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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ Yes ☒ No

1

Briefly describe the organization’s mission

BAPTIST HEALTH EXISTS TO PROVIDE QUALITY PATIENT CENTERED SERVICES, PROMOTE AND PROTECT THE VOLUNTARY NOT-FOR-PROFIT HEALTHCARE SYSTEM, PROVIDE QUALITY HEALTH EDUCATION, AND RESPOND TO THE CHANGING HEALTH NEEDS OF THE CITIZENS OF ARKANSAS WITH CHRISTIAN COMPASSION AND PERSONAL CONCERN CONSISTENT WITH OUR CHARITABLE PURPOSES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code ) (Expenses \$ 676,001,376 including grants of \$ 2,460,334 ) (Revenue \$ 708,227,555 )

SEE SCHEDULE O

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )
























(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses ▶ 676,001,376

Part IV

Checklist 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? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	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 	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 	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 V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a 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	No
c 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 Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	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? If "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? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	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		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
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 "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☒

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	376			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6,998			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes			
b	If "Yes," enter the name of the foreign country <b>▶</b> VI See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9 Sponsoring organizations maintaining donor advised funds.						
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter						
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a				
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	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b				

Part VI

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 or note to any line in this Part VI

Section 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 . . . . .	19	
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 . . . . .	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
b	Other officers or key employees of the organization . . . . .	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	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
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶BOB ROBERTS CFO 9601 I-630 EXIT 7 LITTLE ROCK, AR 72205 (501) 202-2000

Check if Schedule O contains a response or note to any line in this Part VII ☒

**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 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

[illegible]



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	4,787,238	242,653	539,370

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 206

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARKANSAS CARDIOLOGY PA, 9501 LILE DRIVE SUITE 600 LITTLE ROCK AR 72205	PHYSICIAN SERVICES	18,516,253
MEDICAL SERVICES GROUP LTD, 904 AUTUMN ROAD SUITE 500 LITTLE ROCK AR 722113702	MEDICAL SERVICES	6,241,363
STUTTGART MEDICAL CLINIC LTD, PO BOX 1901 STUTTGART AR 72160	PHYSICIAN SERVICES	3,766,319
RADIOLOGY CONSULTANTS, PO BOX 55510 LITTLE ROCK AR 72215	RADIOLOGY SERVICES	1,451,533
ANESTHESIOLOGY SERVICES LTD, 3805 MCCAIN PARK DR SUITE 105 NORTH LITTLE ROCK AR 72116	ANESTHESIOLOGY	2,760,623

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 ▶55

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c				
	d	Related organizations . . . . . 1d	2,460,411			
	e	Government grants (contributions) 1e	1,257,642			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	174,468			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .	3,892,521			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	621990	708,227,555	708,227,555	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .	708,227,555			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	7,961,429	0	51,575	7,909,854
	4	Income from investment of tax-exempt bond proceeds . . . . .	0			
	5	Royalties . . . . .	0			
	6a	Gross rents	(i) Real 3,537,785	(ii) Personal 216,427		
	b	Less rental expenses		94,366		
	c	Rental income or (loss)	3,537,785	122,061		
	d	Net rental income or (loss) . . . . .	3,659,846	0	122,061	3,537,785
	7a	Gross amount from sales of assets other than inventory	(i) Securities 86,856,307	(ii) Other 49,750		
	b	Less cost or other basis and sales expenses	83,440,060	240,339		
	c	Gain or (loss)	3,416,247	-190,589		
	d	Net gain or (loss) . . . . .	3,225,658	0	0	3,225,658
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .				
	b	Less direct expenses . . . . .				
	c	Net income or (loss) from fundraising events . . . . .	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .				
	b	Less direct expenses . . . . .				
	c	Net income or (loss) from gaming activities . . . . .	0			
	10a	Gross sales of inventory, less returns and allowances . . . . .				
	b	Less cost of goods sold . . . . .				
	c	Net income or (loss) from sales of inventory . . . . .	0			
		Miscellaneous Revenue	Business Code			
	11a	CAFETERIA REVENUE	900099	5,165,292	797,984	4,367,308
	b	DRUG STORE REVENUE	446110	3,935,630	3,228,374	707,256
	c	SPRINGHILL SRGRY K-1	621400	835,298	835,298	0
	d	All other revenue . . . . .		17,542,742		17,542,742
	e	Total. Add lines 11a-11d . . . . .	27,478,962			
	12	Total revenue. See Instructions . . . . .	754,445,971	708,227,555	5,035,292	37,290,603

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	2,460,334	2,460,334		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	3,628,281		3,628,281	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	274,095,148	235,572,178	38,522,970	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	25,001,770	21,487,872	3,513,898	0
9	Other employee benefits.	21,874,126	18,799,806	3,074,320	0
10	Payroll taxes.	28,870,103	24,812,526	4,057,577	0
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	407,018	349,813	57,205	
c	Accounting.	751,393	645,788	105,605	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	5,113	4,394	719	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	53,914,593	46,337,114	7,577,479	
12	Advertising and promotion.	2,874,940	2,470,879	404,061	
13	Office expenses.	103,056,923	88,572,687	14,484,236	
14	Information technology.	9,976,029	8,573,938	1,402,091	
15	Royalties.	0			
16	Occupancy.	13,581,091	11,672,323	1,908,768	
17	Travel.	2,493,102	2,142,707	350,395	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	53,922	46,343	7,579	
20	Interest.	3,702,336	3,181,988	520,348	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	37,500,745	32,230,166	5,270,579	
23	Insurance.	5,666,916	4,870,454	796,462	
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	MEDICAL SUPPLIES & EXPENSES	70,219,109	70,219,109		
b	BAD DEBT EXPENSE	68,845,873	68,845,873		
c	REPAIRS & MAINTENANCE	17,256,063	14,830,793	2,425,270	
d	PHARMACEUTICAL EXPENSE	7,848,859	6,745,733	1,103,126	
e	All other expenses	12,948,405	11,128,558	1,819,847	
25	Total functional expenses. Add lines 1 through 24e.	767,032,192	676,001,376	91,030,816	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		35,127,850	1	31,827,821
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		97,100,200	4	80,728,327
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		236,658	7	190,484
	8	Inventories for sale or use		10,989,836	8	10,777,936
	9	Prepaid expenses and deferred charges		20,685,460	9	16,475,704
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a750,468,232			
	b	Less accumulated depreciation	10b427,720,078	318,555,462	10c	322,748,154
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		373,136,460	15	373,415,033
	16	Total assets. Add lines 1 through 15 (must equal line 34)		855,831,926	16	836,163,459
Liabilities	17	Accounts payable and accrued expenses		76,685,326	17	88,706,806
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		92,945,361	20	83,096,234
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		12,322,885	23	0
	24	Unsecured notes and loans payable to unrelated third parties		1,832,369	24	1,469,697
	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		143,052,987	25	78,238,744
	26	Total liabilities. Add lines 17 through 25		326,838,928	26	251,511,481
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		527,776,998	27	584,566,843
	28	Temporarily restricted net assets		1,216,000	28	85,135
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		528,992,998	33	584,651,978
	34	Total liabilities and net assets/fund balances		855,831,926	34	836,163,459

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	754,445,971
2	Total expenses (must equal Part IX, column (A), line 25)	2	767,032,192
3	Revenue less expenses Subtract line 2 from line 1	3	-12,586,221
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	528,992,998
5	Net unrealized gains (losses) on investments	5	23,113,120
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	45,132,081
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	584,651,978

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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?	3a	Yes
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 71-0236856  
**Name:** BAPTIST HEALTH

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUDY HENRY TRUSTEE	1 0	X						0	0	0
ED CHOATE TRUSTEE	1 0	X						0	0	0
HERREN HICKINGBOTHAM SECRETARY	1 0	X		X				0	0	0
DR GLENN MILLNER TRUSTEE	1 0	X						0	0	0
DR REX M HORNE JR TRUSTEE	1 0	X						0	0	0
MIKE COULSON TRUSTEE	1 0	X						0	0	0
JIM JONES CHAIRMAN	1 0	X		X				0	0	0
MICHAEL SHELLEY TRUSTEE	1 0	X						0	0	0
LOUIS LEE TRUSTEE	1 0	X						0	0	0
BARBARA GRAVES VICE CHAIRMAN	1 0	X		X				0	0	0
KENT LOCKWOOD TRUSTEE	1 0	X						0	0	0
TOMMY MAY TRUSTEE	1 0	X						0	0	0
DR JOHN MCCALLUM TRUSTEE	1 0	X						0	0	0
ROCHELLE BARTHOLOMEW TRUSTEE	1 0	X						0	0	0
VIRGIL MILLER TRUSTEE	1 0	X						0	0	0
MIKE PIERCE TRUSTEE	1 0	X						0	0	0
STEVEN COLLIER MD TRUSTEE	1 0	X						0	0	0
PHIL COX TRUSTEE	1 0	X						0	0	0
JOHN MCMORRAN TRUSTEE	1 0	X						0	0	0
DR KEN SHADDOX TRUSTEE	1 0	X						0	0	0
BUDDY SUTTON TRUSTEE	1 0	X						0	0	0
RUSSELL D HARRINGTON JR PRESIDENT & CEO	40 0 2 0				X			812,078	0	37,852
DOUGLAS WEEKS SENIOR VP & ADMINISTRATOR	40 0				X			439,264	0	67,411
ROBERT C ROBERTS SENIOR VP & CFO	40 0 2 0				X			514,609	0	69,609
JILL MASSIET VICE PRESIDENT OF PATIENT CARE	40 0				X			256,520	0	28,118

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

[illegible]

SCHEDULE A

(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization BAPTIST HEALTH	Employer identification number 71-0236856
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									



Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Total. 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 (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶						

Part IIISupport 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 in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b 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 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.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. 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 ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization BAPTIST HEALTH	Employer identification number  71-0236856
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		3,413													
c Total lobbying expenditures (add lines 1a and 1b)		3,413													
d Other exempt purpose expenditures		675,200,553													
e Total exempt purpose expenditures (add lines 1c and 1d)		675,203,966													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	4,020	3,427	7,246	3,413	18,106
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

Open to Public Inspection

<b>Name of the organization</b> BAPTIST HEALTH	<b>Employer identification number</b>  71-0236856
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		46,448,307		46,448,307
b Buildings . . . . .		420,181,114	240,120,827	180,060,287
c Leasehold improvements . . . . .		428,074	291,050	137,024
d Equipment . . . . .		272,373,811	179,199,297	93,174,514
e Other . . . . .		28,016,478	8,082,021	19,934,457
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				339,754,589

Schedule D (Form 990) 2013



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	751,399,817
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	23,113,120
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	54,648,955
e	Add lines 2a through 2d . . . . .	2e	77,762,075
3	Subtract line 2e from line 1 . . . . .	3	673,637,742
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	80,808,229
c	Add lines 4a and 4b . . . . .	4c	80,808,229
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	754,445,971

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	695,740,837
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	284,955
e	Add lines 2a through 2d . . . . .	2e	284,955
3	Subtract line 2e from line 1 . . . . .	3	695,455,882
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	71,576,310
c	Add lines 4a and 4b . . . . .	4c	71,576,310
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	767,032,192

Part XIII

Supplemental Information

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.

Return Reference	Explanation
FORM 990, SCHEDULE D, PART XI, LINE 4B	BAD DEBT EXPENSE \$68,845,873 SPRINGHILL SURGERY INCOME \$27,013 ORTHOARKANSAS INCOME (\$56,094) TRANSFER TO AFFILIATES \$9,261,000 RECOVERIES \$2,730,437 ===== TOTAL \$80,808,229
FORM 990, SCHEDULE D, PART X, LINE 2	THE CORPORATION AND ITS WHOLLY OWNED OR CONTROLLED NOT-FOR-PROFIT COMPANIES ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. THE CORPORATION AND ITS TAX-EXEMPT SUBSIDIARIES ARE REQUIRED TO FILE IRS FORM 990 ON AN ANNUAL BASIS AND ARE SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THE CORPORATION'S TAXABLE SUBSIDIARIES ALSO FILE TAX RETURNS IN THE U.S. JURISDICTION. THE CORPORATION AND ITS SUBSIDIARIES ARE GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR INCOME TAX RETURNS FILED FOR YEARS BEFORE 2010. THE CORPORATION'S TAXABLE SUBSIDIARY, MMS, RECOGNIZES DEFERRED TAX LIABILITIES AND ASSETS FOR THE TAX EFFECTS OF DIFFERENCES BETWEEN THE FINANCIAL STATEMENT AND TAX ASSETS AND LIABILITIES. A VALUATION ALLOWANCE IS ESTABLISHED TO REDUCE DEFERRED TAX ASSETS IF IT IS MORE LIKELY THAN NOT THAT A DEFERRED TAX ASSET WILL NOT BE REALIZED. THERE WERE NO MATERIAL DEFERRED TAX ITEMS OR TAX PROVISIONS FOR THE YEARS ENDED DECEMBER 31, 2013 OR 2012.
FORM 990, SCHEDULE D, PART XII, LINE 4B	BAD DEBT EXPENSE \$68,845,873 RECOVERIES \$2,730,437 ===== TOTAL \$71,576,310
FORM 990, SCHEDULE D, PART XI, LINE 2D	CHANGE IN DEFINED BENEFIT PLAN GAINS \$54,364,000 RENT EXPENSES \$94,366 LOSS ON ASSETS \$190,589 ===== TOTAL \$54,648,955
FORM 990, SCHEDULE D, PART XII, LINE 2D	RENT EXPENSES \$94,366 LOSS ON ASSETS \$190,589 ===== TOTAL \$284,955

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 71-0236856

Name: BAPTIST HEALTH

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) INVESTMENT UNCONSOL SUBS	2,921,623
(2) OTHER ASSETS	7,639,694
(3) ADVANCE TO AFFILIATES, NET	36,263,366
(4) INVESTMENT IN AFFILIATES	5,350
(5) INTERNALLY DESIGNATED FUNDS	13,713,377
(6) INDENTURED FUNDS	5,826,893
(7) CAPITAL IMPROVEMENT INVESTMENT	305,910,732
(8) INTEREST IN AFFILIATE	1,133,998

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BAPTIST HEALTH

Employer identification number  
71-0236856

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total					189,969,037
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					189,969,037

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶
- 3 Enter total number of other organizations or entities . . . . . ▶

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							



**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes

☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

Additional Data

Software ID:  
Software Version:  
EIN: 71-0236856  
Name: BAPTIST HEALTH

Part V

**Supplemental Information**  
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Investments	NONE	72,740,988
Central America and the Caribbean			Investments	NONE	65,157,431
East Asia and the Pacific			Investments	NONE	29,870,791

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Investments	NONE	16,061,309
Middle East and North Africa			Investments	NONE	3,723,208
South America			Investments	NONE	1,483,809

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Investments	NONE	751,938
Russia and the Newly Independent States			Investments	NONE	131,086
South Asia			Investments	NONE	48,477

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990. ► See separate instructions.  
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BAPTIST HEALTH

Employer identification number  
71-0236856

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," was it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care  <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other _____ 300 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c		No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes	
b	If "Yes," did the organization make it available to the public? . . . . .	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .		48,745	17,033,780		17,033,780	2 440 %
b Medicaid (from Worksheet 3, column a) . . . . .			61,557,701	46,464,351	15,093,350	2 160 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .		48,745	78,591,481	46,464,351	32,127,130	4 600 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	24	18,031	153,283	2,400	150,883	0 020 %
f Health professions education (from Worksheet 5) . . . . .			10,822,547	8,892,082	1,930,465	0 280 %
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			1,460,000		1,460,000	0 210 %
j <b>Total</b> Other Benefits . . . . .	24	18,031	12,435,830	8,894,482	3,541,348	0 510 %
k <b>Total.</b> Add lines 7d and 7j . . . . .	24	66,776	91,027,311	55,358,833	35,668,478	5 110 %

Part II

Community Building Activities

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

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

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

68,845,254

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

15,225,038

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

264,315,750

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

251,437,423

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

12,878,327

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.  
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

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

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 SURGICAL PAVILLION	ASC	50.000 %		50.000 %
2 SPRINGHILL SURGERY	ASC	51.745 %		48.255 %
3 AUTUMN ROAD LLC	REAL ESTATE	59.720 %		40.280 %
4 ORTHOARKANSAS	ASC	51.000 %		49.000 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
**5**

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

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 )  
BAPTIST HEALTH MED CTR ARKADELPHIA

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A )1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning 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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.BAPTIST-HEALTH.COM</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI 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 required by section 501(r)(3)? . . . . .	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	8b	
c 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 hospital facilities? \$ _____		



Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9	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? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 300 % If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> 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? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	15	Yes
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part 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)
- a

☒

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 individuals regarding the individuals' bills
- d

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☒

Other (describe in Section C)

Policy 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? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges 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-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No

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 )  
BAPTIST HEALTH MED CTR HEBER SPRINGS

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A )2

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning 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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	3	Yes
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	Yes
5	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.BAPTIST-HEALTH.COM</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI 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 required by section 501(r)(3)? . . . . .	8a	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	8b	
c	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 hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No	
<b>9</b> 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?		<b>9</b>	Yes	
<b>10</b> Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>300</u> % If "No," explain in Part VI the criteria the hospital facility used		<b>10</b>	Yes	
<b>11</b> Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used		<b>11</b>	Yes	
<b>12</b> Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)		<b>12</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Income level				
<b>b</b> <input checked="" type="checkbox"/> Asset level				
<b>c</b> <input checked="" type="checkbox"/> Medical indigency				
<b>d</b> <input checked="" type="checkbox"/> Insurance status				
<b>e</b> <input checked="" type="checkbox"/> Uninsured discount				
<b>f</b> <input checked="" type="checkbox"/> Medicaid/Medicare				
<b>g</b> <input type="checkbox"/> State regulation				
<b>h</b> <input type="checkbox"/> Residency				
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)				
<b>13</b> Explained the method for applying for financial assistance? . . . . .		<b>13</b>	Yes	
<b>14</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		<b>14</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website				
<b>b</b> <input checked="" type="checkbox"/> The policy was attached to billing invoices				
<b>c</b> <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms				
<b>d</b> <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices				
<b>e</b> <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility				
<b>f</b> <input checked="" type="checkbox"/> The policy was available upon request				
<b>g</b> <input type="checkbox"/> Other (describe in Part VI)				
Billing and Collections				
<b>15</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .		<b>15</b>	Yes	
<b>16</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP				
<b>a</b> <input type="checkbox"/> Reporting to credit agency				
<b>b</b> <input type="checkbox"/> Lawsuits				
<b>c</b> <input type="checkbox"/> Liens on residences				
<b>d</b> <input type="checkbox"/> Body attachments				
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)				
<b>17</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		<b>17</b>		No
<b>a</b> <input type="checkbox"/> Reporting to credit agency				
<b>b</b> <input type="checkbox"/> Lawsuits				
<b>c</b> <input type="checkbox"/> Liens on residences				
<b>d</b> <input type="checkbox"/> Body attachments				
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)				

Part 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)
- a

☒

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 individuals regarding the individuals' bills
- d

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☒

Other (describe in Section C)

Policy 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? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges 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-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No

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 )

BAPTIST HEALTH MED CTR LITTLE ROCK

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A )

3

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
<b>1</b> 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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>1</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
<b>3</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>3</b> Yes	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b> Yes	
<b>5</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>5</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.BAPTIST-HEALTH.COM</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
<b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b> <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	<b>7</b>	No
<b>8a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>8a</b>	No
<b>b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>8b</b>	
<b>c</b> 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 hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No	
9	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? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 300 % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used	11	Yes	
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes	
a	<input checked="" type="checkbox"/> Income level			
b	<input checked="" type="checkbox"/> Asset level			
c	<input checked="" type="checkbox"/> Medical indigency			
d	<input checked="" type="checkbox"/> Insurance status			
e	<input checked="" type="checkbox"/> Uninsured discount			
f	<input checked="" type="checkbox"/> Medicaid/Medicare			
g	<input type="checkbox"/> State regulation			
h	<input type="checkbox"/> Residency			
i	<input type="checkbox"/> 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? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices			
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f	<input checked="" type="checkbox"/> The policy was available upon request			
g	<input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections				
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	15	Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency			
b	<input type="checkbox"/> Lawsuits			
c	<input type="checkbox"/> Liens on residences			
d	<input type="checkbox"/> Body attachments			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	17		No
a	<input type="checkbox"/> Reporting to credit agency			
b	<input type="checkbox"/> Lawsuits			
c	<input type="checkbox"/> Liens on residences			
d	<input type="checkbox"/> Body attachments			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			

Part 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)
- a

☒

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 individuals regarding the individuals' bills
- d

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☒

Other (describe in Section C)

Policy 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? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges 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-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No



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 )

BAPTIST HEALTH MED CTR NLR

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

4

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning 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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	3	Yes
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	Yes
5	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.BAPTIST-HEALTH.COM</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI 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 required by section 501(r)(3)? . . . . .	8a	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	8b	
c	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 hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No		
9	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? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 300 % If "No," explain in Part VI the criteria the hospital facility used	10	Yes		
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used	11	Yes		
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input checked="" type="checkbox"/> Asset level					
c <input checked="" type="checkbox"/> Medical indigency					
d <input checked="" type="checkbox"/> Insurance status					
e <input checked="" type="checkbox"/> Uninsured discount					
f <input checked="" type="checkbox"/> Medicaid/Medicare					
g <input type="checkbox"/> State regulation					
h <input type="checkbox"/> Residency					
i <input type="checkbox"/> 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? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			14	Yes
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website					
b <input checked="" type="checkbox"/> The policy was attached to billing invoices					
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	15	Yes		
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP				
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged			17	No
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					

Part 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)
- a

☒

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 individuals regarding the individuals' bills
- d

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☒

Other (describe in Section C)

Policy 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? . . . . .	Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges 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-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .	21	No
If "Yes," explain in Part VI		
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .	22	No
If "Yes," explain in Part VI		

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 )

BAPTIST HEALTH REHAB INSTITUTE LR

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A )

5

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning 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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply) a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	Yes	
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>			
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	3	Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	Yes	
5 Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.BAPTIST-HEALTH.COM</u> b <input type="checkbox"/> Other website (list url) _____ c <input checked="" type="checkbox"/> Available upon request from the hospital facility d <input type="checkbox"/> Other (describe in Part VI)	5	Yes	
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year) a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA b <input checked="" type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide plan d <input type="checkbox"/> Participation in the execution of a community-wide plan e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input checked="" type="checkbox"/> Prioritization of health needs in its community h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI 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 required by section 501(r)(3)? . . . . .	8a		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	8b		
c 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 hospital facilities? \$ _____			

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9	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? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 300 % If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> 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? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	15	Yes
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part 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)
- a

☒

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 individuals regarding the individuals' bills
- d

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☒

Other (describe in Section C)

Policy 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? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges 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-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No

