

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ► **Attach to Form 990.**
 ► **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

GOSHEN HOSPITAL ASSOCIATION, INC.

Employer identification number

35-6001540

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		7,270	3,786,611.		3,786,611.	1.94%
b Medicaid (from Worksheet 3, column a)		8,381	30,290,763.	26,601,731.	3,689,032.	1.89%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		15,651	34,077,374.	26,601,731.	7,475,643.	3.83%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		24,796	1,723,263.	65,520.	1,657,743.	.85%
f Health professions education (from Worksheet 5)		738	667,184.	21,547.	645,637.	.33%
g Subsidized health services (from Worksheet 6)			18,949,984.		18,949,984.	9.69%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		87	762,230.		762,230.	.39%
j Total. Other Benefits		25,621	22,102,661.	87,067.	22,015,594.	11.26%
k Total. Add lines 7d and 7j		41,272	56,180,035.	26,688,798.	29,491,237.	15.09%

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://GOSHENHEALTH.COM/PROMO-PAGES/COMM</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>HTTPS://GOSHENHEALTH.COM/PROMO-PAGES/COMMUNITY-NEEDS</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group GOSHEN HOSPITAL ASSOCIATION, INC.

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group GOSHEN HOSPITAL ASSOCIATION, INC.

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

Policy Relating to Emergency Medical Care

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

Schedule H (Form 990) 2016

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group GOSHEN HOSPITAL ASSOCIATION, INC.

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

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Part V Facility Information *(continued)*

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

GOSHEN HOSPITAL ASSOCIATION, INC.:

PART V, SECTION B, LINE 5: THE HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH. THE HEALTH NEEDS OF ELKHART COUNTY WERE IDENTIFIED AND PRIORITIZED THROUGH A SYSTEMATIC DATA INFORMED PROCESS AND WITH THE INPUT OF INDIVIDUALS THROUGHOUT ELKHART COUNTY AND IN THE ELKHART COUNTY HEALTH DEPARTMENT.

MORE THAN 23,000 SURVEYS, AVAILABLE IN BOTH ENGLISH AND SPANISH, WERE SENT TO COMMUNITY MEMBERS, INCLUDING THE MINORITY POPULATIONS OF AMISH, HISPANIC AND AFRICAN-AMERICAN. PERSONS RECEIVING THE COMMUNITY SURVEY COULD RESPOND VIA A WEB LINK, THROUGH THE POST, OR BY PHONE (AVAILABLE 24/7) FROM THE LAST WEEK OF MAY 2015 THROUGH THE SECOND WEEK OF JUNE 2015. OVER 600 SURVEYS WERE RETURNED, 599 (93.2%) OF THESE FROM ELKHART COUNTY.

BESIDES PROVIDING RESIDENTIAL AND DEMOGRAPHIC INFORMATION, RECIPIENTS WERE ALSO ASKED TO RATE THEIR OWN HEALTH, THE COMMUNITY'S HEALTH, THE TOP HEALTH NEEDS IN THE COMMUNITY, WHETHER OR NOT THERE WERE ENOUGH PROGRAMS TO MEET THESE NEEDS, AND HOW GOSHEN HOSPITAL ASSOCIATION, INC. COULD IMPROVE. ELKHART COUNTY HEALTH DEPARTMENT OFFICIALS WERE ALSO CONSULTED. NO COMMENTS WERE RECEIVED FROM THE PUBLIC REGARDING THE LAST CHNA REPORT AND IMPLEMENTATION PLAN.

GOSHEN HOSPITAL ASSOCIATION, INC. CONTRACTED WITH THE BOWEN RESEARCH CENTER, DEPARTMENT OF FAMILY MEDICINE, INDIANA UNIVERSITY SCHOOL OF MEDICINE, TO ANALYZE PRIMARY DATA COLLECTED FROM THE SURVEYS. THE BOWEN

Part V Facility Information *(continued)*

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

CENTER ALSO ANALYZED VARIOUS EXISTING HEALTH, SOCIAL, AND ECONOMIC
SECONDARY DATA SETS. FOR CONTEXTUAL COMPARISONS, ELKHART COUNTY DATA WERE
COMPARED WITH KOSCIUSKO, LAGRANGE, MARSHALL, NOBLE AND ST. JOSEPH
COUNTIES, AS WELL AS THE STATE OF INDIANA.

