

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **CAMERON MEMORIAL COMMUNITY HOSPITAL, INC** Employer identification number **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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			78,989.		78,989.	.11%
b Medicaid (from Worksheet 3, column a)			10172058.	6070432.	4101626.	5.61%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			10251047.	6070432.	4180615.	5.72%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			135,136.		135,136.	.18%
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 for community benefit (from Worksheet 8)			58,439.		58,439.	.08%
j Total. Other Benefits			193,575.		193,575.	.26%
k Total. Add lines 7d and 7j			10444622.	6070432.	4374190.	5.98%

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			4,952.		4,952.	.01%
9 Other						
10 Total			4,952.		4,952.	.01%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	4,967,887.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	190,336.
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	15,994,132.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	15,125,937.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	868,195.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

	Yes	No
9a Did the organization have a written debt collection policy during the tax year?	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1	CAMERON MEMORIAL COMMUNITY HOSPITAL, I			X		X			
416 E. MAUMEE STREET	ANGOLA, IN 46703			X		X			
WWW.CAMERONMCH.COM	18-005037-1								

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group CAMERON MEMORIAL COMMUNITY HOSPITAL, INC

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url): _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group CAMERON MEMORIAL COMMUNITY HOSPITAL, INC

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group CAMERON MEMORIAL COMMUNITY HOSPITAL, INC

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

Policy Relating to Emergency Medical Care

<p>21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group CAMERON MEMORIAL COMMUNITY HOSPITAL, INC

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

Part V Facility Information (continued)

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

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 5: CAMERON MEMORIAL COMMUNITY HOSPITAL (CMCH)

CONTRACTED WITH THE INDIANA RURAL HEALTH ASSOCIATION (IRHA) TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). IRHA FIRST IDENTIFIED THE

COMMUNITY SERVED BY CMCH THROUGH CONVERSATIONS WITH THE HOSPITAL. BASED ON

A REVIEW OF PATIENT ZIP CODES, THE HOSPITAL WAS ABLE TO DEFINE THE

COMMUNITY SERVED AS ALL POSTAL CODES WITHIN THE GEOGRAPHIC AREA OF STEUBEN

COUNTY. THE HOSPITAL PROVIDED A PRIMARY SERVICE AREA MAP WITH ZIP CODES.

NEXT, A STEERING COMMITTEE OF STEUBEN COUNTY REPRESENTATIVES WAS ORGANIZED

WITH THE HELP OF THE CAMERON MEMORIAL COMMUNITY HOSPITAL CEO. BUSINESS

OWNERS, LOCAL OFFICIALS, HEALTHCARE PROVIDERS, MINORITY LEADERS, CLERGY,

STUDENT REPRESENTATIVES, AND ANY OTHER INTERESTED PARTIES WERE INVITED TO

ATTEND THE MEETING TO DISCUSS THE HEALTH-RELATED NEEDS OF THE COUNTY WITH

A VIEW TO IDENTIFYING THE AREAS OF GREATEST CONCERN. FROM THE INFORMATION

OBTAINED IN THE STEERING COMMITTEE, A 43-QUESTION SURVEY WAS DEVELOPED TO

GAIN THE PERSPECTIVE OF THE INHABITANTS OF THE COMMUNITY. QUESTIONS

INCLUDED QUERIES ABOUT THE EFFECT OF VARIOUS FACTORS (SUCH AS ILLEGAL

DRUGS, TRANSPORTATION, AND POVERTY), AS WELL AS PROBES INTO THE PERCEIVED

NEED FOR VARIOUS SERVICES AND FACILITIES IN THE COUNTY. THE SURVEY WAS

DISSEMINATED TO THE RESIDENTS OF STEUBEN COUNTY THROUGH INCLUSION ON THE

CAMERON MEMORIAL COMMUNITY HOSPITAL'S WEBSITE, FACE-TO-FACE POLLING AT THE

YMCA OF STEUBEN COUNTY AND SUTTON'S DELI, A RESTAURANT ON THE TOWN SQUARE

IN ANGOLA. AN ONLINE SURVEY POSTED ON SURVEYMONKEY.COM WAS ALSO MADE

AVAILABLE TO THE PUBLIC.

