

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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 type="checkbox"/> 150% <input checked="" 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 type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" 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 criteria used 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.

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)			1006246.	0.	1006246.	.73%
b Medicaid (from Worksheet 3, column a)			26593398.	17930783.	8662615.	6.27%
c Costs of other means-tested government programs (from Worksheet 3, column b)			58551731.	49873152.	8678579.	6.28%
d Total Financial Assistance and Means-Tested Government Programs			86151375.	67803935.	18347440.	13.28%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1614494.	0.	1614494.	1.17%
f Health professions education (from Worksheet 5)			2436097.	904,518.	1531579.	1.11%
g Subsidized health services (from Worksheet 6)			3758303.	1511000.	2247303.	1.63%
h Research (from Worksheet 7)			49,905.	0.	49,905.	.04%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			13,089.	0.	13,089.	.01%
j Total. Other Benefits			7871888.	2415518.	5456370.	3.96%
k Total. Add lines 7d and 7j			94023263.	70219453.	23803810.	17.24%

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 letter of facility reporting group UNION HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 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 12	3	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 significant 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	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 (list url): <u>SEE PART V, SECTION C, SUPPLEMENTAL INFO</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE PART V, SECTION C, SUPPLEMENTAL INFO</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a 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)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, 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)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group UNION HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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 FAP was widely available on a website (list url): _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group UNION HOSPITAL

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

	Yes	No
19		X

If "Yes", check all actions in which the hospital facility or a third party engaged:

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c Actions that require a legal or judicial process
- d Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (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 individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)
- f None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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
21	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 Section C)
- d Other (describe in Section C)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 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 Section C)

	Yes	No

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

	Yes	No
23		X

If "Yes," explain in Section C.

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

	Yes	No
24		X

If "Yes," explain in Section C.

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 letter of facility reporting group UNION HOSPITAL CLINTON

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 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 12	3	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 significant 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	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 (list url): <u>SEE PART V, SECTION C, SUPPLEMENTAL INFO</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url):		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a 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)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, 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)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group UNION HOSPITAL CLINTON

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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 FAP was widely available on a website (list url): _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group UNION HOSPITAL CLINTON

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

	Yes	No
19		X

If "Yes", check all actions in which the hospital facility or a third party engaged:

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c Actions that require a legal or judicial process
- d Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (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 individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)
- f None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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
21	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 Section C)
- d Other (describe in Section C)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 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 Section C)

	Yes	No
22		

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

	Yes	No
23		X

If "Yes," explain in Section C.

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

	Yes	No
24		X

If "Yes," explain in Section C.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

UNION HOSPITAL:

PART V, SECTION B, LINE 5: 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 SOUGHT 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 5: 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 SOUGHT 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.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

UNION HOSPITAL:

PART V, SECTION B, LINE 6A: UNION HOSPITAL CLINTON

TERRE HAUTE REGIONAL HOSPITAL

SULLIVAN COUNTY COMMUNITY HOSPITAL

UNION HOSPITAL CLINTON:

PART V, SECTION B, LINE 6A: UNION HOSPITAL CLINTON

TERRE HAUTE REGIONAL HOSPITAL

SULLIVAN COUNTY COMMUNITY HOSPITAL

UNION HOSPITAL:

PART V, SECTION B, LINE 7D: LOCATION OF CHNA:

[HTTP://WWW.MYUNIONHOSPITAL.ORG/UNIONHOSPITAL/HEALTH-NEEDS-ASSESSMENT-CB](http://www.myunionhospital.org/unionhospital/health-needs-assessment-cb)

ADDITIONALLY, CAN ACCESS AT [WWW.MYUNIONHOSPITAL.ORG](http://www.myunionhospital.org) > CLICK ON "COMMUNITY BENEFITS" FROM THE DROP DOWN MENU UNDER "ABOUT US" > CLICK ON "HEALTH NEEDS ASSESSMENT" UNDER THE LINKS BOX ON THE RIGHT

UNION HOSPITAL CLINTON:

PART V, SECTION B, LINE 7D: LOCATION OF CHNA:

