

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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.**

Name of the organization **DEACONESS HOSPITAL , INC.** Employer identification number **35-0593390**

**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 .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<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) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %		
<b>b</b> Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> If the organization did not use FPG to determine 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, to determine 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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
<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?		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			25,309,166.		25,309,166.	4.45%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			79,155,354.	56,932,374.	22,222,980.	3.91%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....			104,464,520.	56,932,374.	47,532,146.	8.36%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			814,012.	66,774.	747,238.	.13%
<b>f</b> Health professions education (from Worksheet 5) .....			4,191,775.	1,625,455.	2,566,320.	.45%
<b>g</b> Subsidized health services (from Worksheet 6) .....			8,492,145.	6,157,038.	2,335,107.	.41%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			1,334,642.	384,229.	950,413.	.17%
<b>j Total.</b> Other Benefits .....			14,832,574.	8,233,496.	6,599,078.	1.16%
<b>k Total.</b> Add lines 7d and 7j .....			119,297,094.	65,165,870.	54,131,224.	9.52%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: DEACONESS HOSPITAL, INC.

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)			
<b>1</b>	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
	If "Yes," indicate what the Needs Assessment describes (check all that apply):		
	a <input type="checkbox"/> A definition of the community served by the hospital facility		
	b <input type="checkbox"/> Demographics of the community		
	c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input type="checkbox"/> How data was obtained		
	e <input type="checkbox"/> The health needs of the community		
	f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
	j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>    </u>		
<b>3</b>	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? 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>4</b>	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b>	Did the hospital facility make its Needs Assessment widely available to the public?		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
	a <input type="checkbox"/> Hospital facility's website		
	b <input type="checkbox"/> Available upon request from the hospital facility		
	c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
	a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
	b <input type="checkbox"/> Execution of the implementation strategy		
	c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
	d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
	e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
	f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
	g <input type="checkbox"/> Prioritization of health needs in its community		
	h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
	i <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 Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>8</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
<b>9</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>300</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) DEACONESS HOSPITAL, INC.

		Yes	No
<b>10</b>	Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
<b>11</b>	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
	a <input checked="" type="checkbox"/> Income level		
	b <input checked="" type="checkbox"/> Asset level		
	c <input checked="" type="checkbox"/> Medical indigency		
	d <input type="checkbox"/> Insurance status		
	e <input checked="" type="checkbox"/> Uninsured discount		
	f <input checked="" type="checkbox"/> Medicaid/Medicare		
	g <input type="checkbox"/> State regulation		
	h <input type="checkbox"/> Other (describe in Part VI)		
<b>12</b>	Explained the method for applying for financial assistance?	X	
<b>13</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):	X	
	a <input type="checkbox"/> The policy was posted on the hospital facility's website		
	b <input type="checkbox"/> The policy was attached to billing invoices		
	c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
	d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
	e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
	f <input checked="" type="checkbox"/> The policy was available on request		
	g <input checked="" type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</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?	X	
<b>15</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 patient's eligibility under the facility's FAP:		
	a <input type="checkbox"/> Reporting to credit agency		
	b <input type="checkbox"/> Lawsuits		
	c <input type="checkbox"/> Liens on residences		
	d <input type="checkbox"/> Body attachments		
	e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</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:		X
	a <input type="checkbox"/> Reporting to credit agency		
	b <input type="checkbox"/> Lawsuits		
	c <input type="checkbox"/> Liens on residences		
	d <input type="checkbox"/> Body attachments		
	e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b>	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
	a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
	b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
	c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
	d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
	e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** (continued) DEACONESS HOSPITAL, INC.

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	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? .....	X	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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? .....		X
If "Yes," explain in Part VI.			
<b>21</b>	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....		X
If "Yes," explain in Part VI.			

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: DEACONESS GATEWAY HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)			
<b>1</b>	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
	If "Yes," indicate what the Needs Assessment describes (check all that apply):		
	a <input type="checkbox"/> A definition of the community served by the hospital facility		
	b <input type="checkbox"/> Demographics of the community		
	c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input type="checkbox"/> How data was obtained		
	e <input type="checkbox"/> The health needs of the community		
	f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
	j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b>	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? 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>4</b>	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b>	Did the hospital facility make its Needs Assessment widely available to the public?		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
	a <input type="checkbox"/> Hospital facility's website		
	b <input type="checkbox"/> Available upon request from the hospital facility		
	c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
	a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
	b <input type="checkbox"/> Execution of the implementation strategy		
	c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
	d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
	e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
	f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
	g <input type="checkbox"/> Prioritization of health needs in its community		
	h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
	i <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 Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>8</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
<b>9</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>300</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) DEACONESS GATEWAY HOSPITAL

		Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted</i> care? .....	<b>10</b>	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
<b>11</b> Explained the basis for calculating amounts charged to patients? .....	<b>11</b>	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input checked="" type="checkbox"/> Medicaid/Medicare			
g <input type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
<b>12</b> Explained the method for applying for financial assistance? .....	<b>12</b>	X	
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? .....	<b>13</b>	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a <input type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available on request			
g <input checked="" type="checkbox"/> Other (describe in Part VI)			

