

**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.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) 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 checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> If the organization 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.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(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
<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			15088021.		15088021.	2.42%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			97332706.	63718651.	33614055.	5.39%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....			112420727	63718651.	48702076.	7.81%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			847,019.		847,019.	.14%
<b>f</b> Health professions education (from Worksheet 5) .....			4494965.	1946352.	2548613.	.41%
<b>g</b> Subsidized health services (from Worksheet 6) .....			18113838.	14630742.	3483096.	.56%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			1642724.	24,455.	1618269.	.26%
<b>j Total.</b> Other Benefits .....			25098546.	16601549.	8496997.	1.37%
<b>k Total.</b> Add lines 7d and 7j .....			137519273	80320200.	57199073.	9.18%





**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 DEACONESS HOSPITAL, INC.

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from 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	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.DEACONESS.COM/CHNA</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	X	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

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

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>300</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients? .....	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance? .....	X	
14	Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
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 individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

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

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

- a  Notified individuals of the financial assistance policy on admission
- b  Notified individuals of the financial assistance policy prior to discharge
- c  Notified individuals of the financial assistance policy in communications with the 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)

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>19</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>X</b>	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

<b>20</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>21</b> 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? .....	<b>X</b>	
If "Yes," explain in Section C.		
<b>22</b> 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? .....	<b>X</b>	
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 facility reporting group DEACONESS GATEWAY HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 2

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from 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	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.DEACONESS.COM/CHNA</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
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f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	X	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

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

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>300</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %			
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c	<input checked="" type="checkbox"/> Medical indigency		
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f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance? .....	X	
14	Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
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Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	X	
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**Part V Facility Information** (continued) **DEACONESS GATEWAY HOSPITAL**

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

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- e  Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

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

	Yes	No
<b>19</b>	<b>X</b>	

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)**

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

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Section C)

<b>21</b>		<b>X</b>
<b>22</b>		<b>X</b>

**21** 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? .....

If "Yes," explain in Section C.

**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? .....

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 facility reporting group DEACONESS CROSS POINTE

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 3

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
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h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
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j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from 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	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.DEACONESS.COM/CHNA</u>		
b <input type="checkbox"/> Other website (list url):		
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6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
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7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	X	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

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

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free care</i> ? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>300</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted care</i> ? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients? .....	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance? .....	X	
14	Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
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 individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

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

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

- a  Notified individuals of the financial assistance policy on admission
- b  Notified individuals of the financial assistance policy prior to discharge
- c  Notified individuals of the financial assistance policy in communications with the 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)

**Policy Relating to Emergency Medical Care**

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

	Yes	No
<b>19</b>	<b>X</b>	

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)**

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

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Section C)

<b>21</b>		<b>X</b>
<b>22</b>		<b>X</b>

**21** 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? .....

If "Yes," explain in Section C.

**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? .....

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

DEACONESS HOSPITAL, INC.:

PART V, SECTION B, LINE 3: DESCRIPTION OF COMMUNITY INPUT:

IN 2011, DEACONESS HEALTH SYSTEM JOINED FOUR OTHER LOCAL HEALTH-RELATED ORGANIZATIONS, ECHO COMMUNITY HEALTH CARE, ST. MARY'S HEALTH, UNITED WAY, AND WELBORN BAPTIST FOUNDATION, TO PLAN FOR AND ADMINISTER A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). MEMBERS OF THE DEACONESS COMMUNITY BENEFIT TEAM MET REGULARLY WITH OTHER MEMBERS OF THE COLLABORATIVE TO CREATE A STRATEGY AND TACTICS THAT ADDRESS OUR FOUR IDENTIFIED COMMUNITY HEALTH NEEDS. WE ALSO PARTICIPATED IN FOCUS GROUP SESSIONS WITH 51 BUSINESS, COMMUNITY, AND SOCIAL SERVICE LEADERS AND STRATEGY SESSIONS WITH 42 PROVIDERS AND AGENCIES TO DEVELOP A PLAN THAT WOULD CAUSE POSITIVE CHANGE IN THE OVERALL HEALTH OF OUR POPULATION. ADDITIONALLY, EACH PARTNER CREATED AN ORGANIZATION SPECIFIC PLAN TO ADDRESS THE SAME ISSUES. THE PLANS WERE TRANSCRIBED, PRESENTED AT A PRESS CONFERENCE, AND POSTED ON THE WEBSITE OF EACH PARTNER'S ORGANIZATION.

WE HELD STRATEGY SESSIONS WITH 42 SERVICE PROVIDERS AND AGENCIES AND COMPLETED 500 TELEPHONE INTERVIEWS WITH RESIDENTS OF VANDERBURGH AND WARRICK COUNTIES. ADDITIONALLY, THE LOCAL COLLABORATIVE CONDUCTED FOCUS GROUP SESSIONS WITH 51 BUSINESSES, COMMUNITY, AND SOCIAL SERVICE LEADERS. AT THE CONCLUSION OF EACH OF THE THREE KEY INFORMANT GROUPS (COMMUNITY LEADERS, BUSINESS LEADERS, AND SOCIAL SERVICE AGENCIES), PARTICIPANTS WERE ASKED TO WRITE DOWN WHAT THEY INDIVIDUALLY PERCEIVE AS THE TOP FIVE HEALTH PRIORITIES FOR THE COMMUNITY, BASED ON THE GROUP DISCUSSION, AS WELL AS ON THEIR OWN EXPERIENCES AND PERCEPTIONS.

