

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **ELKHART GENERAL HOSPITAL, INC.** Employer identification number: **35-0877574**

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. <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) to determine 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 type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		X
b Did the organization use FPG to determine 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 type="checkbox"/> 400% <input type="checkbox"/> 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	

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)		4551	3,685,794.		3,685,794.	1.49
b Medicaid (from Worksheet 3, column a)			33,905,106.	13,146,277.	20,758,829.	8.41
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		4551	37,590,900.	13,146,277.	24,444,623.	9.90
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		301769	1,571,588.	260,799.	1,310,789.	.53
f Health professions education (from Worksheet 5)		99	421,132.	244,243.	176,889.	.07
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			150,720.		150,720.	.06
j Total. Other Benefits		301868	2,143,440.	505,042.	1,638,398.	.66
k Total. Add lines 7d and 7j.		306419	39,734,340.	13,651,319.	26,083,021.	10.56

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule H (Form 990) 2011

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 Healthcare Financial Management Association Statement No. 15?
- 2 Enter the amount of the organization's bad debt expense
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy
- 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 as community benefit.

	Yes	No
1	X	
2		
3		
4		
5		
6		
7		
9a	X	
9b		X

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME)
- 6 Enter Medicare allowable costs of care relating to payments on line 5
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall)
- 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?
- 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

Part IV Management Companies and Joint Ventures (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 RIVERPOINTE SURG CTR	SURGERIES	40.00000		60.00000
2 WAKARUSA MED CLIN	MEDICAL CLINIC BUILDING	42.00000		58.00000
3 COMM OCCUPATIONAL MD	OCCUPATIONAL MEDICINE	25.00000	10.00000	65.00000
4 WANEE WALK-IN CLINIC	MEDICAL CLINIC	50.00000		50.00000
5 RIVERPOINTE CARDIOV.	CARDIOVASCULAR PROCEDURES	50.00000		50.00000
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)

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

Name and address

1 ELKHART GENERAL HOSPITAL, INC.
600 EAST BLVD
ELKHART IN 46514

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1	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: ELKHART GENERAL 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 tax year 2011)			
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 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input 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 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? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> 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	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input 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 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			
8	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?	8	X
9	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: __ __ __ % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued) ELKHART GENERAL HOSPITAL, INC.

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _ % If "No," explain in Part VI the criteria the hospital facility used.		X
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):		X
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 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):	X	
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input 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 on request		
g <input checked="" type="checkbox"/> 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 (FAP) that explained actions the hospital facility may take upon non-payment?	X	
15 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 patient'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 Part VI)		
16 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 patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
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 Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) ELKHART GENERAL 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?	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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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)		
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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 26

Name and address	Type of Facility (describe)
1 FAMILY PRACTICE ASSOCIATES 3301 COUNTY ROAD 6 EAST ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
2 FOR WOMEN ONLY OB-GYN 1215 LAWN AVENUE, SUITE 100 ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
3 HOME MEDICAL EQUIPMENT & SUPPLY 225 EAST JACKSON BLVD. ELKHART IN 46516	DURABLE MEDICAL EQUIPMENT
4 ELKHART CARDIOLOGY 303 NAPANNEE STREET ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
5 FAMILY MEDICINE CENTER 2120 REITH BLVD GOSHEN IN 46526	OWNED PHYSICIAN PRACTICE
6 HOME HEALTH CLINICAL SERVICE 2020 INDUSTRIAL PARKWAY ELKHART IN 46516	HOME HEALTH CARE PROVIDER
7 WAKARUSA 207 NORTH ELKHART STREET WAKARUSA IN 46573	OWNED PHYSICIAN PRACTICE
8 PHYSCHIATRIC PHYSICIANS 1506 OSOLO ROAD, SUITE A ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
9 BRISTOL FAMILY PRACTICE 306 VISTULA BRISTOL IN 46507	OWNED PHYSICIAN PRACTICE
10 THE OSCEOLA CLINIC 5314 LINCOLNWAY EAST MISHAWAKA IN 46544	OWNED PHYSICIAN PRACTICE

Schedule H (Form 990) 2011

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
1 HOME INFUSION 2020 INDUSTRIAL PARKWAY ELKHART IN 46516	HOME HEALTH CARE PROVIDER
2 PRIVATE DUTY CERTIFIED 2020 INDUSTRIAL PARKWAY ELKHART IN 46516	HOME HEALTH CARE PROVIDER
3 PSYCH SOCIAL WORKERS 1506 OSOLO ROAD, SUITE A ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
4 ELKHART GASTROENTEROLOGY 225 EAST JACKSON BLVD. ELKHART IN 46516	OWNED PHYSICIAN PRACTICE
5 NAPPANEE CLINIC 357 NAPPANEE STREET NAPPANEE IN 46550	OWNED PHYSICIAN PRACTICE
6 CENTER FOR FAMILY PRACTICE 1753 FULTON STREET ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
7 BITTERSWEET MEDICAL ASSOCIATES 12340 BITTERSWEET COMMONS BLVD GRANGER IN 46530	OWNED PHYSICIAN PRACTICE
8 EDWARDSBURG FAMILY MEDICINE 27082 WEST MAIN STREET EDWARDSBURG IN 46514	OWNED PHYSICIAN PRACTICE
9 RIVERPOINTE ASC 500 ARCADE AVE ELKHART IN 46514	SURGERY CENTER JOINT VENTURE
10 NORTH CENTRAL CARDIOVASCULAR SPECIALISTS 500 ARCADE AVE, SUITE 400 ELKHART IN 46514	OWNED PHYSICIAN PRACTICE

Schedule H (Form 990) 2011

Part V Facility Information *(continued)*

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 SLEEP CONSULTANTS OF MICHIANA 3301 COUNTY ROAD 6 EAST ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
2 CARDIOTHORACIC SURGERY OF NRTHRN INDIANA 500 ARCADE AVE, SUITE 200 ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
3 SPECIALTY CLINIC SVS-WANEE 1208 A EAST WATERFORD STREET WAKARUSA IN 46573	PHYSICIAN PRACTICE JOINT VENTURE
4 COMMUNITY TRAINING CENTER 2220 REITH BLVD GOSHEN IN 46526	HEALTH EDUCATION CENTER
5 CENTER FOR OCCUPATIONAL MEDICINE 22818 OLD US 20 ELKHART IN 46516	OCCUPATIONAL HEALTH CLINIC JOINT VENTURE
6 RIVERPOINTE CARDIO 500 ARCADE AVE ELKHART IN 46514	CARDIOVASCULAR LAB JOINT VENTURE
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, 9, 10, 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.

