## SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

## **Hospitals**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

2009

OMB No. 1545-0047

Open to Public Inspection

Attach to Form 990.See separate instructions.

Pai	t I Charity Care and Ce	ertain Other (	Community I	Benefits at Cost						
	-							Yes	No	
1a	Does the organization have a ch	narity care polic	v? If "No." ski	p to guestion 6a		[	1a			
b	Does the organization have a charity care policy? If "No," skip to question 6a									
2	If "Yes," is it a written policy?									
_	charity care policy to the various hospitals.									
	Applied uniformly to all hospitals  Applied uniformly to most hospitals									
	Generally tailored to individual hospitals									
3	•	her of the								
	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.									
а	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income									
	individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care:									
l.						1-0 15 "\\ "				
D	<b>b</b> Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If									
	indicate which of the following is the family income limit for eligibility for discounted care:									
_										
С	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an									
4	asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.  Does the organization's policy provide free or discounted care to the "medically indigent"?									
т 5а							5a			
b	Does the organization budget amounts for nee or discounted date provided under its original policy:									
С	If "Yes" to line 5b, as a result	of budget con	siderations, w	as the organizatio	n unable to provi	de free or	5c			
	discounted care to a patient who was eligible for free or discounted care?									
	Does the organization prepare an annual community benefit report?									
b	If "Yes," does the organization n						6b			
	Complete the following table us these worksheets with the Sche		ieets provided	in the Schedule F	H Instructions. Do	not submit				
7	Charity Care and Certain Other		nefits at Cost							
Charity Care and (a) Number of (b) Persons (c) Total community (d) Direct offsetting						(e) Net community		(f) Pe	rcent	
	Means-Tested Government Programs	activities or programs (optional)	served (optional)	benefit expense	revenue	benefit exper		of to	otal	
	01 11 11 11 11									
а	Charity care at cost (from Worksheets 1 and 2)									
b	Unreimbursed Medicaid (from Worksheet 3, column a)									
С	Unreimbursed costs—other means-									
	tested government programs (from Worksheet 3, column b)									
Ь	Total Charity Care and									
4	Means-Tested Government									
	Programs									
_	Other Benefits									
е	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)									
	Research (from Worksheet 7)									
i	Cash and in-kind contributions to community groups (from									
	Worksheet 8)									
j	Total. Other Benefits									
k	Total, Add lines 7d and 7i				1			1		

<u>13</u> 14

Part II Community Building Activities Complete this table if the organization conducted any community building activities. (a) Number of (b) Persons (c) Total community (d) Direct offsetting (e) Net community (f) Percent of activities or . served building expense revenue building expense total expense programs (optional) (optional) Physical improvements and housing 2 Economic development 3 Community support 4 Environmental improvements 5 Leadership development and training for community members Coalition building 6 7 Community health improvement advocacy Workforce development 8 9 Other 10 Total Part III **Bad Debt, Medicare, & Collection Practices** Section A. Bad Debt Expense Yes No Does the organization report bad debt expense in accordance with Healthcare Financial Management 1 2 Enter the amount of the organization's bad debt expense (at cost) Enter the estimated amount of the organization's bad debt expense (at cost) attributable 3 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit. Section B. Medicare Enter total revenue received from Medicare (including DSH and IME) . Enter Medicare allowable costs of care relating to payments on line 5. 7 Subtract line 6 from line 5. This is the surplus or (shortfall) . . . . . . . . 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: Other ☐ Cost accounting system ☐ Cost to charge ratio Section C. Collection Practices 9a **9a** Does the organization have a written debt collection policy? . . . . . b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI 9b Part IV **Management Companies and Joint Ventures** (a) Name of entity (b) Description of primary (d) Officers, directors (c) Organization's (e) Physicians' activity of entity profit % or stock trustees, or key profit % or stock employees' profit % ownership % ownership % or stock ownership % 1 2 3 4 5 6 7 8 9 10 11 12

Schedule H (Form 990) 2009

Part V Facility Information									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)

Schedule H (Form 990) 2009 Page 4

## Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves.
- **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 charity care policy.
- **4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.									