONIC DISEASES RECEIVED A HIGHER RATING FOR THIS FACTOR. 3) THE IMPACT OF THE PROBLEM ON VULNERABLE POPULATIONS. NEEDS ASSOCIATED WITH VULNERABLE POPULATIONS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS WERE RATED FOR THIS FACTOR. 4) HOW IMPORTANT THE PROBLEM IS TO THE COMMUNITY. NEEDS IDENTIFIED THROUGH COMMUNITY SURVEYS AND/OR FOCUS GROUPS. 5) PREVALENCE OF COMMON THEMES DETERMINED BY HOW MANY SOURCES OF DATA (LEADING CAUSES OF DEATH, PRIMARY CAUSES FOR INPATIENT HOSPITALIZATION, HEALTH OUTCOMES AND FACTORS AND PRIMARY DATA) IDENTIFIED THE NEED. 6) HOW CLOSELY DOES THE NEED ALIGN WITH KENTUCKYONE HEALTH STRATEGIES? 7) DOES THE HOSPITAL HAVE EXISTING PROGRAMS WHICH RESPOND TO THE IDENTIFIED NEED?</p>

Identifier	ReturnReference	Explanation
LINES 2, 4 AND 5	SCHEDULE H, PART VI	<p>SAINT JOSEPH BEREA SAINT JOSEPH BEREA COLLABORATED WITH THE MADISON COUNTY HEALTH DEPARTMENT, THE KENTUCKY HOSPITAL ASSOCIATION AND LOCAL COMMUNITY GROUPS TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AN ADVISORY COMMITTEE CONSISTING OF REPRESENTATIVES FROM THE MADISON COUNTY HEALTH DEPARTMENT, BEREA COLLEGE, SENIOR CITIZENS, HEAD START, UNION CHURCH, ST. CLARE'S CATHOLIC CHURCH, MADISON COUNTY SCHOOLS, BEREA POLICE DEPARTMENT, WHITE HOUSE CLINIC AND HOSPITAL LEADERSHIP AND STAFF BEGAN MEETING IN JANUARY 2012 TO DECIDE HOW THE ASSESSMENT WOULD BE CONDUCTED AND WHAT IT WOULD CONSIST OF ONCE THE PRIMARY SERVICE AREA WAS DETERMINED A SURVEY WAS SENT TO RANDOM HOUSEHOLDS INVITING INDIVIDUALS TO COMPLETE AND RETURN TO SAINT JOSEPH BEREA THE SURVEY COVERED A BROAD RANGE OF TOPICS FROM ACCESS TO HEALTH CARE TO PERCEPTION ABOUT THE MOST PRESSING HEALTH CARE NEEDS AND RECOMMENDATIONS THE SURVEY WAS ALSO AVAILABLE ONLINE IT WAS AVAILABLE IN ENGLISH AND SPANISH THE SURVEY WAS CONDUCTED FROM SEPTEMBER 1 - NOVEMBER 9, 2012 THERE WERE A TOTAL OF 949 RESPONDENTS NO ONE RESPONDED IN SPANISH 74% WERE FROM MADISON COUNTY, 43% OF WHICH WERE FROM BEREA AND 29% FROM RICHMOND COUNTY, JACKSON COUNTY, 6% FROM ROCKCASTLE COUNTY AND 6% FROM GARRARD COUNTY THE MAJORITY OF THE RESPONDENTS WERE FEMALE (67%) THE MOST RESPONSES WERE FROM THE 65+ (31%) AGE GROUP, SECOND, 40-54 (26%), THIRD WAS 55-64 (25%) AND THE UNDER 26 GROUPS WERE 18% THE MAJORITY OF RESPONDENTS WERE CAUCASIAN (96%) ONLY 3% WERE AFRICAN AMERICAN, 1% WAS NATIVE AMERICAN, LESS THAN 1% WAS HISPANIC, 1% WAS OF OTHER ETHNICITIES THE INFORMATION ON RACE CLOSELY CORRESPONDS TO THAT OF MADISON COUNTY (2011 MCCHIP) SIX FOCUS GROUPS WERE CONDUCTED WITH DIFFERENT COMMUNITY GROUPS TO SEEK THEIR INPUT ON THE HEALTH CARE NEEDS OF THE COMMUNITY *SENIOR CITIZEN ADVISORY GROUP *BEREA HEAD START CENTER WITH PARENTS AND ADMINISTRATOR *SHANNON JOHNSON ELEMENTARY TEACHERS *SAINT JOSEPH BEREA EMPLOYEES/VOLUNTEERS *FIRST RESPONDERS GROUP WITH EMS, FIRE AND POLICE DEPARTMENTS *FARRISTOWN BAPTIST CHURCH EVENT WITH COMMUNITY MEMBERS THERE WAS A TOTAL OF 61 PARTICIPANTS PLUS FACILITATORS THE FOCUS GROUPS WERE HELD FROM OCTOBER 3 THROUGH NOVEMBER 16 THE GROUPS REPRESENTED A BROAD SPECTRUM OF THE COMMUNITY INCLUDING AFRICAN AMERICAN, BUSINESS, FIRST RESPONDERS, RELIGIOUS COMMUNITY, EDUCATION, LOWER INCOME, VARIOUS AGE GROUPS, CAREGIVERS AND THOSE WITH MEDICAL NEEDS SIX INTERVIEWS WERE CONDUCTED WITH PHYSICIANS, COMMUNITY LEADERS, BUSINESS AND COMMUNITY MEMBERS WE THOUGHT THIS WOULD BE A MORE PERSONAL APPROACH THE RESPONSES WERE SIMILAR TO THE FOCUS GROUPS BUT WITH A LITTLE MORE DETAIL IN ADDITION, SECONDARY DATA FROM LOCAL, STATE AND FEDERAL SOURCES WAS COMPILED FROM DEMOGRAPHIC AND SOCIOECONOMIC SOURCES FROM INFORMATION ON DISEASE PREVALENCE, HEALTH INDICATORS, HEALTH EQUITY AND MORTALITY IDENTIFIED NEEDS WERE PRIORITIZED UTILIZING A METHOD THAT WEIGHS 1) THE IMPACT ON VULNERABLE POPULATIONS, 2) THE IMPORTANCE TO THE COMMUNITY, 3) THE SIZE OF THE PROBLEM, 4) THE SERIOUSNESS OF THE PROBLEM, 5) PREVALENCE OF COMMON THEMES, 6) HOW CLOSELY THE NEED ALIGNS WITH THE STRATEGIES AND STRENGTHS OF THE HOSPITAL AND KENTUCKYONE HEALTH, AND 7) AN EVALUATION OF EXISTING HOSPITAL PROGRAMS RESPONDING TO THE IDENTIFIED NEED BY A COMMUNITY ADVISORY GROUP AND GIVEN TO THE HOSPITAL STEERING COMMITTEE FOR REVIEW ONCE THE PRIMARY HEALTH ISSUES IN THE COMMUNITY WERE IDENTIFIED, SAINT JOSEPH BEREA WENT THROUGH THE PROCESS OF GROUPING AND IDENTIFYING THE HEALTH PRIORITIES TO BE ADDRESSED SAINT JOSEPH LONDON SAINT JOSEPH LONDON IN COLLABORATION WITH THE LAUREL COUNTY HEALTH DEPARTMENT ENGAGED COMMUNITY LEADERSHIP FROM LOCAL AGENCIES, CHURCH GROUPS, RETIRED PROFESSIONALS, MINORITIES AND INTERESTED CITIZENS TO FORM A HEALTH NEEDS COALITION THAT WOULD GUIDE THE OVERALL PROCESS THE OBJECTIVES OF THE COALITION WERE TO 1 DEVELOP A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY TOOL, 2 IDENTIFY COMMUNITY HEALTH NEEDS, 3 DETERMINE THE PRIORITY HEALTH NEEDS, 4 DEVELOP A COMMUNITY HEALTH IMPLEMENTATION PLAN BASED ON THE IDENTIFIED NEEDS THROUGH THIS PARTNERSHIP A SURVEY WAS DEVELOPED WITH HELP FROM MEMBERS OF THE COALITION AND DISTRIBUTED WITHIN LAUREL COUNTY IN JUNE AND JULY OF 2012 OVER 1,800 COMPLETED SURVEYS WERE RETURNED THAT PROVIDED BOTH DATA AND INSIGHT INTO INDIVIDUAL'S HEALTH ISSUES TWO FOCUS GROUPS WERE HELD WITH IDENTIFIED GROUPS, PARTICIPANTS IN AN EMPLOYER WELLNESS PROGRAM FOR DIABETICS (WHO COMPRISE 15% OF THE COMMUNITY) AND A YOUNG ADULT GROUP FOCUSED ON PERCEIVED HEALTH NEEDS OF THE COMMUNITY THE QUESTIONS PRESENTED TO THESE GROUPS WERE FOCUSED ON HEALTH CARE ISSUES AND HOW THE HOSPITAL MIGHT ASSIST THE COMMUNITY WITH IDENTIFIED ISSUES THIS DATA WAS REVIEWED AND ANALYZED TO IDENTIFY AND PRIORITIZE HEALTH NEEDS COUNTY, STATE AND NATIONAL DATA ALSO AIDED IN IDENTIFYING VULNERABLE POPULATIONS FOR CONSIDERATION IN THE PLANNING AND PRIORITIZATION PROCESS THE POPULATIONS IDENTIFIED WERE 1 THE UNINSURED, 2 THOSE WITH CHRONIC DISEASE, 3 CHILDREN IMPACTED BY DRUG ABUSE, 4 THOSE SUFFERING FROM MENTAL ILLNESS/ADDICTIONS HEALTH NEEDS WERE PRIORITIZED UTILIZING A METHOD THAT WEIGHS 1) THE IMPACT ON VULNERABLE POPULATIONS, 2) THE IMPORTANCE TO THE COMMUNITY, 3) THE SIZE OF THE PROBLEM, 4) THE SERIOUSNESS OF THE PROBLEM, 5) THE PREVALENCE OF COMMON THEMES, 6) HOW CLOSELY THE NEED ALIGNS WITH THE STRATEGIES AND STRENGTHS OF THE HOSPITAL AND KENTUCKYONE HEALTH, AND 7) AN EVALUATION OF EXISTING HOSPITAL PROGRAMS RESPONDING TO THE IDENTIFIED NEED SAINT JOSEPH MARTIN SAINT JOSEPH MARTIN AND HIGHLANDS REGIONAL MEDICAL CENTER JOINED TOGETHER TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT THAT COMPLIES WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT ENACTED IN 2010 SAINT JOSEPH MARTIN AND HIGHLANDS REGIONAL MEDICAL CENTER CONTRACTED WITH THE COMMUNITY AND ECONOMIC DEVELOPMENT INITIATIVE OF KENTUCKY (CEDIK) TO ASSIST IN THE PROCESS ALSO INPUT WAS SOLICITED FROM THE FOLLOWING ORGANIZATIONS TO ASSURE THAT "ALL" PEOPLE WERE REPRESENTED PARTICULARLY THE MOST VULNERABLE BIG SANDY AREA DEVELOPMENT DISTRICT, MARTIN COUNTY HEALTH DEPARTMENT, FLOYD COUNTY HEALTH DEPARTMENT, JOHNSON COUNTY HEALTH DEPARTMENT, MAGOFFIN COUNTY HEALTH DEPARTMENT, SANDY VALLEY ABUSE SHELTER, BIG SANDY HEALTH CARE - A FEDERALLY QUALIFIED HEALTH CENTER, OPERATION UNITE, SALYERSVILLE NURSING AND REHAB CENTER, MOUNTAIN COMPREHENSIVE CARE CENTER, FLOYD COUNTY SENIOR CITIZENS' CENTERS, AND, COMMUNITY MEMBERS' PRIMARY DATA, SECONDARY DATA, SURVEYS, FOCUS GROUPS AND SUPPLEMENTAL DATA WAS GATHERED TO ASSURE THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS EXTENSIVE AND INCLUDED INPUT FROM THE VOICES OF THE MOST VULNERABLE TO FACILITATE PRIORITIZATION OF IDENTIFIED HEALTH NEEDS, A RANKING AND PRIORITIZATION PROCESS WAS USED BASED ON SIX FACTORS 1) THE ABILITY OF SAINT JOSEPH MARTIN TO EVALUATE AND MEASURE OUTCOMES 2) HOW MANY PEOPLE ARE AFFECTED BY THE ISSUE OR SIZE OF THE ISSUE? 3) WHAT ARE THE CONSEQUENCES OF NOT ADDRESSING THIS PROBLEM? 4) PREVALENCE OF COMMON THEMES 5) HOW CLOSELY DOES THE NEED ALIGN WITH KENTUCKYONE HEALTH STRATEGIES? 6) DOES THE HOSPITAL HAVE EXISTING PROGRAMS WHICH RESPOND TO THE IDENTIFIED NEED? SAINT JOSEPH MARTIN WILL CONTINUE TO WORK WITH THE COMMUNITY TO EXECUTE THE IMPLEMENTATION PLAN AND REALIZE THE GOALS THAT HAVE BEEN POSITIONED TO BUILD A HEALTHIER COMMUNITY - A HEALTHIER KENTUCKY SAINT JOSEPH MOUNT STERLING DURING 2012, A COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BY SAINT JOSEPH MOUNT STERLING IN COLLABORATION WITH THE MONTGOMERY COUNTY HEALTH DEPARTMENT TO SUPPORT ITS MISSION TO ENHANCE THE HEALTH OF PEOPLE IN THE COMMUNITIES IT SERVES, TO COMPLY WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 AND FEDERAL TAX-EXEMPTION REQUIREMENTS, AND TO IDENTIFY HEALTH NEEDS OF THE COMMUNITY TO HELP PRIORITIZE THE ALLOCATION OF HOSPITAL RESOURCES TO MEET THOSE NEEDS BASED ON CURRENT LITERATURE AND OTHER GUIDANCE FROM THE TREASURY AND IRS, THE FOLLOWING STEPS WERE COMPLETED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT * THE "COMMUNITY" SERVED WAS DEFINED BY UTILIZING INPATIENT DATA ON PATIENT ORIGIN THIS PROCESS IS FURTHER DESCRIBED IN COMMUNITY ASSESSMENT BY THE HOSPITAL * POPULATION DEMOGRAPHICS AND SOCIO-ECONOMIC CHARACTERISTICS OF THE COMMUNITY WERE GATHERED AND REPORTED USING VARIOUS SOURCES THE HEALTH STATUS OF THE COMMUNITY WAS THEN REVIEWED INFORMATION ON THE LEADING CAUSES OF DEATH AND MORBIDITY INFORMATION WAS ANALYZED IN CONJUNCTION WITH HEALTH OUTCOMES AND FACTORS REPORTED FOR THE COMMUNITY BY COUNTYHEALTH-RANKINGS.ORG HEALTH FACTORS WITH SIGNIFICANT OPPORTUNITY FOR IMPROVEMENT WERE NOTED (CONTINUED)</p>
LINES 2, 4 AND 5	SCHEDULE H, PART VI	<p>* THROUGH A PROCESS CONDUCTED COLLABORATIVELY WITH THE MONTGOMERY COUNTY HEALTH DEPARTMENT COMMUNITY INPUT WAS OBTAINED THROUGH A SERIES OF MEETINGS INVOLVING COMMUNITY PARTNERS AND LEADERS AND THROUGH A SURVEY (PAPER AND ON-LINE, ENGLISH AND SPANISH) TO THE GENERAL PUBLIC INFORMATION GATHERED IN THE STEPS ABOVE WAS ANALYZED AND REVIEWED TO IDENTIFY HEALTH ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS AND THE COMMUNITY AS A WHOLE HEALTH NEEDS WERE PRIORITIZED UTILIZING A METHOD THAT WEIGHS 1) THE ABILITY TO EVALUATE OUTCOMES, 2) THE SIZE OF THE PROBLEM, 3) THE SERIOUSNESS OF THE PROBLEM, 4) PREVALENCE OF COMMON THEMES, 5) HOW CLOSELY THE NEED ALIGNS WITH THE STRATEGIES AND STRENGTHS OF THE HOSPITAL AND KENTUCKYONE HEALTH, AND 6) AN EVALUATION OF EXISTING HOSPITAL PROGRAMS RESPONDING TO THE IDENTIFIED NEED INFORMATION GAPS WERE IDENTIFIED DURING THE PRIORITIZATION PROCESS AND REPORTED SUMMARY OF ASSESSMENT FINDINGS SAINT JOSEPH HOSPITAL THE FOLLOWING AREAS WERE IDENTIFIED AS THE PRIORITIES ON WHICH SAINT JOSEPH HOSPITAL WILL FOCUS OVER THE NEXT THREE YEARS OBESITY, LUNG CANCER/SMOKING CESSATION, CARDIOVASCULAR DISEASE, ACCESS TO SERVICES/HEALTH DISPARITIES, SAFE NEIGHBORHOODS AND MATERNAL AND CHILDREN'S HEALTH SAINT JOSEPH EAST THE FOLLOWING AREAS WERE IDENTIFIED AS THE PRIORITIES ON WHICH SAINT JOSEPH EAST WILL FOCUS OVER THE NEXT THREE YEARS OBESITY, LUNG CANCER/SMOKING CESSATION, CARDIOVASCULAR DISEASE, ACCESS TO SERVICES/HEALTH DISPARITIES, SAFE NEIGHBORHOODS AND MATERNAL AND CHILDREN'S HEALTH SAINT JOSEPH BEREA THE FOLLOWING AREAS WERE IDENTIFIED AS THE PRIORITIES ON WHICH SAINT JOSEPH BEREA WILL FOCUS OVER THE NEXT THREE YEARS MENTAL HEALTH, OBESITY, SENIOR ISSUES AND COLLABORATION OF CARE SAINT JOSEPH LONDON AN IMPLEMENTATION PLANNING COMMITTEE COMPRISED OF LEADERSHIP FROM SAINT JOSEPH LONDON LAUREL CO HEALTH DEPARTMENT AND AGENCY/COMMUNITY REPRESENTATIVES MET TO DISCUSS THE RESULTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND SELECT HEALTH PRIORITIES PARTICIPANTS BROKE INTO GROUPS TO DISCUSS AND DEVELOP PLANS FOR THE TOP THREE IDENTIFIED ISSUES WITH SCORES OF 22 OR MORE (ON A SCALE OF 28) THE THREE IDENTIFIED *CANCER *STROKE/CARDIOVASCULAR DISEASE *MENTAL ILLNESS/ADDICTIONS (DRUG &amp; ALCOHOL) THE COMMITTEE NOTED THAT THERE ARE RELATED HEALTH FACTORS/BEHAVIORS, IDENTIFIED AS PRIORITIES, THAT INFLUENCE THE TOP THREE PRIORITIES AND THAT HAVE TO BE CONSIDERED IN THE IMPLEMENTATION STRATEGY I.E., THE UNINSURED, OBESITY AND LACK OF PHYSICAL ACTIVITY, HIGH BLOOD PRESSURE, ADULT SMOKING, DIABETES ETC THE IMPLEMENTATION COMMITTEE CONTINUES TO MEET TO DISCUSS AND FURTHER DEVELOP ACTION PLANS THAT ARE COMPREHENSIVE, MEASURABLE AND WILL HAVE A LONG-TERM IMPACT ON THE WELLBEING OF THE COMMUNITY SAINT JOSEPH MARTIN UPON COMPLETION OF THE PRIORITIZATION PROCESS, HEART DISEASE, CANCER AND DIABETES WERE IDENTIFIED BY THE IMPLEMENTATION STRATEGY TEAM AS THE TOP PRIORITIES FOR SAINT JOSEPH MARTIN AND WILL BE THE FOCUS OVER THE NEXT THREE YEARS ALSO, BECAUSE OF THEIR RANKING AND THEIR INTEGRAL RELATIONSHIP TO THE MAJOR IDENTIFIED NEEDS, ADULT SMOKING AND ADULT OBESITY, WILL BE WOVEN INTO THE STRATEGIES OF THE TOP PRIORITIES SAINT JOSEPH MOUNT STERLING IDENTIFIED NEEDS WERE PRIORITIZED BY A COMMUNITY ADVISORY GROUP AND GIVEN TO THE HOSPITAL IMPLEMENTATION COMMITTEE FOR REVIEW SUBSEQUENTLY, SAINT JOSEPH MOUNT STERLING LEADERSHIP ENTERED INTO A DIALOGUE WITH REPRESENTATIVES OF THE MONTGOMERY COUNTY HEALTH DEPARTMENT TO DISCUSS THE RESULTS OF THE EVALUATION AND SELECT PRIORITIES PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO REVISE RANKINGS AND DEBATE ISSUES UNTIL A CONSENSUS WAS REACHED ON A COMPOSITE RANKING OF HEALTH ISSUES THE PRIORITIES ARE POLICY CHANGE, EDUCATION, PREVENTIVE SERVICES AND EARLY DETECTION AND SCREENING WITH AN UNDERSTANDING THAT COLLABORATIVE EFFORTS HAVE THE GREATEST OPPORTUNITY FOR MEASURABLE, COLLECTIVE IMPACT, SAINT JOSEPH MOUNT STERLING CHOSE STRATEGIES THAT WILL INVOLVE COMMUNITY PARTNERS TO PROMOTE A CULTURE WHERE HEALTHY EATING AND ACTIVE LIVING ARE THE NORM AND FOSTERS AN ENVIRONMENT THAT PROMOTES INCREASED PHYSICAL ACTIVITY, BETTER NUTRITION, HEALTHY PUBLIC POLICY AND ACCESS TO NEEDED RESOURCES AND SERVICES QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST COMMUNITY OUTREACH FOR THE POOR SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST CONTINUE TO IMPROVE ACCESS TO CARE IN RURAL KENTUCKY COMMUNITIES OF POWELL AND WOLFE COUNTIES IN JULY 2011, THE FIRST VIRTUAL CARE CLINIC OPENED ITS DOORS IN CLAY CITY, AND THE SECOND FACILITY OPENED IN AUGUST 2012 IN CAMPTON THE CLINICS ARE OPENED ON SAINT JOSEPH HOSPITAL'S CONTINUING CARE CLINIC, WHICH PROVIDES PRIMARY HEALTH CARE SERVICES TO LOW-INCOME RESIDENTS OF CENTRAL KENTUCKY EACH VIRTUAL CLINIC IS STAFFED BY A NURSE OR NURSE PRACTITIONER, A RECEPTIONIST/SCHEDULER AND A SOCIAL WORKER TELEHEALTH TECHNOLOGY ALLOWS COLLABORATION WITH PHYSICIANS AND SPECIALISTS FOR PATIENT CONSULTATIONS COMMUNITY OUTREACH FOR THE BROADER COMMUNITY STAFF AT THE SAINT JOSEPH CANCER CENTER UNDERSTANDS THAT CANCER AFFECTS THE ENTIRE FAMILY, NOT JUST THE PERSON DIAGNOSED THE CANCER CENTER IS COMMUNITY-BASED AND OFFERS FINANCIAL ASSISTANCE, COUNSELING AND SPIRITUAL COMFORT TO THE FAMILIES IT SERVES THE MISSION IS TO BLEND HUMANITY WITH TECHNOLOGY THE PATIENT AND FAMILY-CENTERED RESOURCES AVAILABLE THROUGH THE SAINT JOSEPH CANCER CENTER INCLUDE ACCESS TO SUPPORT SERVICES SUCH AS REHABILITATION, TREATMENTS, NUTRITION AND SPIRITUAL CARE, ONE-ON-ONE CONSULTATION WITH A NURSE NAVIGATOR, SOCIAL WORKER, CHAPLAIN AND CLINICAL DIETITIAN, A LIBRARY WITH MATERIAL FROM 10 NATIONAL CANCER ORGANIZATIONS, AND NETWORKING AND SUPPORT GROUPS ALL ARE FREE AND CONFIDENTIAL COLLABORATIVE EFFORTS TO IMPROVE COMMUNITY HEALTH ALSO, AS PART OF THE FAYETTE COUNTY COMMUNITY, SAINT JOSEPH HOSPITAL, AND SAINT JOSEPH EAST TAKE EXTRA STRIDES TO ENSURE THE NEEDS OF THIS COMMUNITY ARE MET SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST COLLABORATE WITH THE YMCA TO SUPPORTS THE EFFORTS OF THE MULTIPLE SCLEROSIS CENTER AT THE YMCA BEAUMONT CENTER SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST ALSO SUPPORT VIOLENCE PREVENTION EFFORTS IN THE WINBURN COMMUNITY THROUGH SUMMER CAMPS AND AFTER-SCHOOL PROGRAM HEALTH PROFESSIONALS EDUCATION SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST SERVE AS A CLINICAL EDUCATION SITE FOR MEDICAL PROFESSIONALS OFFERING CLASSES AND RESIDENCY PROGRAMS HEALTH PROFESSIONALS INCLUDE MEDICAL STUDENTS, FAMILY PRACTICE RESIDENTS, PHARM D STUDENTS, PHYSICAL THERAPY STUDENTS, RESPIRATORY THERAPY STUDENTS, RADIOLOGY STUDENTS, NURSING STUDENTS, SOCIAL WORK STUDENTS, SURGICAL TECHNICIANS, AND STUDENTS EARNING MASTERS DEGREES IN PUBLIC HEALTH COMMUNITY BUILDING ACTIVITIES SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST PARTNER WITH THE FOLLOWING ORGANIZATIONS IN A COLLABORATIVE EFFORT TO IMPROVE THE HEALTH OF OUR COMMUNITIES *AMERICAN CANCER SOCIETY *AMERICAN RED CROSS *AMERICAN HEART ASSOCIATION *HABITAT FOR HUMANITY *COMMERCE LEXINGTON *LEXINGTON CLINIC FOUNDATION *FAYETTE COUNTY HEALTH DEPARTMENT SAINT JOSEPH BEREA COMMUNITY OUTREACH FOR THE POOR PRESCRIPTION ASSISTANCE PROGRAM WHAT GOES ON BEHIND THE SCENES TO HELP PATIENTS OFTEN GOES UNNOTICED, ESPECIALLY WHEN IT COMES TO PAYING FOR MEDICATIONS SAINT JOSEPH BEREA KNOWS ALL ABOUT HELPING PATIENTS RECEIVE THE MEDICATIONS THEY NEED BUT CANNOT AFFORD DUE TO LACK OF INSURANCE, LIMITED COVERAGE OR HIGH DEDUCTIBLES COLLABORATIVE EFFORTS WITH CHAPLAINS, NURSES, PHYSICIANS AND CASE MANAGERS TO FIND ASSISTANCE PROGRAMS FOR WHICH THE PATIENT MAY QUALIFY WHEN THEY LEAVE THE HOSPITAL BEREA HEALTH MINISTRIES PARTNERSHIP SJB'S PARTNERSHIP WITH BEREA HEALTH MINISTRIES (BHM), A FAITH-BASED MEDICAL CLINIC, WAS FORMED IN THE SPRING OF 2010 SAINT JOSEPH BEREA PROVIDES IN-KIND SUPPORT THAT INCLUDES OFFICE AND CLINICAL SPACE, MAINTENANCE CLEANING, INFORMATION TECHNOLOGY AND OTHER SUPPORT AS NEEDED, IN TURN THE CLINIC PROVIDES PRIMARY CARE, EDUCATION AND SUPPORT FOR ALL PEOPLE, BUT PRIMARILY THE POOR, UNINSURED AND UNDERINSURED NEW OPPORTUNITY SCHOOL FOR WOMEN SINCE 1987, NEW OPPORTUNITY FOR WOMEN (NOSW) HAS WORKED TO IMPROVE THE EDUCATIONAL, FINANCIAL AND PERSONAL CIRCUMSTANCES OF LOW INCOME MIDDLE-AGED WOMEN IN KENTUCKY AND THE SOUTH CENTRAL APPALACHIAN REGION MANY JUST WANT A SECOND CHANCE TO GAIN NEW SKILLS, AND SJB IS GRATEFUL FOR THE OPPORTUNITY TO HELP MAKE A DIFFERENCE IN THEIR LIVES SAINT JOSEPH BEREA PROVIDES NOSW PARTICIPANTS WITH PHYSICALS, BLOOD TESTS AND MAMMOGRAMS, PREVENTIVE SERVICES THE WOMEN MAY NOT OTHERWISE QUALIFY FOR THE SCREENINGS OFFER MORE THAN JOB PREPARATION, THEY ALSO HELP IDENTIFY UNDETECTED HEALTH ISSUES AND BRING PEACE OF MIND TO THE DIVERSE POPULATION OF WOMEN (CONTINUED)</p>

Identifier	ReturnReference	Explanation
LINES 2, 4 AND 5	SCHEDULE H, PART VI	<p>HENRIETTA CHILD FUND SAINT JOSEPH BERA'S HENRIETTA CHILD FUND PROVIDES ASSISTANCE FOR UNINSURED BERA RESIDENTS WHO NEED TO HAVE SMALL PROCEDURES, BUT DO NOT HAVE THE MEANS TO PAY COMMUNITY OUTREACH FOR THE BROADER COMMUNITY EDUCATION OF MEDICAL/PARAMEDICAL PROFESSIONALS SAINT JOSEPH BERA SERVES AS A CLINICAL EDUCATION SITE FOR EASTERN KENTUCKY UNIVERSITY, SOMERSET COLLEGE, UNIVERSITY OF KENTUCKY, AND BERA COLLEGE FOR STUDENTS WHO NEED CLINICAL HOURS IN A VARIETY OF MEDICAL PROFESSIONS INCLUDING NURSING, EMERGENCY ROOM, HEALTH INFORMATION, PULMONARY, LABORATORY, PHARMACY, AND RADIOLOGY GET HEALTHY BERA ANNUALLY SAINT JOSEPH BERA HOSTS "GET HEALTHY BERA", AN EVENT COORDINATED WITH LOCAL SCHOOLS AND BUSINESSES TO PROMOTE HEALTH AND WELLNESS COLLABORATIVE EFFORTS TO IMPROVE COMMUNITY HEALTH SAINT JOSEPH BERA PARTNERS WITH THE FOLLOWING ORGANIZATIONS IN A COLLABORATIVE EFFORT TO IMPROVE THE HEALTH OF OUR COMMUNITIES * MADISON COUNTY HEALTH DEPARTMENT * LOCAL GOVERNMENT, BUSINESSES, CIVIC ORGANIZATIONS * EDUCATIONAL SYSTEMS AND COMMUNITY AGENCIES AS A RESULT OF THE PARTNERSHIPS, SAINT JOSEPH BERA PARTICIPATES IN THE FOLLOWING EVENTS * BOWL FOR KIDS' SAKE * RELAY FOR LIFE * A DAY OF HOPE * BERA FARMERS' MARKET * SPOONBREAD FESTIVAL * BLOOD DRIVES * MEDICAL SCREENINGS * HEALTH FAIRS SAINT JOSEPH LONDON COMMUNITY OUTREACH FOR THE POOR PHARMACEUTICAL ASSISTANCE PROGRAM THE PHARMACEUTICAL ASSISTANCE PROGRAM WAS ESTABLISHED TO HELP UNINSURED AND UNDERINSURED INDIVIDUALS WITH THEIR MEDICATION NEEDS SERVING LAUREL, WHITLEY, CLAY AND KNOX COUNTIES THE PROGRAM ADDRESSES MEDICATION NEEDS SPECIFIC TO CARDIAC, DIABETES, HYPERTENSION, CHOLESTEROL AND COPD THIS PROGRAM ASSISTED 547 PEOPLE BY PROVIDING MORE THAN 2,355 FREE PRESCRIPTION MEDICATIONS PROVIDED BY PHARMACEUTICAL COMPANIES AT A MARKET VALUE OF MORE THAN \$1 5 MILLION SEED LUNCHEONS SAINT JOSEPH LONDON PROVIDES HEALTH EDUCATION AT THE LOCAL CATHOLIC CHURCH TO SENIOR ADULTS LIVING ON FIXED INCOMES THESE MONTHLY PROGRAMS OFFER AN OPPORTUNITY FOR SENIORS TO SOCIALIZE, HAVE LUNCH AND HEAR ABOUT SPECIFIC HEALTH ISSUES IT IS ALSO A TIME FOR THEM TO ASK QUESTIONS REGARDING HEALTH ISSUES AND HAVE MONTHLY HEALTH CHECKS TO ASSIST IN MONITORING THEIR HEALTH COMMUNITY OUTREACH FOR THE BROADER COMMUNITY PREVENTIVE HEALTH WELLNESS BEGINS WITH PREVENTIVE HEALTH AT SAINT JOSEPH LONDON, THE GOAL IS TO PROVIDE PUBLIC OUTREACH THROUGH HEALTH SCREENINGS, EDUCATION, FLU CLINICS AND SPECIFIC SERVICES FOCUSED ON PREVENTIVE HEALTH THROUGH THE CONGESTIVE HEART PROGRAM, AN OUTREACH NURSE VISITED 174 DISCHARGED PATIENTS TO EDUCATE, SUPPORT AND ASSIST THEM IN IMPROVING AND MAINTAINING THEIR HEALTH AND A HIGHER QUALITY OF LIFE EDUCATION OF MEDICAL/PARAMEDICAL PROFESSIONALS SAINT JOSEPH LONDON SERVES AS A CLINICAL EDUCATION SITE FOR STUDENTS IN THE FOLLOWING AREAS OF STUDY NURSING, PUBLIC HEALTH, LABORATORY, RESPIRATORY CARE, PARAMEDICS, PHARMACY, AND RADIOLOGY CHF OUTREACH THE CONGESTIVE HEART FAILURE OUTREACH PROGRAM BEGAN 6 YEARS AGO AND IS DESIGNED TO HELP REDUCE THE HIGH RATE OF READMISSIONS FOR PATIENTS WITH CHF THE GOAL IS TO IMPROVE THE DISEASE-MANAGEMENT ABILITIES OF PATIENTS WHO HAD BEEN DISCHARGED WITH A PRIMARY DIAGNOSIS OF CHF BY HAVING A NURSE VISIT THEM IN THEIR HOMES IN THEIR OWN HOME ENVIRONMENT PATIENTS ARE TAUGHT HOW TO MANAGE THEIR DIET, MEDICATIONS, READ FOOD LABELS AND IN GENERAL SELF-LEARNING FOR SELF-CARE THERE IS NO CHARGE TO THE PATIENT SINCE ITS INCEPTION OVER 315 PATIENTS HAVE BEEN SEEN AND IN THE 6 YEARS ONLY 1 PATIENT HAS BEEN READMITTED WITHIN A 30 DAY PERIOD POST DISCHARGE COLLABORATIVE EFFORTS TO IMPROVE COMMUNITY HEALTH SAINT JOSEPH LONDON PARTNERS WITH THE FOLLOWING ORGANIZATIONS IN A COLLABORATIVE EFFORT TO IMPROVE THE HEALTH OF OUR COMMUNITIES * TRI CANCER COALITION/AMERICAN CANCER SOCIETY * LAUREL COUNTY SCHOOLS * LAUREL COUNTY HEALTH DEPARTMENT * DANIEL BOONE COMMUNITY ACTION * FAMILY LIFE CENTER (PREGNANCY CENTER) * CHRISTIAN SHELTER FOR HOMELESS * COME UNITY COOPERATIVE CARE (CCC) * OLDER PERSON ACTIVITY CENTER (OPAC) * LAUREL COUNTY EXTENSION OFFICE * SAINT WILLIAM CATHOLIC CHURCH * AREA HEALTH EDUCATION COUNCIL (AHEC) * CABINET FOR CHILDREN &amp; YOUTH SERVICES SAINT JOSEPH MARTIN COMMUNITY OUTREACH FOR THE POOR IN SCHOOL YEAR 2012-2013, MORE THAN 2,000 FLOYD COUNTY STUDENTS RECEIVED DENTAL SCREENINGS BY BIG SANDY HEALTH CARE THE DENTAL/ORAL HEALTH COMMITTEE (COMPRISED OF FLOYD COUNTY HEALTH DEPARTMENT, BIG SANDY HEALTH CARE, FLOYD COUNTY SCHOOLS AND SAINT JOSEPH MARTIN) DECIDED TO EXPAND THE REACH OF SERVICES AND INCLUDE SCREENINGS FOR HIGH SCHOOL STUDENTS BEGINNING IN FALL 2013 WITH THIS EXPANSION, ALL FLOYD COUNTY STUDENTS ARE NOW ELIGIBLE TO PARTICIPATE IN DENTAL/ORAL HEALTH SCREENINGS COMMUNITY OUTREACH FOR THE BROADER COMMUNITY DIABETES IS MORE PREVALENT IN EASTERN KENTUCKY THAN ANY OTHER AREA OF THE COMMONWEALTH DIABETES WAS THE TOPIC FOR THE ANNUAL SENIOR HEALTH FEST THE FLOYD COUNTY DIABETES COALITION, HEADED UP BY THE FLOYD COUNTY HEALTH DEPARTMENT, PROVIDED A DIABETES INFORMATION BOOTH COVERING TOPICS SUCH AS THE IMPORTANCE OF REGULAR EYE EXAMS AND FOOT CARE SAINT JOSEPH MARTIN IS A CHARTER MEMBER OF THE COALITION FLU SHOTS WERE ALSO ADMINISTERED TO MORE THAN 120 SENIORS AT THE HEALTH FEST COLLABORATIVE EFFORTS TO IMPROVE COMMUNITY HEALTH SAINT JOSEPH MARTIN, HIGHLANDS REGIONAL MEDICAL CENTER, BIG SANDY HEALTH CARE, FLOYD COUNTY FAMILY RESOURCE AND YOUTH SERVICES CENTERS, AS WELL AS OTHER COMMUNITY RESOURCES, PARTNERED WITH THE FLOYD COUNTY HEALTH DEPARTMENT TO PROVIDE FREE SERVICES TO THE CITIZENS OF FLOYD COUNTY DURING MAY AND JUNE OF 2013 AS PART OF PROJECT CARE TO ADDRESS SOME OF THE DISPARITIES IDENTIFIED IN THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT, THE SERVICE DAYS FOCUSED ON REACHING OUT TO PATIENTS WITHOUT HEALTH INSURANCE PROJECT CARE PARTICIPANTS WERE OFFERED A VARIETY OF SERVICES INCLUDING DENTAL (SCREENINGS, CLEANINGS, EXTRACTIONS AND FILLINGS), PAP SMEARS, PROSTATE SCREENINGS, LABORATORY WORK, AND ATHLETIC PHYSICALS SERVICES WERE PROVIDED FOR TWO DAYS AT VARIOUS LOCATIONS AROUND THE COUNTY TO REACH THOSE IN NEED IN ADDITION TO THE FREE SCREENING SERVICES, PARTICIPANTS RECEIVED EDUCATIONAL INFORMATION ON A VARIETY OF ISSUES SUCH AS NUTRITION, OBESITY, PHYSICAL ACTIVITY, TOBACCO PREVENTION/CESSATION, HYPERTENSION AND DIABETES HEALTH PROFESSIONS EDUCATION SAINT JOSEPH MARTIN SERVES AS A CLINICAL EDUCATION SITE FOR MEDICAL STUDENTS, PHARM D STUDENTS, PHYSICAL THERAPY STUDENTS, RESPIRATORY THERAPY STUDENTS, RADIOLOGY STUDENTS, NURSING STUDENTS, SOCIAL WORK STUDENTS, AND HIGH SCHOOL STUDENTS INTERESTED IN PURSUING A CAREER IN HEALTH CARE COMMUNITY BUILDING ACTIVITIES SAINT JOSEPH MARTIN PARTNERS WITH THE FOLLOWING ORGANIZATIONS IN A COLLABORATIVE EFFORT TO IMPROVE THE HEALTH OF OUR COMMUNITIES * AMERICAN CANCER SOCIETY * AMERICAN HEART ASSOCIATION * FLOYD COUNTY SCHOOLS * FLOYD COUNTY HEALTH DEPARTMENT * MOUNTAIN REGIONAL PREVENTION CENTER * TRI-COUNTY DIABETES COALITION * FLOYD COUNTY EXTENSION OFFICE * COMMUNITIES AGAINST DRUG ABUSE * GRACEWAY UNITED METHODIST CHURCH SAINT JOSEPH MOUNT STERLING COMMUNITY OUTREACH FOR THE POOR MOUNT STERLING POST CLINIC ONE OF SAINT JOSEPH MOUNT STERLING'S UNIT MANAGERS DONATES THREE HOURS PER MONTH AWAY FROM THE HOSPITAL AT THE "POST CLINIC" THE CLINIC IS HOUSED IN THE FORMER POST OFFICE BUILDING, WHICH IS NOW OWNED BY THE PRESBYTERIAN CHURCH IN MOUNT STERLING THE BUILDING SPACE IS MADE AVAILABLE SEVERAL DAYS A WEEK BY THE CHURCH FOR VOLUNTEERS TO PROVIDE FREE MEDICAL CARE TO THE WORKING POOR THE CLINIC IS MADE POSSIBLE BY DONATED SERVICES, ALONG WITH GRANT MONEY FROM THE UNITED WAY AND DONATIONS FROM VARIOUS ORGANIZATIONS AND PRIVATE DONORS THE BETTER BREATHER'S CLUB THE BETTER BREATHER'S CLUB IS A FREE SOCIAL/EDUCATIONAL SUPPORT GROUP FOR PATIENTS, THEIR FAMILIES AND/OR FRIENDS WITH CHRONIC LUNG DISEASE SUCH AS COPD THE BETTER BREATHER'S CLUB HELPS PEOPLE BETTER UNDERSTAND AND DEAL WITH THEIR LUNG DISEASE AND GIVES THEM THE OPPORTUNITY TO DISCUSS THEIR CONCERNS WITH OTHER PEOPLE WITH THE SAME ISSUES AT EACH MEETING, THERE IS AN AVERAGE OF TEN PARTICIPANTS AND EDUCATIONAL TOPICS ARE DISCUSSED, SUCH AS RESPIRATORY MEDICATIONS, THE DISEASE PROCESS AND ILLNESS PREVENTION, AS WELL AS OTHER TOPICS THAT MAY BE REQUESTED BY THE PATIENTS (CONTINUED)</p>
LINES 2, 4 AND 5	SCHEDULE H, PART VI	<p>THE HEALTHY HEARTS CLUB THE HEALTHY HEARTS CLUB IS A FREE EDUCATIONAL SUPPORT GROUP FOR PATIENTS WITH HEART DISEASE AND THEIR FAMILIES/FRIENDS HEALTHY HEARTS CLUB OFFERS SUPPORT FOR PEOPLE WHO HAVE BEEN DIAGNOSED WITH HEART PROBLEMS OR PEOPLE WHO ARE TRYING TO PREVENT HEART DISEASE AN EDUCATIONAL TOPIC IS OFFERED EACH MONTH THAT INFORMS THESE PATIENTS OF NEW TREATMENTS, EXERCISE AND PREVENTION STRATEGIES THERE IS AN AVERAGE OF TEN PARTICIPANTS EACH MONTH COMMUNITY OUTREACH FOR THE BROADER COMMUNITY WALK TO REMEMBER PREGNANCY LOSS OR THE DEATH OF A CHILD IS A HEARTBREAK THAT HARDLY FADES WITH TIME EACH YEAR IN OCTOBER, SJMS SPONSORS A "WALK TO REMEMBER" AND INVITES THOSE WHO HAVE EXPERIENCED SUCH HEARTBREAK TO A SUNDAY AFTERNOON RITUAL OF REMEMBRANCE THE EVENT THIS YEAR INCLUDED THOSE WHO HAD LOST CHILDREN, AS WELL AS, THOSE WHO HAD LOST ADULTS EDUCATION OF MEDICAL/PARAMEDICAL PROFESSIONALS SAINT JOSEPH MOUNT STERLING SERVES AS A CLINICAL EDUCATION SITE FOR THE FOLLOWING AREAS OF STUDY NURSING, PHARMACY, AND RADIOLOGY COLLABORATIVE EFFORTS TO IMPROVE COMMUNITY HEALTH SAINT JOSEPH MOUNT STERLING PARTNERS WITH THE FOLLOWING ORGANIZATIONS IN A COLLABORATIVE EFFORT TO IMPROVE THE HEALTH OF OUR COMMUNITIES * AMERICAN CANCER SOCIETY * AMERICAN RED CROSS * AMERICAN HEART ASSOCIATION * MARCH OF DIMES MARCH FOR BABIES * MONTGOMERY COUNTY HEALTH DEPARTMENT * ST CLAIRE HOME HEALTH AND HOSPICE * SUPPLIES OVER SEAS</p>

