

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

- ▶ **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).**

**Open to Public Inspection**

<b>Name of the organization</b>	<b>Employer identification number</b>
GOSHEN HOSPITAL ASSOCIATION, INC.	35-6001540

**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 .....	<b>1a</b>	X	
<b>b</b> If "Yes," was it a written policy? .....	<b>1b</b>	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: .....	<b>3a</b>	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" 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: .....	<b>3b</b>	X	
<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 _____ %			
<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"?	<b>4</b>	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	X	
<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?	<b>5c</b>		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	X	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	X	

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(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) .....		8,443	4,500,839.		4,500,839.	2.35%
<b>b</b> Medicaid (from Worksheet 3, column a) .....		6,832	22,268,398.	23,737,753.	-1,469,355.	.00%
<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 .....		15,275	26,769,237.	23,737,753.	3,031,484.	2.35%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....		23,806	772,102.	62,901.	709,201.	.37%
<b>f</b> Health professions education (from Worksheet 5) .....		1,499	579,285.	48,250.	531,035.	.28%
<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) .....		213	619,193.		619,193.	.32%
<b>j Total.</b> Other Benefits .....		25,518	1,970,580.	111,151.	1,859,429.	.97%
<b>k Total.</b> Add lines 7d and 7j .....		40,793	28,739,817.	23,848,904.	4,890,913.	3.32%





**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 IU HEALTH GOSHEN HOSPITAL

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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 12</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 LINE 7A DISCLOSURE</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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 12</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....		X
a If "Yes," (list url): _____		
b If "No", is the hospital facility's most recently adopted implementation strategy attached to this return? .....	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group IU HEALTH GOSHEN HOSPITAL

	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? .....	X	
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>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" 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? .....	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):		
<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 checked="" 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? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input type="checkbox"/> The FAP was widely available on a website (list url): _____		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.IUHEALTH.ORG/GOSHEN</u>		
<b>c</b> <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
<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 type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<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 type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<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 IU HEALTH GOSHEN HOSPITAL

	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? .....		X
If "Yes", check all actions in which the hospital facility or a third party engaged:		
<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? .....	21	X	
If "No," indicate why:			
<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 checked="" 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 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? .....	23		X
If "Yes," explain in Section C.			
<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? .....	24		X
If "Yes," explain in Section C.			

**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.

IU HEALTH GOSHEN HOSPITAL:

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. ELKHART COUNTY HEALTHCARE, SOCIAL

SERVICE AND PUBLIC HEALTH PROVIDERS WERE SOLICITED FOR THEIR PERSPECTIVES

ON THE HEALTH STATUS OF ELKHART COUNTY.

STEERING COMMITTEE MEMBERS REPRESENTING ORGANIZATIONS DEDICATED TO HEALTH,

SOCIAL SERVICE, FAITH, COMMERCE, EDUCATION, AND EMERGENCY MANAGEMENT HELD

A SERIES OF MEETINGS TO DEVELOP A SURVEY INSTRUMENT. THE RESULTING PRODUCT

EVALUATED VARIOUS ASPECTS OF ELKHART COUNTY'S EXISTING HEALTHCARE SYSTEM,

INCLUDING QUANTITY AND QUALITY OF SERVICES, HEALTH ISSUES IMPACTING

ELKHART COUNTY, AND BARRIERS/CHALLENGES TO CARE FOR ELKHART COUNTY

RESIDENTS.

DATA FROM PROVIDER SURVEYS WERE COLLECTED USING AN ONLINE FORMAT. THE

RESULTING SAMPLE IN ELKHART COUNTY WAS COMPRISED OF 30% MEDICAL PROVIDERS

(I.E., PHYSICIANS, PODIATRISTS, NURSE PRACTITIONERS AND PHYSICIAN

ASSISTANTS), 45% HEALTHCARE PROVIDERS (NONPHYSICIAN RESPONDENTS PROVIDING

DIRECT CARE) AND 25% COMMUNITY PROVIDERS (NONMEDICAL PROVIDERS THAT

PROVIDE SUPPORT TO RESIDENTS).