Part V Facility Information *(continued)*

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

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 6B: CAMERON MEMORIAL COMMUNITY HOSPITAL (CMCH)

CONTRACTED WITH THE INDIANA RURAL HEALTH ASSOCIATION (IRHA) TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA).

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 7D: LOCATION TO CHNA:

ON THE WEB PAGE UNDER "RESOURCES" CLICK ON THE LINK "ANNUAL REPORT & COMMUNITY HEALTH NEEDS ASSESSMENT" TO ACCESS CMCH'S MOST CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT OR COPY AND ENTER THE FOLLOWING WEB ADDRESS INTO THE INTERNET BROWSER:

[HTTPS://WWW.CAMERONMCH.COM/COMMUNITY-HEALTH-ASSESSMENT/](https://www.cameronmch.com/community-health-assessment/)

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 11: THERE WERE FOUR SIGNIFICANT NEEDS IDENTIFIED

IN THE HOSPITAL'S MOST RECENTLY CONDUCTED FISCAL YEAR ENDING 2019 CHNA.

BELOW IS A SUMMARY OF THE NEEDS IDENTIFIED AND PRIORITIZED IN THE APPROVED IMPLEMENTATION STRATEGY WITH AN UPDATE FOR THE YEAR.

NEED 1: ACCESS AND/OR EDUCATION FOR UNINSURED, UNDERINSURED, AND LOW-INCOME POPULATIONS, AS WELL AS COST OF CARE AND TRANSPARENCY.

NEED IS BEING ADDRESSED DURING THE YEAR: CMCH WILL INVESTIGATE

OPPORTUNITIES FOR PARTNERSHIPS WITH AREA AGENCIES AND ALL PUBLIC AID

OPTIONS FOR FINANCIAL RESOURCES. WE WILL INCLUDE BUSINESS ENTITIES SUCH AS

Part V Facility Information *(continued)*

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

CLAIM-AID OR SIMILAR FIRMS TO EXHAUST ALL OPTIONS FOR MEDICAID ENROLLMENT.

WE WILL ALSO CONSULT WITH LOCAL CLERGY TO EXPLORE FAITH-BASED FINANCIAL SUPPORT PROGRAMS.

UPDATE: NUMEROUS STAFF FROM CMCH ARE ON COMMUNITY BOARDS SUCH AS SCHOOL BOARDS, THE UNITED WAY OF STEUBEN COUNTY, MAYOR'S ARTS COUNCIL, SHAPE UP STEUBEN, THE ANGOLA CHAMBER, AND THE YMCA OF STEUBEN COUNTY. WE ARE REGULARLY COLLABORATING ON PROGRAMS GEARED TO EDUCATING THE COMMUNITY ON A VARIETY OF HEALTH AND WELLNESS TOPICS, INCLUDING BRINGING TELEHEALTH TO LOCAL STUDENTS AND COMMUNITY MEMBERS.

CMCH'S WELLNESS COORDINATOR IS ALSO LEADING SHAPE-UP STEUBEN AND ORGANIZING MULTIPLE EDUCATIONAL OPPORTUNITIES FOR LOCAL STUDENTS THROUGHOUT THE SCHOOL YEAR. THIS POSITION IS ADDITIONALLY RESPONSIBLE TO HELP PROMOTE HEALTH AND WELLNESS INTERNALLY BY ORGANIZING WELLNESS CHALLENGES THROUGHOUT THE YEAR FOR OUR INTERNAL EMPLOYEES AND HELPING TO PROVIDE GUIDANCE WITH AGGREGATE BIOMETRIC SCREENINGS TO OFFER EDUCATIONAL OPPORTUNITIES ON HEALTH AND WELLNESS.

NEED 2: EDUCATION, TREATMENT, AND PREVENTION FOR ILLEGAL DRUG USE, PRESCRIPTION DRUG/OPIOID ABUSE, ALCOHOL ABUSE, METHAMPHETAMINE, AND TOBACCO USE:

NEED IS BEING ADDRESSED DURING THE YEAR: CMCH WILL COLLABORATE WITH LOCAL EXPERTS AND PROFESSIONAL RESOURCES TO OFFER EDUCATIONAL MEETINGS TO DISCUSS SUBSTANCE USE DISORDER, INCLUDING DRUG AND TOBACCO ISSUES.

