

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on 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.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **GIBSON GENERAL HOSPITAL INC** Employer identification number **35-0877575**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1 a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>149</u> %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5 a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6 a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

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)			481,858.		481,858.	1.70%
b Medicaid (from Worksheet 3, column a)			5762596.	3252641.	2509955.	8.85%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			6244454.	3252641.	2991813.	10.55%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits						
k Total. Add lines 7d and 7j			6244454.	3252641.	2991813.	10.55%

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 GIBSON GENERAL HOSPITAL INC

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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 type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</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
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		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>WWW.GIBSONGENERAL.COM</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>WWW.GIBSONGENERAL.COM</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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 GIBSON GENERAL 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>149</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 type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized 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 checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" 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 checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group GIBSON GENERAL HOSPITAL INC

	Yes	No
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 nonpayment?	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input type="checkbox"/> None of these actions or other similar actions were permitted		
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
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?	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)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group GIBSON GENERAL HOSPITAL INC

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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

GIBSON GENERAL HOSPITAL INC:

PART V, SECTION B, LINE 5: COMMUNITY INPUT:

BETWEEN APRIL AND JULY 2015, THE HOSPITAL PARTNERED WITH THE INDIANA RURAL HEALTH ASSOCIATION (IRHA) TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT TO IDENTIFY AREAS OF GREATEST NEED IN THE HOSPITAL'S SERVICE AREA THROUGH THE COLLECTION OF HEALTH DATA AND COMMUNITY INPUT ON THE COMMUNITY'S ASSETS, VALUES, AND WEAKNESSES. A FOCUS GROUP OF GIBSON COUNTY REPRESENTATIVES WAS ORGANIZED WHICH INCLUDED BUSINESS OWNERS, LOCAL OFFICIALS, HEALTHCARE PROVIDERS, MINORITY LEADERS, CLERGY, STUDENT REPRESENTATIVES, AND OTHER INTERESTED PARTIES. ADDITIONALLY, A 47-QUESTION SURVEY WAS DEVELOPED AND DISSEMINATED TO THE RESIDENTS OF GIBSON COUNTY AND PUBLICALLY VIA THE HOSPITAL'S WEBSITE, FACE-TO-FACE POLLING AT A POPULAR STORE IN PRINCETON, INDIANA, AND AT THE GIBSON COUNTY FAIR.

GIBSON GENERAL HOSPITAL INC:

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

THE CHNA REPORTS CAN BE LOCATED AT THE HOSPITAL'S WEBSITE LOCATED ON THE "COMMUNITY HEALTH NEEDS ASSESSMENT" PAGE LOCATED UNDER "ABOUT US".

GIBSON GENERAL HOSPITAL INC:

PART V, SECTION B, LINE 11: SIGNIFICANT NEEDS IDENTIFIED:

THERE WERE SIX SIGNIFICANT NEEDS IDENTIFIED IN THE 2015 CHNA: 1) FITNESS/ACTIVITY; 2) CHRONIC DISEASE PREVENTION/ TREATMENT; 3) MENTAL HEALTH SERVICES AVAILABILITY; 4) HEALTHCARE ACCESS AND QUALITY; 5) LIVING

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

CONDITIONS; 6) DRUG AND TOBACCO MISUSE. HOSPITAL LEADERSHIP PRIORITIZED THE NEEDS BASED ON SEVERAL FACTORS INCLUDING COMMUNITY INPUT AND EVALUATION OF RESOURCES NEEDED TO ADDRESS THE TOP COMMUNITY NEEDS. OBESITY AND ASSISTED LIVING ARE TWO AREAS THAT THE HOSPITAL DOES NOT HAVE THE RESOURCES CURRENTLY TO MEET THE COMMUNITY CONCERNS.

