

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

**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 **UNION HOSPITAL, INC.** Employer identification number **35-0876396**

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	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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. <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		
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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a 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 If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
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.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			12118696.		12118696.	2.93%
b Medicaid (from Worksheet 3, column a)			77408519.	44603998.	32804521.	7.94%
c Costs of other means-tested government programs (from Worksheet 3, column b)			175651462.	135700142.	39951320.	9.67%
d Total Financial Assistance and Means-Tested Government Programs			265178677.	180304140.	84874537.	20.54%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6802751.		6802751.	1.65%
f Health professions education (from Worksheet 5)			9310436.	2651562.	6658874.	1.61%
g Subsidized health services (from Worksheet 6)			10649270.	4329824.	6319446.	1.53%
h Research (from Worksheet 7)			219,676.	0.	219,676.	.05%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			425,614.		425,614.	.10%
j Total Other Benefits			27407747.	6981386.	20426361.	4.94%
k Total Add lines 7d and 7j			292586424.	187285266.	105300898.	25.48%

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 UNION HOSPITAL

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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" 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)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
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?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide 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 CHNA		
g <input checked="" 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)		
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
8b 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? \$ _____		

Part V Facility Information (continued) UNION HOSPITAL

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?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free care</i> ?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>150</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted care</i> ?	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>250</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients?	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 checked="" 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)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	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 checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input 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 type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> 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?	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 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)		
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?		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)		

Part V Facility Information (continued) UNION HOSPITAL

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
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 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?

21		X
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If "Yes," explain in Part VI.

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

22		X
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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 or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group UNION HOSPITAL CLINTON

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 2

	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 <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
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h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" 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)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
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	
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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
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
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Part V Facility Information (continued) UNION HOSPITAL CLINTON

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?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
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	If "No," explain in Part VI the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>250</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients?	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input checked="" type="checkbox"/> Income level		
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d	<input checked="" type="checkbox"/> Insurance status		
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f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
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Billing and Collections		Yes	No
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?	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 patient's eligibility under the facility's FAP:		
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e	<input type="checkbox"/> 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?		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)		

Part V Facility Information (continued) UNION HOSPITAL CLINTON

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- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
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 - e Other (describe in Part VI)

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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?

	Yes	No
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 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?

21		X
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If "Yes," explain in Part VI.

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

22		X
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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? 14

Name and address	Type of Facility (describe)
1 CLARA FAIRBANKS CENTER FOR WOMEN 1711 N 6 1/2 ST HUX CANCER CTR 3RD FL TERRE HAUTE, IN 47804	MAMMOGRAPHY CENTER
2 CLAY CITY CENTER FOR FAMILY MEDICINE 315 LANKFORD ST, PO BOX 96 CLAY CITY, IN 47841	FAMILY MEDICINE CENTER
3 IMAGING SERVICES - THOMAS PROF PLAZA 5500 S US HWY 41 TERRE HAUTE, IN 47802	OUTPATIENT THERAPY & IMAGING CENTER
4 PEDIATRIC THERAPY SERVICES 450 8TH AVE TERRE HAUTE, IN 47804	OUTPATIENT THERAPY CENTER
5 PROVIDENCE MEDICAL GROUP CATH LAB 2723 S 7TH ST TERRE HAUTE, IN 47802	OUTPATIENT CATH LAB
6 PROVIDENCE MEDICAL GROUP CHEMO THERAP 2723 S 7TH ST TERRE HAUTE, IN 47802	CHEMO THERAPY/INFUSION CENTER
7 THERAPY SERVICES (UPA BONE & JOINT) 1725 N 5TH ST TERRE HAUTE, IN 47804	OUTPATIENT THERAPY CENTER
8 THERAPY SERVICES - PROFESSIONAL PLAZA 4001 E WABASH AVENUE TERRE HAUTE, IN 47803	OUTPATIENT THERAPY CENTER
9 THERAPY SERVICES - ST MARY OF THE WOO ONE SISTER OF PROVIDENCE ST. MARY OF THE WOODS, IN 47876	OUTPATIENT THERAPY CENTER
10 UNION FAMILY MEDICINE EAST 4001 E WABASH AVENUE TERRE HAUTE, IN 47803	FAMILY MEDICINE CENTER

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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 UNION HOSPITAL FAMILY MEDICINE CENTER 1513 N 6 1/2 ST TERRE HAUTE, IN 47807	FAMILY MEDICINE CENTER
12 UNION HOSPITAL HUX CANCER CENTER 1711 N 6 1/2 ST TERRE HAUTE, IN 47804	CANCER CARE CENTER
13 WABASH VALLEY SURGERY CENTER 1421 N 7TH ST TERRE HAUTE, IN 47807	SURGERY CENTER
14 PROFESSIONAL OFFICE BUILDING 1530 N 7TH ST TERRE HAUTE, IN 47807	P.E.T. SCANS

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

PART I, LINE 3C: SCHEDULE H PART I LINE 3B**DESCRIPTION OF FAMILY INCOME LIMIT FOR DISCOUNTED CARE**

THE ORGANIZATION PROVIDES PARTIAL ASSISTANCE FOR INCOME LEVELS BETWEEN 150% AND 200% OF FEDERAL POVERTY GUIDELINES, AND OFFERS DISCOUNTED CARE ON A SLIDING SCALE FOR INCOME LEVELS BETWEEN 250% AND 400% OF FEDERAL POVERTY GUIDELINES.

