SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization
REID HOSPITAL & HEALTH CARE SERVICES, INC.

Employer identification number
35-0892672

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	1a	X	
b	If "Yes," was it a written policy?	1b	X	
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 _____ %	3a	X	
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 _____ %	3b	X	
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"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
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?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

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)			9,330,625.		9,330,625.	3.18
b Medicaid (from Worksheet 3, column a)			36,959,628.	26,956,300.	10,003,328.	3.41
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			46,290,253.	26,956,300.	19,333,953.	6.59
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			167,515.		167,515.	.06
f Health professions education (from Worksheet 5)			97,553.		97,553.	.03
g Subsidized health services (from Worksheet 6)			1,404,566.	1,313,101.	91,465.	.03
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,054,323.		1,054,323.	.36
j **Total.** Other Benefits			2,723,957.	1,313,101.	1,410,856.	.48
k **Total.** Add lines 7d and 7j			49,014,210.	28,269,401.	20,744,809.	7.07

Part II **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			8,892.		8,892.	
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			8,339.		8,339.	
9 Other						
10 Total			17,231.		17,231.	.01

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	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 26,000,176.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 932,894.		
4	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

5	Enter total revenue received from Medicare (including DSH and IME)	5 91,240,725.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 110,703,874.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -19,463,149.		
8	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

9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	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	X	

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	REID OP SURG & ENDO	OUTPATIENT SURGICAL SERVICES	55.00000	7.00000	45.00000
2	REID MOB, LLC	REAL ESTATE OWNERSHIP	65.00000	1.00000	35.00000
3	REID MSO, LLC	MGMT SERVICES	11.00000	8.00000	89.00000
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 REID HOSPITAL & HEALTH CARE SERVICES 1100 REID PARKWAY RICHMOND IN 47374 WWW.REIDHOSPITAL.ORG	X	X					X		OUTPATIENT SURGERY CENTER	
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group REID HOSPITAL & HEALTH CARE SERVICES

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1		
	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 __ __			
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.	3		
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	4		
5	Did the hospital facility make its CHNA report widely available to the public?	5		
	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	7		
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)?	8a		
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy REID HOSPITAL & HEALTH CARE SERVICES

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: 150 %			
	If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing *discounted* care?	11	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 250 %			
	If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	12	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	[X] Income level			
b	[X] Asset level			
c	[X] Medical indigency			
d	[X] Insurance status			
e	[ ] Uninsured discount			
f	[X] Medicaid/Medicare			
g	[X] State regulation			
h	[ ] Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	13	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[ ] The policy was posted on the hospital facility's website			
b	[X] The policy was attached to billing invoices			
c	[X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[ ] The policy was posted in the hospital facility's admissions offices			
e	[ ] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[X] The policy was available on request			
g	[X] 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?	15	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	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] 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?	17		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)* REID HOSPITAL & HEALTH CARE SERVICES

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

- a [X] Notified individuals of the financial assistance policy on admission
- b [X] Notified individuals of the financial assistance policy prior to discharge
- c [X] Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d [X] 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? 19	X	

If "No," indicate why:

- a [ ] The hospital facility did not provide care for any emergency medical conditions
- b [ ] The hospital facility's policy was not in writing
- c [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d [ ] Other (describe in Part VI)

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a [ ] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d [X] 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? 20		X

If "Yes," explain in Part VI.

22	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? 21		X

If "Yes," explain in Part VI.

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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, 20d, 21, and 22.

COSTING METHODOLOGY

SCHEDULE H, PART I, LINE 7

BOTH A COST ACCOUNTING SYSTEM AND COST-TO-CHARGE RATIO ARE USED TO CALCULATE AMOUNTS REPORTED ON PART I, LINE 7. THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS. THE COST-TO-CHARGE RATIO IS DERIVED USING WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.

PERCENT OF TOTAL EXPENSE

SCHEDULE H, PART I, LINE 7, COLUMN F

$26,000,176 OF BAD DEBT EXPENSE IS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN A (TOTAL FUNCTIONAL EXPENSES), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN.

SUBSIDIZED HEALTH SERVICES

SCHEDULE H, PART I, LINE 7G

NO COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC WERE INCLUDED IN SUBSIDIZED HEALTH SERVICES.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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, 20d, 21, and 22.

COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

REID HOSPITAL & HEALTH CARE SERVICES ("REID HOSPITAL") OFFERS ITS RESOURCES AND EXPERTISE IN MANY AREAS TO ADDRESS COMMUNITY WIDE PROBLEMS AND PROVIDE A SAFE INFRASTRUCTURE IN THE AREA WE SERVE. THE ENGINEERING GROUNDS CREW MAINTAINS REID PARKWAY THROUGH THE ADOPT A STREET PROGRAM. REID HOSPITAL ALSO PARTNERED WITH THE ABOUT SPECIAL KIDS ORGANIZATION BY PROVIDING A PROGRAM FOR PARENTS WITH SPECIAL NEEDS KIDS ON ACCESSING HEALTH CARE SERVICES FOR THEIR CHILDREN. REID HOSPITAL ALSO SUPPORTS LOCAL FIRE AND POLICE DEPARTMENTS BY SERVING AS AN EDUCATION RESOURCE BY PROVIDING BLS (BASIC LIFE SUPPORT), ACLS (ADVANCED CARDIAC LIFE SUPPORT) AND PALS (PEDIATRIC ADVANCED LIFE SUPPORT) CLASSES AT NO CHARGE. REID HOSPITAL ALSO FUNDS AND MAINTAINS JACY HOUSE, A HOME-LIKE SETTING WHERE CHILDREN OF ABUSE CAN TELL THEIR STORY TO OFFICIALS IN A COMFORTABLE, NON-THREATENING ENVIRONMENT.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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, 20d, 21, and 22.

BAD DEBT EXPENSE

SCHEDULE H, PART III, SECTION A, LINE 4

REID HOSPITAL ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER 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 HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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, 20d, 21, and 22.

THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY).

FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED OR PROVIDED BY POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

THE HOSPITAL'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS DECREASED FROM 98% OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2011, TO 97% OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2012. THE

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

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DECREASE WAS A RESULT OF POSITIVE TRENDS EXPERIENCED IN THE COLLECTION OF AMOUNTS FROM SELF-PAY PATIENTS IN 2012.

THE AMOUNT REPORTED ON PART III, LINE 2 IS CALCULATED BASED ON TOTAL BAD DEBT EXPENSE BASED ON CHARGES.

MEDICARE

SCHEDULE H, PART III, SECTION B, LINE 8

REID HOSPITAL BELIEVES THAT ALL OF THE MEDICARE SHORTFALL OF $19,463,149 SHOULD BE CONSIDERED A COMMUNITY BENEFIT BECAUSE OUR MISSION IS TO PROMOTE QUALITY HEALTHCARE AND HEALTH EDUCATION IN OUR SERVICE COMMUNITY REGARDLESS OF ONE'S ABILITY TO PAY. WE DO NOT LIMIT THE CARE AVAILABLE TO ANY PATIENTS, INCLUDING THOSE COVERED UNDER THE MEDICARE PROGRAM. WE ARE RELIEVING A GOVERNMENT BURDEN BY PROVIDING CARE TO MEDICARE PATIENTS BELOW COST. TAX-EXEMPT HOSPITALS ARE EXPECTED TO PARTICIPATE IN THE MEDICARE PROGRAM.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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COLLECTION PRACTICES

SCHEDULE H, PART III, SECTION C, LINE 9B

ANY INDICATION OF A PATIENT'S INABILITY TO PAY FOR SERVICES IS TREATED AS A REQUEST FOR PATIENT FINANCIAL ASSISTANCE. THIS REQUEST CAN BE MADE BY, OR ON BEHALF OF, AN INDIVIDUAL SEEKING SERVICES. REID HOSPITAL'S COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS. PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE ANY COLLECTION PROCEDURES BEGIN. IF AT ANY POINT IN THE COLLECTION PROCESS DOCUMENTATION IS RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK TO A FINANCIAL COUNSELOR FOR ASSISTANCE AND REVIEW.

PUBLICATION OF FINANCIAL ASSISTANCE POLICY

SCHEDULE H, PART V, SECTION B, LINE 14G

TRI-FOLD BROCHURES EXPLAINING OUR FINANCIAL ASSISTANCE POLICY ARE AVAILABLE IN ALL WAITING AREAS, CHECK-IN DESKS, PHYSICIAN PRACTICES, AND HAVE BEEN PERIODICALLY INCLUDED IN STATEMENT MAILERS TO SELF PAY

Part VI Supplemental Information

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PATIENTS.

DETERMINATION OF AMOUNT TO CHARGE FAP-ELIGIBLE INDIVIDUALS

SCHEDULE H, PART V, SECTION B, LINES 20

ALL PATIENTS ARE CHARGED THE SAME AMOUNT FOR EACH SERVICE REGARDLESS OF THEIR INSURANCE STATUS. REID HOSPITAL MAKES NO DISTINCTION IN PRICING AT THE CHARGE LEVEL WHETHER A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, HAS MEDICARE, OR IS COVERED UNDER A COMMERCIAL PLAN. ONCE THE TOTAL CHARGES HAVE BEEN DETERMINED, A FAP-ELIGIBLE PATIENT IS SCREENED FOR COVERAGE BASED ON INCOME AND HOUSEHOLD SIZE USING IRS GUIDLEINES FOR DETERMINING WHETHER A HOUSEHOLD MEMBER CAN BE CONSIDERED A DEPENDENT. INCOME AND HOUSEHOLD SIZE RELATIVE TO TOTAL CHARGES OWED DETERMINES THE AMOUNT THE FAP-ELIGIBLE PATIENT WILL OWE, UP TO A 100% WRITE OFF OF THE BILL.