Identifier	ReturnReference	Explanation
Needs assessment	Schedule H, Part VI, Line 2	<p>SAINT JOSEPH HOSPITAL &amp; SAINT JOSEPH EAST DURING 2012, A COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BY SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST TO SUPPORT ITS MISSION TO ENHANCE THE HEALTH OF PEOPLE IN THE COMMUNITIES IT SERVES, TO COMPLY WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 AND FEDERAL TAX-EXEMPTION REQUIREMENTS, AND TO IDENTIFY HEALTH NEEDS OF THE COMMUNITY TO HELP PRIORITIZE THE ALLOCATION OF HOSPITAL RESOURCES TO MEET THOSE NEEDS BASED ON CURRENT LITERATURE AND OTHER GUIDANCE FROM THE TREASURY AND IRS, THE FOLLOWING STEPS WERE COMPLETED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT *THE COMMUNITY SERVED BY WAS DEFINED UTILIZING INPATIENT DATA ON PATIENT ORIGIN *POPULATION DEMOGRAPHICS AND SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY WERE GATHERED AND REPORTED USING VARIOUS SOURCES *THE HEALTH STATUS OF THE COMMUNITY WAS THEN REVIEWED INFORMATION ON THE LEADING CAUSES OF DEATH AND MORBIDITY INFORMATION WAS ANALYZED IN CONJUNCTION WITH HEALTH OUTCOMES AND FACTORS REPORTED FOR THE COMMUNITY BY COUNTY-HEALTHRANKINGS.ORG *HEALTH FACTORS WITH SIGNIFICANT OPPORTUNITY FOR IMPROVEMENT WERE NOTED *AN INVENTORY OF HEALTH CARE FACILITIES AND RESOURCES WAS PREPARED *THROUGH A COLLABORATIVE PROCESS CONDUCTED BY THE LEXINGTON-FAYETTE COUNTY MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP COALITION, COMMUNITY INPUT WAS OBTAINED THROUGH A HOUSEHOLD SURVEY ADMINISTERED TO 6,000 RANDOMLY SELECTED LEXINGTON-FAYETTE COUNTY HOUSEHOLDS *ADDITIONALLY, THREE FOCUS GROUPS WERE CONDUCTED BY THE COALITION INVOLVING A TOTAL OF 77 ADULTS WHO WERE LOW-INCOME, AFRICAN AMERICAN OR HISPANIC *SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST CONDUCTED KEY INFORMANT INTERVIEWS WITH FIVE INDIVIDUALS HAVING SPECIALIZED KNOWLEDGE OF THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL SAINT JOSEPH BERA DURING 2012, A COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BY SAINT JOSEPH BERA TO SUPPORT ITS MISSION TO ENHANCE THE HEALTH OF PEOPLE IN THE COMMUNITIES IT SERVES, TO COMPLY WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 AND FEDERAL TAX-EXEMPTION REQUIREMENTS, AND TO IDENTIFY HEALTH NEEDS OF THE COMMUNITY TO HELP PRIORITIZE THE ALLOCATION OF HOSPITAL RESOURCES TO MEET THOSE NEEDS BASED ON CURRENT LITERATURE AND OTHER GUIDANCE FROM THE TREASURY AND IRS, THE FOLLOWING STEPS WERE COMPLETED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT *THE COMMUNITY SERVED BY WAS DEFINED UTILIZING INPATIENT AND OUTPATIENT DATA ON PATIENT ORIGIN *POPULATION DEMOGRAPHICS AND SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY WERE GATHERED AND REPORTED USING VARIOUS SOURCES *THE HEALTH STATUS OF THE COMMUNITY WAS THEN REVIEWED INFORMATION ON THE LEADING CAUSES OF DEATH AND MORBIDITY INFORMATION WAS ANALYZED IN CONJUNCTION WITH HEALTH OUTCOMES AND FACTORS REPORTED FOR THE COMMUNITY BY COUNTYHEALTHRANKINGS.ORG *HEALTH FACTORS WITH SIGNIFICANT OPPORTUNITY FOR IMPROVEMENT WERE NOTED *AN INVENTORY OF HEALTH CARE FACILITIES AND RESOURCES WAS PREPARED *THROUGH A COLLABORATIVE PROCESS CONDUCTED BY SAINT JOSEPH BERA WITH THE MADISON COUNTY HEALTH DEPARTMENT, THE KENTUCKY HOSPITAL ASSOCIATION AND THE UNIVERSITY OF KENTUCKY, COMMUNITY INPUT WAS OBTAINED THROUGH A COMMUNITY SURVEY, A SERIES OF SIX FOCUS GROUPS AND SIX KEY INFORMANT INTERVIEWS SAINT JOSEPH LONDON SAINT JOSEPH LONDON (SJL) HAS HAD A SUCCESSFUL WORKING RELATIONSHIP WITH THE LAUREL COUNTY HEALTH DEPARTMENT (LCHD) SINCE 2005 WHEN WE PARTNERED IN A COLLABORATIVE ENDEAVOR TO STEM CHILDHOOD OBESITY IN OCTOBER OF 2011, WE HAD A MEETING TO BEGIN DISCUSSIONS AROUND A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TOGETHER WE WORKED TO ENGAGE ORGANIZATIONAL LEADERSHIP FROM COMMUNITY AGENCIES, CHURCH GROUPS, RETIRED PROFESSIONALS, MINORITIES AND INTERESTED CITIZENS TO HELP FORM A HEALTH NEEDS COALITION THAT WOULD GUIDE THE OVERALL PROCESS THE COALITION CONTINUES TO MEET MONTHLY THE OBJECTIVES OF THE COALITION ARE TO 1 DEVELOP A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY TOOL, 2 IDENTIFY COMMUNITY HEALTH NEEDS, 3 PRIORITIZE THE IDENTIFIED HEALTH NEEDS, 4 DEVELOP A COMMUNITY HEALTH IMPLEMENTATION PLAN BASED ON THE PRIORITIZED HEALTH NEEDS WHILE SJL WAS FOCUSED ON CONDUCTING A CHNA, THE LCHD WAS WORKING TOWARD ACCREDITATION UTILIZING THE MAP PROCESS - MOBILIZING ACTION THROUGH PLANNING AND PARTNERSHIPS WE WORKED TOGETHER TO DESIGN A COMMUNITY SURVEY THAT WOULD ADDRESS COMMUNITY ASSESSMENT AND HEALTH NEEDS THE SURVEY WAS DEVELOPED WITH HELP FROM MEMBERS OF THE COMMUNITY COALITION AND DISTRIBUTED WITHIN LAUREL COUNTY MAY THROUGH AND JULY OF 2012 MEMBERS OF THE GENERAL PUBLIC WERE ASKED TO COMPLETE A SURVEY ON THEIR PERCEPTIONS OF THE COUNTIES HEALTH CARE NEEDS OVER 1,875 SURVEYS WERE COMPLETED IN THE TWO MONTH PERIOD THE SURVEY WAS AVAILABLE ON-LINE WITH ONLY AN 18% RESPONSE, THE REMAINING WERE HARD COPY SURVEYS DISTRIBUTED AT FAITH-BASED ORGANIZATIONS, PHYSICIAN OFFICES, LOCAL GROCERS, KROGER, WAL-MART, RESTAURANTS, LARGE BAKERY PLANTS I E FLOWERS BAKERY AND HEARTHIDE FOOD SOLUTIONS AS WELL AS AT THE LOCAL ASSISTED LIVING FACILITY IT WAS ALSO OFFERED TO EMPLOYEES OF THE LCHD AND SJL IN ADDITION TWO FOCUS GROUPS WERE HELD WITH SPECIFIC GROUPS IN LAUREL AND WHITLEY COUNTIES THE QUESTIONS PRESENTED TO THESE GROUPS WERE FOCUSED ON HEALTHCARE ISSUES AND HOW THE HOSPITAL MIGHT ASSIST THE COMMUNITY WITH IDENTIFIED ISSUES SAINT JOSEPH MARTIN DURING 2012, A COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BY SAINT JOSEPH MARTIN TO SUPPORT ITS MISSION TO ENHANCE THE HEALTH OF PEOPLE IN THE COMMUNITIES IT SERVES, TO COMPLY WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 AND FEDERAL TAX-EXEMPTION REQUIREMENTS, AND TO IDENTIFY HEALTH NEEDS OF THE COMMUNITY TO HELP PRIORITIZE THE ALLOCATION OF HOSPITAL RESOURCES TO MEET THOSE NEEDS BASED ON CURRENT LITERATURE AND OTHER GUIDANCE FROM THE TREASURY AND IRS, THE FOLLOWING STEPS WERE COMPLETED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT * THE "COMMUNITY" SERVED BY WAS DEFINED UTILIZING INPATIENT AND OUTPATIENT DATA ON PATIENT ORIGIN THIS PROCESS IS FURTHER DESCRIBED IN COMMUNITY SERVED BY THE HOSPITAL * POPULATION DEMOGRAPHICS AND SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY WERE GATHERED AND REPORTED USING VARIOUS SOURCES THE HEALTH STATUS OF THE COMMUNITY WAS THEN REVIEWED INFORMATION ON THE LEADING CAUSES OF DEATH AND MORBIDITY INFORMATION WAS ANALYZED IN CONJUNCTION WITH HEALTH OUTCOMES AND FACTORS REPORTED FOR THE COMMUNITY BY COUNTY-HEALTHRANKINGS.ORG HEALTH FACTORS WITH SIGNIFICANT OPPORTUNITY FOR IMPROVEMENT WERE NOTED * AN INVENTORY OF HEALTH CARE FACILITIES AND RESOURCES WAS PREPARED * FOUR FOCUS GROUPS WERE CONDUCTED IN THE LATE SUMMER AND EARLY FALL OF 2012 THE FOCUS GROUPS CONDUCTED INCLUDED A SENIOR SUPPORT GROUP, HANDS (HEALTH ACCESS NURTURING DEVELOPMENT SERVICES) PARTICIPANTS AND GENERAL COMMUNITY MEMBERS SAINT JOSEPH MOUNT STERLING DURING 2012, A COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BY SAINT JOSEPH MOUNT STERLING IN COLLABORATION WITH THE MONTGOMERY COUNTY HEALTH DEPARTMENT TO SUPPORT ITS MISSION TO ENHANCE THE HEALTH OF PEOPLE IN THE COMMUNITIES IT SERVES, TO COMPLY WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 AND FEDERAL TAX-EXEMPTION REQUIREMENTS, AND TO IDENTIFY HEALTH NEEDS OF THE COMMUNITY TO HELP PRIORITIZE THE ALLOCATION OF HOSPITAL RESOURCES TO MEET THOSE NEEDS BASED ON CURRENT LITERATURE AND OTHER GUIDANCE FROM THE TREASURY AND IRS, THE FOLLOWING STEPS WERE COMPLETED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT *THE "COMMUNITY" SERVED WAS DEFINED BY UTILIZING INPATIENT DATA ON PATIENT ORIGIN THIS PROCESS IS FURTHER DESCRIBED IN COMMUNITY SERVED BY THE HOSPITAL *POPULATION DEMOGRAPHICS AND SOCIO-ECONOMIC CHARACTERISTICS OF THE COMMUNITY WERE GATHERED AND REPORTED USING VARIOUS SOURCES (SEE REFERENCES IN APPENDICES) THE HEALTH STATUS OF THE COMMUNITY WAS THEN REVIEWED INFORMATION ON THE LEADING CAUSES OF DEATH AND MORBIDITY INFORMATION WAS ANALYZED IN CONJUNCTION WITH HEALTH OUTCOMES AND FACTORS REPORTED FOR THE COMMUNITY BY COUNTYHEALTHRANKINGS.ORG HEALTH FACTORS WITH SIGNIFICANT OPPORTUNITY FOR IMPROVEMENT WERE NOTED *THROUGH A PROCESS CONDUCTED COLLABORATIVELY WITH THE MONTGOMERY COUNTY HEALTH DEPARTMENT COMMUNITY INPUT WAS OBTAINED THROUGH A SERIES OF MEETINGS INVOLVING COMMUNITY PARTNERS AND LEADERS AND THROUGH A SURVEY (PAPER AND ON-LINE, ENGLISH AND SPANISH) TO THE GENERAL PUBLIC</p>
COMMUNITY NEEDS ASSESSMENT	SCHEDULE H, PART VI, LINE 2	<p>INFORMATION GATHERED IN THE STEPS ABOVE WAS ANALYZED AND REVIEWED TO IDENTIFY HEALTH ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS AND THE COMMUNITY AS A WHOLE HEALTH NEEDS WERE PRIORITIZED UTILIZING A METHOD THAT WEIGHS 1) THE ABILITY TO EVALUATE OUTCOMES, 2) THE SIZE OF THE PROBLEM, 3) THE SERIOUSNESS OF THE PROBLEM, 4) PREVALENCE OF COMMON THEMES, 5) HOW CLOSELY THE NEED ALIGNS WITH THE STRATEGIES AND STRENGTHS OF THE HOSPITAL AND KENTUCKYONE HEALTH, AND 6) AN EVALUATION OF EXISTING HOSPITAL PROGRAMS RESPONDING TO THE IDENTIFIED NEED INFORMATION GAPS WERE IDENTIFIED DURING THE PRIORITIZATION PROCESS AND REPORTED</p>

Identifier	ReturnReference	Explanation
Patient education of eligibility for assistance	Schedule H, Part VI, Line 3	<p>SAINT JOSEPH HEALTH SYSTEM, INC ("SJHS"), ALONG WITH ITS AFFILIATED OUTPATIENT FACILITIES ARE PART OF CATHOLIC HEALTH INITIATIVES ("CHI") CHI HAS A WRITTEN POLICY (STEWARDSHIP POLICY NO 15) GOVERNING THE PROCEDURES FOR DETERMINING AND INFORMING PATIENTS ABOUT THE ENTITY'S FINANCIAL ASSISTANCE POLICY ALL HOSPITAL FACILITIES INCLUDED IN THE FILING ORGANIZATION HAVE ADOPTED THE POLICY THE POLICY STATES THE ORGANIZATION WILL INCLUDE INFORMATION CONCERNING ITS FINANCIAL ASSISTANCE POLICY ON ITS WEBSITE IN ADDITION, SJHS PROMINENTLY DISPLAYS ITS FINANCIAL ASSISTANCE POLICY IN BOTH ENGLISH AND SPANISH IN OBVIOUS LOCATIONS THROUGHOUT THE HOSPITALS, INCLUDING THE EMERGENCY ROOMS AND OTHER PATIENT INTAKE AREAS, AS WELL AS IN SJHS OUTPATIENT FACILITIES IN ADDITION, SJHS REGISTRATION CLERKS ARE TRAINED TO PROVIDE CONSULTATION TO THOSE WHO HAVE NO INSURANCE OR POTENTIALLY INADEQUATE INSURANCE CONCERNING THEIR FINANCIAL OPTIONS INCLUDING APPLICATION FOR MEDICAID AND FOR FINANCIAL ASSISTANCE UNDER SJHS'S FINANCIAL ASSISTANCE POLICY UPON REGISTRATION (AND ONCE ALL EMTALA REQUIREMENTS ARE MET), PATIENTS WHO ARE IDENTIFIED AS UNINSURED (AND NOT COVERED BY MEDICARE OR MEDICAID) ARE PROVIDED WITH A PACKET OF INFORMATION THAT ADDRESSES THE FINANCIAL ASSISTANCE POLICY AND PROCEDURES INCLUDING AN APPLICATION FOR ASSISTANCE SJHS REGISTRATION CLERKS READ THE ORGANIZATION'S MEDICAL ASSISTANCE POLICY TO THOSE WHO APPEAR TO BE INCAPABLE OF READING, AND PROVIDE TRANSLATORS FOR NON ENGLISH-SPEAKING INDIVIDUALS SJHS'S STAFF WILL ALSO ASSIST THE PATIENT/GUARANTOR WITH APPLYING FOR OTHER AVAILABLE COVERAGE (SUCH AS MEDICAID), IF NECESSARY COUNSELORS ASSIST MEDICARE ELIGIBLE PATIENTS IN ENROLLMENT BY PROVIDING REFERRALS TO THE APPROPRIATE GOVERNMENT AGENCIES</p>
Community information	Schedule H, Part VI, Line 4	<p>COMMUNITY A COMMUNITY IS DEFINED AS THE GEOGRAPHIC AREA FROM WHICH A SIGNIFICANT NUMBER OF THE PATIENTS UTILIZING HOSPITAL SERVICES RESIDE WHILE THE COMMUNITY HEALTH NEEDS ASSESSMENT CONSIDERS OTHER TYPES OF HEALTH CARE PROVIDERS, HOSPITALS ARE THE SINGLE LARGEST PROVIDER OF ACUTE CARE SERVICES FOR THIS REASON, THE UTILIZATION OF HOSPITAL SERVICES PROVIDES THE CLEARER DEFINITION OF THE COMMUNITY SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST LEXINGTON (OFFICIALLY LEXINGTON-FAYETTE URBAN COUNTY) IS A MAJOR CITY-THE SECOND LARGEST IN THE STATE OF KENTUCKY AS OF 2011, THE LEXINGTON-FAYETTE METRO AREA HAD A POPULATION OF 301,569, RANKING IT 63RD IN SIZE NATIONALLY THE LEXINGTON-FAYETTE METRO AREA IS HOME TO SIX COUNTIES CLARK, FAYETTE, JESSAMINE, BOURBON, WOODFORD AND SCOTT LEXINGTON-FAYETTE METRO IS LOCATED IN THE CENTER OF THE INNER BLUEGRASS REGION SAINT JOSEPH BERE A BERE A, POPULATION 13,561 (2010), IS LOCATED IN MADISON COUNTY, KENTUCKY BERE A IS ONLY 40 MILES SOUTH OF LEXINGTON, KY AND 15 MILES FROM RICHMOND, KY EMPLOYMENT BASE INCLUDES OVER 3,500 JOBS IN MANUFACTURING MADISON COUNTY'S POPULATION DENSITY IS JUST OVER 187 PEOPLE PER SQUARE MILE A LITTLE MORE THAN HALF OF THE RESIDENTS CAN BE FOUND IN RICHMOND (31,364 RESIDENTS), WHICH IS THE COUNTY SEAT, AND IN BERE A (13,561) WITH APPROXIMATELY 38,000 LIVING IN MANY OF MADISON COUNTY'S UNINCORPORATED COMMUNITIES INCLUDING WACO, PAINT LICK, BOONESBORO, BIGHILL, BYBEE, KIRKSVILLE, ROUND HILL, UNION CITY AND VALLEY VIEW OR IN THE MORE RURAL FARMING AREAS SAINT JOSEPH LONDON SAINT JOSEPH LONDON IS LOCATED IN LONDON, A RELATIVELY SMALL RURAL COMMUNITY IN KENTUCKY AND THE COUNTY SEAT FOR LAUREL COUNTY AS OF 2010 THE POPULATION OF LAUREL COUNTY WAS 58,849 LAUREL COUNTY HAS A TOTAL AREA OF 443 74 SQ , MILES AND IS LOCATED IN SOUTHEASTERN KENTUCKY SAINT JOSEPH MARTIN SAINT JOSEPH MARTIN IS LOCATED IN RURAL FLOYD COUNTY FLOYD COUNTY IS LOCATED IN EASTERN KENTUCKY, IN THE HEART OF APPALACHIA PIKEVILLE, KY IS THE CLOSEST LARGER CITY IN KENTUCKY LEXINGTON, KY AND CHARLESTON, WV ARE ROUGHLY EQUIDISTANT, AS THE CROW FLIES THERE IS LIMITED ROAD ACCESS TO THE REGION SAINT JOSEPH MOUNT STERLING SAINT JOSEPH MOUNT STERLING IS LOCATED IN MONTGOMERY COUNTY, KENTUCKY THE 2010 CENSUS LISTED THE POPULATION OF THIS COUNTY AS 26,499 BATH COUNTY IS SITUATED TO THE NORTHEAST, MENIFEE COUNTY IS TO THE SOUTHEAST, AND POWELL COUNTY IS TO THE SOUTH MOUNT STERLING, THE COUNTY SEAT OF MONTGOMERY COUNTY, IS LOCATED ABOUT 35 MILES EAST OF LEXINGTON ON I-64 AND IS CONSIDERED THE "GATEWAY TO THE MOUNTAINS " SERVICE AREA SAINT JOSEPH HOSPITAL SAINT JOSEPH HOSPITAL DEFINES ITS SERVICE AREA FOR THIS COMMUNITY HEALTH NEEDS ASSESSMENT BASED ON WHERE THE MAJORITY OF ITS INPATIENTS RESIDE BASED ON THE PATIENT ORIGIN OF INPATIENT DISCHARGES FROM JULY 1, 2011 TO JUNE 30, 2012, MANAGEMENT HAS IDENTIFIED THE COMMUNITY BY THE TOP ZIP CODES IN ITS COMMUNITY WHICH INCLUDES OVER THIRTY PERCENT FROM 40356, 40505, 40504, 40503, 40391 AND 40517 WHEN SPECIFIC INFORMATION IS NOT AVAILABLE BY ZIP CODE, THIS COMMUNITY HEALTH NEEDS ASSESSMENT RELIES ON COUNTY-LEVEL DATA SAINT JOSEPH EAST SAINT JOSEPH EAST DEFINES ITS SERVICE AREA FOR THIS COMMUNITY HEALTH NEEDS ASSESSMENT BASED ON WHERE THE MAJORITY OF ITS INPATIENTS RESIDE BASED ON THE PATIENT ORIGIN OF INPATIENT DISCHARGES FROM JULY 1, 2011 TO JUNE 30, 2012, MANAGEMENT HAS IDENTIFIED THE COMMUNITY AS PATIENT ORIGIN OF THE TOP ZIP CODES WHICH INCLUDES OVER THIRTY PERCENT FROM 40509, 40517, 40475 AND 40391 AS ITS COMMUNITY SAINT JOSEPH BERE A SAINT JOSEPH BERE A PRIMARY SERVICE AREA WAS IDENTIFIED BASED ON THE PATIENT ORIGIN OF INPATIENT DISCHARGES BY ZIP CODE FROM JULY 1, 2011 TO JUNE 30, 2012, WITH OVER 50 PERCENT FROM ZIP CODE 40403 WHEN SPECIFIC INFORMATION IS NOT AVAILABLE BY ZIP CODE, THIS COMMUNITY HEALTH NEEDS ASSESSMENT RELIES ON COUNTY-LEVEL DATA SAINT JOSEPH LONDON SAINT JOSEPH LONDON DEFINES ITS SERVICE AREA FOR THIS COMMUNITY HEALTH ASSESSMENT BASED ON WHERE THE MAJORITY OF ITS PATIENTS RESIDE BASED ON THE PATIENT ORIGIN OF INPATIENT DISCHARGES FROM JULY 1, 2011 TO JUNE 30, 2012, MANAGEMENT HAS IDENTIFIED THE COMMUNITY BY PATIENT ORIGIN OF THE TOP ZIP CODES IN ITS COMMUNITY THE MAJORITY OF SAINT JOSEPH LONDON DISCHARGES (50 42%) ORIGINATE IN LAUREL COUNTY WITH WHITLEY COUNTY FOLLOWING WITH 13 45%, CLAY COUNTY 11 95%, JACKSON COUNTY 6 52%, AND KNOX COUNTY 4 45% FOR THE PURPOSE OF THIS ASSESSMENT THE FOCUS WAS ON LAUREL COUNTY WITH THE LEADING NUMBER OF DISCHARGES SAINT JOSEPH MARTIN SAINT JOSEPH MARTIN'S COMMUNITY WAS DEFINED AS THE GEOGRAPHICAL AREA FROM WHICH A SIGNIFICANT NUMBER OF THE PATIENTS UTILIZING HOSPITAL SERVICES RESIDE WHILE THE COMMUNITY HEALTH NEEDS ASSESSMENT CONSIDERS OTHER TYPES OF HEALTH CARE PROVIDERS, HOSPITALS ARE THE SINGLE LARGEST PROVIDER OF ACUTE CARE SERVICES FOR THIS REASON, THE UTILIZATION OF HOSPITAL SERVICES PROVIDES THE CLEARER DEFINITION OF THE COMMUNITY SAINT JOSEPH MARTIN SERVES PRIMARILY THE RESIDENTS OF FLOYD COUNTY EIGHTY-TWO PERCENT OF THE INPATIENT DISCHARGES AT SAINT JOSEPH MARTIN ORIGINATE FROM FLOYD COUNTY SAINT JOSEPH MOUNT STERLING SAINT JOSEPH MOUNT STERLING DEFINES ITS SERVICE AREA FOR THIS COMMUNITY HEALTH NEEDS ASSESSMENT BASED ON WHERE THE MAJORITY OF ITS INPATIENTS RESIDE THE MAJORITY OF SAINT JOSEPH MOUNT STERLING'S DISCHARGES ORIGINATE IN MONTGOMERY COUNTY WHILE MENIFEE AND POWELL COUNTIES EACH COUNT ONLY AROUND 10% OF ADMISSIONS FOR SAINT JOSEPH MOUNT STERLING, THEY ARE CONSIDERED PART OF THE HOSPITAL'S PRIMARY SERVICE AREA AND DATA FROM THOSE COUNTIES IS INCLUDED RESIDENTS IN BATH COUNTY ARE ALSO SERVED BY BATH COUNTY MEDICAL CLINIC, ASSOCIATED WITH SAINT JOSEPH MOUNT STERLING, AND POWELL COUNTY RESIDENTS ARE SERVED BY SAINT JOSEPH PRIMARY CARE CLINIC IN CLAY CITY, AFFILIATED WITH KENTUCKYONE HEALTH DEMOGRAPHICS SAINT JOSEPH HOSPITAL SAINT JOSEPH HOSPITAL'S CHNA COMMUNITY CONSISTS OF ZIP CODES IN EIGHT COUNTIES FAYETTE, JESSAMINE, CLARK, WOODFORD, SCOTT, MADISON, BOURBON AND MONTGOMERY ALMOST 50 PERCENT OF THE HOSPITAL'S DISCHARGES CAME FROM JESSAMINE AND FAYETTE COUNTIES THERE ARE 549, 238 PEOPLE IN THESE SELECTED ZIP CODES AND 79 25% ARE WHITE AND THE MAJORITY'S MEDIAN INCOME IS 25 TO 50 THOUSAND SAINT JOSEPH EAST SAINT JOSEPH EAST HOSPITAL'S CHNA COMMUNITY CONSISTS OF ZIP CODES IN FOUR COUNTIES FAYETTE, MADISON, CLARK AND JESSAMINE OVER 40 PERCENT OF THE HOSPITAL'S DISCHARGES CAME FROM FAYETTE COUNTY THERE ARE 379,319 PEOPLE IN THESE SELECTED ZIP CODES, 78 01% ARE WHITE AND THE MEDIAN INCOME IS \$58,000 SAINT JOSEPH BERE A MADISON COUNTY IS ONE OF KENTUCKY'S FASTEST GROWING AREAS ACCORDING TO THE 2010 US CENSUS, THE POPULATION OF MADISON COUNTY WAS 82,916, A 17% INCREASE OVER ITS 2000 POPULATION COUNT BERE A IS THE THIRD FASTEST GROWING CITY IN KENTUCKY AT A RATE OF 34 3% THIS HAS BROUGHT ADDITIONAL HOUSING, INDUSTRIES AND BUSINESSES, SCHOOLS, AND EXPANDED COMMUNITY RESOURCES INTERSTATE 75, CROSSING THROUGH THE COUNTY FROM NORTH TO SOUTH INFLUENCED THE GROWTH OF THE COUNTY INTERSTATE ACCESSIBILITY PROVIDED OPPORTUNITIES BOTH IN AND OUT OF THE COUNTY FOR LABOR, SHOPPING, AND ACCESS TO ADDITIONAL SERVICES NOT AVAILABLE LOCALLY SAINT JOSEPH LONDON DEMOGRAPHICS, AVERAGE INCOME &amp; EDUCATION ATTAINMENT THE LAUREL COUNTY COMMUNITY COVERS 443 74 SQUARE MILES LAUREL COUNTY HAS A POPULATION OF 58,849 THIS POPULATION REPRESENTS AN 11 6% INCREASE SINCE 2000, WHICH IS MORE THAN THE STATE INCREASE OF 7 3% AND THE NATIONAL INCREASE OF 9 7% THERE IS LITTLE ETHNIC DIVERSITY WITHIN THE 7 COUNTY AS CAN BE SEEN FROM THE 2010 CENSUS BUREAU REPORT 24 1% OF RESIDENTS ARE UNDER THE AGE OF 18 AND 13 2% OF RESIDENTS ARE 65 YEARS OF AGE OR OLDER (US CENSUS BUREAU, 2010) LAUREL COUNTY'S 20 1% OF RESIDENTS LIVING BELOW POVERTY IS MORE THAN THE STATE'S 17 7% AND THE U S PERCENT OF 13 8% FROM 2006-2010 THE MEDIAN HOUSEHOLD INCOME (2006-2010) WAS \$36,787, LOWER THAN THE STATE AT \$41,576 AND SIGNIFICANTLY LOWER THAN THE NATIONAL MEDIAN OF \$51,914 ALSO LINKED TO POVERTY, INCOME AND HEALTH STATUS ARE HOMEOWNERSHIP RATES (2006-2010), WHICH ARE AT 74 2% IN LAUREL COUNTY, 69 9% IN KENTUCKY AND 66 6% IN THE NATION (US CENSUS BUREAU, 2010) MAJOR EMPLOYERS WITHIN THE COUNTY INCLUDE WAL-MART DISTRIBUTION CENTER, LAUREL CO SCHOOL SYSTEM, FLOWERS BAKERY (FORMERLY SARA LEE), COOKIE FACTORY, LAUREL GROCERY, ISOM AUTOMOTIVE AND SAINT JOSEPH LONDON SOCIOECONOMIC CHARACTERISTICS HAVE BEEN SHOWN TO BE IMPORTANT INDICATORS OF HEALTH STATUS SOCIAL AND ECONOMIC FACTORS AFFECTING HEALTH STATUS INCLUDE, BUT ARE NOT LIMITED TO, EMPLOYMENT, INSURANCE COVERAGE AND EDUCATION</p>

