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DLN: 93493132034654

# Form **990**

Department of the Treasury

## **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)

2012

OMB No 1545-0047

Open to Public

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

		ie Service	<u> </u>	to use a copy of this return to			rang requirer	licito	Inspection
			calendar year, or tax year beginning  C Name of organization	g 07-01-2012 , 2012, and end	ling 06-:	30-2013	D 5		
		applicab	GETTYSBURG HOSPITAL					-	ntification number
		hange	Doing Business As				23-1	352220	0
_	me cha								
Init	ial retu	um		mail is not delivered to street address)	Room/s	uıte	E Telepi	none num	ber
Tei	mınate	ed	PO BOX 2767				(717	)851-3	055
M Am	ended	return	City or town, state or country, and YORK, PA 17405	ZIP + 4			(, = ,	,	
M Apı	olicatio	n pendı	ng Pokk, FA 17403				<b>G</b> Gross	receipts	190,364,153
			<b>F</b> Name and address of pri	ncıpal officer		H(a) I	s this a grou	p return	for
			Bruce M Bartels PO Box 2767			ā	affiliates?		┌ Yes 🗸 No
			York,PA 174052767			H(b) /	Are all affiliat	es inclii	ded?
									(see instructions)
<b>I</b> Ta	x-exer	mpt stat	us 🔽 501(c)(3) 🗍 501(c)( ) 🖪	(insert no ) 4947(a)(1) or 5	527	<b></b> .	Group avamr	tion nur	mbor 🌬
J W	ebsit	e:► \	VWW WELLSPAN ORG			H(c)	Group exemp	icion nui	ilber 🕨
<b>K</b> For	m of o	rganızat	ion Corporation Trust Associati	on Other ►		L Year	of formation 1	919 <b>M</b>	State of legal domicile PA
	rt I	_	mmary	,					
Governance		The G	describe the organization's missi ettysburg Hospital is a tax exemp ork, travel through and vacation ii	t organization dedicated to pro	viding h			service:	s for the people who
¥ell	2	Check	this box 🛏 if the organization d	scontinued its operations or di	sposed	of more th	nan 25% of it	s net as	sets
	-		I in organization u						- 2
Activities &	3	Numb	er of voting members of the gover	ning body (Part VI, line 1a) .				3	15
Ħ	I		er of independent voting members					4	7
ž T	ı		number of individuals employed in					5	981
∢			number of volunteers (estimate if	• •				6	219
			unrelated business revenue from F					7a	1,010,745
	Ь	Net ur	nrelated business taxable income	from Form 990-1, line 34 .	• •	<del></del>	Prior Year	7b	255,482 Current Year
	8	Con	tributions and grants (Part VIII, I	una 1 h)				,879	277,057
₽	9			•			132,371	_	139,866,630
Rayente	10	` ' '						,849	4,124,756
æ	11		er revenue (Part VIII, column (A)					,898	877,228
	12		al revenue—add lines 8 through 1			ne			
	<u> </u>						138,429		145,145,671
	13		nts and similar amounts paid (Par	, , , , , , , , , , , , , , , , , , , ,			6,744	,587	7,873,600
	14		efits paid to or for members (Part aries, other compensation, employ			•			0
8	15	5-1		ee benefits (Part 1X, Column (A	), illies		60,644	,054	61,271,694
Expenses	16a	Prof	fessional fundraising fees (Part IX	, column (A), line 11e)					0
ੜੇ	ь	Tota	l fundraising expenses (Part IX, column (I	)), line 25) <b>▶</b> 373,727					
	17	Oth	er expenses (Part IX, column (A),	lines 11a-11d, 11f-24e) .			58,726	,685	64,226,793
	18	Tota	al expenses Add lines 13–17 (mi	ıst equal Part IX, column (A), lı	ne 25)		126,115	,326	133,372,087
	19	Rev	enue less expenses Subtract line	18 from line 12			12,314		11,773,584
Net Assets or Fund Balances						Begi	nning of Curr Year	ent	End of Year
to de	20	Tota	al assets (Part X, line 16)				166,987	,262	183,625,606
4.48 3.48	21		al liabilities (Part X, line 26)				51,478		48,400,021
žÏ	22		assets or fund balances Subtract				115,508		135,225,585
Pa	rt II	_	gnature Block						•
my k	nowle arer h	edge ar as any	of perjury, I declare that I have ex nd belief, it is true, correct, and co knowledge ***** gnature of officer ichael F O'Connor CFO						
		Ty	pe or print name and title					I ====	
			Print/Type preparer's name JEFFREY SCHRAGG	Preparer's signature		Date	Check if self-employed	PTIN P00234	
Paid			Firm's name  BDO USA LLP		L		Firm's EIN		
	pare		Firm's address > 8405 Greensboro Drive				Phone no (71	7) 893-04	500
USE	· On	пу	I 5 dadress F 5405 dicenspoid billy	-			1	., 555-00	

McLean, VA 22102

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

**Yes No** 

Form	990 (2012)					Page 2
Par		ment of Program Se f Schedule O contains a				
1	Briefly describ	oe the organization's mis	sion			
		pital is a tax exempt org acation in Adams County			lity health care services for the	people who live, work,
2		zation undertake any sig 990 or 990-EZ?		vices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes," descr	ribe these new services o	on Schedule O			
3	_	zation cease conducting,	<del>-</del>	_	onducts, any program	┌ Yes ┌ No
	If "Yes," descr	tbe these changes on Sc	hedule O			
4	expenses Sec		c)(4) organizations	are required to repor	ree largest program services, as t the amount of grants and alloc	
4a	years Beyond the maternity center this area's resou	e acute care hospital, it has g r, heart center, home health s rce for meeting health and we	Gettysburg Hospital has b rown to be a comprehen- ervices, preventive healt ellness needs As a WellS	sive health-care provider h education and screening pan Health hospital, Gett	7,873,600 ) (Revenue \$ uities of Adams county and northern Ma with family health centers across the re g programs, and 24-hour emergency se ysburg Hospital and all of its facilities se tion WellSpan Health - 2013 Commun	egion, a very special ervices Gettysburg Hospital is erve the community with the
4b	(Code	) (Expenses \$	1	ncluding grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	ı	ncluding grants of \$	) (Revenue \$	)
4d	Other program	m services (Describe in :	Schedule O )			
	(Expenses \$		including grants of s	\$	) (Revenue \$	)
4e	Total progran	n service expenses 🕨	112,935,282			
						Form 990 (2012

Part TV	Check	dist of	Required	Schedules

			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 instructions)? $^{*}$	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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? If "Yes," complete Schedule D, Part II"	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 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[6]{4}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  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	
С	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
d	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? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	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 and XII	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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 United States? 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 United States? <i>If</i> "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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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 hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 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 through 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
C	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		Νο
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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	,		
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	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? <i>If</i> "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
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		N o
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "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 11b and 19?	38	Yes	

Fai	Statements Regarding Other IRS Fillings 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   3		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	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 return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>†</b>		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	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		
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)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	Fa		
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			NO
,	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Νo
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			NI -
	file Form 8282?	7c		Νo
a	If "Yes," indicate the number of Forms 8282 filed during the year	4		
е	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?	<b>7</b> f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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?		II.	
		8		No
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b	_		
	facilities			
	Section 501(c)(12) organizations. Enter			
	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 )	-		
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
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		No
b	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	<u> </u>		
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

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.

Check if Schedule O contains a response to any	question in this Part VI	 ,
check if Schedule o contains a response to any	question in this rait vi	

Se	ection 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	15			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a busines other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by supervision of officers, directors or trustees, or key employees to a management compar		3		No
4	Did the organization make any significant changes to its governing documents since the filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organ		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) or persons other than the governing body?	members, stockholders,	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions is year by the following				
а	The governing body?		8a	Yes	
ь	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	cannot be reached at the	9		No
	Trigation and the manning and trace of the province and and address of the contract of the con				
Se	ection B. Policies (This Section B requests information about policies not requ		eveni	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not requ		evenu	ue Cod Yes	e.) <b>No</b>
			evenu 10a		
10a	Did the organization have local chapters, branches, or affiliates?	ired by the Internal R			No
10a b	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes?	10a 10b	Yes	No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes?	10a		No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes? verning body before filing	10a 10b 11a	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes? verning body before filing	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes? Verning body before filing Verning body before filing Verning body before filing	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activitie affiliates, and branches to ensure their operations are consistent with the organization's Has the organization provided a complete copy of this Form 990 to all members of its go the form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually intrise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the in Schedule O how this was done.	s of such chapters, exempt purposes? Verning body before filing	10a 10b 11a 12a	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes? verning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activitie affiliates, and branches to ensure their operations are consistent with the organization's Has the organization provided a complete copy of this Form 990 to all members of its go the form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually intrise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the in Schedule O how this was done.	s of such chapters, exempt purposes? verning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes? verning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes? verning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes? verning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes? verning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes? verning body before filing of the could give of	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	s of such chapters, exempt purposes? verning body before filing	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶PA
- 18 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 made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►DAVID RIZZUTO 3350 WHITEFORD ROAD YORK, PA (717) 851-3055

# Part VIII 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 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, or 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 organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more pers and	than on is	one bot ecto	not box h an or/tr	chec , unle offic	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	rrom the organization and related organizations	
(1) Gregory F Reaver	1 00	х		х				0	0	0	
Secretary (2) Dora L Townsend	0 00										
Director	1 00 0 00	х						0	0	0	
(3) Julie Ramsey	1 00	х						0	0	0	
Director (1) On the OMB Held MB	0 00										
(4) Orville G McBeth Jr MD  Director	1 00 40 00	х						0	268,521	63,412	
(5) William Steinour MD	40 00	х		х				377,122	0	65,137	
Treasurer	0 00			^				377,122			
(6) Douglas E Eyer MD	6 00	х						40,372	0	7,751	
Director (7) Ronald L Hankey	0 00 1 00									_	
Director	0 00	X						0	0	0	
(8) Richard Seim	1 00	Х						0	1,276,881	345,144	
Director	40 00										
(9) Cynthia A Ford	1 00	x						0	0	0	
Director	0 00										
(10) Megan Shreve	1 00	x		х				0	0	0	
Chairman	0 00										
(11) Charles H Chodroff MD	1 00	x						0	530,704	360,842	
Director	40 00										
(12) Bruce M Bartels	1 00	x		х				0	1,441,893	640,768	
CEO-WellSpan H	40 00							_			
(13) James Williams	1 00	x		х				0	0	0	
Vice Chairman	0 00							ŭ .			
(14) Edward Mackle MD	40 00	x						580,251	0	68,409	
Director	0 00	^						300,231	Ŭ	00,403	
(15) Steve Rasmussen	1 00	×		х				0	0	0	
Treasurer	0 00								Ŭ		
(16) Michael F O'Connor	0 00			Х				0	574,340	368,141	
CFO - WellSpan	40 00			,				Ů	377,340	500,141	
(17) Jane Hyde	40 00			х				360,643	0	224,100	
President	0 00	I		^	l	l	ı	I 300,043	ı Y	224,100	

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	osition (do not chec re than one box, unlo erson is both an offic nd a director/trusted				ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization	on d is	(F) Estimated amount of other compensation from the organization	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)	-	organiz and re organiz	lated
(18) Joseph Edgar	40 00				x			222,435		0		59,391
VP Operations (19) Matthew Krebs MD	0 00 40 00											
Anesthesiologist	0 00					Х		459,537		0		37,654
(20) Mark A Resciniti MD	40 00					,,		240.052				65.206
Anesthesiologist	0 00					Х		348,063		0		65,206
(21) Bradley Heffner MD	40 00					x		336,149		0		52,283
Anesthesiologist (22) Charles Marley JrDO	0 00							•				
VP Medical Affairs	40 00					х		326,445		0		51,095
(23) Mitchell E Zuckerman MD	0 00 40 00											
Anesthesiologist	0 00					X		353,762		0		66,225
(24) Kevin Mosser	0 00						х	0	501	334		389,770
Former President	40 00							Ŭ.	501	,554		303,770
						<u> </u>						
1b Sub-Total			•	•		-						
c Total from continuation sheets to Part d Total (add lines 1b and 1c)				•		-		3,404,779	4,593,67	'3	-	2,865,328
Total number of individuals (including b \$100,000 of reportable compensation	ut not limited to	those	liste		bove	e) who	rec	eived more than		<u> </u>		
											Yes	No
3 Did the organization list any <b>former</b> offi on line 1a? <i>If</i> "Yes," complete Schedule 3								nhest compensate	d employee	3	Yes	
For any individual listed on line 1a, is to organization and related organizations of individual									om the	4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization?									ndıvıdual for			
services rendered to the organization?	ii res, comple	LE JUITE	uule	וטונ	Suc	ii pers	OII		[	5	1	No
Section B. Independent Contracto	ors											

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
York Hospital 325 South Belmont Street York PA 17405	Hospital Services	165,558
Quest Diagnostics Inc 12436 Collections Center Drive Chicago IL 60693	Lab & Pre-employment	550,917
Mobile PETCT Associates LLC 43 Leopard Road Suite 200 Paoli PA 19301	Diagnostic Imaging	220,090
HCSC Laundry PO Box 25092 Lehigh Valley PA 18002	Laundry Service	307,456
Century Link PO Box 96064 Charlotte NC 282960064	Network Access Fees	209,584

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►13

Part VII		Statement o Check if Schedu	ule O contains a respon	se to any question i	n this Part VIII .	<u> </u>	<u>.</u>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s &	1a	Federated cam	paigns 1a					
Grants	b	Membership du	es <b>1b</b>					
5 <u>E</u>	c	Fundraising eve	ents <b>1c</b>					
GITTS, nilar Al	d	Related organiz	zations 1d	221,152				
5 ਵੱ	e	Government grants	s (contributions) <b>1e</b>					
ons Si	f All other contributions, gifts, grants, and 1f			55,905		ŀ		
tributions, Giffs, Grants Other Similar Amounts	•	sımılar amounts no	ot included above			ļ		
Contributions, and Other Sim	g Noncash contributions included in lines 1a-1f \$							
and Con	h	Total. Add lines	s 1 a - 1 f		277,057			
				Business Code				
eun	2a	W/O-Bad Debt		621500	-11,405,250	-11,405,250		
Fe √	b	W/O -Financial Ass	sistance	621500	-7,165,027	-7,165,027		
92	C	Net Patient Service	2	621500	156,474,641	155,609,236	865,405	
Program Serwce Revenue	d	EHR Incentive Prog	gram(MU)	621500	1,962,266	1,962,266		
<u> </u>	e							
20 E	f	All other progra	am service revenue					
<u></u>	g	Total. Add lines	s 2a-2f		139,866,630			
	3		ome (including dividenc ar amounts)		2,025,627			2,025,62
	4		stment of tax-exempt bond p		0			
	5	Royalties		🕨	0			
			(ı) Real	(II) Personal				
	6a	Gross rents	139,976					
	b	Less rental expenses	112,484					
	c	Rental income or (loss)	27,492					
	d		me or (loss)		27,492		49,056	-21,56
		_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	47,202,515	2,612				
	b	Less cost or other basis and	45,105,998					
	С	sales expenses Gaın or (loss)	2,096,517	2,612				
	d		(ss)		2,099,129			2,099,129
	8a	Gross income f	rom fundraising					
Other Revenue		s of contributions See Part IV , lin						
<u>.</u>	ь	Logo dimenti	a noncos					
5	c		penses <b>b</b> [ (loss) from fundraising e	vents <b>.</b>	0			
			rom gaming activities le 19					
	b c		a penses b	rities	0			
		Gross sales of returns and allo	inventory, less					
	b c		oods sold <b>b</b> (loss) from sales of inve	ntory	ol			
$\vdash$		Miscellaneous		Business Code	1			
1	L1a	Health Promo/V		611710	119,663	119,663		
	b	Gift Shop Sales	_	453220	207,716	207,716		
	c	Corner Cafe		722210	207,301	207,301		
	d		ue		315,056	218,772	96,284	
	e	Total. Add lines	s 11a-11d	🕨	849,736			
	12	Total revenue		-	047,730			

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 7,873,600 7,873,600 Grants and other assistance to individuals in the United States See Part IV, line 22 0 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 1,957,488 1,372,745 584,743 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 43,094,197 Other salaries and wages 42,661,477 432,720 Pension plan accruals and contributions (include section 401(k) 4,533,807 4,292,746 241,061 and 403(b) employer contributions) . . . . Other employee benefits . . . . 8,568,058 8,554,696 13,362 10 3,118,144 3,103,679 14,465 11 Fees for services (non-employees) 13,796,469 Management . . . . 13,796,469 Legal . . . . . . . . 8,134 8,134 27,784 27,784 0 0 Professional fundraising services See Part IV, line 17 Investment management fees . . . . . 245,854 245,854 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 13,118,267 13,105,817 12,450 Schedule O) . . . . . . . Advertising and promotion . . 56,613 47,979 8,634 12 13 Office expenses . . . 14,723,905 14,715,681 8,224 4,256,370 4,256,370 14 Information technology . 15 0 Royalties . 2,731,027 2,488,195 242,832 16 Occupancy . . . . . . **17** 134,843 123,538 11,305 Travel . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 0 19 Conferences, conventions, and meetings . 63,744 60,280 3,464 20 Interest . . . . . . . . . . . . 1,836,097 1,836,097 Payments to affiliates . . . . . . 21 O 5,588,357 22 Depreciation, depletion, and amortization . 5,588,357 23 1,886,112 1,886,112 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Equipment Rentals 272,425 272,425 Reimbursed Expenses 373,727 373,727 C Utilities 1,264,647 1,237,618 27,029 d Repair & Maintenance 2,988,609 2,949,509 39,100 e All other expenses 853,809 764,731 89,078 Total functional expenses. Add lines 1 through 24e 25 133,372,087 112,935,282 20.063.078 373,727 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			· · · · · · · · · · · · · · · · · · ·
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	156,326	1	184,555
	2	Savings and temporary cash investments	8,474,115	2	14,363,231
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	19,848,305	4	21,348,599
	5	Loans and other receivables from current and former officers, directors, trustees, k employees, and highest compensated employees Complete Part II of Schedule L	ey	5	0
Assets	6	Loans and other receivables from other disqualified persons (as defined under sect 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employe and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiar organizations (see instructions) Complete Part II of Schedule L	ers	6	0
% %	7	Notes and loans receivable, net		7	0
ď	8	Inventories for sale or use	798,821	8	903,662
	9	Prepaid expenses and deferred charges	3,779,054	9	3,293,909
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  103,380,			5,255,555
	Ь	Less accumulated depreciation 10b 60,480,-	491 42,056,628	10c	42,900,008
	11	Investments—publicly traded securities	42,313,605	11	45,423,995
	12	Investments—other securities See Part IV, line 11	32,256,158	12	36,458,086
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets	3,316,854	14	3,289,890
	15	Other assets See Part IV, line 11	13,987,396	15	15,459,671
	16	Total assets. Add lines 1 through 15 (must equal line 34)	166,987,262	16	183,625,606
	17	Accounts payable and accrued expenses	1,650,079	17	2,307,389
	18	Grants payable		18	<u> </u>
	19	Deferred revenue	1,558,504	19	351,129
Jabilities	20	Tax-exempt bond liabilities	31,754,807	20	31,755,846
	21	Escrow or custodial account liability Complete Part IV of Schedule D	,	21	
<u>, àv</u>	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
졅		persons Complete Part II of Schedule L		22	
Ĭ	23	Secured mortgages and notes payable to unrelated third parties	2,979,748	23	4,032,677
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	13,535,181	25	9,952,980
	26	Total liabilities. Add lines 17 through 25	51,478,319	26	48,400,021
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
lan I	27	Unrestricted net assets	101,642,554	27	120,024,932
<b>8</b>	28	Temporarily restricted net assets	13,866,389	28	15,200,653
Ξ	29	Permanently restricted net assets		29	
r Fu.		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
ر رو	30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ş	33	Total net assets or fund balances	115,508,943	33	135,225,585
~	34	Total liabilities and net assets/fund balances	166,987,262	34	183,625,606

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		145,1	45,671	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2 133,37			
3	Revenue less expenses Subtract line 2 from line 1		11,773,5			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3				
_	Not unrealized asing (locas) on investments	4		115,5	08,943	
5	Net unrealized gains (losses) on investments	5		6,6	33,086	
6	Donated services and use of facilities	6				
7	Investment expenses					
8	Prior period adjustments	7				
0		8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,3	309,972	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10			25,585	
Par	t XII Financial Statements and Reporting	10		133,2	.23,303	
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate				
	☐ Separate basis ☐ Both consolidated and separate basis					
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı				
3a	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?	9	3a	Yes		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit 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 -

DLN: 93493132034654

**Employer identification number** 

OMB No 1545-0047

# SCHEDULE A F

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

GETTYSBURG HOSPITAL

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2012

Open to Public Inspection

				hii oh ii oi	/ A II				23-1352		_
	rt I			blic Charity Sta				•	<del> </del>	nstruction	5.
	organı			te foundation becaus			= -				
1	<u> </u>		-	on of churches, or a				section 170(	(b)(1)(A)(i).		
2	<u> </u>			in <b>section 170(b)(1</b>							
3	<u> </u>			perative hospital se							
4				h organization operat	ted ın conjur	nction with a	a hospital de:	scribed in <b>se</b>	ection 170(b)(	(1)(A)(iii).	Enter the
5	_			ty, and state erated for the benefi	t of a colloge		itu oumad or	anarated by	D. GOWAKE PROP	tal unit das	arihad in
3	ļ	_	<u>.</u>		_	e or univers	ity owned of	operated by	a governmen	tai uiiit des	Cribed III
_	_			A)(iv). (Complete P	-			Li 470(L)(	437437-3		
6	<u> </u>			local government or	=						
7	1			at normally receives on 170(b)(1)(A)(vi).			s support from	n a governm	ental unit or i	rom the ger	ierai public
8	Г			described in <b>section</b>			mplete Part	II)			
9	Ė			at normally receives					butions, mem	bership fee	s. and gross
	·			ities related to its e							
		•		oss investment inco	•	-			` '		
				janızatıon after June						,	
10	Г			ganized and operated							
11	,	_		ganized and operated						to carry out	the purposes of
	'			ly supported organiz							
				bes the type of supp							
		а	Type I	<b>b</b>	Type II	I - Functio	nally integrat	ed <b>d</b>	Type III - N	on-function	ally integrated
e	Γ			ox, I certify that the							
			han foundati n 509(a)(2)	on managers and ot	her than one	or more pu	blicly suppor	ted organiza	itions describ	ed in section	on 509(a)(1) or
f				received a written de	etermination	from the II	RS that it is a	a Type I. Tyr	pe II. or Type	III suppor	ting organization.
-			this box					, p = _ , . , ,	JU 11, J , pu	ттт очеро.	у отушилацион, Г
g			-	2006, has the organi	ızatıon acce	pted any gif	t or contribut	tion from any	y of the		
			ng persons?								
				rectly or indirectly o				n persons ae	escribed in (ii		Yes No
				governing body of th			on ?				g(i)
				er of a person descri							g(ii)
_				lled entity of a perso						110	ı(iii)
h		Provide	e the followi	ng information about	the support	ed organiza	tion(s)				
			(**) 571	("") T	(: ) ;	.1	1,,,,,,				1,
_	i) Nan suppoi		(ii) EIN	(iii) Type of organization	(iv) Is organizat		(v) Did yo	•	(vi) Is organizat		(vii) A mount of monetary
	ganiz			(described on	col (i) lis		in col (i)		col (i) org		support
-	<b>J</b>			lines 1 - 9 above	your gove		suppo	'	in the U		
				or IRC section	docume	_					
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	
											1
Tota											

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include 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	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 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

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493132034654

OMB No 1545-0047

**SCHEDULE D** 

Department of the Treasury

(Form 990)

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

**Supplemental Financial Statements** 

Open to Public Inspection

писти	F Attacil to Full	in 990. F See Separate instructions.		Hispection
	me of the organization TYSBURG HOSPITAL		Employer ident	ification number
	_		23-1352220	
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		ınds or Accou	<b>nts.</b> Complete if the
		(a) Donor advised funds	(b) Funds a	and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	<del>-</del>	oradvised	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benef	□vaa □Na		
_	conferring impermissible private benefit?		- 000 B	☐ Yes ☐ No
	rt II Conservation Easements. Complete if		Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the org	<u> </u>	hiatariaallii immaa	tout land aven
	Preservation of land for public use (e g , recreation Protection of natural habitat	Preservation of a c	•	
	Preservation of open space	, reservation or a c	cremed materie a	cractare
_				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in tr	ne form of a conse	ervation
	,,,,,,	Γ	Held at	the End of the Year
а	Total number of conservation easements	Ī	2a	
b	Total acreage restricted by conservation easements	Ī	2b	
С	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transferr	ed, released, extinguished, or terminated	d by the organizat	ion during
	the tax year ▶		· -	-
4	Number of states where property subject to conservat	on easement is located ►		
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	he periodic monitoring, inspection, hand	ling of violations,	and Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the y	ear
_	A mount of expenses incurred in monitoring, inspecting	and enforcing conservation easements	during the year	
7	►\$	, and emoreing conservation casements	during the year	
8	Does each conservation easement reported on line 2(a and section $170(h)(4)(B)(II)$ ?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)	(ı) Yes No
9	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial		
Par	t III Organizations Maintaining Collection Complete if the organization answered "Y		or Other Simil	ar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education, o	r research in furt	
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education, o		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$_	
	(ii) Assets included in Form 990, Part X		<b>►</b> \$	
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		. —	
а	Revenues included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , ,	<b>►</b> \$	

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, HIS	storical li	<u>reasures, or O</u>	<u>tne</u>	<u>r Similar Ass</u>	sets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any of	the following that a	are a	significant use	of its	
а	Public exhibition		d	┌ Loan	or exchange progr	ams			
b	Scholarly research		e	┌ Othe	r				
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIII	ollections and expla	aın hov	w they furthe	er the organization	's ex	cempt purpose ii	ו	
5	During the year, did the organization solicit							_	_
	assets to be sold to raise funds rather than t		-					Yes	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					a "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					etsı	not 「	_ Yes	Г No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing table	_				
							Am	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance				L	<b>1f</b>			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ne 21?	•			Г	_ Yes	┌ No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been provided in P	art )	×III		$\sqcap$
Pa	rt V Endowment Funds. Complete								
		(a)Current year	(b)	Prior year	<b>b</b> (c)Two years back	+		· · · · ·	ears back
1a	Beginning of year balance	13,866,389		13,835,967	9,889,083		8,870,151	:	10,386,416
Ь	Contributions	177,857		242,032	126,547		223,090		174,329
c d	Net investment earnings, gains, and losses  Grants or scholarships	1,309,972		53,561	3,922,083	3	1,021,444		-1,478,000
e	Other expenditures for facilities								
_	and programs	153,565		265,171	101,744	ł	225,604		212,594
f	Administrative expenses								
g	End of year balance	15,200,653		13,866,389	13,835,967	7	9,889,081		8,870,151
2	Provide the estimated percentage of the cur	rent year end balan	ce (lır	ne 1g, colum	ın (a)) held as				
а	Board designated or quasi-endowment ►								
b	Permanent endowment ►								
c	Temporarily restricted endowment ► 100	000 %							
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posses	ssion of the organiz	zatıon	that are hel	d and administere	d for	the		
	organization by						2-4	Yes	No
	(i) unrelated organizations		•			•	3a(i 3a(i		No
ь	(ii) related organizations  If "Yes" to 3a(ii), are the related organizatio					٠.	Sa(1	_	<u> </u>
4	Describe in Part XIII the intended uses of the					-			<u> </u>
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa	art X, line	10.				
	Description of property			(a) Cost or basis (invest			(c) Accumulated depreciation	( <b>d)</b> Bo	ook value
1a	Land				11	,584			11,584
b	Buildings				50,219		18,276,791	. 3	31,942,745
c	Leasehold improvements				1,319	,958	884,463		435,495
d I	Equipment				11,562	,135	10,414,012		1,148,123
_е	Other		•		40,267	,286	30,905,225		9,362,061
	<b>I.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (B), lıne	10(c).)		🕨	4	2,900,008

Part VIII Investments—Other Securities. See	<u>Form 990, Part X, line 12</u>	2.	
(a) Description of security or category	( <b>b)</b> Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	36,458,086		
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip			(b) Book value
(1) Unamortized Bond Issue Costs			187,772
(2) Due from affiliates			122,900
(2) Due nom annaces			122,500
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	.)		15,459,671
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
	30 566		
Due to Affiliates	28,566		
Derivative Valuation	5,071,126		
Accrued Vacation	2,529,336		
Accrued Sales Tax	1,809		
Accrued Payroll and Payroll Taxes	2,322,143		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	9,952,980		

			i age i
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	oer F	Return
1	Total revenue, gains, and other support per audited financial statements	1	151,007,021
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII ) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	6,633,086
3	Subtract line <b>2e</b> from line <b>1</b>	3	144,373,935
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	771,736
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	145,145,671
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s pei	Return
1	Total expenses and losses per audited financial statements	1	124,921,663
2	A mounts 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 XIII )		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	124,921,663
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 XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	8,450,424
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	133.372.087

#### Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

I dentifier	Return Reference	Explanation
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Grant - WellSpan Medical Group \$3380000 Grant - WellSpan Health \$3430000 Grant-WellSpan Health Care Services \$990000 Expenses netted against revenue \$650424
Part XI, Line 4b	Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Restricted Contributions(Net) \$121312 Expenses netted against revenue \$650424
Part X	Part X FIN48 Footnote	In June 2006, the Financial Accounting Standards Board (FASB) issued Interpretation NO 48, Accounting for Uncertainty in Income Taxes-an interpretation of FASB Statement NO 109, Accounting for Income Taxes (FIN 48), which creates a single model to address uncertainty in tax positions and clarifies the accounting for income taxes by prescribing the minimum recognition threshold a tax position is required to meet before being recognized in the financial statements. Under the requirements of FIN 48, tax-exempt organizations could now be required to record an obligation as the result of a tax position they have historically taken or various tax exposure items. Prior to FIN 48, the determination of when to record a liability for tax exposure was based on whether a liability was considered probable and reasonably estimable in accordance with SFAS. No 5, Accounting for Contingencies. On July 1, 2007, the parent company, WellSpan Health, adopted FIN 48. WellSpan Health determined that it does not have any uncertain tax positions through June 30, 2013.
Part V , Line 4	Part V, Line 4 Intended uses of the endowment fund	The funds were used to improve the health and welfare of the residents of York and Adams counties of Pennsylvania

# OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Hospitals** 

Name of the organization GETTYSBURG HOSPITAL

**Employer identification number** 

23-1352220

Pa	rt I Financial Assi	istance and	d Certain	Other Community	Benefits at Cost					
				•				Yes	No	
1a	Did the organization have	a financial as	ssistance pol	icy during the tax year?	' If "No," skıp to questı	on 6a	1a	Yes		
b	If "Yes," was it a written p	policy?				[	1b	Yes		
2	If the organization had mu financial assistance polic					pplication of the				
	Applied uniformly to a Generally tailored to i				mly to most hospital fac	cilities				
3	Answer the following base organization's patients du			nce eligibility criteria th	at applied to the larges	t number of the				
а	Did the organization use f If "Yes," indicate which o					providing <i>fre</i> e care?	3a	Yes		
	┌ 100% ┌ 150% ┌	200%	ther		%					
b	Did the organization use is which of the following was				=	•	3b	Yes		
	<b>Г</b> 200% <b>Г</b> 250% <b>Г</b>	300%	50% <b>—</b> 400	0%		%				
C	If the organization used for criteria for determining el used an asset test or othe discounted care	igibility for fre	ee or discoun	ted care Include in the	description whether th	e organization				
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?									
5a	Did the organization budg	et amounts fo	or free or disc				4 5a	Yes		
L	<b>,</b>		s financial assistance expenses exceed the budgeted amount?							
		to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted								
·	care to a patient who was	_					5c		Νo	
6a	Did the organization prepare a community benefit report during the tax year?									
b	If "Yes," did the organiza	tion make it a	vailable to th	ne public?		[	6b	Yes		
	Complete the following ta worksheets with the Sche	_	worksheets p	provided in the Schedule	e H instructions Do not	submit these				
7	Financial Assistance			munity Benefits at Co	st					
	ancial Assistance and Means-Tested overnment Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community bene expense	efit (f) Percent total expen			
a	Financial Assistance at cost (from Worksheet 1)		4,558	2,924,180		2,924,1	.80	2 1	90 %	
b	Medicaid (from Worksheet 3, column a)		21,421	13,746,131	6,517,753	7,228,3			20 %	
С	Costs of other means-tested government programs (from Worksheet 3, column b)									
d	<b>Total</b> Financial Assistance and Means-Tested Government Programs .		25,979	16,670,311	6,517,753	10,152,5	558	7 6	10 %	
	Other Benefits									
е	Community health improvement services and community benefit operations		47.000	740.440	22 700	604-	,,,	0.5	20.04	
f	(from Worksheet 4) Health professions education	61	17,303	718,419	23,709	694,7		0.5	20 %	
g	(from Worksheet 5) Subsidized health services	2	31	1,087		1,0	087			
h	(from Worksheet 6) Research (from Worksheet 7)	3	2,975	1,146,952	662,901	484,0	)51	0 3	60 %	
ı	Cash and in-kind contributions for community benefit (from Worksheet 8)	1		1,000		1,0	_			
j	<b>Total.</b> Other Benefits	67	20,309	1,867,458	686,610	1,180,8 11,333,4	_		80 % 90 %	
k	Total. Add lines 7d and 7j .	nd 7 <sub>]</sub> . 67 46,288 18,537,769 7,204,363 1								

	rt II Community Buildir activities during the of the communities i	tax year, an t serves.	d describe in	Part VI how its	commur	nity bu	ııldıng	activities promo	otéd	the he	alth
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	( <b>d)</b> [	revenu	_	(e) Net communit building expense		(f) Pero total ex	
<u> </u>	Physical improvements and housing										
<u> </u>	Economic development										
1	Community support	1	270	13,2	81			13	,281	0	010
ı	Environmental improvements										
;	Leadership development and training for community members										
;	Coalition building	1	10	1	83				183		
,	Community health improvement advocacy										
3	Workforce development										
)	Other										
	Total	2	280	13,4	64			13	,464	0	010
	Bad Debt, Medicar	e, & Collec	tion Practice	es						T	
	ion A. Bad Debt Expense  Did the organization report bad	d debt evnens	a in accordance	with Heathcare F	nancial M	lanade	ment A	ssociation		Yes	No
	Statement No 15?		· · · ·	· · · · · ·	nanciai M	i anage			1	Yes	
	Enter the amount of the organi				ne						
	methodology used by the orga					2		4,654,483			
	Enter the estimated amount of patients eligible under the organization										
	the methodology used by the o	organization to	estimate this a	amount and the rat							
	any, for including this portion of		•		• •	3		138,704			
	Provide in Part VI the text of to or the page number on which t		-				ribes b	ad debt expense			
ct	ion B. Medicare					1	ı				
	Enter total revenue received fr		_	•		5		38,927,598			
	Enter Medicare allowable cost					6		57,611,637			
	Subtract line 6 from line 5 The Describe in Part VI the extent Also describe in Part VI the concheck the box that describes	to which any osting method	shortfall reporte ology or source	ed in line 7 should							
	Cost accounting system	r c∘	st to charge rat	tio <b>Г</b>	Other						
ct	ion C. Collection Practices										
a	Did the organization have a wr	itten debt coll	ection policy du	ırıng the tax year?					9a	Yes	
b	If "Yes," did the organization's contain provisions on the colleassistance? Describe in Part \	ection practice	s to be followed	d for patients who	are knowr	i to qu	alıfy for	financial	9b	Yes	
ē.	t IV Management Comp								ans—s	ee instruci	tions)
	(a) Name of entity	(t	<ul> <li>Description of pr activity of entity</li> </ul>		(c) Organ profit % o owners	or stock		d) Officers, directors, trustees, or key employees' profit % r stock ownership %	pro	e) Physicofit % or ownershi	stock
We	ellSpan RRRG	Risk Retention (	Group			13 200	%				
РΗ	O of Gettysburg	Educate & prov	health network			50 000	%			50 (	000 %
									$\top$		
)								-			
L											
2											
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Part V Facility Information									
Section A. Hospital Facilities	Licensed	General	Children's	Teaching	Ortical	Resea	ER-24 houre	ER-othe	
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year?	sed hospital	al medical & surgical	en's hospital	ing hospital	access hospital	Research facility	hours	her	
Name, address, and primary website address	;	2							Other (Describe) Facility reporting group
2 WellSpan Surgical Center 136 West Street Gettysburg, PA 17325		х							Ambulatory Surgical A
1 Gettysburg Hospital 147 Gettys Street Gettysburg, PA 17325	Х	х					Х		А

Schedule H (Form 990) 2012

### Part V Facility Information (continued)

### Section B. Facility Policies and Practices

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

Α

Name of	hospital	facility of	or facility	reporting	group
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	single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)		Yes	No
Con	munity Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
а	A definition of the community served by the hospital facility			
b	Demographics of the community			
С	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			
е	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			
g	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 the community's health needs			
j	Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA $20  \underline{12}$			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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		Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital	۲	1 03	
_	facilities in Part VI	4	Yes	<u> </u>
5	Did the hospital facility make its CHNA report widely available to the public?	5	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
а	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 CHNA, indicate how (check all that apply to date)			
а	CHNA			
b	Execution of the implementation strategy			
C	Participation in the development of a community-wide plan			
d	Participation in the execution of a community-wide plan			
е	▼ 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 CHNA			
g	Prioritization of health needs in its 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	which needs it has not addressed and the reasons why it has not addressed such needs	7		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as			N -
h	required by section 501(r)(3)?	8a 8b		No
	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its	BD		No
	hospital facilities? \$			

Р	art V Facility Information (continued)			
	nancial Assistance Policy		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 0000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	11	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 0000% If "No," explain in Part VI the criteria the hospital facility used			
12	Explained the basis for calculating amounts charged to patients?	12	Yes	<u> </u>
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
а	▼ Income level			
b	Asset level			
c	Medical indigency			
d	▼ Insurance status			
е	▼ Uninsured discount			
f	▼ Medicaid/Medicare			
g	▼ State regulation			
h	Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	13	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
а	▼ The policy was posted on the hospital facility's website			
b	▼ The policy was attached to 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			
е	The policy was provided, in writing, to patients on admission to the hospital facility			
f	▼ The policy was available upon request			
g	Other (describe in Part VI)			
Bi	lling and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial		[,	
16	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? Check all of the following actions against an individual that were permitted under the hospital facility's policies during	15	Yes	$\vdash$
10	the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			1
а	Reporting to credit agency			
b	Lawsuits			
c	Liens on residences			
d	Body attachments			
е	Other similar actions (describe in Part VI)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			1
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		Νo
	If "Yes," check all actions in which the hospital facility or a third party engaged			1
a	Reporting to credit agency			1
b	Lawsuits			1
C	Liens on residences			1
d	Body attachments			1
_	Other similar actions (describe in Part VI)	1	I .	1

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Pa	art V Facility Information (continued)			
18	Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)			
а	Notified individuals of the financial assistance policy on admission			
b	Notified individuals of the financial assistance policy prior to discharge			
c	Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills			
d	Documented its determination of whether patients were eligible for financial assistance under the hospital facility's			
	financial assistance policy			
e	Other (describe in Part VI)			
Po	licy Relating to Emergency Medical Care			
			Yes	No
19	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 regardless of their eligibility under the hospital facility's financial assistance policy?	10	Yes	
	If "No," indicate why	1	1 03	
а				
b				
_				
С				
d				
	arges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-			
а	eligible individuals for emergency or other medically necessary care  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that			
_	can be charged			
b				
	maximum amounts that can be charged			
C	The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
	Other (describe in Part VI)			
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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		l No
	If "Yes," explain in Part VI			140
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any			
	service provided to that individual?	22		Νo
	If "Yes," explain in Part VI			

#### Part V Facility Information (continued)

# Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

-	
	- 1

	ie and address	Type of Facility (describe)
1	Thurmont Professional Center	Lab Services
	52 Water St	
	Thurmont,PA 21788	
2	Gettysburg Family Practice	Diagnostic Scheduling Service
	524 South Washington St	
	Gettysburg,PA 17325	
3	ALSU-Littlestown	Advanced Life Support
	40 E Kıng St	
	Littlestown, PA 17340	
4	Towne Center	Coumadin Clinic, Rehab, Lab Services
	4910 Fairfield Rd	
	Fairfield, PA 17320	
5	Herrs Ridge	Rehabilitation
	820 Chambersburg Rd	
	Gettysburg,PA 17325	
6	Aspers Health Center	Imaging Services, Lab Services, Coumadin Clinic,
	2060 Carlisle Road	Rehabilitation
	Gettysburg,PA 17304	
7	Deatrick Commons Complex	Imaging, Rehabilitation
	18 Deatrick Drive	
	Gettysburg,PA 17325	
8	Washington Street Health Center	Imaging, Pre-hospital Assessment Services, Coumadin
	450 S Washington St	Clinic,Maternal Fetal Medicine and Women's Servi
	Gettysburg,PA 17325	
9	West Street Plaza	Outpatient Surgical Center
	236 West Street	
	Gettysburg,PA 17325	
10	Adams Health Center	Lab, Oncology, Diabetes Education, Imaging, Physical
	40 V-Twin Dr	Medicine Rehab, Sleep Lab, Infusion
	Gettysburg,PA 17325	

#### Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 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
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- **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
- **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1<sub>1</sub>, 3, 4, 5c, 6<sub>1</sub>, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
	Part VI - States Where Community Benefit Report Filed	PA
	Part VI - Affilated Health Care System Roles and Promotion	WellSpan Health is an integrated health system serving the Adams-York county region. As a community-based, not-for-profit organization, WellSpan is dedicated to improving the health and well-being of the people it serves. WellSpan will assume a leadership role and develop partnerships with other organizations to improve access to coordinated, high-quality, cost-effective health care services, educate the health care providers of tomorrow, promote healthy lifestyles and lifelong wellness, and make its local communities healthier, more desirable places to live, work, and play. Gettysburg Hospital works with other parts of the system to provide a comprehensive approach to meeting community needs. WellSpan Health includes. Gettysburg Hospital, York Hospital, WellSpan Surgery and Rehabilitation Hospital, Apple Hill Surgical Center, VNA Home Health, WellSpan Medical Group, South Central Preferred, WellSpan Pharmacy, Gettysburg. Hospital Foundation, York Health Foundation, WellSpan Provider. Network and Healthy York Network/Healthy Community. Pharmacy. Gettysburg Hospital's community benefit report is contained in a report prepared by their parent organization, WellSpan Health. See Attached Federal Supplemental. Information. WellSpan Health - 2013. Community Benefit Report.

