

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

REID HOSPITAL & HEALTH CARE SERVICES, INC.

Employer identification number

35-0892672

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
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 type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
5c 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?		
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			20,605,370.		20,605,370.	7.19
b Medicaid (from Worksheet 3, column a)			30,187,060.	15,680,424.	14,506,636.	5.06
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			50,792,430.	15,680,424.	35,112,006.	12.25
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			781,169.	104,021.	677,148.	.24
f Health professions education (from Worksheet 5)			259,620.	49,367.	210,253.	.07
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			794,300.		794,300.	.28
j Total. Other Benefits			1,835,089.	153,388.	1,681,701.	.59
k Total. Add lines 7d and 7j.			52,627,519.	15,833,812.	36,793,707.	12.84

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			9,444.		9,444.	
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			19,202.		19,202.	
9 Other						
10 Total			28,646.		28,646.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	87,202,565.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	92,035,379.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-4,832,814.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ROSE, LLC	OUTPATIENT SURGICAL SERVICES	55.00000	6.00000	45.00000
2 REID MOB, LLC	REAL ESTATE OWNERSHIP	65.00000	2.00000	35.00000
3 REID MSO, LLC	MGMT SERVICES	11.00000	8.00000	89.00000
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 REID HOSPITAL & HEALTH CARE SERVICES 1100 REID PARKWAY RICHMOND IN 47374 WWW.REIDHEALTH.ORG 005044	X	X					X		OUTPATIENT SURGERY CENTER	
2										
3										
4										
5										
6										
7										
8										
9										
10										

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 REID HOSPITAL & HEALTH CARE SERVICES

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 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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>13</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? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.REIDHEALTH.ORG</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>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>WWW.REIDHEALTH.ORG</u>		
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 REID HOSPITAL & HEALTH CARE SERVICES

		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? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>250</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 checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" 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? 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):	X	
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	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.REIDHEALTH.ORG</u>		
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 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 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"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
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"/> 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 REID HOSPITAL & HEALTH CARE SERVICES

		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? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
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 checked="" 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? If "No," indicate why:		X
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? If "Yes," explain in Section C.		X
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.		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, 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.

SCHEDULE H, PART V, SECTION B, LINE 5

CHNA COMMUNITY INPUT

A PRECISE AND CAREFULLY EXECUTED METHODOLOGY IS CRITICAL IN ASSERTING THE VALIDITY OF THE RESULTS GATHERED IN A CHNA. TO ENSURE THE BEST REPRESENTATION OF THE POPULATION SURVEYED, A TELEPHONE INTERVIEW METHODOLOGY, ONE THAT INCORPORATED BOTH LANDLINE AND CELL PHONE INTERVIEWS, WAS EMPLOYED. THE SAMPLE DESIGN USED FOR THIS EFFORT CONSISTED OF A RANDOM SAMPLE OF 750 INDIVIDUALS AGE 18 OR OLDER IN THE REID SERVICE AREA. ONCE INTERVIEWS WERE COMPLETED, THESE WERE WEIGHTED IN PROPORTION TO THE ACTUAL POPULATION DISTRIBUTION SO AS TO APPROPRIATELY REPRESENT THE REID SERVICES AREA AS A WHOLE.

AS PART OF THE CHNA TWO FOCUS GROUPS WERE HELD. PARTICIPANTS INCLUDED 21 LOCAL KEY INFORMANTS: PHYSICIANS, A PUBLIC HEALTH REPRESENTATIVE, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, BUSINESS LEADERS AND OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL.

SCHEDULE H, PART V, LINE 11

COMMUNITY HEALTH NEEDS

THE FOLLOWING COMMUNITY HEALTH NEEDS, IDENTIFIED IN REID HOSPITAL'S MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT, WERE ADDRESSED IN

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.

AN IMPLEMENTATION STRATEGY TO ADDRESS EACH COMMUNITY HEALTH NEED IDENTIFIED AND EXECUTING THE STRATEGY. A COMMUNITY BENEFIT SECTION IS INCLUDED WITHIN OPERATIONAL PLANS AND MONITORED BY THE CONTINUUM OF CARE COMMITTEE. PROVISIONS ARE BUDGETED EACH YEAR FOR SERVICES THAT ADDRESS THE IDENTIFIED NEEDS.

THE FOLLOWING COMMUNITY HEALTH NEEDS REPRESENT RECOMMENDED AREAS OF INTERVENTION, BASED ON THE FINDINGS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (PRESENTED ALPHABETICALLY, RATHER THAN IN ORDER OF IMPORTANCE):

ACCESS TO HEALTH SERVICES
 CANCER
 CHRONIC DISABLING CONDITIONS
 CHRONIC KIDNEY DISEASE
 DEMENTIAS, INCLUDING ALZHEIMER'S DISEASE
 DIABETES
 HEART DISEASE & STROKE
 INJURY & VIOLENCE PREVENTION
 MATERNAL/INFANT HEALTH & FAMILY PLANNING
 MENTAL HEALTH & MENTAL DISORDERS
 NUTRITION, PHYSICAL ACTIVITY & WEIGHT
 RESPIRATORY DISEASES
 SUBSTANCE ABUSE

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.

