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DLN: 93493228038602

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

A For the	2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011			—	Inspection
3 Check if a	Description C Name of organization		D Emplo	yer i	identification number
Address ch	nange		54-05	5063	332
Name cha	Doing Business As nge		E Teleph	one	number
Initial retu	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(540)	224	4-5112
Terminate	d PO Box 12385		<u> </u>		
Amended	return City or town, state or country, and ZIP + 4 Roanoke, VA 240252385		G Gross re	eceıp	ots \$ 1,514,520,525
Application	n pending				
	F Name and address of principal officer	H(a) Is this a	group return fc	or affili	lates? Yes Vo
	Nancy Agee PO Box 12385	U/b) A II.	- 66.1 4 1		?
	Roanoke,VA 24025	H(b) Are all a			t (see instructions)
Tax-exem	npt status		exemption		
	* www carilionclinic org				
	ganization Corporation Trust Association Other -	L Year of for	nation 190	5 I	M State of legal domicile VA
Part I	Summary Briefly describe the organization's mission or most significant activities				
ץ ן צ	quality of care through medical education and research Carilion Medical Center Carilion Roanoke Community Hospital, part of Carilion Clinic, a not-for-profit he health outcomes for every patient while advancing the quality of care through me	althcare organ	nization co	mm	itted to improving
	Check this box 🛌 if the organization discontinued its operations or disposed o	f more than 25	 5% of its r	net a	
:	Number of voting members of the governing body (Part VI, line 1a)		1	3	14
4 1	Number of independent voting members of the governing body (Part VI, line 1b)			4	1
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) $$.			5	7,056
	Total number of volunteers (estimate if necessary)		L	6	199
- 1	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34		F	7a	3,590
B	Net unrelated business taxable income from Form 990-1, line 34	Drior	Year	7b	Current Year
8	Contributions and grants (Part VIII, line 1h)	Piloi	3,928,94	40	3,115,861
	Program service revenue (Part VIII, line 2g)	8	25,307,7!	-	867,464,903
9 10 11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,521,743		16,755,315	
# 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,417,2	24	16,277,538	
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		59,175,66	61	903,613,617
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			丁	645,000
14	Benefits paid to or for members (Part IX, column (A), line 4)			\Box	C
တ္က 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4	04,305,70	0.8	424,781,502
S 16a 16a b	Professional fundraising fees (Part IX, column (A), line 11e)		- 1,000,1	+	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
≅ ь	Total fundraising expenses (Part IX, column (D), line 25) •219,568			1	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4	33,158,10	06	456,261,337
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8	37,463,8:	14	881,687,839
19 m	Revenue less expenses Subtract line 18 from line 12	+	21,711,84	_	21,925,778
§မို့ ရောင်း		Beginning Ye	of Current ear	t	End of Year
Secure 20	Total assets (Part X, line 16)	8	86,304,93	73	899,698,355
[일 21	Total liabilities (Part X, line 26)	6	04,479,0	37	667,713,487
	Net assets or fund balances Subtract line 21 from line 20	2	81,825,9	36	231,984,868
nowledge a nowledge.	Signature Block Ities of perjury, I declare that I have examined this return, including accompanying sc and belief, it is true, correct, and complete. Declaration of preparer (other than officer Signature of officer) is based on a	II informati		
_					
	Type or print name and title				
	Print/Type Preparer's signature Preparer's signature Preparer's signature Preparer's signature		Check if self-		PTIN
	Firm's name Deloitte Tax LLP		прюуей г	<u> </u>	Firm's EIN
- 1	Firm's address 424 Church Street			Phone no • (615) 259-	
Paid Preparer	Donald Lorton Treasurer Type or print name and title Print/Type preparer's name Francis Bedard Preparer's signature Francis Bedard Da		Check if self- employed •		Firm's

Nashville, TN 37219

May the IRS discuss this return with the preparer shown above? (see instructions)

Par		t of Program Serv edule O contains a res		lishments uestion in this Part III		
1	Briefly describe the	organization's mission	n			
See	Schedule O					
2				ervices during the year w		┌ Yes ┌ No
	If "Yes," describe th	nese new services on S	chedule O			
3	services?			nt changes in how it cond	ducts, any program	┌ Yes ┌ No
	If "Yes," describe th	iese changes on Sched	lule O			
4	Section 501(c)(3) a	ınd 501(c)(4) organıza	tions and secti		argest program services by e required to report the amo ervice reported	
4a	(Code See Schedule O) (Expenses \$	769,299,231	including grants of \$	645,000) (Revenue \$	884,364,976)
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	O th o = = = = = = = = = = = = = = = = = =		hadula C \			
4d	(Expenses \$	vices (Describe in Scl inc	nedule O) luding grants o	f\$) (Revenue \$)
4e	Total program serv	/ice expenses ► \$	769,299,23	1		

Part IV	Checklist of	Required	Schedules

ı Gil	checkist of Regards serieures			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? $^{f z}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V^{\bullet}	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 ((2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
_	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	Yes	
b	If "Yes," enter the name of the foreign country ▶CA , CJ , EI , UK			_
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible?			
7	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enterthic amount of management the constraint of			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
Se	ection C. Disclosure			
17				

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request
 - Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

The Corporation
213 S Jefferson Street

Roanoke, VA 24011 (540) 224-5112

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organ	nization nor any r	<u>elated o</u>	rgan	zatio	on c	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours		tion (′)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Highest compensated employee Key employee Officer Institutional Trustee or director		Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours	1	(ition that a	•		ıll		(D) Reportable compensation	(E) Reportable compensation	,	(F) Estima amount o	ted
		per week (describe hours for related organizations in Schedule O)		Institutional Trustee	Office	Ke) employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)		compens from t organizati relate organiza	ation he on and ed
See A	Addıtıonal Data Table												
				<u> </u>			<u> </u>				_		
				<u> </u>			<u> </u>						
							<u> </u>						
				_	_		<u> </u>						
1b	Sub-Total							<u> </u>					
	Total from continuation sheets	to Part VII, Sec					<u> </u>						
d	Total (add lines 1b and 1c) .							Þ	5,085,820	4,765,34	0	2,5	62,637
2	Total number of individuals (inc \$100,000 in reportable compen						above) who	received more tha	n			
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sca					ey e		ee, c	r highest compens	ated employee	3	Yes	
4	For any individual listed on line organization and related organiz	ations greater t	han \$15	50,00	002	f "Y	es," co	mple	te Schedule J for suc		4	Yes	_
5	Did any person listed on line 1a									r individual for		res	
	services rendered to the organiz	zation? <i>If</i> "Yes,"	complet	e Sch	edul	eJf	or sucl	h per	son		_		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
51 Valley Stream Parkway	Equipment and software maintenance	4,507,572
Carilion Labs LLC 213 S Jefferson 1202 Roanoke, VA 24011	aboratory Services	17,007,247
Breakell Inc 2314 Patterson Ave Roanoke, VA 24016	Construction contractor	3,223,419
Deloitte Consulting LLP 285 Peachtree Center Ave Atlanta, GA 303031234	Consulting	2,890,745
Foodservice Partners of Virginia 2823 Franklin Rd Bldg B Roanoke, VA 24014	Food services contractor	1,905,401
2 Total number of independent contractors (including but not limited to those listed above) v	who received more than	

Total revenue Part Total revenue Part Par	revenue	(D) Revenue excluded from
b Membership dues 1b		tax under sections 512, 513, or
b Membership dues 1b		514
Business Code		
Net Patient Service Revenues 900099 844,608,279 84		
3 Investment income (including dividends, interest and other similar amounts)		
3 Investment income (including dividends, interest and other similar amounts)		
3 Investment income (including dividends, interest and other similar amounts)		
3 Investment income (including dividends, interest and other similar amounts)		
3 Investment income (including dividends, interest and other similar amounts)		
3 Investment income (including dividends, interest and other similar amounts)		
3 Investment income (including dividends, interest and other similar amounts)		
Sistemate Sist		
4 Income from investment of tax-exempt bond proceeds . Royalties		
Comparison Com	3,590	812,145
(i) Real (ii) Personal 6a Gross Rents 1,072,361 b Less rental expenses c Rental income or (loss) 1,072,361 d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory (iii) Real (iii) Personal (iii) Pers		1,443
6a Gross Rents 1,072,361 b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) O ther from sales of assets other than inventory (i) Securities (iii) O ther	 	
expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other from sales of assets other than inventory (iii) Securities (iiii) Other (iv) Other (iv) Other		
C Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 626,731,084 (iii) Other 626,731,084 45,672		
d Net rental income or (loss) (i) Securities (ii) Other from sales of assets other than inventory (i) Securities (ii) Other 45,672		
(I) Securities (II) Other 7a Gross amount 626,731,084 45,672 from sales of assets other than inventory		1,072,361
Gross amount 626,731,084 45,672 from sales of assets other than inventory		
assets other than inventory		
other basis and sales expenses		
c Gain or (loss) 15,892,465 45,672		
d Net gain or (loss)	:	15,938,137
8a Gross income from fundraising events		
(not including \$ 99,116 of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b 68,289		
of contributions reported on line 1c)		
See Part IV, line 18 a 89,890		
b Less direct expenses b 68,289		
c Net income or (loss) from fundraising events • 21,601		21,601
9a Gross income from gaming activities See Part IV, line 19 . a		
b Less direct expenses b		
c Net income or (loss) from gaming activities	-	
returns and allowances .		
b Less cost of goods sold b		
c Net income or (loss) from sales of inventory		
Miscellaneous Revenue Business Code		
11a O ther 900099 8,838,915 8,838,915 900099 6,761,894 6,761,894 6,761,894		
Other Administration in a constant and active active and active active and active		
C Cafeteria Income 900099 1,299,264 1,299,264		
d All other revenue1,716,497		1,716,497
e Total. Add lines 11a-11d		
12 Total revenue. See Instructions	3,590 m 990 (201	16,129,190

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to c			'D).	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	639.000	639,000		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,000	6,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	-,		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,287,577	1,287,577		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	354,580,195	354,241,652	190,721	147,822
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,323,335	16,323,335		
9	Other employee benefits	30,363,615	30,284,087	48,688	30,840
10	Payroll taxes	22,226,780	22,226,780		
а	Fees for services (non-employees) Management	104,208,929		104,208,929	
b	Legal	265,344		265,344	
С	Accounting	18,950		18,950	
d	Lobbying	41,810	41,810		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,096,291		1,096,291	
g	Other	65,788,224	63,606,876	2,180,162	1,186
12	Advertising and promotion	337,807	275,559	44,039	18,209
13	Office expenses	135,887,753	135,755,887	122,947	8,919
14	Information technology	1,948,539	1,948,539		
15	Royalties	0			
16	Occupancy	27,034,239	27,021,667	7,049	5,523
17	Travel	1,645,361	1,620,914	21,537	2,910
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	18,744,978	18,744,978		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	34,355,335	34,355,335		
23 24	Insurance	10,147,853	6,506,870	3,640,983	
a	Bad Debt	46,545,177	46,545,177		
ь	College Expenses	4,337,912	4,337,912		
c	Recruitment	473,670	473,670		
d	Dues Subscriptions	1,571,271	1,257,458	312,350	1,463
e	Education	832,103	826,918	5,000	185
f	All other expenses	979,791	971,230	6,050	2,511
25	Total functional expenses. Add lines 1 through 24f	881,687,839	769,299,231	112,169,040	219,568
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			21,589	1	22,924
	2	Savings and temporary cash investments			13,616,024	2	4,124,433
	3	Pledges and grants receivable, net			522,569	3	664,791
	4	Accounts receivable, net			103,314,802	4	118,637,222
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
ets		Schedule L				6	
ssets	7	Notes and loans receivable, net			2,478,135	7	3,074,561
⋖	8	Inventories for sale or use			5,077,936	8	4,635,911
	9	Prepaid expenses and deferred charges			2,832,505	9	3,375,408
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	931,695,643			
	b	Less accumulated depreciation	10b	644,165,389	268,037,179	10 c	287,530,254
	11	Investments—publicly traded securities		293,608,683	11	262,078,161	
	12	Investments—other securities See Part IV, line 11		187,139,075	12	206,175,374	
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			9,656,476	15	9,379,316
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			886,304,973	16	899,698,355
	17	Accounts payable and accrued expenses .	93,444,020	17	93,502,406		
	18	Grants payable		18			
	19	Deferred revenue			3,866,254	19	5,141,868
	20	Tax-exempt bond liabilities		387,177,116	20	383,640,136	
es	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
bilities	22	Payables to current and former officers, directors, trustees, kee employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	150,000
	25	Other liabilities Complete Part X of Schedule D			119,991,647	25	185,279,077
	26	Total liabilities. Add lines 17 through 25			604,479,037	26	667,713,487
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete	ines 27			
ψ		through 29, and lines 33 and 34.					n
an B	27	Unrestricted net assets			264,968,958	27	214,338,155
8	28	Temporarily restricted net assets			4,972,431	28	5,762,167
덛	29	Permanently restricted net assets			11,884,547	29	11,884,546
Fund Balances		Organizations that do not follow SFAS 117, check here 🕨 🦵 a	nd cor	nplete			
ō		lines 30 through 34.				ii	
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
ĕ	33	Total net assets or fund balances			281,825,936	33	231,984,868
_	34	Total liabilities and net assets/fund balances			886,304,973	34	899,698,355

<u> </u>	Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		903.6	513,617
2	Total expenses (must equal Part IX, column (A), line 25)	2			87,839
3	Revenue less expenses Subtract line 2 from line 1	3		21,9	925,778
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		281,8	325,936
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-71,7	766,846
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		231,9	84,868
Pai	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•	୮	
1	Accounting method used to prepare the Form 990			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			i.	ī.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued		1 00	
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

DLN: 93493228038602

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Department of the Treasury Internal Revenue Service

Inspection

Name of the organization

Employer identification number

Carilioi	n Medi	cal Center				54-0506332			
Pai	rt I	Reason for Pu	ıblic Charity Sta	tus (All organizations	must complete this pa		ctions		
					igh 11, check only one bo				
1	\sqcap	A church, convent	ion of churches, or as	ssociation of churches d	escribed in section 170(b)(1)(A)(i).			
2	\sqcap	A school described	d in section 170(b)(1	.)(A)(ii). (Attach Sched	ule E)				
3	굣	A hospital or a cod	perative hospital se	rvice organization descr	ibed in section 170(b)(1)((A)(iii).			
4	Γ	A medical researc hospital's name, c		ed in conjunction with a	hospital described in sec	tion 170(b)(1)(A)(iii). Ent	er the	
5	Γ	An organization op	erated for the benefi	t of a college or universi	ty owned or operated by a	governmental un	ııt descril	oed in	
		section 170(b)(1)((A)(iv). (Complete P	art II)					
6	Γ	A federal, state, or	local government or	governmental unit desc	ribed in section 170(b)(1))(A)(v).			
7	Γ	described in	at normally receives (A)(vi) (Complete P	·	support from a governme	ntal unit or from t	he genera	al public	:
8	Γ	A community trust	described in section	170(b)(1)(A)(vi) (Cor	nplete Part II)				
9	Γ	An organization th	at normally receives	(1) more than 331/3%	of its support from contrib	utions, members	hıp fees,	and gro	SS
		receipts from activ	rities related to its ex	xempt functions—subjec	t to certain exceptions, ai	nd (2) no more th	an 331/30	% of	
		ıts support from gr	oss investment inco	me and unrelated busine	ss taxable income (less s	section 511 tax) i	from busi	nesses	
		acquired by the org	ganızatıon after June	30, 1975 See section !	509(a)(2). (Complete Part	tIII)			
10	Γ	An organization or	ganized and operated	d exclusively to test for	public safety See section	509(a)(4).			
11	Γ	one or more public	ly supported organiz	ations described in sect orting organization and	efit of, to perform the func ion 509(a)(1) or section 5 complete lines 11e throug : - Functionally integrated	509(a)(2) See se gh 11h		(a)(3).	. Check
e	Γ				rolled directly or indirectly blicly supported organizati				
f		check this box			S that it is a Type I, Type	•	upporting	organız	ation,
g		following persons?			or contribution from any o				
		• • •	•	•	ogether with persons des	cribed in (ii)		Yes	No
				e the supported organiz	ation?		11g(i)		
		,	er of a person descri	` '			11g(ii		
				n described in (i) or (ii) a			11g(iii	i)	
h		Provide the followi	ng information about	the supported organizat	ion(s)				
			(iii)	(iv)	(v)	(vi)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ced in rning nt?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No		
									_	
									-	
Total										

Part II	Support Schedule for	Organizations Described in	n Sections 170(b)(1)(A)	(iv) and 170(b)(1)
	(A)(vi)	_		

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ation A Dublic Company	· organization i	and to quainy t		20.01., p.		
	ection A. Public Support	т	1	1		1	
Cale	endar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
_	Public Support. Subtract line 5 from						
6	line 4						
_							
	ection B. Total Support						
Cale	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	ın) ►	• • •	. ,	• • •	` ,	. ,	* *
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 000 is	for the organizati	on's first second	third fourth or	fifth tay year ac a		nization
	First Five Years If the Form 990 is to check this box and stop here	or the organization	on 5 m5t, 5ecom	, anna, iourai, or	mentax year as a	201 (c)(3) orga	IIIIZation, ▶□
	eneck this box and stop here						F 1
-	ection C. Computation of Pub	lic Support 5	ercentace				
				11 1 /5\\		1 1	
14	Public Support Percentage for 2010	, (line 6 column ((i) aivided by line	II column (†))		14	0 %
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the	organization did	not check the ho	v on line 13 and	lina 14 is 33 1/30/	or more chec	k this hov
LOG	and stop here. The organization qua				IIIIC 17 13 33 1/3/	o or more, chec	.K (IIIS DOX
h	33 1/3% support test—2009. If the				Sa and line 15 ic	33 1/30% or mai	,
U					sa, and inters is	33 1/370 OI IIIO	re, check this ▶□
17~	box and stop here. The organization 10%-facts-and-circumstances test-				no 13 165 5-16	handling 14	F1
L/a							
	is 10% or more, and if the organization						
	in Part IV how the organization mee	its the "racts and	i circumstances"	test ine organiz	ation qualifies as	a publicly supp	
	organization	2000 7611		-111			▶ □
b	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat	tion meets the "fa	acts and circums	tances" test The	e organization qua	lifies as a publi	
	supported organization			46 46 47	471 1 1 1 1		▶ ┌
18	Private Foundation If the organizati	on did not check	a box on line 13	, 16a, 16b, 17a o	r 1 / b, check this	box and see	⊾ ⊏

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 0 % 16 Public support percentage from 2009 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

Section D. Computation of Investment Income Percentage

Investment income percentage from 2009 Schedule A, Part III, line 17

17

18

organization

Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

0 %

►E

17

18

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

Software ID: 10000149 **Software Version:** 2010.2.15

EIN: 54-0506332

Name: Carilion Medical Center

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	Posi t	tion (hat a	che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
R Steve Blanks Director	2 00	Х						0	0	0
Onzlee Ware Director	2 00	Х						0	0	0
Cynda Johnson MD Director	50 00	Х						0	527,783	45,532
George Cartledge III Director	2 00	Х						0	0	0
William Dichtel Jr MD Director	50 00	Х						448,417	0	45,544
Beth Doughty Director	2 00	Х						0	0	0
John Hans Director	2 00	Х						0	0	0
Victor Iannello Director	2 00	Х						0	0	0
Stephen Musselwhite Director	2 00	Х						0	0	0
Clifford Nottingham MD Director	50 00	Х						0	243,154	75,516
Philip Shiner MD Director	50 00	Х						193,812	0	37,501
Donald Smith Director	2 00	Х						0	0	0
David Thompson Director	2 00	Х						0	0	0
David Caudill Chairman	2 00	Х						0	0	0
Edward Murphy MD President/CEO	50 00	Х		Х				0	1,288,078	680,866
Nancy Agee President/CEO	50 00	Х		х				0	508,405	399,109
Briggs Andrews Secretary	50 00			х				0	334,006	207,297
Donald Lorton Treasurer	50 00			х				0	521,051	332,850
R Wayne Gandee EVP/Chief Medical Officer	50 00			х				518,598	0	57,910
Mark Werner MD EVP	50 00			х				0	518,369	154,534
Hugh Thornhill EVP	50 00			х				0	113,371	93,948
Donald Hallıwıll VP/Asst Treasurer	50 00			Х				0	222,314	50,352
G Robert Vaughan Asst Treasurer	50 00			Х				0	202,072	45,136
Rachel Mabe Asst Secretary	50 00			Х				0	70,949	17,506
Joseph Moskal MD Physician	50 00					x		915,396	0	24,040

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week			')	Highest employe		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
		Individual trustee or director	Institutional Trustee	Officei	. employee	st compensated see	Former		MISC)	related organizations
Joseph Baker MD Physician	50 00					х		759,319	0	44,200
William Arnold MD Physician	50 00					х		726,175	0	34,261
Cay Mierisch MD Physician	50 00					х		709,806	0	37,827
Gary Simonds MD Physician	50 00					х		696,661	0	45,636
Joan Fisher MD Former Chief of Medical Staff/Dir	50 00						х	117,636	0	36,781
Rayburn Thompson Former EVP	50 00						х	0	215,788	96,291

OMB No 1545-0047

DLN: 93493228038602

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 4/	•	_		• •	n
	ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part I					
	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete					
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-덛, Pa	rt V, line	35a	(Pro	xy Tax), th	nen
	ction 501(c)(4), (5), or (6) organizations Complete Part III					
	me of the organization	mployer	ıden	tıfıca	tion numbe	er
Cui		4-0506	332			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a s	ection	527	org	anizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part	ΙV				
2	Political expenditures			+		
3	·			→		
,	Volunteer hours			_		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955		F	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		۲	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				┌ Yes	┌ No
4a	Was a correction made?				┌ Yes	┌ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c) except s	ection	501	L(c)((3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ivities	Þ	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5	27				
	exempt funtion activities		•	\$ <u></u>		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b	F	\$		
4	Did the filing organization file Form 1120-POL for this year?				┌ Yes	┌ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organization made payments. For each organization listed, enter the amount paid from the filing or	ganızatı	on's f	unds	Also ente	_

amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

	Totodon unido. Dodani do Z(n//).	(6	1)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		41,810
j	Total lines 1c through 1i			41,810
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ļ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		•	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

T	Dues, assessments and similar amounts from members	I	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
II-B		Portion of dues paid to American Hospital Assn and Virginai Hospital and Healthcare Assn, spent on lobbying

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DLN: 93493228038602

OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

tema	l Revenue Service	► Attach to F	orm 990. ► See separa	ite instructions.			Inspec	tion
	me of the organi	zation			Emp	loyer ident if i	cation numbe	er
Car	ilion Medical Center				54.	0506332		
Pa	rt I Organi	zations Maintaining Donor A	dvised Funds or	Other Similar F			ts. Comple	te if the
		ation answered "Yes" to Form 99						
			(a) Donor ac	vised funds		(b) Funds and	d other accou	nts
L	Total number at	t end of year						
2	Aggregate cont	ributions to (during year)						
3	Aggregate gran	ts from (during year)						
4	Aggregate valu	e at end of year						
5		ation inform all donors and donor advi rganization's property, subject to the			nor adv	ısed	┌ Yes	┌ No
6	used only for cl	ation inform all grantees, donors, and haritable purposes and not for the ben ermissible private benefit					☐ Yes	┌ No
Pa	rt III Consei	rvation Easements. Complete	ıf the organization	answered "Yes" t	o Forn	n 990, Part	IV, line 7.	
1	Preservation Preservation Complete lines	onservation easements held by the o on of land for public use (e g , recreati of natural habitat on of open space 2a-2d if the organization held a qual ie last day of the tax year	on or pleasure)	Preservation of ar Preservation of a	certifie	d historic stri		a
		ie iast day or the tax year				Held at ti	he End of the	Year
а	Total number o	f conservation easements			2a			
ь	Total acreage r	estricted by conservation easements	;		2b			
С	Number of cons	servation easements on a certified his	storic structure includ	ed ın (a)	2c			
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06		2d			
3	Number of cons	servation easements modified, transfe	erred, released, extino	iuished, or terminate	ed by th	ne organizatio	n durina	
		r ⊳	, , ,	•	,	J	J	
1	N			- 4 - J %				
4 -		es where property subject to conserva					i	
5		ization have a written policy regarding the conservation easements it holds		ing, inspection, han	dling of	violations, a	nd Yes	┌ No
5		teer hours devoted to monitoring, insp						
7	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing con	servation easement	s durin	g the year 🟲 s		
В		servation easement reported on line 2 and 170(h)(4)(B)(ii)?	2(d) above satisfy the	requirements of sec	ction		┌ Yes	┌ No
9	balance sheet, the organization	scribe how the organization reports c and include, if applicable, the text of t n's accounting for conservation easer	the footnote to the org nents	janization's financia	l stater	ments that de	scribes	
ar	Comple	izations Maintaining Collection	ons of Art, Histor	Dart IV June 9	or Ot	her Simila	r Assets.	
1a		ete if the organization answered '			ent and	balance shee	et works of	
La	art, historical t	reasures, or other similar assets held : XIV, the text of the footnote to its fir	for public exhibition,	education or resear	ch ın fu			e,
b	historical treas	tion elected, as permitted under SFAS ures, or other similar assets held for owing amounts relating to these items	public exhibition, edu					
	(i) Revenues ir	ncluded in Form 990, Part VIII, line 1				► \$		
	(ii) Assets incl	uded in Form 990, Part X				► \$		
2	If the organizat	rion received or held works of art, hist nts required to be reported under SFA			or finan			

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	liections of Art, H	ISTO	rie	<u>cai irea</u>	sures, or Oth	<u>er Simila</u>	<u>r Asse</u>	ets (co	<u>ntinued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any of	fthe	foll	owing that	are a significant	use of its c	ollection	n	
а	Public exhibition	d	ı	_	Loan or e	exchange progran	ıs			
b	Scholarly research	e	• T	_	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explain h	now t	hey	/ further th	ne organization's	exempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than it						mılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						'Yes" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermedia	ry fo	rc	ontributior	ns or other assets	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the foll	owing	g ta	able		T	Amou	ınt	
c	Reginning helence					10	,	AIIIOU	4110	
d	Beginning balance Additions during the year					10				
e	Distributions during the year					1e	+			
f	Ending balance					1f				
	<u>-</u>	0.00 Dowt V Ivno 3:	1 7						V	✓ No
2a	Did the organization include an amount on Fo		Ι,					,	Yes	la Mo
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete		new	ore	nd "Voc" i	to Form 990 D	art IV line	10		
ra	Endowment Funds: Complete	(a)Current Year	(b) Pr				(d)Three Years		e)Four Y	ears Back
1a	Beginning of year balance	14,308,087		14	,015,347	14,692,907				
b	Contributions									
c	Investment earnings or losses	540,534		1	.,036,467	-147,078				
d	Grants or scholarships									
e	Other expenditures for facilities and programs	629,626			743,727	530,482				
f	Administrative expenses									
g	End of year balance	14,218,995		14	,308,087	14,015,347				
2	Provide the estimated percentage of the year	r end balance held as								
а	Board designated or quasi-endowment 🕨	16 480 %								
b	Permanent endowment 🕨 83 520 %									
c	Term endowment ▶									
3a	Are there endowment funds not in the posse	ssion of the organizatio	n tha	at a	re held an	id administered fo	or the			
	organization by							3a(i)	Yes	No No
	(i) unrelated organizations(ii) related organizations		•	•				3a(ii)		No
ь	If "Yes" to 3a(II), are the related organization							3b		
4	Describe in Part XIV the intended uses of th	•								
Par	t VI Investments—Land, Building	s, and Equipment.	See	e F	orm 990,	, Part X, line 10				
	Description of investment				Cost or othei (investment		(c) Accumu depreciat		(d) Boo	ok value
1a	_and					3,616,52	9		:	3,616,529
Ь	Buildings					410,750,03	229,5	74,455	18	1,175,575
c	_easehold improvements					2,513,15	2 2,3	68,189		144,963
d I	Equipment					499,747,76	7 406,5	23,482	9.	3,224,285
e	Other					15,068,16	5,69	99,263		9,368,902
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, column ((B), II	ine	10(c).) .				28	7,530,254

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives	206 175 274	
(2)Closely-held equity interests Other	206,175,374	
Other		
	<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	200/210/01	
Part VIII Investments—Program Related. See	Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, Irr	ne 15.	
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
Deferred Physicians Payable		
Unrealized Swap Losses	40,280,940	
Nonqualifed Pension Liability	150,793	
Qualified Pension Liability	144,847,344	
	2 . 1,0 17,3 11	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	185,279,077	

Part	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV . li	nes 1b and 2b.