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

AS PART OF OUR AGREEMENT WITH THE CHNA COLLABORATIVE, DEACONESS WILL FOCUS TIME AND RESOURCES FOR THE THREE YEARS ON CREATING POSITIVE CHANGE IN THE FOUR IDENTIFIED TOPIC AREAS. IN FY 13-14, DEACONESS PARTNERED WITH EVOLVENT HEALTH TO STRENGTHEN OUR ACCOUNTABLE CARE ORGANIZATION AND EXTEND ITS REACH OUT INTO OUR SECONDARY AND TERTIARY SERVICE AREAS. PRIMARY CARE PHYSICIANS WILL IDENTIFY AND ASSIST PATIENTS WITH CHRONIC DISEASES AND COMPLEX MEDICAL CONDITIONS TO BETTER MANAGE THEIR HEALTH. THE GOAL, AS IT RELATES TO THE CHNA TOPIC AREAS, IS TO DECREASE OBESITY AND TOBACCO USE AND IMPROVE MENTAL HEALTH THROUGH A CLOSER RELATIONSHIP WITH A HEALTH CARE TEAM. ADDITIONALLY, OUR MENTAL HEALTH HOSPITAL WILL BEGIN OFFERING CLASSES SUCH AS YOGA FOR DEPRESSION AND LIGHT THERAPY FOR THE PUBLIC. THIS, TOO, IS INTENDED TO IMPROVE THE MENTAL AND PHYSICAL HEALTH OF OUR COMMUNITY MEMBERS. FINALLY DEACONESS IMPLEMENTED A PROGRAM CALLED BREATH OF FRESH AIR TO HELP PEOPLE QUIT SMOKING. THIS IS AN ON-LINE PROGRAM THAT UTILIZES WEB-BASED TOOLS AND INFORMATION AS WELL AS REMINDER E-MAILS FOR THE PARTICIPANTS. TACTICS TO ADDRESS SUBSTANCE ABUSE ARE WOVEN INTO THE POPULATION HEALTH CLINICAL MODULES. THIS INCLUDES PRESCRIPTION PAIN MEDICINE.

## DEACONESS GATEWAY HOSPITAL:

PART V, SECTION B, LINE 3: DESCRIPTION OF COMMUNITY INPUT IS REPORTED THE SAME AS DEACONESS HOSPITAL, INC. (HOSPITAL FACILITY #1).

## DEACONESS CROSS POINTE:

PART V, SECTION B, LINE 3: DESCRIPTION OF COMMUNITY INPUT IS REPORTED THE SAME AS DEACONESS HOSPITAL, INC. (HOSPITAL FACILITY #1).

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

DEACONESS HOSPITAL, INC.:

PART V, SECTION B, LINE 4: OTHER HOSPITAL FACILITIES CHNA WAS CONDUCTED

WITH:

DEACONESS GATEWAY HOSPITAL

DEACONESS CROSS POINTE

ST. MARY'S HEALTH

DEACONESS GATEWAY HOSPITAL:

PART V, SECTION B, LINE 4: OTHER HOSPITAL FACILITIES CHNA WAS CONDUCTED

IS REPORTED THE SAME AS DEACONESS HOSPITAL, INC. (HOSPITAL FACILITY #1).

DEACONESS CROSS POINTE:

PART V, SECTION B, LINE 4: OTHER HOSPITAL FACILITIES CHNA WAS CONDUCTED

WITH IS REPORTED THE SAME AS DEACONESS HOSPITAL, INC. (HOSPITAL FACILITY #1).

DEACONESS HOSPITAL, INC.:

PART V, SECTION B, LINE 5D: THE CHNA IS MADE WIDELY AVAILABLE ON THE

HOSPITAL'S WEBSITE:

THE HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT IS LOCATED AT

HTTP://WWW.DEACONESS.COM/CHNA.

DEACONESS GATEWAY HOSPITAL:

PART V, SECTION B, LINE 5D: THE CHNA IS MADE WIDELY AVAILABLE ON THE

HOSPITAL'S WEBSITE:

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

THE HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT IS LOCATED AT

HTTP://WWW.DEACONESS.COM/CHNA.

DEACONESS CROSS POINTE:

PART V, SECTION B, LINE 5D: THE CHNA IS MADE WIDELY AVAILABLE ON THE HOSPITAL'S WEBSITE:

THE HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT IS LOCATED AT

HTTP://WWW.DEACONESS.COM/CHNA.

DEACONESS HOSPITAL, INC.:

PART V, SECTION B, LINE 6I: METHOD FOR ADDRESSING NEEDS IDENTIFIED IN CHNA:

6A: IN 2011, DEACONESS HEALTH SYSTEM JOINED FOUR OTHER LOCAL HEALTH-RELATED ORGANIZATIONS, ECHO COMMUNITY HEALTH CARE, ST. MARY'S HEALTH, UNITED WAY, AND WELBORN BAPTIST FOUNDATION, TO PLAN FOR AND ADMINISTER A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). REVIEW OF THE ASSESSMENT DATA LED THE TEAM TO IDENTIFY FOUR MAIN ISSUES AT THE CORE OF POOR COMMUNITY HEALTH: TOBACCO USE, OBESITY, SUBSTANCE ABUSE, AND MENTAL HEALTH. THE COLLABORATIVE CREATED A GROUP PLAN OF ACTION TO ADDRESS THESE ISSUES. MEETINGS WITH COMMUNITY PARTNERS AND STAKEHOLDERS GUIDED THE PLANNING PROCESS. ADDITIONALLY, EACH PARTNER CREATED AN ORGANIZATION SPECIFIC PLAN TO ADDRESS THE SAME ISSUES. THE PLANS WERE TRANSCRIBED, PRESENTED AT A PRESS CONFERENCE, AND POSTED ON THE WEBSITE OF EACH PARTNER'S ORGANIZATION.