## Schedule H (Form 990) 2013 Page 2

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Schedule H (Form 990) 2013	Page 2
<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, LINE 20D	THE FINANCIAL ASSISTANCE POLICY INCLUDES THE FOLLOWING: THE POLICY IS INTENDED TO SERVE AS A LIMITATION OF CHARGES TO INSURE THAT PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WILL BE CHARGED NO MORE THAN AMOUNTS GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE. PATIENTS WITHOUT INSURANCE OR WITHOUT ELIGIBILITY FOR ANY THIRD PARTY PAYMENT OR REIMBURSEMENT, INCLUDING GOVERNMENT COVERAGE OR ASSISTANCE, WILL AUTOMATICALLY RECEIVE A DISCOUNT FROM GROSS CHARGES THAT AT LEAST EQUALS THE DISCOUNT THAT MEDICARE AND ALL PRIVATE HEALTH INSURERS RECEIVE ON A COMBINED AVERAGE BASIS. THIS PERCENTAGE MUST BE RE-CALCULATED EVERY JANUARY AND RESET BASED ON THE PRIOR YEARS' EXPERIENCE. THE DISCOUNT FOR FYE 2013 UNDER THIS POLICY WAS 20% OF BILLED CHARGES.
FORM 990, SCHEDULE H, PART V, LINE 18E	THE FOLLOWING PERSONS WERE INCLUDED IN THE INTERVIEW/FOCUS GROUP PROCESS FOR THE CHNA FOR BAPTIST HEALTH. THE PROCESS INCLUDED THE FOLLOWING PERSONS WHO REPRESENTED BOTH STATEWIDE HEALTH ISSUES AND INITIATIVES AND LOCAL AND COMMUNITY INTERESTS WITHIN THE DESIGNATED AREAS SURROUNDING HOSPITALS WITHIN BAPTIST HEALTH: NINEITY THREE INTERVIEWS AND SEVEN FOCUS GROUPS WERE CONDUCTED. ARKANSAS SURGEON GENERAL, DIRECTOR OF EQUITY, AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION, LEADERSHIP, COMMUNITY HEALTH CENTERS OF ARKANSAS, REPRESENTATIVES OF LOCAL SCHOOL DISTRICTS, REPRESENTATIVES OF LOCAL DISTRICT SCHOOL NURSE PROGRAMS, PASTORS/CLERGY, OUTREACH COORDINATOR, ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES, EXECUTIVE DIRECTOR, LOCAL NON-PROFIT AFTER SCHOOL TUTORING PROGRAM, DIRECTOR, ARKANSAS DEPARTMENT OF HEALTH, DIRECTOR, ARKANSAS PROSTATE CANCER FOUNDATION, PHYSICIANS AND HEALTHCARE PROFESSIONALS, LOCAL GOVERNMENT OFFICIALS, LOCAL BUSINESS PERSONS, LEADERSHIP, LOCAL FOOD BANK/FOOD PANTRIES, LOCAL LAW ENFORCEMENT, REPRESENTATIVES, LOCAL COUNTY HEALTH DEPARTMENTS, AT LEARGE COMMUNITY MEMBERS, SENIOR PHYSICIAN SPECIALIST, ARKANSAS DEPARTMENT OF HEALTH, DISTRICT DIRECTOR, UNIVERSITY OF ARKANSAS COOPERATIVE EXTENSION SERVICE, MEDICAL DIRECTOR OF IMMUNIZATION, ARKANSAS DEPARTMENT OF HEALTH.
FORM 990, SCHEDULE H, PART V, LINE 3	BAPTIST HEALTH MEDICAL CENTER - ARKADELPHIA ARKANSAS IS A STATE WITH MANY HEALTH NEEDS, RANKING 47TH OF 50 IN OVERALL HEALTH STATUS. IT IS ALSO A STATE WITH A HIGHER PROPORTION OF UNDERSERVED AND UNINSURED INDIVIDUALS. RECOGNIZING THAT ALTHOUGH ALL OF THE IDENTIFIED NEEDS ARE IMPORTANT, ALL OF THEM CANNOT BE PURSUED BY BHMC-A, AND CHOICES HAD TO BE MADE AFTER ESTABLISHING CRITERIA BASED ON THE BAPTIST HEALTH MISSION, AS WELL AS BHMC-A CLINICAL STRENGTHS, RESOURCES AND INFRASTRUCTURE TO MAINTAIN PROGRAMS, EACH OF THE IDENTIFIED NEEDS WAS REVIEWED. THE FOLLOWING COMMUNITY HEALTH NEEDS WILL NOT BE ADDRESSED IN THE BHMC-A IMPLEMENTATION PLAN: LACK OF PCP'S - THIS IS CURRENTLY BEING ADDRESSED BY OTHER MEANS WITHIN THE COMMUNITY THROUGH RECRUITING EFFORTS BY AHG/PRACTICE PLUS. HYPERTENSION - THIS NEED IS INCLUDED WITHIN OUR STROKE PLAN. DIABETES - THIS NEED IS ADDRESSED BY OTHER FACILITIES AND/OR ORGANIZATION IN THE COMMUNITY BY ALL CARE PHARMACY. SEXUALLY TRANSMITTED INFECTIONS - THIS NEED IS BEING ADDRESSED THROUGH OUR LOCAL HEALTH UNIT, AND COLLEGE ON-CAMPUS HEALTH UNITS. OBESITY - THIS NEED IS BEING ADDRESS THROUGH THE COMMUNITY "HEALTHIER CLARK COUNTY" CAMPAIGN. A BROCHURE IS DISTRIBUTED THROUGH OUR LOCAL HEALTH DEPARTMENT AND SCHOOLS WITHIN THE COUNTY COVERING VARIOUS ACTIVITIES PROMOTING PHYSICAL EXERCISE. ASTHMA - LOW PRIORITY ASSIGNED TO THE NEED BASED ON THE CRITERIA USED BY BHMC-A. POOR PHYSICAL HEALTH - THIS NEED IS BEING ADDRESSED THROUGH THE COMMUNITY "HEALTHIER CLARK COUNTY" CAMPAIGN. A BROCHURE IS DISTRIBUTED THROUGH OUR LOCAL HEALTH DEPARTMENT AND SCHOOLS COVERING VARIOUS ACTIVITIES PROMOTING PHYSICAL EXERCISE. FAST FOOD RESTAURANTS - LACK OF EXPERTISE OR COMPETENCY TO EFFECTIVELY ADDRESS THE NEED. SINGLE PARENT HOUSEHOLDS - DUE TO LACK OF EXPERTISE OR COMPETENCY TO EFFECTIVELY ADDRESS THE NEED, THIS NEED WILL NOT BE ADDRESSED BY BHMC-A AT THIS TIME. UNINSURED - DUE TO LIMITED RESOURCES THIS NEED WILL NOT BE ADDRESSED BY BHMC-A AT THIS TIME. ALSO, THIS NEED IS ADDRESSED BY THE COMMUNITY "FREE HEALTH CLINIC".
FORM 990, SCHEDULE H, PART V, LINE 7	BAPTIST HEALTH MEDICAL CENTER - HEBER SPRINGS ARKANSAS IS A STATE WITH MANY HEALTH NEEDS, RANKING 47TH OF 50 IN OVERALL HEALTH STATUS. IT IS ALSO A STATE WITH A HIGHER PROPORTION OF UNDERSERVED AND UNINSURED INDIVIDUALS. RECOGNIZING THAT ALTHOUGH ALL OF THE IDENTIFIED NEEDS ARE IMPORTANT, ALL OF THEM CANNOT BE PURSUED BY BHMC-HS, AND CHOICES HAD TO BE MADE AFTER ESTABLISHING CRITERIA BASED ON THE BAPTIST HEALTH MISSION, AS WELL AS BHMC-HS CLINICAL STRENGTHS, RESOURCES AND INFRASTRUCTURE TO MAINTAIN PROGRAMS, EACH OF THE IDENTIFIED NEEDS WAS REVIEWED. THE FOLLOWING COMMUNITY HEALTH NEEDS WILL NOT BE ADDRESSED IN THE BHMC-HS IMPLEMENTATION PLAN: FLU SHOTS - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE CLEBURNE COUNTY HEALTH DEPARTMENT. MAMMOGRAMS - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE SUSAN G. KOMEN FOUNDATION, THE AMERICAN CANCER SOCIETY, THE ARKANSAS DEPARTMENT OF HEALTH, AND THE ARKANSAS CANCER COALITION. COLORECTAL - FOCUSING LIMITED RESOURCES ON OTHER NEEDS DUE TO LOW PRIORITY NEED ASSESSMENT OF THIS ISSUE. HIGH CHOLESTEROL - THIS NEED IS CURRENTLY BEING ADDRESSED THROUGH THE ARKANSAS DEPARTMENT OF HEALTH'S MILLION HEARTS PROGRAM AND THE AMERICAN HEART ASSOCIATION. SMOKING - THIS NEED IS CURRENTLY BEING ADDRESSED THROUGH THE ARKANSAS DEPARTMENT OF HEALTH "STAMP OUT SMOKING" PROGRAM. PHYSICAL ACTIVITY - HEBER SPRINGS/CLEBURNE COUNTY OFFERS A WEALTH OF OPPORTUNITIES FOR PHYSICAL ACTIVITIES THROUGH ITS VARIOUS COMMUNITY ORGANIZATIONS, PRIVATE BUSINESSES, AREA PARKS AND RECREATION. ADDITIONALLY, THE HEBER SPRINGS COMMUNITY CENTER IS ADDRESSING THESE ISSUES WITH VARIOUS EXERCISE EQUIPMENT AND CLASSES, INCLUDING AN AQUATICS CENTER WITH CLASSES FOR THE ELDERLY AND ARTHRITIC EXCESSIVE DRINKING - THIS NEED IS ADDRESSED BY THE ARKANSAS/CLEBURNE COUNTY HEALTH DEPARTMENT, AS WELL AS THE CLEBURNE COUNTY CHAPTER OF MOTHERS AGAINST DRUNK DRIVING (MADD). CORONARY ARTERY DISEASE - THIS NEED IS CURRENTLY BEING ADDRESSED THROUGH THE ARKANSAS DEPARTMENT OF HEALTH'S MILLION HEARTS PROGRAM AND THE AMERICAN HEART ASSOCIATION. HEART DISEASE - THIS NEED IS CURRENTLY BEING ADDRESSED THROUGH THE ARKANSAS DEPARTMENT OF HEALTH'S MILLION HEARTS PROGRAM AND THE AMERICAN HEART ASSOCIATION. ARTHRITIS - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE ARTHRITIS FOUNDATION OF ARKANSAS. POOR OR FAIR HEALTH STATUS - HOMETOWN HEALTH IMPROVEMENT IS CURRENTLY ADDRESSED BY THE ARKANSAS/CLEBURNE COUNTY HEALTH DEPARTMENT. LOW BIRTH WEIGHT - THIS NEED IS BEING ADDRESSED BY THE MARCH OF DIMES, AND THE ARKANSAS/CLEBURNE COUNTY DEPARTMENT OF HEALTH. POOR PHYSICAL/MENTAL HEALTH DAYS - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE ARKANSAS/CLEBURNE COUNTY HEALTH DEPARTMENT. CHRONIC LOWER RESPIRATORY - FOCUSING LIMITED RESOURCES ON OTHER NEEDS DUE TO LOW PRIORITY NEED ASSESSMENT OF THIS ISSUE. ASTHMA - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE ARKANSAS FOUNDATION FOR MEDICAL CARE. ACCESS TO RECREATIONAL FACILITIES - HEBER SPRINGS/CLEBURNE COUNTY OFFERS A WEALTH OF OPPORTUNITIES FOR RECREATION THROUGH ITS VARIOUS COMMUNITY ORGANIZATIONS, PRIVATE BUSINESSES, AND AREA PARKS. ADDITIONALLY, THE HEBER SPRINGS COMMUNITY CENTER IS ADDRESSING THESE ISSUES WITH VARIOUS EXERCISE EQUIPMENT AND CLASSES, INCLUDING AN AQUATICS CENTER WITH CLASSES FOR THE ELDERLY AND ARTHRITIC. NO PERSONAL DOCTOR - THIS NEED IS CURRENTLY BEING MET BY SEVERAL FREE COMMUNITY CLINICS WITH THE PRIMARY CARE ISSUES ADDRESSING THIS CONCERN IN OUR MARKET AREA.
FORM 990, SCHEDULE H, PART V, LINE 7	BAPTIST HEALTH MEDICAL CENTER - LITTLE ROCK ARKANSAS IS A STATE WITH MANY HEALTH NEEDS, RANKING 47TH OF 50 IN OVERALL HEALTH STATUS. IT IS ALSO A STATE WITH A HIGHER PROPORTION OF UNDERSERVED AND UNINSURED INDIVIDUALS. RECOGNIZING THAT ALTHOUGH ALL OF THE IDENTIFIED NEEDS ARE IMPORTANT, ALL OF THEM CANNOT BE PURSUED BY BHMC-LR, AND CHOICES HAD TO BE MADE AFTER ESTABLISHING CRITERIA BASED ON THE BAPTIST HEALTH MISSION, AS WELL AS BHMC-LR CLINICAL STRENGTHS, RESOURCES AND INFRASTRUCTURE TO MAINTAIN PROGRAMS, EACH OF THE IDENTIFIED NEEDS WAS REVIEWED. THE FOLLOWING COMMUNITY HEALTH NEEDS WILL NOT BE ADDRESSED IN THE BHMC-LR IMPLEMENTATION PLAN: DIABETES (DEATH) - THIS NEED IS CURRENTLY ADDRESSED BY THE ARKANSAS DEPARTMENT OF HEALTH, ARKANSAS FOUNDATION FOR MEDICAL CARE, THE AMERICAN DIABETES ASSOCIATION OF ARKANSAS AND OTHER LOCAL HEALTHCARE PROVIDERS. INFANT MORTALITY - THIS NEED IS CURRENTLY BEING ADDRESSED BY VARIOUS ORGANIZATIONS INCLUDING BAPTIST HEALTH MEDICAL CENTER - NORTH LITTLE ROCK, THE MARCH OF DIMES OF ARKANSAS, ARKANSAS DEPARTMENT OF HEALTH AND OTHER LOCAL HEALTHCARE PROVIDERS. LOW BIRTH WEIGHT - THIS NEED IS BEING ADDRESSED BY THE MARCH OF DIMES, THE ARKANSAS DEPARTMENT OF HEALTH AND OTHER LOCAL HEALTHCARE PROVIDERS. DIABETES (CHRONIC CONDITIONS) - THIS NEED IS CURRENTLY ADDRESSED BY THE ARKANSAS DEPARTMENT OF HEALTH, ARKANSAS FOUNDATION FOR MEDICAL CARE, THE AMERICAN DIABETES ASSOCIATION OF ARKANSAS, THE ARKANSAS WELLNESS COALITION AND OTHER LOCAL HEALTHCARE PROVIDERS. HYPERTENSION - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE ARKANSAS DEPARTMENT OF HEALTH. CORONARY HEART DISEASE - THIS NEED IS CURRENTLY BEING ADDRESSED THROUGH THE ARKANSAS DEPARTMENT OF HEALTH'S MILLION HEARTS PROGRAM, THE AMERICAN HEART ASSOCIATION, AND OTHER LOCAL HEALTHCARE PROVIDERS. PAP TEST - THIS NEED IS CURRENTLY BEING IMPLEMENTED BY THE ARKANSAS DEPARTMENT OF HEALTH THROUGH THEIR FAMILY PLANNING PROGRAM AND OTHER LOCAL HEALTHCARE PROVIDERS. STROKE - THIS INITIATIVE IS CURRENTLY BEING ADDRESSED BY THE ARKANSAS DEPARTMENT OF HEALTH AND THE AMERICAN HEART ASSOCIATION. ACCESS TO HEALTHY FOOD - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE CITY OF LITTLE ROCK, THE CITY OF NORTH LITTLE ROCK, THE UNIVERSITY OF ARKANSAS DIVISION OF AGRICULTURE AND THE ARKANSAS DEPARTMENT OF HEALTH. CANCER - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE SUSAN G. KOMEN FOUNDATION, THE AMERICAN CANCER SOCIETY, THE ARKANSAS DEPARTMENT OF HEALTH, THE ARKANSAS CANCER COALITION, THE PROSTATE CANCER FOUNDATION AND OTHER LOCAL HEALTHCARE PROVIDERS. ARTHRITIS - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE ARTHRITIS FOUNDATION OF ARKANSAS. ASTHMA - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE ARKANSAS FOUNDATION FOR MEDICAL CARE. CHRONIC LOWER RESPIRATORY - DUE TO LIMITED RESOURCES, THIS NEED WILL NOT BE ADDRESSED AT THIS TIME. SEXUALLY TRANSMITTED INFECTIONS - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE ARKANSAS DEPARTMENT OF HEALTH. ACCESS TO RECREATIONAL FACILITIES - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE CITY OF LITTLE ROCK, THE CITY OF NORTH LITTLE ROCK, COMMUNITY CENTERS AND THE BOYS AND GIRLS CLUBS OF ARKANSAS. EXCESSIVE DRINKING - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE ARKANSAS DEPARTMENT OF HEALTH AND HUMAN SERVICES. CHILDREN WITH SINGLE PARENT HOUSEHOLDS - THIS NEED ARE CURRENTLY BEING ADDRESSED BY THE ARKANSAS DEPARTMENT OF HEALTH AND HUMAN SERVICES. POOR OR FAIR HEALTH STATUS - DUE TO LIMITED RESOURCES, THIS NEED WILL NOT BE ADDRESSED AT THIS TIME. POOR PHYSICAL/MENTAL DAYS - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE ARKANSAS DEPARTMENT OF HEALTH. COMMUNITY MENTAL HEALTH CENTERS. PERCENTAGE OF FAST FOOD RESTAURANTS - THIS NEED IS NOT AN AREA OF EXPERTISE FOR BAPTIST HEALTH. DUE TO LIMITED RESOURCES, THIS NEED WILL NOT BE ADDRESSED AT THIS TIME. PREMATURE DEATH - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE ARKANSAS DEPARTMENT OF HEALTH. VIOLENT CRIME - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE CITY OF LITTLE ROCK.
FORM 990, SCHEDULE H, PART V, LINE 7	BAPTIST HEALTH MEDICAL CENTER - NORTH LITTLE ROCK ARKANSAS IS A STATE WITH MANY HEALTH NEEDS, RANKING 47TH OF 50 IN OVERALL HEALTH STATUS. IT IS ALSO A STATE WITH A HIGHER PROPORTION OF UNDERSERVED AND UNINSURED INDIVIDUALS. RECOGNIZING THAT ALTHOUGH ALL OF THE IDENTIFIED NEEDS ARE IMPORTANT, ALL OF THEM CANNOT BE PURSUED BY BHMC-NLR, AND CHOICES HAD TO BE MADE AFTER ESTABLISHING CRITERIA BASED ON THE BAPTIST HEALTH MISSION, AS WELL AS BHMC-NLR CLINICAL STRENGTHS, RESOURCES AND INFRASTRUCTURE TO MAINTAIN PROGRAMS, EACH OF THE IDENTIFIED NEEDS WAS REVIEWED. THE FOLLOWING COMMUNITY HEALTH NEEDS WILL NOT BE ADDRESSED IN THE BHMC-NLR IMPLEMENTATION PLAN: DIABETES (DEATH) - THIS NEED IS CURRENTLY ADDRESSED BY THE ARKANSAS DEPARTMENT OF HEALTH, ARKANSAS FOUNDATION FOR MEDICAL CARE, THE AMERICAN DIABETES ASSOCIATION OF ARKANSAS AND OTHER LOCAL HEALTHCARE PROVIDERS. LOW BIRTH WEIGHT - THIS NEED IS BEING ADDRESSED BY THE MARCH OF DIMES, THE ARKANSAS DEPARTMENT OF HEALTH AND OTHER LOCAL HEALTHCARE PROVIDERS. DIABETES (CHRONIC CONDITIONS) - THIS NEED IS CURRENTLY ADDRESSED BY THE ARKANSAS DEPARTMENT OF HEALTH, ARKANSAS FOUNDATION FOR MEDICAL CARE, THE AMERICAN DIABETES ASSOCIATION OF ARKANSAS, THE ARKANSAS WELLNESS COALITION AND OTHER LOCAL HEALTHCARE PROVIDERS. HYPERTENSION - THIS NEED IS CURRENTLY BEING ADDRESSED BY THE ARKANSAS DEPARTMENT OF HEALTH. CORONARY HEART DISEASE - THIS NEED IS CURRENTLY BEING ADDRESSED THROUGH THE ARKANSAS DEPARTMENT OF HEALTH'S MILLION HEARTS PROGRAM, THE AMERICAN

Part V

Facility Information (continued)

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

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	



Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART I, LINE 3C	SEE SCH H, PART V, LINES 9 THROUGH 14 FOR ADDITIONAL INFORMATION ON OUR FINANCIAL ASSISTANCE POLICY
FORM 990, SCHEDULE H, PART I, LINE 6A	A LIST OF ALL ORGANIZATIONS, HEALTH IMPROVEMENT INITIATIVES, AND COMMUNITY OUTREACH THAT IS SUPPORTED BY BAPTIST HEALTH ANNUALLY IS POSTED ON OUR WEBSITE, POSTED IN VARIOUS PRINT MEDIA OUTLETS AND A SUMMARY IS MAILED TO OVER 2,000 COMMUNITY LEADERS IN ARKANSAS

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART I, LINE 7, COLUMN F	BAD DEBT EXPENSE IN THE AMOUNT OF \$68,845,254 IS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) ("TOTAL FUNCTIONAL EXPENSES"), BUT IS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN THIS COLUMN
FORM 990, SCHEDULE H, PART I, LINE 7	BAPTIST HEALTH USES THE MEDICARE COST REPORT COST TO CHARGE RATIO METHODOLOGY

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 4	<p>ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE CORPORATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNT. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCE DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED OR PROVIDED BY POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. DUE TO A CHANGE IN THIRD-PARTY COLLECTION AGENCIES IN 2012, THE CORPORATION CHANGED ITS POLICY AND REDUCED THE NUMBER OF DAYS THAT SELF-PAY ACCOUNTS REMAIN IN ACCOUNTS RECEIVABLE AFTER DISCHARGE.</p>
FORM 990, SCHEDULE H, PART III, LINE 8	MEDICARE COST TO CHARGE RATIO

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 9B	EVERY UNINSURED PATIENT IS SEEN BY A FINANCIAL COUNSELOR WHO EDUCATES THE PATIENT AND FAMILY MEMBERS ABOUT OUR FINANCIAL ASSISTANCE POLICY, ASSISTS IN COMPLETION OF A FINANCIAL ASSISTANCE APPLICATION WHEN APPROPRIATE, AND PROVIDES ASSISTANCE IN DETERMINING ELIGIBILITY UNDER FEDERAL, STATE, OR LOCAL PROGRAMS SUCH AS MEDICAID CHARITY CARE AND OTHER FINANCIAL ASSISTANCE IS PROVIDED WHEN ELIGIBLE AND COLLECTION EFFORTS CEASE ONCE ELIGIBILITY IS DETERMINED
FORM 990, SCHEDULE H, PART VI, LINE 2	THROUGH THE UTILIZATION AND ANALYSIS OF THIRD PARTY INFORMATION AVAILABLE TO US THROUGH NUMEROUS SOURCES SOME EXAMPLES INCLUDE ARKANSAS DEPARTMENT OF HEALTH, DEMOGRAPHIC INFORMATION AVAILABLE THROUGH UNIVERSITY OF ARKANSAS AT LITTLE ROCK CENSUS DATA CENTER, CLARITAS, THOMSON MEDSTAT ANNUAL PULSE HEALTHCARE SURVEY AS A PART OF THE MARKET EXPERT PRODUCT AND NATIONAL RESEARCH CORPORATION HEALTHCARE MARKET GUIDE WE ALSO UTILIZE QUANTITATIVE (SURVEYS) AND QUALITATIVE RESEARCH (FOCUS GROUPS) CONDUCTED ON A PERIODIC OR ON AN AS NEEDED BASIS WE ALSO UTILIZE INPUT FROM NUMEROUS COMMUNITY ADVISORY GROUPS, COMMUNITY OUTREACH ACTIVITIES AND ASSESSMENTS, PHYSICIAN INPUT, EMPLOYEE INPUT, AND ANALYSIS OF HISTORICAL INTERNAL DATA

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 3	EVERY UNINSURED PATIENT IS SEEN BY A FINANCIAL COUNSELOR WHO EDUCATES THE PATIENT AND FAMILY MEMBERS ABOUT OUR FINANCIAL ASSISTANCE POLICY, ASSISTS IN COMPLETION OF A FINANCIAL ASSISTANCE APPLICATION WHEN APPROPRIATE, AND PROVIDES ASSISTANCE IN DETERMINING ELIGIBILITY UNDER FEDERAL, STATE, OR LOCAL PROGRAMS SUCH AS MEDICAID CHARITY CARE AND OTHER FINANCIAL ASSISTANCE IS PROVIDED WHEN ELIGIBLE AND COLLECTION EFFORTS CEASE ONCE ELIGIBILITY IS DETERMINED
FORM 990, SCHEDULE H, PART VI, LINE 4	IN THE UNITED HEALTH GROUP STATE HEALTH RANKING FOR 2013, ARKANSAS HOLDS THE 49TH WORST RANKING THROUGHOUT THE U S FOR THE GENERAL HEALTH OF ITS POPULATION, DOWN 1 RANKING FROM THE 2012 YEAR REPORT THE REPORT SHOWED SINCE 1990, ARKANSAS HAS FAILED TO MATCH OTHER STATES' IMPROVEMENT IN SMOKING, REDUCTION IN RISKS FOR HEART DISEASE, OR DECREASES IN INFANT MORTALITY CHALLENGES INCLUDE A HIGH PREVALENCE OF OBESITY AT 34 5 PERCENT OF THE POPULATION, A HIGH OCCUPATIONAL FATALITIES RATE AT 8 2 PER 100,000 WORKERS AND LOW IMMUNIZATION COVERAGE WITH 66 4 PERCENT OF CHILDREN AGES 19 TO 35 MONTHS RECEIVING IMMUNIZATIONS ACCORDING TO THE LATEST STATE-LEVEL DATA CENTERS FOR DISEASE CONTROL (2011), ARKANSAS HAS A HIGHER THAN AVERAGE RATE OF DEATH (PER 100,000 POPULATION) FROM DISEASES OF THE HEART (AR RATE 244 0/U S RATE 191 5) AND CEREBROVASCULAR DISEASE - STROKE (AR RATE 57 6/U S RATE 41 4) AS A PERCENTAGE OF THE STATE'S POPULATION, MORE PEOPLE IN ARKANSAS THAN THOSE IN THE GENERAL U S POPULATION HAVE HIGH BLOOD PRESSURE, SMOKE CIGARETTES AND ARE COMPLETELY PHYSICALLY INACTIVE IN THE PAST YEAR, THE PERCENTAGE OF CHILDREN IN POVERTY INCREASED FROM 25 4% TO 29 6% OF PERSONS UNDER THE AGE OF 18 THE PER CAPITA PERSONAL INCOME HAS INCREASED FROM \$34,014 IN 2012 TO \$34,723 IN 2013 THE LACK OF HEALTH INSURANCE, AS REPORTED BY THE UNITED HEALTH GROUP STATE HEALTH RANKINGS IS 17 9% OF THE 2013 POPULATION A 0 1% DECREASE OVER PREVIOUS YEAR ARKANSAS IS SEEING A REDUCTION IN THE 2014 UNINSURED AS A RESULT OF THE ARKANSAS STATE LEGISLATURE'S PASSAGE OF THE PRIVATE OPTION THE FULL IMPACT WILL NOT BE KNOWN UNTIL NEXT YEAR THE U S PERCENT OF UNINSURED CURRENTLY STANDS AT 15 6% COUPLED WITH THE LACK OF INSURANCE, DECLINING PERSONAL INCOME AND INCREASING PERCENTAGE OF CHILDREN IN POVERTY, THE VIABILITY OF ARKANSAS'S HEALTH SYSTEMS, LIKE BAPTIST HEALTH, ARE THREATENED THE LITTLE ROCK MARKET IS SERVED BY THREE MAJOR MEDICAL CENTERS INCLUDING BAPTIST HEALTH MEDICAL CENTER-LITTLE ROCK, ST VINCENT INFIRMARY AND THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, THREE COMMUNITY HOSPITALS INCLUDING BAPTIST HEALTH MEDICAL CENTER-NORTH LITTLE ROCK, ST VINCENT NORTH AND NORTH METRO MEDICAL CENTER FIVE NICHE OR SPECIALTY HOSPITALS INCLUDING ARKANSAS CHILDREN'S HOSPITAL, ARKANSAS HEART HOSPITAL, ARKANSAS SURGICAL HOSPITAL, ST VINCENT REHABILITATION HOSPITAL IN PARTNERSHIP WITH HEALTH SOUTH AND BAPTIST HEALTH REHABILITATION INSTITUTE, FOUR PSYCHIATRIC OR DRUG REHABILITATION FACILITIES, THREE LONG TERM ACUTE CARE HOSPITALS AND TWO VETERANS HOSPITALS THERE ARE A TOTAL OF 4,208 LICENSED BEDS IN THE LITTLE ROCK MARKET AND THIS INCLUDES 3,226 ACUTE INPATIENT BEDS (538 OF WHICH ARE PART OF THE CENTRAL ARKANSAS VA SYSTEM), 213 REHABILITATION BEDS, 729 PSYCHIATRIC AND 40 INPATIENT HOSPICE BEDS AT ARKANSAS HOSPICE INC FACILITY WHILE BAPTIST HEALTH SERVES PATIENTS FROM ALL 75 COUNTIES IN ARKANSAS, 85% OF OUR INPATIENT DISCHARGES ORIGINATE IN THE 13 COUNTY REGION IN CENTRAL ARKANSAS ACCORDING TO 2012 DATA FROM THE ARKANSAS DEPARTMENT OF HEALTH, BAPTIST HEALTH PROVIDES 13 3% OF STATE WIDE INPATIENT DISCHARGES THIS PERCENTAGE HAS SLOWLY INCREASED SINCE 2004 WHEN IT WAS 12 3% IN THE 13 COUNTY REGION IN CENTRAL ARKANSAS, BAPTIST HEALTH AVERAGED 31 7% OF INPATIENT DISCHARGES OVER THE 2009-2012 TIME PERIOD IN THE 13 COUNTY PRIMARY MARKET OF CENTRAL ARKANSAS, 68 6% OF THE POPULATION IS WHITE, 22 6% IS AFRICAN AMERICAN, 5 0% IS HISPANIC, 1 4% ARE ASIAN AND PACIFIC ISLANDERS AND 2 4% ARE OF OTHER RACIAL DESCENT THOSE DEMOGRAPHIC PERCENTAGES MIRROR OUR PATIENT PERCENTAGES

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 5	BAPTIST HEALTH PROMOTES COMMUNITY HEALTH THROUGH ACTIVELY SUPPORTING AN OPEN MEDICAL STAFF AND MAINTAINS A COMPLETELY COMMUNITY BASED BOARD THROUGH OUR CORPORATE MEMBERSHIP ALL SURPLUS FUNDS ARE REINVESTED BACK IN THE COMMUNITY THROUGH NEEDS BASED SERVICES, INVESTMENT IN NEW TECHNOLOGY, UPGRADED EQUIPMENT, AND NEW AND RENOVATED FACILITIES, FREE HEALTH SCREENINGS AND OUTREACH CLINICS THROUGHOUT CENTRAL ARKANSAS, HEALTH EDUCATION THROUGH OUR LITTLE ROCK SCHOOLS OF NURSING AND ALLIED HEALTH, CARE TO ALL WITHOUT REGARD FOR ABILITY TO PAY, AND DEVELOPMENT OF A FULL CONTINUUM OF CARE THROUGH ACUTE HOSPITAL CARE, REHABILITATION SERVICES, AND HOME HEALTH SERVICES BAPTIST HEALTH ALSO PROVIDES ELECTRONIC MONITORING OF ALL INTENSIVE CARE PATIENTS AT ITS ACUTE CARE HOSPITALS AND PROVIDES THESE SERVICES FOR OTHER HOSPITALS IN ARKANSAS AS WELL
FORM 990, SCHEDULE H,PART VI, LINE 6	BAPTIST HEALTH EXISTS TO PROVIDE QUALITY PATIENT CENTERED SERVICES TO THE CITIZENS OF ARKANSAS WITH CHRISTIAN COMPASSION AND PERSONAL CONCERN CONSISTENT WITH OUR CHARITABLE PURPOSES BAPTIST HEALTH OFFERS FURTHER EXPANSION OF HEALTH SERVICES FOR ALL ARKANSANS THROUGH ITS RELATIONSHIP WITH ITS AFFILIATED ORGANIZATIONS BAPTIST HEALTH EXTENDED CARE HOSPITAL IS LOCATED ON THE CAMPUS OF BAPTIST HEALTH MEDICAL CENTER IN LITTLE ROCK AND PROVIDES LONG TERM ACUTE CARE SERVICES FOR PATIENTS COMING FROM THE GENERAL ACUTE CARE SETTING AT BAPTIST HEALTH HOSPITALS THIS ENABLES PATIENTS NEEDING LONG STAYS IN THE HOSPITAL TO REMAIN ON THE SAME CAMPUS AND OFTEN CAN RETAIN THE SAME PHYSICIANS IN THEIR CARE BAPTIST HEALTH HOSPITALS AKA BAPTIST HEALTH MEDICAL CENTER - STUTTGART IS AN INTEGRAL PART OF THE BAPTIST HEALTH FAMILY OF HOSPITALS PROVIDING CARE TO PATIENTS FROM EVERY COUNTY IN ARKANSAS THE STUTTGART FACILITY PROVIDES A SIGNIFICANT LINK TO MEETING HEALTH CARE NEEDS IN EASTERN ARKANSAS THROUGH ITS ACUTE CARE AND PHYSICIAN SERVICES, AND THEN FOR TERTIARY LEVEL HOSPITAL NEEDS THE PATIENTS CAN BE TRANSFERRED TO BAPTIST HEALTH FACILITIES IN LITTLE ROCK AND NORTH LITTLE ROCK ARKANSAS HEALTH GROUP PROVIDES PHYSICIAN CLINIC SERVICES TO PATIENTS IN RURAL AND URBAN COMMUNITIES IN MORE THAN 30 LOCATIONS WITH MORE THAN 150 PHYSICIANS THROUGHOUT ARKANSAS PARKWAY HEALTH CENTER PROVIDES LONG-TERM CARE SKILLED NURSING SERVICES TO RESIDENTS OF PULASKI COUNTY, ARKANSAS PARKWAY VILLAGE PROVIDES ASSISTED LIVING AND INDEPENDENT LIVING COMMUNITIES IN CENTRAL ARKANSAS FOR THE ELDERLY IN WHICH MEDICAL CARE, CULTURAL AND RECREATIONAL BENEFITS ARE EXTENDED TO RESIDENTS IN ADDITION TO HOUSING AND SHELTER THE VILLAGE ALSO INCLUDES AN ASSISTED LIVING CENTER DESIGNED SPECIFICALLY FOR ALZHEIMER'S PATIENTS

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BAPTIST HEALTH

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Employer identification number  
71-0236856

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARCARE INC PO BOX 497 AUGUSTA,AR 720060497	58-1666179	501(C)(3)	876,000		N/A	N/A	GENERAL SUPPORT
(2) BOSTON MOUNTAIN RURAL HEALTH CENTER INC PO BOX 1030 MARSHALL,AR 726501030	71-0717967	501(C)(3)	220,000		N/A	N/A	GENERAL SUPPORT
(3) MAINLINE HEALTH SYSTEMS INC 106 EAST SPEEDWAY ROAD DERMOTT,AR 71638	71-0623643	501(C)(3)	114,000		N/A	N/A	GENERAL SUPPORT
(4) JEFFERSON COMPREHENSIVE CARE CENTER INC 1101 TENNESSEE STREET PINE BLUFF,AR 71601	71-0433902	501(C)(3)	250,000		N/A	N/A	GENERAL SUPPORT
(5) ARKANSAS HEALTH GROUP 11001 EXECUTIVE CENTER DRIVE SUITE LITTLE ROCK,AR 72211	71-0781138	501 (C)(3)	1,000,334		N/A	N/A	GENERAL SUPPORT

2

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

5

3

Enter total number of other organizations listed in the line 1 table

**Part III**

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

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

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	GRANTS GIVEN BY BAPTIST HEALTH ARE FOR THE GENERAL SUPPORT OF THE GRANTEES THEREFORE, NO MONITORING OF THE USE OF GRANT FUNDS IS NECESSARY



Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BAPTIST HEALTH

Employer identification number  
71-0236856

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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.</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>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.</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>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:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<div><div>6</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	Yes	
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

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

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

**Note.** The sum of columns (B)(i)-(iii) 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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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.