Identifier	ReturnReference	Explanation
	Part VI - Explanation Of How	Historically, our organization has taken planned steps to build community capacity that address complex health issues as
	Organization Furthers Its Exempt Purpose	identified by the Community Health Needs Assessments we conduct. Our involvement and support of a county health.
		coalition - Healthy Adams County - has engaged hundreds of
		community members in community health improvement initiatives Examples of past initiatives include supporting the astablishment of a Federally-Qualified Health Center (FOHC) to
		establishment of a Federally-Qualified Health Center (FQHC) to increase care to underserved individuals, improving adolescent
		health and decrease teenage pregnancy rates through targeted task force initiatives, sponsoring leadership conferences for 7th
		grade girls and boys, increasing awareness of domestic violence through education and community trainings, and,
		educating female inmates of the county correctional facility on the benefits of leading a tobacco-free lifestyle. In addition, we
		have provided leadership to the York-Adams Metropolitan Medical Response System (YAMMRS), a local coalition seeking
		to improve coordination in the event of a regional disaster Adams County is a small, well-connected community which has
		the capacity to engage various organizations in collaborative projects. The collaborative culture of Adams County has made
		task forces like the Adams County Food Policy Council successful As a Healthy Adams County affiliated task force,
		the Food Policy Council seeks to improve the availability of fresh, healthy and affordable food for Adams County residents
		through programs such as Healthy Options This program, led
		by the Adams County Food Policy Council, has successfully implemented an initiative to provide fruit and vegetable
		vouchers to low-income community members. Healthy Adams County extends the mission of WellSpan Health throughout the
		county and promotes ownership of community issues while also enhancing the health of the community by focusing on the
		CHNA priorities For example, in partnership with Healthy Adams County and WellSpans Health Community Health and
		Wellness department, Healthy Adams County distributed a 15 question survey to primary care providers in York and Adams
		Counties The survey asked about current processes for screening and treatment of depression in the primary care
		setting, the availability of and linkage to existing community resources, and opportunities to better manage patients with
		depression Survey results provided critical background information that will be used to improve depression screening in
		primary care settings, enhance community awareness of depression, and advocate for system level changes that would
		bring more providers and services to the area in the future As a
		charitable, community-based healthcare organization, we are committed to improving the lives and well-being of the people
		and communities we serve This dedication is evident in our organizational mission statement - "Working as one to improve
		health through exceptional care for all, lifelong wellness, and healthier communities " Employees at WellSpan Health live out
		its mission statement every day by engaging in community benefit activities that address the needs of the community,
		especially those focused on the four health priorities identified in the 2012 CHNA access, adult overweight/obesity,
		depression, and tobacco One example of our commitment to the community is the relationship that our Latino Health
		Educator has with Adams County Latinos By recognizing the unique needs of this underserved and rapidly Adams County
		community, we have successfully reached several Latinos in need of medical intervention or education. A lay leader network
		has been developed that empowers community members to spread key health messages, tobacco cessation and weight
		management programs designed specifically for the Latino
		population have permitted a tailored, culturally appropriate approach to healthy behavior change, and, our Latino Health
		Educators familiarity with the community has created trusted relationships within the community Comparatively, our
		dedication to developing Patient Centered Medical Homes (PCMH) will improve the management of patients with complex
		behaviors and physical health issues, including those with depression. Coupled with our increased understanding of the
		existing depression screening and referral process, we have begun to implement system and community strategies to better
		manage community members diagnosed with depression Lastly, WellSpan Health continues to support and promote tobacco
		cessation programs throughout the community and is enhancing the referral process for providers, community organizations, and
		employers By partnering with individuals and other organizations, supporting their endeavors, sharing our
		knowledge and expertise, and learning from one another, together we are creating a healthier community. In addition to
		community benefit items outlined in Schedule H, we actively engage community members as organizational partners to
		reinvest in the health of our community by providing Board and committee leadership opportunities, encouraging patient
		feedback that improves care through advisory groups, and,
		engaging diverse stakeholders on community-based taskforces that address complex community health issues. Both in the
		hospital and across our health system, community members actively volunteer their time to support activities and
		initiatives, and generously donate funds to the organization During the fiscal year, approximately 1,800 individuals across
		the system volunteered a total of 137,000 hours of service, equivalent to approximately \$3,033,000 In addition, the
		Gettysburg Hospital Foundation raised \$668,119 to support an array of health services and programs, and the Hospital
		Auxiliary remains committed to also providing support through community partnerships and fundraising
	Part VI - Community Information	To the casual observer, our service area could be described as one community. The combined population of York and Adams
		counties is over 545,000 people. This population is expected to increase by 4% or 21,000 people over the next five years. The
		York/Adams population is growing older While the 18-44 age group comprises the largest segment of the population, this
		group will experience nominal growth through 2017 Most
		growth will occur in the 45-64 (4% or 6,300 people) and the 65+ (18% or 14,000 people) age groups. This shift is occurring
		as the baby boom generation ages, as people live longer due to healthy lifestyles and medical advances, and as retirees move
		from the Baltımore/Washıngton metro area to Southern York and Adams counties to find a safer, lower cost lifestyle  Although
		the overall population growth projected for the York/Adams area over the next five years is moderate, the changing demographic
		profile of the population will result in elevated incidence rates for both acute and chronic disorders that present themselves
		ever increasingly as the population ages. Adams County is situated along the Mason-Dixon line in south-central
		Pennsylvania Harrisburg, the state capital, is located 36 miles north of Gettysburg, the county seat. The outer suburbs of
		Washington, DC and Baltimore are within an hours drive from many county communities. Surrounding Counties include
		Cumberland, Franklin and York in Pennsylvania, and Carroll and Frederick Counties in Maryland Generally and historically,
		employment rates are better than state and national averages
		but the composition of the workforce contains more manufacturing, production and tourism related business. An
		assessment of general health status is gathered as part of Community Health Assessments The percent of adults in
		Adams County rating their health as fair or poor was 16 4% Our in-depth knowledge of the community, gathered through
		community health assessments and focused studies during the past 15 years, however, show that our service area is not made
		up of one community but of many, with social and health factors that are significantly impacting its health. These at-risk
		populations include Mexican migrant workers as well as households with females as the head who are earning
		significantly less in median wage than males. The number of
		uninsured has remained stable at approximately 6% of the population but continues to be a major barrier to access to oral
		health, medical care and pharmaceuticals, and the incidence of chronic disease in on the rise

Identifier	ReturnReference	Explanation
		For more than a decade, our organization has been working to improve access to care - based on the community health assessment's prioritization of medical, dental and oral health
		access as high A key element of our strategy in addressing this need is to reach beyond simply informing patients about our patient assistance policies to proactively identifying patients
		without access and connecting them to available public and community programs. Outreach is conducted through programs like Health Connect, a mobile health program which travels throughout the county and takes care of immediate medical.
		throughout the county and takes care of immediate medical issues, while seeking opportunities to link unconnected individuals with a primary care provider and health insurance and charity care options WellSpan also sponsors case
		managers within Healthy York Network (HYN) to support patient enrollment in public programs (i.e., Medicaid), health insurance marketplace options or in its own HYN discounted care program,
		which is based on the charity care guidelines of health care providers. In this time of healthcare reform, Healthy York Network has focused on communicating changes clearly to
		members and has provided support in directing members to the health insurance marketplace and other resources Patient education is also provided by identifying special resources for
		at risk populations, including members of racial and ethnic minority communities, and supporting lay Community Health Workers to guide people toward enrollment options Finally, through a multi-year initiative to ensure awareness among all
		people who qualify for charity care and financial assistance, our website has been updated, our enrollment processes and late bill communications have been simplified, the provision and
		availability of financial support resources at high visibility care sites has improved, and our partnership with our local Federally Qualified Health Center (FQHC) for early identification and
		qualification of patients has been strengthened In the early 1990s, our organization began developing new ways of working more closely with its communities. The first Community Health Assessment for Adams County was
		completed in 1997 Since that time, we've completed health assessments in 1997, 2000, 2005, 2008 and 2012 These are led by the regional health coalition, Healthy Adams County
		Coalition, which we support and are done collaboratively with other community partners. The assessments evaluate the health of Adams County as a whole, and often target specific
		geographic or demographic segments for further study - such as the growing Latino Population The gathering of data is one component of the health assessment process As a community,
		the data is utilized as a basis of public meetings and forums to identify priorities for the community. These involve stakeholders from health and human services, government, business and other sectors. Our system-wide planning
		committee, which includes Gettysburg Hospital Board members and our Gettysburg Hospital Board dedicates a meeting to this topic and the priorities identified are used to define our
		organization's community health objectives in its annual plan The Community Health Assessment is distributed and utilized broadly in the community and provides other
		organizations as well as our own with more data-driven pictures of the issues and needs facing our community. Our focus is to understand the health status and behaviors of those residing in Adams County, prioritize results and identify community needs,
		and respond to those needs through the implementation of evidence-based strategies. In the recent 2012 Assessment, 809 Adams County adults were interviewed and served as a
		sample of the patients with whom our organization daily interacts These individuals are geographically distributed cross 48 zip codes and represent the diversity - age, gender,
		race/ethnicity, educational background, and socioeconomic status - of the community our organization serves The 2012 CHNA process was led by a Community Health Assessment
		Planning Committee, a multidisciplinary collaborative comprised of at least twelve agencies interested in the health needs of the community, including "Two acute care facilities" "One integrated health care delivery system"Two county-level
		health coalitions"A local Federally Qualified Health Center (FQHC)"The local city health bureau"A local behavioral health counseling agency"Two local United Way branches"Area
		colleges and universities"A non-profit community foundationHistorically, Planning Committee members contribute in-kind staff hours to the Community Health Assessment
		process, utilize data to integrate priority interventions into their respective organizational plans, and assist with disseminating results to the community at-large Except for the Healthy York County Coalition and participating colleges and universities,
		member organizations also financially support the community health assessment process, including a contractual agreement with an opinion research department at a local college to collect
		and analyze data, and generate necessary reports Health coalition staff time spent during the assessment process and in monitoring this contract is considered an in-kind contribution When initially convened, Planning Committee
		members determined deliverables to be included in a Request for Applications (RFA) to fund an entity that would conduct the assessment, analyze results, and summarize the findings
		Responsibility for recent community health assessments was shared between both the Healthy York County Coalition and its sister coalition in Adams County, Healthy Adams County , to
		maximize economies of scale and identify shared priorities across the region. However, separate reports are generated to demonstrate respective community priorities and to meet
		regulatory requirements The CHNA typically engages two components - primary data collection through implementation of the Behavioral Risk Factor Surveillance System (BRFSS) and secondary data collection available through online state or
		national level resources Members of the Planning Committee partnered with the funded community health assessment entity to finalize BRFSS questions and approve the identified sample
		size For the 2012 CHNA, the Planning Committee elected to correlate community health results with potential disparities (e.g. age, geographic area, poverty, race/ethnicity) to obtain
		additional detail about community needs Previous health assessments have included qualitative data obtained through focus group results on key topics (e.g. behavioral health, substance abuse) In 2012, Planning Committee members
		elected to disseminate CHNA results and establish priorities for the community at-large and in their respective organizations at a local Health Summit held in June 2012 CHNA findings were
		also distributed through smaller organizational forums and in press releases Health Summits have demonstrated efficacy to convene a larger group of interested parties including
		community-based organizations (YMCA/YWCA), faith communities, healthcare insurers and providers, law enforcement agencies, local school districts, social service organizations, and, the general public to brainstorm about how
		to effect community change that improves health status and encourages positive health behaviors. As with past assessments, the lead researcher for the 2012 CHNA served
		as the keynote speaker and presented the overall results. A combination of general and breakout sessions were then employed to identify priorities and associated programmatic.
		opportunities The 2012 CHNA provided the most robust data, to date, and has enabled our organization to better integrate its results into our annual organizational and entity-level planning
		processes Our system-wide Community Benefit Council, comprised of representation from both acute care facilities, and service line and corporate leadership, reviewed the CHNA results and identified four key priorities for the organization,
		including each of our three hospitals adult overweight/obesity, avoidance of healthcare because of cost, depression, and, tobacco use CHNA results continue to be shared at varying
		levels of our organization and are foundational to the creation of entity-level objectives and associated evaluation indicators in our community health implementation strategy. Our CHNA was
		finalized and made available to the public in fiscal year 2013 The implementation strategy for WellSpan Health (The WellSpan Community Health Improvement Plan) was developed during fiscal year 2013 and is attached to this return The CHNA
		fiscal year 2013 and is attached to this return. The CHNA process is continuous in that, for example, 2012 Plan objectives are being implemented as planning for the 2015 Community Health Needs Assessment is underway.
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Identifier	ReturnReference	Explanation
Number of Hospital Faciltiy - 1	Part V , Line 7 - Explanation of Needs Not Addressed and Reasons Why	Public health research recommends that a root cause approach be utilized to address many chronic disease, diabetes, respiratory ailments, and overweight/obesity. A focus on improving healthy eating and physical activity behaviors and reducing tobacco use has demonstrated efficacy in reducting the impact of various chronic conditions. A few cardiovascular indicators were ranked high by Community Benefit Council members, but not selected as priorities. These include those who have high blood pressure and high cholesterol, and those who have been told that they have heart disease, heart attack, or stroke risk indicators. Council members felt that the root causes of these conditions - unhealthy eating, physical inactivity, and tobacco use - were already part of the selected priorities - adult overweight/obesity and tobacco use
Number of Hospital Faciltiy - 1	Part V, Line 5c - Description of Making Needs Assessment Widely Available	The 2012 Community Health Needs Assessment (CHNA) results were released to the community at a public forum in the summer of 2012 Results from the CHNA are available on the Healthy Adams County website (www healthyadamscounty org) and the WellSpan Health website (www wellspan org) and also upon request

Identifier	ReturnReference	Explanation
Number of Hospital Faciltiy - 1	Part V, Line 4 - List Other Hospital Facilities that Jointly Conducted Needs Assessment	York Hospital and WellSpan Surgery and Rehabilitation Hospital
Number of Hospital Faciltiy - 1	Part V, Line 3 - Account Input from Person Who Represent the Community	Our organization engages community partners in conducting a comprehensive Community Health Needs Assessment (CHNA) every three years Our focus is to understand the health status and behaviors of those residing in York County, prioritize results and identify community needs, and respond to those needs through the implementation of evidence-based strategies. In the recent 2012 Assessment, 809 Adams County adults were interviewed and served as a sample of the patients with whom our organization daily interacts. These individuals are geographically distributed cross. 18 zip codes and represent the diversity - age, gender, race/ethnicity, educational background, and socioeconomic status of the community our organization serves. The 2012 CHNA process was led by a Community. Health Assessment Planning Committee, a multidisciplinary collaborative comprised of at least twelve agencies interested in the health needs of the community, including Two acute care facilities One integrated health care delivery system Two county-level health coalitions A local Federally Qualified Health Center The local behavioral health counceling agency Two local United Way branches Area colleges and universities A non-profit community foundation Historically, Planning Committee members contribute in-kind staff hours to the Community Health Assessment process, utilize data to integrate priority interventions into their respective organizational plans, and assist with disseminating results to the community at-large Except for the Healthy York County Coalition and participating colleges and universities, member organizations also financially support the community health assessment process, including a contractual agreement with an opinion research department at a local college to collect and analyze data, and generate necessary reports. Health coalition staff time spent during the assessment process and in monitoring this contract is considered an in-kind contribution.

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c	Collection Practices For Qualified Patients	Guidelines for suggested minimum number of phone attempts and letters to be sent before the account is turned over to an outside collection agency are included in the Patient Administrative Services Policy Upon final PARO (Payment Assistance Rank Ordering) scoring, if a patient qualifies for presumptive charity, their account would not be forwarded to any third party collections. It shall be the policy of Patient Administrative Services to recommend accounts to Bad Debt on a timely basis. Inpatient/Outpatient accounts will go to bad debt automatically after the account has been in the financial class Pending Bad Debt for 30 days. All accounts must follow the approved limits for refunds and write offs, as established in Policy PF-102, before being transferred. The primary agencies will work the accounts for 6 months or until they feel it is uncollectable and return the account. The accounts are forwarded to secondary agencies from the primary agencies. Closed and Return Reports. The financial class is changed to Bad Debt Other after the Closed and Return Reports are received from the Secondary Agency. The agencies must get written approval from the manager in the relatively rare instance of legal action being taken to collect the debt.
	Part III, Line 8 - Explanation Of Shortfall As Community Benefit	Gettysburg Hospital maintains records to identify and monitor the level of charity care and community service it provides These records include the amount of charges forgone based on established rates for services and supplies furnished under its charity care and community service policies and the estimated cost of those services. Payments from Medicare are generally less than Gettysburg Hospital's costs of providing the service.

Explanation

ReturnReference

Identifier

Identifier	ReturnReference	Explanation
	Fait III, Line 4 - Bad Debt Expense	The Company provides an allowance for doubtful accounts for estimated losses resulting from the unwillingness or inability of patients to make payments for services. The allowance is determined by analyzing specific amounts and historical data and trends. Patient accounts receivable are charged off against the allowance for doubtful accounts when management determines that recovery is unlikely and the Company ceases collection efforts. Losses have been consistent with management's expectations in all material respects.
	Estimated Amount & Rationale for Including in Community Benefit	The estimate of bad debt attributable to charity care policy was calculated by dividing the bad debt amount that was originally coded bad debt but later found to qualify as charity care by the amount coded to the charity care write-off codes This ratio is applied to the bad debt cost factor expense

Identifier	ReturnReference	Explanation
	To Estimate Bad Debt Expense	The number was calculated using the cost to charge ratio factor applied against actual patient bad debt write-offs. These numbers are included after all efforts have been exhausted to determine if the patient meets our charity care write-off policy based on federal poverty levels.
	Part I , Line 6a - Related Organization Community Benefit Report	Community Benefit Information is included in the Community Benefit Report for WellSpan Health

**Software ID:** 12000229

**Software Version:** 2012v2.0

**EIN:** 23-1352220

Name: GETTYSBURG HOSPITAL

## 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 Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year?

10

Name and address	Type of Facility (describe)	
Thurmont Professional Center 52 Water St Thurmont, PA 21788	Lab Services	
Gettysburg Family Practice 524 South Washington St Gettysburg, PA 17325	Lab Services	
ALSU-Littlestown 40 E King St Littlestown,PA 17340	Lab Services	
Towne Center 4910 Fairfield Rd Fairfield, PA 17320	Lab Services	
Herrs Ridge 820 Chambersburg Rd Gettysburg, PA 17325	Lab Services	
Aspers Health Center 2060 Carlisle Road Gettysburg, PA 17304	Lab Services	
Deatrick Commons Complex 18 Deatrick Drive Gettysburg, PA 17325	Lab Services	
Washington Street Health Center 450 S Washington St Gettysburg, PA 17325	Lab Services	
West Street Plaza 236 West Street Gettysburg, PA 17325	Lab Services	
Adams Health Center 40 V-Twin Dr Gettysburg, PA 17325	Lab Services	

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Schedule I (Form 990)

Department of the Treasury

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

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

Attach to Form 990

OMB No 1545-0047

2012

DLN: 93493132034654

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization GETTYSBURG HOSPITAL 23-1352220 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II 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. Part II can be duplicated if additional space is needed. (c) IRC Code section (d) Amount of cash (a) Name and address of (b) EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant if applicable valuation non-cash assistance organization grant cash or assistance (book, FMV, or government assistance appraisal, other) (1) Wellspan Medical Group 23-2730785 501(c)(3) 3.380.000 0 General Support 3350 Whiteford Road York, PA 17402 (2) WellSpan Health Care 23-2400237 990,000 0 General Support 501(c)(3) Services PO Box 2767 York, PA 17405 0 (3) WellSpan Health 22-2517863 501(c)(3) 3,430,000 General Support 3350 Whiteford Road York, PA 17402 (4) Main Steet Gettysburg 23-2595192 501(c)(3) 10,000 General Support 571 W Middle Street Gettysburg, PA 17325 (5) Family First Health 501(c)(3) 25,000 0 Op Support 23-7118262 Suite 200 116 S George St Gettysburg Ctr York, PA 17401 (6) Borough of Gettysburg 0 Biser Fitness Trail 23-6002866 21,500 59 East High Street Partner Donatio Gettysburg, PA 17325

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

	·		
rt III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization answered "Yes" to Form 990, Part IV,	line 22.
	Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

#### Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		All WellSpan non-research grant activities must be coordinated through the York Health Foundation and Gettysburg Hospital Foundation to insure that grant projects are implemented, evaluated, and monitored in accordance with applicable granting agency regulations, with WellSpan policies and procedures, and are consistent with the strategies and priorities of the organization WellSpan has defined the processes by which grants are identified, developed, reviewed, approved, and monitored by the organization This policy covers non-research grants applied for and received by an entity of WellSpan Health It does not cover grants made by the organization Research grants are defined as those that involve "a systematic investigation designed to develop or contribute to generalizable knowledge (45CFR 46 102(d))" and are overseen by Emig Research Center (Policy #619 Extramural Research Funding)
	•	

DLN: 93493132034654

OMB No 1545-0047

#### Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization GETTYSBURG HOSPITAL

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

**Employer identification number** 

23-1352220 **Questions Regarding Compensation** Yes No 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 Travel for companions Payments for business use of personal residence 굣 Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, 2 directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? 4a Νo 4b Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? **4**c 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. 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 The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Νo

#### 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2012

#### Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation
• •	1 *	Bruce Bartels, WellSpan CEO, received additional compensation to cover the tax on personal use of his company vehicle Jane Hyde, President of Gettysburg Hospital, received additional compensation to cover housing expenses
	, <u> </u>	during her transition into her new position with WellSpan

Schedule J (Form 990) 2012

**Software ID:** 12000229

**Software Version:** 2012v2.0

**EIN:** 23-1352220

Name: GETTYSBURG HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
William Steinour MD	(I) (II)	377,122			28,875	36,262	442,259		
Richard Seim	(I) (II)	401,115	132,330	743,436	296,235	48,909	1,622,025	132,330	
Orville G McBeth Jr MD	(I) (II)	222,099	46,422		28,875	34,537	331,933		
Mıtchell E Zuckerman MD	(I) (II)	319,526	28,027	6,209	28,875	37,350	419,987		
Michael F O'Connor	(I) (II)	429,893	135,960	8,487	325,915	42,226	942,481	135,960	
Matthew Krebs MD	(I) (II)	311,665	147,872		13,480	24,174	497,191		
Mark A Resciniti MD	(I) (II)	320,036	28,027		28,875	36,331	413,269		
Kevin Mosser	(I) (II)	423,784	77,550		350,435	39,335	891,104	77,550	
Joseph Edgar	(I) (II)	187,440	31,343	3,652	25,691	33,700	281,826		
Jane Hyde	(I) (II)	293,513	67,130		200,908	23,192	584,743		
Edward Mackle MD	(I) (II)	312,738	267,513		28,875	39,534	648,660		
Charles Marley JrDO	(I) (II)	279,698	46,747		28,875	22,220	377,540		
Charles H Chodroff MD	(I) (II)	398,563	129,360	2,781	321,395	39,447	891,546	129,360	
Bruce M Bartels	(I) (II)	777,484		410,046	589,055	51,713		249,150	
Bradley Heffner MD	(I) (II)	308,122	28,027		15,000	37,283			
		•	'	'	'		. '		

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**Supplemental Information on Tax Exempt Bonds** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

OMB No 1545-0047

DLN: 93493132034654

2012

Open to Public

(Form 990)

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number GETTYSBURG HOSPITAL 23-1352220 Part I **Bond Issues (h)** On (i) Pool (g) Defeased behalf of financing (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes No Yes No Yes No See Schedule O Part II **Proceeds** В C D Α Amount of bonds retired Amount of bonds legally defeased 2 Total proceeds of issue 3 Gross proceeds in reserve funds 4 5 Capitalized interest from proceeds Proceeds in refunding escrows 6 7 Issuance costs from proceeds Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 Other spent proceeds 11 Other unspent proceeds 12 Year of substantial completion 13 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? 14 Were the bonds issued as part of an advance refunding issue? 15 Has the final allocation of proceeds been made? 16 Does the organization maintain adequate books and records to support the final 17 allocation of proceeds? Part III **Private Business Use** Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Sche	dule K (Form 990) 2012									Page <b>2</b>
Par	Private Business Use (Continued)									
				A		В		C		D
_	A bloom	h	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?									
Ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
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			%		%		%		%
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			%		%		%		%
7	Does the bond issue meet the private security or payment test?									
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?									
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?									
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?									
Par	t IV Arbitrage									<u> </u>
		А			В		С		D	
		Yes	No	Yes	No	Ye	5	No	Yes	No
1	Has the issuer filed Form 8038-T?									
2	If "No" to line 1, did the following apply?			•		•	•	•	•	
а	Rebate not due yet?									
b	Exception to rebate?									
С	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•					Į.	
3	Is the bond issue a variable rate issue?									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?									
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									

Part IV Arbitrage (Continued)

No

D

Yes

5a	Were gross proceeds invested in contract (GIC)?	a guaranteed investment								
b	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6	Were any gross proceeds invested beyond an available temporary period?									
7	Has the organization established written procedures to monitor the requirements of section 148?									
Pa	rt V Procedures To Unde	rtake Corrective Action							,	
			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		х								
			_	_	_		_			
Pa	art VI Supplemental Info	<b>ormation.</b> Complete this part to pro	ovide additior	nal informatio	n for respon	ses to quest	ions on Sche	dule K (see	instructions)	
	Identifier Return Reference Explanation									

Α

No

Yes

В

No

Yes

С

No

Yes

Schedule K (Form 990) 2012

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DLN: 93493132034654

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, line 38a or 40b.

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury	► Attach to Form 990 or Form
Internal Revenue Service	
Name of the organization GETTYSBURG HOSPITAL	

Name of the org GETTYSBURG HOSP		Employer identification number										
	ss Benefit Tra						ganıza		only).			
	ete if the organiza											
<b>1</b> (a) Name	of disqualified pe	rson <b>(b)</b> Re		between di		(c) Descri	ption o	f trans	saction	(	d) Corr	
			person and	d organızatı	on					<u> </u>	es	No
4958	mount of tax incur						yearu 	ınder :	section \$ \$			
Con	ans to and/or applete if the organ anization reported	zatıon answer	ed "Yes" o	n Form 990		ne 38a, or Fo	orm 990	0, Par	t IV, lın	ie 26, or	r ıf the	
(a) Name of Interested person	(b) Relationshi with organization		or from organizat	the	(e)Original principal amount	( <b>f)</b> Balance due	e <b>(g)</b> In default?		(h) Approved by board or committee?			
			То	From			Yes	No	Yes	No	Yes	No
											_	1
											_	
											_	
							-		-	1	_	
	+				+				1		_	
									1		ר	
otal art IIII Gra	Assista	nce Denefi	<u>► \$</u>		2000							
	nts or Assistanplete of the org					· IV line 27						
(a) Name of in		elationship be			of assistance	( <b>d)</b> Type o		tance	(e)	Purpose	ofass	ıstanc
person		sted person a organization		zy Amount c	or assistance	( <b>u)</b> 1 ypc 0		cance	(c)			
						•						
						•						

Part IV Business Transactions I Complete if the organizatio			e 28a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharin of organization revenues?		
				Yes	No	
(1) Jolene Eyer RN BSN	Eyer Family	60,132	Employee of GH		Νo	
(2) Adams County National Bank	Hankey Chair	120,000	Checking & Trust Mgmt		No	

#### Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493132034654

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public

Inspection

Name of the organization GETTYSBURG HOSPITAL	Employer identifi	cation number
	23-1352220	

Identifier Return Reference	Explanation
Schedule K - Tax-Exempt Bonds	\$412,230,0000 of Revenue Bonds for WellSpan Health Obligated Group, Series 2008A, 2008B, 2008C and 2008D were issued 11/12/2008 by General Authority of Southcentral Pennsylvania. The purpose of this bond issue was to refund bonds issued 5/13/2002, 5/17/2005, 6/16/2005, and 6/5/2007. WellSpan Health, the parent organization, allocated portions of the proceeds of this tax-exempt bond issue to York Hospital (22-2517863), Gettysburg Hospital (23-1352220), WellSpan Properties (22-2842252), and WellSpan Specialty Services (23-2899911). In order to remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863). Schedule K. As of 6/30/13, the allocation of the Debt Capital program was as follows. York Hospital \$225,290,225 (59 34%), WellSpan Properties \$59,679,933 (15 72%), WellSpan Health \$2,388,675 (63%), WellSpan Specialty Services \$60,222,365 (15 86%) and Gettysburg Hospital \$32,093,802 (8 45%). These amounts are reported on the respective balance sheets (Part X Line 20) for each of these entities. The 11/12/2008 issue included reissuance of all unspent proceeds from the refunded 2007 bond issue. Total proceeds of issue included reissuance of all unspent proceeds from the refunded 2007 bond issue. Total proceeds of issue included the original 11/12/2008 issue plus investment earnings on transferred proceeds and the short investment of proceeds between date of issue and payoff on 12/1/2008. An arbitrage rebate and yield restriction compliance analysis for the General Authority of Southcentral Revenue Bonds (WellSpan Health Obligated Group). Series 2008ABCD for the period of November 12, 2008 to November 11, 2013 was performed in accordance with the applicable sections of the Internal Revenue Code and the related Federal Regulations in effect during the Computation Period. As of the Internal Computation Period.

