

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **CAMERON MEMORIAL COMMUNITY HOSPITAL, INC** Employer identification number **35-0211370**

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<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 checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<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 checked="" type="checkbox"/>	
<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 _____ %		
<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"?	<input checked="" type="checkbox"/>	
<b>5a</b> 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>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
<b>c</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?		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			303,701.		303,701.	.47%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			9125037.	4782472.	4342565.	6.68%
<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 .....			9428738.	4782472.	4646266.	7.15%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			165,380.		165,380.	.25%
<b>f</b> Health professions education (from Worksheet 5) .....						
<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) .....			16,415.		16,415.	.03%
<b>j Total.</b> Other Benefits .....			181,795.		181,795.	.28%
<b>k Total.</b> Add lines 7d and 7j .....			9610533.	4782472.	4828061.	7.43%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>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 .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE PART V</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
<b>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 checked="" 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? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
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):		
<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> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</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"/> 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		
<b>h</b> <input checked="" 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"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

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

	Yes	No
<p><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 nonpayment? .....</p>	<b>X</b>	
<p><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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><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? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		<b>X</b>
<p><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):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations</p> <p>e <input checked="" type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

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

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

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

		Yes	No			
<p><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.</p> <p><b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p><b>b</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p><b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p><b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>						
<p><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? .....</p> <p>If "Yes," explain in Section C.</p>		<b>23</b>	<b>X</b>			
<p><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? .....</p> <p>If "Yes," explain in Section C.</p>		<b>24</b>	<b>X</b>			

**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.

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 5: DESCRIPTION OF COMMUNITY INPUT:

CAMERON MEMORIAL COMMUNITY HOSPITAL (CMCH) CONTRACTED WITH THE INDIANA RURAL HEALTH ASSOCIATION (IRHA) TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). IRHA FIRST IDENTIFIED THE COMMUNITY SERVED BY CMCH THROUGH CONVERSATIONS WITH THE HOSPITAL. BASED ON A REVIEW OF PATIENT ZIP CODES, THE HOSPITAL WAS ABLE TO DEFINE THE COMMUNITY SERVED AS ALL POSTAL CODES WITHIN THE GEOGRAPHIC AREA OF STEUBEN COUNTY. THE HOSPITAL PROVIDED A PRIMARY SERVICE AREA MAP WITH ZIP CODES. NEXT, A STEERING COMMITTEE OF STEUBEN COUNTY REPRESENTATIVES WAS ORGANIZED WITH THE HELP OF THE CAMERON MEMORIAL COMMUNITY HOSPITAL CEO. BUSINESS OWNERS, LOCAL OFFICIALS, HEALTHCARE PROVIDERS, MINORITY LEADERS, CLERGY, STUDENT REPRESENTATIVES, AND ANY OTHER INTERESTED PARTIES WERE INVITED TO ATTEND THE MEETING TO DISCUSS THE HEALTH-RELATED NEEDS OF THE COUNTY WITH A VIEW TO IDENTIFYING THE AREAS OF GREATEST CONCERN. FROM THE INFORMATION OBTAINED IN THE STEERING COMMITTEE, A 43-QUESTION SURVEY WAS DEVELOPED TO GAIN THE PERSPECTIVE OF THE INHABITANTS OF THE COMMUNITY. QUESTIONS INCLUDED QUERIES ABOUT THE EFFECT OF VARIOUS FACTORS (SUCH AS ILLEGAL DRUGS, TEEN PREGNANCY, AND OBESITY), AS WELL AS PROBES INTO THE PERCEIVED NEED FOR VARIOUS SERVICES AND FACILITIES IN THE COUNTY. THE SURVEY WAS WIDELY DISSEMINATED TO THE RESIDENTS OF STEUBEN COUNTY THROUGH INCLUSION ON THE CAMERON MEMORIAL COMMUNITY HOSPITAL'S WEBSITE, FACE-TO-FACE POLLING AT FREMONT VILLAGE FOODS, A POPULAR GROCERY STORE IN FREMONT, IN; SUTTON'S DELI, A RESTAURANT ON THE TOWN SQUARE IN ANGOLA; AND THE ANGOLA RURAL KING. AN ONLINE SURVEY POSTED ON SURVEYMONKEY.COM WAS ALSO MADE AVAILABLE TO THE PUBLIC.