**Billing and Collections**

<b>14</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? .....	<b>14</b>	X	
<b>15</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 patient's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
<b>16</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? .....	<b>16</b>		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): .....			
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission			
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge			
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e <input type="checkbox"/> Other (describe in Part VI)			

**Part V Facility Information** (continued) DEACONESS GATEWAY HOSPITAL

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	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? .....	X	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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.		X
<b>21</b>	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? ..... If "Yes," explain in Part VI.		X

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: DEACONESS CROSS POINTE

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)			
<b>1</b>	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
	If "Yes," indicate what the Needs Assessment describes (check all that apply):		
	a <input type="checkbox"/> A definition of the community served by the hospital facility		
	b <input type="checkbox"/> Demographics of the community		
	c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input type="checkbox"/> How data was obtained		
	e <input type="checkbox"/> The health needs of the community		
	f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
	j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>    </u>		
<b>3</b>	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? 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>4</b>	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b>	Did the hospital facility make its Needs Assessment widely available to the public?		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
	a <input type="checkbox"/> Hospital facility's website		
	b <input type="checkbox"/> Available upon request from the hospital facility		
	c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
	a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
	b <input type="checkbox"/> Execution of the implementation strategy		
	c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
	d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
	e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
	f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
	g <input type="checkbox"/> Prioritization of health needs in its community		
	h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
	i <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 Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>8</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
<b>9</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>300</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) DEACONESS CROSS POINTE

		Yes	No
<b>10</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: <u>300</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
<b>11</b>	Explained the basis for calculating amounts charged to patients? ..... If "Yes," indicate the factors used in determining such amounts (check all that apply): a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	X	
<b>12</b>	Explained the method for applying for financial assistance? .....	X	
<b>13</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): a <input type="checkbox"/> The policy was posted on the hospital facility's website b <input type="checkbox"/> The policy was attached to billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available on request g <input checked="" type="checkbox"/> Other (describe in Part VI)	X	

**Billing and Collections**

<b>14</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? .....	X	
<b>15</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 patient's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</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: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		X
<b>17</b>	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): ..... a <input type="checkbox"/> Notified patients of the financial assistance policy on admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** (continued) DEACONESS CROSS POINTE

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	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? .....		X
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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? .....	20	X
If "Yes," explain in Part VI.			
<b>21</b>	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....	21	X
If "Yes," explain in Part VI.			

**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? 47

Name and address	Type of Facility (describe)
1 DEACONESS PROCEDURE CENTER 421 CHESTNUT STREET EVANSVILLE, IN 47713	OUTPATIENT SERVICES
2 DEACONESS HOSPITAL PHYSICAL MEDICINE 520 MARY STREET, SUITE 280 EVANSVILLE, IN 47747	OUTPATIENT SERVICES
3 DEACONESS COMPREHENSIVE PAIN CTR & PR 4600 W LLOYD EXPRESSWAY EVANSVILLE, IN 47712	OUTPATIENT SERVICES
4 DEACONESS CHEMOTHERAPY INFUSION CTR 4055 GATEWAY BLVD, SUITE 1200 NEWBURGH, IN 47630	OUTPATIENT SERVICES
5 DEACONESS HOSPITAL INFUSION SVCS 421 CHESTNUT STREET EVANSVILLE, IN 47713	OUTPATIENT SERVICES
6 DEACONESS HOSPITAL PHYSICAL MEDICINE 10455 ORTHOPAEDIC DRIVE NEWBURGH, IN 47630	OUTPATIENT SERVICES
7 DEACONESS COMPREHENSIVE PAIN CTR-GATE 4099 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT SERVICES
8 DEACONESS CRITICAL CARE GROUP 519 HARRIET STREET EVANSVILLE, IN 47747	OUTPATIENT PHYSICIAN CLINIC
9 DEACONESS HOSPITAL BREAST CENTER 520 MARY STREET, SUITE 140 EVANSVILLE, IN 47710	DIAGNOSTIC CENTER
10 DEACONESS REGIONAL LAB 421 CHESTNUT STREET EVANSVILLE, IN 47713	DIAGNOSTIC CENTER

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
11 DEACONESS HOME CARE 701 GARFIELD STREET EVANSVILLE, IN 47747	HOME HEALTH AGENCY
12 CHANCELLOR CENTER FOR ONCOLOGY 4055 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT SERVICES
13 DEACONESS SLEEP LAB 350 W COLUMBIA STREET, SUITE 210 EVANSVILLE, IN 47710	OUTPATIENT SERVICES
14 DEACONESS SLEEP LAB 350 W COLUMBIA STREET, SUITE LL-10 EVANSVILLE, IN 47710	DIAGNOSTIC CENTER
15 DEACONESS/ OHIO VALLEY HOSPICE 701 GARFIELD STREET EVANSVILLE, IN 47747	HOSPICE
16 DEACONESS REGIONAL LABORATORY 4133 GATEWAY BLVD, SUITE 110 NEWBURGH, IN 47630	DIAGNOSTIC CENTER
17 THE FAMILY PRACTICE CENTER 515 READ STREET EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
18 DEACONESS COMP CENTER 329 W COLUMBIA STREET EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
19 DEACONESS WOUND CARE CENTER 611 HARRIET STREET, SUITE 501 EVANSVILLE, IN 47710	OUTPATIENT SERVICES
20 DEACONESS HOSPITAL MAMMOGRAPHY & IMAG 421 CHESTNUT STREET EVANSVILLE, IN 47713	DIAGNOSTIC CENTER