6B: STRATEGIES FOR EACH OF THE FOUR TARGET AREAS WERE CREATED FOR THE COLLABORATIVE AND FOR DEACONESS. SINCE THE HOSPITAL SERVES VANDERBURGH AND

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

WARRICK COUNTIES IN INDIANA, THE STRATEGY FOR DEACONESS INCLUDES TACTICS TO ADDRESS THESE ISSUES IN BOTH COMMUNITIES. AN INTERNAL TEAM LEADER WAS ASSIGNED TO EACH OF THE FOUR TOPIC AREAS AND RESPONSIBLE FOR PUTTING TOGETHER A TEAM AND THEN A PLAN TO CREATE POSITIVE CHANGE IN THE SPECIFIC HEALTH AREA. THE PLANNING PHASE IS COMPLETE AND THE EXECUTION PHASE TAKES PLACE IN TAX YEARS 2013, 2014, 2015.

6C: MEMBERS OF THE DEACONESS COMMUNITY BENEFIT TEAM MET REGULARLY WITH OTHER MEMBERS OF THE COLLABORATIVE TO CREATE A STRATEGY AND TACTICS THAT ADDRESS OUR FOUR IDENTIFIED COMMUNITY HEALTH NEEDS. THE BENEFIT TEAM PARTICIPATED IN FOCUS GROUP SESSIONS WITH 51 BUSINESS, COMMUNITY, AND SOCIAL SERVICE LEADERS, AND STRATEGY SESSIONS WITH 42 PROVIDERS AND AGENCIES TO DEVELOP A PLAN THAT WOULD CAUSE POSITIVE CHANGE IN THE OVERALL HEALTH OF OUR POPULATION.

6D: THE FIRST STEP IN EXECUTING OUR COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN WAS RELEASING INFORMATION TO THE PUBLIC. A PRESS CONFERENCE WAS HELD JUNE 13, 2013, AT A LOCAL BUSINESS. DURING THE PRESS CONFERENCE, REPRESENTATIVES FROM THE COLLABORATIVE EXPLAINED THE CHNA SURVEY PROCESS, RESULTS, CONTRIBUTIONS OF COMMUNITY PARTNERS, AND THE FOUR HEALTH ISSUES SELECTED AS OUR FOCUS FOR THE NEXT THREE YEARS. FOLLOWING THIS ANNOUNCEMENT, THE COLLABORATIVE SET UP MEETINGS FOR EACH OF THE FOUR HEALTH TOPICS AND INVITED ALL RELEVANT COMMUNITY PARTNERS TO ATTEND. DURING THESE MEETINGS, THE GROUP REVIEWS THE ACTION ITEMS IN THE IMPLEMENTATION PLAN, REPORTS ON THE PROGRESS OF THOSE ITEMS, AND ASKS FOR ASSISTANCE OR ADDITIONAL RESOURCES AS APPROPRIATE.

6G: MEMBERS OF OUR THREE KEY INFORMANT GROUPS (COMMUNITY LEADERS, BUSINESS LEADERS, AND SOCIAL SERVICE AGENCIES) SUBMITTED THEIR TOP 5 HEALTH PRIORITIES FOR THE COMMUNITY. THIS INFORMATION WAS COUPLED WITH THE SURVEY

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

DATA RESULTING IN A LIST OF SEVEN KEY COMMUNITY HEALTH ISSUES. FOLLOWING FURTHER ANALYSIS, THE COLLABORATIVE DECIDED THAT TOBACCO USE, OBESITY, SUBSTANCE ABUSE, AND MENTAL HEALTH ISSUES WERE THE ROOT CAUSES OF MULTIPLE HEALTH CONDITIONS AND HIGHER HEALTH CARE COSTS. BY ADDRESSING THESE FOUR AREAS, THE COLLABORATIVE COULD HAVE THE BIGGEST IMPACT ON THE CURRENT HEALTH CONDITIONS IN OUR COMMUNITIES.

6H:AS PART OF OUR AGREEMENT WITH THE CHNA COLLABORATIVE, DEACONESS WILL FOCUS TIME AND RESOURCES FOR THE NEXT THREE YEARS ON CREATING POSITIVE CHANGE IN THE FOUR IDENTIFIED TOPIC AREAS. DEACONESS OPERATES AN ACCOUNTABLE CARE ORGANIZATION (ACO) CALLED DEACONESS CARE INTEGRATION. THE ACO HOUSES MANY OF THE PROGRAMS WE WILL USED TO ADDRESS OBESITY, TOBACCO USE, MENTAL HEALTH AND SUBSTANCE ABUSE. SPECIFIC SERVICES INCLUDE CERTIFICATION FOR ALL DEACONESS CLINIC LOCATIONS AS PATIENT CENTERED MEDICAL HOMES (PCMH), USE OF HEALTH COACHES IN THE PCMH, REFERRALS TO OUR MEDICATION MANAGEMENT PROGRAM, DIABETES MANAGEMENT PROGRAM, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES (DEACONESS OPERATES A BEHAVIORAL HEALTH CLINIC AS WELL AS INPATIENT AND OUTPATIENT MENTAL HEALTH SERVICES.) THE DESIGN OF OUR ACO AND PCMH ENABLES STAFF MEMBERS TO EASILY ADDRESS THE FOUR IDENTIFIED COMMUNITY HEALTH NEEDS DURING ROUTINE OFFICE VISITS.

DEACONESS GATEWAY HOSPITAL:

PART V, SECTION B, LINE 6I: METHOD FOR ADDRESSING NEEDS IDENTIFIED IN CHNA IS REPORTED THE SAME AS DEACONESS HOSPITAL, INC. (HOSPITAL FACILITY #1).

DEACONESS CROSS POINTE:

PART V, SECTION B, LINE 6I: METHOD FOR ADDRESSING NEEDS IDENTIFIED IN

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

CHNA IS REPORTED THE SAME AS DEACONESS HOSPITAL, INC. (HOSPITAL FACILITY #1).