**Part V Facility Information** *(continued)*

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

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

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

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

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

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

ON THE WEB PAGE UNDER "ABOUT US" CLICK ON THE LINK "COMMUNITY HEALTH NEEDS ASSESSMENT" TO ACCESS THE HOSPITAL'S MOST CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT OR COPY AND ENTER THE FOLLOWING WEB ADDRESS INTO THE INTERNET BROWSER: [HTTPS://WWW.CAMERONMCH.COM/DOCS/CAMERON\\_2016\\_CHNA\\_FINAL.PDF](https://www.cameronmch.com/docs/cameron_2016_chna_final.pdf)

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 11: IMPLEMENTATION UPDATE:

THERE WERE FOUR SIGNIFICANT NEEDS IDENTIFIED IN THE HOSPITAL'S MOST RECENTLY CONDUCTED FISCAL YEAR ENDING 2016 CHNA. BELOW IS A SUMMARY OF THE NEEDS IDENTIFIED AND PRIORITIZED IN THE APPROVED IMPLEMENTATION STRATEGY WITH AN UPDATE FOR THE YEAR.

NEED 1: EDUCATION AND PREVENTION

NEED IS BEING ADDRESS DURING THE YEAR: CMCH WILL INVESTIGATE OPPORTUNITIES FOR PARTNERSHIPS WITH AREA AGENCIES WHO ARE THE "EXPERTS" ON THE TOPICS IDENTIFIED, TO OFFER EDUCATION (EX. ILLEGAL DRUG USE, ALCOHOL ABUSE,

**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.

METHAMPHETAMINE, TOBACCO USE, OBESITY) WITHIN THE COMMUNITY. CAMERON WILL ALSO RESEARCH HOSTING EDUCATIONAL OPPORTUNITIES WHERE AND WHEN IT MAKES SENSE.

UPDATE: CAMERON MEMORIAL COMMUNITY HOSPITAL HAS A CERTIFIED DIABETIC EDUCATOR WHO OFFERS COMMUNITY CLASSES AND EDUCATION. NUMEROUS LEADERSHIP PEOPLE FROM THE CAMERON MEMORIAL COMMUNITY HOSPITAL SIT ON COMMUNITY BOARDS SUCH AS UNITED WAY AND THE YMCA AND ARE REGULARLY COLLABORATING ON PROGRAMS THAT ARE AIMED AT EDUCATING THE COMMUNITY ON A VARIETY OF HEALTH AND WELLNESS TOPICS. CAMERON MEMORIAL COMMUNITY HOSPITAL RESTRUCTURED THE POSITION OF HEALTH AND WELLNESS COORDINATOR DURING FISCAL YEAR 2018. THIS POSITION COLLABORATES WITH LOCAL ORGANIZATIONS SUCH AS 'SHAPE UP STEUBEN' TO ENSURE THE HOSPITAL HAS A VOICE AT THE TABLE FOR HEALTH AND WELLNESS INITIATIVES IN THE COMMUNITY. THIS POSITION IS ADDITIONALLY RESPONSIBLE TO HELP PROMOTE HEALTH AND WELLNESS INTERNALLY BY ORGANIZING A WEIGHT WATCHERS PROGRAM FOR OUR INTERNAL EMPLOYEES, WHICH WAS MADE AVAILABLE FOR PAYROLL DEDUCTION.

NEED 2: MENTAL HEALTH AND DRUG TREATMENT

NEED IS BEING ADDRESSED DURING THE YEAR: CMCH WILL DEMONSTRATE LEADERSHIP AS A CHAMPION OF INCREASED AVAILABILITY OF MENTAL AND BEHAVIORAL HEALTH SERVICES FOR RESIDENTS OF STEUBEN COUNTY.

UPDATE: IN SEPTEMBER 2016 CAMERON MEMORIAL COMMUNITY HOSPITAL OPENED THE CAMERON SENIOR LIFE SOLUTIONS SERVICE FOR THE COMMUNITY. THIS SERVICE WAS DESIGNED TO ASSIST THE SENIOR POPULATION OF THE AREA TO DEAL WITH ISSUES SUCH AS ANXIETY, DEPRESSION, AND INABILITY TO DEAL WITH GRIEF, ANGER, ETC. IN JULY 2018, CAMERON SENIOR LIFE SOLUTIONS WAS DISSOLVED AND A PSYCHIATRIST WAS RECRUITED FOR CAMERON PSYCHIATRY. THE PSYCHIATRIST DIDN'T

**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.

START SEEING PATIENTS IN STEUBEN COUNTY UNTIL JUNE OF 2019.