PART I, LINE 3C

THE HOSPITAL DOES NOT SPECIFICALLY USE FPG TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE HOSPITAL USES BOTH AN ASSET TEST AND AN INCOME/EXPENSE TEST TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE, EITHER IN WHOLE OR IN PART. THE ASSET TEST CONSISTS OF THE PATIENT OR THE RESPONSIBLE PARTY REPORTING ASSETS THAT MIGHT BE USED TO MAKE PAYMENT TO REDUCE OR ELIMINATE THE FINANCIAL OBLIGATION TO THE HOSPITAL. TYPICAL HOUSEHOLD ASSETS ARE NEVER REQUESTED TO BE LIQUIDATED. ASSETS OF A SIGNIFICANT, AND EXTRAORDINARY NATURE SUCH AS STOCKS, BONDS, RETIREMENT SAVINGS, OTHER SAVINGS, SECOND HOME, ETC. WHICH ARE NOT NEEDED OR REQUIRED TO PROVIDE NORMAL, ONGOING LIVING EXPENSES FOR THE HOUSEHOLD ARE EXCESS. THESE ASSETS MAY BE REQUESTED TO BE LIQUIDATED AND USED TOWARD PAYMENT OF THE FINANCIAL OBLIGATION OF THE HOSPITAL. AN INCOME/EXPENSE TEST IS ALSO USED TO DETERMINE A PATIENT'S OR A RESPONSIBLE PARTY'S ABILITY TO PAY BASED UPON CURRENT MONTHLY NET INCOME. THE RESPONSIBLE PARTY IS REQUESTED TO PROVIDE INFORMATION ABOUT HOUSEHOLD INCOME AND HOUSEHOLD EXPENSES. ONLY EXPENSES IN EXCESS OF A REASONABLE NORM WOULD NOT BE CONSIDERED WHEN COMPARED WITH MONTHLY "NET"

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, 9, 10, 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.

OR SPENDABLE INCOME. IN ORDER TO DENY FINANCIAL ASSISTANCE, ONE'S NET INCOME MUST SIGNIFICANTLY EXCEED ONE'S REASONABLE EXPENSES. ADDITIONALLY, WHILE THE ACTUAL CHARITY CARE DID NOT EXCEED BUDGET, CHARITY CARE WILL NOT BE DENIED SHOULD CHARITY CARE EXCEED BUDGETARY LEVELS.

PART I, LINE 6A

ELKHART GENERAL HOSPITAL, INC. PREPARES A COMMUNITY BENEFIT REPORT ANNUALLY, BOTH FOR THE STATE OF INDIANA AND FOR THE ANNUAL REPORT, WHICH IS POSTED AT WWW.EGH.ORG.

PART I LN 7 - COSTS FOR THIS SECTION WERE DETERMINED BASED ON THE ORGANIZATION'S COST TO CHARGE RATIO.

PART I, LINE 7 COLUMN (F)

BAD DEBT EXPENSE REMOVED FROM TOTAL EXPENSES \$18,369,211.

PART II

COMMUNITY SUPPORT

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, 9, 10, 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.

ELKHART GENERAL HOSPITAL HAS SUPPORTED COMMUNITY-BASED EFFORTS AT IMPROVING PERINATAL OUTCOMES AND REDUCING PERINATAL RACE DISPARITY THROUGH PARTICIPATION IN THE REGIONAL PERINATAL RISK ANALYSIS EFFORT WITH AREA HOSPITALS AND UNIVERSITY OF NOTRE DAME RESEARCHERS AND THE MICHIANA HEALTH INFORMATION EXCHANGE. PERINATAL OUTCOMES ARE CRITICAL INDICATORS OF COMMUNITY HEALTH STATUS, AND THROUGH EGH'S PARTICIPATION IN THIS FORUM, OPPORTUNITIES HAVE BEEN CREATED TO PRODUCE CONSISTENT PERINATAL RISK REPORTING FROM THE HOSPITALS AND THE HEALTH INFORMATION EXCHANGE.

ELKHART GENERAL HOSPITAL, IN COLLABORATION WITH ELKHART COMMUNITY SCHOOLS, SPEARHEADED AN INTERACTIVE MENTORING CONFERENCE TO EXPOSE YOUNG AT-RISK FEMALES TO CAREER OPTIONS, SELF-ESTEEM BUILDING, AND BODY IMAGE. A NUMBER OF EGH PROFESSIONALS FROM MULTIPLE DISCIPLINES PROVIDED INFORMATION ON CAREER CHOICES AND HEALTHY DECISION-MAKING FOR THE FUTURE.

TOPICS OF THE CONFERENCE ALSO INCLUDED SEXUAL ABSTINENCE, CREATING A HEALTHY BODY IMAGE, PARTNER ABUSE AND VIOLENCE PREVENTION, AND SELF-ESTEEM.

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, 9, 10, 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.
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- 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.

ELKHART GENERAL HOSPITAL EMPLOYEES CONTINUE TO PARTICIPATE IN SCHOOL MENTORING PROGRAMS, PARTNERING WITH TITLE I SCHOOLS IN ELKHART TO PROVIDE ONE-ON-ONE MENTORING TIME TO AT-RISK ELEMENTARY SCHOOL CHILDREN. THROUGHOUT 2011, ELKHART GENERAL HOSPITAL'S DAME TU MANO HISPANIC LATINO HEALTH OUTREACH PROGRAM ENJOYED A SUCCESSFUL YEAR WITH ITS MONTHLY SPANISH LANGUAGE DIABETES SUPPORT GROUP PROGRAM, PROVIDING SUPPORT AND RESOURCES TO SPANISH-SPEAKING PERSONS WITH DIABETES. THE CHILDREN OF THE PARTICIPANTS RECEIVED MENTORING SUPPORT AND HEALTH EDUCATION CONCURRENT TO THE DIABETES SUPPORT GROUP CLASSES.

IN 2011, EGH CONTINUED ITS 14-YEAR HISTORY OF PARTNERSHIP WITH ELKHART AND BAUGO SCHOOLS SYSTEMS TO PROVIDE THE PEERS EDUCATING AND ENCOURAGING RELATIONSHIP SKILLS (PEERS) PROJECT, WHERE EGH INTERVIEWS, RECRUITS, TRAINS APPROXIMATELY 175 TEEN MENTORS TO ANNUALLY PROVIDE A FIVE-SESSION RISK AVOIDANCE CURRICULUM TO 1,100 SEVENTH AND EIGHT GRADERS. THE CURRICULUM FOCUSES ON IDENTIFYING AND ABSTAINING FROM HEALTH RISK BEHAVIORS OF EARLY SEXUAL ACTIVITY, ALCOHOL, SMOKING, AND DRUG USE, TO OPTIMIZE THE YOUTHS' OPPORTUNITIES FOR A HEALTHY AND SUCCESSFUL FUTURE.

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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 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.

IN 2011 ELKHART GENERAL CONTINUED TO PROVIDE OPERATIONAL OVERSIGHT FOR THE HEALTHY INDIANA PLAN (HIP) STATE-SPONSORED HEALTH INSURANCE PROGRAM FOR LOW-INCOME RESIDENTS. ELKHART GENERAL HOSPITAL STAFF ASSIST APPLICANTS IN NAVIGATING THE APPLICATION PROCESS, INCLUDING DOCUMENT VERIFICATION, RESIDENCY STATUS, ETC., AND MONITOR THE STATUS OF APPLICATION IN THE ENROLLMENT PROCESS. IN THIS CAPACITY ELKHART GENERAL HOSPITAL ADVOCATED FOR THE APPLICANTS AND ENROLLEES TO ENSURE THE HEALTH INSURANCE PLAN COULD BE ACCESSED.