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Unrealized Gain on restricted assets = \$1309972

Identifier Return Reference		Explanation			
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Governing documents, policies, and financial statements are available upon request			

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Compensation Committee of WellSpan Health is responsible for rewarding and reinforcing key executives for the achievement of annual and long-term performance objectives. The Compensation Committee shall consist of not more than six (6) persons, of whom two (2) shall be the Chairman and Vice Chairman of the Board of the Corporation, and the remaining members shall be such other persons as may be appointed by the Chairman of the Board of the Corporation, with the approval of the Board of Directors, provided, however, that the Compensation Committee shall not include any persons who are employed by the System The Chairman of the Board of Gettysburg Hospital shall participate. The role of the Compensation Committee is to set the Executive Compensation Philosophy for the system and ensure adherence, evaluate performance and establish compensation for the WellSpan President, evaluate team performance of the executive team and establish awards, review and approve senior executive base salary ranges, and oversee employed physician compensation programs. The Committee will approve salary ranges for each executive position and review incumbent salaries annually. The Committee will approve salary ranges for each executive position and review incumbent salaries annually. The Committee will be responsible for reviewing the President's salary each year, and if warranted, authorizing an adjustment to maintain competitiveness. The President's salary adjustments for subordiate positions. The Committee is responsible for approving and authorizing payment of the performance awards. The Committee is responsible for approving and authorizing payment of the performance awards. The Committee is responsible for approving and authorizing payment of the performance awards. The Committee is responsible for approving and authorizing payment of the performance awards. The Committee will approve and authorize payment of the President's performance awards. Integrated Healthcare Strategies, inc., based in Minneapolis Minnesota is the exte

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Officers, directors, and key employees fill out a WellSpan Health Conflict of Interest Disclosure Statement questionaire annually. The questionnaire is administered by the Internal Audit Department of WellSpan Health, the Parent Company There shall be full disclosure by any Director having a business or personal interest or relationship which may be in conflict with the interests of the Corporation. After such disclosure the Director shall abide by the determination of the Board of Directors as to whether a conflict exists, the extent to which, if at all, the Director will be permitted to be present during the Board of Directors' discussion of the matter in which the Director may be interested, and whether the Director will be permitted to participate in such discussion and cast a vote in such matter.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	Management provided an electronic copy of the form 990 to each voting member of the organization's governing body, prior to its filing with the IRS. The organization's finance management team provided a presentation to the Audit Committee on the organization's 990 return

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7b	Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	Except as otherwise provided in the Articles of Incorporation or the Bylaws, the affairs of the Hospital shall be managed and directed by its Board of Directors, which shall have responsibility for the control and management of the property, funds, and operations of the Hospital The Board of Directors shall have full power and authority to do and perform any and all acts and functions that are not inconsistent with the laws governing the operations of the Hospital or the Bylaws or the Articles of Incorporation, provided, however, that except as otherwise provided in the Articles of Incorporation or the Bylaws, the Member may initiate and implement any of the following actions, and if any such action is initiated by the Hospital, such action shall not become effective unless approved by the Member, (a) The adoption, amendment, or revocation of the Hospital's Articles of Incorporation or Bylaws, provided, however, that the Member shall not amend such Articles of Incorporation or Bylaws, provided, however, that the Member shall not amend such Articles of Incorporation or Bylaws, with respect to changes to the name "Gettysburg Hospital" or with respect to the appointment, term, or removal of the Hospital's directors, without the approval of the Hospital Board of Directors and the Member shall not have the right to overrule the Hospital Board of Directors' approval (b) The termination, liquidation, reorganization, division, conversion, or dissolution of the Hospital, or the merger, consolidation, or combination of the hospital with another entity, provided, however, that the Member shall not approve the merger of the Hospital into another Member affiliate without the approval of the Hospital Board of Directors and the Member's action with respect to this subject matter shall require the affirmative vote of at least two-thirds of the Board of Directors of the Member then in office (c)Any change or transfer of the Member's membership interests in the Hospital (d)The investment of the Hospital sassets other than in acc

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The Board of Directors initially shall consist of no fewer than twelve and no more than sixteen persons, which shall include (1) The following six "Positional Directors" the President of the Hospital, the Past President of the Medical Staff, the Vice-President of the Medical Staff, an appointee of the Executive Committee of the Medical Staff, the Chairman of the Board of the Foundation, each of whom shall be subject to ratification by the Member notwithstanding such positions held (2) "Atlarge Directors", who shall be appointed by the Member at the annual meeting of the Member Atlarge Directors shall include no fewer than three persons who are members of the Member's Board of Directors or senior management staff of the Member, provided, however, that no more than three Atlarge Directors shall be from the Member's senior management staff All directors shall be selected for their experience, relevant areas of interest and expertise, and ability and willingness to participate effectively in fulfilling the Board of Director's responsibilities and to do so free from any conflicting interests

Identifier	Return Reference	Explanation		
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	WellSpan Health, a not for profit corporation, is the sole member		

SCHEDULE R Related Orga

(Form 990)

Department of the Treasury

Internal Revenue Service

### **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.

2012

DLN: 93493132034654

ZVIZ

Open to Public Inspection

Name of the organization GETTYSBURG HOSPITAL				23-135222	lentification number		
Part I Identification of Disregarded Entities (Comple	te if the organizatio	n answered "Yes" t	o Form 990, Part		20		
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) I-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		f the organization a	answered "Yes" to	Form 990, Pa	art IV, line 34 because	ıt had o	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity st (if section 501(c		Section (13) c er	(g) n 512(t controlle ntity?
See Additional Data Table				+		Yes	No
						+	_
For Panerwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y		Schedule R (Fo	rm 990) '	2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

because it had one of more related organizations treated as a partitership during the tax year.												
(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)	(f) Share of total income	(g) Share of end-of-year assets	<b>(h</b> Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	ral or iging ner?	<b>(k)</b> Percentage ownership
				·			Yes	No		Yes	No	
(1) Community Healthcare Imaging Partners  PO Box 2767 York, PA 174052767 23-2444154	MRI Center	PA	NA					No			No	
(2) Cherry Tree Cancer Center LLP	Radiation	PA	NA					No			No	
PO Box 2767 York, PA 174052767 23-2915628												
(3) Littlestown Health Care Partners	Lease facıl	PA	NA					No			No	
300 West King Street Littlestown, PA 17340 23-2880464												
(4) Q-WH LLC	GP of CHIP	PA	NA					No			No	
PO Box 2767 York, PA 174052767 20-8226561												
(5) Central PA Alliance Laboratories LLC	Ref Lab	PA	NA					No			No	
PO Box 2767 York, PA 174052767 23-2910950												
(6) Apple Hill Surgical Center Partners	Surgical Cn	PA	NA					No			No	
PO Box 2767 York, PA 174052767 23-2489452												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

IIIIC 54 because it had one of mor	C related organization	nis dedica as a corpora	don or trust t	aring the tax	y cur.,				
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i Section (b)( contro enti	n 512 13) olled
								Yes	No
(1) Apple Hill Condominium Association	Condo Mgmt Association		N/A	Homeowner Assoc					No
PO Box 2767 York, PA 174052767 23-2504543		PA							
(2) WellSpan Provider Network	Coordinate managed care risk contracts		NA	C Corp					No
PO Box 2767 York, PA 174052767 23-2907828		PA							
(3) York Health Plan  PO Box 2767  York, PA 174052767 23-2664989	Preferred Provider Organization	РА	NA	C Corp					No
(4) Wellspan Reciprocal Risk Retention Group PO Box 2767 York, PA 174052767 20-0048457	Risk Retention Group	РА	NA	C Corp	950,466	2,905,608	13 200 %		No
(5) Wellspan Pharmacy Inc PO Box 2767 York, PA 174052767 23-2374072	Dispenses pharm & provides IV therapy	РА	N/A	С Согр					No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one of more in	related organizations ii:	sted in Parts 11-1V /							
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
<b>b</b> Gift, grant, or capital contribution to related organization(s)									
c Gift, grant, or capital contribution from related organization(s)									
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No			
e Loans or loan guarantees by related organization(s)				1e		No			
f Dividends from related organization(s)				1f		No			
g Sale of assets to related organization(s)				1g		No			
h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)	" I dieliase of assets from related organization(5)								
j Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes	No			
k Lease of facilities, equipment, or other assets from related organization(s)									
I Performance of services or membership or fundraising solicitations for related organization(s)									
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)									
P Reimbursement paid to related organization(s) for expenses				1p	Yes				
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q		No			
r Other transfer of cash or property to related organization(s)				1r		No			
s Other transfer of cash or property from related organization(s)				1s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	e this line including co	vered relationships	and transaction thresholds						
(a)	(b)	(c)	(d)						
Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount ir	nvolved				
1) Gettysburg Hospital Foundation	m	373,727	General Ledger						
2) Gettysburg Hospital Foundation	С	221,152	General Ledger						
	1	I							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

**Software ID:** 12000229

**Software Version:** 2012v2.0

**EIN:** 23-1352220

Name: GETTYSBURG HOSPITAL

Schedule R (Form 990) 2012

Page **5** 

#### Part VII Supplemental Information

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



# 2013 Community Benefit Report



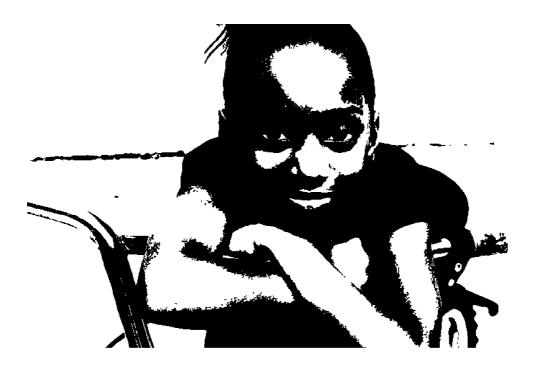
Discover how we help>



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### How We Help



# Every member of our community deserves the care they need

At WellSpan, it is our core belief that access to health care is one of the keys to a healthy community. Yet, in York and Adams counties, there are nearly 40,000 individuals who live without adequate health insurance.

This community health problem cannot be ignored and requires careful planning and forethought Fortunately, WellSpan has done both

We take measures to care for those who have no insurance and are unable to pay We offer discounted care to individuals whose income falls within 300 percent of federal poverty guidelines Additionally, all uninsured patients, regardless of whether they qualify for charity care, receive discounts similar to those offered by private insurance companies We offer free care to patients who participate in our charity care program

Together with our community partners, we support programs to take primary care and other services into urban and rural communities, improve access to oral health care and help people establish a "medical home" with a primary care physician

## Helping the uninsured make community health connections

Wally, age 35, arrives at WellSpan's HealthConnect van at the York County School of Technology with a painfully swollen, bruised index finger on his right hand

The nail is dark and the finger is stiff Wally slammed the door shut on his finger as he tried to prevent a child from running into his car door



"No good deed goes unpunished," jokes Wally

Wally has no health insurance He works as a temp since losing his fulltime job last year

Sarah, Wally's wife, does not work enough hours to afford a health insurance premium They do not pay for health insurance in order to meet their expenses for shelter, food and raising their 10-yearold son, Dennis

While Wally is being examined, Sarah talks with a care coordinator about her depression She realizes she would feel better if she took her antidepressant, but the cost is too high

She shares her worries about Wally not being able to work because of his injured finger, she worries that she might be late to work and that it could lead to her losing her job

The HealthConnect staff consists of physicians, nurse practitioners, care coordinators, drivers/clerks, volunteers, administrative and maintenance staff. They provide care and help families make the health connections they need

Wally needs an antibiotic for his finger Wally and Sarah want to pay for the prescription because personal pride is important to them

The staff calls the Healthy Community Pharmacy, a program of Healthy York Network's community effort to address needs of people who are uninsured and underinsured. The pharmacy is able to fill the prescription for an affordable fee and it will be ready in an hour

A Healthy York Network application is given to the family with instructions on where, when and how to complete and deliver it for review Wally and Sarah understand that it is not insurance, but a discount program for support

Wally takes the order to have an X-ray completed and is told that the provider will call him with results Wally knows that he can come back to HealthConnect for follow up, if needed The goal, however, is for Wally and Sarah to develop a relationship with a primary care provider for ongoing care

WellSpan can help them reach that goal

Before they leave the HealthConnect van, they receive information about the importance of good dental hygiene, toothbrushes and some kid-friendly reading materials about dental hygiene for Dennis Sarah also gets a phone number for Crisis Intervention, in case her depression and negative thoughts get worse

Staff members reinforce Wally and Sarah's positives—their parenting skills, their commitment to each other and their willingness to partner with HealthConnect to make a positive impact on their health

They also receive a card with the date of their visit to HealthConnect, the names of staff members they met and a phone number for non-urgent questions

Wally and Sarah are among the more than 800 patients the HealthConnect team treated from July 2012 through June 2013

"Our job is to help the uninsured make community health connections," said Kelly Osmolinski-Smith, manager of Community Health Connections "Our goal is a healthier community despite the individual's resources Our patients are our neighbors in York and Adams counties"

WellSpan's HealthConnect is a community-based medical outreach program designed to "connect" uninsured families with the medical services and health care programs that they need through a mobile service regularly provided in York and Adams counties.



## In 2013, WellSpan Health provided over \$205 million in care for the uninsured and underinsured

The net cost of care provided in 2013

- Charity Care \$22 1 million in free care to patients who participated in our charity care program
- Medicare \$88 9 million in cost greater than what was paid to WellSpan by Medicare
- Medicaid \$68 million in cost greater than what was paid to WellSpan by Medicaid
- Uncompensated Care \$26 million in services to patients who received care for which they did not pay and who did not participate in the charity care program
- Community Education and Outreach \$6.5 million in free community education and outreach to children and at-risk groups, and the community at large (including adults)
- Medical, Dental and Pharmaceutical Care \$15.1 million to support services that provided discounted medical, dental and pharmaceutical care to people in need

# Programs for the uninsured that WellSpan supported in 2013

Initiatives we support	Who benefits?	Our progress in 2013
HealthConnect, a mobile health care	Individuals who lack sufficient health	812 visits
program that provides	insurance	435 new patients
basic primary care services and helps individuals find a medical home		33 referrals to a primary care physician
Healthy York Network and Healthy Community	Individuals who lack sufficient health insurance	\$31 million of care provided to more than 8,294 members
Pharmacy, a collaborative effort	ilisulatice	9,215 new members enrolled
that facilitates access to discounted health care services and prescription medication		45,427 prescriptions filled
Community Health Workers, who help people navigate the health care system, enroll in public assistance programs and implement health outreach programs	Individuals who lack sufficient health insurance and people of disparate populations	331 individuals were assisted with access to healthcare and enrollment in health assistance programs such as Healthy York Network
Family First Health's Hannah Penn Health	Underserved adults	3,071 acute and preventive medical visits
Center, a partnership of WellSpan York Hospital, Family First Health and the City of York School District	and children, including those who lack sufficient health insurance and those with Medicaid	489 dental visits
York Hospital Community Health Center, which provides primary care services, women's health care, HIV care and pediatric care for medically complex conditions	Adults and children who lack sufficient health insurance	23,632 primary care visits and 15,303 obstetrics and gynecology visits

Initiatives we support	Who benefits?	Our progress in 2013
Thomas Hart Family Practice Center, which is staffed by resident and faculty physicians at WellSpan York Hospital and provides acute, chronic, preventive and obstetric care	Adults and children, many of whom lack sufficient health insurance	25,798 patient visits
Family First Health's Gettysburg Center, a federally qualified community health center that WellSpan supports to provide medical and dental services in Adams County	Underserved adults and children of Adams County, including those who lack sufficient health insurance and those with Medicaid	Actively supported the center and its ability to attract 5,342 patients during the past year Provided dental care to 2,536 patients who are uninsured and those with Medicaid
The George W T Bentzel, DDS Dental Center, which is staffed by licensed dentists and residents from the WellSpan York Hospital Dental Residency Program	Adults and children, many of whom lack sufficient dental insurance	14,237 outpatient visits
Hoodner Dental Center	Individuals who lack sufficient dental insurance and who qualify for Medical Assistance or the Healthy York Network	5,934 visits

## **Healthy Communities**



# Collaboration is vital to making an impact on our community health

At WellSpan, we wholeheartedly agree with the World Health Organization's assessment that health is "a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity" And we recognize the dangers and issues facing a community that cannot achieve this level of health

To help our communities become healthy places to live, work and play, we are constantly planning for the future, developing partnerships, building community assets, engaging citizens, and sponsoring initiatives Our efforts are broad based and wide reaching, but so is the need We believe that our progress, on all fronts, continues to make a difference

# Saving victims of sudden cardiac arrest through community action

A 19-year-old Gettysburg College student takes a routine jog through the battlefield Suddenly, she grows weak and collapses It's a sudden cardiac arrest

Each year, more than 350,000 Americans suffer the same experience Less than 10 percent survive

An automated external defibrillator (AED) can make all the difference It sends an electric shock to the victim's heart to restore a normal rhythm

"An AED's shock to the heart—when applied within six minutes after the event—significantly increases a person's chance of survival," said Deb Sheets, RN, WellSpan Community Health Improvement

Sheets is the coordinator of WellSpan's Operation Heartbeat program, which places AEDs across rural Adams County Operation Heartbeat AEDs can be found in a variety of public spaces, and inside every police cruiser in the county

"In many emergencies, police officers arrive on the scene first," Sheets explained "So we're placing AEDs in patrol cars and making sure the officers are trained on them"



Fortunately for the young college student, Operation Heartbeat also stocks the ranger vehicles at Gettysburg National Military Park As she lay unconscious, an alert ranger retrieved an AED and applied its two sticky pads to her chest The briefcase-sized device went to work, analyzing her abnormal heartbeat and delivering its lifesaving shock

The student made a full recovery She graduated in the spring of 2013 and returned to thank the rangers

At least five other people have been saved with Operation Heartbeat AEDs since the program's inception in 2001

"When one of our AEDs saves a life, we recognize the law enforcement officer or community member who played a part in that save," said Kevin Alvarnaz, director, WellSpan Community Health Improvement

Recently, Operation Heartbeat replaced its 70 aging AEDs with brand new units—and added a dozen new ones—thanks to funding from a federal grant Nancy Newton, a grants officer with WellSpan, said federal officials were impressed by public outpouring for the program

"All of the different police departments were so supportive of this project," Newton said "So were the Gettysburg Adams Chamber of Commerce and the national military park"

The federal grant also enabled Operation Heartbeat to begin offering free CPR and AED classes to the public

"It's not just about placing AEDs out there in the community," Alvarnaz said "It's about training lay people in AED use, so that they feel ready to respond in the case of an emergency"

For more information or to sign up for WellSpan's CPR and AED classes, contact Kevin Alvarnaz at (717) 851-3232

# Community health initiatives WellSpan supported in 2013

#### Initiatives we support

Healthy Adams
County, a partnership
of community
members dedicated to
continuing
assessment,
development and
promotion of efforts
toward improving
physical, mental and
social well-being

### Issues they address

Health literacy, healthy lifestyles, oral health, depression, planning for end of life and access to affordable and nutritious foods

#### Our progress in 2013

- Held the sixth annual Adams County Health Summit for nearly 100 health and human services professionals and community residents which focused on mental health issues
- Established committee focused on end-of-life issues and provided community education
- Food Policy Council completed second Healthy Options Program for families in the food gap in coordination with the Adams County Farmers Market Association and printed the third installment of the Local Foods Guide for Adams County

Healthy York County Coalition, an ongoing, independent collaborative effort dedicated to improving the health and wellness of York County Health literacy, healthy lifestyles, oral health, quality health care for the chronically ill, school wellness  Oral Health Task Force produced a brochure to educate mothers on the importance of oral health care for infants and toddlers

Reach Out and Read

Early childhood literacy  5,494 books distributed to children ages six months to five years

SAFE, teams of specially trained Emergency Department nurses at WellSpan York Hospital and WellSpan Gettysburg Hospital Domestic violence and child abuse

Provided care to more than 300 patients

Community sponsorships

Health and quality of life across south central Pennsylvania

 Over \$500,000 in sponsorships to area organizations and contributions to local government and school districts

#### Initiatives we support

### Community Partnership Grants

### Issues they address

# Health and quality of life across south central Pennsylvania

#### Our progress in 2013

\$292,900 provided to support

- York County Community Foundation
- York College Department of Nursing Nurse Managed Centers and WellSpan Health collaboration
- York County Literacy Council
- HACC York Campus (Nursing eLab)
- United Way of Adams County
- Healthy Adams County/Food Policy Council
- Manos Unidas Hispanic-American Center
- Junior Achievement (STEM Summit)
- York Academy Regional Charter School (Simpson Station Playground)
- YMCA of York County (LifeStrong Program)
- Family First Health (Nurse Family Partnership Program)
- Healthy Adams County (AmeriCorps VISTA)
- Heathy Adams County (Empowerment through Exercise Program)
- YMCA of York and York County
- Healthy York County Coalition
- York Hospital Community Health Center

### Outreach to the Latino population

Childhood obesity, early prenatal care, Latino health

- Provided mammography screening education to 19 Latino women, including information regarding recommended preventive screenings
- Educated 232 Latino community members on local resources for healthcare, including how to access services through Healthy York Network, where to go for a family doctor and how to access eye screening services and providers
- Encouraged 57 Latino families to take a Smoke Free Home Pledge

#### Project SEARCH, a school-to-work program for area students with disabilities

Real-life work experience and preparation for employment

- Provided total immersion in the workplace for ten area students
- Partnership with Lincoln Intermediate Unit (LIU), the Office of Vocational Rehabilitation (OVR) and York/Adams Mental Health/Mental Retardation

### **Lifelong Wellness**



# Sometimes healthier living starts with simple behavior changes

At WellSpan, we recognize that unhealthy behaviors can harm an individual, a family and an entire community We also recognize that simple behavior changes and access to the right information can make all the difference in promoting lifelong wellness That's why we create, support and contribute to numerous programs designed to lay the groundwork for healthier living

# Annual leadership conferences inspire 7th-graders across York and Adams counties

The impact of bullying. Managing feelings of isolation. Lessons on Internet and cellphone safety. Self-discovery and goal setting. Avoiding unhealthy behaviors.

These are just a few of the important topics that seventh grade students across York and Adams counties receive during special one-day leadership conferences each October

Supported by WellSpan, the annual young women's and young men's leadership conferences in both counties are designed to educate, encourage and empower young people



Seventh grade girls and boys are the focus of the conferences for a reason Research shows that selfesteem among kids often declines around seventh-grade

"It's a really difficult time in their life as they're growing up," said Dianne Moore, RN, manager, Women's Health and Clinical Quality, WellSpan, who helps to coordinate events in both counties "We're trying to plant seeds with some

positive messages about reaching their greatest potential and about the importance of being a leader "

At both young women's conferences, held respectively at Gettysburg College and York College, the girls listen to a keynote presentation on important topics and then attend workshops on issues ranging from health and body image to peer pressure and healthy relationships to career choices

The speeches and workshops give the students "take-home" messages Every topic is aimed at this age group Each presenter provides a take-home message that enhances the students' personal leadership and their wellness

Separate, same-day leadership events for the boys feature a keynote speaker and guests who discuss key issues aimed specifically to the male audience

The young people who experience the events have shared how it allowed them to talk openly about the common problems they face, like friendship and relationship issues, reaching their goals and overcoming self-consciousness

Students have shared personal stories on the challenges of breaking away from a crowd and forging their own path. The conference teaches students about following their dreams and finding ways to make those dreams a reality

They also learn that their dreams can sometimes be clouded by unhealthy behavior - like using drugs or alcohol, developing eating disorders, joining a gang or being involved in unhealthy friendships or relationships

"The age group is mature enough to absorb the information and start building a foundation for lifetime skills and good decision-making," said John Wagner co-chair of the planning committee for the Adams County leadership conferences

# Lifelong wellness initiatives WellSpan supported in 2013

#### Initiatives we support

#### Our progress in 2013

Adams County Young Women's/Young Men's Annual 7th Grade Leadership Conference  More than 1,205 attended, topics included Internet safety, respect, healthy body image, stress management, movement, healthy choices and relationships, nutrition, careers, goal setting and leadership skills

The York County Young Women's Leadership Conference

 More than 1,120 seventh-grade girls attended, topics included social hierarchies and teen relationships, gender aggression, stress management, healthy body image and goal setting

Inpatient and outpatient tobacco education and cessation at WellSpan York Hospital and WellSpan Gettysburg Hospital  More than 4,900 children and adults participated in programming ranging from distribution of education resources to one-on-one cessation counseling

Numerous programs that encourage healthy eating and physical activity among young people and adults

- 60 individuals completed an hour-long Steps to a
   Healthier You class, 53 people in York County and 5 in
   Adams County participated in the eight-week A Healthy
   You program focused on healthy weight management
- Partnered with eight area middle schools to implement wellness policies that support healthy eating and physical activity
- Awarded more than \$1,700 in fitness equipment to seven schools in York and Adams counties, which will benefit approximately 3,000 students
- Challenged approximately 3,340 students to accumulate 1,260 minutes of physical activity over a 21-day period through the Kids on the Move program
- Distributed Market Basket of the Month resource kits to promote fresh produce items to participating schools and expanded offering at four community market sites in York County

Children's Wellness Days, sponsored by the WellSpan York Hospital Auxiliary  More than 1,300 third-grade students from public and private schools attended

York County Countdown2Drive program participant

 Program promoted safe driving and being a safe passenger, and encourages communication to 300 students age 13-15 and their guardians

#### Initiatives we support

SafeKids injury prevention programs for children and parents, and bicycle, car seat, home and pedestrian safety initiatives

#### Our progress in 2013

- 1,631 children and adults participated in bike and pedestrian events
- 849 children and adults participated in Buckle Up Community events
- Provided inspection of 434 children car seats and provided 52 car seats to low income members of the community
- 67 local law enforcement officers, health and human service professionals, and hospital personnel participated in child passenger safety training
- 814 children and adults engaged in home safety events
- 780 children and adults received educational information on safe sports

GO York community initiative to promote physical activity and summer reading

- Roads to Freedom, a community initiative in Adams County to create active learning around 150th anniversary of the Battle of Gettysburg
- An estimated 11,152 GO and Search the Galaxy program guides were distributed by York County libraries with 1,283 returned at the program's completion Participants who returned their guides collectively walked 14,970 miles
- An estimated 1,368 program guides were distributed through local libraries and visitor's centers, with 184 returned at program completion to verify participation Participants who returned their program information walked a minimum of 1,582 miles at various locations throughout Adams County

### **Chronic Care**



### Living better with a chronic illness

For 125 million Americans, chronic illness is a never-ending problem that in many cases limits their lives, their sense of freedom and joy Yet, with prevention, education, detection, treatment and care, many of these chronic conditions can be managed and even alleviated Clearly, a better life is a better plan To help achieve it, WellSpan works with individuals across south central Pennsylvania and northern Maryland on a variety of services and programs conceived and designed to improve the lives of those with chronic illness

# Heart disease patients learning the art of stress reduction

The future for patients suffering from heart disease is uncertain

They must cope with changes in lifestyle and limitations One question on the minds of many of these patients is, "How long do I have to live?"

"Heart disease patients often experience up and down times and this plays on their emotions," said Joann Smith, a nurse practitioner with the Heart Failure Clinic, WellSpan Gettysburg Hospital



"They often experience depression, anxiety, fatigue and pain"

Recognizing this, the
WellSpan Center for
Mind/Body Health
collaborated with the Heart
Failure Clinic, part of
WellSpan Heart and
Vascular, to develop a
stress reduction class for
cardiac outpatients The
class was open to anyone in
the community with a

cardiac diagnosis, along with their family member or caregiver

Julie Falk, a nurse and yoga instructor who trained at the Center for Mindfulness at the University of Massachusetts Medical School, is teaching the eight-week class to 18 patients

She teaches meditation and gentle yoga as tools for relaxation and to identify conscious thought patterns that foster stress

"Once people mindfully evaluate the way they think and behave, they are able to reduce their sources of stress," offered Falk She said many patients with heart disease have difficulty keeping their mind in the present

"They are constantly projecting into the future," said Falk "We work with them to learn to live in the present moment, which is the only time we can ever influence anything Learning to use their breath to calm and re-orient themselves gives them some control"

Smith and Falk agree that patients have responded well to the stress reduction class

"Most patients realize that stress has had a big impact on their lives," said Smith "It can affect their sleep, their mood and their outlook on life

"Patients tell me that the class is helping them," added Smith "I can see a difference in their attitudes"

Smith, Falk and nurse Laura James are using a grant from the Beryl Institute to conduct a research project with the group

In preparing the research proposal, a lot of literature supporting this type of program for cancer patients was found. There were, however, only a few published studies showing the benefits of mindfulness-based stress reduction training and its effect on cardiac patients.

As part of the study, class participants had their depression, anxiety, fatigue and pain measured pre-class Those factors will be measured post-class

"We're giving patients the tools to help them reduce stress," said Smith "This is not just another pill"

Smith and Falk are optimistic that the study will show positive results

Plans are to offer the class again and to perhaps extend it to patients with other chronic diseases in the future

# Chronic Care initiatives that WellSpan supported in 2013

#### Initiatives we support

# Aligning Forces for Quality (AF4Q), a community collaborative funded by the Robert Wood Johnson Foundation that engages leaders, consumers, physicians, nurses, employers and insurers to improve the quality of care

For Heart's Sake, an outreach initiative for uninsured and underinsured African-Americans residing in York City

Stress Less, a program designed to help adults overcome daily stressors by learning to relax, breathe, and adapt to stress

Camp Green Zone, a five-day event which teaches children ages 6-12 how to control their asthma

Community screening programs in Adams County

#### Our progress in 2013

- Implementation of patient partner program with nearly 60 community members who work directly with WellSpan primary and specialty care providers in quality improvement activities, 36 physician offices and six clinics engaged in quality improvement collaborative and regional payment reform
- Community Health Improvement held its seventh annual "For Heart's Sake" screening event in northeastern York City, 32 community members attended In addition, the lay health leader network assisted in the coordination of nutrition education classes which featured demonstrations of how to prepare traditional African American cuisine in a healthy way Lay health leaders brought 21 community members with them to the cooking classes
- 77 attendees across programs in York and Adams counties
- 34 young people participated
- Screenings such as blood pressure and blood glucose were provided to 3,674 individuals in Adams County at multiple venues Additionally, flu vaccines were offered to community members, including free vaccine distributed by the Department of Health to underserved groups More than 1,000 flu and pneumonia vaccinations were given throughout Adams County

### Learning



# Care for the next generation of our community starts today

At WellSpan, we believe in the power of new ideas, new approaches, new discoveries and new people That's why we sponsor programs that train the next generation of physicians, nurses and other clinical professionals These programs allow us to stay abreast of new techniques to prevent, detect, diagnose and treat medical problems, and ensure an adequate supply of essential clinicians for the future

# WellSpan's York Cancer Center is helping to lead the fight against Breast Cancer

Rita Allison, 59, of York, was in her last year of teaching at Dallastown's Loganville-Springfield Elementary when she was diagnosed with stage 1 breast cancer Her treatment plan required two surgeries followed by 33 radiation treatments

Prior to beginning radiation, the team at WellSpan's York Cancer Center informed her of

her eligibility for a clinical breast trial to determine if radiation therapy is more effective with or without Herceptin in preventing subsequent occurrences of breast cancer Allison was selected to be part of the control group for the study

"I think it is great," says Allison "I am thrilled to be part of something that has the potential to advance breast cancer treatment"



As part of the clinical trial, Allison receives check ups and mammograms every six months for five years

"I feel safer because of the regular check ups," remarks Allison "Once you finish radiation, it's like—now what? But being part of this study has allowed me to help advance treatment and get very regular monitoring. I feel safer "

Allison was so grateful for the care that she received at the York Cancer Center that she and a friend started volunteering at WellSpan

"I am so fortunate to be where I am today and be able to give back I split my time between volunteering in pediatrics and at the cancer center I just love it I am blessed"

# Learning initiatives that WellSpan supported in 2013

#### Initiatives we support

#### Our progress in 2013

Clinical Trials

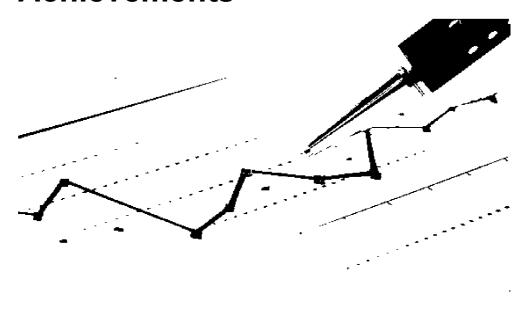
More than 700 patients participated in the following trial categories breast cancer, prostate cancer, skin cancer, esophageal cancer, colon cancer, lung cancer, cancer of the head and neck, depression in cancer patients receiving radiotherapy, coronary artery disease, coronary artery stents, cardiac arrest, chronic heart disease, seizures in adults and pediatrics, cervical dystonia, facial paralysis, pneumonia, orthopedic treatment and prevention, lung function and pain management

Medical Education

More than 675 residents, visiting medical students and visiting residents cared for patients who don't have a primary care physician. These professionals provide outreach and education for the community, and they often stay in our community long after their training is complete.

WellSpan York Hospital actively participated in training for nurses and allied health professionals, including clinical pastoral care, pharmacy residencies and internships, clinical laboratory science, nurse anesthetists, respiratory care, radiography, nuclear medicine technology and continuing education for emergency medical service personnel

# 2013 WellSpan Stats and Achievements



#### Who We Are

At WellSpan Health, we are proud to be part of the communities of Central Pennsylvania That's why we are committed to understanding local health care needs and working with physicians, community leaders and area residents to establish services and programs where people live, work and play

By offering a vast array of inpatient, outpatient, home health and physician services and by partnering with other organizations and community physicians, we make it possible for people to find and access the health services that they need, without having to travel far from home

By working as one coordinated health care organization, we are transforming care through sophisticated clinical information technology and creating innovative new models as a means to create a high quality, exceptional patient experience

#### Our charitable, non-profit mission:

Working as one to improve health through exceptional care for all, lifelong wellness and healthy communities

#### Our health system at a glance:

• A valuable community resource that provides more than \$30 million each year in uncompensated medical and outreach services

- More than 11,000 employees, volunteers and physicians
- Highly skilled primary care and specialty physicians and providers, including more than 660 members of the WellSpan Medical Group
- 47 outpatient health care locations, which offer diagnostic imaging, laboratory, rehabilitation, primary care, retail pharmacy, walk-in health care and other essential services
- A regional home care organization, WellSpan VNA Home Care
- Four respected hospitals WellSpan York Hospital, WellSpan Gettysburg Hospital, WellSpan Surgery & Rehabilitation Hospital and Ephrata Community Hospital
- Regional referral services in heart and vascular care, oncology, women and children services, orthopedics and spine care, neurosciences and behavioral health
- WellSpan Pharmacy, a retail pharmacy with five locations across York and Adams counties
- Community based philanthropy efforts in Gettysburg, York and Ephrata, dedicated to improving the health of their local communities by generating charitable contributions
- Partnerships with respected organizations, including Good Samaritan Health System, Hanover Hospital, Summit Health, and Hospice & Community Care (formerly Hospice of Lancaster County), as well as hundreds of private-practice community physicians
- Healthy York Network/Healthy Community Pharmacy, a collaborative effort
  of WellSpan Health, Memorial Hospital, Family First Health, the York City
  Bureau of Health, Hanover Hospital, the Community Progress Council, United
  Way and the York County Assistance Office through which uninsured members
  of the York community receive discounted care and services and discounted
  prescription drugs

#### **Achievements**

In 2013, WellSpan continued its efforts to create a health system that supports the changing needs of individuals and families in south central Pennsylvania and northern Maryland

#### These efforts have been recognized with the following achievements:

- WellSpan York Hospital received the Get with the Guidelines—Resuscitation Gold Quality Achievement Award from the American Heart Association
- WellSpan received a \$125,000 grant from the Highmark Foundation to form a regional learning collaborative around "super utilizers" of health care
- WellSpan York Hospital participated in a national clinical trial that was named
  The Clinical Trial of the Year by The Society for Clinical Trials The clinical trial
  aimed to find out whether anti-seizure medication works better when given as an
  I V directly into a vein or when given as shot in the muscle
- WellSpan York Hospital was one of 15 Pennsylvania hospitals to receive a Silver Medal of Honor from the U S Department of Health and Human Services (HHS) for their successful donation and organ transplant outcomes
- WellSpan York Hospital's Level 1 Trauma Program was ranked among the best in the country for traumatic brain injury (TBI) and shock patient outcomes, according to the Trauma Quality Improvement Program
- WellSpan Gettysburg Hospital received recognition from The Leapfrog Group and VHA Mid-Atlantic APEX (Achieving Patient Care Excellence) for its patient safety efforts
- WellSpan York Hospital, was one of five hospitals in central Pennsylvania, recognized by U S News and World Report as one of the Best Regional Hospitals in its 2012-13 Best Hospitals publication
- Facing Cancer Together, an interactive community education partnership of WellSpan Health and WITF Public Media, earned a Mid-Atlantic Emmy Award for Outstanding Achievement in Community Service
- WellSpan Gettysburg Hospital's breast cancer program received a three-year accreditation from the National Accreditation Program for Breast Cancers (NAPBC) The breast cancer program is one of only 30 accredited centers in Pennsylvania It is the only one in Adams, Franklin and York counties and northern Maryland

- WellSpan York Hospital maintained its Joint Commission-designated Primary Stroke Center for two additional years
- WellSpan was named the winner of the 2012 Most Improved Safety Award by Walsh Integrated
- Received a NRC Picker symposium award as one of two "Most Improved Organizations" in the pediatric category The award recognized York Pediatric Medicine and Springdale Pediatric Medicine's significant increase in the percentage of patients rating their doctor a 9 or 10 on the NRC Picker patient survey
- WellSpan York Hospital's Family Medicine Residency program, which operates
   Tar Wars in York County, received an award at the national conference Tar
   Wars educates children about the benefits of being tobacco-free
- Implemented a mandatory flu vaccine policy for all of its staff members, volunteers, physicians, vendors, contractors and health care students
- Announced a partnership with the City of York that will establish a WellSpan Police Training Center, a facility that will enhance the skills and competencies of area police officers as well as provide secure storage of evidence for crime investigations
- WellSpan York Hospital received a three-star rating, the highest possible, in cardiac surgery performance by The Society of Thoracic Surgeons
- WellSpan York Hospital named as a Blue Distinction Center for Spine Surgery and Knee and Hip Replacement by Capital Blue Cross
- The York Cancer Center was reaccredited for three years, including six commendations, by the American College of Surgeons Committee on Cancer

WellSpan remained steadfast in its focus on building a healthy community and providing care to all, including the most vulnerable citizens, by:

- Continuing to sponsor innovative outreach efforts and providing \$22 1 million in free care and an additional \$26 million in services which were not reimbursed
- Providing a safety net of care for uninsured and underinsured individuals through such services as Healthy York Network, HealthConnect, WellSpan York Hospital Community Health Center, and WellSpan Medical Group
- Sponsoring the annual Adams County Community Health Summit, which addressed key mental health issues facing people of all ages in our local communities

- WellSpan co-sponsored the Go Local for Health Summit held in Gettysburg which addressed issues of affordable and accessible healthy eating and recreational opportunities in south central Pennsylvania
- Developing a wide range of educational opportunities for today's healthcare professionals while working to prepare the next generation of physicians, nurses and healthcare workers

### WellSpan worked to create a more coordinated, efficient and viable health care system by:

- Continuing to develop an electronic health record as a means to coordinate care among physicians and enhance the patient's ability to access their personal health care information
- Enrolling more than 35,000 patients in the MyWellSpan patient portal which allows patients to access their health care information in a convenient and timely manner

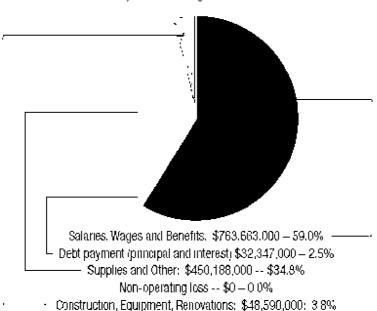
#### **Statistics**

In 2013 WellSpan's charitable purpose brought more benefit to more people than ever before Our bottom line, as detailed in this report, remains the pursuit of more coordinated, convenient, comprehensive and community focused health care services for the journey that is life

#### **USE OF FUNDS**

\$1,294,788,000

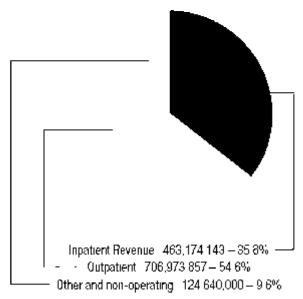
July 1, 2012 through June 30, 2013



#### SOURCES OF FUNDS

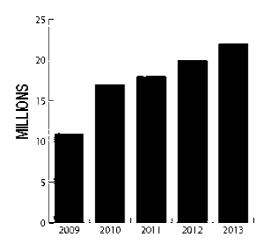
\$1,294,788,000

July 1, 2012 through June 30, 2013.



