

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY HEALTH NETWORK, INC.

Employer identification number

35-0983617

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

	Yes	No
1a	X	
1b	X	
2		
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		33,045	21,840,820		21,840,820	3.05
b Medicaid (from Worksheet 3, column a)		53,867	144,705,934	143,113,853	1,592,081	0.22
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		86,912	166,546,754	143,113,853	23,432,901	3.27
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	17	2,610	6,714,991	238,507	6,476,484	0.90
f Health professions education (from Worksheet 5)	6		13,010,897	3,326,211	9,684,686	1.35
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	2		1,728,539		1,728,539	0.24
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits	25	2,610	21,454,427	3,564,718	17,889,709	2.49
k Total. Add lines 7d and 7j	25	89,522	188,001,181	146,678,571	41,322,610	5.76

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	250	222		222	
2 Economic development						
3 Community support	5	1,433	7,953		7,953	
4 Environmental improvements						
5 Leadership development and training for community members	1		103,049	37,674	65,375	0.01
6 Coalition building	3	229	3,566	1,372	2,194	
7 Community health improvement advocacy	16	6,709	2,660,100	497,351	2,162,749	0.30
8 Workforce development	3	120	991,237	72,348	918,889	0.13
9 Other						
10 Total	29	8,741	3,766,127	608,745	3,157,382	0.44

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** Yes No
- Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** **10,790,418**
- Enter the estimated amount of the organization's bad debt expense attributable to patents eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit **3** **0**
- Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

- Enter total revenue received from Medicare (including DSH and IME) **5** **127,280,430**
- Enter Medicare allowable costs of care relating to payments on line 5 **6** **144,431,389**
- Subtract line 6 from line 5. This is the surplus (or shortfall) **7** **-17,150,959**
- Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- Did the organization have a written debt collection policy during the tax year? **9a** Yes No
- If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** Yes No

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NORTHPOINT PEDIATRIC	PROVIDE PHYSICIANS SERVICES	51		49
2 COMMUNITY IMAGING	PROVIDE MEDICAL IMAGING SERVICES	50		50
3 IN SPECIALTY GROUP	PROVIDE SPECIALTY PHYSICIAN SERVICES	70		30
4 EAST CAMPUS SURG CTR	PROVIDE OUTPATIENT SURGERY SERVICES	51		49
5 MID AM CLINICAL LABS	PROVIDE LABORATORY SERVICES	22		
6 NORTH CAMPUS SURG	PROVIDE OUTPATIENT SURGERY SERVICES	49		
7 MICHIGAN SURGERY INV	PROVIDE OUTPATIENT SURGERY SERVICES	40		
8 UNITED HOSPITAL SERV	PROVIDE LINEN SERVICES	13		
9 HAMILTON SURGERY CTR	PROVIDE OUTPATIENT SURGERY SERVICES	11		49
10 INDPLS ENDOSCOPY CTR	PROVIDE MEDICAL SERVICES	19		49
11				
12				
13				

Part Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group A

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

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

	Yes	No
1	X	
3	X	
4	X	
5	X	
7		X
8a		X
8b		

Part I Facility Information (continued)

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 free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing discounted 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	
12	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 type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" 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

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 the 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? 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)		

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Part VII Facility Information (continued)

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

	Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
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		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> 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?		X
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?		X
If "Yes," explain in Part VI.		