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
V		Endowment Fund income used for 1 pediatrics- internal/external programs and/or purchase of equipment 2 indigent care patients
X		Carilion had no material unrecognized tax benefits and no adjustments to its consolidated financial statements were required as of and for the years ended September 30, 2011 and 2010 Carilion does not expect that unrecognized tax benefits will materially increase within the next 12 months

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DLN: 93493228038602

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. F See separate instructions.

Inspection

Name of the organization Carilion Medical Center

Department of the Treasury

Internal Revenue Service

Employer identification number

Armon Fredical Genter			54-0506332	
Part I Fundraising Activities. Complet	e if the organiza	tion answered "Yes"	to Form 990, Part IV	, line 17.
 Indicate whether the organization raised funds ■ Mail solicitations ■ Internet and e-mail solicitations □ Phone solicitations ■ In-person solicitations □ Did the organization have a written or oral agree or key employees listed in Form 990, Part VII ■ If "Yes," list the ten highest paid individuals of to be compensated at least \$5,000 by the organization and the properties of th	e f g eement with any ind () or entity in conne r entities (fundraise	Solicitation of no. Solicitation of go. Special fundraising dividual (including office ection with professional ers) pursuant to agreem	n-government grants vernment grants ng events ers, directors, trustees fundraising services? eents under which the fu	
(i) Name and address of individual or entity (fundraiser)	(iii) Did fundraiser have custody or control of contributions? Yes No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	TCS NO			
otal	>			
2 List all states in which the organization is requ	stared or leaded	to collect funds or book	aan natified it is avamnt	from registration or
3 List all states in which the organization is registicensing	stered of ficerised	to solicit lulius of ilas bi	een notmed it is exempt	. Holli registration of
/ A				

			(a) Event #1 2010 Gala (event type)	(b) Event #2 Heels for Healing (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Ме	1	Gross receipts	101,154	41,343	46,509	189,006
Revenue	2	Less Charitable contributions	62,714	25,571	10,831	99,116
	3	Gross income (line 1 minus line 2)	38,440	15,772	35,678	89,890
	4	Cash prizes			400	400
ú	5	Non-cash prizes		2,650	758	3,408
Expenses	6	Rent/facility costs	1,000		3,570	4,570
<u>8</u>	7	Food and beverages	8,813	5,419	1,375	15,607
Direct I	8	Entertainment	250			250
₫	9	Other direct expenses .	27,166	11,328	5,560	44,054
	10	Direct expense summary Add lir	ies 4 through 9 in column	(d)		68,289
	11	Net income summary Combine li	nes 3 and 10 in column (d)		21,601
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
ds			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
Revenue				bingo/progressive bingo		(Add col (a) through col (c))
Revenue	1	Gross revenue		bingo/progressive bingo		(Add col (a) through
		Gross revenue		bingo/progressive bingo		(Add col (a) through
	2			bingo/progressive bingo		(Add col (a) through
Expenses	2	Cash prizes		bingo/progressive bingo		(Add col (a) through
	2 3 4	Cash prizes		bingo/progressive bingo		(Add col (a) through
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs		F Yes	Г Yes	(Add col (a) through
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	✓ Yes% ✓ No s 2 through 5 in column (d	Г Yes%		(Add col (a) through
Expenses	2 3 4 5 6 7 8 Ente	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%_ No s 2 through 5 in column (or abine lines 1 and 7 in column column)		厂 No	(Add col (a) through col (c)
Direct Expenses	2 3 4 5 6 7 8 Enter Is the	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Comerthe state(s) in which the organizations.	Yes		Γ No	· Fyes F No

11	Does the organization operate ga	aming activities with nonmembers? .		Γ_{Yes} Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable (gaming?		. Г _{Yes} Г _{No}
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	revenue?			· Fyes Fno
b			tion 🟲 \$ and the	,
	amount of gaming revenue retain	ed by the third party 🟲 \$		
С	If "Yes," enter name and address	S		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	> \$		
	Description of services provided	-		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
_				Tyes Tho
b		·	o other exempt organizations or spent	
Dar		activities during the tax year * \$	responses to question on Schedule G (500
	instructions.)	Jovide additional illioithation for	responses to question on schedule of	
	Identifier	ReturnReference	Explanation	

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DLN: 93493228038602

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization Carilion Medical Center

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

Hospitals

Employer identification number

						0506332			
Pa	rt I Financial Assista	nce and C	ertain Oth	er Community Be	nefits at Cost				
								Yes	No
1a	Did the organization have a fi	nnancial assi	stance policy	during the tax year? I	f "No," skip to questio	n 6a .	1a	Yes	
b	If "Yes," is it a written policy	?					1b	Yes	
2	If the organization has multip				describes application o	of the financial			
	assistance policy to its various hospital facilities during the tax year								
	Applied uniformly to all ho			Applied uniformly	to most hospitals				
	Generally tailored to indiv	ıdual hospıtal	s						
3	Answer the following based o	n the the finar	ncıal assıstar	nce eligibility criteria th	hat applied to the large	st number of the			
	organization's patients during	the tax year							
а	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>fre</i> e care to low								
	income individuals? If "Yes,"	ındıcate whic	h of the follo	wing is the FPG family	ıncome lımıt for elıgıbıl	ity for free care	За	Yes	
	▽ 100% □ 150%	F 30	о% Г	Other	%				
	. 100%			•					
b	Does the organization use FP		= -	<u> </u>					
	"Yes," indicate which of the f	ollowing is the	lamily incor		r discounted care .		3b	Yes	
	□ 200% □ 250%	Г ₃о	0% Г	350% ▽ 40	0% Γ Other_	<u>%</u>			
С	If the organization does not u	ise FPG to det	ermine eliait	ollity, describe in Part \	/I the income based c	riteria for			
-	determining eligibility for free								
	test or other threshold, regar	dless of incon	ne, to determ	ine eligibility for free o	r discounted care				
4	Did the organization's financi					uring the tax year	4	Yes	
F-	provide for free or discounted Did the organization budget amount			_		, yoara	_	I I	
5a	If "Yes," did the organization						5a	Yes	
b			•		_		5b		No
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 eligibile for free or discounted care?									
6a	Does the organization prepar						<u>5c</u> 6a	Yes	
	year?			J				1	
6b	If "Yes," did the organization	make it avails	able to the pu	aplic?			6b	Yes	
	Complete the following table worksheets with the Schedule		ksheets prov	ided in the Schedule H	instructions Do not s	ubmit these			
	Financial Assistance and C		Community	Panatita at Coat					
7		(a) Number of	<u> </u>	I	(1) 5		ر. ا		
	Financial Assistance and Means-Tested	activities or	(b) Persons served	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b expense	enefit	(f) Pero	
	Government Programs	programs (optional)	(optional)	·		·			
а	Financial Assistance at cost								200 5:
b	(from Worksheets 1 and 2) Unreimbursed Medicaid (from			46,534,786		46,53	4,/86	5	280 %
	Worksheet 3, column a) .			100,258,333	86,730,921	13,52	7,412	1	530 %
c	Unreimbursed costs—other means-tested government								
	programs (from Worksheet 3,								
d ·	column b) Total Financial Assistance and								
	Means-Tested Government			146 700 110	86,730,921	60.06	, , , ,	,	810 %
	Other Benefits			146,793,119	86,730,921	60,06	2,198	6	810 %
е	Community health improvement								
	services and community benefit operations (from								
	(Worksheet 4)	786	37,464	2,105,637	25,687	2,07	0 240 %		
f I	Health professions education (from Worksheet 5)	56	1,626	29,047,124	8,681,827	20,36	5,297	2	310 %
g	Subsidized health services		,	, , = -	, ,	,			
h	(from Worksheet 6) Research (from Worksheet 7)	2	1,795	688,376		68	8,376	n	080 %
	Cash and in-kind contributions		1,755	000,570		- 00	_,5,0		330 /0
	to community groups (from Worksheet 8)	17	7,469	269,389		26	9,389	n	030 %
jТ	otal Other Benefits	861	48,354	32,110,526	8,707,514	23,40			660 %
k 1	Total. Add lines 7d and 7j	861	48,354	178,903,645	95,438,435	83,46	_	9	470 %

Part II Community Building Activities during the tax year, and describe in Part VI how its 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 (b) Persons (c) Total community (d) Direct offsetting (e) Net community (f) Percent of served (optional) activities or building expense revenue building expense total expense programs (optional) 5,000 Physical improvements and housing 5,000 60,087 51,672 Economic development 51,672 0 010 % Community support 1,775 1,557 1,557 Environmental improvements Leadership development and training for community members 6 Coalition building 85 1,063 14,682 14,682 Community health improvement advocacy 553 272 Workforce development 23 12,076 12,076 9 Other 10 Total 85,259 85,259 100 63,506 0 010 % **Bad Debt, Medicare, & Collection Practices** Part III Section A. Bad Debt Expense Yes No Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Νo Enter the amount of the organization's bad debt expense (at cost) 2 17,461,127 Enter the estimated amount of the organization's bad debt expense (at cost) 3 2.194.499 attributable to patients eligible under the organization's financial assistance policy 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 a portion of bad debt amounts as community benefit Section B. Medicare Enter total revenue received from Medicare (including DSH and IME) 197,212,569 5 Enter Medicare allowable costs of care relating to payments on line 5 190,965,084 6 Subtract line 6 from line 5 This is the surplus or (shortfall) . . . 6,247,485 7 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 Cother Cost to charge ratio Cost accounting system **Section C. Collection Practices** Does the organization have a written debt collection policy? . 9a Yes If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for 9b Yes patients who are known to qualify for charity care or financial assistance? Describe in Part VI Part IV Management Companies and Joint Ventures (a) Name of entity (b) Description of primary (c) Organization's (d) Officers, directors, (e) Physicians' activity of entity trustees, or key employees' profit % profit % or stock profit % or stock ownership % ownership % or stock ownership% 1 Roanoke Ambulatory Surgery Center LLC Ambulatory surgery 48 310 % 51 690 % 2 Southwest Virginia Health Properties LLC Real estate 48 310 % 51 690 % 3 4 5 6 8 9 10 11 12 13

Part	V Facility Information									
(list in largest How m	on A. Hospital Facilities order of size, measured by total revenue per facility, from to smallest) any hospital facilities did the organization operate during tyear? 2	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	
Name	and address									Other (Describe)
1	Carilion Medical Center- DBA- Carilion Roanoke Memorial 1906 Belleview Avenue Roanoke, VA 24019	х	Х	х	х			Х		
2	Carilion Medical Center- DBA- Carilion Roanoke Community Hospital 101 Elm Avenue Roanoke, VA 24011	x								Rehabilitation Unit Urgent Care

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

	e a separate Section B for each of the hospital facilities listed in Part V, Section A)			
	Hospital Facility: Carılıon Medical Center- DBA - Carılıon Roanoke Memorial Rehab ber of Hospital Facility (from Schedule H, Part V, Section A): 1			_
ille Mul	ber of hospital racinty (from schedule 11, Part V, Section A).			
			Yes	No
Commu	ity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 Dur ("No If") a b c r d e f r g r	ng the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment eds Assessment")? If "No," skip to question 8	1		
3 In or representation according to the second seco	Other (describe in Part VI) cate the tax year the hospital facility last conducted a Needs Assessment 20 conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who esent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into bunt input from persons who represent the community, and identify the persons the hospital facility consulted the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the rhospital facilities in Part VI	3		
5 Did	the hospital facility make its Needs Assessment widely available to the public?	5		
	es," indicate how the Needs Assessment was made widely available (check all that apply)			
a [Hospital facility's website			
ь	A vailable upon request from the hospital facility			
c [O ther (describe in Part VI)			
(ch	e hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how ck all that apply)			
	Adoption of an implementation strategy to address the health needs of the hospital facility's community			
Ь	Execution of the implementation strategy			
C]	Participation in the development of a community-wide community benefit plan			
d j	Participation in the execution of a community-wide community benefit plan			
e j	Inclusion of a community benefit section in operational plans			
f	Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g l	Prioritization of health needs in the community			
h J	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i J	O ther (describe in Part VI)			
	the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," ain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financia	I Assistance Policy			

Did the hospital facility have in place during the tax year a written financial assistance policy that

If "Yes," indicate the FPG family income limit for eligibility for free care ___%

8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? 9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . .

2	Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		<u> </u>
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			l
11	Explained the basis for calculating amounts charged to patients?	11		<u> </u>
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			l
	h Other (describe in Part VI)			l
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			l
	b The policy was attached to all billing invoices			l
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			l
	e The policy was provided, in writing, to patients upon admission to the hospital facility			l
	f The policy was available upon request			
				l
	g Other (describe in Part VI) ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at			
	any time during the tax year			l
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			l
	d Body attachments			l
	e Other (describe in Part VI)			Į
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	16		
	the tax year?	16		<u> </u>
	Reporting to credit agency			
	b Lawsuits			l
	c Liens on residences			
	d Body attachments			
	e Cother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			l
	Notified patients of the financial assistance policy upon admission			l
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	e Other (describe in Part VI)			

If "Yes," explain in Part VI

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI) 20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial

assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

20

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

If "Yes," indicate the FPG family income limit for eligibility for free care ___%

ine Number of Hospital Facility (from Schedule H, Part V, Section A): 2			_
		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a A definition of the community served by the hospital facility			
b Demographics of the community			
Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d How data was obtained			
e The health needs of the community			
f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
The process for identifying and prioritizing community health needs and services to meet the community health needs			
h The process for consulting with persons representing the community's interests			
i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j Cher (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	rilion Clinic - Bone and Joint Center	
Line Number of Hospital Facility (from Schedule H, Part V, Secti	n A):3	

			Yes	No
Coi	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	igsquare	
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	igsquare	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	CSC - Brambleton
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	4

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply) a			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Tother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Clinic Orthopaedics	
Line Number of Hospital Facility (from Schedule H, Part V, Section	A):	5

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
_	(check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

2	Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		<u> </u>
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			l
11	Explained the basis for calculating amounts charged to patients?	11		<u> </u>
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			l
	a Income level			
	b Asset level			l
	c Medical indigency			
	d Insurance status			l
	e Uninsured discount			
	f Medicaid/Medicare			l
	g			l
	h Other (describe in Part VI)			l
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	g Other (describe in Part VI) ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at			
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Cother (describe in Part VI)			l
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	16		
	the tax year?	10		
	Reporting to credit agency			
	b Lawsuits			
	<u> </u>			
	c Liens on residences d Body attachments			
	e Cother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	e Other (describe in Part VI)			

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI) 20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial

assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Facility Information (continued)

Section B. Facility Policies and Practices.

ame of Hospital Facility: Cardiology			_
ine Number of Hospital Facility (from Schedule H, Part V, Section A):6			
		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		1.55	
 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
Existing health care facilities and resources within the community that are available to respond to the health needs of the community d			
needs The process for consulting with persons representing the community's interests Information gaps that limit the hospital facility's ability to assess all of the community's health needs Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted 4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	3 4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a			
c Participation in the development of a community-wide community benefit plan d Participation in the execution of a community-wide community benefit plan e Inclusion of a community benefit section in operational plans f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			

7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs 7 **Financial Assistance Policy** Did the hospital facility have in place during the tax year a written financial assistance policy that 8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? 8

Prioritization of services that the hospital facility will undertake to meet health needs in its community

9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ___%

i Cother (describe in Part VI)

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Tother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	CNRV Emergency Services
Line Number of Hospital Facility (from Schedule H, Part V, Section	A):7

			Yes	No
Coi	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	igsquare	
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	igsquare	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Tother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carılıon Breast Care Center	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	8

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
_	(check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Tother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	CSC - Roanoke
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	9

Yes	
+-+	1
+-+	3
	4
	5
+	7
+	8
	9
-	

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Tother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carılıon Cardıothoracıc Surgery	
Line Number of Hospital Facility (from Schedule H, Part V, Section	1 A):	10

			Yes	No
Coi	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
_	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facilities? If "Yes," list the	4		
5	other hospital facilities in Part VI	5		
•	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	'		
	a Hospital facility's website			
	b Available upon request from the hospital facility			
_	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the EPG family income limit for eligibility for free care.			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Ob	stetrics and Gynecology Clinic
Line Number of Hospital Faci	ility (from Schedule H, Part V, Section A):	11

			Yes	No
OI	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply) a			
	<u> </u>			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	f minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Cother (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
,	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a			
	b Available upon request from the hospital facility			
	c \int Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

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than the amounts generally billed to individuals who had insurance covering such care?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	CES - Franklin
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	12

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply) A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
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	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
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15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
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	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

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than the amounts generally billed to individuals who had insurance covering such care?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Clinic No	eurology	
Line Number of Hospital Facility (from Schedule H, Part	V, Section A):	13	·

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply) A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-	Ш		Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Clinic Internal Medicine	
Line Number of Hospital Facility (from Schedule H, Part V, Sectio	n A):	14

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	_ _		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Γ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	arılıon Clınıc Otolaryngology
Line Number of Hospital Facility (from Schedule H, Part V, Section):15

			Yes	No
Coi	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	igsquare	
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	igsquare	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	CES - Bedford
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	16

Yes	
+-+	1
+-+	3
	4
	5
+	7
+	8
	9
-	

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Trauma Surgery
ine Number of Hospital Facility (from Schedule H, Part V, Section A):	17

			Yes	No
Col	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups The process for identifying and prioritizing community health needs and convices to meet the community health			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	nancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

2	Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		<u> </u>
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			l
11	Explained the basis for calculating amounts charged to patients?	11		<u> </u>
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			l
	a Income level			
	b Asset level			l
	c Medical indigency			
	d Insurance status			l
	e Uninsured discount			
	f Medicaid/Medicare			l
	g			l
	h Other (describe in Part VI)			l
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			l
	b The policy was attached to all billing invoices			l
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	g Other (describe in Part VI) ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at			
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Cother (describe in Part VI)			l
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	16		
	the tax year?	10		
	Reporting to credit agency			
	b Lawsuits			
	<u> </u>			
	c Liens on residences d Body attachments			
	e Cother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	e Other (describe in Part VI)			

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI) 20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial

assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	CES - Giles
ine Number of Hospital Facility (from Schedule H, Part V, Section A):	18

			Yes	No
Col	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups The process for identifying and prioritizing community health needs and convices to meet the community health			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 「 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	nancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Roanoke Athletic Club
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	19

			Yes	No
OI	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply) a			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	f minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
,	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
В	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Dermatology
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	20

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Cher (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	2		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
	(check all that apply)			
	Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h 🕝 Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

If "Yes," indicate the FPG family income limit for eligibility for free care __%

Name of Hospital Facility:	Carilion Pediatric Clinic			
Line Number of Hospital Facility (from S	ichedule H, Part V, Section A):			
			Yes	No
	Lines 1 through 7 are optional for 2010)	4		
	year, did the hospital facility conduct a community health needs assessment	١.,		
	p to question 8	1		
a A definition of the community				
b Demographics of the commun				
<u>-</u>	and resources within the community that are available to respond to the health			
needs of the community	,,,,,			
d How data was obtained				
e The health needs of the comn	nunity			
f Primary and chronic disease minority groups	needs and other health issues of uninsured persons, low-income persons, and			
g	nd prioritizing community health needs and services to meet the community health			
h The process for consulting wi	th persons representing the community's interests			
i 🖊 Information gaps that limit th	e hospital facility's ability to assess all of the community's health needs			
j 「 O ther (describe in Part VI)				
	cility last conducted a Needs Assessment 20			
represent the community served by	s Assessment, did the hospital facility take into account input from persons who the hospital facility? If "Yes," describe in Part VI how the hospital facility took into resent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs As	sessment conducted with one or more other hospital facilities? If "Yes," list the	4		
5 Did the hospital facility make its Ne	eds Assessment widely available to the public?	5		
If "Yes," indicate how the Needs As	sessment was made widely available (check all that apply)			
a 「 Hospital facility's website				
b Available upon request from t	the hospital facility			
c Γ Other (describe in Part VI)				
(check all that apply)	eds identified in its most recently conducted Needs Assessment, indicate how			
<u>·</u>	n strategy to address the health needs of the hospital facility's community			
b Execution of the implementat				
<u>-</u>	ent of a community-wide community benefit plan			
d Participation in the execution	of a community-wide community benefit plan			
e 📘 Inclusion of a community ben	efit section in operational plans			
f Adoption of a budget for provi	sion of services that address the needs identified in the Needs Assessment			
g Prioritization of health needs	·			
	the hospital facility will undertake to meet health needs in its community			
i C Other (describe in Part VI)				
explain in Part VI which needs it ha	of the needs identified in its most recently conducted Needs Assessment? If "No," s not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy		4		
	e during the tax year a written financial assistance policy that			
	cial assistance, and whether such assistance includes free or discounted care?	8	-	_
Used federal poverty guidelines (FP)	G) to determine eligibility for providing free care to low income individuals?	9	1	Ī

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	CFM Roanoke Salem
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	22

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply) a			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:_	Carilion Clinic (Obstetrics and Gynecology - NRV	
Line Number of Hospital Fa	cility (from Schedule H, Part V, Section A):	23	

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community d			
	<u>-</u>			
	The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	,		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b A vailable upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	CES - Tazewell
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	24

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	,		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
_	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Brambleton Radiology Service	es		
Line Number of Hospital Facilit	ty (from Schedule H, Part V, Section A):	25		
			 T	

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	_ _		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Γ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	CFM Southeast
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	26

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community d			
	<u>-</u>			
	The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	,		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b A vailable upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

Line Number of Hospital Facility (from Schedule H, Part V, Section A):			
,			_
		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			1
a 🔽 A definition of the community served by the hospital facility			l
b Demographics of the community			1
c Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d How data was obtained			1
e The health needs of the community			1
f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			

c	Other (describe in Part VI)			
Ifthe	hospital facility addressed needs	identified in its most rec	ently conducted Needs	Assessment, indicate how
(chec	k all that apply)			

(check all that apply)	
a Adoption of an implementation strategy to address the health needs of the	hospital facility's community

Information gaps that limit the hospital facility's ability to assess all of the community's health needs

b	1	Execution of the implementation strategy
c		Participation in the development of a community-wide community benefit plan

h The process for consulting with persons representing the community's interests

2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____

C	,	Faiticipation	III CITE	developmen	c of a collin	mumicy - wide	Community	bellellt bla
А	Г	Participation	in the	execution of	a commur	nity-wide coi	mmunity be	nefit nlan

d	Г	Participation	ın the	execution	of a	community-wide	community	benefit	plan
	_								

е	,	Therasion of a community benefit section in operational plans
f	Г	Adoption of a budget for provision of services that address the needs identified in the Needs Assessment

g Prioritization of health needs in the communi	nity	
--	------	--

-	•	•	
h	Prioritization of services th	t the hospital facility will undertaki	e to meet health needs in its community

i	Other	(describe	ın	Part	VI)
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Other (describe in Part VI)

Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No
explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs

nancia	I Assistance Polic	. y								
Did +	ho hospital facili	y baya in	place	turing the	tay year	- written	financial	accietance	nolici t	h -

		········ / ····· · · · · · · · · · · ·	/	
8	Explains eligibility	y criteria for financial assist	tance, and whether such assista	nce includes free or discounted care?

9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?
	If War II and another than ED C formula and a superior for a lambdata for formula and a superior of

If "Yes," indicate the FPG family income limit for eligibility for free care ____%

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Prenatal Diag	nostic Center	
Line Number of Hospital Facility (from Sche	dule H, Part V, Section A):	28	

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
,	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
_	(check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Department of Psychia	try and Behavioral Medicine	
Line Number of Hospital Facility (from Schedule H,	Part V, Section A):	29	

			Yes	No
) OI	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment	1		
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	١,		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3	\vdash	
_	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

2	Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		<u> </u>
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			l
11	Explained the basis for calculating amounts charged to patients?	11		<u> </u>
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			l
	a Income level			
	b Asset level			l
	c Medical indigency			
	d Insurance status			l
	e Uninsured discount			
	f Medicaid/Medicare			l
	g			l
	h Other (describe in Part VI)			l
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			l
	b The policy was attached to all billing invoices			l
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			l
	e The policy was provided, in writing, to patients upon admission to the hospital facility			l
	f The policy was available upon request			l
				l
	g Other (describe in Part VI) ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at			l
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Cother (describe in Part VI)			l
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	16		
	the tax year?	10		
	Reporting to credit agency			
	b Lawsuits			
	<u> </u>			
	c Liens on residences d Body attachments			
	e Cother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	e Other (describe in Part VI)			

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI) 20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial

assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Clinic Ortho-Spine	
Line Number of Hospital Facility (from Schedule H, Part V, Section A	\):	30

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community d			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	3		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Botetourt Athletic Center
Line Number of Hospital Facility (from Schedule H, Part V, Section A	31

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community d			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	3		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Daleville Imaging
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	32

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Cher (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	2		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
	(check all that apply)			
	Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h 🕝 Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carılıon Center for Healthy Agıng	
Line Number of Hospital Facility (from Schedule H, Part V, Section	on A):	33

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply) a			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
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1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	CFM - Salem
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	34

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply) a			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-	Ш		Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services **d** Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carılıon Dentıstry	General Surgery	
Line Number of Hospital Facility (from Schedule H, Part	V, Section A):	35	

			Yes	No
Col	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
_	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services **d** Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

e Number of Hospital Facility (from Schedule H, Part V, Section A):			
		Yes	N
mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			i
During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			i
A definition of the community served by the hospital facility			i
b Demographics of the community			
c Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d How data was obtained			i
e The health needs of the community			i
f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
The process for identifying and prioritizing community health needs and services to meet the community health needs			
h The process for consulting with persons representing the community's interests			
i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j Cther (describe in Part VI)			l
Indicate the tax year the hospital facility last conducted a Needs Assessment 20			l
In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
Did the hospital facility make its Needs Assessment widely available to the public?	5		<u> </u>
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a			
b Available upon request from the hospital facility			i
c			i
If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a 「 Adoption of an implementation strategy to address the health needs of the hospital facility's community			l
b Execution of the implementation strategy			i
c Participation in the development of a community-wide community benefit plan			i
d Participation in the execution of a community-wide community benefit plan			i
e 「 Inclusion of a community benefit section in operational plans			i
f 🔽 Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			l
g Prioritization of health needs in the community			i
h Prioritization of services that the hospital facility will undertake to meet health needs in its community			l
i Other (describe in Part VI)			l
Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"	_		ł
explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	igwdown	<u>—</u>

9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . .

If "Yes," indicate the FPG family income limit for eligibility for free care ___%

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-	Ш		Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services **d** Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Pediatric Gastroenterology
Line Number of Hospital Facility (from Schedule H, Part V, Section A):37

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community d			
	<u>-</u>			
	The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	2		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b A vailable upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-	Ш		Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services **d** Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion E	Dentistry Pediatric Surgery
ine Number of Hospital Faci	lity (from Schedule H, Part V, Section A):	38

			Yes	No
Co	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Cother (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"	,		
Fir	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs nancial Assistance Policy	7		
117	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
-	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Dental Care
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	39

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment	1		
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	c Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Cher (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that	1		
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

If "Yes," indicate the FPG family income limit for eligibility for free care __%

Name of Hospital Facility:	me of Hospital Facility: Carilion Department of Psychiatry Roanoke					
· · · · · · · · · · · · · · · · · · ·	edule H, Part V, Section A):	40			_	
			$-\!\!\!+$	Yes	No	
Community Health Needs Assessment (Lin	es 1 through / are optional for 2010) ar, did the hospital facility conduct a community health n	ands assessment				
	o question 8		1			
If "Yes," indicate what the Needs Asse	essment describes (check all that apply)					
a 🖊 A definition of the community se	erved by the hospital facility					
b Demographics of the community	1					
Existing health care facilities ar	nd resources within the community that are available to re	espond to the health				
needs of the community						
d How data was obtained						
e The health needs of the commun						
f Primary and chronic disease new minority groups	eds and other health issues of uninsured persons, low-inc	ome persons, and				
, , , ,	prioritizing community health needs and services to meet	the community health				
g needs						
h The process for consulting with	persons representing the community's interests					
i 🖊 Information gaps that limit the h	nospital facility's ability to assess all of the community's	health needs				
j 🖊 Other (describe in Part VI)						
	ity last conducted a Needs Assessment 20					
	Assessment, did the hospital facility take into account inp					
	e hospital facility? If "Yes," describe in Part VI how the h sent the community, and identify the persons the hospital		3			
	essment conducted with one or more other hospital facility					
•			4			
	s Assessment widely available to the public?		5			
	ssment was made widely available (check all that apply)					
a Hospital facility's website	had mitted for cultivity					
 b Available upon request from the c Other (describe in Part VI) 	nospital lacility					
•	s identified in its most recently conducted Needs Assess	ment indicate how				
(check all that apply)	s rachined in its most recently conducted Needs Assess	ment, maleute now				
a 🖊 Adoption of an implementation s	strategy to address the health needs of the hospital facilit	cy's community				
b Execution of the implementation	n strategy					
c Participation in the developmen	t of a community-wide community benefit plan					
d Participation in the execution of	a community-wide community benefit plan					
e 🖊 Inclusion of a community benefi	t section in operational plans					
f Adoption of a budget for provision	on of services that address the needs identified in the Ne	eds Assessment				
g 🔽 Prioritization of health needs in	the community					
	e hospital facility will undertake to meet health needs in i	ts community				
i						
	the needs identified in its most recently conducted Needs not addressed together with the reasons why it has not ad		7			
Financial Assistance Policy						
	during the tax year a written financial assistance policy th					
	l assistance, and whether such assistance includes free o		8			
y Used federal poverty guidelines (FPG)	to determine eligibility for providing free care to low inco	me individuals?	9			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:_	Carılı	ion Gynecological Oncology	
Line Number of Hospital Fa	cility (from Schedule H, Part V, Section A):_		41

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment	1		
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	c Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Cher (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that	1		
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

2	Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		<u> </u>
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			l
11	Explained the basis for calculating amounts charged to patients?	11		<u> </u>
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			l
	c Medical indigency			
	d Insurance status			l
	e Uninsured discount			
	f Medicaid/Medicare			l
	g			l
	h Other (describe in Part VI)			l
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			l
	b The policy was attached to all billing invoices			l
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			l
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	g Other (describe in Part VI) ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at			
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Cother (describe in Part VI)			l
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	16		
	the tax year?	10		
	Reporting to credit agency			
	b Lawsuits			
	<u> </u>			
	c Liens on residences d Body attachments			
	e Cother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	e Other (describe in Part VI)			

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI) 20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial

assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Anticoagulation Clinic	
Line Number of Hospital Facility (from Schedule H, Part V, Section	A):	42

		Yes	No	
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community d			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	3		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	CRMH Rheumatology Clinic
Line Number of Hospital Facility (from Schedule H, Part V, Section A):43

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	f minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Cother (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_ '		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
_	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Salem Family Practice - Spartan Drive	
Line Number of Hospital Facility (from Schedule H, Part V, Sec	tion A):	44

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment	1		
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	c Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Cher (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that	1		
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Breast Mammography - North	
Line Number of Hospital Facility (from Schedule H, Part V, Section	A):	45

			Yes	No
Coi	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	igsquare	
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	igsquare	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

ine Number of Hospital Facility (from Sched	lule H. Part V. Section A):	46		
me Number of Hospital Facility (From Sched	raic 11, 1 are V, Section A).			_
			Yes	N
Community Health Needs Assessment (Lines	s 1 through 7 are optional for 2010)			
	, did the hospital facility conduct a community health question 8			
If "Yes," indicate what the Needs Asses	sment describes (check all that apply)			
a Γ A definition of the community serv	ved by the hospital facility			
b Demographics of the community				
c Existing health care facilities and needs of the community	resources within the community that are available to	respond to the health		
d 🖊 How data was obtained				
e $lacksquare$ The health needs of the communit	ty			
f Primary and chronic disease need minority groups	ds and other health issues of uninsured persons, low-in	come persons, and		
g The process for identifying and pr	oritizing community health needs and services to mee	et the community health		
h The process for consulting with pe	ersons representing the community's interests			
i 「 Information gaps that limit the ho	spital facility's ability to assess all of the community's	health needs		
j 🔽 O ther (describe in Part VI)				
2 Indicate the tax year the hospital facility	y last conducted a Needs Assessment 20			
represent the community served by the	sessment, did the hospital facility take into account in hospital facility? If "Yes," describe in Part VI how the	hospital facility took into		
	nt the community, and identify the persons the hospita sment conducted with one or more other hospital facili	•		
other hospital facilities in Part VI	·	4		
•	Assessment widely available to the public?	5		

a Hospital facility's website
 b Available upon request from the hospital facility
 c Other (describe in Part VI)
 6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)
 a Adoption of an implementation strategy to address the health needs of the hospital facility's community
 b Execution of the implementation strategy

c Participation in the development of a community-wide community benefit plan
d Participation in the execution of a community-wide community benefit plan

If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)

e Inclusion of a community benefit section in operational plans

f 📘 Adoption of a budget for provision of services that address the needs identified in the Needs Assessment

g \prod Prioritization of health needs in the community

h \prod Prioritization of services that the hospital facility will undertake to meet health needs in its community

7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs

Financial Assistance Policy

ancial Assistance	. i oncy							
Did the hospital	facility have in	place during the	e tax vear	a written	financial	assistance	policy	that

8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?

9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . If "Yes," indicate the FPG family income limit for eligibility for free care __%

7

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Financial Assistance Policy

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

Line Number of Hospital Facility (from Schedule H, Part V, Section A):47			
		Yes	N
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a 🔽 A definition of the community served by the hospital facility			
b Demographics of the community			
c Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d How data was obtained			
e The health needs of the community			
f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
The process for identifying and prioritizing community health needs and services to meet the community health needs			
h The process for consulting with persons representing the community's interests			
i 🔽 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j 🔽 O ther (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	4		

Did the hospital facility have in place during the tax year a written financial assistance policy that

If "Yes," indicate the FPG family income limit for eligibility for free care ___%

8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?

9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . .

8

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Pediatric Neurology	
Line Number of Hospital Facility (from Schedule H, Part V, Section A	A):	48

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	${f i}$ ${f \Gamma}$ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Cher (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	,		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
	(check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f 「 Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Roanoke IP Psychiatry	
Line Number of Hospital Facility (from Schedule H, Part V, Section	n A):	n Roanoke IP Psychiatry 49

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
,	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
_	(check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 50			_
		1.4	
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		Yes	No
During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply) a A definition of the community served by the hospital facility			
b Demographics of the community			
Existing health care facilities and resources within the community that are available to respond to the health needs of the community d How data was obtained			
e The health needs of the community			
f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
The process for identifying and prioritizing community health needs and services to meet the community health needs			
h $igcap$ The process for consulting with persons representing the community's interests			
${f i}$ ${f \Gamma}$ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j 🔽 O ther (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a Hospital facility's website			
b A vailable upon request from the hospital facility			
c Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a 🔲 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b Execution of the implementation strategy			

Financial Assistance Policy

Did the hospital facility have in place during the tax year a written financial assistance policy that

c Participation in the development of a community-wide community benefit plan
d Participation in the execution of a community-wide community benefit plan

8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . .

explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs

If "Yes," indicate the FPG family income limit for eligibility for free care __%

7

8

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Tother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carılıon Urgent Care Westlake			
Line Number of Hospital Facility (from Schedule H, Part V, Section	A):	51		_
			V	

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment	1		
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	c Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Cher (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that	1		
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Tother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

	e of Hospital Facility: Carilion Child and Adolescent Psychiatry Number of Hospital Facility (from Schedule H, Part V, Section A): 52			
·····C	Number of hospital racinty (from schedule fi, Fart V, Section A).			_
			Yes	No
Com	munity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
-	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
,	A definition of the community served by the hospital facility			
	Demographics of the community			
•	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
,	How data was obtained			
,	The health needs of the community			
1	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
,	The process for identifying and prioritizing community health needs and services to meet the community health needs			
-	$oldsymbol{h}$ $oldsymbol{\Gamma}$ The process for consulting with persons representing the community's interests			
i	igcap I Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
- 1	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	١.		
	other hospital facilities in Part VI	5		
	Did the hospital facility make its Needs Assessment widely available to the public?			
	a Hospital facility's website			
,	A vailable upon request from the hospital facility			
	Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	Execution of the implementation strategy			
	Participation in the development of a community-wide community benefit plan			
	Participation in the execution of a community-wide community benefit plan			
,	Inclusion of a community benefit section in operational plans			
1	Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
,	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	Other (describe in Part VI)			
	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		

Financial Assistance Policy Did the hospital facility have in place during the tax year a written financial assistance policy that

8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?

9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . If "Yes," indicate the FPG family income limit for eligibility for free care ___%

8

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Department of Psychia	try & Behavioral Medicine	
Line Number of Hospital Facility (from Schedule H, Part	V, Section A):	53	

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a Γ A definition of the community served by the hospital facility			
	b Demographics of the community			
	c Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h Γ The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
5	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy	1		
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

2	Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		<u> </u>
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			l
11	Explained the basis for calculating amounts charged to patients?	11		<u> </u>
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			l
	a Income level			
	b Asset level			l
	c Medical indigency			
	d Insurance status			l
	e Uninsured discount			
	f Medicaid/Medicare			l
	g			l
	h Other (describe in Part VI)			l
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			l
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	g Other (describe in Part VI) ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at			
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Cother (describe in Part VI)			l
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	16		
	the tax year?	10		
	Reporting to credit agency			
	b Lawsuits			
	<u> </u>			
	c Liens on residences d Body attachments			
	e Cother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	e Other (describe in Part VI)			

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI) 20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial

assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Pediatric Cardiology Clinic	
Line Number of Hospital Facility (from Schedule H, Part V, Section A	\):	54

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
,	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
_	(check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Pediatric Pulmonology
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	55

			Yes	No	
Col	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)				
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1			
	If "Yes," indicate what the Needs Assessment describes (check all that apply)				
	a A definition of the community served by the hospital facility				
	b Demographics of the community				
	Existing health care facilities and resources within the community that are available to respond to the health				
	needs of the community				
	d How data was obtained				
	e The health needs of the community				
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups				
	The process for identifying and prioritizing community health needs and services to meet the community health needs				
	h The process for consulting with persons representing the community's interests				
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs				
	j				
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20				
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who				
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3			
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the				
	other hospital facilities in Part VI	4			
5	Did the hospital facility make its Needs Assessment widely available to the public?	5			
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)				
	a Hospital facility's website				
	b Available upon request from the hospital facility				
	c Other (describe in Part VI)				
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)				
	a 「 Adoption of an implementation strategy to address the health needs of the hospital facility's community				
	b Execution of the implementation strategy				
	c Participation in the development of a community-wide community benefit plan				
	d Participation in the execution of a community-wide community benefit plan				
	e 「 Inclusion of a community benefit section in operational plans				
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment				
	g Prioritization of health needs in the community				
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community				
	i Other (describe in Part VI)				
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"				
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7			
in	nancial Assistance Policy				
_	Did the hospital facility have in place during the tax year a written financial assistance policy that				
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8			
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9			
	If "Yes," indicate the FPG family income limit for eligibility for free care%				

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

ine Number of Hospital Facility (from Schedule H, Part V, Section A): 56			_
	\Box	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a 🔽 A definition of the community served by the hospital facility			
b Demographics of the community			
Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d			
e The health needs of the community			
f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
The process for identifying and prioritizing community health needs and services to meet the community health needs			
h The process for consulting with persons representing the community's interests			
i 🔽 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
account input from persons and represent the community, and factoris and hospital factority compared	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		

If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	
a Hospital facility's website	
b Available upon request from the hospital facility	
c C Other (describe in Part VI)	

	٠,	o ther (describe in rare vi)
•	Ifthe	nospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how
	(chec	all that apply)

(check all that apply)	
a Γ Adoption of an implementation strategy to address the health need	ds of the hospital facility's community
b Execution of the implementation strategy	

5 Did the hospital facility make its Needs Assessment widely available to the public?

c	Г	Participation in the development of a community-wide commun	ity benefit plan
		Darticipation in the execution of a community wide community	hanafıt nlan

d	ļ	Participation in the execution of a community-wide community benefit p	əlar
_	$\overline{}$	Inclusion of a community benefit section in operational plans	

f	Γ	Adoption of a budget for provision of services that address the needs identified in the Needs Assessmen

g	Г	${\sf Prioritization}$	of health	needs ı	n the	community

h	Г	Prioritization of	services	that the	hospital	facility	will	undertake	to i	meet	health	needs	ın ıt	s c	ommunit
	_														

i	Oth	er (des	cribe in	Part	VI)

Fir	nancial Assistance Policy
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,

Did the hospital f	cility have in place during the tax year a written financial assistance policy th	at

8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	

· · · · · · · · · · · · · · · · ·	,	,	
If "Yes," indicate the FPG fami	ly income limit for	eligibility for free care	%

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

Name of Hospital Facility: Carilion Sleep Center			
Line Number of Hospital Facility (from Schedule H, Part V, Section A): 57			_
		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a 🔽 A definition of the community served by the hospital facility			
b Demographics of the community			
c Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d How data was obtained			
e The health needs of the community			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Clinic Urogynecology	
Line Number of Hospital Facility (from Schedule H, Part V, Section	A):	58

			Yes	No
Col	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups The process for identifying and prioritizing community health needs and convices to meet the community health			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 「 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	nancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Tother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Clinic Pediatric	Surgery Clinic	
Line Number of Hospital Facility (from Schedul	e H, Part V, Section A):	59	

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
,	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
_	(check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-	Ш		Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Tother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	CFM - Rocky Mount
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	60

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community d			
	<u>-</u>			
	The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	2		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b A vailable upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Cardiac Rehab		_
Line Number of Hospital Facility (from Schedule H, Part V, Section A)	:61		_
	T.	v _{os} l	

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	_ _		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Γ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Financial Assistance Policy

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V. Section A)

ine Number of Hospital Facility (from Schedule H, Part V, Section A):62			
		Yes	N
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)	_		
a A definition of the community served by the hospital facility			
b Demographics of the community			
Existing health care facilities and resources within the community that are available to respond to the health			
needs of the community			
d How data was obtained			
e The health needs of the community			
f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
The process for identifying and prioritizing community health needs and services to meet the community health			
g needs			
h The process for consulting with persons representing the community's interests			
i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j 「 O ther (describe in Part VI)			
Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a Hospital facility's website			
b Available upon request from the hospital facility			
c T O ther (describe in Part VI)			
If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a \prod Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b Execution of the implementation strategy			
c Participation in the development of a community-wide community benefit plan			
d Participation in the execution of a community-wide community benefit plan			
e 「 Inclusion of a community benefit section in operational plans			
f 「 Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g Prioritization of health needs in the community			
h Γ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i Cother (describe in Part VI)			

Did the hospital facility have in place during the tax year a written financial assistance policy that

8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . .

7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs

If "Yes," indicate the FPG family income limit for eligibility for free care ___%

7

8

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Reproductive Endocrinology Cli	ınıc	
Line Number of Hospital Facility (from	Schedule H, Part V, Section A):	63	

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
,	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
_	(check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

	lospital Facility: Carilion I maging per of Hospital Facility (from Schedule H, Part V, Section A): 64			
ie ituiiii	ref of nospital raciity (from sciedule n, raft v, section x)			_
			Yes	N
mmuni	ty Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
	g the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ds Assessment")? If "No," skip to question 8	1		
If"Y€	s," indicate what the Needs Assessment describes (check all that apply)			
аГ	A definition of the community served by the hospital facility			
ьГ	Demographics of the community			
__ Γ	Existing health care facilities and resources within the community that are available to respond to the health			
	eds of the community			
d	How data was obtained			
e	The health needs of the community			
fΓ	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	nority groups			
u	The process for identifying and prioritizing community health needs and services to meet the community health			
ьΓ	The process for consulting with persons representing the community's interests			
; <u>'</u>	Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
· _	Other (describe in Part VI)			
, i Indic	ate the tax year the hospital facility last conducted a Needs Assessment 20			
	nducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	sent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	unt input from persons who represent the community, and identify the persons the hospital facility consulted	3		
	the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	4		
	ne hospital facility make its Needs Assessment widely available to the public?	5		
	s," indicate how the Needs Assessment was made widely available (check all that apply)			
аГ	Hospital facility's website			
ьГ	A vailable upon request from the hospital facility			
сГ	Other (describe in Part VI)			
	hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how k all that apply)			
	Adoption of an implementation strategy to address the health needs of the hospital facility's community			
ьГ	Execution of the implementation strategy			
сГ	Participation in the development of a community-wide community benefit plan			
аГ	Participation in the execution of a community-wide community benefit plan			
еГ	Inclusion of a community benefit section in operational plans			
fΓ	Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g T	Prioritization of health needs in the community			
ьГ	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
ıГ	Other (describe in Part VI)			
'Didt	ne hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			

Financial Assistance Policy Did the hospital facility have in place during the tax year a written financial assistance policy that

8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?

explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs

9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . If "Yes," indicate the FPG family income limit for eligibility for free care ___%

7

8

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

(check all that apply)

Execution of the implementation strategy

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

me of Hospital Facility: CIM Crystal Spring 65 65			
ne Number of Hospital Facility (from Schedule H, Part V, Section A): 65			
		Yes	No
ommunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1_1_		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a Γ A definition of the community served by the hospital facility			
b Demographics of the community			
c Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d How data was obtained			
e The health needs of the community			
f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
The process for identifying and prioritizing community health needs and services to meet the community health needs			
h The process for consulting with persons representing the community's interests			
i 🔽 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j Cher (describe in Part VI)			
Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took in			
account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
other hospital facilities in Part VI	4		
Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a Hospital facility's website			
b Available upon request from the hospital facility			
c T Other (describe in Part VI)			

7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs

Financial Assistance Policy

Did the hospital facility have in place during the tax year a written financial assistance policy that

8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . .

6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how

a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community

If "Yes," indicate the FPG family income limit for eligibility for free care ___%

7

8

2	Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		<u> </u>
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			l
11	Explained the basis for calculating amounts charged to patients?	11		<u> </u>
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			l
	b The policy was attached to all billing invoices			l
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			l
	e The policy was provided, in writing, to patients upon admission to the hospital facility			l
	f The policy was available upon request			l
				l
	g Other (describe in Part VI) ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at			l
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Cother (describe in Part VI)			l
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	16		
	the tax year?	10		
	Reporting to credit agency			
	b Lawsuits			
	<u> </u>			
	c Liens on residences d Body attachments			
	e Cother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	e Other (describe in Part VI)			

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI) 20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial

assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Pediatric Developmental Clinic	_
Line Number of Hospital Facility (from Schedule H, Part V, Section	ion A):66	

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
,	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
_	(check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Clinic Physiatry
Line Number of Hospital Facility (from Schedule H, Part V, Section A)	:67

	Yes		No	
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
,	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
_	(check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Diabetic Education	
Line Number of Hospital Facility (from Schedule H, Part V, Section A	\):	68

			Yes	No
Col	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups The process for identifying and prioritizing community health needs and convices to meet the community health			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 「 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	nancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

If "Yes," indicate the FPG family income limit for eligibility for free care __%

	Carilion Pediatric Endocrinology Clinic			
ine Number of Hospital Facility (from	Schedule H, Part V, Section A): 69			_
			Yes	N
ommunity Health Needs Assessment	(Lines 1 through 7 are optional for 2010)			
	x year, did the hospital facility conduct a community health needs assessment			
	kıp to question 8	1		
	Assessment describes (check all that apply)			
<u> </u>	ty served by the hospital facility			
b Demographics of the comm	· ·			
C	es and resources within the community that are available to respond to the health			
needs of the community				
d How data was obtained				
e The health needs of the con	·			
minority groups	e needs and other health issues of uninsured persons, low-income persons, and			
The process for identifying needs	and prioritizing community health needs and services to meet the community health			
h The process for consulting	with persons representing the community's interests			
i 「 Information gaps that limit	the hospital facility's ability to assess all of the community's health needs			
j 🔽 Other (describe in Part VI)				
Indicate the tax year the hospital	facility last conducted a Needs Assessment 20			
represent the community served b	eds Assessment, did the hospital facility take into account input from persons who by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	epresent the community, and identify the persons the hospital facility consulted	3		
	Assessment conducted with one or more other hospital facilities? If "Yes," list the	4		
	Needs Assessment widely available to the public?	<u>.</u> 5		
	ssessment was made widely available (check all that apply)			
a Hospital facility's website	, , , , , , , , , , , , , , , , , , , ,			
b Available upon request from	n the hospital facility			
c Other (describe in Part VI)				
·	needs identified in its most recently conducted Needs Assessment, indicate how			
	ion strategy to address the health needs of the hospital facility's community			
b Execution of the implement	ation strategy			
<u></u> ,	ment of a community-wide community benefit plan			
<u></u> -	on of a community-wide community benefit plan			
<u> </u>	enefit section in operational plans			
<u> </u>	vision of services that address the needs identified in the Needs Assessment			
a Prioritization of health need				
<u> </u>	at the hospital facility will undertake to meet health needs in its community			
i Other (describe in Part VI)	and the second of the second o			
	ll of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	has not addressed together with the reasons why it has not addressed such needs	7		
inancial Assistance Policy				
	ace during the tax year a written financial assistance policy that			
	ncial assistance, and whether such assistance includes free or discounted care?	8		_
9 Used federal poverty guidelines (F	PG) to determine eligibility for providing free care to low income individuals?	9	1	

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Breast Care Center	
Line Number of Hospital Facility (from Schedule H, Part V, Section A	A):	70
Line Number of Hospital Facility (from Schedule H, Part V, Section I	A):	

	Yes		No	
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
,	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
_	(check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carılıon Sleep Center Westlake	
Line Number of Hospital Facility (from Schedule H, Part V, Section	A):	71

			Yes	No
Coi	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	igsquare	
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	igsquare	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Carilion Genetics
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	72

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
,	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
_	(check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-	Ш		Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	CNRVMC - Neurosciences		
Line Number of Hospital Facility (from Schedule H, Part V, Section	A):73		

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply) A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-	Ш		Ь
	i ng and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e T Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:_	Carilion Surge	ry Westlake
Line Number of Hospital Fa	cility (from Schedule H, Part V, Section A):	74

			Yes	No
Col	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the EPG family income limit for eligibility for free care %			

P	art V	Facility Information (continued)			
				Yes	No
10	Used F	FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? [10		
	If "Yes	," indicate the FPG family income limit for eligibility for discounted care%			
11	Explai	ned the basıs for calculatıng amounts charged to patıents?	11		
	If "Yes	," indicate the factors used in determining such amounts (check all that apply)			
	аГ	Income level			
	ьГ	Asset level			
	сΓ	Medical indigency			
	dГ	Insurance status			
	еГ	Uninsured discount			
	fГ	Medicaid/Medicare			
	a T	State regulation			
		Other (describe in Part VI)			
12		ned the method for applying for financial assistance?	12		
		ed measures to publicize the policy within the community served by the hospital facility?	13		
		," indicate how the hospital facility publicized the policy (check all that apply)			
		The policy was posted at all times on the hospital facility's web site			
	ьГ	The policy was attached to all billing invoices			
	c T	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
		The policy was posted in the hospital facility's admissions offices			
		The policy was provided, in writing, to patients upon admission to the hospital facility			
		The policy was available upon request			
	_	Other (describe in Part VI)			
Bil		Collections			
		e hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
		ance policy that explained actions the hospital facility may take upon non-payment?	14		<u> </u>
15		all of the following collection actions against a patient that were permitted under the hospital facility's policies at			
	_	ne during the tax year Reporting to credit agency			
		Lawsuits			
		Liens on residences			
		Body attachments			
		Other (describe in Part VI)			
16	•	e hospital facility engage in or authorize a third party to engage in any of the following collection actions during			l
10		(year?	16		
		," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
	аГ	Reporting to credit agency			
	ьГ	Lawsuits			
	сГ	Liens on residences			
	dГ	Body attachments			
	еГ	Other (describe in Part VI)			
17	Indica	te which actions the hospital facility took before initiating any of the collection actions checked in question 16			
		call that apply)			
	_	Notified patients of the financial assistance policy upon admission			
	ь 🗀	Notified patients of the financial assistance policy prior to discharge			
	·-	Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills				
	· ·	Documented its determination of whether a patient who applied for financial assistance under the financial			
		stance policy qualified for financial assistance Other (describe in Part VI)			

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Part V Facility Information (continued) Section B. Facility Policies and Practices.

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

Name of Hospital Facility:	Northwest Internal Medi	cine	
Line Number of Hospital Facility (from Sc	chedule H, Part V, Section A):	75	

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community d			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	3		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	art V	Facility Information (continued)			
				Yes	No
10	Used F	FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? [10		
	If "Yes	," indicate the FPG family income limit for eligibility for discounted care%			
11	Explai	ned the basıs for calculatıng amounts charged to patıents?	11		
	If "Yes	," indicate the factors used in determining such amounts (check all that apply)			
	аГ	Income level			
	ьГ	Asset level			
	сΓ	Medical indigency			
	dГ	Insurance status			
	еГ	Uninsured discount			
	fГ	Medicaid/Medicare			
	a T	State regulation			
		Other (describe in Part VI)			
12		ned the method for applying for financial assistance?	12		
		ed measures to publicize the policy within the community served by the hospital facility?	13		
		," indicate how the hospital facility publicized the policy (check all that apply)			
		The policy was posted at all times on the hospital facility's web site			
	ьГ	The policy was attached to all billing invoices			
	c T	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
		The policy was posted in the hospital facility's admissions offices			
		The policy was provided, in writing, to patients upon admission to the hospital facility			
		The policy was available upon request			
	_	Other (describe in Part VI)			
Bil		Collections			
		e hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
		ance policy that explained actions the hospital facility may take upon non-payment?	14		<u> </u>
15		all of the following collection actions against a patient that were permitted under the hospital facility's policies at			
	_	ne during the tax year Reporting to credit agency			
		Lawsuits			
		Liens on residences			
		Body attachments			
		Other (describe in Part VI)			
16	•	e hospital facility engage in or authorize a third party to engage in any of the following collection actions during			l
10		(year?	16		
		," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
	аГ	Reporting to credit agency			
	ьГ	Lawsuits			
	сГ	Liens on residences			
	dГ	Body attachments			
	еГ	Other (describe in Part VI)			
17	Indica	te which actions the hospital facility took before initiating any of the collection actions checked in question 16			
		call that apply)			
	_	Notified patients of the financial assistance policy upon admission			
	ь 🗀	Notified patients of the financial assistance policy prior to discharge			
	·-	Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills				
	· ·	Documented its determination of whether a patient who applied for financial assistance under the financial			
		stance policy qualified for financial assistance Other (describe in Part VI)			

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Part V Facility Information (continued) Section B. Facility Policies and Practices.

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

Name of Hospital Facility:	Carilion Heart Failure Clinic	
Line Number of Hospital Facility (from Schedule H, Part V, Section A	A):	76

			Yes	No
Col	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups The process for identifying and prioritizing community health needs and convices to meet the community health			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 「 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	nancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	art V	Facility Information (continued)			
				Yes	No
10	Used F	FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? [10		
	If "Yes	," indicate the FPG family income limit for eligibility for discounted care%			
11	Explai	ned the basıs for calculatıng amounts charged to patıents?	11		
	If "Yes	," indicate the factors used in determining such amounts (check all that apply)			
	аГ	Income level			
	ьГ	Asset level			
	сΓ	Medical indigency			
	dГ	Insurance status			
	еГ	Uninsured discount			
	fГ	Medicaid/Medicare			
	a T	State regulation			
		Other (describe in Part VI)			
12		ned the method for applying for financial assistance?	12		
		ed measures to publicize the policy within the community served by the hospital facility?	13		
		," indicate how the hospital facility publicized the policy (check all that apply)			
		The policy was posted at all times on the hospital facility's web site			
	ьГ	The policy was attached to all billing invoices			
	c T	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
		The policy was posted in the hospital facility's admissions offices			
		The policy was provided, in writing, to patients upon admission to the hospital facility			
		The policy was available upon request			
	_	Other (describe in Part VI)			
Bil		Collections			
		e hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
		ance policy that explained actions the hospital facility may take upon non-payment?	14		<u> </u>
15		all of the following collection actions against a patient that were permitted under the hospital facility's policies at			
	_	ne during the tax year Reporting to credit agency			
		Lawsuits			
		Liens on residences			
		Body attachments			
		Other (describe in Part VI)			
16	•	e hospital facility engage in or authorize a third party to engage in any of the following collection actions during			l
10		(year?	16		
		," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
	аГ	Reporting to credit agency			
	ьГ	Lawsuits			
	сГ	Liens on residences			
	dГ	Body attachments			
	еГ	Other (describe in Part VI)			
17	Indica	te which actions the hospital facility took before initiating any of the collection actions checked in question 16			
		call that apply)			
	_	Notified patients of the financial assistance policy upon admission			
	ь 🗀	Notified patients of the financial assistance policy prior to discharge			
	·-	Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills				
	· ·	Documented its determination of whether a patient who applied for financial assistance under the financial			
		stance policy qualified for financial assistance Other (describe in Part VI)			

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Part V Facility Information (continued) Section B. Facility Policies and Practices.