DEACONESS HOSPITAL, INC.:

PART V, SECTION B, LINE 14G: OTHER METHOD USED TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICY: DEACONESS HOSPITAL SEEKS OUT THE PATIENTS THAT ARE SELF-PAY AND INTERVIEWS THESE PATIENTS WHILE THEY ARE IN THE FACILITY. THE FINANCIAL ASSISTANCE POLICY IS PROMOTED TO PATIENTS. DEACONESS HOSPITAL SEEKS OUT THOSE PATIENTS THAT WOULD QUALIFY FOR THE FINANCIAL ASSISTANCE POLICY. COLLECTABILITY SCORING IS ALSO COMPLETED AND ALLOWANCES ARE MADE BASED UPON THESE SCORES.

DEACONESS GATEWAY HOSPITAL:

PART V, SECTION B, LINE 14G: OTHER METHOD USED TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICY IS REPORTED THE SAME AS DEACONESS HOSPITAL, INC. (HOSPITAL FACILITY #1).

DEACONESS CROSS POINTE:

PART V, SECTION B, LINE 14G: OTHER METHOD USED TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICY IS REPORTED THE SAME AS DEACONESS HOSPITAL, INC. (HOSPITAL FACILITY #1).

DEACONESS HOSPITAL, INC.:

PART V, SECTION B, LINE 20D: DEACONESS USES ITS AVERAGE MANAGED CARE NEGOTIATED DISCOUNT FOR ALL COMMERCIAL PAYERS.

**Part V Facility Information** *(continued)*

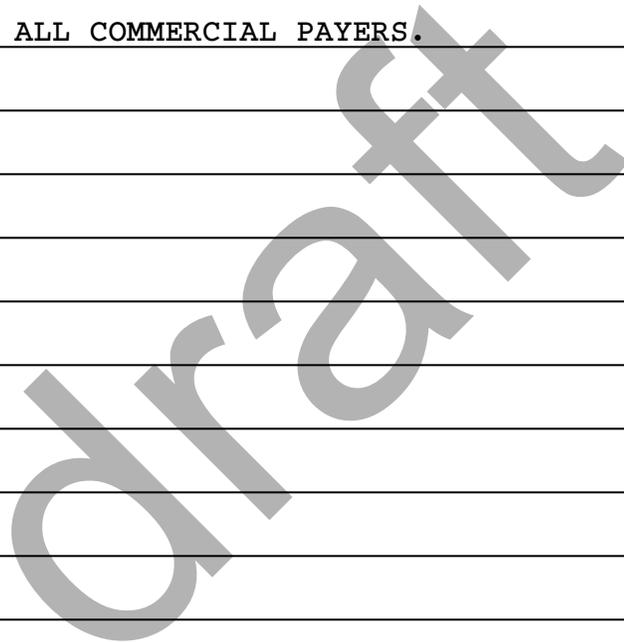
**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A, " "Facility B," etc.

DEACONESS GATEWAY HOSPITAL:

PART V, SECTION B, LINE 20D: DEACONESS USES ITS AVERAGE MANAGED CARE NEGOTIATED DISCOUNT FOR ALL COMMERCIAL PAYERS.

DEACONESS CROSS POINTE:

PART V, SECTION B, LINE 20D: DEACONESS USES ITS AVERAGE MANAGED CARE NEGOTIATED DISCOUNT FOR ALL COMMERCIAL PAYERS.



**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? 45

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

Schedule H (Form 990) 2013

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

Name and address	Type of Facility (describe)
11 DEACONESS HOME CARE 701 GARFIELD STREET EVANSVILLE, IN 47747	HOME HEALTH AGENCY
12 CHANCELLOR CENTER FOR ONCOLOGY 4055 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT SERVICES
13 DEACONESS SLEEP LAB 350 W COLUMBIA STREET, SUITE 210 EVANSVILLE, IN 47710	OUTPATIENT SERVICES
14 DEACONESS SLEEP LAB 350 W COLUMBIA STREET, SUITE LL-10 EVANSVILLE, IN 47710	DIAGNOSTIC CENTER
15 DEACONESS/ OHIO VALLEY HOSPICE 701 GARFIELD STREET EVANSVILLE, IN 47747	HOSPICE
16 DEACONESS REGIONAL LABORATORY 4133 GATEWAY BLVD, SUITE 110 NEWBURGH, IN 47630	DIAGNOSTIC CENTER
17 THE FAMILY PRACTICE CENTER 515 READ STREET EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
18 DEACONESS WOUND CARE CENTER 611 HARRIET STREET, SUITE 501 EVANSVILLE, IN 47710	OUTPATIENT SERVICES
19 DEACONESS HOSPITAL MAMMOGRAPHY & IMAG 421 CHESTNUT STREET EVANSVILLE, IN 47713	DIAGNOSTIC CENTER
20 DEACONESS CLINIC GATEWAY REG LAB 4233 GATEWAY BLVD NEWBURGH, IN 47630	DIAGNOSTIC CENTER

Schedule H (Form 990) 2013

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

Name and address	Type of Facility (describe)
21 DEACONESS ANTICOAGULATION CLINIC 4107 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT SERVICES
22 DEACONESS CLINIC WEST REG LAB RADIOLO 545 S BOEHNE CAMP ROAD EVANSVILLE, IN 47712	OUTPATIENT PHYSICIAN CLINIC
23 MIDWEST RADIOLOGIC IMAGING 10455 ORTHOPAEDIC DRIVE NEWBURGH, IN 47630	DIAGNOSTIC CENTER
24 MIDWEST RADIOLOGICAL IMAGING 4087 GATEWAY BLVD NEWBURGH, IN 47630	DIAGNOSTIC CENTER
25 DEACONESS REGIONAL LABORATORY 611 HARRIET STREET, SUITE 102 EVANSVILLE, IN 47710	DIAGNOSTIC CENTER
26 DEACONESS RILEY CHILDREN'S SPECIALTY 4133 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT PHYSICIAN CLINIC
27 DEACONESS RILEY SPECIALITY CTR O/P 4121 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT PHYSICIAN CLINIC
28 DOCTOR'S PLAZA X-RAY 611 HARRIET STREET EVANSVILLE, IN 47710	DIAGNOSTIC CENTER
29 DEACONESS PRIMARY CARE FOR SENIORS 4498 FIRST AVENUE EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
30 DEACONESS REGIONAL LABORATORY 4494 N FIRST AVENUE EVANSVILLE, IN 47710	DIAGNOSTIC CENTER