Part VI Supplemental Information

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NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

AN INDIANA NEEDS ASSESSMENT ("NEEDS ASSESSMENT") IS CONDUCTED EVERY 3 YEARS IN ACCORDANCE WITH INDIANA GUIDELINES. THE LAST NEEDS ASSESSMENT OF REID HOSPITAL'S SERVICE AREA WAS CONDUCTED IN 2010. THE RESULTS OF THE NEEDS ASSESSMENT ARE POSTED ON REID HOSPITAL'S WEBSITE SO THAT COMMUNITY MEMBERS AND ORGANIZATIONS MAY USE THE INFORMATION AS NEEDED. FORMAL AND INFORMAL MEETINGS ARE HELD WITH COMMUNITY STAKEHOLDERS TO SEEK THEIR INPUT ON THE RESULTS. PROFESSIONAL RESEARCH CONSULTANTS CONDUCTED THE NEEDS ASSESSMENT AND PROVIDED A COMPARISON TO THE 2007 NEEDS ASSESSMENT RESULTS. THE NEXT INDIANA NEEDS ASSESSMENT WILL BE CONDUCTED IN 2013 AND WILL COMPLY WITH THE NEW REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS UNDER THE AFFORDABLE CARE ACT.

IN ADDITION, ALL INDEPENDENT AND NON-INDEPENDENT VOTING MEMBERS OF THE BOARD ARE REQUIRED TO RESIDE WITHIN REID HOSPITAL'S SERVICE AREA. THE DISTINCTION IS IMPORTANT BECAUSE THEY ARE INVOLVED AND BETTER AWARE OF

Part VI Supplemental Information

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THE HEALTH NEEDS OF THE COMMUNITY REID HOSPITAL SERVES.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

SCHEDULE H, PART VI, LINE 3

REID HOSPITAL STAFF INFORMS ALL PATIENTS, AS THEY ARE ADMITTED, OF THE VARIOUS ASSISTANCE PROGRAMS AVAILABLE TO HELP THEM PAY THEIR BILL. WE HAVE COMMUNITY EDUCATION INITIATIVES (THAT INCLUDE THE DISTRIBUTION OF FLYERS AND CARDS IN PUBLIC PLACES, INSERTS IN BILLS, AND FLYERS FOR CHURCHES THAT PROMOTE THE PATIENT ADVOCATE PROGRAM) ASKING PEOPLE TO CONTACT A PATIENT ADVOCATE IF THEY, OR A LOVED ONE, DOES NOT HAVE HEALTH COVERAGE. WE HAVE OCCASIONALLY ADVERTISED THE MESSAGE "DO YOU OR SOMEONE YOU LOVE NEED HEALTH INSURANCE" IN AN EFFORT TO REACH PEOPLE BEFORE THEY NEED CARE TO CONNECT THEM WITH OUR ADVOCATES AND DETERMINE ELIGIBILITY FOR COVERAGE. WE HAVE CONTRACTED WITH A THIRD PARTY VENDOR THAT SPECIALIZES IN HELPING PEOPLE WITH THE APPLICATION PROCESS FOR VARIOUS PROGRAMS. IN ADDITION, WE PROVIDE INFORMATION ABOUT FINANCIAL ASSISTANCE IN OUR MONTHLY STATEMENTS. WE CURRENTLY PROMOTE FREE SCREENING SERVICES

Part VI Supplemental Information

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DIRECTED TO SELF PAY PATIENTS. THOSE WHO RESPOND MAKE AN APPOINTMENT WITH OUR PATIENT ADVOCATES AND THEN RECEIVE THEIR FREE WELLNESS LAB TEST.

COMMUNITY INFORMATION

SCHEDULE H, PART VI, LINE 4

REID HOSPITAL SERVES FIVE (5) COUNTIES IN INDIANA (WAYNE, UNION, RANDOLPH, HENRY, AND FAYETTE) AND TWO (2) COUNTIES IN OHIO (PREBLE AND DARKE). SINCE 2005, THE POPULATION GROWTH OF THE SERVICE AREA HAS REMAINED FLAT. HOWEVER, SENIOR CITIZENS 65 AND OLDER WILL REPRESENT A LARGER PERCENTAGE OF THE POPULATION ACROSS THE SERVICE AREA. ACCORDING TO THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT ("NEEDS ASSESSMENT"), 30.5% OF REID HOSPITAL'S SERVICE AREA IS LESS THAN 200% OF THE FEDERAL POVERTY LEVEL. THE NEEDS ASSESSMENT ALSO INDICATES THAT ACCESS TO HEALTH CARE IS BETTER IN REID HOSPITAL'S SERVICE AREA THAN FOUND NATIONALLY FOR SEVERAL TESTED BARRIERS: 1.) DIFFICULTY FINDING A PHYSICIAN, 2.) APPOINTMENT AVAILABILITY, 3.) CONVENIENCE OF OFFICE HOURS, AND 4.) TRANSPORTATION. WITHIN REID HOSPITAL'S SERVICE AREA, THE NUMBER OF ADULTS AGED 18-64