Part I 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? 67

Name and address		Type of Facility (describe)
1	COMMUNITY REGIONAL CANCER CENTER 1400 N. RITTER AVENUE, #340 INDIANAPOLIS IN 46219	HEALTH CARE
2	COMMUNITY IMAGING CENTER NORTH 8181 CLEARVISTA PKWY INDIANAPOLIS IN 46256	HEALTH CARE
3	COMMUNITY BREAST CARE 8040 CLEARVISTA, #290 INDIANAPOLIS IN 46256	HEALTH CARE
4	SLEEP WAKE DISORDERS 7250 CLEARVISTA DRIVE, #350 INDIANAPOLIS IN 46256	HEALTH CARE
5	COMMUNITY IMAGING CTR NOBLESVILLE 9669 E. 146TH STREET, #140 NOBLESVILLE IN 46060	DIAGNOSTIC CENTER
6	CHE SLEEP WAKE DISORDERS 1400 N. RITTER AVENUE, #481 INDIANAPOLIS IN 46219	HEALTH CARE
7	REHAB & SPORTS MEDICINE 2040 N. SHADELAND AVENUE INDIANAPOLIS IN 46219	REHABILITATION
8	MATERNAL FETAL MEDICINE 7120 E. CLEARVISTA DRIVE, #5900 INDIANAPOLIS IN 46256	HEALTH CARE
9	COMMUNITY NEUROSURGERY 1400 N. RITTER AVENUE, #231 INDIANAPOLIS IN 46219	HEALTH CARE
10	HRC OP THERAPY 8501 E. 56TH STREET, #140 INDIANAPOLIS IN 46216	HEALTH CARE

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Part 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 REHAB & SPORTS MEDICINE 6922 HILLSDALE COURT INDIANAPOLIS IN 46250	REHABILITATION
12 FAMILY PRACTICE CENTER 10122 E. 10TH STREET, #100 INDIANAPOLIS IN 46229	HEALTH CARE
13 GALLAHUE ADDICTIONS 2040 N. SHADELAND AVENUE, SUITE 200 INDIANAPOLIS IN 46219	HEALTH CARE
14 GMHC LAWRENCE OP 6950 HILLSDALE COURT INDIANAPOLIS IN 46250	HEALTH CARE
15 WARREN OP OFFICE 2040 N. SHADELAND AVENUE, SUITE 200 INDIANAPOLIS IN 46219	HEALTH CARE
16 MEDCHECK CASTLETON 8177 CLEARVISTA PKWY INDIANAPOLIS IN 46256	HEALTH CARE
17 REHAB & SPORTS MEDICINE 13121 OLIO ROAD, #140 FISHERS IN 46037	REHABILITATION
18 GALLAHUE MENTAL HEALTH SERVICES 145 GREEN MEADOWS DRIVE GREENFIELD IN 46140	HEALTH CARE
19 GALLAHUE MENTAL HEALTH SERVICES 2040 N. SHADELAND AVENUE, SUITE 250 INDIANAPOLIS IN 46219	HEALTH CARE
20 COMMUNITY IMAGING CENTER 11911 N. MERIDIAN STREET, #175 CARMEL IN 46032	DIAGNOSTIC CENTER

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Part 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 GALLAHUE MENTAL HEALTH SERVICES 7 E. HENDRICKS STREET SHELBYVILLE IN 46176	HEALTH CARE
22 GALLAHUE MENTAL HEALTH SERVICES 2201 HILLCREST DRIVE ANDERSON IN 46012	HEALTH CARE
23 COMMUNITY SPINE CENTER 7120 E. CLEARVISTA DRIVE, #1500 INDIANAPOLIS IN 46256	HEALTH CARE
24 COMMUNITY GENERAL SURGEONS 1400 N. RITTER AVENUE, #330 INDIANAPOLIS IN 46219	HEALTH CARE
25 SLEEP WAKE DISORDERS 11911 N. MERIDIAN STREET, #140 CARMEL IN 46032	HEALTH CARE
26 MEDCHECK CARMEL 1911 N. MERIDIAN STREET, #150 CARMEL IN 46032	HEALTH CARE
27 MEDCHECK GREENWOOD 1664 W. SMITH VALLEY ROAD, SUITE B GREENWOOD IN 46142	HEALTH CARE
28 MEDCHECK EAST 1703 N. POST ROAD INDIANAPOLIS IN 46219	HEALTH CARE
29 ORTHOPEDIC SURGEONS OF CENTRAL IN 1400 N. RITTER AVENUE, #510 INDIANAPOLIS IN 46219	HEALTH CARE
30 COMM OCCUPATIONAL HEALTH CENTER 1709 N. POST ROAD INDIANAPOLIS IN 46219	HEALTH CARE