THE FOLLOWING COMMUNITY HEALTH NEEDS, IDENTIFIED IN REID HOSPITAL'S MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT, WERE NOT ADDRESSED IN ITS IMPLEMENTATION PLAN.

INJURY AND VIOLENCE PREVENTION

COMPONENTS OF THIS NEED INCLUDED DEATH RELATED TO UNINTENTIONAL INJURY OR MOTOR VEHICLE ACCIDENTS AND PREVALENCE OF FIREARMS IN HOMES. THIS NEED IS CURRENTLY BEING ADDRESSED BY OTHER COMMUNITY AGENCIES THROUGH SAFETY AWARENESS CAMPAIGNS. IT WAS NOT FELT THAT REID HOSPITAL WOULD BE ABLE TO EFFECTIVELY IMPACT THIS NEED THROUGH HOSPITAL EFFORTS, NOR THAT THE ORGANIZATION HAD THE EXPERTISE TO ADDRESS THE ISSUES. FOR THIS REASON, THERE WAS LITTLE CONSIDERATION FOR THIS IDENTIFIED NEED IN THE COMMUNITY BENEFIT PLAN.

RESPIRATORY DISEASES

THIS SPECIFIC NEED WAS RANKED AS THE LOWEST PRIORITY BY THE CONTINUUM OF CARE SUB-COMMITTEE. THIS NEED IS COMPRISED OF DEATHS RELATED TO CHRONIC LOWER RESPIRATORY DISEASE AND THE PREVALENCE OF CHRONIC LUNG DISEASE. DUE TO THE HIGH IMPACT OF SMOKING ON THIS PROBLEM, IT WAS FELT BEST TO FOCUS EFFORTS ON WELLNESS PROMOTION THROUGH SMOKING CESSATION EDUCATION INCLUDED IN THE COMMUNITY BENEFIT PLAN.

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.

SCHEDULE H, PART V, SECTION B, LINE 22D

DETERMINATION OF AMOUNT TO CHARGE FAP-ELIGIBLE INDIVIDUALS

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

Part 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)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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.

SCHEDULE H, PART III, SECTION A, LINE 2

BAD DEBT EXPENSE

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

SCHEDULE H, PART III, SECTION A, LINE 3

BAD DEBT EXPENSE

AN ALLOCATION PERCENTAGE WAS CALCULATED USING FY2013 BAD DEBT EXPENSE AND BAD DEBT ATTRIBUTED TO PATIENTS UNDER THE FINANCIAL ASSISTANCE POLICY. THIS PERCENTAGE WAS THEN APPLIED TO FY2014 BAD DEBT EXPENSE TO CALCULATE THE AMOUNT REPORTED ON LINE 3.

SCHEDULE H, PART III, SECTION A, LINE 4

BAD DEBT EXPENSE

REID HOSPITAL ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR

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.
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DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY).

FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT

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BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL) ,
 THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD
 OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY
 PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR
 WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE
 STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED OR PROVIDED BY
 POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE
 COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE
 ALLOWANCE FOR DOUBTFUL ACCOUNTS.

SCHEDULE H, PART III, SECTION B, LINE 8

MEDICARE

REID HOSPITAL BELIEVES THAT ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED A
 COMMUNITY BENEFIT BECAUSE OUR MISSION IS TO PROMOTE QUALITY HEALTHCARE
 AND HEALTH EDUCATION IN OUR SERVICE COMMUNITY REGARDLESS OF ONE'S ABILITY
 TO PAY. WE DO NOT LIMIT THE CARE AVAILABLE TO ANY PATIENTS, INCLUDING
 THOSE COVERED UNDER THE MEDICARE PROGRAM. WE ARE RELIEVING A GOVERNMENT

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BURDEN BY PROVIDING CARE TO MEDICARE PATIENTS BELOW COST. TAX-EXEMPT

HOSPITALS ARE EXPECTED TO PARTICIPATE IN THE MEDICARE PROGRAM.

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

COLLECTION PRACTICES

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

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SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT

A NEEDS ASSESSMENT IS CONDUCTED EVERY 3 YEARS IN ACCORDANCE WITH STATE AND FEDERAL REQUIREMENTS. THE LAST NEEDS ASSESSMENT OF REID HOSPITAL'S SERVICE AREA WAS CONDUCTED IN 2013. THE RESULTS OF THE NEEDS ASSESSMENT ARE POSTED ON REID HOSPITAL'S WEBSITE SO THAT COMMUNITY MEMBERS AND ORGANIZATIONS MAY USE THE INFORMATION AS NEEDED. FORMAL AND INFORMAL MEETINGS ARE HELD WITH COMMUNITY STAKEHOLDERS TO SEEK THEIR INPUT ON THE RESULTS. PROFESSIONAL RESEARCH CONSULTANTS CONDUCTED THE NEEDS ASSESSMENT AND PROVIDED A COMPARISON TO THE 2010 NEEDS ASSESSMENT RESULTS. THE NEXT NEEDS ASSESSMENT WILL BE CONDUCTED IN 2016 AND WILL COMPLY WITH ALL REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS UNDER THE AFFORDABLE CARE ACT AND CORRESPONDING REGULATIONS.

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

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THE HEALTH NEEDS OF THE COMMUNITY REID HOSPITAL SERVES.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

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

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

SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION

REID HOSPITAL SERVES FIVE (5) COUNTIES IN INDIANA (WAYNE, UNION,
RANDOLPH, HENRY, AND FAYETTE) AND TWO (2) COUNTIES IN OHIO (PREBLE AND
DARKE). SINCE 2005, THE POPULATION GROWTH OF THE SERVICE AREA HAS
REMAINED FLAT. HOWEVER, SENIOR CITIZENS 65 AND OLDER WILL REPRESENT A
LARGER PERCENTAGE OF THE POPULATION ACROSS THE SERVICE AREA. ACCORDING TO
THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT (NEEDS ASSESSMENT), 34.8% OF
INDIVIDUALS WITHIN REID HOSPITAL'S SERVICE AREA EARN LESS THAN 200% OF
THE FEDERAL POVERTY LEVEL. THE NEEDS ASSESSMENT ALSO INDICATES THAT
ACCESS TO HEALTH CARE IS BETTER IN REID HOSPITAL'S SERVICE AREA THAN
FOUND NATIONALLY FOR SEVERAL TESTED BARRIERS: 1.) DIFFICULTY FINDING A
PHYSICIAN, 2.) APPOINTMENT AVAILABILITY, 3.) CONVENIENCE OF OFFICE HOURS,
AND 4.) TRANSPORTATION. WITHIN REID HOSPITAL'S SERVICE AREA, THE NUMBER

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OF ADULTS AGED 18-64 WITHOUT HEALTH INSURANCE COVERAGE HAS INCREASED SIGNIFICANTLY OVER THE PAST DECADE. THE ECONOMY HAS AFFECTED THE LOCAL BUSINESS CLIMATE AND MANY ADULTS HAVE EITHER LOST INSURANCE ALTOGETHER OR HAVE SEEN A DECREASE IN BENEFITS.

SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH

REID HOSPITAL SERVES AS A CORNERSTONE FOR THE COMMUNITY BY PROVIDING MANY AREAS OF OUTREACH AND COMMUNITY SERVICE. EXEMPT EMPLOYEES SERVE ON LOCAL BOARDS SUCH AS THE BOYS & GIRLS CLUB, GIRLS, INC., UNITED WAY, ACHIEVA RESOURCES, THE CHAMBER OF COMMERCE, COMMUNITIES IN SCHOOLS, BIRTH TO FIVE, HEADSTART HEALTH & EDUCATION ADVISORY COUNCIL AND MANY OTHER CIVIC ORGANIZATIONS. A COMMUNITY BENEFIT PAYROLL BUDGET IS ESTABLISHED EACH YEAR TO ALLOW HOURLY EMPLOYEES TO SERVE IN THE COMMUNITY (DURING WORKING HOURS) ON PROJECTS SUCH AS HABITAT FOR HUMANITY. AS OF 2014, A TOTAL OF 225 AED'S (AUTOMATED EXTERNAL DEFIBRILLATORS) WERE PLACED IN LOCAL SCHOOLS, NOT FOR PROFIT ORGANIZATIONS, FIRE AND POLICE, AND EMS SERVICES,

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

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CERTAIN THAT REID HOSPITAL SERVES THE PATIENTS AND THE COMMUNITY WITH
EQUAL CARE.

SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA

SCHEDULE H, PART I, LINE 7

COSTING METHODOLOGY

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

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SCHEDULE H, PART I, LINE 7, COLUMN F

PERCENT OF TOTAL EXPENSE

\$38,533,985 OF BAD DEBT EXPENSE IS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN A (TOTAL FUNCTIONAL EXPENSES), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN.

SCHEDULE H, PART I, LINE 7G

SUBSIDIZED HEALTH SERVICES

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