IN 2011 ELKHART GENERAL HOSPITAL PARTICIPATED IN THE ANALYSIS OF ELKHART COUNTY PERINATAL RISK DATA AS PART OF A PERINATAL RISK REDUCTION PROJECT FUNDED BY THE INDIANA STATE DEPARTMENT OF HEALTH AND FACILITATED BY PURDUE UNIVERSITY HEALTHCARE ASSISTANCE PROGRAM. THIS PROJECT SOUGHT TO ANALYZE PERINATAL RISK TRENDS TO ADDRESS POOR PERINATAL OUTCOMES. OTHER PROJECT PARTNERS INCLUDED ELKHART COUNTY HEALTH DEPARTMENT, INDIANA UNIVERSITY HEALTH GOSHEN, AND THE MINORITY HEALTH COALITION OF ELKHART COUNTY.

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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS

ELKHART GENERAL HOSPITAL'S DAME TU MANO PROGRAM HAS PROVIDED CRITICALLY NEEDED SPANISH LANGUAGE INTERPRETATIVE AND TRANSLATIVE SERVICES FOR THE COMMUNITY AGENCIES AND MEMBERS. THROUGH THE DAME TU MANO PROGRAM, STAFF AND BILINGUAL VOLUNTEERS HELP PROVIDE INTERPRETATIVE SERVICES FOR ELKHART GENERAL HOSPITAL'S LARGE-SCALE SPANISH LANGUAGE HEALTH EDUCATION, LEADERSHIP, AND EMPOWERMENT EFFORTS. THROUGHOUT 2011 DAME TU MANO HEALTH TOPICS WERE PROMOTED ON TWO DAILY SPANISH LANGUAGE RADIO PROGRAMS AND THROUGH BIMONTHLY EDUCATIONAL COLUMNS IN THE SPANISH LANGUAGE NEWSPAPER. SPECIFICALLY, THROUGH THE DAME TU MANO RADIO PROGRAMMING, FAMILY HEALTH TOPICS INCLUDED CONFLICT RESOLUTION, ANGER MANAGEMENT, APPROPRIATE YOUTH DISCIPLINE, DOMESTIC VIOLENCE PREVENTION, DEPRESSION, MENTAL HEALTH, AND SELF-ESTEEM ENHANCEMENT. MANY SPANISH FAMILIES EXPERIENCE SIGNIFICANT INTERNAL STRESS DUE TO FEELINGS OF ISOLATION AND FAILURE TO FULLY ACCLIMATE IN THE LOCAL COMMUNITY BECAUSE OF CULTURAL PERCEPTIONS. DAME TU MANO'S BIENNIAL SUMMITS ADDRESS THESE INTERNAL STRESSORS, HEALTHY RELATIONSHIPS AND CONFLICT RESOLUTION WITHIN FAMILIES.

Part VI Supplemental Information

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- 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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THROUGH ELKHART GENERAL HOSPITAL SPONSORSHIP OF THE PEERS (PEERS EDUCATING AND ENCOURAGING RELATIONSHIP SKILLS) PROGRAM, EGH TRAINS APPROXIMATELY 175 10TH-12TH GRADERS A FIVE-SESSION SEQUENTIAL RISK AVOIDANCE CURRICULUM TO UNDERCLASSMEN. THESE HIGH-SCHOOLERS COMPLETE A SIGNIFICANT LEADERSHIP PEER MENTOR TRAINING. PRIOR TO FACILITATING THE CLASSROOM LESSONS TO THE UNDERCLASSMEN, AND IN RECOGNITION OF THE IMPORTANCE OF MODELING THE LIFESTYLE BEING PROMOTED, ALL TEEN MENTORS SIGN A LEADERSHIP AGREEMENT PLEDGING TO PRACTICE RISK AVOIDANCE BEHAVIORS IN THEIR LIFESTYLES. THE PEERS PROGRAM LESSONS INCLUDE COMPONENTS OF ASSERTIVENESS TRAINING FOR AVOIDING PEER PRESSURE TO INDULGE IN RISKY BEHAVIORS INCLUDING EARLY SEXUAL INVOLVEMENT, ALCOHOL, DRUGS, AND SMOKING.

MEDICAL INTERPRETERS BASED IN ELKHART GENERAL HOSPITAL HOSPITAL HELP SPANISH-SPEAKING INDIVIDUALS NAVIGATE THE HEALTH CARE SETTING AND ADVOCATE FOR PATIENT CARE.

COALITION BUILDING

Part VI Supplemental Information

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- 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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ELKHART GENERAL HOSPITAL IS ACTIVELY ENGAGED IN COMMUNITY COALITIONS TO IMPROVE THE QUALITY OF LIFE FOR ELKHART COUNTY RESIDENTS. THE HOSPITAL IS REPRESENTED ON THE ELKHART COUNTY LEAD PREVENTION TASK FORCE, THE ELKHART COUNTY HOMELESS COALITION, AND THE ELKHART BACK2SCHOOL STEERING COMMITTEE.

IN 2011, ELKHART GENERAL HOSPITAL, ALONG WITH ELKHART COUNTY HEALTH DEPARTMENT AND INDIANA UNIVERSITY HEALTH GOSHEN, CONTINUED TO LEAD THE COUNTY'S CHILDHOOD OBESITY PREVENTION COALITION, WHICH PROVIDES VITAL SUPPORT TO SCHOOL PERSONNEL AND ADMINISTRATION IN ADDRESSING CHILDHOOD OBESITY. THE COALITION REGULARLY MEETS TO IDENTIFY EVIDENCE-BASED OUTCOMES FOR REDUCING RATES OF CHILDHOOD OBESITY, TO PROVIDE RESOURCES TO SCHOOL HEALTH PERSONNEL, AND PROACTIVELY STRATEGIZE FOR IMPROVING CHILDHOOD HEALTH.

ELKHART GENERAL HOSPITAL'S DAME TU MANO STAFF HELPED TO CREATE AN ONGOING ROBUST COALITION NETWORK OF OVER 20 SPANISH-CENTRIC BUSINESSES, MEDIA, AND SOCIAL SERVICE ORGANIZATIONS, AND IS REGULARLY SOUGHT OUT TO LEAD

Part VI Supplemental Information

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COMMUNITY HEALTH INITIATIVES IN THE HISPANIC LATINO COMMUNITIES OF
ELKHART COUNTY.

ELKHART GENERAL HOSPITAL REGULARLY WORKS WITH THE INDIANA MINORITY HEALTH
COALITION, THE NORTHERN INDIANA HISPANIC HEALTH COALITION, AND THE
MINORITY HEALTH COALITION OF ELKHART COUNTY ON VENTURES TO REDUCE HEALTH
DISPARITIES BETWEEN CULTURES AND RACES.

COMMUNITY HEALTH IMPROVEMENT/ADVOCACY

ELKHART GENERAL HOSPITAL MEDICATION ASSISTANCE PROGRAM PROVIDES A
FULL-TIME PATIENT ADVOCATE WHO ASSISTS LOW-INCOME INDIVIDUALS IN APPLYING
FOR AND SECURING FREE PRESCRIPTION MEDICATIONS THROUGH MANY
PHARMACEUTICAL ASSISTANCE PROGRAMS IN THE PHARMACEUTICAL INDUSTRY.

ELKHART GENERAL HOSPITAL PROVIDED HEALTH EDUCATION ACTIVITIES ON-SITE AT
VARIOUS WORKSITES IN THE COUNTY, OFFERING HEALTH RISK APPRAISALS, HEALTH
SCREENINGS, AND BROWN BAG LUNCH AND LEARNS.