PART II: TO BETTER MEET THE NEEDS OF OUR COMMUNITIES UNION

HOSPITAL PARTICIPATES IN COMMUNITY BUILDING ACTIVITIES TO IMPROVE THE HEALTH IN THE COMMUNITY. PROGRAMS HAVE BEEN DEVELOPED TO SPECIFICALLY HELP MEET THE NEEDS AS DEFINED BY OUR COMMUNITY HEALTH NEEDS ASSESSMENT. MANY OF THE PROGRAMS OR SERVICES DEVELOPED MEET SEVERAL DEFINED NEEDS AND SOME OF THEM ARE MORE FOCUSED ON A CENTRAL IDEA.

ACCESS TO HEALTH CARE HAS ALSO BEEN IDENTIFIED AS A NEED IN OUR COMMUNITY. IN 1993 THE RICHARD G. LUGAR CENTER FOR RURAL HEALTH WAS ESTABLISHED TO HELP RECRUIT AND EDUCATE PHYSICIANS TO PRACTICE HEALTH CARE IN OUR RURAL COMMUNITIES. SINCE ITS INCEPTION THE LUGAR CENTER HAS WORKED TO DEVELOP

Part VI Supplemental Information

PROGRAMS AND SERVICES THAT MAKE HEALTHCARE MORE ACCESSIBLE TO THOSE INDIVIDUALS LIVING IN RURAL COMMUNITIES. THE ESTABLISHMENT OF CLINICS SUCH AS THE CLAY CITY CENTER FOR FAMILY MEDICINE THAT SERVES AS A MEDICAL HOME FOR APPROXIMATELY 3,500 AREA RESIDENTS, DELIVERING OVER 8,000 VISITS ANNUALLY, IN ADDITION TO HOUSE CALLS. IN 2001, THE LUGAR CENTER DEVELOPED AND IMPLEMENTED A CHRONIC DISEASE MANAGEMENT PROGRAM AT THE CLINIC THAT IS STILL BEING INTEGRATED INTO CARE PLANS FOR PATIENTS AS APPROPRIATE. THIS EVIDENCE-BASED PROGRAM INCLUDES FIVE CHRONIC DISEASES—HYPERTENSION, DIABETES MELLITUS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CONGESTIVE HEART FAILURE, AND ASTHMA. THE LUGAR CENTER IN COORDINATION WITH THE FAMILY MEDICINE RESIDENCY HAS EXPANDED TRAINING CAPACITY FOR FUTURE RURAL HEALTH CARE PROVIDERS THROUGH COLLABORATIVE EFFORTS WITH RURAL PARTNERS AROUND THE WABASH VALLEY. THE RURAL HEALTH INNOVATION COLLABORATIVE IS ANOTHER PROGRAM THAT HAS BEEN DEVELOPED TO HELP IMPROVE ACCESS TO HEALTHCARE AMONG OTHER COMMUNITY BUILDING ACTIVITIES. IN 2008 UNION HOSPITAL'S LUGAR CENTER HELPED LAUNCH A RURAL HEALTH COLLABORATIVE AIMED AT IMPROVING AND EXPANDING HEALTH CARE IN OUR COMMUNITY. WHAT BEGAN AS AN INFORMAL EXERCISE IN CREATIVE PROBLEM-SOLVING HAS BECOME THE RHIC. FOUNDING PARTNERS INCLUDE INDIANA STATE UNIVERSITY (ISU), INDIANA UNIVERSITY SCHOOL OF MEDICINE (IUSM), UNION HOSPITAL AND IT'S RICHARD G. LUGAR CENTER FOR RURAL HEALTH (UH), THE TERRE HAUTE ECONOMIC DEVELOPMENT CORPORATION (THEDC), THE CITY OF TERRE HAUTE (THE CITY), AND IVY TECH COMMUNITY COLLEGE WABASH VALLEY (IVY TECH). THE MISSION OF THE RURAL HEALTH INNOVATION COLLABORATIVE (RHIC) IS TO IMPROVE AND EXPAND EDUCATION AND TRAINING OF HEALTH CARE PROFESSIONALS AND FUTURE HEALTH CARE PROFESSIONALS, ESPECIALLY FOR THOSE COMMITTED TO SERVING RURAL AND UNDERSERVED POPULATIONS. KEY COMPONENTS OF THIS MISSION INCLUDE: TO PROMOTE THE RETENTION OF HEALTH CARE PROFESSIONALS TO SERVE RURAL AND UNDERSERVED POPULATIONS; TO INVITE

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COMMUNITY REVITALIZATION BY PROMOTING THE ENHANCEMENT OF OPPORTUNITIES FOR EDUCATION, TRAINING, AND EXPERIENCE IN HEALTH-RELATED PROFESSIONS AND FIELDS; TO PROMOTE SOCIAL WELFARE AND TO ENCOURAGE AND COORDINATE COMMUNITY INITIATIVES TO ADDRESS CHALLENGES AFFECTING HEALTH CARE DELIVERY; TO PROMOTE THE EFFICIENT USE OF PUBLIC AND PRIVATE RESOURCES AND COLLABORATE WITH OTHER ENTITIES WITH SIMILAR OR COMPLEMENTARY PURPOSES; TO DESIGN AND IMPLEMENT INNOVATIVE BEST PRACTICES AND STRATEGIES THAT ARE CAPABLE OF REPLICATION IN OTHER AREAS OF THE UNITED STATES; AND TO DISSEMINATE EDUCATIONAL INFORMATION, THEREBY POTENTIALLY OR ACTUALLY BENEFITING THOSE OTHER AREAS.

