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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.	35-0211370

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	X	
b	If "Yes," was it a written policy?	X	
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. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 300.0000 %	X	
b	Did the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %	X	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine 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"?	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a	Did the organization prepare a community benefit report during the tax year?	X	
b	If "Yes," did the organization make it available to the public?	X	

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 Worksheets 1 and 2)			518,369.		518,369.	1.40
b Unreimbursed Medicaid (from Worksheet 3, column a)			4,092,988.	1,409,371.	2,683,617.	7.25
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			4,611,357.	1,409,371.	3,201,986.	8.65
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			32,429.		32,429.	.09
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			13,353.		13,353.	.03
j **Total.** Other Benefits			45,782.		45,782.	.12
k **Total.** Add lines 7d and 7j			4,657,139.	1,409,371.	3,247,768.	8.77

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			695.		695.	0.00
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			36,108.		36,108.	.10
9 Other						
10 Total			36,803.		36,803.	.10

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1	Does 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 (at cost) 2 1,555,983.			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy 3 112,143.			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts in community benefit.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	10,103,478.	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	9,534,942.	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	568,536.	
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	Does 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**

	(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	CAMERON MED OUTREACH	ASSISTED LIVING FACILITY	100.00000		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

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

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1 CAMERON MEMORIAL COMMUNITY HOSPITAL, INC 416 E MAUMEE STREET ANGOLA IN 46703	X	X			X		X		
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of Hospital Facility: CAMERON MEMORIAL COMMUNITY HOSPITAL, INC

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)				
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		X
	If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 __ __			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a	☐ Hospital facility's website			
b	☐ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a	☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide community benefit plan			
d	☐ Participation in the execution of a community-wide community benefit plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g	☐ Prioritization of health needs in its community			
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Financial Assistance Policy				
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care to low income individuals?	9	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: 3 0 0 %			

Part V Facility Information *(continued)* CAMERON MEMORIAL COMMUNITY HOSPITAL, INC

			Yes	No
10	Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 300 %			
11	Explained the basis for calculating amounts charged to patients?	11	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	[X] Income level			
b	[X] Asset level			
c	[X] Medical indigency			
d	[X] Insurance status			
e	[X] Uninsured discount			
f	[X] Medicaid/Medicare			
g	[X] State regulation			
h	[ ] Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	X	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[ ] The policy was posted on the hospital facility's website			
b	[ ] The policy was attached to billing invoices			
c	[X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[X] The policy was posted in the hospital facility's admissions offices			
e	[X] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[X] The policy was available on request			
g	[ ] Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	X	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other actions (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?	16	X	
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):			
a	[X] Reporting to credit agency			
b	[X] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other actions (describe in Part VI)			
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):			
a	[X] Notified patients of the financial assistance policy on admission			
b	[X] Notified patients of the financial assistance policy prior to discharge			
c	[X] Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d	[X] Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e	[ ] Other (describe in Part VI)			

Part V **Facility Information** *(continued)* CAMERON MEMORIAL COMMUNITY HOSPITAL, INC

Policy Relating to Emergency Medical Care

			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18	X	
	If "No," indicate the reasons why (check all that apply):			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility did not have a policy relating to emergency medical care			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d	☐ Other (describe in Part VI)			

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):			
a	☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b	☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c	☐ The hospital facility used the Medicare rate for those services			
d	☒ Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20		X
	If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?	21		X
	If "Yes," explain in Part VI.			

Part V **Facility Information** *(continued)*

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

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

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

Part VI Supplemental Information

Complete this part to provide the following information.

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

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

SCHEDULE H, PART III, LINE 4A

THE HOSPITAL REPORTS PATIENT ACCOUNTS RECEIVABLE FOR SERVICES RENDERED AT NET REALIZABLE AMOUNTS FROM THIRD PARTY PAYERS, PATIENTS AND OTHERS. THE HOSPITAL PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION AND EXISTING ECONOMIC CONDITIONS. AS A SERVICE TO THE PATIENT, THE ENTITIES BILL THIRD PARTY PAYERS DIRECTLY AND BILLS THE PATIENT WHEN THE PATIENT'S LIABILITY IS DETERMINED. PATIENT ACCOUNTS RECEIVABLE ARE DUE IN FULL WHEN BILLED. ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT.

SCHEDULE H, PART III, LINE 4B

AN AGGREGATE COST TO CHARGE RATIO WAS USED TO PROVIDE BAD DEBT AT COST FOR PART III, LINE 2. THE ESTIMATED AMOUNT CALCULATED FOR PART III, LINE 3 WAS DETERMINED BY TAKING THE TOTAL AMOUNT OF DENIED CHARITY CARE APPLICATIONS AND MULTIPLYING IT BY THE COST TO CHARGE RATIO.

Part VI Supplemental Information

Complete this part to provide the following information.

