

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2012

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
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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) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted 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 _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,799,483.		3,882,738.	1.44
b Medicaid (from Worksheet 3, column a)			38,542,823.	24,293,585.	14,249,238.	5.38
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			42,342,306.	24,293,585.	18,131,976.	6.82
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,467,393.	284,507.	1,182,886.	.45
f Health professions education (from Worksheet 5)			514,188.	22,065.	492,123.	.19
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			336,347.		336,347.	.13
j Total Other Benefits			2,317,928.	306,572.	2,011,356.	.77
k Total. Add lines 7d and 7j.			44,660,234.	24,600,157.	20,143,332.	7.59

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

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	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.		
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.		
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	56,065,980.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	86,476,241.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-30,410,261.
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
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	1.00000	74.00000
4 WANEE WALK-IN CLINIC	MEDICAL CLINIC	50.00000		50.00000
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12				
13				

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 facility reporting group ELKHART GENERAL HOSPITAL, INC

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 8c.

Part V Facility Information (continued)

Financial Assistance Policy		ELKHART GENERAL HOSPITAL, INC	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.		X	
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.		X	
12	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 checked="" type="checkbox"/> Income level			
b	<input checked="" type="checkbox"/> Asset level			
c	<input checked="" type="checkbox"/> Medical indigency			
d	<input checked="" type="checkbox"/> Insurance status			
e	<input checked="" type="checkbox"/> Uninsured discount			
f	<input type="checkbox"/> Medicaid/Medicare			
g	<input type="checkbox"/> State regulation			
h	<input type="checkbox"/> Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?		X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		X	
a	<input checked="" 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 checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f	<input checked="" type="checkbox"/> The policy was available on request			
g	<input checked="" type="checkbox"/> Other (describe in Part VI)			
Billing and Collections				
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the 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)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the 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)			

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

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:	X	
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)		

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any of its FAP- eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI.		X
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI.		X

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? 24

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 ELKHART CARDIOLOGY 303 NAPANNEE STREET ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
4 FAMILY MEDICINE CENTER 2120 REITH BLVD, SUITE A GOSHEN IN 46526	OWNED PHYSICIAN PRACTICE
5 WAKARUSA MEDICAL CLINIC 207 NORTH ELKHART STREET WAKARUSA IN 46573	OWNED PHYSICIAN PRACTICE
6 PSYCHIATRIC PHYSICIANS 1506 OSOLO ROAD, SUITE A ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
7 BRISTOL FAMILY PRACTICE 306 VISTULA BRISTOL IN 46507	OWNED PHYSICIAN PRACTICE
8 THE OSCEOLA CLINIC 5314 LINCOLNWAY EAST MISHAWAKA IN 46544	OWNED PHYSICIAN PRACTICE
9 PSYCH SOCIAL WORKERS 1506 OSOLO ROAD, SUITE A ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
10 ELKHART GASTROENTEROLOGY 225 EAST JACKSON BLVD. ELKHART IN 46516	OWNED PHYSICIAN PRACTICE

Schedule H (Form 990) 2012

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 NAPPANEE CLINIC 357 NAPPANEE STREET NAPPANEE IN 46550	OWNED PHYSICIAN PRACTICE
2 CENTER FOR FAMILY PRACTICE 2120 REITH BLVD, SUITE C GOSHEN IN 46526	OWNED PHYSICIAN PRACTICE
3 BITTERSWEET MEDICAL ASSOCIATES 12340 BITTERSWEET COMMONS BLVD GRANGER IN 46530	OWNED PHYSICIAN PRACTICE
4 EDWARDSBURG FAMILY MEDICINE 27082 WEST MAIN STREET EDWARDSBURG IN 46514	OWNED PHYSICIAN PRACTICE
5 RIVERPOINTE ASC 500 ARCADE AVE ELKHART IN 46514	SURGERY CENTER JOINT VENTURE
6 NORTH CENTRAL CARDIOVASCULAR SPECIALISTS 500 ARCADE AVE, SUITE 400 ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
7 SLEEP CONSULTANTS OF MICHIANA 3301 COUNTY ROAD 6 EAST ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
8 CARDIOTHORACIC SURGERY OF NRTHRN INDIANA 500 ARCADE AVE, SUITE 200 ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
9 SPECIALTY CLINIC SVS-WANEE 1208 A EAST WATERFORD STREET WAKARUSA IN 46573	PHYSICIAN PRACTICE JOINT VENTURE
10 COMMUNITY TRAINING CENTER 2220 REITH BLVD GOSHEN IN 46526	HEALTH EDUCATION CENTER

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 CENTER FOR OCCUPATIONAL MEDICINE 22818 OLD US 20 ELKHART IN 46516	OCCUPATIONAL HEALTH CLINIC JOINT VENTURE
2 FULTON STREET SPECIALISTS 1753 FULTON STREET ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
3 PAIN MANAGEMENT CONSULTANTS 600 EAST BOULEVARD ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
4 STEVEN HANBERG, MD 724 W. BRISTOL STREET ELKHART IN 46514	OWNED PHYSICIAN PRACTICE
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

PART I, LINE 3C

NOT APPLICABLE

PART I, LINE 6A

COMMUNITY COLLABORATION INTRODUCTION

CREATING COMMUNITY HEALTH IS AT THE CORE OF ELKHART GENERAL HOSPITAL'S MISSION. PROMOTION OF COMMUNITY HEALTH IS OUR SOCIAL RESPONSIBILITY AND A KEY TO LONG-TERM COST EFFECTIVENESS. IN ADDITION, IMPROVING THE HEALTH STATUS OF A COMMUNITY IS AS MUCH A SOCIAL, ECONOMIC AND ENVIRONMENTAL ISSUE, AS IT IS A MEDICAL ONE. CONSEQUENTLY, THE ORGANIZATION TAKES A BROAD APPROACH TO CREATING COMMUNITY HEALTH. THIS APPROACH HAS INCLUDED: ONGOING EDUCATION OF BOARD MEMBERS, STAFF AND LOCAL LEADERS THROUGH COMMUNITY PLUNGES (EXPERIENTIAL ACTIVITIES TO INVOLVE THE COMMUNITY RESIDENTS WITH A NEIGHBORHOOD-BASED AGENCY), COMMUNITY FOUNDATION SUPPORT, STRATEGIC ALLOCATION OF TITHING RESOURCES, A CLEAR STATEMENT OF VISION AND GOALS, A COMMITMENT TO CONTINUOUS QUALITY IMPROVEMENT AND PROMOTION OF VOLUNTEER INVOLVEMENT AND COMMUNITY