#### FREE CARE\*: CHARITY CARE

2009: \$10,717,000 2010: \$16,867,000 2011: \$18,427,000 2012: \$20,210,000 2013: \$22,117,000

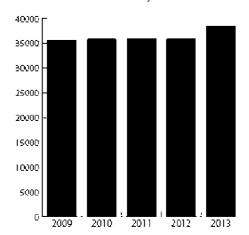


\*Charity care is the total cost to provide medical services to those patients who have demonstrated their inability to pay. This is the cost of providing charity care, not the charge associated with that care.

#### TOTAL HOSPITAL ADMISSIONS\*

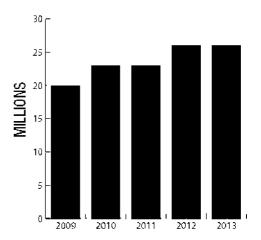
\*WellSpan Gettysburg Hospital, WellSpan York Hospital and WellSpan Surgery & Rehabilitation Hospital

> 2009: 35,559 2010: 35,849 2011: 35,968 2012: 35,870 2013: 38,379



2009. \$19,917,000 2010 \$22,851,000 2011: \$23,387,000 2012: \$26,212,000 2013: \$26,023,000

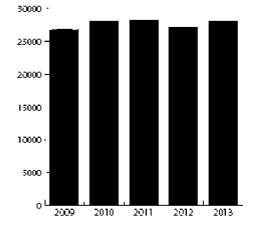
FREE CARE\*: BAD DEBT



#### TOTAL SURGERY CASES

(Gettysburg Hospital, York Hospital, Apple Hill Surgical Center and WellSpan Surgery & Rehabilitation Hospital)

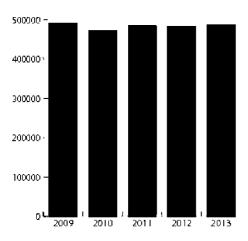
> 2009: 26,797 2010: 28,055 2011: 28,244 2012: 27,173 2013: 28,096



#### TOTAL PRIMARY CARE VISITS

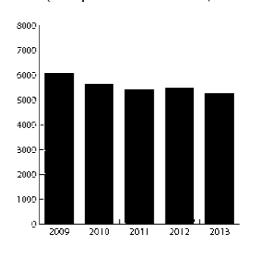
(WellSpan Medical Group)

2009: 492,765 2010: 472,637 2011: 485,374 2012: 483,443 2013: 488,627



#### **TOTAL HOME HEALTH PATIENTS**

(WellSpan VNA Home Health)

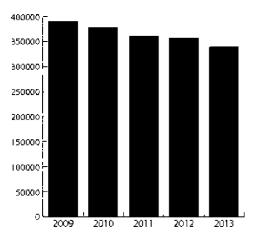


	Total	Home Care	Hospice	Community Service
2009:	6,082	5.512	300	270 j
2010	5,648	5.130	332	186
2011:	5.412	4 888	351	173 .
2012:	5 489	4.982	402	105
2013	5,252	5,161	NA	91 _

#### TOTAL PRESCRIPTIONS

(WellSpan Pharmacy, 6 locations)

2009: 390,063 2010: 378,329 2011: 359,918 2012: 357,152 2013: 344,958

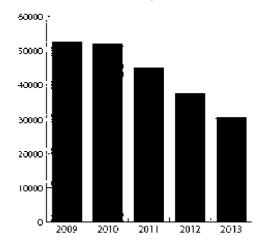


#### **SOUTH CENTRAL Preferred**

Covered Lives

2009: 52.674 2010: 51.883 2011: 44,927 2012: 37,414

2013: 30,533



2013 WellSpan Health Community Benefit Report

### **Generous Supporters**

From board members to hospital greeters to hospice aides, community members have for more than a century served WellSpan Likewise, thousands of individuals and businesses have advanced WellSpan Health's mission with financial contributions to its two local foundations. Our community's continued generosity supports our charitable mission of service and enables WellSpan to continue preparing and planning to support the future health needs of our region.

In fiscal year 2013, funds raised by WellSpan's philanthropic organizations allowed WellSpan to

- Help the most vulnerable children in our community, those who have been victims of sexual abuse, through funding of the Sexual Assault Forensic Examiner program by both our Kids First Campaign and Book Nook Bonanza event
- Fund WellSpan VNA Home Care through the Monopoly Tournament, as well as through the Dedi Sykes Educational Endowment, which provides opportunities for VNA staff to further their clinical education
- Fund patient assistance through the Cancer Patient Help Fund, Joe Jerardi Fund, and Dialysis Patient Help Fund, providing critical support for rent, food, transportation, and utilities for financially qualified patients over and above any charity care provided to them
- Provide funding for multiple years of support for the Cribs for Kids program, which provides a safe sleeping environment for families and their newborns who could not otherwise afford a crib
- Promote community health and wellness, provided outreach and education, and helped give free screenings through WellSpan's Community Health Improvement efforts
- Fund the operation of York Hospital Community Health Clinic, the Hoodner and Bentzel Dental Clinics, Healthy York Network, Healthy Community Pharmacy and the HealthConnect mobile healthcare van

#### **Gettysburg Hospital Foundation**

In fiscal year 2013, Gettysburg Hospital Foundation participated in securing donations, grants and bequests totaling \$668,120 \$271,677 of these gifts came from grants \$86,719 came from fundraising events, and the remainder came from individuals, corporations and organizations in the community Our generous donors supported a range of projects and programs, including the placement of AEDs in the community, the Cancer Patient Help Fund, Children's Health Fund, free Mammography Fund, educational lectureships and WellSpan's HealthConnect mobile healthcare van

#### York Health Foundation

The York Health Foundation helps ensure that WellSpan York Hospital, as well as the many specialty and critical care services offered by WellSpan remain strong community resources, able to provide the highest level of health care In fiscal year 2013, the foundation raised \$3,042,183

- \$1,351,776 for WellSpan York Hospital
- \$473,036 for WellSpan VNA Home Care and WellSpan Specialty Services, including the WellSpan Surgery and Rehabilitation Hospital
- \$910,119 for WellSpan Health
- \$76,070 for the WellSpan Medical Group
- \$231,182 for other medical care, community health and education and outreach activities across York County

#### York Hospital Auxiliary and the Gettysburg Hospital Auxiliary

WellSpan Health gratefully acknowledges the generosity and commitment of active auxiliaries at WellSpan Gettysburg Hospital and WellSpan York Hospital They continue to support their organizations' missions through innovative programs, preventive health education, community partnerships and fundraising

Gettysburg Hospital Auxiliary completed a \$99,000 pledge made towards the Care Path Campaign in support of patient-centered facility improvements within WellSpan Gettysburg Hospital It also began raising funds for the future development of a healing garden on the hospital campus

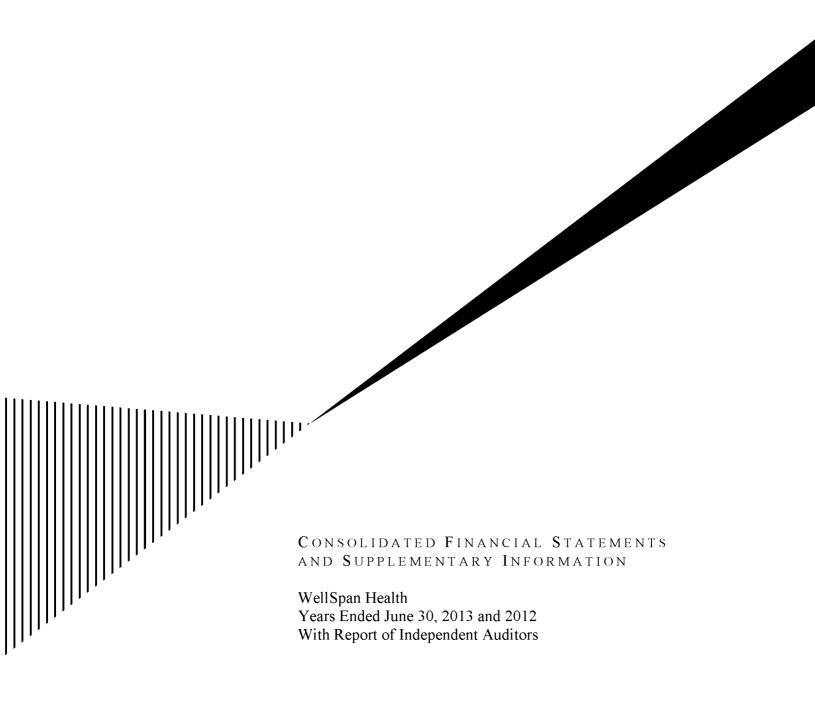
In fiscal year 2013, the York Hospital Auxiliary raised over \$60,000 at the Book Nook Bonanza to assist the Forensic Examiner Team SAFE Program at WellSpan York Hospital It also sponsored the 32nd annual Children's Wellness Days with more than 1,300 York County third graders in attendance The Auxiliary awarded over \$28,000 to WellSpan Health for programs and equipment in York County, including an autism program, bililights for the NICU, positioning equipment for Rehabilitation Medicine, education classes for oncology patients, Young Women's Leadership Conference, special armbands for the IV Team, medication totes and pillboxes for Preventive Cardiology and ceiling lifts for Radiation Oncology

#### Volunteerism

In 2013, approximately 1,800 individuals volunteered a total of 137,000 hours of service at WellSpan facilities across York and Adams counties The value of these volunteer hours totals over \$3,033,000

#### WellSpan Health Leadership

For a complete listing of WellSpan Health board members and leadership, please visit http://www.wellspan.org/about-wellspan/who-we-are



Ernst & Young LLP



# Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2013 and 2012

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#### Report of Independent Auditors

Board of Directors WellSpan Health

We have audited the accompanying consolidated financial statements of WellSpan Health, which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with US generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States 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 involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

1303-1046005



#### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of the WellSpan Health as of June 30, 2013 and 2012, and the consolidated results of its operations and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

#### **Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The consolidating details appearing in conjunction with the consolidated financial statements are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

October 8, 2013

1303-1046005

Ernst + Young LLP

# Consolidated Balance Sheets (In Thousands)

	June 30		
	2013		2012
Assets			
Current assets			
Cash and cash equivalents	\$ 97,541	\$	73,334
Assets limited as to use	7,236		5,890
Patient accounts receivable, net of allowance for uncollectible accounts of \$42,593 and \$37,907			
in 2013 and 2012, respectively	160,116		145,396
Other receivables	19,188		12,149
Inventories	11,274		9,843
Prepaid expenses	 18,385		15,767
Total current assets	313,740		262,379
Investments limited as to use			
Board-designated	661,708		624,661
Self-insurance trust	7,115		9,113
Temporarily restricted investments	7,360		6,720
Permanently restricted investments	2,999		2,868
Beneficial interest in perpetual trusts	 16,071		15,128
	695,253		658,490
Pledges receivable, net	1,571		1,747
Property and equipment, net	462,913		475,025
Investments in joint ventures	718		675
Deferred financing costs, net	2,858		3,014
Other assets	22,486		21,758
Total assets	\$ 1,499,539	\$	1,423,088

	June 30		
	 2013		2012
Liabilities and net assets			
Current liabilities			
Current portion of capital lease obligations	\$ 4,015	\$	3,931
Current portion of long-term debt	7,666		7,635
Accounts payable and accrued expenses	34,166		39,787
Accrued interest payable	1,583		2,160
Accrued salaries and wages	73,493		67,286
Advances from third-party payors	4,046		3,065
Professional and general liability reserves and			
postretirement benefits	24,694		21,922
Third-party payor settlements	 4,691		7,306
Total current liabilities	154,354		153,092
Professional and general liability reserves	42,164		42,052
Capital lease obligations, less current portion	9,030		13,046
Long-term debt, less current portion	402,745		407,448
Accrued retirement benefits	188,544		300,562
Interest rate swap agreements	42,012		68,103
Other noncurrent liabilities	1,511		1,511
Total liabilities	 840,360		985,814
Net assets			
Unrestricted	620,302		399,010
Temporarily restricted	13,992		13,601
Permanently restricted	19,175		18,041
WellSpan Health net assets	 653,469		430,652
Noncontrolling interest	5,710		6,622
Total net assets	 659,179		437,274
Total liabilities and net assets	\$ 1,499,539	\$	1,423,088

See accompanying notes.

1303-1046005

# Consolidated Statements of Operations (In Thousands)

	Year Ended June 30		
		2013	2012
Unrestricted revenues, gains, and other support			
Net patient service revenue	\$	1,218,503 \$	1,146,282
Provision for uncollectible accounts		(53,753)	(53,932)
Net patient service revenue less provision for uncollectible accounts		1,164,750	1,092,350
Capitation revenue		5,398	5,793
Other revenue		63,744	56,369
Net assets released from restrictions used for operations		3,297	5,475
Total revenues, gains, and other support		1,237,189	1,159,987
Expenses			
Salaries and wages		562,293	521,662
Employee benefits		201,370	180,348
Professional fees		15,356	13,542
Supplies and other		334,640	321,131
Depreciation and amortization		59,709	55,223
Interest		20,735	19,181
Total operating expenses		1,194,103	1,111,087
Operating income		43,086	48,900
Other (expense) income			
Contributions		520	954
Investment income (loss), net		60,169	(263)
Equity loss of joint ventures		(7)	(28)
(Loss) gain on sale of assets/other		(1,035)	97
Other expense, net		(1,439)	(443)
Change in fair value of interest rate swap agreements		21,641	(31,633)
Total other income (expense)		79,849	(31,316)
Excess of revenues over expenses before noncontrolling interest		122,935	17,584
Noncontrolling interest		(609)	(1,100)
Excess of revenues over expenses		122,326	16,484
Other changes in unrestricted net assets			
Change in unrealized (loss) gains on assets limited as to use			
and investments – other-than-trading securities		(508)	314
Net assets released from restrictions for purchase of			
property and equipment		1,480	604
Other change in accrued retirement benefits		97,994	(128,082)
Increase (decrease) in unrestricted net assets	<u>\$</u>	221,292 \$	(110,680)

See accompanying notes

# Consolidated Statements of Changes in Net Assets (In Thousands)

	Year Ended 2013		d June 30 2012	
Unrestricted net assets				
Excess of revenues over expenses	\$	122,326 \$	16,484	
Other changes in unrestricted net assets				
Change in unrealized (losses) gains on assets limited as to				
use and investments – other-than-trading securities		(508)	314	
Net assets released from restrictions for purchase				
of property and equipment		1,480	604	
Other change in accrued retirement benefits		97,994	(128,082)	
Increase (decrease) in unrestricted net assets		221,292	(110,680)	
Temporarily restricted net assets				
Net realized and unrealized gains (losses) on restricted				
investments		568	(170)	
Net investment income		173	295	
Contributions		4,427	6,432	
Net assets released from restrictions		(4,777)	(6,079)	
Increase in temporarily restricted net assets		391	478	
Permanently restricted net assets				
Net investment income		866	658	
Net realized and unrealized gains (losses) on investments		1,044	(882)	
Contributions		33	32	
Net assets released from restrictions		(809)	(658)	
Increase (decrease) in permanently restricted net assets		1,134	(850)	
Increase (decrease) in net assets		222,817	(111,052)	
Net assets				
Beginning of year		430,652	541,704	
End of year	\$	653,469 \$	430,652	

See accompanying notes.

# Consolidated Statements of Cash Flows (In Thousands)

		June 30 2012	
Cash flows from operating activities			
Increase (decrease) in net assets	\$	222,817 \$	(111,052)
Adjustments to reconcile increase (decrease) in net assets			
to net cash provided by operating activities			
Gain on disposal of fixed assets		1,035	(97)
Noncontrolling interest in earnings of consolidated			
entities, net of distributions		(912)	(85)
Depreciation and amortization		59,709	55,223
Net realized and unrealized (gain) loss on assets			
limited as to use and investments		(51,157)	14,973
Change in fair value of interest rate swap agreements		(21,641)	31,633
Amortization of original issue discount		207	208
Undistributed loss of investments in joint ventures		7	38
Change in beneficial interest in perpetual trusts		(943)	741
Provision for bad debts		53,753	53,932
Temporarily restricted net contributions and investment			
income received		(4,600)	(6,727)
Change in cash due to changes in assets and liabilities			
Patient accounts receivable and other receivables		(75,512)	(60,816)
Inventories, pledges receivable, prepaid expenses			
and other assets		(4,601)	(2,974)
Accounts payable and accrued expenses and			
accrued interest payable		(10,648)	2,231
Accrued salaries and wages		6,207	9,181
Advances from third-party payors		981	(49)
Estimated third-party payor settlements		(2,615)	5,987
Estimated self-insurance costs		2,884	4,265
Accrued retirement benefits		(112,018)	101,013
Net cash provided by operating activities before change			
in trading securities		62,953	97,625
Sales of trading securities, net		18,432	57,532
Net cash provided by operating activities		81,385	155,157

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# Consolidated Statements of Cash Flows (continued) (In Thousands)

		Year Ended June 30		
		2013	2012	
Cash flows from investing activities				
Capital expenditures	\$	(48,590) \$	(98,931)	
Proceeds on sale of property and equipment		114	182	
Gross purchases of assets limited as to use and investments –				
other than trading		(4,441)	(19,712)	
Change in investments in joint ventures		(50)		
Net cash used in investing activities		(52,967)	(118,461)	
Cash flows from financing activities Temporarily restricted net contributions and investment				
income received		4,600	6,727	
Principal repayments on long-term debt and notes payable		(11,612)	(17,961)	
Proceeds from issuance of notes payable and long-term debt		2,801	5,439	
Net cash used in financing activities		(4,211)	(5,795)	
Increase in cash and cash equivalents		24,207	30,901	
Cash and cash equivalents, beginning of year		73,334	42,433	
Cash and cash equivalents, end of year	\$	97,541 \$	73,334	
Supplemental cash flow information	•		10.000	
Cash paid for interest, net of capitalized interest	\$	21,312 \$		
Cash paid for income taxes	\$	534 \$	371	

See accompanying notes.

# Notes to Consolidated Financial Statements (In Thousands)

June 30, 2013

## 1. Organization

WellSpan Health (WSH) is a not-for-profit corporation and has the following sole-member corporations, equity investments and other affiliates

Entity	WSH Relation to Entity	Date Entity Was Formed	Purpose of Entity
Hospitals			
York Hospital (YH)	Sole member	1880	A not-for-profit corporation that operates a hospital
Getty sburg Hospital (GH)	Sole member	1919	A not-for-profit corporation that operates a hospital
WellSpan Specialty Services (WSS)	Sole member	Aprıl 1997	A not-for-profit corporation that operates a hospital and other operations
Foundations			
Getty sburg Hospital Foundation (GHF)	GH is the sole member of GHF	July 1983	A not-for-profit foundation formed to raise funds to further support the operations of GH
York Health Foundation (YHF)	Sole member	March 2000	A not-for-profit foundation formed to raise funds to further support the operations of YH
Other not-for-profit organizations engaged in health services			
WellSpan Medical Group (WMG)	Sole member	June 1993	A not-for-profit corporation that operates medical practices and a counseling practice
VNA Home Health Services (VNAHHS)	WSS is the sole member of VNAHHS	February 1911	A not-for-profit corporation that provides home health and hospice care services

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 1. Organization (continued)

Entity	WSH Relation to Entity	Date Entity Was Formed	Purpose of Entity
Other not-for-profit organizations engaged in health services (continued) VNA Community Services	WSS is the sole	August 1984	A not-for-profit corporation that
(VNACS)	member of VNACS	-	provides home personal care services
Healthy Community Pharmacy, Inc (HCP)	WHCS is the sole member of HCP	December 2003	A not-for-profit corporation that dispenses pharmaceuticals to the uninsured population
WellSpan Properties, Inc (WP)	WHCS is the sole member of WP	Aprıl 1987	A not-for-profit corporation that developed the Apple Hill Medical Center and other outpatient facilities that are leased to affiliates
WellSpan Health Care Services (WHCS)	Sole member	January 1986	A not-for-profit corporation that engages in health-related activities in the service area
Apple Hill Surgical Center. Inc (AHSCI)	WHCS is the sole member of AHSCI	May 1987	A not-for-profit corporation that serves as general partner of AHSCP
York Health Plan d/b/a South Central Preferred (SCP)	Sole member	November 1991	A not-for-profit corporation that administers a Preferred Provider Organization
WellSpan Provider Network (WPN)	Sole member	February 1997	A not-for-profit corporation that coordinates managed care risk contracting and care management activities within WSH WPN had no accounting transactions through June 30, 2013

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 1. Organization (continued)

Entity	WSH Relation to Entity	Date Entity Was Formed	Purpose of Entity
Taxable corporations engaged in taxable activities that support our mission WellSpan Pharmacy. Inc (WRx)	WHCS owns 100% of WRx's outstanding stock	Aprıl 1985	A corporation that dispenses pharmaceuticals and provides intravenous therapy services
WellSpan Reciprocal Risk Retention Group (WRRRG)	Sole member	June 2003	A risk retention group that provides coverage for the primary layer of professional and general liability, beginning July 1, 2003
Apple Hill Condominium Association (AHCA)	WP and AHSCP own 41 8% and 15 0% interest in AHCA, respectively	March 1988	A homeowners` association that oversees the Apple Hill Medical Center building
Apple Hill Surgical Center Partners (AHSCP)	WSH has 64 9% ownership in the partnership units	February 1988	A limited partnership that operates a surgical center
Cherry Tree Cancer Center (CTCC)	WHCS has a 50% partnership interest in CTCC	Aprıl 1997	A limited liability partnership that operates a radiation therapy center
Q-WH, LLC (Q-WH), formerly known as York-Memorial MRI Corp	WHCS has a 100% and 50% interest in Q-WH at June 30, 2013 and 2012, respectively	January 1987	A limited liability company that serves as the general partner in CHIP
Community Healthcare Imaging Partners (CHIP), d/b/a MRI of York	WSH and WHCS have 100% and 50% interest in CHIP at June 30, 2013 and 2012, respectively	January 1987	A limited partnership that operates a magnetic resonance imaging center
Littlestown Health Care Partnership (LHCP)	WHCS has a 50% interest in LHCP	September 1996	A Pennsylvania partnership that leases outpatient medical facilities

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 1. Organization (continued)

Entity	WSH Relation to Entity	Date Entity Was Formed	Purpose of Entity
Other joint ventures not consolidated Central Pennsylvania Alliance Laboratory (CPAL)	20% membership interest	March 1997	A limited liability corporation that operates a regional reference laboratory. The investment is accounted for on the equity basis.
Quest Behavioral Health, Inc (QUEST)	20% membership interest	March 1997	A not-for-profit corporation that provides behavioral health managed care services. The investment is accounted for on the equity basis.
Downtown Renaissance Fund, LLC (DRF)	WSH has a 33 33% interest	December 2009	A limited liability company that operates to advance the charitable, community development, scientific and educational purposes of its members. The investment is accounted for on the equity basis.
Physician Hospital Organization of Getty sburg. Inc (PHO)	GH has a 50% interest in PHO	May 1994	A not-for-profit corporation that educates and provides a health network for managed care. The investment is accounted for on the equity basis.
Central Pennsylvania Healthcare Alliance (CPHA)	20% membership interest	March 1997	A not-for-profit corporation that provides the infrastructure for overseeing the joint operation of health services in Central Pennsylvania. The investment is accounted for on the equity basis.

Certain board members of YH, GH, SCP, WMG, WHCS, and WSS also serve as Board members of WSH

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 2. Significant Accounting Policies

## **Principles of Consolidation**

The consolidated financial statements include the accounts of WSH and its sole member corporations and equity investments, with the exception of the joint ventures where WSH has less than 50% control Joint ventures where WSH has 50% control or more and total management responsibilities are included in the consolidated financial statements. All significant intercompany transactions have been eliminated

#### **Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and 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 Actual results could differ from those estimates

#### Fair Value of Financial Instruments

Financial instruments consist of cash equivalents, patient accounts receivable, investments and assets limited as to use, accounts payable and accrued expenses, interest rate swap agreements and long-term debt. The carrying amounts reported in the consolidated balance sheets for financial instruments (except investments in certain limited partnerships and long-term debt) approximate fair value. As prescribed by GAAP, long-term debt is carried at historical cost and investments in limited partnerships are carried at fair value or at cost depending upon the extent of WSH's influence and control

### Cash and Cash Equivalents

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less. The carrying amount approximates fair value because of the short maturity of these instruments. Cash balances are principally uninsured and are subject to normal credit risks. At June 30, 2013 and 2012, and at various times during the year, WSH maintained cash-in-bank balances in excess of the \$250 general deposit federally insured limits.

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 2. Significant Accounting Policies (continued)

#### **Allowance for Doubtful Accounts**

WSH provides an allowance for doubtful accounts for estimated losses resulting from the unwillingness or inability of patients who do not qualify for charity care to make payments for services. The allowance is determined by analyzing specific accounts and historical data and trends. Patient accounts receivable are charged off against the allowance for doubtful accounts when management determines that recovery is unlikely and WSH ceases collection efforts. Losses have been consistent with management's expectations in all material respects.

#### **Investments and Assets Limited as to Use**

Assets limited as to use primarily include assets held by trustee under bond indenture agreements, self-insurance trust and designated assets set aside by the Board of Directors Investment income from these assets is available for current operations of WSH. Certain bond indentures require funds to be deposited with a trustee for future debt service requirements. The assets have been classified as current or long-term to match the designation of the obligation they are intended to satisfy. Investments in debt and equity securities, mutual funds and money market funds, with readily determinable fair values are measured at fair value based on quoted market prices. WSH has investments in limited partnerships (LP) as a conduit for investing that are not actively traded, for which the ownership interest is less than 5% and are recorded on the cost basis.

WSH's board-designated and other unrestricted investments are designated as a "trading" portfolio in accordance with the AICPA Audit and Accounting Guide Health Care Organizations (the Guide) The Guide requires that changes in unrealized gains and losses on marketable securities designated as trading be reported within excess of revenues over expenses

Investment income, realized gains and losses, unrealized gains and losses on trading securities and other-than-temporary losses on investment transactions (for other-than-trading securities) are included in the excess of revenues over expenses, unless the income or loss is restricted by donor or law Realized gains and losses for all investments sold are determined on a specific-identification basis. Unrealized gains and losses on other-than-trading investments and assets limited as to use are excluded from the excess of revenues over expenses, and are included as a component of other changes in unrestricted net assets, to the extent that such losses are considered temporary. Investments designated as other-than-trading are periodically reviewed for

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 2. Significant Accounting Policies (continued)

impairment conditions, including the magnitude and duration of the decline that indicate the occurrence of an other-than-temporary decline If such conditions exist, the investment's cost is then written down to its current market value

Amounts required to meet current debt service and self-insured liabilities are presented as current in the consolidated balance sheets Donated securities are recorded at their fair market value

Investment securities and limited partnerships, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risks associated with certain investment securities and limited partnerships, it is reasonably possible that changes in the value of investments could occur in the short-term and that such changes could materially affect the amounts reported in the accompanying consolidated financial statements

### **Inventories**

Inventories are stated at the lower of cost (first-in, first-out method) or net realizable value and are comprised of the following

	June 30			
		2013		2012
Pharmaceutical drugs Medical supplies	\$	6,629 4,543	\$	6,195 3,502
Computer supplies		102		146
	\$	11,274	\$	9,843

### **Property and Equipment**

Property and equipment acquisitions are recorded at cost Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets Capitalized net interest was \$0 and 2,562 for the years ended June 30, 2013 and 2012, respectively

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 2. Significant Accounting Policies (continued)

Expenditures for renewals and improvements are charged to the property accounts Replacements, maintenance and repairs that do not improve or extend the life of the respective assets are expensed when incurred WSH removes the cost and the related accumulated depreciation from the accounts for assets sold or retired, and resulting gains or losses are included in the accompanying consolidated statements of operations

Donated assets are recorded at their fair value at the date of donation Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

Depreciation and amortization is provided over the estimated useful life of each class of depreciable asset and is computed by the straight-line method Equipment under capital leases is amortized on a straight-line method over the shorter period of the lease term or the estimated useful life of the equipment Such amortization is included in depreciation and amortization in the consolidated financial statements

### **Deferred Financing Costs**

Financing costs incurred in connection with long-term financing have been deferred and are being amortized on a straight-line basis over the life of the related debt

#### **Self-Insurance Costs**

The provision for estimated medical malpractice, workers' compensation, and employee health claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 2. Significant Accounting Policies (continued)

### **Derivative Financial Instruments**

The interest rate swap agreements are used by WSH to manage interest rate exposures and to hedge the changes in cash flows on variable rate revenue bonds. These types of derivative financial instruments involve, to a varying degree, elements of market and credit risk. The market risk associated with these instruments resulting from interest rate movements is expected to offset the market risk of the liability being hedged.

WSH recognizes the interest rate swap agreements in the consolidated balance sheets at fair value Management has determined that WSH's interest rate swap agreements do not qualify as hedges for financial reporting purposes Consequently, the changes in the fair value of WSH's interest rate swap agreements are included as a component of excess of revenues over expenses in the consolidated statements of operations

### Temporarily and Permanently Restricted Investments and Net Assets

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or the purpose for the restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

Permanently restricted net assets represent WSH's beneficial interest in perpetual trusts recorded at fair value Beneficial interests in perpetual trusts are reported at fair value, with WSH's share determined by its interest percentage in the trust Annual changes in fair value are reported as increases or decreases in permanently restricted net assets

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 2. Significant Accounting Policies (continued)

#### **Endowments**

WSH's endowments consist of individual funds established for specific purposes and consist solely of donor-restricted endowment funds. As required by US generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on existence or absence of donor-imposed restrictions

WSH classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment and, (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is characterized as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization WSH considers the following factors in making a determination to appropriate or accumulate donor-restricted funds

- The duration and preservation of the fund
- The purposes of WSH and 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
- Other resources of WSH
- The investment policies of WSH

WSH has adopted investment policies for its endowment assets that are consistent with the policies and objectives of its overall investments. The assets are invested in a manner that is intended to produce a positive rate of return while assuming a low level of risk. From time to time, the fair value of assets associated with the donor-restricted endowment funds may fall below the level that the donor requires WSH to maintain in perpetual duration. Deficiencies of this nature are reported in unrestricted net assets in accordance with U.S. generally accepted accounting principles.

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 2. Significant Accounting Policies (continued)

## **Excess of Revenues over Expenses**

The consolidated statements of operations include the excess of revenues over expenses Changes in unrestricted net assets that are excluded from the excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on other-than-trading assets limited as to use and investments to the extent losses are deemed temporary, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets) and changes in accrued retirement benefits

#### **Net Patient Service Revenue**

WSH has agreements with third-party payors that provide for payments to WSH at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, discounted charges, per diem payments and reimbursed costs Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered

WSH's revenues may be subject to adjustment as a result of examination by government agencies or contractors, and as a result of differing interpretation of government regulations, medical diagnosis, charge coding, medical necessity, or other contract terms. The resolution of these matters, if any, often is not finalized until subsequent to the period during which the services were rendered. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 2. Significant Accounting Policies (continued)

## **Electronic Health Record Incentive Program**

The Centers for Medicare and Medicaid Services (CMS) have implemented provisions for the American Recovery and Reinvestment Act of 2009 that provide incentive payments for the meaningful use of certified electronic health record (EHR) technology CMS has defined meaningful use as meeting certain objectives and clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS The Medicare EHR incentive program provides annual incentive payments to eligible professionals and hospitals that demonstrate meaningful use of certified EHR technology The Medicaid EHR incentive program provides annual incentive payments to eligible professionals and hospitals that adopt, implement, and meaningfully use certified EHR technology WSH utilizes a grant accounting model to recognize EHR incentive revenues WSH records EHR incentive revenue ratably throughout the incentive reporting period when WSH is reasonably assured that it will meet the meaningful use objectives for the required reporting period and the grants will be received. The EHR reporting period for eligible hospitals is based on the federal fiscal year which runs from October 1 to September 30 WSH believes that the hospitals that met the meaningful use objectives for the calendar year ended December 31, 2012 will continue to meet those meaningful use objectives for the calendar year ended December 31, 2013 Accordingly, for the years ended June 30, 2013 and 2012, WSH recorded EHR incentive revenues of \$9,690 and \$3,190, respectively For the year ended June 30, 2013, the EHR incentive revenues are comprised of \$8,034 of Medicare revenues and \$1,656 of Medicaid revenues, for the year ended June 30, 2012, the EHR incentive revenues are comprised entirely of Medicaid revenues EHR incentive revenues are included in other revenue in the accompanying consolidated statements of operations EHR incentive receivables from Medicaid, which are included in third-party payor settlements, were \$1,034 and \$0 at June 30, 2013 and 2012, respectively

### Other Revenue

Other revenue for the years ended June 30, 2013 and 2012 consists primarily of WRx's prescription sales of \$31,849 and \$34,010, respectively Investment income from assets limited as to use under bond indenture agreements, cafeteria sales, grant revenues, EHR incentive revenues, and other non-patient service revenue are also included in other revenue

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 2. Significant Accounting Policies (continued)

## **Charity Care**

For patients who meet certain criteria under its charity care policy, WSH provides care without charge or at amounts less than its established rates Because WSH does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue

### **Federal and State Income Taxes**

WSH, sole member corporations and equity investments, with the exception of WRx, SCP, AHSCP, PHO, CHIP, Q-WH, CPAL, CTCC, LHCP, WRRRG, and WPN are tax-exempt organizations in accordance with Section 501(c)(3) of the Internal Revenue Code and are not subject to federal or state income taxes for activities related to their exempt purposes. The estimated taxes for the taxable income of WRx, SCP, QUEST, WRRRG, PHO, and WPN are not significant and are provided for in the consolidated statements of operations. No federal or state income taxes have been provided for AHSCP, CHIP, CTCC, and LHCP in the accompanying consolidated financial statements, as they are not payable by these entities. The partners are to include their respective share of these entities' profits or losses in their individual tax returns. As limited liability corporations, CPAL, Q-WH, and DRF are subject to state income taxes, the partners of CPAL, Q-WH, and DRF are subject to federal taxes related to earnings of the respective corporations.

## **Recent Accounting Pronouncements**

The Financial Accounting Standards Board has issued Accounting Standards Update (ASU) 2011-04, Fair Value Measurements (Topic 820), Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs. The amendments in ASU 2011-04 change the wording used to describe many of the requirements in GAAP for measuring fair value and for disclosing information about fair value measurements. The ASU is effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2011. WSH has adopted the provisions of ASU 2011-04 in 2013. The adoption did not have a material impact on the consolidated financial statements.

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 2. Significant Accounting Policies (continued)

### Reclassifications

Certain reclassifications have been made to the consolidated financial statements of the prior year to conform to the current-year presentation, which had no impact on previously reported excess of revenues over expenses or net assets

### 3. Net Patient Service Revenue

WSH has agreements with third-party payors that provide for payments to WSH at amounts different from its established rates A summary of the payment arrangements with major third-party payors follows

Medicare and Medicaid. Net revenue from the Medicare and Medicaid programs accounted for approximately 39% and 38% of WSH's net patient service revenue for each of the years ended June 30, 2013 and 2012, respectively Inpatient acute care services provided to Medicare and 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 WSH is reimbursed for certain cost reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by WSH and audits thereof by Medicare WSH's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with WSH Medicare reimburses for most outpatient services on the Outpatient Prospective Payment System (OPPS) Medicaid outpatient services are paid based on a fee schedule YH's and GH's Medicare cost reports have been audited by the Medicare fiscal intermediary through June 30, 2009 YH's and GH's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through June 30, 2009 For the years ended June 30, 2013 and 2012, net patient service revenue reflects an increase of approximately \$1,009 and \$366, respectively, due to estimate changes 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

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 3. Net Patient Service Revenue (continued)

In December 2010, the Department of Public Welfare (DPW) received approval from Centers for Medicare and Medicaid Services (CMS) for the Pennsylvania state plan amendments pursuant to Pennsylvania Act 49 of 2010 that, among other things, established a new inpatient hospital fee-for-service payment system (using APR-DRG), established enhanced hospital payments through the state's Medical Assistance managed care program and secured additional matching Medicaid funds through the establishment of the Quality Care Assessment (QCA) In February 2011, the DPW received the approvals necessary from CMS on the final technical language for the DPW contracts with managed care organizations. The Hospital and Healthcare Association of Pennsylvania issued hospital-specific impacts of the Medicaid (MA) payment modernization for fiscal year 2011 WSH recorded an operating income impact of approximately \$5,492 and \$4,681 in its consolidated statements of operations and changes in net assets for the years ended June 30, 2013 and 2012, respectively

- Blue Cross. Net revenue for services provided under Blue Cross & Blue Shield contracts accounted for approximately 32% of WSH net patient service revenues for the years ended June 30, 2013 and 2012, respectively Inpatient and outpatient services rendered to Blue Cross subscribers are reimbursed primarily on a discount from established charge basis
- Capitation Revenue. WMG has agreements with various Health Maintenance Organizations (HMOs) to provide medical services to subscribing patients Under these agreements, WMG receives monthly capitation payments based on the number of each HMO's participants, regardless of services actually performed by WMG's physicians In addition, WMG may receive additional compensation for services not covered under the capitation payment as defined in the agreements Under the agreements, certain funds are set aside to cover hospital and other costs. To the extent that these funds are not used, WMG shares in the excess with the HMOs. WMG records the capitation payments as income in the period to which the services relate and records any additional payments at such time as the amounts can be reasonably estimated.