UPDATE: THROUGH COMMUNITY OUTREACH PROGRAMS, WE WILL CONTINUE TO WORK WITH SCHOOLS TO EDUCATE YOUTH/STUDENTS ON THE IMPORTANCE OF HEALTH AND

Part V Facility Information *(continued)*

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

WELLNESS, AND AVOIDING ILLEGAL DRUG, ALCOHOL, AND TOBACCO USE.

EDUCATIONAL SERVICES OFFERED BY CMCH TO SERVE THOSE IN NEED WILL ALSO

INCLUDE LOCAL EMPLOYERS, CHURCHES, SCHOOLS, ETC.

MOST SPECIFICALLY, CAMERON HOSPITAL HAS PARTNERED WITH DRUG FREE STEUBEN

TO EDUCATE OUR COMMUNITY AND THROUGH A PARTNERSHIP WITH THE PURDUE

EXTENSION OFFICE, CAMERON HOSPITAL WAS ABLE TO OFFER THE STRENGTHENING

FAMILIES 10-14 PROGRAM TO HELP PARENTS/CAREGIVERS LEARN NURTURING SKILLS

THAT SUPPORT THEIR CHILDREN AND HOW TO EFFECTIVELY DISCIPLINE AND GUIDE

YOUTH. THIS PROGRAM INCLUDES PEER RESISTANCE SKILLS SPECIFICALLY TO TARGET

ADDICTION. IN ADDITION, WE PLAN TO HOLD AN EVENT CALLED HIDDEN IN PLAIN

SIGHT. HIDDEN IN PLAIN SIGHT IS A MOCK ROOM THAT IS SET UP TO EDUCATE

ADULTS ON WHAT ARE INDICATIONS THAT THEIR YOUTH MIGHT BE USING

DRUGS/CONSUMING NICOTINE AND OR ALCOHOL.

NEED 3: MENTAL HEALTH TREATMENT AND FACILITIES.

NEED IS BEING ADDRESSED DURING THE YEAR: CMCH MAKE ADDITIONAL RESOURCES

AVAILABLE BY PROVIDING ADDITIONAL RESOURCES FOR MENTAL HEALTH.

UPDATE: IN JUNE 2019 CAMERON PSYCHIATRY OPENED FOR PATIENTS AGES 15 AND UP

TO PROVIDE COUNSELING AND CARE TO THOSE DEALING WITH EMOTIONAL AND

BEHAVIORAL CHALLENGES SUCH AS DEPRESSION, ANXIETY, FAMILY ISSUES,

RELATIONSHIP CONCERNS, STRESS AND MORE. ALL TREATMENT IS PROVIDED ON AN

OUTPATIENT BASIS. CAMERON PSYCHIATRY CONTINUES TO BE A CATALYST FOR OUR

COMMUNITY AND AN EFFECTIVE TOOL FOR MENTAL HEALTH.

NEED 4: SERVICES FOR YOUTH

Part V Facility Information (continued)

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

NEED IS BEING ADDRESSED DURING THE YEAR: CMCH WILL COLLABORATE WITH COMMUNITY ORGANIZATIONS FOCUSED ON YOUTH TO INCLUDE HEALTHY LIVING CONCEPTS AS PART OF DAILY LIFE INCLUDING: YMCA OF STEUBEN COUNTY, SHAPE UP STEUBEN AND PURDUE EXTENSION, ALONG WITH OTHER SOCIAL ACTIVITY/CLUBS, FITNESS ORGANIZATIONS, LOCAL GATHERING PLACES, SCHOOLS AND FAITH-BASED ORGANIZATIONS. WE WILL ALSO COLLABORATE WITH COMMUNITY LEADERS AND LAW ENFORCEMENT TO SPECIFICALLY IDENTIFY AREAS WHERE YOUTH CONGREGATE; AND BASED ON THOSE DEMOGRAPHICS, DEVELOP PROGRAMS TO ORGANIZE ACTIVITIES WHICH WILL CAPTURE THEIR INTEREST.

