

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ELKHART GENERAL HOSPITAL, INC.

Employer identification number

35-0877574

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>1b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</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 _____ %	X	
<b>c</b> 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.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>5c</b> 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
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>6b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

**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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			3,501,548.		3,501,548.	1.39
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			40,476,252.	32,556,047.	7,920,205.	3.14
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			43,977,800.	32,556,047.	11,421,753.	4.53
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			915,484.	304,335.	611,149.	.24
<b>f</b> Health professions education (from Worksheet 5) . . . . .			1,042,672.	78,725.	963,947.	.38
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
<b>j Total.</b> Other Benefits . . . . .			1,958,156.	383,060.	1,575,096.	.62
<b>k Total.</b> Add lines 7d and 7j. . . . .			45,935,956.	32,939,107.	12,996,849.	5.15

**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	61,929,153.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	86,522,254.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-24,593,101.
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 WANEE WALK-IN CLINIC	MEDICAL CLINIC	50.00000		50.00000
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information**

**Section A. Hospital Facilities**

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

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	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<b>1</b> ELKHART GENERAL HOSPITAL, INC. 600 EAST BLVD ELKHART IN 46514 WWW.EGH.ORG 14-005017-1	X	X					X			
<b>2</b>										
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

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 ELKHART GENERAL HOSPITAL, INC

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

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding CHNA requirements, implementation strategies, and excise taxes.

**Part V Facility Information (continued)**

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group ELKHART GENERAL HOSPITAL, INC

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . 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):	X	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.EGH.ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.EGH.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.EGH.ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	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 non-payment? . . . . .	X	
<b>18</b>	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:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group ELKHART GENERAL HOSPITAL, INC

		Yes	No
<b>19</b>	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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:		X
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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):		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why:		X
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

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

<b>22</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</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		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	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? . . . . . If "Yes," explain in Section C.		X
<b>24</b>	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 Section C.		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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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 5

ELKHART GENERAL HOSPITAL INCLUDED INPUT FROM HEART CITY HEALTH CENTER, MAPLE CITY HEALTH CENTER, AND THE CENTER FOR HEALING AND HOPE. IN ADDITION, ELKHART GENERAL HOSPITAL REACHED OUT TO THE ELKHART COUNTY MINORITY HEALTH COALITION, THE HISPANIC LATINO HEALTH COALITION OF NORTHERN INDIANA, AND THE INDIANA MINORITY HEALTH COALITION.

PART V, SECTION B, LINE 6A

OTHER HOSPITAL FACILITIES INCLUDED INDIANA UNIVERSITY HEALTH GOSHEN.

PART V, SECTION B, LINE 7D

ELKHART GENERAL HOSPITAL PROVIDED ELECTRONIC COPIES TO INDIVIDUAL EMAIL ADDRESSES UPON REQUEST. ELKHART GENERAL HOSPITAL STAFF ALSO PRESENTED THE RESULTS OF THE CHNA TO COMMUNITY GROUPS UPON REQUEST.

PART V, SECTION B, LINE 11

THE HEALTH PRIORITIES WERE IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT AS OBESITY/DIABETES; SMOKING; ACCESS TO HEALTH CARE; AND ACCESS TO MENTAL HEALTH SERVICES. THE PRIMARY STRATEGIES FOR ALL PRIORITY AREAS ARE THE PREVENTION AND EARLIEST DETECTION OF DISEASE WITH SPECIAL FOCUS ON THE MEDICALLY UNDERSERVED POPULATIONS, AND IMPLEMENTED THROUGH COMMUNITY-BASED SCREENING, EDUCATION, AND RESOURCE REFERRAL. THE HOSPITAL IS ADDRESSING THESE SIGNIFICANT NEEDS THROUGH POPULATION-BASED PREVENTION STRATEGIES, DISEASE MANAGEMENT STRATEGIES, AND ADVOCACY AND SUPPORT STRATEGIES.