GOSHEN HOSPITAL ASSOCIATION, INC.:

PART V, SECTION B, LINE 11: THE HEALTH NEEDS LISTED BELOW ACCOUNT FOR
96.6% OF THE HEALTH NEEDS IDENTIFIED BY COMMUNITY RESIDENTS AND SUPORTED
BY SECONDARY DATA FROM ELKHART COUNTY.

-OBESITY/EXERCISE/HEALTHY EATING

-ACCESS TO HEALTH SERVICES

-TREATMENT OF CHRONIC DISEASES

-MENTAL HEALTH/ADDICTION/DEPRESSION

-POVERTY

-HEALTH LITERACY

-TOBACCO USE/SMOKING

GOSHEN HOSPITAL ASSOCIATION, INC. CONSIDERED THE FOLLOWING SOURCES OF
INFORMATION IN PRIORITIZING THE HEALTH NEEDS THAT IT WOULD ADDRESS:

-COMMUNITY PRECEPTIONS - THESE WERE OBTAINED THROUGH THE COMMUNITY SURVEY

-STATISTICAL HEALTH INFORMATION - SECONDARY DATA FOR ELKHART COUNTY WAS
COMPARED TO ITS BENCHMARKS

-EXPERTISE OF HEALTH LEADERS - THE ELKHART COUNTY HEALTH DEPARTMENT ON THE
MOST SIGNIFICANT HEALTH NEEDS

AFTER CAREFUL CONSIDERATION, GOSHEN HOSPITAL ASSOCIATION, INC. HAS

Part V Facility Information (continued)

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

IDENTIFIED THE FOLLOWING HEALTH NEEDS IN RANK ORDER THAT IT IS BEST

EQUIPPED TO ADDRESS:

-OBESITY

-ACCESS TO HEALTH SERVICES

-MENTAL HEALTH ISSUES

-TREATMENT OF CHRONIC DISEASES - FOCUSING SPECIFICALLY ON DIABETES AND
HYPERTENSION, POTENTIALLY CANCER RELATED HEALTH ISSUES

-TOBACCO USE/SMOKING

IN ADDITION, GOSHEN HOSPITAL ASSOCIATION, INC. WILL INDIRECTLY ADDRESS
POVERTY. GOSHEN HOSPITAL ASSOCIATION, INC. IS ALSO AWARE OF AND SENSITIVE
TO THE HEALTH-RELATED NEEDS OF ALL MEMBERS OF THE COMMUNITY, AND
CONTINUALLY SEEKS INNOVATIVE WAYS FOR PROVIDING IMPROVED ACCESS TO HEALTH
SERVICES FOR THOSE IN POVERTY. THROUGH ONGOING PROGRAM DEVELOPMENT AND
MONITORING, GOSHEN HOSPITAL ASSOCIATION, INC. WILL CONTINUE EXISTING
PROGRAMS FOR ADDRESSING HEALTH LITERACY. HOWEVER, THE EXPERTISE OF GOSHEN
HEALTH IS BEST SUITED TO FORMALLY ADDRESS THE FIVE PRIORITY NEEDS NOTED.

GOSHEN HOSPITAL ASSOCIATION, INC. DID TAKE THE FOLLOWING ACTIONS DURING
TAX YEAR 2016 WITH RESPECT TO ITS PREVIOUSLY CONDUCTED CHNA:

HEALTH NEED IDENTIFIED: OBESITY

SERVICES WERE PROVIDED BY TEAM BARIATRICS WHICH IS A MULTI-DISCIPLINARY
PROGRAM FOR WEIGHT REDUCTION. IT PROVIDES BOTH SURGICAL AND NON-SURGICAL
WEIGHT LOSS OPTIONS. PROGRAMS ARE DESIGNED FOR THE PATIENT THROUGH A TEAM
APPROACH AND INCLUDES AN ON-SITE FITNESS CENTER, SUPPORT GROUPS, AND
COMMUNITY EDUCATION. THE NUMBER OF PERSONS SERVED IS 699.

