See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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
LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC.

Employer identification number
73-1308273

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [ ] 200% [X] Other 225 %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [ ] Other ____ %	3b		X
c	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.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,773,917	0	1,773,917	5.99%
b Medicaid (from Worksheet 3, column a)			1,729,363	115,562	1,613,801	5.45%
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00%
d Total Financial Assistance and Means-Tested Government Programs	0	0	3,503,280	115,562	3,387,718	11.44%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			0	0	0	0.00%
f Health professions education (from Worksheet 5)			0	0	0	0.00%
g Subsidized health services (from Worksheet 6)			5,773,237	4,964,420	808,817	2.73%
h Research (from Worksheet 7)			0	0	0	0.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			0	0	0	0.00%
j Total. Other Benefits	0	0	5,773,237	4,964,420	808,817	2.73%
k Total. Add lines 7d and 7j	0	0	9,276,517	5,079,982	4,196,535	14.17%

LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC. 73-1308273

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					0	0.00%
2	Economic development					0	0.00%
3	Community support					0	0.00%
4	Environmental improvements					0	0.00%
5	Leadership development and training for community members					0	0.00%
6	Coalition building					0	0.00%
7	Community health improvement advocacy					0	0.00%
8	Workforce development					0	0.00%
9	Other					0	0.00%
10	Total	0	0	0	0	0	0.00%

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

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1			X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	1,858,162		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	1,582,961		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	8,859,836		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	9,355,842		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-496,006		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

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

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

Schedule H (Form 990) 2012 LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC. 73-1308273 Page 3

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, 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 LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC 6600 S YALE AVE., STE 400 TULSA OK 74136 WWW.LAUREATE.COM	X									
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

Schedule H (Form 990) 2012 LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC. 73-1308273 Page 4

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 LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC.

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1		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):	X	
	a	[X] A definition of the community served by the hospital facility		
	b	[X] Demographics of the community		
	c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d	[X] How data was obtained		
	e	[X] The health needs of the community		
	f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h	[X] The process for consulting with persons representing the community's interests		
	i	[ ] Information gaps that limit the hospital facility's ability to assess the community's health needs		
	j	[ ] Other (describe in Part VI)		
2		Indicate the tax year the hospital facility last conducted a CHNA: 20 12		
3		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.	X	
4		Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI.	X	
5		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):	X	
	a	[X] Hospital facility's website		
	b	[X] Available upon request from the hospital facility		
	c	[ ] Other (describe in Part VI)		
6		If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
	a	[X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
	b	[X] Execution of the implementation strategy		
	c	[X] Participation in the development of a community-wide plan		
	d	[X] Participation in the execution of a community-wide plan		
	e	[ ] Inclusion of a community benefit section in operational plans		
	f	[X] Adoption of a budget for provision of services that address the needs identified in the CHNA		
	g	[X] Prioritization of health needs in its community		
	h	[X] Prioritization of services that the hospital facility will undertake to meet health needs in its community		
	i	[ ] Other (describe in Part VI)		
7		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.	X	
8a		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)?		X
b		*If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?*		
c		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? $		

Schedule H (Form 990) 2012 LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC. 73-1308273 Page 5

Part V Facility Information *(continued)* LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC.

Financial Assistance Policy		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:		
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free care*?	10 X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: 225.00 %		
	If "No," explain in Part VI the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing *discounted care*?	11	X
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 0.00 %		
	If "No," explain in Part VI the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients?	12 X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)		
a	[X] Income level		
b	[X] Asset level		
c	[X] Medical indigency		
d	[X] Insurance status		
e	[X] Uninsured discount		
f	[X] Medicaid/Medicare		
g	[ ] State regulation		
h	[ ] Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 X	
14	Included measures to publicize the policy within the community served by the hospital facility?	14 X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	[ ] The policy was posted on the hospital facility's website		
b	[X] The policy was attached to billing invoices		
c	[ ] The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	[ ] The policy was posted in the hospital facility's admissions offices		
e	[X] The policy was provided, in writing, to patients on admission to the hospital facility		
f	[X] The policy was available on request		
g	[ ] Other (describe in Part VI)		

Billing and Collections			
15	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?	15 X	
16	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:		
a	[ ] Reporting to credit agency		
b	[ ] Lawsuits		
c	[ ] Liens on residences		
d	[ ] Body attachments		
e	[ ] Other similar actions (describe in Part VI)		
17	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?	17	X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	[ ] Reporting to credit agency		
b	[ ] Lawsuits		
c	[ ] Liens on residences		
d	[ ] Body attachments		
e	[ ] Other similar actions (describe in Part VI)		

Part V Facility Information *(continued)* LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC.