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

PARTNERSHIPS. ELKHART GENERAL HOSPITAL TITHES 10% OF THE PREVIOUS YEAR'S BOTTOM LINE AND TRANSFERS IT TO THE COMMUNITY BENEFIT FUND FOR INVESTMENT IN THE COMMUNITY. THIS INVESTMENT IS IN ADDITION TO THE HOSPITAL'S CHARITY CARE AND PREVENTION, AND EDUCATION ACTIVITIES SUPPORTED THROUGH ITS OPERATING BUDGET. THE COMMUNITY HEALTH ENHANCEMENT COMMITTEE OF THE BOARD MAKES ONGOING POLICY AND OVERSEES THE ADMINISTRATION OF THE FUND AND DETERMINES SPECIFIC INVESTMENT ALLOCATIONS BASED UPON THE ASSETS AND NEEDS OF THE COMMUNITY. VOLUNTEERS AND STAFF ARE COMMITTED TO PRUDENTLY INVESTING THESE RESOURCES IN AN ACCOUNTABLE MANNER. AS A COMMUNITY NOT-FOR-PROFIT ORGANIZATION, WE TAKE SERIOUSLY OUR RESPONSIBILITY TO INVEST OUR RESOURCES AND ENERGIES INTO UNDERSTANDING AND MEETING THE DIVERGENT HEALTH CARE NEEDS OF ALL, AND ENSURE THAT EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY, RECEIVES THE CARE THEY NEED. ELKHART GENERAL HOSPITAL HAS LONG BEEN RECOGNIZED FOR THE COLLABORATION EFFORTS WHICH ENGAGE INDIVIDUALS AND ORGANIZATION WITH DIVERSE SOCIO-ECONOMIC RELIGIOUS, ETHNIC, RACE, AGE, AND GENDER IDENTITY CHARACTERISTICS. OUR TEAM OF PASSIONATE AND DEDICATED HEALTH CARE PROFESSIONALS, ALONG WITH

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.
- 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.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

MANY PARTNERS THROUGHOUT THE NORTHERN INDIANA AND SOUTHERN MICHIGAN (MICHIANA) REGION, HELPED US CONTRIBUTE SIGNIFICANTLY TO THE HEALTH AND WELL-BEING OF OUR COMMUNITY. FURTHER, ELKHART GENERAL HOSPITAL PLAYS A KEY ROLE IN SERVING THE COMMUNITY AS A WHOLE.

PART I, LINE 7A AND B
UNREIMBURSED MEDICAID AND OTHER MEANS TESTED GOVERNMENT PROGRAMS
IN 2012, TOTAL OFFSETTING REVENUE FOR LINE 7B, MEDICAID DID NOT INCLUDE AMOUNTS THAT WERE RECEIVED IN 2012 THAT RELATED TO PRIOR YEARS. THOSE AMOUNTS ARE HOSPITAL ASSESSMENT FEE (HAF) PAYMENTS FOR 2011 IN THE AMOUNT OF \$9,727,477, AND \$2,306,519 OF BNA (RURAL FLOOR BUDGET NEUTRALITY ACT) MONIES. ADDITIONALLY, FOR 2012, HAF PAYMENTS MADE IN 2012 THAT RELATED TO 2011 IN THE AMOUNT OF \$5,313,075 WERE EXCLUDED FROM THE COMPUTATIONS FOR WORKSHEET 2, COST TO CHARGE RATIO.

PART I, LINE 7 COLUMN (F)
BAD DEBT EXPENSE REMOVED FROM TOTAL EXPENSES \$21,550,405.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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PART II COMMUNITY SUPPORT

IN 2012 ELKHART GENERAL HOSPITAL PROVIDED COMMUNITY BUILDING ACTIVITIES THAT FOCUSED ON CHILD CARE, MENTORING OPPORTUNITIES AND SUPPORT GROUPS TO THE COMMUNITY'S VULNERABLE POPULATIONS, INCLUDING LOW-INCOME FAMILIES, MINORITIES, YOUNG TEENS, AND AT-RISK YOUTH.

ELKHART GENERAL HOSPITAL, IN COLLABORATION WITH THE CROSSING (A REGIONAL ALTERNATIVE EDUCATION EFFORT FOR STUDENTS WHO BEST SUCCEED IN NONTRADITIONAL SCHOOL SETTINGS) SPONSORED AND HOSTED AN INTERACTIVE MENTORING CONFERENCE TO EXPOSE YOUNG AT-RISK FEMALES TO CAREER OPTIONS, SELF-ESTEEM BUILDING, AND BODY IMAGE. ELKHART GENERAL HOSPITAL PROVIDED INFORMATION ON CAREER CHOICES AND HEALTHY DECISION-MAKING FOR THE FUTURE, AND PROVIDED OPPORTUNITIES FOR THE YOUNG WOMEN TO INTERFACE WITH PROFESSIONAL WOMEN. TOPICS OF THE CONFERENCE INCLUDED SEXUAL ABSTINENCE AND RISK AVOIDANCE, HEALTHY BODY IMAGE, PARTNER ABUSE AND VIOLENCE PREVENTION, AND SELF-ESTEEM. ELKHART GENERAL HOSPITAL PROVIDED SELF-HELP AND EMPOWERMENT EDUCATION TO STUDENTS AT ELKHART COMMUNITY SCHOOLS

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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ALTERNATIVE EDUCATION PROGRAM. ELKHART GENERAL HOSPITAL PROVIDED HEALTH

EDUCATION AND EMPOWERMENT SERIES TO AT-RISK FEMALES THROUGH THE YMCA

WANKE CENTER.

EGH CONTINUED ITS 15-YEAR HISTORY OF PARTNERSHIP WITH ELKHART AND BAUGO

SCHOOLS SYSTEMS TO PROVIDE THE PEERS EDUCATING AND ENCOURAGING

RELATIONSHIP SKILLS (PEERS) PROJECT, WHERE EGH STAFF INTERVIEWED,

RECRUITED, AND TRAINED APPROXIMATELY 175 TEEN HIGH-SCHOOL MENTORS WHO IN

TURN FACILITATED A FIVE-SESSION RISK AVOIDANCE CURRICULUM TO 1,100

SEVENTH AND EIGHT GRADERS IN ELKHART AND BAUGO COMMUNITY SCHOOLS SYSTEMS.

THE PEERS PROGRAM CURRICULUM FOCUSED ON IDENTIFYING CONSEQUENCES OF RISK

BEHAVIOR, AND PROVIDED ASERTIVENESS TRAINING IN ABSTAINING FROM HEALTH

RISK BEHAVIORS OF EARLY SEXUAL ACTIVITY, ALCOHOL, SMOKING, AND DRUG USE.