ELKHART GENERAL HOSPITAL PROVIDED INPATIENT BEDSIDE TOBACCO CESSATION
COUNSELING FOR THOSE PATIENTS WHO HAVE BEEN IDENTIFIED AS CURRENT SMOKERS

Part VI Supplemental Information

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OR AS SMOKERS WHO HAVE QUIT SMOKING WITHIN THE PREVIOUS YEAR. THESE INDIVIDUALS WERE REFERRED TO THE 1-800-QUIT-NOW 24-HOUR HOTLINE, AND TO ELKHART GENERAL HOSPITAL'S FREEDOM FROM SMOKING BEHAVIOR MODIFICATION SERIES OFFERED AT NO CHARGE TO THE COMMUNITY.

ELKHART GENERAL HOSPITAL HAS PARTNERED WITH MULTIPLE ELEMENTARY SCHOOLS IN ELKHART TO PROVIDE FREE HEALTH SCREENINGS, SCHOOL PHYSICALS, SPORTS PHYSICALS, INTERACTIVE NUTRITION EDUCATION, HEAD LICE EDUCATION, AND SPANISH AND ENGLISH LANGUAGE HEALTH EDUCATION MATERIALS TO THE COMMUNITY.

ELKHART GENERAL PROVIDED FREE HEALTH SCREENINGS TO THE PARTICIPANTS AT THE FIRST BRETHERN FOOD PANTRY AND HARVEST BASKET SENIOR FOOD PANTRY, AND TO FAMILIES AT THE ELKHART COUNTY WOMEN'S SHELTER. ELKHART GENERAL HOSPITAL PROVIDED FREE HEALTH SCREENINGS AND HEALTH PROMOTIONAL EFFORTS AT THE YMCA OF ELKHART COUNTY, TO VARIOUS SCHOOLS, CHURCHES, AND OTHER COMMUNITY SITES.

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ELKHART GENERAL HOSPITAL PROVIDED FREE NUTRITION EDUCATION AND HEALTH SCREENING SUPPLIES TO THE BACK2SCHOOL EVENT FOR PREPARING CHILDREN AND THEIR FAMILIES FOR THE FIRST DAY OF SCHOOL. APPROXIMATELY 6,000 PERSONS ATTENDED THIS EVENT, WITH THOUSANDS OF CHILDREN RECEIVING FREE BACKPACKS, SCHOOL SUPPLIES, SHOES, HAIRCUTS, HEALTH SCREENINGS, AND FOOD. ELKHART GENERAL HOSPITAL COLLABORATED WITH THE CALVARY ASSEMBLY OF GOD BACK TO SCHOOL EVENT, IN PROVIDING FREE HEALTH SCREENINGS.

ELKHART GENERAL HOSPITAL PROVIDED MULTIPLE FREE HEALTH SCREENINGS, EDUCATION AND INTERACTIVE EVENTS AT THE 2011 ELKHART COUNTY 4-H FAIR, ONE OF THE LARGEST COUNTY FAIRS IN THE MIDWEST. SCREENINGS INCLUDED GLUCOSE, LIPID PANELS, BLOOD PRESSURE, BODY FAT, CANCER SCREENINGS AND OTHER SCREENINGS. ELKHART GENERAL HOSPITAL PROVIDED MENTAL HEALTH AWARENESS EDUCATION AND OPPORTUNITIES TO INTERACT WITH MEDICAL PROFESSIONALS INCLUDING PHYSICIANS, SPECIALISTS, AND NURSE PRACTITIONERS.

ELKHART GENERAL HOSPITAL'S DAME TU MANO HISPANIC LATINO HEALTH OUTREACH EFFORT CREATED AND DISTRIBUTED SEVERAL THOUSAND SPANISH LANGUAGE RESOURCE

Part VI Supplemental Information

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DIRECTORIES TO THE HISPANIC LATINO COMMUNITIES IN THE REGION. THE DAME TU MANO HELP LINE FIELDERD PHONE CALLS THROUGHOUT 2011 ON MYRIAD HEALTH ISSUES PRESENTING IN THE HISPANIC LATINO COMMUNITIES - DIABETES, DOMESTIC VIOLENCE, DEPRESSION, WEIGHT LOSS, SMOKING CESSATION, NUTRITION, EXERCISE, FAMILY HEALTH, MENTAL HEALTH - AS WELL AS PARALLEL SOCIAL ISSUES, INCLUDING IMMIGRATION, EMPLOYMENT, DOCUMENTATION, AND SCHOOL READINESS. THROUGH DAME TU MANO'S DAILY RADIO SEGMENTS ON THE TWO SPANISH LANGUAGE RADIO STATIONS IN THE AREA, ELKHART GENERAL HOSPITAL REACHED 40,000 LISTENERS EVERY DAY ON VARIOUS HEALTH TOPICS OF CONCERN IN THE HISPANIC LATINO COMMUNITY. THE RADIO SEGMENT CONTENT IS DRIVEN IN PART BY THE NATURE OF THE PHONE CALLS AND CALL INQUIRIES TO THE HELP LINE.

PART III, LINE 4

BAD DEBT EXPENSE IS NOT FOOTNOTED WITHIN THE AUDITED FINANCIAL STATEMENT. ALSO, BAD DEBT EXPENSE IS NOT CLASSIFIED AS COMMUNITY BENEFIT. PROVISION FOR BAD DEBT IS RECORDED AS AN EXPENSE AT GROSS, WITHIN THE DEDUCTIONS FROM CHARGE CLASSIFICATION OF THE STATEMENT OF OPERATIONS. THE COST TO

Part VI Supplemental Information

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CHARGE RATIO IS APPLIED TO BAD DEBT EXPENSE TO ARRIVE AT BAD DEBT COST.

IT IS ESTIMATED THAT HALF OF THE BAD DEBT EXPENSE CASES WOULD ACTUALLY QUALIFY FOR CHARITY CARE, HAD THE PATIENT GONE THROUGH THE PROCESS, BUT IT IS NOT CURRENTLY CLASSIFIED AS CHARITY CARE.

RATIONALE FOR INCLUSION OF THE MEDICARE SHORTFALL AS A COMMUNITY BENEFIT
PART III, LINE 8

PARTICIPATION IN THE GOVERNMENTAL MEDICARE PROGRAM DOES NOT PROVIDE THE OPPORTUNITY FOR A HOSPITAL TO NEGOTIATE A REIMBURSEMENT RATE OR STRUCTURE THAT WOULD ALLOW THE HOSPITAL TO COVER THE COST OF THE MEDICAL SERVICE RENDERED TO THE PROGRAM PARTICIPANT, AS WOULD BE THE CASE IN CONTRACTUAL NEGOTIATIONS WITH COMMERCIAL INSURANCE COMPANIES. NOR IS THE HOSPITAL ALLOWED TO PROVIDE ONLY THE SERVICES FOR WHICH REIMBURSEMENT COVERS THE DIRECT COST OF CARE. THIS PRODUCES THE SAME SHORTFALL OUTCOME AS DOES THE PARTICIPATION IN THE MEDICAID PROGRAM. THE MEDICAID PROGRAM IS RECOGNIZED AS A COMMUNITY BENEFIT ON SCHEDULE H AND ON COMMUNITY BENEFIT REPORTS FOR MOST STATES. THE QUALITY AND COST OF THE PATIENT CARE IS THE SAME REGARDLESS OF PAYOR SOURCE. HENCE THE ACCEPTANCE OF MEDICARE

Part VI Supplemental Information

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REIMBURSEMENT REPRESENTS A REDUCTION OR RELIEF OF THE GOVERNMENT BURDEN
TO PAY THE FULL COST OF CARE PROVIDED.