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 6B	THE FOLLOWING INDIVIDUALS, PURSUANT TO A WRITTEN PLAN, WERE PAID COMPENSATION (INCLUDED IN FORM W-2 BOX 5) BASED IN PART ON NET EARNINGS FOR 2012 AND ALSO IN PART ON ACHIEVING CERTAIN OUTCOME GOALS FOR CLINICAL QUALITY, PATIENT SATISFACTION, AND EMPLOYEE SATISFACTION. THIS PAYMENT FOR 2012 RESULTS WAS APPROVED BY THE BOARD OF TRUSTEES AND PAID IN 2013. SCH J, COL (B) (II) ===== MARSHA CUNNINGHAM \$20,332
FORM 990, SCHEDULE J, PART I, LINE 1A	BAPTIST HEALTH PAID THE HEALTH CLUB DUES FOR RUSSELL HARRINGTON, ROBERT ROBERTS, HARRISON DEAN, AND DOUGLAS WEEKS. THE TAXABLE PORTION OF CLUB DUES THAT WAS PAID ON BEHALF OF THESE INDIVIDUALS WAS INCLUDED AS COMPENSATION ON THEIR FORMS W-2.
FORM 990, SCHEDULE J, PART I, LINE 1A	BAPTIST HEALTH HAS A CORPORATE COUNTRY CLUB MEMBERSHIP LISTING RUSSELL HARRINGTON AS A MEMBER. HE PAYS THE CLUB DIRECTLY AND IS ONLY REIMBURSED FOR BUSINESS RELATED EXPENSES SUBMITTED FOR REIMBURSEMENT.
FORM 990, SCHEDULE J, PART I, LINE 4B	THE FOLLOWING INDIVIDUALS INCLUDED ON FORM 990, PART VII, SECTION A, PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP): RUSSELL D HARRINGTON, JR, ROBERT C ROBERTS, DOUGLAS WEEKS, MARSHA CUNNINGHAM, TROY WELLS, HARRISON DEAN, AND KATHRYN MARTIN. BELOW ARE REPORTABLE AMOUNTS FOR 2013: NAME NOTE (A) NOTE (B) NOTE (C) ----- ----- DEAN 159,560 62,787 0 MARTIN 10,634 3,934 0 HARRINGTON 0 0 0 ROBERTS 0 0 0 WEEKS 0 0 0 CUNNINGHAM 0 0 0 WELLS 0 0 0 (A) THIS IS TAXABLE PRESENT VALUE OF PAYMENTS VESTED IN 2013, BUT TO BE RECEIVED IN FUTURE YEARS AFTER RETIREMENT OVER EXECUTIVE'S LIFETIME. (B) THIS IS DISTRIBUTION FROM SERP TO COVER INCOME TAXES DUE FOR 2013. (C) THIS IS PLAN AMOUNT PRESENT VALUE EARNED IN 2013. IT IS NOT TAXABLE BECAUSE IT IS NOT VESTED.

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 71-0236856  
**Name:** BAPTIST HEALTH

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
FREDERICK A BENNETT JR CHIEF OF CLINICAL AFFAIRS	(i) (ii)	241,935 0	0 0	0 0	7,138 0	10,308 0	259,381 0	0 0
RUSSELL D HARRINGTON JR PRESIDENT & CEO	(i) (ii)	807,514 0	800 0	3,764 0	26,700 0	11,152 0	849,930 0	0 0
DOUGLAS WEEKS SENIOR VP & ADMINISTRATOR	(i) (ii)	330,412 0	36,538 0	72,314 0	55,276 0	12,135 0	506,675 0	0 0
ROBERT C ROBERTS SENIOR VP & CFO	(i) (ii)	333,946 0	27,868 0	152,795 0	57,465 0	12,144 0	584,218 0	0 0
JILL MASSIET VICE PRESIDENT OF PATIENT CARE	(i) (ii)	187,732	4,718 0	64,070 0	19,711 0	8,407 0	284,638 0	0 0
KATHRYN T MARTIN VICE PRESIDENT OF PATIENT CARE	(i) (ii)	154,404 0	13,347 0	8,585 0	24,851 0	7,364 0	208,551 0	0 0
DR PETER M MARVIN VICE PRESIDENT OF CLINICAL AFF	(i) (ii)	245,062 0	0 0	-2,755 0	11,028 0	8,028 0	261,363 0	0 0
DR GUY GARDNER CHIEF MEDICAL OFFICER	(i) (ii)	236,758 0	69,780 0	1,483 0	11,475 0	5,407 0	324,903 0	0 0
HARRISON DEAN SENIOR VP & ADMINSTRATOR	(i) (ii)	272,384 0	23,846 0	182,714 0	54,010 0	7,829 0	540,783 0	0 0
MARSHA CUNNINGHAM VICE PRESIDENT	(i) (ii)	0 204,948	0 35,928	0 1,777	0 18,173	0 7,664	0 268,490	0 0
TROY WELLS SENIOR VP & ADMINISTRATOR	(i) (ii)	254,354 0	17,411 0	34,627 0	29,950 0	12,052 0	348,394 0	0 0
GREG GRAHAM GENERAL COUNSEL	(i) (ii)	280,606 0	0 0	2,641 0	7,650 0	18,273 0	309,170 0	0 0
DAVID HOUSE VP INFORMATION SYSTEMS	(i) (ii)	228,163 0	12,658 0	50,557 0	40,160 0	11,860 0	343,398 0	0 0
LEE GENTRY VP & ADMINISTRATOR	(i) (ii)	150,807 0	3,520 0	19,948 0	19,990 0	11,724 0	205,989 0	0 0
GREG CRAIN ADMINISTRATOR	(i) (ii)	228,451 0	11,327 0	22,154 0	4,074 0	7,372 0	273,378 0	0 0

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BAPTIST HEALTH

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.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

71-0236856

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF LITTLE ROCK AR HEALTH FACILITIES BOARD	52-1542297	537373CK6	07-17-2003	13,413,378	REFUNDED BONDS ISSUED 12/29/93		X		X		X
B	CITY OF N LITTLE ROCK AR HEALTH FACILITIES BOARD	71-0858262	660551DF6	03-31-2009	50,156,572	REFUNDED BONDS ISSUED 12/19/96		X		X		X
C	CITY OF N LITTLE ROCK AR HEALTH FACILITIES BOARD	71-0858262	660551CA8	06-14-2005	26,463,486	REFUNDED BONDS ISSUED 12/12/96		X		X		X
D	HEBER SPRINGS AR HOSPITAL & HEALTH CARE FACILITY	90-0628435	422500AU2	04-19-2006	20,974,191	CONSTRUCT HOSPITAL FACILITY		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	10,495,000		13,675,000		12,860,000		3,035,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	13,427,723		50,443,035		27,652,285		21,785,563	
4	Gross proceeds in reserve funds	0		5,003,917		0		0	
5	Capitalized interest from proceeds	0		0		0		1,151,484	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	273,200		168,017		513,486		692,618	
8	Credit enhancement from proceeds	0		0		236,147		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		19,941,461	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	715,564		10,630		0		0	
13	Year of substantial completion	2003		2009		2006		2007	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X		X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
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	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
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?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	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?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

	A		B		C		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?	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
FORM 990, SCHEDULE K, PART I, LINE C	THE BONDS ISSUED IN 2009 ARE REPORTED ON THE BOND YEAR ENDED 12/17/2013
FORM 990, SCHEDULE K, PART IV, LINE 2C	BOND REBATE CALCULATION DATE ----- BOND 2003 SERIES 01/31/2014 BOND 1996B SERIES 01/17/2014 BOND 2005 SERIES 01/30/2014 BOND 2006 SERIES 01/30/2014 BOND 2010 SERIES 01/30/2014
FORM 990, SCHEDULE K, PART II, LINE 3	TOTAL PROCEEDS OF ISSUE IS DIFFERENT BECAUSE OF INVESTMENT INCOME

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BAPTIST HEALTH

Employer identification number  
71-0236856

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A PULASKI COUNTY PUBLIC FACILITIES BOARD	71-0721974	74539YFB1	10-27-2010	5,770,000	REFUNDED BONDS ISSUED 4/1/02		X		X		X
B CITY OF NLR AR HEALTH FACILITIES BOARD	71-0858262	660551DR0	05-24-2012	9,995,092	REFUNDED BONDS ISSUED 07/26/2001		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	2,395,000		480,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	5,863,515		995,092					
4	Gross proceeds in reserve funds	577,000		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	195,696		197,065					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		0					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	139,955		0					
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				



Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
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	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X		X				
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?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X	X					
c	No rebate due?	X			X				
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	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?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V

Procedures To Undertake Corrective Action

		A		B		C		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?		X		X					

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
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Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2013**  
Open to Public Inspection

Name of the organization  
BAPTIST HEALTH

Employer identification number  
71-0236856

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ED CHOATE	BOARD MEMBER/EXECUTIVE	237,414	BAPTIST PAID TO DELTA DENTAL		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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**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.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013****Open to Public  
Inspection**Name of the organization  
BAPTIST HEALTH**Employer identification number**

71-0236856

**Return  
Reference****Explanation**FORM 990,  
PART III,  
LINE 4A

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - BAPTIST HEALTH PROVIDES ACCESS TO A FULL RANGE OF COMPREHENSIVE HEALTH CARE SERVICES TO INDIVIDUALS REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, AGE, OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS ESSENTIAL TO BAPTIST HEALTH FOR THE CONTINUED OPERATION, FINANCIAL STABILITY, AND ABILITY TO PROVIDE NEEDED NEW SERVICES AND TECHNOLOGY, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE HEALTH CARE AND ESSENTIAL MEDICAL SERVICES. FURTHER, OUR MISSION IS TO SERVE THIS COMMUNITY WITH RESPECT TO PROVIDING COMPREHENSIVE HEALTH CARE SERVICES AND HEALTH EDUCATION. THEREFORE, IN KEEPING WITH BAPTIST HEALTH'S COMMITMENT TO SERVE THE RESIDENTS OF ITS COMMUNITY, WE PROVIDE - SUBSIDIZED EDUCATION TO HEALTH CARE PROFESSIONALS, - FREE AND SUBSIDIZED CARE TO THOSE WHO CANNOT PAY, - CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT REIMBURSEMENT BELOW OUR REGULAR RATES PAID BY OTHER THIRD PARTIES, - HEALTH EDUCATION AND PROGRAMS/SERVICES TO ENHANCE THE HEALTH STATUS OF THE COMMUNITY, AND - IN-KIND DONATIONS TO NON-PROFIT COMMUNITY AGENCIES TO ENHANCE THEIR SERVICES TO THE COMMUNITY. SUCH SERVICES AND PROGRAMS ARE PROVIDED WHERE THE NEED AND/OR INDIVIDUAL'S INABILITY TO PAY CO-EXISTS. THESE ACTIVITIES INCLUDE WELLNESS AND PREVENTION EDUCATION PROGRAMS, COMMUNITY DIAGNOSTIC SCREENING PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, YOUTH AT RISK, HANDICAPPED, MEDICALLY UNDER SERVED, MEDICAL CARE FOR THE UNINSURED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES. BAPTIST HEALTH SERVED 44,962 INPATIENTS AND PROVIDED FOR 440,892 OUTPATIENT AND EMERGENCY ROOM VISITS DURING 2013. ALSO SERVED WERE 5,615 HOME HEALTH AND HOSPICE PATIENTS.

Return Reference	Explanation
FORM 990, PG 6, PART VI, LINE 12(c)	DIRECTORS AND ABOVE ANNUALLY SUBMIT A WRITTEN STATEMENT AND ANSWER A QUESTIONNAIRE. THE DIRECTOR OF HUMAN RESOURCES INVESTIGATES ANY POTENTIAL CONFLICTS AND TAKES APPROPRIATE ACTION DEPENDING ON THE NATURE OF THE CONFLICT. THE BOARD MEMBERS ARE REQUIRED TO ANNUALLY SUBMIT A WRITTEN STATEMENT AND ANSWER A QUESTIONNAIRE. A SUBCOMMITTEE OF THE BOARD REVIEWS ANY CONFLICTS AND REPORTS THOSE TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE DETERMINES THE APPROPRIATE ACTION DEPENDING ON THE NATURE OF THE CONFLICT.

Return Reference	Explanation
FORM 990, PG 6, PART VI, LINE 15 (A) & 15(B)	THE EXECUTIVE COMMITTEE OF THE BOARD APPOINTS DIRECTORS TO THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE APPROVES THE INITIAL SALARY AND ANY SUBSEQUENT SALARY ADJUSTMENTS OF ALL PERSONNEL AT THE LEVEL OF DIRECTOR AND ABOVE. THE COMPENSATION COMMITTEE OBTAINS AN INDEPENDENT SALARY SURVEY ON AN ANNUAL BASIS FOR USE IN DETERMINING THE APPROPRIATE RANGES OF ALL PERSONNEL AT THE LEVEL OF DIRECTOR AND ABOVE.

Return Reference	Explanation
FORM 990, PG 6, PART VI, LINE 19	COPIES OF THE ORGANIZATION'S POLICIES AND GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC



Return Reference	Explanation
FORM 990, PG 6, PART VI, LINE 11B	FORM 990 IS REVIEWED BY THE VICE PRESIDENT OF FINANCE, THE CFO AND THE CEO

Return Reference	Explanation
FORM 990, PG 6, PART VI, LINE 6	<p>THE CORPORATION SHALL NOT HAVE OR ISSUE SHARES OF STOCK AND NO DIVIDENDS SHALL BE PAID, AND NO PART OF THE INCOME OF THE CORPORATION SHALL BE DISTRIBUTED TO ITS MEMBERS, DIRECTORS, OR OFFICERS THE CORPORATION SHALL HAVE ONE CLASS OF MEMBERS CONSISTING OF THOSE PERSONS RECOMMENDED BY THE BOARD OF TRUSTEES AND ELECTED BY THE MEMBERS AT THEIR ANNUAL MEETING IN THE MANNER SPECIFIED IN THE CORPORATION'S CONSTITUTION AND BYLAWS THERE SHALL BE NO MEMBERSHIP DUES OR FEES THE BUSINESS OF THE CORPORATION SHALL BE CONDUCTED BY THE BOARD OF DIRECTORS WHICH MAY ALSO BE REFERRED TO AS THE BOARD OF TRUSTEES THE NUMBER OF DIRECTORS OF THE CORPORATION SHALL BE NOT LESS THAN EIGHTEEN (18) AND NOT MORE THAN TWENTY-ONE (21) AND THEIR TERMS OF OFFICE SHALL BE THREE (3) YEARS EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS THE DIRECTORS SHALL BE PERMITTED TO HOLD OFFICE FOR MORE THAN ONE TERM BY RE-ELECTION EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS EACH MEMBER OF THE CORPORATION SHALL BE ENTITLED TO ONE VOTE THE VOTE FOR TRUSTEES SHALL BE BY BALLOT EXCEPT AS OTHERWISE MAY BE PROVIDED BY THE BYLAWS, ALL ELECTIONS SHALL BE DECIDED BY A MAJORITY VOTE OF THE MEMBERS PRESENT</p>

Return Reference	Explanation
FORM 990, PG 6, PART VI, LINE 7(a)	<p>THE BUSINESS AND PROPERTY OF THE CORPORATION SHALL BE MANAGED AND CONTROLLED SOLELY BY A BOARD OF TRUSTEES, EACH MEMBER OF WHICH, SAVING THOSE ELECTED TO FILL A VACANCY OR UNEXPIRED TERM, SHALL BE ELECTED BY THE MEMBERSHIP OF THE CORPORATION, EACH FOR A TERM OF THREE YEARS, BEGINNING ON JANUARY 1 AND EXPIRING ON DECEMBER 31. NO TRUSTEE SHALL BE ELIGIBLE TO SERVE MORE THAN TWO SUCCESSIVE TERMS OF THREE YEARS EACH, BUT ANY FORMER TRUSTEE SHALL BE ELIGIBLE FOR ELECTION TO THE BOARD OF TRUSTEES AFTER AT LEAST ONE YEAR'S ABSENCE THEREFROM, HOWEVER, ANY TRUSTEE WHO IS ELECTED AS AN OFFICER FOR THE ENSURING CORPORATE YEAR SHALL BE ELIGIBLE FOR REELECTION AS A TRUSTEE FOR A TERM OF ONE YEAR. ANY TRUSTEE WHO IS SERVING, OR WHO HEREAFTER SHALL SERVE, AN UNEXPIRED TERM SHALL BE ELIGIBLE TO SUCCEED HIMSELF FOR TWO TERMS. ALL OFFICERS SHALL BE ELECTED FOR A TERM OF ONE YEAR, AND EACH SHALL BE ELIGIBLE TO SUCCEED HIMSELF. EACH OFFICER ELECTED AT A MEETING OF THE BOARD OF TRUSTEES SHALL SERVE FOR THE TERM BEGINNING JANUARY 1 AND EXPIRING DECEMBER 31, PROVIDED, VACANCIES IN OFFICE MAY BE FILLED AT ANY REGULAR OR SPECIAL MEETING OF THE BOARD OF TRUSTEES, AND THE HOLDERS OF ANY NEWLY CREATED OFFICE MAY LIKEWISE BE ELECTED AT ANY MEETING OF THE BOARD, AND EACH SHALL SERVE UNTIL THE TERM EXPIRES ON THE FOLLOWING 31ST DAY OF DECEMBER. THE RIGHT OF A MEMBER TO VOTE AND TO EXERCISE ANY OTHER PRIVILEGES OF MEMBERSHIP SHALL CEASE ON THE TERMINATION OF HIS MEMBERSHIP. THE RIGHT OF MEMBERSHIP IS NONTRANSFERABLE. ANY MEMBER MAY BE REMOVED FROM MEMBERSHIP AND FROM OFFICE BY THE AFFIRMATIVE VOTE OF TWO-THIRDS (2/3) OF THE MEMBERS PRESENT AT ANY LAWFUL REGULAR MEETING, OR AT ANY SPECIAL MEETING CALLED FOR THAT PURPOSE, BECAUSE OF PERSONAL, PROFESSIONAL, OR BUSINESS CONDUCT DEEMED DETRIMENTAL TO THE INTERESTS OF THE CORPORATION OR WHICH BRINGS THE MEMBER INTO DISREPUTE, FOR LACK OF SYMPATHY WITH THE PROCEDURES AND OBJECTIVES OF THE CORPORATION OR FOR REFUSAL TO RENDER REASONABLE ASSISTANCE IN CARRYING ON ITS PURPOSE.</p>

Return Reference	Explanation
FORM 990, PG 6, PART VI, LINE 7(b)	<p>ANY AMENDMENT TO THESE ARTICLES OF INCORPORATION MUST BE ADOPTED BY BOTH THE BOARD OF DIRECTORS AND THE MEMBERSHIP OF THE CORPORATION IN THE FOLLOWING MANNER BY A VOTE OF A MAJORITY OF THE DIRECTORS THEN IN OFFICE, THE BOARD OF DIRECTORS MAY APPROVE AN AMENDMENT AT A REGULAR MEETING OF THE BOARD OF DIRECTORS OR AT A SPECIAL MEETING CALLED FOR THAT PURPOSE. ANY PROPOSED AMENDMENT SHALL BE PRESENTED IN WRITING TO EACH DIRECTOR AT LEAST TEN (10) DAY IN ADVANCE OF THE MEETING AT WHICH IT IS TO BE VOTED UPON. THE MEMBERS MAY APPROVE AN AMENDMENT TO THESE ARTICLES OF INCORPORATION BY TWO-THIRDS OF THE VOTES CAST AT ANY REGULAR MEETING OF THE MEMBERSHIP OR AT ANY SPECIAL MEETING CALLED FOR THE PURPOSE OF CONSIDERING A PROPOSED AMENDMENT NOT LESS THAN (30) NOR MORE THAN SIXTY (60) DAYS BEFORE THE MEETING DATE, THE CORPORATION SHALL GIVE WRITTEN NOTICE OF THE MEETING TO ITS MEMBERS, AND THE NOTICE MUST STATE THAT THE PURPOSE, OR ONE OF THE PURPOSES, OF THE MEETING IS TO CONSIDER THE PROPOSED AMENDMENT AND THE NOTICE SHALL CONTAIN OR BE ACCOMPANIED BY A COPY OF THE PROPOSED AMENDMENT.</p>

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN DEFINED BENEFIT PLAN GAINS \$54,364,000 TRANSFER TO AFFILIATES (9,261,000) ORTHOARKANSAS SURGERY CENTER, LLC K-1 56,094 SPRINGHILL SURGERY CENTER, LLC K-1 (27,013) ----- OTHER CHANGES IN NET ASSETS \$45,132,081

Return Reference	Explanation
FORM 990, PART V, LINE 4B	British Virgin Islands, Cayman Islands, THE BAHAMAS, Bermuda, Australia, China, Hong Kong, Japan, Singapore, Indonesia, Malaysia, Philippines, South Korea, Taiwan, Thailand, New Zealand, Finland, France, Germany, Ireland, Netherlands, Norway, Spain, Sweden, Switzerland, France, Austria, Belgium, Denmark, Italy, Luxembourg, Portugal, United Kingdom, Israel, Colombia, Peru, India, South Africa, LIBERIA, United Arab Emirates, Canada, Mexico, Kazakhstan, Russia, Argentina, Brazil, Chile, Turkey

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**  
▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BAPTIST HEALTH

Employer identification number  
71-0236856

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MEDICAL TOWERS COFFEE SHOP LLC 9601 I-630 EXIT 7 LITTLE ROCK, AR 72205 14-1865945	FOOD SERVICE	AR	-3,398	0	BAPTIST HLTH
(2) BAPTIST HEALTH PHYSICIAN PARTNERS 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 72205 46-1692255	HEALTHCARE	AR	-1,021,849	295,717	BAPTIST HLTH

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership 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	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ORTHOARK SURGERY  10301 KANIS ROAD LITTLE ROCK, AR 72205 71-0818555	ORTHOPEDIC	AR	BAPTIST HEALTH	RELATED	405,508	74,633		No	0		No	51 000 %
(2) AUTUMN ROAD LLC  PO BOX 3730 LITTLE ROCK, AR 72203 71-0786625	REAL ESTATE	AR	NA	N/A				No			No	
(3) MAUMELLE FAMILY  11001 EXECUTIVE CENTER DRIVE SUITE LITTLE ROCK, AR 72211 71-0824329	MEDICAL CARE	AR	NA	N/A				No			No	
(4) SPRINGHILL SURGERY  3401 SPRINGHILL DRIVE SUITE 155 NORTH LITTLE ROCK, AR 72117 62-1712554	SURGICAL	AR	BAPTIST HEALTH	RELATED	835,298	2,615,497		No	0		No	51 746 %
(5) BAPTIST IMAGING  9601 I-630 EXIT 7 LITTLE ROCK, AR 722059601 20-3962574	DIAGNOSTIC CENTER	AR	NA	N/A				No			No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust 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) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									



Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

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

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a Yes

1b No

1c No

1d Yes

1e No

1f No

1g No

1h No

1i No

1j Yes

1k Yes

1l No

1m No

1n No

1o No

1p Yes

1q Yes

1r No

1s No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:

Software Version:

EIN: 71-0236856

Name: BAPTIST HEALTH

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) BAPTIST HEALTH FOUNDATION  9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 72205 23-7169407	SUPPORT	AR	501(C)(3)	7	BAPTIST HLTH	Yes	
(1) PARKWAY HEALTH CENTER INC  14324 CHENAL PKWY LITTLE ROCK, AR 72211 71-0675933	LTC NURSING	AR	501(C)(3)	11A	BAPTIST HLTH	Yes	
(2) PARKWAY VILLAGE INC  14300 CHENAL PARKWAY LITTLE ROCK, AR 72211 71-0574341	RETIREMENT	AR	501(C)(3)	9	BAPTIST HLTH	Yes	
(3) ARKANSAS HEALTH GROUP  11001 EXECUTIVE CENTER DRIVE SUITE LITTLE ROCK, AR 72211 71-0781138	HEALTHCARE	AR	501(C)(3)	9	BAPTIST HLTH	Yes	
(4) MULTI SERVICES MANAGEMENT  9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 72205 71-0743531	SUPPORT	AR	501(C)(3)	11A	BAPTIST HLTH	Yes	
(5) BAPTIST HEALTH EXTENDED CARE  9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 72205 26-1286647	MEDICAL CTR	AR	501(C)(3)	3	BAPTIST HLTH	Yes	
(6) TWIN RIVERS MEDICAL CENTER  3050 TWIN RIVERS DR ARKADELPHIA, AR 71923 71-0541647	MEDICAL CTR	AR	501(C)(3)	3	BAPTIST HLTH	Yes	
(7) BAPTIST HEALTH HOSPITALS  9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 72205 61-1570855	MEDICAL CTR	AR	501(C)(3)	3	BAPTIST HLTH	Yes	
(8) CONWAY COMMUNITY SERVICES  9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 72205 46-1629800	HEALTHCARE	AR	501 (C) (3)	3	BAPTIST HLTH	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(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	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MULTIMANAGEMENT SERVICES INC 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 722057299 71-0599194	MANAGEMENT	AR	BAPTIST HEALTH	C CORPORATION	51,955,993	68,524,852	100 000 %	Yes	
MEDICAL LABORATORIES OF ARKANSAS INC 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 72205 33-1133952	MEDICAL LAB	AR	NA	C CORPORATION					No
BAPTIST MEDCARE INC 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 72205 71-0678160	MEDICAL CARE	AR	NA	C CORPORATION					No
HOMELINK HOME HEALTH CARE SERVICE INC 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 72205 71-0599195	HOME CARE	AR	NA	C CORPORATION					No
HOTEL PROPERTIES INC 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 72205 71-0599188	HOTELS	AR	NA	C CORPORATION					No
SERVICE FINANCE CORPORATION 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 72205 71-0333251	FINANCE SERVI	AR	NA	C CORPORATION					No
SERVICE PROFESSIONALS INC 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 72205 71-0663406	HOUSEKEEPING	AR	NA	C CORPORATION					No
WESTSIDE PROPERTIES INC 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 72205 71-0532013	REAL ESTATE	AR	NA	C CORPORATION					No
INTEGRATED HEALTH RESOURCES LTD 9601 I-630 LITTLE ROCK, AR 72205 33-1133950	MEDICAL LAB	AR	NA	C CORPORATION					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MULTIMANAGEMENT SERVICES INC	A	51,575	FMV
PARKWAY VILLAGE	D	3,332,343	FMV
MULTIMANAGEMENT SERVICES INC	D	33,990,717	FMV
ARKANSAS HEALTH GROUP	J	324,767	FMV
BAPTIST HEALTH EXTENDED CARE HOSPITAL	J	513,337	FMV
MULTIMANAGEMENT SERVICES INC	J	218,440	FMV
ARKANSAS HEALTH GROUP	K	43,780	FMV
ARKANSAS HEALTH GROUP	P	18,488,382	FMV
MULTIMANAGEMENT SERVICES INC	P	893,060	FMV
SERVICE PROFESSIONALS INC	P	13,804,291	FMV
SERVICE FINANCE CORPORATION	P	13,558	FMV
BAPTIST HEALTH EXTENDED CARE HOSPITAL	Q	3,480,358	FMV
BAPTIST HEALTH HOSPITALS	Q	2,104,080	FMV
PARKWAY VILLAGE	Q	431,284	FMV
SERVICE PROFESSIONALS	Q	362,647	FMV
MULTIMANAGEMENT SERVICES INC	Q	612,426	FMV
MEDICAL LABS OF ARKANSAS INC	Q	2,564,038	FMV

# **Baptist Health**

## **Independent Auditor's Report and Consolidated Financial Statements**

December 31, 2013 and 2012



**Baptist Health**  
**December 31, 2013 and 2012**

**Contents**

<b>Independent Auditor's Report.....</b>	<b>1</b>
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**Consolidated Financial Statements**

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Statements of Operations and Changes in Net Assets	4
Statements of Cash Flows	6
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We have audited the accompanying consolidated financial statements of Baptist Health (the Corporation), which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations and 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 Consolidated Financial Statements*

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

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated 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 consolidated 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 consolidated financial statements.