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

Name of Hospital Facility:	OB-GYN Private - Roanoke
Line Number of Hospital Facility (from Schedule H, Part V, Section A):

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community d			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	3		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

2	Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		<u> </u>
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			l
11	Explained the basis for calculating amounts charged to patients?	11		<u> </u>
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			l
	a Income level			
	b Asset level			l
	c Medical indigency			
	d Insurance status			l
	e Uninsured discount			
	f Medicaid/Medicare			l
	g			l
	h Other (describe in Part VI)			l
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			l
	b The policy was attached to all billing invoices			l
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	g Other (describe in Part VI) ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at			
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Cother (describe in Part VI)			l
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	16		
	the tax year?	10		
	Reporting to credit agency			
	b Lawsuits			
	<u> </u>			
	c Liens on residences d Body attachments			
	e Cother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	e Other (describe in Part VI)			

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI) 20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial

assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility:	Carilion Imaging Professionals		
ine Number of Hospital Facility (from Schedule H, Part V, Section	A):		
		Ye	s N
Community Health Needs Assessment (Lines 1 through 7 are option	onal for 2010)		
During the tax year or any prior tax year, did the hospital facil ("Needs Assessment")? If "No," skip to question 8		1	
If "Yes," indicate what the Needs Assessment describes (che	ck all that apply)		
a \prod A definition of the community served by the hospital fac	cility		
b Demographics of the community			
c Existing health care facilities and resources within the needs of the community	community that are available to respond to the health		
d How data was obtained			
e The health needs of the community			
f Primary and chronic disease needs and other health iss minority groups	sues of uninsured persons, low-income persons, and		
The process for identifying and prioritizing community holds	nealth needs and services to meet the community health		
h Γ The process for consulting with persons representing th	ne community's interests		
i	to assess all of the community's health needs		
j 🔽 O ther (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Ne	eds Assessment 20		
3 In conducting its most recent Needs Assessment, did the hos represent the community served by the hospital facility? If "Y account input from persons who represent the community, and	es," describe in Part VI how the hospital facility took into	3	
4 Was the hospital facility's Needs Assessment conducted with	one or more other hospital facilities? If "Yes," list the		

a Adoption of an implementation strategy to address the health needs of the hospital facility's community

b Execution of the implementation strategy

Participation in the development of a community-wide community benefit plan

5 Did the hospital facility make its Needs Assessment widely available to the public?

d Participation in the execution of a community-wide community benefit plan

d Participation in the execution of a community-wide community benefit plan

e 「 Inclusion of a community benefit section in operational plans

f 「 Adoption of a budget for provision of services that address the needs identified in the Needs Assessment

g Γ Prioritization of health needs in the community

h Prioritization of services that the hospital facility will undertake to meet health needs in its community

i Other (describe in Part VI)

Financial Assistance Policy

7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs

Did the hospital facility have in place during the tax year a written financial assistance policy that

8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . .

If "Yes," indicate the FPG family income limit for eligibility for free care $\ _$ %

7

8

9

P	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	. 10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	. 11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h Cother (describe in Part VI)			
12	Explained the method for applying for financial assistance?	. 12		
13	Included measures to publicize the policy within the community served by the hospital facility?	. 13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	c The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	g T Other (describe in Part VI)			
Bil	lling and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written finar	ncial 14		
15	assistance policy that explained actions the hospital facility may take upon non-payment?			
	any time during the tax year	105 40		
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e Cother (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions duri	ng		
	the tax year?	16	_	
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question	16		
_,	(check all that apply)	-		
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patient	ts'		
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Page **7**

Dart V	Eacility	Information	(continued)
rantv	racility	Tilloi illa tioli	i conunueu i

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year?		
Name and address	Type of Facility (Describe)	
1 See Add	ditional Data Table	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Schedule H (Form 990) 2010

Schedule H (Form 990) 2010

Part VI Supplemental Information

Complete this part to provide the following information

Required descriptions. Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

Page 8

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

Identifier	ReturnReference	Explanation
Part I line 3c		N/A

Identifier	ReturnReference	Explanation
Part I line 6a		Information on community benefit is reported annually through a consolidated report prepared by Carilion Clinic Printed copies of this report are distributed throughout communities served by hospitals affiliated with Carilion Clinic Additionally, the community benefit report is available on Carilion Clinics website

Identifier	ReturnReference	Explanation
Part I line 7g		N/A

Identifier	ReturnReference	Explanation
Part I line 7 column f		Bad debt expense subtracted from total expenses for the calculation is 46,641,205

Identifier	ReturnReference	Explanation
Part I line 7		Ratio of cost-to-charges was used to calculate the expense

Identifier	ReturnReference	Explanation
Part III line 4		The financial statements do not include a footnote on bad debt The audited financial statements include a provision for bad debt. The provision is calculated based on historical bad debt experience and managements evaluation of the collectibility of the accounts receivable. Balances are written off after all reasonable collection efforts have been made.

Identifier	ReturnReference	Explanation
Part III line 4		The bad debt expense reported on line 2 was calculated using the cost-to-charges ratio applied to the provision for bad debt
		reported in the financial statements

Identifier	ReturnReference	Explanation
Part III line 4		The estimated amount of bad debt expense, reported on line 3, attributable to patients eligible for charity care was determined using external credit reporting data to identify the patients that were eligible and applying the cost-to-charges ratio to the charges of the patients so identified Sufficient information was not available to make a definitive determination of their eligibility

Identifier	ReturnReference	Explanation
Part III line 4		Patient account balances are reduced by discounts allowed and
		payments

Identifier	ReturnReference	Explanation
Part III line 8		Medicare allowable costs are determined from the Medicare cost report using the cost-to-charges ratio

Identifier	ReturnReference	Explanation	
Part III line 8		The Hospital does not consider a Medicare shortfall as a community benefit	

Identifier	ReturnReference	Explanation
Part III line 9b		When an uninsured self pay patient registers for medically necessary services, the patients account is electronically marked as being potentially eligible for charity care. Carilion Clinics Eligibility Assistance Service EAS screens the patient to determine if charity care is appropriate. The patient must apply for all entitlement programs for which he or she may be eligible i.e. Medicaid, Social Security Disability, etc. EAS assists the patient with the applications.

Identifier	ReturnReference	Explanation	
Part III line 9b		If the patient does not qualify for one of the programs then the Federal Poverty Guidelines FPG are used to determine eligibility for charity care A patient whose account balance is less than 1,500 and is at or below 100 of FPG is automatically given a 100 discount of their account	

Identifier	ReturnReference	Explanation
Part III line 9b		For balances greater than 1,500 the patient must complete a Financial Assistance Application and provide appropriate documentation A sliding scale of discounts is available for patients with incomes up to 400 of FPG

Identifier	ReturnReference	Explanation
Part III line 9b		An underinsured patient can apply for charity care Applications are available at all Patient Access/Registration points, offices of EAS, Carilion Clinics Internet website or by calling for an application

Identifier	ReturnReference	Explanation
Part V		N/A

Identifier	ReturnReference	Explanation
Part VI Line 3		The charity care policy is posted in all patient registration areas. At the time of registration all uninsured self pay patients are given a brochure expaining the charity care policy and how to apply. Also, see comments for Part III line 9b

Schedule H (Form 990) 2010

 Software ID:
 10000149

 Software Version:
 2010.2.15

 EIN:
 54-0506332

Name: Carılıon Medical Center

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed,

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of list), from	
How many non-hospital facilities did the organization operate during the tax year? 78	
Name and address Carilion Medical Center- DBA - Carilion Roanoke Memorial Rehab	Type of Facility (Describe) Rehabilitation Unit Urgent Care
2017 South Jefferson Street Roanoke, VA 24011 Carilion Clinic Orthopaedics 4064 Postal Drive SW	Psych Unit Outpatient Rehabilitation
Roanoke, VA 24018 Carilion Clinic - Bone and Joint Center 3 Riverside Circle 1st Floor Roanoke, VA 24016	Orthopaedic Services
CSC - Brambleton 3707 Brambleton Avenue Roanoke, VA 24018 Carilion Clinic Orthopaedics	Orthopedics Surgical Services
3 Riverside Circle Roanoke, VA 24014 Carilion Clinic Cardiology 127 McClanahan Street SW	Orthopaedic Services
Roanoke, VA 24014 CNRV Emergency Services 2900 Lamb Circle Christiansburg, VA 24073	Cardiology
Carilion Breast Care Center 102 Highland Ave Ste 202 Roanoke, VA 24014 CSC - Roanoke	Emergency Physicians Breast Care Center
213 McClanahan Suite 404 Roanoke, VA 24014 Carilion Cardiothoracic Surgery 2001 Crystal Spring Avenue Roanoke, VA 24014	Surgical Services
Carilion Obstetrics and Gynecology Clinic 902 South Jefferson Street Roanoke, VA 24016 CES - Franklin	Cardiac Surgery Office Obstetrics and Gynecology
180 Floyd Avenue Rocky Mount, VA 24017 Carilion Clinic Neurology 3 Riverside Circle	Emergency Physicians
Roanoke, VA 24016 Carilion Clinic Internal Medicine 3 Riverside Circle Roanoke, VA 24016	Neurosciences
Carilion Clinic Otolaryngology 1 Riverside Circle Suite 300M Roanoke, VA 24016 CES - Bedford	Internal Medicine Otolaryngology Services
1613 Oakwood St Bedford, VA 24153 Trauma Surgery 213 McClanahan Suite 404	Emergency Physicians
Roanoke, VA 24014 CES - Giles 1611 Wenonah Avenue Pearisburg, VA 24134	Surgical Services
Roanoke Athletic Club 4508 Starkey Road Roanoke, VA 24018 Carilion Dermatology	Emergency Physicians Physical Therapy Services
1 Riverside Circle Suite 300M Roanoke, VA 24018 Carilion Pediatric Clinic 1030 S Jefferson Street Suite 106	Dermatology
Roanoke, VA 24014 CFM Roanoke Salem 1314 Peters Creek Road Roanoke, VA 24014	General Pediatrics
Carilion Clinic Obstetrics and Gynecology - NRV 2900 Lamb Circle Suite 202 Christiansburg, VA 24073 CES - Tazewell	Family Practice Obstetrics and Gynecology
141 Ben Bolt Ave Tazewell, VA 24651 Brambleton Radiology Services 3707 Brambleton Avenue	Emergency Physicians
Roanoke, VA 24016 CFM Southeast 2145 Mount Pleasant Boulevard Roanoke, VA 24014	Imaging Services
Carilion Behavioral Health Radford 2900 Lamb Circle Christiansburg, VA 24073 Carilion Prenatal Diagnostic Center	Family Practice Behavioral Health
102 Highland Ave Ste 455 Roanoke, VA 24014 Carilion Department of Psychiatry and Behavioral Medicine 2900 Tyler Road	Prenatal Testing
Christiansburg, VA 24073 Carilion Clinic Ortho-Spine 3 Riverside Circle 1st Floor Roanoke, VA 24017	Behavioral Health
Botetourt Athletic Center 105 Summerfield Court Roanoke, VA 24019 Daleville Imaging 46 Wesley Road	Orthopaedic Services Outpatient Therapy Services
Daleville, VA 24073 Carilion Center for Healthy Aging 2001 Crystal Spring Avenue Roanoke, VA 24014	I maging Services
CFM - Salem 2102 West Main Street Salem, VA 24153 Carilion Dentistry General Surgery	Geriatrics Family Practice
2017 S Jefferson Street 2nd Floor Roanoke, VA 24014 Department of Psychiatry & Behavioral Medicine 213 McClanahan Street Suite 310	Dental Service
Roanoke, VA 24014 Pediatric Gastroenterology 102 Highland Avenue Suite 305 Roanoke, VA 24014	Behavioral Health
Carilion Dentistry Pediatric Surgery 101 Elm Avenue 1st Floor Roanoke, VA 24017 Carilion Dental Care	Gastroenterology Dental Service
2017 S Jefferson Street Roanoke, VA 24014 Carilion Department of Psychiatry Roanoke 2017 S Jefferson Street Roanoke, VA 24014	Dental Service
Carilion Gynecological Oncology 1 Riverside Circle Suite 300 Roanoke, VA 24016 Carilion Anticoagulation Clinic	Behavioral Health Gynecological Oncology
1030 S Jefferson St Ste G101 Roanoke, VA 24014 CRMH Rheumatology Clinic 3 Riverside Circle	Anticoagulation Clinic
Roanoke, VA 24016 Salem Family Practice - Spartan Drive 150 Spartan Drive Salem, VA 24153	Rheumatology
Breast Mammography - North 6415 Peters Creek Road Roanoke, VA 24014 Carilion Pulmonary Clinic	Family Practice Breast Mammography
2001 Crystal Spring Avenue Roanoke, VA 24014 Carilion Clinic Neurological Care - Roanoke 1030 S Jefferson Street	Pulmonary Services
Roanoke, VA 24016 Carilion Pediatric Neurology 102 Highland Avenue Suite 104 Roanoke, VA 24013	Neurosciences
Carilion Roanoke IP Psychiatry 2017 S Jefferson Street 1st Floor Roanoke, VA 24014 Carilion Clinic Gastroenterology 3 Riverside Circle	Physical Medicine and Rehab
Roanoke, VA 24016 Carilion Urgent Care Westlake 35 Medical Court Hardy, VA 24101	Gastroenterology
Carilion Child and Adolescent Psychiatry 213 McClanahan Street Suite 310 Roanoke, VA 24014 Department of Psychiatry & Behavioral Medicine	Urgent Care Child and Adolescent Psychiatry Services
213 McClanahan Street Suite 310 Roanoke,VA 24014 Pediatric Cardiology Clinic 102 Highland Avenue Suite 101	Behavioral Health
Roanoke, VA 24013 Pediatric Pulmonology 102 Highland Avenue Suite 203 Roanoke, VA 24013	Cardiology
Roanoke Ambulatory Center LLC 1102 Jefferson Street Roanoke, VA 24016 Carilion Sleep Center 1030 Jefferson Plaza Suite G100	Pulmonology Surgical Services
1030 Jefferson Plaza Suite G100 Roanoke, VA 24016 Carilion Clinic Urogynecology 1030 S Jefferson Suite 109 Roanoke, VA 24016	Sleep Disorder
Carilion Clinic Pediatric Surgery Clinic 102 Highland Avenue Suite 404 Roanoke, VA 24013 CFM - Rocky Mount	Urogynecological Services Surgical Services
195 Maple Avenue Rocky Mount, VA 24151 Carilion Cardiac Rehab 127 McClanahan Street	Family Practice
Roanoke, VA 24016 Carilion ID Crystal Spring 2001 Crystal Spring Avenue Roanoke, VA 24014	Cardiac Rehab
Reproductive Endocrinology Clinic 102 Highland Avenue Suite 304 Roanoke, VA 24013 Carilion I maging	Infectious Disease Reproductive Endocrinology
3 Riverside Circle Roanoke, VA 24016 CIM Crystal Spring 2001 Crystal Spring Avenue Roanoke, VA 24014	Imaging Services
Pediatric Developmental Clinic 1030 S Jefferson Street Suite 201 Roanoke, VA 24016 Carilion Clinic Physiatry	I maging Services Pediatrics
3 Riverside Circle Roanoke, VA 24016 Carilion Diabetic Education 1030 S Jefferson Suite G101	Physical Medicine and Reahb
Roanoke, VA 24016 Carilion Pediatric Endocrinology Clinic 102 Highland Avenue MOB Roanoke, VA 24013	Diabetic Eduation
Carilion Breast Care Center 1211 S Jefferson St Roanoke, VA 24014 Carilion Sleep Center Westlake	Endocrinology Breast Care Center
35 Medical Court Hardy, VA 24101 Carilion Genetics 102 Highland Avenue Suite 104	Sleep Disorder
Roanoke, VA 24013 CNRVMC - Neurosciences 2900 Lamb Circle Christiansburg, VA 24073 Carillon Surgery Westlake	Genetic Counseling
Carilion Surgery Westlake 35 Medical Court Hardy, VA 24101 Northwest Internal Medicine 615 McDowell Avenue	Neurosciences Surgical Services
615 McDowell Avenue Roanoke, VA 24016 Carilion Heart Failure Clinic 127 McClanhan St Roanoke, VA 24016	Internal Medicine
OB-GYN Private - Roanoke 102 Highland Avenue Suite 455 Roanoke, VA 24013 Carilion Imaging Professionals	Heart Failure Services Obstetrics and Gynecology
1 Taylor Avenue	,

Carilion Imaging Professionals 1 Taylor Avenue Pearisburg, VA 24134 efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

(b) EIN

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

DLN: 93493228038602

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Carilion Medical Center

1 (a) Name and address of

organization

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Inspection Employer identification number

54-0506332

(g) Description of

non-cash assistance

Part I	General Information on Grants and Assistance	
L Does	s the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	

(h) Purpose of grant

or assistance

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

(c) IRC Code section

ıf applıcable

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be

(e) A mount of non-

cash

(f) Method of

valuation

(d) A mount of cash

or government			-	assistance	(book, FMV, appraisal, other)	
(1) VIRGINIA TECH CARILION SCHOOL OF MEDICINE2 RIVERSIDE CIRCLE ROANOKE, VA 24016	26-4556177	501c3	45,627			Research
(2) MILL MOUNTAIN THEATRE1 MARKET SQUARE ROANOKE, VA 24011	54-0792067	501c3	11,000			General Support
(3) RADFORD UNIVERSITY EAST MAIN ST RADFORD, VA 24142	54-6001789	Virginia	86,520			Nursing Education
(4) VIRGINIA TECH FOUNDATION1872 PRATT DRIVE 1000 BLACKSBURG, VA 24060	54-0721690	501c3	10,000			Biomedical Institute
(5) CARILION CLINIC FOUNDATION213 S JEFFERSON ST 807 ROANOKE, VA 24011	54-1190773	501c3	296,600			Community grants
(6) CHILD HEALTH INVESTMENT PARTNERSHIP1201 THIRD ST SW ROANOKE, VA 24016	54-1566451	501c3	57,500			General Support
(7) CHILDREN'S TRUST FOUNDATION ROANOKE VALLEY541 LUCK AVE STE 308 ROANOKE,VA 24016	51-0235891	501c3	75,000			General Support
(8) RONALD MCDONALD HOUSE CHARITIES2224 S JEFFERSON ST ROANOKE, VA 24014	54-1244769	501c3	50,000			General Support
2 Enter total number of sect	ion 501(c)(3) and gov	ernment organizations .				 8

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	4	6,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.						
Identifier	Return Reference	Explanation				
1	2	As part of the Carilion Clinic system, the organization donates funds to Carilion Clinic Foundation, which provides grants to other organizations in the Hospitals service area intended to further the health and well-being of the community Expenditure of such funds is overseen and monitored by the Foundations independent community board				
1	2	The Hospital also donates funds to other 501c3 charitable organizations with a similar mission. Such organizations have community boards which oversee the expenditure of such funds				
1	2	The Hospital also has a grant program under which funds are granted to community organizations with a focus on childrens health and well-being. A committee of Carilion Medical Center employees and an independent physician reviews the applications and selects the recipients. Recipients sign a letter of agreement that delineates the terms and objectives of the project. One mid-year project report, a site visit, and a final program evaluation report on the programs services, outcomes, and budget are required for every funded project.				
l ———		Cabadula I (Farma 000) 2010				

DLN: 93493228038602

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Car	Illion Medical Center 54-0506332			
Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Tax idemnification and gross-up payments			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Independent compensation consultant Form 990 of other organizations Varieties employment contract Compensation survey or study Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident	ifier Return Reference	Explanation
I	l l	The organization pays annual bonus compensation to management based on scorecard performance. While the scorecard contains a formula as a basis for determining overall performance, senior managers have discretion to include additional elements in their assessment of managers reporting to them. In addition, for top management, the actual bonus awarded is in the discretion of the Carilion Clinic Compensation Committee, although it is based on the scorecard measures.
I		Edward Murphy MD - 273,199, Nancy Agee -192,697, Briggs Andrews - 60,550, Donald Lorton - 131,084, Mark Werner - 41,081, Rayburn Thompson - 29,648, Hugh Thompson - 14,788

Schedule J (Form 990) 2010

Software ID: 10000149 **Software Version:** 2010.2.15

EIN: 54-0506332

Name: Carilion Medical Center

Form 990, Schedule J, (A) Name			f W-2 and/or 1099-MI		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Cynda Johnson MD	(I) (II)	439,875	87,975	-67	32,511	13,021	573,315	
William Dichtel Jr MD	(I) (II)	335,000			33,223	12,321		
Clifford Nottingham MD	(I) (II)	190,144	53,204	-194	53,627	21,889	318,670	
Philip Shiner MD	(I) (II)	174,096			25,415	12,086		
Edward Murphy MD	(I) (II)	890,000	297,223	100,855	618,095	62,771	1,968,944	297,392
Nancy Agee	(I) (II)	436,800		50,114	386,089	13,020		
Briggs Andrews	(I) (II)	301,600			195,902	11,395		
Donald Lorton	(I) (II)	436,800			316,614	16,236		61,212
R Wayne Gandee	(I) (II)	489,250	•		40,679	17,231		
Mark Werner MD	(I) (II)	439,300	21,491	57,578	136,230	18,304	672,903	54,246
Hugh Thornhill	(I) (II)	97,212		16,159	104,304	85,412	303,087	
Donald Halliwill	(I) (II)	220,387	10,823	-8,896	29,782	20,570	272,666	
G Robert Vaughan	(I) (II)		9,132	6,377	28,287	16,849	247,208	
Joseph Moskal MD	(I) (II)	750,453	168,871	-3,928	1,866	22,174	939,436	
Joseph Baker MD	(I) (II)	524,458	216,298	18,563	23,727	20,473	803,519	
William Arnold MD	(I) (II)	524,458	180,874	20,843	16,778	17,473	760,426	
Cay Mierisch MD	(I) (II)	539,813	175,838	-5,845	14,771	23,056	747,633	
Gary Simonds MD	(I) (II)	550,000	147,014	-353	29,363	16,273	742,297	
Joan Fisher MD	(I) (II)	94,187	30,139	-6,690	27,434	9,347	154,417	
Rayburn Thompson	(I) (II)	164,672		51,116	87,627	8,664	312,079	51,800

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2010

DLN: 93493228038602

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

Nan	ne of the organization									E	mployer	identifi	ication num		
	rilion Medical Center									5	4-050	6332			
Р	art I Bond Issues	1		T			1					I			
										(g) Def	feased		On lalf of		Pool
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue I	rice	(f)	Description	of Purpose	(3)			suer	fina ———	incing
										Yes	No	Yes	No	Yes	No
	Industrial Development Authority of the City of						Rede	mptio fo Seri	es 2003A-C						
Α	Roanoke VA	54-1106038	770084EK3	10-13-2010	93,75	4,000		Costs of is			Х		X		X
_	Industrial Development						Canit	Capital projects, Current							
В	Authority of the City of	F4 1106038	770004500	12 14 2005	224,79	F 000	Refun	Refunding of Series 2002 B-E			x		V		
В	Roanoke VA	54-1106038	770084EQ0	12-14-2005	224,/9	5,000			suance, bond		^		×		X
_	VA Small Business Financing						ınsur			\vdash					-
С	Authority	54-1300845	928101AE4	07-09-2008	12,00	0,000	Capit	al projects C	Cost of		Х		х		x
_							13344	Ssuance							
_															
_														-	
Pa	art III Proceeds			•								•			
					Α	В			С				D		
	A mount of bonds retired A mount of bonds legally defe	a a d													
2	Total proceeds of issue														
3	Gross proceeds in reserve fui	n d a				93,754	4,000								
4	Capitalized interest from proc														
6	Proceeds in refunding escrow Issuance costs from proceed														
7	Credit enhancement from pro-					1,229	9,094								
8	Working capital expenditures														
9	Capital expenditures from pro	<u> </u>													
10	Other spent proceeds					05.471							_		
11 12	Other unspent proceeds					95,17	5,000						_		
13	Year of substantial completio	<u> </u>			_										
	, car or substantial completio				Yes	l N	ю	Yes	No	Yes	1	No	Yes	ı	No
14	Were the bonds issued as par	t of a current refund	ling issue?		X			165	110		+	110	+	+	
15	Were the bonds issued as par	t of an advance refu	inding issue?		1	 	(+		+	-	
16	Has the final allocation of pro				X	<u> </u>	`				+		+	\dashv	
17	Does the organization mainta		and records to supr	oort the final							+		+	+	
	allocation of proceeds?				X										
Pa	rt IIII Private Business l	Jse				Α			3		С				
					Yes		lo	Yes	No	Yes	Ť	No	Yes	Ť	No
1	Was the organization a partne property financed by tax-exe		ra member of an L	LC, which owned		×			X	<u> </u>					
	Are there any lease arrangem	*	t in private busine:	ss use of bond-	Y						\top		1	\top	

financed property?

Part III Private Business Use (Continued)

		A B			В		С	D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	Х			х				
b	Are there any research agreements that may result in private business use of bond-financed property?		Х		×				
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	х			x				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 200 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5		0 200 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х					

Part IV Arbitrage

	CIV Albidage								
		A		В		С		[r	D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Х		Х		х			
2	Is the bond issue a variable rate issue?		X	X		Х			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х	×		х			
ь	Name of provider	UBS and Citigroup		UBS and Citigroup		UBS and Citigroup			
С	Term of hedge	0000000027 00000000000 0000000027 00000000		0000000000					
d	Was the hedge superintegrated?		Х		Х		Х		
e	Was a hedge terminated?		Х		Х		Х		
4a	Were gross proceeds invested in a GIC?		Х	Х			X		
b	Name of provider	AIG		AIG					
С	Term of GIC	0000000003	30000000000	000000000 30000000000					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	х		х					
5	Were any gross proceeds invested beyond an available temporary period?		X		X		x		
6	Did the bond issue qualify for an exception to rebate?	х		х		х			

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493228038602

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Carilion Medical Center **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c) A mount of grant or type of assistance and the organization

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	arıng of zatıon's nues?
	organization			Yes	No
(1) Nancy Agee	President/CEO	295,682	Utilities		No
(2) David Thompson MD	Director	1,665,334	Anesthesiology Services		No

Supplemental Information Part V

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493228038602

OMB No 1545-0047

SCHEDULE M (Form 990)

NonCash Contributions

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Employer identification number

Carılı	on Medical Center				54-0506332			
Pa	rt I Types of Property			I	34-0300332			
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining of amounts		ontribut	tion
1	Art—Works of art	Х	12	1,970	Sale of comparable	tems		
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	Х		90	Sale of comparable	tems		
5 goo	Clothing and household	Х		6,736	Sale of comparable	tems		
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles	Х	56	6,324	Sale of comparable	tems		
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
	O ther A uction							
25	Other ► (<u>Items</u>)	Х	652	29,086	Sale of comparable	tems		
26	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received b				29			
	for which the organization complete	ed Form 8	3283, Part IV, Donee Ackn	owledgement	29			
20-	Duman the warm did the comment			uku uanankad u Dauk Tiluaaa	1 20 +		Yes	No
30a	During the year, did the organization							
	must hold for at least three years f				a to be usea			NI -
	for exempt purposes for the entire					30a		No
	If "Yes," describe the arrangement					21	V 0.0	
31	Does the organization have a gift a					31	Yes	
32a	Does the organization hire or use t contributions?				non-casn	32a		No
ь	If "Yes," describe in Part II							
	If the organization did not report redescribe in Part II	venues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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SCHEDULE O

As Filed Data -

DLN: 93493228038602

OMB No 1545-0047

2010

(Form 990 or 990-EZ)

Department of the Treasury

Carilion Medical Center

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Internal Revenue Service Form 990 or to provide any additional information.

Mame of the organization Form 990 or 990-EZ.

Employer identification number

54-0506332

Identifier	Return Reference	Explanation
Form 990 Part VI	11b	A draft copy of the Form 990 was provided to the Audit and Compliance Committee of Carillon Clinic in advance of its August meeting and reviewed with Committee members at that meeting. The final Form 990 was emailed or delivered in hard copy to each member of the Board of Directors several days prior to filing and Board members were encouraged to call with any questions they might have

ldentifier	Return Reference	Explanation
Form 990 Part VI	12c	A Conflict of Interest Questionnaire, along with a copy of the Policy, is sent out annually to all officers, directors and key employees. In addition, such individuals are instructed to inform the organization of potential conflicts which arise during the year. Answers to the Questionnaires are reviewed by the Internal Audit Department Potential conflicts for officers and key employees are reviewed by an internal Conflict of Interest Committee, which follows up on any potential issues to ensure compliance with all policies of the organization. The answers for Directors are reviewed by the Carillon Clinic Audit and Compliance Committee.