DATA COLLECTED WERE EXTENSIVELY PROCESSED BY INDIVIDUALS AND GROUPS IN

ELKHART COUNTY. THIS PROCESS RESULTED IN THE DEVELOPMENT OF A

COMPREHENSIVE PICTURE OF THE COMMUNITY AND ITS HEALTH NEEDS AND IN THE

PRIORITIZATION OF THESE NEEDS.

**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.

IU HEALTH GOSHEN HOSPITAL:

PART V, SECTION B, LINE 6A: THE OTHER HOSPITAL FACILITY WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA, INCLUDES ELKHART GENERAL HOSPITAL.

IU HEALTH GOSHEN HOSPITAL:

PART V, SECTION B, LINE 11: GOSHEN HOSPITAL ASSOCIATION, INC. WILL SPECIFICALLY IMPLEMENT PROGRAMS TO ADDRESS THE FOLLOWING HEALTH NEEDS, LISTED IN ORDER OF PRIORITY:

- OBESITY PREVENTION
- TOBACCO CESSATION
- DIABETES
- ACCESS TO HEALTHCARE
- BEHAVIORAL HEALTH

ACTIONS TAKEN DURING 2014 TO ADDRESS THE ABOVE IDENTIFIED NEEDS ARE

INCLUDED BELOW:

HEALTH NEED IDENTIFIED: OBESITY PREVENTION

- HELD MONTHLY FITNESS CLASSES (ZUMBA/BOOKCAMPS/EXERCISE CLASSES, WALKING CLUBS). THE NUMBER OF PARTICIPANTS BY YEAR ARE: 1,167 - 2014; 2,526 - 2013; AND 2,466 - 2012.

- PROVIDED OBESITY PREVENTION, NUTRITION, AND WEIGHT MANAGEMENT PROGRAMS

(HEALTHY STEPS PROGRAM, PREVENTION EDUCATION, NUTRITION EDUCATION CLASSES,

**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.

STUDENT ATHLETE CONFERENCE, NUTRITION NEWSLETTERS, COOKING PRESENTATIONS).

THE NUMBER OF PARTICIPANTS BY YEAR ARE: 417 - 2014; 11,411 - 2013; AND

1,676 - 2012.

- PROVIDED SUPPORT GROUP NUTRITION AND WEIGHT MANAGEMENT PROGRAMS (TEAM

BARIATRICS SUPPORT GROUPS, DISORDERED EATING SUPPORT GROUPS). THE NUMBER

OF PARTICIPANTS BY YEAR ARE: 476 - 2014; 454 - 2013; AND 454 - 2012.

- HELD NUMEROUS OBESITY SCREENINGS (BMI SCREENINGS, HIGH SCHOOL HEALTH

SCREENINGS, 4-H FAIR OBESITY SCREENINGS, BODY COMPOSITION SCREENINGS). THE

NUMBER OF PARTICIPANTS BY YEAR ARE: 192 - 2014; 515 - 2013; AND 213 -

2012.

HEALTH NEED IDENTIFIED: TOBACCO CESSATION

- HELD CANCER EDUCATION PROGRAMS (SURVIVOR SPEAKER LUNCHEON, NOONTIME NOSH

- COOKING PRESENTATIONS, RELAY FOR LIFE, NEWSLETTERS). THE NUMBER OF

PARTICIPANTS BY YEAR ARE: 344 - 2014; 3,238 - 2013; AND 16,054 - 2012.

HEALTH NEED IDENTIFIED: DIABETES

- PROVIDED DIABETES EDUCATION (EDUCATIONAL CLASSES, DIABETIC FITNESS

WORKSHOPS, ADULT DIABETES PREVENTION PROGRAM). THE NUMBER OF PARTICIPANTS

BY YEAR ARE: 356 - 2014; 266 - 2013; AND 171 - 2012.

- HELD HEALTH FAIRS ON DIABETES AND CHRONIC DISEASE (DIABETES PREVENTION

INFORMATION AT LIGONIER SCHOOL PICNIC AND GOSHEN WALK DAY, AND COOKING

DEMOS). THE NUMBER OF PARTICIPANTS BY YEAR ARE: 126 - 2014.