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

Board of Trustees  
Baptist Health  
Page 2

*Opinion*

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Baptist Health as of December 31, 2013 and 2012, and the results of its operations, the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

*BKD, LLP*

Little Rock, Arkansas  
May 5, 2014

**Baptist Health**  
**Consolidated Balance Sheets**  
**December 31, 2013 and 2012**  
*(In thousands)*

**Assets**

	<b>2013</b>	<b>2012</b>
<b>Current Assets</b>		
Cash and cash equivalents	\$ 51,005	\$ 52,317
Short-term investments and other	9,397	11,171
Patient accounts receivable, net of allowance		
2013 – \$76,677, 2012 – \$70,375	91,584	93,257
Estimated amounts due from third-party payers	7,020	14,607
Supplies, prepaid expenses and other	35,662	39,551
Total current assets	194,668	210,903
<b>Assets Limited As To Use</b>	367,966	350,615
<b>Property and Equipment, Net</b>	422,348	399,821
<b>Other Assets</b>	104,266	101,960
Total assets	<u>\$ 1,089,248</u>	<u>\$ 1,063,299</u>

**Liabilities and Net Assets**

<b>Current Liabilities</b>		
Line of credit and current maturities of long-term debt	\$ 28,008	\$ 14,034
Accounts payable and accrued expenses	109,801	91,549
Estimated amounts due to third-party payers	7,670	5,507
Current portion of deposits by residents	2,657	1,696
Total current liabilities	148,136	112,786
<b>Other Liabilities</b>		
Long-term debt	114,195	126,665
Pension liabilities	39,237	100,311
Other liabilities	50,717	58,335
Total liabilities	352,285	398,097
<b>Net Assets</b>		
Unrestricted		
Baptist Health	674,837	608,194
Noncontrolling interest	30,351	28,525
Total unrestricted net assets	705,188	636,719
Temporarily restricted	29,741	26,465
Permanently restricted	2,034	2,018
Total net assets	736,963	665,202
Total liabilities and net assets	<u>\$ 1,089,248</u>	<u>\$ 1,063,299</u>

**Baptist Health**  
**Consolidated Statements of Operations and Changes in Net Assets**  
**Years Ended December 31, 2013 and 2012**  
*(In thousands)*

	2013	2012
<b>Unrestricted Revenues, Gains and Other Support</b>		
Net patient service revenue (net of contractual discounts and allowances)	\$ 830,596	\$ 825,069
Provision for uncollectible accounts	<u>(77,375)</u>	<u>(67,919)</u>
Net patient service revenue less provision for uncollectible accounts	753,221	757,150
Management fees, lease income and other	<u>83,740</u>	<u>79,537</u>
Total unrestricted revenues, gains and other support	<u>836,961</u>	<u>836,687</u>
<b>Operating Expenses</b>		
Salaries and wages	378,042	383,145
Employee benefits	93,785	93,630
Supplies	185,655	180,248
Professional fees	62,061	47,238
Other operating expenses	95,143	99,342
Depreciation and amortization	45,838	43,666
Interest	<u>5,409</u>	<u>5,042</u>
Total operating expenses	<u>865,933</u>	<u>852,311</u>
<b>Operating Loss</b>	<u>(28,972)</u>	<u>(15,624)</u>
<b>Other Income (Expense)</b>		
Investment return	38,062	27,898
Loss on extinguishment of debt	-	(148)
Loss from pension plan termination	-	(2,793)
Equity in earnings of equity investees	5,513	5,877
Other non-operating expense	(1,932)	(485)
Change in fair value of interest rate swap agreements	<u>387</u>	<u>145</u>
Total other income	<u>42,030</u>	<u>30,494</u>
<b>Excess of Revenues Over Expenses</b>	<u><u>\$ 13,058</u></u>	<u><u>\$ 14,870</u></u>

**Baptist Health**  
**Consolidated Statements of Operations and Changes in Net Assets (Continued)**  
**Years Ended December 31, 2013 and 2012**  
*(In thousands)*

	<b>2013</b>	<b>2012</b>
<b>Unrestricted Net Assets</b>		
Excess of revenues over expenses	\$ 13,058	\$ 14,870
Capital contributions and other	1,700	(2,257)
Change in defined benefit plans gains and losses	54,364	22,615
Distributions to noncontrolling interest	<u>(653)</u>	<u>(604)</u>
Increase in unrestricted net assets	<u>68,469</u>	<u>34,624</u>
<b>Temporarily Restricted Net Assets</b>		
Contributions and other	2,595	8,839
Investment return	1,868	454
Change in net unrealized gains on investments	709	1,221
Change in value of split-interest agreements	(22)	151
Change in interest in net assets of affiliated foundations	166	42
Assets released from restriction	<u>(2,040)</u>	<u>(704)</u>
Increase in temporarily restricted net assets	<u>3,276</u>	<u>10,003</u>
<b>Permanently Restricted Net Assets</b>		
Contributions	<u>16</u>	<u>58</u>
Increase in permanently restricted net assets	<u>16</u>	<u>58</u>
<b>Increase in Net Assets</b>	71,761	44,685
<b>Net Assets, Beginning of Year</b>	<u>665,202</u>	<u>620,517</u>
<b>Net Assets, End of Year</b>	<u><u>\$ 736,963</u></u>	<u><u>\$ 665,202</u></u>

**Baptist Health**  
**Consolidated Statements of Cash Flows**  
**Years Ended December 31, 2013 and 2012**  
*(In thousands)*

	2013	2012
<b>Operating Activities</b>		
Change in net assets	\$ 71.761	\$ 44.685
Items not requiring (providing) operating cash		
Depreciation and amortization	45.838	43.666
Undistributed earnings of equity investees	(5.513)	(5.877)
Net gains on investments	(29.367)	(19.538)
Restricted contributions and investment income		
received and other changes in restricted assets	(5.289)	(9.356)
Change in pension liability	(61.074)	(28.012)
Other	(1.365)	2.003
Distributions to noncontrolling interest	653	604
Changes in		
Accounts receivable, net	1.673	22.504
Supplies and prepaid expenses and other	3.239	3.802
Accounts payable and accrued expenses	12.132	(9.912)
Estimated third-party payer settlements	9.750	(1.432)
Net cash provided by operating activities	<u>42.438</u>	<u>43.137</u>
<b>Investing Activities</b>		
Purchase of property and equipment	(67.732)	(53.015)
Net change in trading securities	14.041	(3.772)
Other investing activities	1.982	(1.144)
Net cash used in investing activities	<u>(51.709)</u>	<u>(57.931)</u>
<b>Financing Activities</b>		
Principal payments on long-term debt	(14.177)	(23.268)
Proceeds from issuance of long-term debt	681	13.944
Net borrowings on line of credit	15.000	-
Proceeds from termination of interest rate swap agreement	-	2.304
Net activity from entrance deposits	152	598
Proceeds from restricted contributions and investment income	6.956	6.500
Distributions to noncontrolling interest	(653)	(604)
Net cash provided by (used in) financing activities	<u>7.959</u>	<u>(526)</u>
<b>Decrease in Cash and Cash Equivalents</b>	<u>(1.312)</u>	<u>(15.320)</u>
<b>Cash and Cash Equivalents, Beginning of Year</b>	<u>52.317</u>	<u>67.637</u>
<b>Cash and Cash Equivalents, End of Year</b>	<u><u>\$ 51.005</u></u>	<u><u>\$ 52.317</u></u>
<b>Supplemental Cash Flows Information</b>		
Interest paid (net of amount capitalized)	\$ 5.448	\$ 5.290
Addition to asset retirement obligation	\$ -	\$ 2.140

# **Baptist Health**

## **Notes to Consolidated Financial Statements**

### **December 31, 2013 and 2012**

#### **Note 1: Nature of Operations and Summary of Significant Accounting Policies**

##### ***Nature of Operations***

Baptist Health (the Corporation), is a not-for-profit charitable membership corporation that provides a wide range of health care related services in central Arkansas. The Corporation operates various divisions and companies providing these health care related services throughout Arkansas as described below.

Baptist Health Medical Center – Little Rock (LR), Baptist Health Rehabilitation Institute, Baptist Health Medical Center – North Little Rock (NLR), Baptist Health Medical Center – Arkadelphia (ARK) and Baptist Health Medical Center – Heber Springs (HS) are hospitals organized as divisions of the Corporation. Baptist Health Hospitals, Inc., a separate legal entity, operates Baptist Health Medical Center – Stuttgart (BHS). Conway Community Services is a separate legal entity that currently owns land for a potential new hospital site. Baptist Health Extended Care Hospital – Little Rock, Inc. (LTCH) is also a separate legal entity that independently operates a long-term acute care hospital in Little Rock. When consolidated, these hospitals aggregate approximately 1,300 beds for patient care. The hospitals earn revenue by providing inpatient, outpatient and emergency services to patients in Little Rock, Arkadelphia, Heber Springs, Stuttgart and surrounding areas in Arkansas. The Corporation also owns 100% of Baptist Health Physician Partners, LLC, and 51% of Ortho Arkansas Surgery Center, LLC. The Corporation has an investment in an unconsolidated subsidiary, Springhill Surgery Center, LLC.

Parkway Village, Inc. is a retirement community in Little Rock that provides residential and recreational facilities and certain medical services to residents under long-term rental agreements. Parkway Health Center, Inc. provides residential care nursing services to residents in and around Little Rock. Arkansas Health Group provides physician services from clinics located throughout the Corporation's service area. Integrated Health Resources, Ltd., which is owned 100% by the Corporation, owns 100% of Medical Laboratories of Arkansas, Inc. (MLA). MLA performs laboratory procedures throughout the Corporation's service area. Baptist Health Foundation, Inc. conducts fund-raising activities for the Corporation.

Multi-Management Services, Inc. (MMS) is a diversified holding company whose consolidated and unconsolidated subsidiaries primarily provide physician management services and radiology services, as well as finance, collection and consulting services. MMS includes the accounts of the following consolidated subsidiaries:

##### Entity

Service Professionals, Inc.  
Homelink Home Health Care Services, Inc.  
Hotel Properties, Inc.  
Baptist Medical System HMO, Inc.  
Baptist MedCare, Inc. d/b/a Practice Plus  
Baptist Imaging Benton, LLC

**Baptist Health**  
**Notes to Consolidated Financial Statements**  
**December 31, 2013 and 2012**

Autumn Road, LLC  
Baptist Health Center for Clinical Research, LLC

MMS or its affiliates own investments in the following unconsolidated subsidiaries, which are accounted for using the equity method in as much as control rests with other parties

Entity

Alliance Homecare, Inc  
American Data Network, LLC  
HMO Partners, Inc d/b/a Health Advantage  
BHC Corporation  
Mauern Family Practice, LLC  
Surgical Pavilion, LLC  
Arkansas Medical Cyclotron, LLC

Dollar amounts included in tables throughout these footnotes are presented in thousands

***Noncontrolling Interest***

Noncontrolling interest represents the following amounts not owned by the Corporation – a 50% interest in Baptist Medical System HMO, Inc., a 49% interest in Ortho Arkansas Surgery Center, LLC, a 49% interest in Baptist Health Center for Clinical Research, and a 40% interest in Autumn Road, LLC. Losses attributable to the noncontrolling interest are allocated to the noncontrolling interest even if the carrying amount of the noncontrolling interest is reduced below zero. Any changes in ownership that do not result in a loss of control are prospectively accounted for as net asset transactions.



# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

Changes in consolidated unrestricted net assets attributable to the controlling financial interest of the Corporation and the noncontrolling interest are

	Total	Controlling Interest	Noncontrolling Interest
<b>Balance, January 1, 2012</b>	\$ 602,095	\$ 576,526	\$ 25,569
Excess of revenues over expenses	14,870	11,494	3,376
Contributions and other	(2,257)	(2,441)	184
Change in defined benefit plans' gains and losses	22,615	22,615	-
Distributions to noncontrolling interests	(604)	-	(604)
Increase in unrestricted net assets	34,624	31,668	2,956
<b>Balance, December 31, 2012</b>	\$ 636,719	\$ 608,194	\$ 28,525
Excess of revenues over expenses	13,058	10,579	2,479
Contributions and other	1,700	1,700	-
Change in defined benefit plans' gains and losses	54,364	54,364	-
Distributions to noncontrolling interests	(653)	-	(653)
Increase in unrestricted net assets	68,469	66,643	1,826
<b>Balance, December 31, 2013</b>	<u>\$ 705,188</u>	<u>\$ 674,837</u>	<u>\$ 30,351</u>

The change in temporary restricted and permanently restricted net assets related solely to the controlling interest

#### ***Principles of Consolidation***

The consolidated financial statements include the accounts of the Corporation and its wholly owned or controlled subsidiaries. All material intercompany accounts and transactions have been eliminated in consolidation.

#### ***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities 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.

# **Baptist Health**

## **Notes to Consolidated Financial Statements**

### **December 31, 2013 and 2012**

#### ***Cash and Cash Equivalents***

The Corporation considers all liquid investments with original maturities of three months or less to be cash equivalents, other than those included in assets limited as to use or held in brokerage accounts. At December 31, 2013 and 2012, cash equivalents consisted primarily of money market accounts with brokers and certificates of deposit.

At December 31, 2013, the Corporation's cash accounts exceeded federally insured limits by approximately \$48,019,000.

#### ***Investments and Investment Return***

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value. Investments in equity investees and joint ventures are reported using the equity method of accounting. Other investments are valued at the lower of cost (or fair value at time of donation, if acquired by contribution) or fair value. Investment return includes dividend, interest and other investment income, realized and unrealized gains and losses on investments carried at fair value, and realized gains and losses on other investments.

Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets. Other investment return is reflected in the statements of operations and changes in net assets as unrestricted, temporarily restricted or permanently restricted based upon the existence and nature of any donor or legally imposed restrictions.

Investments also include alternative assets such as hedge funds structured as limited liability corporations and partnerships. The Corporation's carrying value of these alternative investments is based on the net asset value of the fund, and the investments are accounted for under the equity method. The amount at which the Corporation may be able to sell the investments may be different than the estimated carrying value.

#### ***Split-interest Agreements***

Funds held in trust by others are recorded at fair value based on the Corporation's share of the trust. Irrevocable charitable remainder trusts held by others are recorded as a contribution in the year the trust is established. The contribution is recorded at the fair value of the trust less the present value of the estimated future cash payments to the beneficiaries.

# **Baptist Health**

## **Notes to Consolidated Financial Statements**

### **December 31, 2013 and 2012**

#### ***Assets Limited As to Use***

Assets limited as to use include (1) assets held by trustees that are set aside for debt service requirements as set forth in the loan documents, (2) assets set aside by the Board of Trustees (the Board) for future capital improvements or other specific uses over which the Board retains control and may, at its discretion, subsequently use for other purposes, (3) unrestricted assets donated to the Foundation that the Board has designated for use in future operations or capital improvements but may subsequently use for other purposes, (4) assets restricted by donors to the Foundation, and (5) Parkway Village residents' funds held in escrow. Amounts required to meet current liabilities of the Corporation are included in current assets.

#### ***Patient Accounts Receivable***

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Corporation analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for uncollectible account. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the Corporation analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for uncollectible accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Corporation records a significant provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

#### ***Supplies***

Supply inventories are stated at the lower of cost, determined using the first-in, first-out method, or market.

# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

#### ***Property and Equipment***

Property and equipment acquisitions are recorded at cost and are depreciated using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations and leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Buildings and improvements	35–40 years
Leasehold improvements	5–10 years
Equipment	3–7 years

Donations of property and equipment are reported at fair value as an increase in unrestricted net assets unless use of the assets is restricted by the donor. Monetary gifts that must be used to acquire property and equipment are reported as restricted support. The expiration of such restrictions is reported as an increase in unrestricted net assets when the donated asset is placed in service.

The Corporation capitalizes interest costs as a component of construction in progress, based on the weighted-average rates paid for long-term borrowing. Total interest incurred was:

	<b>2013</b>	<b>2012</b>
Interest cost capitalized	\$ 91	\$ 832
Interest cost charged to expense	5,409	5,042
Total interest incurred	<u>\$ 5,500</u>	<u>\$ 5,874</u>

#### ***Long-lived Asset Impairment***

The Corporation evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

The Company recognized an impairment loss of \$0 and \$100,000 during the years ended December 31, 2013 and 2012, respectively.

# **Baptist Health**

## **Notes to Consolidated Financial Statements**

### **December 31, 2013 and 2012**

#### ***Interest in Net Assets of Affiliated Foundations***

The Baptist Health Foundation Cleburne County and the Stuttgart Memorial Hospital Foundation (Foundations) and the Corporation are financially interrelated organizations. These Foundations seek private support for and hold net assets on behalf of the Corporation's facilities that are located in Heber Springs and Stuttgart, respectively. The Corporation accounts for its interest in the net assets of the Foundations (Interest) in a manner similar to the equity method. Changes in the Interest are included in change in net assets. Transfers of assets between the Foundations and the Corporation are recognized as increases or decreases in the Interest.

#### ***Unamortized Bond Issue Costs***

Unamortized bond issue costs represent costs incurred in connection with the issuance of long-term debt. Such costs are being amortized over the term of the respective debt using the straight-line method.

#### ***Deposits by Residents***

The nonrefundable portion of resident entrance deposits for Parkway Village, Inc. ranges from 5% to 15% during the first year of the residency agreement and increases by 5% each year thereafter until a maximum of 30% is reached. The total nonrefundable portion is recorded as deferred revenue and amortized to income over the remaining life expectancy of the residents. The resident entrance deposits are recorded as a long-term liability except for the portion expected to be refunded within one year. In the event that resident agreements are terminated, the nonrefundable portion is recognized as revenue in the year of termination.

#### ***Interest Rate Swap Agreements***

The Corporation has entered into various interest rate swap agreements to reduce the effect of changes in cash flows related to interest rate fluctuations on certain debt. The swaps are recognized on the consolidated balance sheets at fair value. The net cash payments or receipts under the swaps are recorded as increases or decreases to interest expense.

#### ***Physician Guarantee Agreements***

To enhance its physician recruitment efforts, the Corporation provides income guarantee agreements to certain physicians who agree to relocate to its service area to fill a community need and remain in practice there for a specified period of time. Under such agreements, the Corporation makes payments to the physicians in excess of the amounts they earn in their practices up to the amount of the income guarantee. The income guarantee periods are typically 12 to 48 months. Such payments are recoverable from the physicians on a prorated basis if they do not fulfill their commitment period to the community, which is typically three years subsequent to the guarantee period.

# **Baptist Health**

## **Notes to Consolidated Financial Statements**

### **December 31, 2013 and 2012**

At December 31, 2013 and 2012, the maximum potential amount of future payments under the income guarantees was approximately \$817,000 and \$403,000, respectively. Amounts due under these contracts are expensed when incurred.

#### ***Temporarily and Permanently Restricted Net Assets***

Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity.

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

The Corporation has agreements with third-party payers that provide for payments to the Corporation at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such estimated amounts are revised in future periods as adjustments become known.

#### ***Charity Care***

The Corporation provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

#### ***Contributions***

Unconditional gifts expected to be collected within one year are reported at their net realizable value. Unconditional gifts expected to be collected in future years are initially reported at fair value determined using the discounted present value of estimated future cash flows technique. The resulting discount is amortized using the level-yield method and is reported as contribution revenue.

Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

# **Baptist Health**

## **Notes to Consolidated Financial Statements**

### **December 31, 2013 and 2012**

#### ***Professional Liability Claims***

The Corporation recognizes an accrual for claim liabilities based on estimated ultimate losses and costs associated with settling claims and a receivable to reflect the estimated insurance recoveries, if any. Professional liability claims are described more fully in *Note 9*.

#### ***Income Taxes***

The Corporation and its wholly owned or controlled not-for-profit companies are exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. The Corporation and its tax-exempt subsidiaries are required to file IRS Form 990 on an annual basis and are subject to federal income tax on any unrelated business taxable income. The Corporation's taxable subsidiaries also file tax returns in the U.S. jurisdiction. The Corporation and its subsidiaries are generally no longer subject to U.S. federal and state income tax examinations by tax authorities for income tax returns filed for years before 2010.

The Corporation's taxable subsidiary, MMS, recognizes deferred tax liabilities and assets for the tax effects of differences between the financial statement and tax bases of assets and liabilities. A valuation allowance is established to reduce deferred tax assets if it is more likely than not that a deferred tax asset will not be realized. There were no material deferred tax items or tax provisions for the years ended December 31, 2013 or 2012.

#### ***Excess of Revenues over Expenses***

The consolidated statements of operations and changes in net assets include excess of revenues over expenses. Changes in unrestricted net assets that are excluded from excess of revenues over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purpose of acquiring such assets), distributions to noncontrolling interest, and changes in defined benefit pension plans' gains and losses.

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

The Corporation has elected to self-insure certain costs related to employee health and accident benefit programs. Costs resulting from noninsured losses are charged to income when incurred. The Corporation has purchased insurance that limits its exposure for individual claims and that limits its exposure to \$425,000 per covered individual annually for employee health claims and \$750,000 per occurrence for workers' compensation claims.

#### ***Transfers Between Fair Value Hierarchy Levels***

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the actual transfer date.

# **Baptist Health**

## **Notes to Consolidated Financial Statements**

### **December 31, 2013 and 2012**

#### ***Electronic Health Records Incentive Program***

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009* (the Act), provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified electronic health records technology (EHR)

Payments under the Medicare program are generally made for up to four years based on a statutory formula for prospective payment system hospital providers. Also under the Act, critical access hospitals are eligible to receive incentive payments for up to four years under the Medicare program for its reasonable costs of the purchase of certified EHR technology multiplied by the hospital's Medicare utilization plus 20%, limited to 100% of the costs incurred. Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare & Medicaid Services. Payments under all programs are contingent on the hospital continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period. The final amount for any payment year is determined based upon an audit by the fiscal intermediary. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

The Act also allows for payments to eligible professionals (EPs), under either the Medicare or Medicaid program. Payments under both programs are contingent on the EPs continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period. EPs can receive payments from the Medicare or Medicaid program but not both.

Under all programs mentioned above, the Corporation recognizes revenue ratably over the reporting period starting at the point when management is reasonably assured it will meet all of the meaningful use objectives and any other specific grant requirements applicable for the reporting period.

Due to meeting various requirements of both the Medicare and Medicaid programs, the Corporation has recorded revenue of approximately \$5,491,000 and \$7,795,000 for 2013 and 2012, respectively, which is included in other revenue within operating revenues in the consolidated statements of operations and changes in net assets.

#### ***Subsequent Events***

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were issued.



# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

#### **Note 2: Net Patient Service Revenue**

The Corporation recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. At the end of 2012, the Corporation changed its uninsured discount policy to provide a discount from gross charges that at least equals the discount that Medicare and all private health insurers receive on a combined average basis. This percentage must be re-calculated every January and reset based on the prior years' experience. Prior to this change, the Corporation provided a 20% discount on gross charges to uninsured patients. On the basis of historical experience, a significant portion of the Corporation's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Corporation records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided. This provision for uncollectible accounts is presented on the statements of operations and changes in net assets as a component of net patient service revenue.

The Corporation has agreements with third-party payers that provide for payments to the Corporation at amounts different from its established rates. A summary of the payment arrangements with major third-party payers follows:

*Medicare* – Most inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. HS and ARK are critical access hospitals whose services are paid based on a cost reimbursement methodology. The Corporation is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Corporation and audits thereof by the Medicare administrative contractor.

*Medicaid* – Inpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology, subject to certain cost limitations. Outpatient services are reimbursed based on defined allowable charges. The Corporation is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Corporation and audits thereof by the Medicaid fiscal intermediary.

The Corporation participates in the Arkansas Medicaid provider assessment program. Fee assessments of up to 5.5% of net patient service revenue are required by the program and assessment proceeds are used to generate supplemental Medicaid funding. The Corporation participates in this program and records the payments to be received, net of assessed fees paid, in net patient service revenue in the period earned. The net amounts recorded under this program were approximately \$9,933,000 and \$10,019,000 for 2013 and 2012, respectively.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

The Corporation also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Corporation under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized in the years ended December 31, 2013 and 2012, was approximately

	<u>2013</u>	<u>2012</u>
Medicare	\$ 359,879	\$ 356,895
Medicaid	44,424	59,277
Other third-party payers	344,463	339,762
Patients	<u>81,830</u>	<u>69,135</u>
	<u>\$ 830,596</u>	<u>\$ 825,069</u>

Over the past year, consistent with many health care providers, the Corporation has undergone Medicare claim reviews by Recovery Audit Contractors. Due to these claim reviews, Medicare has denied certain claims and requested repayment. Although the Corporation believes it will prevail through the appeals process, they have deposited \$6,551,000 with Medicare to avoid significant interest penalties. In addition, an estimated loss of \$10,135,000 has been recorded for certain claims for which the Corporation believes will ultimately be repaid to the Medicare program due to these claim reviews. The Corporation is in the early stages of the appeals process, therefore, events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

On March 1, 2013, certain provisions of the federal government's *Budget Control Act of 2011* went into effect. Among these are mandatory payment reductions under the Medicare Fee-for-Service program, known as sequestration. Under these provisions, Medicare reimbursement was reduced by 2% on all claims with dates-of-service or dates-of-discharge on or after April 1, 2013. The continuation of these payment cuts for an extended period of time will have an adverse effect on operating results to the Corporation.

# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

#### Note 3: Concentration of Credit Risk

The Corporation grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The mix of net receivables from patients and third-party payers at December 31 is

	<u>2013</u>	<u>2012</u>
Medicare	38 %	38 %
Medicaid	8	8
Other third-party payers	50	48
Patients	<u>4</u>	<u>6</u>
	<u>100 %</u>	<u>100 %</u>

#### Note 4: Investment and Investment Return

Total investments at December 31, 2013 and 2012, include the following

	<u>2013</u>	<u>2012</u>
Cash and cash equivalents	\$ 22,328	\$ 21,475
Money market mutual funds	7,820	16,116
Repurchase agreements	577	577
Marketable equity securities	115,677	97,772
Mutual funds	27,031	24,479
Alternative investments – hedge funds <sup>(A)</sup>	28,920	18,874
Alternative investments – fund of funds <sup>(B)</sup>	27,901	27,230
U S government and agency obligations	58,419	57,059
State and municipal obligations	45,901	45,742
Corporate debt obligations	31,183	40,705
Mortgage-backed securities	24,504	25,108
Held under split-interest agreements	3,694	3,668
Interest receivable	<u>1,594</u>	<u>1,440</u>
	<u>\$ 395,549</u>	<u>\$ 380,245</u>

**Baptist Health**  
**Notes to Consolidated Financial Statements**  
**December 31, 2013 and 2012**

Total investments are included on the consolidated balance sheets under the following captions at December 31, 2013 and 2012

	<b>2013</b>	<b>2012</b>
<b>Current Assets</b>		
Short-term investments and other	\$ 9,397	\$ 11,171
<b>Assets Limited as to Use</b>		
Internally designated		
Capital improvements	305,910	293,878
Other uses	36,914	37,699
Under indenture agreements – held by trustee	7,699	9,404
Externally restricted by donor	25,843	19,633
Other arrangements	194	194
	<u>376,560</u>	<u>360,808</u>
Less amount required to meet current obligations	<u>8,594</u>	<u>10,193</u>
	<u>367,966</u>	<u>350,615</u>
<b>Other Assets</b>		
Investments	<u>18,186</u>	<u>18,459</u>
Total Investments	<u><u>\$ 395,549</u></u>	<u><u>\$ 380,245</u></u>

**Alternative Investments**

Alternative investments held at December 31, 2013 and 2012, were carried under the equity method and consist of the following

	<b>Carrying Value</b>		<b>Redemption Frequency</b>	<b>Redemption Notice Period</b>
	<b>2013</b>	<b>2012</b>		
Hedge funds <sup>(A)</sup>	\$ 28,920	\$ 18,874	Quarterly	30 days
Fund of funds <sup>(B)</sup>	\$ 27,901	\$ 27,230	Monthly	30 days

- (A) This category includes investments in a hedge fund limited partnership that pursues multiple strategies to diversify risks and reduce volatility. The fund's composite portfolio includes investments in U S common stocks, international stocks, U S fixed income securities and international fixed income securities

**Baptist Health**  
**Notes to Consolidated Financial Statements**  
**December 31, 2013 and 2012**

- (B) This category includes an investment in a fund of funds limited partnership. The fund's composite portfolio includes investments in hedge funds and absolute return funds based in the United States, the Cayman Islands, the British Virgin Islands and Ireland.

***Investment Return***

Total investment return is comprised of the following:

	<b>2013</b>	<b>2012</b>
Interest and dividend income	\$ 8.875	\$ 10.035
Net unrealized gains on trading securities	16.459	14.875
Net gains on alternative investments accounted for using the equity method	7.485	2.176
Net realized gains on sales of securities	7.820	2.487
	<u>\$ 40.639</u>	<u>\$ 29.573</u>

**Note 5: Deposits By Residents**

Deposits by residents of Parkway Village, Inc. consist of the following and are included under other long-term assets on the consolidated balance sheets at December 31, 2013 and 2012:

	<b>2013</b>	<b>2012</b>
Nonrefundable deposits	\$ 13.062	\$ 12.575
Accumulated amortization	(9.226)	(8.317)
Net nonrefundable deposits	3.836	4.258
Refundable deposits	19.857	20.228
Deposits from future residents	99	64
	23.792	24.550
Less current maturities	2.657	1.696
	<u>\$ 21.135</u>	<u>\$ 22.854</u>

**Baptist Health**  
**Notes to Consolidated Financial Statements**  
**December 31, 2013 and 2012**

**Note 6: Property and Equipment**

Property and equipment are stated at cost and are summarized at December 31 as follows

	<b>2013</b>	<b>2012</b>
Land and land improvements	\$ 74,207	\$ 59,243
Buildings	524,637	505,391
Equipment	332,489	314,773
Capital projects in progress	13,685	15,595
	<u>945,018</u>	<u>895,002</u>
Less accumulated depreciation	<u>522,670</u>	<u>495,181</u>
	<u><u>\$ 422,348</u></u>	<u><u>\$ 399,821</u></u>

Capital projects in progress represent various miscellaneous projects that will be completed with funds generated from operations

**Note 7: Investments in Equity Investees**

The Corporation invests in various joint ventures accounted for using the equity method of accounting and reported as a component of long term other assets on the consolidated balance sheets. The financial position and operating results of these investees are summarized below

	<b>2013</b>	<b>2012</b>
Total assets	<u>\$ 175,783</u>	<u>\$ 167,191</u>
Total liabilities	<u>\$ 44,879</u>	<u>\$ 43,422</u>
Equity	<u>\$ 130,904</u>	<u>\$ 123,769</u>
Net revenues	<u>\$ 189,546</u>	<u>\$ 178,701</u>
Net income	<u>\$ 11,212</u>	<u>\$ 12,205</u>
Distributions	<u>\$ 4,337</u>	<u>\$ 4,236</u>

# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

#### Note 8: Promises Receivable

Total promises receivable at December 31, 2013 and 2012, were \$6,345,000 and \$8,112,000 respectively. The amounts are presented in prepaid and other current assets and promises receivable in the consolidated balance sheets. Included in these amounts are amounts due under split-interest agreements of \$1,285,000 and \$1,350,000 at December 31, 2013 and 2012, respectively.

#### Note 9: Professional and General Liability Claims

The Corporation is self-insured for the first \$1,000,000 per occurrence and \$5,000,000 in aggregate of medical malpractice risks for substantially all hospital operations. The Corporation purchases commercial insurance coverage above the self-insurance limits. Arkansas Health Group (AHG), a wholly owned subsidiary of the Corporation, has obtained a separate professional and general liability claims-made insurance policy on a fixed premium basis, which is used in conjunction with the excess umbrella policy of the Corporation. AHG has a \$1,000,000 per claim and \$3,000,000 in aggregate policy for each employed physician and \$1,000,000 per claim and \$3,000,000 in aggregate policy for AHG. This policy has no deductible. In the event any claims exceed the AHG individual coverage, the remaining excess reserve would be covered by the Corporation's excess umbrella policy. Professional liability reserve estimates represent the estimated ultimate cost of all reported and unreported losses incurred through the respective consolidated balance sheet dates. The reserve for unpaid losses and loss expenses are estimated using individual case-basis valuations and actuarial analyses. Those estimates are subject to the effects of trends in loss severity and frequency. The estimates are continually reviewed, and adjustments are recorded as experience develops or new information becomes known. The time period required to resolve these claims can vary depending upon whether the claim is settled or litigated. The estimation of the timing of payments beyond a year can vary significantly. Although considerable variability is inherent in professional liability reserve estimates, management believes the reserves for losses and loss expenses are adequate based on information currently known. It is reasonably possible that this estimate could change materially in the near term.

Medical malpractice claims liabilities are estimated without regard to amounts that may be recoverable under any commercial insurance policies. The amounts recorded on the consolidated balance sheets at December 31, 2013 and 2012, are summarized below:

	Loss Reserve		Insurance Recovery	
	2013	2012	2013	2012
Current accrued expenses	\$ 3,998	\$ 9,260	\$ 1,827	\$ 6,430
Long-term other liabilities	9,268	10,540	2,969	2,436
	<u>\$ 13,266</u>	<u>\$ 19,800</u>	<u>\$ 4,796</u>	<u>\$ 8,866</u>

# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

#### Note 10: Line of Credit

The Corporation has a \$30,000,000 unsecured revolving line of credit expiring on July 15, 2014. At December 31, 2013 and 2012, there was \$15,000,000 and \$0 borrowed against this line, respectively. Interest is payable quarterly at the BBA LIBOR daily floating rate plus 0.50%, which in total was 0.66% at December 31, 2013.

#### Note 11: Long-term Debt

Long-term debt consists of the following:

	2013	2012
Revenue bonds (A)	\$ 83,096	\$ 92,963
Revenue bonds (B)	6,935	7,245
Notes payable (C)	29,000	31,443
Other obligations (D)	8,172	9,048
	<u>127,203</u>	<u>140,699</u>
	<u>13,008</u>	<u>14,034</u>
	<u>\$ 114,195</u>	<u>\$ 126,665</u>

- (A) Revenue Bonds and Revenue Refunding Bonds of the Corporation, various series that mature serially from 2015 through 2031, fixed interest rates ranging from 1% to 5.8%, secured by first mortgage on various hospital facilities or other real and personal property as well as secured by substantially all revenues of the Corporation.
- (B) Revenue Bonds, assumed by Baptist Health Medical Center – Stuttgart, pursuant to the terms of the long-term lease agreement for the Stuttgart facility effective on January 1, 2009, Series 2006, maturing through October 1, 2028, fixed interest rates ranging from 3.5% to 5.1%, secured by a first mortgage on Baptist Health Medical Center – Stuttgart facilities and substantially all of Stuttgart's revenues.
- (C) Comprised of various notes payable to one financial institution, maturing at various dates through January 1, 2020, balloon payment of approximately \$11,020,000 due October 1, 2017, variable and fixed interest rates, currently ranging from 0.76% to 3.02%, secured primarily by real estate.
- (D) Primarily comprised of various notes payable to banks and capital lease obligations, maturing at various dates through May 1, 2021, variable and fixed interest rates, currently ranging from 0.77% to 7.5%, secured primarily by real estate.



# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

Under the terms of the revenue bond indentures, the Corporation is required to maintain certain deposits with a trustee. Such deposits are included with assets limited as to use in the consolidated financial statements. The revenue bond indentures also place limits on the incurrence of additional borrowings and require that the Corporation satisfy certain measures of financial performance as long as the bonds are outstanding, including maintaining an annual debt-service coverage ratio of at least 1.20. The financial institution that holds the line of credit and other notes payable requires, among other covenants, that the Corporation maintain a debt-service coverage ratio of at least 1.20 and a minimum of 90 days cash on hand.

During 2009, the Corporation, through Baptist Health Medical Center – Stuttgart (BHS), assumed the obligation for the revenue bonds of Stuttgart Regional Medical Center, Inc. through the terms of a long-term lease arrangement. The trust indenture related to these bonds requires that certain funds be established with the trustee. Accordingly, these funds are included as assets limited as to use in the consolidated financial statements. The indenture agreement also requires that BHS, as a stand-alone entity, satisfy certain measures of financial performance, as well as to comply with certain restrictive covenants including maintaining a debt-service coverage ratio of at least 1.15. As of December 31, 2013, the BHS was not in compliance with the debt-service coverage ratio. The trustee has waived this non-compliance, as well as requirements to comply with any other covenants, exclusive of timely payment of principal and interest, through January 1, 2015. Thus, the affected debt is presented in the 2013 balance sheet based upon the scheduled maturities of such debt.

Scheduled aggregate annual maturities of long-term debt at December 31, 2013, are

2014	\$ 13,008
2015	12,954
2016	19,398
2017	26,277
2018	9,736
Thereafter	45,614
	<hr/> 126,987
Unamortized net bond premiums	216
	<hr/> <hr/> \$ 127,203

#### **Note 12: Hedging Activities and Derivative Financial Instruments**

The Corporation's change in net assets and cash flows may be negatively impacted by fluctuating interest rates. To effectively manage market risks, the Corporation has entered into various interest rate swap agreements.

**Baptist Health**  
**Notes to Consolidated Financial Statements**  
**December 31, 2013 and 2012**

***Fair Value Hedge***

During 2012, the Corporation terminated a fair value hedge agreement and received approximately \$2,304,000 upon termination. The Corporation is amortizing this balance into income over the remaining life of the bonds, which mature in 2021. The Corporation recognized approximately \$378,000 and \$271,000 as a reduction of interest expense during 2013 and 2012, respectively. The balance of the hedged item was approximately \$1,455,000 and \$1,832,000 at December 31, 2013 and December 31, 2012, respectively, and was classified as part of long-term debt on the balance sheets.

***Derivatives Not Designated as Hedging Instruments***

As a strategy to maintain acceptable levels of exposure to the risk of changes in future cash flows due to interest rate fluctuations, the Corporation entered into an interest rate swap agreement for a portion of its floating rate debt. The agreements provide for the Corporation to receive interest from the counterparty equal to the one-month LIBOR and to pay interest to the counterparty at an average fixed rate of 5.93% on notional amounts of approximately \$7,082,000 and \$7,290,000 at December 31, 2013 and 2012, respectively. Under the agreement, the Corporation pays or receives the net interest amount monthly, with the monthly settlements included in interest expense. The agreement is carried at fair value in other long-term liabilities in the consolidated balance sheets, which was approximately \$920,000 and \$1,307,000 at December 31, 2013 and 2012, respectively. The swap agreement matures on December 22, 2016. The change in fair value of the interest rate swap agreement that was recognized in other non-operating income was \$387,000 and \$145,000 for 2013 and 2012, respectively.

**Note 13: Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets at December 31, 2013 and 2012, consisted of promises receivable and trust assets that are available for the general support of the Corporation in future periods. Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity.

**Note 14: Charity Care**

Uncompensated charges relating to these services were \$73,633,000 and \$99,232,000 for the years ended December 31, 2013 and 2012, respectively. Management estimated that costs related to these services were approximately \$18,774,000 and \$25,637,000 for the years ended December 31, 2013 and 2012, respectively, using a cost-to-charge ratio methodology.

# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

#### Note 15: Functional Expenses

The Corporation provides a wide range of general health care services to residents within its geographic location. Expenses related to providing these services are as follows:

	2013	2012
Health care services	\$ 753,062	\$ 733,152
General and administrative	112,871	119,159
	<u>\$ 865,933</u>	<u>\$ 852,311</u>

#### Note 16: Operating Leases

The Corporation has entered into multiple noncancellable operating leases, primarily for clinical office space and equipment. These leases expire in various years through 2018. Future minimum lease payments at December 31, 2013, were:

2014	\$ 5,551
2015	2,387
2016	2,180
2017	1,671
2018	1,844
Thereafter	<u>-</u>
Future minimum lease payments	<u>\$ 13,633</u>

Rental expense for all operating leases was approximately \$14,930,000 and \$15,315,000 for 2013 and 2012, respectively.

#### Note 17: Pension Plans

##### *Defined Benefit Plans*

The Corporation has a noncontributory defined benefit pension plan covering all employees who meet the eligibility requirements. The Corporation's funding policy is to make the minimum annual contribution that is required by applicable regulations, plus such amounts as the Corporation may determine to be appropriate from time to time. The plan was frozen to future benefit accruals effective January 1, 2009. The Corporation expects to contribute \$13,500,000 to the plan in 2014.

# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

On January 1, 2009, the Corporation assumed the obligation related to the Stuttgart Regional Medical Center, Inc. (Stuttgart) defined benefit pension plan through a long-term lease arrangement. The Corporation's funding policy related to this plan is to make the minimum annual contribution that is required by applicable regulations, plus such amounts as the Corporation may determine to be appropriate from time to time. The plan was frozen prior to the Corporation assuming the obligation.

During 2012, the Corporation terminated the Stuttgart plan by purchasing annuity contracts for approximately \$443,000 from a third-party insurance company that guaranteed the benefit payments to certain pension plan participants and made lump sum distributions to other participants of approximately \$7,241,000. The Corporation contributed approximately \$1,558,000 to the plan during 2012. As a result of the termination, the Corporation recognized a loss on pension termination of approximately \$2,793,000, which is included in excess of revenues over expenses in the statement of operations and changes in net assets for the year ended December 31, 2012.

The Corporation uses a December 31 measurement date for the plans. Information about the plans' funded status follows:

	<u>2013</u>	<u>2012</u>	
	<u>Baptist Health</u>	<u>Baptist Health</u>	<u>Baptist Health – Stuttgart</u>
Change in benefit obligation			
Beginning of year	\$ 463,344	\$ 443,586	\$ 7,988
Interest cost	21,039	20,784	276
Actuarial (gain) loss	(10,464)	10,259	(275)
Benefits paid	(12,800)	(11,285)	(7,989)
End of year	461,119	463,344	-
Change in fair value of plan assets			
Beginning of year	363,033	319,804	6,240
Actual return on plan assets	54,649	37,167	191
Employer contribution	17,000	17,350	1,558
Benefits paid	(12,800)	(11,288)	(7,989)
End of year	421,882	363,033	-
Funded status at end of year	<u>\$ (39,237)</u>	<u>\$ (100,311)</u>	<u>\$ -</u>

# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

Liabilities recognized in the balance sheets

	<u>2013</u>	<u>2012</u>	
	<u>Baptist Health</u>	<u>Baptist Health</u>	<u>Baptist Health – Stuttgart</u>
Noncurrent liabilities	\$ 39,237	\$ 100,311	\$ -

Information for pension plans with an accumulated benefit obligation in excess of plan assets

	<u>2013</u>	<u>2012</u>	
	<u>Baptist Health</u>	<u>Baptist Health</u>	<u>Baptist Health – Stuttgart</u>
Projected benefit obligation	\$ 461,119	\$ 463,344	\$ -
Accumulated benefit obligation	\$ 461,119	\$ 463,344	\$ -
Fair value of plan assets	\$ 421,882	\$ 363,033	\$ -
Components of net periodic benefit cost			
Interest cost	21,039	20,784	276
Expected return on plan assets	(23,695)	(21,015)	(298)
Amortization of net loss	12,759	13,363	408
Net periodic benefit cost	\$ 10,103	\$ 13,132	\$ 386
Loss on pension termination	\$ -	\$ -	\$ 2,793

Other changes in plan assets and benefit obligations recognized in other changes in net assets

	<u>2013</u>	<u>2012</u>	
	<u>Baptist Health</u>	<u>Baptist Health</u>	<u>Baptist Health – Stuttgart</u>
Net gain	\$ (41,605)	\$ (5,902)	\$ (114)
Amortization of net loss	(12,759)	(13,363)	(408)
Other changes due to pension termination	-	-	(2,828)
Total recognized in other changes in net assets	(54,364)	(19,265)	(3,350)
Total recognized in net periodic benefit cost and other changes in net assets	\$ (44,261)	\$ (6,133)	\$ (171)

# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

The estimated net loss for the defined benefit pension plans that will be amortized from other changes in net assets into net periodic benefit cost over the next fiscal year is approximately \$7,978,000

Amounts recognized in other changes in net assets not yet recognized as components of net periodic benefit cost consist of

	<u>2013</u>	<u>2012</u>	
	<u>Baptist Health</u>	<u>Baptist Health</u>	<u>Baptist Health – Stuttgart</u>
Net loss	\$ 47,865	\$ 102,039	\$ -

Significant assumptions include

	<u>2013</u>	<u>2012</u>	
	<u>Baptist Health</u>	<u>Baptist Health</u>	<u>Baptist Health – Stuttgart</u>
Weighted-average assumptions used to determine benefit costs			
Discount rate	4.60%	4.75%	-
Weighted-average assumptions used to determine benefit obligation			
Discount rate	4.75%	4.60%	-
Expected return on plan assets	6.50%	6.50%	-

The Corporation has estimated the long-term rate of return on plan assets based primarily on historical returns on plan assets, adjusted for changes in target portfolio allocations and recent changes in long-term interest rates based on publicly available information

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as of December 31, 2013

	<u>Baptist Health</u>
2014	\$ 13,500
2015	14,400
2016	15,700
2017	17,400
2018	19,000
2019–2024	121,400

Plan assets are held by bank-administered trust funds which invests the plans' assets in accordance with the provisions of the plan agreements. The plan agreements permit investment in common stocks, corporate bonds and debentures, U.S. government securities, certain insurance contracts, real estate and other specified investments, based on certain target allocation percentages

# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

The Corporation's overall investment strategy is to achieve a rate of return of approximately 6.5% from a mix of investments allocated for long-term growth with a wide diversification of asset types, fund strategies and fund managers. Management may revise the target percentages as the financial needs of the plan and the outlook for capital markets changes. The target asset allocation percentages for Baptist Health for 2013 and 2012 are as follows:

	<b>2013</b>	<b>2012</b>
Domestic equity securities	35%	35%
International equity securities	20%	20%
Alternative investments (equities and real estate)	15%	15%
Domestic fixed income	30%	30%
	<u>100%</u>	<u>100%</u>

#### ***Pension Plan Assets***

Following is a description of the valuation methodologies used for pension plan assets measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of pension plan assets pursuant to the valuation hierarchy:

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include equity securities, money market funds and mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include mortgage-backed securities, U.S. Treasury obligations, corporate bonds and others. For Level 2 investments, inputs include maturity, coupon rates and/or closing prices of similar securities from comparable industry financial data. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy and include alternative investments in real estate trusts and private investment funds. Alternative investments are valued based on the net asset value reported by the investment managers.

# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

The fair values of the Corporation's pension plans' assets at December 31, 2013 and 2012, by asset class are as follows

	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>December 31, 2013</b>				
Money market accounts	\$ 10.801	\$ 10.801	\$ -	\$ -
U S Treasury and federal obligations	7.126	-	7.126	-
Corporate obligations	20.081	-	20.081	-
Municipal obligations	14.271	-	14.271	-
Foreign obligations	1.000	-	1.000	-
Corporate stocks	119.482	119.028	454	-
Foreign stocks	27.801	27.801	-	-
Mortgage-back securities	6.620	-	6.620	-
Real estate trust <sup>(A)</sup>	20.739	-	-	20.739
Mutual funds	7.363	7.363	-	-
Private investment funds <sup>(B)</sup>	186.018	-	186.018	-
	<u>\$ 421.302</u>	<u>\$ 164.993</u>	<u>\$ 235.570</u>	<u>\$ 20.739</u>
<b>December 31, 2012</b>				
Money market accounts	\$ 12.675	\$ 12.675	\$ -	\$ -
U S Treasury and federal obligations	1.002	-	1.002	-
Corporate obligations	12.507	-	12.507	-
Municipal obligations	12.309	-	12.309	-
Foreign obligations	1.000	-	1.000	-
Corporate stocks	92.897	92.897	-	-
Foreign stocks	22.448	22.448	-	-
Mortgage-back securities	16.872	-	16.872	-
Real estate trust <sup>(A)</sup>	18.057	-	-	18.057
Mutual funds	5.728	5.728	-	-
Private investment funds <sup>(B)</sup>	166.905	-	166.905	-
	<u>\$ 362.400</u>	<u>\$ 133.748</u>	<u>\$ 210.595</u>	<u>\$ 18.057</u>

The fair value of plan assets for Baptist Health (December 31, 2013 and 2012) includes accrued interest not included in the disclosure above of approximately \$580,000 and \$636,000, respectively

The Corporation does not consider any of its investments in marketable equity securities, mutual funds or corporate debt obligations to be concentrated in any individual or aggregated industry subgroups



# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

#### **Alternative Investments**

Except as described below, the fair value of alternative investments in real estate funds and private investment funds has been estimated using the net asset value per share of the investments. Alternative investments held at December 31, 2013 and 2012, consist of the following:

	Carrying Value		Redemption Frequency	Redemption Notice Period
	2013	2012		
Real estate funds <sup>(A)</sup>	\$ 20,739	\$ 18,057	Quarterly	
Private investment funds <sup>(B)</sup>	\$ 186,018	\$ 166,905	Quarterly	60 to 90 days

(A) This class includes an investment in a real estate trust that invests in publicly owned securities and privately owned real estate investments. The fund has postponed the funding of all outstanding redemption requests.

(B) This class includes the following types of investments: 1) investment in a fund that is invested in equity securities of companies located in any country other than the United States and Canada; 2) investments in hedge funds and absolute return funds based in the United States, the Cayman Islands, British Virgin Islands and Ireland; 3) investment in a fund that invests in private investment companies based in the Cayman Islands, British Virgin Islands, Bahamas and Bermuda; 4) investment in a fund that invests in fixed income securities linked to the Barclays US Aggregate Bond Index; and 5) investment in a fund that invests in global inflation-sensitive equities and active commodities. The funds' primary objectives are to outperform the U.S. equity market and other index funds by generating consistent returns, while also protecting capital.

#### **Level 3 Reconciliation**

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying balance sheets using significant unobservable (Level 3) inputs:

	2013	2012
Balance at beginning of year	\$ 18,057	\$ 25,298
Actual return on plan assets		
Relating to assets still held at the reporting date	766	2,294
Relating to assets sold during the period	1,321	(382)
Purchases, sales and settlements	595	(9,153)
Balance at end of year	<u>\$ 20,739</u>	<u>\$ 18,057</u>

# **Baptist Health**

## **Notes to Consolidated Financial Statements**

### **December 31, 2013 and 2012**

#### ***Defined Contribution Plans***

The Corporation has a 403(b) defined contribution plan that covers substantially all eligible employees. Contributions from the Corporation to the plan were approximately \$16,794,000 and \$16,816,000 for 2013 and 2012, respectively.

Arkansas Health Group (AHG) has a defined contribution plan that covers substantially all employees. AHG's contributions to the plan are determined annually by the Board of Directors. Contributions from AHG to the plan were approximately \$2,169,000 and \$2,101,000 for 2013 and 2012, respectively.

Baptist MedCare, Inc. d/b/a Practice Plus has a defined contribution plan covering substantially all employees. Practice Plus' contributions to the plan are determined annually by the Board of Directors. Contributions to the plan were approximately \$433,000 and \$423,000 for 2013 and 2012, respectively.

#### ***Deferred Compensation Plan***

The Corporation has a deferred compensation agreement with employees meeting certain criteria as defined in Title 1 of the *Employee Retirement Income Security Act of 1974* (ERISA). The agreement provides for employer contributions that are in sole and absolute discretion of the Board. There were no employer contributions made during 2013 and 2012.

The Corporation also has a retirement plan for other qualified management who meet certain requirements. At December 31, 2013 and 2012, the total liability recorded in other liabilities on the consolidated balance sheets was approximately \$7,944,000 and \$7,735,000, respectively. The Corporation has designated funds for the future payments of this liability of approximately \$6,118,000 and \$5,448,000 for the years ended December 31, 2013 and 2012, respectively. These funds are in internally designated other uses in the assets limited as to use on the consolidated balance sheets.

#### **Note 18: Disclosures About Fair Value of Assets and Liabilities**

Fair value is 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 must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

**Level 1** Quoted prices in active markets for identical assets or liabilities

**Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

**Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

#### ***Recurring Measurements***

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2013 and 2012

		2013			
		Fair Value Measurements Using			
		Quoted Prices in Active Markets for Identical Assets (Level 1)		Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value				
Investments					
Money markets mutual funds	\$ 7.820	\$ 7.820		\$ -	\$ -
Marketable equity securities					
Consumer discretionary	23.598	23.598		-	-
Information technology	17.878	17.878		-	-
Financial industry	20.418	20.418		-	-
Energy	17.788	17.788		-	-
Health care	15.264	15.264		-	-
Manufacturing	13.820	13.820		-	-
Other	6.911	6.911		-	-
Mutual funds					
Fixed income	13.033	13.033		-	-
Domestic equity	9.534	9.534		-	-
International funds	4.464	4.464		-	-
U S government and agency obligations	58.419	-		58.419	-
State and municipal obligations	45.901	-		45.901	-
Corporate debt obligations	31.183	-		31.183	-
Mortgage-backed securities	24.504	-		24.504	-
Repurchase agreement	577	-		577	-
Held under split-interest agreements	3.694	-		3.694	-
Other liabilities					
Interest rate swap agreements	\$ (920)	\$ -		\$ (920)	\$ -

**Baptist Health**  
**Notes to Consolidated Financial Statements**  
**December 31, 2013 and 2012**

	2012			
	Fair Value Measurements Using			
	Quoted Prices			
	<div> <div>in Active</div> <div>Markets for</div> <div>Identical</div> <div>Assets</div> <div>(Level 1)</div> </div> <div> <div>Significant</div> <div>Other</div> <div>Observable</div> <div>Inputs</div> <div>(Level 2)</div> </div> <div> <div>Significant</div> <div>Unobservable</div> <div>Inputs</div> <div>(Level 3)</div> </div>			
	Fair Value			
Investments				
Money markets mutual funds	\$ 16.116	\$ 16.116	\$ -	\$ -
Marketable equity securities				
Consumer discretionary	19.766	19.766	-	-
Information technology	16.972	16.972	-	-
Financial industry	15.202	15.202	-	-
Energy	14.594	14.594	-	-
Health care	12.808	12.808	-	-
Manufacturing	12.726	12.726	-	-
Other	5.704	5.704	-	-
Mutual funds				
Fixed income	12.332	12.332	-	-
Domestic equity	7.317	7.317	-	-
International funds	4.830	4.830	-	-
U S government and agency obligations	57.059	-	57.059	-
State and municipal obligations	45.742	-	45.742	-
Corporate debt obligations	40.705	-	40.705	-
Mortgage-backed securities	25.108	-	25.108	-
Repurchase agreement	577	-	577	-
Held under split-interest agreements	3.668	-	3.668	-
Other assets and liabilities				
measured at fair value				
Interest rate swap agreements	\$ (1.307)	\$ -	\$ (1.307)	\$ -

Following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2013.

# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

#### ***Investments***

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

#### ***Interest Rate Swap Agreements***

The fair value is estimated using forward-looking interest rate curves and discounted cash flows that are observable or that can be corroborated by observable market data and, therefore, are classified within Level 2 of the valuation hierarchy.

#### ***Fair Value of Financial Instruments***

The following table presents estimated fair values of the Corporation's other financial instruments and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2013 and 2012.

	Carrying Amount	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>December 31, 2013</b>				
Financial assets				
Cash and cash equivalents	\$ 73,333	\$ 73,333	\$ -	\$ -
Promises receivable	4,145	-	4,145	-
Interest in net assets of affiliated foundations	2,296	-	2,296	-
Financial liabilities				
Long-term debt, net of capital leases	125,979	-	128,250	-
Line of credit	15,000	-	15,000	-
<b>December 31, 2012</b>				
Financial assets				
Cash and cash equivalents	\$ 73,340	\$ 73,340	\$ -	\$ -
Promises receivable	5,498	-	5,498	-
Interest in net assets of affiliated foundations	2,130	-	2,130	-
Financial liabilities				
Long-term debt, net of capital leases	138,562	-	141,206	-

**Baptist Health**  
**Notes to Consolidated Financial Statements**  
**December 31, 2013 and 2012**

The following methods were used to estimate the fair value of all other financial instruments recognized in the accompanying consolidated balance sheets at amounts other than fair value

***Cash and Cash Equivalents***

The carrying amount approximates fair value

***Long-term Debt and Line of Credit***

The fair value of long-term debt not subject to fair-value swap agreements is estimated using discounted cash flow analysis based on the Corporation's current incremental borrowing rates for similar types of borrowing arrangements

***Interest in Net Assets of Affiliated Foundations***

Fair value is estimated at the present value of the future distributions expected to be received over the term of the agreement. The carrying amount does not differ materially from the fair value

***Promises Receivable***

Fair value is estimated at the present value of the future payments expected to be received

**Note 19: Significant Estimates and Concentrations**

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following

***Allowance for Net Patient Service Revenue Adjustments***

Estimates of allowances for adjustments included in net patient service revenue are described in *Notes 1 and 2*

***Professional and General Liability Claims***

Estimates related to the accrual for professional and general liability claims are described in *Notes 1 and 9*

# **Baptist Health**

## **Notes to Consolidated Financial Statements**

### **December 31, 2013 and 2012**

#### ***Agreement with HMO***

The Corporation is a participant in a risk-sharing contract with HMO Partners, Inc. (HMO). Pursuant to its contract with the physicians and hospitals, the HMO will deposit an amount monthly into a Health Service Fund to be used as payment for all covered health benefits for HMO members.

The total of the HMO's payments to the Health Service Fund may or may not be sufficient to pay for all of the covered health services consumed by the HMO membership. After the end of each fiscal year, an accounting of the financial disposition of the Fund will occur. Any surplus or deficit in the Fund will be allocated one-half to the physician providers and one-half to the hospital providers.

HMO Partners, Inc. is a joint venture between Baptist Medical System HMO, Inc. and Blue Cross/Blue Shield of Arkansas.

#### ***Self-Insured Employee Health and Workers' Compensation Costs***

Under the Corporation's insurance programs, coverage is obtained for catastrophic exposures as well as those risks required to be insured by law or contract. The Corporation retains a significant portion of certain expected losses related to employee health care costs and workers' compensation costs. Provisions for losses expected under these programs are recorded based upon the Corporation's estimates of the aggregate liability for claims incurred. The amount of actual losses incurred could differ materially from the estimates reflected in these financial statements.

#### ***Litigation***

In the normal course of business, the Corporation is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Corporation's self-insurance program (described elsewhere in these notes) or by commercial insurance, for example, allegations regarding employment practices or performance of contracts. The Corporation evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

#### ***Loss Contingency***

The Corporation is the subject of investigations regarding specific third-party payer program billing issues. Management has accrued an estimated amount that they believe approximates the probable liability associated with these issues based on information currently available. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

# Baptist Health

## Notes to Consolidated Financial Statements

### December 31, 2013 and 2012

#### ***Asset Retirement Obligation***

As discussed in *Note 20*, the Corporation has recorded a liability for its conditional asset retirement obligations related to asbestos contained in buildings that the Corporation owns

#### ***Pension and Other Postretirement Benefit Obligations***

The Corporation has noncontributory -defined benefit pension and postretirement health care plans whereby it agrees to provide certain postretirement benefits to eligible employees. The benefit obligation is the actuarial present value of all benefits attributed to service rendered prior to the valuation date. It is reasonably possible that events could occur that would change the estimated amount of this liability materially in the near term.

#### ***Investments***

The Corporation invests in various investment securities. Investment securities are exposed to various risks such as interest rate, deposit, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying consolidated balance sheets.

#### **Note 20: Asset Retirement Obligation**

Accounting principles generally accepted in the United States of America require that an asset retirement obligation (ARO) associated with the retirement of a tangible long-lived asset be recognized as a liability in the period in which it is incurred or becomes determinable (as defined by the standard) even when the timing and/or method of settlement may be conditional on a future event. The Corporation's conditional asset retirement obligations primarily relate to asbestos contained in buildings that the Corporation owns. Environmental regulations exist in Arkansas, where the Corporation operates, that require the Corporation to handle and dispose of asbestos in a special manner if a building undergoes major renovations or is demolished.

A summary of changes in asset retirement obligations for the years ended December 31, 2013 and 2012, are included in the table below. The liability is included in other long-term liabilities in the consolidated financial statements at December 31, 2013 and 2012.

	2013	2012
Liability, beginning of year	\$ 13,485	\$ 11,211
Increase in estimate	-	2,140
Liabilities settled	(235)	(536)
Accretion expense	800	670
Liability, end of year	<u>\$ 14,050</u>	<u>\$ 13,485</u>



# **Baptist Health**

## **Notes to Consolidated Financial Statements**

### **December 31, 2013 and 2012**

#### **Note 21: *Patient Protection and Affordable Care Act***

The *Patient Protection and Affordable Care Act* (PPACA) will substantially reform the United States health care system. The legislation impacts multiple aspects of the health care system, including many provisions that change payments from Medicare, Medicaid and insurance companies. Starting in 2014, the legislation requires the establishment of health insurance exchanges, which will provide individuals without employer-provided health care coverage the opportunity to purchase insurance. It is anticipated that some employers currently offering insurance to employees will opt to have employees seek insurance coverage through the insurance exchanges. It is possible the reimbursement rates paid by insurers participating in the insurance exchanges may be substantially different than rates paid under current health insurance products. Another significant component of the PPACA is the expansion of the Medicaid program to a wide range of newly eligible individuals. In anticipation of this expansion, payments under certain existing programs, such as Medicare disproportionate share, will be substantially decreased. Each state's participation in an expanded Medicaid program is optional.

The state of Arkansas is currently participating in the Medicaid expansion program, effective January 1, 2014, through the use of private insurance exchanges. The state legislature is required to annually approve the funding of the expansion program and has approved such funding through June 30, 2015.

The PPACA is extremely complex and may be difficult for the federal government and each state to implement. While the overall impact of the PPACA cannot currently be estimated, it is possible it will have a negative impact on the Corporation's net patient service revenue. In addition, it is possible the Corporation will experience payment delays and other operational challenges during PPACA's implementation.

#### **Note 22: Subsequent Events**

##### ***Baptist Health – Stuttgart Sales Tax Issue and Related Bond Defeasance***

In March 2014, the City of Stuttgart, Arkansas (the City) approved a 1% sales tax to pay for qualifying expenses submitted by the Corporation's BHS facility. The Corporation was previously operating BHS through a leasing arrangement with Stuttgart Regional Medical Center, Inc. (SRMC). This leasing arrangement, which was effective on January 1, 2009, transferred the operations and control of SRMC to the Corporation. The Corporation accounted for this transaction in a manner similar to a pooling of interest. The Corporation currently makes all the debt service payments on behalf of SRMC.

# **Baptist Health**

## **Notes to Consolidated Financial Statements**

### **December 31, 2013 and 2012**

As a result of the new sales tax that will support BHS, the title of the property in which BHS operates will transfer from SRMC to the City. The City will in-turn lease the property back to SRMC, which will then continue to lease to the Corporation under the same terms as previously. However, the Corporation will now be required to defease the hospital revenue bonds for which SRMC is currently obligated. The Corporation plans to defease the SRMC bonds with new long-term debt during 2014 for which the Corporation will be obligated.

#### ***Business Combination – Long-term Lease Arrangement***

Effective January 1, 2014, the Corporation entered into a long-term sub-leasing arrangement that transfers the operations of Hot Spring County Medical Center (HSCMC) to the Corporation. HSCMC currently leases the property from the city of Malvern, Arkansas. The sub-lease, which covers substantially all the assets and operations of the HSCMC, is for a period of 25 years with annual payments of \$25 per year and includes two optional renewal periods of 25 years each at the same annual rental. The Corporation has committed to provide adequate funding to operate HSCMC and will make the required debt service payments and all legal obligations of HSCMC. The sub-lease can be terminated prior to the expiration of the lease term by the Corporation or HSCMC in certain instances as defined in the agreement and with proper notification. At the end of the sub-lease term, all assets and liabilities will revert back to HSCMC.

The transaction is expected to be accounted for as an acquisition under Accounting Standards Update 2010-07, *Not-for-Profit Entities: Mergers and Acquisitions*. The Corporation did not give any consideration to HSCMC as a result of this transaction. The Corporation is expecting to record an inherent contribution equal to the amount in excess of the fair value of assets received over the fair value of the liabilities assumed. However, the fair value of such assets received and liabilities assumed have not been determined as of the date the financial statements were available to be issued.

#### ***New Hospital Facility – Conway, Arkansas***

During 2014, the Corporation expects to finalize plans to build a new 200,000 square-foot hospital facility in Conway, Arkansas. Construction is expected to start in the latter half of 2014 and is expected to be completed and ready for operation in early 2016. As of December 31, 2013, the Corporation has spent approximately \$17,500,000 for the purchase of land and related closing costs, construction documents and development fees and has reported these transactions in land and capital projects in progress in the consolidated balance sheet. The total cost of the project is an estimated \$130,000,000, and the Corporation expects to finance the majority of the project cost with long-term debt.

# **BHMC-LR Implementation Plans**

# **Baptist Health Medical Center – Little Rock**

## **Community Health Needs Implementation Plan**

### **IDENTIFIED COMMUNITY HEALTH NEED #1: Preventable Hospital Stays**

#### **GOALS / OBJECTIVES:**

Reduce the number of unnecessary hospitalizations through improved primary prevention, improved control of chronic diseases, and expanded case management for patients seen in the Emergency Department.

#### **STRATEGY #1:**

Utilize the Baptist Health Home Health Telehealth program to monitor patients with chronic conditions at home.

#### **ACTION STEP #1:**

Develop criteria to identify appropriate patients with chronic conditions who would benefit from a telehealth program.

#### **ACTION STEP #2:**

Investigate grant funding opportunities to provide telehealth units to qualified patients.

#### **ACTION STEP #3:**

Once funded, implement, monitor and provide any necessary interventions with telehealth patients.

#### **DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Interventions will be prompt, appropriate and cost effective to both the patient and hospital to reduce the number of patients who are admitted with chronic conditions. This process will also maintain the patient in their home environment.

#### **DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY**

##### **ORGANIZATIONS:**

Baptist Health Medical Center- Little Rock will work with the Baptist Health Home Health network to manage these patients in the homes with the telehealth units. Home Health nurses will provide the patient monitoring and medical intervention in the homes.

#### **DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH**

##### **NEED:**

Case Coordination staff, nurses and social workers, and Home Health staff will be needed to identify patients who qualify for the telehealth units. The Baptist Health Foundation will assist with finding grant money or other funds needed to purchase units to put in the homes of patients and to provide aircards for wireless internet. Interpretation services will also be used for those patients who need translation. Physicians will be used as needed to provide the referral and medical support.

##### **PERFORMANCE METRICS:**

Attempts to secure grant funding will begin in the first quarter of 2014. If grant funding can be obtained, readmission tracking for those patients enrolled in the program and placed on Telehealth units will be monitored and results reported annually. The goal is to reduce the readmissions of those patients placed on Telehealth units by 5% when compared to their previous 12 month history of readmissions.

##### **PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be ongoing, as long as funds are available to install telehealth units in patient homes, over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

Case Coordination – Sandy Guthrie

Baptist Health Home Health- Becky Pryor

Baptist Health Foundation- Missy Lewis

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

**STRATEGY #2:**

Initiate proactive approaches to care for patients seen in the Emergency Department to mitigate the need for frequent emergency/acute interventions.

**ACTION STEP #1:**

Provide Case Management Services seven (7) days per week.

**ACTION STEP #2:**

Ensure as many patients as possible are connected to a Primary Care Physician with an appointment made within three days of discharge, and if needed, Home Health services.

**ACTION STEP #3:**

Arrange enrollment in free or reduced cost medication programs for all patients who qualify.

**ACTION STEP #4:**

Investigate options for diabetic patients who cannot afford measurement strips for blood sugar meters and/or insulin syringes.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Assisting patients with access to resources which facilitate compliance with recommended treatments will prevent chronic conditions from deteriorating into

acute problems requiring emergency intervention. This will also link patients to the appropriate levels of care for follow up.

### **DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY**

#### **ORGANIZATIONS:**

Baptist Health Medical Center- Little Rock will work with physicians in the Baptist Health network and Baptist Health Home Health to manage patients with on-going health needs. Partnerships with drug companies and supply companies will also be pursued.

### **DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH**

#### **NEED:**

Case Coordination staff, nurses and social workers, will be needed to assess patient needs for discharge and coordinate services. Pharmacy staff will be needed to evaluate poly-pharmacy issues. Health Management Center staff will assist in investigating diabetes supply needs. Physicians will be used as needed to order needed services and supplies.

#### **PERFORMANCE METRICS:**

Case Management services will be provided in the ED seven (7) days per week in January of 2014. The number of patients enrolled in reduced cost medication programs will be tracked on a monthly basis.

### **PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be ongoing as patients will continue to be identified, over the next three years 2014-2016.

### **PERSON / DEPARTMENT RESPONSIBLE:**

Case Coordination - Sandy Guthrie

Baptist Health Home Health - Becky Pryor

Health Management Center - Ryan Reed

Pharmacy – David Cobb

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

**STRATEGY #3:**

Develop methods to regularly monitor Nursing Home patients who are at higher risk for readmission based on known disease progression factors and intervene early to mitigate the need for frequent emergency/acute interventions.

**ACTION STEP #1:**

Educate Nursing Homes on the need to perform daily weight and blood pressure checks on patients with chronic kidney disease who are not on dialysis or with congestive heart failure.

**ACTION STEP #2:**

Investigate use of a pilot eICU service in a Nursing Home with a high volume of readmissions.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Interventions are prompt, appropriate and cost effective to both the patient and hospital to reduce the number of patients who are admitted with chronic conditions that became acute. This will also maintain the patient in their regular environment.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**



Baptist Health Medical Center- Little Rock will work with local Nursing Homes to manage patients with complex health needs, and with physicians to provide orders for interventions that support care in the patient's regular environment.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

Community Outreach and Case Coordination staff will be needed to conduct regular meetings with Nursing Home representatives to provide education and come to consensus on patient management approaches. Staff from Network Development will assess capability and cost of using an eICU service in a Nursing Home environment.

**PERFORMANCE METRICS:**

Reduce the number of inpatient admissions from the Emergency Department by targeted Nursing Homes by 5% using pre- and post-initiative comparison.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be ongoing as patients will continue to be identified, over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

Case Coordination - Sandy Guthrie

Community Outreach - Teresa Conner

Network Development - Leila Dockery

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

## **Baptist Health Medical Center – Little Rock**

### **Community Health Needs Implementation Plan**

#### **IDENTIFIED COMMUNITY HEALTH NEED #2 – Diabetic Screening**

##### **GOALS / OBJECTIVES:**

Promote diabetes awareness and education to increase diabetic screenings

##### **STRATEGY #1:**

Develop a diabetes awareness education campaign to build support and understanding among the general public regarding diabetes prevention, early detection and treatment methods.

##### **STRATEGY #2:**

Promote the Diabetic Risk Assessment Test to patients entering the Community Outreach Wellness Centers.

##### **STRATEGY #3:**

Implement community-based diabetes education classes and screenings.

##### **STRATEGY #4:**

Offer A1C testing to Wellness Center patients who have a previous diagnosis of diabetes. Individuals found to have elevated levels will be offered care coordination by the Community Education Nurse.

**STRATEGY #5:**

Expand screening programs and services for high-risk groups: minorities, elders, tobacco users, caregivers, underinsured, and non-insured by targeted screening events.

**STRATEGY #6:**

Enhance school-based Diabetes education and screening.

**ACTION STEP #1:**

Work with Strategic Development to develop an educational campaign to increase the awareness of Diabetes prevention, screening and management. The campaign will include mailers, web-site, social media and television.

**ACTION STEP #2:**

Provide counseling regarding nutrition, weight control, and appropriate physical activity to patients identified as having high risk factors for diabetes. Advise identified patients to have periodic future screening for diabetes.

**ACTION STEP #3:**

Promote diabetes screenings and education classes. Quarterly diabetes educational programs will be implemented at various Community Wellness Centers that include an educational presentation component, healthy cooking demonstrations and physical activity.

**ACTION STEP #4:**

Offer participation in the community- based diabetes management program for all individuals identified and diagnosed as diabetic by a health care provider. The program will include reminders for patients to follow-up on their eye, foot and oral exams. Patients will also receive A1C and cholesterol screenings, if needed.

**ACTION STEP #5:**

Partner with community churches, community groups and Hometown Health Coalitions in identified areas to increase the number of screenings and risk assessment tests provided for the identified population.

**ACTION STEP #6:**

Support the Arkansas Department of Health's initiative in expanding diabetes screening of targeted middle school children, along with their scoliosis screening. Assist in teaching diabetes prevention, risk factors, symptoms and the consequences of diabetes. Provide assistance in teaching students and school health providers, as needed.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

The awareness of the diabetes epidemic and its severity will lead to an increased knowledge by the general public. Community members will be aware of the signs and symptoms of diabetes and the need for a risk assessment test. This will lead to an increase in the desire to be screened. Depending on the results, patients will receive the referrals needed.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

Baptist Health will partner with the Arkansas Department of Health's Diabetes Task Force, the American Diabetes Association of Arkansas, the Hometown Health Coalitions, the Arkansas Center for Health Improvement, and locations which support the BH community wellness centers.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

The resources needed to implement this project include staff from the following departments: Community Outreach, Strategic Development and the Print Shop.

Additional resources will be needed to purchase educational and promotional materials.

**PERFORMANCE METRICS:**

The Diabetes Education Risk Assessment test will be available at all Community Wellness Centers and all screening events. 100% of patients scoring “at risk” will be offered a blood sugar screening at the Wellness Centers. Blood Sugar screenings will be offered on a monthly basis at 10 access points. 2014 will serve as a baseline year for data collection on the number of blood sugar screenings and educational activities offered, with a goal of increasing numbers in subsequent years.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016

**PERSON / DEPARTMENT RESPONSIBLE:**

The Baptist Health Community Outreach Department will be responsible for the implementation, evaluation and follow-up of this program.

**PROGRESS UPDATE:**

Metrics will be available on a monthly basis and the program will be updated on an annual basis throughout the assessment period.

**Baptist Health Medical Center – Little Rock**

**Community Health Needs Implementation Plan**

**IDENTIFIED COMMUNITY HEALTH NEED #3 – Smoking (Tobacco-Use Cessation)**

**GOALS / OBJECTIVES:**

Promote smoking cessation within the hospital and at the community level

**STRATEGY #1:**

Implement a hospital-based tobacco education/cessation program

**ACTION STEP #1:**

Identify patients who smoke or use smokeless tobacco products from the nursing admission assessment.

**ACTION STEP #2:**

Order Tobacco Cessation Education from the Respiratory Care Department.

**ACTION STEP #3:**

Provide education on the harmful effects of using tobacco products and assess the patient's readiness to quit.

**ACTION STEP #4:**

Have identified patients sign a form to participate in the Arkansas Stamp Out Smoking initiative. Fax the form to the Arkansas Tobacco Quit Line (1-800-QUITNOW).

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Interventions are prompt, appropriate and cost effective to both the patient and the community to reduce the number of people who use tobacco products. The Stamp Out Smoking program matches assistance to patient needs, including education, support, nicotine gum and patches.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

Baptist Health Medical Center- Little Rock will work with the Arkansas Stamp Out Smoking program.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

Nursing staff will be needed to identify patients who use tobacco products. The Team Leaders and Patient Care Coordinators in the Respiratory Care department will be trained to educate patients and assess their readiness to discontinue use of tobacco products. The Director of the Respiratory Care department will coordinate the service and review outcomes.

**PERFORMANCE METRICS:**

The annual goal is to educate and assess readiness of at least 70% of identified patients prior to discharge. All patients who choose to be referred will be referred. Referral outcomes will be monitored via data provided by the Arkansas Tobacco Quitline Referral Program Fax Referral Reporting.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This pilot will last approximately one year (2014). Evaluation will be made after the first year to determine the continuation of the program for 2015 and 2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

Nursing - Jill Massiet

Respiratory Care - Shelly Brown

**PROGRESS UPDATE:**

Progress will be reviewed at the end of the year (2014).

**STRATEGY #2:**

Implement a Smoking Cessation Referral Program in the Community Wellness Centers.

**ACTION STEP #1:**

Identify individuals who utilize tobacco products during health history assessment at the Wellness Centers.

**ACTION STEP #2:**

Provide individuals with information regarding the Arkansas Tobacco Quitline Program. Upon a patient's acknowledgement of desire to discontinue tobacco utilization, the Community Education nurse will ask the patient to consent to have the Arkansas Tobacco Quitline contact them via the HIPAA Compliant Referral Form.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Patients will become aware of the risk of tobacco use and the resources available to assist them in quitting.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**



The Baptist Health Community Outreach Department will partner with the Arkansas Department of Health, the Coalition for Tobacco Free Arkansas, and locations which support the BH community wellness centers.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

The resources needed to implement this project include staff from the following departments: Community Outreach Department, Strategic Development and the Print Shop. Additional resource will be utilized to purchase items such as Carbon Monoxide monitors and educational materials.

**PERFORMANCE METRICS:**

The goal is to provide referral information for tobacco cessation intervention to 100% of all identified tobacco users, which will be recorded in the patient's Wellness Center file. Referral outcomes will be monitored via data provided by the Arkansas Tobacco Quitline Referral Program Fax Referral Reporting.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

Baptist Health Community Outreach – Community Wellness Center Education Nurses

**PROGRESS UPDATE:**

Progress will be reviewed on a monthly basis and reported on the Community Wellness Center's Monthly Health Service Report throughout the assessment period.

## **Baptist Health Medical Center – Little Rock**

### **Community Health Needs Implementation Plan**

#### **IDENTIFIED COMMUNITY HEALTH NEED #4 – Obesity**

##### **GOALS / OBJECTIVES:**

Increase opportunities to participate in activities that promote good nutrition and physical activity in maintaining health and reducing obesity.

##### **STRATEGY #1:**

Expand the Community Walking Program

##### **ACTION STEP #1:**

Enhance Baptist Health's partnership with the City of Little Rock by offering to make the Community Walking Program available at ten (10) of its public facilities through the Parks and Recreation department.

##### **ACTION STEP #2:**

Provide free BMI assessments at ten (10) of the Baptist Health Community Wellness Centers.

##### **ACTION STEP #3:**

Offer one educational classes annually at four (4) Little Rock community centers, focusing on healthy eating and physical fitness.

##### **DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Enrollment will increase, providing increased opportunity for exposure to learning how to prepare healthy meals and the benefits of adding exercise to their daily lives.

#### **DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY**

##### **ORGANIZATIONS:**

The collaboration with the City of Little Rock will offer a wider base for promoting not only the Community Walking program but also services offered at the Community Wellness Centers, which are hosted at a number of different churches and community centers. These initiatives will aid in increasing awareness and reducing the numbers of overweight and obese adults.

#### **DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH**

##### **NEED:**

Resources needed to implement this program include staff from the following departments: Community Outreach, Nutrition and Food Services, the Fitness Center, and Strategic Development. Educational materials will be provided and incentives will also be purchased by the hospital.

##### **PERFORMANCE METRICS:**

The goal is to increase the number of adults enrolled in the Community Walking Program by 25% compared to 2013.

##### **PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

The program duration is one year (2014), but enrollment/re-enrollment is conducted annually (2015-2016).

##### **PERSON / DEPARTMENT RESPONSIBLE:**

The Community Outreach department will be responsible for implementing and evaluating the program.

##### **PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

**STRATEGY #2:**

Expand the We Can CATCH Kids Club Program

**ACTION STEP #1:**

Partner with the Boys and Girls Club of Central Arkansas.

**ACTION STEP #2:**

Partner with the City of Little Rock's Summer Playground Program.

**ACTION STEP #3:**

Implement the We Can Catch Kids Program in the Little Rock School District.  
Investigate implementation in Benton, Bryant and Sheridan.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Studies show that regular physical activity in children and adolescents promotes health and fitness. Compared to those who are inactive, physically active youth have higher levels of cardio respiratory fitness and stronger muscles. The We Can Catch kids program will address the growing concerns of childhood obesity by educating children and families on the benefit of good nutrition and exercise.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

Baptist Health will partner with the Little Rock School District, the Boys and Girls Clubs of Arkansas, the City of Little Rock, Arkansas Department of Health and potentially schools and community groups in Benton, Bryant and Sheridan.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH**

The resources needed to implement this project include staff from the following departments: Community Outreach, Strategic Development, Print Shop, Nutrition and Food Services and the Fitness Center. Additional resources will be utilized to purchase promotional and educational materials.

**PERFORMANCE METRICS:**

The goal is to provide sessions at three (3) sites in 2014. Additional goals will be determined for 2015-2016 once the baseline year (2014) is complete.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

The Community Outreach department will be responsible for implementing and evaluating the program.

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

**STRATEGY # 3:**

Promote Healthy Eating and Active Living to Reduce the Prevalence of Obesity.

**ACTION STEP #1:**

Provide support for the Arkansas Coalition against Obesity and the statewide goals. Baptist Health will participate in planning and implementation of initiatives, as applicable.

**ACTION STEP #2:**

Provide nutrition and physical activity education to the community through educational programs at Baptist Health wellness centers, special events and

community health fairs. Social media, the Baptist Health Web-site and television interviews will also be utilized to promote Healthy Eating and Active Living.

**ACTION STEP #3:**

Pilot the Sister to Sister: Move More, Eat Better program at one new community center in 2014. The program targets African American women and promotes increased physical activity and adopting health eating habits.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

A comprehensive approach to educating the community about the hazards of obesity through participation in programs and attendance at educational classes will help them make better choices.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

Baptist Health will partner with the Arkansas Department of Health, Hometown Health Coalitions, and the City of Little Rock.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH**

The resources needed to implement this project include staff from the following departments: Community Outreach, Occupational Health, Strategic Development, Nutrition and Food Services and the Fitness Center. Additional resource will be utilized to purchase promotional and educational materials.