Part V Facility Information *(continued)*

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

GOSHEN HOSPITAL ASSOCIATION, INC. OFFERED COMMUNITY PROGRAMS FOCUSING ON

OBESITY PREVENTION, NUTRITION, WEIGHT MANAGEMENT, RUN THE HALLS AND

HEALTHY STEPS TO HEALTHY WEIGHT. THE NUMBER OF PERSONS SERVED IS 480.

FITNESS CENTER CLASSES AND SEMINARS AS WELL AS AN ANNUAL GET UP AND GOSHEN

EVENT WAS OFFERED TO THE COMMUNITY. THE NUMBER OF PERSONS SERVED IS

13,116.

HEALTH NEED IDENTIFIED: ACCESS TO HEALTH SERVICES

A TOTAL OF 17 NEW PROVIDERS, PCPS AND SPECIALTY PHYSICIANS WERE UTILIZED

BY GOSHEN HOSPITAL ASSOCIATION, INC. TO HELP INCREASE THE ACCESS TO HEALTH

SERVICES. THE NUMBER OF PERSONS SERVED IS 3,357.

GOSHEN HOSPITAL ASSOCIATION, INC. PARTICIPATED IN NURSING CLINICALS AS WELL

AS PROVIDED VARIOUS TYPE OF EDUCATION TO MEDICAL STUDENTS AND OTHER HEALTH

PROFESSIONS. THE NUMBER OF PERSONS SERVED IS 733.

LOW OR NO-COST COMMUNITY SCREENING EVENTS WERE HOSTED IN THE COMMUNITY.

THE NUMBER OF PERSONS SERVED IS 2,465.

COMMUNITY FLU SHOT CLINICS WERE OFFERED TO THE COMMUNITY. THE NUMBER OF

PERSON SERVED IS 146.

GOSHEN HOSPITAL ASSOCIATION, INC. PROVIDES FREE ASSISTANCE TO COMMUNITY

MEMBERS WHO HAVE A NON-EMERGENCY, HEALTH RELATED QUESTION THROUGH NURSE ON

CALL SERVICES. THE NUMBER OF PERSONS SERVED IS 11,952.

HEALTH NEED IDENTIFIED: MENTAL HEALTH ACCESS AND COORDINATION

GOSHEN HOSPITAL ASSOCIATION, INC. COORDINATED A TELEMENTAL HEALTH PROJECT

IN WHICH PATIENTS COULD INTERACT WITH A MENTAL HEALTH PROFESSIONAL THROUGH

VIDEO CONFERENCING. THE NUMBER OF PERSONS SERVED IS 40.

SCREENINGS WERE CONDUCTED FOR DEPRESSION, DISTRESS AND MENTAL HEALTH. THE

Part V Facility Information *(continued)*

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

NUMBER OF PERSONS SERVED IS 66,691.

GROUP THERAPY WAS OFFERED BY THE CENTER FOR CANCER CARE. THE NUMBER OF PERSONS SERVED IS 31.

HEALTH NEED IDENTIFIED: TREATMENT OF CHRONIC CONDITIONS

QUALITY MEASURES REGARDING DIABETES, HEART FAILURE, DEPRESSION AND OTHER AREAS DETERMINED BY PAYORS ARE MONITORED AND USED TO EVALUATE PROCESSES AND WORKFLOWS TO IMPROVE THE QUALITY OF CARE PROVIDED TO PATIENTS. THE NUMBER OF PERSONS SERVED IS 36,634.

DIABETES EDUCATION, SUPPORT GROUPS, ACTION PLANS AND SEMINARS WERE PROVIDED BY GOSHEN HOSPITAL ASSOCIATION, INC. THE NUMBER OF PERSONS SERVED IS 2,069.

