

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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
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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	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: <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 _____ %	3b	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			11334531.		11334531.	1.72%
b Medicaid (from Worksheet 3, column a)			95776354.	58640605.	37135749.	5.64%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			107110885	58640605.	48470280.	7.36%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			682,808.		682,808.	.10%
f Health professions education (from Worksheet 5)			4926995.	1903960.	3023035.	.46%
g Subsidized health services (from Worksheet 6)			11229227.	8083764.	3145463.	.48%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1583747.	21,339.	1562408.	.24%
j Total Other Benefits			18422777.	10009063.	8413714.	1.28%
k Total Add lines 7d and 7j			125533662	68649668.	56883994.	8.64%

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group DEACONESS HOSPITAL, INC.

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

Community Health Needs Assessment	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 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 type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>12</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url):		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group DEACONESS HOSPITAL, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The FAP was widely available on a website (list url): _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

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

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group DEACONESS HOSPITAL, INC.

	Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes", check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <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)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		X
If "Yes," explain in Section C.			

Part V Facility Information *(continued)*

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

DEACONESS HOSPITAL, INC.:

PART V, SECTION B, LINE 5: 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). REVIEW OF THE ASSESSMENT DATA LED US 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 ORGNIZATION.

STRATEGIES FOR EACH OF THE FOUR TARGET AREAS WERE CREATED FOR THE COLLABORATIVE AND FOR DEACONESS. SINCE WE SERVE VANDERBURGH AND WARRICK COUNTIES IN INDIANA, THE DEACONESS STRATEGY 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, AND 2015.

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group DEACONESS GATEWAY HOSPITAL

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.DEACONESS.COM/CHNA</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>12</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url):		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group DEACONESS GATEWAY HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The FAP was widely available on a website (list url): _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

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

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group DEACONESS GATEWAY HOSPITAL

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

	Yes	No
19		X

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

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

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)
- f None of these efforts were made

Policy Relating to Emergency Medical Care

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

	Yes	No
21	X	

If "No," indicate why:

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

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

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

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

	Yes	No

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

	Yes	No
23		X

If "Yes," explain in Section C.

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

	Yes	No
24		X

If "Yes," explain in Section C.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group DEACONESS CROSS POINTE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

Community Health Needs Assessment	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 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"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>12</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url):		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group DEACONESS CROSS POINTE

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The FAP was widely available on a website (list url): _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

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

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group DEACONESS CROSS POINTE

	Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes", check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <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)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		X
If "Yes," explain in Section C.			

Part V Facility Information *(continued)*

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

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.

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, CONTRIBUTION OF COMMUNITY PARTNERS, AND THE FOUR
HEALTH ISSUES SELECTED AS OUR FOCUS FOR THE NEXT THREE YEARS. FOLLOWING
THIS ANNOUCEMENT, 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.

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

AS PART OF OUR AGREEMENT WITH THE CHNA COLLABORATIVE, DEACONESS WILL FOCUS

Part V Facility Information *(continued)*

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

TIME AND RESOURCES FOR THE 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 USE 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 OUT MEDICATION MANAGEMENT PROGRAM, (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 5: DESCRIPTION OF COMMUNITY INPUT IS REPORTED THE SAME AS DEACONESS HOSPITAL, INC. (HOSPITAL FACILITY #1).

DEACONESS CROSS POINTE:

PART V, SECTION B, LINE 5: DESCRIPTION OF COMMUNITY INPUT IS REPORTED THE SAME AS DEACONESS HOSPITAL, INC. (HOSPITAL FACILITY #1).