- PROVIDED SUPPORT GROUPS FOR DIABETES (DIABETES SUPPORT GROUP, INSULIN

RESISTANCE SEMINAR AND SUPPORT GROUPS). THE NUMBER OF PARTICIPANTS BY YEAR

ARE: 119 - 2014; 338 - 2013; AND 445 - 2012.

- HELD SCREENINGS FOR DIABETES (HUBBARD HILL HEALTH FAIR, ELKHART COUNTY

**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.

FAIR, VALLEY HEALTH FAIR, WOMENS EXPOS, RISK ASSESSMENTS FOR CHILDREN).

THE NUMBER OF PARTICIPANTS BY YEAR ARE: 111 - 2014; 369 - 2013; AND 272 -

2012.

HEALTH NEED IDENTIFIED: ACCESS TO HEALTHCARE

- PROVIDED HEALTH FAIRS ON ACCESS TO HEALTHCARE (HEALTH FAIRS AT HUBBARD

HILL, IVY TECH, 4-H ELKHART COUNTY FAIR, CONCORD MALL, WOMEN'S EXPO, AND

WORKSITE WELLNESS FAIRS AT LOCAL BUSINESSES, LAGRANGE COUNTY SENIOR EXPO).

THE NUMBER OF PARTICIPANTS BY YEAR ARE: 2,223 - 2014; 5,121 - 2013; AND

4,645 - 2012.

HEALTH NEED IDENTIFIED: BEHAVIORAL HEALTH

- HELD HEALTH FAIRS ON BEHAVIORAL HEALTH (HEALTHY, HAPPY HOLIDAY'S

PRESENTATION). THE NUMBER OF PARTICIPANTS BY YEAR ARE: 27 - 2014.

THE HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED ACCESS TO

DENTAL CARE, VISION CARE, LONG-TERM CARE, AND PRESCRIPTION DRUGS AS NEEDS

OF THE COMMUNITY. THE HOSPITAL DID NOT TAKE ACTION TO ADDRESS THESE NEEDS

AS IT HAS LIMITED FINANCIAL AND OTHER RESOURCES, AND WITH THE COMMUNITY'S

INPUT USED ITS RESOURCES TO ADDRESS THE TOP FIVE PRIORITIES.

IU HEALTH GOSHEN HOSPITAL:

PART V, SECTION B, LINE 13H: FAMILY SIZE IS ANOTHER FACTOR IN DETERMINING

DISCOUNTS GRANTED TO PATIENTS.

**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.

IU HEALTH GOSHEN HOSPITAL:

PART V, SECTION B, LINE 7A: IU HEALTH GOSHEN HOSPITAL'S CHNA WAS MADE

AVAILABLE AT THE FOLLOWING URL ON THE HOSPITAL FACILITY'S WEBSITE:

[HTTP://IUHEALTH.ORG/GOSHEN/2012-COMMUNITY-HEALTH-NEEDS-ASSESSMENT](http://IUHEALTH.ORG/GOSHEN/2012-COMMUNITY-HEALTH-NEEDS-ASSESSMENT).

**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? 5

Name and address	Type of Facility (describe)
1 IU HEALTH GOSHEN 200 HIGH PARK AVENUE GOSHEN, IN 46526	CLINIC
2 THE RETREAT WOMEN'S HEALTH CENTER 1135 PROFESSIONAL DRIVE GOSHEN, IN 46526	CLINIC
3 INDIANA LAKES ACCOUNTABLE CARE 2018 SOUTH MAIN STREET GOSHEN, IN 46526	ACO
4 INDIANA LAKES MANAGED CARE 2018 SOUTH MAIN STREET GOSHEN, IN 46526	HEALTH CARE MANAGEMENT
5 NEW PARIS MEDICAL CLINIC 2018 SOUTH MAIN STREET GOSHEN, IN 46526	CLINIC

**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 6A:

GOSHEN HOSPITAL ASSOCIATION, INC. REPORTS COMMUNITY BENEFIT INFORMATION AS

PART OF THE INDIANA UNIVERSITY HEALTH, INC. ANNUAL COMMUNITY BENEFIT

REPORT (EIN: 35-1955872).