Part 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 DAY THERAPY 6950 HILLSDALE COURT INDIANAPOLIS IN 46250	HEALTH CARE
32 COMMUNITY BARIATRICS SURGEONS 7250 CLEARVISTA, SUITE 355 INDIANAPOLIS IN 46256	HEALTH CARE
33 FORGE AHEAD CLUBHOUSE 1640 N. RITTER AVENUE INDIANAPOLIS IN 46201	HEALTH CARE
34 OUTPATIENT WORK COMP REHAB 1911 N. MERIDIAN STREET, #170 CARMEL IN 46032	HEALTH CARE
35 WORK COMP REHAB 1713 N. POST ROAD INDIANAPOLIS IN 46219	REHABILITATION
36 WORK COMP REHAB 6922 HILLSDALE COURT INDIANAPOLIS IN 46250	REHABILITATION
37 HRC NEUROPSYCH SERVICES 7250 CLEARVISTA DRIVE, #327 INDIANAPOLIS IN 46256	HEALTH CARE
38 HRC NEUROPSYCHOLOGY 8501 E. 56TH STREET, #140 INDIANAPOLIS IN 46216	HEALTH CARE
39 MEDCHECK ANDERSON 1030 S. SCATTERFIELD ROAD ANDERSON IN 46012	HEALTH CARE
40 OCCUPATIONAL HEALTH 8177 CLEARVISTA PKWY INDIANAPOLIS IN 46256	HEALTH CARE

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 SHELBYVILLE GROUP HOME 18 E. MECHANIC STREET SHELBYVILLE IN 46176	HEALTH CARE
42 NORTH RIVER CROSS ORTHOPEDICS 18051 RIVER ROAD NOBLESVILLE IN 46062	HEALTH CARE
43 COMMUNITY SLEEP SPECIALISTS 7250 CLEARVISTA DRIVE, #330 INDIANAPOLIS IN 46256	HEALTH CARE
44 GREENFIELD OCCUPATIONAL HEALTH 124 W. MUSKEGAN DRIVE GREENFIELD IN 46140	HEALTH CARE
45 WOMEN'S & CHILDREN'S CARE CENTER 2040 N. SHADELAND AVENUE, SUITE 300 INDIANAPOLIS IN 46219	HEALTH CARE
46 OLIO ROAD IMAGING CENTER 13121 OLIO ROAD, #110 FISHERS IN 46037	DIAGNOSTIC CENTER
47 REHAB & SPORTS MEDICINE 10122 E. 10TH STREET, #225 INDIANAPOLIS IN 46229	REHABILITATION
48 YOUTH DAY PROGRAM 6950 HILLSDALE COURT INDIANAPOLIS IN 46250	HEALTH CARE
49 COMM REPRODUCTIVE ENDOCRINOLOGY 7250 CLEARVISTA DRIVE, SUITE 365 INDIANAPOLIS IN 46256	HEALTH CARE
50 ASSISTED FERTILITY 8040 CLEARVISTA PKWY, #510 INDIANAPOLIS IN 46256	HEALTH CARE