DEACONESS HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: OTHER HOSPITAL FACILITIES CHNA WAS CONDUCTED WITH:

DEACONESS GATEWAY HOSPITAL

DEACONESS CROSS POINTE

ST. MARY'S HEALTH

Part V Facility Information *(continued)*

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

DEACONESS GATEWAY HOSPITAL:

PART V, SECTION B, LINE 6A: 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 6A: 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 6B: OTHER ORGANIZATIONS CHNA WAS CONDUCTED WITH:
ECHO COMMUNITY HEALTH CARE
UNITED WAY
WELBORN BAPTIST FOUNDATION

DEACONESS GATEWAY HOSPITAL:

PART V, SECTION B, LINE 6B: OTHER ORGANIZATIONS CHNA WAS CONDUCTED IS REPORTED THE SAME AS DEACONESS HOSPITAL, INC. (HOSPITAL FACILITY #1).

DEACONESS CROSS POINTE:

PART V, SECTION B, LINE 6B: OTHER ORGANIZATIONS CHNA WAS CONDUCTED IS REPORTED THE SAME AS DEACONESS HOSPITAL, INC. (HOSPITAL FACILITY #1).

DEACONESS HOSPITAL, INC.:

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 7D: 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 7D: 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 CROSS POINTE:

PART V, SECTION B, LINE 7D: 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 15E: MED ASSIST IS AVAILABLE TO DEACONESS HEALTH SYSTEM PATIENTS TO ASSIST WITH APPLYING FOR MEDICAID OR EXCHANGE PRODUCTS.

DEACONESS GATEWAY HOSPITAL:

PART V, SECTION B, LINE 15E: OTHER METHOD USED FOR APPLYING FOR FINANCIAL ASSISTANCE IS THE SAME AS DEACONESS HOSPITAL, INC. (HOSPITAL FACILITY #1).

DEACONESS CROSS POINTE:

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 15E: OTHER METHOD USED FOR APPLYING FOR FINANCIAL ASSISTANCE IS THE SAME AS DEACONESS HOSPITAL, INC. (HOSPITAL FACILITY #1).

DEACONESS HOSPITAL, INC.:

PART V, SECTION B, LINE 16I: 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 HOSPITAL FOR FISCAL YEAR 15 IMPACTED THE LIVES OF MORE THAN 6,800 MEMBERS OF OUR COMMUNITY BY HELPING THEM OBTAIN INSURANCE OR PROVIDE ASSISTANCE FOR THE UNDERINSURED.

DEACONESS GATEWAY HOSPITAL:

PART V, SECTION B, LINE 16I: 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 16I: 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 Facility Information *(continued)*

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

PART V, SECTION B, LINE 22D: DEACONESS USES ITS AVERAGE MANAGED CARE
NEGOTIATED DISCOUNT FOR ALL COMMERCIAL PAYERS.

DEACONESS GATEWAY HOSPITAL:

PART V, SECTION B, LINE 22D: DEACONESS USES ITS AVERAGE MANAGED CARE
NEGOTIATED DISCOUNT FOR ALL COMMERCIAL PAYERS.

DEACONESS CROSS POINTE:

PART V, SECTION B, LINE 22D: 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? 38

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 CHEMOTHERAPY INFUSION CTR 4055 GATEWAY BLVD, SUITE 1200 NEWBURGH, IN 47630	OUTPATIENT SERVICES
4 DEACONESS CLINIC GATEWAY REG LAB 4233 GATEWAY BLVD NEWBURGH, IN 47630	DIAGNOSTIC CENTER
5 DEACONESS COMPREHENSIVE PAIN CTR & PR 4600 W LLOYD EXPRESSWAY EVANSVILLE, IN 47712	OUTPATIENT SERVICES
6 DEACONESS HOSPITAL INFUSION SVCS 421 CHESTNUT STREET EVANSVILLE, IN 47713	OUTPATIENT SERVICES
7 DEACONESS HOSPITAL PHYSICAL MEDICINE 10455 ORTHOPAEDIC DRIVE NEWBURGH, IN 47630	OUTPATIENT SERVICES
8 DEACONESS COMPREHENSIVE PAIN CTR-GATE 4099 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT SERVICES
9 CHANCELLOR CENTER FOR ONCOLOGY 4055 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT SERVICES
10 DEACONESS SLEEP LAB 350 W COLUMBIA STREET, SUITE 210 EVANSVILLE, IN 47710	OUTPATIENT SERVICES