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

POPULATION-BASED PREVENTION STRATEGIES ARE ESTABLISHED THROUGH NEWLY CREATED EFFORTS AND FOCUS ON THE PREVENTION OF ADVERSE HEALTH OUTCOMES AND THE PROMOTION OF HEALTHY LIFESTYLE BEHAVIORS. THESE STRATEGIES INCLUDE BROAD-BASED COMMUNITY EDUCATION THROUGH ESTABLISHED COMMUNICATION VENUES, POPULATION-BASED HEALTH SCREENINGS, RESOURCE REFERRAL, AND SUPPORT SERVICES.

DISEASE MANAGEMENT STRATEGIES ARE ESTABLISHED THROUGH EGH PROGRAMS AVAILABLE TO THE COMMUNITY AND WITHIN THE ELKHART GENERAL ORGANIZATION. EGH FOCUSES EFFORTS ON THE MANAGEMENT OF KNOWN DISEASE TO REDUCE RISK AND TO OPTIMIZE THE HEALTH STATUS OF THE COMMUNITY MEMBERS. THESE STRATEGIES INCLUDE INDIVIDUALIZED AND GROUP EDUCATIONAL SUPPORT, INTEGRATED DISEASE CASE MANAGEMENT, AND ADVOCACY.

ADVOCACY AND SUPPORT STRATEGIES ARE ESTABLISHED THROUGH COMMUNITY-BASED INITIATIVES WITH ALTRUISTIC COMMUNITY HEALTH PARTNERS. EGH FOCUSES EFFORTS ON REDUCING BARRIERS TO HEALTH CARE TO IMPROVE THE HEALTH STATUS OF ELKHART COUNTY RESIDENTS. THESE STRATEGIES INCLUDE ONGOING AND NEWLY FORMED PARTNERSHIPS WITH LOCAL PUBLIC HEALTH, MINORITY HEALTH, COMMUNITY HEALTH, PUBLIC ASSISTANCE, HEALTH INSURANCE ADVOCACY, AND EMERGENCY RELIEF.

ELKHART GENERAL HOSPITAL REMAINED COMMITTED TO IMPROVING THE COMMUNITY HEALTH STATUS OF ELKHART COUNTY AS AN ORGANIZATIONAL PRIORITY OF EGH THROUGH ITS MISSION AND THROUGH COMMUNITY IDENTIFICATION. AS A NON-PROFIT, CHARITABLE ORGANIZATION, WE CONTINUE TO EXPAND OUR AMBULATORY HEALTH CAPABILITIES IN THE REGION. THE BEACON HEALTH SYSTEM STRATEGIC PLAN CALLS FOR GREATER FOCUS ON HEALTH AND WELLNESS, AND AS A BEACON

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

HEALTH SYSTEM PARTNER, ELKHART GENERAL HOSPITAL IS IMPLEMENTING POPULATION-BASED HEALTH STRATEGIES WITH ENHANCED FOCUS ON COMMUNITY HEALTH AND WELLNESS. ONGOING SUPPORT AND ENHANCED FOCUS ON COMMUNITY HEALTH INITIATIVES WILL OCCUR THROUGH CONTINUED COMMUNITY BENEFIT ACTIVITIES, WITH SPECIFIC ALIGNMENT WITH GOALS AND OBJECTIVES TO ACHIEVE ENHANCED PREVENTION AND DETECTION OF DISEASE AT THE EARLIEST ONSET TO AVOID ADVERSE HEALTH OUTCOMES AND MAXIMIZE QUALITY OF LIFE FOR ALL RESIDENTS OF ELKHART COUNTY.

PART V, SECTION B, LINE 16I

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.