Part 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)
51 OCCUPATIONAL HEALTH 1030 S. SCATTERFIELD ROAD ANDERSON IN 46012	HEALTH CARE
52 REHAB & SPORTS MEDICINE 11911 N. MERIDIAN STREET, #170 CARMEL IN 46032	REHABILITATION
53 REHAB & SPORTS MEDICINE 740 W. GREEN MEADOWS DRIVE, #120 GREENFIELD IN 46140	REHABILITATION
54 COMMUNITY IMAGING CENTER 740 W. GREEN MEADOWS DRIVE, #120 GREENFIELD IN 46140	DIAGNOSTIC CENTER
55 EVENING THERAPY 6950 HILLSDALE COURT INDIANAPOLIS IN 46250	HEALTH CARE
56 COMMUNITY SLEEP SPECIALISTS 1400 N. RITTER AVENUE, SUITE 410 INDIANAPOLIS IN 46219	HEALTH CARE
57 MEDCHECK EXPRESS FISHERS 8300 E. 96TH STREET FISHERS IN 46038	HEALTH CARE
58 MEDCHECK EXPRESS NOBLESVILLE 16865 CLOVER ROAD NOBLESVILLE IN 46060	HEALTH CARE
59 CHN BARIATRIC SERVICES 7250 CLEARVISTA DRIVE, #355 INDIANAPOLIS IN 46256	HEALTH CARE
60 MEDCHECK EXPRESS INDIANAPOLIS 10617 E. WASHINGTON STREET INDIANAPOLIS IN 46229	HEALTH CARE

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Part I 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)
61 LIFECHECK 7250 CLEARVISTA DRIVE, #227	
INDIANAPOLIS IN 46256	HEALTH CARE
62 BEHAVIORAL MEDICINE 6950 HILLSDALE COURT	
INDIANAPOLIS IN 46250	HEALTH CARE
63 GMHC OUTPATIENT ADDICTION TREATMENT 145 GREEN MEADOWS DRIVE	
GREENFIELD IN 46140	HEALTH CARE
64 MEDCHECK NOBLESVILLE 9669 E. 146TH STREET, #100	
NOBLESVILLE IN 46060	HEALTH CARE
65 HOOK REHAB SILP HOME 9716 E. 16TH STREET	
INDIANAPOLIS IN 46229	REHABILITATION
66 BREAST HEALTH NAVIGATORS 1550 E. COUNTY LINE ROAD, #325	
INDIANAPOLIS IN 46227	HEALTH CARE
67 GMHC HANCOCK INTENSIVE ADDICTION TR 145 GREEN MEADOWS DRIVE	
GREENFIELD IN 46140	HEALTH CARE

Part I 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 6A - RELATED ORGANIZATION INFORMATION

A COMMUNITY BENEFIT REPORT IS COMPLETED FOR THE COMMUNITY HEALTH NETWORK, INCLUDING COMMUNITY HEALTH NETWORK, INC. AND OTHER TAX-EXEMPT AFFILIATES OF THE NETWORK.

PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION

A COST TO CHARGE RATIO WAS UTILIZED TO DETERMINE COSTS FOR LINES A THROUGH C. THE COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2. LINES E THROUGH I OF THE TABLE ARE BASED ON ACTUAL INCURRED EXPENSES.

PART I, LINE 7K - FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS
CHNW TOOK A LARGE DECREASE IN NET COMMUNITY BENEFIT EXPENSE DUE TO THE IMPACT OF THE IMPLEMENTATION OF THE HOSPITAL ASSESSMENT FEE ("HAF") PROGRAM. THE HAF PROGRAM SIGNIFICANTLY REDUCED THE LEVEL OF MEDICAID SHORTFALL.

PART II COMMUNITY BUILDING ACTIVITIES

SEE ATTACHED IRS SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

Part VII 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 III, LINE 2 - BAD DEBT EXPENSE EXPLANATION

THE COST TO CHARGE RATIO UTILIZED FOR PURPOSES OF REPORTING BAD DEBT COSTS WAS DERIVED FROM WORKSHEET 2 AND IS BASED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS. COMMUNITY HEALTH NETWORK, INC. UTILIZES AN AUTOMATED SOFTWARE SOLUTION TO ASSIST IN DETERMINING PATIENTS ELIGIBLE FOR FREE CARE. AS A RESULT OF THE IMPLEMENTATION OF THIS AUTOMATED SOLUTION, THERE IS VERY LITTLE BAD DEBT RECORDED FOR PATIENTS WHO WOULD BE ELIGIBLE FOR FREE CARE UNDER THE NETWORK POLICY.