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
21 DEACONESS URGENT CARE/COMP CARE 10455 ORTHOPAEDIC DRIVE EVANSVILLE, IN 47630	OUTPATIENT PHYSICIAN CLINIC
22 DEACONESS MEC MEDICAL CENTER 3844 FIRST AVENUE EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
23 DEACONESS CLINIC GATEWAY REG LAB 4233 GATEWAY BLVD NEWBURGH, IN 47630	DIAGNOSTIC CENTER
24 DEACONESS ANTICOAGULATION CLINIC 4107 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT SERVICES
25 DEACONESS CLINIC WEST REG LAB RADIOLO 545 S BOEHNE CAMP ROAD EVANSVILLE, IN 47712	OUTPATIENT PHYSICIAN CLINIC
26 MIDWEST RADIOLOGIC IMAGING 10455 ORTHOPAEDIC DRIVE NEWBURGH, IN 47630	DIAGNOSTIC CENTER
27 MIDWEST RADIOLOGICAL IMAGING 4087 GATEWAY BLVD NEWBURGH, IN 47630	DIAGNOSTIC CENTER
28 DEACONESS REGIONAL LABORATORY 611 HARRIET STREET, SUITE 102 EVANSVILLE, IN 47710	DIAGNOSTIC CENTER
29 DEACONESS RILEY CHILDREN'S SPECIALTY 4133 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT PHYSICIAN CLINIC
30 DEACONESS RILEY SPECIALITY CTR O/P 4121 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT PHYSICIAN CLINIC

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
31 DOCTOR'S PLAZA X-RAY 611 HARRIET STREET EVANSVILLE, IN 47710	DIAGNOSTIC CENTER
32 DEACONESS PRIMARY CARE FOR SENIORS 4498 FIRST AVENUE EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
33 DEACONESS REGIONAL LABORATORY 4494 N FIRST AVENUE EVANSVILLE, IN 47710	DIAGNOSTIC CENTER
34 DEACONESS CLINIC PRINCETON RADIOLOGY 685 VAIL STREET PRINCETON, IN 47670	OUTPATIENT PHYSICIAN CLINIC
35 DEACONESS PRIMARY CARE FOR SENIORS 1750 OAK HILL ROAD EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
36 DEACONESS PRE-ADMISSION TESTING 520 MARY STREET, SUITE 330 EVANSVILLE, IN 47747	DIAGNOSTIC CENTER
37 MT VERNON MEDICAL CENTER LAB & RADIOLOGY 1900 W FOURTH STREET MT VERNON, IN 47620	DIAGNOSTIC CENTER
38 DEACONESS FAMILY MEDICINE 611 HARRIET STREET, SUITE 504 EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
39 DEACONESS DIABETES CENTER - EDUCATION 421 CHESTNUT STREET EVANSVILLE, IN 47713	OUTPATIENT SERVICES
40 DEACONESS GATEWAY GASTROENTEROLOGY 4133 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT PHYSICIAN CLINIC

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
41 DEACONESS WEIGHT LOSS SOLUTIONS 310 W IOWA STREET EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
42 DEACONESS REGIONAL LABORATORY 1204 W. WILLIAMS STREET OAKLAND CITY, IN 47660	DIAGNOSTIC CENTER
43 DEACONESS CROSS POINTE-PRINCETON 1808 SHERMAN DRIVE, RM 2208 PRINCETON, IN 47670	OUTPATIENT PHYSICIAN CLINIC
44 DEACONESS CROSS POINTE-ROCKPORT 2792 N US HIGHWAY 231 ROCKPORT, IN 47635	OUTPATIENT PHYSICIAN CLINIC
45 DEACONESS CROSS POINTE-OWENSBORO 920 FREDERICA STREET, SUITE 1003 OWENSBORO, KY 42301	OUTPATIENT PHYSICIAN CLINIC
46 DEACONESS CROSS POINTE-HENDERSON 209 N ELM STREET HENDERSON, KY 42420	OUTPATIENT PHYSICIAN CLINIC
47 DEACONESS CROSS POINTE OUTPATIENT CLI 445 CROSS POINTE BLVD EVANSVILLE, IN 47715	OUTPATIENT PHYSICIAN CLINIC

**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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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.