GIBSON GENERAL HOSPITAL INC:

PART V, SECTION B, LINE 13H: OTHER ELIGIBILITY CRITERIA:

IF AN INDIVIDUAL IS HOMELESS, DECEASED, RECENTLY FILED FOR OR COMPLETED BANKRUPTCY, OR MEETS SPECIAL CIRCUMSTANCES RELATED TO ABILITY TO PAY, THE INDIVIDUAL MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

GIBSON GENERAL HOSPITAL INC

PART V, LINE 16A, FAP WEBSITE:

[HTTP://WWW.GIBSONGENERAL.COM/DOCS/GGH_FINANCIAL_ASSISTANCE_POLICY_FINAL.PDF](http://www.gibsongeneral.com/docs/ggh_financial_assistance_policy_final.pdf)

GIBSON GENERAL HOSPITAL INC

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTP://WWW.GIBSONGENERAL.COM/DOCS/2017_FAP_APPLICATION_FINAL.PDF](http://www.gibsongeneral.com/docs/2017_fap_application_final.pdf)

GIBSON GENERAL HOSPITAL INC

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTP://WWW.GIBSONGENERAL.COM/DOCS/FAP_PLAIN_LANGUAGE.PDF](http://www.gibsongeneral.com/docs/fap_plain_language.pdf)

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

GIBSON GENERAL HOSPITAL INC:

PART V, SECTION B, LINE 16J: PUBLICIZED FINANCIAL ASSISTANCE POLICY:

FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY CAN BE LOCATED ON THE HOSPITAL'S WEBSITE ON THE "FINANCIAL ASSISTANCE" PAGE UNDER "PATIENT INFO" DROP DOWN MENU. ADDITIONALLY, A SPANISH TRANSLATION OF THE FAP APPLICATION AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE.

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? 7

Name and address	Type of Facility (describe)
1 STAR ONE REHAB 1808 SHERMAN DRIVE PRINCETON, IN 47670	PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY
2 PHYSICIAN OUTPATIENT CLINICS 1808 SHERMAN DRIVE PRINCETON, IN 47670	SUBSIDIZED CARE PHYSICIAN PRACTICES
4 LIFESTYLES DIABETES CENTER 1808 SHERMAN DRIVE PRINCETON, IN 47670	DIABETES EDUCATION COUNSELING
5 GGH - SKILLED NURSING FACILITY 1808 SHERMAN DRIVE PRINCETON, IN 47670	SKILLED NURSING REHAB CENTER
6 GGH-FAMILY PRACTICE 516 N. MAIN ST PRINCETON, IN 47670	FAMILY MEDICINE
7 BRINK'S FAMILY PRACTICE 410 N. MAIN ST PRINCETON, IN 47670	FAMILY MEDICINE/ HOSPITALIST
8 FORT BRANCH WELLNESS CLINIC 7851 S. PROFESSIONAL DR FORT BRANCH, IN 47648	FAMILY PRACTICE

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 III, LINE 2:

METHODOLOGY USED TO ESTIMATE BAD DEBT:

MANAGEMENT ANALYZES THIRD-PARTY PAYOR SOURCES AND MAKES AN ESTIMATE BASED ON AGING OF ACCOUNTS, HISTORICAL LOSSES, CURRENT ECONOMIC CONDITIONS, AND OTHER FACTORS UNIQUE TO ITS SERVICE AREA. ADDITIONALLY, A SIGNIFICANT PROVISION IS ESTIMATED AND RECORDED FOR SELF-PAY PAYMENTS BASED ON PAST EXPERIENCE.

PART III, LINE 4:

AUDITED FINANCIAL STATEMENT FOOTNOTE:

FOOTNOTE TO ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE IS LOCATED ON PAGE 8 OF THE AUDITED FINANCIAL STATEMENTS WITHIN THE NOTE "ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS".

PART III, LINE 8:

MEDICARE SHORTFALL:

THE HOSPITAL IS A CRITICAL ACCESS HOSPITAL AND IS REIMBURSED 101%, LESS 2% SEQUESTRATION, OF MEDICARE ALLOWANCE COSTS FOR INPATIENT SERVICES, SWING

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.

BED, AND OUTPATIENT PART B SERVICES. THE REVENUE SHORTFALL IS THE DIFFERENCE BETWEEN THE ALLOWABLE COST FOR THE SKILLED NURSING FACILITY AND THE PPS REIMBURSEMENT ALLOWED FOR THAT SKILLED NURSING FACILITY. 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, 2017: HOSPITAL STATEMENT OF REIMBURSABLE COST.