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	SCHEDULE H, PART VI, LINE 4	<p>UNEMPLOYMENT RATES HAVE DRAMATICALLY INCREASED IN RECENT YEARS THE MOST CURRENT UNITED STATES DEPARTMENT OF LABOR (2011) DATA SHOW UNEMPLOYMENT RATES OF 10.8% FOR LAUREL COUNTY, 9.5% FOR KENTUCKY, AND 9.1% FOR THE U.S. ADDITIONALLY, THE MOST RECENT HEALTH INSURANCE ESTIMATES SHOW AN UNINSURED RATE OF 15% FOR LAUREL COUNTY, 18% FOR KENTUCKY, AND 16.3% FOR THE U.S. IN 2010 (U.S. CENSUS BUREAU, 2011) SAINT JOSEPH MARTIN - DEMOGRAPHICS, AVERAGE INCOME &amp; EDUCATION ATTAINMENT THE FOLLOWING EXHIBIT PROVIDES AN OVERVIEW OF THE BASIC SOCIAL AND ECONOMIC FACTORS IN FLOYD COUNTY OF THE 39,451 INDIVIDUALS LIVING IN FLOYD COUNTY, 98.7% OF THEM ARE WHITE ROUGHLY 69% OF THOSE OVER THE AGE OF 24 HAVE GRADUATED FROM HIGH SCHOOL COMPARED TO A STATE AVERAGE OF 81% AND A NATIONAL AVERAGE OF 92% MORE THAN ONE-THIRD OF THE POPULATION RATES THEMSELVES AS HAVING FAIR OR POOR HEALTH AND 36.9% OF CHILDREN ARE MEMBERS OF A SINGLE-PARENT HOUSEHOLD THESE STATISTICS ARE CONSISTENT WITH MANY OF KENTUCKY'S APPALACHIA COUNTIES THE POVERTY RATE (30.3%) IS SIGNIFICANTLY HIGHER THAN THE NATIONAL RATE OF 11% AND THE MEDIAN HOUSEHOLD INCOME (\$29,725) IS ALSO LOWER THAN THE NATIONAL AVERAGE (\$52,762) THE UNEMPLOYMENT RATE WAS ABOUT 2% HIGHER IN FLOYD COUNTY THAN IN KENTUCKY IN TOTAL, THERE ARE CURRENTLY 16,255 JOBS IN THE COUNTY SAINT JOSEPH MOUNT STERLING - DEMOGRAPHICS, AVERAGE INCOME &amp; EDUCATION ATTAINMENT THE SOCIO-ECONOMIC CHARACTERISTICS OF A GEOGRAPHIC AREA INFLUENCE THE WAY RESIDENTS ACCESS HEALTH CARE SERVICES AND PERCEIVE THE NEED FOR THEM THE ECONOMIC STATUS OF AN AREA MAY BE ASSESSED BY EXAMINING MULTIPLE VARIABLES WITHIN THE COMMUNITY SAINT JOSEPH MOUNT STERLING'S PRIMARY SERVICE AREA INCLUDES 57,009 PEOPLE STATISTICS SHOW SIGNIFICANTLY LITTLE RACIAL AND ETHNIC DIVERSITY, RATHER AN ALMOST 97% WHITE POPULATION ALL OTHER RACIAL POPULATIONS COULD BE CONSIDERED MINORITY GROUPS MEDIAN HOUSEHOLD INCOMES RANGE FROM \$28,279 TO \$37,393 ALL THE COUNTIES HAVE PERCENTAGES OF POPULATIONS IN POVERTY AND UNEMPLOYMENT RATES THAT ARE UNFAVORABLE COMPARED TO STATE AND NATIONAL AVERAGES THE AVERAGE ANNUAL RESIDENT UNEMPLOYMENT RATES FOR THE 2007 - 2011 PERIODS FOR COUNTIES IN SAINT JOSEPH MOUNT STERLING'S DEFINED COMMUNITY ROSE SHARPLY REACHING 16.4 PERCENT IN 2009 AND HAS BEEN DROPPING SLIGHTLY, BUT CONTINUES TO BE DOUBLE DIGITS THE EDUCATIONAL ATTAINMENT OF COMMUNITY RESIDENTS MAY IMPACT THE LOCAL ECONOMY HIGHER LEVELS OF EDUCATION GENERALLY LEAD TO HIGHER WAGES, LESS UNEMPLOYMENT AND JOB STABILITY THESE FACTORS MAY INDIRECTLY INFLUENCE COMMUNITY HEALTH MENIFEE, MONTGOMERY AND POWELL COUNTY RESIDENTS HAVE A LOWER GRADUATION RATE (78 PERCENT, 68 PERCENT AND 76 PERCENT RESPECTIVELY) THAN STATE (81 PERCENT) AND NATIONAL (85 PERCENT) AVERAGES, PERCENTAGE OF RESIDENTS IN ALL FOUR COUNTIES OBTAINING A BACHELOR'S DEGREE (10 TO 13 PERCENT) IS BELOW THE STATE AVERAGE (20.30 PERCENT) AND HALF THE NATIONAL AVERAGE (27.9 PERCENT) BASED ON THE ABOVE STATISTICS THE VULNERABLE POPULATIONS IN THE SAINT JOSEPH MOUNT STERLING SERVICE AREA COULD BE IDENTIFIED AS *LOW-INCOME POPULATION, ESPECIALLY CHILDREN LIVING IN POVERTY *POPULATION WITH LOW EDUCATIONAL ATTAINMENT *UNEMPLOYED POPULATION *ELDERLY POPULATION *UNINSURED POPULATION *BLACK POPULATION *HISPANIC POPULATION AVERAGE INCOME SAINT JOSEPH HOSPITAL MEDIAN HOUSEHOLD INCOMES RANGE FROM \$20,703 TO \$86,367 ZIP CODE 40508 HAS MEDIAN HOUSEHOLD INCOME BELOW THE FEDERAL POVERTY LEVEL FOR A FAMILY OF FOUR THESE SAME ZIP CODES HAVE PERCENTAGES OF POPULATION IN POVERTY WHICH IS UNFAVORABLE COMPARED TO STATE AND NATIONAL AVERAGES UNEMPLOYMENT RATES FOR SAINT JOSEPH HOSPITAL'S CHNA COMMUNITY ARE SLIGHTLY FAVORABLE COMPARED TO STATE AND NATIONAL AVERAGES FOR ALMOST ALL ZIP CODES SAINT JOSEPH EAST MEDIAN HOUSEHOLD INCOMES RANGE FROM \$20,703 TO \$72,490 ZIP CODE 40508 HAS MEDIAN HOUSEHOLD INCOME BELOW THE FEDERAL POVERTY LEVEL FOR A FAMILY OF FOUR THIS SAME ZIP CODE HAS A PERCENTAGE OF POPULATION IN POVERTY WHICH IS UNFAVORABLE COMPARED TO STATE AND NATIONAL AVERAGES UNEMPLOYMENT RATES FOR SAINT JOSEPH EAST HOSPITAL'S CHNA COMMUNITY ARE SLIGHTLY FAVORABLE COMPARED TO STATE AND NATIONAL AVERAGES FOR ALMOST ALL ZIP CODES SAINT JOSEPH BEREA THE MEDIAN INCOME RANGES FROM \$21,448 TO \$41,876 JACKSON COUNTY HAS A MEDIAN HOUSEHOLD INCOME BELOW THE FEDERAL POVERTY LEVEL FOR A FAMILY OF FOUR ALL FOUR COUNTIES (GARRAD, JACKSON, MADISON AND ROCKCASTLE), HAVE PERCENTAGES OF POPULATION IN POVERTY AND UNEMPLOYMENT RATES (20.9% &amp; 10.3%, 35.6% &amp; 16.2%, 20.3% &amp; 7.7%, 29.2% &amp; 11.7% RESPECTIVELY) THAT ARE UNFAVORABLE COMPARED TO STATE AND NATIONAL AVERAGES EDUCATION LEVEL SAINT JOSEPH HOSPITAL SAINT JOSEPH HOSPITAL'S PRIMARY SERVICE AREA INCLUDES JESSAMINE, FAYETTE, CLARK, WOODFORD, SCOTT AND BOURBON COUNTIES FAYETTE COUNTY RESIDENTS OBTAIN A BACHELOR'S DEGREE OR HIGHER (39.10%) GREATER THAN STATE AND NATIONAL AVERAGES AND BOURBON COUNTY WAS LOWEST AT 16% FOR THE SERVICE AREA SAINT JOSEPH EAST FAYETTE COUNTY RESIDENTS OBTAIN A BACHELOR'S DEGREE OR HIGHER (39.10%) GREATER THAN STATE AND NATIONAL AVERAGES AND BOURBON COUNTY WAS LOWEST AT 16% FOR THE SERVICE AREA SAINT JOSEPH BEREA EDUCATION MADISON COUNTY RESIDENTS OBTAIN A BACHELOR'S DEGREE OR HIGHER AT RATES GREATER THAN STATE AND NATIONAL AVERAGES, IN MADISON COUNTY THE RATE IS 26.4 PERCENT HEALTH INSURANCE COVERAGE SAINT JOSEPH HOSPITAL SAINT JOSEPH HOSPITAL'S PRIMARY SERVICE AREA'S UNINSURED RUNS FROM 13.2 PERCENT IN SCOTT COUNTY TO 20.6 PERCENT IN BOURBON COUNTY THE STATE AVERAGE IS 17.5 PERCENT UNINSURED SAINT JOSEPH EAST SAINT JOSEPH EAST'S PRIMARY SERVICE AREA'S UNINSURED RUNS FROM 17.7 PERCENT IN CLARK COUNTY TO 18.9 PERCENT IN MADISON COUNTY THE STATE AVERAGE IS 17.5 PERCENT UNINSURED SAINT JOSEPH BEREA SAINT JOSEPH BEREA COMMUNITY HAS MORE UNINSURED THAN BOTH KENTUCKY AND THE US BENCHMARK FOR UNINSURED ABOUT ONE QUARTER OF THE COMMUNITY WHO IS BELOW POVERTY LEVEL IS UNINSURED AND WITHOUT A MEANS TO PAY FOR MANY OF THEIR MEDICAL EXPENSES SAINT JOSEPH LONDON MEDICAID ELIGIBLE BENEFICIARIES IN LAUREL COUNTY INCLUDED 14,638 OR 24.9% IN 2010 THIS IS COMPARED TO 19.6% IN KENTUCKY MEDICARE ENROLLMENT WAS 9,846 OR 16.7% IN 2010, COMPARED TO 17% OF THE STATE IN ADDITION, 19.7% ARE REPORTED TO BE UNINSURED IN LAUREL COUNTY KCHIP ENROLLMENT WAS 7,705 FOR LAUREL COUNTY IN 2012 (KENTUCKY DEPARTMENT OF MEDICAID SERVICES) SAINT JOSEPH MARTIN APPROXIMATELY 50% OF THE TOTAL INPATIENT VISITS WERE PAID FOR BY MEDICARE, 17.4% BY MEDICAID, 15.2% WERE CLASSIFIED AS CHARITABLE CARE AND 8.5% WERE PAID BY COMMERCIAL INSURANCE THE AVERAGE CHARGES WERE HIGHEST FOR COMMERCIAL INSURANCE AND OTHER FEDERAL PROGRAMS AND THE LOWEST CHARGES FOR ONE OF THE NEW MEDICAID CARE ORGANIZATIONS (COVENTY CARES), SELF-PAY, WORKERS COMPENSATION, AND CHARITABLE PAY SAINT JOSEPH MOUNT STERLING SAINT JOSEPH MOUNT STERLING PRIMARY SERVICE AREA'S UNINSURED RUNS FROM 18.1 PERCENT IN MONTGOMERY TO 20.9 PERCENT IN MENIFEE COUNTY THE STATE AVERAGE IS 17.5 PERCENT UNINSURED HEALTHCARE COVERAGE SAINT JOSEPH HOSPITAL THERE ARE A LARGE NUMBER OF HOSPITALS IN SAINT JOSEPH HOSPITAL'S SERVICE AREA WITH 2,075 LICENSED ACUTE CARE BEDS, 31 PSYCHIATRIC BEDS, 56 NEO-NATAL LEVEL II BEDS AND 58 NEO-NATAL LEVEL III BEDS THE KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES REPORTS TWO AMBULATORY CARE CLINICS WITHIN SAINT JOSEPH HOSPITAL'S SERVICE AREA THE TOTAL NUMBER OF AMBULATORY CARE CLINICS REPORTED FOR THE ENTIRE STATE OF KENTUCKY IS 20 THERE ARE LICENSED FACILITIES OTHER THAN HOSPITALS AND AMBULATORY CARE CLINICS IN THE LEXINGTON-FAYETTE METRO AREA THESE FACILITIES INCLUDE HOME HEALTH, HOSPICE, ADULT DAY CARE, AMBULATORY SURGERY CENTERS, REHABILITATION AGENCIES AND PRIVATE DUTY NURSING PROVIDERS THERE ARE SEVERAL COUNTY HEALTH DEPARTMENTS LOCATED WITHIN SAINT JOSEPH HOSPITAL'S CHNA COMMUNITY LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT (LFCHE), JESSAMINE COUNTY HEALTH DEPARTMENT, CLARK COUNTY HEALTH DEPARTMENT, WOODFORD COUNTY HEALTH DEPARTMENT, SCOTT COUNTY HEALTH DEPARTMENT, MADISON COUNTY HEALTH DEPARTMENT, MONTGOMERY COUNTY HEALTH DEPARTMENT AND BOURBON COUNTY HEALTH DEPARTMENT SAINT JOSEPH EAST THERE ARE A LARGE NUMBER OF HOSPITALS IN SAINT JOSEPH EAST'S SERVICE AREA WITH 1,975 LICENSED ACUTE CARE BEDS, 31 PSYCHIATRIC BEDS, 56 NEO-NATAL LEVEL II BEDS AND 58 NEO-NATAL LEVEL III BEDS THE KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES REPORTS TWO AMBULATORY CARE CLINICS WITHIN SAINT JOSEPH EAST'S SERVICE AREA (CONTINUED)</p>
COMMUNITY INFORMATION CONTINUED	SCHEDULE H, PART VI, LINE 4	<p>THERE ARE LICENSED FACILITIES OTHER THAN HOSPITALS AND AMBULATORY CARE CLINICS IN THE LEXINGTON-FAYETTE METRO AREA THESE FACILITIES INCLUDE HOME HEALTH, HOSPICE, ADULT DAY CARE, AMBULATORY SURGERY CENTERS, REHABILITATION AGENCIES AND PRIVATE DUTY NURSING PROVIDERS THERE ARE SEVERAL COUNTY HEALTH DEPARTMENTS LOCATED WITHIN SAINT JOSEPH EAST'S CHNA COMMUNITY LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT (LFCHE), JESSAMINE COUNTY HEALTH DEPARTMENT, CLARK COUNTY HEALTH DEPARTMENT AND MADISON COUNTY HEALTH DEPARTMENT SAINT JOSEPH EAST HAS RELIED ON INFORMATION PROVIDED BY THE LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT SINCE A LARGE PERCENTAGE OF THE HOSPITAL'S DISCHARGES ORIGINATE IN LEXINGTON-FAYETTE METRO AREA SAINT JOSEPH BEREA THE FOLLOWING DESCRIBES THE AVAILABILITY OF HEALTH CARE RESOURCES TO THE RESIDENTS OF SAINT JOSEPH BEREA'S SERVICE AREA HOSPITALS MADISON COUNTY HAS ONE OTHER HOSPITAL BESIDES SAINT JOSEPH BEREA BAPTIST HEALTH (FORMERLY PATTY A CLAY) IS LOCATED IN RICHMOND, 14 MILES NORTH OF BEREA A THIRD HOSPITAL IN THE AREA IS ROCKCASTLE REGIONAL, IN ROCKCASTLE COUNTY THERE ARE SEVERAL AVAILABLE AMBULATORY CARE CENTERS AND THE MAJORITY ARE IN FAYETTE COUNTY OTHER LICENSED FACILITIES THERE ARE LICENSED SERVICES OTHER THAN HOSPITALS AND AMBULATORY CARE CLINICS IN MADISON COUNTY THESE INCLUDE HOME HEALTH, HOSPICE, ADULT DAY CARE, AMBULATORY SURGERY CENTERS, REHABILITATION AGENCIES AND PRIVATE DUTY NURSING PROVIDERS HEALTH DEPARTMENTS MADISON COUNTY HEALTH DEPARTMENT IS THE ONLY HEALTH DEPARTMENT IN MADISON COUNTY TWO OFFICES, ONE IN RICHMOND AND ONE IN BEREA SAINT JOSEPH BEREA HAS A VERY GOOD COLLABORATIVE RELATIONSHIP WITH THEM, ESPECIALLY THE OFFICE IN BEREA SAINT JOSEPH LONDON SAINT JOSEPH LONDON IS THE ONLY HOSPITAL IN LAUREL COUNTY IT IS A 120 BED, ACUTE CARE, PRIVATE, NON-PROFIT HOSPITAL (KENTUCKY BOARD OF MEDICAL LICENSURE, KENTUCKY BOARD OF DENTISTRY, KENTUCKY BOARD OF NURSING, AND KENTUCKY BOARD OF PHARMACY) REPORTED 60 PRIMARY PHYSICIANS, AND 40 DENTISTS PER 100,000 POPULATION IN LAUREL COUNTY A HOSPITAL IS LOCATED IN FOUR OF THE SEVEN COUNTIES SURROUNDING LAUREL COUNTY IN PULASKI COUNTY, CUMBERLAND REGIONAL MEDICAL CENTER (33 MILES TO THE WEST), ROCKCASTLE COUNTY ROCKCASTLE REGIONAL HOSPITAL AND RESPIRATORY CARE CENTER, AN INPATIENT, OUTPATIENT FACILITY - THE ONLY FACILITY IN KENTUCKY THAT SPECIALIZES IN CARING FOR VENTILATOR-DEPENDENT ADULTS &amp; CHILDREN (APPROXIMATELY 20 MILES NORTH OF LONDON) CLAY COUNTY IS NORTHEAST OF LONDON HOME TO MANCHESTER MEMORIAL HOSPITAL (APPROXIMATELY 20 MILES FROM LONDON ) BAPTIST REGIONAL MEDICAL CENTER IS LOCATED IN COBBIN (WHITLEY COUNTY) APPROXIMATELY 15 MILES SOUTH OF LONDON CLAY AND KNOX COUNTIES ARE DESIGNATED BY THE FEDERAL GOVERNMENT AS MEDICALLY UNDERSERVED AND HEALTH PROFESSIONAL SHORTAGE AREAS SAINT JOSEPH MARTIN FLOYD COUNTY IS NOT CONSIDERED A MEDICALLY UNDERSERVED AREA, HOWEVER, ADJOINING KNOTT COUNTY IS CONSIDERED MEDICALLY UNDERSERVED KNOTT COUNTY IS SAINT JOSEPH MARTIN'S SECOND LARGEST SERVICE AREA THERE ARE THREE HOSPITALS IN FLOYD COUNTY, HIGHLANDS REGIONAL MEDICAL CENTER, PRESTONSBURG, KY - 184 BEDS, 50 ACTIVE PHYSICIANS AND TWO CLINICS IN FLOYD COUNTY, MCDOWELL, KY APPALACHIAN REGIONAL HOSPITAL, MCDOWELL, KY - 25 BEDS, 77 ACTIVE PHYSICIANS AND THREE CLINICS, AND, SAINT JOSEPH MARTIN - 25 BEDS, 22 ACTIVE PHYSICIANS AND FOUR RURAL HEALTH CLINICS HIGHLANDS REGIONAL MEDICAL CENTER AND MCDOWELL APPALACHIAN REGIONAL HOSPITAL OPERATE HOME HEALTH SERVICES THERE IS ONE HEALTH DEPARTMENT IN FLOYD COUNTY LOCATED IN PRESTONSBURG, KY, HOWEVER, THERE ARE SATELLITE CLINICS IN WHEELWRIGHT AND BETSY LAYNE AREAS BIG SANDY HEALTH CARE (BSHC), A FEDERALLY QUALIFIED HEALTH CENTER, HAS BEEN IN OPERATION SINCE 1974 AND OPERATES TWO MEDICAL CLINICS IN FLOYD COUNTY ALSO BSHC OPERATES CLINICS IN PIKE, MAGOFFIN AND MARTIN COUNTIES OF THE BIG SANDY AREA DISTRICT SAINT JOSEPH MOUNT STERLING HEALTH CARE RESOURCES TO THE RESIDENTS OF SAINT JOSEPH MOUNT STERLING'S SERVICE AREA ARE AS FOLLOWS SAINT JOSEPH MOUNT STERLING, LOCATED IN MONTGOMERY COUNTY, IS THE ONLY HOSPITAL IN THE FOUR COUNTY PRIMARY SERVICE AREA IT HAS 42 LICENSED ACUTE CARE BEDS CLARK REGIONAL MEDICAL CENTER IN WINCHESTER, CLARK COUNTY IS LOCATED JUST TO THE WEST OF MONTGOMERY COUNTY AND SAINT CLAIRE MEDICAL CENTER IN MOREHEAD, ROWAN COUNTY, IS LOCATED JUST TO THE EAST OF BATH COUNTY THE KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES REPORTS 20 AMBULATORY CARE CLINICS IN KENTUCKY BUT THERE ARE NONE WITHIN SAINT JOSEPH MOUNT STERLING'S PSA THERE ARE LICENSED FACILITIES OTHER THAN HOSPITALS IN MONTGOMERY, BATH, MENIFEE, AND POWELL COUNTIES STERLING HEALTH SOLUTIONS, A FQHC, WAS RECENTLY OPENED (FALL, 2012) IN MOUNT STERLING TO PROVIDE SERVICE TO MONTGOMERY, MENIFEE AND BATH COUNTIES BATH FAMILY HEALTH, AFFILIATED WITH SAINT JOSEPH MOUNT STERLING, IS LOCATED IN OWINGSVILLE, BATH COUNTY, AND SAINT JOSEPH PRIMARY CARE CLINIC, AFFILIATED WITH KENTUCKY ONE HEALTH IS LOCATED IN CLAY CITY IN POWELL COUNTY THE "POST" CLINIC IN MOUNT STERLING SERVES THE WORKING POOR IN MOUNT STERLING OTHER FACILITIES INCLUDE HOME HEALTH, HOSPICE, ADULT DAY CARE, REHABILITATION AGENCIES AND PRIVATE DUTY NURSING PROVIDERS ACCORDING TO THE KENTUCKY BOARD OF MEDICAL LICENSURE AND THE KENTUCKY BOARD OF DENTISTRY, ALL COUNTIES RANK SIGNIFICANTLY LOWER THAN THE STATE AVERAGE OF PRIMARY CARE PHYSICIANS, SPECIALIST PHYSICIANS AND DENTISTS THERE ARE SEVERAL COUNTY HEALTH DEPARTMENTS LOCATED WITHIN SAINT JOSEPH MOUNT STERLING'S CHNA COMMUNITY MONTGOMERY COUNTY HEALTH DEPARTMENT AS WELL AS THE GATEWAY DISTRICT HEALTH DEPARTMENT (WHICH INCLUDES BATH AND MENIFEE COUNTIES ALONG WITH TWO OTHERS) AS STATED EARLIER, SAINT JOSEPH MOUNT STERLING COLLABORATED WITH THE MONTGOMERY COUNTY HEALTH DEPARTMENT TO CONDUCT ITS COMMUNITY HEALTH NEEDS ASSESSMENT AS THE MAJORITY OF INPATIENTS ORIGINATE IN MONTGOMERY COUNTY MONTGOMERY COUNTY HEALTH DEPARTMENT'S (MCHD) 34 MEMBER STAFF IS MADE UP OF PUBLIC HEALTH NURSES, HEALTH EDUCATORS, COMMUNITY OUTREACH WORKERS, AND OTHER PUBLIC HEALTH PROFESSIONALS, ALL OF WHICH ARE COMMITTED TO PROTECTING AND IMPROVING HEALTH IN MONTGOMERY COUNTY MONTGOMERY COUNTY HEALTH DEPARTMENT OPERATES CLINICAL AND EDUCATIONAL PROGRAMS FOR COMMUNITY MEMBERS REGARDLESS OF THEIR ABILITY TO PAY SOME SERVICES ARE PROVIDED TO CLIENTS REGARDLESS OF THEIR COUNTY OF RESIDENCE NON-RESIDENT CLIENTS REQUIRING EXPANDED SERVICES, SUCH AS TB TREATMENT AND FOLLOW-UP, MAY BE REFERRED TO THEIR HOME COUNTY FOR ONGOING CARE, AS INDICATED ALTHOUGH MONTGOMERY COUNTY HEALTH DEPARTMENT PROVIDES LIMITED FAMILY PLANNING SERVICES AND DOES NOT PROVIDE DIRECT PRENATAL OR PRIMARY CARE SERVICES, THE DEPARTMENT PARTNERS WITH EXPERTS IN THE FIELD TO ASSURE ACCESS TO THESE SERVICES FOR THE WHOLE COMMUNITY THE DEPARTMENT'S PRIMARY PARTNER AGENCIES INCLUDE SAINT JOSEPH MOUNT STERLING HOSPITAL, STERLING HEALTH SOLUTIONS, INC., (A FEDERALLY QUALIFIED HEALTHCARE CENTER) AND OTHER COMMUNITY HEALTH CARE PROVIDERS NON-TRADITIONAL PARTNERS INCLUDE MONTGOMERY COUNTY SCHOOLS, CHAMBER OF COMMERCE, AND COOPERATIVE EXTENSION THE DEPARTMENT ALSO WORKS WITH COMMUNITY PARTNERS TO PLAN AND PREPARE TO RESPOND TO PUBLIC HEALTH DISASTERS AND EMERGENCIES AND STANDS READY TO IMPLEMENT MASS VACCINATION IN RESPONSE TO INFECTIOUS DISEASE OUTBREAKS</p>

Identifier	ReturnReference	Explanation
Promotion of community health	Schedule H, Part VI, Line 5	<p>SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST, SAINT JOSEPH BEREAS, SAINT JOSEPH LONDON, SAINT JOSEPH MARTIN AND SAINT JOSEPH MOUNT STERLING COLLABORATE WITH AN ORGANIZATION CALLED SUPPLIES OVER SEAS (SOS) WHOSE MISSION IS TO RECOVER USABLE MEDICAL SUPPLIES AND SHIP THEM TO THIRD-WORLD COUNTRIES. KENTUCKYONE HEALTH HOSPITALS JOINED THE EFFORT TO HELP IMPROVE HEALTH HERE AND ABROAD. TO COLLECT AS MANY SUPPLIES AS POSSIBLE, BINS ARE PLACED THROUGHOUT THE HOSPITALS IN HIGH-TRAFFIC AREAS SUCH AS SURGERY. FOR EXAMPLE, WHEN A SURGERY PACK IS OPENED AND ONLY A PORTION OF THE ITEMS ARE USED, THE UNUSED SUPPLIES ARE PLACED IN A BIN FOR REDISTRIBUTION INSTEAD OF BEING THROWN AWAY. OWENS MINOR, A HOSPITAL SUPPLY COMPANY, SHIPS SUPPLIES DONATED BY OUR HOSPITALS AT NO COST ACROSS KENTUCKY TO LOUISVILLE WHERE SOS IS HEADQUARTERED. SOS VOLUNTEERS SORT AND REPACKAGE USABLE SUPPLIES AND SEND THEM TO DEVELOPING COUNTRIES THAT LACK MODERN MEDICAL FACILITIES. BY REDISTRIBUTING MEDICAL SUPPLIES, WE ARE HELPING TO CREATE HEALTHIER COMMUNITIES WORLDWIDE. WE ARE ALSO REDUCING OUR CARBON FOOTPRINT BY KEEPING THESE MATERIALS OUT OF LANDFILLS. TO DATE, SOS HAS SHIPPED SUPPLIES TO 90 COUNTRIES AND KENTUCKYONE HEALTH HAS SUPPORTED THIS EFFORT BY DONATING NEARLY 13,500 POUNDS OF SUPPLIES IN 2012.</p>
Affiliated health care system	Schedule H, Part VI, Line 6	<p>SAINT JOSEPH HEALTH SYSTEM INC, ALONG WITH ITS AFFILIATED OUTPATIENT FACILITIES ARE PART OF CATHOLIC HEALTH INITIATIVES. CATHOLIC HEALTH INITIATIVES (CHI) IS A NATIONAL FAITH-BASED NONPROFIT HEALTH CARE ORGANIZATION WITH HEADQUARTERS IN ENGLEWOOD, COLORADO. CHI'S EXEMPT PURPOSE IS TO SERVE AS AN INTEGRAL PART OF ITS NATIONAL SYSTEM OF HOSPITALS AND OTHER CHARITABLE ENTITIES, WHICH ARE DESCRIBED AS MARKET-BASED ORGANIZATIONS, OR MBOS. AN MBO IS A DIRECT PROVIDER OF CARE OR SERVICES WITHIN A DEFINED MARKET AREA THAT MAY BE AN INTEGRATED HEALTH SYSTEM AND/OR A STAND-ALONE HOSPITAL OR OTHER FACILITY OR SERVICE PROVIDER. CHI SERVES AS THE PARENT CORPORATION OF ITS MBOS WHICH ARE COMPRISED OF 73 HOSPITALS, 40 LONG-TERM CARE, ASSISTED- AND RESIDENTIAL-LIVING FACILITIES, TWO COMMUNITY HEALTH-SERVICES ORGANIZATIONS, TWO ACCREDITED NURSING COLLEGES, AND HOME HEALTH AGENCIES. TOGETHER, THESE FACILITIES PROVIDED \$762 MILLION IN CHARITY CARE AND COMMUNITY BENEFIT IN THE 2013 FISCAL YEAR, INCLUDING SERVICES FOR THE POOR, FREE CLINICS, EDUCATION AND RESEARCH. CHI PROVIDES STRATEGIC PLANNING AND MANAGEMENT SERVICES AS WELL AS CENTRALIZED "SHARED SERVICES" FOR THE MBOS. THE PROVISION OF CENTRALIZED MANAGEMENT AND SHARED SERVICES - INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN -- PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE MBOS.</p>

Identifier	ReturnReference	Explanation
State filing of community benefit report	Schedule H, Part VI, Line 7	KY

**Schedule I  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**  
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047  
**2012**  
**Open to Public  
Inspection**

Name of the organization  
SAINT JOSEPH HEALTH SYSTEM INC

Employer identification number  
61-1334601

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	8,750				GO RED SPONSORSHIP
(2) COMMERCE LEXINGTON PO BOX 1968 LEXINGTON, KY 40588	61-0258800	501(C)(3)	8,250				SPONSORSHIP
(3) KENTUCKY BLOOD CENTER 3121 BEAUMONT CENTER CIRCLE LEXINGTON, KY 40513	61-6058138	501(C)(3)	30,000				CAPITAL CAMPAIGN
(4) LEXINGTON STRIDES AHEAD 330 EAST MAIN STREET LEXINGTON, KY 40507	61-1322448	501(C)(3)	10,000				ECONOMIC DEVELOPMENT
(5) MARCH OF DIMES 207 EAST REYNOLDS ROAD LEXINGTON, KY 40517	13-1846366	501(C)(3)	6,500				SPONSORSHIP
(6) SAINT JOSEPH HOSPITAL FOUNDATION ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504	61-1159649	501(C)(3)	7,600				SPONSORSHIP
(7) THE LYRIC THEATRE 300 EAST THIRD STREET LEXINGTON, KY 40508	27-2608879	501(C)(3)	25,000				SPONSORSHIP
(8) SAINT JOSEPH MEDICAL FOUNDATION 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202	31-1539059	510(C)(3)	142,820				PROGRAM SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 8

**3** Enter total number of other organizations listed in the line 1 table . . . . . 0

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	GRANTS AND REQUESTS FOR CONTRIBUTIONS ARE ADMINISTERED BY THE CEO AND VP OF MISSION INTEGRATION ALL GRANT EXPENDITURES REQUIRE THE SAME APPROVAL AS NON-GRANT EXPENDITURES THROUGH THE ACCOUNTS PAYABLE MATRIX

**Software ID:** 12000266  
**Software Version:** v2012.1.0  
**EIN:** 61-1334601  
**Name:** SAINT JOSEPH HEALTH SYSTEM INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	8,750				GO RED SPONSORSHIP
COMMERCE LEXINGTON PO BOX 1968 LEXINGTON, KY 40588	61-0258800	501(C)(3)	8,250				SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KENTUCKY BLOOD CENTER 3121 BEAUMONT CENTER CIRCLE LEXINGTON, KY 40513	61-6058138	501(C)(3)	30,000				CAPITAL CAMPAIGN
LEXINGTON STRIDES AHEAD330 EAST MAIN STREET LEXINGTON, KY 40507	61-1322448	501(C)(3)	10,000				ECONOMIC DEVELOPMENT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARCH OF DIMES 207 EAST REYNOLDS ROAD LEXINGTON, KY 40517	13-1846366	501(C)(3)	6,500				SPONSORSHIP
SAINT JOSEPH HOSPITAL FOUNDATION ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504	61-1159649	501(C)(3)	7,600				SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE LYRIC THEATRE300 EAST THIRD STREET LEXINGTON, KY 40508	27-2608879	501(C)(3)	25,000				SPONSORSHIP
SAINT JOSEPH MEDICAL FOUNDATION200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202	31-1539059	510(C)(3)	142,820				PROGRAM SUPPORT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAINT JOSEPH HEALTH SYSTEM INC

Employer identification number

61-1334601

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>	Yes	
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHODS USED TO ESTABLISH CEO COMPENSATION	SCHEDULE J, PART I, LINE 3	COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION. CHI USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION: (1) COMPENSATION COMMITTEE, (2) INDEPENDENT COMPENSATION CONSULTANT, (3) WRITTEN EMPLOYMENT CONTRACTS, (4) COMPENSATION SURVEY OR STUDY, (5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
Severance or change-of-control payment	Schedule J, Part I, Line 4a	SAINT JOSEPH HEALTH SYSTEM, INC.'S SEVERANCE MAY BE OFFERED TO REGULAR FULL-TIME OR PART-TIME EMPLOYEES BASED ON YEARS OF SERVICE AND SCHEDULED HOURS. TO BE ELIGIBLE FOR SEVERANCE, AN EMPLOYEE MUST STAY WITH THE ORGANIZATION THROUGH THE END OF THE ANNOUNCED SEPARATION DATE AND NOT ACCEPT ANOTHER REGULAR FULL-TIME OR PART-TIME POSITION WITHIN THE ORGANIZATION. AN EMPLOYEE WILL NOT BE ELIGIBLE FOR SEVERANCE IF HE OR SHE SEPARATES FROM THE ORGANIZATION DUE TO PERFORMANCE ISSUES PRIOR TO THE JOB ELIMINATION DATE. MANAGEMENT HAS THE RIGHT TO CHANGE SEVERANCE PAY AMOUNTS AT ANY TIME AS BUSINESS NEEDS CHANGE. THE SEVERANCE PERIOD WILL IMMEDIATELY FOLLOW TERMINATION OF EMPLOYMENT. EMPLOYEES MUST SIGN A VALID AND COMPLETE WAIVER OF ALL CLAIMS PRIOR TO COMMENCEMENT OF SEVERANCE PAY. IN ADDITION, POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES ("CHI") AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE MBO CEOS. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE. THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM CATHOLIC HEALTH INITIATIVES (A RELATED ORGANIZATION) DURING THE 2012 CALENDAR YEAR, AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE COMPENSATION ON SCHEDULE J: EDWARD CARTHEW \$115,841; VIRGINIA DEMPSEY \$34,512; GARY ERMERS \$152,350; PEGGY GREEN \$72,934; KEN HAYNES \$203,931; MARK STREETY \$112,486; CARLA WALTER \$53,308. POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR JEWISH HOSPITAL AND ST. MARY'S HEALTHCARE ("JHSMH") AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE. THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM JHSMH (A RELATED ORGANIZATION) DURING THE 2012 CALENDAR YEAR, AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE COMPENSATION ON SCHEDULE J: RONALD FARR -\$7,881.
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	DURING THE 2012 CALENDAR YEAR, CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN: MELVIN ALEXANDER, EDWARD CARTHEW, VIRGINIA DEMPSEY, PAUL EDGETT, GARY ERMERS, GREG GERARD, ERIC GILLIAM, KEN HAYNES, BRUCE KLOCKARS, BENNY NOLEN, TANJA OQUENDO, MICHAEL ROWAN, JOHN SMITHHISLER, MARK STREETY, KATHY STUMBO, DANIEL VARGA, BEVERLY WEBER AND RUTH WILLIAMS - BRINKLEY. DURING 2012, THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN: MELVIN ALEXANDER \$3,825; PAUL EDGETT \$36,619; GARY ERMERS \$20,102; GREG GERARD \$16,457; KEN HAYNES \$19,088; BENNY NOLEN \$15,751; TANJA OQUENDO \$1,546; MICHAEL ROWAN \$177,916; MARK STREETY \$14,217; KATHY STUMBO \$16,560; DANIEL VARGA \$36,719; RUTH WILLIAMS-BRINKLEY \$103,125. DURING 2012, THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN: EDWARD CARTHEW \$20,882; VIRGINIA DEMPSEY \$13,542; PAUL EDGETT \$57,444; GARY ERMERS \$32,217; GREG GERARD \$19,189; KEN HAYNES \$35,703; TANJA OQUENDO \$9,233; MICHAEL ROWAN \$150,422; MARK STREETY \$25,142; KATHY STUMBO \$30,074; DANIEL VARGA \$36,064. DUE TO THE "SUPER" VESTING RULES UNDER THE CHI DEFERRED COMPENSATION PLAN, PARTICIPANTS WHO HAVE MET CERTAIN REQUIREMENTS SUCH AS TERMINATION, AGE, OR YEARS OF SERVICE ARE ELIGIBLE TO RECEIVE THEIR 2012 CONTRIBUTIONS IN CASH. THESE CASH PAYOUTS ARE INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (III) OTHER REPORTABLE COMPENSATION ON SCHEDULE J PART II. DURING 2012, THE FOLLOWING CONTRIBUTIONS THAT WOULD HAVE BEEN MADE BY CHI TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH: VIRGINIA DEMPSEY \$23,206; BRUCE KLOCKARS \$38,453. DURING THE 2012 CALENDAR YEAR, JEWISH HOSPITAL AND ST. MARY'S HEALTHCARE ("JHSMH"), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN: RONALD FARR. DURING 2012, THE FOLLOWING CONTRIBUTIONS WERE MADE BY JHSMH TO THE DEFERRED COMPENSATION PLAN: RONALD FARR -\$75,000. DURING 2012, THE DEFERRED COMPENSATION PLANS FULLY VESTED AND WERE INCLUDED AS COMPENSATION IN THE 2012 FORM W-2 FOR THE FOLLOWING INDIVIDUALS. THE AMOUNTS REPORTED BELOW ARE THE AMOUNTS INCLUDED IN 2012 INCOME AND NOT NECESSARILY THE AMOUNT DISTRIBUTED DURING 2012 FROM THE COMPENSATION PLAN: RONALD FARR -\$364,263.
Compensation contingent on revenues of the organization	Schedule J, Part I, Line 5a	REPORTABLE PHYSICIANS RECEIVE INCENTIVE COMPENSATION BASED ON "GROSS PROFESSIONAL REVENUE." "GROSS PROFESSIONAL REVENUE" WAS NOT DETERMINED WITH REFERENCE TO ORGANIZATIONAL GROSS REVENUE OR ORGANIZATIONAL "GROSS INCOME." RATHER, AMOUNTS WERE DETERMINED BASED UPON THE PHYSICIAN'S INDIVIDUAL CONTRIBUTION COMPUTED AS PHYSICIANS PERSONALLY PERFORMED PROFESSIONAL SERVICES (FOR SERVICES RENDERED BY THE PHYSICIAN TO PATIENTS PERSONALLY) LESS SOME SPECIFICALLY STATED PHYSICIAN REVENUE AND REFUNDS.
Non-fixed payments	Schedule J, Part I, Line 7	SJHS HAS AN INCENTIVE PLAN FOR EMPLOYED PHYSICIANS. THE PLAN IS BASED ON A COMBINATION OF PHYSICIAN PRODUCTIVITY, QUALITY, AND PATIENT SATISFACTION GOALS.

