

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **Goshen Hospital Association, Inc.** Employer identification number: **35-6001540**

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
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 _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		4,999	2121951.	0.	2121951.	.81%
b Medicaid (from Worksheet 3, column a)		7,808	39573385.	26472493.	13100892.	5.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs		12,807	41695336.	26472493.	15222843.	5.81%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		15,354	26864120.	9,470.	26854650.	10.24%
f Health professions education (from Worksheet 5)		809	732,750.	12,466.	720,284.	.27%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		12	10,779.	0.	10,779.	.00%
j Total. Other Benefits		16,175	27607649.	21,936.	27585713.	10.51%
k Total. Add lines 7d and 7j		28,982	69302985.	26494429.	42808556.	16.32%

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		16	71,877.		71,877.	.03%
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total		16	71,877.		71,877.	.03%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 9,824,899.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 40,786,020.
6 Enter Medicare allowable costs of care relating to payments on line 5	6 49,820,258.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -9,034,238.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 Goshen Hospital Association, Inc.
200 High Park Avenue
Goshen, IN 46526
https://goshenhealth.com
License #100270430

Table with 10 columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first four columns and 'X' in the ER-24 hours column.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Goshen Hospital Association, Inc.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
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 significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
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>See Part V, Page 8</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>See Part V, Page 8</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Goshen Hospital Association, Inc.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group Goshen Hospital Association, Inc.

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
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 Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group Goshen Hospital Association, Inc.

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
	a <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		X
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		X
	If "Yes," explain in Section C.		

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Goshen Hospital Association, Inc.:

Part V, Section B, Line 5: In 2018, Goshen Hospital completed an evaluation of the communities' healthcare needs as required by the Patient Protection and Affordable Care Act. The Community Action Council met over multiple months and received input from community representatives, including those with special knowledge or expertise in public health. This process continues Goshen Hospital's long-standing practice of regularly identifying and addressing health needs within the community.

In an effort to further identify health needs for the 2018 Community Health Needs Assessment (CHNA), additional data was collected from other sources. These sources include Latino and non-Latino parents and guardians, Amish community leaders, focus groups, key informants from business, not-for-profit organizations, service organizations, health care workers, mental health workers, and vulnerable or medically underserved populations.

Goshen Hospital contracted with Indiana University School of Medicine to analyze various existing health, social, and economic data sets. The Bowen Center for Health Workforce Research and Policy provided data related to Indiana's health workforce and medically underserved areas. Elkhart County data was compared with Kosciusko, LaGrange and Noble counties, as well as the State of Indiana.

Goshen Hospital Association, Inc.:

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Part V, Section B, Line 11: Health needs were identified after an extensive analysis of primary and secondary data that included surveys, focus groups and key informants. Working with community stakeholders in the Community Action Council, this data was analyzed to identify and prioritize health needs in Goshen Hospital communities. The committee identified 13 needs and ranked accordingly.

Prioritized Health Need

1. Mental health
2. Obesity
3. Substance abuse: alcohol, drugs, addiction
4. Diabetes
5. Mental health providers
6. Tobacco use/smoking
7. Poverty
8. Nutrition
9. Physical fitness
10. Physicians: primary care and other
11. Insurance coverage
12. Family support
13. Health education

Goshen Hospital reviewed the prioritized list and evaluated based on the following questions:

-How much control or influence do we have over each particular category?

Can we make a material change in 2-3 years?

-Are some of these categories related in a way that we can address more

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

than one with our efforts?

-Do we have key community partners we can collaborate with in these efforts?

This evaluation process collapsed the original priorities list to the 7 below.

Condensed Categories

- 1. Mental Health and Mental Health Provider Access
- 2. Obesity/Nutrition/Physical Fitness
- 3. Substance Abuse
- 4. Diabetes
- 5. Tobacco/Smoking
- 6. PCP Access/Availability
- 7. Insurance Coverage

To accomplish meaningful and measurable change, the decision was made to target interrelated health conditions and behaviors, including obesity, nutrition, health education, physical fitness, and diabetes. Resources may be refocused to best address the needs of the community as they change over time.

Goshen Hospital took the following actions in 2020 with respect to the Community Health Needs Assessment conducted in 2018.