PART I, LINE 6A: DEACONESS HOSPITAL PREPARES AN ANNUAL COMMUNITY

BENEFIT REPORT. THE REPORT IS MADE AVAILABLE IN THE FOLLOWING WAYS:

1. MAILED TO ALL THE MAJOR EMPLOYERS IN THE TRI-STATE AREA.

2. AN ADVERTISEMENT IS PLACED IN THE SUNDAY PAPER OF THE EVANSVILLE  
COURIER AND PRESS.

3. IS MADE AVAILABLE ON THE DEACONESS WEBSITE AT

[HTTP://WWW.DEACONESS.COM/CAREERS/FOR-OUR-EMPLOYEES/](http://www.deaconess.com/careers/for-our-employees/)

[OUR-COMMUNITY/COMMUNITY-BENEFIT.ASPX](http://www.deaconess.com/careers/for-our-employees/our-community/community-benefit.aspx)

PART I, LINE 7: A COST TO CHARGE RATIO WAS USED FOR MOST OF THE

CALCULATIONS FOR THE TABLE. IRS INSTRUCTION'S WORKSHEET 2 WAS USED FOR

THIS CALCULATION. WE DID NOT USE THE COST TO CHARGE RATIO FOR LINE 7G AS

IT WAS NOT RELEVANT TO THESE SERVICES. THE ACTUAL COST FROM OUR COSTING

SYSTEM WAS USED WHEN AVAILABLE. THE COST TO CHARGE RATIO FOR EACH SERVICE

TYPE WAS USED TO ESTIMATE COST WHEN NOT AVAILABLE FROM OUR INTERNAL

COSTING SYSTEM.

PART I, LINE 7G: SUBSIDIZED HEALTH SERVICES ATTRIBUTED TO PHYSICIAN

CLINICS HAVE A COST OF \$259,516. THESE CLINICS ARE OPERATED AS A BENEFIT

**Part VI Supplemental Information**

TO THE COMMUNITY.

PART I, LN 7 COL(F): THE BAD DEBT EXPENSE IS NOT INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) DUE TO EARLY ADOPTION OF ACCOUNTING STANDARDS UPDATE (ASU) 2011-07, HEALTHCARE ENTITIES (TOPIC 954). BAD DEBT EXPENSE DOES IMPACT NOT REMOVED FOR THE CALCULATION OF THE PERCENTAGE ON SCH H, PART I, LINE 7, COLUMN F.

PART II: DEACONESS HOSPITAL AND ITS RELATED ORGANIZATIONS PARTICIPATE IN VARIOUS COMMUNITY BUILDING ACTIVITIES. DEACONESS CROSS POINTE, A 60 BED INPATIENT PSYCHIATRIC HOSPITAL UNDER THE DEACONESS HOSPITAL LICENSE, IS A MEMBER OF THE SUICIDE PREVENTION COALITION. VANDERBURGH COUNTY SUICIDES REACHED AN ALL TIME HIGH IN 2010 AND AS A RESULT OF THE COALITION, SUICIDES DROPPED BY 18.5% IN 2011. PRIOR TO 2011, VANDERBURGH COUNTY HAD ONE OF THE HIGHEST PER CAPITA SUICIDE RATES IN INDIANA. DEACONESS CROSS POINTE OFFERS A VARIETY OF FREE SUICIDE AWARENESS AND PREVENTION PROGRAMS TO HELP REDUCE THE INCIDENCE OF SUICIDE IN THE TRI-STATE. IN ADDITION, DEACONESS CROSS POINTE HOSTS AND CHAIRS THE SUICIDE PREVENTION COALITION.

DEACONESS HOSPITAL SPONSORS THE HEALTH SCIENCE INSTITUTE WHICH ALLOWS HIGH SCHOOL STUDENTS TO EXPERIENCE FIRSTHAND THE WONDERS OF MEDICINE AND MEDICAL RESEARCH THROUGH SEMINARS, CLINICAL EXPERIENCES, AND DEMONSTRATIONS. INTERACTION WITH LEADING HEALTH CARE PROFESSIONALS BROADENS STUDENTS' KNOWLEDGE OF MEDICAL CARE AND CAREER OPPORTUNITIES IN HEALTH CARE AND HEALTH SCIENCES. STUDENTS FROM SOUTHWESTERN INDIANA HIGH SCHOOLS ARE CHOSEN TO PARTICIPATE.

**Part VI Supplemental Information**

DEACONESS EMPLOYEES, LEADERS AND ADMINISTRATORS SERVE AS BOARD MEMBERS ON NUMEROUS COMMUNITY NON-PROFIT ORGANIZATIONS.

DEACONESS HOSPITAL HAS A STRONG PARTNERSHIP WITH ECHO COMMUNITY HEALTH CARE. DEACONESS PROVIDES KEY SERVICES AND MONETARY DONATIONS TO THE ECHO COMMUNITY HEALTH CARE AND WORKS TO ENSURE THE COMMUNITY HAS HEALTH SERVICES PROVIDED TO THE UNDERSERVED POPULATION.