Schedule H (Form 990) 2013

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

Name and address	Type of Facility (describe)
31 DEACONESS CLINIC PRINCETON RADIOLOGY 685 VAIL STREET PRINCETON, IN 47670	OUTPATIENT PHYSICIAN CLINIC
32 DEACONESS PRIMARY CARE FOR SENIORS 1750 OAK HILL ROAD EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
33 DEACONESS PRE-ADMISSION TESTING 520 MARY STREET, SUITE 330 EVANSVILLE, IN 47747	DIAGNOSTIC CENTER
34 MT VERNON MEDICAL CENTER LAB & RADIOL 1900 W FOURTH STREET MT VERNON, IN 47620	DIAGNOSTIC CENTER
35 DEACONESS FAMILY MEDICINE 611 HARRIET STREET, SUITE 504 EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
36 DEACONESS DIABETES CENTER - EDUCATION 421 CHESTNUT STREET EVANSVILLE, IN 47713	OUTPATIENT SERVICES
37 DEACONESS GATEWAY GASTROENTEROLOGY 4133 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT PHYSICIAN CLINIC
38 DEACONESS WEIGHT LOSS SOLUTIONS 310 W IOWA STREET EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
39 DEACONESS REGIONAL LABORATORY 1204 W. WILLIAMS STREET OAKLAND CITY, IN 47660	DIAGNOSTIC CENTER
40 DEACONESS CROSS POINTE-OWENSBORO 920 FREDERICA STREET, SUITE 1003 OWENSBORO, KY 42301	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2013



**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 6A:

DEACONESS HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT

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

1. MAILED TO ALL THE MAJOR EMPLOYERS IN THE TRI-STATE AREA.
2. AN ADVERTISEMENT IS PLACED IN THE SUNDAY PAPER OF THE EVANSVILLE COURIER AND PRESS.
3. IS MADE AVAILABLE ON THE DEACONESS WEBSITE AT  
[HTTP://WWW.DEACONESS.COM/CAREERS/FOR-OUR-EMPLOYEES/  
 OUR-COMMUNITY/COMMUNITY-BENEFIT.ASPX](http://www.deaconess.com/careers/for-our-employees/our-community/community-benefit.aspx)

PART I, LINE 7:

A COST TO CHARGE RATIO WAS USED FOR MOST OF THE CALCULATIONS FOR THE TABLE. IRS INSTRUCTION'S WORKSHEET 2 WAS USED FOR THIS CALCULATION. WE DID NOT USE THE COST TO CHARGE RATIO FOR LINE 7G AS IT WAS NOT RELEVANT TO THESE SERVICES. THE ACTUAL COST FROM OUR COSTING SYSTEM WAS USED WHEN AVAILABLE. THE COST TO CHARGE RATIO FOR EACH SERVICE TYPE WAS USED TO ESTIMATE COST WHEN NOT AVAILABLE FROM OUR INTERNAL COSTING SYSTEM.

**Part VI** Supplemental Information (Continuation)

## PART I, LINE 7G:

SUBSIDIZED HEALTH SERVICES ATTRIBUTED TO PHYSICIAN CLINICS HAVE A COST OF \$1,189,879. THESE CLINICS ARE OPERATED AS A BENEFIT TO THE COMMUNITY.

## PART I, LN 7 COL(F):

THE BAD DEBT EXPENSE IS NOT INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) DUE TO EARLY ADOPTION OF ACCOUNTING STANDARDS UPDATE (ASU) 2011-07, HEALTHCARE ENTITIES (TOPIC 954).

## PART II, COMMUNITY BUILDING ACTIVITIES:

## COMMUNITY BUILDING ACTIVITIES:

DURING FISCAL YEAR 2014, DEACONESS PROVIDED FINANCIAL SUPPORT TO MORE THAN 160 NON-PROFIT ORGANIZATIONS LOCATED IN OUR THREE-STATE SERVICE AREA. THIS INCLUDES SPONSORSHIP OF WALKS AND RUNS TO RAISE AWARENESS FOR DISEASES AND HEALTH CONDITIONS, DONATIONS TO AREA FOOD PANTRIES, A SIGNIFICANT PARTNERSHIP WITH A LOCAL HOMELESS SHELTER TO CREATE A MEDICAL RESPITE, AND OVER \$1,000,000 DONATED TO HELP CREATE MEDICAL EDUCATION AND RESEARCH CAMPUS FOR OUR COMMUNITY. THE HOSPITAL GAVE EACH TEACHER IN THE DESIGNATED "COMMUNITY BENEFIT SCHOOLS" \$100 TO BUY SUPPLIES FOR THEIR CLASSROOM, TOTALING OF \$23,355. THE HOSPITAL ALSO SENT \$100 TO EVERY "AFTER PROM" EVENT IN THE REGION TO PROVIDE TEENAGERS WITH A SAFE PLACE TO CELEBRATE FREE FROM DRUGS, ALCOHOL, AND RISKY BEHAVIOR, TOTALING \$2,100.