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 II, COMMUNITY BUILDING ACTIVITIES:

GOSHEN HOSPITAL ASSOCIATION, INC. PROMOTED THE HEALTH OF ITS COMMUNITY BY

SUPPORTING VARIOUS LOCAL ORGANIZATIONS THAT ENGAGE IN COMMUNITY BUILDING

**Part VI** Supplemental Information (Continuation)

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:

THE FOLLOWING NARRATIVE ADDRESSES THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WHICH IS INCLUDED IN THE FOOTNOTES IN THE FINANCIAL STATEMENTS FOR IU HEALTH GOSHEN:

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, TAKING INTO CONSIDERATION BUSINESS AND ECONOMIC CONDITIONS, CHANGES AND TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED

**Part VI** Supplemental Information (Continuation)

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 FOR UNCOLLECTED PATIENT ACCOUNTS AND  
 THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN ADDITION, INDIANA UNIVERSITY  
 HEALTH GOSHEN 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 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN  
 ACCORDANCE WITH COLLECTION POLICIES OF INDIANA UNIVERSITY HEALTH GOSHEN  
 AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO  
 OTHERWISE MEET FINANCIAL ASSISTANCE POLICIES OF INDIANA UNIVERSITY HEALTH  
 GOSHEN.

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 MONITORED. 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

**Part VI** Supplemental Information (Continuation)

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:

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. IU HEALTH GOSHEN

**Part VI** Supplemental Information (Continuation)

HOSPITAL ALSO PARTNERS WITH A LOCAL FINANCING INSTITUTION TO PROVIDE A FLEXIBLE AND AFFORDING FINANCING SOLUTION.

PART VI, LINE 2:

AS A COMMUNITY HOSPITAL, IU HEALTH GOSHEN HOSPITAL 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 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.

IU HEALTH GOSHEN HOSPITAL IMPROVES THE HEALTH AND WELL-BEING OF ITS COMMUNITIES BY PROVIDING COMMUNITY WELLNESS AND EDUCATION PROGRAMS. THROUGH LOCAL PARTNERSHIPS, THE HOSPITAL IDENTIFIES HEALTH ISSUES AND CREATES PROGRAMS TO ENSURE OUR COMMUNITY IS THE HEALTHIEST PLACE TO LIVE,

**Part VI** Supplemental Information (Continuation)

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, IU HEALTH GOSHEN HOSPITAL PROVIDES A FULL-SERVICE RESOURCE FOR COMPREHENSIVE 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 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 FOR ANY OTHER KNOWN SOURCES OF

**Part VI** Supplemental Information (Continuation)

FINANCIAL ASSISTANCE. ALL REGISTRATION LOCATIONS HAVE FINANCIAL ASSISTANCE 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 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:

IU HEALTH GOSHEN HOSPITAL SERVES THE NORTHERN INDIANA AREA IN ELKHART COUNTY. ACCORDING TO THE 2014 CENSUS, THE POPULATION OF ELKHART COUNTY IS 201,971. THE MEDIAN INCOME FOR A HOUSEHOLD IN ELKHART COUNTY BASED ON THE 2014 CENSUS IS \$45,693 AND THE MEDIAN INCOME FOR A FAMILY IS \$53,046. APPROXIMATELY 16.7% OF FAMILIES AND 15.4% OF THE POPULATION WERE BELOW THE POVERTY LINE, INCLUDING 27.9% OF THOSE UNDER THE AGE 18 AND 13.3% OF THOSE AGE 65 AND OVER. THE RACIAL MAKEUP OF THE COUNTY WAS ABOUT 89.7% WHITE, 6.2% AFRICAN AMERICAN, AND 15.1% HISPANIC OR LATINO. THE REMAINING 2.3% OF THE POPULATION IS A MAKEUP OF ALL OTHER RACES.

PART VI, LINE 5:

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 PRIVILEGES AS INDICATED IN THE ORGANIZATION'S CREDENTIALING AND

**Part VI** Supplemental Information (Continuation)

PRIVILEGING 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 IU HEALTH WITH VARIOUS KEY METRICS INVOLVING PATIENT

SATISFACTION, PATIENT QUALITY AND COLLEAGUE SATISFACTION. IU HEALTH

REVIEWS THE DATA TO ENSURE KEY INITIATIVES ARE FOCUSED TOWARDS THE

PROMOTING AND MEETING THE 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