Identifier	Return Reference	Explanation
Form 990 Part VI	12c Contd	In addition, the governing body of the organization is provided with a list of the answers annually to make all Board members aware of potential conflicts in order to ensure compliance with policies on how to handle transactions with Board members that may involve potential conflict situations

ldentifier	Return Reference	Explanation
Form 990 Part VI	15a and 15b	Executive compensation is reviewed annually by the Carillon Clinic Compensation Committee. This committee is made up of Board members of Carillon Clinic who do not have a conflict of interest with any of the executives being reviewed. With respect to Carillon Clinic, the Compensation Committee reviews the compensation of the President and Chief Executive Officer, Executive Vice Presidents, which include the Chief Financial Officer and the Chief Medical Officer. For the fiscal year covered by this return, the Compensation Committee also used the same process to review the compensation of other Disqualified Individuals, including the Hospital Vice Presidents. This review was performed in October 2010. A similar review was last performed in October 2011.

ldentifier	Return Reference	Explanation
Form 990 Part VI	15a and 15b Contd	This review included a comprehensive report from an outside compensation consultant specializing in healthcare organizations. The report included a detailed comparison of total compensation and each element thereof, including base salary, bonuses and other cash compensation, and benefits, including deferred and retirement benefits. Compensation was compared to a peer group of organizations similar in size and structure to the organization, which list was reviewed by the Compensation Committee. Detailed minutes of the meetings of the Compensation. Committee are kept and approved at the next meeting of the Committee, setting forth the deliberations and decisions regarding the compensation of these executives.

Identifier	Return Reference	Explanation
Form 990 Part VI	15a and 15b Contd	In addition, the Compensation Committee annually reviews the compensation plan and philosophy for all vice presidents and senior vice presidents, as well as all employed physicians and physicians in leadership roles

Identifier	Return Reference	Explanation
Form 990 Part VI	19	The organizations governing documents, conflict of interest statement and financial statements are not generally available to the public, but are released from time to time upon request. The Articles of Incorporation are available from the Virginia State Corporation Commission. The consolidated audited financial statements of Carilion Clinic and of the Obligated Group are released annually to the local new spaper. Limited financial information is available on our wieb site.

ldentifier	Return Reference	Explanation
Form 990 Part VI	3	Certain management and related services for the organization are provided by the management and employees of Carilion Services, Inc., a related organization and supporting organization of the organization

ldentifier	Return Reference	Explanation
Form 990 Part VI	6	The organization has a single member. The sole member is Carilion Clinic, a charitable tax-exempt organization which serves as the parent company of the Carilion Clinic integrated health care delivery system. The sole member elects the directors of the organization and has certain other reserved powers.

Identifier	Return Reference	Explanation
Form 990 Part VI	7a	The sole member of the organization, Carilion Clinic, elects the members of the governing body of the organization periodically as terms expire. The sole member also has the right to remove directors and fill any vacancies on the board that may occur for any reason.

ldentifier	Return Reference	Explanation
Form 990 Part VI	7b	The sole member of the organization, Carilion Clinic, holds reserved powers with respect to certain enumerated actions, including appointment of CEO, approval of borrowings, budgets and strategic plans and amendments of Articles of Incorporation and Bylaws. Approval by the Board of Directors of Carilion Clinic is required for such actions. In addition to the reserved powers, under the laws of the Commonwealth of Virginia certain extraordinary actions require member approval, such as mergers, consolidations, liquidations and the sale of substantially all of the assets of the organization.

Identifier	Return Reference	Explanation
Form 990	Lines 1-10	Carilion Medical Center provided in-kind support to many events and initiatives focused on children including the Southwest Virginia Alliance for Safe Babies, a multidisciplinary working to eliminate infant injury and deaths due to abusive head trauma and sudden infant death syndrome SIDS Back to School Blast, an event coordinated by the Rescue Mission of Roanoke Valley and other local non-profits and corporate sponsors to provide backpacks, school supplies and free haircuts for low-income children Better Beginnings Coalition with mission of reducing adolescent pregnancy in Virginia through the cooperative efforts of community coalitions comprised of public agencies, private organizations, community groups, and individual volunteers

Identifier	Return Reference	Explanation
Form 990	Lines 1-10 Contd	Roanoke Area Youth Substance Abuse Coalition, a group of concerned citizens, parents, youth, teachers, police officers, business people, judges, and other caring individuals that strive to keep the youth of the Roanoke Valley and Southwest Virginia alcohol, tobacco and drug-free Roanoke Adolescent Health Partnership to improve the lives of teenagers by making comprehensive health care services accessible and a teen pregnancy prevention program that partners with local schools to provide educational programs and assist with administration of risk behavior assessments and presentations of results

Identifier	Return Reference	Explanation
Form 990	Lines 1-10 Contd	In-kind support was provided to the Education and Access to Healthcare Coaltion EACH, an collaboration to provide health advocacy through programs that include training of lay persons to provide basic health screenings and health resources to those in their neighborhoods and churches and Carilion Medical Center partnered with Goodwill Industries of the Roanoke Valley, the Department of Rehabilitative Services, Blue Ridge Behavioral Health, Blue Ridge Independent Living Center and local parent representatives to offer Project SEARCH, a one year high school transition program is to provide employment and educational opportunities for individuals with significant disabilities and to find long term employment in skilled positions for its participants

Identifier	Return Reference	Explanation
Form 990	Lines 1-10 Contd	Grant funding was provided for several projects including Smith Mountain Lake Good Neighbors to support a summer day camp program for children in Franklin and Bedford Counties who live near or under the poverty level Greater Roanoke Transit Company for a free trolley service for the community that operates in a continuous loop with stops that include Carilion Medical Center and Downtown Roanoke with goals of reducing the carbon footprint and enhancing the local economy by providing easier access to downtown and Rebuilding Together Roanoke for remediation of houses in lower income neighborhoods. Much in-kind support was provided for the annual United Way campaign to solicit funding from employees of Carilion Medical Center.

Identifier	Return Reference	Explanation
Form 990	2	Carilion Medical Center uses demographic information and data on patients treated to determine community health needs. Additionally, information from public databases compiled on the Virginia Atlas of Community Health website is reviewed for the entire geographic area served by Carilion Medical Center. A comprehensive community health needs assessment is scheduled for completion by September 30, 2012 along with a strategic implementation plan to address identified needs.

Identifier	Return Reference	Explanation
Form 990	4	Carilion Medical Center, comprised of two hospitals, Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital, is located in Roanoke, Virginia Roanoke is a 1,185 square mile valley located in southwest Virginia near the Blue Ridge and Allegheny Mountains Carilion Medical Center primarily serves a little over 252,000 residents of Roanoke City and County, Salem, Botetourt County, Craig County and the Town of Vinton Approximately 20 of adults under age 64 and 8 of children who live in the Roanoke Valley are uninsured Additionally, 13 of residents live below the poverty level and 13 of adults 25 years of age or older did not graduate from high school 16 Roanoke Valley residents are 65 years of age or older

Identifier	Return Reference	Explanation
Form 990	5	Carilion Medical Center includes Carilion Roanoke Memorial Hospital, one of the largest hospitals in the state of Virginia with 703 beds and an additional 60-bed Neonatal Intensive Care Unit and pediatric emergency department With a level 1 trauma center and childrens hospital, complete with pediatric emergency room, Carilion Roanoke Memorial Hospital treats residents throughout southwest Virginia. In addition to offering high-tech services, the hospital is also home to ten residency programs and nine fellowiship programs affiliated with the University of Virginia. Carilion Medical Center serves all patients regardless of their ability to pay

Identifier	Return Reference	Explanation
Form 990	5 Contd	The Hospitals governing Board is elected annually and the majority of members are neither employees nor contractors of the Hospital Medical staff privileges are extended to qualified providers. In addition to clinical care, the hospital works to achieve its mission through the education of health professionals and the community. Any surplus funds are reinvested in new technology, clinical initiatives, education and charitable efforts. This includes providing free, discounted and subsidized care as well as critical medical services that operate at a loss.

Identifier	Return Reference	Explanation
Form 990	5 Contd	Carilion Medical Center provides support of the local EMS crews through replenishment of medications used for patient care or product with an expired use by date. Carilion Roanoke Memorial Hospitals Emergency Department has specially trained nurses who deliver immediate crisis intervention to victims of sexual assaults and/or abuse. They offer victims a unique, thorough and objective medical and legal examination, comprised of both a physical examination and forensic evidence collection and documentation. Clinical Forensic Nurse Examiners are the link between the judicial system, law enforcement, community resources, and the laboratories that process the evidence.

Identifier	Return Reference	Explanation
Form 990	5 Contd	Carilion Medical Center provides financial and in-kind support annually to the Mission of Mercy Dental event in Roanoke Approximately 1,000 residents of southwest Virginia received free dental services from volunteer dentists and Carilion Medical Center employees provided free medical screenings including health and medication histories, blood pressure, blood coagulation rates, and blood glucose levels for all patients. Carilion Medical Centers community health education department serves as host of the local chapter of the National Safe Kids Coalition and provides education on injury prevention to the community and other providers. In 2011, more than 300 individuals received car seat education or car seat safety checks during 32 events.

ldentifier	Return Reference	Explanation
Form 990	5 Contd	In addition, Carilion Medical Centers Safe Kids Coalition coordinator provided training, through a program offered by the Virginia Department of Health on proper car seat installation for other health and safety providers free of charge

Identifier	Return Reference	Explanation
Form 990	5 Contd	Carilion Medical Center provides education to the public about health risks and steps that can be taken to improve health 37,464 people were touched during 786 events that include regularly scheduled health screenings such as blood pressure, blood glucose and cholesterol as well as seasonal stroke, vascular, prostate and facial sun damage detection screenings. Each Saturday morning Physicians on Foot, a program that encourages physical activity in the community, is led by a local primary care physician who walks with participants for two miles on a local greenway near the Roanoke River. Additional health improvement services include assistance with enrollment in public medical programs such as Medicaid and interpreter services for non-English speaking patients.

Identifier	Return Reference	Explanation
Form 990	5 Contd	In-kind support was provided to Roanoke Adolescent Health Partnership, a unique collaboration of the Roanoke City Health Department, Roanoke City Public Schools, Roanoke Redevelopment and Housing Authority, and Blue Ridge Behavioral Healthcare, to provide clinical services at local public schools. Financial and in-kind support is provided to Child Health Investment Project CHIP of Roanoke Valley for operational expenses related to their early childhood home visiting program as they pair low-income children, ages birth to kindergarten-entry, with a community health nurse and family case manager for health care coordination help accessing needed medical services, assistance with the management of chronic conditions, and preventive services like fluoride dental varnish developmental education, kindergarten preparation and regular child assessment and monitoring

Identifier	Return Reference	Explanation
Form 990	5 Contd	Grant funding was provided to several organizations including Childrens Trust for their regional program that provides child friendly interview room and forensic interviewer to perform interviews of children to be used by multi-disciplinary team investigating alleged child abuse cases provides training for multi-disciplinary team members, and coordination of referral sources for abused children and their family Rx Partnership for operations of the public-private partnership that solicits free drugs in bulk from participating pharmaceutical companies and arranges for their distribution to licensed pharmacies serving uninsured clients and Mental Health America of Roanoke Valley to increase access to mental health services for adults with no health insurance coverage or inadequate insurance for mental health care

Identifier	Return Reference	Explanation
Form 990	5 Contd	Financial support was provided to several organizations including the American Cancer Society, Feeding America Southwest Virginia, and Virginia Health Care Foundation. More than 1,800 children learned about healthcare careers through Caring Careers, an educational program for school aged children provided onsite at local schools and community centers.

Identifier	Return Reference	Explanation
Form 990	6	Carilion Medical Center is wholly owned by Carilion Clinic, a not-for-profit healthcare organization serving nearly one million people in Virginia through a physician specialty group, advanced primary care practices, hospitals and outpatient centers. Led by clinical teams with a shared philosophy that puts the patient first, Carilion is committed to improving the communitys health while advancing the quality of care through medical education and research Carilion Clinic is based in Roanoke, Virginia and serves the residents of 18 counties and six cities in Western Virginia and southern West Virginia Carilion Clinic employees 575 physicians representing more than 60 specialties who provide care at 160 practice sites

Identifier	Return Reference	Explanation
Form 990	6 Contd	To advance the coordination of care and quality, an electronic medical record has been implemented in all Carilion Clinic affiliated hospitals and physician practices, allowing physicians to easily and efficiently collaborate through the use of shared patient records

Identifier	Return Reference	Explanation
Form 990	6 Contd	Additional improvements in medical programs and services include a nationally certified Stroke Alert protocol that speeds lifesaving care to stroke patients hypothermia therapy for the treatment of cardiac arrest patients a neonatal pediatric mobile ICU outfitted with life-saving, state of the art medical technology certification by the National Committee for Quality Assurance NCQA of 11 Carilion Clinic Family Medicine practices as Patient-Centered Medical Homes, a new model of care designed to keep patients healthy and prevent illness and MyChart, an online tool that gives patients secure access to their health information

Identifier	Return Reference	Explanation
Form 990	6 Contd	To advance education of health professionals, Jefferson College of Health Sciences, within Carillon Medical Center, is a professional health sciences college offering the Master of Science in Nursing, Physician Assistant and Occupational Therapy and 10 baccalaureate and associate healthcare programs. As one of few private healthcare colleges in the Southern United States, the students have demonstrated excellent licensure pass rates in professional programs. Approximately 1,000 undergraduate students and 80 graduate students are enrolled annually with 87 receiving some type of financial aid.

Identifier	Return Reference	Explanation
Form 990	6 Contd	Through a unique public-private partnership, in 2010 Virginia Tech and Carilion Clinic opened Virginia Tech Carilion School of Medicine and Research Institute in Roanoke 84 students are enrolled in the first two classes and there are 421 appointed faculty members. Additionally, graduate medical education is provided for 190 residents and 16 fellows. Included are ten residency programs, eight sponsored by Carilion Clinic Emergency Medicine, Family Medicine, Internal Medicine, Neurosurgery, Obstetrics/Gynecology, Psychiatry, Surgery, and Transitional Year and two by the University of Virginia Orthopaedics and Otolaryngology.

Identifier	Return Reference	Explanation
Form 990	6 Contd	Twelve fellowship programs include Addiction Psychology, Adult Joint Reconstruction, Advanced Endoscopy, Cardiovascular Disease, Child and Adolescent Psychiatry, Hospice and Palliative Care, Infectious Disease, Medical Informatics, Pulmonary Critical Care and Surgery Critical Care

Identifier	Return Reference	Explanation
Form 990	6 Contd	At the Virginia Tech Carilion VTC Research Institute, senior researchers recruited from across the country are working to unlock the secrets of the human brain as part of the Roanoke Brain Study, which examines the neural basis of human decision-making and its impact on health over a lifetime. The projects goal is to predict illnesses such as Alzheimers and other brain diseases. An additional benefit to the community is Carilion Clinics economic contribution to the region. As the areas largest employer, jobs are provided for nearly 11,000 residents of the region, with a payroll of more than 600 million in 2011.

ldentifier	Return Reference	Explanation
Form 990 Part III	1	Carilion Medical Center, that includes Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital, is part of Carilion Clinic, a not-for-profit healthcare organization serving nearly one million people in Virginia through hospitals, outpatient specialty centers and advanced primary care practices. Led by multi-specialty physician teams with a shared philosophy that puts the patient first, Carilion is committed to improving health outcomes for every patient while advancing the quality of care through medical education and research

Identifier	Return Reference	Explanation
Form 990 Part XI	5	Increase for transfer of propery and equipment from related organizations of 32,707,535 decrease for transfer of cash to related organizations of 23,525,000 decrease for transfer to Carillon Clinic for effect of pension related changes of 55,829,246 decrease for unrealized losses on investments of 25,120,135 net change of 71,766,846

ldentifier	Return Reference	Explanation
Form 990 Part III	4a	Carilion Medical Center exists to serve the health care needs of its community and region, regardless of patient ability to pay CMC admitted 34,908 patients and provided 172,693 days of care during the year. Hospital programs include provision of nursing care an extensive cardiac and vascular program, including cardiac surgery, implants, angioplasty and heart failure programs neurology, neurosurgery and stroke programs labor and delivery services delivering 3,300 babies the areas only neonatal intensive care unit inpatient and outpatient psychiatric services a comprehensive rehabilitation unit extensive outpatient and inpatient surgical and endoscopic services oncology services geriatric services and diagnostic imaging services including CT, MRI, PET, and mammography

ldentifier	Return Reference	Explanation
Form 990 Part III	4a Contd	Housing a childrens specialty wing, CMC provides specialists in pediatric neurosurgery, cardiology, oncology, gastroenterology, pulmonology, and child development, among others CMC is a Level I trauma center, providing full trauma services to the region and a home base for LifeGuard 10, the emergency medical air transport that serves the surrounding area. CMC provides a number of services targeting the specific health needs of the area, including diabetes management home health and hospice physical, speech, and occupational therapy programs and cardiac and respiratory rehab. CMC also provides an emergency department with 24-hour care, emergency transportation, a pediatric department, and chest pain and stroke protocol programs.

ldentifier	Return Reference	Explanation
Form 990 Part III	4a Contd	With 70,936 visits, CMCs emergency services are a critical component of the health safety net in its service area, acting as a key health provider for a significant number of uninsured patients, who comprise 21 percent of ED visits CMCs urgent care centers also provide access points for cost effective care at an appropriate level CMC employs a number of specialty physicians to ensure an effective, integrated approach to serving its patients including pulmonologists, oncologists, obstetricians, orthopedic surgeons, cardiologists, neurosurgeons, general surgeons, and psychiatrists. As a teaching hospital with over 100 full-time faculty members, CMC hosts residency programs in family medicine, internal medicines, obstetrics and gynecology, psychiatry, general surgery, neurosurgery

Identifier	Return Reference	Explanation
Form 990 Part III	4a Contd	In addition, the Jefferson College of Health Sciences, a division of CMC, offers nursing, physician assistant, occupational therapy, and other high-need programs CMC also supports community screenings and education on chronic disease prevention and management, sponsoring 786 events touching over 37,000 people CMC supports a cancer registry program, and participates in a number of other research projects. In furtherance of its mission, CMC provides extensive uncompensated care. Stated at cost, charity, bad debt, and unreimbursed Medicaid costs for the year exceeded 62.3 million.

Identifier	Return Reference	Explanation
		Form 990 Part VI Section B Line 11b A draft copy of the Form 990 was provided to the Audit and Compliance Committee of Carilion Clinic in advance of its August meeting and review ed with Committee members at that meeting. The final Form 990 was emailed or delivered in hair of copy to each member of the Board of Directors several days prior to filing and Board members where encouraged to call with any questions they might have Form 990 Part VI Section B Line 12c A Conflict of interest Questionnaire, along with a copy of the Policy, is sent out annually to all officers, directors and key employees in addition, such individuals are instructed to inform the organization of potential conflicts which arise during the ye ar. Answers to the Questionnaires are reviewed by the Internal Audit Department Potential conflicts for officers and key employees are reviewed by an internal Conflict of Internal Committee, which follows up on any potential issues to ensure compliance with all policies of the organization. The answers for Directors are reviewed by the Carilion Clinic Audit and Compliance Committee Form 990 Part VI Section B Line 12c Control in addition, the governing body of the organization is provided with a list of the answers annually to make all Board members aware of potential conflicts in order to ensure compliance with policies on how to handle transactions with Board members that may involve potential conflict struct ories for might be controlled to the complex of the control of the Control in addition. The complex of the control of the Control in addition of the President and Chief Executive Conflicer, Executive Vice Presidents, which i notice of the Chief Financial Officer and the Chief Medical Officer For the fiscal year cove red by this return, the Compensation Committee also used the same process to review the compensation of of the President specializing in healthcare organizations. The report included a detailed compansion of total compensation on a deach element thereof, including base salary, bonuse

Identifier	Return Reference	Explanation
		rectors of Carilion Clinic is required for such actions. In addition to the reserved power s, under the laws of the Commonwealth of Virginia certain extraordinary actions require me in the rapproval, such as mergers, consolidations, liquidations and the saile of substantially all of the assets of the organization. Form 990 Section Schedule H, Part II Line Lines 1- 10 Carilion Medical Center provided in-Invind support to many events and initiatives focused on children including the Southwest Virginia Alliance for Safe Babies, a multidisciplinar y working to eliminate infant injury and deaths due to abusive head trauma and sudden infant death syndrome SIDS Back to School Blast, an event coordinated by the Rescue Mission of Roanoke Valley and other local non-profits and corporate sponsors to provide backpacks, s chool supplies and free haircuts for low-income children Better Beginnings Coalition with mission of reducing adolescent pregnancy in Virginia through the cooperative efforts of community coalitions comprised of public agencies, private organizations, community groups, and individual volunteers Form 990 Section Schedule H, Part II Line Lines 1-10 Contd. Roan oke Area Youth Substance Abuse Coalition, a group of concerned citizens, parents, youth, it eachers, police officers, business people, judges, and other carring individuals that strive to keep the youth of the Roanoke Valley and Southwest Virginia alcohol, tobacco and drug -free Roanoke Adolescent Health Partnership to improve the lives of teenagers by making comprehensive health care services accessible and a teen pregnancy prevention program that partners with local schools to provide educational programs and assist with administration of risk behavior assessments and presentations of results. Form 990 Section Schedule H, Part II Line Lines 1-10 Contid. In-kind support was provided to the Education and Access to Healthcare Coaltion EACH, an collaboration to provide health advocacy through programs that include training of lay persons to provide basic

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

DLN: 93493228038602

2010

OMB No 1545-0047

Open to Public Inspection

Employer identification number

54-0506332

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Internal Revenue Service Name of the organization Carilion Medical Center

(a) Name, address, and EIN of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Total income	End	(e) d-of-year assets	Direct of	(f) controlling ntity	J	
(1) The Center For Surgical Excellence LLC PO Box 12385 Roanoke, VA 24025 56-2595597	Surgery		VA					N/A			
(2) Odyssey IV LLC PO Box 12385 Roanoke, VA 24025 56-2354974	Imaging		VA		659,668	8	2,766,303	N/A			
(3) RMH Emergency Service LLC PO Box 12385 Roanoke, VA 24025 54-1686589	Physician billing		VA					N/A			
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tions (Complete tax year.)	ıf th	ne organizatior	ı an	swered "Yes" (on For	m 990, Part I	V, line 34 b	ecause	e it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	Leg or	(c) gal domicile (state foreign country)	Exe	(d) mpt Code section	Public (if secti	(e) charity status ion 501(c)(3))	(f) Direct contro entity	lling	Section 5: contr organi	l2(b)(13) olled
										Yes	No
See Additional Data Table											

Part III Identifi because	ication of Relat it had one or mo	ed Organie	anizations Taxa ted organizations t	ble as a Partner reated as a partne	ship (Co ership du	mplete if ring the t	the org ax year	ganızatıon (r.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lır	ne 34
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of t	otal income Share of		(g) Share of end-of-year assets		i) ortionate tions?	amount in be Schedule	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or aging ner?	(k) Percentage ownership
									Yes	No			Yes	No	
Part IV Identifi	i cation of Relat because it had on	ed Orga e or mo	anizations Taxa ore related organiz	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	I omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "\	es" on	<u>I</u> Form	990,	Part IV,
Name, address, an	(a) d EIN of related organız	ration	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d Direct cor enti	ntrolling	(e) Type of el (C corp, S or trust	corp,	Share o	(f) f total income	Sha end-o	j) re of f-year sets		(h) Percentage ownership

Pa	Transactions With Related Organizations (Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organ	izations listed in Part	s II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gıft, grant, or capıtal contribution to other organization(s)			1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)			1c		No
d	Loans or loan guarantees to or for other organization(s)			1d	Yes	
e	Loans or loan guarantees by other organization(s)			1e	Yes	
f	Sale of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			1g		No
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i	Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)			1j	Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k	Yes	
ı	Performance of services or membership or fundraising solicitations by other organization(s)			11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n	Sharing of paid employees			1n		No
o	Reimbursement paid to other organization for expenses			10		No
р	Reimbursement paid by other organization for expenses			1 p		No
q	Other transfer of cash or property to other organization(s)			1 q	Yes	
r	Other transfer of cash or property from other organization(s)			1r	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	cluding covered relati	onships and transact	ıon thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determin involved		ount
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are partr sect 501(d organiz	all ners non c)(3) ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	
			Yes	No		Yes	No		Yes	No
									+	
									+	
										-
										1

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

Software ID: 10000149 **Software Version:** 2010.2.15

EIN: 54-0506332

Name: Carilion Medical Center

Form 990, Schedule R, Part II - Identification of R	elated Tax-Exempt (Organizations	I	1	1	1	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(g) on 512 (13) rolled ization
						Yes	No
Carilion Clinic							
PO Box 12385 Roanoke, VA24025 54-1190771	Supporting organization	VA	501c3	11 Type I	N/A		No
Carilion Clinic Foundation							
PO Box 12385 Roanoke, VA24025 54-1190773	Supporting organization	VA	501c3	11 Type I	N/A		No
Carilion Franklin Memorial Hospital							
PO Box 12385 Roanoke, VA24025 54-0480606	Healthcare	VA	501c3	3	N/A		No
Carilion Giles Community Hospital							
PO Box 12385 Roanoke, VA24025 54-0549603	Healthcare	VA	501c3	3	N/A		No
Carilion New River Valley Medical Center							
PO Box 12385 Roanoke, VA24025 54-0553805	Healthcare	VA	501c3	3	N/A		No
Carilion Services Inc							
PO Box 12385 Roanoke, VA24025 54-1190879	Supporting organization	VA	501c3	11 Type I	N/A		No
Carilion Stonewall Jackson Hospital							
PO Box 12385 Roanoke, VA24025 54-0568001	Healthcare	VA	501c3	3	N/A		No
Carilion Tazewell Community Hospital							
PO Box 12385 Roanoke, VA24025 54-6074580	Healthcare	VA	501c3	3	N/A		No
Hugh Trout Memorial Foundation							
PO Box 12385 Roanoke, VA24025 51-0236357	Supporting organization	VA	501c3	11 Type I	N/A		No
Jefferson College of Health Sciences Education Foundation							
PO Box 12385 Roanoke, VA24025 54-1637118	Supporting organization	VA	501c3	11 Type III	N/A		No

Carilion Clinic and Subsidiaries

Consolidated Financial Statements as of and for the Years Ended September 30, 2011 and 2010, and Independent Auditors' Report

Roanoke, Virginia
A Nonstock, Nonprofit Corporation
Chartered by the Commonwealth of Virginia

OFFICERS OF THE BOARD OF DIRECTORS

James A HartleyChairmanNancy H AgeePresidentDonald E LortonTreasurerBriggs W AndrewsSecretary

BOARD OF DIRECTORS

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John A Bond
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William White, Sr
Danielle H Yarber

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Deloitte.

Deloitte & Touche LLP 550 South Tryon Street Suite 2500 Charlotte, NC 28202

Tel +1 704 887 1500 Fax +1 704 887 1570 www.deloitte.com

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Carilion Clinic Roanoke, Virginia

We have audited the accompanying consolidated balance sheets of Carilion Clinic and Subsidiaries (the "Clinic") as of September 30, 2011 and 2010, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Clinic's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Clinic's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such consolidated financial statements present fairly, in all material respects, the financial position of the Clinic as of September 30, 2011 and 2010, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America

As discussed in Notes 1 and 4 to the consolidated financial statements, the consolidated financial statements include investments valued at \$278.869.000 (18% of total assets) and \$242.914.000 (15% of total assets) as of September 30, 2011 and 2010, respectively, whose fair values have been estimated by management in the absence of readily determinable fair values. In addition, the defined benefit postretirement plan assets disclosed in Note 9 include investments of \$188.929.000 and \$163.892.000 as of September 30, 2011 and 2010, respectively, whose fair values have been estimated by management in the absence of readily determinable fair values. Management's estimates are based on net asset values reported by the fund managers or the general partners

As discussed in Note 1 to the consolidated financial statements, the Clinic adopted amendments to the accounting and disclosure for noncontrolling interests effective October 1, 2010. The amendments are to be applied prospectively, except for the presentation and disclosure requirements, which were applied retrospectively.