PART V, LINE 22D

WHEN ELKHART GENERAL HOSPITAL MAKES A DETERMINATION THAT AN INDIVIDUAL IS ELIGIBLE FOR ASSISTANCE UNDER THIS FINANCIAL ASSISTANCE POLICY, ELKHART WILL NOT CHARGE SUCH INDIVIDUAL MORE THAN THE AMOUNTS GENERALLY BILLED (AGB) TO INDIVIDUALS WHO HAVE INSURANCE COVERING EMERGENCY OR OTHER MEDICALLY NECESSARY CARE. ELKHART USES THE LOOK-BACK METHOD TO CALCULATE THE AGB PERCENTAGE THAT IT USES TO DETERMINE AGB FOR PARTICULAR CARE PROVIDED TO INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE. ELKHART CALCULATED ITS CURRENT AGB PERCENTAGE, 60%, BY DIVIDING (1) ALL CLAIMS ALLOWED DURING THE 12-MONTH PERIOD FROM 1/1/2013 TO 12/31/2013 BY

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

MEDICARE FEE-FOR-SERVICE AND ALL PRIVATE HEALTH INSURERS THAT PAY CLAIMS TO THE HOSPITAL FACILITY BY (2) THE SUM OF THE ASSOCIATED GROSS CHARGES FOR THOSE CLAIMS. TO DETERMINE AGB FOR A PARTICULAR EPISODE OF CARE, ELKHART MULTIPLIES ITS GROSS CHARGES FOR THAT CARE BY THE AGB PERCENTAGE.

**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? \_\_\_\_\_

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

**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

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 PARTNERSHIPS. ELKHART GENERAL HOSPITAL TITHES 10% OF THE PREVIOUS YEAR'S INCOME FROM OPERATIONS AND TRANSFERS IT TO THE COMMUNITY

**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.
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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 ORGANIZATIONS WITH DIVERSE SOCIO-ECONOMIC RELIGIOUS, ETHNIC, RACE, AGE, AND GENDER IDENTITY CHARACTERISTICS. OUR TEAM OF PASSIONATE AND DEDICATED HEALTH CARE PROFESSIONALS, ALONG WITH 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,

**Part VI Supplemental Information**

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ELKHART GENERAL HOSPITAL PLAYS A KEY ROLE IN SERVING THE COMMUNITY AS A  
WHOLE.

PART I, LINE 7

THE COSTING METHODOLOGY USED TO CALCULATE FINANCIAL ASSISTANCE AND OTHER  
COMMUNITY BENEFITS WAS THE COST-TO-CHARGE RATIO.

PART I, LINE 7A AND B

UNREIMBURSED MEDICAID AND OTHER MEANS TESTED GOVERNMENT PROGRAMS  
IN 2014, TOTAL OFFSETTING REVENUE FOR LINE 7B MEDICAID, DID NOT INCLUDE  
AMOUNTS THAT WERE RECEIVED IN 2014 THAT RELATED TO PRIOR YEARS. THOSE  
AMOUNTS ARE HOSPITAL ASSESSMENT FEE (HAF) PAYMENTS FOR 2013 IN THE AMOUNT  
OF \$10,500,000. ADDITIONALLY, FOR 2014, HAF PAYMENTS MADE IN 2014 THAT  
RELATED TO 2013 IN THE AMOUNT OF \$5,837,759 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 27,111,253.

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## PART II COMMUNITY SUPPORT

IN 2014 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 YMCA OF ELKHART COUNTY, HOSTED AN INTERACTIVE HEALTH EDUCATION SERIES FOR AT-RISK FEMALE YOUTH INCLUDING TOPICS OF SEXUAL ABSTINENCE AND RISK AVOIDANCE, HEALTHY BODY IMAGE, AND SELF-ESTEEM. ELKHART GENERAL HOSPITAL CONTINUED ITS 17-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 ASSERTIVENESS TRAINING IN ABSTAINING FROM HEALTH RISK BEHAVIORS OF EARLY SEXUAL

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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 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 FOUR 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 BOTH IN LEADERSHIP AND COMMITTEE LEVEL REPRESENTATION. ELKHART GENERAL HOSPITAL REPRESENTATIVES SERVED ON THE BOARDS OR COMMITTEES OF THE ELKHART COUNTY BOARD OF HEALTH,