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

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5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

SCHEDULE H, PART III, LINE 8A

CALCULATION FOR LINE 6 CAME FROM FIGURES ON THE FY 2011 M/CARE COST REPORT, WORKSHEET D-1, PART II LINES 49 & 66, WORKSHEET D-1, PART IV, LINE 89, WORKSHEET D-3, LINE 200, COLUMN 3.

SCHEDULE H, PART III, LINE 9A & B

THE COLLECTION POLICY ADDRESSES FOUR OPTIONS, INCLUDING COMPASSIONATE CARE FINANCIAL ASSISTANCE. THE PATIENTS MUST MEET THE ELIGIBILITY CRITERIA TO QUALIFY FOR COMPASSIONATE CARE.

SCHEDULE H, PART V, LINE 19

THE HOSPITAL FACILITY USES THE AVERAGE OF ALL MANAGED CARE DISCOUNTS.

SCHEDULE H, PART VI

NEEDS ASSESSMENT

AN ASSESSMENT OF THE EXPECTED FUTURE NEEDS FOR THE COMMUNITY HOSPITAL SERVICES WAS CONDUCTED BY MANAGEMENT IN THE LAST COUPLE OF YEARS. THE ASSESSMENT OF THE HOSPITAL SERVICES INCLUDED THE FOLLOWING:

Part VI Supplemental Information

Complete this part to provide the following information.

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

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5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

*IDENTIFICATION OF THE GEOGRAPHICAL SERVICE AREA FROM WHICH THE HOSPITAL WILL DERIVE ITS PATIENTS AND ITS MARKET SHARE WITHIN THAT AREA,

*ANALYSIS OF PUBLISHED HISTORICAL AND PROJECTED ECONOMIC AND DEMOGRAPHIC DATA TRENDS IN THE SERVICE AREA,

*ANALYSIS OF THE COMPETITION IN THE PRIMARY SERVICE AREA,

*ANALYSIS OF MARKET SHARE AND USE RATES OF THE PRIMARY SERVICE AREA, AND

*ANALYSIS OF HISTORICAL AND FORECASTED UTILIZATION.

IN ADDITION TO THE ABOVE NEEDS ASSESSMENT, THE HOSPITAL TOOK ALSO INTO ACCOUNT SUCH VARIABLES AS:

*PROXIMITY OF THE FACILITY TO FAMILY AND FRIENDS,

*AESTHETIC QUALITIES OF THE FACILITY,

*ACCESSIBILITY,

*CHANGES IN LAW OR REGULATION, AND

*REFERRALS BY AREA DOCTORS.

Part VI Supplemental Information

Complete this part to provide the following information.

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

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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.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

THE CHARITY CARE POLICY IS AVAILABLE IN THE ER AND REGISTRATION AREAS OF THE HOSPITAL. CAMERON DISTRIBUTES AN "IMPORTANT BILLING INFORMATION FOR UNINSURED PATIENTS" HANDOUT TO EVERY UNINSURED PATIENT. THIS HANDOUT IS DESIGNED TO HELP PATIENTS UNDERSTAND THE BILLING PROCESS, PAYMENT OPTIONS AND FINANCIAL ASSISTANCE THAT IS AVAILABLE. WE HAVE FINANCIAL COUNSELORS AVAILABLE TO DISCUSS WITH THE PATIENTS' FEDERAL, STATE AND HOSPITAL FINANCIAL ASSISTANCE PROGRAMS AND ASSIST WITH ENROLLMENT PROGRAMS, WHEN APPLICABLE. CAMERON IS AN APPROVED INDIANA MEDICAID ENROLLMENT CENTER FOR OUR PATIENTS.

COMMUNITY INFORMATION

CAMERON MEMORIAL COMMUNITY HOSPITAL WAS OPENED IN 1926 AND IS LOCATED IN ANGOLA, INDIANA. ANGOLA IS LOCATED IN STEUBEN COUNTY, APPROXIMATELY 45 MILES NORTH OF FORT WAYNE, INDIANA. SINCE CAMERON HOSPITAL IS LOCATED IN EXTREME NORTHEAST INDIANA, IT SERVES PATIENTS FROM COMMUNITIES IN SOUTHWEST MICHIGAN AND NORTHWEST OHIO AS WELL. CAMERON HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN STEUBEN COUNTY. THE HEALTH CARE SECTOR IS

Part VI Supplemental Information

Complete this part to provide the following information.