**PERFORMANCE METRICS:**

The Sister to Sister: Move More Eat Better program will show annual improvement in participant data from pre and post-tests to demonstrate knowledge gained.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016

**PERSON / DEPARTMENT RESPONSIBLE:**

The Community Outreach department will be responsible for implementing and evaluating the program.

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

**Baptist Health Medical Center – Little Rock**  
**Community Health Needs Implementation Plan**

**IDENTIFIED COMMUNITY HEALTH NEED #5 – Lack of a Primary Care Physician**

**GOALS / OBJECTIVES:**

Increase the number of people living in the identified counties of Pulaski, Saline and Grant that have access to a Primary Care Physician.

**STRATEGY #1:**

Work with Practice Plus and Arkansas Health Group to increase the number of Primary Care physicians in Pulaski, Saline and Grant counties.

**ACTION STEP #1:**

Support Practice Plus/AHG physician recruiting efforts for Pulaski, Saline and Grant counties with physician recruiters.

**ACTION STEP #2:**

Provide Baptist Health Healthline patient referral and scheduling for primary care practices.

**ACTION STEP #3:**

Provide specialty support via the Baptist Health network of physicians to primary care physicians.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

By providing increased physician coverage throughout the identified three-county area, primary care services will be more accessible, improving continuity of care.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

Baptist Health Medical Center- Little Rock will continue its partnership with Community Health Centers of Arkansas to provide access to Primary Care Physicians. Baptist Health Medical Center- Little Rock will also collaborate with Arkansas Health Group and Practice Plus to identify physicians who may be willing to volunteer their time and services in free clinics in the identified three-county area. Communication with the free clinics in these areas will identify the needs of each clinic and what resources Baptist Health may be able to provide.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

Physician time will be needed. Additionally, grant money could be used to fund needed medications for these patients and possibly to reimburse physicians for their time.

**PERFORMANCE METRICS:**

Contacts with potential primary care physician candidates and numbers of physicians recruited will be tracked on a quarterly basis.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

The project will be ongoing.

**PERSON / DEPARTMENT RESPONSIBLE:**

Practice Plus/Arkansas Health Group – Will Rusher



Baptist Health Healthline – Mark Lowman/Cara Wade

Baptist Health Network Development – Leila Dockery

**PROGRESS UPDATE:**

Status will be updated annually.

**STRATEGY #2:**

Collaborate with Jefferson Comprehensive Care System, Inc. (JCCSI), one of the Community Health Center (CHC) networks affiliated with Baptist Health, to re-open the Little Rock Community Health Center. CHCs are 501(c)3 Healthcare Organizations which provide or make provisions for primary medical, dental, mental health, pharmacy, preventive, and support services to uninsured and underinsured individuals, as well as to those who are covered by Medicare, Medicaid, and private insurance. The service area for JCCSI includes Jefferson, Cleveland and Pulaski Counties. JCCSI operates two clinics in Pulaski County currently – one at College Station and one for the homeless on MLK Drive.

**ACTION STEP #1:**

Assist in the recruitment of provider staffing for the clinic. Provider staff could be employed directly by JCCSI or by contract through AHG/Practice Plus.

**ACTION STEP #2:**

Develop a process for referral of patients without a PCP from BH Emergency Rooms to the clinic for ongoing primary care in a more appropriate setting.

**ACTION STEP #3:**

Assist with funding of the Community Health Centers of Arkansas, which supports the Jefferson Comprehensive Care System, Inc.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

By providing a new point of access for primary care, individuals with little or no health insurance coverage will have a healthcare home and receive ongoing preventive and primary care as well as access to specialty care as needed.

#### **DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY**

##### **ORGANIZATIONS:**

Baptist Health Medical Center – Little Rock will collaborate with JCCSI and AHG/Practice Plus to open the clinic and to identify additional resources which may need to be provided. Doing so will need to be in full compliance with the requirements of the Health Resources and Services Administration, an agency of the United States Department of Health and Human Services.

#### **DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH**

##### **NEED:**

BH will accept referrals for outpatient tests/procedures as well as inpatient care as needed. BH will assist JCCSI in identifying specialty physicians to take referrals as needed. BH will provide other operational expertise as needed.

##### **PERFORMANCE METRICS:**

Provider staffing will be solicited in the first half of 2014. If obtained, numbers of patients, encounters, medication assistance, and other statistics will be reported monthly. Monetary contributions will be reported on the BH Form 990H.

##### **PROJECT LENGTH:**

The clinic will be a permanent, full-time operation.

##### **PERSON/DEPARTMENT RESPONSIBLE:**

CHC Affiliation – Leila Dockery

AHG/Practice Plus – Will Rusher

Community Outreach – Teresa Conner

##### **PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

## **COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED**

### **Baptist Health Medical Center – Little Rock**

Arkansas is a state with many health needs, ranking 47<sup>th</sup> of 50 in overall health status. It is also a state with a higher proportion of underserved and uninsured individuals. Recognizing that although all of the identified needs are important, all of them cannot be pursued by BHMC-LR, and choices had to be made. After establishing criteria based on the Baptist Health mission, as well as BHMC-LR clinical strengths, resources and infrastructure to maintain programs, each of the identified needs was reviewed. The following community health needs will not be addressed in the BHMC-LR Implementation Plan.

**Diabetes (Death)** - This need is currently addressed by the Arkansas Department of Health, Arkansas Foundation for Medical Care, the American Diabetes Association of Arkansas and other local healthcare providers.

**Infant Mortality** - This need is currently being addressed by various organizations including Baptist Health Medical Center - North Little Rock, the March of Dimes of Arkansas, Arkansas Department of Health and other local healthcare providers.

**Low Birth Weight** - This need is being addressed by the March of Dimes, the Arkansas Department of Health and other local healthcare providers.

**Diabetes (Chronic Conditions)** - This need is currently addressed by the Arkansas Department of Health, Arkansas Foundation for Medical Care, the American Diabetes Association of Arkansas, the Arkansas Wellness Coalition and other local healthcare providers.

**Hypertension** - This need is currently being addressed by the Arkansas Department of Health.

**Coronary Heart Disease** - This need is currently being addressed through the Arkansas Department of Health's Million Hearts program, the American Heart Association, and other local healthcare providers.

**PAP Test** - This need is currently being implemented by the Arkansas Department of Health through their Family Planning program and other local healthcare providers.

**Stroke** - This initiative is currently being addressed by the Arkansas Department of Health and the American Heart Association.

**Access to Healthy Food** - This need is currently being addressed by the City of Little Rock, the City of North Little Rock, the University of Arkansas Division of Agriculture and the Arkansas Department of Health.

**Cancer** - This need is currently being addressed by the Susan G. Komen Foundation, the American Cancer Society, the Arkansas Department of Health, the Arkansas Cancer Coalition, the Prostate Cancer Foundation and other local healthcare providers.

**Arthritis** - This need is currently being addressed by the Arthritis Foundation of Arkansas.

**Asthma** - This need is currently being addressed by the Arkansas Foundation for Medical Care.

**Chronic Lower Respiratory** - Due to limited resources, this need will not be addressed at this time.

**Sexually Transmitted Infections** - This need is currently being addressed by the Arkansas Department of Health.

**Access to Recreational Facilities** - This need is currently being addressed by the City of Little Rock, the City of North Little Rock, Community Centers and the Boys and Girls Clubs of Arkansas.

**Excessive Drinking** - This need is currently being addressed by the Arkansas Department of Health and Human Services.

**Children with Single Parent Households** - This need are currently being addressed by the Arkansas Department of Health and Human Services.

**Poor or Fair Health Status** - Due to limited resources, this need will not be addressed at this time.

**Poor Physical/Mental Days** - This need is currently being addressed by the Arkansas Community Mental Health Centers.

**Percentage of Fast Food Restaurants** – This need is not an area of expertise for Baptist Health. Due to limited resources, this need will not be addressed at this time.

**Premature Death** - This need is currently being addressed by the Arkansas Department of Health.

**Violent Crime** - This need is currently being addressed by the City of Little Rock.

# **BHMC-NLR**

## **Implementation Plans**

## **Baptist Health Medical Center – North Little Rock**

### **Community Health Needs Implementation Plan**

#### **IDENTIFIED COMMUNITY HEALTH NEED #1 – Preventable Hospital Stays**

##### **GOALS / OBJECTIVES:**

Reduce excess readmission ratio to  $\leq$  CMS goal. Readmission reductions focus will be on patients who have the highest risk for readmission. Due to limited resources and the current focus on these two conditions by CMS for purposes of reimbursement, BHMC-NLR plans to monitor the impact of these techniques and employ successful strategies into the future to include post-acute case management.

##### **STRATEGY #1:**

Develop tools and support mechanisms, both inpatient and post hospital, to reduce inappropriate readmissions.

##### **ACTION STEP #1:**

Adopt a Transition Model: After research of literature and networking with colleagues across the country, BHMC-NLR will adopt the Sutter Care Home Model, which includes Medication Management, Early Follow-up and Symptom Management.

##### **ACTION STEP #2:**

Implement a Patient Assessment Tool/Questionnaire to determine reasons for readmission. Case Management Will Meet with Each Readmission

1. Did you understand your discharge instructions?
2. When was your follow up appointment?

3. Were you able to go to your appointment?
  - a. If not, determine reasons, e.g., transportation, financial, scheduling, etc.
4. Determine knowledge of medications, e.g., use, taking as prescribed, new meds, getting them filled
5. Understanding signs and symptoms of their disease process and what to do when they occur.
6. Community services received and help at home.

### **ACTION STEP #3:**

Establish a Care Partner: Nursing and Case Management will work with the patient and family to determine who will be a responsible partner in caring for the patient. The care partner role has been added to the communication board in each patient's room.

### **DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Through collaborative efforts, the following is expected:

1. Identify the patients who are the highest risk for readmission.
2. Patients and family will be educated with the appropriate follow up care instructions to prevent inappropriate readmission.

### **DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

Baptist Health Medical Center- NLR is collaborating with area Home Health agencies to begin early patient education (within three days of discharge, when possible), and establish processes to seek medical attention without readmitting to an acute care setting.

### **DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

Baptist Health Medical Center – NLR will provide staff from Nursing and Case Coordination as well as facility/equipment.

### **PERFORMANCE METRICS:**



Reduce readmission ratio for identified groups to an index of less than 1.00, using CMS data and recommendations.

Reduce in-hospital readmission rate, rolling year, index and rate with national comparator (Data Source: American Data Network)

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016

**PERSON / DEPARTMENT RESPONSIBLE:**

Baptist Health Community Outreach

Baptist Health Medical Center – NLR Nursing and Case Coordination.

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

**STRATEGY #2:**

Expand the Nursing Home/Hospital Liaison Committee to include other post-hospital providers.

**ACTION STEP #1:**

Host meetings on a quarterly basis

**ACTION STEP #2:**

Identify problematic areas and practices and set in place effective and efficient standards to address these issues.

**ACTION STEP #3:**

Identify barriers to care which will prevent inappropriate readmissions from the nursing home to the hospital.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Post-acute care facilities will have improved processes to deal with potential patient health issues.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

Baptist Health Medical Center North Little Rock will collaborate with nursing homes, LTACHs, acute rehabilitation centers, ambulance providers, and home health agencies to improve outcomes and reduce readmissions for identified patients.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

Nurses, Case Coordination, Emergency Department personnel, pharmacists and hospitalists will be needed to participate in the quarterly meetings as well as identify areas for improvement.

**PERFORMANCE METRICS:**

A minimum of four meetings annually to discuss opportunities to improve patient outcomes and provider processes. Readmissions will be measured using CMS data.

Processes for tracking post-acute setting readmissions is currently being developed to identify which post-acute settings are readmitting more frequently and why. This will enable BHMC-NLR to work with these providers to reduce readmissions and improve patient outcomes.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

Nursing Staff

Case Coordination

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

**STRATEGY #3:**

Community Based Flu Vaccination Program

**ACTION STEP #1:**

Provide flu shots at Community Wellness Centers and targeted communities.

**ACTION STEP #2:**

Collaborate with the Arkansas Department of Health in their mass flu shot campaign.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Fewer people will contract the flu or will have milder symptoms.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

Baptist Health Medical Center North Little Rock will collaborate with the Arkansas Department of Health.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

The resources needed to achieve this strategy include Baptist Health staff from Community Outreach and the Pharmacy.

**PERFORMANCE METRICS:**

Baptist Health will offer Flu shots at 10 Community Wellness Centers/Screening sites annually beginning in October 2014.

Baptist Health will participate in two Arkansas Department of Health Mass Flu Clinics beginning October 2014.

Baptist Health will track and record the number of vaccinations given at all events.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

The Baptist Health Community Outreach department will be responsible for the implementation, evaluation and follow up of the program.

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

# **Baptist Health Medical Center – North Little Rock**

## **Community Health Needs Implementation Plan**

### **IDENTIFIED COMMUNITY HEALTH NEED #2 – Diabetic Screening**

#### **GOALS / OBJECTIVES:**

Promote diabetes awareness and education to increase diabetic screenings

#### **STRATEGY #1:**

Develop a diabetes awareness education campaign to build support and understanding among the general public regarding diabetes prevention, early detection and treatment methods.

#### **STRATEGY #2:**

Promote the Diabetic Risk Assessment Test to all patients entering the Community Outreach Wellness Centers.

#### **STRATEGY #3:**

Implement community-based diabetes education classes and screenings.

#### **STRATEGY #4:**

Offer A1C testing to Wellness Center patients who have a previous diagnosis of diabetes. Individuals found to have elevated levels will be offered care coordination by the Community Education Nurse.

#### **STRATEGY #5:**

Expand screening programs and services for high-risk groups: minorities, elders, tobacco users, caregivers, underinsured, and non-insured by targeted screening events.

#### **STRATEGY #6:**

Enhance school-based Diabetes education and screening.

#### **ACTION STEP #1:**

Work with Strategic Development to develop an educational campaign to increase the awareness of Diabetes prevention, screening and management. The campaign will include mailers, web-site, social media and television.

#### **ACTION STEP #2:**

Provide counseling regarding nutrition, weight control, and appropriate physical activity to patients identified as having high risk factors for diabetes. Advise identified patients to have periodic future screening for diabetes.

#### **ACTION STEP #3:**

Promote diabetes screenings and education classes. Quarterly diabetes educational programs will be implemented at various Community Wellness Centers that include an educational presentation component, healthy cooking demonstrations and physical activity.

#### **ACTION STEP #4:**

Offer participation in the community- based diabetes management program for all individuals identified and diagnosed as diabetic by a health care provider. The program will include reminders for patients to follow-up on their eye, foot and oral exams. Patients will also receive A1C and cholesterol screenings, if needed.

#### **ACTION STEP #5:**

Continue to partner with community churches, community groups and Hometown Health Coalitions in identified areas to increase the number of screenings and risk assessment tests provided for the identified population.

**ACTION STEP #6:**

Support the Arkansas Department of Health's initiative in expanding diabetes screening of targeted middle school children, along with their scoliosis screening. Assist in teaching diabetes prevention, risk factors, symptoms and the consequences of diabetes. Provide assistance in teaching students and school health providers, as needed.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

The awareness of the diabetes epidemic and its severity will lead to an increased knowledge by the general public. Community members will be aware of the signs and symptoms of diabetes and the need for a risk assessment test. This will lead to an increase in the desire to be screened. Depending on the results, patients will receive the referrals needed.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

Baptist Health will partner with the Arkansas Department of Health's Diabetes Task Force, the American Diabetes Association of Arkansas, the Hometown Health Coalitions, the Arkansas Center for Health Improvement, and locations which support BH community wellness centers.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

The resources needed to implement this project include staff from the following departments: Community Outreach, Strategic Development and the Print Shop.

Additional resources will be needed to purchase educational and promotional materials.

**PERFORMANCE METRICS:**

The Diabetes Education Risk Assessment test will be available at all Community Wellness Centers and all screening events. 100% of patients scoring “at risk” will be offered a blood sugar screening at the Wellness Centers. Blood Sugar screenings will be offered on a monthly basis at 10 access points. 2014 will serve as a baseline year for data collection on the number of blood sugar screenings and educational activities offered, with a goal of increasing numbers in subsequent years.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

The Baptist Health Community Outreach Department will be responsible for the implementation, evaluation and follow-up of this program.

**PROGRESS UPDATE:**

Metrics will be available on a monthly basis and the program will be updated on an annual basis throughout the assessment period.



## **Baptist Health Medical Center-North Little Rock**

### **Community Health Needs Implementation Plan**

#### **IDENTIFIED COMMUNITY HEALTH NEED #3 – Reduction of Infant Mortality**

##### **GOALS / OBJECTIVES:**

A decrease in the infant mortality rate by .5%

##### **STRATEGY #1:**

Improve the overall health of newborns

##### **ACTION STEP #1:**

Decrease non-medically indicated Early Elective Delivery (EED) deliveries before 39 weeks gestation to 7.5 %. Participate and follow the guidelines developed by the Arkansas Foundation for Medical Care.

##### **ACTION STEP #2:**

Provide Critical Congenital Heart Disease (CCHD) screening for 100% of non-transferred newborns. Pulse oximetry readings of the right hand and foot will be done between 24-48 hours of birth. Screening criteria will follow guidelines developed in collaboration with Arkansas Children's Hospital and the University of Arkansas for Medical Science.

##### **ACTION STEP #3:**

Give Tetanus, Diphtheria and Pertussis (Tdap) and Measles, Mumps and Rubella (MMR) immunizations to postpartum patients. Following the recommendation of the CDC, all postpartum mothers who did not receive a Tdap during pregnancy will be offered and encouraged to receive the vaccination immediately after delivery. All rubella non-immune patients will be offered and encouraged to receive an MMR. Goal is to offer immunization for Tdap and MMR to 100% of non-immunized post-partum patients.

**ACTION STEP #4:**

Provide the Neonatal Car Seat Screening/and Angel Tolerance Test for 100% newborns that meet the following criteria: less than 37 weeks gestation, less than 5 pounds or discharging on oxygen or an apnea monitor.

**ACTION STEP #5:**

Provide breastfeeding support services to include: prenatal education on breastfeeding; access to a Lactation Consultant; outpatient consultations; and onsite breast pump rentals. Improve percentage of newborns exclusively fed breast milk during hospitalization by 5%.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Newborn health will be improved by decreasing risk of premature birth with the EED Program. Screening for CCHD and positional hypoxia will lead to the provision of early treatment. Immunizations of the mother will lower the risk of communicable diseases to the newborn. Breast fed newborns will have greater immunity through their mother's immunoglobulins.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

Baptist Health Medical Center-North Little Rock will collaborate with the Arkansas State Health Department and OB/GYNs in the communities served.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

Baptist Health Medical Center- North Little Rock will provide nursing staff and Lactation Consultants.

**PERFORMANCE METRICS:**

Early Elective Delivery percentage is monitored quarterly through the BHMC-NLR internal Quality Department as well as the VHA and March of Dimes. The goal is to decrease to 7.5 % by December 2014.

Non- transferred newborns receive CCHD screenings. Data will be measured through the BHMC-NLR electronic medical record (EMR). The goal is to achieve 100% by December 2014.

The Angle Tolerance Test is given to select newborns. Data will be measured through the BHMC-NLR electronic medical record (EMR). The goal is to test 100% of newborns meeting criteria by December 2014.

The Arkansas Medicaid program measures the 100% Exclusive Breastfeeding and provides reports. The goal is to improve by 5% by the final quarter of 2014.

Postpartum immunizations will be monitored internally by data collected in the EMR. The goal will be to offer Tdap and MMR immunization to 100% of non-immunized mothers by December 2014.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

The Baptist Health Medical Center North Little Rock Women's Center Staff.

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

**STRATEGY #2:**

Promote Perinatal and Well Baby Care Education in the Community

**ACTION STEP #1:**

Utilize the Heaven's Loft Wellness Center Program to provide perinatal and infant care education and resources to clients, utilizing a voucher incentive component to reward expectant and new mothers for attendance and participation.

**ACTION STEP #2:**

Screen expectant mothers for potential issues in relation to hypertension and gestational diabetes on a weekly basis.

**ACTION STEP #3:**

Provide two school-based perinatal and well-baby care educational classes in the North Little Rock School District.

**ACTION STEP #4:**

Conduct outpatient prenatal classes

**ACTION STEP #6:**

Identify new and expectant mothers who smoke. Provide individuals with information regarding the Arkansas Tobacco Quitline Program. Upon the patient's acknowledgement of desire to discontinue tobacco utilization, the Community Education nurse will make the appropriate referral to the Arkansas Tobacco Quitline and/or others resources. The process will be implemented weekly on an annual basis.

**ACTION STEP #7:**

Provide one immunization clinic annually for children during National Immunization Month

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Women of childbearing age and expectant mothers participating in the programs will be educated on healthy preconception behaviors and the importance of medical care for a healthy pregnancy. Mothers will be educated on the impact of smoking, drugs, appropriate weight gain, folic acid, preterm labor, and other factors that affect infant mortality. Mothers will be educated on the importance of breast feeding, well baby care and routine immunizations for the lifelong health of their infant.

**DESCRIBE COLLABORATIONS WITH OTHER HOSPITALS AND COMMUNITY ORGANIZATIONS:**

Baptist Health will collaborate with the Arkansas Department of Health, Obstetricians, Pediatricians, Family Practice Physicians, the Crisis Pregnancy Center Program, the Cooperative Extension Program of the University of Arkansas, the United Way of Arkansas, Community Churches, Rhea Lana Events, as well as surrounding school districts.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS THE HEALTH NEED:**

The resources needed to implement this project include staff from the following Baptist Health departments: Community Outreach and Baptist Health Medical Center North Little Rock Women's Center, Strategic Development, and the Print Shop. Additional resources will be used to purchase educational and promotional materials, as well as newborn care items.

**PERFORMANCE METRICS:**

Two school based prenatal educational classes will be held at Jacksonville High School.

One Immunization clinic will be held at the Heaven's Loft Wellness Center. The number of immunizations and participants will be tracked and reported.

The number of expectant mothers referred to the Tobacco Quit Line on a weekly basis will be tracked and reported on a monthly basis.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

The projects will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

The Baptist Health Community Outreach Department will be responsible for the implementation, evaluation, and follow-up of the programs.

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

**STRATEGY #3:**

Promotion of Infant Safety

**ACTION STEP #1:**

Provide infant CPR, Newborn Care, Childbirth Classes, and Safe Sitter Classes.

**ACTION STEP #2:**

Implement a Child Passenger Safety Program serving all mothers participating in the Heaven's Loft and the School-Based Prenatal Programs on an annual basis.

**ACTION STEP #3:**

Implement two Baby Safety Showers in English and Spanish for expectant and delivered mothers with babies less than 6 months of age. Provide safety items such as smoke alarms, cabinet latches, door handle safety knobs, bath thermometers and car seats. Promote safe infant sleep practices and prevention of shaken baby syndrome.

**ACTION STEP #4:**

Provide annual childhood immunizations for children during National Immunization Month

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Mothers will be educated on safe infant care and infant injury prevention, as well as learn how to properly install and use safety items provided.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

Baptist Health Medical Center North Little Rock will collaborate with the Arkansas Department of Health Injury Prevention and Immunization Programs, Arkansas Children's Hospital, the Safe Kids Coalition, Bank of America (Grant), local Police and Fire Departments, University of Arkansas for Medical Sciences Child Passenger Safety Program, the North Little Rock Health Department and North Little Rock Physicians.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

The resources needed to implement this project include staff from the following Baptist Health department: Community Outreach, Baptist Health Medical Center North Little Rock, Strategic Development, and the Print Shop. Additional resources will be utilized to purchase baby safety items and car seats.

**PERFORMANCE METRICS:**

Two Safety Baby Shower classes will be held at Heaven's Loft. One will be in English and one in Spanish.

One Immunization clinic will be held at the Heaven's Loft Wellness Center. The number of immunizations and participants will be tracked and reported.

Fifty car seats will be provided annually as a part of the Child Passenger Safety program.

The number of car seats distributed.

The number of immunizations administered.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

The Baptist Health Community Outreach Department will be responsible for the implementation, evaluation, and follow-up of the programs.

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.



## COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED

### Baptist Health Medical Center – North Little Rock

Arkansas is a state with many health needs, ranking 47<sup>th</sup> of 50 in overall health status. It is also a state with a higher proportion of underserved and uninsured individuals. Recognizing that although all of the identified needs are important, all of them cannot be pursued by BHMC-NLR, and choices had to be made. After establishing criteria based on the Baptist Health mission, as well as BHMC-NLR clinical strengths, resources and infrastructure to maintain programs, each of the identified needs was reviewed. The following community health needs will not be addressed in the BHMC-NLR Implementation Plan.

**Diabetes (Death)** - This need is currently addressed by the Arkansas Department of Health, Arkansas Foundation for Medical Care, the American Diabetes Association of Arkansas and other local healthcare providers.

**Low Birth Weight** - This need is being addressed by the March of Dimes, the Arkansas Department of Health and other local healthcare providers.

**Diabetes (Chronic Conditions)** - This need is currently addressed by the Arkansas Department of Health, Arkansas Foundation for Medical Care, the American Diabetes Association of Arkansas, the Arkansas Wellness Coalition and other local healthcare providers.

**Hypertension** - This need is currently being addressed by the Arkansas Department of Health.

**Coronary Heart Disease** - This need is currently being addressed through the Arkansas Department of Health's Million Hearts program, the American Heart Association, and other local healthcare providers.

**PAP Test** - This need is currently being implemented by the Arkansas Department of Health through their Family Planning program and other local healthcare providers.

**Stroke** - This initiative is currently being addressed by the Arkansas Department of Health and the American Heart Association.

**Access to Healthy Food** - This need is currently being addressed by the City of Little Rock, the City of North Little Rock, the University of Arkansas Division of Agriculture and the Arkansas Department of Health.

**Cancer** - This need is currently being addressed by the Susan G. Komen Foundation, the American Cancer Society, the Arkansas Department of Health, the Arkansas Cancer Coalition, the Prostate Cancer Foundation and other local healthcare providers.

**Arthritis** - This need is currently being addressed by the Arthritis Foundation of Arkansas.

**Asthma** - This need is currently being addressed by the Arkansas Foundation for Medical Care.

**Chronic Lower Respiratory** – This need was rated lower in the prioritization process, and due to limited resources will not be addressed at this time.

**Sexually Transmitted Infections** - This need is currently being addressed by the Arkansas Department of Health.

**Access to Recreational Facilities** - This need is currently being addressed by the City of Little Rock, the City of North Little Rock, Community Centers and the Boys and Girls Clubs of Arkansas.

**Lack of PCP** – The lack of PCP issue is currently being met by several free community clinics with the primary care issues addressing this concern in our market area. Limited resources also impact any initiative we may attempt.

**Obesity** - Currently the Arkansas Department of Health has a statewide Obesity Initiative

**Smoking** – The Arkansas Department of Health and the Stamp Out Smoking Initiative covers this area of concern.

**Premature Death** - This need is currently being addressed by the Arkansas Department of Health.

**Poor or Fair Health Status** - This need was rated lower in the prioritization process, and due to limited resources will not be addressed at this time.

**Poor Physical/Mental Days** - This need is currently being addressed by the Arkansas Community Mental Health Centers.

**Excessive Drinking** - This need is currently being addressed by the Arkansas Department of Health and Human Services.

**Violent Crime** - This need is currently being addressed by the City of North Little Rock.

**Children with Single Parent Households** - This need is currently being addressed by the Arkansas Department of Health and Human Services.

**Percentage of Fast Food Restaurants** - Due to limited resources and this need not being an area of expertise for BHMC-NLR, it will not be addressed at this time.

# **BHMC-A Implementation Plans**

# **Baptist Health Medical Center – Arkadelphia**

## **Community Health Needs Implementation Plan**

### **IDENTIFIED COMMUNITY HEALTH NEED #1 – Colorectal Screening**

#### **GOALS / OBJECTIVES:**

Increase the number of people who are educated about the importance of getting colorectal screenings.

Increase the number of screenings provided locally to identify health issues earlier.

#### **STRATEGY #1:**

Promote colorectal screenings with local county health department and area physicians on getting their patients screenings performed locally.

#### **ACTION STEP #1:**

Provide brochures to physician practices and the local health department with information about colorectal screenings available locally.

#### **ACTION STEP #2:**

Provide information to the public at community events, health fairs, and civic group meetings throughout the county.