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THE CENTER FOR HEALING AND HOPE, THE ELKHART GENERAL HOSPITAL FOUNDATION,  
 THE ASSOCIATION FOR THE DISABLED OF ELKHART COUNTY, AND THE ELKHART  
 COUNTY CHILD FATALITY REVIEW COMMITTEE. ELKHART GENERAL HOSPITAL  
 PROVIDED LEADERSHIP AND REPRESENTATION ON THE NATIONAL COLLEGE ADVISORY  
 BOARD, MARCH OF DIMES AND AMERICAN HEART ASSOCIATION MARKETING  
 COMMITTEES, ELKHART AREA CAREER CENTER ADVISORY BOARD, ELKHART COUNTY  
 UNITED WAY, THE MIDWEST CARDIOVASCULAR RESEARCH AND EDUCATION FOUNDATION,  
 THE NATIONAL COLLEGE MEDICAL ASSISTANT ADVISORY BOARD, THE SOUTHWESTERN  
 MICHIGAN COLLEGE SCHOOL OF NURSING ADVISORY BOARD, THE INDIANA MEDICAL  
 GROUP MANAGEMENT ASSOCIATION EDUCATION COMMITTEE, ELKHART COUNTY 4-H FAIR  
 BOARD, THE IVY TECH SOUTH BEND RESPIRATORY CARE PROGRAM ADVISORY BOARD,  
 THE ELKHART COUNTY COUNCIL ON AGING BOARD, AND THE CATHERINE KASPER LIFE  
 CENTER BOARD, THE ELKHART COUNTY HOMELESS COALITION, THE DOWNTOWN  
 CHURCHES COALITION, ELKHART COUNTY COVERING KIDS AND FAMILIES INDIANA  
 COALITION, TOBACCO CONTROL OF ELKHART COUNTY ADVISORY BOARD, THE ELKHART  
 BACK2SCHOOL STEERING COMMITTEE, AND THE ELKHART COUNTY SAFE KIDS  
 COALITION BOARD. ELKHART GENERAL HOSPITAL PROVIDED STAFFING OF THE  
 ELKHART COUNTY HEALTHY SCHOOLS WORKGROUP WHICH PROVIDED SUPPORT TO SCHOOL

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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. ELKHART GENERAL HOSPITAL PARTICIPATED IN THE COORDINATED SCHOOL HEALTH COMMITTEES OF THE BAUGO, MIDDLEBURY AND GOSHEN COMMUNITY SCHOOLS SYSTEMS. ELKHART GENERAL HOSPITAL'S DAME TU MANO HISPANIC LATINO HEALTH OUTREACH PROGRAM HAS ESTABLISHED A ROBUST COMMUNICATION AND ADVOCACY NETWORK OF OVER 40 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 2014 ELKHART GENERAL HOSPITAL CONTINUED ITS ROLE IN ASSISTING WITH THE ESTABLISHMENT OF A MULTIDISCIPLINARY COALITION TO ADDRESS SEXUAL ASSAULT.

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THIS EFFORT, SPEARHEADED BY THE YWCA OF NORTH CENTRAL INDIANA, CONTINUES TO PLAN FOR ESTABLISHING A TREATMENT CENTER FOR ELKHART COUNTY VICTIMS OF SEXUAL ASSAULT. PLANNED SERVICES INCLUDE FORENSIC EXAMINATIONS, INVESTIGATIVE SUPPORT, VICTIM AND FAMILY SUPPORT, AND HYGIENE AMENITIES FOR ADULT AND CHILD VICTIMS OF SEXUAL ASSAULT. 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, THE HEALTH DEPARTMENTS OF ELKHART AND ST. JOSEPH COUNTIES, MINORITY HEALTH PARTNERS, AND THE MICHIANA HEALTH INFORMATION NETWORK. PERINATAL OUTCOMES ARE CRITICAL INDICATORS OF COMMUNITY HEALTH STATUS, AND THIS FORUM IDENTIFIES OPPORTUNITIES 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