**Software ID:** 12000266  
**Software Version:** v2012.1.0  
**EIN:** 61-1334601  
**Name:** SAINT JOSEPH HEALTH SYSTEM INC

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BENNY NOLEN	(i) 173,809 (ii) 0	6,000 0	24,870 0	29,535 0	12,429 0	246,643 0	0 0
BEV WEBER	(i) 509,625 (ii) 0	0 0	16,467 0	20,596 0	9,800 0	556,488 0	0 0
BRUCE KLOCKARS	(i) 0 (ii) 431,476	0 61,455	0 71,784	0 30,596	0 14,053	0 609,364	0 0
CARLA WALTER	(i) 0 (ii) 104,485	0 48,113	0 80,930	0 24,000	0 12,872	0 270,400	0 0
CARMEL JONES	(i) 204,607 (ii) 0	17,860 0	524 0	25,073 0	18,818 0	266,882 0	0 0
CHRISTINE MAYS	(i) 280,905 (ii) 0	20,000 0	1,570 0	33,096 0	13,151 0	348,722 0	0 0
CHRISTY SPITSER	(i) 146,669 (ii) 0	14,341 0	3,354 0	15,808 0	19,242 0	199,414 0	0 0
DANIEL VARGA	(i) 490,529 (ii) 0	65,799 0	51,590 0	57,315 0	19,581 0	684,814 0	36,064 0
EDWARD CARTHEW	(i) 123,179 (ii) 0	24,095 0	171,423 0	23,096 0	10,917 0	352,710 0	20,882 0
ELISEO COLON	(i) 12,168 (ii) 340,017	0 132,798	0 11,789	0 20,596	0 20,748	12,168 525,948	0 0
ERIC GILLIAM	(i) 187,696 (ii) 0	0 0	510 0	20,907 0	19,406 0	228,519 0	0 0
GARY ERMERS	(i) 248,822 (ii) 0	38,290 0	272,704 0	48,198 0	20,439 0	628,453 0	32,217 0
GREG GERARD	(i) 179,603 (ii) 0	22,601 0	28,926 0	32,688 0	13,083 0	276,901 0	19,189 0
JEFFREY MILAM	(i) 522,329 (ii) 0	0 0	1,932 0	20,596 0	15,260 0	560,117 0	0 0
JOHN SMITHHISLER	(i) 229,625 (ii) 0	0 0	21,708 0	0 0	2,498 0	253,831 0	0 0
KATHY STUMBO	(i) 178,888 (ii) 0	25,469 0	40,010 0	39,608 0	20,070 0	304,045 0	30,074 0
KEN HAYNES	(i) 211,308 (ii) 0	0 0	271,690 0	44,684 0	20,424 0	548,106 0	35,703 0
MARK STREETY	(i) 154,213 (ii) 0	27,080 0	162,529 0	47,313 0	10,427 0	401,562 0	25,142 0
MELINDA EVANS	(i) 221,247 (ii) 0	22,063 0	669 0	20,047 0	6,956 0	270,982 0	0 0
MICHAEL ROWAN FACHE	(i) 0 (ii) 1,010,071	0 468,458	0 173,838	0 201,012	0 19,541	0 1,872,920	0 150,422

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MUNAWAR SIDDIQI	(i)	67,555	0	0	20,596	325	88,476	0
	(ii)	374,577	194,633	1,932				
PAUL EDGETT	(i)	0	0	0	0	0	0	0
	(ii)	440,982	214,258	79,137				
PEGGY GREEN	(i)	124,682	5,000	88,310	19,709	6,803	244,504	0
	(ii)	0	0	0				
ROBERT BROCK	(i)	217,360	29,384	1,214	25,583	6,888	280,429	0
	(ii)	0	0	0				
RON FARR	(i)	0	0	0	0	0	0	0
	(ii)	437,424	5,000	360,090				
RUTH WILLIAMS BRINKLEY	(i)	0	0	0	0	0	0	0
	(ii)	816,304	90,508	87,605				
SATHYENDRA MYSORE	(i)	575,295	0	1,260	23,096	20,416	620,067	0
	(ii)	0	0	0				
SHARON HAGER	(i)	0	0	0	0	0	0	0
	(ii)	289,225	73,384	20,465				
STEVE LIN	(i)	10,802	0	0	0	0	10,802	0
	(ii)	404,852	449,201	1,285				
TANJA OQUENDO	(i)	224,847	0	101,975	22,142	11,924	360,888	9,233
	(ii)	59,216	15,563	177				
VIRGINIA DEMPSEY	(i)	267,985	0	148,625	23,096	14,446	454,152	13,542
	(ii)	0	0	0				

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization  
SAINT JOSEPH HEALTH SYSTEM INC

**Employer identification number**

61-1334601

Identifier	Return Reference	Explanation
New program services	Form 990, Part III, Line 2	DURING FISCAL YEAR 2013, SAINT JOSEPH HEALTH SYSTEM, INC HAD THE FOLLOWING PROGRAM SERVICES ADDED * SAINT JOSEPH LEXINGTON PURCHASED RICHMOND OPEN MRI IN NOVEMBER 2012 THE FACILITY BECAME SAINT JOSEPH OUTPATIENT CARE CENTER RICHMOND * SAINT JOSEPH LEXINGTON OPENED SAINT JOSEPH OUTPATIENT CARE CENTER - TATES CREEK IN DECEMBER 2012 * SAINT JOSEPH LONDON OPENED THE CORBIN CANCER CENTER IN FEBRUARY 2013 * SAINT JOSEPH LONDON OPENED THE CARDIAC CARE CENTER IN NOVEMBER 2012

Identifier	Return Reference	Explanation
Delegate broad authority to a committee	Form 990, Part VI, Section A, Line 1a	PURSUANT TO SECTION 7 1 OF THE BYLAWS OF SAINT JOSEPH HEALTH SYSTEM, INC , THE BOARD OF DIRECTORS MAY SET THE QUALIFICATIONS FOR MEMBERSHIP ON ANY COMMITTEE IT MAY ESTABLISH, PROVIDED THAT EACH COMMITTEE SHALL CONSIST OF AT LEAST TWO (2) DIRECTORS OF THE CORPORATION COMMITTEES MAY INCLUDE PERSONS OTHER THAN DIRECTORS, EXCEPT THAT A COMMITTEE THAT HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS MUST INCLUDE ONLY DIRECTORS OF THE CORPORATION MINUTES OF ALL COMMITTEE MEETINGS SHALL BE RECORDED AND COPIES OF SUCH MINUTES SHALL BE PROVIDED TO THE BOARD OF DIRECTORS ACTIONS OF COMMITTEES SHALL BE REPORTED TO THE FULL BOARD OF DIRECTORS, BUT ACTIONS OF COMMITTEES WHICH INCLUDE PERSONS OTHER THAN DIRECTORS SHALL BE SUBJECT TO RATIFICATION BY THE FULL BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	ACCORDING TO THE BYLAWS OF SAINT JOSEPH HEALTH SYSTEM, INC , THE ENTITY'S SOLE MEMBER IS KENTUCKY ONE HEALTH, INC , A KENTUCKY NONPROFIT CORPORATION

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS SHALL BE APPOINTED OR REFUSED BY THE CORPORATE MEMBER THE CORPORATE MEMBER MAY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS, AND MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION

Identifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	SAINT JOSEPH HEALTH SYSTEM, INC 'S (SJHS) CORPORATE MEMBER IS KENTUCKY ONE HEALTH, INC PURSUANT TO SECTION 4 4 1 OF THE ORGANIZATION'S BY LAWS, NEITHER THE BOARD NOR ANY OFFICER OR EMPLOYEE OF THE CORPORATION NOR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION SHALL TAKE ANY ACTION EITHER IN CONTRADICTION OF ANY OF THE FOREGOING POWERS, OR WITHOUT FIRST HAVING SECURED THE NECESSARY APPROVALS OR GIVEN THE APPROPRIATE NOTIFICATIONS AS MAY BE REQUIRED BY THESE BY LAWS IN ADDITION, PURSUANT TO SECTION 4 4 2 OF THE ORGANIZATION'S BY LAWS, IN EXERCISE OF ITS APPROVAL POWERS, THE CORPORATE MEMBER MAY GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT OF THE CORPORATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	ONCE THE RETURN IS PREPARED, THE RETURN IS REVIEWED BY THE INTERIM CFO AND AN ELECTRONIC COPY IS PROVIDED TO EACH MEMBER OF THE BOARD AFTER THE RETURN IS REVIEWED BY THE INTERIM CFO, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NONSUBSTANTIVE CHANGES NECESSARY THAT EFFECT E-FILING ANY SUCH CHANGES ARE NOT RESUBMITTED TO THE BOARD SUBSEQUENT TO THE RETURN BEING FILED, THE PRESIDENT/CEO OF KENTUCKY ONE HEALTH, INC , THE SOLE MEMBER OF THE ORGANIZATION, PRESENTS THE RETURN AT A SAINT JOSEPH HEALTH SYSTEM, INC BOARD MEETING

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	<p>EACH DIRECTOR MUST PROMPTLY AND FULLY REPORT TO THE BOARD CHAIR SITUATIONS THAT MAY CREATE A CONFLICT OF INTEREST WHEN HE OR SHE BECOMES AWARE OF SUCH SITUATIONS. IN THE CASE OF AN OFFICER, DISCLOSURE MUST BE MADE TO THE CORPORATION'S CEO WHO WILL REPORT SUCH DISCLOSURE TO THE BOARD CHAIR. IN ANY SITUATION WHEN A DIRECTOR OR OFFICER IS IN DOUBT, FULL DISCLOSURE SHOULD BE MADE SO AS TO PERMIT AN IMPARTIAL AND OBJECTIVE DETERMINATION. A WRITTEN RECORD OF THE DISCLOSURE WILL BE MADE. IN ADDITION TO THE ONGOING DISCLOSURE OBLIGATION, THE CORPORATION'S CHIEF EXECUTIVE OFFICER SHALL ANNUALLY SEND TO ALL DIRECTORS AND OFFICERS A COPY OF THIS POLICY AND THE CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE DIRECTORS AND OFFICERS MUST PROMPTLY COMPLETE, SIGN, AND RETURN THE STATEMENT TO THE CORPORATION'S CHIEF EXECUTIVE OFFICER. THE COMPLETED STATEMENTS WILL BE REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND THE BOARD CHAIR. THE BOARD CHAIR OR DESIGNEE SHALL MAKE SUCH FURTHER INVESTIGATION OF ANY CONFLICT OF INTEREST DISCLOSURES AS HE OR SHE MAY DEEM APPROPRIATE. IF THE CONFLICT INVOLVES THE BOARD CHAIR, THE VICE CHAIR WILL ASSUME THE CHAIR'S ROLE OUTLINED IN THIS POLICY. BASED ON REVIEW AND EVALUATION OF THE RELEVANT FACTS AND CIRCUMSTANCES, THE BOARD CHAIR WILL MAKE AN INITIAL DETERMINATION AS TO WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER, PURSUANT TO THIS POLICY, REVIEW AND APPROVAL OR OTHER ACTION BY THE BOARD OF DIRECTORS IS REQUIRED. A WRITTEN RECORD OF THE BOARD CHAIR'S DETERMINATION, INCLUDING RELEVANT FACTS AND CIRCUMSTANCES, WILL BE MADE. THE BOARD CHAIR SHALL THEN MAKE AN APPROPRIATE REPORT TO THE EXECUTIVE COMMITTEE OF THE BOARD CONCERNING SUCH REVIEW, EVALUATION AND DETERMINATION. IF A DIFFERENCE OF OPINION EXISTS BETWEEN THE BOARD CHAIR AND ANOTHER DIRECTOR AS TO WHETHER THE FACTS AND CIRCUMSTANCES OF A GIVEN SITUATION CONSTITUTE A CONFLICT OF INTEREST OR WHETHER BOARD OF DIRECTORS REVIEW AND APPROVAL OR OTHER ACTION IS REQUIRED WITHIN THIS POLICY, THE MATTER SHALL BE SUBMITTED TO THE BOARD'S EXECUTIVE COMMITTEE, WHICH SHALL MAKE A FINAL DETERMINATION AS TO THE MATTER PRESENTED. SUCH DETERMINATION, INCLUDING RELEVANT FACTS AND CIRCUMSTANCES, WILL BE REFLECTED IN THE COMMITTEE MINUTES AND WILL BE REPORTED TO THE BOARD OF DIRECTORS.</p>

Identifier	Return Reference	Explanation
PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	FORM 990, PART VI, LINE 15A	<p>THE ORGANIZATION'S CEO'S COMPENSATION IS PAID BY CHI. CHI HAS A DEFINED COMPENSATION PHILOSOPHY. BOTH THE EXECUTIVE AND NON-EXECUTIVE COMPENSATION STRUCTURES AND RANGES ARE REVIEWED ANNUALLY IN COMPARISON TO MARKET DATA. CHI USES THE HAY GROUP AS THE INDEPENDENT THIRD PARTY TO ASSESS EXECUTIVE COMPENSATION PROGRAMS AND TO ENSURE THE REASONABLENESS OF ACTUAL SALARIES AND TOTAL COMPENSATION PACKAGES. COMPENSATION OF THE SENIOR MOST EXECUTIVES IS REVIEWED ANNUALLY. THE HAY GROUP REVIEWS BOTH CASH AND TOTAL COMPENSATION FOR OVERALL REASONABLENESS, FOR ADHERENCE TO CHI'S COMPENSATION PHILOSOPHY, AND FOR COMPARABILITY TO THE NOT-FOR-PROFIT HEALTHCARE MARKET. THIS INDEPENDENT REVIEW IS DELIVERED BY HAY GROUP TO THE HR COMMITTEE OF THE CHI BOARD OF STEWARDSHIP TRUSTEES ANNUALLY AT THEIR SEPTEMBER MEETING AND MINUTES ARE SHARED WITH THE FULL BOARD AT THE DECEMBER MEETING. THE LAST REVIEW WAS SEPTEMBER 17, 2013. IN ADDITION, IN DECEMBER 2009, HAY GROUP COMPLETED A COMPREHENSIVE REVIEW OF ALL POSITIONS AT THE LEVEL OF VICE PRESIDENT AND ABOVE TO DETERMINE AND VALIDATE APPROPRIATE COMPENSATION LEVELS. THESE LEVELS HAVE BEEN REVIEWED ANNUALLY SINCE AND REVISED BASED ON MARKET DATA, WHERE APPLICABLE.</p>

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	SAINT JOSEPH HEALTH SYSTEM, INC 'S EXECUTIVE LEADERSHIP COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE TO THE BOARD AN OUTSIDE CONSULTANT PROVIDED COMPARATIVE DATA BASED ON BASE COMPENSATION, TOTAL COMPENSATION, AND EXECUTIVE BENEFITS PHYSICIAN COMPENSATION IS REVIEWED AND APPROVED BY PLC, MANAGEMENT PTRC, BOARD PTRC, AND ULTIMATELY THE FULL BOARD

Identifier	Return Reference	Explanation
FORMAL POLICIES CONCERNING PARTICIPATION IN JOINT VENTURES	FORM 990, PART VI, LINE 16B	SAINT JOSEPH HEALTH SYSTEM, INC HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES HOWEVER CHI'S SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARMS-LENGTH, WITH PRICES SET AT FAIR MARKET VALUE ANY JOINT VENTURE AGREEMENTS THAT DO NOT CONFORM TO THE MODEL AGREEMENT ARE GENERALLY REVIEWED BY COUNSEL

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW.CATHOLICHEALTHINIT.ORG OR AT WWW.DACBOND.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FROM THE ADMINISTRATION DEPARTMENT.

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990 , Part XI, Line 9	RETURNED GRANT - -48442, NON-CONTROLLING INTEREST - -494133, CAPITAL RESOURCE POOL CONTRIBUTION - -4828692, CHI CONNECT DEPRECIATION - 475226,

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAINT JOSEPH HEALTH SYSTEM INC

**Employer identification number**

61-1334601

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> IMAGING CENTER OF MOUNT STERLING LLC ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1334601	MEDICAL IMAGING	KY	0	0	SJHS
<b>(2)</b> ONCOLOGY SERVICES OF CENTRAL KENTUCKY ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 27-0900852	ONCOLOGY	KY	0	0	SJHS
<b>(3)</b> JESSAMINE HEALTH SERVICES LLC DBA SAINT JOSEPH HEART INSTITUTE 424 LEWIS HARGETT CIRCLE SUITE 160 LEXINGTON, KY 40503 61-1334601	HEALTHCARE	KY	0	0	SJHS

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>	Yes	
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>	Yes	
<b>1k</b>	Yes	
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>	Yes	
<b>1s</b>	Yes	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			



Software ID: 12000266  
 Software Version: v2012.1.0  
 EIN: 61-1334601  
 Name: SAINT JOSEPH HEALTH SYSTEM INC

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier		Return Reference			Explanation							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership</b>												
AUDUBON LAND COMPANY LLC 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 84-1513085	REAL ESTATE	CO	CHIC	RELATED	34,991	8,665,388		No	0		No	50.1 %
AVANTAS LLC 11128 JOHN GALT BLVD SUITE 400 OMAHA, NE 68137 39-2045003	STAFFING OF NURSES	NE	AHBMHS	RELATED	-210,405	4,806,071		No	-439,536		No	95 %
BERYWOOD OFFICE PROPERTIES LLC 400 BERYWOOD TRAIL CLEVELAND, TN 37312 62-1875199	PHYS OFFICE	TN	MHCS	RELATED	57,545	1,013,237		No	0		Yes	63 %
BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY SUITE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC	KY	SJHS	RELATED	308,428	3,317,191		No	0		No	65 %
CENTRAL NEBRASKA HOME CARE SERVICES PO BOX 1146-4510 SECOND AVENUE KEARNEY, NE 68848 47-0692112	HEALTHCARE SRVC	NE	NA	RELATED	228,435	675,251		No	0		Yes	100 %
CENTRAL NEBRASKA REHAB SERVICES 3004 W FAIDLEY AVE GRAND ISLAND, NE 68802 81-0653461	PHYSICAL THERAPY	NE	SFMC	RELATED	1,710,199	2,712,656		No	0		No	51 %
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CHI	UNRELATED	344,962,532	4,617,413,792		No	0		Yes	79.92 %
HEALTHCARE SUPPORT SERVICES PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	NA	RELATED	98,583	3,190,677		No	0		No	100 %
MRI AT ST JOSEPH MEDICAL CENTER LLC 7253 AMBASSADOR ROAD BALTIMORE, MD 21244 52-1958002	MEDICAL IMAGING	MD	SJMC	RELATED	423,167	2,174,155		No	0		Yes	51 %
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVENUE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	RELATED	81,071	1,077,536		No	0		No	57.45 %
O'DEA MEDICAL ARTS LIMITED PARTNERSHIP 7601 OSLER DRIVE TOWSON, MD 21204 52-1682964	REAL ESTATE	MD	TMI	RELATED	9,490	0		No	0		Yes	66.58 %
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	CO	THC	RELATED	1,846,153	8,411,844		No	0		No	60 %
PENINSULA RADIATION ONCOLOGY LLC 315 MARTIN LUTHER KING JR WAY 111 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	FHS	RELATED	256,567	3,262,002		No	0		No	60 %
PENRAD IMAGING 1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 84-1072619	MEDICAL IMAGING	CO	CHIC	RELATED	715,094	3,489,436		No	0		No	70 %
RUXTON SURGICENTER LLC 8322 BELLONA AVENUE SUITE 201 BALTIMORE, MD 21204 52-2095835	SURGERY CENTER	MD	SJMC	RELATED	-69,345	0		No	0		Yes	51 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SAINT JOSEPH - SCA HOLDINGS LLC  1451 HARRDOSBURG ROAD LEXINGTON, KY 40504 45-3801157	OP SURGERY	DE	SJHS	RELATED	0	0		No	0	Yes		51 %
SCA PREMIER SURGERY CENTER OF LOUISVILLE LLC  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 72-1386840	SURGERY CENTER	KY	JH	RELATED	3,388	666,017		No	0	Yes		51 %
ST FRANCIS LAND COMPANY LLC  5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	CHIC	RELATED	-130,967	13,823,763		No	0		No	51 %
ST FRANCIS MEDICAL CENTER ASSOCIATES  1717 SOUTH J STREET TACOMA, WA 98405 91-1352698	MED OFFICE	WA	FHS	RELATED	238,717	1,907,063		No	0		No	58.46 %
ST JOSEPH-PAML LLC  424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-2116736	MGMT SVCS	KY	SJHS	RELATED	30,446	1,149,003		No	0	Yes		62.5 %
SUPERIOR MEDICAL IMAGING LLC  5000 NORTH 26TH STREET LINCOLN, NE 68521 26-2884555	OP DIAGNOSTICS	NE	SERMC	RELATED	-200,323	821,112		No	0	Yes		51 %
SURGERY CENTER OF LEXINGTON LLC  424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 62-1179539	SURGERY CENTER	DE	SJHS	RELATED	-200,318	4,079,584		No	0	Yes		51 %
SURGERY CENTER OF LOUISVILLE LLC  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179537	SURGERY CENTER	KY	JH	RELATED	-15,452	396,101		No	0	Yes		51 %
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC  3606 N 156TH STREET OMAHA, NE 68116 06-1786985	OP DIAGNOSTICS	NE	ACH	RELATED	116,752	776,649		No	0	Yes		51 %
BERGAN MERCY SURGERY CENTER LLC  7710 MERCY ROAD STE 100 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	RELATED	142,085	3,294,472		No	0		No	63.94 %
LAKESIDE AMBULATORY SURGICAL CENTER LLC  17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	ACH	RELATED	3,465,880	1,951,221		No	0		No	51.6 %
LAKESIDE ENDOSCOPY CENTER LLC  17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	ACH	RELATED	1,455,294	1,013,126		No	0		No	52.28 %
NEBRASKA SPINE HOSPITAL LLC  6901 N 72ND STREET OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ACH	RELATED	10,501,730	17,301,869		No	0		No	51 %
PRAIRIE HEALTH VENTURES LLC  421 S 9TH ST 102 LINCOLN, NE 68508 20-4962103	TECH SERVICES	NE	AH-IMC	RELATED	1,011,804	5,564,586		No	68,565	Yes		62.7 %
SAINT JOSEPH-ANC HOME CARE SERVICES  1700 EDISON DRIVE SUITE 300 MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	JH	RELATED	3,208,139	9,684,824		No	0		No	96.9 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LINCOLN CK LEASING LLC  8770 BRYN MAWR SUITE 1370 CHICAGO, IL 60631 26-2496856	REAL ESTATE	NE	SERMC	RELATED	397,452	439,334		No	0		No	53.76 %
HIGHLINE IMAGING LLC  275 SW 160TH ST BURIEN, WA 98166 20-0460005	DIAGNOSTIC	WA	HMC	RELATED	840,222	1,784,058		No	0		No	80 %
HC SL VINTAGE I LLC  18000 WEST SARAH LANE SUITE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLD	WI	SL CDC - VINTAGE	RELATED	1,027,057	105,658,490		No	0		No	51 %
ST LUKES HOSPITAL AT THE VINTAGE LLC  6624 FANNIN SUITE 2505 HOUSTON, TX 77030 26-3734516	HOSPITAL	TX	SL CDC - VINTAGE	RELATED	-19,253,743	69,158,748		No	0	Yes		51 %
PMC HOSPITAL LLC  6624 FANNIN SUITE 2505 HOUSTON, TX 77030 27-3280598	HOSPITAL	TX	SL CDC - PMC	RELATED	1,092,540	20,751,174		No	0	Yes		51 %
ST LUKES DIAGNOSTIC CATH LAB LLP  6620 MAIN ST SUITE 1520 HOUSTON, TX 77030 71-0959365	DIAGNOSTIC	TX	SLHS HOLDINGS	RELATED	273,448	868,814		No	0		No	57.3 %
ST LUKES LAKESIDE HOSPITAL LLC  6624 FANNIN SUITE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	SL CDC - WOODLANDS	RELATED	1,106,628	25,874,619		No	0	Yes		51 %
ST LUKES THE WOODLANDS SLEEP CENTER LLC  6624 FANNIN SUITE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTIC	TX	SLHS HOLDINGS	RELATED	0	0		No	0		No	51 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ALTERNATIVE INSURANCE MANAGEMENT SERVICE  3900 OLYMPIC BOULEVARD SUITE 400 ERLANGER, KY 41018 84-1112049	MANAGEMENT SERVICES	CO	CHI	C CORPORATION	0	6,272,746	100 %	Yes	
AMERICAN NURSING CARE  1700 EDISON DRIVE MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C CORPORATION	5,118,606	51,920,207	100 %	Yes	
AMERIMED INC  1700 EDISON DRIVE MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C CORPORATION	2,134,392	14,669,219	100 %	Yes	
BC HOLDING COMPANY INC  1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	FITNESS CLUB	KY	JH	C CORPORATION	0	0	100 %	Yes	
CADUCEUS MEDICAL ASSOCIATES INC  5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 62-1570736	HEALTHCARE	TN	MHCS	C CORPORATION	0	1,008	100 %	Yes	
CAPTIVE MANAGEMENT INITIATIVES  PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0663022	CAPTIVE MANAGEMENT	CJ	CHI	C CORPORATION	0	0	100 %	Yes	
CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-2269511	RESEARCH	CO	CIRI	C CORPORATION	-2,286,538	1,241,259	100 %	Yes	
CGH REALTY COMPANY INC  2500 BERNVILLE RD READING, PA 19603 23-2326801	REAL ESTATE	PA	SJHM	C CORPORATION	0	0	100 %	Yes	
COMCARE SERVICES  4231 W 16TH AVENUE DENVER, CO 80204 84-0904813	INACTIVE	CO	CHIC	C CORPORATION	0	0	100 %	Yes	
CONSOLIDATED HEALTH SERVICES  1700 EDISON DRIVE MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CHI	C CORPORATION	-879,467	52,379,487	100 %	Yes	
DES MOINES MEDICAL CENTER INC  1111 6TH AVENUE DES MOINES, IA 50314 42-0837382	REAL ESTATE	IA	CHI-IA CORP	C CORPORATION	61,204	1,064,032	92 98 %	Yes	
FIRST INITIATIVES INSURANCE LTD  PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0203038	INSURANCE	CJ	CHI	C CORPORATION	0	0	100 %	Yes	
FRANCISCAN SERVICES INC  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2487967	HEALTHCARE	CO	CHI	C CORPORATION	-7,868	718,254	100 %	Yes	
GOOD SAMARITAN OUTREACH SERVICES  PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	CHI NEBRASKA	C CORPORATION	-257,418	180,468	100 %	Yes	
HEALTH SYSTEMS ENTERPRISES INC  PO BOX 1990 KEARNEY, NE 68848 47-0664558	MANAGEMENT	NE	GSH	C CORPORATION	87,278	1,377,820	100 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HEALTHCARE MGMT SERVICES ORG INC  1149 MARKET ST TACOMA, WA 98402 91-1865474	HEALTH ORG	WA	FHS	C CORPORATION	0	0	100 %	Yes	
MEDQUEST  1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0392137	SALE OF DME	ND	MMC WILLISTON	C CORPORATION	153,510	1,152,715	100 %	Yes	
MERCY PARK APARTMENTS LTD  1111 6TH AVENUE DES MOINES, IA 50314 42-1202422	HOUSING	IA	CHI-IA CORP	C CORPORATION	369,231	1,937,218	100 %	Yes	
MERCY SERVICES CORP  2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0824308	RETAIL SALES	OR	MMC	C CORPORATION	-440,596	1,423,377	100 %	Yes	
MHSERVICES CORPORATION  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 43-1457881	DME	MO	SJRMC	C CORPORATION	0	0	100 %	Yes	
MOUNTAIN MANAGEMENT SERVICES INC  5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 62-1570739	MGMT SVC ORG	TN	MHCS	C CORPORATION	96,044	6,465,179	100 %	Yes	
NAZARETH ASSURANCE COMPANY  PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 03-0304831	INSURANCE	CJ	CHI	C CORPORATION	0	0	100 %	Yes	
PATIENT TRANSPORT SERVICES INC  1700 EDISON DRIVE MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C CORPORATION	-164,340	5,488,275	100 %	Yes	
PHYSICIAN HEALTH SYSTEM NETWORK  1149 MARKET ST TACOMA, WA 98402 91-1746721	HEALTH ORG	WA	FHS	C CORPORATION	0	0	100 %	Yes	
SAINT CLARES PRIMARY CARE INC  66 FORD ROAD DENVER, NJ 07834 22-2441202	BILLING SERVICES	NJ	SCCC	C CORPORATION	-357,263	1,361,242	100 %	Yes	
SAMARITAN FAMILY CARE INC  40 W FOURTH ST 1700 DAYTON, OH 45402 31-1299450	HEALTHCARE	OH	SHP	C CORPORATION	0	0	100 %	Yes	
SJH SERVICES CORPORATION  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2307408	HEALTHCARE	CO	FSI	C CORPORATION	-197,039	3,331,737	100 %	Yes	
SJL PHYSICIAN MANAGEMENT SERVICES INC  424 LEWIS HARGETT CR 160 LEXINGTON, KY 40503 27-0164198	MANAGEMENT	KY	SJHS	C CORPORATION	0	0	100 %	Yes	
ST ANTHONY DEVELOPMENT COMPANY  1415 SOUTHGATE PENDLETON, OR 97801 93-1216943	ATHLETIC CLUB	OR	SAH	C CORPORATION	114,663	2,936,102	100 %	Yes	
ST VINCENT COMMUNITY HEALTH SERVICES INC  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785	HEALTHCARE	AR	SVIMC	C CORPORATION	2,408,638	15,225,732	100 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
ST JOSEPH DEVELOPMENT COMPANY INC  1717 SOUTH J STREET TACOMA, WA 98405 91-1480569	RENTAL	WA	FSI	C CORPORATION	655,478	12,357,418	100 %	Yes	
ST JOSEPH OFFICE PARK ASSOCIATION  1401 HARRODSBURG ROAD BLDG B70 LEXINGTON, KY 40504 61-1079899	MANAGEMENT	KY	SJHS	C CORPORATION	0	882,139	85 %	Yes	
TOWSON MANAGEMENT INC  7601 OSLER DRIVE TOWSON, MD 21204 52-1710750	MANAGEMENT SERVICES	MD	FSI	C CORPORATION	516,457	197,196	100 %	Yes	
COLLABHEALTH MANAGED SOLUTIONS INC  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1222808	HOLDING CO	CO	CHI	C CORPORATION	0	23,806,707	100 %	Yes	
COLLABHEALTH PLAN SERVICES INC  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1224037	ADMIN SERVICES	CO	CHMS	C CORPORATION	-1,082,933	38,272,608	100 %	Yes	
HIGHLINE MEDICAL GROUP  15811 AMBAUM BLVD SW 170 BURIEN, WA 98166 91-1407026	MEDICAL SERVICES	WA	HMC	C CORPORATION	-6,049,147	5,689,139	100 %	Yes	
SOUNDPATH HEALTH INC  32129 WEYERHAEUSER WAY S SUITE 201 FEDERAL WAY, WA 98001 42-1720801	INSURANCE	WA	CHPS	C CORPORATION	-154,741	10,976,973	55.6 %	Yes	
SLEHS HOLDINGS INC  6624 FANNIN SUITE 800 HOUSTON, TX 77030 76-0637138	HOLDING CO	TX	SLHS	C CORPORATION	1,425,313	33,114,103	100 %	Yes	
ST LUKE'S ANESTHESIOLOGY ASSOCIATES  6624 FANNIN SUITE 1100 HOUSTON, TX 77030 46-1517163	MEDICAL CLINIC	TX	SLMC	C CORPORATION	0	0	100 %	Yes	
SLMT PARKING INC  6624 FANNIN SUITE 800 HOUSTON, TX 77030 76-0637140	PARKING	TX	SLHS	C CORPORATION	1,117,934	13,768,221	100 %	Yes	
ST LUKE'S 6620 MAIN CONDOMINIUM ASSOCIATION  6624 FANNIN SUITE 1100 HOUSTON, TX 77030 30-0355517	CONDOMINIUM ASSOC	TX	SLPC	C CORPORATION	0	0	100 %	Yes	
ST LUKE'S EPISCOPAL HOSPITAL PHYSICIAN HOSPITAL ORGANIZATION INC  6720 BERTNER HOUSTON, TX 77030 76-0377932	PHO	TX	SLMC	C CORPORATION	6	0	60 %	Yes	
ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION  6624 FANNIN SUITE 1100 HOUSTON, TX 77030 30-0355518	CONDOMINIUM ASSOC	TX	SLPC	C CORPORATION	0	0	100 %	Yes	
ST LUKE'S MEDICAL TOWER CONDOMINIUM ASSOCIATION  6624 FANNIN SUITE 1100 HOUSTON, TX 77030 76-0298751	CONDOMINIUM ASSOC	TX	SLMTC	C CORPORATION	0	0	100 %	Yes	
SUGAR LAND DOCTOR GROUP  1317 LAKE POINTE PARKWAY SUGAR LAND, TX 77478 45-4270163	MEDICAL CLINIC	TX	SL CHS	C CORPORATION	-1,159,411	566,590	100 %	Yes	