PART III, LINE 4: FOOTNOTE TO ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSES CAN BE FOUND ON PAGE 13 AND PAGE 14 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS UNDER THE FINANCIAL FOOTNOTE "PATIENT ACCOUNTS RECEIVABLE, ESTIMATED THIRD PARTY SETTLEMENT, AND NET PATIENT SERVICE REVENUE".

EXPLANATION FOR LINE 2 AND 3 OR RATIONAL FOR INCLUDING OTHER BAD DEBT AMOUNT IN COMMUNITY BENEFIT: THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY WHICH STATES THAT TO PARTICIPATE IN CHARITY CARE CANDIDATES MUST COOPERATE FULLY. IN ADDITION THE HOSPITAL EDUCATES PATIENTS WITH LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE. FOR THIS REASON THE ORGANIZATION BELIEVES THAT IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY AND THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE.

PART III, LINE 8: THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE

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ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN PROVIDED FROM THE YEAR ENDED AUGUST 31, 2013 REPORT: HOSPITAL STATEMENT OF REIMBURSABLE COST.

PART III, LINE 9B: IF THE PATIENT DOES NOT QUALIFY FOR CHARITY, BUT QUALIFIES FOR LIMITED MEANS ASSISTANCE, A REDUCTION IN CHARGES WILL BE MADE TO THE ACCOUNT AND THE PATIENT WILL BE NOTIFIED VIA MAIL. AT THE PATIENT'S REQUEST, PAYMENT ARRANGEMENTS WILL BE MADE FOR THE REMAINING BALANCE.

UNION HOSPITAL:

PART V, SECTION B, LINE 3: AN ONLINE SURVEY WAS DEVELOPED FOR THE COMMUNITY TO RANK NEEDS BASED ON THE AREA CODE IN WHICH THEY RESIDE. THIS DATA HAS BEEN TAKEN INTO CONSIDERATION AND WILL HELP US PLAN AND IMPLEMENT PROGRAMS FOR COMMUNITY HEALTH IMPROVEMENT. ALSO, PUBLIC INPUT WAS SEEKED IN VARIOUS STAKEHOLDER MEETINGS THAT TAKE PLACE AT THE HOSPITAL ON A BI-MONTHLY BASIS. THOSE STAKEHOLDER MEETINGS CONSIST OF; COMMUNITY IMPACT COMMITTEE, PATIENT FAMILY ADVISORY, BOARD OF DIRECTORS ADVISORY AND VENDOR ADVISORY. THESE ADVISORY COMMITTEES WERE FORMED TO HELP THE HOSPITAL PERFORM A SWOT ANALYSIS AND GAIN DIFFERENT PERSPECTIVE FROM DIFFERENT INDIVIDUALS THAT THE HOSPITALS COME IN CONTACT WITH ON A DAILY BASIS. THIS ANALYSIS HAS BEEN COMPILED TO HELP WITH OUR STRATEGIC PLANNING PROCESS.

UNION HOSPITAL CLINTON:

PART V, SECTION B, LINE 3: AN ONLINE SURVEY WAS DEVELOPED FOR THE COMMUNITY TO RANK NEEDS BASED ON THE AREA CODE IN WHICH THEY RESIDE. THIS DATA HAS BEEN TAKEN INTO CONSIDERATION AND WILL HELP US PLAN AND IMPLEMENT PROGRAMS FOR COMMUNITY HEALTH IMPROVEMENT. ALSO, PUBLIC INPUT WAS SEEKED

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IN VARIOUS STAKEHOLDER MEETINGS THAT TAKE PLACE AT THE HOSPITAL ON A BI-MONTHLY BASIS. THOSE STAKEHOLDER MEETINGS CONSIST OF; COMMUNITY IMPACT COMMITTEE, PATIENT FAMILY ADVISORY, BOARD OF DIRECTORS ADVISORY AND VENDOR ADVISORY. THESE ADVISORY COMMITTEES WERE FORMED TO HELP THE HOSPITAL PERFORM A SWOT ANALYSIS AND GAIN DIFFERENT PERSPECTIVE FROM DIFFERENT INDIVIDUALS THAT THE HOSPITALS COME IN CONTACT WITH ON A DAILY BASIS. THIS ANALYSIS HAS BEEN COMPILED TO HELP WITH OUR STRATEGIC PLANNING PROCESS.

UNION HOSPITAL:

PART V, SECTION B, LINE 4: UNION HOSPITAL CLINTON

TERRE HAUTE REGIONAL HOSPITAL

SULLIVAN COUNTY COMMUNITY HOSPITAL

UNION HOSPITAL CLINTON:

PART V, SECTION B, LINE 4: UNION HOSPITAL CLINTON

TERRE HAUTE REGIONAL HOSPITAL

SULLIVAN COUNTY COMMUNITY HOSPITAL

UNION HOSPITAL:

PART V, SECTION B, LINE 5C: [HTTP://WWW.MYUNIONHOSPITAL.ORG/UNIONHOSPITAL/INDEX.PHP/HEALTH-NEEDS-ASSESSMENT-CB](http://www.myunionhospital.org/unionhospital/index.php/health-needs-assessment-cb)

UNION HOSPITAL CLINTON:

PART V, SECTION B, LINE 5C: [HTTP://WWW.MYUNIONHOSPITAL.ORG/UNIONHOSPITAL/INDEX.PHP/HEALTH-NEEDS-ASSESSMENT-CB](http://www.myunionhospital.org/unionhospital/index.php/health-needs-assessment-cb)