PART III, LINE 9B

IN THE COLLECTION POLICY IT DOES INDICATE THE CRITERIA FOR DETERMINING
ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON THE INCOME VS. DEBT
CALCULATION. ALSO, PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR
FINANCIAL ASSISTANCE ARE IMMEDIATELY ELIMINATED FROM THE HOSPITAL'S
COLLECTION PROTOCOLS, AND THEREFORE, THEY ARE NO LONGER SUBJECT TO
HOSPITAL COLLECTION PRACTICES.

PART V SECTION B LINES: 1J,3,4,5C,6I,7,11H, - NOT REQUIRED FOR 2011 .

PART V, SECTION B, LINE 13G

BROCHURES ARE PROVIDED TO PATIENTS EXPLAINING THE FINANCIAL ASSISTANCE
PROGRAM. ADDITIONALLY, THERE IS A MESSAGE INCLUDED IN EACH STATEMENT A
PATIENT RECEIVED TELLING THEM IF THIS IS A HARDSHIP TO PLEASE CONTACT THE
HOSPITAL BILLING DEPARTMENT FOR ASSISTANCE.

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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.

PART V, SECTION B, LINE 15E

ACCOUNTS ARE SENT TO THE COLLECTION AGENCY WHO THEN HANDLE ALL COLLECTION ACTIONS INCLUDING REPORTING TO CREDIT AGENCY. IN DOING SO, THE COLLECTION AGENCY COMPLIES WITH THE HOSPITAL GUIDELINES.

PART V, SECTION B, LINE 16E

COLLECTION AGENCY WILL ALSO MAKE PAYMENT ARRANGEMENTS.

PART V SECTION B LN17E - N/A

PART V SECTION B LN18D - N/A

PART V, SECTION B, LINE 19D

FAP-ELIGIBLE INDIVIDUALS ARE GIVEN A 30% DISCOUNT FOR INPATIENT SERVICES AND A 27% DISCOUNT ON OUTPATIENT SERVICES.

PART V SECTION B LN20 - N/A

Part VI Supplemental Information

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PART V SECTION B LN21 - N/A

2. NEEDS ASSESSMENT

IN 2011, ELKHART GENERAL HOSPITAL AND INDIANA UNIVERSITY HEALTH GOSHEN JOINTLY INITIATED AN ELKHART COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT AS PER FEDERAL LAW UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. ELKHART COUNTY WAS DEFINED AS THE COMMUNITY SERVED, AND STAFF FROM BOTH HOSPITALS CONSULTED WITH NUMEROUS INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY TO PROVIDE INPUT DURING THE COURSE OF THE ASSESSMENT. FROM THESE EFFORTS, A STEERING COMMITTEE WAS FORMED, COMPRISED OF COMMUNITY REPRESENTATIVES FROM THE PUBLIC HEALTH, RELIGIOUS, EDUCATION, MINORITY ADVOCACY, HEALTHCARE, SOCIAL SERVICE, AND PRIVATE SECTORS. THE HOSPITALS CONTRACTED WITH PURDUE UNIVERSITY HEALTHCARE TECHNICAL ASSISTANCE PROGRAM TO FACILITATE THE ASSESSMENT PROCESS AND TO ASSIST WITH DATA COLLECTION. THE GOAL OF THE ASSESSMENT WAS TO IDENTIFY AND PRIORITIZE COMMUNITY HEALTH NEEDS THROUGH DATA COLLECTED FROM MYRIAD SOURCES AND THROUGH THE INPUT FROM THOSE REPRESENTING THE BROAD INTERESTS

Part VI Supplemental Information

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OF THE COMMUNITY, WITH THE PURPOSE OF PROVIDING A PLAN FRAMEWORK FOR THE RESPECTIVE HOSPITALS IN THEIR ADDRESS OF THE COMMUNITY'S PRIORITY HEALTH NEEDS.

THE INDIVIDUALS WHO COMMITTED TO PARTICIPATE IN THE ASSESSMENT PROCESS TO ENSURE THE BROAD INTERESTS OF THE COMMUNITY WERE REPRESENTED INCLUDED:

STEVE BRADEN, PASTOR, FIRST PRESBYTERIAN CHURCH

LARRY BROOKS, VICE PRESIDENT MARKETING AND FUND DEVELOPMENT, INDIANA UNIVERSITY HEALTH GOSHEN

KATHY BROWN, EXECUTIVE ASSISTANT TO VICE PRESIDENT OF MARKETING, INDIANA UNIVERSITY HEALTH GOSHEN

RENEE COCANOWER, HEALTH COORDINATOR, CONCORD COMMUNITY SCHOOLS

JIM CONNER, SUPERINTENDENT, MIDDLEBURY COMMUNITY SCHOOLS

DAVID DAUGHERTY, PRESIDENT AND CEO, GREATER GOSHEN CHAMBER OF COMMERCE

JIM DUBOIS, SUPERINTENDENT, BAUGO COMMUNITY SCHOOLS

DANIELLE DYER, CHIEF OFFICER, STRATEGY AND PLANNING, ELKHART GENERAL HOSPITAL/MEMORIAL HOSPITAL NEWLY AFFILIATED COMPANY

CARL ELLISON, COO, INDIANA MINORITY HEALTH COALITION

Part VI Supplemental Information

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WENDY FLETCHER, DIRECTOR, GOLDEN LIVING CENTER

STEVE GARBODEN, ASSISTANT VICE PRESIDENT PLANNING/MANAGED CARE, INDIANA

UNIVERSITY HEALTH GOSHEN

DR. JAMES GINGERICH, MEDICAL DIRECTOR, MAPLE CITY HEALTH CARE CENTER

PATTY GREMAUX, DIRECTOR OF COMMUNITY OUTREACH, ELKHART GENERAL HOSPITAL

DORINDA HEIDEN-GUSS, PRESIDENT, ECONOMIC DEVELOPMENT CORPORATION OF

ELKHART COUNTY

GENE HOLLINGSWORTH, PASTOR, FIRST ENGLISH LUTHERAN CHURCH

TOM HOUSAND, BROKER, HOUSAND AND ASSOCIATES

JOHN HUTCHINGS, DIRECTOR OF STUDENT SERVICES, ELKHART COMMUNITY SCHOOLS

ALLAN KAUFFMAN, MAYOR, CITY OF GOSHEN

MARK KING, PRESIDENT AND CEO, GREENCROFT COMMUNITIES

FR. GLEN KOHRMAN, PASTOR, ST. VINCENT DE PAUL CATHOLIC CHURCH

GREG LOSASSO, PRESIDENT, ELKHART GENERAL HOSPITAL

STACY MALCOLM, SCHOOL NURSE, CONCORD COMMUNITY SCHOOLS

WALDO MIKELS-CARRASCO, RESEARCH ASSOCIATE DIRECTOR, UNIVERSITY OF NOTRE

DAME INSTITUTE FOR LATINO STUDIES

DIANA MONTIEL, PROGRAM COORDINATOR, ELKHART GENERAL HOSPITAL DAME TU MANO

Part VI Supplemental Information

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HISPANIC LATINO HEALTH OUTREACH