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 SLEEP LAB 350 W COLUMBIA STREET, SUITE LL-10 EVANSVILLE, IN 47710	DIAGNOSTIC CENTER
12 DEACONESS HOSPITAL BREAST CENTER 520 MARY STREET, SUITE 140 EVANSVILLE, IN 47710	DIAGNOSTIC CENTER
13 DEACONESS CLINIC WEST REG LAB RADIOLO 545 S BOEHNE CAMP ROAD EVANSVILLE, IN 47712	OUTPATIENT PHYSICIAN CLINIC
14 DEACONESS CLINIC PRINCETON RADIOLOGY 685 VAIL STREET PRINCETON, IN 47670	OUTPATIENT PHYSICIAN CLINIC
15 DEACONESS WOUND CARE CENTER 350 W COLUMBIA STREET, SUITE 350 EVANSVILLE, IN 47710	OUTPATIENT SERVICES
16 DEACONESS ANTICOAGULATION CLINIC 4107 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT SERVICES
17 MT VERNON MEDICAL CENTER LAB & RADIOL 1900 W FOURTH STREET MT VERNON, IN 47620	DIAGNOSTIC CENTER
18 MIDWEST RADIOLOGIC IMAGING 10455 ORTHOPAEDIC DRIVE NEWBURGH, IN 47630	DIAGNOSTIC CENTER
19 MIDWEST RADIOLOGICAL IMAGING 4087 GATEWAY BLVD NEWBURGH, IN 47630	DIAGNOSTIC CENTER
20 DEACONESS REGIONAL LABORATORY 4133 GATEWAY BLVD, SUITE 110 NEWBURGH, IN 47630	DIAGNOSTIC CENTER

Schedule H (Form 990) 2014

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 RILEY CHILDREN'S SPECIALTY 4133 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT PHYSICIAN CLINIC
22 DEACONESS RILEY SPECIALITY CTR O/P 4121 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT PHYSICIAN CLINIC
23 DEACONESS PRIMARY CARE FOR SENIORS 4498 FIRST AVENUE EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
24 DEACONESS PRIMARY CARE FOR SENIORS 1750 OAK HILL ROAD EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
25 DEACONESS DIABETES CENTER - EDUCATION 421 CHESTNUT STREET EVANSVILLE, IN 47713	OUTPATIENT SERVICES
26 DEACONESS PRE-ADMISSION TESTING 520 MARY STREET, SUITE 330 EVANSVILLE, IN 47747	DIAGNOSTIC CENTER
27 DEACONESS GATEWAY GASTROENTEROLOGY 4133 GATEWAY BLVD NEWBURGH, IN 47630	OUTPATIENT PHYSICIAN CLINIC
28 DEACONESS WEIGHT LOSS SOLUTIONS 310 W IOWA STREET EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
29 DEACONESS HOSPITAL MAMMOGRAPHY & IMAG 421 CHESTNUT STREET EVANSVILLE, IN 47713	DIAGNOSTIC CENTER
30 DEACONESS REGIONAL LABORATORY 4494 N FIRST AVENUE EVANSVILLE, IN 47710	DIAGNOSTIC CENTER

