SCHEDULE H (Form 990)

Hospitals

201

Open to Public Inspection

5a

5c

6a

6b

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
 ► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 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 1b If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities 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. 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: За □ 200% Other b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: 3b 250% 300% 350% 400% 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.

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit

7 Financial Assistance and Certain Other Community Benefits at Cost

these worksheets with the Schedule H.

7	Financial Assistance and Certain Other Community Benefits at Cost						
Mean	Financial Assistance and s-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
а	Financial Assistance at cost (from Worksheet 1)						
b c d	Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and						
	Means-Tested Government Programs						
е	Other Benefits Community health improvement services and community benefit operations (from Worksheet 4)						
f	Health professions education (from Worksheet 5)						
g	Subsidized health services (from Worksheet 6)						
h i	Research (from Worksheet 7) Cash and in-kind contributions for community benefit (from Worksheet 8)						
j k	Total. Other Benefits Total. Add lines 7d and 7j					,	
Ear Do	norwork Poduction Act Notice of	aa tha Inatriiatia	no for Form Of	20	Cat Na FO100T	0-1	I /Farm 000\ 0040

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 (b) Persons (c) Total community (d) Direct offsetting (e) Net community (f) Percent of activities or . served building expense revenue building expense total expense programs (optional) (optional) Physical improvements and housing Economic development 2 3 Community support **Environmental improvements** 5 Leadership development and training for community members Coalition building 6 Community health improvement advocacy 8 Workforce development 9 Other 10 Total **Bad Debt, Medicare, & Collection Practices** Part III Section A. Bad Debt Expense No Yes Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1 1 Enter the amount of the organization's bad debt expense. Explain in Part VI the 2 methodology used by the organization to estimate this amount . 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, 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 Enter total revenue received from Medicare (including DSH and IME) 5 Enter Medicare allowable costs of care relating to payments on line 5 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 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 to charge ratio Cost accounting system Other Section C. Collection Practices Did the organization have a written debt collection policy during the tax year? 9a 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 Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) Part IV (a) Name of entity (b) Description of primary (c) Organization's (d) Officers, directors, (e) Physicians' trustees, or key employees' profit % activity of entity profit % or stock profit % or stock ownership % ownership % or stock ownership % 2 3 4 5 6 8 9 10 11 12

13

Part V Facility Information										
Section A. Hospital Facilities	Ę	Ge	오	Tex	Ori:	Re	男	男		
	Licensed hospital	neral	Children's hospital	Teaching hospital	tical a	Research facility	ER-24 hours	ER-other		
(list in order of size, from largest to smallest—see instructions)	hosp	medic	's hos	hosp	ccess	n facil	ours	7		
How many hospital facilities did the organization operate during the tax year?	ital	a &	pital)ital	Critical access hospital	₹				
Name, address, primary website address, and state license		General medical & surgical)ital					Facility
number		<u> 8</u>							Other (describe)	reporting group
1									, ,	<u> </u>
2										
3										
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4										
5										
6										
_ 7										
8										
9										
9										
_10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

(Com	(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)					
Name	e of hospital facility or facility reporting group	-				
	oorting on Part V, Section B for a single hospital facility only: line number of oital facility (from Schedule H, Part V, Section A)	_				
			Yes	No		
Comn 1	nunity Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012) 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	1				
a b c d e	If "Yes," indicate what the CHNA report describes (check all that apply): A definition of the community served by the hospital facility Demographics of the community Existing health care facilities and resources within the community that are available to respond to the health needs of the community How data was obtained The health needs of the community					
f g	 Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups The process for identifying and prioritizing community health needs and services to meet the community health needs 					
h i j 2	 ☐ The process for consulting with persons representing the community's interests ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs ☐ Other (describe in Section C) 					
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3				
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4				
5	Did the hospital facility make its CHNA report widely available to the public?	5				
a h	Hospital facility's website (list url): Other website (list url):					
b b	Available upon request from the hospital facility					
d	Other (describe in Section C)					
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):					
а	Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA					
b	Execution of the implementation strategy					
C	Participation in the development of a community-wide plan					
d	Participation in the execution of a community-wide plan					
e f	Inclusion of a community benefit section in operational plans					
g	 Adoption of a budget for provision of services that address the needs identified in the CHNA Prioritization of health needs in its community 					
9 h	Prioritization of health needs in its community Prioritization of services that the hospital facility will undertake to meet health needs in its community					
i	Other (describe in Section C)					
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7				
8 a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a				
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b				
С	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)						
Fina	ncial 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				
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?					
10	If "Yes," indicate the FPG family income limit for eligibility for free care:					
	— — — — — — — — — — — — — — — — — — —					
	If "No," explain in Section C the criteria the hospital facility used.					
11	Used FPG to determine eligibility for providing discounted care?					
	If "Yes," indicate the FPG family income limit for eligibility for discounted care:					
	If "No," explain in Section C the criteria the hospital facility used.					
12	Explained the basis for calculating amounts charged to patients?	12				
	If "Yes," indicate the factors used in determining such amounts (check all that apply):					
а	☐ Income level					
b	Asset level					
C	Medical indigency					
d	☐ Insurance status					
е	Uninsured discount					
f	Medicaid/Medicare					
g	State regulation					
h	Residency					
i	Other (describe in Section C)					
13	Explained the method for applying for financial assistance?	13				
14	Included measures to publicize the policy within the community served by the hospital facility?	14				
• •	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):					
_	The policy was posted on the hospital facility's website					
a						
b	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					
е	☐ The policy was provided, in writing, to patients on admission to the hospital facility					
f	☐ The policy was available on request					
g	☐ Other (describe in Section C)					
Billin	g 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				
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 individual's eligibility under the					
	facility's FAP:					
а	☐ Reporting to credit agency					
	Lawsuits					
b						
۲ C	Liens on residences					
d	Body attachments					
е	Other similar actions (describe in Section C)					
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 individual's eligibility under the facility's FAP?	17				
	If "Yes," check all actions in which the hospital facility or a third party engaged:					
а	☐ Reporting to credit agency					
b	☐ Lawsuits					
С	☐ Liens on residences					
d	Body attachments					
е	Other similar actions (describe in Section C)					

Schedule H (Form 990) 2013 Page 6 Part V Facility Information (continued) Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply): Notified individuals of the financial assistance policy on admission b Notified individuals of the financial assistance policy prior to discharge Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills C Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's d financial assistance policy Other (describe in Section C) **Policy Relating to Emergency Medical Care** No Yes Did the hospital facility have in place during the tax year a written policy relating to emergency medical care 19 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 If "No," indicate why: The hospital facility did not provide care for any emergency medical conditions b The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe С in Section C) Other (describe in Section C) Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals) 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. The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be С charged d Other (describe in Section C) During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to 21 If "Yes," explain in Section C. During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross 22 22

If "Yes," explain in Section C.

Schedule H (Form 990) 2013 Page 7 Part V Facility Information (continued) **Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

Name and address	Type of Facility (describe)
1	
2	
3	
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Part VI Supplemental Information

Provide the following information.

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

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