TARA MORRIS, EXECUTIVE DIRECTOR, MINORITY HEALTH COALITION OF ELKHART
COUNTY

MARK MOW, SUPERINTENDENT, ELKHART COMMUNITY SCHOOLS

DR. DAN NAFZIGER, HEALTH OFFICER, ELKHART COUNTY HEALTH DEPARTMENT

LAURIE NAFZIGER, CEO, OAKLAWN

DIANE NITA, CFO, HEART CITY HEALTH CENTER

PHIL PENN, PRESIDENT, GREATER ELKHART CHAMBER OF COMMERCE

MIKE PENNINGTON, DEPUTY DIRECTOR, ELKHART COUNTY EMERGENCY MANAGEMENT

MIKE PEREZ, DIRECTOR OF FUNDRAISING, FAITH MISSION OF ELKHART

LILIANA QUINTERO, EXECUTIVE DIRECTOR, NORTHERN INDIANA HISPANIC HEALTH
COALITION

BILL RIETH, PRESIDENT AND CEO, UNITED WAY OF ELKHART COUNTY

NANCY ROEDER, SCHOOL NURSE, WANEE COMMUNITY SCHOOLS

DR. MARK SANDOCK, PHYSICIAN CONSULTANT, ELKHART GENERAL HOSPITAL

JENNY SCHROCK, DIVISION MANAGER, ELKHART COUNTY HEALTH DEPARTMENT HEALTHY
BEGINNINGS

PAULA SHIVELY, CEO, ASSOCIATION FOR THE DISABLED OF ELKHART COUNTY

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(ADEC)

DEB STACK, MARKET INFORMATICS MANAGER/ANALYST, INDIANA UNIVERSITY HEALTH

GOSHEN

BRUCE STAHLY, SUPERINTENDENT, GOSHEN COMMUNITY SCHOOLS

SUSAN STIFFNEY, SCHOOL HEALTH COORDINATOR, GOSHEN COMMUNITY SCHOOLS

WAYNE STUBBS, SUPERINTENDENT, CONCORD COMMUNITY SCHOOLS

ROSS SWIHART, EXECUTIVE DIRECTOR, FAITH MISSION OF ELKHART

LARRY THOMPSON, MAYOR, CITY OF NAPPANEE

JENNIFER TOBEY, DIRECTOR, ELKHART COUNTY EMERGENCY MANAGEMENT

VERNITA TODD, CEO, HEART CITY HEALTH CENTER

TOM TUMEY, SUPERINTENDENT, FAIRFIELD COMMUNITY SCHOOLS

DALE WENTORF, EXECUTIVE DIRECTOR, CENTER FOR HEALING AND HOPE

BRIAN WIEBE, DIRECTOR, HORIZON EDUCATION ALLIANCE

CANDY YODER, EXECUTIVE DIRECTOR, CHILD ABUSE PREVENTION SERVICES (CAPS)

THE ASSESSMENT PROCESS INCLUDED THE ANALYSIS OF PRIORITY HEALTH NEEDS

SURVEY RESULTS SUBMITTED FROM 283 HEALTHCARE PROVIDERS IN THE AREA. DATA

ANALYSES AND SUBSEQUENT GROUP DISCUSSION WERE SOLICITED ON MULTIPLE

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ELKHART COUNTY PUBLIC HEALTH, BEHAVIORAL, SOCIOECONOMIC, HEALTHCARE UTILIZATION INDICATORS CULLED FROM LOCAL, REGIONAL, STATE, AND NATIONAL DATA SOURCES. BOTH INDIVIDUAL AND GROUP INPUT WERE FACILITATED ON COMMUNITY HEALTH NEEDS, RESULTING IN INDIVIDUAL AND COLLECTIVE WEIGHTED RANKINGS OF THE NEEDS. THROUGH NOMINAL RATING, THE COMMUNITY PROCESS IDENTIFIED ELKHART COUNTY'S OVERALL HEALTH NEEDS OF TEEN PREGNANCY, LACK OF SOCIAL MESSAGING FOR HEALTH PROMOTION, DIABETES, ACCESS TO PRESCRIPTION MEDICATIONS, ACCESS TO DENTAL CARE, OBESITY, SMOKING, ACCESS TO PRIMARY HEALTH CARE, AND ACCESS TO MENTAL HEALTH SERVICES. USING A SUBSEQUENT WEIGHTED RANKING PROCESS TO RATE EACH HEALTH NEED BASED ON THE SIZE OF POPULATION IMPACTED BY THE HEALTH NEED, THE SERIOUSNESS OF THE HEALTH NEED IN THE COMMUNITY AND THE EFFECTIVENESS OF KNOWN INTERVENTIONS IN ADDRESSING THE HEALTH NEED, THE PRIORITY HEALTH NEEDS WERE IDENTIFIED AS OBESITY, SMOKING, ACCESS TO PRIMARY HEALTH CARE, AND ACCESS TO MENTAL HEALTH SERVICES. IN 2012 THE COMMUNITY HEALTH NEEDS ASSESSMENT DELIVERABLES AND THE ELKHART GENERAL HOSPITAL'S RESULTANT 2012 COMMUNITY HEALTH PLAN WILL BE SUBMITTED TO THE ELKHART GENERAL HOSPITAL BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. DEPENDENT ON AND SUBSEQUENT TO THE

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BOARD APPROVAL, THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND EGH'S RESULTANT 2012 COMMUNITY HEALTH PLAN WILL BE MADE WIDELY AVAILABLE TO THE COMMUNITY THROUGH THE HOSPITAL'S WEBSITE, THROUGH HARD COPIES BY REQUEST, AND THROUGH ONGOING COMMUNICATION FROM HOSPITAL REPRESENTATIVES. USING THE ASSESSMENT INFORMATION AS THE FRAMEWORK, ELKHART GENERAL HOSPITAL WILL DEVELOP ITS COMMUNITY HEALTH PLANNING STRATEGIES FOR 2012 AND BEYOND.

ADDITIONALLY, ELKHART GENERAL HOSPITAL CONDUCTS ANNUAL MARKET PROJECTIONS BY DISEASES FOR OUR PRIMARY AND SECONDARY SERVICE AREA. INDIANA HOSPITAL USE RATES ARE APPLIED TO THE LOCAL POPULATION TO ACHIEVE THESE PROJECTIONS. UNEMPLOYMENT AND UNINSURED STATISTICS ARE OBTAINED FROM THE ELKHART COUNTY DEPARTMENT OF ECONOMIC DEVELOPMENT. TO ENSURE THERE ARE ENOUGH PROVIDERS TO CARE FOR THE POPULATION AND THE PROJECTED DISEASE RATES, A MEDICAL STAFF DEVELOPMENT PLAN IS CONDUCTED EVERY TWO YEARS. THE MEDICAL STAFF DEVELOPMENT PLAN IS USED TO DETERMINE THE NUMBER OF PHYSICIANS BY SPECIALTY NEEDED TO SERVE THE COMMUNITY. NEW PHYSICIAN RECRUITS AND RETIREMENTS ARE TAKEN INTO ACCOUNT.