DEACONESS PROVIDED FREE AND REDUCED CARE WITHIN OUR HOSPITAL BUILDINGS. THROUGH OUR MEDICATION ASSISTANCE PROGRAM, OUR FAMILY PRACTICE RESIDENCY CLINIC, AND COMMUNITY HEALTH SCREENINGS, AREA RESIDENTS CAN ACCESS THE

**Part VI** Supplemental Information (Continuation)

HIGH QUALITY HEALTHCARE THEY NEED IN CONVENIENT LOCATIONS AND AT A PRICE THEY CAN AFFORD.

DEACONESS PROMOTES HEALTHY LIVING IN THE COMMUNITY THROUGH SEVERAL INITIATIVES INCLUDING:

1. HEALTHIER U WORKS: ORGANIZED, OUTDOOR COMMUNITY WALK EVERY MORNING FROM APRIL TO OCTOBER

2. WISE CHOICE: VENDORS AT THE ANNUAL FALL FESTIVAL SUBMIT RECIPES TO OUR DIETICIANS. IF THEY MEET CERTAIN NUTRITIONAL REQUIREMENTS, THE VENDOR'S BOOTH GETS A GREEN SIGN TO HANG THAT INDICATES THE SERVE HEALTHY FOOD OPTIONS AT THEIR BOOTH.

3. MEN'S HEALTH SERIES: ONCE A MONTH FROM MARCH THROUGH NOVEMBER, MEN IN THE COMMUNITY ARE INVITED TO COME TO THE HOSPITAL, EAT DINNER, AND HEAR A PRESENTATION SPECIFICALLY GEARED TOWARD IMPROVING MEN'S HEALTH.

4. COMMUNITY SCREENINGS: EACH, WEEK, REDUCED COST HEALTH SCREENINGS ARE OFFERED AT A DEACONESS CLINIC LOCATION. THE LOCATION ROTATES BETWEEN MULTIPLE STATES AND COUNTIES.

5. MENTAL HEALTH FIRST-AID COURSES: AN EDUCATION PROGRAM THAT HELPS THE PUBLIC IDENTIFIES, UNDERSTAND, AND RESPOND TO SIGNS OF MENTAL ILLNESSES AND SUBSTANCE ABUSE DISORDERS.

6. TRAUMA EDUCATION: DEACONESS TRAUMA SERVICES DEVOTES TIME AND RESOURCES TO EDUCATING EMS PERSONNEL AND OTHER FIRST RESPONDERS IN THE REGION.

7. HEALTH SCIENCE INSTITUTE: A HANDS-ON SUMMER PROGRAM FOR HIGH SCHOOL STUDENTS INTERESTED IN THE MEDICAL PROFESSION.

8. SUICIDE PREVENTION: MEMBERS OF OUR MENTAL HEALTH HOSPITAL TRAVEL AROUND THE REGION TO PROVIDE SUICIDE PREVENTION TRAINING TO SCHOOLS, CHURCHES, NON-PROFIT GROUPS, ETC.

**Part VI** Supplemental Information (Continuation)

## PART III, LINE 4:

THE FOOTNOTE DESCRIBING BAD DEBT EXPENSES IS INCLUDED IN THE ATTACHED AUDITED FINANCIAL STATEMENTS UNDER FOOTNOTE "CHARITY CARE, COMMUNITY BENEFIT AND ASSISTANCE TO THE UNINSURED" STARTING ON PAGE 11 AND "PATIENT ACCOUNTS RECEIVABLE, ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS AND NET PATIENT SERVICE REVENUE" STARTING ON PAGE 12.

## PART III, LINE 8:

THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE REVENUE AND ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, LINE 8: THE MEDICARE TOTAL REVENUE AND ALLOWABLE COSTS WERE ESTIMATED BASED UPON THE 2013 MEDICARE COST REPORT. THE MEDICARE SHORTFALL FOR DEACONESS HOSPITAL IS TREATED AS COMMUNITY BENEFIT DUE TO THE HOSPITAL PROVIDING CARE TO MEDICARE PATIENTS AT LESS THAN THE ALLOWABLE MEDICARE COSTS.

## PART III, LINE 9B:

DEACONESS HOSPITAL MAKES A DISTINCTION BETWEEN CHARITY AND BAD DEBT. IN DETERMINING AN INDIVIDUAL OR FAMILY'S ABILITY TO PAY, DEACONESS HOSPITAL EVALUATES WHETHER OR NOT THE RESPONSIBLE PARTY HAS SUFFICIENT RESOURCES FOR PAYMENT. IF AN INDIVIDUAL IS DETERMINED TO NOT HAVE SUFFICIENT RESOURCES TO PAY, THEY WILL BE CONSIDERED ELIGIBLE FOR CHARITY CARE AND WILL NOT BE PROCESSED THROUGH EITHER INTERNAL OR EXTERNAL COLLECTIONS. ACCOUNTS OF CHARITY CARE PATIENTS WHO ARE UNABLE TO PAY DO NOT RESULT IN BAD DEBT AND ARE NOT COLLECTED UPON. DEACONESS UTILIZES AN OUTSOURCING AGENCY FOR SELF PAY BALANCES. IF THE PATIENT HAS RECEIVED AT LEAST TWO STATEMENTS AND NOT SET UP A PAYMENT PLAN OR PAID THE BALANCES, THE SELF PAY PORTION IS OUTSOURCED TO COMPLETE BUSINESS SERVICES. THEY WILL WORK THE ACCOUNTS BASED ON POLICY AND RETURN

**Part VI** Supplemental Information (Continuation)

THE ACCOUNTS FOR BAD DEBT CLASSIFICATION AND TO BE SENT TO THE APPROPRIATE AGENCY BASED ON POLICY. DEACONESS ALSO UTILIZES EPI FINANCE GROUP, LLC TO MANAGE PAYMENT PLANS FUNDED THROUGH REPUBLIC BANK AND TRUST COMPANY. THE EPI PAYMENT PLAN PROGRAM OFFERS INTEREST FREE LOANS TO DEACONESS PATIENTS BETWEEN 4 AND 24 MONTHS DEPENDING ON THE PATIENT'S ABILITY TO PAY THE LOAN OFF.