[HTTP://WWW.MYUNIONHOSPITAL.ORG/UNIONHOSPITAL/HEALTH-NEEDS-ASSESSMENT-CB](http://www.myunionhospital.org/unionhospital/health-needs-assessment-cb)

ADDITIONALLY, CAN ACCESS AT [WWW.MYUNIONHOSPITAL.ORG](http://www.myunionhospital.org) > CLICK ON "COMMUNITY BENEFITS" FROM THE DROP DOWN MENU UNDER "ABOUT US" > CLICK ON "HEALTH NEEDS ASSESSMENT" UNDER THE LINKS BOX ON THE RIGHT

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

UNION HOSPITAL:

PART V, SECTION B, LINE 22D: ALL PATIENTS ARE BILLED AT THE HOSPITAL'S ESTABLISHED RATES. ONCE AN INDIVIDUALS HAS SUBMITTED AN APPLICATION AND APPROVED FOR FINANCIAL ASSISTANCE A FAP-ELIGIBLE APPLICANT WOULD RECEIVE 100% ASSISTANCE WITH THE HOSPITAL OBLIGATION. INDIVIDUALS WITH LIMITED MEANS WOULD RECEIVE PARTIAL ASSISTANCE AND THOSE ELIGIBLE FOR DISCOUNTED CARE WOULD HAVE CHARGES ADJUSTED BASED ON A SLIDING SCALE DISCOUNT.

UNION HOSPITAL CLINTON:

PART V, SECTION B, LINE 22D: ALL PATIENTS ARE BILLED AT THE HOSPITAL'S ESTABLISHED RATES. ONCE AN INDIVIDUALS HAS SUBMITTED AN APPLICATION AND APPROVED FOR FINANCIAL ASSISTANCE A FAP-ELIGIBLE APPLICANT WOULD RECEIVE 100% ASSISTANCE WITH THE HOSPITAL OBLIGATION. INDIVIDUALS WITH LIMITED MEANS WOULD RECEIVE PARTIAL ASSISTANCE AND THOSE ELIGIBLE FOR DISCOUNTED CARE WOULD HAVE CHARGES ADJUSTED BASED ON A SLIDING SCALE DISCOUNT.

Part V Facility Information *(continued)*

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

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

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

Schedule H (Form 990) 2014

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 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.

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, COMMUNITY BUILDING ACTIVITIES:

TO BETTER MEET THE NEEDS OF OUR COMMUNITIES UNION HOSPITAL PARTICIPATES IN

Part VI Supplemental Information (Continuation)

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
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

Part VI Supplemental Information (Continuation)

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 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 3:

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

Part VI Supplemental Information (Continuation)

ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE.

PART III, LINE 4:

FOOTNOTE TO ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSES CAN BE FOUND ON PAGE 10 THROUGH 14 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS UNDER THE FINANCIAL FOOTNOTE "PATIENT ACCOUNTS RECEIVABLE, ESTIMATED THIRD PARTY SETTLEMENT, AND NET PATIENT SERVICE REVENUE".

PART III, LINE 8:

THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN PROVIDED FROM THE YEAR ENDED DECEMBER 31, 2014 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.

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

Part VI Supplemental Information (Continuation)

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 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

Part VI Supplemental Information (Continuation)

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 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

Part VI Supplemental Information (Continuation)

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 FINICAL 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 QUALIFYING FOR ANY MEDICAID PROGRAMS. ALL OF OUR FINANCIAL COUNSELORS ARE TRAINED AND SCRIPTED TO COMMUNICATE FINICAL 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 TO ASSIST OUR PATIENTS. THIS INCLUDES STAFF THAT CAN SPEAK SPANISH TO ASSIST IN ANY INTERPRETATION FOR A SPANISH-SPEAKING PATIENT.