PRIORITY AREA: Obesity/Physical Fitness/Nutrition/Health Education

GOAL: Reduce the rate of obesity in Goshen Hospital service areas through

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

internal and external programs.

LONG TERM INDICATORS OF IMPACT

1. Slow or halt the accelerating rate of adult obesity within the community

Baseline Values - Elkhart County: 32.8%, 11.2% increase over 4 years

2. Reduce the percentage of adults reporting physical inactivity within the community

Baseline Values - 25.9% reporting physical inactivity in Elkhart County in 2013 and 26.4% from 2014-2018

3. Increase engagement in health education related to nutrition, physical fitness, and obesity within the community.

STRATEGY #1: Lead a community coalition focused on improving and expanding broad access obesity initiatives with outcomes measures. This group will focus on high risk populations and cultural minorities, leveraging community assets and advancing the role of social determinants of health in programming.

2020 Activity

Goshen Hospital planned to assist in achieving the Let's Move citywide designation as an opportunity for our community to support increases in physical activity and slow the acceleration of obesity. This effort, along with the Reducing Obesity Coalition of St. Joseph County and Live Well Kosciusko, were put on hold due to the COVID-19 pandemic. Almost all traditional in-person outreach programs and events were cancelled,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

including Run the Halls, THRIVE, 4H Fair, Great Inflatable Race, Summer Health Lunch Bunch program, Screen Free Week campaign, blood drives, and other community health events.

Goshen Hospital was able to expand partnerships and modify programming to continue to meet the health education needs of the community during the pandemic. Noteworthy partnerships included: Purdue Extension, Elkhart County Food Council, Bushelcraft Farms, Kosciusko Chamber of Commerce Health and Wellness Committee, local parks departments, local school systems, Elkhart County Health Department, Goshen Farmers Market, Elkhart Educational Foundation, Montessori Schools, Goshen Public Library and the Elkhart County Fairgrounds. Modified programs included: THRIVE, Head 2 Toe on the Go Drive by Scavenger Hunt, educational videos in place of Summer Health Lunch Brunch on-site lessons, Move More Campaign, collaborative health education web resource for schools, and Run the Halls to fit multiple learning environments. These programs served a total of 9,848 participants in 2020.

STRATEGY #2: Establish a consistent, evidence based pathway for obese patients within the Accountable Care Organization

2020 Activity

BMI tracking continued as an indicator throughout our medical homes. Patients with a BMI over 35 are connected with our PAM assessment system for activation. This provides patients with a curriculum to help them move forward on a continuum of success. Progress is recorded as patients

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

show improvement. In 2020, 249 patients completed the PAM assessment and 50% of patients improved their scores after intervention.

The PREPARE system has been blended into care coordination. Through targeted medical assistance, vocational training, and transportation support, we are supporting lifestyle changes for individuals in our communities.

STRATEGY #3: Establish an evidence-based pathway for overweight or obese pediatric patients while considering social determinants of health.

2020 Activity

While this has a natural connection to the first strategy, the focus of this strategy is the health needs of children. A team was formed in 2020 to develop the evidence based pathway for pediatric patients. This team will determine metrics to monitor the patient population. Goshen Hospital adjusted programming, including Run the Halls and Summer Foods in order to meet COVID restrictions. These programs served a total of 1,061 participants in 2020.

PRIORITY AREA: Diabetes/Nutrition/Health Education

GOAL: Reduce the rate of uncontrolled diabetics within the ACO population.

LONG TERM INDICATORS OF IMPACT

Slow or halt the accelerating rate of diabetes in our community

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Baseline Values - 10.4% in Elkhart County, with an increase of 11.8% over 4 years.

STRATEGY #1: Establish primary care driven intervention platform for uncontrolled diabetes.

2020 Activity

Referred 725 patients to diabetes education in 2020.

SUMMARY

In 2020, Goshen Hospital addressed prioritized health needs by:

- Informing 10,666 participants through community health education events
- Serving 498 individuals with community based clinical services
- Expanding access to care by educating 809 doctors, nurses, and other health professional students
- Partnering with 12 other organizations across the community in support of their health-building initiatives

Goshen Hospital Association, Inc.:

Part V, Section B, Line 13h: Family size is another factor in determining discounts granted to patients.