THE GOALS OF THE PROGRAM ARE TO OPTIMIZE THE OPPORTUNITIES FOR THE

COMMUNITY'S YOUTH TO CREATE A HEALTHY AND SUCCESSFUL FUTURE, AND TO

MITIGATE THE MENTAL HEALTH EFFECTS OF THE CONSEQUENCES OF THESE

BEHAVIORS. THE HIGH-SCHOOLERS COMPLETED A SIGNIFICANT LEADERSHIP PEER

MENTOR TRAINING PRIOR TO FACILITATING THE CLASSROOM LESSONS TO THE

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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UNDERCLASSMEN. IN RECOGNITION OF THE IMPORTANCE OF MODELING THE LIFESTYLE BEING PROMOTED, TEEN MENTORS SIGNED A LEADERSHIP AGREEMENT PLEDGING TO PRACTICE RISK AVOIDANCE BEHAVIORS IN THEIR LIFESTYLES. ELKHART GENERAL HOSPITAL SPONSORED AND HELPED FACILITATE THREE AMERICAN CANCER SOCIETY LOOK GOOD FEEL BETTER SUPPORT GROUPS FOR CANCER PATIENTS. IN THESE GROUPS, COSMETOLOGISTS TRAINED IN ENHANCING THE APPEARANCE OF PERSONS UNDERGOING CHEMOTHERAPY OR RADIATION TREATMENT WORKED WITH CANCER PATIENTS TO IMPROVE THEIR SELF-ESTEEM AND CONFIDENCE REGARDING THEIR PHYSICAL APPEARANCE. ELKHART GENERAL HOSPITAL CONTINUED TO BE ACTIVELY ENGAGED IN COMMUNITY COALITIONS TO IMPROVE THE QUALITY OF LIFE FOR ELKHART COUNTY RESIDENTS. ELKHART GENERAL HOSPITAL PROVIDED LEADERSHIP AND REPRESENTATION IN THE ELKHART COUNTY LEAD PREVENTION TASK FORCE, THE ELKHART COUNTY HOMELESS COALITION, THE DOWNTOWN CHURCHES COALITION, ELKHART COUNTY COVERING KIDS AND FAMILIES INDIANA COALITION, TOBACCO CONTROL OF ELKHART COUNTY ADVISORY BOARD, AND THE ELKHART BACK2SCHOOL STEERING COMMITTEE. ELKHART GENERAL HOSPITAL WAS APPROACHED TO PARTICIPATE AS A MEMBER OF THE ELKHART COUNTY SAFE KIDS COALITION BOARD.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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ELKHART GENERAL HOSPITAL PROVIDED LEADERSHIP AND STAFFING OF THE ELKHART COUNTY HEALTHY SCHOOLS WORKGROUP WHICH PROVIDED SUPPORT TO SCHOOL PERSONNEL AND ADMINISTRATION IN ADDRESSING YOUTH HEALTH. SPECIFIC FOCUS OF WORKGROUP ACTIVITIES HAS BEEN IN THE PREVENTION AND REDUCTION OF CHILDHOOD OBESITY, AS WELL AS NUTRITION EDUCATION AND PHYSICAL ACTIVITY OPPORTUNITIES. THE WORKGROUP ALSO SERVED AS AN INFORMAL NETWORKING OPPORTUNITY FOR SCHOOL HEALTH STAFF TO SHARE IDEAS AND PROACTIVELY STRATEGIZE FOR IMPROVING CHILDHOOD HEALTH. ELKHART GENERAL HOSPITAL ACTIVELY PARTICIPATED IN THE COORDINATED SCHOOL HEALTH COMMITTEES OF BOTH MIDDLEBURY AND GOSHEN COMMUNITY SCHOOLS SYSTEMS. THROUGHOUT 2012, ELKHART GENERAL HOSPITAL'S DAME TU MANO HISPANIC LATINO HEALTH OUTREACH PROGRAM HELD MONTHLY SPANISH LANGUAGE DIABETES EDUCATION AND SUPPORT GROUP PROGRAMS FOR DIABETIC ADULT HISPANIC LATINO COMMUNITY MEMBERS. CARE FOR THE CHILDREN OF THE PARTICIPANTS WAS PROVIDED THROUGH A SERIES OF AGE-APPROPRIATE HEALTH EDUCATION SESSIONS CONCURRENTLY PROVIDED DURING THE ADULT SUPPORT GROUP EDUCATION. ELKHART GENERAL HOSPITAL'S DAME TU MANO HISPANIC LATINO HEALTH OUTREACH PROGRAM HAS

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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ESTABLISHED A ROBUST COMMUNICATION AND ADVOCACY NETWORK OF OVER 30
 HISPANIC LATINO-FOCUSED CENTRIC BUSINESSES, MEDIA, AND SOCIAL SERVICE
 ORGANIZATIONS, AND IS REGULARLY SOUGHT OUT TO LEAD COMMUNITY HEALTH
 INITIATIVES IN THE HISPANIC LATINO COMMUNITIES OF ELKHART COUNTY.
 ELKHART GENERAL HOSPITAL HAS CONTINUED TO SEEK INPUT FROM ITS MINORITY
 HEALTH PARTNERS, INCLUDING THE INDIANA MINORITY HEALTH COALITION, THE
 NORTHERN INDIANA HISPANIC HEALTH COALITION, INDIANA BLACK EXPO ELKHART,
 AND THE MINORITY HEALTH COALITION OF ELKHART COUNTY ON POTENTIAL VENTURES
 TO REDUCE HEALTH DISPARITIES BETWEEN CULTURES AND RACES WITHIN THE
 COUNTY.
 IN FALL 2012 ELKHART GENERAL HOSPITAL WAS SOUGHT OUT TO LEAD A COMMUNITY
 HEALTH PLANNING PROCESS FOR THE ESTABLISHMENT OF A MULTIDISCIPLINARY
 COALITION TO ADDRESS SEXUAL ASSAULT. PRELIMINARY DATA REVIEW AND
 COMMUNITY INPUT LED TO THE CONCEPT OF ESTABLISHING A 24/7/365 SEXUAL
 ASSAULT TREATMENT CENTER TO PROVIDE FORENSIC EXAMINATIONS, INVESTIGATIVE
 SUPPORT, VICTIM AND FAMILY SUPPORT, AND HYGIENE AMENITIES FOR ADULT AND
 CHILD VICTIMS OF SEXUAL ASSAULT. THIS CONCEPT WAS IDENTIFIED AS A RESULT