UPDATE: CMCH HAS COLLABORATED WITH PURDUE EXTENSION TO LAUNCH STRENGTHENING FAMILIES IN JUNE 2019. THIS PROGRAM IS A 7-SESSION COURSE FOR AGES 10-14. THE PROGRAM MET WEEKLY FOR 2.5 HOURS TO WORK WITH FAMILY-LIFE ISSUES, PARENT-CHILD RELATIONSHIPS, COMMUNICATION TOOLS, PEER PRESSURE AND SETTING & ACHIEVING GOALS. THE FIRST SESSION WAS OPEN ONLY FOR COURT-APPOINTMENT FAMILIES FROM THE JUVENILE DELINQUENCY PROBATION PROGRAMS. WE PLAN TO HAVE FUTURE SESSIONS OPEN TO THE PUBLIC. THIS PROGRAM WAS MADE AVAILABLE AT NO COST TO THE FAMILIES THROUGH GRANTS OBTAINED THROUGH PURDUE EXTENSION AND THE STEUBEN COUNTY COMMUNITY FOUNDATION. ADDITIONALLY, DINNER WAS PROVIDED AT NO COST AS A DONATION FROM CMCH.

CAMERON MEDICAL GROUP IS COMMITTED TO EDUCATING OUR COMMUNITY, SPECIFICALLY PARENTS AND YOUTH. FROM TOURS OF THE HOSPITAL, PARTICIPATING IN FUN EDUCATIONAL EVENTS AT LOCAL SCHOOLS, THERAPY DOGS, ATTENDING YMCA SUMMER DAY CAMP PROVIDING HEALTHY TIPS ON WASHING HANDS, THE IMPORTANCE OF

Part V Facility Information *(continued)*

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

SEEING YOUR PEDIATRICIAN/FAMILY PROVIDER AND SO MUCH MORE.

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 13B: IN ADDITION TO FPG, ELIGIBILITY FOR FINANCIAL ASSISTANCE ALSO CONSIDERS THE FOLLOWING INCOME SOURCES IF PATIENTS CLAIM NO INCOME: INCOME FROM CHILD SUPPORT, PENSION, RENTAL, EDUCATION, AND OTHER FINANCIAL SUPPORT FROM FAMILY MEMBERS NOT LIVING IN THE HOUSEHOLD.

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 16J: LOCATION TO FINANCIAL ASSITANCE POLICIES AND FORMS: ON THE WEB PAGE UNDER "RESOURCES" CLICK ON THE LINK "BILLING INFO" TO ACCESS THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY INFORMATION.

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 20E: OTHER ACTIONS TAKEN BEFORE INITIATING ANY COLLECTION ACTIONS: FOR INPATIENTS A HOSPITAL REPRESENTATIVE VISITS THE PATIENT AND DISCUSSES WITH THEM ABOUT PAYMENT OPTIONS INCLUDING THE FINANCIAL ASSISTANCE POLICY; FOR OUTPATIENTS AND OTHER PATIENTS THE BUSINESS OFFICE CALLS AND DISCUSSES THE SAME OPTIONS.

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 7A HOSPITAL FACILITY'S WEBSITE:

[HTTPS://WWW.CAMERONMCH.COM/COMMUNITY-HEALTH-ASSESSMENT/](https://www.cameronmch.com/community-health-assessment/)

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

SCHEDULE H, PART V, LINE 16A:

[HTTPS://WWW.CAMERONMCH.COM/BILLING-INFO/](https://www.cameronmch.com/billing-info/)

SCHEDULE H, PART V, LINE 16B:

[HTTPS://WWW.CAMERONMCH.COM/BILLING-INFO/](https://www.cameronmch.com/billing-info/)

SCHEDULE H, PART V, LINE 16C:

[HTTPS://WWW.CAMERONMCH.COM/BILLING-INFO/](https://www.cameronmch.com/billing-info/)

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

CAMERON MEMORIAL COMMUNITY HOSPITAL INC.'S FINANCIAL ASSISTANCE POLICY EXPLAINS THE FOLLOWING ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE IN ADDITION TO THE FPG:

INCOME LEVEL OTHER THAN FPG (E.G. CHILD SUPPORT, PENSION INCOME, RENTAL INCOME, EDUCATIONAL INCOME, AND OTHER FINANCIAL SUPPORT FROM FAMILY MEMBERS NOT LIVING IN THE HOUSEHOLD), ASSET LEVEL, MEDICAL INDIGENCY, INSURANCE STATUS, UNDERINSURANCE STATUS, AND RESIDENCY.