##### **Community Events**

- Arkadelphia Community Health Fair
- Cruising in the Park
- Ladies Night Out

##### **Civic Groups**

- Red River Baptist Association
- Alpha Kappa Alpha Sorority, Inc. - Chi Nu Omega Chapter

- Arkadelphia Lions Club
- Arkadelphia Rotary Club
- Arkadelphia Rotary Sunrise Club
- Gurdon Rotary Club
- La Primera Iglesia Bautista
- National Association for the Advancement of Colored People
- The Sunshine Service Club

### **ACTION STEP #3:**

Advertise in local and service area newspapers on a quarterly basis.

### **STRATEGY #2:**

Increase the number of days the hospital offers screenings from one to two per week.

### **ACTION STEP #1:**

Recruit one more local physician to perform additional screenings within the next two years.

### **ACTION STEP #2:**

Identify time slots with schedulers within the next year.

### **ACTION STEP #3:**

Train additional staff to accommodate the increase in screenings.

### **DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Increase the number of colorectal screening performed at BHMC-Arkadelphia annually.

### **DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

Partner with each of the medical practices in the service area.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH  
NEED:**

Resources needed to implement these goals include educational materials for the community and hospital staff, facility and equipment.

**PERFORMANCE METRICS:**

The number of people educated at community events and the number of colorectal screenings performed at BHMC-A. With a goal of 5% more educated and 2% more colorectal screenings within 3 years.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE**

This project will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

Sheree Hendrix, Director of Nursing

Diane Duren, OR/OPS/GI Unit Manager

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

# **Baptist Health Medical Center – Arkadelphia**

## **Community Health Needs Implementation Plan**

### **IDENTIFIED COMMUNITY HEALTH NEED #2 – Mammography Screening**

#### **GOALS / OBJECTIVES:**

Increase the number of women who undergo mammography screenings locally.

Increase the number of women who are educated about importance of getting mammography screenings performed as recommended by the American Cancer Society.

#### **STRATEGY #1:**

Promote mammography screenings with local county health department and area physicians on getting their patients screenings performed locally.

#### **ACTION STEP #1:**

Provide brochures to physician practices and the local health department with information about mammography resources available locally.

#### **ACTION STEP #2:**

Provide information to the public at community events, health fairs, and civic group meetings throughout the county.

#### **Community Events**

- Arkadelphia Community Health Fair
- Cruising in the Park
- Ladies Night Out

### Civic Groups

- Red River Baptist Association
- Alpha Kappa Alpha Sorority, Inc. - Chi Nu Omega Chapter
- Arkadelphia Lions Club
- Arkadelphia Rotary Club
- Arkadelphia Rotary Sunrise Club
- Gurdon Rotary Club
- La Primera Inglesia Bautista
- National Association for the Advancement of Colored People
- The Sunshine Service Club

### **ACTION STEP #3:**

Advertise in local and service area newspapers on a quarterly basis.

### **DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

An increase in the number of mammography screenings performed locally that will increase/improve breast cancer survival rates in the service area.

### **DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

Partnerships with the Arkadelphia Medical Clinic, Baptist Health Family Clinic Gurdon, Compassions Women Clinic, Arkadelphia's Women Clinic, Clark County Health Department, and other local physicians in the service area.

### **DESCRIBE RESOURCES HOSPITALS PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

Resources needed to address this health need include brochures, scripts for various types of outreach, employee staff time, and display on mammography screening.



**PERFORMANCE METRICS:**

The number of mammograms performed at BHMC-Arkadelphia. 2014 will be the baseline with a goal of 5% increase per year in 2015 and 2016.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

David Hennessee – Radiology

Sheree Hendrix – Director of Nursing

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

# **Baptist Health Medical Center – Arkadelphia**

## **Community Health Needs Implementation Plan**

### **IDENTIFIED COMMUNITY HEALTH NEED #3 – Stroke**

#### **GOALS / OBJECTIVES:**

Improve the community's awareness on stroke prevention and the warning signs/symptoms.

#### **STRATEGY #1:**

Promote stroke awareness in the service area.

#### **ACTION STEP #1:**

Post signage throughout the community and county.

- Exxon, 3036 Pine St, Arkadelphia, AR
- Citgo – Smithpeters Station, 410 South Front Street, Gurdon, AR
- Baptist Health Medical Center – Arkadelphia, Emergency Department
- Local physician offices

#### **ACTION STEP #2:**

Promote stroke awareness by participating in various community events such as Relay for Life and providing monthly presentations to local civic groups, churches and organizations.

#### **ACTION STEP #3:**

Provide hospital staff education about stroke through in-service and “ACT FAST” reminder cards attached to their badges.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Early recognition and intervention of stroke signs and symptoms resulting in better health outcomes for people affected within the service area.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

UAMS Outreach Telehealth

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

Educational materials and equipment used for presentations. Staff time for training in Nursing Administration, Routine Nursing, and Emergency Department.

**PERFORMANCE METRICS:**

The number of presentations made at community events.

The number of people who received stroke awareness through community presentations.

2014 will be the baseline year with goals sets in 2015 and 2016 based on initial year data.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will have an initial timeframe for community event and education preparation of six months. This project will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

Stephen Sanford, Emergency Room Manager

Sheree Hendrix, Director of Nursing

Steve Maxwell, ER/Ambulance Director

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

## COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED

### Baptist Health Medical Center – Arkadelphia

Arkansas is a state with many health needs, ranking 47<sup>th</sup> of 50 in overall health status. It is also a state with a higher proportion of underserved and uninsured individuals. Recognizing that although all of the identified needs are important, all of them cannot be pursued by BHMC-A, and choices had to be made. After establishing criteria based on the Baptist Health mission, as well as BHMC-A clinical strengths, resources and infrastructure to maintain programs, each of the identified needs was reviewed. The following community health needs will not be addressed in the BHMC-A Implementation Plan.

**Lack of PCP's** - This is currently being addressed by other means within the community through recruiting efforts by AHG/Practice Plus.

**Hypertension** - This need is included within our Stroke plan.

**Diabetes** - This need is addressed by other facilities and/or organization in the community by AllCare Pharmacy.

**Sexual Transmitted Infections** - This need is being addressed through our local health unit, and college on-campus health units.

**Obesity** - This need is being address through the community “Healthier Clark County” campaign. A brochure is distributed through our local health department and schools within the county covering various activities promoting physical exercise.

**Asthma** - Low priority assigned to the need based on the criteria used by BHMC-A.

**Arthritis** - Low priority assigned to the need based on the criteria used by BHMC-A.

**Poor Physical Health** - This need is being addressed through the community “Healthier Clark County” campaign. A brochure is distributed through our local health department and schools covering various activities promoting physical exercise.

**Fast Food Restaurants** - Lack of expertise or competency to effectively address the need.

**Single Parent Households** - Due to lack of expertise or competency to effectively address the need, this need will not be addressed by BHMC-A at this time.

**Uninsured** - Due to limited resources this need will not be addressed by BHMC-A at this time. Also, this need is addressed by the community “Free Health Clinic”.



# **BHMC-HS**

## **Implementation Plans**

# **Baptist Health Medical Center – Heber Springs**

## **Community Health Needs Implementation Plan**

### **IDENTIFIED COMMUNITY HEALTH NEED #1 – Prostate Screening**

#### **GOALS / OBJECTIVES:**

Raise awareness in the community about prostate cancer and the importance of screening.

#### **STRATEGY #1:**

Develop a prostate cancer awareness campaign utilizing Arkansas Prostate Cancer Foundation.

**ACTION STEP #1:** Include information about the importance of prostate screenings in various primary healthcare provider promotions and at community wellness centers.

**ACTION STEP #2** Host educational sessions about prostate health for the community.

**ACTION STEP #3:** Participate in Prostate Awareness Month (September) annually by offering discounted prostate screening and providing information through social and local media, Baptist Health websites, and in local primary care offices throughout the next three years.

#### **DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

The community will take advantage of educational opportunities provided and participate in prostate screenings. The number of prostate screenings will increase by 5% each year after the established baseline year of 2014.



**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

BHMC-HS will collaborate with the following:

Heber Springs Community Center

Baptist Health Strategic Development

Arkansas Urology

Local Primary Care Providers

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

The resources needed to implement this strategy will include staff from the following Baptist Health departments: Baptist Health Medical Center Heber Springs, Strategic Development, the BHMC-HS Auxiliary, and the Print Shop.

**PERFORMANCE METRICS:**

An internal database/data file will be built to document and track the number of prostate cancer screenings performed at BHMC-HS and the number of attendees at the educational sessions. 2014 will be the baseline year with a goal set of +5% for prostate screenings and session attendees in subsequent years of 2015 and 2016.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016

**PERSON / DEPARTMENT RESPONSIBLE:**

Community Outreach Nurse.

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

**STRATEGY #2:**

Establish an on-going community prostate screening program.

**ACTION STEP #1:**

Collect information about each person screened as a result of the outreach and education in strategy #1.

**ACTION STEP #2:**

Create a log or report of all prostate screenings and organize a process to notify the recipients of their recommended follow-up dates.

**ACTION STEP #3:**

Send reminders to each person screened in the Community Outreach Program as described in Strategy #1 when it is time to have their next screening.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

The community will take advantage of educational opportunities and have regular prostate screenings during this assessment period. The number of prostate screenings will increase by 5% each year after the established baseline year of 2014.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

BHMC-HS will collaborate with the following: Heber Springs Community Center; Baptist Health Strategic Development; Arkansas Urology and local primary care providers.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

The resources needed to implement this strategy will include staff from the following Baptist Health departments: Baptist Health Medical Center Heber Springs, Strategic Development, the BHMC-HS Auxiliary, and the Print Shop.

**PERFORMANCE METRICS:**

- The number of prostate cancer screenings performed during this assessment period.
- The number of reminder cards sent during this assessment period.

An internal database/data file will be built to document and track the number of prostate cancer screenings performed during the annual assessment periods (2014, 2015 and 2016) and the number of reminder cards sent. 2014 will be the baseline year with a goal set of +5% for prostate screenings and session attendees in subsequent years of 2015 and 2016.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

Community Outreach Nurse

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

## **Baptist Health Medical Center – Heber Springs**

### **Community Health Needs Implementation Plan**

#### **IDENTIFIED COMMUNITY HEALTH NEED #2 – Lack of PCP/No Personal Doctor**

##### **GOALS / OBJECTIVES:**

Increase accessibility for those living in the Cleburne County area to Primary Care Physicians.

##### **STRATEGY #1:**

Investigate the feasibility of recruiting additional PCP's for the Cleburne County area, including OB/Gyns.

##### **DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Increase availability of primary care resources in the Cleburne County area.

##### **DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

BHMC-HS will collaborate with the following:

Baptist Health Strategic Development – utilizing results of PCP Outmigration Study which was conducted in 2012, promotion of primary care physician resources.

AHG/PP, BH Network Development – Potential physician recruitment

Chamber of Commerce – promote local clinics

##### **DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

Recruit additional primary care resources.

Speakers

**PERFORMANCE METRICS:**

Number of physicians added during 2014-2016.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016

**PERSON / DEPARTMENT RESPONSIBLE:**

BHMC-HS VP & Administrator

BH Practice Plus

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

**STRATEGY #2:**

Investigate the possibility of increasing access to current primary care physicians in the Cleburne County area.

**ACTION STEP #1:**

Work with local PCPs to assess desire to utilize physician extenders (Nurse Practitioners, Physician Assistants, etc.) in current practices.

**ACTION STEP #2:**

Explore the need and options for extended clinic hours (nights, weekends)

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Increased availability of primary care resources in the Cleburne County area.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

BHMC-HS will collaborate with the following: ARCare

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

Staff to coordinate services, as needed.

**PERFORMANCE METRICS:**

Number of physician extenders added to local area practices during 2014-2016.

Number of physician offices to begin offering non-traditional office hours (evening clinics, Saturdays, etc.) during 2014-2016.

**PROJECT LENGTH/ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016

**PERSON/DEPARTMENT RESPONSIBLE:**

BHMC-HS VP & Administrator; AHG/PP

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

**STRATEGY # 3:**

Provide additional points of access for underserved.

**ACTION STEP #1**

Free service through Christian Health Center.

**ACTION STEP #2**

Free transportation for tests, treatments.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

The underserved of Cleburne County will have increased availability of primary care resources.

**PERFORMANCE METRICS:**

2014 will be the baseline year in which data will be collected in a database/data spreadsheet.

Each year (2014-2016) the dollar amounts of services provided at the Christian Health Center will be calculated and tracked.

Each year (2014-2016) the number of van transports to the Christian Health Center will be documented and tracked.

**PROJECT LENGTH/ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016

**PERSON/DEPARTMENT RESPONSIBLE:**

BHMC-HS VP & Administrator

Director of Nursing

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

# **Baptist Health Medical Center – Heber Springs**

## **Community Health Needs Implementation Plan**

### **IDENTIFIED COMMUNITY HEALTH NEED #3 – Diabetes**

#### **GOALS / OBJECTIVES:**

Raise awareness in the Cleburne County area about the risk factors and effects of Diabetes.

#### **STRATEGY #1:**

Provide educational opportunities to the public in various settings.

#### **ACTION STEP #1:**

Schedule annual community educational sessions at local wellness centers.

#### **ACTION STEP # 2:**

Provide diabetes education materials for programs and events.

#### **ACTION STEP #3:**

Explore opportunities to provide diabetes education to local civic groups and other non-profit organizations.

#### **DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

The community will have additional opportunities to be exposed to information regarding the risk factors for diabetes and prevention of diabetes.

#### **DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

BHMC-HS will collaborate with the following:  
Heber Springs Hospital Auxiliary  
Heber Springs Community Center



Area Chambers of Commerce  
Practice Plus / AHG Physician Groups  
Christian Health Center  
ARCare

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH  
NEED:**

Hospital staff will organize and host educational events throughout the year, focusing on the areas of need identified via the community health needs assessment.

**PERFORMANCE METRICS:**

The number of people attending the educational sessions offered for 2014, 2015, 2016. An internal database/data file will be built to document and track the number of attendees at the educational sessions. 2014 will be the baseline year with a goal set of +5% for session attendees in subsequent years of 2015 and 2016.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

Community Outreach Nurse

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

**STRATEGY #2:**

Provide education to community members in need of diabetes management education

**ACTION STEP #1:**

Provide diabetes education materials and screenings in the Community Wellness Centers, as well as referrals to PCPs when needed.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Members of the community in need of diabetes education and support will have the opportunity to receive materials, screenings and referrals to PCPs will have an on-going resource available to them through the Community Wellness Centers.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

Locations for the Cleburne County Wellness Centers are provided by Waychoff Senior Center, Heber Springs and Renegar Apartments Community Room, Quitman.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

Educator and teaching supplies.

**PERFORMANCE METRICS:**

- The number of people attending sessions at the Community Wellness Clinics in 2014, 2015, 2016.
- The number of people who received the risk assessment.
- The number of people who received a diabetes screening.
- The number of people referred to a PCP.

An internal database/data file will be built to document and track 1-4 above. 2014 will be the baseline year with a goal set of +5% for all measures 1-4 above in subsequent years of 2015 and 2016.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016

**PERSON / DEPARTMENT RESPONSIBLE:**

Community Outreach Nurse, Dietitian

**PROGRESS UPDATE:**

Progress to be updated annually throughout the assessment period.

## **COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED**

### **Baptist Health Medical Center – Heber Springs**

Arkansas is a state with many health needs, ranking 47<sup>th</sup> of 50 in overall health status. It is also a state with a higher proportion of underserved and uninsured individuals. Recognizing that although all of the identified needs are important, all of them cannot be pursued by BHMC-HS, and choices had to be made. After establishing criteria based on the Baptist Health mission, as well as BHMC-HS clinical strengths, resources and infrastructure to maintain programs, each of the identified needs was reviewed. The following community health needs will not be addressed in the BHMC-HS Implementation Plan.

**Flu Shots** - This need is currently being addressed by the Cleburne County Health Department.

**Mammograms** - This need is currently being addressed by the Susan G. Komen Foundation, the American Cancer Society, the Arkansas Department of Health, and the Arkansas Cancer Coalition.

**Colorectal** - Focusing limited resources on other needs due to low priority need assessment of this issue.

**High Cholesterol** - This need is currently being addressed through the Arkansas Department of Health's Million Hearts program and the American Heart Association.

**Smoking** - This need is currently being addressed through the Arkansas Department of Health "Stamp Out Smoking" program.

**Physical Activity** - Heber Springs/Cleburne County offers a wealth of opportunities for physical activities through its various community organizations, private businesses, area parks and recreation. Additionally, the Heber Springs Community Center is addressing these issues with various exercise equipment and classes, including an aquatics center with classes for the elderly and arthritic.

**Excessive Drinking** - This need is addressed by the Arkansas / Cleburne County Health Department, as well as the Cleburne County Chapter of Mothers Against Drunk Driving (MADD).

**Coronary Artery Disease** - This need is currently being addressed through the Arkansas Department of Health's Million Hearts program and the American Heart Association.

**Heart Disease** - This need is currently being addressed through the Arkansas Department of Health's Million Hearts program and the American Heart Association.

**Arthritis** - This need is currently being addressed by the Arthritis Foundation of Arkansas.

**Poor or Fair Health Status** - Hometown health improvement is currently addressed by the Arkansas/Cleburne County Health Department.

**Low Birth Weight** - This need is being addressed by the March of Dimes, and the Arkansas/Cleburne County Department of Health.

**Poor Physical /Mental Health Days** - This need is currently being addressed by the Arkansas/Cleburne County Health Department.

**Chronic Lower Respiratory** - Focusing limited resources on other needs due to low priority need assessment of this issue.

**Asthma** - This need is currently being addressed by the Arkansas Foundation for Medical Care.

**Access to Recreational Facilities** - Heber Springs/Cleburne County offers a wealth of opportunities for recreation through its various community organizations, private businesses, and area parks. Additionally, the Heber Springs Community Center is addressing these issues with various exercise equipment and classes, including an aquatics center with classes for the elderly and arthritic.

**No Personal Doctor** - This need is currently being met by several free community clinics with the primary care issues addressing this concern in our market area.

# **BHMC-S Implementation Plans**

# **BHRI Implementation Plans**

# **Baptist Health Rehabilitation Institute**

## **Community Health Needs Implementation Plan**

### **IDENTIFIED COMMUNITY HEALTH NEED #1 – Stroke Prevention**

#### **GOALS / OBJECTIVES:**

Increase the number of people who are educated about the dietary and lifestyle patterns which increase the risk for strokes. Increase the number of people who are educated about the early warning signs of stroke and understand the appropriate action to take when these occur.

#### **STRATEGY #1:**

Promote healthy eating and lifestyle/exercise choices aimed at reducing the risk factors for stroke as well as recognition of early signs of stroke.

#### **ACTION STEP #1:**

Increase Baptist Health's partnership with churches and community organizations by involvement in health and wellness fairs and other educational opportunities.

#### **ACTION STEP #2:**

Create a brochure including information on stroke prevention; early warning signs and resources such as support groups, caregiver assistance, therapy options, etc. for those who have experienced a stroke and provide those free of charge to community programs and events as well as other entities specializing in aged adult care in Baptist Health communities.

#### **DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Individuals attending BHRI Education events or reading the Stroke Education Brochure will be exposed to dietary and other lifestyle choices to decrease the risk for stroke as well as stroke early warning signs and the importance of urgent response to these signs.



**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

The collaboration will be with churches, free clinics and adult day cares to increase stroke prevention and stroke treatment awareness in Baptist Health communities.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH NEED:**

Resources needed to implement this program include staff from the following departments: Community Outreach, BHRI Stroke Program Team, BH Fitness Center and Strategic Development. Education materials will be provided by BHRI.

**PERFORMANCE METRICS:**

The goal is to present the “Stroke prevention” program to at least six (6) community groups or organizations in 2014 (baseline year). Goals for 2015 and 2016 will be determined from the baseline year data.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

BHRI Stroke Team will be responsible for implementing and evaluating the program.

**PROGRESS UPDATE:**

Program progress will be reviewed annually.

# **Baptist Health Rehabilitation Institute**

## **Community Health Needs Implementation Plan**

### **IDENTIFIED COMMUNITY HEALTH NEED #2 – Injury Prevention**

#### **GOALS / OBJECTIVES:**

Increase the number of people who are educated about the lifestyle and activity choices which may lead to Brain Injury and/or Spinal Cord Injury. Increase the number of people who are educated about how to minimize fall risks in their homes.

#### **STRATEGY #1:**

Promote lifestyle and home arrangement choices to decrease the likelihood of traumatic brain and spinal cord injuries as well as the likelihood of falls within the home.

#### **ACTION STEP #1:**

Increase Baptist Health's partnership with Middle Schools and High Schools in Baptist Health communities presenting the "Think First" Spinal Cord and Brain Injury Prevention Program.

#### **ACTION STEP #2:**

Provide "Fall Prevention in the Home" presentations and literature to, community programs and events as well as and other entities specializing in aged adult care in Baptist Health communities.

#### **DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

Individuals attending the "Think First" presentations will have education on the consequences of traumatic brain and spinal cord injuries and have an understanding of ways to improve the likelihood of prevention of these through lifestyle choices. Individuals attending the "Fall Prevention" presentations or

reading the associated literature receive education regarding the actions to take to reduce the risk of falls in their homes.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY**

**ORGANIZATIONS:**

The collaboration will be with community groups and entities specializing in aged adult care to provide information on injury prevention in Baptist Health.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH**

The resources needed to implement this program include staff from the following departments: Community Outreach, The BHRI Think First and Fall Prevention Coordinator, Baptist Health Fitness Center, BHRI Physical and Occupational Departments and Strategic Development Educational Materials will be provided by BHRI.

**PERFORMANCE METRICS:**

Our first year goal is to present the “Think First” Injury Prevention Program to at least four (4) schools in 2014 (baseline year). We also want to present the “Injury Prevention in the Home” to at least four (4) community groups or organization in 2014. Goals for 2015 and 2016 will be determined from the baseline year data.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

BHRI “Think First” and “Fall Prevention” Coordinator will be responsible for implementing and evaluating the program.

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

# **Baptist Health Rehabilitation Institute**

## **Community Health Needs Implementation Plan**

### **IDENTIFIED COMMUNITY HEALTH NEED #3 – Obesity**

#### **GOALS / OBJECTIVES:**

Increase the number of children and adults that understand the importance of good nutrition and physical activity in maintaining health and reducing obesity.

#### **STRATEGY #1:**

Promote Healthy Eating and Active Living to Reduce the Prevalence of Obesity.

#### **ACTION STEP #1:**

Work with Employers through Community Outreach's Corporate Wellness program to promote physical activity among employees during the work day.

#### **ACTION STEP #2:**

Provide nutrition and physical activity education to the community through educational programs at Baptist Health wellness centers, special events and community health fairs, churches and private businesses. Social media, the Baptist Health Web-site and television interviews will also be utilized to promote Healthy Eating and Active Living.

#### **DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

A comprehensive approach to educating the community about the hazards of obesity through participation in programs and attendance at educational classes will help them make better choices.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

BHRI will partner with the Arkansas Department of Health, Hometown Health Coalitions, the City of Little Rock, Strategic Development and Corporate Partners.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH**

The resources needed to implement this project include staff from the following departments: Community Outreach, Strategic Development, Nutrition and Food Services and the Fitness Center. Additional resource will be utilized to purchase promotional and educational materials.

**PERFORMANCE METRICS:**

The goal is present the “healthy eating and active living” program to at least six (6) groups or organization in 2014 (baseline year) to reduce the prevalence of obesity. Goals for 2015 and 2016 will be determined from the baseline year data.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

This project will be on-going over the next three years 2014-2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

The Fitness Center and Community Outreach department will be responsible for implementing and evaluating the program.

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

**STRATEGY # 2:**

Promote behavioral change in obese and morbidly obese adolescents.

**ACTION STEP #1:**

Obtain funding to conduct a summer adolescent weight loss program.

**ACTION STEP #2:**

Identify adolescents who are obese or morbidly obese and enroll them in the Baptist Health Adolescent Weight Loss Program. Have parents sign participation forms which will define expectation for participants and their families.

**ACTION STEP #3:**

Implement the program, which includes a curriculum of education, physical activity, socialization and reward.

**DESCRIBE ANTICIPATED IMPACT OF ACTIONS TO BE TAKEN:**

The Adolescent Weight Loss Program will involve the family unit in understanding and addressing the health risks of the participants through education, physical activity and reward. Additional medical and mental health service referrals will be provided, as needed.

**DESCRIBE COLLABORATION WITH OTHER HOSPITALS OR COMMUNITY ORGANIZATIONS:**

BHRI will work with the BHMC-LR Health Management Center, the Baptist Health Weight Loss Program and Community Outreach will partner with the Little Rock School District and the North Little Rock School District to identify candidates for participation.

**DESCRIBE RESOURCES HOSPITAL PLANS TO COMMIT TO ADDRESS HEALTH**

The resources needed to implement this project include staff from the following departments: BHRI Fitness Center, Health Management Center, BH Weight Loss Program, Community Outreach, Strategic Development, Print Shop, Nutrition and Food Services and the Fitness Center. The pool at BHRI will be used weekly to provide low impact exercise for these adolescents. Additional resources will be needed to purchase promotional and educational materials.

**PERFORMANCE METRICS:**

The goal is to sign up at least ten (10) adolescents to the weight loss program in 2014 (baseline year). The hope is they will lose weight and improve other health metrics, compared to baseline measures. Goals for 2015 and 2016 will be determined from the baseline year data.

**PROJECT LENGTH / ESTIMATED COMPLETION DATE:**

The project will last 10 weeks, during the summer 2014. Project will also be held in 2015 and 2016.

**PERSON / DEPARTMENT RESPONSIBLE:**

The BHRI Fitness Center in conjunction with the Health Management Center and the BH Weight Loss Program will be responsible for implementing and evaluating the program.

**PROGRESS UPDATE:**

Progress will be updated annually throughout the assessment period.

## **COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED**

### **Baptist Health Rehabilitation Institute (BHRI)**

Arkansas is a state with many health needs, ranking 47<sup>th</sup> of 50 in overall health status. It is also a state with a higher proportion of underserved and uninsured individuals. Recognizing that although all of the identified needs are important, all of them cannot be pursued by BHRI, and choices had to be made. After establishing criteria based on the Baptist Health mission, as well as BHRI clinical strengths, resources and infrastructure to maintain programs, each of the identified needs was reviewed. The following community health needs will not be addressed in the BHRI Implementation Plan.

**Diabetes (Death)** - This need is currently addressed by the Arkansas Department of Health, Arkansas Foundation for Medical Care, the American Diabetes Association of Arkansas and other local healthcare providers.

**Diabetes (Chronic Conditions)** - This need is currently addressed by the Arkansas Department of Health, Arkansas Foundation for Medical Care, the American Diabetes Association of Arkansas, the Arkansas Wellness Coalition and other local healthcare providers.

**Hypertension** - This need is currently being addressed by the Arkansas Department of Health. We will focus our limited resources on the other needs identified.

**Coronary Heart Disease** - This need is currently being addressed through the Arkansas Department of Health's Million Hearts program, the American Heart Association, and other local healthcare providers.

**Asthma** - This need is currently being addressed by the Arkansas Foundation for Medical Care.

**Chronic Lower Respiratory** - Due to limited resources we will not address this issue at this time and will focus on the other prioritized needs identified in our assessment.

**Access to Recreational Facilities** - This need is currently being addressed by the City of Little Rock, the City of North Little Rock, Community Centers and the Boys and Girls Clubs of Arkansas.

**Smoking** - The Arkansas Department of Health and the Stamp Out Smoking Initiative covers this area of concern.

**Mammography** - This need is being addressed by the Arkansas Department of Health, the University of Arkansas for Medical Sciences Cancer Control Outreach Center and the Komen Foundation of Arkansas.



**Poor or Fair Health Status** - Due to limited resources, this need will not be addressed at this time.

**Poor Physical/Mental Days** - This need is currently being addressed by the Arkansas Community Mental Health Centers.

**Colorectal Screening** - This need is being addressed by the Arkansas Cancer Coalition and the University of Arkansas for Medical Sciences Cancer Control Outreach Center.

**Percentage of Fast Food Restaurants** – This need is not an area of expertise for Baptist Health. Due to limited resources, this need will not be addressed at this time.