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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OF COMMUNITY DIALOGUE ON VICTIM ASSAULT INCIDENCE DATA REPORTED IN THE COUNTY, AND THE RESULTANT COMMUNITY DIALOGUE IDENTIFYING CURRENT GAPS IN TREATMENT AND SERVICES FOR VICTIMS, ESPECIALLY FOR ACUTE CASES OF SEXUAL ASSAULT. ELKHART GENERAL HOSPITAL SPEARHEADED SECTOR-SPECIFIC DISCUSSIONS WITH THE INTENDED GOAL OF FUTURE BROAD-SECTOR COMMUNITY DIALOGUE AND IDENTIFICATION OF CURRENT AND POTENTIAL BARRIERS FOR THE TREATMENT CENTER. PARTNERS IN THIS PLANNING PROJECT INCLUDED ELKHART GENERAL HOSPITAL, THE YWCA OF NORTHERN INDIANA, CHILD ABUSE PREVENTION SERVICES, THE ELKHART COUNTY PROSECUTOR'S OFFICE, LOCAL POLICE DEPARTMENTS, AND VICTIMS SERVICES, AND POTENTIAL PARTNERS REPRESENTING ENTITIES FROM ADJOINING ST. JOSEPH COUNTY. ELKHART GENERAL HOSPITAL PROVIDED INPATIENT BEDSIDE TOBACCO CESSATION COUNSELING FOR THOSE PATIENTS WHO HAVE BEEN IDENTIFIED AS CURRENT SMOKERS 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.

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ELKHART GENERAL HOSPITAL CONTINUED TO PARTICIPATE IN A PUBLIC HEALTH-BASED COALITION TO IDENTIFY TRENDS IN PERINATAL OUTCOMES TO ULTIMATELY REDUCE PERINATAL RACE DISPARITY IN THE REGION. THE PARTNERS IN THIS EFFORT WITH ELKHART GENERAL HOSPITAL INCLUDED BEACON HEALTH SYSTEM PARTNER MEMORIAL HOSPITAL OF SOUTH BEND, INDIANA UNIVERSITY HEALTH GOSHEN HOSPITAL, ST. JOSEPH REGIONAL MEDICAL CENTER, THE HEALTH DEPARTMENTS OF ELKHART AND ST. JOSEPH COUNTIES, THE UNIVERSITY OF NOTRE DAME, MINORITY HEALTH PARTNERS, AND THE MICHIANA HEALTH INFORMATION EXCHANGE, A REGIONAL HEALTH INFORMATION REPOSITORY. PERINATAL OUTCOMES ARE CRITICAL INDICATORS OF COMMUNITY HEALTH STATUS, AND THROUGH EGH'S PARTICIPATION IN THIS FORUM, OPPORTUNITIES HAVE BEEN IDENTIFIED TO PRODUCE CONSISTENT PERINATAL RISK REPORTING FROM THE HOSPITALS AND THE HEALTH INFORMATION EXCHANGE.

ACCESS TO HEALTH CARE HAS BEEN IDENTIFIED AS A PRIORITY HEALTH NEED FOR ELKHART COUNTY THROUGH THE 2012 ELKHART COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT. IMPROVING ACCESS TO HEALTH CARE CONTINUES TO BE A PRIORITY FOR ELKHART GENERAL HOSPITAL, AND ONE THAT WILL ULTIMATELY IMPROVE THE

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HEALTH OF ELKHART COUNTY RESIDENTS. ELKHART GENERAL HOSPITAL 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

AN UNPRECEDENTED PARTNERSHIP, THE ELKHART GENERAL HOSPITAL FOUNDATION

UNDERWRITES THE COSTS OF THE MONTHLY PREMIUMS FOR ELKHART COUNTY

ENROLLEES. IN THIS CAPACITY ELKHART GENERAL HOSPITAL HAS SUCCESSFULLY

ADVOCATED FOR THE APPLICANTS AND ENROLLEES TO ENSURE THE HEALTH INSURANCE

PLAN COULD BE ACCESSED. ULTIMATELY, THIS COMMUNITY-BASED ENROLLMENT

CENTER MODEL IS POSITIONED TO ALSO ACCOMMODATE THE AFFORDABLE CARE ACT

(ACA) HEALTH INSURANCE EXCHANGES ENROLLMENT OPPORTUNITIES FOR THOSE

RESIDENTS WHO MAKE UP TO 400% FEDERAL POVERTY GUIDELINES.

IN PREPARATION FOR THE PROVISIONS OF THE AFFORDABLE CARE ACT, ELKHART

GENERAL HOSPITAL ESTABLISHED A COMMUNITY-BASED ENROLLMENT AND ADVOCACY

CENTER (CBEAC) FOR THE PURPOSE OF ASSISTING ELIGIBLE LOW-INCOME ELKHART

Part VI Supplemental Information

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COUNTY RESIDENTS IN ENROLLING AND MAINTAINING VIABLE COVERAGE IN INDIANA HEALTH INSURANCE PROGRAMS, NAMELY, MEDICAID, HOOSIER HEALTHWISE (MEDICAID FOR CHILDREN), AND THE ESTABLISHED HEALTHY INDIANA PLAN (HIP). THE LOGIC UNDERLYING THE CBEAC CONCEPT IS THAT ENROLLING UNINSURED, LOW-INCOME PERSONS INTO EXISTING PROGRAMS FOR WHICH THEY ARE CURRENTLY ELIGIBLE BUT UNENROLLED IS A PRACTICAL FIRST STEP IN ADDRESSING ACCESS TO HEALTH CARE FOR THE COMMUNITY. ELIGIBILITY CRITERIA, WHILE SIMILAR BETWEEN THE PROGRAMS, DO VARY WITH RESPECT TO HOUSEHOLD INCOME LEVEL AND ITS DOCUMENTATION, RESIDENCY VERIFICATION, ETC. THE COMPLEXITY OF ELIGIBILITY CRITERIA AND SUCCESSFUL NAVIGATION THROUGH THE APPLICATION PROCESS CAN BE FORMIDABLE BARRIERS FOR PERSONS ATTEMPTING TO APPLY ON THEIR OWN. ADVOCACY ON BEHALF OF THE APPLICANT SERVES TO ENSURE THAT COMPLETE AND ACCURATE APPLICATION AND NECESSARY DOCUMENTATION ARE SUBMITTED IN A TIMELY FASHION. ADVOCACY ALSO SERVES TO MONITOR THE STATUS OF APPLICATIONS, AND ONCE THE APPLICATION IS APPROVED, ALSO ASSISTS IN MAINTAINING THE INDIVIDUAL'S COVERAGE VIABILITY. BY PROVIDING EDUCATION, ASSISTANCE, AND ADVOCACY FOR BOTH NEW AND PENDING