SERVICES LIKE COPD ACTION PLANNING AND OUTREACH TELEPHONE CALLS WERE ALSO CONDUCTED. THE NUMBER OF PERSONS SERVED IS 61.

AMBULATORY NURSE CARE COORDINATION WAS GIVEN TO HIGH RISK ACO PATIENTS. THE NUMBER OF PERSONS SERVED IS 1,390.

GOSHEN HOSPITAL ASSOCIATION, INC. COORDINATED SERVICES WITH HEALTH COACHES, HOME HEALTH CARE AND HOSPICE. THE NUMBER OF PERSONS SERVED IS 232.

A CHRONIC-DISEASE SUPPORT GROUP AS WELL AS CANCER SUPPORT AND COORDINATED WAS PROVIDED. THE NUMBER OF PERSONS SERVED IS 878,

HEALTH NEED IDENTIFIED: TOBACCO USE/SMOKING CESSATION

GOSHEN HOSPITAL ASSOCIATION, INC. PROVIDED TOBACCO EDUCATION AND SUPPORT GROUPS. THE NUMBER OF PERSONS SERVED IS 9,690.

Part V Facility Information *(continued)*

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

GOSHEN HOSPITAL ASSOCIATION, INC.:

PART V, SECTION B, LINE 13H: FAMILY SIZE IS ANOTHER FACTOR IN DETERMINING
DISCOUNTS GRANTED TO PATIENTS.

GOSHEN HOSPITAL ASSOCIATION, INC.

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://GOSHENHEALTH.COM/GOSHENHOSPITAL/MEDIA/FORMS-AND-APPLICATIONS/FINAL-](https://GOSHENHEALTH.COM/GOSHENHOSPITAL/MEDIA/FORMS-AND-APPLICATIONS/FINAL-)

GOSHEN HOSPITAL ASSOCIATION, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://GOSHENHEALTH.COM/PATIENT-TOOLS/PAY-ONLINE](https://GOSHENHEALTH.COM/PATIENT-TOOLS/PAY-ONLINE)

GOSHEN HOSPITAL ASSOCIATION, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://GOSHENHEALTH.COM/PATIENT-TOOLS/PAY-ONLINE](https://GOSHENHEALTH.COM/PATIENT-TOOLS/PAY-ONLINE)

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.
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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.

PART I, LINE 7:

GOSHEN HOSPITAL ASSOCIATION, INC. CALCULATED THE COST OF FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS, USING THE COST-TO-CHARGE RATIO DERIVED FROM SCHEDULE H, WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. OTHER BENEFITS AMOUNTS REPORTED ON LINE 7 WERE CALCULATED USING COSTS CHARGED DIRECTLY TO THE INDIVIDUAL PROGRAMS VIA THE FINANCIAL ACCOUNTING SYSTEM. AN INDIRECT COST ALLOCATION FACTOR FOR SHARED SERVICES IS ALSO CALCULATED AND INCLUDED IN APPLICABLE PROGRAMS LISTED IN OTHER BENEFITS.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 22,773,553.

PART II, COMMUNITY BUILDING ACTIVITIES:

GOSHEN HOSPITAL ASSOCIATION, INC. PROMOTED THE HEALTH OF ITS COMMUNITY BY SUPPORTING VARIOUS LOCAL ORGANIZATIONS THAT ENGAGE IN COMMUNITY BUILDING

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ACTIVITIES.

PART III, LINE 2:

GOSHEN HOSPITAL ASSOCIATION, INC.'S ANALYSIS AND ASSESSMENT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND RELATED BAD DEBT EXPENSE USES A RECEIPTS "LOOK-BACK" METHOD UTILIZING HISTORICAL PAYMENT DATA ON ACCOUNTS, INCLUDING CONTRACTUAL ADJUSTMENTS FOR PAYER DISCOUNTS, AS WELL AS PATIENT PAYMENTS, SUCH AS CO-PAYS AND DEDUCTIBLES, TO ESTABLISH ANTICIPATED COLLECTABILITY RATES FOR ACCOUNTS RECEIVABLE WITHIN EACH PAYER CATEGORY.

