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*.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: DEKALB MEMORIAL HOSPITAL, INC

Employer identification number: 35-1064295

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		
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)			606,763.		606,763.	1.00%
b Medicaid (from Worksheet 3, column a)			8900947.	2236447.	6664500.	10.95%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			9507710.	2236447.	7271263.	11.95%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,000.		3,000.	.00%
f Health professions education (from Worksheet 5)			25,534.		25,534.	.04%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			50,290.		50,290.	.08%
j **Total.** Other Benefits			78,824.		78,824.	.12%
k **Total.** Add lines 7d and 7j			9586534.	2236447.	7350087.	12.07%

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						
2	Economic development			20,270.		20,270.	.03%
3	Community support			158,385.		158,385.	.26%
4	Environmental improvements			1,000.		1,000.	.00%
5	Leadership development and training for community members						
6	Coalition building			12,840.		12,840.	.02%
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total			192,495.		192,495.	.31%

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 4,891,623.			
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			
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	7,107,947.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	8,667,843.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,559,896.

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

			Yes	No
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 %

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)

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

Name, address, primary website address, and state license number	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 DEKALB MEMORIAL HOSPITAL 1316 E 7TH STREET AUBURN, IN 46706 WWW.DEKALBHEALTH.COM 14-005041-1	X	X					X			

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 DEKALB MEMORIAL 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
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j [ ] Other (describe in Section C)			
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 12			
3 In conducting its most recent CHNA, did the hospital facility take into account input from 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	3	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	4		X
5 Did the hospital facility make its CHNA report widely available to the public?	5	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url):			
b [ ] Other website (list url):			
c [X] Available upon request from the hospital facility			
d [ ] 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 [X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b [X] Execution of the implementation strategy			
c [X] Participation in the development of a community-wide plan			
d [X] Participation in the execution of a community-wide plan			
e [X] Inclusion of a community benefit section in operational plans			
f [X] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g [X] Prioritization of health needs in its community			
h [X] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i [ ] 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	7	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)?	8a		X
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)* DEKALB MEMORIAL 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?	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: 200 %			
If "No," explain in Section C 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: 350 %			
If "No," explain in Section C 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 [X] Uninsured discount			
f [X] Medicaid/Medicare			
g [ ] State regulation			
h [ ] Residency			
i [ ] Other (describe in Section C)			
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 [X] The policy was posted on the hospital facility's website			
b [ ] The policy was attached to billing invoices			
c [X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d [X] The policy was posted in the hospital facility's admissions offices			
e [X] The policy was provided, in writing, to patients on admission to the hospital facility			
f [X] The policy was available on request			
g [ ] 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?	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 individual'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 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?	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 Section C)			

Part V Facility Information *(continued)* DEKALB MEMORIAL 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 [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 individuals regarding the individuals' bills

d [X] 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
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 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 [X] 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)

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.	21		X
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.	22		X

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.

DEKALB MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 3: THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY THROUGH COMMUNITY SURVEYS SENT TO HOUSEHOLDS IN DEKALB COUNTY, PROVIDER SURVEYS SENT, AND FEEDBACK COLLECTED FROM KEY CONSTITUENTS.

DEKALB MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 4: THE ASSESSMENT WAS NOT CONDUCTED WITH OTHER HOSPITALS, BUT WAS PART OF A COLLABORATIVE EFFORT WITH DEKALB COUNTY HEALTH DEPT AND IPFW CENTER FOR SOCIAL RESEARCH.

DEKALB MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 5D: THE COMMUNITY HEALTH NEEDS ASSESSMENT IS AVAILABLE AT WWW.DEKALBHEALTH.COM LOCATED UNDER THE DROP DOWN MENU "COMMUNITY".