DEACONESS HOSPITAL HAS BEEN WORKING WITH ST. MARY'S MEDICAL CENTER (ALSO A NON-PROFIT HOSPITAL), THE BAPTIST FOUNDATION AND ECHO COMMUNITY HEALTH CARE TO DEVELOP A COMMUNITY WIDE HEALTH ASSESSMENT. THE GROUP HAS IDENTIFIED FOUR (4) KEY AREAS THAT THE COMMUNITY IS IN NEED OF. THE FOUR ORGANIZATIONS CAME TOGETHER MONTHLY TO DISCUSS AND PLAN HOW TO ADDRESS THESE NEEDS. THE PLAN IS TO BEGIN TO IMPLEMENT NEW PROGRAMS AND FOCUS RESOURCES IN THESE AREAS DURING THE COMING YEAR.

DEACONESS HOSPITAL DEVELOPED A MEDICATION ASSISTANCE PROGRAM (MAP) TO PROVIDE ASSISTANCE TO THOSE IN THE COMMUNITY WHO HAVE FINANCIAL DIFFICULTY IN OBTAINING THEIR MEDICATION. THE PROGRAM HAS BEEN IN PLACE SINCE 2005 AND HAS MADE SIGNIFICANT IMPACT TO THE COMMUNITY. IN FISCAL YEAR 2012, THERE WERE 1,219 ACTIVE PATIENTS IN THE PROGRAM. THOSE PARTICIPANTS RECEIVED \$4,198,097 IN SAVINGS AND FREE MEDICATIONS. EACH MONTH AN AVERAGE OF OVER 600 PATIENTS APPLY FOR ASSISTANCE IN THE PROGRAM WITH ALMOST 500 PER MONTH RECEIVING BENEFIT.

THE MAIN CAMPUS OF DEACONESS HOSPITAL IS LOCATED IN THE JACOBSVILLE NEIGHBORHOOD IN EVANSVILLE, INDIANA. THIS IS A HIGHLY UNDERSERVED AREA IN THE EVANSVILLE COMMUNITY. DEACONESS WORKS WITH THE ELEMENTARY SCHOOLS IN

**Part VI Supplemental Information**

THIS AREA TO PROVIDE HEALTH EDUCATION AND DONATIONS TO ASSIST THE SCHOOLS.

DEACONESS HOSPITAL ALSO OPERATES A RESOURCE CENTER THAT PROVIDES A WIDE RANGE OF SERVICES TO THE COMMUNITY WITH A FOCUS ON WELLNESS. THE RESOURCE CENTER HAD OVER 19,000 ENCOUNTERS DURING FISCAL YEAR 2012. THE RESOURCE CENTER OPERATED AT A LOSS ON OPERATIONS DURING THAT TIME.

PART III, LINE 4: SECTION A. BAD DEBT EXPENSE. LINE 2 FOOTNOTE TO ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE:

AS PERMITTED, EFFECTIVE SEPTEMBER 1, 2011, THE SYSTEM ELECTED TO EARLY ADOPT ACCOUNTING STANDARDS UPDATE (ASU) 2011-07, HEALTHCARE ENTITIES (TOPIC 954), "PRESENTATION AND DISCLOSURE OF PATIENT SERVICE REVENUE, PROVISION FOR BAD DEBTS, AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR CERTAIN HEALTHCARE ENTITIES," WHICH REQUIRES CERTAIN HEALTHCARE ENTITIES TO PRESENT THE PROVISION FOR BAD DEBTS RELATING TO PATIENT SERVICE REVENUE AS A DEDUCTION FROM PATIENT SERVICE REVENUE IN THE CONSOLIDATED STATEMENT OF OPERATIONS RATHER THAN AS AN OPERATING EXPENSE. ALL PERIODS PRESENTED HAVE BEEN RECLASSIFIED TO CONFORM TO THIS PRESENTATION. THE SYSTEM'S ADOPTION OF THIS STANDARD HAD NO NET IMPACT ON THE CONSOLIDATED FINANCIAL POSITION, RESULTS OF OPERATIONS, OR CASH FLOWS.

ASU 2011-07 ALSO REQUIRES HEALTHCARE ENTITIES TO PROVIDE ENHANCED DISCLOSURE ABOUT THEIR POLICIES FOR RECOGNIZING REVENUE AND ASSESSING BAD DEBTS, AS WELL AS QUALITATIVE AND QUANTITATIVE INFORMATION ABOUT CHANGES IN THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. (BELOW IS THE PORTION OF THE AUDITED FINANCIAL STATEMENT FOOTNOTE "PATIENT ACCOUNTS RECEIVABLE, ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS AND NET PATIENT SERVICE REVENUE"

**Part VI Supplemental Information**

RELATED TO BAD DEBTS.)

PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED ON THE SYSTEM'S EVALUATION OF ITS MAJOR PAYOR SOURCES OF REVENUE, THE AGING OF THE ACCOUNTS, HISTORICAL LOSSES, CURRENT ECONOMIC CONDITIONS, AND OTHER FACTORS UNIQUE TO ITS SERVICE AREA AND THE HEALTHCARE INDUSTRY. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE SYSTEM ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PAYMENTS THE SYSTEM RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

PART III, LINE 8: THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE REVENUE AND ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, LINE 8: THE MEDICARE TOTAL REVENUE AND ALLOWABLE COSTS WERE ESTIMATED BASED UPON THE 2011 MEDICARE COST REPORT AND THE 2012 CONTRACTUAL MODEL FOR EXPECTED REIMBURSEMENT. THE MEDICARE SHORTFALL FOR DEACONESS HOSPITAL IS TREATED AS COMMUNITY BENEFIT DUE TO THE HOSPITAL PROVIDING CARE TO MEDICARE PATIENTS AT LESS THAN THE ALLOWABLE MEDICARE COSTS.