PART VI, LINE 2:

NEEDS ASSESSMENT PROCESS:

IN ADDITION TO THE CHNA REPORTED IN PART V, SECTION B DEACONESS HOSPITAL UTILIZES A VARIETY OF SOURCES TO GATHER DATA ON LOCAL HEALTH CARE NEEDS. A MAJOR SOURCE IS THE 7-COUNTY HEALTH SURVEY CONDUCTED BY WELBORN BAPTIST FOUNDATION. DEACONESS ALSO USES DATA FROM THE UNITED WAY OF SOUTHWESTERN INDIANA'S COMPREHENSIVE NEEDS ASSESSMENT, COUNTY HEALTH RANKINGS WEBSITE, INDIANA STATE DEPARTMENT OF HEALTH, CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS, AND THE U.S. CENSUS BUREAU. ADDITIONAL INFORMATION COMES THROUGH THE HOSPITAL'S INTERACTION WITH LOCAL SERVICE PROVIDERS AND OTHER NON-PROFIT ORGANIZATIONS.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

DEACONESS HOSPITAL UTILIZES FINANCIAL COUNSELORS TO EDUCATE, INFORM AND ASSIST PATIENTS AND FAMILIES IN UNDERSTANDING THEIR FINANCIAL OBLIGATION, ABILITY TO QUALIFY FOR FINANCIAL ASSISTANCE THROUGH DEACONESS HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM AND PAYMENT OPTIONS. SPECIFICALLY, FINANCIAL COUNSELORS STAFF THE EMERGENCY DEPARTMENT, REGISTRATION AREAS, CASHIER AREA, AS WELL AS, FLOAT AMONG INPATIENT AREAS TO ENSURE EACH AND EVERY PATIENT REQUIRING ASSISTANCE IS REACHED. IN ADDITION TO THE PERSONAL AND

**Part VI** Supplemental Information (Continuation)

INDIVIDUALIZED COUNSELING PROVIDED BY THE FINANCIAL COUNSELORS, VARIOUS FORMS OF MEDIA ARE DISTRIBUTED THROUGHOUT DEACONESS HOSPITAL EXPLAINING THE FINANCIAL ASSISTANCE PROCESS. ADDITIONALLY, POLICIES FOR FINANCIAL ASSISTANCE ARE POSTED WIDELY THROUGHOUT DEACONESS HOSPITAL AND ON THE INTERNET AT WWW.DEACONESS.COM.  
[HTTP://WWW.DEACONESS.COM/DEACONESSHOSPITAL/BUSINESS-OFFICE/FINANCIAL-ASSISTANCE.ASPX](http://www.deaconess.com/deaconesshospital/business-office/financial-assistance.aspx)

PART VI, LINE 4:

## COMMUNITY INFORMATION:

DEACONESS HOSPITAL IS A MAJOR REFERRAL CENTER FOR A 26-COUNTY TRI-STATE AREA IN SOUTHWESTERN INDIANA, WESTERN KENTUCKY AND SOUTHEASTERN ILLINOIS. THE HOSPITAL AND ITS FACILITIES ARE LOCATED ON FOUR CAMPUSES WHICH INCLUDE THE MAIN 28-ACRE CAMPUS ON THE NEAR NORTH SIDE OF EVANSVILLE IN VANDERBURGH COUNTY; THE 63-ACRE GATEWAY CAMPUS LOCATED IN WARRICK COUNTY ON THE EASTERN BORDER OF VANDERBURGH COUNTY; AND TWO OTHER EASTSIDE EVANSVILLE LOCATIONS FOR PSYCHIATRIC BEHAVIORAL SERVICES AND REHABILITATION SERVICES. THE HOSPITAL OPERATES A MAIN CAMPUS WITH A TOTAL OF 305 BEDS CONSISTING OF 38 INTENSIVE CARE BEDS, 16 CARDIAC INTENSIVE CARE BEDS, 66 CARDIAC BEDS, 23 ONCOLOGY/ PULMONOLOGY BEDS, 61 ORTHOPAEDIC/ NEUROLOGICAL BEDS, 96 MEDICAL/ SURGICAL BEDS AND 5 HOSPICE BEDS. IN ADDITION, THE HOSPITAL PROVIDES A FULL-ARRAY OF COMPREHENSIVE OUTPATIENT AND AMBULATORY SERVICES ON ITS MAIN CAMPUS AND OTHER SPECIFIC SERVICES AT MULTIPLE SITES WITHIN ITS PRIMARY AND SECONDARY SERVICE AREAS.

THE HOSPITAL OPERATES THE 158 BED DEACONESS GATEWAY HOSPITAL WHICH WAS OPENED IN JANUARY 2006, ON THE GATEWAY CAMPUS CONSISTING OF 13 ADULT INTENSIVE CARE BEDS, 17 PEDIATRIC AND PEDIATRIC INTENSIVE CARE BEDS, 16

**Part VI** Supplemental Information (Continuation)

NEUROSURGICAL BEDS, 32 ORTHOPAEDIC BEDS, 16 NEURO INTENSIVE CARE BEDS, 32 SURGICAL ONCOLOGY BEDS, AND 32 GENERAL MED/ TELEMETRY BEDS. THE HOSPITAL PROVIDES A FULL ARRAY OF COMPREHENSIVE OUTPATIENT AND AMBULATORY SERVICE ON THE GATEWAY CAMPUS.