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FOR ELKHART GENERAL HOSPITAL, AND ONE THAT WILL ULTIMATELY IMPROVE THE 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. ADDITIONALLY, IN 2014, ELKHART GENERAL HOSPITAL STAFF ASSISTED WITH ESTABLISHING A COORDINATED BEACON HEALTH SYSTEM HEALTH COVERAGE ENROLLMENT EFFORT FOR THE AFFORDABLE CARE ACT MARKETPLACE. IN ALIGNMENT WITH THE AFFORDABLE CARE ACT, ELKHART GENERAL HOSPITAL PROVIDED FULL SERVICE ASSISTANCE FOR ENROLLING UNINSURED PERSONS INTO HEALTH COVERAGE PROGRAMS THROUGH ITS COMMUNITY-BASED ENROLLMENT AND ADVOCACY CENTER (CBEAC). THE CBEAC SERVICES PROVIDE ADVOCACY, EDUCATION,

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LINGUISTIC, AND APPLICATION ASSISTANCE FOR THE PURPOSE OF ASSISTING ELIGIBLE LOW-INCOME ELKHART COUNTY RESIDENTS IN ENROLLING AND MAINTAINING VIABLE COVERAGE IN INDIANA HEALTH INSURANCE PROGRAMS, NAMELY, MEDICAID, HOOSIER HEALTHWISE (MEDICAID FOR CHILDREN), HEALTHY INDIANA PLAN (HIP), AND THE INDIANA ACA MARKETPLACE HEALTH COVERAGE PROGRAMS. 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, 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. ELKHART

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GENERAL HOSPITAL EXPANDED THE MODEL THROUGHOUT BEACON, AND COORDINATED A DIALOGUE NETWORK WITH ENROLLMENT STAFF NOT ONLY THROUGHOUT BEACON'S MEMORIAL HOSPITAL, BUT ALSO WITH OTHER COMMUNITY ENROLLMENT SITES, SUCH AS HEALTHLINC, HEART CITY HEALTH CENTER, INDIANA HEALTH CENTERS, AND ASPIN. PARTNERS INCLUDED COMMUNITY ACTION OF NORTHEAST INDIANA, COVERING KIDS AND FAMILIES OF INDIANA, ELKHART COUNTY WOMEN'S SHELTER, WORKONE, ELKHART COMMUNITY SCHOOLS, AND THE ELKHART COUNTY HEALTH DEPARTMENT. THROUGHOUT BEACON HEALTH SYSTEM, APPROXIMATELY 40 CERTIFIED INDIANA NAVIGATORS ENROLLED COMMUNITY RESIDENTS IN THE INDIANA ACA MARKETPLACE, HEALTH INDIANA PLAN STATE-HEALTH INSURANCE, MEDICAID AND CHIP. ELKHART GENERAL HOSPITAL MEDICATIONS ASSISTANCE PROGRAM PROVIDED A 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

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PROVIDED FREE HEALTH SCREENINGS AND HEALTH PROMOTIONAL EFFORTS TO THE PARTICIPANTS AT LOCAL FOOD PANTRIES, THE ELKHART COUNTY WOMEN'S SHELTER, THE YOUTH AND COMMUNITY CENTER OF ELKHART, TO VARIOUS SCHOOLS, AND CHURCHES.

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 FIELDERD PHONE CALLS THROUGHOUT 2014 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 2014, A MYRIAD OF HEALTH TOPICS WERE PROMOTED ON TWO DAILY SPANISH LANGUAGE RADIO PROGRAMS WITH A COMBINED AUDIENCE OF 40,000