**Part VI** Supplemental Information

PART III, LINE 9B: DEACONESS HOSPITAL MAKES A DISTINCTION BETWEEN CHARITY AND BAD DEBT. IN DETERMINING AN INDIVIDUAL OR FAMILY'S ABILITY TO PAY, DEACONESS HOSPITAL EVALUATES WHETHER OR NOT THE RESPONSIBLE PARTY HAS SUFFICIENT RESOURCES FOR PAYMENT. IF AN INDIVIDUAL IS DETERMINED TO NOT HAVE SUFFICIENT RESOURCES TO PAY, THEY WILL BE CONSIDERED ELIGIBLE FOR CHARITY CARE AND WILL NOT BE PROCESSED THROUGH EITHER INTERNAL OR EXTERNAL COLLECTIONS. ACCOUNTS OF CHARITY CARE PATIENTS WHO ARE UNABLE TO PAY DO NOT RESULT IN BAD DEBT AND ARE NOT COLLECTED UPON.

DEACONESS HOSPITAL, INC.:

PART V, SECTION B, LINE 13G: DEACONESS HOSPITAL SEEKS OUT THE PATIENTS THAT ARE SELF-PAY AND INTERVIEWS THESE PATIENTS WHILE THEY ARE IN THE FACILITY. THE FINANCIAL ASSISTANCE POLICY IS PROMOTED TO PATIENTS. DEACONESS HOSPITAL SEEKS OUT THOSE PATIENTS THAT WOULD QUALIFY FOR THE FINANCIAL ASSISTANCE POLICY. COLLECTABILITY SCORING IS ALSO COMPLETED AND ALLOWANCES ARE MADE BASED UPON THESE SCORES.

DEACONESS GATEWAY HOSPITAL:

PART V, SECTION B, LINE 13G: DEACONESS HOSPITAL SEEKS OUT THE PATIENTS THAT ARE SELF-PAY AND INTERVIEWS THESE PATIENTS WHILE THEY ARE IN THE FACILITY. THE FINANCIAL ASSISTANCE POLICY IS PROMOTED TO PATIENTS. DEACONESS HOSPITAL SEEKS OUT THOSE PATIENTS THAT WOULD QUALIFY FOR THE FINANCIAL ASSISTANCE POLICY. COLLECTABILITY SCORING IS ALSO COMPLETED AND ALLOWANCES ARE MADE BASED UPON THESE SCORES.

DEACONESS CROSS POINTE:

PART V, SECTION B, LINE 13G: DEACONESS HOSPITAL SEEKS OUT THE PATIENTS

**Part VI** Supplemental Information

THAT ARE SELF-PAY AND INTERVIEWS THESE PATIENTS WHILE THEY ARE IN THE FACILITY. THE FINANCIAL ASSISTANCE POLICY IS PROMOTED TO PATIENTS. DEACONESS HOSPITAL SEEKS OUT THOSE PATIENTS THAT WOULD QUALIFY FOR THE FINANCIAL ASSISTANCE POLICY. COLLECTABILITY SCORING IS ALSO COMPLETED AND ALLOWANCES ARE MADE BASED UPON THESE SCORES.

DEACONESS HOSPITAL, INC.:

PART V, SECTION B, LINE 19D: DEACONESS HOSPITAL OFFERS A 35% DISCOUNT TO INDIVIDUALS WHO DO NOT HAVE INSURANCE AND RECEIVE EMERGENCY OR OTHER MEDICALLY NECESSARY CARE. THIS DISCOUNT APPROXIMATES AN AVERAGE OF ALL CONTRACTED DISCOUNTS.

DEACONESS GATEWAY HOSPITAL:

PART V, SECTION B, LINE 19D: DEACONESS HOSPITAL OFFERS A 35% DISCOUNT TO INDIVIDUALS WHO DO NOT HAVE INSURANCE AND RECEIVE EMERGENCY OR OTHER MEDICALLY NECESSARY CARE. THIS DISCOUNT APPROXIMATES AN AVERAGE OF ALL CONTRACTED DISCOUNTS.

DEACONESS CROSS POINTE:

PART V, SECTION B, LINE 19D: DEACONESS HOSPITAL OFFERS A 35% DISCOUNT TO INDIVIDUALS WHO DO NOT HAVE INSURANCE AND RECEIVE EMERGENCY OR OTHER MEDICALLY NECESSARY CARE. THIS DISCOUNT APPROXIMATES AN AVERAGE OF ALL CONTRACTED DISCOUNTS.