PART III, LINE 9B:

COLLECTION PRACTICES:

COLLECTION PRACTICES ARE APPLIED TO ALL PATIENTS AT GIBSON GENERAL HOSPITAL. ONCE PATIENTS RECEIVE SERVICES, THE PATIENTS' ACCOUNTS ARE BILLED TO THE APPROPRIATE INSURANCE COMPANY. ONCE PAYMENT IS RECEIVED FROM THE INSURANCE COMPANY, THE REMAINING BALANCE, IF ANY, BECOMES THE PATIENT'S RESPONSIBILITY. NOTIFICATION OF THE BALANCE DUE IS SENT VIA WRITTEN CORRESPONDENCE. IF THE BALANCE IS NOT PAID AND THE ACCOUNT DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE, THE ACCOUNT IS SENT TO A COLLECTION AGENCY TO CONTINUE EFFORTS TO COLLECT THE REMAINING BALANCE DUE. IF THE BALANCE DUE IS NOT PAID WITHIN A CERTAIN NUMBER OF MONTHS, THE ACCOUNT IS

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.

RETURNED TO THE HOSPITAL AND THE ACCOUNT IS WRITTEN OFF AS UNCOLLECTIBLE.

PART VI, LINE 2:

ASSESSING COMMUNITY NEEDS:

IN ADDITION TO COMPLETING A CHNA EVERY THREE YEARS, THE HOSPITAL'S LEADERSHIP IS COMPRISED OF COMMUNITY MEMBERS WHO ENGAGE IN DAILY CONVERSATIONS WITH OTHER COMMUNITY MEMBERS AND LEADERS REGARDING THE COMMUNITY THEY LIVE IN AND ITS NEEDS. THESE CONVERSATIONS SUPPLEMENT THE UNDERSTANDING OF THE COMMUNITY'S HEALTH NEEDS IDENTIFIED IN THE CHNA. HOSPITAL LEADERSHIP ALSO USES STRATEGIC PLANNING TO SPONSOR AND ENGAGE IN COMMUNITY ACTIVITIES THAT HELPS LEADERSHIP ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY THE HOSPITAL SERVES.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

THE HOSPITAL DISPLAYS POSTERS IN THE CENTRAL REGISTRATION AND EMERGENCY ROOM WAITING-AREA NOTIFYING PATIENTS THAT THEY WILL BE SEEN REGARDLESS OF THEIR ABILITY TO PAY AND FINANCIAL ASSISTANCE IS AVAILABLE TO UNINSURED

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.

AND UNDERINSURED IN COMPLIANCE WITH EMTALA. THE FINANCIAL ASSISTANCE POLICY (FAP), FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE ON THE HOSPITAL'S WEBSITE AT GIBSONGENERAL.COM; AVAILABLE UPON REQUEST, WITHOUT CHARGE, AT THE BUSINESS OFFICE, ADMISSIONS, AND VIA MAIL; PLAIN LANGUAGE SUMMARY IS CONSPICUOUSLY DISPLAYED IN THE HOSPITAL AND CLINIC WAITING-AREAS; AND, THE PLAIN LANGUAGE SUMMARY IS PROVIDED TO EACH PERSON UPON ADMISSION TO THE HOSPITAL. ANY PATIENTS WITHOUT INSURANCE OR WITH A BALANCE DUE AFTER INSURANCE IS BILLED ARE PROVIDED A PLAIN LANGUAGE SUMMARY, FAP APPLICATION, AND CONTACT INFORMATION FOR THE HOSPITAL'S PATIENT FINANCIAL COUNSELOR BY MAIL.

PART VI, LINE 4:

COMMUNITY INFORMATION/ COMMUNITY SERVED:

THE HOSPITAL'S PRIMARY SERVICE AREA INCLUDES GIBSON COUNTY, SOUTHWEST PIKE COUNTY, AND POSEY COUNTY, INDIANA. THE COUNTIES ARE LOCATED IN SOUTHWESTERN, INDIANA, AND ARE LARGELY RURAL WITH AGRICULTURE AND COAL MINING AS PRIMARY INDUSTRIES.

Part VI Supplemental Information

Provide the following information.

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- 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.
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- 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.

GIBSON COUNTY, INDIANA, IS APPROXIMATELY 146 MILES SOUTHWEST OF INDIANAPOLIS AND 25 MILES NORTH OF EVANSVILLE, INDIANA, WITH AN ESTIMATED POPULATION OF 33,700. IN 2016 THE POPULATION MEDIAN AGE WAS 40.4 YEARS WITH FORTY-FIVE PERCENT (45%) OF THE POPULATION AGE 45 AND OLDER. THE POVERTY RATE WAS 10.8% AND THE MEDIAN HOUSEHOLD ANNUAL INCOME WAS \$54,690.