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
THE TEXAS HEART INSTITUTE AT ST LUKE'S EPISCOPAL HOSPITAL DENTON A COOLEY B UILDING CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 90-0064009	CONDOMINIUM ASSOC	TX	SLMC	C CORPORATION	0	0	100 %	Yes	
ALEGENT HEALTHCREIGHTON ST JOSEPH MANAGED CARE SERVICES INC  12809 WEST DODGE ROAD OMAHA, NE 68154 47-0802396	MANAGED CARE	NE	ACH	C CORPORATION	5,312,313	4,520,865	100 %	Yes	
ALL SAINTS INSURANCE COMPANY SPC LTD  PO BOX 69 GT 720 WEST BAY ROAD GEORGETOWN, GRAND CAYMAN KY- 1102 CJ	INSURANCE	CJ	SLHS	C CORPORATION	0	43,866,961	100 %	Yes	
VINTAGE DOCTOR GROUP  6624 FANNIN SUITE 1100 HOUSTON, TX 77030	MEDICAL CLINIC	TX	SLMC	C CORPORATION	0	0	100 %	Yes	

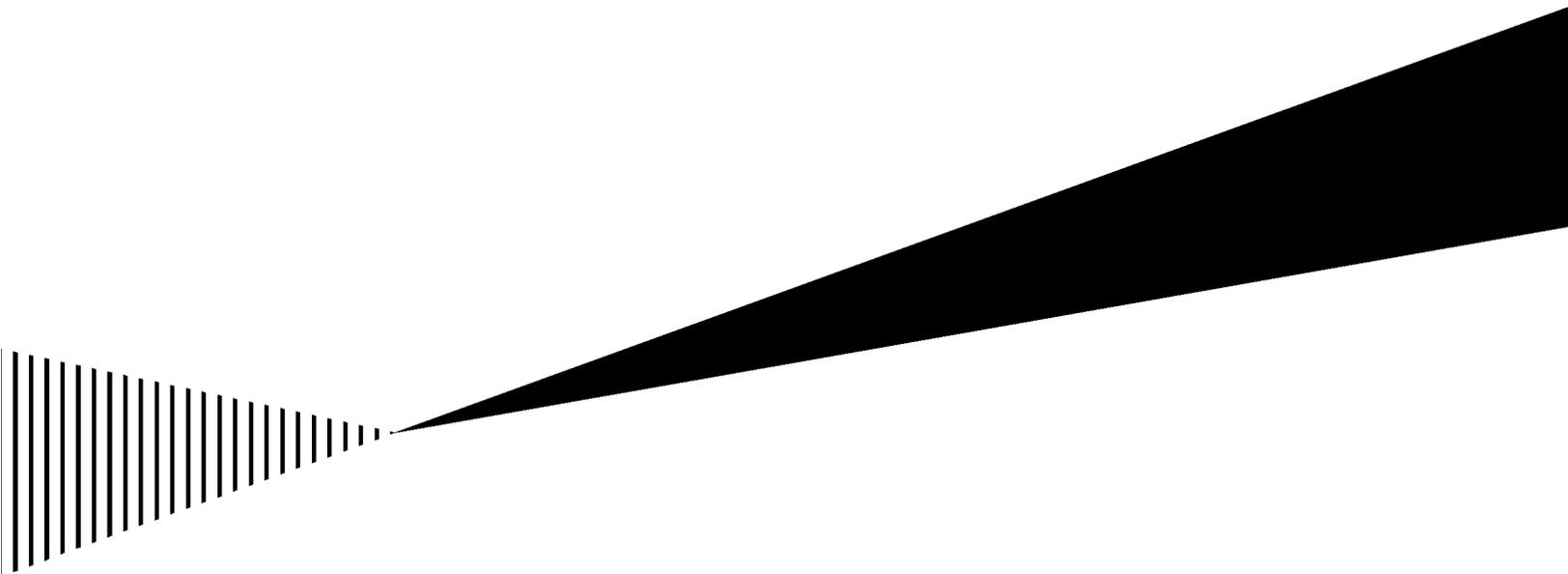
--> **Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BLUEGRASS REGIONAL IMAGING	J	110,195	FMV
KENTUCKY LABORATORY SERVICES	J	33,450	FMV
SURGERY CENTER OF LEXINGTON	J	339,431	FMV
KENTUCKY LABORATORY SERVICES	S	751,333	FMV
BLUEGRASS REGIONAL IMAGING	S	518,586	FMV
SURGERY CENTER OF LEXINGTON	S	151,411	FMV
SAINT JOSEPH MEDICAL FOUNDATION	B	142,820	FMV
SAINT JOSEPH HOSPITAL FOUNDATION	C	477,465	FMV

CONSOLIDATED FINANCIAL STATEMENTS AND  
REPORTS ON FEDERAL AWARD PROGRAMS

Catholic Health Initiatives  
Year Ended June 30, 2013  
With Reports of Independent Auditors

Ernst & Young LLP



**Building a better  
working world**

# Catholic Health Initiatives

## Consolidated Financial Statements and Reports on Federal Award Programs

Year Ended June 30, 2013

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## Report of Independent Auditors

The Board of Stewardship Trustees  
Kevin E Lofton, President and Chief Executive Officer  
Dean Swindle, President Enterprise Business Lines and  
Chief Financial Officer  
Catholic Health Initiatives

### **Report on the Financial Statements**

We have audited the accompanying consolidated financial statements of Catholic Health Initiatives (CHI), which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these consolidated financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free of material misstatement, whether due to fraud or error

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audits We did not audit the financial statements of Alegant Health – Bergan Mercy Health System, as a wholly sponsored direct affiliate of CHI, which statements reflect total assets of \$716 0 million as of June 30, 2012, and total revenues of \$452 0 million for the year then ended Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Alegant Health – Bergan Mercy Health System is based solely on the report of other auditors We conducted our audit in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement

An audit involves performing procedures to obtain evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

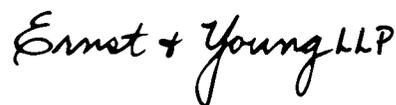
In our opinion, based on our audits, and for 2012 the report of other auditors, the consolidated financial statements referred to above present fairly in all material respects, the consolidated financial position of Catholic Health Initiatives as of June 30, 2013 and 2012, and the results of its consolidated operations, changes in its net assets and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

### **Adoption of Accounting Standard**

As disclosed in Note 1 to the consolidated financial statements, CHI changed its presentation and disclosure of bad debt expense as a result of the adoption of the amendments to the Financial Accounting Standards Update No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*. Our opinion is not modified with respect to this matter.

### **Other Reporting Required by Government Auditing Standards**

In accordance with Government Auditing Standards, we have also issued our report dated September 17, 2013, on our consideration of Catholic Health Initiatives' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Catholic Health Initiatives' internal control over financial reporting and compliance.



September 17, 2013

## Catholic Health Initiatives

### Consolidated Balance Sheets (In Thousands)

	<b>June 30</b>	
	<b>2013</b>	<b>2012</b>
<b>Assets</b>		
<b>Current assets</b>		
Cash and equivalents	\$ 609,226	\$ 403,972
Net patient accounts receivable, less allowances for bad debt of \$858,394 and \$687,631 in 2013 and 2012, respectively	<b>1,755,348</b>	1,353,928
Other accounts receivable	<b>197,917</b>	115,884
Current portion of investments and assets limited as to use	<b>11,697</b>	1,901
Inventories	<b>247,720</b>	185,571
Assets held for sale	<b>215,777</b>	485,074
Prepaid and other	<b>137,776</b>	87,125
Total current assets	<b>3,175,461</b>	2,633,455
 Investments and assets limited as to use:		
Internally designated for capital and other funds	<b>5,452,023</b>	4,588,520
Mission and Ministry Fund	<b>121,109</b>	110,918
Capital Resource Pool	<b>416,938</b>	320,218
Held by trustees	<b>16,726</b>	228
Held for insurance purposes	<b>825,885</b>	745,127
Restricted by donors	<b>266,325</b>	162,776
Total investments and assets limited as to use	<b>7,099,006</b>	5,927,787
 Property and equipment, net	<b>7,786,240</b>	5,346,535
Deferred financing costs	<b>36,557</b>	28,717
Investments in unconsolidated organizations	<b>416,816</b>	307,918
Intangible assets and goodwill, net	<b>364,751</b>	162,880
Notes receivable and other	<b>430,888</b>	605,094
Total assets	<b>\$ 19,309,719</b>	\$ 15,012,386

	<b>June 30</b>	
	<b>2013</b>	<b>2012</b>
<b>Liabilities and net assets</b>		
Current liabilities		
Compensation and benefits	\$ 600,837	\$ 418,596
Third-party liabilities	110,571	76,660
Accounts payable and accrued expenses	1,066,930	717,087
Liabilities held for sale	91,412	105,446
Variable-rate debt with self liquidity	321,455	321,455
Commercial paper and current portion of debt	749,617	643,083
Total current liabilities	<u>2,940,822</u>	<u>2,282,327</u>
Pension liability	472,852	892,820
Self-insured reserves and claims	616,652	513,584
Other liabilities	698,283	236,763
Long-term debt	6,334,985	3,778,709
Total liabilities	<u>11,063,594</u>	<u>7,704,203</u>
Net assets		
Net assets attributable to CHI	7,769,310	6,922,466
Net assets attributable to noncontrolling interests	175,663	180,863
Unrestricted	7,944,973	7,103,329
Temporarily restricted	214,524	136,821
Permanently restricted	86,628	68,033
Total net assets	<u>8,246,125</u>	<u>7,308,183</u>
Total liabilities and net assets	<u><u>\$ 19,309,719</u></u>	<u><u>\$ 15,012,386</u></u>

*See accompanying notes.*

# Catholic Health Initiatives

## Consolidated Statements of Operations (In Thousands)

	Year Ended June 30	
	2013	2012
Revenues		
Net patient services revenues before provision for doubtful accounts	\$ 10,714,455	\$ 9,223,859
Provision for doubtful accounts	(821,465)	(708,458)
Net patient services revenues	9,892,990	8,515,401
Nonpatient		
Donations	31,089	25,833
Changes in equity of unconsolidated organizations	19,056	22,934
Investment income used for operations	66,529	37,169
Other	698,561	532,303
Total nonpatient revenues	815,235	618,239
Total operating revenues	10,708,225	9,133,640
Expenses		
Salaries and wages	4,424,404	3,776,086
Employee benefits	970,824	749,098
Purchased services, medical professional fees, consulting and legal	1,361,778	924,785
Supplies	1,832,984	1,566,359
Utilities	152,979	120,201
Rentals, leases, maintenance and insurance	616,683	523,042
Depreciation and amortization	555,064	473,768
Interest	164,353	129,648
Other	624,756	511,152
Total operating expenses before restructuring, impairment and other losses	10,703,825	8,774,139
Income from operations before restructuring, impairment and other losses	4,400	359,501
Restructuring, impairment, and other losses	59,343	47,735
(Loss) income from operations	(54,943)	311,766
Nonoperating gains (losses)		
Investment income, net	488,824	19,770
Loss on defeasance of bonds	(17,998)	(70,555)
Realized and unrealized gains (losses) on interest rate swaps	65,843	(153,411)
Other nonoperating gains (losses)	7,977	(12,215)
Total nonoperating gains (losses)	544,646	(216,411)
Excess of revenues over expenses	489,703	95,355
(Deficit) excess of revenues over expenses attributable to noncontrolling interest	(37)	537
Excess of revenues over expenses attributable to CHI	\$ 489,740	\$ 94,818

See accompanying notes

## Catholic Health Initiatives

### Consolidated Statements of Changes in Net Assets (In Thousands)

	Unrestricted Net Assets			Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total Net Assets
	Attributable to CHI	Attributable to Noncontrolling Interest	Total			
Balances, June 30, 2011	\$ 7,448,161	\$ 8,967	\$ 7,457,128	\$ 122,795	\$ 62,426	\$ 7,642,349
Excess of revenues over expenses	94,818	537	95,355	-	-	95,355
Net loss from discontinued operations	(45,095)	-	(45,095)	-	-	(45,095)
Increase in pension funded status	(618,141)	(878)	(619,019)	-	-	(619,019)
Temporarily and permanently restricted contributions	-	-	-	39,117	(122)	38,995
Net assets released from restriction for capital	18,119	-	18,119	(18,119)	-	-
Net assets released from restriction for operations	-	-	-	(19,689)	-	(19,689)
Investment income	232	-	232	1,007	47	1,286
KentuckyOne Health noncontrolling interest	-	181,551	181,551	-	-	181,551
Other changes in net assets	24,372	(9,314)	15,058	11,710	5,682	32,450
Net (decrease) increase in net assets	<u>(525,695)</u>	<u>171,896</u>	<u>(353,799)</u>	<u>14,026</u>	<u>5,607</u>	<u>(334,166)</u>
Balances, June 30, 2012	6,922,466	180,863	7,103,329	136,821	68,033	7,308,183
Excess of revenues over expenses	<b>489,740</b>	<b>(37)</b>	<b>489,703</b>	-	-	<b>489,703</b>
Net loss from discontinued operations	<b>(108,594)</b>	-	<b>(108,594)</b>	-	-	<b>(108,594)</b>
Decrease in pension funded status	<b>483,468</b>	<b>2,082</b>	<b>485,550</b>	-	-	<b>485,550</b>
Temporarily and permanently restricted contributions	-	-	-	<b>33,056</b>	<b>(1,554)</b>	<b>31,502</b>
Net assets released from restriction for capital	15,791	-	15,791	(15,791)	-	-
Net assets released from restriction for operations	-	-	-	(15,728)	-	(15,728)
Investment (loss) income	(45)	-	(45)	5,393	1,280	6,628
Temporarily and permanently restricted assets from acquisitions	-	-	-	74,253	19,171	93,424
Other changes in net assets	<b>(33,516)</b>	<b>(7,245)</b>	<b>(40,761)</b>	<b>(3,480)</b>	<b>(302)</b>	<b>(44,543)</b>
Net increase (decrease) in net assets	<u><b>846,844</b></u>	<u><b>(5,200)</b></u>	<u><b>841,644</b></u>	<u><b>77,703</b></u>	<u><b>18,595</b></u>	<u><b>937,942</b></u>
Balances, June 30, 2013	<u><b>\$ 7,769,310</b></u>	<u><b>\$ 175,663</b></u>	<u><b>\$ 7,944,973</b></u>	<u><b>\$ 214,524</b></u>	<u><b>\$ 86,628</b></u>	<u><b>\$ 8,246,125</b></u>

See accompanying notes

## Catholic Health Initiatives

### Consolidated Statements of Cash Flows (In Thousands)

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
<b>Operating activities</b>		
Increase (decrease) in net assets	\$ 937,942	\$ (334,166)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities		
Depreciation and amortization	555,064	473,768
Provision for bad debts	821,465	708,458
Changes in equity of unconsolidated organizations	(19,056)	22,934
Net gains on sales of facilities and investments in unconsolidated organizations	(85,969)	(57,383)
Noncash operating expenses related to restructuring, impairment, and other losses	4,872	16,024
Loss on defeasance of bonds	17,998	70,555
(Increase) decrease in fair value of interest rate swaps	(98,799)	121,949
(Decrease) increase in unfunded pension liability	(484,049)	601,990
Net changes in current assets and liabilities		
Net patient and other accounts receivable	(1,067,716)	(883,703)
Other current assets	(6,725)	(10,992)
Current liabilities	89,868	2,771
Noncontrolling equity of acquisition of JHSMH	-	(181,551)
Other changes	193,461	(120,416)
Net cash provided by operating activities, before net change in investments and assets limited as to use	858,356	430,238
Net decrease in investments and assets limited as to use	474,258	286,773
Net cash provided by operating activities	1,332,614	717,011
<b>Investing activities</b>		
Purchases of property, equipment, and other capital assets	(1,285,330)	(861,034)
Purchase of St. Luke's Health System, net of cash acquired	(961,014)	-
Purchase of Alegent Creighton Health, net of cash acquired	(505,542)	-
Cash acquired on affiliation agreement with UMC	53,458	-
Cash acquired on contribution of Highline Medical Center	14,238	-
Purchase of Nebraska Heart, net of cash acquired	-	(130,982)
Purchase of JHSMH, net of cash acquired	-	(28,685)
Net cash proceeds from asset sales	218,002	22,159
Distributions from investments in unconsolidated organizations	35,224	40,214
Cash from net repayments of notes receivable	2,843	29,740
Other changes	35,306	21,373
Net cash used in investing activities	(2,392,815)	(907,215)

## Catholic Health Initiatives

### Consolidated Statements of Cash Flows (continued)

*(In Thousands)*

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
<b>Financing activities</b>		
Proceeds from issuance of debt	\$ 1,591,465	\$ 1,126,463
Costs associated with issuance of debt	(12,170)	(8,855)
Repayment of debt	(313,840)	973,106
Net cash provided by financing activities	1,265,455	144,502
Increase (decrease) in cash and equivalents	205,254	(45,702)
Cash and equivalents at beginning of year	403,972	449,674
Cash and equivalents at end of year	\$ 609,226	\$ 403,972
<b>Supplemental disclosures of cash flow information</b>		
Cash paid during the year for interest, including amounts capitalized	\$ 199,413	\$ 151,837

*See accompanying notes*

# Catholic Health Initiatives

## Notes to Consolidated Financial Statements

June 30, 2013

### **1. Summary of Significant Accounting Policies**

#### **Organization**

Catholic Health Initiatives (CHI), established in 1996, is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code. CHI sponsors market-based organizations (MBO) and other facilities in 17 states, including 86 acute-care hospitals, of which 23 are designated as critical access hospitals by the Medicare program, two community health service organizations, two accredited nursing colleges, home health agencies, and several other sites including long-term care, assisted living and residential facilities. CHI also has an offshore captive insurance company, First Initiatives Insurance, Ltd (FIIL).

The mission of CHI is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st century. Fidelity to the Gospel urges CHI to emphasize human dignity and social justice as it moves toward the creation of healthier communities.

#### **Principles of Consolidation**

CHI consolidates all direct affiliates in which it has sole corporate membership or ownership (Direct Affiliates) and all entities in which it has greater than 50% equity interest with commensurate control. All significant intercompany accounts and transactions are eliminated in consolidation.

#### **Fair Value of Financial Instruments**

Financial instruments consist primarily of cash and equivalents, patient accounts receivable, investments and assets limited as to use, notes receivable, accounts payable, and long-term debt. The carrying amounts reported in the consolidated balance sheets for these items approximate fair value.

#### **Cash and Equivalents**

Cash and equivalents include all deposits with banks and investments in interest-bearing securities with maturity dates of 90 days or less from the date of purchase. In addition, cash and equivalents include deposits in short-term funds held by professional managers. The funds generally invest in high-quality, short-term debt securities, including U.S. government securities,

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 1. Summary of Significant Accounting Policies (continued)

securities issued by domestic and foreign banks, such as certificates of deposit and bankers' acceptances, repurchase agreements, asset-backed securities, high-grade commercial paper and corporate short-term obligations

#### **Net Patient Accounts Receivable and Net Patient Services Revenues**

Net patient accounts receivable has been adjusted to the estimated amounts expected to be collected. These estimated amounts are subject to further adjustments upon review by third-party payors.

The provision for bad debts is based upon management's assessment of historical and expected net collections, taking into consideration historical business and economic conditions, trends in health care coverage and other collection indicators. Management routinely assesses the adequacy of the allowances for uncollectible accounts based upon historical write-off experience by payor category. The results of these reviews are used to modify, as necessary, the provision for bad debts and to establish appropriate allowances for uncollectible net patient accounts receivable. After satisfaction of amounts due from insurance, CHI follows established guidelines for placing certain patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by each facility. In accordance with Accounting Standards Update (ASU) No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Entities*, the provision for bad debts is presented on the consolidated statement of operations as a deduction from patient services revenues (net of contractual allowances and discounts) since CHI accepts and treats all patients without regard to the ability to pay.

During fiscal year 2013, CHI added approximately \$400.0 million in net patient accounts receivable due to the acquisition of various new subsidiaries – see Note 4, *Acquisitions and Divestitures*. As a result, the accounts receivable reserve and allowance accounts have increased materially from June 30, 2012. Exclusive of acquisition activity, the total write-offs of uncollectible accounts and reserves on self-pay patient accounts have not changed significantly.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 1. Summary of Significant Accounting Policies (continued)

from year to year CHI has not experienced significant changes in write-off trends and there have been no significant changes to its charity care policy Details of CHI's allowance activity is as follows

	<b>Reserve for Contractual Allowance</b>	<b>Allowance for Bad Debt</b>	<b>Reserve for Charity</b>	<b>Total Accounts Receivable Allowances</b>
Balance at July 1, 2011	\$ (1,543,707)	\$ (636,815)	\$ (124,547)	\$ (2,305,069)
Additions	(17,362,247)	(809,567)	(1,027,652)	(19,199,466)
Reductions	16,958,204	758,751	1,000,851	18,717,806
Balance at June 30, 2012	(1,947,750)	(687,631)	(151,348)	(2,786,729)
Additions	<b>(21,690,860)</b>	<b>(886,571)</b>	<b>(1,219,555)</b>	<b>(23,796,986)</b>
Reductions	<b>20,778,640</b>	<b>715,808</b>	<b>803,787</b>	<b>22,298,235</b>
Balance at June 30, 2013	<b><u>\$ (2,859,970)</u></b>	<b><u>\$ (858,394)</u></b>	<b><u>\$ (567,116)</u></b>	<b><u>\$ (4,285,480)</u></b>

CHI records net patient services revenues in the period in which services are performed CHI has agreements with third-party payors that provide for payments at amounts different from its established rates The basis for payment under these agreements includes prospectively determined rates, cost reimbursement and negotiated discounts from established rates, and per diem payments

Net patient services revenues are reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments due to future audits, reviews and investigations, and excluding estimated amounts considered uncollectible The differences between the estimated and actual adjustments are recorded as part of net patient services revenues in future periods, as the amounts become known, or as years are no longer subject to such audits, reviews and investigations

#### Investments and Assets Limited as to Use

Investments and assets limited as to use include assets set aside by CHI for future long-term purposes, including capital improvements and self-insurance In addition, assets limited as to use include amounts held by trustees under bond indenture agreements, amounts contributed by donors with stipulated restrictions and amounts held for Mission and Ministry programs

# Catholic Health Initiatives

## Notes to Consolidated Financial Statements (continued)

### **1. Summary of Significant Accounting Policies (continued)**

CHI has designated its investment portfolio as trading. Accordingly, unrealized gains and losses on marketable securities are reported within excess of revenues over expenses. In addition, cash flows from the purchases and sales of marketable securities are reported as a component of operating activities in the accompanying consolidated statements of cash flows.

Direct investments in equity securities with readily determinable fair values and all direct investments in debt securities have been measured at fair value in the accompanying consolidated balance sheets. Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in excess of revenues over expenses unless the income or loss is restricted by donor or law.

Investments in limited partnerships and limited liability companies are recorded using the equity method of accounting (which approximates fair value as determined by the net asset values of the related unitized interests) with the related changes in value in earnings reported as investment income in the accompanying consolidated financial statements.

### **Inventories**

Inventories, primarily consisting of pharmacy drugs, and medical and surgical supplies, are stated at lower of cost (first-in, first-out method) or market.

### **Assets and Liabilities Held for Sale**

A long-lived asset or disposal group of assets and liabilities that is expected to be sold within one year is classified as held for sale. For long-lived assets held for sale, an impairment charge is recorded if the carrying amount of the asset exceeds its fair value less costs to sell. Such valuations include estimates of fair values generally based upon firm offers, discounted cash flows and incremental direct costs to transact a sale (Level 2 and Level 3 inputs).

### **Property and Equipment**

Property and equipment are stated at historical cost or, if donated or impaired, at fair value at the date of receipt or impairment. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. For property and equipment under capital lease, amortization is determined over the shorter period of the lease term or the estimated useful life of the property and equipment. Interest cost incurred during the

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **1. Summary of Significant Accounting Policies (continued)**

period of construction of major capital projects is capitalized as a component of the cost of acquiring those assets. Capitalized interest of \$30.4 million and \$14.6 million was recorded in 2013 and 2012, respectively.

Costs incurred in the development and installation of internal-use software are typically expensed if they are incurred in the preliminary project stage or post-implementation stage, while certain costs are capitalized if incurred during the application development stage. Amounts capitalized are amortized over the useful life of the developed asset following project completion.

#### **Investments in Unconsolidated Organizations**

Investments in unconsolidated organizations are accounted for under the cost or equity method of accounting, as appropriate, based on the relative percentage of ownership or degree of influence over that organization. The equity income or loss on these investments is recorded in the consolidated statements of operations as changes in equity of unconsolidated organizations.

During fiscal year 2013, CHI entered into an eleven-year agreement with Conifer Health Solutions (Conifer) to provide revenue cycle services for CHI acute care operations. The agreement allows CHI to earn shares in Conifer as transition and other activities are completed per the agreement. Such shares will be issued at specified future dates. As of June 30, 2013, CHI has received 2,000 shares in Conifer with a fair market value of \$19.3 million and which is reflected as an investment in unconsolidated organizations on the consolidated balance sheet. CHI has also met certain transition milestones for which CHI has earned the right to additional future shares valued at \$19.1 million at June 30, 2013, which are reflected in notes receivable and other in the accompanying consolidated financial statements. This earned value will be amortized as an offset to revenue cycle service fees paid to Conifer over the life of the agreement.

#### **Intangible Assets and Goodwill**

Intangible assets are comprised primarily of trade names and non-compete agreements, which are amortized over the estimated useful lives ranging from 10 to 15 years using the straight-line method. Amortization expense of \$5.2 million and \$4.9 million was recorded in 2013 and 2012, respectively.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 1. Summary of Significant Accounting Policies (continued)

Goodwill is not amortized but is subject to annual impairment tests as well as more frequent reviews whenever circumstances indicate a possible impairment may exist. Impairment testing of goodwill is done at the MBO level by comparing the fair value of the MBO's net assets against the carrying value of the MBO's net assets, including goodwill. Each MBO is defined as a reporting unit for purposes of impairment testing. The fair value of net assets is calculated based on quantitative analysis of discounted cash flows. The fair value of goodwill is determined by assigning fair values to assets and liabilities and calculating any remaining fair value as the implied fair value of goodwill.

A summary of intangible assets and goodwill is as follows as of June 30 (in thousands)

	<u>2013</u>	<u>2012</u>
Intangible assets	\$ 107,603	\$ 62,754
Less accumulated amortization	<u>(25,467)</u>	<u>(20,298)</u>
	82,136	42,456
Goodwill	<u>282,615</u>	<u>120,424</u>
Total intangible assets and goodwill, net	<u>\$ 364,751</u>	<u>\$ 162,880</u>

Intangible assets and goodwill increased during fiscal year 2013 due to the acquisitions of Alegent Creighton Health and Affiliates, University Medical Center and University of Louisville Hospital, Highline Medical Center and St. Luke's Health System as discussed in Note 4, *Acquisitions and Divestitures*.

#### Notes Receivable and Other Assets

Other assets consist primarily of notes receivable, pledges receivable, deferred compensation assets, prepaid service contracts, deposits and other long-term assets. Notes receivable from related entities at June 30, 2013, include balances from Bethesda Hospital, Inc. (Bethesda), the non-CHI joint operating agreement (JOA) partner in the Cincinnati, Ohio JOA. As of June 30, 2012, notes receivable also included balances from Alegent Health Immanuel Medical Center (Immanuel), the non-CHI JOA partner, which was not a consolidated subsidiary of CHI until November 1, 2012, when CHI became the sole sponsor of Alegent Creighton Health and Affiliates (Alegent), including Immanuel. Subsequent to November 1, 2012, the Immanuel notes receivable balance was recorded as an intercompany note and eliminated in consolidation. All of

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 1. Summary of Significant Accounting Policies (continued)

the notes bear interest at rates commensurate with the CHI blended interest cost and require monthly debt service payments

A summary of notes receivable and other assets is as follows as of June 30 (in thousands)

	<u>2013</u>	<u>2012</u>
Total notes receivable from related entities	\$ 188,275	\$ 465,400
Reinsurance recoverable on unpaid losses and loss adjustment expense	71,801	42,703
Deferred compensation assets	41,014	29,027
Other long-term assets	129,798	67,964
Total notes receivable and other	<u>\$ 430,888</u>	<u>\$ 605,094</u>

Bethesda is a Designated Affiliate in the CHI credit group under the Capital Obligation Document (COD) As conditions of joining the CHI credit group, Bethesda has agreed to certain covenants related to corporate existence, insurance coverage, exempt use of bond-financed facilities, maintenance of certain financial ratios, and compliance with limitations on the incurrence of additional debt Based upon management's review of the creditworthiness of Bethesda and its compliance with the covenants and limitations, no allowances for uncollectible notes receivable were recorded at June 30, 2013 and 2012

#### Net Assets

Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose Permanently restricted net assets consist of gifts with corpus values that have been restricted by donors to be maintained in perpetuity, including endowment funds Temporarily restricted net assets and earnings on permanently restricted net assets, including earnings on endowment funds, are used in accordance with the donor's wishes primarily to purchase equipment, to provide charity care, and to provide other health and educational programs and services

Unconditional promises to receive cash and other assets are reported at fair value at the date the promise is received Conditional promises and indications of donors' intentions to give are reported at fair value at the date the conditions are met or the gifts are received All unrestricted

# Catholic Health Initiatives

## Notes to Consolidated Financial Statements (continued)

### **1. Summary of Significant Accounting Policies (continued)**

contributions are included in the excess of revenue over expenses as donation revenues. Other gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as donations revenue when restricted for operations or as unrestricted net assets when restricted for property and equipment.

#### **Performance Indicator**

The performance indicator is the excess of revenues over expenses, which includes all changes in unrestricted net assets other than changes in the pension liability funded status, net assets released from restrictions for property acquisitions, the cumulative effect of changes in accounting principles, discontinued operations, contributions of property and equipment, and other changes not required to be included within the performance indicator under generally accepted accounting principles.

#### **Operating and Nonoperating Activities**

CHI's primary mission is to meet the health care needs in its market areas through a broad range of general and specialized health care services, including inpatient acute care, outpatient services, physician services, long-term care, and other health care services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Earnings from fixed-income investments held by FIIL are also classified within operating activities as such earnings support FIIL operations. Other activities that result in gains or losses peripheral to CHI's primary mission are considered to be nonoperating. Nonoperating activities include all other investment earnings, losses from bond defeasance, net interest cost and changes in fair value of interest rate swaps, and the nonoperating component of JOA income share adjustments.

#### **Charity Care**

As an integral part of its mission, CHI accepts and treats all patients without regard to the ability to pay. Services to patients are classified as charity care in accordance with standards established across all MBOs. Charity care represents services rendered for which partial or no payment is expected, and includes the cost of providing services to persons who cannot afford health care due to inadequate resources and/or who are uninsured or underinsured. CHI determines the cost

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **1. Summary of Significant Accounting Policies (continued)**

of charity care on the basis of an MBO's total cost as a percentage of total charges applied to the charges incurred by patients qualifying for charity care under CHI's policy. This amount is not included in net patient services revenues in the accompanying consolidated statements of operations and changes in net assets. The estimated cost of charity care provided was \$320.7 million and \$248.7 million in 2013 and 2012, respectively, for continuing operations, and \$2.0 million and \$6.8 million in 2013 and 2012, respectively, for discontinued operations.

#### **Other Nonpatient Revenues**

Other nonpatient revenues include services sold to external health care providers, gains on acquisitions of subsidiaries, cafeteria sales, rental income, retail pharmacy and durable medical equipment sales, auxiliary and gift shop revenues, meaningful use payments, gains and losses on the sales of assets, the operating portion of revenue-sharing income or expense associated with Direct Affiliates that are part of JOAs, and revenues from other miscellaneous sources.

#### **Derivative and Hedging Instruments**

CHI uses derivative financial instruments (interest rate swaps) in managing its capital costs. These interest rate swaps are recognized at fair value on the consolidated balance sheets. CHI has not designated its interest rate swaps related to CHI's long-term debt as hedges. The net interest cost and change in the fair value of such interest rate swaps is recognized as a component of nonoperating gains (losses) in the accompanying consolidated statements of operations. It is CHI's policy to net the value of collateral on deposit with counterparties against the fair value of its interest rate swaps in other liabilities on the consolidated balance sheets.

#### **Functional Expenses**

CHI provides inpatient, outpatient, ambulatory, long-term care and community-based services to individuals within the various geographic areas supported by its facilities. Support services include administration, finance and accounting, information technology, public relations, human resources, legal, mission services and other functions that are supported centrally for all of CHI. Support services expenses as a percentage of total operating expenses were approximately 5.5% and 5.0% in 2013 and 2012, respectively.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **1. Summary of Significant Accounting Policies (continued)**

##### **Restructuring, Impairment and Other Losses**

CHI periodically evaluates property, equipment, goodwill and certain other intangible assets to determine whether assets may have been impaired. Management determined there were certain property and equipment impairments in both 2013 and 2012 to the extent that the fair values (estimated based upon discounted cash flows) of those assets were less than the underlying carrying values.

During the years ended June 30, 2013 and 2012, CHI recorded total charges of \$155.3 million and \$58.7 million, respectively, relating to asset impairments and changes in business operations, including reorganization and severance costs. Of this amount, \$59.3 million and \$47.7 million were from continuing operations and reported in the consolidated statements of operations for 2013 and 2012, respectively, and \$96.0 million and \$11.0 million were reported as discontinued operations in the consolidated statements of changes in net assets for 2013 and 2012, respectively.

##### **Income Taxes**

CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code. CHI owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax.

Management reviews its tax positions annually and has determined that there are no material uncertain tax positions that require recognition in the accompanying consolidated financial statements.

##### **Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses. Actual results could vary from the estimates.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **1. Summary of Significant Accounting Policies (continued)**

##### **Meaningful Use of Certified Electronic Health Record Technology Incentive Payments**

The American Recovery and Reinvestment Act of 2009 provides for Medicare and Medicaid incentive payments beginning in 2011 to certain hospitals and professionals that implement and achieve meaningful use of certified electronic health record (EHR) technology in ways that demonstrate improved quality and effectiveness of care. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. An initial Medicaid incentive payment is available to providers that adopt, implement or upgrade certified EHR technology. However, in order to receive additional Medicaid incentive payments in subsequent years, providers must demonstrate continued meaningful use of EHR technology.

CHI accounts for meaningful use incentive payments under the gain contingency model. Medicare EHR incentive payments are recognized as revenues when eligible providers demonstrate meaningful use of certified EHR technology and the cost report information for the full cost report year that will determine the full calculation of the incentive payment is available. Medicaid EHR incentive payments are recognized as revenues when an eligible provider demonstrates meaningful use of certified EHR technology. CHI recognized \$32.5 million and \$11.3 million of Medicare meaningful use revenues and \$8.2 million and \$20.7 million of Medicaid meaningful use revenues in its consolidated statements of operations for fiscal year 2013 and 2012, respectively.

##### **Reclassifications**

Certain reclassifications were made to the 2012 consolidated financial statement presentation to conform to the 2013 presentation.

#### **2. Community Benefit (Unaudited)**

In accordance with its mission and philosophy, CHI commits substantial resources to sponsor a broad range of services to both the poor and the broader community. Community benefit provided to the poor includes the cost of providing services to persons who cannot afford health care due to inadequate resources and/or who are uninsured or underinsured. This type of community benefit includes the costs of traditional charity care, unpaid costs of care provided to beneficiaries of Medicaid and other indigent public programs, services such as free clinics and

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 2. Community Benefit (Unaudited) (continued)

meal programs for which a patient is not billed or for which a nominal fee has been assessed, and cash and in-kind donations of equipment, supplies or staff time volunteered on behalf of the community

Community benefit provided to the broader community includes the costs of providing services to other populations who may not qualify as poor but may need special services and support. This type of community benefit includes the costs of services such as health promotion and education, health clinics and screenings, all of which are not billed or can be operated only on a deficit basis, unpaid portions of training health professionals such as medical residents, nursing students and students in allied health professions, and the unpaid portions of testing medical equipment and controlled studies of therapeutic protocols.

A summary of the cost of community benefit provided to both the poor and the broader community is as follows (in thousands)

	<b>2013</b>	<b>2012</b>
Cost of community benefit		
Cost of charity care provided	<b>\$ 320,666</b>	\$ 248,667
Unpaid cost of public programs, Medicaid and other indigent care programs	<b>289,436</b>	280,785
Nonbilled services	<b>36,237</b>	28,514
Cash and in-kind donations	<b>3,904</b>	3,221
Education research	<b>48,186</b>	49,640
Other benefit	<b>55,427</b>	52,369
	<b>753,856</b>	663,196
Total cost of community benefit from continuing operations		
Total cost of community benefit from discontinued operations	<b>8,095</b>	18,785
Total cost of community benefit	<b>761,951</b>	681,981
Unpaid cost of Medicare from continuing operations	<b>392,485</b>	368,245
Unpaid cost of Medicare from discontinued operations	<b>27,055</b>	26,226
Total unpaid cost of Medicare	<b>419,540</b>	394,471
Total cost of community benefit and the unpaid cost of Medicare	<b>\$ 1,181,491</b>	\$ 1,076,452

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **2. Community Benefit (Unaudited) (continued)**

The summary above has been prepared in accordance with the Catholic Health Association of the United States (CHA) publication, *A Guide for Planning & Reporting Community Benefit*. Community benefit is measured on the basis of total cost, net of any offsetting revenues, donations or other funds used to defray cost. During fiscal year 2013, CHI received \$28.3 million in funds used to subsidize charity care provided.