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

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

IMPORTANT TO THE COUNTY'S ECONOMY, AS IT EMPLOYS A LARGE NUMBER OF ITS RESIDENTS, WHO PURCHASE A LARGE AMOUNT OF GOODS AND SERVICES FROM THE BUSINESSES LOCATED IN STEUBEN COUNTY. AS OF THE 2000 CENSUS, THE CITY OF ANGOLA HAD A POPULATION OF 7,344, WHILE THE STEUBEN COUNTY POPULATION WAS 33,214. DURING THE SUMMER MONTHS THE POPULATION IN STEUBEN COUNTY DRASTICALLY INCREASES DUE TO THE NUMEROUS LAKES IN THE COUNTY. THE CHARACTERISTICS OF THE POPULATION ARE FACTORS IN DETERMINING THE HEALTH CARE SERVICES THAT OUR COMMUNITY REQUIRES. THE PERCENTAGE OF THE POPULATION IN THE COMMUNITY OVER 65 YEARS OLD IS 13.6%. IN 2011, CAMERON HOSPITAL HAD 101,000+ OUTPATIENT VISITS AND 83% OF OUR PATIENT REVENUE WAS OUTPATIENT. THE FACILITY OPERATES AS AN INDEPENDENT CRITICAL ACCESS HOSPITAL AND RECEIVES COST-BASED REIMBURSEMENT.

PROMOTION OF COMMUNITY HEALTH

THE HOSPITAL IS VERY COMMITTED TO THE COMMUNITY BY SUPPORTING VARIOUS GROUPS AND NOT-FOR-PROFIT ORGANIZATIONS. OVER 40 DONATIONS HAVE BEEN PROVIDED THROUGHOUT THE YEAR, SUPPORTING THE AREAS OF HEALTH, EDUCATION, AND SAFETY. ADDITIONALLY, HOSPITAL STAFF AND PHYSICIANS DONATE MANY

Part VI Supplemental Information

Complete this part to provide the following information.

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

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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 hospitals 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.

HOURS OF THEIR TIME TO SERVE IN THE FAITH COMMUNITY CLINIC WHICH ASSISTS THE POOR AND UNDERSERVED OF THE COMMUNITY. FINALLY, THE HOSPITAL PARTNERS WITH AREA EMERGENCY PERSONNEL TO ASSIST WITH DISASTER PREPAREDNESS IN OUR COUNTY. THE HOSPITAL FEELS THAT DISASTER PREPAREDNESS IS AN IMPORTANT ROLE FOR IT TO PLAY IN OUR COMMUNITY, ASSISTING RESIDENTS IN THE EVENT OF A NATURAL DISASTER, INDUSTRIAL ACCIDENT OF OTHER LARGE SCALE EMERGENCY.

THE HOSPITAL OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY. IN ADDITION TO PROVIDING EMERGENCY SERVICES, THE HOSPITAL PROVIDES MINOR EMERGENCY AND URGENT CARE SERVICES TO ALL REGARDLESS OF ABILITY TO PAY. THE HOSPITAL PARTICIPATES IN MEDICAID, MEDICARE, CHAMPUS, AND/OR OTHER GOVERNMENT SPONSORED HEALTH PROGRAMS. IN ADDITION TO OUR PARTICIPATION IN THESE PROGRAMS, THE HOSPITAL ABSORBED MORE THAN $568,536 IN UNREIMBURSED MEDICARE COSTS DURING 2011. IN ADDITION, THE HOSPITAL ALSO ABSORBED $2,683,467 IN UNREIMBURSED MEDICAID COSTS DURING 2011.

THE HOSPITAL ALSO PARTICIPATES IN A COMMUNITY CLINIC FOR POOR AND LOW

Part VI Supplemental Information

Complete this part to provide the following information.

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

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.).

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INCOME RESIDENTS, WHEREIN LAB, RADIOLOGY, AND REHAB COST ARE ENTIRELY WRITTEN OFF. ALTHOUGH THE PRIMARY CARE PHYSICIANS ARE NOT EMPLOYEED STAFF OF THE HOSPITAL, A NUMBER OF PHYSICIANS VOLUNTEER THEIR SERVICES AT THE CLINIC. THE HOSPITAL OFFERS A COMPASSIONATE CARE PROGRAM TO ELIGIBLE PARTICIPANTS BASED ON THE FEDERAL POVERTY GUIDELINES AT THE 300% LEVEL. IN 2011, THE HOSPITAL ABSORBED $518,350 IN CHARITY CARE COSTS.

CAMERON ALSO PROVIDES SCREENINGS FOR RESIDENTS WHO ARE UNINSURED OR UNDERINSURED INCLUDING: PSA SCREENINGS, SKIN CANCER SCREENINGS, BREAST CANCER SCREENINGS AND BLOOD GLUCOSE TESTING FOR DIABETES OR PRE-DIABETES.

THE HOSPITAL HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED IN THE AREA. THE GOVERNING BODY (BOARD OF DIRECTORS) CONSISTS OF INDEPENDENT PEOPLE REPRESENTATIVE OF THE COMMUNITY WE SERVE. THE HOSPITAL RECEIVES STRONG SUPPORT FROM AREA RESIDENTS AS EVIDENCED BY THE LARGE BODY OF VOLUNTEERS COMMITTED TO FURTHERING THE HOSPITAL'S MISSION.

Part VI Supplemental Information

Complete this part to provide the following information.

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

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STATE FILING OF COMMUNITY BENEFIT REPORT

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