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PART VI, LINE 2: AT UNION HOSPITAL, ASSESSING THE NEEDS OF OUR COMMUNITY IS AN ONGOING ACTIVITY. ON FEBRUARY 7, 2012, THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS OFFICIALLY LAUNCHED AND MADE AVAILABLE FOR PUBLIC USE. THE CHNA REPRESENTS A UNIQUE COLLABORATION BETWEEN THE TWO LARGEST HEALTHCARE PROVIDERS IN THE WABASH VALLEY (UNION HOSPITAL AND REGIONAL HOSPITAL), ALONG WITH THE TERRE HAUTE CHAMBER OF COMMERCE (THCC) AND ITS BETTER HEALTH WABASH VALLEY (BHWV) INITIATIVE. THE SIX COUNTIES ASSESSED INCLUDE CLAY, GREENE, PARKE, SULLIVAN, VERMILLION AND VIGO COUNTIES. HEALTHY COMMUNITY INSTITUTE (HCI) USES DATA FROM SECONDARY SOURCES BY COMPILING THE DATA INTO ONE CHNA REPORT PROVIDING NEARLY 100 INDICATORS MEASURING HEALTH AND WELLNESS, ECONOMIC FACTORS, EDUCATION, PUBLIC SAFETY AND SOCIAL ENVIRONMENT. THIS TOOL CAN BE USED BY MANY DIFFERENT SEGMENTS OF THE COMMUNITY. THE DATA IS AUTOMATICALLY UPDATED BY HCI REPRESENTATIVES AS NEW DATA IS MADE PUBLIC BY OTHER SECONDARY DATA SOURCES. THE CHNA INDICATORS EACH FEATURE A "DASHBOARD" REPRESENTING DATA THAT HAS BEEN COLLECTED FROM ROUGHLY 40 DIFFERENT SOURCES. EACH "DASHBOARD" HAS A NEEDLE POINTING TO ONE OF THREE COLORS REPRESENTING THE GOOD (GREEN), THE CAUTIONARY (YELLOW) AND THE SERIOUS CONDITION (RED) OF A PARTICULAR INDICATOR. SIDE-BY-SIDE COMPARISONS OF THE FIVE COUNTIES FEATURED ON THE WEBSITE, ALONG WITH STATEWIDE AND NATIONWIDE COMPARISONS ARE ALSO AVAILABLE. THE CHNA IS HOUSED ON THE THCC WEBSITE, TERREHAUTECHAMBER.COM AND CAN BE ACCESSED THROUGH BOTH THE TERRE HAUTE REGIONAL HOSPITAL AND UNION HOSPITAL WEBSITES.

THE BHWV IMPLEMENTATION PLAN WAS DEVELOPED BY A SUB-COMMITTEE OF BHWV. MEMBERS OF THIS SUB-COMMITTEE HAVE KNOWLEDGE OF PUBLIC HEALTH AND REPRESENT THE COMMUNITY AS A WHOLE. THIS IMPLEMENTATION PLAN IS INTENDED TO BE A "COMMUNITY PLAN". NO SINGLE ORGANIZATION CAN IMPACT THE HEALTH OF

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THE COMMUNITY ALONE. IT IS BHWV VISION THAT EACH COMMUNITY INCLUDED IN THE CHNA SHOULD HAVE A SAY NOT ONLY IN WHAT NEEDS THEY WILL FOCUS ON BUT HOW THEY WILL GO ABOUT POSITIVELY IMPACTING THOSE NEEDS. THE EXPECTATION IS THAT MANY OF THE COUNTIES INCLUDED IN THE CHNA WILL HAVE SIMILAR NEEDS AND PROJECTS, PROGRAMS AND EDUCATION WILL BE DEVELOPED FOR IMPLEMENTATION ACROSS THE ENTIRE "REGION". THE IMPLEMENTATION PLAN WENT INTO EFFECT IN MAY 2013 AND WILL BE UPDATED/REVIEWED ON AN ANNUAL BASIS. THE PLAN IS A THREE YEAR PLAN WITH ANNUAL REVIEW OF EFFECTIVENESS, BENCHMARKS, PROGRAMS AND COMMUNITY HEALTH NEEDS. BHWV ORGANIZATIONS MAY FORMALLY CHOOSE TO ADOPT THE INITIATIVES OUTLINED IN THIS DOCUMENT.

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA) REQUIRES ALL NOT-FOR-PROFIT HOSPITALS TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT PRIOR TO MARCH 2012 AND ALSO COMPLETE AN IMPLEMENTATION PLAN, SEEKING INPUT FROM THE COMMUNITY AND BOARD APPROVAL OF THE PLAN IS REQUIRED. FAILURE TO COMPLY WITH THE PPACA COULD RESULT IN FORFEITURE OF TAX EXEMPT STATUS OR A \$50,000 FINE UNTIL THE REQUIREMENTS ARE MET. UNION HOSPITAL, SULLIVAN COUNTY COMMUNITY HOSPITAL, GREENE COUNTY GENERAL HOSPITAL AND ST. VINCENT CLAY HOSPITAL ARE ALL PARTNERS IN THE BHWV INITIATIVE THAT HAVE REQUIREMENTS THEY HAVE TO FULFILL TO BE IN COMPLIANCE WITH THE PPACA. TO HELP SUPPLEMENT OUR INVOLVEMENT IN BHWV, UNION HOSPITAL OFFICIALS HAVE FORMED THE UNION HOSPITAL COMMUNITY HEALTH IMPROVEMENT IMPLEMENTATION PLAN WHICH INCORPORATES DATA FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT, INPUT FROM COMMUNITY LEADERS HAVING INTEREST AND KNOWLEDGE IN PUBLIC HEALTH THAT ARE MEMBERS OF BHWV, THE UNION HOSPITAL BOARD OF DIRECTORS AND THE COMMUNITY AS A WHOLE.