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APPLICATIONS, AS WELL AS FOR MAINTAINING VIABLE COVERAGE ONCE ENROLLED, MORE OF ELKHART COUNTY'S ALREADY-ELIGIBLE POPULATIONS BECOME SUCCESSFULLY ENROLLED WITH HEALTH CARE COVERAGE, THUS ESTABLISHING A MEDICAL HOME FOR THESE INDIVIDUALS OF PARTICULAR NOTE IS THE LOCATION OF THE MAIN CBEAC OFFICE WHICH IS LOCATED IN AN ELKHART INDUSTRIAL PARK, A CRITICAL FACTOR IN DISSIPATING CONCERN OF APPLICANTS WHO ARE HESITANT TO BE SEEN GOING TO "THE MEDICAID OFFICE". ADDITIONAL SATELLITE SITES AND REFERRAL NETWORKS HAVE BEEN ESTABLISHED WHERE LOW-INCOME POPULATIONS CONGREGATE, INCLUDING THE UNEMPLOYMENT OFFICE, EMERGENCY RELIEF, DOMESTIC VIOLENCE SHELTER, FOOD PANTRIES, AS WELL AS VENUES WITHIN THE COMMUNITY'S PUBLIC SUPPORT AND RELIEF AGENCIES INFRASTRUCTURE. PROMOTION OF THE CBEAC STARTED IN AUGUST 2012 AS ELKHART GENERAL HOSPITAL PROVIDED ENROLLMENT INFORMATION TO THE BACK2SCHOOL EVENT FOR PREPARING CHILDREN AND THEIR FAMILIES FOR THE FIRST DAY OF SCHOOL. APPROXIMATELY 4,200 PERSONS ATTENDED THIS EVENT, WITH THOUSANDS OF FAMILIES RECEIVING SPECIFIC INFORMATION ON ENROLLING IN THE STATE HEALTH INSURANCE PROGRAMS.

ELKHART GENERAL HOSPITAL MEDICATIONS ASSISTANCE PROGRAM PROVIDED A

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FULL-TIME PATIENT ADVOCATE WHO ASSISTED LOW-INCOME INDIVIDUALS IN APPLYING FOR AND SECURING FREE PRESCRIPTION MEDICATIONS THROUGH THE MANY PHARMACEUTICAL ASSISTANCE PROGRAMS AVAILABLE IN THE PHARMACEUTICAL INDUSTRY.

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

ELKHART GENERAL HOSPITAL'S HISPANIC LATINO HEALTH EFFORT, DAME TU MANO, PROVIDED HEALTH EDUCATION, HEALTH CARE ACCESS, AND ADVOCACY MESSAGING TO IMPROVE THE QUALITY OF LIFE FOR THE COUNTY'S SIZABLE HISPANIC LATINO POPULATION. THE DAME TU MANO HELP LINE FIELDDED PHONE CALLS THROUGHOUT

Part VI Supplemental Information

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2012 ON A MYRIAD OF 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 THIS SIGNIFICANT SEGMENT OF THE COMMUNITY WITH DAILY HEALTH TOPICS OF CONCERN IN THE HISPANIC LATINO COMMUNITY THROUGHOUT 2012, MYRIAD HEALTH TOPICS WERE PROMOTED ON TWO DAILY SPANISH LANGUAGE RADIO PROGRAMS WITH A COMBINED LISTENERSHIP OF 40,000 SPANISH LANGUAGE-LITERATE INDIVIDUALS, AND THROUGH BIMONTHLY EDUCATIONAL COLUMNS IN THE SPANISH LANGUAGE NEWSPAPER. SPECIFICALLY, THROUGH THE DAME TU MANO RADIO PROGRAMMING, FAMILY AND SOCIAL HEALTH TOPICS INCLUDED CONFLICT RESOLUTION, ANGER MANAGEMENT, APPROPRIATE YOUTH DISCIPLINE, DOMESTIC VIOLENCE PREVENTION, DEPRESSION, MENTAL HEALTH, AND SELF-ESTEEM ENHANCEMENT. THE RADIO SEGMENT CONTENT IS DRIVEN IN PART BY THE NATURE OF THE PHONE CALLS AND CALL INQUIRIES TO THE HELP LINE. MANY

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SPANISH-SPEAKING FAMILIES EXPERIENCE SIGNIFICANT STRESSORS DUE TO FEELINGS OF ISOLATION FROM THEIR NATIVE CULTURES AND FAILURE TO FULLY ACCLIMATE IN THE LOCAL COMMUNITY BECAUSE OF CULTURAL PERCEPTIONS. DAME TU MANO'S BIENNIAL SUMMITS ADDRESSED THESE STRESSORS, WITH EMPHASIS ON HEALTHY RELATIONSHIPS, EMOTIONAL HEALTH, AND CONFLICT RESOLUTION WITHIN FAMILIES. ELKHART GENERAL HOSPITAL'S DAME TU MANO HISPANIC LATINO HEALTH OUTREACH EFFORT CREATED AND DISTRIBUTED SPANISH LANGUAGE RESOURCE DIRECTORIES TO THE HISPANIC LATINO COMMUNITIES IN THE REGION. ADDITIONALLY, DAME TU MANO HAS PROVIDED ADVOCACY OPPORTUNITIES PERPETUATING THE OPPORTUNITIES FOR ENHANCING HEALTH MESSAGING WITHIN THE HISPANIC LATINO COMMUNITIES IN THE COUNTY. OUTREACH EFFORT CREATED AND DISTRIBUTED SPANISH LANGUAGE RESOURCE DIRECTORIES TO THE HISPANIC LATINO COMMUNITIES IN THE REGION. ADDITIONALLY, DAME TU MANO HAS PROVIDED ADVOCACY OPPORTUNITIES PERPETUATING THE OPPORTUNITIES FOR ENHANCING HEALTH MESSAGING WITHIN THE HISPANIC LATINO COMMUNITIES IN THE COUNTY. PERPETUATING THE OPPORTUNITIES FOR ENHANCING HEALTH MESSAGING WITHIN THE HISPANIC LATINO COMMUNITIES IN THE COUNTY.

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PART III, LINE 4

THE CORPORATION EVALUATES THE COLLECTABILITY OF ITS ACCOUNTS RECEIVABLE
 BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING, PAYOR
 CLASS, AND THE ANTICIPATED FUTURE UNCOLLECTIBLE AMOUNTS BASED ON
 HISTORICAL EXPERIENCE. ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE
 FOR DOUBTFUL ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE. COSTING
 METHODOLOGY IS THE SAME AS TAX FORM 990, SCHEDULE H, WORKSHEET 2
 METHODOLOGY. PATIENT CARE COST ADJUSTED BY NON-PATIENT ACTIVITY,
 EXPENSES, AND PATIENT CARE CHARGES.
 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