PART VI, LINE 2: DEACONESS HOSPITAL'S COMMUNITY BENEFIT COMMITTEE GATHERS AND ANALYZES HOSPITAL AND COMMUNITY DATA TO INDICATE COMMUNITY

**Part VI** Supplemental Information

NEEDS. IN ADDITION DURING FISCAL YEAR 2012, DEACONESS HOSPITAL PARTICIPATED IN COMMISSIONING A STUDY BY PROFESSIONAL RESEARCH CONSULTANTS, INC. TO PROVIDE A DETAILED STUDY ON THE SOUTHERN INDIANA COMMUNITY AND TO DETERMINE ITS NEEDS. BASED UPON THE STUDY, DEACONESS HOSPITAL WILL BE IMPLEMENTING STRATEGIES AROUND COMMUNITY BENEFIT TO FOCUS ON THE AREAS OF NEED IN FISCAL YEAR 2013. THE COMMITTEE USES A DYNAMIC, ONGOING PROCESS TO INCLUDE A REVIEW OF PREVIOUS OR CURRENT ASSESSMENTS BY OTHER COMMUNITY GROUPS, PRESENTATIONS MADE BY OUTSIDE GROUPS SOLICITING DEACONESS HOSPITAL'S INVOLVEMENT IN COMMUNITY INITIATIVES, REVIEW OF HEALTH AND DEMOGRAPHIC INFORMATION OF INPATIENTS AND OUTPATIENTS, AND ANALYSIS OF INFORMATION FROM OUTSIDE ORGANIZATIONS AND INTERNAL RECORDS TO IDENTIFY TRENDS AND AREAS OF CONCERN REQUIRING ATTENTION.

PART VI, LINE 3: DEACONESS HOSPITAL UTILIZES FINANCIAL COUNSELORS TO EDUCATE, INFORM AND ASSIST PATIENTS AND FAMILIES IN UNDERSTANDING THEIR FINANCIAL OBLIGATION, ABILITY TO QUALIFY FOR FINANCIAL ASSISTANCE THROUGH DEACONESS HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM AND PAYMENT OPTIONS. SPECIFICALLY, FINANCIAL COUNSELORS STAFF THE EMERGENCY DEPARTMENT, REGISTRATION AREAS, CASHIER AREA, AS WELL AS, FLOAT AMONG INPATIENT AREAS TO ENSURE EACH AND EVERY PATIENT REQUIRING ASSISTANCE IS REACHED. IN ADDITION TO THE PERSONAL AND INDIVIDUALIZED COUNSELING PROVIDED BY THE FINANCIAL COUNSELORS, VARIOUS FORMS OF MEDIA ARE DISTRIBUTED THROUGHOUT DEACONESS HOSPITAL EXPLAINING THE FINANCIAL ASSISTANCE PROCESS. ADDITIONALLY, POLICIES FOR FINANCIAL ASSISTANCE ARE POSTED WIDELY THROUGHOUT DEACONESS HOSPITAL AND ON THE INTERNET AT [WWW.DEACONESS.COM](http://WWW.DEACONESS.COM). [HTTP://WWW.DEACONESS.COM/DEACONESSHOSPITAL/BUSINESS-OFFICE/FINANCIAL-ASSISTANCE.ASPX](http://WWW.DEACONESS.COM/DEACONESSHOSPITAL/BUSINESS-OFFICE/FINANCIAL-ASSISTANCE.ASPX)

**Part VI Supplemental Information**

PART VI, LINE 4: DEACONESS HOSPITAL IS A MAJOR REFERRAL CENTER FOR A 25-COUNTY TRI-STATE AREA IN SOUTHWESTERN INDIANA, WESTERN KENTUCKY AND SOUTHEASTERN ILLINOIS. THE HOSPITAL AND ITS FACILITIES ARE LOCATED ON FOUR CAMPUSES WHICH INCLUDE THE MAIN 28-ACRE CAMPUS ON THE NEAR NORTH SIDE OF EVANSVILLE IN VANDERBURGH COUNTY; THE 63-ACRE GATEWAY CAMPUS LOCATED IN WARRICK COUNTY ON THE EASTERN BORDER OF VANDERBURGH COUNTY; AND TWO OTHER EASTSIDE EVANSVILLE LOCATIONS FOR PSYCHIATRIC BEHAVIORAL SERVICES AND REHABILITATION SERVICES. THE HOSPITAL OPERATES A MAIN CAMPUS WITH A TOTAL OF 305 BEDS CONSISTING OF 38 INTENSIVE CARE BEDS, 16 CARDIAC INTENSIVE CARE BEDS, 66 CARDIAC BEDS, 23 ONCOLOGY/ PULMONOLOGY BEDS, 61 ORTHOPAEDIC/ NEUROLOGICAL BEDS, 96 MEDICAL/ SURGICAL BEDS AND 5 HOSPICE BEDS. IN ADDITION, THE HOSPITAL PROVIDES A FULL-ARRAY OF COMPREHENSIVE OUTPATIENT AND AMBULATORY SERVICES ON ITS MAIN CAMPUS AND OTHER SPECIFIC SERVICES AT MULTIPLE SITES WITHIN ITS PRIMARY AND SECONDARY SERVICE AREAS.