PART I, LINE 7:

CAMERON MEMORIAL COMMUNITY HOSPITAL CALCULATED THE COST OF FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS USING THE COST-TO-CHARGE RATIO DERIVED FROM IRS WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.

PART II, COMMUNITY BUILDING ACTIVITIES:

DESCRIPTION OF COMMUNITY BUILDING ACTIVITIES:

CAMERON MEMORIAL COMMUNITY HOSPITAL HAS ROOTS IN THIS AREA DATING BACK TO 1926, HELPING GENERATION AFTER GENERATION ENJOY BETTER HEALTH AND LIVE

Part VI Supplemental Information (Continuation)

COMFORTABLY. TODAY, WE'RE A 25-BED, NOT-FOR-PROFIT FACILITY PROUDLY SERVING ANGOLA AND STEUBEN COUNTY AS A TOP 100 CRITICAL ACCESS HOSPITAL, A RECOGNITION THAT ILLUSTRATES THE EXCEPTIONAL VALUE CAMERON PROVIDES TO THE COMMUNITY. THE HOSPITAL'S MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR THOSE WE SERVE THROUGH RELATIONSHIPS FOCUSED ON HEALTH AND WELLNESS. OUR TEAM OF EXPERIENCED PHYSICIANS, PROFESSIONAL HEALTHCARE PROVIDERS AND KNOWLEDGEABLE STAFF STRIVE TO MEET THIS MISSION EVERY DAY BY PROVIDING OUTSTANDING, PERSONALIZED CARE BACKED BY ADVANCED TECHNOLOGY AND A COMMITMENT TO OUR COMMUNITY. WE VALUE SAFETY, COMPASSION, INTEGRITY, TEAMWORK, STEWARDSHIP, EXCELLENCE, RESPECT AND WELLNESS.

EACH YEAR, CAMERON HOSPITAL HOSTS HIGH SCHOOL STUDENTS THROUGH THE HEALTH OCCUPATIONS EDUCATION PROGRAM (HOE). THESE STUDENTS ARE SELECTED BASED ON THEIR INTERESTED IN PURSUING A CAREER IN HEALTHCARE AFTER GRADUATION. DURING THEIR SENIOR YEAR, THE STUDENTS ARE ASSIGNED TO VARIOUS DEPARTMENTS IN THE HOSPITAL, CLINICS, AND MEDICAL OFFICES TO OBSERVE AND IN MANY INSTANCES, HAVE "HANDS-ON" EXPERIENCE, MONITORED BY EXPERTS IN THE FIELD. THE STUDENTS ARE ALSO TRAINED IN CPR, PARTICIPATE IN HEALTH FAIRS AND SCREENINGS THROUGHOUT THE COMMUNITY. BY SUPPORTING THE HOE PROGRAM, CAMERON HOSPITAL CONTINUOUSLY ENCOURAGES AND PROMOTES QUALITY HEALTHCARE FOR OUR COMMUNITY FOR GENERATIONS TO COME.

IN 2019, OUR COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED AREAS OF OPPORTUNITY FOR MENTAL HEALTH SUPPORT. IN 2019, CAMERON HOSPITAL ADDED CAMERON PSYCHIATRY TO OUR SERVICE LINE OFFERINGS, BRINGING A LICENSED PSYCHIATRIST WITH OVER 40 YEARS' EXPERIENCE TO STEUBEN COUNTY. AS PART OF CAMERON MEDICAL GROUP, DR. MERCADO AND HIS TEAM CARE FOR THE PSYCHOLOGICAL WELL-BEING OF PATIENTS 15 YEARS AND OLDER STRUGGLING WITH TRAUMA, ANXIETY

Part VI Supplemental Information (Continuation)

OR DEPRESSION IN AN OUTPATIENT SETTING.