DEKALB MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 11: THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES WHEN DETERMINING ELIGIBILITY FOR DISCOUNTED CARE BETWEEN 200% AND 350% OF THE FEDERAL POVERTY LIMIT (FPL) AS FOLLOWS: PATIENTS WITH INCOME BETWEEN 200% AND 250% OF THE FPL ARE ELIGIBLE FOR A 75% WRITE-OFF; PATIENTS WITH INCOME BETWEEN 250% AND 300% OF THE FPL ARE ELIGIBLE FOR A 50% WRITE-OFF; AND PATIENTS WITH INCOME BETWEEN 300% AND 350% OF THE FPT

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.

ARE ELIGIBLE FOR A 30% WRITE-OFF.

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? 0

Name and address	Type of Facility (describe)

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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

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

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES WHEN DETERMINING ELIGIBILITY FOR DISCOUNTED CARE BETWEEN 200% AND 350% OF THE FEDERAL POVERTY LIMIT (FPL) AS FOLLOWS: PATIENTS WITH INCOME BETWEEN 200% AND 250% OF THE FPL ARE ELIGIBLE FOR A 75% WRITE-OFF; PATIENTS WITH INCOME BETWEEN 250% AND 300% OF THE FPL ARE ELIGIBLE FOR A 50% WRITE-OFF; AND PATIENTS WITH INCOME BETWEEN 300% AND 350% OF THE FPT ARE ELIGIBLE FOR A 30% WRITE-OFF.

PART II, COMMUNITY BUILDING ACTIVITIES:

COMMUNITY BUILDING ACTIVITIES.

THE HOSPITAL GIVES BACK THROUGH FINANCIAL AND EDUCATIONAL EFFORTS AND THROUGH VOLUNTEERING, AWARENESS INITIATIVES AND SUPPORT GROUPS. SOME OF THE MANY COMMUNITY EDUCATION PROGRAMS FOR CHILDREN AND ADULTS INCLUDE: PRENATAL EDUCATION, ACLS, CPR, AND FIRST AID TRAINING, DIABETES EDUCATION, SMOKING CESSATION AND WEIGHT MANAGEMENT. SOME OF THE COMMUNITY OUTREACH ACTIVITIES INCLUDE INVOLVEMENT IN: COMMUNITY AND WORKPLACE HEALTH & WELLNESS FAIRS, PRESENTATIONS TO COMMUNITY GROUPS, SPORTS PHYSICALS, ORGAN

Part VI Supplemental Information *(Continuation)*

DONATION, AND EMS STANDBY FOR MULTIPLE PUBLIC EVENTS. MANY OF THE PROGRAMS FINANCIALLY SUPPORTED PROVIDE INCREASED OPPORTUNITIES TO HELP PARTICIPANTS BE PHYSICALLY ACTIVE AND HEALTHY.

PART III, LINE 4:

SECTION A. BAD DEBT EXPENSE.

METHOD FOR ESTIMATING BAD DEBT EXPENSE AMOUNT ON PART III, LINE 2:

HOSPITAL MANAGEMENT ANALYZES PAST HISTORY AND IDENTIFIES TRENDS FOR EACH MAJOR PAYER SOURCE OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBT EXPENSE. ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT. THE ESTIMATED AMOUNT OF THE HOSPITAL'S BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS THAT MIGHT HAVE BEEN ELIGIBLE UNDER THE HOSPITAL'S CHARITY CARE POLICY WAS DETERMINED BY COMPUTING A PERCENTAGE OF DOLLAR AMOUNT TOTALS OF ACCOUNTS APPROVED FOR ASSISTANCE TO TOTAL APPLICATIONS AND THEN APPLIED THE PERCENTAGE TO THE APPLICATIONS THAT WERE DENIED DUE TO INCOMPLETE INFORMATION TO COME UP WITH AN ESTIMATE OF WHAT WOULD HAVE QUALIFIED IF THE INFORMATION HAD BEEN RECEIVED. THE RATIONALE BEING THAT HAD THE INFORMATION BEEN RECEIVED, THOSE ACCOUNTS WOULD HAVE BEEN APPROVED.