PART III, LINE 3:

GOSHEN HOSPITAL ASSOCIATION, INC. ESTIMATED THE POSSIBLE AMOUNT OF CHARITY CARE WITHIN BAD DEBT EXPENSE BY REVIEWING ACCOUNTS THAT WERE INTERNALLY CODED AS HAVING BEEN PROVIDED A FINANCIAL ASSISTANCE APPLICATION, BUT THAT WAS NOT COMPLETED BY THE PATIENT OR GUARANTOR, IN WHICH THE ACCOUNT WAS SUBSEQUENTLY WRITTEN OFF TO BAD DEBT.

PART III, LINE 4:

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THE FOLLOWING NARRATIVE ADDRESSES THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WHICH IS INCLUDED IN THE FOOTNOTES IN THE FINANCIAL STATEMENTS FOR GOSHEN HOSPITAL ASSOCIATION, INC.:

THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS, FOR ALL PAYORS, IS RECOGNIZED WHEN SERVICES ARE PROVIDED BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, CHANGES AND TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON ACCOUNTS RECEIVABLE PAYOR COMPOSITION AND AGING, THE SIGNIFICANCE OF INDIVIDUAL PAYORS TO OUTSTANDING ACCOUNTS RECEIVABLE BALANCES, AND HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, AS ADJUSTED FOR COLLECTION INDICATORS. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION OF UNCOLLECTED PATIENT ACCOUNTS AN THE ALLOWANCE FOR UNCOLLECTED ACCOUNTS. IN ADDITION, GOSHEN HOSPITAL FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES. PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE

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ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECITON
POLICIES OF GOSHEN HOSPITAL AND, IN CERTAIN CASES, ARE RECLASSIFIED TO
CHARITY CARE IF DEEMED TO OHERWISE MEET FINANCIAL ASSISTANCE POLICIES OF
GOSHEN HOSPITAL.

PART III, LINE 8:

ACTUAL MONTH TO DATE AND YEAR TO DATE REVENUES, CONTRACTUALS, REVENUE AND
ACCOUNTS RECEIVABLE RELATED RATIOS, AND REVENUE RELATED STATISTICS (DAYS,
DISCHARGES, ETC.) ARE COMPARED TO BUDGET AND PRIOR YEAR AMOUNTS ON A
MONTHLY BASIS BY THE CFO OF GOSHEN HOSPITAL'S DIRECTORS AND FINANCIAL
REPRESENTATIVES. ADDITIONALLY, ACTUAL CONTRACTUAL ALLOWANCE AS A
PERCENTAGE OF GROSS ACCOUNTS RECEIVABLE AND CONTRACTUAL PROVISION AS A
PERCENTAGE OF GROSS PATIENT CHARGES COMPARED TO BUDGETED AND PRIOR YEAR
AMOUNTS ARE MONTIORED. THIS IS DONE AS PART OF THE HOSPITAL'S MONTHLY
CLOSE PROCESS, EXPLANATIONS TO VARIANCES (OR NON-VARIANCES WHEN EXPECTED)
ARE RESEARCHED AND PROVIDED BY THE APPROPRIATE PERSONNEL AND REVIEWED WITH
MANAGEMENT OF THE HOSPITAL. THE FINANCE DEPARTMENT ALSO CONSIDERS THESE
KEY PERFORMANCE INDICATORS WHEN DEVELOPING THEIR ESTIMATES OF CONTRACTUAL

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ALLOWANCES TO ENSURE RECORDED AMOUNTS APPEAR REASONABLE BASED ON ACTUAL DATA AVAILABLE.