NEED 3: CHRONIC DISEASE

NEED IS BEING ADRESSED DURING THE YEAR: CMCH WILL SERVE AS THE CHAMPION IN STEUBEN COUNTY TO LEAD THE WORK IN IMPROVING OVERALL HEALTH IN THE AREA AS IT RELATES TO CHRONIC DISEASE (INCLUDING, BUT NOT LIMITED TO; OBESITY, DIABETES, HEART DISEASE AND STROKE.)

UPDATE: CMCH STILL PARTICIPATES IN THE STROKE CARE NOW NETWORK. DURING FISCAL YEAR 2018, WE HAVE ENSURED A CERTIFIED DIABETIC EDUCATOR IS EXCLUSIVELY AVAILABLE FOR DIABETIC EDUCATION FROM 7:30 AM - 4:00 PM ON TUESDAYS. THE PROGRAM THEY PROVIDE IS RECOGNIZED THROUGH THE AMERICAN DIABETES ASSOCIATION. WE ALSO PROVIDE EDUCATIONAL PROGRAMS AND SCREENINGS TO THE COMMUNITY AND EMPLOYERS THROUGH OUR OCCUPATIONAL HEALTH DEPARTMENT.

NEED 4: PARENTING AND FAMILY SUPPORT AND EDUCATION

NEED IS BEING ADRESSED DURING THE YEAR: CMCH WILL PARTNER WITH AREA AGENCIES WHEN APPROPRIATE TO OFFER EDUCATIONAL OPPORTUNITIES THAT SUPPORT RESIDENTS OF ALL AGES.

UPDATE: CMCH CONTINUES TO HAVE A BIRTH PLANNER NURSE EDUCATOR TO SUPPORT AND EDUCATE NEW PARENTS AND MOMS ON PARENTING SKILLS. A GRANT WAS SECURED IN PARTNERHSHIP WITH THE PURDUE EXTENSION OFFICE TO BEGIN THE WORKSHOP OF BRINGING BABY HOME. THIS WORKSHOP PROVIDES TOOLS TO PARENTS THEY CAN USE TO BECOME THE BEST PARENTING TEAM POSSIBLE.

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 13B: IN ADDITION TO FPG, ELIGIBILITY FOR FINANCIAL

**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.

ASSISTANCE ALSO CONSIDERS THE FOLLOWING INCOME SOURCES IF PATIENTS CLAIM NO INCOME: INCOME FROM CHILD SUPPORT, PENSION, RENTAL, EDUCATION, AND OTHER FINANCIAL SUPPORT FROM FAMILY MEMBERS NOT LIVING IN THE HOUSEHOLD.

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 16J: LOCATION TO FINANCIAL ASSISTANCE POLICIES AND FORMS:

ON THE WEB PAGE UNDER "ABOUT US" CLICK ON THE LINK "BUSINESS OFFICE" TO ACCESS THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY INFORMATION.

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

PART V, SECTION B, LINE 20E: OTHER ACTIONS TAKEN BEFORE INITIATING ANY COLLECTION ACTIONS:

FOR INPATIENTS A HOSPITAL REPRESENTATIVE VISITS THE PATIENT AND DISCUSSES WITH THEM ABOUT PAYMENT OPTIONS INCLUDING THE FINANCIAL ASSISTANCE POLICY; FOR OUTPATIENTS AND OTHER PATIENTS THE BUSINESS OFFICE CALLS AND DISCUSSES THE SAME OPTIONS.

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

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

[HTTPS://WWW.CAMERONMCH.COM/GETPAGE.PHP?NAME=COMMUNITY\\_NEEDS\\_ASSESSMENT&SUB=ABOUT%20US](https://www.cameronmch.com/getpage.php?name=community_needs_assessment&sub=about%20us)

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

**Part V Facility Information** *(continued)*

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

PART V, SECTION B, LINE 10A URL FOR IMPLEMENTATION STRATEGY:

[HTTPS://WWW.CAMERONMCH.COM/GETPAGE.PHP?NAME=COMMUNITY\\_NEEDS\\_ASSESSMENT&S  
UB=ABOUT%20US](https://www.cameronmch.com/getpage.php?name=community_needs_assessment&S UB=ABOUT%20US)

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.CAMERONMCH.COM/GETPAGE.PHP?NAME=OFFICE](https://www.cameronmch.com/getpage.php?name=office)

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.CAMERONMCH.COM/GETPAGE.PHP?NAME=OFFICE](https://www.cameronmch.com/getpage.php?name=office)

CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.:

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

[HTTPS://WWW.CAMERONMCH.COM/GETPAGE.PHP?NAME=OFFICE](https://www.cameronmch.com/getpage.php?name=office)