PART III, LINE 4 - BAD DEBT EXPENSE EXPLANATION

THE AUDITED FINANCIAL STATEMENTS CONTAIN THE FOLLOWING TEXT WITHIN THE FOOTNOTES TO DESCRIBE BAD DEBT EXPENSE:

THE NETWORK'S ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND CONTRACTUAL ADJUSTMENTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE NETWORK ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS

Part I 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.

AND PROVISION FOR CHARITY. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD PARTY COVERAGE, THE NETWORK ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, INCLUDING PATIENT DEDUCTIBLES AND CO-INSURANCE, THE NETWORK RECORDS A PROVISION FOR BAD DEBTS AND CHARITY IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES 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 DOUBTFUL ACCOUNTS. FOR CHNW, CHS, VEI AND CHVH ACCOUNTS THAT ARE SENT TO COLLECTION COMPANIES THE ACCOUNTS REMAIN AS ACCOUNTS RECEIVABLE ON THE BALANCE SHEET. THESE ACCOUNTS ARE NOT WRITTEN OFF UNLESS RETURNED FROM THE COLLECTION COMPANY, HOWEVER ARE FULLY RESERVED WITHIN THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. AS SUCH THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS SIGNIFICANT FOR THIS COMPONENT OF THE ACCOUNTS RECEIVABLE.

Part 4 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.

THE NETWORK RECOGNIZES PATIENT SERVICE REVENUE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY PAYOR COVERAGE ON THE BASIS OF CONTRACTUAL RATES FOR THE SERVICES RENDERED. FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE NETWORK RECOGNIZES REVENUE ON THE BASIS OF ITS STANDARD RATES FOR SERVICES PROVIDED OR ON THE BASIS OF DISCOUNTED RATES IF IN ACCORDANCE WITH POLICY. ON THE BASIS OF HISTORICAL EXPERIENCE, A PORTION OF THE NETWORK'S UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED. THUS, THE NETWORK RECORDS A PROVISION FOR BAD DEBTS AND CHARITY RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED. PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES, DISCOUNTS AND CHARITY ALLOWANCES RECOGNIZED IN THE PERIOD FROM THESE MAJOR PAYOR SOURCES, IS AS FOLLOWS FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011, RESPECTIVELY:

	THIRD PARTY PAYORS	SELF-PAY	TOTAL ALL PAYORS
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2012			
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PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS)			
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	\$1,580,962	\$73,759	\$1,654,721
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Part I 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.

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2011

PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS)

\$1,276,969 \$55,994 \$1,332,963

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BEGINNING JUNE 2012, THE STATE OF INDIANA BEGAN OFFERING VOLUNTARY PARTICIPATION IN THE STATE OF INDIANA'S HOSPITAL ASSESSMENT FEE ("HAF") PROGRAM. THE OFFICE OF MEDICAID PLANNING AND POLICY DEEMED THE PROGRAM TO BE EFFECTIVE RETROACTIVE TO JULY 1, 2011. THE HAF PROGRAM RUNS ON AN ANNUAL CYCLE FROM JULY 1 TO JUNE 30 AND IS EFFECTIVE UNTIL JUNE 30, 2013 WITH OPTIONS TO RENEW THE PROGRAM. THE STATE OF INDIANA IMPLEMENTED THIS PROGRAM TO UTILIZE SUPPLEMENTAL REIMBURSEMENT PROGRAMS FOR THE PURPOSE OF PROVIDING REIMBURSEMENT TO PROVIDERS TO OFFSET A PORTION OF THE COST OF PROVIDING CARE TO MEDICAID AND INDIGENT PATIENTS. THIS PROGRAM IS DESIGNED WITH INPUT FROM CENTERS FOR MEDICARE AND MEDICAID SERVICES AND IS FUNDED WITH A COMBINATION OF STATE AND FEDERAL RESOURCES, INCLUDING FEES OR TAXES LEVIED ON THE PROVIDERS.