ADDITIONALLY, TO HELP SUPPLEMENT OUR FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT, AN ONLINE SURVEY WAS DEVELOPED FOR THE COMMUNITY TO RANK NEEDS BASED ON THE AREA CODE IN WHICH THEY RESIDE. THIS DATA HAS BEEN TAKEN INTO

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CONSIDERATION AND WILL HELP US PLAN AND IMPLEMENT PROGRAMS FOR COMMUNITY HEALTH IMPROVEMENT. UNION HOSPITAL ALSO SEEKS PUBLIC INPUT IN VARIOUS STAKEHOLDER MEETINGS THAT TAKE PLACE AT THE HOSPITAL ON A BI-MONTHLY BASIS. THOSE STAKEHOLDER MEETINGS CONSIST OF; COMMUNITY IMPACT COMMITTEE, PATIENT FAMILY ADVISORY, BOARD OF DIRECTORS ADVISORY AND VENDOR ADVISORY. THESE ADVISORY COMMITTEES WERE FORMED TO HELP THE HOSPITAL PERFORM A SWOT ANALYSIS AND GAIN DIFFERENT PERSPECTIVE FROM DIFFERENT INDIVIDUALS THAT THE HOSPITALS COME IN CONTACT WITH ON A DAILY BASIS. THIS ANALYSIS HAS BEEN COMPILED TO HELP WITH OUR STRATEGIC PLANNING PROCESS. UNION EMPLOYS A FULL-TIME POSITION (COMMUNITY BENEFIT SPECIALIST) DEDICATED TO COMMUNITY BENEFIT ACTIVITIES FOR THE ORGANIZATION. THE COMMUNITY BENEFIT SPECIALIST TAKES ON THE LEAD ROLE IN COLLECTING DATA TO ASSIST IN ASSESSING THE NEEDS OF OUR COMMUNITY. THE WEB SITE STATSINDIANA.EDU HAS A WEALTH OF HEALTH, DEMOGRAPHIC AND INCOME DATA PROVIDING UNION WITH AN ASSESSMENT OF ALL INDIANA COUNTIES IN OUR SERVICE AREA. THE U.S. CENSUS BUREAU AND COUNTYHEALTHRANKINGS.ORG PROVIDED US MORE DATA THAT CAN BE DRILLED DOWN TO THE STATE, COUNTY AND CITY LEVELS TO HELP UNION OFFICIALS ACCURATELY ASSESS COMMUNITY HEALTH NEEDS. UNION ALSO WORKS CLOSELY WITH INDIANA STATE UNIVERSITY HEALTH AND HUMAN SERVICES AND THE VIGO COUNTY HEALTH DEPARTMENT. THE HOSPITAL UTILIZES NATIONAL RESEARCH CORPORATION (NRC) TO CONDUCT ITS PATIENT SATISFACTIONS SURVEY PROCESS, THE NRC PRODUCT PROVIDES UNION WITH COMMUNITY HEALTH NEEDS ASSESSMENT AND PROGRAM INDICATORS.

PART VI, LINE 3: UHI USES A VARIETY OF TOOLS TO EDUCATE PATIENTS ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE. SIGNS ARE DISPLAYED IN THE ADMITTING AREAS, BROCHURES AND THE FINANCIAL ASSISTANCE POLICY IS ATTAINED ON OUR STATEMENTS. CLAIMAID IS AVAILABLE OF POINT OF SERVICE ONSITE MEDICAID ELIGIBILITY ADVISOR THAT ASSISTS OUR PATIENTS IN

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QUALIFYING FOR ANY MEDICAID PROGRAMS. ALL OF OUR FINANCIAL COUNSELORS ARE TRAINED AND SCRIPTED TO COMMUNICATE FINANCIAL ASSISTANCE PROGRAMS AND ASSIST IN SETTING UP MEETINGS FOR THE CLAIMAID STAFF. FINANCIAL COUNSELORS ARE LOCATED IN THE ADMITTING IN BOTH UNION HOSPITAL EAST AND WEST FACILITIES AND AT UNION CLINTON FACILITY TO ASSIST OUR PATIENTS. THIS INCLUDES STAFF THAT CAN SPEAK SPANISH TO ASSIST IN ANY INTERPRETATION FOR A SPANISH SPEAKING PATIENT.

PART VI, LINE 4: THE ORGANIZATION SERVES A SIX COUNTY "REGION" LOCATED IN WABASH VALLEY INCLUDING CLAY, GREEN, PARKE, SULLIVAN, VERMILLION, AND VIGO COUNTIES. FOLLOWING IS A DESCRIPTION OF THE COMMUNITY BY COUNTY.