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

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

Policy Relating to Emergency Medical Care

		Yes	No
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?	19 X	

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)

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 [X] Other (describe in Part VI)

21	During the tax year, did the hospital facility charge any of its 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.	21	X
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.	22	X

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? 0

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

Part I Line 3c, INCOME-BASED CRITERIA IS USED AS THE BASIS IN DETERMINING ELIGIBILITY FOR FREE MEDICAL CARE

Part I Line 6a, THE ANNUAL REPORT FOR THE FILING ORGANIZATION IS PART OF A CONSOLIDATED REPORT PREPARED AT A HEALTH SYSTEM LEVEL.

Part I Line 7, A COST TO CHARGE RATIO FROM WORKSHEET 2 IS USED TO CALCULATE THE AMOUNTS OF LINES 7A-7C.

Part III Line 2, ORGANIZATION'S ACTUAL BAD DEBT EXPENSE

Part III Line 3, THIS IS THE AMOUNT OF BAD DEBT ATTRIBUTABLE TO PATIENTS UNDER THE FINANCIAL ASSISTANCE POLICY. THE PERCENTAGE OF BAD DEBT USED TO REPRESENT CHARITY WAS FROM A SAMPLE REVIEW OF ALL BAD DEBT ACCOUNTS AND SUBSEQUENT INFORMATION.

Part III Line 4, LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL REPORTS BAD DEBT IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP). HEALTH CARE FINANCIAL MANAGEMENT ASSOCIATION'S STATEMENT 15 IS FOLLOWED TO THE EXTENT THAT BAD DEBT EXPENSE AT COST IS DETERMINED USING THE SAME COST TO CHARGE RATIO THAT IS USED TO CALCULATE CHARITY CARE. DISCOUNTS AND ALLOWANCES ARE ACCOUNTED FOR SEPARATELY FROM BAD DEBT EXPENSE. ACCOUNTS RECEIVABLE IS VALUED AT NET REALIZABLE VALUE. LAUREATE ESTIMATES ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS BASED ON HISTORIC WRITE OFFS AND THE AGING OF ACCOUNTS.

Part III Line 8, THE AMOUNT REPORTED IN PART III, SECTION B, LINE 7 IS THE SHORTFALL THAT IS ESTIMATED BETWEEN THE COST OF PROVIDING SERVICES USING THE HOSPITAL COST TO CHARGE RATIO AND THE REIMBURSEMENT RECEIVED FOR PROVIDING THESE SERVICES.

Part III Line 9b, IT IS THE POLICY OF LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL TO PURSUE COLLECTIONS OF

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 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.

PATIENT BALANCES FROM PATIENTS WHO HAVE THE ABILITY TO PAY FOR THESE SERVICES. LAUREATE APPLIES ITS COLLECTION EFFORTS CONSISTENTLY AND FAIRLY TO ALL PATIENTS REGARDLESS OF INSURANCE. IF A PATIENT DOES NOT HAVE THE FINANCIAL RESOURCES TO PAY HIS/HER OUTSTANDING BALANCE, IT IS THE GOAL OF LAUREATE TO WORK WITH THE PATIENT TO QUALIFY THEM FOR OUR CHARITY POLICY. IF THE PATIENT QUALIFIES FOR CHARITY UNDER OUR CHARITY POLICY, THEN WE WILL WRITE OFF THE AMOUNT OWED 100%. IT IS THE FEELING OF THE BOARD OF DIRECTORS THAT OUR POLICY SUPPORTS THE MISSION OF LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL.

Part V, LINE 3: SAINT FRANCIS HEALTH SYSTEM HIRED A FUTURIST TO ASSIST WITH THE PLANNING, HELD STATEGIC PLANNING SESSIONS WITH LOCAL CHANGERS, COMMUNITY LEADERS, MEDICAL PROFESSIONALS, CITY LEADERS AND QUARTERLY MEETING WITH PAYORS INCLUDING LARRY ANDELT, PHD., MARK DEKRAAI, JD, PHD., JILL HEESE AND THE UNIVERSITY OF NEBRASKA PUBLIC POLICY CENTER.

Part V, LINE 4: THE CHNA WAS CONDUCTED WITH SAINT FRANCIS HOSPITAL, INC. AND SAINT FRANCIS HOSPITAL SOUTH, LLC.

Part V, LINE 11: PATIENTS WHO HAVE BEEN IDENTIFIED TO BE FINANCIAL ASSISTANCE PLAN ELIGIBLE AND MEET THE CRITERIA ESTABLISHED BY THE HOSPITAL ARE CONSIDERED CHARITY AND THEREFORE BY HOSPITAL POLICY ARE NOT BILLED FOR ANY SERVICES. ALL OTHER SELF PAY PATIENTS RECEIVE A 20% DISCOUNT OFF OF BILLED CHARGES.