Part VI Supplemental Information (Continuation)

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 26,562, WHICH RANKS CLAY COUNTY AS 59TH IN INDIANA. THE LARGEST CITY IN CLAY COUNTY - CLAY COUNTY IS BRAZIL, WITH A POPULATION OF 8,114. THE COUNTY IS 357.50 SQUARE MILES, WHICH MAKES THE POPULATION PER SQUARE MILE 74.30. THERE ARE 1,623 PRESCHOOL CHILDREN AGES 0 TO 4, 4,507 SCHOOL CHILDREN AGES 5 TO 17, 2,151 COLLEGE AGES 18 TO 24, 6,424 YOUNG ADULTS AGES 25 TO 44, 7,437 OLDER ADULTS AGES 45 TO 64, AND 4,420 SENIORS AGES 65 AND OLDER. THE MEDIAN AGE OF PEOPLE IN CLAY COUNTY IS 40.9 YEARS OLD. IN CLAY COUNTY THERE ARE 26,959 WHITES, 356 HISPANICS, 157 BLACKS, 108 ASIANS, 7 AMERICAN INDIAN AND ALASKA NATIVE, 10 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 258 WITH TWO OR MORE RACIAL GROUPS. THE MEDIAN HOUSEHOLD INCOME IN 2013 WAS \$47,030, WHICH RANKED 44TH IN THE STATE. THE POVERTY RATE IS 15.0%, WHICH RANKS 35TH IN THE STATE. THE POVERTY RATE AMONG CHILDREN UNDER 18 YEARS OLD IS 22.7%, WHICH RANKS 33RD IN THE STATE. IN 2013, THERE WAS AN AVERAGE OF 46 FAMILIES ON WELFARE EACH MONTH, WHICH IS 47TH IN THE STATE. THERE WERE 4,049 PEOPLE HAD FOOD STAMPS IN 2013, WHICH RANKS 50ND IN THE STATE. THERE WERE 2,288 CHILDREN ON FREE AND REDUCED FEE LUNCHES IN 2013, WHICH RANKS 53RD IN THE STATE. IN CLAY COUNTY, 11,626 PEOPLE ARE EMPLOYED, WHICH RANKS 63ND IN THE STATE AND 856 PEOPLE ARE UNEMPLOYED, WHICH RANKS 54TH IN THE STATE.

GREENE COUNTY - THE POPULATION IN GREENE COUNTY IS 32,726, WHICH RANKS THEM AS 52ND IN INDIANA. THE LARGEST CITY IN GREENE COUNTY IS LINTON,

Part VI Supplemental Information (Continuation)

WITH A POPULATION OF 5,331. THE COUNTY IS 542.50 SQUARE MILES, WHICH MAKES THE POPULATION PER SQUARE MILE 60.32. THERE ARE 1,772 PRESCHOOL CHILDREN AGES 0 TO 4; 5,625 SCHOOL CHILDREN AGES 5 TO 17; 2,518 COLLEGE AGES 18 TO 24; 7,470 YOUNG ADULTS AGES 25 TO 44; 9,453 OLDER ADULTS AGES 45 TO 64; AND, 5,888 SENIORS AGES 65 AND OLDER. THE MEDIAN AGE IN GREENE COUNTY IS 42.7 YEARS OLD. IN GREENE COUNTY THERE ARE 32,045 WHITES, 426 HISPANICS, 102 BLACKS, 115 ASIANS, 123 AMERICAN INDIAN OR ALASKA NATIVE, 9 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 332 WITH TWO OR MORE RACIAL GROUPS. THE MEDIAN HOUSEHOLD INCOME IN 2013 WAS \$43,786, WHICH IS RANKED 66TH IN THE STATE. THE POVERTY RATE IS 13.7%, WHICH RANKS 47TH IN INDIANA. THE POVERTY RATE AMONG CHILDREN UNDER 18 YEARS OLD IS 20.8%, WHICH RANKS 39TH 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 LUNCHEES IN 2013; THIS IS 43RD IN THE STATE. IN GREENE COUNTY 13,788 PEOPLE ARE EMPLOYED, WHICH RANKS 56TH IN THE STATE. 1,100 PEOPLE ARE UNEMPLOYED, WHICH RANKS 35TH IN INDIANA.