CLAY COUNTY - THE TOTAL POPULATION OF CLAY COUNTY IS 26,803, WHICH RANKS CLAY COUNTY AS 59TH IN INDIANA. THE LARGEST CITY IN CLAY COUNTY IS BRAZIL, WITH A POPULATION OF 8,073. THE COUNTY IS 357.54 SQUARE MILES, WHICH MAKES THE POPULATION PER SQUARE MILE 75.20. THERE ARE 1,558 PRESCHOOL CHILDREN AGES 0 TO 4; 4,698 SCHOOL CHILDREN AGES 5 TO 17; 2,236 COLLEGE AGES 18 TO 24; 6,508 YOUNG ADULTS AGES 25 TO 44; 7,605 OLDER ADULTS AGES 45 TO 64; AND 4,232 SENIORS AGES 65 AND OLDER. THE MEDIAN AGE OF PEOPLE IN CLAY COUNTY IS 40.5 YEARS OLD. IN CLAY COUNTY THERE ARE 26,296 WHITES, 312 HISPANICS, 127 BLACKS, 84 ASIANS, 71 AMERICAN INDIAN AND ALASKA NATIVE, 10 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 249 WITH TWO OR MORE RACIAL GROUPS. THE MEDIAN HOUSEHOLD INCOME IN 2012 WAS \$44,230, WHICH RANKED 56TH IN THE STATE. THE POVERTY RATE IS 15.65%, WHICH RANKS 33TH IN THE STATE. THE POVERTY RATE AMONG CHILDREN UNDER 18 YEARS OLD IS 22.9%, WHICH RANKS 44TH IN THE STATE. IN 2013, THERE WAS AN AVERAGE OF 46 FAMILIES ON WELFARE EACH MONTH, WHICH IS 47ND IN THE STATE. THERE WERE 4,049 PEOPLE HAD FOOD STAMPS IN 2013, WHICH RANKS 50ND IN THE STATE. THERE WERE 2,288 CHILDREN

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ON FREE AND REDUCED FEE LUNCHESES IN 2013, WHICH RANKS 53TH IN THE STATE. IN CLAY COUNTY, 11,145 PEOPLE ARE EMPLOYED, WHICH RANKS 63ND IN THE STATE AND 1,060 PEOPLE ARE UNEMPLOYED, WHICH RANKS 56RD IN THE STATE.

GREENE COUNTY - THE POPULATION IN GREENE COUNTY IS 32,781, WHICH RANKS THEM AS 51ST IN INDIANA. THE LARGEST CITY IN GREENE COUNTY IS LINTON, WITH A POPULATION OF 5,373. THE COUNTY IS 542.50 SQUARE MILES, WHICH MAKES THE POPULATION PER SQUARE MILE 60.43. THERE ARE 1,831 PRESCHOOL CHILDREN AGES 0 TO 4; 5,690 SCHOOL CHILDREN AGES 5 TO 17; 2,525 COLLEGE AGES 18 TO 24; 7,682 YOUNG ADULTS AGES 25 TO 44; 9,541 OLDER ADULTS AGES 45 TO 64; AND, 5,671 SENIORS AGES 65 AND OLDER. THE MEDIAN AGE IN GREENE COUNTY IS 42.1 YEARS OLD. IN GREENE COUNTY THERE ARE 32,346 WHITES, 351 HISPANICS, 82 BLACKS, 114 ASIANS, 106 AMERICAN INDIAN OR ALASKA NATIVE, 7 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 285 WITH TWO OR MORE RACIAL GROUPS. THE MEDIAN HOUSEHOLD INCOME IN 2010 WAS \$42,684, WHICH IS RANKED 66TH IN THE STATE. THE POVERTY RATE IS 15.9%, WHICH RANKS 27ST IN INDIANA. THE POVERTY RATE AMONG CHILDREN UNDER 18 YEARS OLD IS 22.0%, WHICH RANKS 38TH IN THE STATE. IN 2013 THERE WAS AN AVERAGE OF 47 FAMILIES ON WELFARE EACH MONTH, WHICH IS 46TH IN THE STATE. THERE WERE 4,796 PEOPLE RECEIVING FOOD STAMPS IN 2013, WHICH RANKS 38TH IN THE STATE. THERE WERE 2,595 CHILDREN ON FREE AND REDUCED FEE LUNCHESES IN 2013; THIS IS 37TH IN THE STATE. IN GREENE COUNTY 13,652 PEOPLE ARE EMPLOYED, WHICH RANKS 53ND IN THE STATE. 1,261 PEOPLE ARE UNEMPLOYED, WHICH RANKS 44TH IN INDIANA.

SULLIVAN COUNTY - THE TOTAL POPULATION IS JUST OVER 21,000, WHICH RANKS SULLIVAN 69TH IN INDIANA. THE LARGEST CITY IS SULLIVAN, WITH A POPULATION OF 4,205. THE COUNTY IS 447.10 SQUARE MILES, WHICH MAKES THE POPULATION PER SQUARE MILE 47.47. THERE ARE 1,105 PRESCHOOL CHILDREN AGES 0 TO 4;

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3,374 SCHOOL CHILDREN AGES 5 TO 17; 1,882 COLLEGE AGES 18 TO 24; 5,660 YOUNG ADULTS AGES 25 TO 44; 6,870 OLDER ADULTS AGES 45 TO 64; AND, 3,297 SENIORS AGES 65 AND OLDER. THE MEDIAN AGE OF PEOPLE IN SULLIVAN COUNTY IS 40.1 YEARS OLD. IN SULLIVAN COUNTY THERE ARE 19,908 WHITES, 325 HISPANICS, 938 BLACKS, 52 ASIANS, 65 AMERICAN INDIAN AND ALASKA NATIVE, 1 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 224 WITH TWO OR MORE RACIAL GROUPS. THE MEDIAN HOUSEHOLD INCOME IN 2012 WAS \$41,223, WHICH RANKED 78TH IN THE STATE. THE POVERTY RATE IS 18.20%, WHICH RANKS 12TH IN THE STATE. THE POVERTY RATE AMONG CHILDREN UNDER 18 YEARS OLD IS 23.6%, WHICH RANKS 17TH IN THE STATE. IN 2013, THERE WAS AN AVERAGE OF 31 FAMILIES ON WELFARE EACH MONTH, WHICH IS 60TH IN THE STATE. THERE WERE 3,060 PEOPLE RECEIVING FOOD STAMPS IN 2013, WHICH RANKS 66TH IN THE STATE. THERE WERE 1,613 CHILDREN ON FREE AND REDUCED FEE LUNCHESES IN 2013, WHICH RANKS 67TH IN THE STATE. IN SULLIVAN COUNTY 7,623 PEOPLE ARE EMPLOYED, WHICH RANKS 76TH IN THE STATE. 859 PEOPLE ARE UNEMPLOYED, WHICH RANKS 66TH IN THE STATE.