Goshen Hospital Association, Inc.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Part V, line 16a, FAP website:

<https://goshenhealth.com/patient-information/estimates-financial-assistance>

Goshen Hospital Association, Inc.

Part V, line 16b, FAP Application website:

<https://goshenhealth.com/patient-information/estimates-financial-assistance>

Goshen Hospital Association, Inc.

Part V, line 16c, FAP Plain Language Summary website:

<https://goshenhealth.com/patient-information/estimates-financial-assistance>

Goshen Hospital Association, Inc.

Part V, Section B, Line 7, CHNA Policy Website:

<https://goshenhealth.com/health-library/community-health-needs>

Goshen Hospital Association, Inc.

Part V, Section B, Line 10, Implementation Strategy Website:

<https://goshenhealth.com/health-library/community-health-needs>

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? 5

Name and address	Type of Facility (describe)
1 Goshen Hospital 200 High Park Avenue Goshen, IN 46526	Clinic
2 The Retreat Women's Health Center 1135 Professional Drive Goshen, IN 46526	Clinic
3 Indiana Lakes Accountable Care 2018 South Main Street Goshen, IN 46526	ACO: Ambulatory Care Coordination
4 Indiana Lakes Managed Care 2018 South Main Street Goshen, IN 46526	Health Care Management
5 New Paris Medical Clinic 200 High Park Avenue Goshen, IN 46526	Clinic

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.

Part I, Line 6a:

Goshen Hospital Association, Inc. reports community benefit information as part of the Goshen Health, Inc. annual community benefit report (EIN: 35-1955872).

Part I, Line 7:

Goshen Hospital calculated the cost of financial assistance and means-tested government programs, using the cost-to-charge ratio derived from Schedule H, Worksheet 2, and ratio of patient care cost-to-charges. Other benefits amounts reported on line 7 were calculated using costs charged directly to the individual programs via the financial accounting system. An indirect cost allocation factor for shared services is also calculated and included in applicable programs listed in other benefits.

Part II, Community Building Activities:

Goshen Hospital promoted the health of the community by supporting various local organizations that engage in community building activities.

Part VI Supplemental Information (Continuation)

Part III, Line 2:

Goshen Hospital's analysis and assessment of the allowance for doubtful accounts and related bad debt expense uses a receipts "look-back" method utilizing historical payment data on accounts, including contractual adjustments for payer discounts, as well as patient payments, such as co-pays and deductibles, to establish anticipated collectability rates for accounts receivable within each payer category.

Part III, Line 3:

Goshen Hospital estimated the possible amount of charity care within bad debt expense by reviewing accounts that were internally coded as having been provided a financial assistance application, but that was not completed by the patient or guarantor, in which the account was subsequently written off to bad debt.

Part III, Line 4:

Refer to page 15 of the attached audited financial statements for the footnote related to bad debt expense.

Part III, Line 8:

Actual month and year to date revenue, contractals, accounts receivable balances, ratios and statistics are compared to prior years on a monthly basis. Variances are reviewed and analyzed by finance representatives, hospital directors and the CFO. Additionally, actual contractual allowance as a percentage of gross accounts receivable and contractual provision as a percentage of gross patient charges are compared to prior years. This is done as part of the hospital's monthly close process. Explanations to variances (or non-variances when expected) are researched and provided by

Part VI Supplemental Information (Continuation)

the appropriate personnel and reviewed with management of the hospital.

The finance department also considers these key performance indicators when developing their estimates of contractual allowances to ensure recorded amounts appear reasonable based on actual data available.

Financial representatives prepare and update the contractual allowance model as a basis for all third party payors based on actual statistics (e.g. discharges, days, etc.) and on current reimbursement rates. The model analyzes patient receivables and contractual allowance by payor and by patient status. The model estimates the collectability of patient accounts based on historical collection rates. Finance colleagues also update the model to account for changes in reimbursement rules. After the model is prepared, it is reviewed by the CFO for appropriateness and reasonableness.

Contractual allowance calculations are reconciled to the general ledger on a monthly basis. Once the calculation is prepared, the finance department adjusts the general ledger accounts.