WSH has also entered into payment agreements with certain other commercial insurance carriers, HMOs, and preferred provider organizations. The basis for payment to WSH under these agreements is primarily on a discount from established charges but also includes prospectively determined daily rates and prospectively determined fee schedules.

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 3. Net Patient Service Revenue (continued)

For patient receivables associated with self-pay patients, including patients with deductible and copayment balances, for which third-party coverage provides for a portion of the services provided, WSH records an estimate for uncollectible accounts in the year of service Overall, the total write-offs of uncollectible accounts and allowances as a percent of accounts receivable on self-pay patient accounts have not changed significantly since June 30, 2012

WSH grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows

Jun	e 30
2013	2012
33%	30%
15	13
11	12
23	25
18	20
100%	100%
	33% 15 11 23 18

### 4. Charity Care and Community Service

WSH's tax-exempt organizations' patient acceptance policies are based upon their mission statements and charitable purposes. Accordingly, WSH accepts all patients regardless of their ability to pay. For patients who meet the criteria of its charity service policy, WSH provides services without charge or at amounts less than the established rates. Criteria for charity care consider the patient's family income, family size, and ability to pay. This policy results in WSH's assumption of higher-than-normal patient receivable credit risk. To the extent that WSH realizes additional losses resulting from such higher credit risks and patients are not identified or do not meet WSH's defined charity care policy, such additional losses are included in the provision for bad debts

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 4. Charity Care and Community Service (continued)

WSH maintains records to identify and monitor the level of charity care and community service it provides. These records include the amount of charges forgone based on established rates for services and supplies furnished under its charity care and community service policies and the estimated cost of those services. The amount of charity care provided based on WSH's direct and indirect costs was approximately \$22,117 and \$20,210 for the years ended June 30, 2013 and 2012, respectively

Additionally, WSH sponsors certain other service programs and charity services which provide substantial benefit to the greater community Such programs include patient visits in outpatient clinics, mental health services, other outpatient clinical services and health care education programs. These programs serve a large portion of the indigent, elderly, diabetic and other underserved patient populations. The estimated unreimbursed cost of providing these programs and services was approximately \$20,994 and \$19,322 for the years ended June 30, 2013 and 2012, respectively

WSH participates in the Medicare program Medicare is a federally funded program which provides health insurance coverage for individuals who are 65 or older, or who meet other special criteria Payments from Medicare as described in Note 3 are generally less than WSH's costs of providing the service to Medicare beneficiaries Unpaid costs in excess of payments received for the Medicare program were approximately \$88,913 and \$64,792 for the years ended June 30, 2013 and 2012, respectively

WSH also participates in the Pennsylvania Medical Assistance (PMA) program which makes payment for services provided to families with dependent children, the aged, the blind, and the permanently and totally disabled, whose income and resources are insufficient to meet the costs of necessary medical services Payments from the PMA as described in Note 3 are generally less than WSH's costs of providing the service Unpaid costs in excess of payments received for the PMA program were approximately \$68,033 and \$58,884 for the years ended June 30, 2013 and 2012, respectively

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 5. Investments

### **Investments Limited as to Use**

The composition of assets limited as to use is set forth in the following table

	June 30			
		2013		2012
Board-designated				
WSH Master Trust	\$	591,436	\$	553,806
Money market fund		3,482		1,182
Mutual funds		6,234		5,825
Land investment, at cost		5,059		5,059
Swap collateral <sup>(1)</sup>		_		3,472
Government-sponsored enterprise mortgage-backed				
securities		12,346		11,238
Corporate debt securities		14,310		13,523
Debt securities issued by the U S Treasury and other				
U S government corporations and agencies		28,841		30,556
	\$	661,708	\$	624,661

<sup>(1)</sup> Swap collateral held by the counterparty is principally uninsured and is subject to normal credit risks

	June 30		
	2013	2012	
Self-insurance trust investments			
Government-sponsored enterprise mortgage-backed			
securities	\$ 2,390 \$	2,941	
Corporate debt securities	4,831	5,048	
Debt securities issued by the U S Treasury and other			
U S government corporations and agencies	7,122	7,006	
Less Trustee-held assets for current self-insurance	 (7,228)	(5,882)	
	\$ 7,115 \$	9,113	

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 5. Investments (continued)

	June 30			
		2013		2012
Temporarily restricted investments				
Cash and short-term investments	\$	437	\$	9
Mutual funds		789		1,055
WSH Master Trust		6,134		5,656
	\$	7,360	\$	6,720
Permanently restricted investments				
WSH Master Trust	<u>\$</u>	2,999	\$	2,868
Beneficial interest in perpetual trusts				
Mutual funds held by other trustees	\$	16,071	\$	15,128

### **WSH Master Trust**

WSH maintains the WSH Master Trust for certain funds classified in investments and assets limited as to use in the accompanying consolidated balance sheets. The WSH Master Trust is comprised of the following, by restriction category

June 30			
	2013		2012
\$	591,436	\$	553,806
	6,134		5,656
	2,999		2,868
\$	600,569	\$	562,330
	\$ \$	2013 \$ 591,436 6,134 2,999	2013 \$ 591,436 \$ 6,134 2,999

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 5. Investments (continued)

A summary of the assets of the WSH Master Trust is as follows

	June 30		
	2013	2012	
Investments, at fair value			
Debt securities issued by the U S Treasury and other			
U S government corporations and agencies	\$ 59,557 \$	54,471	
Government-sponsored enterprise mortgage-backed			
securities	5,232	11,178	
Other asset-backed securities	29,696	23,784	
Corporate debt securities	31,333	35,158	
Aggregate bond index fund	11,857	11,949	
Commodities/real return	24,556	27,930	
Equity securities	156,421	143,892	
Stock index fund	39,031	38,655	
Collective mutual funds and investment trusts	105,318	85,835	
Absolute return, limited partnership	20,149	_	
Real estate, limited partnerships	14,643	8,200	
	497,793	441,052	
Investments, recorded at cost			
Absolute return, limited partnerships	56,180	73,589	
Real estate, limited partnerships	21,613	20,718	
Private equity, limited partnerships	24,983	26,971	
1 2 ' 1 1	102,776	121,278	
	\$ 600,569 \$	562,330	

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 5. Investments (continued)

Most real estate, private equity, and absolute return limited partnership investments are adjusted to and are carried at cost because WSH does not have a controlling interest in the related partnerships and the fair value is not readily determinable. The unaudited fair value of these limited partnership investments exceeded the cost basis of these investments by \$34,896 and \$27,341 as of June 30, 2013 and 2012, respectively

Allocations of assets from the WSH Master Trust to participating funds are as follows

June 30 2013 2012 Percent Amount Percent Amount York Hospital YH Renewal and 481,744 451,293 80% Replacement Fund \$ 80% \$ YH Auxiliary 566 512 \* YH Endowment 2,466 2.187 Gettysburg Hospital GH Renewal and 74,564 Replacement Fund 81,883 14 14 **GH** Foundation 873 1,020 York Health Foundation Charitable Trust 1 4,531 1 4,239 WellSpan Specialty Services **WSS** Restricted 3 3 18.304 18,075 WSS 2 10,284 2 10,358 \$ 600,569 100% \$ 562,330 100%

<sup>\*</sup>Less than 0.5% of total

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 5. Investments (continued)

Interest and dividend income, net of investment expenses and gains (losses) for assets limited as to use, cash equivalents and investments are comprised of the following

		Year Ended June 30		
		2013		2012
Other income	_		_	
Interest and dividend income	\$	9,186	\$	14,854
Change in unrealized gains and losses on trading securities		36,905		(20,658)
Net realized gain on sales of securities		14,078		5,541
	\$	60,169	\$	(263)
Other changes in unrestricted net assets				
Change in unrealized gains and losses on assets limited as				
to use and investments – other-than-trading securities	\$	(508)	\$	314

#### 6. Fair Value Measurements

WSH utilizes various methods of calculating the fair value of its financial assets and liabilities, when applicable Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date Fair value measurements are applied based on the unit of account from WSH's perspective The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) The fair value hierarchy is comprised of three levels based on the source of inputs as follows

- Level 1 Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs
- Level 2 Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data
- Level 3 Unobservable inputs are used when little or no market data is available The fair value hierarchy gives the lowest priority to Level 3 inputs

# Notes to Consolidated Financial Statements (continued) (In Thousands)

### 6. Fair Value Measurements (continued)

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, WSH uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value. Financial assets carried at fair value are classified in the table below in one of the three categories described above.

	June 30, 2013				
<del>-</del>	Total		,		
	Fair Value	Level 1	Level 2	Level 3	
WSH Master Trust					
Debt securities issued by the U S					
agencies Treasury and other U S					
government corporations and agencies	\$ 59,557	\$ -	\$ 59,557	\$ -	
Government-sponsored enterprise					
mortgage-backed securities	5,232	_	5,232	_	
Other asset-backed securities	29,696	_	29,696	_	
Corporate debt securities	31,333	_	31,333	_	
Aggregate bond index fund	11,857	_	11,857	_	
Commodities/real return	24,556	24,556	_	_	
Equity securities					
Consumer discretionary and services	28,372	28,372	_	_	
Consumer staples	6,410	6,410	_	_	
Financial services	28,453	28,453	_	_	
Healthcare	19,770	19,770	_	_	
Materials and processing	19,053	19,053	_	_	
Other energy	14,810	14,810	_	_	
Producer durables	6,899	6,899	_	_	
Technology	30,268	30,268	_	_	
Utılıtıes	2,386	2,386	_	_	
Total equity securities	156,421	156,421	_	_	
Stock index fund	39,031	_	39,031	_	
Collective mutual funds and investment					
trusts	105,318	7,985	97,333	_	
Absolute return, limited partnership <sup>(2)</sup>	20,149	_	_	20,149	
Real estate, limited partnerships <sup>(1)</sup>	14,643	_		14,643	
Total WSH Master Trust	497,793	188,962	274,039	34,792	

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 6. Fair Value Measurements (continued)

			June 3	80, 2	2013	
	-	<b>Fotal</b>				
	Fai	r Value	Level 1		Level 2	Level 3
Other assets						_
Cash and cash equivalents agencies	\$	97,541	\$ 97,541	\$	- \$	_
Money market fund		3,482	_		3,482	_
Mutual funds		7,023	4,623		2,400	_
Beneficial interest in perpetual trusts*		16,071	10,474		5,597	_
Government-sponsored enterprise		,	,		,	
mortgage-backed securities		14,739	_		14,739	_
Debt securities issued by the U S		,			,	
agencies Treasury and other U S						
government corporations and agencies		35,963	_		35,963	_
Corporate debt securities		19,141	_		19,141	_
Total other assets		193,960	112,638		81,322	
		691,753	301,600		355,361	34,792
					,	,
Liabilities						
Interest rate swap agreements		(42,012)	_		(42,012)	_
	\$	649,741	\$ 301,600	\$	313,349 \$	34,792

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 6. Fair Value Measurements (continued)

	June 30, 2012				
<del>-</del>	Total		,		
	Fair Value	Level 1	Level 2	Level 3	
WSH Master Trust					
Debt securities issued by the U S					
agencies Treasury and other US					
government corporations and agencies S	54,471	\$	\$ 54,471	\$ -	
Government-sponsored enterprise					
mortgage-backed securities	11,178	_	11,178	_	
Other asset-backed securities	23,784	_	23,784	_	
Corporate debt securities	35,158	_	35,158	_	
Aggregate bond index fund	11,949	_	11,949	_	
Commodities/real return	27,930	27,930	_	_	
Equity securities					
Consumer discretionary and services	25,050	25,050	_	_	
Consumer staples	8,979	8,979	_	_	
Financial services	22,051	22,051	_	_	
Healthcare	15,980	15,980	_	_	
Materials and processing	13,805	13,805	_	_	
Other energy	13,704	13,704	_	_	
Producer durables	8,198	8,198	_	_	
Technology	33,046	33,046	_	_	
Utilities	3,079	3.079	_	_	
Total equity securities	143,892	143,892	_	_	
Stock index fund	38,655	_	38,655	_	
Collective mutual funds and investment					
trusts	85,835	4.839	80,996	_	
Real estate, limited partnerships <sup>(1)</sup>	8,200	_	_	8,200	
Total WSH Master Trust	441,052	176,661	256,191	8,200	

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 6. Fair Value Measurements (continued)

	June 30, 2012						
		Total					
	Fa	air Value		Level 1		Level 2	Level 3
Other assets							
Cash and cash equivalents agencies	\$	73,350	\$	73,350	\$	- \$	_
Money market fund		1,182		_		1,182	_
Mutual funds		6,880		3,260		3,620	_
Beneficial interest in perpetual trusts*		15,128		7,167		7,961	_
Swap collateral		3,472		3,472		_	_
Government-sponsored enterprise mortgage-backed securities		14,179		_		14,179	_
Debt securities issued by the U S agencies Treasury and other U S		11,175				11,172	
government corporations and agencies		37,562				37,562	_
Corporate debt securities		18,571		_		18,571	_
Total other assets		170,324		87,249		83,075	_
		611,376		263,910		339,266	8,200
Liabilities		(69.102)				(69, 102)	
Interest rate swap agreements	40	(68,103)		262.010	d)	(68,103)	
	\$	543,273	\$	263,910	\$	271,163 \$	8,200

<sup>\*</sup>Beneficial interest in perpetual trusts consists of investments in various securities not under WSH control

In 2012, the fair value of certain money market securities and Debt securities issued by the U S agencies Treasury and other U S government corporations and agencies were reported as Level 1 The prior-period disclosure has been adjusted to reflect these investments as Level 2 The total Level 1 securities as previously reported were \$357,125 The total Level 2 securities as previously report were \$177,948 The revision of this disclosure is not considered material to the consolidated financial statements of WSH

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 6. Fair Value Measurements (continued)

The following table sets forth a summary of changes in the fair value of the Level 3 assets for the years ended June 30, 2013 and 2012

	Abs Rea L	el 3 Assets olute and al Estate, imited tnerships
Balance, beginning of year as of June 30, 2011	\$	_
Investments converted to market		_
Realized gains (losses)		(18)
Unrealized gains (losses)		(4)
Purchases		9,643
Sales, issuances and settlements		(1,421)
Balance, beginning of year as of June 30, 2012		8,200
Investments converted to market		20,311
Realized gains (losses)		4
Unrealized gains (losses)		903
Purchases		5,677
Sales, issuances and settlements		(303)
Balance, end of year as of June 30, 2013	\$	34,792

(1) This asset is an investment in Siguler Guff Distressed Real Estate Opportunities Fund, LP (Siguler Guff) The estimated fair market value of this investment is determined by the total net assets of the fund attributable to common shares, divided by the number of common shares outstanding. The total net asset value of the fund is determined by the market value of the underlying investments if they are securities listed on a national securities exchange or traded over the counter. For those securities not openly traded, the investment manager generally utilizes the most recent relevant information or performance reports of such managed account or investment partnership, unless the investment manager determines some other valuation is more appropriate. On an annual basis, Siguler Guff provides audited financial statements from independent audit firms for review. This company has an unfunded commitment of \$6,400. This investment has redemption restrictions at the discretion of the General Partner.

# Notes to Consolidated Financial Statements (continued) (In Thousands)

### 6. Fair Value Measurements (continued)

(2) This asset is an investment in Common Sense, LP (Common Sense) The estimated fair market value of this investment is determined by the total net assets of the fund attributable to common shares, divided by the number of common shares outstanding. The total net asset value of the fund is determined by the market value of the underlying investments if they are securities listed on a national securities exchange or traded over the counter. For those securities not openly traded, the investment manager generally utilizes the most recent relevant information or performance reports of such managed account or investment partnership, unless the investment manager determines some other valuation is more appropriate. On an annual basis, Common Sense provides audited financial statements from independent audit firms for review. This investment has redemption restrictions at the discretion of the General Partner.

The fair value of investments carried at cost excluding land are the following

	Total Fair Value			Unfunded				
	Jur	1e 30	)	Commitments		Redemption		
	2013		2012	Ju	ıne 30, 2013 <sup>–</sup>	Frequency	Notice Period	
Absolute return								
Multi-strategy (b)	\$ 60,887	\$	56,432	\$	_	Quarterly	90 days	
Long/short equity (a)	_		20,311		_	Annual	100 days	
Long/short equity (a)	14,547		12,742		_	Quarterly	65 days	
	75,434		89,485		_	•	·	
Real estate								
Core <sup>(c)</sup>	26,839		23,010		_	Quarterly	90 days	
Opportunistic <sup>(d)</sup>	3,421		3,857		1,132	N/A	N/A	
	30,260		26,867		1,132			
Private equity(e)	31,978		32,267		7,539	N/A	N/A	
	\$ 137,672	\$	148,619	\$	8,671			

# Notes to Consolidated Financial Statements (continued) (In Thousands)

### 6. Fair Value Measurements (continued)

- This class includes investments in hedge funds of funds that invest both long and short primarily in U.S. common stocks. The fund of funds manager has the ability to shift investments from value to growth strategies, from small to large capitalization stocks, and from a net long position to net short position. The fair values of the investments in this class have been estimated using the net asset value per share of the investments.
- This class includes investments in hedge fund of funds that invest in multiple strategies including long and short equity, other non-directional, distressed securities, convertible arbitrage and fixed income arbitrage. The fair values of the investments in this class have been estimated using the net asset value per share of the investments.
- This class includes public and private real estate funds that invest primarily in U S commercial real estate. The fair values of the investments in this class have been estimated using the net asset value of WSH's ownership interest in the partners' capital. The investments can be redeemed, however, distributions are at the fund manager's discretion.
- This class includes real estate funds that invest primarily in U.S. commercial real estate. The fair values of the investments in this class have been estimated using the net asset value of WSH's ownership interest in the partners' capital. Distributions from the fund will be received as the underlying investments of the funds are liquidated and distributed by the fund manager. It is estimated that the underlying assets of the fund will be liquidated over 7 to 10 years from the inception of the fund.
- This class includes several private equity funds that invest primarily in domestic companies Distributions are received through the liquidation of the underlying assets of the fund. It is estimated that the underlying assets of the fund will be liquidated over 5 to 10 years from the fund's inception

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 7. Property and Equipment

The following is a summary of property and equipment

	<b>Estimated</b>	June 3	0	
	Useful Life	2013	2012	
Land		\$ 15,435 \$	14,437	
Land improvements	5 to 20 years	13,284	13,129	
Buildings and building equipment	10 to 40 years	491,193	474,568	
Fixed equipment	5 to 25 years	60,241	60,213	
Major movable equipment	5 to 20 years	380,589	376,957	
Construction-in-progress	_	10,719	12,069	
		971,461	951,373	
Less accumulated depreciation	_	(508,548)	(476, 348)	
Property and equipment, net	- -	\$ 462,913 \$	475,025	

Depreciation expense for the years ended June 30, 2013 and 2012 was \$59,553 and \$55,071, respectively

WSH has outstanding purchase commitments related to various construction projects of approximately \$14,157 and \$10,274 at June 30, 2013 and 2012, respectively

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 8. Long-Term Debt

Long-term debt consists of the following

		June 30		
		2013	2012	
Fixed rate debt				
2008 General Authority of South Central Pennsylvania Revenue Refunding Bonds, Series A, fixed rate interest, maturing in June 2037, collateralized by certain assets and gross receipts of YH and GH, net of unamortized discount of \$4,636 and \$4,829 at June 30, 2013 and				
2012, respectively GH Note Payable, fixed interest rate, dated December 29,	\$	163,339	\$ 169,950	
2010, uncollateralized		615	887	
Variable rate debt				
2008 General Authority of South Central Pennsylvania Revenue Bonds, Series B1-D, variable rate demand bond				
interest, collateralized by certain assets and gross				
receipts of YH and GH		211,701	211,701	
YH 1993 Hospital Revenue Refunding Bonds, auction rate interest on Series B, collateralized by YH's gross receipts until July 2021, net of unamortized discount of				
\$112 and \$126 at June 30, 2013 and 2012, respectively AHSCP M&T Bank Loan, variable interest rate, dated		24,458	24,444	
August 15, 2000 collateralized by certain assets		2,021	2,271	
WP M&T Bank Loan, variable interest rate, dated		<i>5 366</i>	1 265	
March 28, 2011, uncollateralized GH Bank Loan, variable interest rate, dated March 30,		5,366	4,365	
2007, collateralized by certain assets		1,156	1,465	
GH M&T Bank Loan, variable interest rate, dated				
December 7, 2012, uncollateralized		1,755		
I ass summent newtice		410,411	415,083	
Less current portion	\$	(7,666) 402,745	(7,635) \$ 407,448	
	<del>-</del>	7029/70	Ψ -107,-1-10	

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 8. Long-Term Debt (continued)

Long-term capital lease obligations consist of the following

	June 30			
		2013	2012	
WSH Capital Lease Obligations, fixed interest rates,				
collateralized by leased property	\$	13,045 \$	16,977	
Less current portion		(4,015)	(3,931)	
	\$	9,030 \$	13,046	

WSH uses quoted market prices in estimating the fair value of the revenue bonds and the carrying values of the other long-term obligations' approximate fair value. The fair value of WSH's long-term debt, excluding capital lease obligations, was \$428,170 and \$440,902 at June 30, 2013 and 2012, respectively

On November 12, 2008, the General Authority of South Central Pennsylvania (General Authority) issued the Revenue Refunding Bonds, Series 2008A-D to a "Borrower Group" of WP and an Obligated Group consisting of YH and GH. The proceeds from this bond issuance were \$412,230. The 2008 Series were issued by the General Authority of South Central Pennsylvania pursuant to a Trust Indenture dated as of November 1, 2008 with Manufacturers and Traders Trust Company, as Trustee The 2008 Series A-D Bonds will be paid by YH, GH and WP based on their allocated amounts, however, the payments are secured equally by the Borrower Group pursuant to a Loan Agreement dated as of November 1, 2007 among the Issuer, the Borrower Group and a Series 2008 Master Note issued by the members of the Borrower Group under a Master Trust Indenture dated as of June 15, 2001, between the Borrower Group and Manufacturers and Traders Trust Company, as Master Trustee The 2008 A Series are fixed rate bonds with interest rates ranging from 2 85% – 6 50%. The interest rate for the 2008 B-D Variable Rate Demand Obligations for any week may not exceed the lesser of 12% per annum or the maximum rate of interest on the obligation permitted by applicable law

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 8. Long-Term Debt (continued)

On February 2, 2011, the Series B-D Bonds were restructured through an amendment to the Master Trust Indenture Under the terms of the restructuring, these bonds are now non-bank qualified loans and letters of credit are not required During the 2013 year, the Series B-C issued continuing covenant agreements with various banks Interest is paid monthly and terms range from 5-10 years as follows

- Series B was split into Series B-1 and B-2
  - On December 1, 2012, WSH issued Series B-1 to US Bank N A in the amount of \$40,025 for a term of 7 years. The interest rate ranged from 0.83% to 0.88% in 2013.
     The rate at June 30, 2013 and 2012 was 0.83% and 0.88%, respectively.
  - On June 1, 2013, WSH issued Series B-2 to TD Bank in the amount of \$34,000 for a term of 7 years. The interest rate ranged from 0.17% to 1.20% in 2013. The rate at June 30, 2013 and 2012 was 0.76% and 1.20%, respectively.
  - On December 1, 2012, WSH issued Series C to US Bank N A in the amount of \$56,740 for a term of 7 years The interest rate ranged from 0 83% to 1 23% in 2013
     The rate at June 30, 2013 and 2012 was 0 83% and 1 23%, respectively
- WSH issued Series D to PNC, N A in the amount of \$80,935 for a term of 10 years The interest rate ranged from 1 03% to 1 07% in 2013 The rate at June 30, 2013 and 2012 was 1 04% and 1 07%, respectively

A minimum of 365 days' notice of non-renewal is required by the banks prior to end of the term

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 8. Long-Term Debt (continued)

On June 23, 1993, the Authority issued the Hospital Revenue Refunding Bonds, Series 1993 (the 1993 Bonds) to YH The Obligated Group for the 1993 Bonds consists only of YH The proceeds from this bond issuance were \$38,850, consisting of Select Auction Variable Rate Securities (SAVRS) Series B of 1993 (the Variable Rate Bonds) The 1993 Bonds were issued to refund the Hospital Revenue Refunding Bonds, Series 1991 (the 1991 Bonds) The interest rate for the 1993 Variable Rate Bonds for any 35-day auction period may not exceed the lesser of 12% or the maximum rate permitted by applicable law The interest rate on the 1993 Variable Rate Bonds was 0 081% and 0 35% at June 30, 2013 and 2012, respectively Interest rates for the 1993 bonds are no longer determined by auctions Interest rates on the 1993 bonds are set by the auction agent based on a municipal commercial paper rate and multiplied by 1 75%, as described in the documents as the Applicable Percentage Interest rates are reset every 35 days The 1993 Variable Rate Bonds have a final maturity of July 1, 2021 Annual principal payments range from \$1,950 to \$3,700 The bonds have been insured by AMBAC On July 1, 2011, \$4,280 of the bonds were repurchased

The 2008 and 1993 Bond indentures and related agreements contain certain restrictive covenants which, among other things, require the Obligated Group and YH, respectively, to maintain debt service coverage of 110% on all long-term indebtedness. The Obligated Group and YH have complied with all financial covenants at June 30, 2013 and 2012.

On August 15, 2000, AHSCP obtained a mortgage in the amount of \$5,000 from a bank for the construction of the surgery center expansion and other capital equipment. The interest rate is variable, and the rates at June 30, 2013 and 2012 were 0.84% and 0.89%, respectively Repayment is in monthly payments through June 1, 2015. A balloon payment of \$1,548 is due on June 1, 2015. All principal and interest payments on the loan have been collateralized by AHSCP assets.

# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 8. Long-Term Debt (continued)

On March 30, 2007, Gettysburg Ambulatory Surgical Center, LLC (the Center) obtained financing in the amount of \$2,750 from M&T Bank The interest is equal to the one-month LIBOR plus 1 40% The interest rate at June 20, 2013 and 2012 was 1 59% and 1 64%, respectively Repayment is in monthly payments through April 2017 The note is secured by substantially all of the Center's assets The Center is required to maintain a cash flow coverage ratio of 1 25 to 1 0 and a minimum tangible net worth of \$300 On May 31, 2009, GH assumed the loan and all assets of the Center and renegotiated the note The interest rate remained consistent with the original note, however, the covenants were changed to be the same as the already-existing Master Trust indenture

On December 7, 2012, GH obtained financing in the amount of \$1,800 from M&T Bank The interest rate is variable and the rate at June 30, 2013 was 2 65% The note is uncollateralized

On August 1, 2010, WSH, YH, and GH entered into a master lease agreement and tax-exempt financing arrangement with Philips Medical Capital (Philips), a third party Through the master lease agreement, WSH, YH, and GH will lease equipment from Adams County Industrial Development Authority, a third party, which in turn serves as the lessee of Philips The master lease agreement is comprised of four groups of equipment, for which WSH, YH, and GH will receive title at the end of the respective lease terms WSH, YH, and GH may also receive title to the equipment at an earlier date if they exercise their purchase rights per the terms of the master lease agreement WSH has accounted for this transaction as a capital lease in accordance with ASC 840, Leases

Each group of equipment is financed through a separate tranche (Schedule) with a 6-year term under the tax-exempt financing arrangement, as follows

Tranche Close Date		1	Amount	<b>Interest Rate</b>	
Schedule 1	August 31, 2010	\$	6,672	3 15%	
Schedule 2	December 10, 2010	<b>.</b>	4,163	3 29%	
Schedule 3	March 23, 2011		4,419	3 39%	
Schedule 4	June 24, 2011		1,646	3 15%	
		\$	16,900	_	
				=	

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# Notes to Consolidated Financial Statements (continued) (In Thousands)

## 8. Long-Term Debt (continued)

On December 29, 2010, GH closed a purchase agreement for the acquisition of a physical therapy facility. The interest rate is fixed at 2.75%. The note is in the amount of \$1,159 for which repayment is in yearly payments through December 29, 2015. The note is uncollateralized.

On March 25, 2011, February 29, 2012, and January 31, 2013, WP obtained financing in the amount of \$2,032, \$2,332, and \$1,002, respectively, from M&T Bank The financing was obtained from an available line of credit of \$15,000 The line of credit has \$9,634 available at June 30, 2013 The interest rate is variable and the rate at June 30, 2013 and 2012 was 1 75% and 1 75%, respectively The note is uncollateralized

### **Maturities of Long-Term Debt**

Maturities of the long-term debt outstanding including capital leases, as of June 30, 2013, net of \$4,748 in unamortized discount, are as follows

2014	\$ 11,681
2015	15,475
2016	14,561
2017	18,792
2018	12,005
2019 and thereafter	 350,942
	\$ 423,456

WSH has entered into interest rate swap agreements with the intent of mitigating cash flow risk relating to change in the variable interest rates. Under the swap agreements, WSH pays interest at fixed rates and receives interest at variable rates. The swap settles on a monthly basis. The following schedule outlines the terms and fair market values of the interest rate swap agreements that are included in other liabilities on the accompanying consolidated balance sheets.

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## Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 8. Long-Term Debt (continued)

#### **Swap Contracts**

	June 30, 2013								
	Series 1993	Series 2005	Series 2007	M & T Note					
Notional amount	\$ 24,570	\$ 102,675	\$ 140,000	<b>\$</b> 1,171					
Effective date	6/23/1993	5/17/2005	6/05/2007	9/21/2007					
Termination date	5/14/2013	5/15/2031	6/01/2037	4/03/2017					
Fixed rate	5.540%	3.600%	3.636%	5.000%					
Variable rate basis	<b>SAVRS</b> Rate	USD-Libor-BBA-	USD-Libor-BBA-	USD-Libor-BBA-					
		1MT *.624 + .0029	1MT *.617 + .0031	1MT *.617					
Recorded liability	\$ -	\$ (14,963)	\$ (26,951)	\$ (98)					

	June 30, 2012							
	Series 1993	Series 2005	Series 2007	M & T Note				
Notional amount	\$ 24,570	\$ 105,935	\$ 140,000	\$ 1.477				
Effective date	6/23/1993	5/17/2005	6/05/2007	9/21/2007				
Termination date	7/13/2021	5/15/2031	6/01/2037	4/03/2017				
Fixed rate	5 540%	3 600%	3 636%	5 000%				
Variable rate basis	SAVRS Rate	USD-Libor-BBA-	USD-Libor-BBA-	USD-Libor-BBA-				
		1MT * 624 + 0029	1MT * 617 + 0031	1MT * 617				
Recorded liability	\$ (4,473)	\$ (22.512)	\$ (40,960)	\$ (158)				

On June 29, 2012, WSH executed an agreement to novate the 2005 and 2007 Swap contracts from Citigroup Financial Products to Wells Fargo Bank NA Wells Fargo NA, as the new counterparty, increased the collateral threshold from \$20,000 to \$60,000 for the combined notional amounts for both swaps All of the other original terms remained the same

## Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 8. Long-Term Debt (continued)

The fair value and the presentation of the Company's swap contracts in the consolidated balance sheets are as follows

Derivatives Not Designated as Hedging Instruments		June 30	0
Under ASC 815	<b>Balance Sheet Location</b>	2013	2012
Series 1993		\$ - \$	(4,473)
Series 2005		(14,963)	(22,512)
Series 2007		(26,951)	(40,960)
M & T Note		(98)	(158)
Total	Interest rate swaps agreements	\$ (42,012) \$	(68,103)

The effect and the presentation of the Company's swap contracts on the consolidated statements of operations are as follows

<b>Derivatives Not Designated</b>		Amount of Gain (Loss) in Income on Derivative					
as Hedging Instruments Under ASC 815	Location of Gain (Loss) in Income on Derivatives		Year End 2013	led J	une 30 2012		
Series 1993		\$	23	\$	_		
Series 2005			7,549		(10,064)		
Series 2007			14,009		(21,592)		
M & T Note			60		23		
Total	Change in fair value of interest rate swap agreements	\$	21,641	\$	(31,633)		

YH entered into an interest rate swap agreement with Lehman Brothers Special Financing, Inc (Lehman) to reduce the impact of changes in interest rates on its 1993 Variable Rate Auction Bonds. The interest rate swap agreement was scheduled to mature at the time the 1993 Variable Rate Bonds mature, however, Lehman failed to perform certain activities under the agreement in the second half of 2008 and WSH concluded Lehman to be in default of the swap agreement WSH filed a termination notice under the provisions of the swap agreement on May 20, 2009

## Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 8. Long-Term Debt (continued)

Lehman had not agreed to the termination and the matter is further complicated because of Lehman's bankruptcy filing on September 15, 2008 As of May 14, 2013, YH settled its obligation with Lehman Brothers Special Financing in the amount of \$4,450, which was paid in June 2013

#### 9. Amounts Available Under Line and Letters of Credit

At June 30, 2013, WSH collectively, maintained three lines of credit totaling \$42,500 of which \$37,134 was unused at June 30, 2013 At June 30, 2013, WSH had unused, unsecured standby letters of credit with a bank totaling \$19,342

#### 10. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes

	June 30			
		2013	2012	
Health care services				
Professional education	\$	1,441 \$	1,691	
Health care promotion		12,551	11,910	
	\$	13,992 \$	13,601	

For the years ended June 30, 2013 and 2012, \$4,777 and \$6,079 of net assets were released from donor restrictions, respectively, by incurring expenses satisfying the restricted purposes relating to the purchase of property and equipment, providing professional education and health care promotion

Permanently restricted net assets were restricted to

Permanent endowment funds, the income of which was
permitted to be used to support health care services
Funds held in trust by others

June 30							
2013 2012							
\$	2,999 16,176	\$	2,868 15,173				
\$	19,175	\$	18,041				

## Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 10. Temporarily and Permanently Restricted Net Assets (continued)

WSH is named as a beneficiary under several perpetual trusts WSH's beneficiary interest allocation in each of these trusts varies by trust

#### 11. Professional and General Liability Reserves

The estimated liability for professional and general liability reserves consists of

	June 30			
		2013	2012	
Professional liability	\$	41,396 \$	40,370	
Health benefits		10,969	10,597	
Short-term disability		378	405	
Workers' compensation		10,432	9,508	
		63,175	60,880	
Less current portion		(21,011)	(18,828)	
	\$	42,164 \$	42,052	

For the years ended June 30, 2013 and 2012, malpractice claims up to \$500 were paid through WRRRG WSH obtains excess coverage from the Medical Care Availability and Reduction of Error Fund (MCARE Fund) for claims between \$500 and \$1,000 Claims between \$1,000 and \$5,000 in 2013 and 2012 were self-insured by WSH Excess coverage of losses between \$5,000 and \$35,000 was commercially insured At June 30, 2013 and 2012, estimated professional liability reserve requirements for WSH have been discounted at 3%

As noted above, WSH participates in the MCARE Fund to purchase excess medical malpractice insurance coverage. The MCARE Fund levies health care provider surcharges to pay claims and pay administrative expenses on behalf of MCARE Fund participants. These surcharges are recognized as expenses in the period incurred. The MCARE Act provides for the gradual phase-out of MCARE Fund coverage. The actuarially computed liability for all health care providers (hospital, physicians, and others) participating in the MCARE Fund at June 30, 2012 (the latest date for which such information is available) was \$1.16 billion. Even though the MCARE Fund coverage will be phased out, the Commonwealth has indicated that the unfunded liability will be funded through assessments in future years as MCARE Fund-covered claims are eventually settled and paid.

## Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 11. Professional and General Liability Reserves (continued)

WSH's annual premiums for participation in the MCARE Fund were \$2,105 and \$1,704 for the years ended June 30, 2013 and 2012, respectively No provision has been made for any future MCARE Fund assessments in the accompanying consolidated financial statements as WSH's portion of the MCARE Fund unfunded liability cannot be reasonably estimated

WSH is self-insured for workers' compensation and most employee health benefit claims up to program-specific limitations. Claims in excess of these limitations are covered by a comprehensive insurance policy on an occurrence basis. At June 30, 2013 and 2012, the reserve for workers' compensation claims, discounted at 3%, respectively, was \$10,432 and \$9,508, respectively. At June 30, 2013 and 2012, the reserve for medical claims incurred but not reported was \$10,969 and \$10,597, respectively.