SULLIVAN COUNTY - SULLIVAN COUNTY HAS A POPULATION JUST OVER 21,050, WHICH RANKS SULLIVAN 69TH IN INDIANA. THE LARGEST CITY IS SULLIVAN, WITH A POPULATION OF 4,171. THE COUNTY IS 447.10 SQUARE MILES, WHICH MAKES THE POPULATION PER SQUARE MILE 47.08. THERE ARE 1,079 PRESCHOOL CHILDREN AGES 0 TO 4; 3,188 SCHOOL CHILDREN AGES 5 TO 17; 1,828 COLLEGE AGES 18 TO 24; 5,743 YOUNG ADULTS AGES 25 TO 44; 5,779 OLDER ADULTS AGES 45 TO 64; AND, 3,433 SENIORS AGES 65 AND OLDER. THE MEDIAN AGE OF PEOPLE IN SULLIVAN COUNTY IS 40.6 YEARS OLD. IN SULLIVAN COUNTY THERE ARE 19,687 WHITES, 371 HISPANICS, 992 BLACKS, 53 ASIANS, 67 AMERICAN INDIAN AND ALASKA NATIVE, 1 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 250 WITH TWO OR MORE RACIAL

Part VI Supplemental Information (Continuation)

GROUPS. THE MEDIAN HOUSEHOLD INCOME IN 2013 WAS \$41,978, WHICH RANKED 75TH IN THE STATE. THE POVERTY RATE IS 18.30%, WHICH RANKS 14TH IN THE STATE. THE POVERTY RATE AMONG CHILDREN UNDER 18 YEARS OLD IS 23.8%, WHICH RANKS 29TH 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 LUNCHES IN 2013, WHICH RANKS 67TH IN THE STATE. IN SULLIVAN COUNTY 8,045 PEOPLE ARE EMPLOYED, WHICH RANKS 75TH IN THE STATE. 642 PEOPLE ARE UNEMPLOYED, WHICH RANKS 70TH IN THE STATE.

PARKE/VERMILLION COUNTY - THE POPULATION IN PARKE COUNTY IS 17,233, WHICH RANKS 76TH IN THE STATE OF INDIANA. THE LARGEST CITY IS ROCKVILLE WITH A POPULATION OF 2,596 PEOPLE. PARKE COUNTY HAS 444.70 SQUARE MILES WITH 38.75 PEOPLE PER SQUARE MILE. THERE ARE 1,042 PRESCHOOL AGES 0 TO 4; 2,675 SCHOOL CHILDREN AGES 5 TO 17; 1,432 COLLEGE AGES 18 TO 24; 4,254 YOUNG ADULTS AGES 25 TO 44; 4,875 OLDER ADULTS AGES 45 TO 64; AND, 2,955 SENIORS AGES 65 AND OLDER. THE MEDIAN AGE IN PARKE COUNTY IS 41.4 YEARS OLD. THERE ARE 16,527 WHITES, 447 BLACKS, 230 HISPANICS, 73 AMERICAN INDIAN OR ALASKA NATIVE, 42 ASIAN, 4 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 140 PEOPLE WITH TWO OR MORE RACIAL GROUPS. THE MEDIAN HOUSEHOLD INCOME IN PARKE COUNTY IS \$41,964, WHICH RANKS 76TH IN THE STATE. THE POVERTY RATE IS 17.2%, WHICH RANKS 19TH IN THE STATE, AND THE POVERTY RATE AMONG CHILDREN UNDER 18 YEARS OLD IS 28.5%, WHICH RANKS 10TH 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

Part VI Supplemental Information (Continuation)

THE STATE OF INDIANA. THERE ARE 6,465 EMPLOYED PEOPLE IN PARKE COUNTY, WHICH RANKS 81ST IN THE STATE. THERE ARE 486 UNEMPLOYED PEOPLE, WHO RANKS 81ST IN THE STATE.