FINANCIAL REPRESENTATIVES PREPARE AND UPDATE THE CONTRACTUAL ALLOWANCE MODEL AS A BASIS FOR ALL THIRD PARTY PAYORS BASED ON ACTUAL STATISTICS (E.G. DISCHARGES, DAYS, ETC.) AND ON CURRENT REIMBURSEMENT RATES. THE MODEL ANALYZES PATIENT RECEIVABLES AND CONTRACTUAL ALLOWANCE BY PAYOR AND BY PATIENT STATUS. THE MODEL ESTIMATES THE COLLECTABILITY OF PATIENT ACCOUNTS BASED ON HISTORICAL COLLECTION RATES. FINANCE COLLEAGUES ALSO UPDATE THE MODEL TO ACCOUNT FOR CHANGES IN REIMBURSEMENT RULES. AFTER THE MODEL IS PREPARED, IT IS REVIEWED BY THE CHIEF FINANCIAL OFFICER FOR APPROPRIATENESS AND REASONABLENESS.

CONTRACTUAL ALLOWANCE CALCULATIONS ARE RECONCILED TO THE GENERAL LEDGER ON A MONTHLY BASIS. ONCE THE CALCULATION IS PREPARED, THE FINANCE DEPARTMENT ADJUSTS THE GENERAL LEDGER ACCOUNTS.

PART III, LINE 9B:

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FINANCIAL ASSISTANCE IS GRANTED TO THOSE PATIENTS UNABLE TO PAY ALL OR A PORTION OF THEIR BILL AND WHO ARE UNABLE TO QUALIFY FOR ASSISTANCE THROUGH FEDERAL AND STATE GOVERNMENT ASSISTANCE PROGRAMS. IF AFTER INSURANCE REIMBURSEMENT ADDITIONAL ASSISTANCE IS NEEDED, ALL PATIENTS MAY OBTAIN FINANCIAL ASSISTANCE IF THE INCOME CRITERIA ARE MET. ALL FINANCIAL ASSISTANCE APPLICATIONS ARE BASED ON POLICY GUIDELINES. UNINSURED PATIENTS ARE REQUIRED TO PROVIDE DOCUMENTATION AND AN APPLICATION. WHEN APPROVED, THE ADJUSTMENT IS APPLIED TO THE PATIENT'S ACCOUNT. FOR PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE OF FINANCIAL ASSISTANCE, PAYMENT PLANS AND LUMP SUM SETTLEMENTS ARE AVAILABLE. GOSHEN HOSPITAL ASSOCIATION, INC. ALSO PARTNERS WITH A LOCAL FINANCING INSTITUTION TO PROVIDE A FLEXIBLE AND AFFORDING FINANCING SOLUTION.

PART VI, LINE 2:

AS A COMMUNITY HOSPITAL, GOSHEN HOSPITAL ASSOCIATION, INC. IS DEDICATED TO MEETING THE SPECIFIC HEALTH CARE NEEDS OF OUR COMMUNITY. THE HOSPITAL HAS 123 PATIENT BEDS AND OVER 137 PHYSICIANS ON ITS MEDICAL STAFF IN NEARLY 25 SPECIALTIES. THESE PHYSICIANS, TOGETHER WITH OTHER DEDICATED

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PROFESSIONALS, PROVIDE A WIDE RANGE OF SERVICES INCLUDING THE FOLLOWING:
ACUTE MEDICAL & SURGICAL, EMERGENCY, HOME HEALTH, RADIOLOGY, LABORATORY,
CANCER CARE, BARIATRICS, WOMEN'S HEALTH, PAIN MANAGEMENT, SLEEP STUDIES,
REHABILITATION, PATIENT AND COMMUNITY HEALTH EDUCATION AND PROFESSIONAL
EDUCATION.

THE CENTER FOR CANCER CARE IS A LEADER IN INNOVATIVE CANCER TREATMENT. WE
WERE AMONG THE FIRST TO ADOPT A COMPREHENSIVE, MULTIDISCIPLINARY APPROACH
TO CANCER TREATMENT. WE OFFER HOLISTIC PROGRAMS FOR STRENGTHENING MINDS AS
WELL AS BODIES, PLACE A PREMIUM ON FAMILY INVOLVEMENT AND SPIRITUAL NEEDS,
AND ENCOURAGE PATIENTS TO PLAY A DECISION-MAKING ROLE IN TREATMENT
SELECTION. THE CENTER FOR CANCER CARE HAS SPECIALLY TRAINED SURGICAL
ONCOLOGISTS, A BREAST SURGEON, MEDICAL ONCOLOGISTS, A RADIATION
ONCOLOGIST, NATUROPATHIC PRACTITIONERS AND HIGHLY DISTINGUISHED MAGNET
DESIGNATED NURSES.