The self-insurance liabilities are presented gross including \$8,445 and \$8,530 of estimated insurance recoveries as of June 30, 2013 and 2012, respectively. There is at least a reasonable possibility that recorded estimates will change by a material amount in the near term

#### 12. Retirement Benefits

#### **Defined Benefit Plan**

WSH has a qualified defined benefit pension plan (the WSH Plan) covering all eligible WSH employees hired prior to August 19, 2007 WSH makes contributions to the WSH Plan as determined by the actuary At June 30, 2013 and 2012, the accrued pension liability of the WSH Plan is included in accrued retirement benefits The measurement date of the WSH Plan is June 30

WellSpan Health also offers a Retirement Savings Plan to eligible active employees who are not eligible for the defined benefit plan Any existing employee who met certain eligibility requirements and was hired prior to August 19, 2007 had the option to stay within the existing defined benefit plan and continue to accrue benefits or opt out and receive benefits under the new defined contribution plan with matching contributions If an individual opted out of the defined benefit plan, any benefits accrued through December 31, 2007 were frozen All employees hired after August 19, 2007 are automatically enrolled in the defined contribution plan

## Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 12. Retirement Benefits (continued)

Retired employees of WSH, who have met the requirements to become vested under the terms of the WSH Plan and are over 55 years of age at the time of their retirement, are provided health and life insurance benefits (Other Benefits) The measurement date of the Other Benefits is June 30

The following table summarizes information about the Plans

	Pension Benefits				Other Benefits		
	June			e 30			
		2013	2012		2013	2012	
Changes in benefit obligations							
Benefit obligation at beginning of year	\$	714,312 \$	567,247	\$	<b>27,066</b> \$	23,484	
Service cost, net		22,137	18,587		1,117	1,005	
Interest cost		34,105	32,830		1,307	1,400	
Change due to assumption change		_	_		(989)	1,860	
Actuarial (gain) loss		(54,307)	107,875		89	1,188	
Loss recognized due to temporary							
deviation in substantive plan		_	_		223	319	
Benefits paid		(14,558)	(12,227)		(2,229)	(2,190)	
Benefit obligation at end of year	\$	701,689 \$	714,312	\$	26,584 \$	27,066	
Accumulated benefit obligation	\$	607,635 \$	607,467		6,356	6,211	
Changes in plan assets							
Fair value of plan assets at beginning of							
vear	\$	437,722 \$	390,678	\$	- \$	_	
Actual return on plan assets	Ψ	58,407	7,701	Ψ	_	_	
Contributions by WSH		54,477	51,570		2,425	2,190	
Benefits and expenses paid		(14,558)	(12,227)		(2,425)	(2,190)	
Fair value of plan assets at end of year	\$	536,048 \$	437,722	\$	- \$		
Ended the control of the	•	(1 <i>CE CA</i> 1)	(27( 500)	<b>C</b>	(3( 594) Ф	(27.066)	
Funded status at end of year	<u>\$</u>	(165,641) \$	(276,590)	<u> </u>	(26,584) \$	(27,066)	
Amounts recognized in the							
consolidated balance sheets							
consist of  Accrued retirement benefits	\$	(165,641) \$	(276,590)	\$	(26,584) \$	(27,066)	
Accrued retirement benefits	<u> </u>	(105,041) \$	(276,390)	<u> </u>	(20,584) \$	(27,066)	

# Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 12. Retirement Benefits (continued)

	Pension Benefits			Other Benefits		
			June	30		
		2013	2012	2013	2012	
Amounts recognized in accumulated unrestricted net assets consist of						
Prior service cost	\$	- \$	478	\$ 2,982 \$	3,390	
Net actuarial loss (gain)		186,704	282,847	(2,212)	(1,247)	
	\$	186,704 \$	283,325	5 770 \$	2,143	
Components of net periodic benefit						
cost	\$	22 127 ¢	18.587	ኮ 1117 ወ	1.005	
Service cost	<b>3</b>	22,137 \$ 34,104	18,587 \$ 32,830	-, +	1,005 1,400	
Interest cost Expected return on assets		(40,406)	(36,887)	1,307	1,400	
•		(40,400)	(30,007)	_	_	
Loss recognized due to temporary deviation in substantive plan		_	_	223	319	
Amortization of prior service cost		478	736	409	409	
Amortization of unrecognized net actuarial loss (gain)		23,835	11,105	65	(223)	
Net periodic benefit cost		40,148	26,371	3,121	2,910	
Net periodic benefit cost		40,140	20,371	3,121	2,710	
Other changes in retirement benefits recognized in unrestricted net assets consist of						
Current-vear actuarial (gain) loss		(72,308)	137,061	(899)	3,025	
Recognized actuarial (gain) loss		(478)	(736)	(65)	223	
Prior service cost				· _	23	
Amortization of prior service cost		(23,835)	(11,105)	(409)	(409)	
Total recognized in unrestricted net assets		(96,621)	125,220	(1,373)	2,862	
Total recognized in net periodic benefit cost and unrestricted net assets	<b>\$</b>	(56,473) \$	151,591		5,772	

# Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 12. Retirement Benefits (continued)

The estimated amounts of net actuarial loss (gain) and the prior service cost that are expected to be amortized from other changes in unrestricted net assets into net periodic benefit cost for the next fiscal year are as follows

	_	Pension Benefits	Other Benefits	Total
Prior service cost Net loss (gain)	\$	- 13,183	\$ 409 (85)	\$ 409 13,098
Total	\$	13,183	\$ 324	\$ 13,507
	n : n	r.,	O.I. D	· · ·

_	Pension I	Benefits	Other B	enefits		
_	June 30					
_	2013	2012	2013	2012		
Assumptions						
Weighted-average assumptions used to determine benefit						
obligations at June 30						
Discount rate	5.30%	4 82%	5.30%	4 82%		
Rate of increase in future compensation levels	4.00%	4 00%	N/A	N/A		
Weighted-average	1.00 / 0	10070	1 1/1 1	1 1/1 1		
assumptions used to						
determine net periodic						
benefit cost for the years ended June 30						
Discount rate	4.82%	5 85%	4.82%	5 85%		
Rate of increase in future compensation levels	4.00%	4 00%	N/A	N/A		
Expected long-term rate of						
return on assets	8.00%	8 50%	N/A	N/A		

To develop the expected long-term rate of return on assets assumption, WSH considered the historical returns and the future expectations for returns for each asset class, as well as the target asset allocation of the pension portfolio

## Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 12. Retirement Benefits (continued)

The WSH Plan weighted-average asset allocations by asset category are as follows

	As	set Allocati	ion	June 30		
	_Minimum	Target	Maximum	2013	2012	
Asset category						
Equity securities	45%	50%	55%	55%	49%	
Debt securities	15	20	25	20	24	
Other	25	30	35	25	27	
			_	100%	100%	

The above allocation reflects policies that are established to ensure that the portfolio is invested according to modern portfolio theory. The asset allocation is developed to generate growth in asset value by utilizing higher-returning asset classes and proper diversification.

		Jun	e 30	
	2	013	2	012
Effect of 1% increase/decrease in health care cost				
trend rates on				
Postretirement benefit obligation	\$	18	\$	33
Total of service cost and interest cost component		2		2

The health care cost trend rate for purposes of determining the net periodic benefit cost and disclosure was 5 25% in 2013 and 2012

#### **Cash Flows**

#### **Contributions**

WSH expects to contribute during the 2014 fiscal year approximately \$59,500 related to the pension plan and \$3,682 related to the other benefits

# Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 12. Retirement Benefits (continued)

#### Fair Value Measurements

The following tables set forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of June 30, 2013 and 2012

			June 3	0, 2	2013	
	T	otal Fair				
		Value	Level 1		Level 2	Level 3
Cash and cash equivalents	\$	4,384	\$ 4,384	\$	- \$	_
Commodities/real return		21,797	21,797		_	_
Stock index fund		66,931	, _		66,931	_
Private investment funds <sup>(1)</sup>		93,512	_		<i>,</i> –	93,512
Real estate partnerships <sup>(2).(3)</sup>		17,194	_		_	17,194
Collective mutual funds and		- : ,- : -				,
investment trusts		160,285	_		160,285	_
Guaranteed annuity contracts		4,272	_		4,272	_
Equity securities						
Consumer discretionary and						
services		36,962	36,962		_	_
Consumer staples		6,834	6,834		_	_
Financial services		25,148	25,148		_	_
Healthcare		22,541	22,541		_	_
Materials and processing		16,802	16,802		_	_
Other energy		15,705	15,705		_	_
Producer durables		6,879	6,879		_	_
Technology		34,800	34,800		_	_
Utilities		2,002	2,002			
Total equity securities		167,673	167,673		_	
	\$	536,048	\$ 193,854	\$	231,488 \$	110,706

# Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 12. Retirement Benefits (continued)

			June 3	0, 2	2012	
	T	otal Fair				
		Value	Level 1		Level 2	Level 3
Cash and cash equivalents	\$	5,141	\$ 5,141	\$	_	\$ _
Aggregate bond index fund		15,104	, _		15,104	_
Commodities/real return		20,000	20,000		, _	_
Stock index fund		49,183	, _		49,183	_
Private investment funds <sup>(1)</sup>		81,993	_		, _	81,993
Real estate partnerships <sup>(2).(3)</sup>		15,891	_		_	15,891
Collective mutual funds and		120 110			122 112	
investment trusts		132,112	_		132,112	_
Guaranteed annuity contracts		4,356	_		4,356	_
Equity securities						
Consumer discretionary and		00.070	20.072			
services		20,072	20,072		_	_
Consumer staples		7,352	7,352		_	_
Financial services		15,920	15,920		_	_
Healthcare		12,675	12,675		_	_
Materials and processing		11,106	11,106		_	_
Other energy		11,418	11,418		_	_
Producer durables		6,368	6,368		_	_
Technology		26,906	26,906		_	_
Utilities		2,125	2,125		_	_
Total equity securities		113,942	113,942		_	
	\$	437,722	\$ 139,083	\$	200,755	\$ 97,884

## Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 12. Retirement Benefits (continued)

- The Plan also maintains investments in private investment funds, these include investments in Common Sense Offshore Ltd (Common Sense), Quellos Institutional Partners (Quellos), Siguler Guff Opportunities III (Siguler Guff), Private Advisors, and Portfolio Advisors Secondary Fund LP (Portfolio Advisors) The estimated fair market value of these investments is determined by the total net assets of the fund attributable to common shares, divided by the number of common shares outstanding The total net asset value of the fund is determined by the market value of the underlying investments if they are securities listed on a national securities exchange or traded over the counter For those securities not openly traded, the investment manager generally utilizes the most recent relevant information or performance reports of such managed account or investment partnership, unless the investment manager determines some other valuation is more appropriate On an annual basis, Common Sense, Quellos, Siguler Guff, Private Advisors, and Portfolio Advisors provide audited financial statements from independent audit firms for review
- The Plan's investments in the Guggenheim Real Estate Commingled Trust include interests in a collection of publicly traded securities, property funds, direct property investments, and mezzanine financings The publicly traded securities and property funds are valued at the last reported sales price on the last day of the period The direct property investments are initially recorded at the total cost to acquire the properties and subsequently these values are adjusted based on the opinions of value obtained quarterly from independent real estate investment managers The mezzanine financings are valued based on fair market values determined by the Guggenheim Real Estate Commingled Trust based upon an estimate of realized proceeds from hypothetical liquidation On an annual basis, the Guggenheim Real Estate Commingled Trust provides a copy of its audited financial statements from an independent audit firm for review
- (3) The Plan's investment in AEW Partners, LP (AEW) includes interests in direct property investment, joint ventures, and debt or real estate-related securities. The investments are initially recorded at the total cost to acquire the properties and related security interests. Annually, the General Partner submits a proposal to the Limited Partners on the method to determine the valuation of each asset. Valuation methods are based on a report by an independent appraiser, a current market price (in the case of marketable securities) or the General Partner's good faith estimate of value. On an annual basis, AEW provides a copy of its audited financial statements from an independent audit firm for review.

# Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 12. Retirement Benefits (continued)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended June 30, 2013

		Level 3	Assets		
	Inv and	Private vestment Absolute urn Funds	Real Estate Partnerships		
Balance, beginning of year as of June 30, 2011	\$	64,618	\$ 14,385		
Realized gains	·	1,164	90		
Unrealized gains		848	2,189		
Purchases		16,137	236		
Sales, issuances and settlements		(774)	(1,009)		
Balance, beginning of year as of June 30, 2012		81,993	15,891		
Realized gains		1,602	1,498		
Unrealized gains		<b>6,3</b> 77	661		
Purchases		7,310	_		
Sales, issuances and settlements		(3,770)	(856)		
Balance, end of year as of June 30, 2013	\$	93,512	\$ 17,194		

## Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 12. Retirement Benefits (continued)

Estimated Future Benefit Payments

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid

	Pension Benefits	Other enefits
Fiscal year		
2014	\$ 16,781	\$ 3,682
2015	21,880	825
2016	24,676	914
2017	27,840	863
2018	31,076	874
2019 and thereafter	205,337	14,591

#### **Defined Contribution Plans**

WSH sponsors two defined contribution plans the WellSpan Health 401(k) Plan which is for the benefit of eligible employees of SCP, AHSCP, and WRx, and the WellSpan Health 403(b) Plan which is for the benefit of WSH, YH, WMG, HCP, WSS, VNAHHS, VNACS, and GH WSH began matching contributions to the plans on January 1, 2008, and employer contributions are based on a formula as defined by the plan document

The amount of expense related to these plans was \$15,154 and \$12,805 for the years ended June 30, 2013 and 2012, respectively

## Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 13. Non-controlling Interest

In 2013 and 2012, WSH accounted for the following non-controlling interests in joint ventures controlled by WSH based on the non-controlling partner's share of the related income and (loss) of the venture and the ending equity balance of the venture

	Non- controlling Interest	Non-controll at Jui	_		Income (Loss) on Non- controlling Interest for the Year Ended June 30				
	<u>%</u>	2013	2012			2013	2012		
AHSCP	32%	\$ 2,142	\$	1,955	\$	716 \$	828		
Q-WH	50%*	, <u> </u>		15		(1)	(1)		
CHIP	49%*	_		856		(128)	(53)		
CTCC	50%	1,402		1,570		(43)	189		
LHCP	50%	1,501		1,554		72	68		
AHCA	43%	665	672			(7)	69		
		\$ 5,710	\$	6,622	\$	609 \$	1,100		

<sup>\*</sup>WHCS acquired the remaining shares as of January 1, 2013 and, therefore, as of June 30, 2013, WSH was a 100% owner of these two joint ventures

#### 14. Investments in Joint Ventures

In 2013 and 2012, WSH accounted for the following investments in joint ventures on the equity method of accounting, and recorded the related equity in (loss) and income on joint ventures

	Ownership	Invest Jur	men ie 30		E	Equity in Income (Loss) on Investments for the Year Ended June 30				
		2013		2012		2013	2012			
DRF	33%	\$ 233	\$	233	\$	- \$	(27)			
PHO	50%	72		86		(14)	(12)			
QUEST	20%	62		6		6	10			
CPAL	20%	 351		350		1	1_			
		\$ 718	\$	675	\$	(7) \$	(28)			

## Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 15. Commitments and Contingencies

#### Health Care Regulatory Environment and Reliance on Government Programs

The health care industry in general and the services that WSH provides are subject to extensive federal and state laws and regulations. Additionally, a portion of WSH's revenue is from payments by government-sponsored health care programs, principally Medicare and Medicaid, and is subject to audit and adjustments by applicable regulatory agencies. Failure to comply with any of these laws or regulations, the results of regulatory audits and adjustments, or changes in the amounts payable for WSH's services under these programs could have a material adverse effect on WSH's consolidated financial position and results of operations

#### **Operating Leases**

WSH leases office space and medical practice sites under operating leases. The following is a summary of future minimum rental payments under operating leases that have initial or remaining noncancelable lease terms in excess of one year as of June 30, 2013.

2014	\$ 6,555
2015	5,724
2016	5,134
2017	4,181
2018	3,521
2019 and thereafter	9,038
Total minimum payments required	\$ 34,153

Rent expense under operating leases was \$7,050 and \$6,617 for the years ended June 30, 2013 and 2012, respectively, and is included in supplies and other expenses in the consolidated statements of operations Some of the rental agreements include clauses for rent escalation

#### **Commitment**

In August 2011, WSH entered into a \$9,389 two-year fixed technology fee arrangement with its primary inpatient electronic health record (EHR) software vendor. This vendor is one of the industry's leading suppliers of healthcare information technology solutions and already supplies WSH with the operating system for its EHR, and many of the key clinical applications already in place or currently being implemented.

## Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 15. Commitments and Contingencies (continued)

The two-year agreement is for a total of \$9,389 and will be paid over the contract term in equal yearly payments. It provides for the acquisition of a specific set of software subscriptions from the EHR's catalogue of products, a given amount of implementation support services and software maintenance support over the contract period

#### Litigation

WSH is involved in litigation and regulatory investigations arising in the normal course of business After consultation with legal counsel, management believes that these matters will be resolved without material adverse effect on WSH's future consolidated financial position or results of operations

#### 16. Functional Expenses

WSH provides general health care services to residents within its geographic location Expenses related to providing these services are as follows

	Year Ended June 30 2013 2012							
	 2013		2012					
Program activities General and administrative	\$ 1,010,059 184,044	\$	949,126 161,961					
	\$ 1,194,103	\$	1,111,087					

#### 17. Income Taxes

Accounting principles generally accepted in the United States require management to evaluate uncertain tax positions taken by WSH. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the Internal Revenue Service Management has concluded that as of June 30, 2013, there are no uncertain positions taken or expected to be taken. WSH has recognized no interest or penalties related to uncertain tax positions. WSH is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. Management believes that WSH is no longer subject to income tax examinations for years prior to 2009.

## Notes to Consolidated Financial Statements (continued) (In Thousands)

#### 18. Subsequent Events

The Company has evaluated subsequent events that have occurred for recognition or disclosure through October 8, 2013, the date the financial statements were available to be issued

On March 23, 2013, WellSpan Health (WellSpan) and Ephrata Community Hospital (Ephrata) executed a definitive affiliation agreement defining the terms and intention of aligning the two organizations, as a means to address changes in health care and improve the health of individuals and communities across Adams and York counties and parts of Lancaster County

Ephrata Community Hospital was formed in 1940 to serve the residents of Northern Lancaster County Today, the organization has grown to provide care to patients from across Lancaster County and neighboring counties through Ephrata Community Hospital – a 130-bed acute care hospital, 11 Outpatient Centers, the Ephrata Cancer Center and the 19 practices of the Northern Lancaster County Medical Group

Ephrata will join WellSpan on October 1 when Ephrata amends its articles of incorporation and bylaws such that WellSpan becomes sole corporate member of the organization

As of the date of this report, the initial accounting for this acquisition was being assessed and subject to external valuation Accordingly, disclosures for the amounts recognized as of the acquisition date have not been presented



# Consolidating Balance Sheet (In Thousands)

June 30, 2013

	WellSp: Healtl		York Hospital	WellSpan Health Care Services Consolidated	WellSpan Medical Group	York Health Plan	Apple Hill Surgical Center Partners	WellSpan Reciprocal Risk Retention Group	WellSpan Specialty Services Consolidated	Gettysburg Hospital Consolidated	York Health Foundation	Consolidating Eliminations	Consolidated Totals
Assets													
Current assets													
Cash and cash equivalents	\$ 6	.091	\$ 60,909	\$ 8.541	\$ 1.537						\$ 930	•	\$ 97.541
Due from affiliates		_	3.257	157	_	342	89		100	123	_	(4.068)	_
Assets limited as to use		_	8	_	_	_	_	,,220	_	_	_	_	7,236
Patient accounts receivable, net		_	114.805	3,358	13.838	_	1.098		6,865	20,152	_	_	160,116
Other receivables	7	.813	6.194	237	3.137	63	12	117	414	1.201	_	_	19.188
Inventories		102	5,483	3,136	430	_	530	_	689	904	_	_	11.274
Prepaid expenses	14	.190	1.651	474	1.072	99	70		190	530	2	_	18.385
Total current assets	28	.196	192,307	15,903	20,014	2.094	3,860	9,282	11.767	37.649	932	(8.264)	313,740
Investments limited as to use													
Board-designated	10	.789	532,027	5.059	_	_	_	_	24.518	89.315	_	_	661,708
Self-insurance trust		_	_	_	_	_	_	7,115	_	_	_	_	7,115
Temporarily restricted investments		_	388	_	_	_	_	_	1.215	815	4.942	_	7.360
Permanently restricted investments		_	373	_	_	_	_	_	2,626	_	_	_	2,999
Beneficial interest in perpetual trusts		_	6,694	_	_	_	_	_	2,999		_	_	16,071
	10	.789	539,482	5.059	-	_	-	7.115	31.358		4.942	_	695.253
Pledges receivable, net		_	_	_	_	_	_	_	30	85	1,456	_	1.571
Property and equipment, net	29	.109	217,828	85,209	13,660	164	4,874	_	69,160	42,905	4	_	462,913
Investments in joint ventures		.425	274	182	63	_	5	_	8	126	_	(4.365)	718
Notes receivable – affiliates	31	.683	54,644	_	_		_	_	_	_	_	(86,327)	_
Deferred financing costs, net		_	1.875	413	_	-	8	_	374	188	_	_	2,858
Interest in net assets of Foundation		_	4,942	_	_	_	_	_	_	_	_	(4,942)	_
Other assets	15	.886	_	124	9	_	237	_	_	6.230	_	_	22,486
Total assets		,088	\$ 1,011,352		\$ 33,746	\$ 2,258		\$ 16,397	\$ 112,697		\$ 7,334	\$ (103,898)	\$ 1,499,539

# Consolidating Balance Sheet (continued) (In Thousands)

June 30, 2013

	WellSpan Health	York Hospital	WellSpan Health Care Services Consolidated	WellSpan Medical Group	York Health Plan	Apple Hill Surgical Center Partners	WellSpan Reciprocal Risk Retention Group	WellSpan Specialty Services Consolidated	Gettysburg Hospital Consolidated	York Health Foundation	Consolidating Eliminations	Consolidated Totals
Liabilities and net assets		•		•			•					
Current habilities												
Current portion of capital lease obligations	\$ 817	\$ 3.076	\$ - 5	- \$	-	\$ -	\$ -	\$ -	\$ 122	\$ -	\$ -	\$ 4.015
Current portion of long-term debt	41	4,358	1.026	_	_	250	_	800	1.191	_	_	7,666
Accounts payable and accrued expenses	12.614	14,456	1.880	738	99	392	609	978	2.393	7	_	34,166
Bank pay able	3.783	_	413	_	_	_	_	_	_	_	(4.196)	_
Accrued interest payable	_	1.576	_	_	_	1	_	_	6	_	_	1.583
Accrued salaries and wages	14.682	28,073	607	22,120	509	471	_	2.151	4.851	29	_	73,493
Advances from third-party payor	84	2.391	_	948	72	_	_	125	423	3		4.046
Self-insurance costs and postretirement benefits	16,682	784	_	_	_	_	7,228	_	_	_	_	24,694
Estimated third-party payor settlements	_	4,762	_	_	_	_	_	_	(71)	_	_	4,691
Due to affiliates	897	_	2.399	529	_	_	_	_	35	208		<u> </u>
Total current liabilities	49.600	59.476	6.325	24,335	680	1,114	7,837	4.054	8.950	247	(8.264)	154.354
Estimated self-insurance costs	34.418	_	_	_	_	_	7.746	_	_	_	_	42,164
Long-term capital lease obligations, less												
current portion	2,575	6,071	_	_	_	_	_	_	384			9,030
Long-term debt, less current portion	2,348	242,509	63,276	_	_	1,771	_	58.749	34.092	_	_	402,745
Accrued retirement benefits	170,864	17,680	_	_	_	_	_	_	_	_	_	188,544
Note payable – affiliates	54,644	_	_	_	_	_	_	31.683	_	_	(86,327)	_
Interest rate swap agreements	_	25,391	11.550	_	_	_	_	_	5,071	_	_	42,012
Other noncurrent liabilities		1.511	_	_		_	-	_	_	_	_	1.511
Total liabilities	314,449	352.638	81,151	24.335	680	2.885	15,583	94.486	48.497	247	(94.591)	840,360
Net assets												
Unrestricted	(194.873)	641.737	22,171	9.388	1.578	6,099	814	11.251	127,918	726	(6.507)	620,302
Temporarily restricted	512	4.869	_	23	_	_	_	1.336	891	6,361	_	13,992
Permanently restricted	_	7.166	_	_	_	_	_	5.624	6.385	_	_	19,175
Interest in net assets of Foundation	_	4.942	_	_	_	_	_	_	_	_	(4.942)	_
WellSpan Health net assets	(194.361)	658.714	22.171	9,411	1.578	6,099	814	18.211	135,194	7,087	(11,449)	653,469
Noncontrolling interest	_	_	3,568	_	_	_	_	_	_	_	2,142	5.710
Total net assets	(194,361)	658,714	25,739	9,411	1.578	6,099	814	18.211	135,194	7.087	(9.307)	659,179
Total liabilities and net assets		\$ 1,011,352		33,746 \$		\$ 8,984	\$ 16,397	\$ 112,697		\$ 7,334	<u> </u>	

# Consolidating Statement of Operations (In Thousands)

Year Ended June 30, 2013

	WellSpan Health	York Hospital	WellSpan Health Care Services Consolidated	WellSpan Medical Group	York Health Plan	Apple Hill Surgical Center Partners	WellSpan Reciprocal Risk Retention Group	WellSpan Specialty Services Consolidated	Gettysburg Hospital Consolidated	York Health Foundation	Consolidating Eliminations	Consolidated Totals
Unrestricted revenues, gains, and other support Net patient service revenue	\$ - \$	857.338 \$	3.208 \$	154,529 \$	- <b>S</b>	13,125	<b>\$</b> -	\$ 41.245	\$ 149,309	\$ -	\$ (251)	\$ 1.218.503
Provision for uncollectible accounts	y – y –	(35.979)	(137)	(5.276)	_ 3	(289)		(667)	(11,405)		3 (231)	(53,753)
Net patient service revenue less provision for		(55577)	(127)	(3.270)		(20)		(007)	(11,105)			(00,700)
uncollectible accounts	-	821.359	3,071	149.253	_	12.836	_	40,578	137.904	-	(251)	1,164,750
Capitation revenue	_	_	_	5,398	_	_	_	_	_	_	_	5,398
Other revenue	266.868	16.845	49,156	74,166	7.329	22	6,676	367	3,024	846	(361,555)	63,744
Net assets released from restrictions used for operations	549	2,048		10				14()	72	478		3,297
Total revenues, gains, and other support	267.417	840,252	52.227	228.827	7.329	12.858	6.676	41.085	141,000	1.324	(361.806)	1,237,189
Expenses												
Salaries and wages	63.298	254,370	6,163	165.786	3.785	3,490	_	20,157	44,824	420	_	562,293
Employee benefits	148.324	101,933	2.621	46.319	1.648	1,401	_	7.467	16,706	146	(125,195)	201,370
Professional fees	1.317	110,288	1.238	2,602	701	953	179	1.315	18.718	19	(121.974)	15,356
Supplies and other	61.929	255,781	34.527	35,163	1.452	4,231	3,423	13.573	37,614	737	(113,790)	334,640
Depreciation and amortization	11.270	29.357	3,820	3,903	94	622	_	5,030	5,611	2		59,709
Interest	4.297	12,573	3,438	_	_	19	_	4.541	1,836	_	(5.969)	20,735
Total operating expenses	290,435	764,302	51,807	253,773	7,680	10,716	3,602	52,083	125,309	1,324	(366,928)	1,194,103
Operating income (loss)	(23.018)	75,950	420	(24.946)	(351)	2,142	3,074	(10,998)	15.691	_	5.122	43,086
Other income (expense)												
Contributions	-	193	87	3	_	_	_	110	45	82	-	520
Investment income, net	1.781	52,858	4	105	_	10	479	3,140	7,757	4	(5.969)	60,169
Equity in income of joint ventures	1.450	2,371	-1-1	542	_	45	_	73	456	_	(4.988)	(7)
Gain (loss) on sale of assets other	(21)	45	(1.054)	(8)	_		_	_	3	_	_	(1,035)
Other income (expense)	(518)	(1.752)	(68)	=	(1)	(46)	=	=	99	=	847	(1.439)
Change in fair value of interest rate swap agreements	_	13,008	6.004	_	_	_	_	_	2,629	_	_	21.641
Total other income (expense)	2.692	66,723	5,017	642	(1)	9	479	3,323	10.989	86	(10,110)	79.849
Excess (deficiency) of ievenues over expenses												
before noncontrolling interest	(20,326)	142,673	5,437	(24,304)	(352)	2,151	3,553	(7.675)	26,680	86	(4.988)	122,935
Noncontrolling interest			107								(716)	(609)
Excess (deficiency) of revenues over expenses	(20.326)	142.673	5,544	(24.304)	(352)	2.151	3,553	(7.675)	26.680	86	(5.704)	122.326
Other changes in unrestricted net assets												
Change in unrealized gains and losses on assets												
limited as to use and investments	=	_	_	-	_	_	(508)	_	_	_	_	(508)
Net assets released from restrictions for purchase												
of property and equipment	81	779	125	6	-	_	_	201	288	_	_	1,480
Distributions to partners	_	_	_	_	_	(2,132)	(3,145)	_	_	_	5.277	_
Other change in retirement liability	97.240	754	_	_	_	_	=	_	_	=	=	97.994
Transfers with affiliates	20,060	(40,700)	7.150	19,290	2,000		_		(7.800)			
Increase (decrease) in unrestricted net assets	\$ 97,055 \$	103,506 \$	3 12,819 \$	(5,008) \$	1,648 \$	19	\$ (100)	\$ (7,474)	\$ 19,168	\$ 86	\$ (427)	\$ 221,292

# Consolidating Statement of Changes in Net Assets (In Thousands)

Year Ended June 30, 2013

	WellSpan Health	York Hospital	WellSpan Health Care Services Consolidated	WellSpan Medical Group	York Health Plan	Apple Hill Surgical Center Partners	WellSpan Reciprocal Risk Retention Group	WellSpan Specialty Services Consolidated	Gettysburg Hospital Consolidated	York Health Foundation	Consolidating Eliminations	Consolidated Totals
Unrestricted net assets	ф (20.22C) ф	1.12.672	Φ Φ	(21.201) (5	(2.52)	D 2.1-1	Φ 2.552	Ф (7.77)	Φ 26.600	Φ 06	<b></b>	Ф 122.226
Excess (deficiency) of revenues over expenses Other changes in unrestricted net assets	\$ (20.326) \$	142.673	\$ 5.544 \$	(24.304) \$	(352)	\$ 2.151	\$ 3.553	\$ (7.675)	\$ 26,680	\$ 86	\$ (5.704)	\$ 122.326
Change in unrealized gains and losses on assets												
limited as to use and investments	_	_	_	_	_	_	(508)	_	_	_	_	(508)
Net assets released from restrictions for							(300)					(300)
purchase of property and equipment	81	779	125	6	_	_		201	288	_	_	1.480
Distributions to partners	_	_	_	_	_	(2.132)	(3,145)	_	_	_	5.277	_
Other change in retirement liability	97.240	754	_	_	_	_	_	_	_	_	_	97.994
Transfers with affiliates	20,060	(40,700)	7,150	19.290	2,000				(7,800)			
Increase (decrease) in unrestricted net assets	97.055	103,506	12.819	(5.008)	1.648	19	(100)	(7.474)	19,168	86	(427)	221.292
Temporarily restricted net assets												
Net realized and unrealized gains and losses												
on investments	_	25	_	_	_	_	_	52	45	446	_	568
Net investment income	_	16	_	_	_	_	_	72	_	85		173
Change in net assets of Foundation	_	322	_	_	_	_	_	_	_	_	(322)	_
Contributions	725	2,858	125	6	_	_	_	158	400	155		4.427
Net assets released from restrictions	(630)	(2.827)	(125)	(16)				(341)	(360)	(478)	_	(4.777)
Increase (decrease) in temporarily restricted	0.7	201		(10)				(50)	0-	200	(222)	201
net assets	95	394	_	(10)	_	_	_	(59)	85	208	(322)	391
Permanently restricted net assets												
Net investment income	_	304	_	_	_	_	_	421	141	_	_	866
Net realized and unrealized gains and losses												
on investments	_	447	_	_	_	_	_	(84)	681	_	_	1.044
Contributions	_	25	_	_	_	_	_	- (121)	8	_	_	33
Net assets released from restrictions		(291)	_	_			_	(121)	(397)	_		(809)
Increase in permanently restricted net assets	97,150	485 104,385	12.819	(5.018)	1,648		(100)	(7.317)	433 19.686	294	(749)	1.134 222.817
Increase (decrease) in net assets	97,130	104,383	12.819	(3.018)	1.048	19	(100)	(/.31/)	19,080	294	(749)	222,817
Net assets												
Beginning of year	(291.511)	554.329	9.352	14.429	(70)	6.080	914	25.528	115,508	6.793	(10,700)	430,652
End of year	\$ (194,361) \$	658,714	\$ 22,171 \$	9,411 \$	1,578	\$ 6,099	\$ 814	\$ 18,211	\$ 135,194	\$ 7,087	\$ (11,449)	653,469

## WellSpan Health Care Services

# Consolidating Balance Sheet (In Thousands)

June 30, 2013

	Hea	ellSpan lth Care ervices	WellSpan Properties, Inc.	Apple Hill Surgical Center Inc.	WellSpan Pharmacy, Inc.	Healthy Community Pharmacy, Inc.	Community Healthcare Imaging Partners	Q-WH, LLC	Cherry Tree Cancer Center	Apple Hill Condominium Association	Littlestown Health Care Partnership	Consolidating Eliminations	Consolidated Totals
Assets											•		
Current assets													
Cash and cash equivalents	\$	- 5	6.631	\$ -	\$ 461	\$ -	\$ -	\$ -	\$ 499	\$ 765	\$ 185	\$ -	\$ 8,541
Due from affiliates		_	_	62	_	84	_	11	_	_	_	_	157
Patient accounts receivable, net		_	_	_	3.063	8	10	_	277	_	_	_	3,358
Other receivables		_	62	_	157	1	_	_	_	6	11		237
Inventories		_	_	_	3,111	25	_	_	_	_	_	_	3,136
Prepaid expenses		_	200	_	24	8	3	_	229	9	1	_	474
Total current assets		_	6,893	62	6,816	126	13	11	1,005		197	_	15.903
Board-designated investments		_	5.059	_	_	_	_	_	_	-	_	-	5.059
Property and equipment, net		_	77,796	_	1,031	197	155	_	2.162	1.059	2,809	_	85,209
Investments in joint ventures		8,954	_	183	_	_	_	_	_	_	_	(8.955)	
Notes receivable – affiliates		_	_	280	_	_	574	_	_	_	_	(854)	
Deferred financing costs, net		_	413	_	_	_	_	_	_	_	_	_	413
Other assets		_	69	_	55	_	_	_	_	_	_	_	124
Total assets	\$	8,954	\$ 90,230	\$ 525		\$ 323	\$ 742	\$ 11	\$ 3,167	\$ 1,839	\$ 3,006	\$ (9,809)	
Liabilities and net assets Current liabilities Current portion of long-term debt	\$	- 5	\$ 1.026	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1.026
Accounts payable and accrued expenses		_	1,140	4	64	5	272	_	93	298	4		1.880
Bank payable		_	_	_	_	11	402	_	_	_	_	_	413
Accrued salaries and wages		_	_	_	469	64	19	_	55	_	_	_	607
Due to affiliates		499	312	_	1.321	_	49	_	216	2	_	_	2,399
Total current liabilities		499	2,478	4	1.854	80	742	-	364	300	4	_	6.325
Long-term debt, less current portion		_	63.276	_	_	_	_	_	_	_	_	_	63.276
Note payable – affiliates		848	_	_	_	_	_	6	_	_	_	(854)	_
Interest rate swap contracts		_	11,550	_	_	_	_	_	_	_	_	_	11,550
Total liabilities		1,347	77,304	4	1.854	80	742	6	364	300	4	(854)	81,151
Net assets													
Unrestricted		7,607	12,926	521	6,048	243	_	5	2,803	1.539	3,002	(12,523)	22,171
WellSpan Health net assets		7,607	12,926	521	6.048	243	-	5	2.803		3,002		
Noncontrolling interest		_	_	_	_	_	_	_	_	_	_	3,568	3,568
Total net assets		7,607	12,926	521	6,048	243	_	5	2,803	1.539	3,002		
Total liabilities and net assets	\$	8,954	\$ 90,230	\$ 525	\$ 7,902	\$ 323	\$ 742	\$ 11	\$ 3,167	\$ 1,839	\$ 3,006	\$ (9,809)	106,890