Part IV 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.

THE NETWORK RECOGNIZES REVENUES AND RELATED EXPENSES ASSOCIATED WITH THE HAF PROGRAM IN THE PERIOD IN WHICH AMOUNTS ARE ESTIMABLE AND COLLECTION IS REASONABLY ASSURED. REIMBURSEMENT UNDER THE PROGRAM IS REFLECTED AS CONTRA CONTRACTUAL ALLOWANCES WITHIN NET PATIENT SERVICE REVENUE AND THE FEES PAID FOR PARTICIPATION IN THE HAF PROGRAM ARE RECORDED IN SUPPLIES AND OTHER EXPENSES WITHIN THE CONSOLIDATED STATEMENT OF OPERATIONS.

AS A RESULT OF PARTICIPATING IN THE PROGRAM, THE NETWORK RECOGNIZED IN 2012 HAF RETROACTIVE REIMBURSEMENTS OF \$78,197 [000] AND PAID RETROACTIVE FEES OF \$43,453 [000] RELATED TO THE PERIOD JULY 1, 2011 THROUGH JUNE 30, 2012. ON AN ONGOING BASIS, THE FEES AND REIMBURSEMENTS ARE SETTLED MONTHLY.

ADJUSTMENTS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS ARE MADE AFTER THE NETWORK HAS ANALYZED HISTORICAL CASH COLLECTIONS AND CONSIDERED THE IMPACT OF ANY KNOWN MATERIAL EVENTS. UNCOLLECTIBLE ACCOUNTS ARE WRITTEN-OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AFTER EXHAUSTING COLLECTION EFFORTS. ANY SUBSEQUENT RECOVERIES ARE RECORDED AGAINST THE PROVISION FOR BAD DEBTS.

Part II 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.

THE NETWORK MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES. THE NETWORK PROVIDES CHARITY CARE TO PATIENTS WHOSE INCOME LEVEL IS BELOW 200% OF THE FEDERAL POVERTY LEVEL. PATIENTS WITH INCOME LEVELS RANGING FROM 200% - 300% OF THE CURRENT YEAR'S FEDERAL POVERTY LEVEL WILL QUALIFY FOR PARTIAL ASSISTANCE DETERMINED BY A SLIDING SCALE. THE NETWORK USES COST AS THE MEASUREMENT BASIS FOR CHARITY CARE DISCLOSURE PURPOSES WITH THE COST BEING IDENTIFIED AS THE DIRECT AND INDIRECT COSTS OF PROVIDING THE CHARITY CARE. CHARITY CARE INCLUDES THE AMOUNT OF COSTS INCURRED FOR SERVICES AND SUPPLIES FURNISHED UNDER THE CHARITY CARE POLICY AND WAS \$58,163 [000] AND \$26,939 [000] FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011, RESPECTIVELY. CHARITY CARE COST WAS ESTIMATED ON THE APPLICATION OF THE ASSOCIATED COST-TO-CHARGE RATIOS.

PART III, LINE 8 - MEDICARE EXPLANATION

PER THE 990 INSTRUCTIONS, THE MEDICARE COST REPORT WAS UTILIZED TO DETERMINE THE MEDICARE SHORTFALL. HOWEVER, THE MEDICARE COST REPORT IS NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH MEDICARE PROGRAMS SUCH AS PHYSICIAN SERVICES AND SERVICES BILLED VIA FREE STANDING CLINICS. FURTHER, THE

Part I 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.
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- 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.

MEDICARE COST REPORT EXCLUDES REVENUES AND COSTS OF MEDICARE PART C AND D.