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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 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. IT IS A BROAD-BASED COMMUNITY HEALTH EMPOWERMENT EFFORT DESIGNED TO ADDRESS THE HEALTH NEEDS OF THE NEARLY 29,000 LATINOS IN ELKHART COUNTY. THE GOAL OF THE PROGRAM IS TO PROVIDE HEALTH PROMOTION AND EDUCATIONAL MESSAGES VIA PRINT, ELECTRONIC AND RADIO MEDIA, AND THROUGH EDUCATIONAL VENUES. ELKHART GENERAL ENJOYS VIBRANT PARTNERSHIPS WITH HEART CITY HEALTH CENTER, LA MEJOR RADIO STATION, SABOR LATINO RADIO STATION, EL PUENTE, YWCA OF NORTH CENTRAL INDIANA, CHILD ABUSE PREVENTION SERVICES, NORTHERN INDIANA HISPANIC LATINO HEALTH COALITION, ELKHART COUNTY HEALTH

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DEPARTMENT, LA CASA, CENTER FOR HEALING AND HOPE, THE MINORITY HEALTH COALITION OF ELKHART COUNTY, AND MULTIPLE HISPANIC LATINO-OWNED BUSINESSES. IN 2014, DAME TU MANO FIELDDED 1,373 PHONE CALLS FROM HISPANIC LATINOS, SENT HEALTH INFORMATION TO 392 HOME ADDRESSES, AND DISTRIBUTED 481 HISPANIC LATINO RESOURCES GUIDES. AN INTENTIONAL ENHANCED DAME TU MANO PRESENCE IN SOCIAL MEDIA RESULTED IN AN INCREASE TO 1,079 REGULAR FACEBOOK FOLLOWERS AND 85.48-STRONG FACEBOOK DAILY AVERAGE ENGAGEMENT. A TOTAL OF 297 HISPANIC LATINOS PARTICIPATED IN THE BIENNIAL DAME TU MANO HEALTH EDUCATION SUMMITS.

PART III, LINE 2,3

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 IS COST ADJUSTED BY NON-PATIENT ACTIVITY, EXPENSES, AND PATIENT CARE

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CHARGES. BAD DEBT EXPENSE WHICH IS ATTRIBUTABLE TO ELIGIBLE PATIENTS ARE CONSIDERED PART OF ELKHART GENERAL HOSPITAL'S COMMUNITY BENEFIT BECAUSE OF OUR MISSION TO CREATE A HEALTHIER COMMUNITY WHILE CONTINUING OUR CHARITABLE ROLE IN THE COMMUNITY.

PART III, LINE 4

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS TAKING INTO CONSIDERATION THE TRENDS IN HEALTH CARE COVERAGE, HISTORICAL ECONOMIC TRENDS, AND OTHER COLLECTION INDICATORS. MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCES PERIODICALLY THROUGHOUT THE YEAR BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY MAJOR PAYOR CATEGORY. THE RESULTS OF THE REVIEW ARE THEN UTILIZED TO MAKE MODIFICATIONS, AS NECESSARY, TO THE PROVISION FOR BAD DEBTS TO PROVIDE FOR AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. A SIGNIFICANT PORTION OF THE CORPORATION'S UNINSURED PATIENTS WILL BE UNWILLING TO PAY FOR THE SERVICES PROVIDED. THUS, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED.

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PART III, LINE 8

RATIONALE FOR INCLUSION OF THE MEDICARE SHORTFALL AS A COMMUNITY BENEFIT.

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

THE SOURCE USED FOR THE COSTING METHODOLOGY FOR THE AMOUNT REPORTED ON

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LINE 6 WAS THE 2014 MEDICARE COST REPORT.

PART III, LINE 9B

COLLECTION POLICY

THE COLLECTION POLICY AND PROCEDURES RELATED TO PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE ARE AS FOLLOWS: 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 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

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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 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

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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 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. I.E., 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.

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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 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

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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.