Belsita & Fancher LLP

January 19, 2012

CONSOLIDATED BALANCE SHEETS AS OF SEPTEMBER 30, 2011 AND 2010 (In thousands)

	2011	2010
ASSETS		2010
CURRENT ASSETS Cash and cash equivalents Assets whose use is limited Accounts receivable — net of allowance for doubtful accounts of \$73,162 in 2011 and \$57,435 in 2010 Inventories Prepaid expenses and other current assets	\$ 3.560 658 180.414 12.481 12.507	\$ 11.993 659 162.008 12.135 20.213
Total current assets	209.620	207,008
INVESTMENTS	132,119	155,739
INTEREST RATE SWAPS	208	10
ASSETS WHOSE USE IS LIMITED — Net of current portion	541.172	516,301
PROPERTY AND EQUIPMENT — Net	640,459	681,218
OTHER ASSETS	33,103	64,054
TOTAL	\$1.556.681	\$1.624.330
LIABILITIES AND NET ASSETS		
CURRENT LI ABILITIES Current portion of long-term debt Accounts pavable Due to third-party pavors Accrued salaries and wages Accrued vacation Other current habilities	\$ 41.925 41.058 24.870 37.110 32.116 70.527	\$ 41.621 45.432 23.959 44.356 30.968 62.671
Total current liabilities	247,606	249,007
LONG-TERM DEBT — Net of current portion	610,831	620,989
INTEREST RATE SWAPS	85,548	63.148
PENSION AND OTHER LIABILITIES	292.426	193,170
Total liabilities	1.236.411	1.126.314
COMMITMENTS AND CONTINGENCIES (Notes 4, 5, 8, 14, and 15)		
NET ASSETS Unrestricted Carilion Clinic and subsidiaries Noncontrolling interests	298.105 2.409	476.859 2.316
Total unrestricted net assets	300.514	479,175
Temporarily restricted Permanently restricted	7.871 11.885	6.956 11.885
Total net assets	320,270	498,016
TOTAL	\$1,556,681	\$1,624,330

See notes to consolidated financial statements

CONSOLIDATED STATEMENTS OF OPERATIONS FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010 (In thousands)

	2011	2010
UNRESTRICTED OPER ATING REVENUES AND GAINS		
Net patient service revenue	\$1,190,352	\$1,137,938
Medical supplies and services	11.791	40.715
Other operating revenue	74.867	62,618
Net assets released from restrictions	1.847	2.241
Total unrestricted operating revenues and gains	1.278.857	1.243.512
OPER ATING EXPENSES		
Salaries and outside labor	606,016	609,270
Benefits	124,445	135,362
Supplies and other expenses	377,683	376.439
Depreciation and amortization	78.286	79.341
Provision for bad debts	66,722	64.802
Interest expense	31,939	24.188
Total operating expenses	1,285,091	1,289,402
OPER ATING LOSS	(6,234)	(45.890)
NONOPER ATING LOSS		
Investment loss	(55,637)	(16.275)
Other nonoperating loss	(21.822)	(3.884)
Total nonoperating loss	(77,459)	(20.159)
DEFICIT OF UNRESTRICTED REVENUES AND GAINS OVER EXPENSES	(83,693)	(66.049)
PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	(95.017)	(3.203)
CONTRIBUTION OF NONCONTROLLING INTEREST IN CARILION LABS AND OTHER		(10.611)
NET ASSETS RELEASED FROM RESTRICTIONS FOR PURCHASES OF PROPERTY AND EQUIPMENT	49	101
DECREASE IN UNRESTRICTED NET ASSETS FROM CONSOLIDATED OPERATIONS	(178.661)	(79.762)
CHANGE IN UNRESTRICTED NET ASSETS ATTRIBUTABLE TO NONCONTROLLING INTERESTS	93	(11.095)
CHANGE IN UNRESTRICTED NET ASSETS ATTRIBUTABLE TO CARILION CLINIC AND SUBSIDIARIES	\$ (178,754)	\$ (68.667)

See notes to consolidated financial statements

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010 (In thousands)

	2011	2010
UNRESTRICTED NET ASSETS		
Deficit of unrestricted revenues and gains over expenses		
attributable to Carilion Clinic and subsidiaries	\$ (83,693)	\$ (66,049)
Pension-related changes other than net periodic pension cost	(95,017)	(3,203)
Contribution of noncontrolling interest in Carilion Labs and other		(10,611)
Net assets released from restrictions for purchases of	10	101
property and equipment	49	101
Decrease in unrestricted net assets	(178,661)	(79,762)
		
TEMPORARILY RESTRICTED NET ASSETS		
Contributions	2,187	2,157
Investment income	624	1,108
Net assets released from restrictions for purchase of	(10)	(101)
property and equipment	(49)	(101)
Net assets released from restrictions used for operations	(1,847)	(2.241)
Increase in temporarily restricted net assets	915	923
DECREACE IN MET ACCETS	(177.746)	(79.920)
DECREASE IN NET ASSETS	(177,746)	(78,839)
NET ASSETS — Beginning of year	498,016	576,855
NET ASSETS — End of year	\$ 320,270	\$498,016

See notes to consolidated financial statements

CONSOLIDATED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010 (In thousands)

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES		
Decrease in net assets	\$ (177,746)	\$ (78,839)
Adjustments to reconcile decrease in net assets to net cash	,	, ,
provided by operating activities		
Depreciation and amortization	78,286	79,341
Deferred compensation	(745)	2,116
Provision for bad debts	66,722	64,802
Net realized and unrealized losses (gains) on investments		
and interest rate swaps	38,247	(2,109)
Equity in losses of affiliates	30,505	32,951
Gain on sale of assets	(365)	(14)
Gain on deconsolidation of Carilion Labs. LLC		(1,932)
Contribution of noncontrolling interest in Carilion Labs and other		10,611
Restricted contributions and restricted investment income	(2.811)	(3,265)
Pension-related changes other than net periodic pension cost	95,017	3,203
Net periodic pension cost in (deficit) excess of funding	(2,680)	8,354
Loss on extinguishment of debt	2,584	
Changes in		
Accounts receivable — net	(85,128)	(70,286)
Inventories, prepaid expenses, and other current assets	7.360	4.629
Other assets	(1.082)	(1.871)
Accounts payable and accrued expenses	(11,461)	6,794
Due to third-party payors	911	4,335
Other current liabilities	9,454	5,754
Other liabilities	<u>7.371</u>	(867)
Net cash provided by operating activities	54,439	63,707
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property and equipment	(38,757)	(60,311)
Proceeds from sale of property and equipment	1.112	160
VHSAX distributions		26,655
Acquisitions	(1,708)	(2,370)
Purchases of investments and assets whose use is limited	(4.623.983)	(4.836,106)
Proceeds from sale of investments and assets whose use is limited	4.609.919	4.828.117
Net cash used in investing activities	(53,417)	(43,855)

(Continued)

CONSOLIDATED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010 (In thousands)

	2011	2010
CASH FLOWS FROM FINANCING ACTIVITIES Restricted contributions and restricted investment income Deferred financing costs	\$ 2.811 (2.704)	\$ 3.265
Proceeds from issuance of long-term debt Principal payments and retirements of long-term debt	257.301 (266.863)	(12,441)
Net cash used in financing activities	(9.455)	(9,176)
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(8.433)	10.676
CASH AND CASH EQUIVALENTS — Beginning of year	11,993	1.317
CASH AND CASH EQUIVALENTS — End of year	\$ 3,560	\$ 11.993

SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION

Cash paid for interest (net of amount capitalized) in 2011 and 2010 was \$29,464 and \$23,508, respectively

Capital leases entered into during 2010 totaled \$4,000

Other noncash acquisitions of property and equipment in 2011 and 2010 totaled \$1.992 and \$1.003, respectively

See notes to consolidated financial statements

(Concluded)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010 (In thousands)

1. CORPORATE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization — Carilion Clinic is the sole member of Carilion Medical Center (CMC) (t/a Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital). Carilion New River Valley Medical Center, Carilion Franklin Memorial Hospital, Carilion Giles Community Hospital, Carilion Tazewell Community Hospital, Carilion Clinic Properties, LLC (formerly known as Carilion Clinic Physicians, LLC). Carilion Clinic Foundation, and Carilion Services, Inc (collectively, "Carilion")

Carilion and the entities for which it serves as sole member are not-for-profit, nonstock membership corporations exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC) Carilion Services. Inc. is the sole stockholder of CHS. Inc (CHSI) CHSI is the holding company for the other taxable Carilion entities

Carilion owns an 80% interest in Carilion Stonewall Jackson Hospital ("Stonewall"), with the noncontrolling interest remaining with a community-based foundation. Carilion and Centra Health ("Centra") have a joint ownership agreement with Bedford Memorial Hospital ("Bedford"). Under the terms of the agreement, Carilion and Centra each have a 50% equity interest in Bedford (see Note 6).

During March 2010, Carilion contributed Carilion Labs, LLC, a formerly consolidated subsidiary, to Laboratories Group Holding, LLC (LGH), a previously unrelated lab company, in exchange for an equity interest in LGH. As a result of this transaction, Carilion deconsolidated Carilion Labs, LLC, and recognized an investment in LGH that is accounted for under the equity method of accounting (see Note 6).

Effective October 1, 2009, Carilion formed a new captive insurance company. Blue Ridge Indemnity Company. LLC (BRIC) BRIC is licensed as a captive insurance company by the Vermont Commissioner of Banking. Insurance, Securities and Health Care Administration, pursuant to the provisions of the Vermont Statutes Annotated Carilion was previously a member in a joint risk financing initiative with two other health care providers in a Vermont-based risk retention group. Virginia Health Systems Alliance Interinsurance Exchange, RRG (VHSAX) On October 1, 2009, VHSAX was dissolved by agreement of the members, upon which Carilion received a cash distribution for its assets held by VHSAX and assumed the liability for medical malpractice claims made against Carilion Through various independent carriers. BRIC carries reinsurance coverage of up to \$50,000 per occurrence and annual aggregate to cover claims in excess of \$2,000 per occurrence and \$14,000 in annual aggregate Carilion continues to be self-insured for claims incurred but not reported

During 2009. Carilion formed Carilion Clinic Medicare Resources LLC, a health maintenance organization that began offering Medicare Advantage health plans to residents of southwest Virginia as of October 1, 2009

The accounts of CMC, Bedford, Carilion New River Valley Medical Center, Carilion Franklin Memorial Hospital, Carilion Giles Community Hospital, and Carilion Clinic Properties, LLC, are collectively referred to as the Obligated Group as a result of the Master Trust Indenture executed by and among the members of the Obligated Group in connection with the issuance of certain long-term debt obligations

Presentation of Consolidated Financial Statements — The consolidated financial statements of Carilion have been prepared under the accrual basis in accordance with accounting principles generally accepted in the United States of America as set forth in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC)

Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of Carilion and changes therein are classified and reported as follows.

Unrestricted Net Assets — Net assets that are not subject to donor-imposed stipulations

Temporarily Restricted Net Assets — Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose Temporarily restricted net assets held by Carilion as of September 30, 2011 and 2010, were restricted primarily for indigent care, clinical research, trauma operations, and neonatal and pediatric care

Permanently Restricted Net Assets — Permanently restricted net assets have been restricted by donors to be maintained by Carilion in perpetuity Permanently restricted net assets held by Carilion as of September 30, 2011 and 2010, were restricted primarily for neonatal and pediatric care

In the accompanying consolidated statements of operations, all revenues have been reported as increases in unrestricted net assets, unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Cash and noncash contributions are recorded at fair value when made with the exception of unconditional promises, which are recognized on the date the promise is made.

The consolidated statements of operations include deficit of unrestricted revenues and gains over expenses. Changes in unrestricted net assets, which are excluded from deficit of unrestricted revenues and gains over expenses, include net assets released from restrictions for purchase of property and equipment and pension-related changes other than net periodic pension costs.

Consolidation — The consolidated financial statements include all subsidiaries for which Carilion has a controlling financial interest. All significant intercompany accounts and transactions have been eliminated in consolidation

Net Patient Service Revenue — Carilion has agreements with third-party payors that provide for payments to Carilion at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments, under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

HITECH Incentive Funding for Meaningful Use of Electronic Health Records (EHR) — The American Recovery and Reinvestment Act of 2009 (ARRA) established incentive payments under the Medicare and Medicaid programs for certain professionals and hospitals that meaningfully use certified EHR technology These provisions of ARRA are referred to as the Health Information Technology for clinical and Economic Health (HITECH) Act Incentive payments under the HITECH Act will be paid out over four years on a transitional schedule. To qualify for incentives, hospitals and physicians must meet designated EHR meaningful use criteria (through three stages), as defined by The Centers for Medicare and Medicaid Services (CMS) While Stage 1 criteria are well defined by CMS. Stage 2 and 3 requirements are still being developed. Incentive payments are awarded to hospitals and physicians based on attestation to CMS of achievement of applicable EHR meaningful use criteria. Attestations are subject to audit by the federal government or its designee. The EHR incentive payments to hospitals include a base amount, plus a discharge-related portion, which is calculated by CMS based on the hospital's most recently filed cost report and are subject to adjustment upon settlement of the cost report for the hospital's fiscal year that begins after the beginning of the payment year. A hospital may receive incentive payments for up to four years, provided that it successfully demonstrates meaningful use for each applicable EHR reporting period

Carilion recognizes revenue for HITECH incentive payments in the period in which it is reasonably assured that it will comply with the applicable EHR meaningful use requirements. Incentive revenues are recognized ratably over the applicable EHR reporting period. Certain Carilion hospitals completed their attestation to CMS of compliance with the Medicare Program Stage 1 criteria during fiscal year 2011 and, accordingly, recognized other operating revenues of \$9.015 for year one incentives in the accompanying consolidated statement of operations for the year ended September 30, 2011.

Charity Care — Carilion provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Because Carilion does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue or included in patient accounts receivable.

Cash and Cash Equivalents — Cash and cash equivalents consist primarily of demand deposits, temporary investments in bank repurchase agreements, certificates of deposit, and overnight master notes with banks Carilion considers all highly liquid investments with an original maturity of three months or less to be cash equivalents

Carilion's cash deposits are held at local and regional banks. Carilion had short-term investments of approximately \$46,207 and \$50,843 at September 30, 2011 and 2010, respectively, at a regional bank, which are included in the system-wide investment pool (see Note 4) and, therefore, are classified as noncurrent assets. At September 30, 2011 and 2010, total Carilion deposits exceeded federally insured limits by approximately \$11,194 and \$2,654, respectively.

Inventories — Inventories are stated at the lower of cost (first-in, first-out) or market

Investments and Assets Whose Use is Limited — Carilion combines its investments in a system-wide investment pool, which includes investments and assets whose use is limited. Assets whose use is limited primarily includes assets held by trustees under a Master Trust Indenture agreement and assets designated by the board of directors (the "Board") for future capital improvements, over which the Board retains control and may, at its discretion, subsequently use for other purposes

Carilion's investments and assets whose use is limited, excluding alternative investments, are classified as trading securities and measured at fair value on the consolidated balance sheets with the related interest and dividends and realized and unrealized holding gains and losses reported in investment

income (loss) in the consolidated statements of operations, unless their use is temporarily or permanently restricted by explicit donor stipulations or by law. Management determined that the trading security category is appropriate based on Carilion's investment strategy and policies. Investment managers may execute individual purchases and sales of investments without prior approval from Carilion, as long as they comply with Carilion's investment strategy and policies.

Alternative investments, which are not readily marketable and are less liquid compared to Carilion's other investments, are classified as available-for-sale securities and include hedge funds, limited partnerships, limited liability corporations, and offshore investment funds and represent 41% and 36% of total investments and assets whose use is limited as of September 30, 2011 and 2010, respectively (see Note 4). These instruments may contain elements of both credit and market risk. Such risks could include, but are not limited to, limited liquidity, absence of oversight, dependence upon key individuals, emphasis on speculative investments (both interest rate swaps and nonmarketable investments), and nondisclosure of portfolio composition. Investments of the limited partnerships include certain types of financial instruments, including, among others, futures and forward contracts, options, and securities sold not yet purchased, intended to hedge against changes in the market value of investments. These financial instruments, which involve varying degrees of off-balance-sheet risk for the limited partnerships, limited liability corporations, and offshore investment funds, may result in a loss due to changes in the market (market risk)

Carilion has elected the fair value option to account for its investments in limited partnerships and limited liability corporations. Management determined the fair value option is appropriate based on Carilion's investment strategy and policies with respect to investments in limited partnerships and limited liability corporations. Management estimates the fair value of its investments in limited partnerships and limited liability corporations based on information provided by the fund managers

Accounting principles generally accepted in the United States of America permit, as a practical expedient, a reporting entity to measure the fair value of certain investments without readily determinable fair values by using the reported net asset value (NAV) per share of the investment without further adjustment if the investment is in an entity that meets the description of an investment company whose underlying investments are measured at fair value as set forth in the ASC Accordingly. Carilion generally estimates the fair value of its investments in limited partnerships and limited liability corporations using the NAV per share reported by the respective fund managers or the general partners

The estimated fair value of certain alternative investments, such as private equity interests, is based on valuations performed prior to the balance sheet date by the external investment managers and adjusted for cash receipts, cash disbursements, and securities distributions through September 30. Because alternative investments are not readily marketable, their estimated fair value is subject to uncertainty and therefore may differ from the value that would have been used had a ready market for such investments existed. Such differences could be material

Equity Method Investments — The equity method of accounting is used for investments in entities for which Carilion has the ability to exercise significant influence over the operating and financial policies of the investee, but does not have a controlling financial interest via majority voting rights, sole corporate membership, or by other means. The carrying value of equity method investments is adjusted for Carilion's proportionate share of changes in net assets of the investee, with adjustments as applicable for intraentity profit and losses, amortization of basis differences, investee capital transactions, and the effect of investee cumulative preferred stock.

Carilion's proportionate share of the earnings of equity method investees is reported in investment income (loss) in the consolidated statements of operations. Carilion's proportionate share of the investee's extraordinary items, changes in accounting principle, and pension-related changes other than pension expense are recognized within the corresponding line item in Carilion's consolidated statements of operations and statements of changes in net assets (as applicable)

Equity method investments are initially measured at cost, with the exception of a retained investment in a deconsolidation transaction for which the equity method investment is initially measured based on the fair value of the retained interest. Carilion evaluates the carrying value of equity method investments for other-than-temporary impairment. If the equity method investment is determined to be other-than-temporarily impaired, an impairment charge would be recognized for the amount by which the carrying amount exceeds fair value.

Property and Equipment — Property and equipment is stated at cost less accumulated depreciation Donated property and equipment is recorded at fair value at the date of donation. Depreciation is computed on the straight-line method over the estimated useful lives of the depreciable assets, except for leasehold improvements, which are amortized over the shorter of the expected useful life of the improvement or the term of the related lease. The estimated useful life of buildings is 39 years. The estimated useful life of fixed equipment is 10 to 20 years. The estimated useful life of movable equipment is 3 to 15 years.

Long-lived assets are reviewed for impairment whenever events or circumstances indicate that their carrying amount may not be recoverable. The recoverability of long-lived assets is evaluated by comparing the carrying amount to the estimated undiscounted cash flows. If the carrying amount exceeds the estimated undiscounted cash flows, an impairment charge would be recognized for the amount by which the carrying amount exceeds the fair value of the long-lived asset. Management determined there was no impairment of long-lived assets as of or during the years ended September 30, 2011 and 2010.

Interest Costs — Interest costs incurred on borrowed funds, net of interest income earned on the unexpended bond proceeds during the period of construction of capital assets, are capitalized as a component of the costs of acquiring those assets. Such amounts were not material to the consolidated financial statements as of and for the years ended September 30, 2011 and 2010

Bond Issue Costs and Original Issue Bond Premium and Discount — Unamortized bond issue costs of \$7.875 and \$8.183 at September 30, 2011 and 2010, respectively, are included in other assets in the accompanying consolidated balance sheets. Unamortized original issue premium on bonds payable of \$9.846 and \$779 at September 30, 2011 and 2010, respectively, and unamortized original issue discount on bonds payable of \$464 and \$486 at September 30, 2011 and 2010, respectively, are netted against long-term indebtedness in the accompanying consolidated balance sheets. Bond issue costs, original issue premium, and original issue discount are amortized over the period the obligation is outstanding

Goodwill and Other Intangible Assets — Goodwill represents acquisition costs in excess of the fair value of net identifiable tangible and intangible assets of businesses purchased. Goodwill and other intangible assets are classified into three categories. (1) intangible assets with definite lives subject to amortization. (2) intangible assets with indefinite lives not subject to amortization, and (3) goodwill Carilion determines the useful lives of its identifiable intangible assets after considering the specific facts and circumstances related to each intangible asset. Intangible assets that are deemed to have definite lives are amortized, on a straight-line basis, over their useful lives. Other intangible assets consist of noncompete agreements and customer relationships that have estimated useful lives of five years and 20 years, respectively.

Intangible assets with indefinite lives and goodwill reported in the accompanying consolidated balance sheets are held by Carilion's taxable subsidiaries and, accordingly, are not amortized. Carilion tests goodwill and indefinite-lived intangible assets for impairment annually on September 30, or more frequently if events or circumstances indicate that such intangible assets or goodwill might be impaired. Goodwill was \$203 and \$174 at September 30, 2011 and 2010, respectively.

Substantially all goodwill and other intangible assets were derecognized in March 2010 as a result of the deconsolidation of Carilion Labs, LLC (see Note 6)

Derivative Instruments — Carilion uses interest rate swap instruments to manage its exposure to movements in interest rates. Interest rate swaps are contractual agreements between two parties for the exchange of interest payments on a notional principal amount at agreed-upon fixed or floating rates for defined periods. Interest rate swaps are measured at fair value in the accompanying consolidated balance sheets, with the change in fair value recorded as realized gains (losses) and included in investment income (loss) in the accompanying consolidated statements of operations. Carilion does not enter into derivative financial instruments for trading purposes.

Income Taxes — The Internal Revenue Service has determined that Carilion Clinic, the members of the Obligated Group. Stonewall, Carilion Tazewell Community Hospital, Carilion Clinic Foundation, and Carilion Services. Inc., qualify under Section 501(c)(3) of the IRC and are, therefore, not generally subject to income taxes under present tax laws. CHSI and its subsidiaries are taxable corporations.

Carilion recognizes a tax liability or asset for the estimated taxes payable or refundable on tax returns for current and prior years. Deferred tax assets and liabilities are recognized for the estimated future tax effects attributable to temporary differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carry forwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. A tax benefit from an uncertain tax position is recognized when it is more likely than not that the position will be sustained upon examination, including resolutions of any related appeals or litigation processes, based on the technical ments. Uncertain tax positions may include the characterization of income, such as a characterization of income as passive, a decision to exclude reporting taxable income in a tax return, or a decision to classify a transaction, entity, or other position in a tax return as tax exempt

Carilion had no material unrecognized tax benefits and no adjustments to its consolidated financial statements were required as of and for the years ended September 30, 2011 and 2010. Carilion does not expect that unrecognized tax benefits will materially increase within the next 12 months.

Interest and penalties related to uncertain tax positions, if any, would be reported in the consolidated financial statements as income tax expense. Fiscal years from 2008 through 2010 are subject to examination by the federal and state taxing authorities. There are no income tax examinations currently in process.

Conditional Asset Retirement Obligations — Carilion recognizes the fair value of a liability for legal obligations associated with asset retirements in the period in which it is incurred if a reasonable estimate of the fair value of the obligation can be made. The obligation is accreted to its present value each period. Upon settlement of the obligation, any difference between the cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations. Liabilities for conditional asset retirement obligations related to the abatement of asbestos in clinical and administrative facilities are \$2,027 and \$2,103 at September 30, 2011 and 2010.

respectively, and are included in pension and other liabilities in the accompanying consolidated balance sheets

Physician Guarantees — Consistent with its policy on physician relocation and recruitment. Carilion has provided income guarantee agreements to certain physicians who agree to relocate to its communities to fill a need in Carilion's service area and commit to remain in practice there. Under such agreements. Carilion is required to make payments to the physicians in excess of the amounts they earn in their practice up to the amount of the income guarantee. The income guarantee periods are typically 12 months. Such payments are recoverable from the physicians if they do not fulfill their commitment period to the community, which is typically three years. Carilion forgives the payments if the physician completes the full commitment period. Physician guarantees are not material to the consolidated financial statements.

Use of Estimates — The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period Significant estimates and assumptions are used for, but not limited to. recognition of net patient service revenue, valuation of accounts receivable, including contractual allowances and provisions for doubtful accounts, liabilities for losses and expenses related to employee health care and professional and general liability risks, valuation of investments and interest rate swap instruments, depreciation of property and equipment, and estimated third-party settlements. Future events and their effects cannot be predicted with certainty, accordingly, management's accounting estimates require the exercise of judgment. The accounting estimates used in the preparation of the accompanying consolidated financial statements will change as new events occur, as more experience is acquired, as additional information is obtained, and as the operating environment changes. Management regularly evaluates the accounting policies and estimates it uses. In general, management relies on historical experience and on other assumptions believed to be reasonable under the circumstances and may employ outside experts to assist in the evaluation, as considered necessary. Although management believes all adjustments considered necessary for fair presentation have been included, actual results may vary from those estimates

Subsequent Events — Carilion has evaluated subsequent events from the end of the most recent fiscal year through January 19, 2012, the date of issuance of the consolidated financial statements

Adoption of New Accounting Pronouncements — Effective October 1, 2010, Carilion adopted the provisions of ASC 958-810, Not-for-Profit Entities — Consolidation ASC 958-810 amended FASB Statement No 160, Noncontrolling Interests in Consolidated Financial Statements, to make its provisions applicable to not-for-profit entities. The provisions of ASC 958-810 are to be applied prospectively, except for presentation and disclosure requirements related to noncontrolling interests, which are to be applied retrospectively. ASC 958-810 requires the noncontrolling interests to be presented as a separate component of the appropriate class of net assets. ASC 958-810 also requires the excess of revenues over expenses attributable to noncontrolling interests to be presented separately on the consolidated statements of operations. These provisions have been reflected in the consolidated balance sheets, statements of operations, statements of changes in net assets, statements of cash flows, and the notes to the consolidated financial statements as of and for the years ended September 30, 2011 and 2010

Effective October 1, 2010, Carilion adopted the provisions of ASC 958-805, *Business Combinations*, relating to goodwill Prior to the adoption of ASC 958-805, goodwill was amortized on a straight-line basis Beginning October 1, 2010, and upon the adoption of ASC 958-805, goodwill is no longer

amortized and is now subject to at least an annual assessment for impairment by applying a fair value-based test. The adoption of this guidance did not have a material impact on the consolidated financial statements.

In January 2010, the FASB issued Accounting Standards Update (ASU) No 2010-06. Fair Value Measurements and Disclosures (Topic 820) Improving Disclosures about Fair Value Measurements ASU No 2010-06 adds additional disclosure requirements related to transfers of Level 1 and Level 2 fair value measurements as well as additional disclosure around activity in Level 3 fair value measurements. The ASU also provides amendments to existing disclosures by adding clarification around the level of disaggregation and disclosures about inputs and valuation techniques. The disclosure requirements in ASU No 2010-06 are effective for reporting periods beginning after December 15, 2009, except for the requirement to present the Level 3 rollforward on a gross basis, which is effective for reporting periods beginning after December 15, 2010. The adoption of this guidance was limited to the form and content of disclosures and did not have a material effect on the consolidated financial statements. Carilion will adopt the requirement to present the Level 3 rollforward on a gross basis in fiscal year 2012.

Recently Issued Accounting Guidance — In August 2010, the FASB issued ASU No 2010-24, Health Care Entities (Topic 954) Presentation of Insurance Claims and Related Insurance Recoveries The objective of this ASU is to address the current diversity in practice related to the accounting by health care entities for medical malpractice claims and similar liabilities and their related anticipated insurance recoveries. The amendments of this ASU clarify that a health care entity should not net insurance recoveries against a related claim liability. The amendments in this ASU are effective for fiscal years beginning after December 15, 2010. Carilion is currently evaluating the provisions of this update and their impact on its consolidated financial statements.

In August 2010, the FASB issued ASU No 2010-23, *Health Care Entities (Topic 954) Measuring Charity Care for Disclosure* This ASU provides amendments to require that cost be used as the measurement basis for charity care disclosure purposes and that cost be identified as the direct and indirect costs of providing charity care. This update also requires disclosure of the methodology used to determine such costs. This ASU is effective for fiscal years beginning after December 15, 2010. Carilion is currently evaluating the provisions of this update and their impact on its consolidated financial statements.

In July 2011, the FASB issued ASU No 2011-07, Health Care Entities (Topic 954) Presentation and Disclosure of Patient Services Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities ASU No 2011-07 requires certain health care entities to change the presentation of their statements of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts) Additionally, those health care entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts ASU No 2011-07 also requires disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts ASU No 2011-07 is effective for nonpublic entities for fiscal years ending after December 15, 2012, with early adoption permitted Carilion is currently evaluating the provisions of this update and their impact on its consolidated financial statements

In December 2011, the FASB issued ASU No 2011-11, Disclosures about Offsetting Assets and Liabilities (Topic 210) ASU No 2011-11 requires entities to disclose both gross information and net information about both instruments and transactions eligible for offset in the statement of financial position and instruments and transactions subject to an agreement similar to a master netting arrangement. This scope includes derivatives, sale and repurchase agreements and reverse sale and

repurchase agreements, and securities borrowing and securities lending arrangements. The requirements of ASU No 2011-07 are required for annual reporting periods beginning on or after January 1, 2013, and interim periods within those annual periods. Carilion is currently evaluating the provisions of this update and their impact on its consolidated financial statements.