EXPLANATION FOR RATIONAL FOR INCLUDING OTHER BAD DEBT AMOUNT IN COMMUNITY BENEFIT ON PART III, LINE 3: NO OTHER BAD DEBT AMOUNTS HAVE BEEN INCLUDED AS COMMUNITY BENEFIT. THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY. IN ADDITION, THE HOSPITAL EDUCATES PATIENTS WITH LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE. FOR THIS REASON, THE ORGANIZATION BELIEVES IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS PROVIDED

Part VI Supplemental Information *(Continuation)*

ACCORDING TO THE FINANCIAL ASSISTANCE POLICY AND THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE.

THE TEXT TO THE AUDITED FINANCIAL STATEMENT FOOTNOTE DESCRIBING BAD DEBT EXPENSE AND ITS PRESENTATION IS INCLUDED IN FOOTNOTE 1 "CHANGE IN ACCOUNTING PRINCIPLE" AND "PATIENT ACCOUNTS RECEIVABLE" ON PAGES 8.

PART III, LINE 8:

THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN PROVIDED FROM THE YEAR ENDED SEPTEMBER 30, 2014: HOSPITAL STATEMENT OF REIMBURSABLE COST

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION PRACTICES FOR THOSE QUALIFYING FOR FINANCIAL ASSISTANCE INCLUDE: (1) DESIGNATING THE ACCOUNTS QUALIFYING FOR FINANCIAL ASSISTANCE IN THE ACCOUNTS RECEIVABLE SYSTEM AS CHARITY CARE; (2)EXCLUDING THE ACCOUNTS FROM BAD DEBT WRITE OFFS; AND (3) EXCLUDING THE ACCOUNTS FROM BEING REPORTED TO ANY COLLECTION AGENCIES.

PART VI, LINE 2:

ASSESSING COMMUNITY NEED.

THE HOSPITAL ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY THROUGH PERIODIC FOCUS GROUP SURVEYS BY OUTSIDE CONSULTANTS WHICH ARE PREPARED EVERY 3 YEARS TO ASSESS THE NEEDS OF THE COMMUNITY. THESE SURVEYS INCLUDE INPUT FROM INDIVIDUALS, HEALTH PROFESSIONALS, GOVERNMENTAL HEALTH CARE OFFICIALS AS WELL AS REPRESENTATIVES FROM DEKALB HOSPITAL. THE SURVEY SOLICITS INPUT ON THE HEALTH CARE NEEDS INCLUDING OBESITY, PREVENTIVE

Part VI Supplemental Information *(Continuation)*

MEDICINE, VACCINATIONS, CARDIOVASCULAR, ETC. THESE NEEDS AND CONCERNS ARE EVALUATED AND APPROPRIATE PLANS ARE PUT INTO ACTION TO DEAL WITH THE MOST PRESSING ISSUES. CUSTOMER SATISFACTION SURVEYS ARE ALSO USED TO IDENTIFY UNMET HEALTHCARE NEEDS OF THE COMMUNITY.

RECENTLY, IN THE FALL OF 2012, IPFW CENTER FOR SOCIAL RESEARCH FINALIZED AND REPORTED ON THE COMMUNITY HEALTH NEEDS ASSESSMENT THEY CONDUCTED ON BEHALF OF THE DEKALB COUNTY HEALTH DEPARTMENT AND DEKALB HEALTH. THIS SURVEY IS A TOOL THE HOSPITAL IS USING AS ONE OF THE KEY COMPONENETS FOR COMMUNITY OUTREACH STRATEGIES. THIS SURVEY IN ADDITION TO FEEBACK RECEIVED FROM KEY CONSTITUENTS I.E. THE UNITED WAY OF DEKALB COUNTY, COMMUNITY FOUNDATION OF DEKALB COUNTY, CHILDREN FIRST CENTER, PURDUE EXTENSION OFFICE, SCHOOLS, PHYSICIAN OFFICES, HOSPITAL DEPARTMENT MANAGERS, AND OTHERS HELPED TO IDENTIFY THE HEALTH CARE NEEDS OF THE COMMUNITY.

PART VI, LINE 3:

PATIENT EDUCATION OF ASSISTANCE ELIGIBILITY.