## 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 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

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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 A MYRIAD OF 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 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,

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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, 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

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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 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

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HOSPITAL WEBSITE WWW.EGH.ORG UNDER THE ICON "ABOUT US, COMMUNITY HEALTH NEEDS ASSESSMENT." ALSO, HARD COPIES ARE MADE AVAILABLE BY REQUEST; THROUGH EMAIL TRANSMISSION UPON REQUEST; AND THROUGH ONGOING COMMUNICATION TO THE ELKHART COUNTY COMMUNITY BY HOSPITAL REPRESENTATIVES. ELKHART GENERAL HOSPITAL STAFF ALSO PRESENTED THE RESULTS OF THE CHNA TO COMMUNITY GROUPS UPON REQUEST.

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.

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4. COMMUNITY INFORMATION

ELKHART COUNTY, INDIANA, WAS ESTABLISHED IN 1830, WITH THE ORIGINAL COUNTY SEAT IN DUNLAP, WHICH WAS LATER MOVED TO GOSHEN. TODAY ELKHART COUNTY HAS THREE GROWING CITIES, FOUR TOWNS, AND 16 TOWNSHIPS. ELKHART COUNTY IS LOCATED IN NORTHERN INDIANA AND BORDERS THE STATE OF MICHIGAN. THE COUNTY IS APPROXIMATELY 463.91 SQUARE MILES IN SIZE. ELKHART COUNTY LIES HALFWAY BETWEEN CHICAGO AND CLEVELAND AND IS CONVENIENTLY LOCATED NEAR INTERSTATE 80/90 AND THE INDIANA TOLL ROAD. ELKHART COUNTY'S SERVICE PROVIDERS HAVE A HISTORY OF ACTIVELY FORMING PARTNERSHIPS IN AN EFFORT TO MEET THE HEALTH NEEDS OF ITS RESIDENTS. ELKHART COUNTY 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 2014 U.S. CENSUS ESTIMATES, ELKHART COUNTY HAS A POPULATION OF 201,971, UP SLIGHTLY FROM THE 2013 ESTIMATE OF 200,563 WITH A MEDIAN HOUSEHOLD INCOME OF \$46,123 AND A PER CAPITA INCOME OF \$36,229. THE PERCENTAGE OF PERSONS 65 YEARS AND OLDER IS ESTIMATED AT 13.0%, AND 7.5% WERE UNDER FIVE YEARS OF AGE.

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CENSUS DATA SHOWED THAT 76.3% OF ELKHART COUNTY RESIDENTS ARE WHITE PERSONS NOT OF HISPANIC DESCENT; 14.9% ARE HISPANIC/LATINO; AND 6.1% ARE BLACK. ELKHART COUNTY'S LABOR FORCE WAS 94,513, OF WHICH 87,354 WERE EMPLOYED AND 7,159 PERSONS, OR 7.6% OF THE TOTAL LABOR FORCE, WERE UNEMPLOYED. IN 2014, THE COUNTY HEALTH RANKINGS, SPONSORED BY THE ROBERT WOOD JOHNSON FOUNDATION, RANKED ELKHART COUNTY AS THE 20TH HEALTHIEST COUNTY IN INDIANA OF ALL 92 COUNTIES FOR HEALTH OUTCOMES (A GAUGE OF THE HEALTH STATUS OF A COUNTY) AND 49TH 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.

#### 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 WELL-BEING OF THE COMMUNITIES WE SERVE. BEACON HEALTH SYSTEM IS COMMITTED TO CLINICAL EXCELLENCE, COMPASSIONATE CARE, AND THE ONGOING IMPROVEMENT

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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  
 DIFFERENT PERSPECTIVES, CULTURES, INTERESTS AND NEEDS OF OTHERS.

INTEGRITY - WE WILL CONTINUALLY DO THE RIGHT THING FOR OUR PATIENTS,  
 ASSOCIATES AND COMMUNITIES WE SERVE.

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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, DELIBERATE SEARCH FOR AND PARTNERSHIP 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, VICTIM ASSISTANCE, AND COMMUNITY HEALTH PROVIDERS.

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6. AFFILIATED HEALTH CARE SYSTEM

ELKHART GENERAL HOSPITAL'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN ELKHART COUNTY. THE 15 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.

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

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