2. CHARITY CARE AND COMMUNITY SERVICES

Carilion is committed to providing quality health care to all, regardless of ability to pay. Under Carilion's charity care policy, patients meeting certain criteria receive care without charge or at a significant discount. Approved charity care determined at established rates was \$179,432 and \$163,083 for the years ended September 30, 2011 and 2010, respectively.

Carilion established the Carilion Community Health Fund ("Health Fund") program to serve its mission through contributions to public and private agencies. The contributions are targeted for projects that demonstrate innovative models for the delivery of care, improve access to health care, motivate and educate individuals to improve their health, or champion community initiatives to reduce health risks Carilion's contributions through the Health Fund were \$483 and \$476 for 2011 and 2010, respectively

To support its mission to improve the health of the communities it serves. Carilion also operates emergency rooms open 24 hours per day, seven days a week, sponsors community health screenings and educational classes, and promotes health and provides preventive care through partnerships with schools, community centers, and medical clinics in underserved areas. Carilion also provides facilities and subsidizes operations to train medical personnel through support of the Jefferson College of Health Sciences, the CMC School of Clinical Laboratory Science, and the Virginia Tech Carilion School of Medicine

3. NET PATIENT SERVICE REVENUE

Carilion has agreements with third-party payors that provide for payments to Carilion at amounts different from its established rates. A summary of the payment arrangements with major third-party payors is as follows.

Medicare — Inpatient acute care services and exempt rehabilitation services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge for all hospitals, except Carilion Giles Community Hospital and Stonewall, which are reimbursed based on reasonable cost These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. When the estimated cost of treatment for certain patients is higher than the average. Carilion receives additional "outlier" payments Inpatient nonacute services and defined medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology Certain outpatient service costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology, subject to certain limitations. Pursuant to federal legislation, the Medicare program makes payments for outpatient services on a prospective basis for certain hospitals of Carilion This payment system classifies outpatient procedures into predetermined groups, ambulatory payment classifications (APCs), with each APC having a predetermined payment amount. Capital costs are paid on a prospective basis based on a predetermined rate per discharge. Carilion is paid for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. The hospitals' Medicare cost reports have been audited and final settled by the Medicare fiscal intermediary through September 30, 2006, except for Carilion Giles Community Hospital and Stonewall, which have been settled through September 30, 2008

Medicaid — Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services and certain other costs are reimbursed based on a percentage of reasonable cost. Carilion is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by Medicaid. All hospitals' Medicaid cost reports have been final settled through September 30, 2007.

Anthem — Services rendered to Anthem subscribers are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Net patient service revenue for the years ended September 30, 2011 and 2010, increased by \$850 and \$1,000, respectively, due to the effect of settlement adjustments.

Carilion also has agreements with Medicare. Medicaid, and Anthem to provide physician services, which are primarily reimbursed based on established fee schedules and/or predetermined percentages of covered charges, within certain limitations, and are not subject to retroactive adjustment

In addition, Carilion has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, preferred provider organizations, and other third-party payors. The basis for payment to Carilion under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined rates.

Net patient service revenue for the years ended September 30, 2011 and 2010, is summarized as follows

	2011	2010
Net inpatient service revenue	\$ 541,680	\$ 513,984
Net outpatient service revenue	443,908	420,126
Net professional fees	204,764	203,828
Total net patient service revenue	<u>\$1,190,352</u>	\$1,137,938

4. INVESTMENTS AND ASSETS WHOSE USE IS LIMITED

Carilion combines its investments in a system-wide investment pool, which includes investments and assets whose use is limited. Bedford's investments totaling \$10,349 and \$9,319 and assets whose use is limited totaling \$1,764 and \$1,735 as of September 30, 2011 and 2010, respectively, are also included in the investment pool. The carrying values of the components of the system-wide investment pool at September 30, 2011 and 2010, are summarized as follows.

	2011	2010
Investments	\$ 142,468	\$ 165,058
Assets whose use is limited	543,594	518,695
	\$686.062	\$683,753

The assets in the system-wide investment pool at September 30, 2011 and 2010, are summarized as follows

	2011	2010
Short-term money market investments	\$ 62,603	\$ 51.711
U S Treasury notes		834 5 467
U S government agency securities Asset-backed securities		5,467 688
Corporate obligations		4,140
Mutual funds		4,140
Fixed income	86,559	124,375
Domestic equity	18,651	121,575
Global equity	40,419	82,603
International common stocks	82,566	34,373
Domestic common stocks	38,056	63,347
Alternative investments (Note 1)		
Core hedge funds	94,597	100,266
Low volatility hedge funds	13,734	19,723
Real estate and commodities funds limited partnerships	77,409	38,140
Inflation sensitive funds	29.182	5.966
Macro trading funds	29,118	45,268
Private equity limited partnerships and limited liability corporations	34.829	33,551
Total investment pool	607,723	610,452
Less amounts held for Bedford	(12,113)	(11.054)
Total investment pool — net of amounts held for Bedford	595,610	599,398
Assets whose use is limited under bond indenture agreements	3,272	3,276
Assets whose use is limited under interest rate swap agreements	11,988	8,986
Assets held by BRIC	22,821	25,629
Assets whose use is limited under rabbi trust agreement	28,778	30,024
Assets on deposit with regulatory authorities	2,000	2,000
Assets held by CCMR	9,480	3,386
Investments and assets whose use is limited	<u>\$673.949</u>	\$672,699

At September 30, 2011, Carilion was committed to invest an additional \$7,227 in limited partnership funds at an unspecified future date. There were no other unfunded investment commitments at September 30, 2011

Assets whose use is limited that are available for obligations classified as current liabilities are reported as current assets. The fair values of Carilion's assets whose use is limited at September 30, 2011 and 2010, are summarized as follows.

	2011	2010
Assets whose use is limited under board designations	\$472,971	\$447,045
Assets whose use is limited under bond indenture agreements	3,272	3,276
Assets whose use is limited under interest rate swap agreements	11,988	8,986
Assets whose use is limited for BRIC	22,821	25,629
Assets whose use is limited under rabbi trust agreement	28,778	30,024
CCMR assets on deposit with regulatory authorities	2,000	2,000
	541,830	516,960
Less portion required for current liabilities	658	659
Assets whose use is limited — net of current portion	<u>\$541,172</u>	<u>\$516,301</u>

Unrestricted investment income (loss) for the years ended September 30, 2011 and 2010, is summarized as follows

	2011	2010
Dividends and interest	\$ 13,189	\$ 8,592
Net realized gains on sales of investments	18,263	15,729
Net change in unrealized (losses) gains in investments	(35,811)	5,953
Gains on investments in hedge funds, limited partnerships,	. ,	
and limited liability companies	5,306	13,972
Equity in losses of affiliates	(34,382)	(32,951)
Net change in unrealized losses in interest rate swaps	(22,202)	(27,570)
Unrestricted investment loss	\$ (55,637)	\$(16,275)

5. PROPERTY AND EQUIPMENT — NET

Property and equipment — net at September 30, 2011 and 2010, consists of the following

	2011	2010
Land and improvements Buildings and fixed equipment Movable equipment	\$ 39,413 884,035 732,230	\$ 40.313 881.982 714.398
	1,655,678	1,636,693
Less accumulated depreciation and amortization	(1,032,526)	(966,552)
	623,152	670,141
Construction in progress	17,307	11.077
Property and equipment — net	\$ 640,459	\$ 681,218

Depreciation expense totaled \$78,244 and \$78,609 for the years ended September 30, 2011 and 2010, respectively

Unexpended contractual commitments for projects under construction at September 30, 2011, approximate \$7,292 The commitments include costs to replace the exterior hospital building wall at Carilion New River Medical Center and an electrical system upgrade at CMC

6. EQUITY INVESTMENTS IN AFFILIATES

Bedford and Carilion have a joint ownership agreement with Centra Under the terms of the agreement. Carilion has a 50% equity interest in Bedford that is accounted for under the equity method Carilion's investment in Bedford was \$4,579 and \$5,216 at September 30, 2011 and 2010, respectively, and is included in other assets in the accompanying consolidated balance sheets

At September 30, 2011 and 2010, Carilion owned approximately 16% of the common stock of Luna Innovations, Inc ("Luna"), which is accounted for under the equity method. Luna filed for Chapter 11 bankruptcy during July 2009 and emerged from bankruptcy on January 12, 2010. Carilion's investment in Luna was reduced to zero as of September 30, 2009, as a result of recording its share of Luna's losses under the equity method of accounting. In connection with Luna's emergence from bankruptcy on January 12, 2010, Carilion agreed to exchange its notes receivable due from Luna for 1,321,514 shares of Luna Series A convertible preferred stock and warrants to purchase 356,000 shares of Luna common stock for \$2.50 per share, exercisable beginning February 1, 2013, and continuing until December 31, 2020. The Series A convertible preferred stock carries a dividend of 6% payable in shares of common stock and maintains a liquidation preference up to \$6.2 million. Carilion has not recorded an asset for any of its interests in the common stock of Luna, the Series A convertible preferred stock, or the warrants to purchase shares of Luna common stock at September 30, 2011 and 2010, due to Luna's continued operating and cash flow losses. The quoted market price of Luna's common stock was \$1.21 and \$2.00 per share as of September 30, 2011 and 2010, respectively.

As described in Note 1, effective March 5, 2010. Carilion contributed Carilion Labs, LLC, a formerly consolidated subsidiary, to LGH, a previously unrelated lab company, in exchange for 86,483,000 common units of LGH, subject to closing adjustments, which represents approximately 86.5% of the LGH common units outstanding as of September 30, 2010. The remaining equity interests in LGH at September 30, 2010, consisted of 147,512,894 Series A preferred units held primarily by a private equity investor. Carilion's ownership interest was reduced to 83.5% of the common units outstanding at September 30, 2011, as a result of additional equity transactions by LGH. The preferred units carry a 10% cumulative accretion compounded quarterly and maintain a liquidation preference over the common units. Both the common units and the Series A preferred units are nonvoting. Carilion's investment in LGH is accounted for under the equity method as it has the ability to exercise significant influence over the entity through its right to appoint three of nine members of LGH's board of managers, but does not have a controlling financial interest.

Carilion recorded a gain upon the deconsolidation of Carilion Labs. LLC. of \$1.932 representing the excess of (i) the fair value of common units received of \$67.467 (\$0.78 per unit) and (ii) the carrying value of the noncontrolling interest in Carilion Labs. LLC. of \$10.558 over the carrying value of assets and liabilities contributed to LGH of \$70.596, less transaction costs of \$5.487. The gain is included in other nonoperating (loss) income for the year ended September 30, 2010, in the accompanying consolidated statement of operations.

The fair value of Carilion's common units at March 5, 2010, was estimated with the assistance of a third-party valuation specialist using a combination of income (discounted cash flow) and market valuation approaches, adjusted for the Series A preferred unit preferences and a discount for the lack of marketability

Carilion's share of LGH's losses and the Series A preferred unit accretion for the year ended September 30, 2011, and for the period from March 5, 2010 to September 30, 2010, was \$34,336 and \$33,121, respectively, and is included in investment income (loss) in the accompanying consolidated statements of operations. The carrying amount of Carilion's investment in LGH was \$34,336 at September 30, 2010, and was reduced to zero at September 30, 2011, and is included in other assets in the accompanying consolidated balance sheets.

Additional losses are not recognized for equity method investments unless Carilion has guarantee obligations of the investee or is otherwise committed to provide further financial support for the investee Carilion is not further obligated or committed to the investee

The cash and noncash effects of the deconsolidation of Carilion Labs, LLC, and the initial recognition of Carilion's equity investment in LGH reflected in the accompanying consolidated statement of cash flows for the year ended September 30, 2010, are summarized as follows

Fair value of LGH common units	\$67.457
Noncontrolling interest in Carilion Labs. LLC	10,558
	78.015
Less —	
Carrying value of assets (liabilities) of Carilion Labs, LLC	
Cash	6,771
Accounts receivable	8,414
Prepaid expenses and other current assets	2,619
Goodwill and other intangible assets — net	54,823
Property and equipment — net	7,627
Accounts payable and accrued expenses	(7,926)
Other current liabilities	(987)
Other liabilities	(745)
Cash paid for closing costs	5.487
Deconsolidation gain	\$ 1.932

Cash contributed to LGH is included in purchases of investments and assets whose use is limited in the accompanying consolidated statement of cash flows for the year ended September 30, 2010

7. NET ASSETS

A summary of changes in consolidated unrestricted net assets attributable to Carilion Clinic and subsidiaries and to the noncontrolling interest for the year ended September 30, 2011, is as follows

	Total	Carilion Clinic and Subsidiaries	Noncontrolling Interests
Balance — beginning of vear	\$479,175	\$476.859	\$2.316
(Deficit) excess of unrestricted revenues and gains over expenses Pension-related changes other than net periodic pension cost	(83,693) (95,017)	(83.786) (95.017)	93
Net assets released from restrictions for purchases of property and equipment	49	49	
Balance — end of vear	\$300,514	\$298,105	\$ 2,409

A summary of changes in consolidated unrestricted net assets attributable to Carilion Clinic and subsidiaries and to the noncontrolling interests for the year ended September 30, 2010, is as follows

	Total	Carilion Clinic and Subsidiaries	Noncontrolling Interests
Balance — beginning of vear	\$558,937	\$545,526	\$ 13,411
(Deficit) excess of unrestricted revenues and gains over expenses	(66,049)	(65,565)	(484)
Contribution of noncontrolling interest in Carilion Labs, LLC	(10,558)		(10.558)
Other	(53)		(53)
Pension-related changes other than net periodic pension cost	(3.203)	(3,203)	
Net assets released from restrictions for purchases of			
property and equipment	<u> 101</u>	101	
Balance — end of vear	\$479,17 <u>5</u>	\$476.859	\$ 2.316

8. LONG-TERM DEBT

Long-term debt at September 30, 2011 and 2010, consists of the following

	2011	2010
Hospital Revenue Bonds — Series 2010 — Term Bonds, 5 0% fixed rate interest, maturing from 2021 to 2033 Hospital Revenue Bonds — Series 2008A — Variable Rate	\$ 95.740	\$ -
Demand Bonds, variable rate interest (0.15% at September 30, 2011), maturing from 2027 to 2042 Hospital Revenue Bonds — Series 2008B — Variable Rate	50,000	50,000
Demand Bonds, variable rate interest (0.11% at September 30, 2011), maturing from 2027 to 2042 Hospital Revenue Bonds — Series 2005A — Variable Rate Demand Bonds, variable rate interest	110.000	110,000
(0 15% at September 30, 2011), maturing from 2028 to 2036 Hospital Revenue Bonds — Series 2005B — Serial Bonds, 3 0% to	125,000	125,000
5 0% fixed rate interest, maturing from 2012 to 2020 Hospital Revenue Bonds — Series 2005B — Term Bonds, 4 375% to	30,345	
5 0% fixed rate interest, maturing from 2026 to 2038 Hospital Revenue Bonds — Series 2005B — Variable Rate Demand Bonds, converted to fixed rate bonds, matured on October 13, 2010	66,340	101.425
Hospital Revenue Bonds — Series 2005C — Serial Bonds, 5 0% fixed rate interest, maturing from 2012 to 2020	23.880	101.423
Hospital Revenue Bonds — Series 2005C — Term Bonds, 4 0% to 5 0% fixed rate interest, maturing from 2024 to 2027 Hospital Revenue Bonds — Series 2005C — Variable Rate Demand	26.039	
Bonds, converted to fixed rate bonds, matured on October 13, 2010		55,275
Hospital Revenue Bonds — Series 2003A, B, and C — Serial Bonds, refunded October 13, 2010		97,250
Hospital Revenue Bonds — Series 2002A — Serial Bonds		71,230
4 25% to 5 75% fixed rate interest, maturing from 2012 to 2021 Hospital Revenue Bonds — Series 2002A — Term Bonds.	50,879	54.635
5 0% fixed rate interest, maturing from 2022 to 2023 Hospital Revenue Bonds — Series 2000 — Serial Bonds.	13,825	13.825
6 35% to 6 625% fixed rate interest, maturing from 2012 to 2015 Hospital Revenue Bonds — Series 2000 — Term Bonds.	3.235	3.925
6 875% to 7 00% fixed rate interest, maturing from 2020 to 2030	24,260	24,260
Other long-term debt	23,831	26.722
	643.374	662.317
Unamortized bond premium	9,846	779
Unamortized bond discount	(464)	(486)
Scheduled payments due within one year	(13.425)	(13,121)
Additional current portion of Series 2008A and B Bonds	(16,000)	(16,000)
Additional current portion of Series 2005A Bonds	(12,500)	_(12,500)
Long-term debt — net of current portion	\$610,831	\$620,989

On October 13, 2010, the Obligated Group issued \$95,740 of Hospital Revenue Bonds ("Series 2010 Bonds") through the Economic Development Authority of the City of Roanoke, Virginia The proceeds of the issue were used to refund all of the outstanding Series 2003A, B, and C Hospital Revenue Bonds then outstanding The Series 2010 Bonds are term bonds with a fixed interest rate of 5 0% and mature from 2021 to 2033

On October 13, 2010, the Obligated Group converted the Series 2005B and C variable rate demand bonds to fixed rate bonds with interest ranging from 3 0% to 5 0%, maturing from 2011 to 2038. The repayment of principal and interest on the converted 2005B and C bonds is guaranteed by a municipal insurance policy issued in connection with the original delivery of the Series 2005B and C variable rate demand bonds.

The resulting loss on extinguishment of debt was \$2,584 for the year ended September 30, 2011, and is included in other nonoperating (loss) income in the consolidated statement of operations

With the exception of the Series 2000 Hospital Revenue Bonds, each member of the Obligated Group is jointly and severally liable for the repayment of the principal and interest as they become due on the Hospital Revenue Bonds (collectively, the "Bonds"), including \$4,221 of the Series 2005 A, B, and C Bonds and \$3,766 of the Series 2002A Bonds related to Bedford that is not included in the debt of Carilion at September 30, 2011. The Bonds are governed by a master trust indenture, as amended and restated (the "Indenture"), by and among the members of the Obligated Group and U.S. Bank (the "Master Trustee"). The repayment of principal and interest on the Series 2005A, B, and C. Bonds and the Series 2002A Bonds (the "Insured Bonds") is guaranteed by a municipal bond insurance policy issued in connection with the delivery of the Insured Bonds. The principal amounts outstanding related to Carilion's portion of the Insured Bonds were \$336,308 and \$447,410 at September 30, 2011 and 2010, respectively, and included \$97,250 of the Series 2003A, B, and C. Bonds at September 30, 2010.

The Bonds are collateralized by a pledge of revenues of the Obligated Group, and the Master Trustee holds a security interest in the gross receipts of the Obligated Group During 2010, a deed of trust was established for the benefit of the Master Trustee to secure all current and future obligations issued under the Indenture with substantially all land, buildings, and fixtures of CMC. The deed of trust is supported by \$45,000 of title insurance acquired by CMC. Carilion New River Valley Medical Center has pledged that it will not create, or permit to exist, a lien against its land, buildings, and fixtures.

Stonewall is solely responsible for the Series 2000 Hospital Revenue Bonds, which are collateralized by a deed of trust of Stonewall's real and personal property and a pledge of the gross receipts of Stonewall

The Series 2008A and B Bonds and Series 2005A Bonds are puttable variable rate demand obligations and are remarketed daily. The Obligated Group has entered into two separate standby bond purchase agreements for the Series 2008A and 2005A bonds and a letter of credit for the 2008B bonds (collectively, the "Liquidity Facilities") to provide credit and liquidity support for the respective bonds. In the event the bonds are tendered for purchase and cannot be remarketed, the Liquidity Facilities provide that the respective bank will provide funds to purchase the unremarketed bonds. Bonds purchased with Liquidity Facility funds bear interest at variable rates determined based on the London InterBank Offered Rate (LIBOR) index plus 100 to 200 basis points and are payable to the bank in equal quarterly installments over five years. Principal payments are due beginning the first business day of the seventh calendar month following the bank purchase. Accordingly, Carilion has included \$16,000 of the Series 2008A and B Bonds and \$12,500 of the Series 2005A Bonds within the current portion of long-term debt as of September 30, 2011, to reflect the principal that would be payable to the liquidity facility providers if the bonds were tendered for purchase as of the balance sheet date and not remarketed during fiscal year 2012. The Obligated Group may prepay Liquidity Facility funds at any time without penalty

The Liquidity Facilities supporting the Series 2008A and B Bonds and the Series 2005A Bonds expire on July 16, 2015, June 30, 2014, and August 31, 2012, respectively. In the event the Liquidity Facility agreements are not extended or replaced with an alternative liquidity facility prior to expiration, the Indenture provides for mandatory tender of the bonds for purchase with Liquidity Facility funds repayable to the respective bank in equal quarterly installments over five years

The aggregate principal maturities of long-term debt, including the additional current portion of Series 2008A and B Bonds and Series 2005A Bonds at September 30, 2011, are as follows

Years Ending September 30	
2012	\$ 41.925
2013	69,416
2014	69,571
2015	69,621
2016	69,850
Thereafter	_322.991
	\$643.374

Sinking Fund Requirements — The Series 2010 Bonds are subject to mandatory annual sinking fund requirements beginning in 2021 through 2033 in varying amounts ranging from \$5,025 to \$13,435. The Series 2008A and B Bonds are subject to mandatory annual sinking fund requirements beginning in 2027 through 2042 in varying amounts ranging from \$425 to \$32,870. The Series 2005A, B, and C Bonds are subject to mandatory annual sinking fund requirements through 2038 in varying amounts ranging from \$2,370 to \$22,700. The Series 2002A Serial Bonds are subject to mandatory annual sinking fund requirements through 2021 in varying amounts ranging from \$3,950 to \$6,398. The Series 2002A Term Bonds are subject to mandatory sinking fund requirements of \$6,742 and \$7,083 in 2022 and 2023, respectively.

Debt Service Reserve Fund — The Obligated Group is required to maintain with the Master Trustee a debt service reserve fund to secure all obligations under the Indenture in the event that (a) the Obligated Group's day's cash on hand falls below 120 days at any semiannual test date or (b) the Obligated Group's long-term debt service coverage ratio is below 1 30 for fiscal year 2011. 1 35 for fiscal year 2012, and 1 40 for fiscal year 2013 and thereafter. The debt service reserve fund amount, if required, would be equal to the maximum annual debt service for the obligations then outstanding under the Indenture and must be deposited within 90 days of the applicable test date or constitute an event of default under the Indenture, unless such requirement is waived by the bond insurers

Debt Covenants — The Obligated Group is subject to certain covenants under the Indenture, the municipal bond insurance policies, and the Liquidity Facility agreements that, among other covenants, place restrictions on the members of the Obligated Group relative to operating ratios, the incurrence of additional indebtedness, and limitations on transfers from the Obligated Group. The Indenture requires that the Obligated Group maintain a debt-to-capitalization ratio of not more than 67% for fiscal year 2011, stepping down by one percent for each succeeding fiscal year until reaching 65% for fiscal year 2013 and thereafter. In addition, the Liquidity Facility agreements require that the Obligated Group maintain a minimum long-term debt service coverage ratio of not less than 1.0 to 1.0, with fiscal year-to-date testing performed quarterly. The Obligated Group has maintained compliance with these covenants as of and during the year ended September 30, 2011.

Stonewall is subject to certain financial covenants and other restrictions related to the Series 2000 Hospital Revenue Bonds Stonewall has maintained compliance with such covenants during the applicable periods as of and during the year ended September 30, 2011

Interest Rate Swap Agreements — At September 30, 2011 and 2010, Carilion had interest rate swap agreements with financial institutions to hedge a portion of the interest rate risk related to certain Hospital Revenue Bonds. Under the terms of the interest rate swap agreements in place at September 30, 2011, Carilion receives and pays interest based on the following.

Current Notional Amount (In Thousands)	Hedged Bonds	Maturity Date	Type of Derivative	Pay Rate	Receive Rate	Collateral Posting Threshold
\$62,500	2005 A	2036	Fixed payor	3 43%	67% 1m LIBOR(1)	
62,500	2005 A	2036	Fixed payor	3 43° o	67% 1m LIBOR(1)	
49,475	2005B	2031	Fixed payor	3 22° o	67% 1m LIBOR(1)	
62,500	2008 AB	2042	Fixed payor	3 29° o	67% 1m LIBOR(1)	10,000
62,500	2008 A B	2042	Fixed payor	3 29%	67% 1m LIBOR(1)	10,000
26,300	2005C	2020	Fixed payor	4 25° o	68° o 3m LIBOR + 0 23° o(2	5,000
34.235	2002 A	2023	Basis swap	SIFM A Municipal Swap Index	(3)67% o 3m LIBOR + 0 43% o(2)	
34,235	2002 4	2023	Basis swap	SIFM A Municipal Swap Index	(3)67% 3m LIBOR + 0 43% (2)	
73,364	2005B-C, 2010	2038	Basis swap	SIFM A Municipal Swap Index	(3)67° o 3m LIBOR + 0 57° o(2)	
99,837	2005B-C, 2010	2038	Basis swap	SIFM A Municipal Swap Index	(3)67° o 3m LIBOR + 0 62° o(2)	
15,655	2000	2012	Floating rate payor	SIFM A Municipal Swap	6 35% to 7 0% (4)	
				Index + 0.30° o(4)		

⁽¹⁾ The 1m LIBOR was 0 24% and 0 26% at September 30, 2011 and 2010, respectively

At September 30, 2011 and 2010, the Obligated Group posted \$11,988 and \$8,986, respectively, in collateral as part of the fixed-payor swap agreements associated with the Series 2008 bonds (see Note 4)

The interest rate swap used to hedge a portion of the interest rate risk on the Series 2005A Bonds was terminated on August 31, 2010. The Obligated Group received \$5,940 from the counterparty upon termination. The interest rate swap used to hedge a portion of the interest rate risk on the Series 2005B Bonds was terminated on September 29, 2010. The Obligated Group paid \$7,905 to the counterparty on October 1, 2010. This amount is recorded in other current liabilities at September 30, 2010, in the accompanying consolidated balance sheet.

The estimated fair values of the interest rate swap agreements at September 30, 2011 and 2010, are as follows

Type of		ie of Asset /atives		e of Liability vatives		(Loss) Gain gnized
Derivative	2011	2010	2011	2010	2011	2010
Fixed pavoi Basis swap Constant maturity	\$ - 90	\$ - 10	\$ 84.718 830	\$ 62.905	\$(21.813) (750)	\$(27,449) 311 880
Floating rate pavor	118			243	361	(1,312)
	<u>\$208</u>	\$ 10	\$85,548	\$63,148	\$ (22,202)	\$(27,570)

⁽²⁾ The 3m LIBOR was 0 37% and 0 29% at September 30, 2011 and 2010, respectively

⁽³⁾ The SIFM A Municipal Swap Index was 0 16% and 0 27% at September 30, 2011 and 2010, respectively

⁽⁴⁾ Tied to coupon rate of Series 2000 Bonds

9. EMPLOYEE BENEFIT PLANS

Carilion maintains a funded, defined benefit pension plan (the "Plan"), which covers substantially all employees of Carilion and Bedford. The benefits are based on years of service and the employee's highest average of total earnings for five consecutive Plan years or the employee's compensation during 5 of the last 10 years of employment. Carilion contributes to the Plan annually based on actuarially determined funding guidelines. Contributions are intended to provide not only for benefits attributed to service to date, but also for those expected to be earned in the future.

Carilion maintains two nonqualified pension plans, a restoration plan for key members of management, and a supplemental plan for certain retired employees of CMC. Net periodic pension cost for the nonqualified plans was \$1.234 and \$992 for the years ended September 30, 2011 and 2010, respectively. The net pension liability for the plans was \$8,060 and \$9,291 as of September 30, 2011 and 2010, respectively, and is included in pension and other liabilities in the accompanying consolidated balance sheets.