THE POPULATION IN VERMILLION COUNTY IS 15,693, WHICH RANKS 79TH IN THE STATE. THE LARGEST CITY IN VERMILLION COUNTY IS CLINTON WITH A POPULATION OF 4,812 PEOPLE. VERMILLION COUNTY HAS 256.90 SQUARE MILES AND A POPULATION PER SQUARE MILE OF 61.09. THERE ARE 837 PRESCHOOL AGES 0 TO 4; 2,647 SCHOOL CHILDREN AGES 5 TO 17; 1,161 COLLEGE AGES 18 TO 24; 3,630 YOUNG ADULTS AGES 25 TO 44; 4,500 OLDER ADULTS AGES 45 TO 64; AND, 2,918 SENIORS AGES 65 AND OLDER. THE MEDIAN AGE IN VERMILLION COUNTY IS 43.2 YEARS OLD. IN VERMILLION COUNTY THERE ARE 15,397 WHITES, 170 HISPANICS, 61 BLACKS, 44 AMERICAN INDIAN OR ALASKA NATIVE, 37 ASIANS, 6 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 148 WITH TWO OR MORE RACIAL GROUPS. THE MEDIAN HOUSEHOLD INCOME IN 2013 IS \$40,813, WHICH RANKS 83RD IN INDIANA. THE POVERTY RATE IN 2013 WAS 13.9%, WHICH RANKS 42ND IN THE STATE. THE POVERTY RATE AMONG CHILDREN FEWER THAN 18 IS 20.3%, WHICH RANKS 42ND IN INDIANA. IN 2013, THE AVERAGE NUMBER OF FAMILIES ON WELFARE EACH MONTH WAS 36, THIS IS 55TH 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 LUNCHESES IN 2013. IN VERMILLION COUNTY, THERE ARE 6,642 PEOPLE EMPLOYED, WHICH RANKS 80TH IN THE STATE OF INDIANA AND THERE ARE 635 PEOPLE UNEMPLOYED, WHO RANKS 71ST IN THE STATE.

VIGO COUNTY - THE TOTAL POPULATION OF VIGO COUNTY WAS 108,175 FOR 2014. VIGO COUNTY IS RANKED 17TH IN THE STATE OF INDIANA ACCORDING TO POPULATION. THERE ARE 6,340 PRESCHOOL AGES 0 TO 4; 16,092 SCHOOL AGE CHILDREN AGES 5 TO 17; 16,864 COLLEGE AGE ADULTS AGES 18 TO 24; 26,347

Part VI Supplemental Information (Continuation)

YOUNG ADULTS AGES 25 TO 44; 26,794 OLDER ADULTS AGES 45 TO 64; AND 15,738 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 60,956 PEOPLE. THE COUNTY'S POPULATION MAJORITY IS WHITE WITH 95,378 PEOPLE. THERE ARE 7,795 BLACKS, 2,130 ASIANS, 2,776 HISPANICS, 405 AMERICAN INDIAN OR ALASKA NATIVE, 45 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 2,422 PEOPLE WITH TWO OR MORE RACIAL GROUPS. THE AVERAGE HOUSEHOLD INCOME FOR VIGO COUNTY IS \$39,014, WHICH RANKS 89TH IN THE STATE OF INDIANA. THE POVERTY RATE IS 23.9%, WHICH IS 2ND IN INDIANA AND THE POVERTY RATE AMONG CHILDREN UNDER 18 YEARS OLD IS 29.7%, WHICH IS 6TH IN INDIANA. IN 2013, THERE WERE 18,596 PEOPLE WHO RECEIVED FOOD STAMPS, WHICH IS 10TH IN THE STATE OF INDIANA. THERE WERE 8,451 CHILDREN ON FREE AND REDUCED FEE LUNCHES IN VIGO COUNTY, WHICH IS 14TH IN INDIANA. IN 2013, THERE WAS AN AVERAGE OF 217 FAMILIES ON WELFARE EACH MONTH, WHICH IS 11TH IN THE STATE OF INDIANA. THERE ARE 45,461 PEOPLE EMPLOYED IN VIGO COUNTY, WHICH RANKS 16TH IN THE STATE AND 3,845 PEOPLE UNEMPLOYED, WHICH RANKS 12TH IN THE STATE.

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 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

Part VI Supplemental Information (Continuation)

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.

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

IN