THE HOSPITAL OPERATES THE 158 BED DEACONESS GATEWAY HOSPITAL WHICH WAS OPENED IN JANUARY 2006, ON THE GATEWAY CAMPUS CONSISTING OF 13 ADULT INTENSIVE CARE BEDS, 17 PEDIATRIC AND PEDIATRIC INTENSIVE CARE BEDS, 16 NEUROSURGICAL BEDS, 32 ORTHOPAEDIC BEDS, 16 NEURO INTENSIVE CARE BEDS, 32 SURGICAL ONCOLOGY BEDS, AND 32 GENERAL MED/ TELEMETRY BEDS. THE HOSPITAL PROVIDES A FULL ARRAY OF COMPREHENSIVE OUTPATIENT AND AMBULATORY SERVICE ON THE GATEWAY CAMPUS.

THE HOSPITAL OWNS AND OPERATES DEACONESS CROSS POINTE, A FREE-STANDING, 60-BED INPATIENT PSYCHIATRIC HOSPITAL LOCATED APPROXIMATELY 7 MILES EAST OF THE MAIN CAMPUS IN EVANSVILLE.

ALSO, THE HOSPITAL IS AN OWNER IN THREE JOINT VENTURE HOSPITALS:

**Part VI Supplemental Information**

1. DEACONESS WOMEN'S HOSPITAL OF SOUTHERN INDIANA, LLC D/B/A THE WOMEN'S HOSPITAL, A FREE STANDING SPECIALTY 74-BED WOMEN'S AND INFANT'S HOSPITAL, LOCATED ON THE GATEWAY CAMPUS.

2. HEALTHSOUTH/DEACONESS, LLC D/B/A TRI-STATE REGIONAL REHABILITATION HOSPITAL, A 80-BED INPATIENT ACUTE REHABILITATION HOSPITAL, LOCATED APPROXIMATELY 8 MILES TO THE SOUTHEAST OF THE MAIN CAMPUS.

3. THE HEART HOSPITAL AT DEACONESS GATEWAY, LLC, A 24-BED CARDIOVASCULAR SPECIALTY HOSPITAL, RESIDING ON THE GATEWAY CAMPUS.

THE HOSPITAL PLAYS AN ACTIVE ROLE IN MEDICAL EDUCATION, OPERATING A THREE YEAR FAMILY MEDICINE RESIDENCY PROGRAM, A POST-GRADUATE PHARMACY RESIDENT PROGRAM, AND SEVERAL UNDERGRADUATE MEDICAL AFFILIATIONS. THE HOSPITAL ALSO PROVIDES CONTINUING MEDICAL EDUCATION PROGRAMS FOR ATTENDING PHYSICIANS, OTHER HEALTH PROFESSIONALS, OTHER ALLIED HEALTH PROGRAMS, AND THE COMMUNITY AT LARGE. THE HOSPITAL, THROUGH ITS RELATED CORPORATIONS, PROVIDES OUTREACH SERVICES TO NURSING HOMES, PHYSICIANS' OFFICES AND SURROUNDING SMALLER HOSPITALS IN ITS SERVICE AREA.

PART VI, LINE 5: THE ORGANIZATION FURTHERS ITS EXEMPT PURPOSE BY PROMOTING HEALTH OF THE COMMUNITY INCLUDES: A MAJORITY OF ORGANIZATION'S GOVERNING BODY IS INDEPENDENT AND COMPRISED OF PERSONS WHO RESIDED IN THE ORGANIZATION'S PRIMARY SERVICE AREA; EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY; AND APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE.

PART VI, LINE 6: DEACONESS HOSPITAL WORKS IN CONCERT WITH DEACONESS HEALTH SYSTEM AND DEACONESS CLINIC TO PROVIDE HEALTHCARE SERVICES WITH A COMPASSIONATE AND CARING SPIRIT TO PERSONS, FAMILIES AND COMMUNITIES OF

**Part VI** Supplemental Information

THE TRI-STATE.

DEACONESS HEALTH SYSTEM WORKS TO INCREASE ACCESS TO HEALTHCARE SERVICES WITHIN OUR COMMUNITY THROUGH DEACONESS HOSPITAL AND DEACONESS CLINIC.

DEACONESS HOSPITAL IS A MEDICAL INSTITUTION DEDICATED TO PROVIDING QUALITY PATIENT CARE WITH UNRELENTING ATTENTION TO CLINICAL EXCELLENCE, PATIENT SAFETY AND AN UNPARALLELED PASSION AND COMMITMENT TO ASSURE THE VERY BEST HEALTHCARE FOR THE PATIENTS SERVED. DEACONESS CLINIC PROVIDES EXCELLENT PRIMARY AND MULTI-SPECIALTY HEALTHCARE IN A PERSONALIZED FASHION WITH A DEDICATED FOCUS TO SERVE THE COMMUNITY WITH EXCELLENT, TIMELY AND COMPASSIONATE PATIENT CARE.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

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