THE MEDICARE SHORTFALL ATTRIBUTED TO THOSE AREAS NOT INCLUDED ON THE

MEDICARE COST REPORT IS \$37,499,725. AS SUCH, THE TOTAL MEDICARE SHORTFALL

FOR ALL MEDICARE PROGRAMS IS \$54,650,684. MEDICARE SHORTFALLS SHOULD BE

CONSIDERED AS COMMUNITY BENEFIT BECAUSE MEDICARE REPRESENTS 38.32% OF THE

OVERALL PAYER MIX FOR COMMUNITY HEALTH NETWORK, INC.

PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION

SEE ATTACHED FINANCIAL ASSISTANCE POLICY.

COMMUNITY HOSPITAL NORTH, REPORTING GROUP A - PART V, LINE 3

SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

COMMUNITY HOSPITAL NORTH, REPORTING GROUP A - PART V, LINE 4

SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

COMMUNITY HOSPITAL NORTH, REPORTING GROUP A - PART V, LINE 5C

SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

Part I 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.
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- 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.

COMMUNITY HOSPITAL NORTH, REPORTING GROUP A - PART V, LINE 7

SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

COMMUNITY HOSPITAL NORTH, REPORTING GROUP A - PART V, LINE 12H

SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

COMMUNITY HOSPITAL NORTH, REPORTING GROUP A - PART V, LINE 14G

THE POLICY IS REFERENCED ON THE BILL.

COMMUNITY HOSPITAL NORTH, REPORTING GROUP A - PART V, LINE 20D

**THE UNINSURED DISCOUNT WAS DETERMINED UTILIZING THE NETWORK'S TOP
COMMERCIAL PAYORS. UNINSURED DISCOUNTS REPRESENT A STANDARD DISCOUNT ON
CHARGES AS IT RELATES TO PATIENTS WHO HAVE NO INSURANCE COVERAGE.**

COMMUNITY HOSPITAL EAST, REPORTING GROUP A - PART V, LINE 1J

SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

COMMUNITY HOSPITAL EAST, REPORTING GROUP A - PART V, LINE 3

SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

Part 4 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.
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- 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.

COMMUNITY HOSPITAL EAST, REPORTING GROUP A - PART V, LINE 4

SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

COMMUNITY HOSPITAL EAST, REPORTING GROUP A - PART V, LINE 5C

SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

COMMUNITY HOSPITAL EAST, REPORTING GROUP A - PART V, LINE 6I

SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

COMMUNITY HOSPITAL EAST, REPORTING GROUP A - PART V, LINE 7

SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

COMMUNITY HOSPITAL EAST, REPORTING GROUP A - PART V, LINE 12H

SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

COMMUNITY HOSPITAL EAST, REPORTING GROUP A - PART V, LINE 14G

THE POLICY IS REFERENCED ON THE BILL.

Part I 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.
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- 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.

COMMUNITY HOSPITAL EAST, REPORTING GROUP A - PART V, LINE 20D

THE UNINSURED DISCOUNT WAS DETERMINED UTILIZING THE NETWORK'S TOP

COMMERICAL PAYORS. UNINSURED DISCOUNTS REPRESENT A STANDARD DISCOUNT ON

CHARGES AS IT RELATES TO PATIENTS WHO HAVE NO INSURANCE COVERAGE.

ADDITIONAL INFORMATION

PART VI, ITEMS 2 THROUGH 5 ARE DISCUSSED WITHIN THE ATTACHED IRS 990

SCHEDULE H SUPPLEMENTAL INFORMATION REPORT. FOR A COPY OF THIS REPORT,

PLEASE CONTACT HOLLY MILLARD AT (317) 355-5860.

PART VI, ITEM 6 - AFFILIATED HEALTH CARE SYSTEM

COMMUNITY HEALTH NETWORK, INC. ("CHNW") IS PART OF AN AFFILIATED

HEALTH CARE SYSTEM. SEE THE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL

INFORMATION REPORT FOR HOW CHNW IS INVOLVED IN PROMOTING THE HEALTH OF

THE COMMUNITY IT SERVES.

PART VI, ITEM 7 - STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA