

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization NORTON - KING'S DAUGHTERS' HEALTH, INC.	Employer identification number 35 0895832
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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)			271,836	0	271,836	0.19
b Medicaid (from Worksheet 3, column a)			29,262,906	18,244,191	11,018,715	7.81
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	0	29,534,742	18,244,191	11,290,551	8.00
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			404,520	53,175	351,345	0.25
f Health professions education (from Worksheet 5)			236,622	82,935	153,687	0.11
g Subsidized health services (from Worksheet 6)			2,516,636	1,971,545	545,091	0.39
h Research (from Worksheet 7)			0	0	0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			8,520	0	8,520	0.01
j Total. Other Benefits	0	0	3,166,298	2,107,655	1,058,643	0.75
k Total. Add lines 7d and 7j	0	0	32,701,040	20,351,846	12,349,194	8.75

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building				0	0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	0	0	0	0	0.00

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** Yes No
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** 9,534,875
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit **3** 0
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 20,768,955
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 25,429,444
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** (4,660,489)
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):

1 **NORTON-KING'S DAUGHTERS' HEALTH, INC.**
1373 EAST STATE ROAD 62, P.O. BOX 447, MADISON, IN 47251
WWW.KDHMADISON.ORG STATE LICENSE NO. : 22-005063-1

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Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓	✓					✓			

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: NORTON-KING'S DAUGHTERS' HEALTH, 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?		✓
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	✓	
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 If "Yes," indicate what the CHNA report describes (check all that apply):		✓
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The significant health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input 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__		
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		
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		
6b	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		
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a	<input type="checkbox"/> Hospital facility's website (list url): _____		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input 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		
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20__		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?		
a	If "Yes," (list url): _____		
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)?		✓
12b	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: NORTON-KING'S DAUGHTERS' HEALTH, 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? 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>2 0 0</u> % and FPG family income limit for eligibility for discounted care of <u>3 0 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	✓	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	✓	
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? 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 STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</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 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		
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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<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: NORTON-KING'S DAUGHTERS' HEALTH, 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?	✓	
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?		✓
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 (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
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?	✓	
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)		

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: NORTON-KING'S DAUGHTERS' HEALTH, 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 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 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		
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? If "Yes," explain in Section C.	23	✓
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? If "Yes," explain in Section C.	24	✓

Supplemental Information. 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, 20a, 20b, 20c, 20d, 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.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 2 - ACQUIRED OR PLACED IN SERVICE AS A TAX EXEMPT HOSPITAL</p>	<p>ON JANUARY 1, 2022, NORTON HEALTHCARE, INC. ACQUIRED KING'S DAUGHTERS' HEALTH TIN 35-0895832 (THE "HOSPITAL") VIA A MEMBER SUBSTITUTION BUSINESS COMBINATION. TIN 35-0895832 IS STILL ACTIVE AND FOLLOWING A NAME CHANGE, THE ENTITY IS NOW NORTON-KING'S DAUGHTERS' HEALTH, INC.</p> <p>PRIOR TO THE ACQUISITION, THE HOSPITAL CONDUCTED A COMMUNITY NEEDS ASSESSMENT IN THE FALL OF 2019. THIS ASSESSMENT WAS BOARD APPROVED ON 10/17/19.</p> <p>FOLLOWING THE ACQUISITION, THE HOSPITAL PARTICIPATED IN A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT WITH OTHER NORTON HEALTHCARE, INC. FACILITIES. THIS CHNA WAS CONDUCTED IN CALENDAR YEAR 2022 BUT WAS NOT BOARD APPROVED UNTIL 2/13/23.</p> <p>IRS SECTION 501(R) GUIDANCE STATES "A HOSPITAL ORGANIZATION THAT ACQUIRES A HOSPITAL FACILITY (THROUGH MERER OR ACQUISITION) MUST MEET THE REQUIREMENTS OF SECTION 501(R)(3) WITH RESPECT TO THE ACQUIRED HOSPITAL FACILITY BY THE LAST DAY OF THE ORGANIZATION'S SECOND TAXABLE YEAR BEGINNING AFTER THE DATE ON WHICH THE HOSPITAL FACILITY WAS ACQUIRED". SINCE KING'S DAUGHTERS' HEALTH WAS ACQUIRED ON 1/1/22, THIS WOULD MEAN THE ORGANIZATION HAS UNTIL 12/31/24 TO SATISFY THE REQUIREMENTS OF SECTION 501(R)(3). AS THE HOSPITAL PARTICIPATED IN A COLLABORATIVE COMMUNITY NEEDS ASSESSMENT WITH OTHER NORTON HEALTHCARE, INC. ENTITIES IN 2022 WHICH RECEIVED BOAR APPROVAL ON 2/13/23 AND WHOSE IMPLEMENTATION STRATEGY WAS ADOPTED BY THE BOARD ON 5/8/23, 501(R)(3) REQUIREMENTS HAVE BEEN MET.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p>HTTPS://NORTONHEALTHCARE.COM/PATIENT-RESOURCES/BILLING-INFORMATION/FINANCIAL-ASSISTANCE/</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p>HTTPS://NORTONHEALTHCARE.COM/PATIENT-RESOURCES/BILLING-INFORMATION/FINANCIAL-ASSISTANCE/</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p>	<p>HTTPS://NORTONHEALTHCARE.COM/PATIENT-RESOURCES/BILLING-INFORMATION/FINANCIAL-ASSISTANCE/</p>

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? 8

Name and address	Type of facility (describe)
1 REHABILITATION CENTER AND HOME CARE 2670 N MICHIGAN ROAD MADISON, IN 47250	OUTPATIENT REHABILITATION CENTER AND HOME CARE SERVICES
2 DOWNTOWN MEDICAL OFFICE BUILDING 630 NORTH BROADWAY MADISON, IN 47250	PHYSICIAN MEDICAL OFFICE AND HOSPITAL STAFF
3 CARROLLTON MEDICAL OFFICE BUILDING 205 MARWILL DRIVE CARROLLTON, KY 41008	PHYSICIAN MEDICAL OFFICE
4 TRIMBLE COUNTY MEDICAL OFFICE BUILDING 10235 US HIGHWAY 421 MILTON, KY 40045	PHYSICIAN MEDICAL OFFICE
5 CONVENIENT CARE CENTER 445 CLIFTY DRIVE MADISON, IN 47250	CONVENIENT CARE CENTER
6 HANOVER MEDICAL OFFICE BUILDING 36 MEDICAL PLAZA HANOVER, IN 47243	PHYSICIAN MEDICAL OFFICE
7 SWITZERLAND COUNTY MEDICAL OFFICE BUILDING 1190 WEST MAIN STREET VEVAY, IN 47043	PHYSICIAN MEDICAL OFFICE
8 VERSAILLES MEDICAL OFFICE BUILDING 206 W TYSON STREET VERSAILLES, IN 47042	PHYSICIAN MEDICAL OFFICE
9	
10	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 6A -	NORTON-KING'S DAUGHTERS' HEALTH DOES NOT PREPARE A FORMAL COMMUNITY BENEFIT REPORT. HOWEVER, CERTAIN COMMUNITY BENEFIT INFORMATION IS PROVIDED TO THE STATE OF INDIANA ON THE "HOSPITAL FISCAL REPORT STATE FORM 49520" WHICH IS FILED ANNUALLY.
SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G	NO COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC WERE INCLUDED ON LINE 7G.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	IF COSTS COULD BE DIRECTLY IDENTIFIED TO A PARTICULAR LINE, THAN THOSE DIRECT COSTS WERE UTILIZED. IF COSTS COULD NOT BE DIRECTLY IDENTIFIED, THEN A COST-TO-CHARGE RATIO WAS UTILIZED.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	<p>THE HOSPITAL HAS ADOPTED REVENUE RECOGNITION ACCOUNTING STANDARD ISSUED BY FASB AND CODIFIED IN THE FASB ASC AS TOPIC 606 ("ASC 606"). AS A RESULT OF ADOPTING ASC 606, THE MAJORITY OF WHAT WAS PREVIOUSLY CLASSIFIED AS PROVISION FOR BAD DEBTS IN THE AUDITED FINANCIAL STATEMENTS (STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS) IS NOW REFLECTED AS IMPLICIT PRICE CONCESSIONS (AS DEFINED BY ASC 606) AND THEREFORE INCLUDED AS A REDUCTION TO NET PATIENT SERVICE REVENUE.</p> <p>UPON ADOPTION OF ASC 606, NET PATIENT SERVICE REVENUES ARE RECORDED AT THE TRANSACTION PRICE ESTIMATED BY THE HOSPITAL TO REFLECT THE TOTAL CONSIDERATION DUE FROM PATIENTS AND THIRD-PARTY PAYORS IN EXCHANGE FOR PROVIDING GOODS AND SERVICES IN PATIENT CARE. THE TRANSACTION PRICE, WHICH INVOLVES SIGNIFICANT ESTIMATES, IS DETERMINED BASED ON THE HOSPITAL'S STANDARD CHARGES FOR THE GOODS AND SERVICES PROVIDED, WITH A REDUCTION RECORDED FOR PRICE CONCESSIONS RELATED TO THIRD-PARTY CONTRACTUAL ARRANGEMENTS AS WELL AS PATIENT DISCOUNTS AND OTHER PATIENT PRICE CONCESSIONS. THE HOSPITAL DETERMINES ITS ESTIMATES OF CONTRACTUAL ADJUSTMENTS AND DISCOUNTS BASED ON CONTRACTUAL AGREEMENTS, ITS DISCOUNT POLICIES, AND HISTORICAL EXPERIENCE. THE HOSPITAL DETERMINES ITS ESTIMATE OF IMPLICIT PRICE CONCESSIONS BASED ON ITS HISTORICAL COLLECTION EXPERIENCE WITH THIS CLASS OF PATIENTS.</p> <p>THE AMOUNT REPORTED ON LINE 2 IS "IMPLICIT PRICE CONCESSIONS" AS REFLECTED ON THE AUDITED, CONSOLIDATED TRIAL BALANCE FOR THE HOSPITAL. THE SPECIFIC AMOUNT OF IMPLICIT PRICE CONCESSIONS IS NOT REQUIRED TO BE DISCLOSED IN THE AUDITED FINANCIAL STATEMENTS.</p>
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY WHICH STATES THAT TO PARTICIPATE, CANDIDATES MUST COOPERATE FULLY. IN ADDITION, THE HOSPITAL EDUCATES PATIENTS WITH LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE. FOR THIS REASON, THE ORGANIZATION BELIEVES THAT IT ACCURATELY CAPTURES FINANCIAL ASSISTANCE PROGRAM DEDUCTIONS AND THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FAP POLICY IS NEGLIGIBLE.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	<p>IN ACCORDANCE WITH ACCOUNTING GUIDANCE, BAD DEBT IS NO LONGER AN EXPENSE, BUT IS INCLUDED AS A REDUCTION IN NET PATIENT SERVICE REVENUE. THE FOLLOWING PARAGRAPH PER THE CONSOLIDATED, AUDITED FINANCIAL STATEMENTS FOR NORTON HEALTHCARE, INC. (PAGE 19, FIRST PARAGRAPH) DISCUSSES THE HANDLING OF PATIENT DEDUCTIBLE AND COINSURANCE NOT PAID BY PATIENTS:</p> <p>"GENERALLY, PATIENTS WHO ARE COVERED BY THIRD-PARTY PAYORS ARE RESPONSIBLE FOR PATIENT RESPONSIBILITY BALANCES, INCLUDING DEDUCTIBLES AND COINSURANCE, WHICH VARY IN AMOUNT. THE CORPORATION ESTIMATES THE TRANSACTION PRICE FOR PATIENTS WITH DEDUCTIBLES AND COINSURANCE BASED ON HISTORICAL EXPERIENCE AND CURRENT MARKET CONDITIONS. THE INITIAL ESTIMATE OF THE TRANSACTION PRICE IS DETERMINED BY REDUCING THE STANDARD CHARGE BY ANY EXPLICIT PRICE CONCESSIONS, DISCOUNTS, AND/OR IMPLICIT PRICE CONCESSIONS. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO NET PATIENT SERVICE REVENUE IN THE PERIOD OF CHANGE. ADJUSTMENTS ARISING FROM A CHANGE IN THE TRANSACTION PRICE ... WERE NOT MATERIAL TO NET PATIENT SERVICE REVENUE FOR EITHER PERIOD".</p>
SCHEDULE H, PART III, LINE 8 -	THE MEDICARE COST REPORT WAS THE SOURCE OF INFORMATION REPORTED ON PART III LINE 6.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	THE HOSPITAL ACCEPTS ALL MEDICARE PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS AND OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE HOSPITAL BELIEVES THAT ANY MEDICARE SHORTFALLS SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE MEDICARE DOES NOT TYPICALLY FULLY COMPENSATE FOR THE COST OF PROVIDING HEALTHCARE TO MEDICARE BENEFICIARIES.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	ALL UNINSURED PATIENTS RECEIVED AN AUTOMATIC 30% DISCOUNT FROM GROSS CHARGES. AT REGISTRATION, PATIENTS ARE NOTIFIED OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. THEY ARE OFFERED PAMPHLETS DETAILING THE PROGRAM. IF THE PATIENT IS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE AND IS APPROVED FOR FINANCIAL ASSISTANCE, THE PATIENT WILL RECEIVE A DISCOUNT OF UP TO 100% ON THE OUTSTANDING ACCOUNT BALANCE. THE HOSPITAL WILL ATTEMPT TO COLLECT ANY BALANCE REMAINING ON THE UNINSURED ACCOUNT AFTER ALL FINANCIAL ASSISTANCE DISCOUNTS HAVE BEEN APPLIED USING A SERIES OF STATEMENTS, LETTERS, AND TELEPHONE CALLS. THE HOSPITAL WILL ALSO OFFER PATIENTS INTEREST-FREE EXTENDED PAYMENT PLANS. IF THE ACCOUNT REMAINS UNPAID, THE ACCOUNT MAY BE TURNED OVER TO A COLLECTION AGENCY.
SCHEDULE H, PART V, SECTION B, LINE 3 -	<p>ON JANUARY 1, 2022, NORTON HEALTHCARE, INC. ACQUIRED KING'S DAUGHTERS' HEALTH TIN 35-0895832 (THE "HOSPITAL") VIA A MEMBER SUBSTITUTION BUSINESS COMBINATION. TIN 35-0895832 IS STILL ACTIVE AND FOLLOWING A NAME CHANGE, THE ENTITY IS NOW NORTON-KING'S DAUGHTERS' HEALTH, INC.</p> <p>PRIOR TO THE ACQUISITION, THE HOSPITAL CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN THE FALL OF 2019. THIS ASSESSMENT WAS BOARD APPROVED ON 10/17/19.</p> <p>FOLLOWING THE ACQUISITION, THE HOSPITAL PARTICIPATED IN A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT WITH OTHER NORTON HEALTHCARE, INC. FACILITIES. THIS CHNA WAS CONDUCTED IN CALENDAR YEAR 2022 BUT WAS NOT BOARD APPROVED UNTIL 2/13/23.</p> <p>IRS SECTION 501(R) GUIDANCE STATES "A HOSPITAL ORGANIZATION THAT ACQUIRES A HOSPITAL FACILITY (THROUGH MERGER OR ACQUISITION) MUST MEET THE REQUIREMENTS OF SECTION 501(R)(3) WITH RESPECT TO THE ACQUIRED HOSPITAL FACILITY BY THE LAST DAY OF THE ORGANIZATION'S SECOND TAXABLE YEAR BEGINNING AFTER THE DATE ON WHICH THE HOSPITAL FACILITY WAS ACQUIRED". SINCE KING'S DAUGHTERS' HEALTH WAS ACQUIRED ON 1/1/22, THIS WOULD MEAN THE ORGANIZATION HAS UNTIL 12/31/24 TO SATISFY THE REQUIREMENTS OF SECTION 501(R)(3). AS THE HOSPITAL PARTICIPATED IN A COLLABORATIVE COMMUNITY NEEDS ASSESSMENTS WITH OTHER NORTON HEALTHCARE, INC. ENTITIES IN 2022 WHICH RECEIVED BOARD APPROVAL ON 2/13/23 AND WHOSE IMPLEMENTATION STRATEGY WAS ADOPTED BY THE BOARD ON 5/8/23, 501(R)(3) REQUIREMENTS HAVE BEEN MET.</p>
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	<p>THE HOSPITAL CONDUCTED ITS LATEST COMMUNITY HEALTH NEEDS ASSESSMENT IN 2019. THE COMMUNITY HEALTH NEEDS ASSESSMENT PROVIDES INFORMATION SO THAT THE COMMUNITY MAY IDENTIFY ISSUES OF GREATEST CONCERN AND DECIDE TO COMMIT RESOURCES TO THOSE AREAS, THEREBY MAKING THE GREATEST POSSIBLE IMPACT ON COMMUNITY HEALTH STATUS. THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS TOOK INTO ACCOUNT INPUT FROM PERSONS IN THE COMMUNITY BY UTILIZING THE FOLLOWING COMPONENTS:</p> <p>(1) TELEPHONE INTERVIEWS OF A RANDOM SAMPLE OF 200 INDIVIDUALS AGE 18 AND OLDER IN THE PRIMARY SERVICE AREA. NOTE THAT THE SAMPLE CONSISTED SOLELY OF AREA RESIDENTS AGE 18 AND OLDER. DATA ON CHILDREN WERE GIVEN BY PROXY BY THE PERSON MOST RESPONSIBLE FOR THAT CHILD'S HEALTHCARE NEEDS.</p> <p>(2) ON-LINE KEY INFORMANT SURVEY DIRECTED AT PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BY THE HOSPITAL BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS THE COMMUNITY OVERALL. THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICAL UNDERSERVED POPULATIONS.</p> <p>BASED ON THE INFORMATION GATHERED THROUGH THIS COMMUNITY HEALTH NEEDS ASSESSMENT, THE HOSPITAL WAS ABLE TO PUT TOGETHER A LIST OF "AREAS OF OPPORTUNITY" REPRESENTING SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY. THE AREAS OF OPPORTUNITY WERE DETERMINED AFTER CONSIDERATION OF VARIOUS CRITERIA, INCLUDING: STANDING IN COMPARISON WITH BENCHMARK DATA (PARTICULARLY NATIONAL DATA); THE PREPONDERANCE OF SIGNIFICANT FINDINGS WITHIN TOPIC AREAS; THE MAGNITUDE OF THE ISSUE IN TERMS OF THE NUMBER OF PERSONS AFFECTED; THE POTENTIAL HEALTH IMPACT OF A GIVEN ISSUE. THESE ALSO TAKE INTO ACCOUNT THOSE ISSUES OF GREATEST CONCERN TO THE COMMUNITY STAKEHOLDERS (KEY INFORMANTS) GIVING INPUT TO THIS PROCESS. THE PRIORITIZATION OF THE HEALTH NEEDS IDENTIFIED IN THIS ASSESSMENT WAS DETERMINED BASED ON A PRIORITIZATION EXERCISE CONDUCTED AMONG COMMUNITY STAKEHOLDERS (REPRESENTING A CROSS-SECTION OF COMMUNITY-BASED AGENCIES AND ORGANIZATIONS) IN CONJUNCTION WITH THE ADMINISTRATION OF THE ONLINE KEY INFORMANT SURVEY. IN THIS PROCESS, THESE KEY INFORMANTS WERE ASKED TO RATE THE SEVERITY OF A VARIETY OF HEALTH ISSUES IN THE COMMUNITY. INSOFAR AS THESE HEALTH ISSUES WERE IDENTIFIED THROUGH THE DATA ABOVE AND/OR WERE IDENTIFIED AS TOP CONCERNS AMONG KEY INFORMANTS, THEIR RANKING OF THESE ISSUES INFORMED THE FOLLOWING PRIORITIES:</p> <ol style="list-style-type: none"> 1. SUBSTANCE ABUSE 2. MENTAL HEALTH 3. TOBACCO USE 4. NUTRITION, PHYSICAL ACTIVITY & WEIGHT 5. DIABETES 6. HEART DISEASE & STROKE 7. CANCER 8. RESPIRATORY DISEASES 9. INJURY & VIOLENCE 10. ACCESS TO HEALTHCARE SERVICES

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>SIGNAGE IS POSTED IN ALL HOSPITAL FACILITIES (INCLUDING THE ADMISSION AREA AND EMERGENCY ROOM) WHICH PROVIDES INFORMATION ON THE ABILITY TO APPLY FOR FINANCIAL ASSISTANCE AND TO SEEK HELP IN PAYING A BILL. THE SIGNAGE IS TRANSLATED IN TWO LANGUAGES, ENGLISH AND SPANISH. THERE ARE SEPARATE POSTERS FOR EACH LANGUAGE. AT THE TIME OF REGISTRATION, THE PATIENT ACCESS/REGISTRATION DEPARTMENT DISCUSSES WITH THE PATIENT THE FINANCIAL ASSISTANCE/CHARITY OPTIONS, GUIDELINES, AND PROVIDES ASSISTANCE AS NEEDED IN FILLING OUT A FINANCIAL ASSISTANCE APPLICATION AND ANSWERING QUESTIONS. THE PATIENT MAY ALSO BE REFERRED TO THE ELIGIBILITY VENDOR FOR ASSISTANCE AT NO COST TO THE PATIENT/GUARANTOR. ADDITIONAL QUESTIONS FROM THE PATIENT/GUARANTOR CAN BE FACILITATED THROUGH CUSTOMER SERVICE AND VENDORS. THE HOSPITAL HAS CREATED A NUMBER OF DIFFERENT OPTIONS FOR THE PATIENT/GUARANTOR TO SUPPLY THE INFORMATION/APPLICATION FOR FINANCIAL ASSISTANCE TO THE HOSPITAL. THOSE VARIOUS METHODS OF DELIVERY INCLUDE: IN PERSON, BY MAIL, BY FAX, ON-LINE APPLICATION SUBMISSION VIA THE WEBSITE, AND BY SPECIFIC EMAIL ADDRESS. THESE VARIOUS OPTIONS ARE PUBLICIZED AND MADE KNOWN TO THE PATIENT. IN 2022, STATEMENTS MAILED TO THE GUARANTORS BY THE HOSPITAL CONTAINED INFORMATION TO START THE FINANCIAL ASSISTANCE APPLICATION PROCESS.</p> <p>THE HOSPITAL EMPLOYS AN OUTSIDE ELIGIBILITY VENDOR, CLAIM AID. ALL SELF-PAY ACCOUNTS ARE PLACED FOR ELIGIBILITY SCREENING WITH CLAIM AID. CLAIM AID SCREENS FOR FINANCIAL ASSISTANCE, MEDICAID, MEDICAID MANAGED CARE ORGANIZATIONS, AND PRESUMPTIVE ELIGIBILITY. IN ADDITION, CLAIM AID MAY PROVIDE EDUCATION AND REFERRAL ASSISTANCE TO THE APPROPRIATE COUNTY/STATE DEPARTMENTS FOR FOOD STAMPS, RENT ASSISTANCE, HEATING ASSISTANCE, ETC. THE PROCESS OF COMPLETING THE APPLICATION IS OFTEN PERFORMED BY CLAIM AID. CLAIM AID PROTECTS FILING DEADLINES BY SUBMITTING THE APPROPRIATE FORMS TO THE STATE/COUNTY. CLAIM AID WILL FOLLOW UP TO SECURE PROOF OF INCOME DOCUMENTS FOR FINANCIAL ASSISTANCE AND FOLLOW UP WITH A STATE CASEWORKER AS NEEDED. CLAIM AID ALSO MAKES OUTSIDE FIELD CALLS TO THE PATIENTS TO SECURE THE NEEDED INFORMATION FOR ELIGIBILITY ASSISTANCE IF THE PATIENT IS HOMEBOUND. ALL OF THE SERVICES PROVIDED BY CLAIM AID ELIGIBILITY ARE AT NO COST TO THE PATIENT. COST TO THE HOSPITALS FOR THESE ELIGIBILITY AND ENROLLMENT SERVICES WAS IN EXCESS OF \$253,000 IN 2022.</p> <p>THE HOSPITAL HAS ONE FULL-TIME EMPLOYEE THAT IS DEDICATED TO PERFORMING THE FOLLOWING FUNCTIONS: PROCESSING, REVIEWING, AND OBTAINING APPROVAL OF THE FINANCIAL ASSISTANCE APPLICATIONS RECEIVED EACH WEEK. ADDITIONALLY, THIS EMPLOYEE WILL MAKE OUT-BOUND CALLS TO SOLICIT FINANCIAL ASSISTANCE INFORMATION NEEDED TO PROCESS THE PATIENT'S APPLICATION.</p> <p>FINANCIAL ASSISTANCE IS NOT LIMITED TO THE SELF-PAY POPULATION. EVEN PATIENTS WITH INSURANCE COVERAGE ARE ENCOURAGED TO APPLY FOR ASSISTANCE SO THEIR DEDUCTIBLE, CO-PAYMENTS, AND CO-INSURANCE AMOUNTS ARE COVERED UNDER THE VARIOUS ASSISTANCE PROGRAMS.</p> <p>FINANCIAL COUNSELORS AT THE FACILITIES ARE EDUCATED AND TRAINED TO ASSIST WITH COUNSELING PATIENTS TO DETERMINE AND EXPLAIN OUR FINANCIAL ASSISTANCE PROGRAMS. THEY CONTINUE TO RECEIVE ON-GOING EDUCATION THROUGHOUT THE ENTIRE YEAR REGARDING ELIGIBILITY CHANGES AND ADDITIONS FOR FINANCIAL ASSISTANCE, MEDICAID, MEDICAID MANAGED CARE ORGANIZATION, PRESUMPTIVE ELIGIBILITY, ETC.</p> <p>THE HOSPITAL ENSURES THAT ALL PATIENTS WERE MADE AWARE OF FINANCIAL ASSISTANCE REGARDLESS OF WHERE THE PATIENT'S ACCOUNT MAY HAVE BEEN IN THE COLLECTION CYCLE. EVEN IF THE PATIENT/GUARANTOR HAD NOT PREVIOUSLY AVAILED THEMSELVES OF THE OPPORTUNITY TO APPLY FOR FINANCIAL ASSISTANCE AND HAS SUBSEQUENTLY DECIDED THEY WILL NOW COOPERATE, THE PATIENT/GUARANTOR IS ALLOWED TO APPLY FOR ASSISTANCE.</p> <p>FINANCIAL ASSISTANCE NOTIFICATIONS AND APPLICATIONS WERE MADE AVAILABLE TO THE PATIENT/GUARANTOR VIA TELEPHONE, FACE TO FACE MEETINGS, WEBSITE, MAIL, ELECTRONICALLY, ETC.</p> <p>PRIMARY COLLECTION AGENCIES CHOSEN BY THE HOSPITAL INCLUDE WITH THEIR INITIAL PLACEMENT LETTER AN INSERT OF A COPY OF A FINANCIAL ASSISTANCE APPLICATION FOR THE GUARANTOR TO COMPLETE.</p> <p>THE HOSPITAL HAS TRANSLATED THE FULL FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATIONS, AND THE PLAIN LANGUAGE SUMMARY INTO TWO LANGUAGES, ENGLISH AND SPANISH.</p> <p>THE HOSPITAL'S CUSTOMER SERVICE DEPARTMENT ROUTINELY INSTRUCTS AND SCREENS PATIENTS IN THE PROTOCOL REGARDING FINANCIAL ASSISTANCE THROUGH THE HOSPITAL'S ASSISTANCE PROGRAM.</p> <p>THE HOSPITAL HAS HISTORICALLY OFFERED ALL TRUE HOSPITAL SELF-PAY PATIENTS A SIGNIFICANT DISCOUNT OFF OF THE TOTAL CHARGES AT THE TIME OF FINAL BILLING. THIS DISCOUNT IS TYPICALLY 30%.</p> <p>CONTRACTED COLLECTION AGENCIES ARE REQUIRED TO SOLICIT FINANCIAL ASSISTANCE APPLICATIONS WHEN THE PATIENT/GUARANTOR INDICATES "CANNOT PAY".</p> <p>THE STATEMENT PROVIDED BY THE HOSPITAL IN 2022 INCLUDED THE LINK TO THE HOSPITAL'S WEBSITE TO ALLOW THE PATIENT/GUARANTOR TO LEARN MORE ABOUT FINANCIAL ASSISTANCE. THE STATEMENT INCLUDED A PHONE NUMBER TO CALL TO LEARN MORE ABOUT THE APPLICATION PROCESS AND DISCUSS FINANCIAL ASSISTANCE OPTIONS.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>THE HOSPITAL PROVIDES HEALTH CARE SERVICES TO FIVE COUNTIES IN SOUTHERN INDIANA AND NORTHERN KENTUCKY. THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDED ITS PRIMARY SERVICE AREAS OF JEFFERSON AND SWITZERLAND COUNTIES IN INDIANA AND TRIMBLE COUNTY IN KENTUCKY. THE ADDITIONAL TWO COUNTIES (RIPLEY IN INDIANA AND CARROL IN KENTUCKY) HAVE MULTIPLE HEALTH CARE FACILITIES THAT CURRENTLY CONDUCT A CHNA. TO AVOID DUPLICATION, THE THREE PRIMARY COUNTIES DESCRIBED WERE INCLUDED IN THE 2019 CHNA. A FEW DESCRIPTIVE DEMOGRAPHIC HIGHLIGHTS FOR THE THREE COUNTIES DEFINED AS THE "PRIMARY SERVICE AREA" INCLUDE:</p> <ul style="list-style-type: none"> - POPULATION: 51,607 (JEFFERSON CO= 32,293, SWITZERLAND CO= 10,617, TRIMBLE CO= 8,697) - URBAN VS. RURAL CLASSIFICATION: 35.2% URBAN AND 64.8% RURAL - AGE GROUP PERCENT: AGE 0-17 WAS 22.0%, AGE 18-64 WAS 61.4%, AGE+65 WAS 16.6% - MEDIAN AGE: JEFFERSON CO= 40.6, SWITZERLAND CO= 40.0, TRIMBLE CO= 41.9 - RACE: 95.9% WHITE, 1.5% BLACK, 1.2% OTHER RACE, 1.4% MULTIPLE RACES - PERCENT POVERTY: 15.2% - EDUCATION LEVEL: 13.4% OF POPULATION AGE 25+ WITHOUT A HIGH SCHOOL DIPLOMA OR EQUIVALENT - UNEMPLOYMENT RATE: 4.0%

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>THE MAJORITY OF HOSPITAL'S BOARD OF DIRECTORS IS COMPRISED OF INDIVIDUALS WHO LIVE AND WORK IN THE HOSPITAL SERVICES AREA. THE MAJORITY OF THESE INDIVIDUALS ARE NEITHER EMPLOYEES, NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS. THE ORGANIZATION ALSO APPLIES A PORTION OF SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE. HISTORICALLY, THE HOSPITAL HAS EMPLOYED A FULL TIME COMMUNITY WELLNESS COORDINATOR. THIS POSITION PROVIDES OUTREACH SERVICES IN AREAS OF NEED TO THE COMMUNITIES WE SERVE. IN ADDITION TO THESE SERVICES, THE HOSPITAL ALSO SERVES AS THE FISCAL AGENT FOR VARIOUS GRANTS. ALL OF THESE SERVICES HELP US MEET THE IDENTIFIED NEEDS OF THE COMMUNITIES WE SERVE. PARTICIPATION IN THE BELOW COMMUNITY ORGANIZATIONS IS PART OF THE HOSPITAL'S INDIANA STATE DEPARTMENT OF HEALTH COMMUNITY BENEFIT PLAN AND GOALS.</p> <p>2022 NORTON-KING'S DAUGHTERS' HEALTH OVERVIEW OF COMMUNITY BENEFIT ACTIVITIES -</p> <p>(1) HEALTH SCREENS / FAIRS: SCREENED 65 PEOPLE AT A FREE SKIN CANCER SCREENING SPECIAL EVENT HELD IN MAY. EDUCATION MATERIAL AND SUNSCREEN WERE ALSO DISTRIBUTED; PARTICIPATED IN THE JEFFERSON AND RIPLEY COUNTY 4-H FAIRS. HEALTH EDUCATION INFORMATION WAS PROVIDED FOR FIVE EVENINGS AT EACH FAIR; HOSTED AN EDUCATION TABLE WITH VARIOUS HEALTH TOPICS AT THE REACHING RURAL VETERAN'S EVENT. BLOOD PRESSURE AND HEART RATE CHECKS WERE ALSO OFFERED. THIS IS IN PARTNERSHIP WITH PURDUE UNIVERSITY AND THE JEFFERSON COUNTY CLEARINGHOUSE. THIS PROGRAM WAS HELD FOR THE FIRST SEVEN MONTHS OF 2022, JANUARY-JULY; WELLNESS AND TOBACCO CESSATION DEPARTMENTS ATTENDED A VETERAN'S STAND DOWN EVENT IN SEPTEMBER. OVER 100 VETERAN'S AND SPOUSES ATTENDED. BLOOD PRESSURE CHECKS WERE OFFERED.</p> <p>(2) CORPORATE FLU SHOTS: THREE CORPORATE FLU SHOT CLINICS WERE HELD FOR AREA BUSINESSES WITH 24 TOTAL PEOPLE RECEIVING A FLU VACCINE.</p> <p>(3) COVID TESTING/VACCINES: IN 2022, THE HOSPITAL ADMINISTERED 9,196 COVID TESTS AND PROVIDED 184 COVID VACCINES/BOOSTERS.</p> <p>(4) HEALTH/WELLNESS SPEAKING ENGAGEMENTS: THE WELLNESS COORDINATOR COMPLETED 43 COMMUNITY SPEAKING ENGAGEMENTS IN 2022. THESE FOCUSED ON WELLNESS AND DISEASE PREVENTION TOPICS SUCH AS; NUTRITION, HEART DISEASE, STRESS MANAGEMENT, SUN SAFETY, PHYSICAL ACTIVITY, SELF-DEFENSE, ETC.</p> <p>(5) FIT KIDS PROGRAM: FOUR LESSON PROGRAM FOR AREA 5TH GRADE CLASSROOMS TARGETING CHILDHOOD OBESITY. LESSONS AND TAKE HOME CHALLENGES AND GUARDIAN INFORMATION FOCUSED ON EXERCISE AND HEALTHY EATING. OFFERED THE PROGRAM TO 4 SCHOOL SYSTEMS AND REACHED EIGHT DIFFERENT 5TH GRADE CLASSES (168 STUDENTS AND TEACHERS).</p> <p>(6) GIRLS ON THE RUN: 10-WEEK FALL SEASON HELD WITH 51 GIRLS PARTICIPATING, 17 COACHES, AT 6 DIFFERENT SITES. 5K FUN RUN EVENT HELD WITH NEARLY 200 PEOPLE IN ATTENDANCE.</p> <p>(7) TOBACCO CESSATION & EDUCATION- THE HOSPITAL EMPLOYS A FULL TIME STATE GRANT FUNDED TOBACCO COORDINATOR. 2022 ACCOMPLISHMENTS INCLUDE: DOCUMENTED 114 ELECTRONIC PATIENT REFERRALS TO THE IN QUITLINE FROM JULY-DECEMBER. REFERRAL NUMBERS WERE NOT AVAILABLE FOR THE FIRST SIX MONTHS OF THE YEAR DUE TO THE HOSPITAL CYBER EVENT/LOSS OF COMPUTER FILES; MOTHER BABY SERVICES PROVIDED TOBACCO FREE CESSATION EDUCATION TO NEW MOMS WITH RESOURCES AND INCENTIVES; CANCER TREATMENT CENTER PROVIDES TOBACCO RESOURCES FOR CANCER PATIENTS AND HAS A TOBACCO TREATMENT SPECIALIST ON STAFF; PROVIDED PHYSICIAN OFFICES WITH FOLDERS FOR PATIENTS THAT INCLUDE CESSATION RESOURCES; COLLABORATED WITH THE JEFFERSON COUNTY SCHOOLS TO EDUCATE SCHOOL EMPLOYEES TOBACCO CESSATION RESOURCES AND POLICIES; PARTICIPATED IN MULTI-UNIT HOUSING SURVEYS IN JEFFERSON COUNTY; PARTICIPATE IN THE STARS (TOBACCO RETAIL SURVEY) FOR JEFFERSON COUNTY, SURVEYING 29 AREA BUSINESSES; PROVIDED TOBACCO RESOURCES TO LOW INCOME MOTHERS WORKING WITH COUNTY WIC SERVICES; PROVIDED FOLLOW-UP TRAINING FOR THE OVO HEAD START EMPLOYEES FOR THE BEATHE PROGRAM. THIS PROGRAM TEACHES PARENTS THE IMPORTANCE OF A SMOKE-FREE ENVIRONMENT; PROVIDED TOBACCO QUIT RESOURCE KITS TO A LOCAL FACTORY FOR THEIR EMPLOYEES DURING THE GREAT AMERICAN SMOKOUT CAMPAIGN; HOSTED A CIGARETTE BUTT/LITTER PICK UP EVENT AT THE HANOVER PARK.</p> <p>(8) CPR AND FIRST AID CLASSES -THE HOSPITAL SERVES AS AN AHA PROVIDER SITE HOSTING A VARIETY OF TRAININGS FOR EMPLOYEES AND COMMUNITY MEMBERS. TRAINING INCLUDE ACLS (INSTRUCTOR AND PROVIDER) BLS (INSTRUCTOR AND PROVIDER) HEARTSAVER(CPR AED, FIRST AID, K-12 SCHOOLS, INSTRUCTOR, AND PEDIATRIC- PALS (INSTRUCTOR AND PROVIDER). IN 2022, A TOTAL OF 1,280 PEOPLE RECEIVED TRAINING AND AN E-COMPLETION CARD.</p> <p>(9) PRENATAL EDUCATION: OB PREP PROGRAM - 328 EXPECTING MOTHERS PARTICIPATED IN AN EDUCATIONAL PREP VISIT PRIOR TO DELIVERY. IN ADDITION, 6 COUPLES ATTENDED THE CHILDBIRTH CLASS SERIES OFFERED BY NKDH. ONE MOTHER CAME TO A BREAST PUMPING EDUCATION CLASS AND THREE MOMS PARTICIPATED IN BREASTFEEDING CONSULTATIONS.</p> <p>(10) MONTHLY "TO YOUR HEALTH" PODCAST: 30-MINUTE EDUCATION PODCAST WITH VARIOUS HEALTH TOPICS WAS OFFERED TEN MONTHS IN 2022 ON A LOCAL RADIO STATION AND AVAILABLE TO LISTEN ON THE HOSPITALS' WEBSITE.</p> <p>(11) RUN THE FALLS 5K WALK/RUN: 199 WALKERS AND RUNNERS PARTICIPATED IN THIS COMMUNITY 5K HOSTED BY THE HOSPITAL.</p> <p>(12) CANCER SUPPORT ACTIVITES: PROVIDED BULK FREE SUNSCREEN FOR THE LOCAL BOYS & GIRLS CLUB TO USE FOR THEIR ENTIRE SUMMER SEASON.; PROVIDED FREE SUNSCREEN TO GOLFERS AT THE HOSPITAL'S GOLF BENEFIT EVENT.</p> <p>(13) EMPLOYEE HEALTH OPPORTUNITIES HOSPITAL STAFF: WELLNESS NEWSLETTERS AND CALENDARS PROVIDED TO STAFF; FREE LIPID BLOOD TEST OFFERED FOR ALL STAFF WITH INSURANCE PREMIUM REDUCTION OPPORTUNITY; FREE SUNSCREEN DISTRIBUTION FOR STAFF WITH SKIN CANCER PREVENTION EDUCATION; EMPLOYEE ASSISTANCE PROGRAM AVAILABLE FREE FOR STAFF AND DEPENDENTS; PROMOTION OF WALKTOBER WALKING CAMPAIGN TO EMPLOYEES; FREE NICOTINE REPLACEMENT THERAPY PRODUCTS FOR STAFF WHEN REQUESTED</p>

Return Reference - Identifier	Explanation
	<p>(14) ACTIVE ATTENDANCE AND PARTICIPATION IN THE FOLLOWING COMMUNITY COALITIONS/GROUPS: JEFFERSON COUNTY JUSTICE TREATMENT AND PREVENTION COALITION (JCJTAP); MADISON CONSOLIDATED SCHOOLS WELLNESS COMMITTEE; PURDUE EXTENSION HEALTH AND HUMAN SERVICES BOARD; PURDUE EXTENSION ADVISORY BOARD; COURT APPOINTED SPECIAL ADVOCATES OF JEFFERSON COUNTY BOARD (CASA); TRILOGY HEALTH CAMPUS ADVISORY BOARD; ADVISORY BOARD FOR HANOVER COLLEGE'S DPT PROGRAM; IVY TECH PROFESSIONAL COMMUNICATIONS ADVISORY COMMITTEE; PARTNER AND HOST SITE FOR THE LEADERSHIP JEFFERSON COUNTY PROGRAM</p> <p>(15) EMS STAND-BY AT VARIOUS COMMUNITY ACTIVITIES - EMS PROVIDES STAND-BY COVERAGE AT A VARIETY OF POPULATED JEFFERSON COUNTY ACTIVITIES.</p> <p>(16) ATHLETIC TRAINING/REHAB SERVICES - SPORTS MEDICINE SERVICES WERE PROVIDED TO THREE JEFFERSON COUNTY SCHOOLS.</p> <p>(17) SUPPORT TO VARIOUS AREA SCHOOLS WITH INTERNSHIPS - A TOTAL OF 188 COLLEGE STUDENTS WERE HOSTED FOR JOB SHADOW OPPORTUNITIES OR STRUCTURED INTERNSHIPS IN 2022. IN ADDITION, 28 HIGH SCHOOL STUDENTS PARTICIPATE IN THE HOSPITAL'S MEDICAL EXPLORERS PROGRAM</p> <p>(18) ART OF HEALING EXHIBIT - HOST A QUARTERLY ART SHOW FOR THE MADISON ART CLUB. VARIOUS PAINTINGS ARE ON DISPLAY IN THE HOSPITAL CAFE AS PART OF THE ON-GOING ART OF HEALING EXHIBIT.</p> <p>(19) HEALTHY COMMUNITIES INITIATIVE (HCI) - EFFORTS ARE LED BY THE HOSPITAL WHICH INCLUDE A PAID COORDINATOR. HCI IS COMPRISED OF THREE TEAMS WHICH INCLUDE STAFF AND COMMUNITY MEMBERS. 2022 HCI TEAM ACCOMPLISHMENTS: SUBSTANCE ABUSE TEAM: HOSTED A RALLY FOR RECOVERY WITH OVER 80 PEOPLE IN ATTENDANCE; MADE SOCIAL MEDIA POST TO WARN ABOUT THE DANGERS OF NEW FENTANYL PILLS; HOSTED A SPEAKER TO LEARNING MORE ABOUT STARTING A RECOVERY CAFE PROGRAM; MAINTAINED A RESOURCE LIST FOR SUBSTANCE ABUSE RECOVERY MEETINGS IN THE COMMUNITY; WORKED WITH A COUNTY LIBRARY TO ADD A NALOXONE BOX AT THEIR FACILITY.; HCI COORDINATOR SERVES ON A COUNTY RESIDENTIAL TREATMENT FACILITY SUBCOMMITTEE. THIS GROUP IS INVESTIGATING THE FEASIBILITY OF AN IN-PATIENT SUBSTANCE ABUSE AND MENTAL HEALTH FACILITY. MENTAL HEALTH/ZERO SUICIDE TEAM: RECOGNIZED MENTAL HEALTH AWARENESS MONTH AND SUICIDE AWARENESS MONTH; DISTRIBUTED GUN LOCKS FOR SUICIDE AND ACCIDENTAL DEATH PREVENTION AT COMMUNITY EVENTS; PROMOTED NEW SUICIDE PREVENTION AND CRISIS HOTLINE, WHICH STARTED IN 2022; HOSTED A BOOTH AT THE OUT OF THE DARKNESS SUICIDE AWARENESS WALK; CONTINUED WORK ON THE ADVERSE CHILDHOOD EXPERIENCES (ACES) INITIATIVE. IN 2022, BOTH JEFFERSON COUNTY LIBRARIES HOSTED VIEWINGS OF THE RESILIENCE FILM. AN ACE INTERFACE TRAINING WAS ALSO CONDUCTED FOR COUNTY 4H LEADERS AND STAFF AT A LOCAL NOT-FOR-PROFIT. HEALTHY LIFESTYLES TEAM- TEAM CHAIRED BY THE NKDH WELLNESS COORDINATOR WITH ASSISTANCE FROM THE TOBACCO COORDINATOR: HOSTED A LARGE COMMUNITY HEALTH FAIR WHICH INCLUDED 20 BOOTHS OFFERING HEALTH INFORMATION AND RESOURCES. N ADDITION, FREE HEALTH SCREENS, HEALTHY SNACKS, AND DOOR PRIZES WERE PROVIDED; HOSTED A MONTH-LONG WALKTOBER WALKING CAMPAIGN; HOSTED A YOUTH TAILGATE PARTY -150 YOUTH & GUARDIANS</p>
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>NORTON HEALTHCARE, INC. (THE CONTROLLING COMPANY) AND ITS AFFILIATES, INCLUDING NORTON HOSPITALS, INC., NORTON PROPERTIES, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON PHARMACIES, PLLC, THE CHILDREN'S HOSPITAL FOUNDATION, INC., NORTON HEALTHCARE FOUNDATION, INC., AND NORTON ENTERPRISES, INC. OPERATE IN THE LOUISVILLE, KENTUCKY METROPOLITAN AREA AND THE OPERATIONS OF THE AFFILIATED HEALTHCARE SYSTEM INCLUDE 1,907 LICENSED BEDS, OVER 300 PHYSICIAN PRACTICE LOCATIONS, AND 18 NORTON IMMEDIATE CARE CENTER LOCATIONS, AND OTHER ANCILLARY HEALTH CARE SERVICES.</p> <p>NORTON HEALTHCARE - INDIANA, INC. IS AN AFFILIATE OF NORTON HEALTHCARE, INC. AND OPERATES NORTON - KING'S DAUGHTERS" HOSPITAL IN MADISON IN, WHICH HAS 86 LICENSED BEDS AND 8 PHYSICIAN PRACTICE AND OTHER ANCILLARY HEALTH CARE SERVICE LOCATIONS.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>IN</p>