PIKE COUNTY, INDIANA, IS APPROXIMATELY 55 MILES SOUTHWEST OF INDIANAPOLIS AND 50 MILES NORTH OF EVANSVILLE, INDIANA, WITH AN ESTIMATED POPULATION OF 12,431. IN 2016 THE POPULATION MEDIAN AGE WAS 44.1 YEARS WITH FORTY-NINE PERCENT (49%) OF THE POPULATION AGE 45 AND OLDER. THE POVERTY RATE WAS 11.4% AND THE MEDIAN HOUSEHOLD ANNUAL INCOME WAS \$49,578.

POSEY COUNTY, INDIANA, IS APPROXIMATELY 200 MILES SOUTHWEST OF INDIANAPOLIS AND 20 MILES WEST OF EVANSVILLE, INDIANA, WITH AN ESTIMATED POPULATION OF 25,476. IN 2016 THE POPULATION MEDIAN AGE WAS 42.5 YEARS WITH FORTY-SEVEN PERCENT (47%) OF THE POPULATION AGE 45 AND OLDER. THE POVERTY RATE WAS 8.4% AND THE MEDIAN HOUSEHOLD ANNUAL INCOME WAS \$61,619.

Part VI Supplemental Information

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- 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.
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- 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.

APPROXIMATELY 75-80% OF THE HOSPITAL'S PATIENT POPULATION UTILIZES

MEDICARE, MEDICAID, AND/OR OTHER GOVERNMENT-SUBSIDIZED PROGRAMS.

TRADITIONALLY, THE HOSPITAL HAS BEEN RELIED UPON AS A SAFETY NET HOSPITAL

FOR OLDER PATIENTS, LOW-INCOME PATIENTS, AND PATIENTS WITH LIMITED MEANS

TO TRAVEL TO THE LARGER CITY OF EVANSVILLE, INDIANA.

PART VI, LINE 5:

COMMUNITY HEALTH PROMOTION:

THE HOSPITAL PARTICIPATES IN MANY ORGANIZATIONS AND ACTIVITIES DESIGNED TO

IMPROVE THE HEALTH AND WELFARE OF THE SURROUNDING COMMUNITY. IN ADDITION

TO PARTICIPATION ON VARIOUS BOARDS AND CIVIC ORGANIZATIONS FOCUSED ON

ECONOMIC DEVELOPMENT, THE HOSPITAL'S LEADERSHIP PARTICIPATES IN THE

INDIANA PATIENT SAFETY COALITION, THE DEPARTMENT OF HOMELAND SECURITY,

DISTRICT 10 EMERGENCY PREPAREDNESS AND NATIONAL INCIDENT MANAGEMENT SAFETY

PROGRAMS. AS MEMBERS OF THE INDIANA RURAL HEALTH ASSOCIATION AND THE

INDIANA STATE RURAL HEALTH NETWORK, THE HOSPITAL PARTICIPATES IN PROGRAMS

DESIGNED TO ASSIST RURAL HEALTHCARE ORGANIZATIONS STATEWIDE AND HAS

ASSISTED IN OBTAINING AND IMPLEMENTING COMMUNICATION, INFORMATION SHARING,

Part VI Supplemental Information

Provide the following information.

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- 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.
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AND OTHER ACTIVITIES TO IMPROVE THE ACCESS TO HEALTHCARE IN GIBSON COUNTY
 AND THE SURROUNDING AREAS.

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM:

GIBSON GENERAL HOSPITAL BECAME AFFILIATED WITH DEACONESS HEALTH SYSTEM IN
 DECEMBER 2016 COOPERATING TO PROVIDE HEALTH CARE SERVICES TO THEIR
 COMMUNITIES. ADDITIONALLY, THE HOSPITAL DOES PARTICIPATE IN SEVERAL
 COALITIONS AND COOPERATIVES WITH OTHER PROVIDERS AND OFTEN COLLABORATES
 WITH THE LARGER SYSTEM IN THE EVANSVILLE AREA TO PROVIDE ACCESS TO
 SERVICES THE HOSPITAL CANNOT PROVIDE SUCH AS CARDIAC AND NEUROLOGICAL
 SURGERY.