PARKE/VERMILLION COUNTY - THE POPULATION IN PARKE COUNTY IS 17,202, WHICH RANKS 76TH IN THE STATE OF INDIANA. THE LARGEST CITY IS ROCKVILLE WITH A POPULATION OF 2,581 PEOPLE. PARKE COUNTY HAS 444.70 SQUARE MILES WITH 38.68 PEOPLE PER SQUARE MILE. THERE ARE 958 PRESCHOOL AGES 0 TO 4; 2,705 SCHOOL CHILDREN AGES 5 TO 17; 1,413 COLLEGE AGES 18 TO 24; 4,160 YOUNG ADULTS AGES 25 TO 44; 5,009 OLDER ADULTS AGES 45 TO 64; AND, 2,824 SENIORS AGES 65 AND OLDER. THE MEDIAN AGE IN PARKE COUNTY IS 41.7 YEARS OLD. THERE ARE 16,443 WHITES, 412 BLACKS, 214 HISPANICS, 74 AMERICAN INDIAN OR ALASKA NATIVE, 33 ASIAN, 4 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 103 PEOPLE WITH TWO OR MORE RACIAL GROUPS. THE MEDIAN HOUSEHOLD INCOME IN PARKE COUNTY IS \$41,311, WHICH RANKS 77TH IN THE STATE. THE POVERTY RATE IS 18.2%, WHICH RANKS 12TH IN THE STATE, AND THE POVERTY RATE AMONG

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CHILDREN UNDER 18 YEARS OLD IS 28.7%, WHICH RANKS 8TH IN THE STATE. IN 2013, AN AVERAGE OF 35 FAMILIES EACH MONTH WAS ON WELFARE. THIS RANKS AS 56TH IN THE STATE OF INDIANA. THERE WERE 2,237 PEOPLE ON FOOD STAMPS IN 2013, WHICH IS 74TH IN THE STATE. THERE WERE 1,299 CHILDREN ON FREE AND REDUCED FEE LUNCHES IN 2013, WHICH IS 74TH IN THE STATE OF INDIANA. THERE ARE 6,894 EMPLOYED PEOPLE IN PARKE COUNTY, WHICH RANKS 79TH IN THE STATE. THERE ARE 650 UNEMPLOYED PEOPLE, WHO RANKS 78TH IN THE STATE.

THE POPULATION IN VERMILLION COUNTY IS 15,878, WHICH RANKS 79TH IN THE STATE. THE LARGEST CITY IN VERMILLION COUNTY IS CLINTON WITH A POPULATION OF 4,826 PEOPLE. VERMILLION COUNTY HAS 256.90 SQUARE MILES AND A POPULATION PER SQUARE MILE OF 61.81. THERE ARE 927 PRESCHOOL AGES 0 TO 4; 2,759 SCHOOL CHILDREN AGES 5 TO 17; 1,223 COLLEGE AGES 18 TO 24; 3,694 YOUNG ADULTS AGES 25 TO 44; 4,610 OLDER ADULTS AGES 45 TO 64; AND, 2,827 SENIORS AGES 65 AND OLDER. THE MEDIAN AGE IN VERMILLION COUNTY IS 42.1 YEARS OLD. IN VERMILLION COUNTY THERE ARE 15,777 WHITES, 160 HISPANICS, 44 BLACKS, 41 AMERICAN INDIAN OR ALASKA NATIVE, 34 ASIANS, 6 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 138 WITH TWO OR MORE RACIAL GROUPS. THE MEDIAN HOUSEHOLD INCOME IN 2010 IS \$42,709, WHICH RANKS 64TH IN INDIANA. THE POVERTY RATE IN 2012 WAS 14.6%, WHICH RANKS 42ND IN THE STATE. THE POVERTY RATE AMONG CHILDREN FEWER THAN 18 IS 21.3%, WHICH RANKS 40TH IN INDIANA. IN 2013, THE AVERAGE NUMBER OF FAMILIES ON WELFARE EACH MONTH WAS 36, THIS IS 69TH IN THE STATE. THERE WERE 2,408 PEOPLE ON FOOD STAMPS IN 2013, WHICH RANKS 69TH IN INDIANA. THERE WERE 1,273 CHILDREN ON FREE AND REDUCED FEE LUNCHES IN 2013. IN VERMILLION COUNTY, THERE ARE 6,638 PEOPLE EMPLOYED, WHICH RANKS 81ST IN THE STATE OF INDIANA AND THERE ARE 785 PEOPLE UNEMPLOYED, WHO RANKS 73RD IN THE STATE.

VIGO COUNTY - THE TOTAL POPULATION OF VIGO COUNTY WAS 108,291 FOR 2013.