The amounts reported in the accompanying consolidated financial statements related to Carilion's defined benefit plans reflect the net periodic pension cost, pension-related changes other than net periodic pension cost, the effect of pension measurement date change, and the funded status of the three plans described above, excluding amounts related to employees of Bedford (as applicable)

The Plan's change in benefit obligation, change in plan assets, current funded status, components of net periodic benefit cost, and pension-related changes other than net periodic pension cost as of and for the years ended September 30, 2011 and 2010, are as follows

	2011	2010
Change in benefit obligation		
Benefit obligation — beginning	\$ 608,908	\$ 562,246
Assumption changes	54,612	(14.684)
Service cost	27,690	28,368
Interest cost	34,840	33,301
Actuarial loss	7,181	13,495
Effect of acquisitions	658	571
Benefit payments	(17,460)	(14.389)
Benefit obligation — ending	<u>\$ 716.429</u>	\$ 608,908
Change in plan assets		
Fair value of plan assets — beginning	\$ 455,284	\$ 419,416
Actual return on plan assets	(3,804)	30,257
Employer contributions	32,835	20,000
Benefit payments	(17,460)	(14.389)
Fair value of plan assets — ending	\$ 466.855	\$ 455.284
Funded status	<u>\$ (249.574)</u>	\$ (153,624)
Components of net periodic pension cost		
Service cost	\$ 27,690	\$ 28,368
Interest cost	34,840	33,301
Expected return on plan assets	(39.015)	(38.879)
Prior service benefit recognized	14	(52)
Recognized actuarial losses	6.570	5,095
Net periodic pension cost	\$ 30,099	\$ 27.833
Other changes in plan assets and benefit obligations not yet		
recognized in net periodic pension cost Net loss arising during the period	\$ 104,611	\$ 7,433
Prior service cost	659	57.433 571
Amortization of loss	(6,570)	(5.095)
Amortization of prior service credit	(14)	(5.095)
Autorization of prior service elegit	(14)	
Pension-related changes other than net periodic pension cost	\$ 98.686	\$ 2.961
Total recognized in net periodic pension cost and other		
pension-related changes	<u>\$ 128.785</u>	\$ 30,794

The accumulated benefit obligation was \$630.571 and \$526.748 at September 30, 2011 and 2010, respectively

Carilion's portion of the Plan liability, net of the liability recorded by Bedford, was \$243,333 and \$149,778 as of September 30, 2011 and 2010, respectively, and is included in pension and other liabilities in the accompanying consolidated balance sheets

During 2011 and 2010, Carilion contributed \$32,835 and \$20,000, respectively, to the Plan Carilion expects to contribute approximately \$27,000 to the Plan in 2012

Amounts recognized as changes in unrestricted net assets but not yet reclassified as components of net periodic pension cost at September 30, 2011, consist of net loss and prior service cost of \$275,602 and \$411, respectively

The estimated net loss and prior service credit recognized as changes in unrestricted net assets that will be amortized to net periodic pension cost over the next fiscal year are \$14,324 and \$14, respectively

Significant assumptions used in determining the actuarial present value of the projected benefit obligation of the Plan for the years ended September 30, 2011 and 2010, are as follows

	2011	2010
Weighted-average discount rate	53%	58%
Expected long-term rate of return on assets	7 7	7 7
Rate of compensation increase	3 0	3 0

The weighted-average discount rates used to determine net periodic pension cost for the years ended September 30, 2011 and 2010, were 5 8% and 6 0%, respectively

The investment policy for the Plan is structured to maintain a diversified portfolio of equity securities, debt securities, cash equivalents, and alternative investment strategies, including real estate, private equity, fund-of-fund hedge funds, and global trading. The structure is designed to reduce risk and generate absolute returns in various market conditions. The portfolio is rebalanced periodically throughout the year.

Plan assets include alternative investments of \$188,929 and \$163,892 at September 30, 2011 and 2010, respectively, whose fair values have been estimated by management based on the NAV per share reported by the fund managers or the general partners (see Note 16)

Carilion's overall expected long-term rate of return on assets is 7 0% to 8 0% for equity securities and other investments. 3 0% for cash, 5 0% for fixed-income securities, 10 0% for real estate investments, and 12 0% for private equities. The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual asset categories. The expected long-term rate of return reflects management's estimate of future returns for the target asset allocation and is based primarily on historical returns. The Plan's target allocation for 2011 and plan asset allocation at September 30, 2011 and 2010, is as follows.

Asset Category	Target Allocation 2011	Percentage of Plan Assets at September 30, 2011	Percentage of Plan Assets at September 30, 2010
Equity securities	30 %	34 %	30 %
Hedge funds	20	21	26
Fixed-income securities	25	22	34
Inflation sensitive	20	20	
Real estate			7
Other investments	5	3	3
	100 %	100 %	100 %

The Plan benefits expected to be paid in fiscal years 2012 to 2016 are \$18,484, \$20,616, \$22,889, \$25,806, and \$28,497, respectively. The aggregate benefits expected to be paid in the five years from 2017 to 2021 are \$201,833. The expected benefits are based on the same assumptions used to measure Carilion's benefit obligation at September 30 and include estimated future employee service.

Carilion also maintains three defined contribution retirement plans, which cover substantially all Carilion employees. Carilion matches a percentage of contributions made by the employees. Carilion's matching contributions were \$2.617 and \$5.693 for the years ended September 30, 2011 and 2010, respectively, and are included in benefits in the accompanying consolidated statements of operations. The plans qualify under Section 403(b) or Section 401(k) of the IRC.

Carilion has a nonqualified deferred compensation plan for certain members of management and physicians to defer a portion of their compensation until retirement. The deferred amounts are invested in accordance with the participant's designation. The deferred compensation liability of \$28,778 and \$30,024, respectively, is included in pension and other liabilities in the September 30, 2011 and 2010, consolidated balance sheets. Carilion has placed certain assets in a rabbi trust to be used to pay benefits to certain deferred compensation plan participants. The carrying amount of the trusteed assets was \$28,778 and \$30,024 at September 30, 2011 and 2010, respectively, and is included in assets whose use is limited in the accompanying consolidated balance sheets. Plan assets consist of investments in fixed-income mutual funds, domestic equity mutual funds, and international equity mutual funds (see Note 4).

10. OTHER OPERATING REVENUE

Other operating revenue for the years ended September 30, 2011 and 2010, is summarized as follows

	2011	2010
Grants to reimburse operating costs	\$ 2,169	\$ 2,657
Rental revenue	4,715	5,526
College revenue	18,419	16,225
Athletic clubs revenue	4,899	5,061
In-kind contributions to Virginia Tech Carilion Medical School	2,036	2,344
Laundry services	952	3,559
Management services to equity affiliates	4,566	3,691
Collection services income	5,504	5,003
Cafeteria sales	2,761	2,327
EHR meaningful use	9,015	
Medicare Advantage plan premiums	4,278	1,426
Other	15,553	14,799
	\$74.867	\$62,618

Other includes revenue from gift shop sales, management services, health care-related equity interests, and various health care services provided on a contract basis

11. INCOME TAXES

Due to the losses incurred by Carilion's taxable subsidiaries, there was no income tax expense or benefit for the years ended September 30, 2011 and 2010. The primary differences between the expected income tax benefit at the statutory federal rate with the reported income tax benefit for the years ended September 30, 2011 and 2010, were due to the effect of state income taxes and the increase in the balance of the valuation allowance for deferred tax assets. Deferred income taxes at September 30, 2011 and 2010, relate to temporary differences in the asset and liability basis for financial and income tax reporting purposes and were calculated at income tax rates currently in effect. Temporary differences have primarily resulted from differences in the accounting for allowances for accounts and notes receivable, accrued expenses, depreciation, and net operating losses.

In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Management considers the scheduled reversal of deferred tax liabilities, projected future taxable income, and tax planning strategies in making this assessment. Based upon the level of historical taxable losses and projections for future taxable income over the periods in which the deferred tax assets are deductible, management believes it is more likely than not that Carilion will not realize the benefits of these deductible differences and loss carry forwards in excess of the amount that can be offset by the reversal of future taxable items. Accordingly, at September 30, 2011 and 2010, the net deferred tax asset has been reduced to zero by a valuation allowance.

At September 30, 2011, CHSI and its subsidiaries had net operating loss carry forwards of approximately \$316,820, which expire on various dates from 2012 to 2031

12. FUNCTIONAL EXPENSES

Carilion provides various health care services to patients within its geographic location. Expenses related to providing these services for the years ended September 30, 2011 and 2010, are as follows

	2011	2010
Health care services	\$1,109,691	\$1,104,557
General and administrative	<u> 175,400</u>	<u> 184,845</u>
	\$1,285,091	\$1,289,402

13. CONCENTRATION OF CREDIT RISK

Carilion provides health care services through its inpatient and outpatient care facilities located primarily in southwest Virginia. The facilities grant credit to patients, substantially all of whom are local residents. The facilities generally do not receive collateral or other security in extending credit to patients, however, they routinely obtain assignment of patients' benefits payable under their health insurance programs, plans, or policies. The mix of receivables from patients and third-party payors at September 30, 2011 and 2010, was as follows.

	2011	2010
Medicare	30 %	28 %
Medicaid	14	16
Anthem	16	17
Other third-party payors	21	22
Patients	19	17
	100 %	100 %

14. COMMITMENTS AND CONTINGENCIES

Litigation — Carilion is involved in litigation arising in the ordinary course of business. It is the opinion of management and Carilion's legal counsel that these cases will be resolved without material effect on Carilion's consolidated financial position, results of operations, or cash flows

Other Industry Risks — The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for amounts previously received for patient services. Carilion believes it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing that would have a material impact on its financial position or results of operations. Compliance with these and other laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

In recent years, legislative and regulatory changes have resulted in limitations on and, in some cases, reductions in levels of payments to health care providers for certain services under the Medicare program. The Budget Control Act of 2011 (BCA) provides for deficit reduction. These reductions will be in addition to the Health Reform Law, which provides for material reductions in the growth of Medicare program spending, including reductions in Medicare market basket updates and Medicare disproportionate share hospital (DSH) funding. From time to time, CMS revises the reimbursement systems used to reimburse health care providers, which may include additional changes to the MS-DRG system and other payment systems. These changes may result in reduced Medicare payments.

The Commonwealth of Virginia must operate with balanced budgets and since the Medicaid program is one of the state's largest programs, it is possible that Virginia will enact or consider enacting legislation designed to reduce its Medicaid expenditures

The 2010 Health Reform Law requires states to at least maintain Medicaid eligibility standards established prior to the enactment of the law for adults until January 1, 2014, and for children until October 1, 2019 The Health Reform Law provides for significant expansions to the Medicaid program, but these changes are not required until 2014. In addition, the Health Reform Law will result in increased state legislative and regulatory changes in order for states to comply with new federal mandates, such as the requirement to establish exchanges and to participate in grants and other incentive opportunities. The Health Reform Law also provides for reductions to Medicaid DSH funding

Carilion is unable at this time to predict what impact these legislative and regulatory changes will have on its consolidated financial position, results of operations, or cash flows

Lease Commitments — Certain Carilion entities are parties to operating leases for various property and medical and other equipment. Total rental expense was approximately \$8,240 and \$9,451 for the years ended September 30, 2011 and 2010, respectively

A schedule of future minimum lease payments under operating leases at September 30, 2011, is as follows

Years Ending September 30	Amount
2012	\$3,895
2013	2,357
2014	1,518
2015	644
2016	437
Thereafter	<u>735</u>
Total	\$9.586

Virginia Tech Carilion School of Medicine and Research Institute — Carilion and Virginia Polytechnic Institute and State University ("Virginia Tech") entered into a memorandum of understanding (MOU) agreement during fiscal year 2008 to establish a medical school (the "Virginia Tech Carilion School of Medicine" or the "Medical School") and a research institute in order to address long-term regional health care needs and advance medical research in southwest Virginia Under the original agreement. Carilion and Virginia Tech each agreed to contribute up to \$35,000 to fund start-up costs for the Medical School and research institute and up to \$2,000 annually (subject to adjustment based on the consumer price index) to fund operating deficits of the Medical School, if any In addition.

Carilion agreed to facilitate funding for excess annual operating deficits in the form of a nonrecourse loan to the Medical School made directly by Carilion or a loan arranged through a financial institution and guaranteed by Carilion Carilion would have no claim to repayment of such loans except to the extent that there are future operating surpluses generated by the Medical School Carilion has agreed that such surpluses shall first be used to accumulate cash reserves by the Medical School up to the amount of \$5,000 prior to loan repayment

The facility housing the Medical School and research institute was paid for by Virginia Tech with funding from the Commonwealth of Virginia and is located on CMC's campus in Roanoke, Virginia Virginia Tech owns the facility and leases the underlying land from Carilion under a long-term ground lease. Carilion's prepaid expenses and other current assets in the accompanying consolidated balance sheet as of September 30, 2010, include a \$6,150 construction receivable due from Virginia Tech that was paid in full during 2011. The Medical School admitted its first class of students in August 2010. The research institute opened in September 2010. The Medical School is a nonstock, nonprofit corporation. The research institute is constituted as a center of Virginia Tech.

Carilion contributed \$3.951 and \$4.888 to fund start-up costs for the medical school and research institute during the years ended September 30, 2011 and 2010, respectively. In addition, Carilion contributed \$2,000 and \$1.002 to fund the Medical School's operating deficits for the years ended September 30, 2011 and 2010, respectively. These contributions are included in other nonoperating loss in the accompanying consolidated statements of operations. At September 30, 2011, Carilion had contributed approximately \$14,500 of its \$35,000 commitment to fund start-up costs.

During fiscal year 2011, the MOU was amended to include the Medical School as a party to the agreement and to restructure the Medical School's board composition to include two members each appointed by Carilion and Virginia Tech and six independent members. Under the revised MOU, Carilion's funding will solely support the Medical School and Virginia Tech's funding will solely support the research institute. There was no change in the amount of Carilion's commitment to provide funding for up to \$35,000 of start-up costs and operating deficits of up to \$2,000 annually, however, Carilion's commitment to provide excess funding, through nonrecourse loans to the Medical School or loans arranged through a financial institution and guaranteed by Carilion, was limited to a maximum of \$1,000 annually. The amended MOU also made Carilion's commitments to fund the Medical School's start-up costs and operating deficits unconditional through June 30, 2014, at which time the MOU will terminate if the Medical School has not received accreditation. The amended MOU provides for termination prior to June 30, 2014, if certain other events or circumstances occur that are not solely under Carilion's control.

Accordingly, Carilion has recognized a liability and contribution expense for the estimated contributions to the Medical School for start-up and operating costs through June 30, 2014, of approximately \$7,200 and \$6,600, respectively. The total contribution expense of \$13,800 is included in other nonoperating loss in the accompanying consolidated statements of operations. The portion of the estimated funding to be paid during fiscal year 2012 is \$5,000 and is recorded in other current liabilities. The amount estimated to be paid in fiscal years 2013 and 2014 is \$8,800 and is recorded in pension and other liabilities.

The remaining unrecognized portion of Carilion's commitment to fund start-up costs was \$13,300 at September 30, 2011 Carilion has not recognized a liability or contribution expense for this amount in its consolidated financial statements because the funding is conditional upon several factors set forth in the MOU, including the accreditation of the Medical School by June 30, 2014

15. MEDICAL MALPRACTICE CLAIMS

Carilion was self-insured for medical malpractice claims incurred but not reported as of and during the years ended September 30, 2011 and 2010, and became self-insured for medical malpractice claims made effective with the dissolution of VHSAX and the formation of BRIC on October 1, 2009. Carilion has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such claims. The liability for medical malpractice losses, discounted at 4%, was \$26,859 and \$29,104 as of September 30, 2011 and 2010, respectively, and is included in other current liabilities in the accompanying consolidated balance sheets. The liability at September 30, 2011 and 2010, includes estimated losses for unsettled claims made that were held by VHSAX at September 30, 2009. In the opinion of management, adequate liabilities for claims incurred but not reported have been established

16. FAIR VALUE OF FINANCIAL INSTRUMENTS

In accordance with accounting principles generally accepted in the United States of America, certain assets and liabilities are required to be measured at fair value on a recurring basis. For Carilion, the assets and liabilities that are adjusted at fair value on a recurring basis are investments, assets whose use is limited, and interest rate swap agreements.

Accounting principles generally accepted in the United States of America define fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. Additionally, the inputs used to measure fair value are prioritized based on a three-level hierarchy. This hierarchy requires entities to maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of inputs used to measure fair value are as follows.

Level 1 — Valuations based on unadjusted quoted prices for identical instruments in active markets that are available as of the measurement date

Level 2 — Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly

Level 3 — Valuations based on inputs that are unobservable and significant to the overall fair value measurement

Investments and Assets Whose Use is Limited — Valuations classified as Level 1 include investments in U.S. Treasury notes, corporate obligations, common stocks, and publicly traded mutual funds for which unadjusted quoted market prices for identical securities are available as of the measurement date Valuations classified as Level 2 include short-term investments, such as certain money market funds, certificates of deposit, and U.S. government agency securities, for which fair values are determined based on observable inputs. Valuations classified as Level 3 include alternative investments, for which fair values are determined based on inputs that are unobservable and significant to the overall fair value measurement (see Note 1).

The fair value hierarchy classification of assets in the system-wide investment pool and assets whose use is limited at September 30, 2011, is summarized in the table below

	Fair Value Measurement at September 30, 2011			
	September 30, 2011	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term money market investments Mutual funds Domestic and international equity securities	\$ 62.603 145.629 120.622	\$ 62,603 145,629 120,622	\$ -	\$ -
Alternative investments (Note 1) Assets whose use is limited Assets on deposit with regulatory authorities	278.869 76.339 	76.339 2.000		278.869
Total	\$686,062	\$407,193	<u>s - </u>	\$278.869

The fair value hierarchy classification of assets in the system-wide investment pool and assets whose use is limited at September 30, 2010, is summarized in the table below

	Fair Value Measurement at September 30, 2010				
	September 30, 2010	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Short-term money market investments	\$ 51,711	\$ 51.711	\$ -	\$ -	
US Treasury notes	834	834			
US government agency securities	5.467		5.467		
Asset-backed securities	688		688		
Corporate obligations	4,140	4,140			
Mutual funds	206,978	206,978			
Domestic and international equity securities	97,720	97.720			
Alternative investments (Note 1)	242,914			242.914	
Assets whose use is limited	71,301	71,301			
Assets on deposit with regulatory authorities	2,000	2,000			
Total	\$683,753	<u>\$434.684</u>	\$ 6,155	\$242.914	

The tables below disclose the redemption frequency and redemption notice period for each applicable investment class as of September 30, 2011 and 2010, for which fair value is measured using the reported NAV per share of the investment. Such investments are classified within Level 3 of the fair value hierarchy because they cannot be redeemed by Carilion at the reported NAV as of the measurement date, but, rather, are subject to the redemption frequency and notice periods described in the table below

	2011	2010	Redemption Frequency	Redemption Notice Period
Core hedge funds	\$ 57.321	\$ 80,397	Quarterly	60–91 days
Core hedge funds	37,276	19,869	Annually	105 days
Low volatility hedge funds	13,734	19,723	Scheduled liquidation	n/a
Private equity funds	34,829	33,551	n/a	n/a
Real estate funds	77,409	38,140	Quarterly	45–90 days
Inflation sensitive funds	24,713		Monthly	10 days
Inflation sensitive funds	4,469	5,966	Scheduled liquidation	n/a
Macro trading funds	29,118	45,268	Monthly-quarterly	10–90 days
Total	\$278.869	\$242,914		

Pension Plan Assets — The fair value hierarchy classification of pension plan assets at September 30, 2011 and 2010, is summarized in the table below

	Fair Value Measurement at September 30, 2011			
	Quoted			
	September 30, 2011	Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term money market investments	\$ 34,157	\$ 34,157	\$ -	\$ -
Mutual funds				
Fixed income	84,977	84,977		
Domestic equity	14,670	14,670		
Global equity	113,005	113,005		
Domestic and international equity securities	31,117	31,117		
Alternative investments (Note 1)				
Private equity securities	12,904			12.904
Core hedge funds	72,100			72,100
Low volatility hedge funds	8,891			8.891
Real estate funds	51,535			51.535
Inflation sensitive funds	23,527			23.527
Macro trading funds	<u> 19.972</u>			<u>19.972</u>
Total	\$466.855	<u>\$277.926</u>	<u>\$ -</u>	\$188.929

Fair Value Measurement at September 30, 2010
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	September 30, 2010	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term money market investments	\$ 28,612	\$ 28,612	\$ -	\$ -
US government agency securities	6,257		6,257	
Asset-backed securities	668		668	
Corporate obligations	5,166	5,166		
Mutual funds				
Fixed income	118,247	118,247		
Domestic equity	31,685	31,685		
Global equity	32,300	32,300		
Domestic and international equity securities	68,457	68,457		
Alternative investments (Note 1)				
Private equity securities	11,272			11,272
Core hedge funds	84,717			84,717
Low volatility hedge funds	13,332			13,332
Real estate funds	30,188			30,188
Inflation sensitive funds	3,181			3,181
Macro trading funds	21,202			21,202
Total	<u>\$455.284</u>	<u>\$284.467</u>	\$ 6.925	<u>\$163.892</u>

A reconciliation of changes in beginning and ending balances for investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the years ended September 30, 2011 and 2010, is as follows

Fair Value Measurements Using Significant Unobservable Inputs

	Level 3							
	Private Equity Securities (a)	Core Hedge Funds (b)	Low Volatility Hedge Funds (c)	Real Estate (d)	Inflation Sensitive (e)	Macro Trading (f)	Total	•
Beginning balance — September 30, 2009	\$32,257	\$ 82.366	\$27.915	\$24.660	\$ 5,508	\$ 43,834	\$ 216,540	
Total gains realized unrealized Purchases and sales	3.520 (2.226)	3.391 14.509	1.499 (9.691)	3,930 9,550	458	1.434	14.232 12.142	
Ending balance — September 30, 2010	33,551	100,266	19.723	38,140	5,966	45,268	242.914	
Total gains (losses) realized unrealized Purchases and sales	2.618 _(1.340)	860 (6.529)	(703) (5.286)	9,106 30,163	(4.361) 27.577	(1.900) (14.250)	5.620 30.335	
Ending balance — September 30, 2011	\$34,829	\$ 94,597	\$13,734	\$77.409	\$29,182	\$ 29,118	\$ 278,869	

A reconciliation of changes in beginning and ending balances for Plan investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the years ended September 30, 2011 and 2010, is as follows

Fair Value Measurements Using Significant Unobservable Inputs

				Level 3			
•	Private Equity Securities (a)	Core Hedge Funds (b)	Low Volatility Hedge Funds (c)	Real Estate (d)	Inflation Sensitive (e)	Macro Trading (f)	Total
Beginning balance — September 30, 2009	\$ 9,370	\$ 60.218	\$33,888	\$27.249	\$ 3,147	\$20,828	\$154,700
Total gains realized unrealized Purchases and sales	1.501 401	4.964 19.535	668 (21.224)	3,389 (450)	34	374	10,930 (1,738)
Ending balance — September 30, 2010	11.272	84,717	13,332	30,188	3,181	21,202	163,892
Total gains (losses) realized unrealized Purchases and sales	2.116 (484)	1.283 (13.900)	(675) (3.766)	4.849 16.498	(3.662) 24.008	(1.230)	2.681 22.356
Ending balance — September 30, 2011	\$12,904	\$ 72,100	\$ 8,891	\$51.535	\$23,527	\$19,972	\$188,929

- a) This class includes several private equity funds and cannot be directly redeemed. Instead, the nature of the investments in this category class is that distributions are received through the liquidation of the underlying assets of the fund. If these investments were held, it is estimated that the underlying assets of the fund would be liquidated over five to eight years.
- b) This class includes investments in fund-of-fund hedge funds that invest both long and short primarily in domestic common stocks. The funds' strategy is to maintain a low correlation to the market and low volatility.
- c) This class includes investments in fund-of-fund hedge funds that seek to achieve long-term, nonmarket directional returns with low relative volatility by utilizing a variety of defensive hedge fund strategies
- d) This class includes a real estate investment trust, which is core in nature with relatively low leverage, and a fund made up of participating mortgages
- e) This class invests primarily in liquid asset categories that offer negative correlation in a rising-inflation environment
- f) This class invests in a global macro hedge fund strategy that combines both systematic and discretionary trading in global asset classes and financial markets and also invests in the leveraged bank loan market

Interest Rate Swap Agreements — The fair values of Carilion's interest rate swap agreements are determined using a standard valuation model based on observable inputs, including interest rate indices, and unobservable inputs, including extrapolations of observable inputs over the unobservable portion of the duration of the instrument. Interest rate swap agreements are classified as Level 3 fair value measurements because the unobservable inputs are significant to the overall fair value measurement.

Long-Term Debt — Fair values of Carilion's long-term debt are estimated using standard valuation models and/or quoted market prices for its bonds available close to the measurement date and were \$635,713 and \$640,968 as of September 30, 2011 and 2010, respectively

Other Assets and Liabilities — The carrying amounts reported in the consolidated balance sheets for cash and cash equivalents, accounts receivable, and accrued expenses and other liabilities approximate fair value because of the short maturity of these instruments

Nonrecurring Fair Value Measurements — In addition to assets and liabilities that are recorded at fair value on a recurring basis. Carilion records assets and liabilities at fair value on a nonrecurring basis as required by accounting principles generally accepted in the United States of America Generally, assets are recorded at fair value on a nonrecurring basis as a result of impairment charges. Carilion's measurement of the fair value of its retained interest in LGH upon deconsolidation of Carilion Labs, LLC, in March 2010 is described in Note 6.

17. RELATED-PARTY TRANSACTIONS

Expenses for lab services provided by LGH, formerly Carilion Labs, LLC, were \$35,362 and \$18,936 for the years ended September 30, 2011 and 2010, and are included in supplies and other expenses in the accompanying consolidated statements of operations

Revenues for services provided to Bedford were \$4,770 and \$4,387 for the years ended September 30, 2011 and 2010, respectively, and are included in other operating revenue in the accompanying consolidated statements of operations

Carilion paid \$760 and \$284 to a related party for construction services during the years ended September 30, 2011 and 2010, respectively, which is included in property and equipment, net in the accompanying consolidated balance sheets

Revenues for lab services provided by Carilion Labs, LLC, to Novant Health, a minority owner in Carilion Labs, LLC, were \$1,836 for the year ended September 30, 2010, and are included in medical supplies and services revenue in the accompanying consolidated statement of operations

Expenses for patient billing services provided by a related party were \$1,434 during the year ended September 30, 2010, and are included in supplies and other expenses in the accompanying consolidated statement of operations

Expenses for reference laboratory and information technology services provided to Carilion Labs, LLC, by Novant Health were \$940 during the year ended September 30, 2010, and are included in supplies and other expenses in the accompanying consolidated statement of operations

18. ENDOWMENT FUNDS

Carilion's permanently restricted net assets consist primarily of one endowment fund. The income derived from the endowment fund is required by donor stipulations to be used for neonatal and pediatric care. Management has determined that assets whose use is limited that have been designated by the board for future capital improvements are not endowments for purposes of FSP FAS 117-1 because such assets are not required to be maintained permanently or for a specified term

Management has interpreted the State Prudent Management of Institutional Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result, Carilion classifies as permanently restricted net assets at the original value of gifts donated to the permanent endowment. The remaining portion of the donor-restricted endowment funds that is not classified as permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by Carilion consistent with the donor's wishes. Losses on the investments of donor-restricted endowment funds are recorded as a reduction of temporarily restricted net assets to the extent that donor-imposed temporary restrictions on net appreciation of the fund have not been met before the loss occurs. Any remaining losses reduce unrestricted net assets and are excluded from the deficit of unrestricted revenues and gains over expenses.

In accordance with SPMIFA, the organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds the duration and preservation of the fund, the purposes of the donor-restricted endowment fund, general economic conditions, the possible effect of inflation and deflation, the expected total return from income and the appreciation of investments, and other resources of Carilion

Endowment net assets are held in the system-wide investment pool (see Note 4) and are subject to Carilion's investment policies. The endowment net asset composition at September 30, 2011 and 2010, is composed of the following.

	2011	2010
Endowment net asset composition		
Temporarily restricted	\$ 1,077	\$ 1,296
Permanently restricted	11.885	11,885
Total	<u>\$12.962</u>	<u>\$13,181</u>

Changes in endowment assets for the year ended September 30, 2011, consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets — beginning of year	\$ -	\$ 1.296	\$11.885	\$13,181
Investment income Appropriations of endowment assets for expenditure		245 (464)		245 (464)
Endowment net assets — end of year	<u>\$ - </u>	<u>\$1,077</u>	<u>\$11,885</u>	\$12,962

Changes in endowment assets for the year ended September 30, 2010, consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets — beginning of year Investment income Appropriations of endowment assets	\$ -	\$ 899 818	\$11.885	\$12.784 818
for expenditure		(421)		(421)
Endowment net assets — end of year	<u>\$ - </u>	<u>\$ 1.296</u>	\$11,885	\$13,181

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