Part VI Supplemental Information

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

PART III, LINE 9B COLLECTION POLICY

THE COLLECTION POLICY AND PROCEDURES ARE AS FOLLOWS RELATED TO PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE: TO ENSURE THE HOSPITAL FULFILLS ITS MISSION AND COMMITMENT TO THE POOR, THE HOSPITAL SHALL ANNUALLY PLAN FOR AND PROVIDE FREE HEALTH CARE AND HEALTH-RELATED SERVICES TO THE POOR AND QUALIFIED UNINSURED/UNDERINSURED. A PATIENT IS CONSIDERED FOR FINANCIAL ASSISTANCE IF ALL OTHER STATE AND FEDERAL ASSISTANCE OPPORTUNITIES HAVE BEEN EXHAUSTED. THE FEDERAL INCOME

Part VI Supplemental Information

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AND POVERTY GUIDELINES WILL SERVE AS A GUIDE IN DETERMINING THOSE PATIENTS THAT MAY QUALIFY FOR FINANCIAL ASSISTANCE. ALL PATIENTS SHALL BE TREATED CONSISTENTLY IN THE APPROVAL PROCESS INCLUDING MEDICARE AND NON MEDICARE PATIENTS. PURPOSE: TO PROVIDE FINANCIAL ASSISTANCE TO THOSE PATIENTS WHO CANNOT AFFORD TO PAY AND TO PROVIDE DISCOUNTED CARE TO UNINSURED PATIENTS RECEIVING HEALTHCARE SERVICES FROM ELKHART GENERAL HOSPITAL OF ELKHART. PROCEDURE: 1.ELKHART GENERAL HOSPITAL WILL ASSIST PATIENTS IN MAKING A DETERMINATION REGARDING WHETHER OR NOT THE PATIENT MAY BE ABLE TO QUALIFY FOR SOME FORM OF ENTITLEMENT THROUGH A FEDERAL OR STATE GOVERNMENT PROGRAM AND COMPLETE THE APPROPRIATE APPLICATIONS FOR ASSISTANCE. IT IS REQUIRED THAT THE PATIENT WILL ASSIST IN THE DETERMINATION AND APPLICATION PROCESS. IF THE PATIENT DOES NOT QUALIFY FOR ANY FEDERAL OR STATE ASSISTANCE, WE WILL START THE FINANCIAL ASSISTANCE APPROVAL PROCESS. 2.IDENTIFY PATIENTS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE THROUGH THE PRE-REGISTRATION, ADMISSION, ELIGIBILITY PROCESS, OR THROUGH SELF PAY ACCOUNT REVIEW AND COLLECTION ACTIVITIES. 3.PROVIDE TO THE PATIENT A FINANCIAL EVALUATION FORM. 4.OBTAIN OR RECEIVE

Part VI Supplemental Information

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A SIGNED, COMPLETED FINANCIAL EVALUATION FORM FROM THE PATIENT.

5.DETERMINE ELIGIBILITY BY OBTAINING THE FOLLOWING INFORMATION FROM THE

PATIENT: A)GROSS INCOME AND MOST RECENT W-2 B)PRIOR YEARS TAX RETURN

(INCLUDING ALL SCHEDULES) C)LAST 3 PAY STUBS (IF UNEMPLOYED, WORK ONE

STATEMENT OF EARNINGS) D)EMPLOYMENT STATUS AND FUTURE EARNINGS CAPACITY

E)FAMILY SIZE F)MEDICAL EXPENSES INCLUDING DRUGS AND MEDICAL SUPPLIES

G)LAST THREE BANK STATEMENTS IF THE PATIENT DOES NOT HAVE A PRIOR YEAR

TAX RETURN, WE WILL MAKE OUR DETERMINATION BASED ON CURRENT INCOME. A

CREDIT REPORT MAY BE RUN TO SUBSTANTIATE DOCUMENTATION. THERE MAY BE

CIRCUMSTANCES WHERE A PATIENT MAY NOT BE ABLE TO PROVIDE ALL THE ABOVE

DOCUMENTATION NEEDED TO APPROVE FINANCIAL ASSISTANCE. IT WILL BE UP TO

THE DISCRETION OF THE DEPARTMENT DIRECTOR AND/OR THE CFO TO GRANT

APPROVAL IN THIS CIRCUMSTANCE. 6.DETERMINE THE AMOUNT OF FINANCIAL

ASSISTANCE BY UTILIZING THE FEDERAL POVERTY GUIDELINES AS A BASIS FOR

QUALIFICATION LEVELS. GROSS ANNUAL INCOME PLUS CASH ASSETS ARE USED AS

THE BASIS FOR INCOME CALCULATIONS. FINANCIAL ASSISTANCE WILL BE GRANTED

FOR THOSE PATIENTS WHO ARE HOMELESS. IF A PATIENT IS DECEASED AND HAS NO

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ESTATE, WE WILL GRANT CHARITY ON ANY OUTSTANDING SELF PAY ACCOUNT
 BALANCES. DOCUMENTATION THAT AN ESTATE HAS NOT BEEN FILED WILL BE
 ATTACHED TO THE FINANCIAL ASSISTANCE APPROVAL FORM. NOTE: APPROVAL MAY
 BE MADE BASED ON MEDICAL INDIGENCE. IE: PATIENTS WHO HAVE EXCESSIVE
 PHARMACY, OXYGEN, OR ONGOING MEDICAL EXPENSE. THIS AMOUNT WOULD BE
 DEDUCTED FROM THEIR GROSS INCOME. FINANCIAL ASSISTANCE WILL NOT BE
 GRANTED FOR NON-MEDICALLY NECESSARY SERVICES. 7.COMplete the financial
 ASSISTANCE APPROVAL FORM AND FORWARD TO THE COLLECTION COORDINATOR. 8.THE
 COLLECTION COORDINATOR WILL REVIEW THE FINANCIAL ASSISTANCE APPLICATION
 TO ENSURE THAT IT IS COMPLETE. THE COORDINATOR WILL APPROVE OR DENY THE
 APPLICATION BEFORE SENDING IT TO THE PATIENT ACCOUNT MANAGER FOR
 APPROVAL. DEPENDING ON THE DOLLAR AMOUNT OF THE FINANCIAL ASSISTANCE
 WRITE OFF, APPROVAL SIGNATURES ARE REQUIRED. THE APPROVAL GUIDELINES ARE
 AS FOLLOWS: \$1.00 TO \$2,500.00 COLLECTION COORDINATOR \$2,501.00 TO
 \$10,000.00 PATIENT ACCOUNT SERVICE MANAGER \$10,001.00 TO \$25,000.00
 DIRECTOR, PATIENT ACCOUNT SERVICES \$25,001.00 AND ABOVE VICE PRESIDENT,
 CFO 9. AFTER ALL THE APPROPRIATE SIGNATURES HAVE BEEN OBTAINED, THE

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FINANCIAL ASSISTANCE WRITE OFF ALONG WITH THE CORRESPONDING DOCUMENTATION