PATIENTS ARE PROVIDED INFORMATION REGARDING THE CHARITY CARE POLICIES WHEN ADMITTED TO DEKALB HOSPITAL. FINANCIAL AID GUIDELINES ARE ALSO INCLUDED WITH THE BILLING STATEMENTS. SIGNS OUTLINING THE FINANCIAL AID POLICIES AND APPLICATIONS ARE ALSO LOCATED IN NUMEROUS AREAS THROUGHOUT THE HOSPITAL. ALL NON-INSURED PATIENTS ARE STRONGLY ENCOURAGED TO MEET WITH A FINANCIAL COUNSELOR TO REVIEW ALL OPTIONS AVAILABLE TO THEM INCLUDING MEDICARE, MEDICAID, CHARITY CARE, LOAN AND PAYMENT PROGRAMS. DEKALB HOSPITAL STAFF WILLINGLY ASSIST PATIENTS WITH QUALIFICATION CRITERIA AND COMPLETION OF APPLICATIONS FOR SUCH PROGRAMS, WHERE APPLICABLE.

PART VI, LINE 4:

Part VI Supplemental Information *(Continuation)*

COMMUNITY DESCRIPTION.

DEKALB MEMORIAL HOSPITAL IS THE SOLE COMMUNITY HOSPITAL LOCATED IN DEKALB COUNTY, SERVING DEKALB, PORTIONS OF STEUBEN, LAGRANGE, NOBLE, AND ALLEN COUNTIES IN ADDITION TO SEVERAL BORDER TOWNS OF HICKSVILLE AND EDGERTON IN NORTHWEST OHIO. THE PRIMARY SERVICE AREA POPULATION OF DEKALB MEMORIAL HOSPITAL IS APPROXIMATELY 42,000 WITH APPROXIMATELY 98% RECORDED AS WHITE. DEKALB HAS SEEN AN INCREASE IN THE UNINSURED AND UNDERINSURED WITH A REPORTED AMOUNT OF 12.1% OF RESIDENTS LIVING BELOW THE POVERTY LEVEL. THE DEMOGRAPHIC AREA SERVED BY DEKALB MEMORIAL HOSPITAL IS MADE UP OF A MEDIAN HOUSEHOLD INCOME OF APPROXIMATELY $46,000, THE MEDIAN AGE IS 38 AND CONTAINS PRIMARILY A BLUE COLLAR AND AGRICULTURAL WORKFORCE.

PART VI, LINE 5:

COMMUNITY HEALTH PROMOTION.

THE ORGANIZATION FURTHERS ITS EXEMPT PURPOSE BY PROMOTING HEALTH OF THE COMMUNITY THROUGH THE FOLLOWING: AN OPEN MEDICAL STAFF, CORPORATE BOARD MADE UP OF 30 COMMUNITY MEMBERS THAT SELECT THE BOARD OF DIRECTORS, AND THE USE OF SURPLUS FUNDS TO PROVIDE HIGH QUALITY HEALTHCARE SERVICES TO THE CITIZENS RESIDING IN ITS SERVICE AREA

IN ADDITION, MANY OF THE HOSPITAL'S MANAGERS AND STAFF DONATE THEIR TIME TO SUPPORT ST. MARTIN'S HEALTHCARE CLINIC (FOR UNINSURED) AS WELL AS SERVE ON UNITED WAY, CHAMBER OF COMMERCE, ECONOMIC DEVELOPMENT BOARDS, AND JUNIOR ACHIEVEMENT. NONPERISHABLE FOOD ITEMS THAT ARE LEFT OVER AFTER THE HEATLHY HALLOWEEN FAIR AND/OR PLAY-LEARN-SOAR ARE DONATED TO A LOCAL FOOD BANK OR BOOMERANG BACKPACK PROGRAM.

PART VI, LINE 6:

Part VI **Supplemental Information** *(Continuation)*

AFFILIATED HEALTH CARE SYSTEM.

THE ORGANIZATNION IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM.

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

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