The total cost of community benefit from continuing and discontinued operations was 6.8% and 7.2% of total expenses before operating expenses related to restructuring, impairment and other losses in 2013 and 2012, respectively. The total cost of community benefit and the unpaid cost of Medicare from continuing and discontinued operations was 10.5% and 11.3% of total expenses before operating expenses related to restructuring, impairment and other losses in 2013 and 2012, respectively.

#### **3. Joint Operating Agreements and Investments in Unconsolidated Organizations**

##### **Joint Operating Agreements**

CHI participates in JOAs with hospital-based organizations in three separate market areas. The agreements generally provide for, among other things, joint management of the combined operations of the local facilities included in the JOAs through Joint Operating Companies (JOC). CHI retains ownership of the assets, liabilities, equity, revenues and expenses of the CHI facilities that participate in the JOAs. The financial statements of the CHI facilities managed under all JOAs are included in the CHI consolidated financial statements. Transfers of assets from facilities owned by the JOA participants generally are restricted under the terms of the agreements.

As of June 30, 2013, CHI has a 70% interest in a JOC based in Colorado and has a 50% interest in two other JOCs associated with other JOAs. As of June 30, 2012, CHI also held a 50% interest in the Alegent JOC, which was dissolved in November 2012 when CHI became the sole sponsor of Alegent. The dissolution resulted in a remeasurement of CHI's interest and the recognition of a \$21.0 million gain in fiscal year 2013. Such gain is reflected in other nonpatient revenues in the consolidated statements of operations.

CHI's interests in the JOCs are included in investments in unconsolidated organizations and totaled \$103.0 million and \$99.0 million at June 30, 2013 and 2012, respectively. CHI recognizes its investment in all JOCs under the equity method of accounting. The JOCs provide

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **3. Joint Operating Agreements and Investments in Unconsolidated Organizations (continued)**

varying levels of services to the related JOA sponsors, and operating expenses of the JOCs are allocated to each sponsoring organization. The unconsolidated JOCs had total assets of \$484.0 million and \$688.0 million at June 30, 2013 and 2012, respectively, and net assets of \$161.0 million and \$156.0 million, respectively.

#### **Investments in Unconsolidated Organizations**

**CHI Kentucky** – Effective on January 1, 2012, CHI purchased a controlling interest in Jewish Hospital and St. Mary's Healthcare Inc. and affiliates (JHSMH). CHI contributed its controlling interest, including its 25% joint venture investment in JHSMH, into a newly formed consolidated subsidiary, KentuckyOne Health (see Note 4, *Acquisitions and Divestitures*). As a result of the change in control of its investment in JHSMH, CHI recognized a gain in fiscal year 2012 on the remeasurement of its joint venture investment of \$45.0 million reported in other nonpatient revenues in the consolidated statements of operations.

**Preferred Professional Insurance Corporation (PPIC)** – PPIC is an unconsolidated affiliate of CHI. PPIC provides professional liability insurance and other related services to preferred physician and other health care providers that are associated with its owners. CHI owns a 27% interest in PPIC and accounts for its investment under the equity method of accounting. The book value of the investment was \$56.0 million and \$50.0 million at June 30, 2013 and 2012, respectively. PPIC had net assets of \$208.0 million and \$184.0 million at December 31, 2012 and 2011, respectively.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 3. Joint Operating Agreements and Investments in Unconsolidated Organizations (continued)

**Other Entities** – The summarized financial positions and results of operations for the other entities accounted for under the equity method as of and for the periods ended June 30, excluding the investments described above, are as follows (in thousands)

	2013					
	Medical Office Buildings	Outpatient and Diagnostic Services	Ambulatory Surgery Centers	Physician Practices	Other Investees	Total
Total assets	\$ 34,746	\$ 265,568	\$ 65,084	\$ 28,697	\$ 275,661	\$ 669,756
Total debt	33,106	24,408	11,998	12,535	60,474	142,521
Net assets	1,414	195,874	44,996	8,758	172,800	423,842
Net patient services revenues	–	260,204	138,577	34,197	167,914	600,892
Total revenues, net	6,309	353,484	142,775	37,065	310,439	850,072
Excess of revenues over expenses	872	34,633	44,385	4,241	29,416	113,547
	2012					
	Medical Office Buildings	Outpatient and Diagnostic Services	Ambulatory Surgery Centers	Physician Practices	Other Investees	Total
Total assets	\$ 29,557	\$ 259,753	\$ 58,575	\$ 19,997	\$ 140,714	\$ 508,596
Total debt	27,793	12,866	10,627	8,637	18,062	77,985
Net assets	1,160	195,293	42,396	8,462	76,977	324,288
Net patient services revenues	–	277,668	125,121	33,254	109,779	545,822
Total revenues, net	5,845	380,983	125,326	35,685	218,627	766,466
Excess of revenues over expenses	477	37,039	34,367	5,854	15,284	93,021

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 4. Acquisitions and Divestitures

##### Continuing Operations

The following table is a summary of the business combinations that occurred in fiscal year 2013

	St. Luke's	Highline	UMC	Alegent	Total
<b>Fiscal Year 2013</b>					
Purchase consideration					
Cash	\$ 1,000,000	\$ —	\$ —	\$ 553,700	\$ 1,553,700
Note payable	260,000	—	—	—	260,000
Contingent consideration	—	—	217,709	—	217,709
Equity interest in Alegent	—	—	—	33,934	33,934
Gain on business combination	—	55,436	—	20,989	76,425
	<u>\$ 1,260,000</u>	<u>\$ 55,436</u>	<u>\$ 217,709</u>	<u>\$ 608,623</u>	<u>\$ 2,141,768</u>

	St. Luke's	Highline	UMC	Alegent	Total
<b>Fiscal Year 2013</b>					
Purchase price allocation					
Cash and investments	\$ 1,153,253	\$ 57,133	\$ 94,061	\$ 496,309	\$ 1,800,756
Patient and other accounts receivable	180,106	27,268	65,723	118,833	391,930
Other current assets	37,413	5,081	29,601	34,884	106,979
Property and equipment	1,046,341	137,148	176,004	474,996	1,834,489
Intangible assets	41,124	1,494	—	982	43,600
Goodwill	—	—	53,178	92,964	146,142
Other assets	25,600	17,745	9,367	63,798	116,510
Current liabilities	(175,081)	(34,087)	(76,202)	(206,630)	(492,000)
Pension liability	(3,559)	(12,307)	—	(48,216)	(64,082)
Other liabilities	(153,436)	(5,355)	(11,202)	(81,344)	(251,337)
Notes payable to CHI	—	—	—	(337,953)	(337,953)
Debt	(891,761)	(138,684)	(122,821)	—	(1,153,266)
	<u>\$ 1,260,000</u>	<u>\$ 55,436</u>	<u>\$ 217,709</u>	<u>\$ 608,623</u>	<u>\$ 2,141,768</u>

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 4. Acquisitions and Divestitures (continued)

**St. Luke's Health System** – Effective June 1, 2013, CHI acquired the operations of St. Luke's Health System (St. Luke's), a six-hospital system based in Houston, Texas, from Episcopal Health Foundation for cash and a note payable. For the month of June 2013, the operations of St. Luke's contributed \$95.2 million in operating revenues and \$12.8 million of deficit of revenues over expenses to the CHI consolidated results of operations.

**Highline Medical Center** – Effective April 1, 2013, Highline Medical Center (Highline) was acquired by CHI for no consideration, resulting in the recognition of a \$55.4 million gain calculated as the fair value of assets acquired and liabilities assumed determined based upon observable (Level 2) inputs. Highline is a 154-bed acute care hospital based in Burien, Washington. Including the contribution gain, Highline reported \$103.7 million in operating revenues and \$52.8 million in excess of revenues over expenses to the CHI consolidated results of operations for the period April 1 through June 30, 2013.

**University Medical Center and University of Louisville Hospital** – Effective March 1, 2013, KentuckyOne Health, University Medical Center (UMC) and the University of Louisville entered into a partnership, structured as a joint operating agreement between University Medical Center and KentuckyOne Health, whereby KentuckyOne Health controls substantially all of UMC's operations, which consist of the University of Louisville Hospital and the James Graham Brown Cancer Center (ULH). As part of the agreement, KentuckyOne Health has committed to provide financial support to the University of Louisville over the next 20 years, which as of the acquisition date had a fair value of \$217.7 million based upon discounted cash flows and probability-weighted performance assumptions (Level 3 inputs). The value of such contingent consideration will be remeasured at fair value on an annual basis. For the period from March 1 through June 30, 2013, the operations of ULH contributed \$166.3 million of operating revenues and \$11.8 million of excess of revenues over expenses to the CHI consolidated results of operations, prior to the effects of the JOA revenue-sharing arrangement.

**Alegent Creighton Health and Affiliates** – Effective November 1, 2012, CHI became the sole corporate sponsor of Alegent based in Omaha, Nebraska. In addition to the operations of Bergan Mercy Health System and Affiliates (Bergan Mercy) previously owned and consolidated by CHI, CHI now consolidates the Alegent operations, which include the operations of Immanuel and the operations of Creighton University Medical Center. For the period from November 1, 2012 through June 30, 2013, incremental Alegent (excluding the Bergan Mercy component) contributed \$611.1 million in operating revenues and \$18.1 million of excess of revenues over expenses to the CHI consolidated results of operations.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 4. Acquisitions and Divestitures (continued)

**Soundpath Health** – Effective on March 1, 2013, CHI acquired a 55.6% majority interest in Soundpath Health, Inc., (Soundpath), a provider-owned health care plan based in Federal Way, Washington, that offers Medicare Advantage plans. CHI paid \$12.1 million for shares of common stock and an additional \$12.1 million for preferred shares in Soundpath. Of the total purchase price, \$16.3 million was allocated to goodwill.

The following table is a summary of the business combinations that occurred in fiscal year 2012:

	<b>JHSMH</b>	<b>Nebraska Heart</b>	<b>Total</b>
<b>Fiscal Year 2012</b>			
Purchase consideration			
Cash	\$ –	\$ 131.127	\$ 131.127
Equity interest in JHSMH	19.659	–	19.659
Gain on business combination	57.293	–	57.293
Fair market value of noncontrolling interests	181.551	–	181.551
	<u>\$ 258.503</u>	<u>\$ 131.127</u>	<u>\$ 389.630</u>
Purchase price allocation			
Cash and investments	\$ 275.764	\$ 146	\$ 275.910
Patient and other accounts receivable	123.040	9.815	132.855
Other current assets	33.011	3.079	36.090
Property and equipment	451.662	45.150	496.812
Intangible assets	–	10.123	10.123
Goodwill	–	69.786	69.786
Other assets	17.330	–	17.330
Current liabilities	(143.277)	(6.417)	(149.694)
Other liabilities	(87.459)	(555)	(88.014)
Debt	(411.568)	–	(411.568)
Net consideration/assets acquired	<u>\$ 258.503</u>	<u>\$ 131.127</u>	<u>\$ 389.630</u>

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 4. Acquisitions and Divestitures (continued)

**KentuckyOne Health** – Effective on January 1, 2012, CHI acquired an additional 58% interest in JHSMH from Jewish Hospital HealthCare Services, Inc (JHHS) in exchange for a noncontrolling interest in KentuckyOne Health, a new statewide health care network in the state of Kentucky, through the combination of JHSMH and St Joseph Health System, a CHI-sponsored MBO. CHI has a controlling interest of approximately 83% in KentuckyOne Health and JHHS has the remaining 17% interest. The fair value of the noncontrolling interest upon acquisition of \$181.6 million was determined using valuation techniques including discounted cash flows. For the period from January 1 to June 30, 2012, JHSMH contributed \$477.1 million of operating revenues and \$62.2 million of deficit of revenues over expenses to the CHI consolidated results of operations.

**Nebraska Heart Hospital and Nebraska Heart Institute** – Effective on August 1, 2011, CHI acquired Nebraska Heart Hospital and Nebraska Heart Institute (Nebraska Heart) for a gross purchase price of \$131.1 million in cash consideration. The acquisition allowed CHI to expand cardiac, thoracic and vascular care across the state of Nebraska.

On an unaudited pro forma basis, had CHI owned or been party to agreements with St Luke's, Highline, University Medical Center and Alegent at the beginning of fiscal year 2013, these entities would have contributed \$2.8 billion of operating revenues and \$62.6 million of operating income before restructuring. Had CHI owned or been party to agreements with St Luke's, Highline, University Medical Center, Alegent, JHSMH, and Nebraska Heart at the beginning of fiscal year 2012, these entities would have contributed \$3.7 billion in operating revenues and \$56.5 million operating income before restructuring. However, unaudited pro forma information is not necessarily indicative of the historical results that would have been obtained had the transaction actually occurred on those dates, nor of future results.

#### Discontinued Operations

In 2012, CHI committed to a plan to sell the MBOs in Denville, New Jersey, Towson, Maryland, and Pierre, South Dakota. The Towson MBO was sold to the University of Maryland Medical System effective on December 1, 2012, for preliminary sales proceeds of \$154.0 million. Contingent sales proceeds of \$45.7 million have been placed in escrow pending final disposition of certain open items. A final determination is expected by December 31, 2013. The Pierre MBO was sold to Avera Health effective January 1, 2013, for net sales proceeds of \$50.0 million and a loss on disposition of \$27.7 million. In May 2013, CHI agreed to sell the Denville MBO to Prime

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 4. Acquisitions and Divestitures (continued)

Healthcare Services for \$100.0 million. The transaction is subject to governmental and Church approvals and is expected to close towards the middle of fiscal year 2014. In accordance with Accounting Standards Codification (ASC) 205-20, *Discontinued Operations*, and ASC 360-10, *Impairment or Disposal of Long-Lived Assets*, the results of operations associated with these MBOs have been reported as discontinued operations and are included in the consolidated statements of changes in net assets. Assets held for sale consist primarily of net patient accounts receivable, net property and other long-term assets. Liabilities held for sale consist primarily of accrued compensation and benefits, accounts payable and deferred revenues.

Related to discontinued operations, CHI recorded a deficiency of revenues over expenses of \$108.6 million and \$45.1 million for the years ended June 30, 2013 and 2012, respectively, which is reported as discontinued operations in the accompanying consolidated statements of changes in net assets. Included in fiscal year 2013 is an impairment loss of \$64.8 million related to adjusting the carrying value of property, plant and equipment at the Denville MBO to its net realizable value. Total operating revenues and deficiency of revenues over expenses included in the results of discontinued operations for the years ended June 30 are summarized below (in thousands).

	<u>2013</u>	<u>2012</u>
Total operating revenues	\$ 464,809	\$ 687,971
Total operating expenses	(485,949)	(721,930)
Restructuring and other losses	(95,924)	(10,987)
Nonoperating gains (losses)	8,470	(149)
Deficiency of revenues over expenses	<u>\$ (108,594)</u>	<u>\$ (45,095)</u>

The consolidated statements of cash flows include the use of \$24.9 million and \$45.4 million of operating, investing and financing activities related to discontinued operations for the years ended June 30, 2013 and 2012, respectively.

#### 5. Net Patient Services Revenues

Net patient services revenues are derived from services provided to patients who are either directly responsible for payment or are covered by various insurance or managed care programs. CHI receives payments from the federal government on behalf of patients covered by the

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 5. Net Patient Services Revenues (continued)

Medicare program, from state governments for Medicaid and other state-sponsored programs, from certain private insurance companies and managed care programs and from patients themselves. A summary of payment arrangements with major third-party payors follows:

**Medicare** – Inpatient acute care and certain outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge or procedure. These rates vary according to patient classification systems based on clinical, diagnostic and other factors. Certain CHI facilities have been designated as critical access hospitals and, accordingly, are reimbursed their cost of providing services to Medicare beneficiaries. Professional services rendered by physicians are paid based on the Medicare allowable fee schedule.

**Medicaid** – Inpatient services rendered to Medicaid program beneficiaries are primarily paid under the traditional Medicaid plan at prospectively determined rates per discharge. Certain outpatient services are reimbursed based on a cost reimbursement methodology, fee schedules or discounts from established charges.

**Other** – CHI has also entered into payment agreements with certain managed care and commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to CHI under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

CHI's Medicare, Medicaid and other payor utilization percentages, based upon net patient services revenues, are summarized as follows:

	2013	2012
Medicare	32%	31%
Medicaid	8	7
Managed care	40	39
Self-pay	8	8
Commercial and other	12	15
	100%	100%

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 5. Net Patient Services Revenues (continued)

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Estimated settlements related to Medicare and Medicaid of \$103.0 million and \$57.0 million at June 30, 2013 and 2012, respectively, are included in third-party liabilities. Net patient services revenues from continuing operations increased by \$38.0 million in 2013 and \$20.5 million in 2012 due to favorable changes in estimates related to prior-year settlements. Also during 2012, CHI prevailed on the appeal of two cost report settlements from the Centers for Medicare and Medicaid Services (CMS) related to the calculation used by CMS for the rural floor wage index and for the disallowance of insurance premiums paid to FIIL. The settlement amounts are included in the 2012 net patient services revenues from continuing operations, and totaled \$76.7 million for the rural floor wage index and \$19.8 million for the insurance premiums. The appeals spanned years from 1997 through 2011.

#### 6. Investments and Assets Limited as to Use

CHI's investments and assets limited as to use as of June 30 are reported in the accompanying consolidated balance sheets as presented in the following table (in thousands):

	<b>2013</b>	<b>2012</b>
Cash and equivalents	\$ 244,077	\$ 153,459
CHI Investment Program	<b>4,911,135</b>	4,821,534
Marketable equity securities	<b>858,537</b>	315,064
Marketable fixed-income securities	<b>773,069</b>	477,440
Hedge funds and other investments	<b>323,885</b>	162,191
	<b>7,110,703</b>	5,929,688
Less current portion	<b>(11,697)</b>	(1,901)
	<b>\$ 7,099,006</b>	\$ 5,927,787

Net unrealized gains at June 30, 2013 and 2012, were \$297.3 million and \$144.0 million, respectively.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **6. Investments and Assets Limited as to Use (continued)**

CHI attempts to reduce its market risk by diversifying its investment portfolio using cash equivalents, fixed-income securities, marketable equity securities and alternative investments. Most of the U.S. Treasury, money market funds and corporate debt obligations as well as exchange-traded marketable securities held by CHI and the CHI Investment Program (the Program) have an actively traded market. However, CHI also invests in commercial paper, mortgage-backed or other asset-backed securities, alternative investments (such as hedge funds, private equity investments, real estate funds, funds of funds, etc.), collateralized debt obligations, municipal securities and other investments that have potential complexities in valuation based upon the current conditions in the credit markets. For some of these instruments, evidence supporting the determination of fair value may not come from trading in active primary or secondary markets. Because these investments may not be readily marketable, the estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had an active market for such investments existed. Such differences could be material. However, management reviews the CHI investment portfolio on a regular basis and seeks guidance from its professional portfolio managers related to U.S. and global market conditions to determine the fair value of its investments. CHI believes the carrying amount of these financial instruments in the consolidated financial statements is a reasonable estimate of fair value. Additionally, CHI assesses the risk of impairment related to securities held in its investment portfolio on a regular basis and noted no impairment during the years ended June 30, 2013 and 2012.

Substantially all CHI long-term investments are held in the Program. The Program is structured under a Limited Partnership Agreement with CHI as managing general partner and numerous limited partners, most sponsored by CHI. The partnership provides a vehicle whereby virtually all entities associated with CHI, as well as certain other unrelated entities, can seek to optimize investment returns while managing investment risk. Entities participating in the Program that are not consolidated in the accompanying financial statements have the ability to direct their invested amounts and liquidate and/or withdraw their interest without penalty as soon as practicable based on market conditions but within 180 days of notification. The Limited Partnership Agreement permits a majority vote of the noncontrolling limited partners to terminate the partnership. Accordingly, CHI recognizes only the portion of Program assets attributable to CHI and its sponsored affiliates. Program assets attributable to CHI and its Direct Affiliates represented 90% and 86% of total Program assets at June 30, 2013 and 2012.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 6. Investments and Assets Limited as to Use (continued)

The Program asset allocation at June 30 is as follows

	<b>2013</b>	<b>2012</b>
Marketable equity securities	<b>43%</b>	44%
Marketable fixed-income securities	<b>32</b>	35
Alternative investments	<b>24</b>	19
Cash and equivalents	<b>1</b>	2
	<b>100%</b>	100%

The CHI Investment Committee (the Investment Committee) of the Board of Stewardship Trustees is responsible for determining asset allocations among fixed-income, equity, and alternative investments. At least annually, the Investment Committee reviews targeted allocations and, if necessary, makes adjustments to targeted asset allocations. Given the diversity of the underlying securities in which the Program invests, management does not believe there is a significant concentration of credit risk. Investment income is comprised of the following for the years ended June 30 (in thousands)

	<b>2013</b>	<b>2012</b>
Dividend and interest income	<b>\$ 142,054</b>	\$ 123,310
Net realized gains	<b>262,067</b>	86,517
Net unrealized gains (losses)	<b>151,232</b>	(152,888)
Total investment income from continuing operations	<b>\$ 555,353</b>	\$ 56,939
Included in other nonpatient revenue	<b>\$ 66,529</b>	\$ 37,169
Included in nonoperating gains	<b>488,824</b>	19,770
Total investment income from continuing operations	<b>555,353</b>	56,939
Total investment income (loss) from discontinued operations	<b>8,470</b>	(149)
Total investment income	<b>\$ 563,823</b>	\$ 56,790

Direct expenses of the Program are less than 0.4% of total assets. Fees paid to the alternative investment managers are not included in the total expense calculation as they are not a direct expense of the Program.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **7. Fair Value of Assets and Liabilities**

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement).

The three levels of the fair value hierarchy and a description of the valuation methodologies used for instruments measured at fair value are as follows:

Level 1 – Valuation is based upon quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2 – Valuation is based upon quoted prices for similar assets and liabilities in active markets or other inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial asset or liability.

Level 3 – Valuation is based upon other unobservable inputs that are significant to the fair value measurement.

Certain of CHI's alternative investments are made through limited liability companies (LLC) and limited liability partnerships (LLP). These LLCs and LLPs provide CHI with a proportionate share of the investment gains (losses). CHI accounts for its ownership in the LLCs and LLPs under the equity method. CHI also accounts for its ownership in the Partnership under the equity method. As such, these investments are excluded from the scope of ASC 820.

Catholic Health Initiatives

Notes to Consolidated Financial Statements (continued)

**7. Fair Value of Assets and Liabilities (continued)**

Financial assets and liabilities measured at fair value on a recurring basis were determined using the market approach based upon the following inputs at June 30 (in thousands)

	<b>2013</b>			
	<b>Fair Value Measurements at Reporting Date Using</b>			
	<b>Fair Value as of June 30</b>	<b>(Level 1) Quoted Prices in Active Markets</b>	<b>(Level 2) Other Observable Inputs</b>	<b>(Level 3) Unobservable Inputs</b>
<b>Assets</b>				
Assets limited as to use				
Cash and short-term investments	\$ 244,077	\$ 197,385	\$ 46,692	\$ –
Marketable equity securities	858,537	858,537	–	–
Marketable fixed-income securities	773,069	123,996	649,073	–
Other investments	11,718	–	–	11,718
Deferred compensation assets				
Cash and short-term investments	12,035	12,035	–	–
	<b>\$ 1,899,436</b>	<b>\$ 1,191,953</b>	<b>\$ 695,765</b>	<b>\$ 11,718</b>
<b>Liabilities</b>				
Interest rate swaps	\$ 271,634	\$ –	\$ 271,634	\$ –
Deferred compensation liability	12,035	12,035	–	–
	<b>\$ 283,669</b>	<b>\$ 12,035</b>	<b>\$ 271,634</b>	<b>\$ –</b>

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 7. Fair Value of Assets and Liabilities (continued)

	2012				
	<u>Fair Value Measurements at Reporting Date Using</u>				
	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	
<u>as of</u>	<u>Quoted Prices</u>	<u>Other</u>	<u>Unobservable</u>		
<u>June 30</u>	<u>in Active</u>	<u>Observable</u>	<u>Inputs</u>	<u>Inputs</u>	
	<u>Markets</u>	<u>Inputs</u>			
<b>Assets</b>					
Assets limited as to use					
Cash and short-term investments	\$ 153,459	\$ 106,489	\$ 46,970	\$	–
Marketable equity securities	315,064	315,064	–		–
Marketable fixed-income securities	477,440	900	476,540		–
Other investments	1,953	–	–		1,953
Deferred compensation assets					
Cash and short-term investments	10,852	10,852	–		–
	<u>\$ 958,768</u>	<u>\$ 433,305</u>	<u>\$ 523,510</u>	<u>\$</u>	<u>1,953</u>
<b>Liabilities</b>					
Interest rate swaps	\$ 238,549	\$ –	\$ 238,549	\$	–
Deferred compensation liability	10,852	10,852	–		–
	<u>\$ 249,401</u>	<u>\$ 10,852</u>	<u>\$ 238,549</u>	<u>\$</u>	<u>–</u>

The fair values of the instruments included in Level 1 were determined through quoted market prices. Level 1 instruments include money market funds, mutual funds and marketable debt and equity securities. The fair values of Level 2 instruments were determined through evaluated bid prices based on recent trading activity and other relevant information, including market interest rate curves and referenced credit spreads, estimated prepayment rates, where applicable, are used for valuation purposes and are provided by third-party services where quoted market values are not available. Level 2 instruments include corporate fixed-income securities, government bonds, mortgage and asset-backed securities, and interest rate swaps. The fair values of Level 3

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 7. Fair Value of Assets and Liabilities (continued)

securities are determined primarily through information obtained from the relevant counterparties for such investments. Information on which these securities' fair values are based is generally not readily available in the market.

#### 8. Property and Equipment

A summary of property and equipment is as follows as of June 30 (in thousands)

	<u>2013</u>	<u>2012</u>
Land and improvements	\$ 596,548	\$ 392,427
Buildings and improvements	6,399,345	5,098,617
Equipment	4,612,302	3,814,431
	<u>11,608,195</u>	<u>9,305,475</u>
Less accumulated depreciation	<u>(5,009,102)</u>	<u>(4,594,250)</u>
	6,599,093	4,711,225
Construction in progress	1,187,147	635,310
	<u>\$ 7,786,240</u>	<u>\$ 5,346,535</u>

CHI evaluates whether events and circumstances have occurred that indicate the remaining useful life of property, equipment and certain other intangible assets may not be recoverable. Management determined there were impairment issues in both 2013 and 2012, to the extent that the undiscounted cash flows estimated to be generated by certain assets were less than the underlying carrying value. CHI recorded \$4.9 million and \$16.0 million in impairment losses in continuing operations for 2013 and 2012, respectively, resulting from charges related to estimated fair value deficiencies (based upon projected discounted cash flows) at various MBOs.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 9. Debt Obligations

The following is a summary of debt obligations as of June 30 (in thousands)

	Interest Rates at June 30, 2013	2013	2012
<b>CHI debt issued under the COD</b>			
Variable-rate Bonds			
Series 1997B, maturing through 2022	0.14%	\$ 9,200	\$ 18,900
Series 2000B, maturing 2027	0.07	24,000	27,300
Series 2002B, maturing 2032	0.07	97,800	103,300
Series 2004B, maturing through 2044	0.04-0.07	180,700	180,700
Series 2004C, maturing through 2044	0.05-0.07	163,300	163,300
Series 2008A, maturing 2036	0.14	120,260	120,260
Series 2008C, maturing 2041	0.06	50,000	50,000
Series 2011B, maturing 2046	0.06	158,155	158,155
Series 2011C, maturing 2046	0.13	123,000	125,000
Fixed-rate Bonds			
Series 2002A, maturing 2017	5.50	3,400	4,140
Series 2004A, maturing through 2034	4.75-5.00	146,605	146,605
Series 2006A, maturing 2041	4.00-5.00	270,635	384,135
Series 2006C, maturing through 2041	3.85-5.10	250,000	250,000
Series 2008C, maturing through 2041	4.00-5.00	105,000	105,000
Series 2008D, maturing through 2038	5.00-6.38	471,450	473,950
Series 2009A, maturing 2039	3.50-5.50	748,760	772,110
Series 2009B, maturing through 2039	4.00-5.00	252,360	260,995
Series 2011A, maturing 2041	3.00-5.25	506,090	526,090
Series 2012A, maturing 2035	3.00-5.00	271,260	271,260
Series 2012 Taxable, maturing 2042	1.60-4.35	1,500,000	-
Commercial Paper		442,475	475,625
Unamortized debt premium		59,538	58,832
Unamortized debt discount		(11,192)	(9,801)
Total CHI debt issued under the COD		5,942,796	4,665,856
<b>St. Luke's debt issued under Master Trust Indenture</b>			
Variable-rate Bonds			
Series 2012, maturing 2021	0.92%	150,220	-
Series 2008, maturing 2041	0.10	100,000	-
Series 2005, maturing 2032	0.08	132,600	-
Fixed-Rate Series 2009, maturing 2025	3.75-5.625	150,798	-
Unsecured Bank Notes			
Maturing through 2014	0.67	7,200	-
Maturing through 2017	1.78	92,598	-
Total St. Luke's debt issued under Master Trust Indenture		633,416	-
Note payable issued to Episcopal Foundation		260,000	-
Capital leases and other debt		569,845	77,391
		7,406,057	4,743,247
Less: Amounts classified as current			
Variable-rate debt with self-liquidity		(321,455)	(321,455)
Commercial paper and current portion of debt		(749,617)	(643,083)
Long-term debt		\$ 6,334,985	\$ 3,778,709

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 9. Debt Obligations (continued)

The fair value of debt obligations was approximately \$7.3 billion at June 30, 2013. Management has determined the carrying values of the variable-rate bonds are representative of fair values as of June 30, 2013, as the interest rates are set by the market participants. The fair value of the fixed-rate tax-exempt bond obligations as of June 30, 2013, is determined by applying credit spreads for similar tax-exempt obligations in the marketplace, which are then used to calculate a price/yield for the outstanding obligations.

A summary of scheduled principal payments, based upon stated maturities, on long-term debt for the next five-years is as follows (in thousands):

Year Ending June 30	<u>Amounts Due</u>
2014	\$ 749,617
2015	244,184
2016	249,028
2017	216,493
2018	391,050

CHI issues the majority of its debt under the COD and is the sole obligor. Bondholder security resides both in the unsecured promise by CHI to pay its obligations and in its control of its Direct and Designated Affiliates. Covenants include a minimum CHI debt service coverage ratio and certain limitations on secured debt. The Direct Affiliates of CHI, defined as Participants under the COD, have agreed to certain covenants related to corporate existence, maintenance of insurance and exempt use of bond-financed facilities.

In October 2012, CHI issued \$1.5 billion of par value long-term, fixed-rate, taxable bonds. Proceeds were used to finance a wide array of strategic initiatives, including affiliations in key areas.

In November 2011, CHI issued \$809.2 million of fixed-rate, variable-rate and Windows variable-rate bonds (Windows) in the states of Colorado, Kentucky and Washington. Proceeds were used to refund \$223.5 million of existing debt and to redeem \$116.8 million of commercial paper outstanding. Concurrent with the issuance of these bonds, CHI converted \$50.0 million of Ohio Series 2008C-2 bonds to bear interest at weekly rates. Also, during November 2011, CHI redeemed \$55.8 million of existing debt. These redemptions resulted in a loss on extinguishment of \$0.7 million.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 9. Debt Obligations (continued)

Total debt at June 30, 2013, includes \$894.9 million of debt related to the acquisition of St. Luke's, including \$533.6 million of St. Luke's series revenue bonds. St. Luke's is a member of the St. Luke's Health System Obligated Group, and together with various of its consolidated subsidiaries, are the obligors under each of the St. Luke's bond issues. Obligated Group members are jointly and severally obligated to pay the notes issued under the master trust indenture. Notes issued under the master trust indenture are equally and ratably secured by a pledge of the accounts receivable of St. Luke's Medical Center and St. Luke's Woodlands Hospital. Payments to bondholders are funded by St. Luke's under the St. Luke's master trust indenture with the trustee of the respective bond issues. Under the related indentures and agreements, St. Luke's is required to satisfy and abide by certain measures of financial and operating performance.

As part of the December 2012 divestiture of CHI's facilities in Towson, Maryland, \$113.5 million of Series 2006A bonds were legally defeased, resulting in a loss on defeasance of \$18.0 million.

In connection with the acquisition of JHSMH in January 2012, CHI acquired \$342.0 million of JHSMH 2008 series bonds and \$43.0 million of JHSMH 1996 series bonds. In January 2012, the 1996 bonds were legally defeased, which resulted in a loss on defeasance of \$0.5 million. In April 2012, CHI issued \$271.3 million of par value bonds in the state of Kentucky. Debt proceeds of \$299.7 million and cash of \$114.3 million were used to refund \$322.9 million and legally defease \$88.4 million of the 2008 bonds. The transaction resulted in a loss on extinguishment of \$69.4 million.

CHI has two types of external liquidity facilities: those that are dedicated to specific series of variable-rate demand bonds (VRDB) and those that are not dedicated to a particular series of VRDBs but may be used to support CHI's obligations to fund tenders of VRDBs and pay the maturing principal of commercial paper. Liquidity facilities that are dedicated to specific series of bonds were \$605.0 million and \$625.5 million at June 30, 2013 and 2012, respectively, of which \$7.9 million and \$9.4 million, respectively, are classified as current debt. The remaining \$597.1 million and \$616.1 million at June 30, 2013 and 2012, respectively, are reported as long-term debt due to the repayment terms on any associated drawings extending beyond the subsequent fiscal year under the terms of the specific agreements.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **9. Debt Obligations (continued)**

Liquidity facilities not dedicated for specific series of VRDBs but used to support CHI's obligations to fund tenders and to pay maturing principal of commercial paper were \$390.0 million and \$435.0 million at June 30, 2013 and 2012, respectively. At June 30, 2013 and 2012, respectively, \$442.5 million and \$475.6 million of commercial paper were classified as current due to maturities of less than one year, and \$321.5 million of VRDBs and Windows were also classified as current due to the holder's ability to put such VRDBs and Windows back to CHI without liquidity facilities dedicated to these bonds.

At June 30, 2013, CHI had a \$45.0 million credit facility with Wells Fargo Bank. Letters of credit totaling \$41.7 million have been issued for the benefit of third parties, principally in support of the self-insurance programs administered by FIIL. At June 30, 2013 and 2012, no amounts were outstanding under this credit facility.

CHI is a party to 13 floating-to-fixed interest rate swap agreements with notional amounts totaling \$1.6 billion and \$931.8 million at June 30, 2013 and 2012, respectively. Generally, it is CHI policy that all counterparties have an AA rating or better. The swap agreements require CHI to provide collateral if CHI's liability, determined on a mark-to-market basis, exceeds a specified threshold that varies based upon the rating on the corporation's long-term indebtedness. These fixed-payor swap agreements convert CHI's variable-rate debt to fixed-rate debt. The swaps have varying maturity dates ranging from December 2014 to February 2047. The fair value of the swaps is estimated based on the present value sum of anticipated future net cash settlements until the swaps' maturities. At June 30, 2013 and 2012, the fair value was \$271.6 million and \$238.5 million, respectively. Cash collateral balances of \$107.5 million and \$140.7 million at June 30, 2013 and 2012, respectively, are netted against the fair value of the swaps, and the net amount is reflected in other liabilities. The change in the fair value of these agreements was a net gain of \$98.9 million in 2013 and a net loss of \$121.9 million in 2012.

#### **10. Retirement Plans**

CHI and its direct affiliates maintain noncontributory, defined benefit retirement plans (Plans) covering substantially all employees. Benefits in the Plans are based on compensation, retirement age and years of service. Vesting occurs over a five-year period. Substantially all of the Plans are qualified as church plans and are exempt from certain provisions of both the Employee Retirement Income Security Act and Pension Benefit Guaranty Corporation premiums and coverage. Funding requirements are determined through consultation with independent actuaries.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **10. Retirement Plans (continued)**

CHI recognizes the funded status (that is, the difference between the fair value of plan assets and the projected benefit obligations) of its Plans in the consolidated balance sheets, with a corresponding adjustment to net assets. Actuarial gains and losses that arise and are not recognized as net periodic pension cost in the same periods are recognized as a component of changes in net assets.