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3. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

THE HOSPITAL PROVIDES FOUR (4) FULL-TIME EQUIVALENTS (FTES) TO COUNSEL PATIENTS WITHOUT INSURANCE REGARDING THEIR ABILITY TO QUALIFY FOR THE STATE OF INDIANA MEDICAID PROGRAM(S). IN ADDITION, BILLING STATEMENTS SENT TO ALL PATIENTS ADDRESS THE CONCERN OF "FINANCIAL HARDSHIP" AND WHAT A PATIENT CAN DO TO MAKE THE HOSPITAL AWARE OF ANY FINANCIAL HARDSHIP THEY MAY BE INCURRING. OUR BILLING STATEMENTS ALSO PROVIDE PATIENT INFORMATION ABOUT THEIR FIRST STEPS TO OBTAIN FINANCIAL ASSISTANCE.

ADDITIONALLY, A PATIENT FINANCIAL SERVICES BROCHURE, AVAILABLE DURING THE INTAKE PROCESS, DESCRIBES OUR FINANCIAL ASSISTANCE POLICY AND WHAT STEPS CAN BE TAKEN IF THE PATIENT EXPERIENCES A FINANCIAL HARDSHIP. PATIENTS ARE ALSO MADE AWARE OF OUR FINANCIAL ASSISTANCE PROGRAM VIA TELEPHONE CONVERSATION WITH OUR PATIENT ACCOUNTS STAFF. STAFF IS PARTICULARLY SENSITIVE TO ADDRESS THIS PROGRAM WITH ANYONE WHO INDICATES THERE MIGHT BE A FINANCIAL NEED.

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4. COMMUNITY INFORMATION

ELKHART COUNTY, INDIANA, WAS ESTABLISHED IN 1830, WITH THE ORIGINAL COUNTY SEAT IN DUNLAP, WHICH WAS LATER MOVED TO GOSHEN. TODAY ELKHART COUNTY HAS THREE GROWING CITIES, FOUR TOWNS, AND 16 TOWNSHIPS. ELKHART COUNTY IS LOCATED IN NORTHERN INDIANA AND BORDERS THE STATE OF MICHIGAN. THE COUNTY IS APPROXIMATELY 463.91 SQUARE MILES IN SIZE. ELKHART COUNTY LIES HALFWAY BETWEEN CHICAGO AND CLEVELAND AND IS CONVENIENTLY LOCATED NEAR INTERSTATE 80/90 AND THE INDIANA TOLL ROAD. RANKED 19TH HEALTHIEST OF ALL 92 COUNTIES IN INDIANA, ELKHART COUNTY'S SERVICE PROVIDERS HAVE A HISTORY OF ACTIVELY FORMING PARTNERSHIPS IN AN EFFORT TO MEET THE HEALTH NEEDS OF ITS RESIDENTS. ELKHART COUNTY, INDIANA TAKES PRIDE IN OFFERING ITS RESIDENTS A GREAT PLACE TO LIVE AND CONTINUALLY STRIVING TO ESTABLISH NEW BUSINESSES AND PROVIDE AN ENTREPRENEURIAL ATMOSPHERE.

ELKHART COUNTY IS CONSIDERED TO BE ELKHART GENERAL HOSPITAL'S PRIMARY SERVICE AREA. ACCORDING TO THE 2010 US CENSUS ESTIMATES, ELKHART COUNTY HAS A POPULATION OF 198,941, UP SLIGHTLY FROM THE APRIL 2010 CENSUS DATA REPORT OF 197,559 WITH A MEDIAN HOUSEHOLD INCOME OF \$43,531. THE

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PERCENTAGE OF PERSONS 65 YEARS AND OLDER IS ESTIMATED AT 12.4% IN 2011, SLIGHTLY HIGHER THAN 11.5 PERCENT ARE AGE 65 AND OLDER IN 2010. FOR 2011, CENSUS ESTIMATES INDICATE THAT 76.9% OF ELKHART COUNTY RESIDENTS ARE WHITE PERSONS NOT OF HISPANIC DESCENT; 14.5% ARE HISPANIC/LATINO; AND 6.0% ARE BLACK. PER CAPITA INCOME AVERAGE FOR 2006-2010 IS \$22,187, AND THE PERCENT OF ELKHART COUNTY RESIDENTS BELOW THE POVERTY LEVEL WAS 13.7%. AS OF DECEMBER 2011, ELKHART COUNTY'S LABOR FORCE WAS 91,081, OF WHICH 81,113 WERE EMPLOYED AND 9,968 PERSONS, OR 10.9% OF THE TOTAL LABOR FORCE, WERE UNEMPLOYED.

IN 2011, THE COUNTY HEALTH RANKINGS, SPONSORED BY THE ROBERT WOOD JOHNSON FOUNDATION, RANKED ELKHART COUNTY AS THE 19TH HEALTHIEST COUNTY IN INDIANA OF ALL 92 COUNTIES FOR HEALTH OUTCOMES (A GAGE OF THE HEALTH STATUS OF A COUNTY) AND 79TH HEALTHIEST FOR HEALTH FACTORS (THOSE FACTORS THAT INFLUENCE THE HEALTH OF A COUNTY).

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5. PROMOTION OF COMMUNITY HEALTH

SPECIFIC GOALS OF ELKHART GENERAL HOSPITAL'S MISSION STATEMENT ARE TO MEET THE NEEDS OF MEDICALLY UNDERSERVED OF OUR COMMUNITY, DEFINED AS ELKHART COUNTY RESIDENTS, AND TO PROMOTE THE HEALTH AND WELL BEING OF INDIVIDUALS AND FAMILIES BY PROVIDING EDUCATION TO AID IN EARLY DETECTION AND PREVENTION OF DISEASE. THESE TWO GOALS ARE IN PART CARRIED OUT BY A THIRD GOAL, NAMELY, TO SEEK OUT AND PARTNER WITH ORGANIZATIONS THAT SHARE OUR MISSION. IN 2011, ELKHART GENERAL HOSPITAL CONTINUED ESTABLISHED PARTNERSHIPS AND FORGED NEW COLLABORATIVES WITH MYRIAD LIKE-MINDED COMMUNITY ENTITIES TO ADDRESS THE NEEDS OF THE MEDICALLY UNDERSERVED AND TO IMPROVE THE HEALTH STATUS OF OUR COMMUNITY. THESE COLLABORATIVE EFFORTS INCLUDE PARTNERSHIPS WITH NUMEROUS TITLE I ELEMENTARY SCHOOLS TO PROVIDE FREE HEALTH SCREENINGS, EDUCATION, AND PHYSICALS TO LOW-INCOME FAMILIES. ELKHART GENERAL WAS AN ACTIVE PARTNER IN THE 2011 BACK2SCHOOL ELKHART, AN ANNUAL PROGRAM TO PROVIDE GROCERIES, SHOES, SCHOOL SUPPLIES, BACK PACKS, FREE HEALTH SCREENINGS, AND NUTRITION EDUCATION TO FAMILIES WITH LOW-INCOME CHILDREN IN THE COUNTY, WITH JUST UNDER 6,000 PEOPLE IN ATTENDANCE. ELKHART GENERAL HAS PARTNERED ON THE ELKHART AND ST. JOSEPH

Part VI Supplemental Information

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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.
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COUNTIES PERINATAL RISK REDUCTION COLLABORATIVE, WHICH IS DEVELOPING A MECHANISM TO STANDARDIZE PERINATAL RISK DATA FROM AREA HOSPITALS AND HEALTHCARE PROVIDERS TO IDENTIFY TRENDS ASSOCIATED WITH LOCAL PERINATAL RISK FACTORS WITH THE GOAL OF REDUCING PERINATAL HEALTH DISPARITIES BY RACE FOR THE MICHIANA REGION. IN ADDITION TO ELKHART GENERAL, OTHER PERINATAL PARTNERS ARE MEMORIAL HOSPITAL OF SOUTH BEND, ST. JOSEPH REGIONAL MEDICAL CENTER, INDIANA UNIVERSITY HEALTH GOSHEN, ELKHART AND ST. JOSEPH COUNTY HEALTH DEPARTMENTS, UNIVERSITY OF NOTRE DAME INSTITUTE OF LATINO STUDIES, AND MICHIANA HEALTH INFORMATION NETWORK.