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WITHOUT HEALTH INSURANCE COVERAGE HAS INCREASED SIGNIFICANTLY OVER THE PAST DECADE. THE ECONOMY HAS AFFECTED THE LOCAL BUSINESS CLIMATE AND MANY ADULTS HAVE EITHER LOST INSURANCE ALTOGETHER OR HAVE SEEN A DECREASE IN BENEFITS.

PROMOTION OF COMMUNITY HEALTH

SCHEDULE H, PART VI, LINE 5

REID HOSPITAL SERVES AS A CORNERSTONE FOR THE COMMUNITY BY PROVIDING MANY AREAS OF OUTREACH AND COMMUNITY SERVICE. EXEMPT EMPLOYEES SERVE ON LOCAL BOARDS SUCH AS THE BOYS & GIRLS CLUB, GIRLS, INC., UNITED WAY, ACHIEVA RESOURCES, THE CHAMBER OF COMMERCE, COMMUNITIES IN SCHOOLS, BIRTH TO FIVE, HEADSTART HEALTH & EDUCATION ADVISORY COUNCIL AND MANY OTHER CIVIC ORGANIZATIONS. A COMMUNITY BENEFIT PAYROLL BUDGET IS ESTABLISHED EACH YEAR TO ALLOW HOURLY EMPLOYEES TO SERVE IN THE COMMUNITY (DURING WORKING HOURS) ON PROJECTS SUCH AS HABITAT FOR HUMANITY. AS OF 2012, A TOTAL OF 225 AED'S (AUTOMATED EXTERNAL DEFIBRILLATORS) WERE PLACED IN LOCAL SCHOOLS, NOT FOR PROFIT ORGANIZATIONS, FIRE AND POLICE, AND EMS SERVICES,

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TO SUPPORT THE HEALTH OF THE COMMUNITY. REID HOSPITAL ALSO PROVIDES ASSISTANCE TO THESE PUBLIC DEPARTMENTS WITH CERTIFICATION AND RENEWAL OF REQUIRED AMERICAN HEART ASSOCIATION COURSES SUCH AS BLS (BASIC LIFE SUPPORT), ACLS (ADVANCED CARDIAC LIFE SUPPORT), AND PALS (PEDIATRIC ADVANCED LIFE SUPPORT). SUSTAINING A WELL-EDUCATED HEALTH CARE WORK FORCE IS PART OF THE OUTREACH OF REID HOSPITAL. MEDICAL GRAND ROUNDS ARE OFFERED WEEKLY AND ARE OPEN TO ALL PHYSICIANS IN THE COMMUNITY. EACH YEAR REID HOSPITAL, IVY TECH COMMUNITY COLLEGE AND INDIANA UNIVERSITY-EAST CAMPUS COLLABORATE ON A HEALTH CAREER CAMP WHICH PROVIDES HIGH SCHOOL STUDENTS AN OPPORTUNITY TO PARTICIPATE IN NURSING AND ALLIED HEALTH ACTIVITIES. STUDENTS FROM THE 7-COUNTY SERVICE AREA ARE INVITED TO ATTEND. THERE ARE SOCIAL DETERMINANTS OF HEALTH AND READING IS ONE OF THOSE ELEMENTS REID HOSPITAL HAS CHOSEN TO SUPPORT. EACH YEAR THE THIRD GRADE READING ACADEMY WORKS WITH CHILDREN WHO ARE NOT READING AT GRADE LEVEL AND SPEND THE SUMMER IMPROVING THEIR READING SKILLS. REID HOSPITAL HAS SUPPORTED THIS NOT FOR PROFIT ORGANIZATION SINCE IT BEGAN. THE GOVERNING BOARD OF REID HOSPITAL AND ESPECIALLY THE COMMUNITY BENEFIT

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COMMITTEE OF THE BOARD GUIDE THE OUTREACH TO THE COMMUNITY TO MAKE

CERTAIN THAT REID HOSPITAL SERVES THE PATIENTS AND THE COMMUNITY WITH

EQUAL CARE.

STATE FILING OF COMMUNITY BENEFIT REPORT

SCHEDULE H, PART IV, LINE 7

INDIANA