In connection with the acquisition of Alegent in November 2012 and St. Luke's in June 2013, CHI acquired the pension plan assets and liabilities of each entity, herein referred to as the Alegent plan and St. Luke's plan, respectively. In connection with the acquisition of JHSMH in January 2012, CHI acquired the pension plan assets and liabilities of JHSMH, herein referred to as the JHSMH plan.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 10. Retirement Plans (continued)

A summary of the changes in the benefit obligation, fair value of plan assets and funded status of the Plans at the June 30 measurement dates is as follows (in thousands)

	<b>2013</b>	<b>2012</b>
Change in benefit obligation		
Benefit obligation, beginning of year	\$ 3,601,231	\$ 2,767,988
Service cost	205,037	169,477
Interest cost	151,763	153,204
Actuarial (gain) loss	(170,282)	446,352
JHSMH plan	–	183,733
Alegent plan	120,115	–
St. Luke's plan	267,074	–
Settlements	(17,931)	(8,495)
Curtailments	(134,233)	–
Benefits paid	(144,838)	(110,851)
Expenses paid	(451)	(177)
Benefit obligation, end of year	<b>3,877,485</b>	<b>3,601,231</b>
Change in the Plans' assets		
Fair value of the Plans' assets, beginning of year	2,708,411	2,452,465
Actual return on the Plans' assets, net of expenses	309,522	45,002
Employer contributions	203,564	194,279
JHSMH plan	–	136,188
Alegent plan	83,055	–
St. Luke's plan	263,218	–
Settlements	(17,848)	(8,495)
Benefits paid	(144,838)	(110,851)
Expenses paid	(451)	(177)
Fair value of the Plans' assets, end of year	<b>3,404,633</b>	<b>2,708,411</b>
Funded status of the Plans	<b>\$ (472,852)</b>	<b>\$ (892,820)</b>
End-of-year values		
Projected benefit obligation	\$ 3,877,485	\$ 3,601,231
Accumulated benefit obligation	<b>3,844,708</b>	<b>3,428,819</b>

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 10. Retirement Plans (continued)

As a result of market divestitures and other employee transitions in fiscal year 2013, one of the Plans was required to recognize a curtailment event, which is reflected in the June 30, 2013 benefit obligation. Additionally, a curtailment related to the expected future services reductions has occurred as a result of plan design changes for certain Plans, which will be effective in January 2014.

Included in net assets at June 30, 2013, are the following amounts that have not yet been recognized in net periodic pension cost: unrecognized prior service cost of \$0.4 million and unrecognized actuarial losses of \$724.2 million. The prior service cost and actuarial losses included in net assets and expected to be recognized in net periodic pension cost during the fiscal year ending June 30, 2014, are \$0.1 million and \$32.8 million, respectively.

The components of net periodic pension expense are as follows (in thousands):

	<b>2013</b>	<b>2012</b>
Components of net periodic pension expense		
Service cost	\$ 205,037	\$ 169,477
Interest cost	151,763	153,204
Expected return on the Plans' assets	(220,236)	(198,093)
Actuarial losses	91,606	39,029
Amortization of prior service benefit	174	187
Curtailments	367	-
Settlements	45	-
	<b>\$ 228,756</b>	<b>\$ 163,804</b>
Weighted-average assumptions		
Discount rate, beginning of year	<b>4.06%</b>	5.39%
Discount rate, end of year	<b>4.58</b>	4.06
Expected return on Plans' assets	<b>7.75</b>	7.75
Rate of compensation increase	<b>3.75</b>	3.75

The assumption for the expected return on the Plans' assets is based on historical returns and adherence to the asset allocations set forth in the Plans' investment policies. The expected return on the Plans' assets for determining pension cost was 7.75% in 2013 and 2012. The increase in the discount rate to 4.58% at June 30, 2013, decreased the pension benefit obligation by approximately \$187.2 million.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 10. Retirement Plans (continued)

A summary of the Plans' asset allocation targets, ranges by asset class and allocations by asset class at the measurement dates of June 30 is as follows

	<b>2013</b>	<b>2012</b>	<b>Target</b>	<b>Range</b>
Fixed-income securities	<b>25.6%</b>	29.8%	25.0%	15.0–35.0%
Equity securities	<b>55.1</b>	51.2	52.5	42.5–62.5
Alternative investments	<b>19.3</b>	19.0	22.5	12.5–32.5

The Plans' assets are invested in a portfolio designed to preserve principal and obtain competitive investment returns and long-term investment growth, consistent with actuarial assumptions, while minimizing unnecessary investment risk. Diversification is achieved by allocating assets to various asset classes and investment styles and by retaining multiple investment managers with complementary philosophies, styles and approaches. Although the objective of the Plans is to maintain asset allocations close to target, temporary periods may exist where allocations are outside of the expected range due to market conditions. The use of leverage is prohibited except as specifically directed in the alternative investment allocation. The portfolio is managed on a basis consistent with the CHI social responsibility guidelines.

The Plans' assets measured at fair value on a recurring basis were determined using the following inputs at June 30 (in thousands)

	<b>2013</b>			
	<b>Fair Value Measurements at Reporting Date Using</b>			
		<b>(Level 1)</b>	<b>(Level 2)</b>	<b>(Level 3)</b>
	<b>Fair Value as of June 30</b>	<b>Quoted Prices in Active Markets</b>	<b>Other Observable Inputs</b>	<b>Unobservable Inputs</b>
Cash and short-term investments	\$ 115,586	\$ 102,360	\$ 13,226	–
Marketable equity securities	1,715,087	1,715,087	–	–
Marketable fixed-income securities	916,766	220,833	695,933	–
Alternative investments	657,194	–	–	657,194
	<b>\$ 3,404,633</b>	<b>\$ 2,038,280</b>	<b>\$ 709,159</b>	<b>\$ 657,194</b>

Catholic Health Initiatives

Notes to Consolidated Financial Statements (continued)

10. Retirement Plans (continued)

	2012			
	Fair Value Measurements at Reporting Date Using			
		(Level 1)	(Level 2)	(Level 3)
	Fair Value as of June 30	Quoted Prices in Active Markets	Other Observable Inputs	Unobservable Inputs
Cash and short-term investments	\$ 128,098	\$ 117,585	\$ 10,513	\$ –
Marketable equity securities	1,318,456	1,318,456	–	–
Marketable fixed-income securities	756,137	230,647	525,490	–
Alternative investments	505,720	–	–	505,720
	<u>\$ 2,708,411</u>	<u>\$ 1,666,688</u>	<u>\$ 536,003</u>	<u>\$ 505,720</u>

A summary of the changes in the fair value of the Plans' investments for which Level 3 inputs were used at the June 30 measurement dates is as follows (in thousands)

	2013	2012
Beginning investments at fair value	\$ 505,720	\$ 494,683
Purchases of investments	91,868	24,306
Proceeds from sale of investments	(47,376)	(32,860)
Net change in unrealized appreciation on investments and effect of foreign currency translation	12,778	2,426
Net realized gains on investments	25,424	17,346
St. Luke's plan investments acquired	53,540	–
Net transfers into (out) of Level 3	15,240	(181)
Ending investments at fair value	<u>\$ 657,194</u>	<u>\$ 505,720</u>

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 10. Retirement Plans (continued)

CHI expects to contribute \$111.4 million to the Plans in fiscal year 2014. A summary of expected benefits to be paid to the Plans' participants and beneficiaries is as follows (in thousands):

Year Ending June 30	<u>Estimated Payments</u>
2014	\$ 210,586
2015	203,028
2016	224,238
2017	238,993
2018	250,017
2019–2023	1,396,923

#### 11. Concentrations of Credit Risk

CHI grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. CHI's exposure to credit risk on patient accounts receivable is limited by the geographical diversity of its MBOs. The mix of receivables from patients and third-party payors at June 30 approximated the following:

	<u>2013</u>	<u>2012</u>
Medicare	28%	26%
Medicaid	10	11
Managed care	31	32
Self-pay	7	6
Commercial and other	24	25
	<u>100%</u>	<u>100%</u>

CHI maintains long-term investments with various financial institutions and investment management firms through its investment program, and its policy is designed to limit exposure to any one institution or investment. Management does not believe there are significant concentrations of credit risk at June 30, 2013 and 2012.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **12. Commitments and Contingencies**

##### **Litigation**

During the normal course of business, CHI may become involved in litigation. Management assesses the probable outcome of unresolved litigation and records estimated settlements. After consultation with legal counsel, management believes that any such matters will be resolved without material adverse impact to the consolidated financial position or results of operations of CHI.

##### **Health Care Regulatory Environment**

The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Management believes CHI is in compliance with all applicable laws and regulations of the Medicare and Medicaid programs. Compliance with such laws and regulations is complex and can be subject to future governmental interpretation as well as significant regulatory action, including fines, penalties and exclusion from the Medicare and Medicaid programs. Certain CHI entities have been contacted by governmental agencies regarding alleged violations of Medicare practices for certain services. In the opinion of management after consultation with legal counsel, the ultimate outcome of these matters will not have a material adverse effect on CHI's consolidated financial position.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 12. Commitments and Contingencies (continued)

##### Operating Leases

CHI leases certain real estate and equipment under operating leases, which may include renewal options and escalation clauses. Future minimum lease payments required for the next five years and thereafter for all operating leases that have initial or remaining noncancelable lease terms in excess of one year at June 30, 2013, are as follows (in thousands):

	<u>Amounts Due</u>
Year Ending June 30	
2014	\$ 154,915
2015	132,169
2016	113,672
2017	96,849
2018	82,143
Thereafter	381,561
	<u>\$ 961,309</u>

Lease expense under operating leases for continuing operations for the years ended June 30, 2013 and 2012, totaled approximately \$223.0 million and \$176.0 million, respectively.

#### 13. Insurance Programs

FIIL, a wholly owned captive insurance company of CHI, provides hospital professional liability, employment practices liability, miscellaneous professional liability, and commercial general liability coverage, primarily to MBOs related to CHI either on a directly written basis or through reinsurance fronting relationships with commercial carriers such as PPIC. Policies written provide coverage with primary limits in the amounts of \$10.0 million and \$8.0 million for each and every claim in fiscal years 2013 and 2012, respectively. For the policy year July 1, 2012 to June 30, 2013, there is an annual policy aggregate of \$85.0 million eroded by hospital professional liability and commercial general liability claims, subject to a \$175,000 continuing underlying per claim limit. Effective July 1, 2011, FIIL provided excess umbrella liability coverage for claims in excess of the underlying limits discussed above. The limits provided under such excess coverage are \$200.0 million per claim and in the aggregate. FIIL reinsured 100% of the excess coverage layer with various commercial insurance companies. At June 30, 2013 and 2012, investments and assets limited as to use held for insurance purposes included \$55.0 million and \$59.0 million, respectively, held as collateral for the reinsurance fronting arrangement with PPIC.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **13. Insurance Programs (continued)**

FIIL provides workers' compensation coverage, either on a directly written basis or through reinsurance fronting relationships with commercial carriers for amounts above \$1.0 million per claim. Coverage of \$500,000 in excess of \$500,000 per claim is reinsured with an unrelated commercial carrier. FIIL also underwrites the property and casualty risks of CHI for up to \$1.0 million per claim. Unrelated commercial insurance carriers reinsure losses in excess of the per-claim limits.

The liability for self-insured reserves and claims represents the estimated ultimate net cost of all reported and unreported losses incurred through June 30. The reserves for unpaid losses and loss adjustment expenses are estimated using individual case-based valuations, statistical analyses and the expertise of an independent actuary.

The estimates for loss reserves are subject to the effects of trends in loss severity and frequency. Although considerable variability is inherent in such estimates, management believes that the reserves for unpaid losses and loss adjustment expenses are adequate. The estimates are reviewed periodically, with consultation from independent actuaries, and any adjustments to the loss reserves are reflected in current operations. As a result of these reviews of claims experience, estimated reserves were reduced by \$48.5 million and \$47.8 million in 2013 and 2012, respectively. The reserves for unpaid losses and loss adjustment expenses relating to the workers' compensation program were discounted, assuming a 4.0% annual return at June 30, 2013 and 2012, to a present value of \$151.2 million and \$147.1 million at June 30, 2013 and 2012, respectively, and represented a discount of \$51.3 million and \$46.3 million in 2013 and 2012, respectively. Reserves related to professional liability, employment practices and general liability are not discounted.

FIIL holds \$751.9 million and \$722.1 million of investments held for insurance purposes as of June 30, 2013 and 2012, respectively. Distribution of amounts from FIIL to CHI are subject to the approval of the Cayman Island Monetary Authority. CHI established a captive management operation (Captive Management Initiatives, Ltd.) based in the Cayman Islands, which currently manages FIIL as well as operations of other unrelated parties.

CHI, through its Welfare Benefit Administration and Development Trust, provides comprehensive health and dental coverage to certain employees and dependents through a self-insured medical plan. Accounts payable and accrued expenses include \$51.0 million and \$54.0 million for unpaid claims and claims adjustment expenses for CHI's self-insured medical plan at June 30, 2013 and 2012, respectively. Those estimates are subject to the effects of trends in loss severity and

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **13. Insurance Programs (continued)**

frequency. Although considerable variability is inherent in such estimates, management believes that the reserves for unpaid losses and loss adjustment expenses are adequate. The estimates are reviewed periodically and, as adjustments to the liability become necessary, such adjustments are reflected in current operations. CHI has stop-loss insurance to cover unusually high costs of care beyond a predetermined annual amount per enrolled participant.

#### **14. Subsequent Events**

CHI's management has evaluated events subsequent to June 30, 2013 through September 17, 2013, which is the date these consolidated financial statements were available to be issued. There have been no material events noted during this period that would either impact the results reflected herein or CHI's results going forward, except as disclosed below.

Effective in August 2013, a subsidiary of CHI entered into an affiliation agreement with Harrison Medical Center (Harrison), whereby the subsidiary will control the operations of Harrison. Harrison is located in Bremerton, Washington, and operates two acute-care facilities in the area, as well as provides emergency services, and a range of general and specialized services to adjacent areas. A valuation of assets and liabilities is in process. The fair value of the assets acquired net of liabilities assumed will be reported as other nonpatient revenue in 2014.

On July 1, 2013, CHI invested \$65.0 million in MedSynergies, Inc. (MedSynergies), a national physician management services organization. In conjunction with this investment, CHI and MedSynergies have entered into a partnership to create successful physician alignment within CHI, and to enhance patient retention and practice performance within the physician services line of business. The initial term of this agreement is 9 years.



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## Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

The Board of Stewardship Trustees  
Kevin E Lofton, President, Chief Executive Officer  
Dean Swindle, President Enterprise Business Line and  
Chief Financial Officer

Catholic Health Initiatives

We have audited, in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Catholic Health Initiatives, which comprise the consolidated balance sheet as of June 30, 2013, and the related consolidated statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated September 17, 2013

### **Internal Control Over Financial Reporting**

In planning and performing our audit of the consolidated financial statements, we considered Catholic Health Initiatives' internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Catholic Health Initiatives' internal control. Accordingly, we do not express an opinion on the effectiveness of Catholic Health Initiatives' internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.



Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Catholic Health Initiatives' consolidated financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of This Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Ernst + Young LLP*

September 17, 2013



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## Report of Independent Auditors on Compliance for Each Major Federal Program, Report on Internal Control Over Compliance, and Report on Schedule of Expenditures of Federal Awards Required by OMB Circular A-133

The Board of Stewardship Trustees  
Kevin E Lofton, President, Chief Executive Officer  
Dean Swindle, President Enterprise Business Line and  
Chief Financial Officer

Catholic Health Initiatives

### **Report on Compliance for Each Major Federal Program**

We have audited Catholic Health Initiatives' compliance with the types of compliance requirements described in the U S Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that could have a direct and material effect on each of Catholic Health Initiatives' major federal programs for the year ended June 30, 2013 Catholic Health Initiatives' major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs

Catholic Health Initiatives' consolidated financial statements include operations of Appletree Court, which reported loan advances and federal expenditures in the amount of \$1,386,700 and \$22,007, respectively, which are not included in the schedule of expenditures of federal awards during the year ended June 30, 2013 Our audit, described below, did not include the operations of Appletree Court because Appletree Court engaged other auditors to perform an audit in accordance with OMB Circular A-133

#### ***Management's Responsibility***

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs

#### ***Auditor's Responsibility***

Our responsibility is to express an opinion on each of Catholic Health Initiatives' major federal programs based on our audit of the types of compliance requirements referred to above We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States, the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations* Those standards and OMB

Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Catholic Health Initiatives' compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Catholic Health Initiatives' compliance.

***Basis for Qualified Opinions on Major Federal Programs***

As described in the accompanying schedule of findings and questioned costs, we were unable to obtain sufficient documentation supporting the compliance of Catholic Health Initiatives with CFDA 10 557 Special Supplemental Nutrition Programs for Women, Infants, and Children as described in Finding 2013-002 – Eligibility, nor were we able to satisfy ourselves as to Catholic Health Initiatives' compliance with those requirements by other auditing procedures.

As described in the accompanying schedule of findings and questioned costs, Catholic Health Initiatives did not comply with requirements regarding the following:

<b>Finding No.</b>	<b>CFDA No.</b>	<b>Program (or Cluster) Name</b>	<b>Compliance Requirement</b>
2013-004	10 855	Distance Learning and Telemedicine Loans and Grants	Equipment and Real Property Management
2013-006			Procurement and Suspension and Debarment
2013-003			
2013-008			Reporting
2013-001			
2013-004	93 887	Health Care and Other Facilities	Equipment and Real Property Management
2013-004	93 889	National Bioterrorism Hospital Preparedness Program	Equipment and Real Property Management
2013-05	93 958	Block Grants for Community Mental Health Services	Allowable Costs/Cost Principles

Compliance with such requirements is necessary, in our opinion, for Catholic Health Initiatives to comply with requirements applicable to that program.

***Qualified Opinion on Special Supplemental Nutrition Programs for Women, Infants, and Children***

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, Catholic Health Initiatives complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on Special Supplemental Nutrition Programs for Women, Infants, and Children for the year ended June 30, 2013

***Qualified Opinions on Distance Learning and Telemedicine Loans and Grants, Health Care and Other Facilities, Block Grants for Community Mental Health Services, and National Bioterrorism Hospital Preparedness Program***

In our opinion, except for the noncompliance described in the Basis for Qualified Opinion paragraph, Catholic Health Initiatives complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on Distance Learning and Telemedicine Loans and Grants, Health Care and Other Facilities, Block Grants for Community Mental Health Services, and the National Bioterrorism Hospital Preparedness Program for the year ended June 30, 2013

***Unmodified Opinions on the Student Financial Assistance Cluster, the Research and Development Cluster, the Mortgage Insurance Hospitals Program, the Supportive Housing Program, the Program of Competitive Grants for Worker Training and Placement in High Growth and Emerging Industry Sectors, and the Affordable Care Act Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents Programs***

In our opinion, Catholic Health Initiatives complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its other major federal programs that are identified in the summary of auditors results section of the accompanying schedule of findings and questioned costs for the year ended June 30, 2013

***Other Matters***

The results of our auditing procedures disclosed other instances of noncompliance which are required to be reported in accordance with OMB Circular A-133, and which are described in the accompanying schedule of findings and questioned costs and summarized in the table below. Our opinion on each major federal program is not modified with respect to these matters

<b>Finding No.</b>	<b>CFDA No.</b>	<b>Program (or Cluster) Name</b>	<b>Compliance Requirement</b>
2013-001 2013-003 2013-005	93 889	National Bioterrorism Hospital Preparedness Program	Reporting Procurement Allowable Costs/Cost Principles
2013-001 2013-003 2013-007	93 621	Affordable Care Act Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents	Reporting Procurement Cash Management
2013-003	93 887	Health Care and Other Facilities	Procurement
2013-003	93 958	Block Grants for Community Mental Health Services	Procurement
2013-005	93 846	Research and Development Cluster	Allowable Costs/ Costs Principles
2013-001	various		Reporting

Catholic Health Initiatives' responses to the noncompliance findings identified in our audit are described in the accompanying schedule of findings and questioned costs. Catholic Health Initiatives' responses were not subjected to the auditing procedures applied in the audit of compliance, and accordingly, we express no opinion on the responses.

### **Report on Internal Control Over Compliance**

Management of Catholic Health Initiatives is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Catholic Health Initiatives' internal control over compliance with the requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Catholic Health Initiatives' internal control over compliance.

Our consideration of internal control over compliance was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies, and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we identified certain deficiencies in internal control over compliance that we consider to be material weaknesses and significant deficiencies.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. We consider the deficiencies in internal control over compliance described in the accompanying schedule of findings and questioned costs and summarized below to be material weaknesses.

<b>Finding No.</b>	<b>CFDA No.</b>	<b>Program (or Cluster) Name</b>	<b>Compliance Requirement</b>
2013-004	10 855	Distance Learning and Telemedicine Loans and Grants	Equipment and Real Property Management
2013-006			Procurement and Suspension and Debarment
2013-008			Reporting
2013-004	93 887	Health Care and Other Facilities	Equipment and Real Property Management
2013-004	93 889	National Bioterrorism Hospital Preparedness Program	Equipment and Real Property Management
2013-005	93 958	Block Grants for Community Mental Health Services	Allowable Costs/Costs Principles

*A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiencies in internal control over compliance described in the accompanying schedule of findings and questioned costs and summarized in the table below to be significant deficiencies.

<b>Finding No.</b>	<b>CFDA No.</b>	<b>Program (or Cluster) Name</b>	<b>Compliance Requirement</b>
2013-001	10 855	Distance Learning and Telemedicine Loans and Grants	Reporting
2013-001	93 889	National Bioterrorism Hospital Preparedness Program	Reporting
2013-001	93 621	Affordable Care Act Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents	Reporting
2013-005	93 889	National Bioterrorism Hospital Preparedness Program	Allowable Costs/Costs Principles
2013-001	Various	Research and Development	Reporting

Catholic Health Initiatives' responses to the internal control over compliance findings identified in our audit are described in the accompanying schedule of findings and questioned costs. Catholic Health Initiatives' responses were not subjected to the auditing procedures applied in the audit of compliance, and accordingly, we express no opinion on the responses.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

### **Report on Schedule of Expenditures of Federal Awards Required by OMB Circular A-133**

We have audited the consolidated financial statements of Catholic Health Initiatives as of and for the year ended June 30, 2013, and have issued our report thereon dated September 17, 2013, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by OMB Circular A-133 and is not a required part of the consolidated financial statements. The accompanying schedule of expenditures of federal awards is the



responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the schedule of expenditure of federal awards is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*Ernst + Young LLP*

March 31, 2014

# Catholic Health Initiatives

## Schedule of Expenditures of Federal Awards

Year Ended June 30, 2013

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Research & Development Cluster	Other Federal Expenditures	Total Federal Expenditures
<b>U S Department of Agriculture</b>					
Direct Award					
Distance Learning and Telemedicine Loans and Grants	10 855		\$ -	\$ 614 047	\$ 614 047
Pass-Through From					
<i>King County Washington State</i>					
Special Supplemental Nutrition Program for Women Infants and Children	10 557	CHS2443	-	65 966	65 966
<i>North County Community Health Services</i>					
Special Supplemental Nutrition Program for Women Infants and Children	10 557		-	122 271	122 271
<i>Washington State Department of Health</i>					
Special Supplemental Nutrition Program for Women Infants and Children	10 557	N19872	-	1 471 231	1 471 231
<i>Total CFDA 10 557</i>			-	1 659 468	1 659 468
<i>Iowa Department of Education</i>					
Child and Adult Care Food Program	10 558	778084	-	40 964	40 964
<i>Pennsylvania Department of Education</i>					
Child and Adult Care Food Program	10 558	300-06-556-0 (ECE)	-	43 089	43 089
		300-06-000-1 (Adult)	-	84 053	84 053
<i>Total CFDA 10 558</i>			-	127 142	127 142
<b>Total U S Department of Agriculture</b>			-	2 357 568	2 357 568
<b>U S Department of Defense</b>					
Department of Defense					
Direct Award					
Military Medical Research and Development	12 420		354 381	-	354 381
Pass-Through From					
<i>American Burn Association</i>					
Military Medical Research and Development	12 420	W81XWH-08-1-0683	5 740	-	5 740
<i>Total CFDA 12 420</i>			360 121	-	360 121
<b>Total U S Department of Defense</b>			360 121	-	360 121
<b>U S Department of Housing and Urban Development</b>					
Direct Award					
Mortgage Insurance Hospitals	14 128		-	116 010 000	116 010 000
Pass-Through From					
<i>City of Des Moines</i>					
Supportive Housing Program	14 235	IA0037B7D021104 IA0037L7D021205	-	504 895	504 895
<b>Total U S Department of Housing and Urban Development</b>			-	116 514 895	116 514 895

# Catholic Health Initiatives

## Schedule of Expenditures of Federal Awards (continued)

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Research & Development Cluster	Other Federal Expenditures	Total Federal Expenditures
<b>U S Department of Justice</b>					
Pass-Through From					
<i>Colorado Department of Public Safety</i>					
<i>Division of Criminal Justice</i>					
Violence Against Women Formula Grants	ARRA-16 588	10-VW-5-35 11-VW-17-19 11-VW-17-39 12-VW-5-14			
			\$ -	\$ 71 712	\$ 71 712
<b>Total U S Department of Justice</b>			-	71 712	71 712
<b>U S Department of Labor</b>					
Pass-Through From					
<i>Iowa Workforce Development</i>					
Program of Competitive Grants for Worker Training and Placement in High Growth and Emerging Industry Sectors					
	ARRA-17 275	10-W-PF-HC-0-01			
			-	543 925	543 925
<b>Total U S Department of Labor</b>			-	543 925	543 925
<b>U S Department of Transportation</b>					
Pass-Through From					
<i>Minnesota Department of Public Safety</i>					
Occupant Protection Incentive Grants	20 602	3-13785			
			-	3 571	3 571
<i>Nebraska Office of Highway Safety</i>					
Occupant Protection Incentive Grants	20 602	405-13-06 405-12-06 403-13-6-5			
			-	13 032	13 032
<i>Total CFDA 20 602</i>			-	16 603	16 603
<b>Total U S Department of Transportation</b>			-	16 603	16 603
<b>Environmental Protection Agency</b>					
Direct Award					
Surveys Studies Research Investigations Demonstrations and Special Purpose Activities Relating to the Clean Air Act					
	66 034				
			-	22 116	22 116
<b>Total Environmental Protection Agency</b>			-	22 116	22 116
<b>U S Department of Education</b>					
Direct Awards					
Student Financial Assistance Cluster					
Federal Supplemental Educational Opportunity Grants	84 007				
			-	69 120	69 120
Federal Work-Study program	ARRA-84 033				
			-	13 030	13 030
Federal Pell Grant Program	ARRA-84 063				
			-	1 940 403	1 940 403
Federal Direct Student Loans	84 268				
			-	8 627 157	8 627 157
<i>Total Student Financial Assistance Cluster</i>			-	10 649 710	10 649 710

# Catholic Health Initiatives

## Schedule of Expenditures of Federal Awards (continued)

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Research & Development Cluster	Other Federal Expenditures	Total Federal Expenditures
<b>U S Department of Education (continued)</b>					
Pass-Through From					
<i>Des Moines Public Schools</i>					
Title I Grants to Local Educational Agencies	84 010		\$ -	\$ 8 554	\$ 8 554
<i>Nebraska Department of Education</i>					
Rehabilitation Services Vocational Rehabilitation Grants to States	84 126	33104	-	50 000	50 000
<i>New Jersey Department of Human Services</i>					
Rehabilitation Services Vocational Rehabilitation Grants to States	84 126	70013	-	91 750	91 750
<i>Total CFDA 84 126</i>					
			-	141 750	141 750
<i>University of Nebraska Medical Center</i>					
Special Education – Grants for Infants and Families	84 181	94-2810-248-IC5-13	-	12 700	12 700
<i>The University of Louisville Research Foundation, Inc</i>					
National Institute on Disability and Rehabilitation Research	84 133	H1433N110007	6 887	-	6 887
<b>Total U S Department of Education</b>			6 887	10 812 714	10 819 601
<b>U S Department of Health and Human Services</b>					
Direct Awards					
<i>Consolidated Health Centers (Community Health Centers Migrant Health Centers Health Care for the Homeless Public Housing Primary Care and School Based Health Centers)</i>					
	93 224		-	888 959	888 959
<i>Affordable Care Act Nursing Assistant and Home Health Aide Program</i>					
	93 503		-	178 844	178 844
<i>Affordable Care Act Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents</i>					
	93 621		-	412 036	412 036
<i>Health Care and Other Facilities</i>					
	93 887		-	891 612	891 612
Pass-Through From					
<i>Nebraska Department of Health and Human Services</i>					
Community-Based Abstinence Education	93 010	6H3HRH000171001	-	8 300	8 300
<i>Demet Regional Council of Governments</i>					
Special Programs for the Aging Title III Part Grants for Supportive Services and Senior Centers	93 044	EX11038	-	105 484	105 484
<i>Colorado Division of Insurance</i>					
Special Programs for the Aging Title IV and Title II Discretionary Projects	ARRA-93 048	OE SFA 13SMP000002	-	4 372	4 372
<i>Iowa Department of Public Health</i>					
Public Health Emergency Preparedness	93 069	5883BT02	-	20 666	20 666
<i>North Country Community Health Board</i>					
Public Health Emergency Preparedness	93 069		-	40 026	40 026
<i>North Dakota Department of Health</i>					
Public Health Emergency Preparedness	93 069	11 704	-	1 760	1 760

# Catholic Health Initiatives

## Schedule of Expenditures of Federal Awards (continued)

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Research & Development Cluster	Other Federal Expenditures	Total Federal Expenditures
<i>Total CFD 4 93 069</i>			-	62,452	62,452
<b>U S Department of Health and Human Services (continued)</b>					
Pass-Through From (continued)					
<i>Goodwill Easter Seals</i>					
Healthy Marriage Promotion and Responsible Fatherhood Grants	93 086	00-824-230-535	\$ -	\$ 79,298	\$ 79,298
<i>Nebraska Department of Health and Human Services</i>					
Emergency Medical Services for Children	93 127		-	108	108
<i>Cincinnati Children's Hospital Medical Center</i>					
Research Related to Deafness and Communication Disorders	93 173	5R01DC010202-02	49 252	-	49,252
<i>Nebraska Department of Health and Human Services</i>					
Affordable Care Act Abstinence Education Program	93 235	10395-33	-	40,594	40,594
<i>Iowa Department of Public Health</i>					
State Rural Hospital Flexibility Program	93 241	58812013	-	3,641	3,641
<i>Nebraska Department of Health and Human Services</i>					
State Rural Hospital Flexibility Program	93 241	3H54RH00005D	-	27,000	27,000
<i>Nebraska Office of Rural Health</i>					
State Rural Hospital Flexibility Program	93 241	#15957-33 #11460-33	-	28,682	28,682
<i>North Memorial Health Care Ambulance</i>					
State Rural Hospital Flexibility Program	93 241	PO3000005305	-	4,785	4,785
<i>University of North Dakota Center for Rural Health</i>					
State Rural Hospital Flexibility Program	93 241	UND10097 UND10098	-	27,426	27,426
<i>Total CFD 4 93 241</i>			-	91,534	91,534
<i>Iowa Department of Public Health</i>					
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93 243	588 3 SA08	-	29,768	29,768
<i>Iowa Department of Public Health</i>					
Immunization Cooperative Agreements	93 268	58821402	-	7,966	7,966
<i>American Psychological Association</i>					
Centers for Disease Control and Prevention Investigations and Technical Assistance	93 283		-	12,976	12,976
<i>Iowa Department of Public Health</i>					
Centers for Disease Control and Prevention Investigations and Technical Assistance	93 283	5883NB01	-	32,183	32,183
<i>New Jersey Department of Health and Senior Services</i>					
Centers for Disease Control and Prevention Investigations and Technical Assistance	93 283	DFHS13CED014	-	45,000	45,000
<i>North Dakota Cancer Coalition</i>					
Centers for Disease Control and Prevention Investigations and Technical Assistance	93 283	4521 HKH3203 03	-	5,300	5,300
<i>University of Iowa</i>					
Centers for Disease Control and Prevention Investigations and Technical Assistance	93 283	W000383548	-	3,000	3,000
<i>Total CFD 4 93 283</i>			-	98,459	98,459

# Catholic Health Initiatives

## Schedule of Expenditures of Federal Awards (continued)

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Research & Development Cluster	Other Federal Expenditures	Total Federal Expenditures
<b>U S Department of Health and Human Services (continued)</b>					
Pass-Through From (continued)					
<i>Iowa Department of Public Health</i>					
Small Rural Hospital Improvement Grant Program	93 301	5883SH72 5882SH02	\$ -	\$ 23 451	\$ 23 451
<i>Kentucky Hospital Research and Education Foundation</i>					
Small Rural Hospital Improvement Grant Program	93 301		-	6 000	6 000
<i>Minnesota Department of Health</i>					
Small Rural Hospital Improvement Grant Program	93 301	H128880397W #36536	-	25 710	25 710
<i>Minnesota Department of Human Services</i>					
Small Rural Hospital Improvement Grant Program	93 301	3000003361	-	8 355	8 355
<i>Nebraska Department of Health and Human Services</i>					
Small Rural Hospital Improvement Grant Program	93 301	6H3HRH000171001	-	7 317	7 317
<i>University of North Dakota Center for Rural Health</i>					
Small Rural Hospital Improvement Grant Program	93 301	UND100069 UND100071 UND100077 UND100085	-	40 546	40 546
<i>Total CFDA 93 301</i>					
			-	111 379	111 379
<i>Central Community College</i>					
Nurse Education Practice Quality and Retention Grants	93 359		-	68 750	68 750
<i>Ohio State University</i>					
Cancer Treatment Research	93 395	27469-76	2 028	-	2 028
<i>University of Michigan</i>					
Cancer Treatment Research	93 395	CA32102	23 600	-	23 600
<i>Total CFDA 93 395</i>					
			25 628	-	25 628
<i>Colorado Department of Public Health and Environment</i>					
Affordable Care Act (ACA) Maternal Infant and Early Childhood Home Visiting Program	93 505	13 FLA 50476	-	120 374	120 374
<i>North Country Community Health Board</i>					
Affordable Care Act (ACA) Maternal Infant and Early Childhood Home Visiting Program	93 505		-	106 216	106 216
<i>Total CFDA 93 505</i>					
			-	226 590	226 590
<i>National Council on Aging</i>					
Affordable Care Act – Medicare Improvements for Patients and Providers	93 518		-	57 650	57 650
<i>North Country Community Health Board</i>					
PPHF 2012 Community Transformation Grants and National Dissemination and Support for Community Transformation Grants – financed solely by 2012 Prevention and Public Health Funds	93 531		-	13 349	13 349
<i>North Country Community Health Services</i>					
Temporary Assistance for Needy Families	93 558		-	38 307	38 307
<i>University of Alabama at Birmingham</i>					
Health Care Innovations Awards	93 610	000432302-002	18 569	-	18 569
<i>North Country Community Health Services</i>					
Medical Assistance Program	93 778		-	73 229	73 229

# Catholic Health Initiatives

## Schedule of Expenditures of Federal Awards (continued)

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Research & Development Cluster	Other Federal Expenditures	Total Federal Expenditures
<b>U S Department of Health and Human Services (continued)</b>					
Pass-Through From (continued)					
<i>Colorado Division of Insurance</i>					
Centers for Medicare and Medicaid Services (CMS) Research Demonstrations and Evaluations	93 779		\$ -	\$ 26 577	\$ 26 577
<i>Washington University</i>					
Blood Diseases and Resources Research	93 839	5U01HL088476-03	9 750	-	9 750
<i>Washington University - St Louis, Missouri</i>					
Blood Diseases and Resources Research	93 839	WU-11-298	19 877	-	19 877
<i>Total CFDA 93 839</i>			29 627	-	29 627
<i>Drexel University</i>					
Arthritis Musculoskeletal and Skin Diseases Research	93 846	11012367	15 179	-	15 179
<i>University of Medicine and Dentistry of New Jersey</i>					
Extramural Research Programs in the Neurosciences and Neurological Disorders	93 853	34079	5 000	-	5 000
<i>Cincinnati Children's Hospital Medical Center</i>					
Child Health and Human Development Extramural Research	93 865	R01HL097064	26 114	-	26 114
<i>Iowa Department of Public Health</i>					
National Bioterrorism Hospital Preparedness Program	93 889	5883BHP304 5883BHP88 5883BHP62 5883BHP61 5883BHP14 5883BHP63 5883BHP15	-	158 058	158 058
<i>Kansas Department of Health and Environment</i>					
National Bioterrorism Hospital Preparedness Program	93 889		-	119 000	119 000
<i>Oregon Health Authority</i>					
National Bioterrorism Hospital Preparedness Program	93 889	139896	-	5 620	5 620
<i>Pennsylvania Department of Health and Human Services</i>					
National Bioterrorism Hospital Preparedness Program	93 889	4100051125	-	37 026	37 026
<i>Stanford-Benildji Medical Center</i>					
National Bioterrorism Hospital Preparedness Program	93 889	300007579	-	8 088	8 088
<i>Tennessee Department of Health</i>					
National Bioterrorism Hospital Preparedness Program	93 889	34349-35813	-	85 690	85 690
<i>Washington State Department of Health Washington State Hospital Association</i>					
National Bioterrorism Hospital Preparedness Program	93 889	1U90TP000559-01	-	42 981	42 981
<i>Total CFDA 93 889</i>			-	456 463	456 463
<i>Avera Health</i>					
Rural Health Care Services Outreach Rural Health Network Development and Small Health Care Provider Quality Improvement Program	93 912		-	1 400	1 400
<i>Nebraska Office of Rural Health</i>					
Grants to States for Operation of Offices of Rural Health	93 913	#47730-04 #12286-33	-	14 263	14 263

# Catholic Health Initiatives

## Schedule of Expenditures of Federal Awards (continued)

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Research & Development Cluster	Other Federal Expenditures	Total Federal Expenditures
<b>U S Department of Health and Human Services (continued)</b>					
Pass-Through From (continued)					
<i>Iowa Department of Health and Human Services</i>					
Block Grants for Community Mental Health Services	93 958	MDHA11-053 MDHS11-054	\$ -	\$ 67 443	\$ 67 443
<i>New Jersey Department of Human Services</i>					
Block Grants for Community Mental Health Services	93 958	30305	-	405 597	405 597
<i>Total CFDA 93 958</i>					
<i>Minnesota Department of Human Services</i>					
Block Grants for Prevention and Treatment of Substance Abuse	93 959	GRK%29214	-	203 220	203 220
<i>North Country Community Health Services</i>					
Maternal and Child Health Services Block Grant to the States	93 994		-	35 068	35 068
<i>Colorado Cancer Research Program</i>					
Clinical Practice Support	93 Unknown		-	17 742	17 742
<i>Colorado Cardiac Alliance</i>					
Penrose Cardio Center	93 Unknown		-	1 500	1 500
<b>Total U S Department of Health and Human Services</b>			169 369	4 718 313	4 887 682
<b>Corporation for National and Community Service</b>					
Pass-Through From					
<i>Foundation for a Healthy Kentucky</i>					
Social Innovation Fund	94 019	10-W-PF-HC-0-01	-	214 848	214 848
<b>Total Corporation for National and Community Service</b>			-	214 848	214 848
<b>U S Department of Homeland Security</b>					
Direct Award					
Hazard Mitigation Grant	97 039		-	62 240	62 240
<b>Total U S Department of Homeland Security</b>			-	62 240	62 240
<b>Total Expenditures of Federal Awards</b>			<b>\$ 536,377</b>	<b>\$ 135,334,934</b>	<b>\$ 135,871,311</b>

See accompanying notes to schedule of expenditures of federal awards

# Catholic Health Initiatives

## Notes to Schedule of Expenditures of Federal Awards

June 30, 2013

### **1. General**

The schedule of expenditures of federal awards (SEFA) presents expenditures for all federal programs that were in effect during the year ended June 30, 2013, for Catholic Health Initiatives (CHI), with two exceptions. Expenditures reported for CFDA 93 224 – Consolidated Health Centers presents expenditures for the 18-month period of January 1, 2012 through June 30, 2013, as approved by the federal agency. Loan advances and federal expenditures in the amount of \$1,386,700 and \$22,007, respectively, for CFDA 14 157 – Supportive Housing for the Elderly are not presented in the SEFA, as a stand-alone A-133 audit for Appletree Court was performed as required by the U S Department of Housing and Urban Development (HUD)

For purposes of the SEFA, federal awards include all federal assistance entered into directly between CHI and the federal government and sub-awards from non-federal organizations made under federally sponsored agreements. The SEFA does not include payments received under Medicare and Medicaid reimbursement programs.