ELKHART GENERAL HOSPITAL PARTNERED WITH THE CITY OF ELKHART AND THE ELKHART COUNTY HEALTH DEPARTMENT TO SUPPORT AND SUSTAIN THE TOLSON CENTER COMMUNITY GARDEN, LOCATED IN A SOCIOECONOMICALLY STRESSED AREA OF ELKHART, WHICH ANNUALLY ADOPTS OUT GARDEN PLOTS TO LOW-INCOME FAMILIES AND SENIORS TO PROVIDE A VENUE FOR GROWING HEALTHY FRUITS AND VEGETABLES FOR THEIR FAMILY'S CONSUMPTION. AN ONGOING CHILDHOOD OBESITY PREVENTION INITIATIVE BETWEEN ELKHART GENERAL HOSPITAL, ELKHART COUNTY HEALTH DEPARTMENT, AND INDIANA UNIVERSITY HEALTH GOSHEN PROVIDES ONGOING

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EDUCATION, ADVOCACY, AND SUPPORT TO ELKHART COUNTY SCHOOL NURSES AND EDUCATORS FOR ADDRESSING THE EPIDEMIC OF CHILDHOOD OBESITY. THIS INITIATIVE HELPS TO IDENTIFY PREVENTIVE MEASURES AND WAYS TO REDUCE THE OBESITY AMONG THE COUNTY'S CHILDREN, OVER 40 PERCENT OF WHICH 44% SCORE IN THE 85TH PERCENTILE OR HIGHER FOR BODY MASS INDEX, INDICATING CURRENT OBESITY OR OVERWEIGHT.

FOR OVER 14 YEARS, ELKHART GENERAL HOSPITAL HAS PROUDLY PARTNERED WITH ELKHART AND BAUGO SCHOOLS SYSTEMS TO PROVIDE THE PEERS EDUCATING AND ENCOURAGING RELATIONSHIP SKILLS (PEERS) PROJECT, WHEREBY EGH INTERVIEWS, RECRUITS, TRAINS APPROXIMATELY 175 TEEN MENTORS TO ANNUALLY PROVIDE A FIVE-SESSION RISK AVOIDANCE CURRICULUM TO 1,100 SEVENTH AND EIGHT GRADERS. THE CURRICULUM FOCUSES ON IDENTIFYING AND ABSTAINING FROM HEALTH RISK BEHAVIORS OF EARLY SEXUAL ACTIVITY, ALCOHOL, SMOKING, AND DRUG USE, TO OPTIMIZE THE YOUTHS' OPPORTUNITIES FOR A HEALTHY AND SUCCESSFUL FUTURE. ELKHART GENERAL HOSPITAL HAS CONTINUED THE K-6TH GRADE MENTORING PROGRAM WHEREBY ELKHART GENERAL HOSPITAL EMPLOYEES PROVIDE WEEKLY MENTORING AND LEARNING OPPORTUNITIES WITH AT-RISK CHILDREN

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IN ELKHART SCHOOLS.

WITH HEART CITY HEALTH CENTER, ELKHART'S FEDERALLY QUALIFIED HEALTH CENTER, ELKHART GENERAL HOSPITAL HAS PROVIDED FREE PAP TESTS TO LOW-INCOME AND/OR UNINSURED WOMEN. ELKHART GENERAL HOSPITAL HAS PARTNERED WITH HEART CITY HEALTH CENTER AND THE CENTER FOR HEALING AND HOPE TO PROVIDE FREE HEALTH SCREENING AND EDUCATION EVENTS. ELKHART GENERAL HOSPITAL ENJOYS ROBUST RELATIONSHIPS WITH THE NORTHERN INDIANA HISPANIC HEALTH COALITION AND THE MINORITY HEALTH COALITION OF ELKHART COUNTY, TO PROVIDE SCREENING SUPPLIES, SUPPORT, AND OTHER OPPORTUNITIES FOR PARTNERSHIP. THESE COLLABORATIVES PROVIDE OPPORTUNITIES TO EDUCATE THE COMMUNITY ABOUT DIVERSITY, TO WORK TOGETHER TO CREATE HEALTHIER FAMILIES, AND TO CREATE COMMON GOALS TO BUILD STRONGER NEIGHBORHOODS. ELKHART GENERAL HOSPITAL IS AN ACTIVE PARTICIPANT IN THE ELKHART CHAMBER OF COMMERCE LEADERSHIP PROGRAMS TO OFFER EDUCATION AND COMMUNITY BUILDING FOR AREA BUSINESS PEOPLE, INCLUDING HEALTHCARE PROFESSIONALS.

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6. AFFILIATED HEALTH CARE SYSTEM

ELKHART GENERAL HOSPITAL'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN ELKHART COUNTY. THE 17 MEMBER BOARD OF DIRECTORS, WHO SERVE WITHOUT PAY, GUIDES THE SYSTEM IN ITS MISSION TO PROVIDE HIGH QUALITY, AFFORDABLE HEALTH CARE TO THE COMMUNITIES IT SERVES. THE BOARD'S ROLES INCLUDE GUARANTEEING FAIR AND EQUAL ACCESS, APPROVING NEW MEDICAL STAFF MEMBERS AND APPROVING LONG-TERM STRATEGIES FOR THE CONTINUED SUCCESS OF THE HOSPITAL. ADDITIONALLY, ELKHART GENERAL HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN OUR COMMUNITY.

IN 2011 ELKHART GENERAL HOSPITAL AFFILIATED WITH MEMORIAL HOSPITAL OF SOUTH BEND, INDIANA, UNDER THE NAME OF BEACON HEALTH SYSTEM, INC. BOTH ORGANIZATIONS CONTINUE AS FULL-CARE PROVIDERS FOR THEIR RESPECTIVE COUNTIES, AND BOTH ORGANIZATIONS ARE COMMITTED TO PROMOTING THE HEALTH OF THE COMMUNITIES THEY SERVE.

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7. STATE FILING OF COMMUNITY BENEFIT REPORT

ELKHART GENERAL HOSPITAL, INC., PREPARES A COMMUNITY BENEFIT REPORT BOTH FOR THE STATE OF INDIANA AND FOR THE ANNUAL REPORT, WHICH IS POSTED AT WWW.EGH.ORG.