## WellSpan Health Care Services

# Consolidating Statement of Operations (In Thousands)

Year Ended June 30, 2013

	WellSpan Health Care Services	WellSpan Properties, Inc.	Apple Hill Surgical Center Inc.	WellSpan Pharmacy, Inc.	Healthy Community Pharmacy, Inc.	Community Healthcare Imaging Partners	Q-WH, LLC	Cherry Tree Cancer Center	Apple Hill Condominium Association	Littlestown Health Care Partnership	Consolidating Eliminations	Consolidated Totals
Unrestricted revenues, gains, and other support												
Net patient service revenue	\$ -	_	•			\$ 920		\$ 2.288		*	Ψ	
Provision for uncollectible accounts				(35)	_	(102)		_			_	(137)
Net patient service revenue less provision for				(2.5)		010		2.200				2.071
uncollectible accounts	_	_	_	(35)	_	818	_	2.288	_	_	_	3.071
Other revenue		15,155	385	31.884	463	4	_	_	1,153	285	(173)	49,156
Total revenues, gains, and other support	_	15.155	385	31.849	463	822	-	2.288	1,153	285	(173)	52.227
Expenses												
Salaries and wages	_	_	_	4,153	463	842	_	705	_	_	_	6,163
Employee benefits	_	_	_	1.688	237	377	_	319	_	_	_	2,621
Professional fees	_	164	416	327	22	126	_	130	49	4	_	1,238
Supplies and other	_	4,006	11	27,775	471	712	_	685	1,003	37	(173)	34,527
Depreciation and amortization	_	2,790	_	172	46	61	_	538	113	100		3,820
Interest	_	3.290	_	141	7	_	_	_	_	_		3,438
Total operating expenses	_	10,250	427	34.256	1.246	2,118	_	2,377	1,165	141	(173)	51,807
Operating income (loss)		4,905	(42)	(2.407)	(783)	(1.296)	_	(89)	(12)	144	_	420
Other income (expense)												
Contributions	_	_	_	_	87	_	_	_	_	_	_	87
Investment income, net	_	_	_	1	_	1	_	_	2	_	_	4
Equity in income of joint ventures	(4.553)	_	44	_	_	_	(26)	_	_	_	4,579	44
Loss on sale of assets/other	_	(49)	_	1	_	(1,009)	_	3	_	_	_	(1,054)
Change in fair value of interest rate swap agreement	_	6,004	_	_	_	_	_	_	_	_	_	6,004
Other expense, net	(60)	_	_	(3)	_	_	_	_	(5)	_	_	(68)
Other income (expense)	(4.613)	5.955	44	(1)	87	(1.008)	(26)	3	(3)	_	4.579	5.017
Excess (deficiency) of revenues over expenses												
before noncontrolling interest	(4.613)	10,860	2	(2,408)	(696)	(2.304)	(26)	(86)	(15)	144	4.579	5.437
Noncontrolling interest	_	_	_	_	_	_	_	_	_	_	107	107
Excess (deficiency) of revenues over expenses	(4.613)	10,860	2	(2.408)	(696)	(2.304)	(26)	(86)	(15)	144		5.544
Other changes in unrestricted net assets  Net assets released from restrictions for purchase of												
property and equitpment	_	125	_	_	_	_	_	_	_	_	_	125
Dividends paid/stock issued	50	-	(50)	6,600	_	574	_	(250)	_	(250)		
Transfers with affiliates	6,600	_	_	_	550	_	_	(200)	_	(200)		7,150
Increase (decrease) in unrestricted net assets	\$ 2,037		\$ (48)	\$ 4,192			\$ (26)	\$ (336)	\$ (15)			
· · · · · · · · · · · · · · · · · · ·	,-67		. (10)	,	. (-10)	. (-3.60)	. (20)	. (000)	. (10)	. (100)	, . (-;,,,,,	

## WellSpan Health Care Services

# Consolidating Statement of Changes in Net Assets (In Thousands)

Year Ended June 30, 2013

	Heal	ellSpan Ith Care ervices	WellSpan Properties, Inc.	Apple Hill Surgical Center Inc.	WellSpan Pharmacy, Inc.	Healthy Community Pharmacy, Inc.	Community Healthcare Imaging Partners	Q-WH, LLC	Cherry Tree Cancer Center	Apple Hill Condominium Association	Littlestown Health Care Partnership	Consolidating Eliminations	Consolidated Totals
Unrestricted net assets													
Excess (deficiency) of revenues over expenses	\$	(4.613)	\$ 10,860	\$ 2	\$ (2.408)	\$ (696)	\$ (2.304)	\$ (26)	\$ (86	) \$ (15)	\$ 144	\$ 4.686	\$ 5.544
Other changes in unrestricted net assets													
Net assets released from restrictions for purchase													
of property and equitpment		_	125	_	_	_	_	_	_	_	_	_	125
Dividends received (paid)		50	_	(50)	6,600	_	574	_	(250)	) –	(250)	(6.674)	_
Transfers with affiliates		6,600	_	_	_	550	_	_	_	_	_	_	7,150
Increase (decrease) in unrestricted net assets		2.037	10.985	(48)	4,192	(146)	(1,730)	(26)	(336	) (15)	(106)	(1.988)	12.819
Temporarily restricted net assets Contributions Net assets released from restrictions		- -	125 (125)	<u>-</u>	- -	- -	-	- -	- -	- -	- -	- -	125 (125)
Increase (decrease) in temporarily restricted net assets		_	_	_	_	_	_	_	_	_	_		
Increase (decrease) in net assets		2.037	10,985	(48)	4.192	(146)	(1.730)	(26)				(1.988)	12.819
Net assets													
Beginning of year		5,570	1.941	569	1.856	389	1.730	31	3,139		3,108	(10,535)	9,352
End of year	\$	7,607	\$ 12,926	\$ 521	\$ 6,048	\$ 243	\$	\$ 5	\$ 2,803	\$ 1,539	\$ 3,002	\$ (12,523)	\$ 22,171

## WellSpan Specialty Services

# Consolidating Balance Sheet (In Thousands)

June 30, 2013

	5	VellSpan Specialty Services	NA Home Health Services	VNA mmunity Services	Consolidating Eliminations	Co	nsolidated Totals
Assets							
Current assets							
Cash and cash equivalents	\$	1.339	\$ 1.980	\$ 190	\$ -	\$	3,509
Patient accounts receivable, net		5.082	1.717	66	_		6.865
Due from affiliates		17	70	13	_		100
Other receivable		254	160	_	_		414
Inventory		682	7	_	_		689
Prepaid expenses		151	39	_	_		190
Total current assets		7.525	3.973	269	_		11.767
Investments limited as to use							
Board-designated		_	23,544	974	_		24.518
Temporarily restricted investments		_	1.215	_	_		1.215
Permanently restricted investments		_	2,626	_	_		2,626
Beneficial interest in perpetual trusts		_	2,999	_			2,999
		_	30.384	974	_		31,358
Pledges receivable, net		_	30	_	_		30
Property and equipment, net		68,628	529	3	_		69,160
Investment in joint ventures		_	8	_	_		8
Deferred financing cost, net		374	_	_	_		374
Total assets	\$	76,527	\$ 34,924	\$ 1,246	\$ –	\$	112,697
Liabilities and net assets							
Current liabilities							
Current portion of long-term debt	\$	800	\$ _	\$ _	\$ -	\$	800
Accounts payable and accrued expense		613	334	31	_		978
Accrued salaries and wages		1.249	857	45	_		2,151
Advances from third-party payors		125	-	-			125
Total current liabilities		2.787	1.191	76	_		4.054
Long-term debt, less current portion		58,749	_	_	-		58,749
Note payable – affiliates		31,683	_	_			31,683
Total liabilities		93.219	1.191	76	_		94,486
Net assets							
Unrestricted		(16,692)	26,773	1.170	_		11.251
Temporarily restricted		_	1.336	_	_		1.336
Permanently restricted		-	5.624	_	_		5.624
Total net assets		(16,692)	33,733	1,170	_		18,211
Total liabilities and net assets	\$	76,527	\$ 34,924	\$ 1.246	\$ -	\$	112.697

## WellSpan Specialty Services

# Consolidating Statement of Operations and Changes in Net Assets (In Thousands)

Year Ended June 30, 2013

	$\mathbf{S}_{\mathbf{l}}$	ellSpan pecialty ervices	]	A Home Health ervices	VNA Community Services	Consolidating Eliminations	.,	nsolidated Totals
Unrestricted revenues, gains, and other support								
Net patient service revenue	\$	30,185	\$	10,612	\$ 448	\$ -	\$	41.245
Provision for uncollectible accounts		(619)		(47)	(1)	_		(667)
Net patient service revenue less provision								
for uncollectible accounts		29,566		10,565	447	_		40,578
Other revenue		311		270	_	(214)	ı	367
Net assets released from restrictions								
used for operations		90		50	_	_		140
Total revenues, gains, and other support		29.967		10,885	447	(214)	1	41.085
Expenses								
Salaries and wages		11.926		7,760	471	_		20,157
Employee benefits		4,344		2,939	184	_		7.467
Professional fees		959		351	219	(214)	1	1.315
Supplies and other		11.822		1.716	35	_		13.573
Depreciation		4.913		117	_	_		5.030
Interest		4,541		_	_	_		4.541
Total operating expenses		38,505		12,883	909	(214)		52,083
Operating loss		(8,538)		(1.998)	(462)	) —		(10,998)
Other income (expense)								
Contributions		_		110	_	_		110
Investment income, net		4		2.978	158	_		3,140
Equity in income of joint ventures		_		73	_	_		73
Total other income		4		3,161	158	_		3,323
(Deficiency) excess of revenues								_
over expenses		(8.534)		1.163	(304)	_		(7.675)
Net assets released from restrictions for								
purchase of property and equipment		201		_	_	_		201
Transfers		_		(261)	261			_
(Decrease) increase in unrestricted net assets	\$	(8,333)	\$	902	\$ (43)	- \$	\$	(7,474)
		(5,225)	*		- (10)	-	**	( . , //

## WellSpan Specialty Services

# Consolidating Statement of Operations and Changes in Net Assets (continued) (In Thousands)

Year Ended June 30, 2013

	Sp	ellSpan oecialty ervices	NA Home Health Services	VNA Community Services	Consolidating Eliminations	Co	nsolidated Totals
Unrestricted net assets							
(Deficiency) excess of revenues							
over expenses	\$	(8.534)	\$ 1,163	\$ (304)	\$ -	\$	(7.675)
Net assets released from restriction for							
purchase of property and equipment		201	_	_	_		201
Transfers		_	(261)	261	_		
(Decrease) increase in unrestricted							
net assets		(8,333)	902	(43)	_		(7.474)
Temporarily restricted net assets							
Net realized and unrealized gains and							
losses on investments		_	52	_	_		52
Investment income, net		_	72	_	_		72
Contributions		55	103	_	_		158
Net assets released from restrictions		(291)	(50)	_	_		(341)
(Decrease) increase in temporarily							
restricted net assets		(236)	177		_		(59)
Permanently restricted net assets							
Net realized and unrealized gains							
on investments		_	421	_	_		421
Investment income, net		_	(84)	_	_		(84)
Net assets released from restrictions		_	(121)	_	_		(121)
Increase in permanently restricted net assets		_	216	_	_		216
Change in net assets		(8.569)	1.295	(43)	_		(7.317)
Net assets							
Beginning of year		(8,123)	32,438	1,213	_		25,528
End of year	\$	(16,692)	\$ 33,733	\$ 1,170	\$ -	\$	18,211

## York Hospital and Gettysburg Hospital (Obligated Group)

# Combining Balance Sheet (In Thousands)

June 30, 2013

	York Hospital	Gettysburg Hospital (Only)	Combining Eliminations	Combined Totals
Assets				_
Current assets				
Cash and cash equivalents	\$ 60,909	\$ 14,366	\$ -	\$ 75,275
Due from affiliates	3,25	7 123	_	3,380
Assets limited as to use	8	-	_	8
Patient accounts receivable, net	114,80	5 20,152	_	134,957
Other receivables	6,194	1,197	_	7,391
Inventories	5,483	904	_	6,387
Prepaid expenses	1,65	524	_	2,175
Total current assets	192,30	7 37,266	_	229,573
Investments limited as to use				
Board-designated	532,02	7 81,882	_	613,909
Temporarily restricted investment	388	181	_	569
Permanently restricted investment	373	-	_	373
Beneficial interest in perpetual trusts	6,694	<del> </del>	_	6,694
	539,482	82,063	_	621,545
Property and equipment, net	217,828	3 42,900	_	260,728
Investments in joint ventures	274	126	_	400
Notes receivable – affiliates	54,644	-	_	54,644
Deferred financing costs, net	1,87	5 188	_	2,063
Interest in net assets of the Foundation	4,942	2 15,023	_	19,965
Other assets	<del>_</del>	- 6,059		6,059
Total assets	\$ 1,011,352	2 \$ 183,625	\$ -	\$ 1,194,977

	York Hospital	(	Gettysburg Hospital (Only)	Combining Eliminations	Combined Totals
Liabilities and net assets					
Current liabilities	Φ 2.07	· Φ	122	Ф	Φ 2.100
Current portion of capital lease obligations	\$ 3.07		122	\$ -	\$ 3,198
Current portion of long-term debt	4.35		1,191	_	5,549
Accounts payable and accrued expenses	14,45		2.331	_	16,787
Accrued interest payable	1.57		6	_	1,582
Accrued salaries and wages	28,07		4,851	_	32,924
Advances from third-party payor	2,39		423	_	2,814
Estimated third-party payor settlements Estimated self-insurance costs and	4.76	2	(71)	_	4.691
postretirement benefits	78	4	_	_	784
Total current liabilities	59,47		8,853	_	68.329
Long-term capital lease obligations.					
less current portion	6,07	1	384	_	6,455
Long-term debt, less current portion	242,50	9	34,092	_	276,601
Accrued retirement benefits	17,68	0	_	_	17,680
Interest rate swap contracts	25,39	1	5,071	_	30,462
Other noncurrent liabilities	1,51	1	_	_	1,511
Total liabilities	352,63	8	48,400	-	401,038
Net assets					
Unrestricted	641,73	7	120,024	_	761,761
Temporarily restricted	4,86	9	178	_	5,047
Permanently restricted	7,16		_	_	7,166
Interest in net assets of the Foundation	4,94	2	15,023	_	19,965
Total net assets	658,71		135,225	_	793,939
Total liabilities and net assets	\$ 1,011,35		183,625	\$ -	\$ 1,194,977

## York Hospital and Gettysburg Hospital (Obligated Group)

# Combining Statement of Operations (In Thousands)

Year Ended June 30, 2013

	ŀ	York Hospital	ettysburg Hospital (Only)	Combining Eliminations	Combined Totals
Unrestricted revenues, gains, and other support		•	• /		
Net patient service revenue	\$	857,338	\$ 149,309	\$ -	\$ 1,006,647
Provision for uncollectible accounts		(35,979)	(11.405)	_	(47,384)
Net patient service revenue less provision for uncollectible accounts		821,359	137,904	_	959.263
Other revenue		16,845	3,024	(234)	19,635
Net assets released from restrictions				` ′	
used for operations		2,048	57	_	2,105
Net revenues, gains, and other support		840,252	140,985	(234)	981,003
F					
Expenses Salaries and wages		254,370	44,635		299,005
Employee benefits		101.933	16,636	_	118,569
Professional fees		110,288	18,685	_	128,973
Supplies and other		255,781	37,521	(234)	293,068
Depreciation and amortization		29,357	5,609	(231)	34,966
Interest		12,573	1,836	_	14,409
Total operating expenses		764,302	124,922	(234)	888,990
Operating income		75,950	16,063		92,013
Other income (expense)					
Other income (expense) Contributions		193	5	_	198
Investment income, net		52,858	7,204	_	60,062
Equity in income of joint ventures		2,371	456	_	2,827
Loss on sale of assets/other		45	3	_	48
Change in fair value of interest rate			· ·		.0
swap agreements		13,008	2,629	_	15,637
Other expense, net		(1,752)	(275)	_	(2.027)
Total other income		66,723	10,022	_	76,745
Excess of revenues over expenses		142,673	26,085	_	168,758
Other changes in unrestricted net assets Net assets released from restrictions used for purchase of property					
and equipment		779	97	_	876
Other change in retirement liability		754	_	_	754
Transfers with affiliates		(40,700)	(7,800)		(48,500)
Increase in unrestricted net assets	\$	103,506	\$ 18,382	\$	\$ 121,888

## Gettysburg Hospital

# Consolidating Balance Sheet (In Thousands)

June 30, 2013

	ettysburg Iospital	ettysburg Hospital oundation	solidating minations	nsolidated Totals
Assets				
Current assets				
Cash and cash equivalents	\$ 14,366	\$ 373	\$ _	\$ 14,739
Due from affiliates	123	_	_	123
Patient accounts receivable, net	20,152	_	_	20,152
Other receivables	1,197	4	_	1,201
Inventories	904	_	_	904
Prepaid expenses	524	6	_	530
Total current assets	37,266	383	_	37,649
Investments limited as to use	01.003	7 122		00.215
Board-designated	81.882	7.433	_	89.315
Temporarily restricted investment	181	634	_	815
Beneficial interest in perpetual trusts	 -	6,378	_	6,378
	82,063	14,445	_	96,508
Pledges receivable, net	_	85	_	85
Property and equipment, net	42,900	5	_	42,905
Investments in joint ventures	126	_	_	126
Deferred financing costs, net	188	_	_	188
Interest in net assets of the Foundation	15,023		(15.023)	_
Other assets	6,059	171	_	6,230
Total assets	\$ 183,625	\$ 15,089	\$ (15,023)	\$ 183,691

	Gettysburg Hospital	Gettysburg Hospital Foundation	Consolidating Eliminations	Consolidated Totals
Liabilities and net assets				_
Current liabilities				
Current portion of capital lease obligations	\$ 122	\$ -	\$ -	\$ 122
Current portion of long-term debt	1,191	_	_	1,191
Accounts payable and accrued expenses	2,331	62	_	2,393
Accrued interest payable	6	_	_	6
Accrued salaries and wages	4,851	_	_	4,851
Advances from third-party payor	423	_	_	423
Estimated third-party payor settlements	(71)	_	_	(71)
Due to affiliates	_	35	_	35
Total current liabilities	8,853	97	_	8,950
Capital lease obligations, less current portion	384	_	_	384
Long-term debt, less current portion	34,092	_	_	34,092
Interest rate swap contracts	5,071	_	_	5,071
Total liabilities	48,400	97	_	48,497
Net assets				
Unrestricted	120,024	7,894	_	127,918
Temporarily restricted	178	713	_	891
Permanently restricted	_	6,385	_	6,385
Interest in net assets of the Foundation	15,023	_	(15,023)	_
Total net assets	135,225	14,992	(15,023)	135,194
Total liabilities and net assets	\$ 183,625	\$ 15,089	\$ (15,023)	\$ 183,691

## Gettysburg Hospital

# Consolidating Statement of Operations and Changes in Net Assets (In Thousands)

Year Ended June 30, 2013

	Hospital	Foundation	Eliminations	Consolidated Totals
Unrestricted revenues, gains, and				
other support				
Net patient service revenue	\$ 149,309	\$ -	\$ -	\$ 149,309
Provision for uncollectible accounts	(11,405)		_	(11,405)
Net patient service revenue less provision				
for uncollectible accounts	137,904	_	_	137,904
Other revenue	3,024	374	(374)	3,024
Net assets released from restrictions				
used for operations	57	15	_	72
Net revenues, gains, and other support	140,985	389	(374)	141,000
Expenses				
Salaries and wages	44,635	189	_	44,824
Employee benefits	16,636	70	_	16,706
Professional fees	18,685	33	_	18,718
Supplies and other	37,521	93	_	37,614
Depreciation and amortization	5,609	2	_	5,611
Interest	1,836	_	_	1,836
Total operating expenses	124,922	387	_	125,309
Operating income	16,063	2	(374)	15,691
Other income (expense)				
Contributions	5	40	_	45
Investment income, net	7,204	553	_	7,757
Equity in income of joint ventures	456	_	_	456
Gain on sale of assets/other	3	_	_	3
Change in fair value of interest rate				
swap agreements	2,629	_	_	2,629
Other income (expense), net	(275)	_	374	99
Total other income	10,022	593	374	10,989
Excess of revenues over expenses	26,085	595	_	26,680
Other changes in unrestricted net assets  Net assets released from restrictions  used for purchase of property				
and equipment	97	191	_	288
Transfers with affiliates	(7,800)			(7,800)
Increase in unrestricted net assets	\$ 18,382	\$ 786	\$ -	\$ 19,168

## Gettysburg Hospital

# Consolidating Statement of Operations and Changes in Net Assets (continued) (In Thousands)

Year Ended June 30, 2013

	Gettysburg Hospital	Gettysburg Hospital Foundation	Consolidating Eliminations	Consolidated Totals
Unrestricted net assets				
Excess of revenues over expenses	\$ 26,085	\$ 595	\$ -	\$ 26,680
Net assets released from restriction for				
purchase of property and equipment	97	191	_	288
Transfers	(7,800)	_	_	(7,800)
Increase in unrestricted net assets	18,382	786	_	19,168
Temporarily restricted net assets				
Net realized and unrealized gains and				
losses on investments	(5)	50	_	45
Change in net assets of Foundation	1,316	_	(1,316)	_
Contributions	178	222	_	400
Net assets released from restrictions	(154)	(206)	_	(360)
Increase (decrease) in temporarily		· · · · · ·		
restricted net assets	1,335	66	(1,316)	85
Permanently restricted net assets				
Net realized and unrealized gains				
on investments	_	681	_	681
Investment income, net	_	141	_	141
Contributions	_	8	_	8
Net assets released from restrictions		(397)	_	(397)
Increase in permanently restricted net assets	_	433	_	433
Change in net assets	19,717	1,285	(1,316)	19,686
Change in het assets	17,717	1,203	(1.510)	17,000
Net assets				
Beginning of year	115,508	13,707	(13,707)	115,508
End of year	\$ 135,225	\$ 14,992	\$ (15,023)	\$ 135,194

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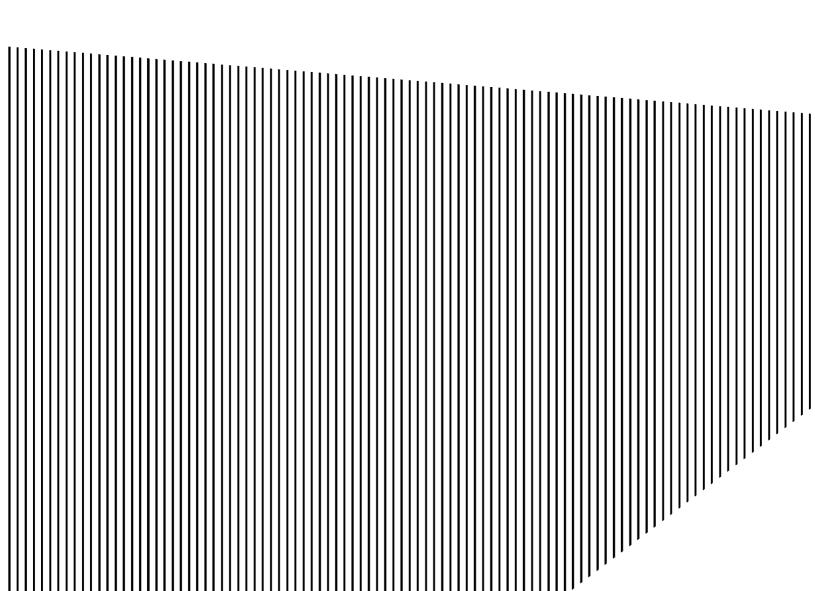
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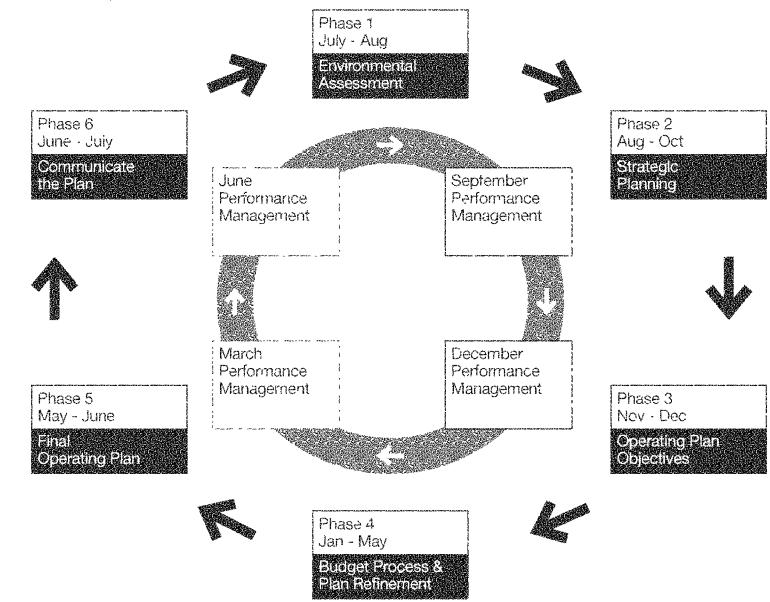


# The WellSpan Community Health Improvement Plan



# 

A continuous cycle of assessment planning, implementation accountability



## WellSpan's Mission

Working as one to improve health through exceptional care for all, lifelong wellness and healthy communities.

#### introduction

Lake many regions across the United States, south central Pennsylvania bas its share of challenges. Families lack stafficient health insurances overage. Young people are making choices that could adversely mapa; titheir health and their futures. And, increased long-vity and chronic illnesses translate to significant challenges for individuals and caregivers. While this list of issues is long, tonger still is the list of organizations and people who work collaboratively with WellSpan. Health to make the communities of south central. Pennsylvania healthier, better places to live, work and play.

WellSpan's journey in community health spans decades. What began in the early 1990s as a simple idea to establish a closer relationship with these communities has evolved into a core WellSpan value, a network of innovative programs, and a sustamble model for community bealth improvement that has a strategic, continuous focus.

WellSpan's communities to its communities is explicit and can be seen in its mission, governance, planning strategies and processes, as well as its organizational structure. For example, improving community health and serving local communities are orth-ided into the nine core strategies of the organization's strategie plan. Through these strategies and a cyclical planning process, board members, community members managers and physicians organe in community health assessment processes, develop promises for meeting the communities most significant needs, and review community health performance at least twice a year leaders are incontinued to achieve results. In order to ensure that intervolutions are impactful, integrated

and sustamable, they have required change, investment, partnerships and I big-term development. This communion has been championed by the system's Board of Directors, which has held management accountable, designated resources and become actively involved in our mission-driven programs.

The Patient Protection and Affordable Cine Act of 2010 (PPACA) strengthens the community health work WellSpan Health has led in local communities since the early 1980s. Additional assessment and is porting guidelines anable the further integration of confining pudelines anable the further integration of confining processes and system-wide adoption by various WellSpan entities.

# Community Health Needs Assessment (CHNA) Methodology

#### History of the Community Health Needs Assessment

WellSpan Health conducted its first Community Health Needs Ass serionts (CHNA) in York County in 1994 and in Adams Counte in 1996. Initially fed by WellSpan entities - York and Getty thurg clospitals In their respective country), these assessments were developed to enable WellSpan and its various entities to better understand the health needs of the communi tics it solves. A Community Health Needs Assessment is one method for collecting diverse information on a community and myo'res surveying a large quantity of residents on health, litertyle behaviors, finances, access to health services, and other related topics. Since it began conducting CHNAs in the early 1990s WollSpain Health has partnired with Healthy Adams Count, and the Healthy York County Chalitron to conduct an assessment every three to tear years. The CHNA process including survey development, data collection

and analysis, and result disserbination is led by both county-level health chaintons with financial and staff support from WolfSpan. Although CHNAs are not now to WolfSpan and the communities it serves, the Patient Protection and Affordable Care Act of 2010 (PACA) required that all non-profit, tax exempt his pitals in the United States conduct an assessment overy three years, dotermine health priorities, and prepare a multi-year strategic plan to address selected priorities. WolfSpan's nearly two decade history of conducting CHNAs has ably prepared it to respond to the senew requirements.

#### Planning for the 2012 CHNA

A task force of community organizations, led by the executive directors of Healthy Adams County and the Healthy York Councy Coalition, planned the 2012 CHNA. Conducting a community-wide CHNA requires input from diverse stakeholders and a community organization: partnered to provide guidance and support.

Adams-Hapover Counseling Services

Family First Health

Grey shure College

Hanover Flospital

Memorial Hospital

United Way Adams County

United Way of York County

WellSpan Health

York Oty Heald: Burean

York College of Fernisylvania

York County Community Foundation

Indication of the CHNA occurred through a contract with the Ployd institute for Public Policy at Franklin and Marshall Coilege. Dr. Berwood Vost, director of the institute and project consultant for the 2012 CHNA, has an extensive background couldnessed analyzing community and corporate surveys, and was well-positioned to lead the 2012 Adams and York County CHNA. This collaboration of community stakeholders determined the battery of survey questions, crocused data collection re-thodology, including sample size and method of obtaining data, reviewed the raw data and supporting charts and graphs, and identified the priority setting process to be utilized in community forums.

Planning for the 2012 CHNA included processes that captured community interests, reflected industry standards and were consumer friendly. Commutee members initially listed topics of interest (Table 1) and reviewed related questions primarily derived from the Behavioral Risk Factor Surveillance system (BRFSS). These questions were previously validated and utilized by the Centers for Disease Control and Prevention (CDC) in national and state-wirds survey distributents. Selected questions were their organized into four key areas—access, health behaviors, health conditions, and prevention behaviors—as determined by the CHNA planning commutee.

#### Survey Implementation and Data Analysis

A total of \$09 adults from Adams County and 1,001 adults from York County were interviewed between September 20 and November 9, 2011. The sample size represented the adult, non-metitutionalized population of both counties, including York City and the greater Hanover area. Supplemental data were compiled to expand upon the data collected from interviewees and enabled the development of a comprehensive CHNA. Examples of adultional data collected include demographic information from the US Consas Bureau trending data related to lifestyle and health derived from the Pennsylvania Department of Health (DOFF), vital statistics related to birth and death rates also from the Pennsylvania Department of Health, and healthcare quality and cost data from the

Fernsyrvania Health Care Cost Containment Council (PNC4)

Data analyzed by the Floyd Justitute for Public Policy included breakdowns by age, gender, geographic area are elethnicity, and means level. Additional cross-tabulations were conducted to demonstrate the complexites of some of the most striking CHNA results, such as the influence of disparities on particular variables. Results were shared with the CHNA planning committee in PowerPoint presentation and written reporting formats. Subsequent reports were inclined slightly before dissemblator, at committee fortuns in June 2012 and their availability on the website of both health cochitions.

Table I Team Tisk Suvey Topic Areas of	লই বিষ্ণান বিষ বিষয়ালয়ৰ বিষ্ণান বিষয়ালয়ৰ বিষয়ালয়ৰ বিষয়ালয়ৰ বিষয়ালয়ৰ বিষয়ালয়ৰ বিষয়ালয়ৰ বিষয়ালয়ৰ বিষয়ালয়ৰ বিষ
Actions to Control Ligh Blood Pressure	Frutes and Vegetables
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Asthma	Ficalth Status
Behavioral Health Measures	Household Needs
Cardiovasculai Diseaso Provalence	Immunization/ Adult Influenza
Cholesterol Awareness	Oral Health
Chrome Liealth Conditions	Prostate Cancer Screening
Colorestal Cancer Screening	Socondhand Smoke Policy
Demographic Measures	Tobacco Usa
Underes	Visual Impairment and Access to Eye Care
Exercise and Physical Activity	Weight Control
Fall,	Women's Health

# Priority Identification Process - Community and WellSpan Health

WellSpan relealth is fortunate in that many community inembers are interested in the current and future health of York and Adams County. In order to facilitate community support on key health issues, the 2012 CHNA planning communities reviewed the CHNA resorts and developed an initial list of community health priorities, based on

- Who is affected (The prevalence of direach of the health issue or concern).
- How we will reset (The ability of the community to respond to the priority),
- How many people we can help (The number of potential community members universed by the priority).
- What happens if we don't respond (The consequences of not responding to the priority), and
- What disparities exist and new we can insure that the disparities will be addressed.

A similar approach was used by WellSpan Health and its Community Bencht Council when identifying community health priorities for the integrated bealth are system (Table 1). Council members (Table 3) reviewed the CHNA results and ranked key indicators in each of the four rocus areas - access, health behaviors health conditions, and prevention behaviors, according to the same questions listed above. In addition, council members were made aware of the lealth priorities selected by the community at-large in order to identify opportunities to support community-wide efforts to address key issues.

Table 2: WallSpan Health and			
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Access (Did not receive	X		X
healthcare because of cose)			
Depression	X	X	X
Health Literacy		X	
Oral Floalth - Access &		<b>Y</b>	
Insurate C			
Overweight / Obesity	X	Z	X
Prenatal Care			X
Smoking / Tobacco Use	Y		X

Table 3: WellSpan Community Benefi	t Council Representation
Ambulatory Services	Neuroscience Services
Cardiovascular Services	Oncology Services
Community Health	Planang
Emery-ney Serve es	Pul lic Relati vis & Marketing
Fmance	WellSpan Administration
Healthy Adams County	WellSpan Medical Group
HealthConnect	WellSpan Surgery & Rehabilitation
Healthy York County Conhuen	Women and Child beaith Services
Health, York Network	

Although the priority identification process was similar between the community setting and WellSpan Health, the approach to addressing the identified priorities will vary siightly. As a health care system, WellSpan Health will respond to health and lifestyle issues as they relate to health are, access to care, education, and community capacity building. Comparatively, communities will primarily focus on influencing CPNA results through a policy and systems approach. By coordinating these

approaches WellSpan hopes to reach each layer of the socioecological model (Figure 1), thus maximizing the potential impact on an individual's behaviors and overall health

#### Tigure 1 Societoological Model

# **Public Policy** national, state, local laws and regulations

Community

relationships among organizations

Organizational

organizations, social institutions

Interpersonal

family, friends, social networks

lsubivibul

knowledge, attitudes, skills

## Community Health Priorities for FY2013-2015

WellSpan's Community Health Improvement Plan (page 9) provides a framework for the organization's programs and activities that promote health and wellness in response to the needs identified in the Ci INA. These areas of focus meets, t least one and often several of the community benchit guidelines of a morphotit health system, as outlined by the Catholic Health Association improving access to healthcare services, enhancing the health of the community, advancing an dical or healthcare knowledge, or tobering or roduling the builden of government of other community efforts. Specific priorities are then incorporated into WellSpan's arrenal operating plan and budge (

In addition, seven core principles are foundational to planning, reflected in each of the strategic areas and priorities and will enable WellSpan to meet the needs identified in the community health needs assessment. These principles are

- Adoption of a broad population health definition.
- Integration, of cultural competency and health. Interpretations
- Emphasis on valid rable populations and addressing unified health-related needs
- Collaboration with diverse populations and stakeholders
- Focus on prevention and pamary care
- Establishment of connections between health system, family and community
- Ongoing collection of deta, feedback and studencebased practice to inform decision-making

Based on Community Health Needs Assessment results, WellSpan's three-year priorities within its Community Health Imprevenient Plan include

- HEALTH EQUITY AND ACCESS: Manage the care of the uninsured and underinsured as a population and seek to maintain and, where feasible, improve access to medical care, oral health and pharmaceutical care
  - FY 2013-2015 Focus Maintain a strong safety net while evaluating and planning for the future of WellSpan programs to reach, engage and support the unipsized and undernisured population during a period of uncertainty related to the provisions of the Affordable Care Act
- AT RISK POPULATIONS: Provide clinical services which meet a significant community need for an at-risk population, but are not financially viable
  - FY2013-2015 Focus Develop and minate improvements in behavioral health services, including identifying and managing adults with depression.

- COMMUNITY ENGAGEMENT: Develop partnerships to assess health status, identify priorities and support complex issues which impact health
  - FY2013-2015 bocus—Engage the commonity, through coalitions and partnerships, to address the fallowing issues—end or life care health literacy, oral health, physical activity, and premital our?
- PREVENTION AND WELLNESS: Increase the number of people who are healthy and well by empowering people to take an active role in their health and addressing issues which contribute to preventable disease and injury
  - FY2013-1015 Focus Develop mustives and resources that sock to demonstrate improvements in two areas adult overweight/ obesity and tobasicouse

# WellSpan Community Health Improvement Plan

#### Mission

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#### Objective

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#### Community Banefit Measures

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Prevention and Wollness

#### Infrastructure for improving Community Health

## Organizational Engagement and Shared Responsibility

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#### Ongoing Needs Assessment

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#### Reporting and Accountability

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#### Health Equity & Access Strategy

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#### Prontes

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#### Ar-Risk Strategy

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#### Priculies

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#### Community Engagement Strategy

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#### Fuorities.

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Actively superartille actively prepriet initial goals, assume shired responsibility, and represent drives stakerakler persperities

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#### Individual Strategy

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#### Priorities

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#### Societal Shategy

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#### Priorities

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#### Core Principles

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Establishment of course considers on waithing their English and programmes. Or going one count of detayloods a sind productive-based course to indo it decision a risk of

Core Principles

Bold font indicates pricintly areas

# Health Equity and Access Strategy

# PRIORITY: #134 3235

WellSpan Health values the patr maprovicier relationship and has worked diligently, were the last decade, to increase a coss to primary care providers and specialists. In fiscally ear 2012, approximately 1.4 million patient visits were made to WellSpan Medical Group, a network of more than 500 primary care providers and specialists spanning 70 sites a coss the

community. A recent Commonwealth Fund report ranked access in York County in the top quartile nationally, coinciding with data from the 2012 Community Health Needs. Assessment conducted in York and Adams counties. Let ally 92% and 88% of Adams and York County adults, respectively, indicated that they have a personal physician.