**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.

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**PART I, LINE 3C:**

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

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

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**PART I, LINE 7:**

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

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**PART II, COMMUNITY BUILDING ACTIVITIES:**

**CAMERON MEMORIAL COMMUNITY HOSPITAL HAS ROOTS IN THIS AREA DATING BACK TO 1926, HELPING GENERATION AFTER GENERATION ENJOY BETTER HEALTH AND LIVE COMFORTABLY. TODAY, WE'RE A 25-BED, NOT-FOR-PROFIT FACILITY THAT PROUDLY**

**Part VI** Supplemental Information (Continuation)

SERVES ANGOLA AND STEUBEN COUNTY AS A TOP 100 CRITICAL ACCESS HOSPITAL, A RECOGNITION THAT ILLUSTRATES THE EXCEPTIONAL VALUE CAMERON PROVIDES TO THE COMMUNITY. CAMERON IS ALSO THE ONLY CRITICAL ACCESS HOSPITAL IN A 50-MILE RADIUS TO BE NAMED AS A 4-STAR HOSPITAL BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES. THE HOSPITAL'S MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR THOSE WE SERVE THROUGH RELATIONSHIPS FOCUSED ON HEALTH AND WELLNESS. OUR TEAM OF EXPERIENCED PHYSICIANS, PROFESSIONAL HEALTHCARE PROVIDERS AND KNOWLEDGEABLE STAFF STRIVE TO MEET THIS MISSION EVERY DAY BY PROVIDING OUTSTANDING, PERSONALIZED CARE BACKED BY ADVANCED TECHNOLOGY AND A COMMITMENT TO OUR COMMUNITY.

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

IN 2016, OUR COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED AREAS OF OPPORTUNITY FOR MENTAL HEALTH SUPPORT. IN 2019, CAMERON HOSPITAL WILL ADD CAMERON PSYCHIATRY TO OUR SERVICE LINE OFFERINGS, BRINGING A LICENSED PSYCHIATRIST WITH OVER 40 YEARS' EXPERIENCE TO STEUBEN COUNTY. AS PART OF CAMERON MEDICAL GROUP, DR. MERCADO AND HIS TEAM CARE FOR THE PSYCHOLOGICAL WELL-BEING OF PATIENTS 18 YEARS AND OLDER STRUGGLING WITH TRAUMA, ANXIETY OR DEPRESSION IN AN OUTPATIENT SETTING. IN 2019, CAMERON HOSPITAL WILL AGAIN LAUNCH A COMMUNITY HEALTH NEEDS ASSESSMENT FOCUS GROUP AND SURVEY TO

**Part VI** Supplemental Information (Continuation)

DETERMINE THE CHANGING NEEDS OF THE COMMUNITY.

LASTLY, WE UNDERSTAND THE IMPORTANCE OF ACCESS TO HEALTHY FOOD AND  
BALANCED NUTRITION. THE CAMERON COMMUNITY WELLNESS GARDEN IS OPEN TO  
COMMUNITY MEMBERS AT NO COST TO THEM. THE GARDENERS RESERVE THEIR SPOTS  
IN THE GARDEN AND MAINTAIN THEIR CROPS UNTIL THE FALL. FOR THE SECOND  
YEAR IN A ROW, THE PLOTS HAVE ALL BEEN FILLED.

PART III, LINE 2:

MANAGEMENT REGULARLY REVIEWS DATA ABOUT THE MAJOR PAYOR SOURCES OF REVENUE  
IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.  
FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE  
THIRD PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND  
PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR BAD  
DEBTS, IF NECESSARY. FOR RECEIVABLES ASSOCIATED WITH SELF PAY PAYMENTS,  
WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH  
DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD PARTY COVERAGE  
EXISTS FOR PART OF THE BILL, THE HOSPITAL RECORDS A SIGNIFICANT PROVISION  
FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF PAST EXPERIENCE,  
WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE  
PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE  
PROVISION FOR BAD DEBTS RELATING TO PATIENT SERVICE REVENUE HAS BEEN  
PRESENTED AT THE ACTUAL AMOUNT OF CHARGES WRITTEN OFF.

PART III, LINE 3:

THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY WHICH STATES THAT  
TO PARTICIPATE IN CHARITY CARE CANDIDATES MUST COOPERATE FULLY. IN  
ADDITION THE HOSPITAL EDUCATES PATIENTS WILL LIMITED ABILITY TO PAY  
REGARDING FINANCIAL ASSISTANCE. FOR THIS REASON THE ORGANIZATION BELIEVES

**Part VI** Supplemental Information (Continuation)

THAT IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY AND THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE.