Schedule H (Form 990) 2014

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 REGIONAL LABORATORY 421 CHESNUT STREET EVANSVILLE, IN 47713	DIAGNOSTIC CENTER
32 DEACONESS REGIONAL LABORATORY 1204 W. WILLIAMS STREET OAKLAND CITY, IN 47660	DIAGNOSTIC CENTER
33 DEACONESS CROSS POINTE OUTPATIENT CLI 445 CROSS POINTE BLVD EVANSVILLE, IN 47715	OUTPATIENT PHYSICIAN CLINIC
34 DEACONESS CROSS POINTE 7200 E INDIANA EVANSVILLE, IN 47715	OUTPATIENT PHYSICIAN CLINIC
35 DEACONESS RADIOLOGY LAB & RADIOLOGY 8600 NORTH KENTUCKY AVENUE EVANSVILLE, IN 47725	DIAGNOSTIC CENTER
36 DEACONESS FAMILY MEDICINE RESIDENCY 415 W. COLUMBIA ST. SUITE 110 EVANSVILLE, IN 47710	OUTPATIENT PHYSICIAN CLINIC
37 DEACONESS SLEEP CENTER-EAST 7307 E. COLUMBIA ST. EVANSVILLE, IN 47715	DIAGNOSTIC CENTER
38 DEACONESS HOSPITAL PHYSICAL MEDICINE 4600 W LLOYD EXPRESSWAY, SUITE B EVANSVILLE, IN 47715	OUTPATIENT SERVICES

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 \$1,451,756. 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 2015, DEACONESS SPONSORED PROGRAMS AND ACTIVITIES FOR 175 ORGANIZATIONS, CONTRIBUTING MORE THAN \$1,000,000. ALL OF THAT MONEY STAYED IN OUR SERVICE AREA TO IMPROVE THE HEALTH AND SAFETY OF THE COMMUNITY. WE GAVE EACH TEACHER IN OUR DESIGNATED "COMMUNITY BENEFIT SCHOOLS" \$100 TO BUY SUPPLIES FOR THEIR CLASSROOM - A TOTAL OF \$22,000. WE 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 \$1,700.

DEACONESS ALSO 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 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:

Part VI Supplemental Information (Continuation)

1. HEALTHIER U WALKS: ORGANIZED, OUTDOOR COMMUNITY WALK EVERY MORNING FROM MAY THROUGH JULY.
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 IDENTIFY, 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.
9. ONCE A MONTH, DEACONESS PARTNERS WITH ENERGIZE EVANSVILLE (MAYOR'S OFFICE) AND SPONSORS FREE FITNESS PROGRAMS AND ACTIVITIES SUCH AS YOGA AND ZUMBA.
10. THE CENTER FOR LIFE BALANCE OPENED IN EARLY 2015 AND OFFERS HOLISTIC HEALTH OPPORTUNITIES TO HELP PATIENTS ALIGN BODY, MIND, SPIRIT AND EMOTION. SERVICES INCLUDE YOGA, YOGA FOR DEPRESSION AND ANXIETY, TAI CHI

Part VI Supplemental Information (Continuation)

FOR ENERGY, TAI CHI FOR ARTHRITIS, DRUMMING AND RELAXATION/MEDITATION GROUPS. MASSAGE AND LIGHT THERAPY FOR WINTER BLUES ARE AVAILABLE BY APPOINTMENT.

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 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 ACTUAL BASED UPON THE 2014 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.

Part VI Supplemental Information (Continuation)

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 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/](http://www.deaconess.com/deaconesshospital/business-office/)

[FINANCIAL-ASSISTANCE.ASPX](http://www.deaconess.com/deaconesshospital/business-office/financial-assistance.aspx)

Part VI Supplemental Information (Continuation)

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 268 BEDS CONSISTING OF 38 INTENSIVE CARE BEDS, 16 CARDIAC INTENSIVE CARE BEDS, 45 CARDIAC BEDS, 23 ONCOLOGY/ PULMONOLOGY BEDS, 40 ORTHOPAEDIC/ NEUROLOGICAL BEDS, 101 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 190 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 NEUROSURGICAL BEDS, 32 ORTHOPAEDIC BEDS, 16 NEURO INTENSIVE CARE BEDS, 32 SURGICAL ONCOLOGY BEDS, AND 64 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

Part VI Supplemental Information (Continuation)

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.

THE DEMOGRAPHICS OF VANDERBURGH COUNTY ARE BELOW:

POPULATION GROWTH: 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

Part VI Supplemental Information (Continuation)

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.

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:

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 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

Part VI Supplemental Information (Continuation)

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
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

Part VI Supplemental Information (Continuation)

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