WE ALSO OFFERED A COMMUNITY-WIDE WELLNESS SCREENING DAY AT A LOCAL HIGH SCHOOL WITH REDUCED PRICES ON LAB TESTS FOR ADULTS. WE LAUNCHED A TELEHEALTH PROGRAM WITH A LOCAL SCHOOL SYSTEM, ALLOWING CHILDREN TO BE SEEN FOR A VIDEO VISIT WITH A PEDIATRICIAN, WITH A SIGNED CONSENT FROM A PARENT/GUARDIAN ON FILE, WITH BILLING SET-UP THE SAME WAY AS IF A PARENT WERE TO BRING THEIR CHILD INTO THE SPECIALIST'S OFFICE. WE HOPE TO EXPAND THIS PROGRAM MORE INTO THE LOCAL SCHOOLS IN THE UPCOMING YEAR.

LASTLY, BECAUSE WE UNDERSTAND THE IMPORTANCE OF ACCESS TO HEALTHY FOOD AND BALANCED NUTRITION, WE CONTINUE TO OFFER THE CAMERON COMMUNITY WELLNESS GARDEN TO OUR COMMUNITY MEMBERS AT NO COST. THE GARDENERS RESERVE THEIR SPOTS AND MAINTAIN THEIR CROPS UNTIL THE FALL. FOR THE THIRD YEAR IN A ROW, WE ARE PLEASED TO PRESENT, THE PLOTS HAVE ALL BEEN FILLED. WE ALSO PLAN TO PARTNER WITH A LARGER HEALTHCARE SYSTEM TO COLLABORATE ON A FARM-TO-SCHOOL PROGRAM FOR LOCAL SCHOOLS AND HAVE REACHED OUT TO SCHOOLS TO OFFER EDUCATIONAL OPPORTUNITIES THROUGH THE CAMERON COMMUNITY WELLNESS GARDEN.

PART III, LINE 2:

MANAGEMENT REGULARLY REVIEWS DATA ABOUT THE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR BAD DEBTS, IF NECESSARY. FOR RECEIVABLES ASSOCIATED WITH SELF PAY PAYMENTS, WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD PARTY COVERAGE

Part VI Supplemental Information (Continuation)

EXISTS FOR PART OF THE BILL, THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE PROVISION FOR BAD DEBTS RELATING TO PATIENT SERVICE REVENUE HAS BEEN PRESENTED AT THE ACTUAL AMOUNT OF CHARGES WRITTEN OFF.

PART III, LINE 3:

THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY WHICH STATES THAT TO PARTICIPATE IN CHARITY CARE CANDIDATES MUST COOPERATE FULLY. IN ADDITION THE HOSPITAL EDUCATES PATIENTS WILL LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE. FOR THIS REASON THE ORGANIZATION BELIEVES THAT IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY AND THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE.

PART III, LINE 4:

EXPLANATION OF FINANCIAL STATEMENT FOOTNOTE:

SEE THE AUDITED FINANCIAL STATEMENT FOOTNOTE 1 "PATIENT ACCOUNTS RECEIVABLE, PATIENT SERVICE REVENUE AND ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS" LOCATED ON PAGE 7 AND 8 OF THE AUDITED FINANCIAL STATEMENTS.

PART III, LINE 8:

THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN PROVIDED FROM THE YEAR ENDED 9/30/2020 MEDICARE COST REPORT: HOSPITAL STATEMENT OF REIMBURSABLE COST.

Part VI Supplemental Information (Continuation)

PART III, LINE 9B:

THE BILLING AND COLLECTION POLICY ADDRESSES THE ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NONPAYMENT FOR MEDICAL CARE, ENSURES APPROPRIATE BILLING AND COLLECTION PROCEDURES ARE UNIFORMLY FOLLOWED, AND ENSURES THAT REASONABLE EFFORTS ARE MADE TO DETERMINE WHETHER THE INDIVIDUAL(S) RESPONSIBLE FOR PAYMENT OF ALL OR A PORTION OF A PATIENT ACCOUNT IS ELIGIBLE FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY. FINANCIAL ASSISTANCE STAFF AND MANAGEMENT ARE RESPONSIBILITY FOR ENSURING REASONABLE EFFORTS HAVE BEEN MET ON APPLICABLE ACCOUNTS PRIOR TO INITIATION OF ANY EXTRAORDINARY COLLECTION ACTIONS.