WILL BE FORWARDED TO CASH APPLICATION FOR WRITE OFF. 10.SEND

DETERMINATION LETTER TO NOTIFY PATIENT OF THE APPROVAL FOR FINANCIAL

ASSISTANCE. 11.FINANCIAL ASSISTANCE APPROVALS WILL APPLY RETROACTIVELY TO

ALL OPEN ACCOUNTS WITH EXISTING BALANCES (INCLUDING ACCOUNTS IN

COLLECTIONS) AND WILL BE ACTIVE FOR 6 MONTHS FOLLOWING THE DATE OF

APPROVAL. 12.THE DOCUMENT WILL BE PLACED IN THE FINANCIAL ASSISTANCE FILE

DRAWER UNDER THE DATE THE WRITE OFF WAS POSTED. UNINSURED SELF PAY

DISCOUNTS FOR THOSE PATIENTS WHO HAVE NO INSURANCE AND DO NOT MEET THE

ABOVE FINANCIAL ASSISTANCE GUIDELINES, ELKHART GENERAL HOSPITAL WILL

PROVIDE AN UNINSURED DISCOUNT BASED ON THE FOLLOWING TIERED STRUCTURE:

30% DISCOUNT IF ACCOUNT IS PAID WITHIN 30 DAYS FROM DATE OF SERVICE 20%

DISCOUNT IF ACCOUNT IS PAID WITHIN 90 DAYS FROM DATE OF SERVICE 10%

DISCOUNT IF PATIENT CHOOSES TO PARTICIPATE IN THE CAREPAYMENT FINANCING

ANY EXCEPTIONS MUST BE APPROVED BY THE DEPARTMENT MANAGER OR DIRECTOR.

PART V, SECTION B, LINE 14G

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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.

MAXIMUM AMOUNT TO BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS

PART V, LINE 20D.

TO DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE, MEMORIAL HOSPITAL USED THE AVERAGED DISCOUNT FOR THE THREE CONTRACTS THAT HAD THE HIGHEST PERCENT DISCOUNT TO CHARGES (EXCLUDING ALL PER DIEM AND CASE RATE CONTRACTS).

2. NEEDS ASSESSMENT

BEGINNING IN AUGUST 2011, ELKHART GENERAL HOSPITAL AND INDIANA UNIVERSITY HEALTH GOSHEN JOINTLY INITIATED AN ELKHART COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AS PER FEDERAL LAW UNDER THE 2010 PATIENT PROTECTION

Part VI Supplemental Information

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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 FROM INPUT FROM THOSE REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, WITH THE PURPOSE OF DEVELOPING IMPLEMENTATION STRATEGIES AND A PLAN FRAMEWORK FOR THE RESPECTIVE HOSPITALS IN THEIR ADDRESS OF THE COMMUNITY'S PRIORITY HEALTH NEEDS. SPECIFIC EFFORTS WERE MADE TO INCLUDE LOCAL PUBLIC HEALTH ADVOCATES, INCLUDING ELKHART COUNTY HEALTH DEPARTMENT, AS WELL AS OTHER COMMUNITY ENTITIES THAT PROVIDE SAFETY NET HEALTH COVERAGE FOR THE COMMUNITY'S MOST

Part VI Supplemental Information

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VULNERABLE POPULATIONS. THESE ENTITIES INCLUDED THE TWO FEDERALLY QUALIFIED HEALTH CENTERS IN ELKHART COUNTY, NAMELY HEART CITY HEALTH CENTER AND MAPLE CITY HEALTH CENTER, AND THE CENTER FOR HEALING AND HOPE, AN ECUMENICALLY-BASED VOLUNTEER HEALTH CLINIC. IN ADDITION, ELKHART GENERAL HOSPITAL REACHED OUT TO HEALTH ADVOCACY ENTITIES CONVERSANT WITH LOCAL TRENDS IN RACIAL HEALTH DISPARITIES AND OUTCOMES, INCLUDING THE ELKHART COUNTY MINORITY HEALTH COALITION, THE HISPANIC LATINO HEALTH COALITION OF NORTHERN INDIANA, AND THE INDIANA MINORITY HEALTH COALITION. ALSO INVITED TO BE PART OF THE ASSESSMENT PROCESS WERE THOSE ENTITIES THAT REPRESENT MARGINALIZED POPULATIONS WITHIN THE COUNTY, INCLUDING LOCAL RELIEF AGENCIES, AND AGENCIES REPRESENTING CHILD ABUSE PREVENTION, ELDERLY, HOMELESS/TRANSIENT, AND THE DISABLED POPULATIONS WITHIN THE COUNTY.

THE CHNA 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 ELKHART COUNTY HEALTH INDICATORS, INCLUDING PUBLIC HEALTH DATA,

Part VI Supplemental Information

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BEHAVIORAL RISK FACTOR DATA, SOCIOECONOMIC AND CRIME STATISTICS, AND 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 STEERING COMMITTEE DIALOGUE IDENTIFIED THE COMMUNITY HEALTH NEEDS AS OBESITY/DIABETES, SMOKING, ACCESS TO PRIMARY HEALTH CARE, AND ACCESS TO MENTAL HEALTH SERVICES. ELKHART GENERAL HOSPITAL INITIATED DIALOGUE WITH INDIANA UNIVERSITY HEALTH GOSHEN HOSPITAL BEGINNING IN 2011 TO ASSESS

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INTEREST IN PARTNERING ON A JOINT CHNA PROCESS. BOTH HOSPITALS ENTERED INTO AN AGREEMENT TO JOINTLY COMPLETE THE CHNA PROCESS. IN MAY 2012 THE CHNA REPORT AND THE IMPLEMENTATION STRATEGIES FOR ADDRESSING THE COMMUNITY HEALTH NEEDS WERE SUBMITTED TO THE ELKHART GENERAL HOSPITAL BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. SUBSEQUENT TO THE BOARD'S JUNE 2012 APPROVAL OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGIES WITHIN THE 2012 COMMUNITY HEALTH PLAN, THESE DELIVERABLES WERE MADE WIDELY AVAILABLE TO THE COMMUNITY THROUGH POSTING ON THE ELKHART GENERAL HOSPITAL WEBSITE; THROUGH HARD COPIES MADE AVAILABLE BY REQUEST; THROUGH EMAIL TRANSMISSION UPON REQUEST; AND THROUGH ONGOING COMMUNICATION TO THE ELKHART COUNTY COMMUNITY BY HOSPITAL REPRESENTATIVES.