PART III, LINE 4:

EXPLANATION OF FINANCIAL STATEMENT FOOTNOTE:

SEE THE AUDITED FINANCIAL STATEMENT FOOTNOTE 2 "ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS" LOCATED ON PAGE 8 AND 9 OF THE AUDITED FINANCIAL STATEMENTS.

PART III, LINE 8:

THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN PROVIDED FROM THE YEAR ENDED 9/30/2018 MEDICARE COST REPORT: HOSPITAL STATEMENT OF REIMBURSABLE COST.

PART III, LINE 9B:

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

**Part VI** Supplemental Information (Continuation)

## PART VI, LINE 2:

## DESCRIPTION OF HOW COMMUNITY HEALTH CARE NEEDS ARE ASSESSED:

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

## PART VI, LINE 3:

## DESCRIPTION OF PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

THE CHARITY CARE POLICY IS AVAILABLE IN THE ER AND REGISTRATION AREAS OF THE HOSPITAL. CAMERON DISTRIBUTES AN "IMPORTANT BILLING INFORMATION FOR UNINSURED PATIENTS" HANDOUT TO EVERY UNINSURED PATIENT. THIS HANDOUT IS DESIGNED TO HELP PATIENTS UNDERSTAND THE BILLING PROCESS, PAYMENT OPTIONS AND FINANCIAL ASSISTANCE THAT IS AVAILABLE. WE HAVE FINANCIAL COUNSELORS AVAILABLE TO DISCUSS WITH THE PATIENTS' FEDERAL, STATE AND HOSPITAL FINANCIAL ASSISTANCE PROGRAMS AND ASSIST WITH ENROLLMENT PROGRAMS, WHEN APPLICABLE. CAMERON IS AN APPROVED INDIANA MEDICAID ENROLLMENT CENTER FOR OUR PATIENTS.

## PART VI, LINE 4:

## DESCRIPTION OF COMMUNITY DEMOGRAPHICS:

CAMERON MEMORIAL COMMUNITY HOSPITAL WAS OPENED IN 1926 AND IS LOCATED IN ANGOLA, INDIANA. ANGOLA IS LOCATED IN STEUBEN COUNTY, APPROXIMATELY 45 MILES NORTH OF FORT WAYNE, INDIANA. SINCE CAMERON HOSPITAL IS LOCATED IN EXTREME NORTHEAST INDIANA, IT SERVES PATIENTS FROM COMMUNITIES IN SOUTHWEST MICHIGAN AND NORTHWEST OHIO AS WELL. CAMERON HOSPITAL IS ONE OF

**Part VI** Supplemental Information (Continuation)

THE LARGEST EMPLOYERS IN STEUBEN COUNTY. THE HEALTH CARE SECTOR IS IMPORTANT TO THE COUNTY'S ECONOMY, AS IT EMPLOYS A LARGE NUMBER OF ITS RESIDENTS, WHO PURCHASE A LARGE AMOUNT OF GOODS AND SERVICES FROM THE BUSINESSES LOCATED IN STEUBEN COUNTY. AS OF THE 2010 CENSUS, THE CITY OF ANGOLA HAD A POPULATION OF 8,612, WHILE THE STEUBEN COUNTY POPULATION WAS 34,185. DURING THE SUMMER MONTHS THE POPULATION IN STEUBEN COUNTY DRASTICALLY INCREASES DUE TO THE NUMEROUS LAKES IN THE COUNTY. THE CHARACTERISTICS OF THE POPULATION ARE FACTORS IN DETERMINING THE HEALTH CARE SERVICES THAT OUR COMMUNITY REQUIRES. THE PERCENTAGE OF THE POPULATION IN THE COMMUNITY OVER 65 YEARS OLD IS 20.2%. IN FISCAL YEAR 2018, CAMERON HOSPITAL HAD 135,000 OUTPATIENT VISITS AND 85% OF OUR PATIENT REVENUE WAS OUTPATIENT. THE FACILITY OPERATES AS AN INDEPENDENT CRITICAL ACCESS HOSPITAL AND RECEIVES COST-BASED REIMBURSEMENT.