### **2. Basis of Accounting**

Expenditures are reported on the accrual basis of accounting in accordance with U S generally accepted accounting principles. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*.

### **3. Federal Student Loan Programs**

CHI participates in the Federal Direct Student Loans program (CFDA 84 268), which includes the Federal Stafford Loan and the Federal Parent Loans for Undergraduate Students programs. New loans disbursed during the fiscal year ended June 30, 2013, totaled \$8,627,157. Loans under the Federal Direct Student Loans program are made directly by the federal government to students. New loans made in the fiscal year ended June 30, 2013, relating to this program are represented as current year federal expenditures, whereas the outstanding loan balances are not.

### **4. Mortgage Insurance Hospitals**

CHI has a HUD-insured deed of trust in relation to a mortgage of Highline Medical Group, which was acquired by CHI during FY 2013. CHI reported \$116,010,000 on the SEFA for CFDA 14 128 – Mortgage Insurance Hospitals, which represents the outstanding balance of the loan as of June 30, 2012 and 2013. The HUD loans were subsequently defeased as of September 2013.

## Catholic Health Initiatives

### Notes to Schedule of Expenditures of Federal Awards (continued)

#### 5. Subrecipients

Of the federal expenditures represented in the SEFA, CHI provided federal awards to subrecipients as follows

#### CFDA Program Title

	<u>Amount</u>
12 420 – Military Medical Research and Development	\$ 277,897
93 241 – State Rural Hospital Flexibility Program	3,587
93 Unknown – Clinical Practice Support	<u>17,742</u>
	<u>\$ 299,226</u>

# Catholic Health Initiatives

## Schedule of Findings and Questioned Costs

Year Ended June 30, 2013

### Part I – Summary of Auditor’s Results

#### Financial statements section

Type of auditor’s report issued (unmodified, qualified, adverse, or disclaimer)	Unmodified		
Internal control over financial reporting			
Material weakness(es) identified?	_____ <b>yes</b>	_____ <b>X</b>	_____ <b>no</b>
Significant deficiency(ies) identified?	_____ <b>yes</b>	_____ <b>X</b>	_____ <b>none reported</b>
Noncompliance material to financial statements noted?	_____ <b>yes</b>	_____ <b>X</b>	_____ <b>no</b>

#### Federal awards section

Internal control over major programs			
Material weakness(es) identified?	_____ <b>X</b>	_____ <b>yes</b>	_____ <b>no</b>
Significant deficiency(ies) identified?	_____ <b>X</b>	_____ <b>yes</b>	_____ <b>none reported</b>

Type of auditor’s report issued on compliance for major programs (unmodified, qualified, adverse, or disclaimer)	Unmodified for all major programs, except for Special Supplemental Nutrition Program for Women, Infants, and Children, Distance Learning and Telemedicine Loans and Grants, Block Grants for Community Mental Health Services, Health Care and Other Facilities, and National Bioterrorism Hospital Preparedness Program, which were qualified
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Any audit findings disclosed that are required to be reported in accordance with Section 510(a) of OMB Circular A-133?	_____ <b>X</b>	_____ <b>yes</b>	_____ <b>no</b>
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Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

**Part I – Summary of Auditor’s Results (continued)**

Identification of major programs

<b>CFDA Number(s)</b>	<b>Name of Federal Program or Cluster</b>
84 007, ARRA-84 033, ARRA-84 063, 84 268	Student Financial Assistance Cluster
Various	Research and Development Cluster
10 557	Special Supplemental Nutrition Program for Women, Infants, and Children
10 855	Distance Learning and Telemedicine Loans and Grants
14 128	Mortgage Insurance Hospitals
14 235	Supportive Housing Program
ARRA-17 275	Program of Competitive Grants for Worker Training and Placement in High Growth and Emerging Industry Sectors
93 621	Affordable Care Act Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents
93 887	Health Care and Other Facilities
93 889	National Bioterrorism Hospital Preparedness Program
93 958	Block Grants for Community Mental Health Services

Dollar threshold used to distinguish between Type A and Type B programs                     \$300,000                    

Auditee qualified as low-risk auditee?            **yes**        **X**   **no**

## Catholic Health Initiatives

### Schedule of Findings and Questioned Costs (continued)

#### **Part II – Financial Statement Findings Section**

This section identifies the significant deficiencies, material weaknesses, fraud, noncompliance with provisions of laws, regulations, contracts, and grant agreements, and abuse related to the financial statements for which *Government Auditing Standards* require reporting in a Circular A-133 audit

There were no financial statement findings

#### **Part III – Federal Award Findings and Questioned Costs Section**

This section identifies the audit findings required to be reported by Circular A-133 section 510(a) (for example, material weaknesses, significant deficiencies, and material instances of noncompliance, including questioned costs), as well as any abuse findings involving federal awards that are material to a major program

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

**Finding 2013-001 – Significant Deficiency – SEFA Preparation – Reporting**

Federal program information

U S Department of Agriculture  
U S Department of Defense  
U S Department of Education  
U S Department of Health and Human Services  
Research and Development Cluster (R&D) CFDA's 93 846,  
93 853, 93 610, 93 839, 12 420 and 84 133  
CFDA 10 855 Distance Learning and Telemedicine Loans and  
Grants (DLT)  
CFDA 93 621 Affordable Care Act Initiative to Reduce Avoidable  
Hospitalizations Among Nursing Facility Residents (ACA  
Initiative)  
CFDA 93 889 National Bioterrorism Hospital Preparedness  
Program (HPP)

Criteria or specific requirement  
(including statutory, regulatory or  
other citation)

In accordance with OMB Circular A-133 Section 300, the auditee shall identify, in its accounts, all federal awards received and expended and the federal programs under which they were received. Federal program and award identification shall include, as applicable, the CFDA title and number, award number and year, name of the federal agency, and name of the pass-through entity. Additionally, the auditee shall prepare appropriate financial statements, including the schedule of expenditures of federal awards.

Condition

CHI did not provide a complete and accurate listing of all federal awards and expenditures on the schedule of expenditures of federal awards. Various major programs were affected as named above.

Questioned costs

\$0

Context

During our audit procedures, we noted expenditures were misstated for various major programs on the initial schedule of expenditures of federal awards provided. The net misstatement was an overstatement of \$442,576, which was ultimately adjusted on the final schedule of expenditures of federal awards. The errors noted related to cutoff issues, research and development classification issues, omitted federal grants and funds from for-profit entities included on the schedule. We specifically noted the following:

- R&D was understated by a net amount of \$22,991 due to the

# Catholic Health Initiatives

## Schedule of Findings and Questioned Costs (continued)

- reclassification of certain grants to/from the cluster and due to cutoff issues (reclassifications identified by CHI)
- DLT was overstated by \$133,084 due to cutoff issues
  - Funding in the amount of \$311,265 from a for-profit company was included in the schedule in error for CFDA 93 959
  - ACA Initiative was overstated by \$30,200 due to cutoff issues
  - HPP was understated by \$30,600 due to cutoff issues
  - HPP was understated by \$8,088 due to the omission of one grant (identified by CHI)
  - Other miscellaneous differences

Effect

Failure to properly accumulate federal expenditures could result in the improper preparation of the schedule of expenditures of federal awards in accordance with OMB Circular A-133

Cause

CHI does not have an effective process in place to properly accumulate all expenditures of federal awards. This is primarily the result of CHI having numerous locations and the federal awards being administered by various departments and individuals at multiple locations.

Recommendation

CHI should challenge the current accumulation process for reporting expenditures of federal awards. A suggestion to improve the current process is to record all federal expenditures in designated general ledger accounts. This will help to ensure that federal expenditures are accurately included on the SEFA. CHI should establish procedures to ensure that research and development grants are classified correctly in the SEFA.

Views of responsible officials and planned corrective actions

Beginning in FY 2014, CHI has centralized grant accounting and has implemented a grant module within its accounting system. The implementation of this module will give CHI a tool to effectively accumulate and report federal expenditures. Within this module, cluster information is stored, which will ensure the correct classification of research and development grants.

CHI self-disclosed programs that were omitted from the original SEFA provided to Ernst and Young LLP and self-identified programs for reclassification to/from the research and development cluster.

## Catholic Health Initiatives

### Schedule of Findings and Questioned Costs (continued)

**Finding 2013-002 – Eligibility**

Federal program information

U S Department of Agriculture  
 CFDA 10 557 – Special Supplemental Nutrition Programs for  
 Women, Infants, and Children (WIC)  
 Passed Through Washington State Department of Health –  
 Franciscan Medical Group (N19872)  
 Passed through King County Washington State – Highline Medical  
 Group (CHS2443)  
 Passed through North Country Community Health Board –  
 St Joseph’s Area Health Services

Criteria or specific requirement  
 (including statutory, regulatory, or  
 other citation)

Scope Limitation – Eligibility per OMB Circular A-133 Section  
 5102(5) the auditor should report a finding when the auditor’s  
 report on compliance is other than unqualified

Condition

CHI was unable to provide sufficient documentation at Franciscan  
 Medical Group in Tacoma, Washington, supporting eligibility  
 determinations made for WIC program participants due to the use  
 of a paperless software system supported by the State of  
 Washington and the U S Department of Agriculture

Questioned costs

\$0

Context

Upon the screening of an individual for eligibility for  
 participation in the WIC program, Franciscan Medical Group  
 reviews the support for income, residency, etc., and  
 documents the applicant’s eligibility in a software program  
 supported by the State of Washington and the  
 U S Department of Agriculture Based upon the inputs from  
 screening, the software program indicates whether or not an  
 individual is eligible for WIC However, Franciscan Medical  
 Group is not required to and does not retain evidence of what  
 was documented in the software program

Effect

We are not able to test eligibility compliance or controls over  
 compliance for the WIC program at Franciscan Medical  
 Group resulting in a scope limitation Due to the scope  
 limitation at Franciscan Medical Group, which accounted for  
 89% of the WIC expenditures, the scope limitation is reported

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

	for the WIC program overall
<u>Cause</u>	The paperless software system used for the WIC program at Franciscan Medical Group does not require the retention of records supporting eligibility determination, and such records are not retained
<u>Recommendation</u>	None
<u>Views of responsible officials and planned corrective actions</u>	<p>A scope limitation qualified opinion was issued for Catalog of Federal Domestic Assistance (CFDA) 10 557 – Special Supplemental Nutrition Programs for Women, Infants, and Children (WIC) as the auditors were unable to obtain sufficient documentation supporting the compliance of Franciscan Medical Group (FMG) regarding eligibility for participants FMG uses a paperless software system as required by the State of Washington and the U S Department of Agriculture Third-party documentation is reviewed by FMG at the time the initial eligibility determination of a WIC participant is made However, due to the paperless system, these records are not retained Since FMG follows the paperless system as described above, no further corrective action will be taken</p> <p>CHI notes that this issue is isolated to FMG and does not apply to the other CHI locations that receive funding from the WIC program</p>

## Catholic Health Initiatives

### Schedule of Findings and Questioned Costs (continued)

#### **Finding 2013-003 – Procurement**

##### Federal program information

U S Department of Agriculture  
U S Department of Health and Human Services (HHS)

CFDA 10 855 Distance Learning and Telemedicine Loans and Grants (DLT). Good Samaritan Hospital (Kearney) (Nebraska 716-E17) and Alegent Creighton Health (Alegent) (Nebraska 725-B17)  
Kearney and Alegent represent all expenditures of the major program

CFDA 93 889 – National Bioterrorism Hospital Preparedness Program (HPP)  
Passed through Kansas Department of Health and Environment – St Catherine Hospital (Garden City)  
Passed through Tennessee Department of Health – Memorial Hospital (Chattanooga) (34349-35813)  
Passed through Pennsylvania Department of Health and Human Services – St Joseph Medical Center (Reading) (4100051125)  
Passed through Iowa Department of Public Health – Alegent Creighton Health (Alegent)  
Garden City, Chattanooga, Reading and Alegent represent \$307,966 of total major program expenditures of \$456,463

CFDA 93 887 – Health Care and Other Facilities (HCOF), Mercy Health Foundation (Durango) (C76HF19377)  
Durango represents \$693,000 of total major program expenditures of \$891,612

CFDA 93 958 – Block Grants for Community Mental Health Services (Mental Health). Passed through Iowa Department of Health and Human Services, Alegent Creighton Health (Alegent) (MHDS11-0461 11-054)  
Alegent represents \$67,443 of total major program expenditures of \$473,040

CFDA 93 621 – Affordable Care Act Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents (ACA Initiative), Alegent Creighton Health (Alegent) (1E1CMS331085)  
Alegent represents all expenditures of the major program

# Catholic Health Initiatives

## Schedule of Findings and Questioned Costs (continued)

Criteria or specific requirement (including statutory, regulatory, or other citation)

In accordance with 2 CFR Section 215.44(a) codified in 45 CFR Section 74.44(a) by HHS and 7 CFR Section 3019.449(a) by Agriculture, all recipients shall establish written procurement procedures. These procedures shall provide for, at a minimum, that

- (1) Recipients avoid purchasing unnecessary items
- (2) Where appropriate, an analysis is made of lease and purchase alternatives to determine which would be the most economical and practical procurement for the recipient and the federal government
- (3) Solicitations for goods and services provide for all of the following
  - (i) A clear and accurate description of the technical requirements for the material, product, or service to be procured. In competitive procurements, such a description shall not contain features that unduly restrict competition
  - (ii) Requirements which the bidder/offeror must fulfill and all other factors to be used in evaluating bids or proposals
  - (iii) A description, whenever practicable, of technical requirements in terms of functions to be performed or performance required, including the range of acceptable characteristics or minimum acceptable standards
  - (iv) The specific features of "brand name or equal" descriptions that bidders are required to meet when such items are included in the solicitation
  - (v) The acceptance, to the extent practicable and economically feasible, of products and services dimensioned in the metric system of measurement
  - (vi) Preference, to the extent practicable and economically feasible, for products and services that conserve natural resources and protect the environment and are energy efficient

Condition

For various CHI locations, written procurement policies either did not exist or did not contain all required elements in accordance with criteria above. CHI does not have a corporate-wide written procurement policy.

Questioned costs

\$0

Context

Written procurement policies do not meet the minimum

# Catholic Health Initiatives

## Schedule of Findings and Questioned Costs (continued)

	<p>requirements per federal requirements for DLT – Kearney, HPP Chattanooga, and Reading, HCOF – Durango and Alegent, DLT, Mental Health, ACA Initiative, and HPP</p> <p>HPP Garden City does not have a written procurement policy</p> <p>CHI does not have a corporate-wide written procurement policy</p>
<u>Effect</u>	<p>Without written policies that incorporate federal requirements for procurements with federal funds, noncompliance with federal requirements may be more likely to occur</p>
<u>Cause</u>	<p>Locations may not be aware of the requirements of 45 CFR Section 74 44(a) and 7 CFR Section 3019 44(a) and would benefit from a corporate-wide policy that complies with the requirements</p>
<u>Recommendation</u>	<p>CHI should prepare a written procurement policy that meets all of the requirements of 2 CFR Section 215, as codified by HHS at 45 CFR Section 74 44(a), and provide to all CHI locations</p>
<u>Views of responsible officials and planned corrective actions</u>	<p>CHI will prepare and implement a written procurement policy during FY 2014 that incorporates all of the federal requirements</p>

## Catholic Health Initiatives

### Schedule of Findings and Questioned Costs (continued)

#### **Finding 2013-004 – Material Weakness – Equipment and Real Property Management**

Federal program information

U S Department of Agriculture  
U S Department of Health and Human Services (HHS)

CFDA 10 855 – Distance Learning and Telemedicine Loans and Grants (DLT). Good Samaritan Hospital (Kearney) (Nebraska 716-E17) and Alegent Creighton Health (Alegent) (Nebraska 725-B17)  
Kearney and Alegent represent all expenditures of the major program

CFDA 93 889 – National Bioterrorism Hospital Preparedness Program (HPP)  
Passed through Kansas Department of Health and Environment – St Catherine Hospital (Garden City)  
Passed through Tennessee Department of Health – Memorial Hospital (Chattanooga) (34349-35813)  
Passed through Pennsylvania Department of Health and Human Services – St Joseph Medical Center (Reading) (4100051125)  
Passed through Iowa Department of Public Health – Alegent Creighton Health (Alegent)  
Garden City, Chattanooga, Reading, and Alegent represent \$307,966 of total major program expenditures of \$456,463

CFDA 93 887 – Health Care and Other Facilities (HCOF), Mercy Foundation of Des Moines, Iowa (Des Moines) (C76HF19995)  
Des Moines represents \$198,612 of total major program expenditures of \$891,612

Criteria or specific requirement (including statutory, regulatory, or other citation)

In accordance 2 CFR Section 215 34(f), codified by HHS at 45 CFR Section 74 34(f) and by Agriculture at 7 CFR Section 3019 349(f), property management records for equipment acquired with federal funds shall include all of the following description of equipment, serial number, model number, or other identification number, source of the equipment, including the award number, whether the title vests in the recipient or federal government, acquisition date, location and condition of equipment, unit acquisition cost, and ultimate disposition date Also, the recipient shall take a physical inventory of equipment and the results reconciled with the equipment records at least once every two

# Catholic Health Initiatives

## Schedule of Findings and Questioned Costs (continued)

	<p>years Any differences between quantities determined by the physical inspection and those shown in the accounting records shall be investigated to determine the causes of the difference The recipient shall, in connection with the inventory, verify the existence, current utilization, and continued need for the equipment</p>
<u>Condition</u>	<p>CHI's property management records for equipment acquired with federal funds do not include all of the required information at various locations</p> <p>Physical inventories were not performed or documented adequately at various locations</p>
<u>Questioned costs</u>	<p>\$0</p>
<u>Context</u>	<p>For DLT – Kearney, the equipment records did not include source, who holds title, percentage of federal participation in the cost, condition, and disposition data</p> <p>For HPP – Garden City, a list of capital equipment is not maintained, and equipment is not recorded as in the general ledger as capital equipment Garden City's grant document requires that an inventory control system for tracking capital equipment be maintained</p> <p>For HPP – Chattanooga, the list of capital equipment only includes the item description, serial number, and location and does not include acquisition date or cost, who holds title, condition, or disposition data</p> <p>For HPP – Reading, an equipment listing is not maintained, however, one was prepared by Reading for the last five years but did not include acquisition date, who holds title, condition or disposition data HPP – Reading was able to download an equipment list from HHS's website going back to 2005, however, it did not contain all required fields and would not suffice to meet the federal requirements noted above</p> <p>For Alegent – HPP and DLT, the listing did not include source, who holds title, percentage of federal participation in the cost, condition, and disposition data Further, Alegent did not provide a listing of equipment purchased under these federal grants from</p>

# Catholic Health Initiatives

## Schedule of Findings and Questioned Costs (continued)

grant inception to date

For HCOF – Des Moines, the listing included a brief description but did not include an identification number, source, who holds title, percentage of federal participation in the cost, condition, and disposition data

For HPP – Chattanooga, no evidence of physical inventory was provided

For HPP – Garden City, a physical inventory was provided for various items including supplies, however, it could not be determined if the listing included all potential capital equipment items since no other listing of federally funded capital equipment is maintained or was provided

For HPP – Reading, the physical inventory was performed on a sample basis, and Reading indicated that it was possible that HPP items may not have been counted. The documentation also contained unresolved differences and questions

For Alegent, DLT, and HPP, a physical inventory was performed on an annual basis for all Alegent locations, however, per review of documentation, the inventories conducted at the various locations are not sufficiently tracked centrally with follow-up of differences or non-responses to the inventory requests

For HCOF – Des Moines, no physical inventory was taken. Equipment is maintained by clinical engineering which verifies inventory annually.

### Effect

Misappropriation or loss of equipment purchased with federal funds could occur when internal controls designed to prevent and detect noncompliance related to safeguarding and identifying federal equipment are not implemented or operating effectively.

### Cause

Proper controls were not implemented to appropriately record equipment information in the system after the equipment was received and tagged and to perform the required physical inventories every two years.

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

Recommendation

All equipment purchased with federal funds should be appropriately tagged, and a detailed listing should be maintained with all of the required elements. A physical inventory observation of federally funded equipment should be performed and documented every two years.

Views of responsible officials  
and planned corrective actions

CHI will implement a policy during FY 2014 that requires a physical inventory observation of federally funded equipment every two years. CHI will also investigate storing the required attributes of 2 CFR Section 215.34 in its fixed asset accounting module.

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

**Finding 2013-005 – Allowable Costs/Cost Principles**

**Material Weakness – Program 93.958**

**Significant Deficiency – Programs 93.889**

**Control Deficiency – Research and Development Cluster**

Federal program information

U S Department of Health and Human Services (HHS)

CFDA 93 889 – National Bioterrorism Hospital Preparedness Program (HPP)  
Passed through Kansas Department of Health and Environment – St Catherine Hospital (Garden City)  
Passed through Iowa Department of Public Health – Alegent Creighton Health (Alegent) (5883BHP 304, 88, 62, 61, 14, 63, 15)  
Alegent and Garden City represent \$185,250 of the total program expenditures of \$456,463

CFDA 93 958 – Block Grants for Community Mental Health Services (Mental Health), passed through Iowa Department of Health and Human Services, Alegent Creighton Health (Alegent) (MHDS 11-046/11-054)  
Alegent represents \$67,443 of the total program expenditures of \$473,040

Research and Development Cluster – Jewish Hospital and St Mary’s Health Care, Inc (Kentucky)  
Passed through Drexel University (11012367)  
Kentucky represents \$376,447 of the total program expenditures of \$536,377

Criteria or specific requirement (including statutory, regulatory, or other citation)

As required by CFR 45 Part 74 Appendix E and OMB A-122, Attachment B, Paragraph 7, the distribution of salaries and wages must be supported by personnel activity reports for each employee whose compensation is charged in whole or in part to the award. The reports must reflect an assessment of actual activity for each employee, must account for the total activity for which the employee is compensated, must be prepared at least monthly, must coincide with one or more pay periods, and must be signed by the individual employee or a supervisory official having firsthand knowledge of the activities performed by the employee. Budget estimates should not be used as support for expenditures

## Catholic Health Initiatives

### Schedule of Findings and Questioned Costs (continued)

<u>Condition</u>	CHI did not require employees to prepare time and effort records or personnel activity reports for employees charging hours to federal grants for certain federal grants
<u>Questioned costs</u>	93 889 \$19,965 93 958 \$41,000 Research and Development 93 846 \$15,179
<u>Context</u>	<p>Hours charged to the HPP grant for two selected employees' salaries and wages of \$1,773 were not supported by time and effort records at Alegent. Alegent indicated that time and effort records were not prepared for other employees. Total HPP payroll expenditures at Alegent were \$19,950.</p> <p>Hours charged to the HPP grant for one selected employee's salaries and wages of \$15 were not supported by time and effort records at Garden City. Further for this grant, the grant document for Garden City requires grantee to document through job descriptions and employee time and attendance records that all staff members paid with HPP funds are performing activities related to preparedness. Total payroll expenditures for this grant at Garden City were \$1,412.</p> <p>Hours charged to the 93 958 Mental Health grant for selected employees' salaries and wages totaling \$21,532 were based on a pro rata share of the original budgeted hours and were not supported by time and effort records at Alegent. Total payroll expenditures to this grant at Alegent were approximately \$41,000.</p> <p>Hours charged to the Research and Development Cluster, specifically CFDA 93 846, Arthritis, Musculoskeletal, and Skin Diseases Research at Kentucky, for one selected employee's salaries, wages, and fringe benefits plus indirect costs totaled \$582. The salaries and wages charged to the grant represented the budgeted percent of 25% of total effort per the grant agreement, however, the time and effort records for the employee did not reflect the actual hours worked by the employee on the grant. Total payroll expenditures plus indirect costs charged to this grant at Kentucky were \$15,179.</p>

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

<u>Effect</u>	Payroll expenditures cannot be supported for amounts charged to federal awards
<u>Cause</u>	Grantees and employees were not aware of the federal requirements
<u>Recommendation</u>	Personnel activity reports or time and effort records should be prepared at least monthly and coincide with one or more pay periods for employees who charge time to federal programs and be signed by the employee or supervisory official having firsthand knowledge of the activities performed by the employee
<u>Views of responsible officials and planned corrective actions</u>	CHI will implement a time and effort reporting policy during FY2014 that incorporates all of the federal requirements

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

**Finding 2013-006 – Material Weakness – Procurement and Suspension and Debarment**

Federal program information

U S Department of Agriculture  
CFDA 10 855 – Distance Learning and Telemedicine Loans and  
Grants (DLT) (Nebraska 716-E17), Good Samaritan Hospital  
(Kearney)  
Kearney represents \$247,131 of the total program expenditures of  
\$614,047

Criteria or specific requirement  
(including statutory, regulatory or  
other citation)

Per 7 CFR 3019 43, all procurement transactions shall be conducted  
in a manner to provide, to the maximum extent practical, open and  
free competition

Per 7 CFR 3019 45, some form of cost or price analysis shall be  
made and documented in the procurement files in connection with  
every procurement action Price analysis may be accomplished in  
various ways, including the comparison of price quotations  
submitted, market prices, and similar indicia, together with  
discounts Cost analysis is the review and evaluation of each  
element of cost to determine reasonableness, allocability, and  
allowability

Per 7 CFR 3019 46, procurement records and files for purchases in  
excess of the small purchase threshold of \$25,000 shall include the  
following at a minimum (a) basis for contractor selection,  
(b) justification for lack of competition when competitive bids or  
offers are not obtained, and (c) basis for award cost or price

Condition

CHI did not provide evidence of competitive procurement or sole  
source justification for one purchase

Questioned costs

\$0

Context

For DLT Kearney, CHI did not provide evidence of competitive  
procurement or sole source justification for a purchase of  
information technology equipment for \$184,390

Effect

Federal awards may not be expended in a manner that allows for  
open and free competition to the extent practical, which results in  
noncompliance with federal requirements

## Catholic Health Initiatives

### Schedule of Findings and Questioned Costs (continued)

Cause

Documentation was not retained or inadequate knowledge of federal requirements of those personnel procuring goods or services

Recommendation

All procurement transactions should be conducted in a manner to provide, to the maximum extent practical, open and free competition and a cost or price analysis be performed for procurement transactions. Procurement files should be maintained for procurements above a threshold establish by CHI, which is not less stringent than federal requirements, that include (a) the basis for contractor selection, (b) justification for lack of competition when competitive bids or offers are not obtained, and (c) basis for award cost or price

Views of responsible officials  
and planned corrective actions

CHI will implement a written procurement policy during FY 2014 that incorporates all of the federal requirements

# Catholic Health Initiatives

## Schedule of Findings and Questioned Costs (continued)

### **Finding 2013-007 – Cash Management**

Federal program information

U S Department of Health and Human Services  
CFDA 93 621 – Affordable Care Act Initiative to Reduce  
Avoidable Hospitalizations Among Nursing Facility Residents  
(ACA Initiative), Alegent Creighton Health (Alegent)  
(1E1CMS331085)  
Alegent represents all expenditures of the major program

Criteria or specific requirement  
(including statutory, regulatory or  
other citation)

Per OMB Circular A-110 2 CFR, Section 215 22, when entities are  
funded on a reimbursement basis, program costs must be paid for  
by entity funds before reimbursement is requested from the federal  
government When funds are advanced, recipients must have  
written procedures to minimize the time elapsing between the  
transfer of funds from the U S Treasury and disbursement by the  
recipient

Condition

For the ACA Initiative program at Alegent, the grant was on a  
reimbursement basis Reimbursement was requested and received  
prior to the underlying expenditures being incurred

Questioned costs

\$0

Context

Alegent received federal funds of approximately \$536,000 during  
the year compared to only \$412,000 in underlying expenditures for  
the year Funds were received in February, March, and May 2013,  
and expenditures were made through June 30, 2013, with  
approximately \$100,000 remaining as cash on hand per Federal  
Financial Report for period ended June 30, 2013

Effect

Program funds were requested before program costs were incurred,  
so grant was not on a reimbursement basis

Cause

Alegent initially misunderstood the method of payment,  
resulting in excess reimbursement over expenses

Recommendation

For grants on a reimbursement basis, program costs should be paid  
for by CHI funds before reimbursement is requested from the

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

federal government

Views of responsible officials  
and planned corrective actions

During FY 2013, and prior to this audit, CHI personnel worked with the grantor agency to resolve this issue. This issue resulted from confusion due to wording in the grant agreement and conflicting guidance from multiple sources at the grantor agency. CHI understands the requirements and will follow the requirements in the future.

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

**Finding 2013-008 – Material Weakness – Reporting**

Federal program information

U S Department of Agriculture  
CFDA 10 855 – Distance Learning and Telemedicine Loans and Grants (DLT). Alegent Creighton Health (Alegent) (Nebraska 725-B17)  
Alegent represents \$366,916 of the total program expenditures of \$614,047

Criteria or specific requirement (including statutory, regulatory or other citation)

In accordance with Section 5.7 of the Distance Learning and Telemedicine Grant Agreement between the U S Department of Agriculture Rural Utilities Service (RUS) and Alegent, dated January 20, 2012, within ninety (90) days after the close of each calendar year, the grantee shall deliver to RUS a Project Performance Activity Report, in a form and substance satisfactory to RUS, in accordance with RUS Regulations at 7 CFR 1703.107 and a completed Standard Form 425, Federal Financial Report. The grantee shall deliver the Project Performance Activity Report and Standard Form 425 until the expiration or termination of the grant or the completion of the project and expenditure of all grant funds by the grantee. The Project Performance Activity Report shall include, but is not limited to, the following:

- (1) A comparison of actual accomplishments to the objectives established for that period.
- (2) A description of any problems, delays, or adverse conditions that have occurred, or are anticipated, and that may affect the attainment of overall project objectives, prevent the meeting of time schedules or objectives, or preclude the attainment of particular project work elements during established time periods. This disclosure shall be accompanied by a statement of the action taken or planned to resolve the situation, and
- (3) Objectives and timetable established for the next reporting period.

Condition

Alegent did not submit a Project Performance Activity Report or a Standard Form 425 for the year ended June 30, 2012.

Questioned costs

\$0

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

<u>Context</u>	DLT Alegent did not submit a Project Performance Activity Report or a Standard Form 425 for the year ended June 30, 2012
<u>Effect</u>	DLT Alegent is not in compliance with the grant's reporting requirements
<u>Cause</u>	DLT Alegent indicated that report was not submitted for 2012 since grant personnel was not aware that there were grant expenditures in 2012
<u>Recommendation</u>	CHI should establish controls to ensure that all required reports are submitted to grantors in accordance with grant requirements
<u>Views of responsible officials and planned corrective actions</u>	CHI personnel have been in contact with the grantor agency regarding this issue. The 2013 report will include all activity that has taken place during the life of the grant, including activity that should have been reported for 2012. CHI understands the reporting requirements and will comply with the requirements in the future.

## Catholic Health Initiatives

### Summary Schedule of Prior Audit Findings

Year Ended June 30, 2013

#### **Federal Award Findings and Questioned Costs – For the Year Ended December 31, 2012 Catholic Health Initiatives – Highline Medical Center – Burien, WA**

##### **Finding 12-001 – Equipment (CFDA 14.128)**

*Current year status:* Highline Medical Center affiliated with CHI as of April 1, 2013. At that time, Highline Medical Center adopted CHI policies and procedures related to fixed assets. The threshold for fixed asset capitalization is now \$3,000. None of the items related to this finding would now be subject to capitalization. Highline Medical Center had discussions with all levels of staff regarding the proper tracking and reporting of fixed assets. Additionally, the HUD loan was repaid subsequent to year-end.

#### **Federal Award Findings and Questioned Costs – For the Year Ended June 30, 2012 Catholic Health Initiatives – Iowa, Corp. d/b/a Mercy Medical Center – Des Moines, IA**

##### **Finding 12-1 – Procurement Policy and Conflict of Interest Policy (CFDA 14.235 and CFDA 17.275)**

*Current year status:* The finding has been corrected. Mercy Medical Center implemented a corporate procurement policy for grant-funded purchases with an effective date of October 2011.

##### **Finding 12-2 – Procurement Transactions and Suspension and Debarment (CFDA 14.235)**

*Current year status:* Mercy Medical Center implemented a corporate procurement policy for grant-funded purchases with an effective date of October 2011.

The finding also addresses a “special procurement requirement” contained in the pass-through contract which required Mercy Medical Center to insert a required clause in its contracts for goods and services paid by the grantor. After further review of this clause, Mercy Medical Center disagrees with this portion of the finding as the clause appears to only be required in employment related contracts and not contracts for goods. The contracts that were tested that resulted in this finding were related to goods. As a result, no further action will be taken on this portion of the finding.

## Catholic Health Initiatives

### Summary Schedule of Prior Audit Findings (continued)

#### **Federal Award Findings and Questioned Costs – For the Year Ended June 30, 2011 Catholic Health Initiatives – Iowa, Corp. d/b/a Mercy Medical Center – Des Moines, IA**

##### **Finding 11-7 – Level of Effort and Cash Management (CFDA 93.959)**

*Current year status:* The finding has been substantially corrected. House of Mercy reviews monthly performance reports from the pass-through for contract performance. Periodic reviews with the pass-through entity were performed over the contract period with no requests for return of funds. A request has been made to the pass-through entity to provide written documentation of these reviews of service. In addition, House of Mercy will document future meeting outcomes with the pass-through entity. A CHI national policy has been implemented that covers the requirements of Section 22 of 2 CFR Part 215.

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