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

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

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

2. HEALTHSOUTH/DEACONESS, LLC D/B/A TRI-STATE REGIONAL REHABILITATION HOSPITAL, A 85-BED INPATIENT ACUTE REHABILITATION HOSPITAL, LOCATED APPROXIMATELY 8 MILES TO THE SOUTHEAST OF THE MAIN CAMPUS.

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

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

**Part VI** Supplemental Information (Continuation)

## VANDERBURGH COUNTY DEMOGRAPHICS INCLUDE:

POPULATION: VANDERBURGH COUNTY INCLUDES A POPULATION OF 183,833 PEOPLE, A NUMBER THAT IS EXPECTED TO REMAIN RELATIVELY FLAT OVER THE NEXT 5 YEARS.

WITHIN VANDERBURGH, ONE OF THE MOST SIGNIFICANT GROWTH SEGMENTS IS THE 65+ AGE POPULATION, WHERE AN 8.8% INCREASE IS PROJECTED FOR THE 5-YEAR PERIOD BETWEEN 2012 AND 2017.

MARKET DIVERSITY: THE EVANSVILLE AREA CONTINUES TO BE A RELATIVELY NON-DIVERSE POPULATION, WITH 86% OF THE POPULATION CHARACTERIZED AS WHITE OR CAUCASIAN ALONE AND 9% OF THE POPULATION CHARACTERIZED AS BLACK OR AFRICAN AMERICAN ALONE.

POOR AND VULNERABLE POPULATIONS: ONE OUT OF SEVEN HOUSEHOLDS IN VANDERBURGH (15.1%) EARNS LESS THAN \$15,000 ANNUALLY. IT IS ESTIMATED THAT 15.9% OF RESIDENTS ARE UNINSURED, A NUMBER THAT IS PROJECTED TO DECLINE TO 7.5% BY 2017, ASSUMING THAT THE EXPANSION OF MEDICAID TAKES PLACE AS ORIGINALLY SCHEDULED.

HEALTH OUTCOMES: BASED ON THE 2012 COUNTY HEALTH RANKINGS, VANDERBURGH COUNTY RANKS 76TH OUT OF 92 INDIANA COUNTIES BASED ON SPECIFIC HEALTH FACTORS AND HEALTH OUTCOMES. IT RANKS 78TH RELATIVE TO ITS PHYSICAL ENVIRONMENT (E.G. AIR POLLUTION). (SOURCE: ROBERT WOODS JOHNSON FOUNDATION, ACCESSED AT WWW.COUNTYHEALTHRANKINGS.ORG).

HOUSEHOLD INCOME: THE MEDIAN HOUSEHOLD INCOME IN VANDERBURGH COUNTY IS ESTIMATED AT \$38,851 FOR 2012.

MEDIAN AGE: THE MEDIAN AGE IN VANDERBURGH DURING 2012 WAS 38 YEARS.

## WARRICK COUNTY DEMOGRAPHICS INCLUDE:

POPULATION: WARRICK COUNTY INCLUDES A POPULATION OF 61,138 PEOPLE, A NUMBER THAT IS EXPECTED TO GROW BY MORE THAN 5% OVER THE NEXT 5 YEARS.

WITHIN WARRICK, ONE OF THE MOST SIGNIFICANT GROWTH SEGMENTS IS THE 65+ AGE

**Part VI** Supplemental Information (Continuation)

POPULATION, WHERE A 27.8% INCREASE IS PROJECTED FOR THE 5-YEAR PERIOD BETWEEN 2012 AND 2017.

MARKET DIVERSITY: THE WARRICK AREA CONTINUES TO BE A RELATIVELY NON-DIVERSE POPULATION, WITH 95% OF THE POPULATION CHARACTERIZED AS WHITE OR CAUCASIAN ALONE.

POOR AND VULNERABLE POPULATIONS: A RELATIVELY AFFLUENT POPULATION, ONLY 8% OF WARRICK'S HOUSEHOLDS EARNS LESS THAN \$15,000 ANNUALLY. IT IS ESTIMATED THAT 7% OF RESIDENTS ARE UNINSURED, A NUMBER THAT IS PROJECTED TO DECLINE TO 3% BY 2017, ASSUMING THAT THE EXPANSION OF MEDICAID TAKES PLACE AS ORIGINALLY SCHEDULED.

HEALTH OUTCOMES: BASED ON THE 2012 COUNTY HEALTH RANKINGS, WARRICK COUNTY RANKS 11TH OUT OF 92 INDIANA COUNTIES BASED ON SPECIFIC HEALTH FACTORS AND HEALTH OUTCOMES. IT RANKS 85TH BASED ON ITS PHYSICAL ENVIRONMENT (E.G. AIR POLLUTION).

HOUSEHOLD INCOME: THE MEDIAN HOUSEHOLD INCOME IN WARRICK COUNTY IS ESTIMATED AT \$47,922 FOR 2012.

MEDIAN AGE: THE MEDIAN AGE IN WARRICK DURING 2012 WAS 40 YEARS.

PART VI, LINE 5:

OTHER IMPORTANT COMMUNITY HEALTH PROMOTION:

A MAJORITY OF ORGANIZATION'S GOVERNING BODY IS INDEPENDENT AND COMPRISED OF PERSONS WHO RESIDED IN THE ORGANIZATION'S PRIMARY SERVICE AREA; EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY; AND APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE.

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM:

DEACONESS HOSPITAL WORKS IN CONCERT WITH DEACONESS HEALTH SYSTEM AND

**Part VI** Supplemental Information (Continuation)

DEACONESS CLINIC TO PROVIDE HEALTHCARE SERVICES WITH A COMPASSIONATE AND CARING SPIRIT TO PERSONS, FAMILIES AND COMMUNITIES OF THE TRI-STATE.

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

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

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