Part III, Line 9b:

Financial assistance is granted to those patients unable to pay all or a portion of their bill and who are unable to qualify for assistance through federal and state government assistance programs. If after insurance reimbursement additional assistance is needed, all patients may obtain financial assistance if the income criteria are met. All financial assistance applications are based on policy guidelines. Uninsured patients are required to provide documentation and an application. When approved, the adjustment is applied to the patient's account. For patients who do

Part VI Supplemental Information (Continuation)

not qualify for financial assistance, payment plans and lump sum settlements are available. Goshen Hospital also partners with a local financing institution to provide a flexible and affording financing solution.

Part VI, Line 2:

As a community hospital, Goshen Hospital is dedicated to meeting the specific health care needs of our community. The hospital has 122 patient beds and over 250 physicians on its medical staff in 31 specialties. These physicians, together with other dedicated professionals, provide a wide range of services including the following: acute medical & surgical, emergency, home health, radiology, laboratory, cancer care, bariatrics, women's health, pain management, sleep studies, rehabilitation, patient and community health education and professional education.

The Center for Cancer Care is a leader in innovative cancer treatment. We were among the first to adopt a comprehensive, multidisciplinary approach to cancer treatment. We offer holistic programs for strengthening minds as well as bodies, place a premium on family involvement and spiritual needs, and encourage patients to play a decision-making role in treatment selection. The Center for Cancer Care has specifically trained surgical oncologists, breast surgeons, medical oncologist, radiation oncologist, naturopathic practitioners and highly distinguished magnet designated nurses.

Goshen Hospital improves the health and well-being of its communities by providing community wellness and education programs. Through local partnerships, the hospital identifies health issues and creates programs

Part VI Supplemental Information (Continuation)

to ensure our community is the healthiest place to live, work and raise a family. The first of these programs cover CPR, EMS, diabetes, childbirth, fitness, nutrition, community education and health screenings the Elkhart County childhood obesity initiative. The CPR class is for anyone - professionals or private citizens - who want to know how to perform life-saving cardiopulmonary resuscitation; first aid classes are also offered. EMS training is available for persons interested in becoming emergency medical technicians or paramedics. The diabetes education helps people delay the onset and slow the progression of complications from this disease. It includes seminars, support groups, consultations and screenings. Childbirth education prepares expectant mothers and their families during this significant time in their life.

Part VI, Line 3:

Uninsured patients are screened during the pre-registration process for eligibility in the Healthy Indiana Plan and offer any other known sources of financial assistance. All registration locations have financial assistance forms available for self-pay patients to complete and will have information on the criteria and process for applying for financial assistance. Applications are also provided to any patients with a balance due who may qualify for financial assistance. Counselors are available to patients to aid in the application process including the collection of information to complete the application. Payment options and information on financial assistance is available on the hospital's website. Patients may download a preliminary application, and the patient agreement associated with financial assistance form the website, this information is available in English and Spanish.

Part VI Supplemental Information (Continuation)

Part VI, Line 4:

Goshen Hospital serves the northern Indiana area in Elkhart County. According to the 2019 census, the population of Elkhart County is 206,341. The median income for a household in Elkhart County is \$57,021. Approximately 9.6% of the population were below the poverty line. The racial makeup of the county was about 74.1% White, 6.1% African-American, and 16.8% Hispanic or Latino. The remaining 3.0% of the population is a makeup of all other races.

Part VI, Line 5:

All of the Hospital's governing body is comprised of persons who reside in the organization's primary or secondary service areas. A majority of the board members are independent of the organization. The governing body approves medical staff privileges as indicated in the organization's credentialing and privileging policies and as recommended by the medical executive committee of the hospital. The hospital's governing body approves the annual operating budget for the hospital and the expenditure of capital funds above certain dollar amounts. The governing body also participates in strategic planning initiatives to determine goals objectives focused on patient care for the community.

Part VI, Line 6:

Hospital management provides Goshen Health with the hospital's annual operating budget and key strategic objectives. In addition, the hospital management provides Goshen Hospital with various key metrics involving patient satisfaction, patient quality and colleague satisfaction. Goshen Hospital reviews the data to ensure key initiatives are focused towards the promoting and meeting the healthcare needs of the communities. In

Part VI Supplemental Information (Continuation)

addition, the hospital collaborates with Goshen Health to provide necessary nursing education and physician recruitment to assist in meeting the health needs of the community.

Part VI, Line 7, List of States Receiving Community Benefit Report:

IN