IN ADDITION TO POSTING THE CHNA AND 2012 IMPLEMENTATION STRATEGIES NARRATIVE TO THE EGH WEBSITE AND MAKING COPIES AVAILABLE UPON REQUEST, ELKHART GENERAL HOSPITAL ALSO PROVIDED ELECTRONIC COPIES TO INDIVIDUAL EMAIL ADDRESSES UPON REQUEST. ELKHART GENERAL HOSPITAL STAFF ALSO

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PRESENTED THE RESULTS OF THE CHNA AND THE 2012 IMPLEMENTATION STRATEGIES

TO COMMUNITY GROUPS UPON REQUEST.

THE ELKHART GENERAL HOSPITAL CHNA WAS MADE WIDELY AVAILABLE TO THE PUBLIC

ON ITS WEBSITE WWW.EGH.ORG UNDER THE ICON ABOUT US, COMMUNITY HEALTH

NEEDS ASSESSMENT.

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. PROJECTIONS.

UNEMPLOYMENT AND UNINSURED STATISTICS ARE OBTAINED FROM THE ELKHART

COUNTY DEPARTMENT OF ECONOMIC DEVELOPMENT.

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3. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

WHEN UNINSURED PATIENTS PRESENT TO OUR HOSPITAL, THEY ARE OFFERED THE OPPORTUNITY TO MEET WITH OUR ELIGIBILITY SPECIALISTS. OUR ELIGIBILITY SPECIALISTS DISCUSS THE POTENTIAL ELIGIBILITY OF THE PATIENT FOR MULTIPLE ASSISTANCE PROGRAMS, INCLUDING OUR OWN INTERNAL FINANCIAL ASSISTANCE PROGRAM. OUR STATEMENTS ALSO INCLUDE A NOTICE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO PATIENTS, AND THEY CAN CONTACT OUR CUSTOMER SERVICE GROUP FOR GUIDELINES. 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. IS PARTICULARLY SENSITIVE TO ADDRESS THIS PROGRAM WITH ANYONE WHO INDICATES THERE MIGHT BE A FINANCIAL NEED.

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

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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. ELKHART COUNTY 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 2011 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 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 WAS \$22,187, AND THE PERCENT OF ELKHART COUNTY RESIDENTS BELOW

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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 2012, 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). THE TOP FIVE LEADING CAUSES FOR ELKHART COUNTY ARE AS FOLLOWS: (1) MAJOR CARDIOVASCULAR DISEASE, (2) CANCER, (3) CHRONIC LOWER RESPIRATORY DISEASE, (4) MOTOR VEHICLE ACCIDENTS, AND (5) DIABETES. THIS ORDER IS COMPARABLE TO THE STATE OF INDIANA AS A WHOLE WITH ONE EXCEPTION: THE CATEGORY MOTOR VEHICLE ACCIDENTS DOES NOT OCCUR IN THE TOP FIVE CAUSES OF DEATH FOR THE STATE.

5. PROMOTION OF COMMUNITY HEALTH

THE MISSION OF ELKHART GENERAL HOSPITAL, AS A BEACON HEALTH SYSTEM PARTNER, IS TO ENHANCE THE PHYSICAL, MENTAL, EMOTIONAL AND SPIRITUAL

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WELL-BEING OF THE COMMUNITIES WE SERVE. BEACON HEALTH SYSTEM IS COMMITTED TO CLINICAL EXCELLENCE, COMPASSIONATE CARE, AND THE ONGOING IMPROVEMENT OF QUALITY OF LIFE. OUR COMMITMENT WILL LEAD THE HEALTH SYSTEM TO BE THE COMMUNITY'S PROVIDER OF OUTSTANDING QUALITY, SUPERIOR VALUE AND COMPREHENSIVE HEALTH CARE SERVICES. BOTH BEACON HEALTH SYSTEM AND ELKHART GENERAL HOSPITAL HAVE COMMUNITY BOARDS OF DIRECTORS, AND CONSISTENTLY INVEST FUNDS TO IMPROVE THE QUALITY OF LIFE FOR OUR COMMUNITIES.

BEACON HEALTH SYSTEM VALUES REFLECT AN UNWAVERING COMMITMENT TO THE COMMUNITIES WE SERVE. ELKHART GENERAL HOSPITAL, AS A BEACON HEALTH SYSTEM PARTNER, HAS AS ITS VALUES:

PATIENTS ARE AT THE CENTER - PATIENT NEEDS, CARE AND SAFETY ARE OUR TOP PRIORITY.

TRUST - OUR ACTIONS WILL FIRMLY DEMONSTRATE RELIABILITY ON OUR INTEGRITY, ABILITIES AND OUR CHARACTER.

RESPECT - WE WILL TREAT OUR PATIENTS, COMMUNITY MEMBERS AND EACH OTHER WITH THE HIGHEST LEVEL OF REGARD, DEMONSTRATING AN UNDERSTANDING OF

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DIFFERENT PERSPECTIVES, CULTURES, INTERESTS AND NEEDS OF OTHERS.

INTEGRITY - WE WILL CONTINUALLY DO THE RIGHT THING FOR OUR PATIENTS,

ASSOCIATES AND COMMUNITIES WE SERVE.

COMPASSION - WE WILL DEMONSTRATE THE EMOTIONAL CAPACITIES OF EMPATHY AND

SYMPATHY, AND EXPRESS THE DESIRE TO HELP.

ELKHART GENERAL SEEKS TO PROMOTE THE HEALTH AND WELL BEING OF ELKHART COUNTY RESIDENTS, WITH SPECIFIC FOCUS ON THE MOST VULNERABLE POPULATIONS, BY PROVIDING EDUCATION TO AID IN EARLY DETECTION AND PREVENTION OF DISEASE AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY AS A WHOLE. A KEY MECHANISM BY WHICH THIS GOAL IS CARRIED OUT IS ELKHART GENERAL HOSPITAL'S SERIOUS, CONSISTENT, AND PARTNERSHIP WITH PARTNERSHIPS WITH LIKE-MINDED ORGANIZATIONS. ELKHART GENERAL HOSPITAL CONTINUES TO SEEK OUT PARTNERSHIPS WITH MULTIPLE COMMUNITY ENTITIES TO ADDRESS THE NEEDS OF THE MEDICALLY UNDERSERVED AND TO IMPROVE THE HEALTH STATUS OF OUR COMMUNITY. THESE COLLABORATIVE ALLIANCES INCLUDED LOCAL PUBLIC HEALTH, SCHOOLS, CHURCHES, SOCIAL SERVICE AGENCIES, MINORITY ADVOCACY GROUPS,

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

VICTIM ASSISTANCE, AND COMMUNITY HEALTH PROVIDERS.

6. AFFILIATED HEALTH CARE SYSTEM

ELKHART GENERAL HOSPITAL'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN ELKHART COUNTY. THE 12 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. THE BEACON HEALTH SYSTEM BOARD OF DIRECTORS CONSISTS OF 14 VOTING BOARD MEMBERS.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
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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.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

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.