GOSHEN HOSPITAL ASSOCIATION, INC. IMPROVES THE HEALTH AND WELL-BEING OF
ITS COMMUNITIES BY PROVIDING COMMUNITY WELLNESS AND EDUCATION PROGRAMS.

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THROUGH LOCAL PARTNERSHIPS, THE HOSPITAL IDENTIFIES HEALTH ISSUES AND CREATES PROGRAMS TO ENSURE OUR COMMUNITY IS THE HEALTHIEST PLACE TO LIVE, WORK AND RAISE A FAMILY. THE FIRST OF THESE PROGRAMS COVER CPR, EMS, DIABETES, CHILDBIRTH, FITNESS, NUTRITION, COMMUNITY EDUCATION AND HEALTH SCREENINGS AND ELKHART COUNTY CHILDHOOD OBESITY INITIATIVE. THE CPR CLASS IS FOR ANYONE - PROFESSIONALS OR PRIVATE CITIZENS - WHO WANT TO KNOW HOW TO PERFORM LIFE-SAVING CARDIOPULMONARY RESUSCITATION; FIRST AID CLASSES ARE ALSO OFFERED. EMS TRAINING IS AVAILABLE FOR PERSONS INTERESTED IN BECOMING EMERGENCY MEDICAL TECHNICIANS OR FIREFIGHTERS. THE DIABETES EDUCATION HELPS PEOPLE DELAY THE ONSET AND SLOW THE PROGRESSION OF COMPLICATIONS FROM THIS DISEASE. IT INCLUDES SEMINARS, SUPPORT GROUPS, CONSULTATIONS AND SCREENINGS. CHILDBIRTH EDUCATION PREPARES EXPECTANT MOTHERS AND THEIR FAMILIES DURING THIS SIGNIFICANT TIME IN THEIR LIFE. CLASSES REVIEW MANY ASPECTS OF CHILDBIRTH INCLUDING LABOR REHEARSAL, CESAREAN DELIVERIES, SINGLE-TEEN ISSUES, BREAST FEEDING AND A CLASS JUST FOR SIBLINGS.

IN ADDITION TO VARIOUS COMMUNITY WELLNESS AND EDUCATION PROGRAMS, GOSHEN

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HOSPITAL ASSOCIATION, INC. PROVIDES A FULL-SERVICES RESOURCE FOR COMPEHENSIVE HEALTH INFORMATION AND ASSISTANCE. NURSE ON CALL (NOC) IS FULL-SERVICE, MULTI-LINGUAL HEALTH INFORMATION, REFERRAL AND NURSE TRIAGE TELEPHONE SERVICE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK. NOC IS STAFFED BY SPECIALLY TRAINED, KNOWLEDGEABLE AND EXPERIENCED REGISTERED NURSES. THIS FREE SERVICE PROVIDES MEDICAL GUIDANCE WHEN SICK OR INJURED, INFORMATION ON PHYSICIANS IN THE AREA, REFERRALS TO COMMUNITY RESOURCES AND REGISTRATION FOR CLASSES AND EVENTS.