PART VI, LINE 5:

DESCRIPTION OF OTHER COMMUNITY HEALTH PROMOTION:

THE HOSPITAL IS VERY COMMITTED TO THE COMMUNITY BY SUPPORTING VARIOUS GROUPS AND NOT-FOR-PROFIT ORGANIZATIONS. NUMEROUS HAVE BEEN PROVIDED THROUGHOUT THE YEAR, SUPPORTING THE AREAS OF HEALTH, EDUCATION, AND SAFETY. ADDITIONALLY, HOSPITAL STAFF AND PHYSICIANS DONATE MANY HOURS OF THEIR TIME TO SERVE IN THE FAITH COMMUNITY CLINIC WHICH ASSISTS THE POOR AND UNDERSERVED OF THE COMMUNITY. FINALLY, THE HOSPITAL PARTNERS WITH AREA EMERGENCY PERSONNEL TO ASSIST WITH DISASTER PREPAREDNESS IN OUR COUNTY. THE HOSPITAL FEELS THAT DISASTER PREPAREDNESS IS AN IMPORTANT ROLE FOR IT TO PLAY IN OUR COMMUNITY, ASSISTING RESIDENTS IN THE EVENT OF A NATURAL DISASTER, INDUSTRIAL ACCIDENT OF OTHER LARGE SCALE EMERGENCY. THE HOSPITAL OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY. IN ADDITION TO PROVIDING EMERGENCY SERVICES, THE HOSPITAL PROVIDES

**Part VI** Supplemental Information (Continuation)

MINOR EMERGENCY AND URGENT CARE SERVICES TO ALL REGARDLESS OF ABILITY TO PAY. THE HOSPITAL PARTICIPATES IN MEDICAID, MEDICARE, CHAMPUS, AND/OR OTHER GOVERNMENT SPONSORED HEALTH PROGRAMS. IN ADDITION TO OUR PARTICIPATION IN THESE PROGRAMS, THE HOSPITAL ABSORBED MORE THAN \$481,836 IN UNREIMBURSED MEDICARE COSTS DURING FISCAL YEAR 2018. IN ADDITION, THE HOSPITAL ALSO ABSORBED \$4,343,044 IN UNREIMBURSED MEDICAID COSTS DURING FISCAL YEAR 2018. THE HOSPITAL ALSO PARTICIPATES IN A COMMUNITY CLINIC FOR POOR AND LOW INCOME RESIDENTS, WHEREIN LAB, RADIOLOGY, AND REHAB COST ARE ENTIRELY WRITTEN OFF. ALTHOUGH THE PRIMARY CARE PHYSICIANS ARE NOT EMPLOYEED STAFF OF THE HOSPITAL, A NUMBER OF PHYSICIANS VOLUNTEER THEIR SERVICES AT THE CLINIC. THE HOSPITAL OFFERS A COMPASSIONATE CARE PROGRAM TO ELIGIBLE PARTICIPANTS BASED ON THE FEDERAL POVERTY GUIDELINES AT THE 300% LEVEL. IN FISCAL YEAR 2018 THE HOSPITAL ABSORBED \$303,717 IN CHARITY CARE COSTS. CAMERON ALSO PROVIDES SCREENINGS FOR RESIDENTS WHO ARE UNINSURED OR UNDERINSURED INCLUDING: PSA SCREENINGS, SKIN CANCER SCREENINGS, BREAST CANCER SCREENINGS AND BLOOD GLUCOSE TESTING FOR DIABETES OR PRE-DIABETES. THE HOSPITAL HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED IN THE AREA. THE GOVERNING BODY (BOARD OF DIRECTORS) CONSISTS OF INDEPENDENT PEOPLE REPRESENTATIVE OF THE COMMUNITY WE SERVE. THE HOSPITAL RECEIVES STRONG SUPPORT FROM AREA RESIDENTS AS EVIDENCED BY THE LARGE BODY OF VOLUNTEERS COMMITTED TO FURTHERING THE HOSPITAL'S MISSION. CAMERON IS PROUD TO PROVIDE OUR COMMUNITY WITH AN STI CLINIC WHICH OPENED IN AUGUST 2018. WE ARE ALSO HONORED TO STAFF THE CLINIC WITH AN AMAZING TEAM OF SKILLED CAMERON VOLUNTEERS INCLUDING A CAMERON MIDWIFE, NURSE PRACTITIONER, STAFF NURSE (OUR CEO), A LICENSED COUNSELOR, AND A MEMBER OF OUR OFFICE STAFF WHO HELPS TO REGISTER PATIENTS. FURTHERMORE, THIS INCREDIBLE TEAM HAS VOLUNTEERED 108 HOURS OF TIME IN FISCAL YEAR 2018 TO ENSURE PATIENT NEEDS