PART VI, LINE 2:

DESCRIPTION OF HOW COMMUNITY HEALTH CARE NEEDS ARE ASSESSED:
IN ADDITION TO CONDUCTING THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THE HOSPITAL BOARD OF DIRECTORS AND MANAGEMENT WORK ONGOING THROUGHOUT THE YEAR WITH COMMUNITY LEADERS, VOLUNTEERS, LOCAL COMMUNITY MEMBERS TO KEEP UP-TO-DATE ON ISSUES WITHIN THE COMMUNITY. THE HOSPITAL PROVIDES MANY EDUCATIONAL OPPORTUNITIES AND SUPPORT ACTIVITIES BEYOND ACUTE MEDICAL AND SURGICAL CARE.

PART VI, LINE 3:

DESCRIPTION OF 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

Part VI Supplemental Information (Continuation)

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.

PART VI, LINE 4:

DESCRIPTION OF COMMUNITY DEMOGRAPHICS:

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 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 2010 CENSUS, THE CITY OF ANGOLA HAD A POPULATION OF 8,612, WHILE THE STEUBEN COUNTY POPULATION WAS 34,185. 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 20.2%. IN FISCAL YEAR 2020, CAMERON HOSPITAL HAD 130,500 OUTPATIENT VISITS AND 86% OF OUR PATIENT REVENUE WAS OUTPATIENT. THE FACILITY OPERATES AS AN INDEPENDENT CRITICAL ACCESS HOSPITAL AND RECEIVES COST-BASED REIMBURSEMENT.

PART VI, LINE 5:

DESCRIPTION OF OTHER COMMUNITY HEALTH PROMOTION:

Part VI Supplemental Information (Continuation)

THE HOSPITAL IS VERY COMMITTED TO THE COMMUNITY BY SUPPORTING VARIOUS GROUPS AND NOT-FOR-PROFIT ORGANIZATIONS. NUMEROUS HAVE BEEN PROVIDED THROUGHOUT THE YEAR, SUPPORTING THE AREAS OF HEALTH, EDUCATION, AND SAFETY. ADDITIONALLY, HOSPITAL STAFF AND PHYSICIANS DONATE MANY 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 OR 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 \$868,195 IN UNREIMBURSED MEDICARE COSTS DURING 2020. IN ADDITION, THE HOSPITAL ALSO ABSORBED \$4,105,098 IN UNREIMBURSED MEDICAID COSTS DURING 2020. THE HOSPITAL ALSO PARTICIPATES IN A COMMUNITY CLINIC FOR POOR AND LOW INCOME RESIDENTS, WHEREIN LAB, RADIOLOGY, AND REHAB COST ARE ENTIRELY WRITTEN OFF. ALTHOUGH THE PRIMARY CARE PHYSICIANS ARE NOT EMPLOYED 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 2020 THE HOSPITAL ABSORBED \$79,016 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

Part VI Supplemental Information (Continuation)

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. CAMERON IS PROUD TO PROVIDE OUR COMMUNITY WITH AN STI CLINIC WHICH OPENED IN AUGUST 2018. WE ARE ALSO HONORED TO STAFF THE CLINIC WITH AN AMAZING TEAM OF SKILLED CAMERON VOLUNTEERS INCLUDING A CAMERON MIDWIFE, NURSE PRACTITIONER, STAFF NURSE, A LAB TECHNICIAN, A LICENSED COUNSELOR, AND A MEMBER OF OUR OFFICE STAFF WHO HELPS TO REGISTER PATIENTS. FURTHERMORE, THIS INCREDIBLE TEAM HAS VOLUNTEERED 576 HOURS OF TIME IN 2020 TO ENSURE PATIENT NEEDS AT THIS CLINIC ARE BEING FULFILLED.