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VIGO COUNTY IS RANKED 17TH IN THE STATE OF INDIANA ACCORDING TO POPULATION. THERE ARE 6,263 PRESCHOOL AGES 0 TO 4; 16,485 SCHOOL AGE CHILDREN AGES 5 TO 17; 16,101 COLLEGE AGE ADULTS AGES 18 TO 24; 27,149 YOUNG ADULTS AGES 25 TO 44; 27,374 OLDER ADULTS AGES 45 TO 64; AND 15,056 SENIORS AGES 65 AND OVER. THE MEDIAN AGE FOR VIGO COUNTY IS 35.9 YEARS OLD. THE LARGEST CITY IN VIGO COUNTY IS TERRE HAUTE, WHICH HAS A POPULATION OF 61,112 PEOPLE. TERRE HAUTE IS THE HOME TO 56.4% OF THE COUNTY'S POPULATION. THE COUNTY'S POPULATION MAJORITY IS WHITE WITH 95,941 PEOPLE. THERE ARE 7,701 BLACKS, 2,004 ASIANS, 2,671 HISPANICS, 397 AMERICAN INDIAN OR ALASKA NATIVE, 41 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 2,344 PEOPLE WITH TWO OR MORE RACIAL GROUPS. THE AVERAGE HOUSEHOLD INCOME FOR VIGO COUNTY IS \$40,091, WHICH RANKS 83RD IN THE STATE OF INDIANA. THE POVERTY RATE IS 20.3%, WHICH IS 6TH IN INDIANA AND THE POVERTY RATE AMONG CHILDREN UNDER 18 YEARS OLD IS 29.0%, WHICH IS 7TH IN INDIANA. IN 2013, THERE WERE 18,596 PEOPLE WHO RECEIVED FOOD STAMPS, WHICH IS 10TH IN THE STATE OF INDIANA. THERE ARE 8,451 CHILDREN ON FREE AND REDUCED FEE LUNCHESES IN VIGO COUNTY, WHICH IS 14TH IN INDIANA. IN 2013, THERE WAS AN AVERAGE OF 217 FAMILIES ON WELFARE EACH MONTH, WHICH IS 10TH IN THE STATE OF INDIANA. THERE ARE 44,750 PEOPLE EMPLOYED IN VIGO COUNTY, WHICH RANKS 16TH IN THE STATE AND 4,694 PEOPLE UNEMPLOYED, WHICH RANKS 11TH IN THE STATE. THE ANNUAL UNEMPLOYMENT RATE FOR 2013 WAS 9.5, WHICH IS 22ND IN THE STATE OF INDIANA.

PART VI, LINE 5: UNION HOSPITAL, ALONG WITH TERRE HAUTE REGIONAL HOSPITAL ARE FOUNDING MEMBERS OF THE TERRE HAUTE CHAMBER OF COMMERCE BETTER HEALTH WABASH VALLEY INITIATIVE (BHWV). THE ORIGINAL COMMITMENT WAS TO ASSIST IN THE PURCHASE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT DATA AND TO MAKE THAT DATA WIDELY AVAILABLE TO THE PUBLIC. BETTER HEALTH WABASH

Part VI Supplemental Information

VALLEY NOW HAS ADDITIONAL SUPPORTING MEMBERS INCLUDING SULLIVAN COUNTY COMMUNITY HOSPITAL, HAMILTON CENTER AND UNITED WAY OF THE WABASH VALLEY. THESE ORGANIZATIONS HAVE MADE A FINANCIAL CONTRIBUTION TO BETTER HEALTH WABASH VALLEY. ALL MONIES CONTRIBUTED TO BETTER HEALTH WABASH VALLEY GO THROUGH THE TERRE HAUTE CHAMBER OF COMMERCE FOUNDATION WHICH IS A 501(C)(3) ORGANIZATION. BETTER HEALTH WABASH VALLEY'S MISSION IS TO IMPROVE THE OVERALL HEALTH OF THE COMMUNITY WHILE MAKING THE WABASH VALLEY A HEALTHIER COMMUNITY TO LIVE, WORK AND PLAY. BETTER HEALTH WABASH VALLEY IS REPRESENTED BY SEVERAL DIFFERENT ORGANIZATIONS IN THE COMMUNITY INCLUDING, HEALTHCARE AND MENTAL HEALTH ORGANIZATIONS, SCHOOL CORPORATIONS, UNIVERSITIES, NOT-FOR-PROFITS AND BUSINESSES. UNION HOSPITAL WILL REMAIN HEAVILY INVOLVED AND COMMITTED TO THE BETTER HEALTH WABASH VALLEY INITIATIVE OVER THE NEXT SEVERAL YEARS. AS EMPLOYERS IN THE WABASH VALLEY LOOK FOR WAYS TO KEEP HEALTH INSURANCE CLAIMS AT A MINIMUM WE WILL WORK WITH THEM ON EMPLOYEE WELLNESS STRATEGIES, ADDITIONALLY WE WILL ASSIST IN PROGRAM DEVELOPMENT THAT COULD BE IMPLEMENTED ON AN ORGANIZATIONAL LEVEL AT LITTLE TO NO COST TO THE EMPLOYER. AN EXAMPLE OF THIS MIGHT BE PROVIDING MATERIALS OR ONLINE RESOURCES FOR A WALKING PROGRAM. BETTER HEALTH WABASH VALLEY AND ITS MEMBERS HAVE DECIDED TO FOCUS ON CARDIOVASCULAR DISEASE, OBESITY AND CHILDHOOD OBESITY AS TOP ISSUES THAT THEY WILL FOCUS ON OVER THE NEXT THREE YEARS.

PART VI, LINE 6: THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM TO PROVIDE VISION AND STRATEGIC DIRECTION IN THE FORMATION OF A REGIONAL HEALTH CARE SYSTEM TO EXPAND AND IMPROVE THE DELIVERY OF HEALTH CARE SERVICES IN ORDER TO MEET THE HEALTH CARE NEEDS OF RESIDENTS IN THE SYSTEM'S SERVICE AREA.