Part V, LINE 20D: A SELF PAY DISCOUNT OF 20% IS PROVIDED ON ALL CHARGES

Part V, LINE 18E: PROACTIVE PHONE CALLS AND STATEMENTS ARE SENT BEFORE COLLECTION ACTIONS ARE TAKEN

Part VI Line 2, THIS ORGANIZATION HAS ONE OF ITS FUNDAMENTAL OPERATIONAL GOALS TO IDENTIFY AND ADDRESS THE NEEDS OF THE DEFINED COMMUNITY THAT IT SERVES. TO DO THIS THE SAINT FRANCIS HEALTH SYSTEM: GATHERS

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 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.

AND OBTAINS INFORMATION IDENTIFYING THOSE NEEDS AND DEVELOPS PROGRAMS AND SERVICES THAT ADDRESS AND PROVIDE ACCESS TO THOSE IN GREATEST NEED OF HEALTHCARE SERVICES. HISTORICALLY, THE HEALTHCARE SYSTEM'S FOCUS HAS BEEN CARING FOR THOSE WHO ARE SICK AND VULNERABLE. IN ORDER TO MAKE INFORMED DECISIONS ON HOW TO CARE FOR THE SICK, AT-RISK, AND MINORITY POPULATIONS, THE SYSTEM MUST FIRST IDENTIFY THE PRIORITY HEALTH NEEDS THE COMMUNITY NEEDS ASSESSMENT IS THE METHOD UTILIZED BY THE HEALTH SYSTEM TO IDENTIFY THOSE NEEDS. THE ASSESSMENT IS A COMPILATION OF NATIONAL SURVEY RESULTS, HEALTH INFORMATION DATABASES, GOVERNMENT DATA, AND ANALYTICAL FEEDBACK FROM STATE AND LOCAL PARTNERS. THIS DATA IS USED TO IDENTIFY POTENTIAL COURSES OF ACTION BASED ON EXISTING HEALTH CARE FACILITIES, AVAILABLE RESOURCES WITHIN THE COMMUNITY, AND CAPABILITIES OF THE COMMUNITY IN TERMS OF BOTH SOCIOECONOMIC AND EDUCATIONAL STATUS.

Part VI Line 3, BECAUSE OF OUR NOT-FOR-PROFIT DESIGNATION, WE WANT TO MAKE SURE THAT THOSE WHO CANNOT PAY FOR SERVICES ARE GIVEN THE OPPORTUNITY TO STILL HAVE QUALITY HEALTHCARE SERVICES WE PROMOTE AND/OR OFFER OUR CHARITY POLICY IN SEVERAL DIFFERENT AVENUES TO ENSURE PATIENTS ARE AWARE OF OUR GENEROUS POLIC SO THEY CAN ACCESS IT. OUR CHARITY POLICY IS FIRST DISCUSSED IN OUR PATIENT FINANCIAL RESPONSIBILITY HANDOUT WE GIVE TO ALL PATIENTS. AFTER CONFIRMING SELF PAY STATUS, THE FINANCIAL COUNSELOR WORKS WITH THE PATIENT TO DETERMINE IF THE PATIENT MAY QUALIFY FOR ASSISTANCE UNDER A GOVERNMENT SPONSORED PLAN. IF THE PATIENT DOES NOT QUALIFY FOR A GOVERNMENT SPONSORED PLAN, THEN THE FINANCIAL COUNSELOR WORKS WITH THE PATIENT TO TRY AND GET THEM QUALIFIED FOR CHARITY BASED ON THE HOSPITAL'S CHARITY POLICY. ADDITIONALLY, DURING THE COLLECTIONS PROCESS WE OFFER CHARITY POLICY AS WELL AS PAYMENT OPTIONS AS A PART OF OUR PATIENT RESPONSIBILITY FOLLOW UP COLLECTION CALLS

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 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.

Part VI Line 4, LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL SERVES ADULTS AND ADOLESCENTS, PRIMARILY TO THE RESIDENTS OF OKLAHOMA FOR MENTAL HEALTH SERVICES AND NATIONWIDE FOR EATING DISORDER SERVICES.

Part VI Line 5, LAUREATE PROMOTES COMMUNITY HEALTH THROUGH COMMUNITY EVENTS SUCH AS HEALTH FAIRS AND SPONSORING CONFERENCES AND SEMINARS ON MENTAL HEALTH ISSUES. LAUREATE IS ALSO AN ACTIVE MEMBER OF THE MENTAL HEALTH ASSOCIATION OF TULSA.

Part VI Line 6, LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL IS A PART OF THE SAINT FRANCIS HEALTH SYSTEM. ANNUALLY, LAUREATE ADMITS APPROXIMATELY 3,000 PATIENTS AND PROVIDES OVER 70,000 OUTPATIENT VISITS FOR PSYCHIATRIC SERVICES.

Part VI Line 7, OK

Part VI Line 8, ONLY ONE HOSPITAL FACILITY IS BEING REPORTED