Access to health care insurance in the area served by WellSpan Health also is high, with 91% of York County and 88% of Adams. County respondents advising that they have health care coverage. However, the definition for "health care coverage is ambiguous and may include commercial insurance, Michieal Assistance, Medicare and Health y York. Network (HYN) For nearly 10 years. WellSpan Health bas been the orinnary sponsor of Health y York N. twork, a regional access and charity care program in which 75% of local health care providers participate and offer free or discounted services to individuals meeting oligibility criteria. In 2012 Healthy York

Network partners provided more than \$31 million of free care to more than \$7.400 million mbers, \$34% of whom have one or more chronic diseases. This outroich minutive demonstrates community collaboration that has successfully met a community need and improved overall healthcare.

Shifts in health care financing and neur, nee options as proposed in the Affordable Care Act (2010), require both continued and new strategies to reach, engage and support the unustured and undernisured population in WellSpan Traith's communities. The petential for Medicaid expansion and/or the implementation of health insurance exchanges, either nationally or

Population of Interest	Estimated Population	Anticipated Impact	Annual Performance Metrics
i muisured	40,402 Uninsured Community Merabors (7,107 Adams County, 33,295 York County)	Improved access to care	- Amount (\$) or charity care provided
Individuds	7,432 HVN Eurollois	Population Management	% of LIVN members with one or more chronical discuses, % of impatient visits per member per year among HYN members with Colonary writing Diseaso (CAD) or diabetes
Niedwal Assistance Patients	40 402 Unusured Community Members (7,107 Admins County, 33,295 York County)	Improved access to core	Amount (\$) of Medicald shortfall, # of new patients on Medical Assistance accepted into all WellSpin of locations
Disparate Populations	6,823 Uninsured Community Members (Uninsured non- white)	Improved access to care	<ul> <li>of community members, by othnicity/race.</li> <li>oprofiled in available healthcare inverage as a result of ,</li> <li>community exerts</li> </ul>
Community	137,515 Without Dental Insurance (27,659 Adams County, 109,876 York County)	Improved access to earn	If of community members occosing oral health services at Yill-affiliated dental centers or at Family First Health in Adams County
At-Large	78,964 Adams Courty and 332,958 York County Community Members	Increased education	h of community members attending educational sessions on the Affordable Care Act and its implications

in Pinasylvania may confuse those roost in need of these programs. As such, WellSpan Ficalth and its community partners will create opportunities to

educate the general public and community agencies working with the uninsured and undemistred about implications of the Affectable Caro Act, explore

partnerships and models that expand outreach to this population on diverse health care issues, and other real-time data in the decision making process.

Cinjective	Factic  1.1 Develop and measure outcomes of Healthy York Network (LYN) as a collaborative, population health program for York and Adams county residents recovering charity care. All charitable operating units. Gettysburg Hospital. WellSpan Surgery & Rehabilitation Hospital, and WellSpan York Hospital – will participate in HYN.	Responsible Entity Corporate-HYN, WollSpan Vork Hospital WollSpan Gottysburg Hospital & WellSpan Surgery & Rehabilitation Hospital
<ol> <li>Mailized the care of the uninsured / underinsured as a population</li> </ol>	- 1.2. Begin to thin for the future goods of LDNs combises under insurance exchanges and Mistigail	Corporate-HYN, WellSpan McJacal Group
	1.1.3 Enhance partnerships with local Federally Qualified Health Centurs (FQHCs) to improve primary care- for vulnerable populations in York and Adams counties through the support of WellSpan York Hospital and WellSpan Gertysburg Hospital	2
	, 2.1. Review WellSpan Health's charity care policy annually and implement actions to educate patients about charity care and other payment options available to them.	System-wide
2. Connect pagents noneod with available	12.2 Utilize financial case workers, community health workers and other trained staff to enroll uninsured / uniderinsured patients in appropriate health care coverage (i.e., HYN, Medical Assistance)	Sy terr-wide
programs (e.g.: Medical Assistance, LYN)	2.3 Explore the feasibility of training and trilizing existing staff to scree as 'margators'—assisting patients with navigating hoolth assurance exchanges, as created under the Affordable Care Act	Corporate, WellSpan York Hospital, WellSpan Gettysburg Hospital & WellSpan Surgery & Reliabilitation, Hospital

Objective	Factic  3.1 Maintain access for uninsured individuals and those on Medical Assistance through primary care, specialist, and hospital-based sites including Thomas Part Family Practice Center (WellSpan York Upspital residency program), WellSpan Medical Group practices. WellSpan York Hospital clinics, and, the York Hospital Community Health Center.	Responsible Entity WellSpan Medical Group, WellSpan York Hospital, WellSpan Gettysburg Hospital and the WellSpan Surgery & Rehabilitation Hospital
3 Mainton and, when feasible, expand and coordinate the network of services for the	3.2 Rientity and implement a new health and wellness model in which HoalthConnect responds to needs in areas where mesonally unexplored gaps in care exist. This may rickide bringing mobile health to high concentration of poverty areas, new partnerships, or restructuring how mobile health services are provided.	WellSpan York Hospital (Health Connect)
umphase on pranary	3.3 Explore models to engage the low meome population on medication access and management issued to independ and compliance.	Corporate HYM and WGISpan Pharmacy
care and prevention, oral health, and affordable to ideations	13.4 Develop a strategy for improving access to low lost pharmacoutil als through Healthy Community Pharmacy in Adams County	Corporate HYN and WellSpan Pliameacy
	3.5 Increase access to eral healthcare through two WellSpan York Hospital-affiliated dental centers and a partnership with Family First Health in Adams County	WellSpan York Hospital and WellSpan Gettysburg Hospital
	3.6 Implement Bridges to Health, an initiative seeking to improve proper utilization of healthcare services among complex patients including creating community partnerships and developing an Adams County structure.	WellSpan Medical Group
4 Address disparities among factal, ethnic, other vuluerable	4.1. Utilize culturally appropriate lay-leader led intuitives as a velocic to identify and onroll our suited and/or underinsured community members in available coverage options.	WellSpar York Hospital and WellSpan Cottysburg Hospital (Community Health)
populations with a focus on African-Americans in York City and Latinos in Adams County	4.2 Identify future apportantics to expand an constitutive leader-driven networks to provide culturally appropriate health promotion and community engagement natiotives	WellSpan York Hospital and WellSpan Gettysburg Hospital (Community Flealth)
5. Increase community awareness of the Affortable Care A. Cand	5.1. Partner with local health coalitions to offer educational ressions for community agencies on the essentials of the Affordable Care Act and potential strategies to be useful resources to clients and patients.	System-wide, Corperate-HYN, Local Health Chalitrons (HAC & HYCC)
its impact on uninsured underinsured individuals	5.2 Develop and implement a plan, in partnership with community agencies, to educate community in indersibility about the Affordable Care Act and to increase their understanding of aid response to personally significant aspects of it.	System-wide, Corporate HYN, Community

System wide refers to all WillSpan Health ordines, including. Corporate Functions, WillSpan Certysburg Hospital (GiF), SouthCentral Preferred (SCP), VNA Home Cate (VNA), WillSpan Medical Group (WMG), WellSpan Surgery and Rehebilitation Hospital (WSR) I), and WellSpanYerk Hospital (VII)

# At-Risk Strategy

# PRIORITY: 数层平面电影

Population of Interest	Estimated Population	Anticipated Impact	Armual Performance Metrics
WellSpan Medical Group	77.586 of unique WMG patients seen in 12	Increased identification	# of patients who are screened for depression within the primary care
Patients	กางแปร		setting
Community At Large	78,969 Adem County and 332,958 York	hier used education	# of community members who are oducated about effective ways to
Community Actuals.	County cororaomy		, manago depressión
	ii ombirs		

In 2012, one in five adults—approximately 70,000 community members—reported that they were diagnosed with seriac form of depression. Given the stigma often associated with this condition, this statistic is believed to be relatively low and maccurate. Data demonstrate that women were more likely to be diagnosed with depression possibly since they may have cought care and treatment, as well as individuals fixing in poverty and those who have been diagnosed with licert disease, heart attack, or stroke Chapparatively, individuals who are married are less likely to have a depressive disorder.

Behavioral health issues including depression, impact our communities much like others across the United States. As the largest healthcare and behavioral health provider in our area. Well-Span Health cares for many patients suffering from Copiession and other pohavioral health issues. Most regional health systems no longer sponsor behavioral health strikes because of the low-level activities a network of behavioral health provides a network of behavioral health services which meets a significant need in the local population. Despite our successes and the challenges associated with providing behavioral health services when improve upon the ways in which we identify and refer those with depression, manage the care of

patients with compley physical and behavioral health issues provide behavioral services in community and clinical settings, and increase awareness about depression. The strategies we employ may not initially reduce the rate of depression, but they will improve intermediate outcomes such as the quantity of patients screened for depression by their primary care provider and how patients diagnosed with depression receive the assistance needed to manage their health more effectively.

Objective	Tactio	Responsible Entity
I therease the number of pagents who are screened for depression within the	Distribute a depression survey instrument to primary care providers acros. Adams and York countries and analyze the associated results to determine areas of focus. The survey instrument should include questions related to screening for and managing patients with depression, and identifying resources included to asset primary, are providers.	WellSpan York Hospital and WellSpan Getwsburg Hospital (Community Health)
primary care letting	1.2 Based on results from the depression survey, implement a standardized screening and referral algorithm within primary care practices	WellSpan York Hospital and WellSpan Geographics (Community Health & Behavioral Health), WellSpan Medical Group
	2.1 Develop opportunities to recruit mid-level behavioral health providers to Well-Span Health	WellSpan York Flospital and WellSpan Gettysburg Hospital (Behavioral Health)
2. Improve access and quality of care by indesigning the model by which behavioral health services are provided by WellSpar, Health	2.2 Integrate behavioral health training and resources into the WellSpan Medical Coroup health coach curriculum	WellSpan York Hospital - Community Health, WellSpan York Hospital and WellSpan Gettysburg Hospital (Behavioral Health) WellSpan Medical Group
	2.3 Conduct a prior princet in which a behavioral health therapist serves as a resource and provides support to one or more (maximum of 3) WellSpan Medical Group practices	WellSpan York Hospital and WellSpan Gertysburg Hospital (Behevioral Hoalth), WollSpan Medical Group
3 Improve the management of patients with complex behavioral and physical	3.1 Explore the development of a stratification process for behavioral health patients, with a possible connection to existing systems (i.e. PCMI) candidate list).	Corporate, WellSpan Medical Group
Lealth issues within the Patients Centered Medical Home (PCMH) model	5.2. Assess the efficient of mutitating interdisciplinary team meetings that engage physical and behavioral health providing interdisciplinary dialogue about the management of complex-assue patients within primary care.	WellSpan Yorit Hospital and WellSpan Getcysburg Hospital (Behavioral Health), WellSpan Medical Group
I increase community awareness about depression and available resonates in the community	4.1 Implement a community-wide compaign that educates the public about effective ways (i.e. physical activity, nutrition) to manage depression	WellSpan York Hospital and WellSpan Gettyshing Hospital (Behamoral Health & Community Health)

# Community Engagement Strategy

Cultivating mutually beneficial parmy iships throughout the community it serves is integral to the mission of WellSpan Health, the largest coupleyer and health care organization in York and Adams counties. The partnerships that WellSpan forms and cultivates have demonstrated the ability to maximally impact the health of the community.

WellSpan's communent to compute its partnerships is evident in many ways including the operational and funding support provided to Healthy Adams. County and the Fiealthy York County Coalition, the cruties responsible for co-leading the 2012 CHNA, and in serving as the catalyst and primary resource for other collaborative community health initiatives. Maintaining and strengthening these partnerships is

essential to our organization and the health of the community. As new partnership opportunities present themselves, WellSpan will continue to assess its role in and support of them.

Population of Interest	Estimated Possibilion n/a	Anticipated impact  Continuity encacement	Annual Performance Metrics Finencial support, including in- kind contributions, of community based coalitions
Community At Large	n/a	Community engagement	Amount of funding (\$) distributed to community organizations through the community partnership grant process

Objective	F. E	tic	Responsible Entity
	] ]	Continue to build community capacity to address health priorities through stoffing and financial support, as appropriate to county-level health coalitions (Healthy Adams County and Healthy York County Coalition) and support the coalitions in addressing community environment and policy changes in key areas - end of life care, health literacy, oral health, physical activity, and prenatal care.	Corporate, WellSpan York Hospital and WellSpan Gettysburg Hospital
1. A tavely support the devolopment of coelitions which promote mutual goals, assume shim-direspoosibility, and represent diverse stakeholder perspectives.	12	Decrease the meidener of preventable injury in children in key areas. Incycle safety, child passenger safety, Cribs for Kids (infinit safety), and, home safety by coordinating mutatives as the lood agency for Sare Kids York County and indicativing apportunities to strengthen support for the Safe Kids Adams. County shapter	WollSpan York Hospital and WellSpan Gottysburg Hospital (Community Health)
	13	Maintain collaborative relationships with county-specific Children's Advocacy Centers and define the future collaboration model that ensures the effective at definely collection of child abuse information, prosecution of individuals, and reduction of abuse	WellSpan York Hespital and WellSpan Getry-burg Hespital (Enic gency Departments)
	14	Develop local and regional partnerships through Aligning Forces for Quality to enable stronger patient engagement and better chronae discusse management.	Corporate. Aligning Forces for Quality (AF42) (Ram.
2 Provide grants and in kind sapport	2.1	Provide community partnership grants, not to exceed 20 % of revenue distributed by WellSpan's for-profit entities	Corporat-
to comprofit parmers working to address community health-related priorities	2.2	hippore the process for evaluating community partnership grants and ensuring their alignations with community realth priorities and goals.	Comerate
3 Regulerly conduct a Community Health Needs Assessment (CHNA) which includes a prioritization process, with community partners	3.1	Engage community partnerships and a contracted vendor in the survey development, data collection and analysis, community engagement, and public reporting components of the 2015 CHNA process.	System wide, Community Fartners

# Prevention and Wellness Strategy

The delivery of health care in the Urati d States is shifting from a predominantly care and treatment model to one-focused on prevention and wellness. While continuing to ensure that the acutely sick receive appropriate care, hospitals and health care systems are also employing strategies designed to keep healthy individuals and those with chronic disease healther longer. As a result WellSpan Health is transforming

care for the community members it serves. Creating patient-centered medical homes within WellSpan Medical Group primary care practices, implementing patient engagement initiatives and redesigning work based on a population health approach are a few of the factics that WellSpan believes will enhance prevention and wellness throughout our organization and in the community beyond

# PRIORITY: A SANGE OF THE PRIORITY OF THE PRIOR

More than two out of three York and Adains County adults - 67% in York County and 74% in Adains County - were classified as overweight or obese in 2012. The prevalence of orchweight and obesity crosses county lines and does not the immate by age, gender, race or othnicity, or socioeconomic status. If invever, recent data suggest that some population groups are more affected by this concerning health inside.

- Non-Hispanic Black residents of the community have a much higher probability of being obese than do members of other racial and othnic categories,
- Adults with dialictes are more likely to be obese, and.
- The likelihood of objecty mereases as educasional attainment declines and as economic hardships merease

Adult or crweight and obesity rates in our commutaty have risen for at least the past decade, and are often numbured to unhealthy eating and physical activity behaviors. Being overweight or oblise mereases thrusk of observe conditions such as diabetes, high blood pressure, high cholescerol, cancer, near this ase and stroke. These obesity-related conditions may require significant healthcare resources to manage and may negatively impact the cost of healthcare.

Population of Interest	Estimated Popula- tion	Anti-bales Model	Annual Performance Metrics
	177 586 unique WellSpan Medical Group pagents secretic 12 months	horeased identification	% if WellSpan Medical Croup paties its for whom a Body Mass Index (BMI) was calculated within the last year.
WeliSpan Medical Group Patients	54,698 WellSpan Medical Group adult patients estimated to be overweight or obese	Increased referras	% of WellSpan Medical Group patients referred to appropriate weight management or related services froe dictional, health education classes)
Community At Large	78,969 Adams County and 332,958 Yerk County community members	Increased perturbation	it of community members who participate in healthy eating, physical activity and/or weight management programming offered by WellSpan Health
WellSpan Employees	, 9 148 employees	Increased participation	# of WellSpan employees who porticipate in healthy cating, physical activity and/or workfit management programming offered by WellSpan Floalth

Well-Span is committed to reversing the upward userd in adult overweight and obesity in our communities, but recognizes the challenges inherent in this goal. We believe that educating nations about how to reach and maintain a healthy weight, improving the management of patients who are overweight or chose, redesigning distants to encourage healthy eating and physical adults behaviors, and promoting a healthy work for clare a few evidence-based strategies that will enable us to begin to initigate the negative impact of converght and obesity in our communities.

Objective  1. Develop and implement a system- wide approach to the identification provention, and management of adults	Tactic  1.1 Implement as interdisciplinary workgroup within WellSpan Health to overse, utilization of cyldence based nutrition, physical a tivity, and weight management guidance in community and system ruessage dissemination, resource development, and staff training	Resconsible Entity  System-wate
at-risk of or classified as overweight or obese (BMI 225)	1.2. Utilize mapping resources to identify and correlate areas of York and Adoins counties with high rates of adult overweight/obesity, powerty, food deserts, existing community resources, and other factors as deemed appropriate.	WellSpan York Flospital and WellSpan Gettysburg Hospital (Community Health), Corporate
<ul> <li>Incresses the unitration of eCare (FI (R) to manage the weight status of WellSpan Medical Capup patients</li> </ul>	2.1 Institute a point-of-do ision algorithm within eC are (ELTR) by which WellSpan provid as ducat patients identified as overweight or obese to specific rangement resources appropriate to them	WellSpan York Hospital WellSpan Gettysburg Flospital, WellSpan Sucgery & Rehabilitation Flospital, WellSpan Medical Group and Corp nati
	2.2 Assess the petential of developing the functionality to monitor and report Body Mass Index (BMI) creads in eCare (FLIR)	Corporate
3. Imprise the care and treatment of inerweight/obese adoles who are	3.1 Implement and analyze results from a primary care survey, that identifies current practices in promoting healthy cating physical activity and weight management behaviors, bairners to prevention and deatment of adult overweight/obesity + union resource infiltzation and needs and opportunities to majoing support	WellSpan York Hospital and WellSpan Getersburg Hospital (Coroniumty Health)
managed by WollSpan Medicar Group pamary care practices	3.2 Implement a prior program that provides low-income patients with bealthy eating guidence, and fruit 8-ve getables 'prescription' conchers redeemable at participating farment' markets.	WellSpan Medical Group, WellSpan York Hospital, WellSpan Geitysburg Hospital (Community Health), Community Partners

A increase the proportion of community members who engage in healthy eating and playar allas axity ochaviors as a means to manage their weight.	Implement a social marketing compaign that interactively engages community to conserve in improving their healthy eating and physical activity behaviors and managing their weight status. This campaign may have multiple facets to read as gine its at the population (i.e. I real employers) as needed.  Continuely articiships with community organizations to support the development and implementation of environment and policy changes that support healthy outing and physical activity. These include active living design principles safe routes to schools programming, community gardener and local growers engagement, and healthy food distribution processes.	Responsible Entity  WellSpan York Hospital, WellSpan Getwishing Hospital (Community Health) SouthCentral Preferred -WellAdvised WellSpan York Hospital and WellSpan Gettysburg Hospital (Community Health)
	5.1. Fully implement the 'Guidelines for Offering Healthy Foods at Meetings and Functions' at WellSpan Health	Systemanide
5. Increase the proportion of WellSpan employees who engage in healthy eating and physical activity behaviors as a means to manage their weight	5.2 Identify opportunities to improve healthy foll dioptions in dining areas and vending much mes at WeilSpan Health facilities.	System-wide
	5.3 Identify opportunities to integrate healthy enting milistages with a weight libs opportunities to integrate health employees.  Transferrance program available to WellSpan Health employees.	WellSpan York Hospital, WellSpan Getersburg Hospital (Community Health), SouthContral Preferred -WellAdvised
	5.4 Implement a pilot 'farm-co-work' mutative in partnership with communit, growers, which increases WellSpan employee access to local fruits and vegetables.	Community, WellSpar York Hospital and WellSpan Gettysburg Hospital (Community Health)

# PRIORITY: 1988 1989

Despite national and local efforts to prevent and reduce its utilization, tobacco use remains a leading unboalthy behavior and contributor to chronic diseases such as cancer, cardiovascular disease, respiratory illinosses, and reproductive concerns among pregnant women and we men of childbearing age. In 2012, 22% of York County and 21% of Adams County adults identified themselves as regular smokers. This statistic does not account for adolescent tobacco use or adults who arrive smokels so or other forms of tebacco. Data snow that non-Hispanic whates are more likely than Hispanics and non-Blacks to be regular smokers. In

addition, individuals in poverty or votinger in age are more likely to be tobacco users. According to 2012 data, non-Hispanic white adults ages 35-54, living in poverty are triedicted to bace a 63% probability of becoming simpler, compared to a 32% tikelihood of nen-Hispanic black adults of the same age range and living in poverty.

The harmful effects of teleneed use not only impact the user but also those who are exposed to secondhand smoke. Therefore, the health tisk of tobacio use extends to family members, friends, work colleagues and others with whom the tobacio user has contact. Therefore, it is important that tobacio dievention and cossation efforts engage diverse aspects of the community and the health care system: Recognizing this issue, WellSpan Health partnered with other healthcare providers in York and Adams countries to enact tobacco-true policies on all its camposes in 2006. This initial chategy encouraged tobacco-cessation.

among some users—employees, patients and visitors to WellSpan facilities. However, additional steps must be employed to increase awareness about the health and financial benchts of tobacco cosation, engage health care providers in intervening with and referring tobacco users co cosation programs, standardize colares accessation services, and focus provontion and cossation programming on speeche population groups

Population of Interest	Estimated Population	Anticipated Impact	Annual Performance Metrics
WellSpan Wedkal	177,580 unique WellSpan Medical Group patients seen Im last 12 months	in r-asod id mate ation	% of WellSpan Medical Croup patients with whom a tobaccomquev was made within the last year
Group Parients	. 16,680 WellSpan Medical Group adult patients restimated to be smokers	Increased referrals	% of identified toboo of users within WellSpan Medical Group who are befored to available tobacco cessation services
WellSpan Employees	9 148 employ ses	Increased participation	H of WellSpan (mpley res who attend a Tobacco Cessation 101) (ourse
Local Employers	<ul> <li>147 employer groups</li> <li>137 in Adams County and</li> <li>110 in York County</li> </ul>	Increased participation	for local employer groups (greater than 100 cmployees) by county, requesting tobacco cessation services from WellSpan Health
Prognant Wonten	, 21,731 females who smoke (April 15,44)	Increased outreach	# of pregrant women receiving a tobacco cessation packet

Objective	Edic	Responsible Emily
	1.1 Develop resources that educate hospital-based providers to provide brief interventions and referral to tobacco cessarion services for identified or suspected tobacco users using the cyldanes-based 5A methodology.	WellSpan York Hospital and WellSpan Gerasburg Hospital (Community Hoslith)
I Increase the number of radividuals identified as abacen users and referred to available robacen cossauen services	1.2 Implement a standardized screening and referral process within WellSpan Medical Group primary care practices to provide brief interventions and refer to tobacco cessation services for identified or suspected tobacco users, using the evidence-based 5A methodology.	
	1.3 Unlike the existing WellSpan Medical Group (WMG) population health dashboard to increase the percentage of patients asked if they are tobactorus and refer tobacco users to available cessation in ources.	WellSpan Medical Group ers.
	2.1 Standardize how Community Health offers individual (1 on 1) tobacco constation counteding services for patients across all counties served	WeilSpan York Hospital and WeilSpan Gettysburg Hospital (Community Health)
2 Bucrease the number of tobacco usors who access WellSpan Tobacco Cessation Services and receive individualized assistance with their attempt to quit	2.2. Promote the WollSpan Litealth Tobacco Cossution 103 course to WollSpan Houlth couploveer, and families who are identified as tobacco users	WellSpan York Hospital and WellSpan Getevsburg Hospital (Community Health), SouthControl Preferred -WellAdvised
	2.3 Enhance apportunities for local employers to request and provide comprehensive tobacco dessation services for their employees, through WellAdvised hasiness support services.	South Control Proteriod-WellAdvised
	2.4 Develop an educational strategy in which all WellSpan physicians and staff a educated on new tronds in tol accords and effective treatment	e WeilSpan York Hospital and WeilSpan Gettysburg Hospital (Community Health)

Objective	icie	Responsible Entity
	<ol> <li>Develop a WellSpan Health Tebacco Cossation Services brochure and distri- u diverse napulzuons</li> </ol>	douce - WellSpan York Hospital and WellSpan Gettysburg Hospital (Community Health)
3 have so community awareness about the health and treaneral benefits of tobar co consumer, reduced accordhand smoke exposure, and the availability of community resources	<ol> <li>Develop a community-based educational strategy that raises tobacco aware and encourages tobacco users to quit</li> </ol>	ness - WellSpan York Hospital and WellSpan Gertysburg Hospital (Community Health)
	3 Integrate secondhard smoke exposure educational recourses into existing hand car satisfy-related initiatives (i.e. bonie visits by WollSpan VNA Home Care, duld passenger safety seat checks through Sate Kids).	ome - WellSpan York Hospital and WellSpan Gettysburg Hospital (Community Hoald), VNA Home Care
	4. Participate in community related tobacco prevention task forces and, when necessary, serve in the lead tole.	WellSpan York Hospital and WellSpan Getty burg Hospital (Community Health)
4 Increase the number of tabacca users from specific population groups who receive prevention advice and	1. Develop a tobace constation resource packet specific to program v and smo- for program deviales identifies as tobaceo users.	king - WellSpan York Hospital and WellSpan Gettysburg (Tospital (Community Health & Women's Service Line)
cessation support to ensure all residents have equal access to tobacco cossoion services, evidence-based tools and best practice strongics	<ol> <li>Develop and provide a tobacco cessation program in Spanish for Latinov Hispanic patients who identify themselves as 'light smokers' social smokers'</li> </ol>	WeitSpan York Hospital and WeitSpan Gettyrburg Hospital (Courteemity Health)
5 Strongthon WelfSpair Health's custing tobacco-free campus policy by prohibiting the osc of tobacco products by employees at any time during their work shift.		System-wide

# Past Successes Translate into Future Opportunities

WellSpan Health's commitment to the overall health of the commanity it serves is evident in the initiatives with which it has been involved and the financial resources it has allocated ever the last fifteen years. In 2012, more than \$6,750 individuals were reached through community education and outreach programs costing the system an estimated \$6 indhon. WellSpan Health also provided over \$100 indion in one for the unusured and undergoined, as follows.

- \$70.2 million in the care to patients who participated in the charity care program
- \$64.8 million and \$58.8 million in cost greater than what was remahursed through Medicare and Medicard, respectively.
- \$26.2 million in services to patients who received care for which they could not pay and who did not participate in the charity care program, and,
- \$15.2 million to support services that provided discounted medical, dental, and pharmaceutical care to those in need.

A sample of recent natiatives that demonstrate WellSpan's ability to ougage the community and promote health follows

## **Building Community Capacity**

Healthy York County Coalition (HYCC) and Healthy Adams County (HAC) were established in the mid-1990s as collaborative agencies that seek to improve the health and wellness of York and Adams counties HYCC and HAC are dedicated to identifying and addressing the root causes of discase in the community and unline a collaborative problem-solving approach that engages many facets of the diverse communities they serve. Both coalitions are dedicated to long and short-term strategies that inflicence the policies and systems impacting the health of York and Adams county residents. Although WellSpan (Tealth supports the coalitions financially, their decision-making is guided by community partners and collaborative agencies.

Both conlitions have contributed to communicy-level policy and systems changes sing other development. For example, the coalitions have secured \$3.1 million from the Robert World Dhas in Foundation to establish the Aligning Forces for Quality- South Contral. Pennsylvania program, a collaborative program that improves health care quality and across for community members in York and Adams counties. The coalitions have also improved dental care across tor underserved community members due to the expansion of the Hoodner and Bentzel dental centers.

Building community capacity through collaboration is crident in the courtion and sustaining of both FIYCC and FIAC. By bringing together community agencies, organizations and those who are passionate about improving the health and welfness of the community the coalitions are well-positioned to impact the community identified piterities of the 2012 CHNA.

## **Childhood Injury Prevention**

Accidental many is the number one coase of death among children ages 14 and under in the United States Factivear one out of every tour children med-midical attention for an accidental injury. Safe Kids Vork County, a coalition of public, private, and voluntary organizations, identifies and prevents childhood injuries through education, networking and advocacy. Safe Kids York County is supported financially by WellSpin Fiealth and is led by a WeliSp in Health staff in ember sale Kids York County promotes bicycle, pedescrian. home, spon and child passenger safety through its various programs and initiatives. For example, the Safe-Kids Buckle. Up program offers parents and caregivers hands on pistruction about car seets, booster seats and seat belts, and presents interactive educational program. for children ages 14 and under. Another exemplary program is the York County - hapter of Cribs for Kids, which has been providing cribs and oducation to ramines without a safe place for their baby to sleep. since 2005.

Saf-Kids York County believes 'keeping children safe is an incestment in their lives and in the future of our world. With education, resources and better laws to protect our children, we are making a difference." List veat, Safe Kids York County intuatives reached more than 3,600 men, venion and children with a more than \$52,000 comantment from Well-Span. Well-Span Health remains committed to this vital, community collaboration and to the protection of children from accidental injury.

#### Oral Health

For struggling families who lack insurance, dental care often renks pretty low on the list of priorities. In rural areas where dentists are scarce, finding all ridable dental care may seem nearly impossible. To address the problem, WellSpan Health has engaged community organizations in both York and Adams counties.

In York County, WellSpan and the Oral Health Fish Force of the Healthy York County Coalition have collaborated to reduce the nicidence of dental cavities among York County finding a through provention education, adviscacy for improved across to aral health services in the community, broader promotion of dental scalant applications for children, and promotion of dental screenings. In addition, they have combined efforts to finoridate the local public water supply and have expanded the availability of oral health services at the Hoodney and bentzel dental orators.

A partner hip with Family First Health, a comprobt federally qualified health center (FQFIC) serving York and Adams counties, enabled the opening of a state-of-the-art dental facility in Gettysburg in 2012. Facility first Health accepts all forms of insurance including Medicaid, and offers discounts to uninsured patients based on their family size and income. The dental center treated 500 people in its first 90 days, a third of which were young children WeilSman Health has worked to provide greater incress to dental care for underserved and uninsured people in Adams Counts, for several years. Dental services new available through Family First Health to present the efforts of long-standing community organizations and computted induduals.

WellSpan believes its work in oral health is far from over The expansion of dental service, available to community merobers has been an initial step in improving the oral bealth of the community. Continuation of these efforts recritically important and WellSpan remains commitment to this important health issue.

## **Outreach to Underserved Populations**

Cardic vascular disease ranks among the riost dangerous chronic illnesses currently plaguing the United States and is responsible for 33° c. of all deaths each year, according to the American Heart Association. Cardiovas ular disease is one of many chronic diseases that disproporationately affects cream.

racial/ethnic groups, the African An orican population is disproportionately affected by heart disease, diabetes and high blood pressure. As a result, WellSpan Fleahli has discloped several community programs that aim to apportically improve the cardiovascular health of this underserved group.

Last year the WellSpan York Hospital Tamily Medicine Residency Program coordinated "Barbors with a r leart im collaboration with the City of York. The program engaged local barbors in educating their clients about hypertension and provided resources for on-sire blood pressure measurement. Additionally, WellSpan established the 'For Heart's Sake' instrative in 2007 temprove the cardiovascular health of African Americans in the City of York. To date, seven screening events have occurred, reaching nearly 500 commonity members in subsequent 10-wielk Zumba program was offered free to participants in partnership with a local churcle. Attended regularly by 55 community members, weight loss and blood pressure imprevement among some partrapaids was noted. Dittine plans include the implementation of a nutrition component

These and other outreach initiatives to undersorted populations demonstrate WellSpan's dedication to undersorted populations. Whether it a using on ordinascular drasse or other conditions after ting community, members, WellSpan's committed to impacting these groups through a vidence based, culturally appropriate initiations.

# Sexual Assault Forensic Examiner (SAFE) Team

A trage reality of our current US culture is the widespread physical and sexual abuse of children A 2006 CDC study suggests that one in four pils and one in sice boys are sexually abused before the age of 18. In addition to differentiate how to stop abuse before it starts, there is a need to identify the best meens of essisting a child once the abuse has occurred. After a child discloses abuse an appropriate response is extremely important to their healing process. In the past, no mechanism existed to coordinating the services needed to respond to such a case. Instead, a child would be shuffled between various agencies requiring the victim to retell his story multiple times evidiy releting the pair and confusion surrounding the expertence.

Diagnosing child abuse requires a high level of precision, imisdiagnesing a victim can lead to death from further injuries before the abuse is discovered. These alarming statistics ignited a unique pirtuership with the York County Children's Advocacy Center and the Adams County Children's Advocacy Center. In 2007, WellSpan expanded its Sexual Assault Foreisic Examine? (SAFE) Nurse Program, which had already been providing services to victims of demestic and old a abuse must two hospital emergency departments, to provide expert medical evaluations and services to pediative victims of abuse. Today, the members of rice refer used Foreisic Examiner Team also conduct exams in the privacy of local Children's Advocacy.

skills required to conduct an exam, interpret findings and testify in court, this program has greatly expanded access to expert evaluations. Focusing on a child's developmental, emotional physical and cognitive mods, centers are able to reduce the stress associated with an evaluation, but the child and supportive adults to behavioral supplier solvices and increase the likelihood of bringing perpetrators to justific

In Local year 2012, the lorenza exampler team performed 355 forensic medical evaluations, 233 (65%) of which were for children under the age of 18. Through their collaboration with local Children's Advice Centers, the percent of medical examinations conducted has increased from 15% to 51% in York County and from 11% to 70% in Adams County. In addition, a Sexual Assault Norse Examiner toolkit, funded by the National Institute of Josuce, has been utilized to demonstrate the influence that the program has on case progression through the criminal justice system. Since the development of the forensic examiner team in 4% increase in successful prose curious has been realized.

While WellSpan and its community partners have reade significant studes to improve the sexual assault reporting process, it remains committed to improving the reporting of sexual abuse, the prosecution of perpetrators and the protection of children in our communities.

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## **Root Cause Approach**

Public health research recommends that a root cause approach be atthized to address many chronic diseases such as earth wascular disease, dial etes respiratory ailments and overweight/obesity. A focus on improving healthy eating and physical activity behaviors and reducing tobacco use bas demonstrated efficacy in reducing the impact of various chronic conditions. A few cardiovascular indicator, were ranked high by Community Benchi Council members, Thur not selected as priorities. These include those who have high blood pressure and high cholesterol, and those who have been told they have heart disease, heart attack or stroke. Council members felt that the root causes of these conditions - unhealthy eating, physical mactivity, and tobal coluse wire already part of the selected primates adult overweight/obesity and tabacca use

Additionally, although streederacts in York County were alarming. Council members felt that this indicator would be addiessed by selecting depression as a prienty.

## **Community Priorities and Partnerships**

As previously in interied, WellSpan believes that its impact on community health our, at times, be accessed by partnering to address a health issue, rather than managing it alone. Issues such as accessed early prenatal care, health literacy, and oral health are three priorities that the community selected as requiring

a more global response. Task forces within the respective coalitions have been created to address these issues as well as to complement the WellSpan priorities of depression and end of life care.

#### Environmental Issue

One health indicator that has generated concern in recent assessments is the rate of asthma among adultioned in other surveys, among children. Although WellSpan believes it has adequate resources to offer tively care for and treat asthmatics, its effectiveness is compounded by low air quality in the region. A recent report from the American Lung Association gave the region in which WellSpan Health is located an 'F' for air quality. Although there is no direct correlation between this and the prevalence of asthma in the community there is concern that a connection between the two exists. As such, community advocacy offers possibly coordinated by the local health coalitions, may be necessary to impact this indicator

## The first of the second second

Impact evaluation and outcome measurement must occur to create accountability with Well'span leadership and to demonstrate ongoing community to the health of the community. Since it would be unrealistic to beheve that marked changes to the CHNA indicators could occur in three years, shorter-length measurable objectives have been developed and are listed in this plan. These objectives inducetly acknowledge that each community member is influenced in many ways each day racey thereas, meome, health, age and social environment all influence community members Additionally community constructs—unhealthy environments and weak or no policy controls - probabiliteating behavior choices. WellSpan Health understands that promoting good health requires a comprehensive approach that ensages diverse aspects of one's life, much like the socio-ecological model demonstrates on page 7

To hisological advances, such as organization-wide integration of WellSpan's electronic health record (EHR) have created an environment in which relevant data may easily be collected, compiled and analyzed. However, not all data associated with the identified objectives are available in early retrievable. Therefore,

some mechanisms will need to be implemented to ensure appropriate baseling data are collected.

In 2014 WellSpan transmoned to CBISA (Community) Benefit Inventory for Social Accountability !- an Internet based, third-party system to coilest and report its annual community benefit activities. This robust system also has an evaluation and outcome measurement component in which short intermediate, and long-term objectives may be developed, and measurable outcomes and accedatal results may be captured. The bon this of utilizing CRISA are numerous, including real-time propitoring of data entries and progress toward achieving outcomes, and connecting identified priorities to subsequent activities or intercentions that have been implemented. In addition to its annual community benefit \*-port, WellSpan may develop annual 'report cards' to demonstrate progess toward each identified priority

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