PART VI, LINE 3:

UNINSURED PATIENTS ARE SCREENED DURING THE PRE-REGISTRATION PROCESS FOR ELIGIBILITY IN THE HEALTHY INDIANA PLAN AND OFFER ANY OTHER KNOWN SOURCES OF FINANCIAL ASSISTANCE. ALL REGISTRATION LOCATIONS HAVE FINANCIAL ASISSTANCE FORMS AVAILABLE FOR SELF-PAY PATIENTS TO COMPLETE AND WILL HAVE INFORMATION ON THE CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE. APPLICATIONS ARE ALSO PROVIDED TO ANY PATIENTS WITH A BALANCE DUE WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE. COUNSELORS ARE AVAILABLE TO PATIENTS TO AID IN THE APPLICATION PROCESS INCLUDING THE COLLECTION OF

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INFORMATION TO COMPLETE THE APPLICATION. PAYMENT OPTIONS AND INFORMATION ON FINANCIAL ASSISTANCE IS AVAILABLE ON THE HOSPITAL'S WEBSITE. PATIENTS MAY DOWNLOAD A PRELIMINARY APPLICATION, AND THE PATIENT AGREEMENT ASSOCIATED WITH FINANCIAL ASSISTANCE FROM THE WEBSITE, THIS INFORMATION IS AVAILABLE IN ENGLISH AND SPANISH.

PART VI, LINE 4:

GOSHEN HOSPITAL SERVES THE NORTHERN INDIANA AREA IN ELKHART COUNTY. ACCORDING TO THE 2016 CENSUS, THE POPULATION OF ELKHART COUNTY IS 203,781. THE MEDIAN INCOME FOR A HOUSEHOLD IS ELKHART COUNTY BASED ON THE 2016 CENSUS IS \$47,913. APPROXIMATELY 12.4% OF FAMILIES AND 16.1% OF THE POPULATION WERE BELOW THE POVERTY LINE, INCLUDING 23.7% OF THOSE UNDER THE AGE 18 AND 6.1% OF THOSE AGE 65 AND OVER. THE RACIAL MAKEUP OF THE COUNTY WAS ABOUT 75.5% WHITE, 6.2% AFRICAN AMERICAN, AND 15.5% HISPANIC OR LATINO. THE REMAINING 2.8% OF THE POPULATION IS A MAKEUP OF ALL OTHER RACES.

PART VI, LINE 5:

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ALL OF THE HOSPITAL'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA. A MAJORITY OF THE BOARD MEMBERS ARE INDEPENDENT OF THE ORGANIZATION. THE GOVERNING BODY APPROVES MEDICAL STAFF PRIVELEGES AS INDICATED IN THE ORGANIZATION'S CREDENTIALING AND PRIVELEGING POLICIES AND AS RECOMMENDED BY THE MEDICAL EXECUTIVE COMMITTEE OF THE HOSPITAL. THE HOSPITAL'S GOVERNING BODY APPROVES THE ANNUAL OPERATING BUDGET FOR THE HOSPITAL AND THE EXPENDITURE OF CAPITAL FUNDS ABOVE CERTAIN DOLLAR AMOUNTS. THE GOVERNING BODY ALSO PARTICIPATES IN STRATEGIC PLANNING INITIATIVES TO DETERMINE GOALS OBJECTIVES FOCUSED ON PATIENT CARE FOR THE COMMUNITY.

PART VI, LINE 6:

HOSPITAL MANAGEMENT PROVIDES IU HEALTH WITH THE HOSPITAL'S ANNUAL OPERATING BUDGET AND KEY STRATEGIC OBJECTIVES. IN ADDITION, THE HOSPITAL MANAGEMENT PROVIDES GOSHEN HOSPITAL ASSOCIATION, INC. WITH VARIOUS KEY METRICS INVOLVING PATIENT SATISFACTION, PATIENT QUALITY AND COLLEAGUE SATISFACTION. GOSHEN HOSPITAL ASSOCIATION, INC. REVIEWS THE DATA TO ENSURE KEY INITIATIVES ARE FOCUSED TOWARDS THE PROMOTING AND MEETING THE

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HEALTHCARE NEEDS OF THE COMMUNITIES. IN ADDITION, THE HOSPITAL
COLLABORATES WITH IU HEALTH TO PROVIDE NECESSARY NURSING EDUCATION AND
PHYSICIAN RECRUITMENT TO ASSIST IN MEETING THE HEALTH NEEDS OF THE
COMMUNITY.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:
IN