

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization HUNTINGTON MEMORIAL HOSPITAL, INC.	Employer identification number 35-1970706
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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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<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 <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input 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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			646,786.		646,786.	1.14%
b Medicaid (from Worksheet 3, column a)			7595065.	5179923.	2415142.	4.24%
c Costs of other means-tested government programs (from Worksheet 3, column b)			8309343.	6584055.	1725288.	3.03%
d Total. Financial Assistance and Means-Tested Government Programs			16551194.	11763978.	4787216.	8.41%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			75,723.		75,723.	.13%
f Health professions education (from Worksheet 5)			127,833.		127,833.	.22%
g Subsidized health services (from Worksheet 6)			11414305.	6275310.	5138995.	9.03%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			111,847.		111,847.	.20%
j Total. Other Benefits			11729708.	6275310.	5454398.	9.58%
k Total. Add lines 7d and 7j			28280902.	18039288.	10241614.	17.99%

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: HUNTINGTON MEMORIAL HOSPITAL, INC.

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The significant health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>			
b <input type="checkbox"/> Other website (list url):			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d <input type="checkbox"/> Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: HUNTINGTON MEMORIAL HOSPITAL, INC.

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input checked="" type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	X	
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
<p>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):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>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</p> <p>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</p> <p>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>		
16 Was widely publicized within the community served by the hospital facility?	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, LINES 16A B & C</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, LINES 16A B & C</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, LINES 16A B & C</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>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)</p> <p>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)</p> <p>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</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>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</p> <p>j <input type="checkbox"/> Other (describe in Section C)</p>		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: HUNTINGTON MEMORIAL HOSPITAL, 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?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (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?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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: HUNTINGTON MEMORIAL HOSPITAL, 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	X
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	X

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 5: DESCRIBE HOW THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, AND IDENTIFY THE PERSONS THE HOSPITAL FACILITY CONSULTED:

WHEN CONDUCTING ITS 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), PARKVIEW HEALTH SYSTEM, INC., INCLUDING THE COMMUNITY HOSPITAL OF HUNTINGTON MEMORIAL HOSPITAL, INC., WERE DILIGENT IN ENSURING INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY WAS INCLUDED, WHILE ALSO FOCUSING ON THE NEEDS OF VULNERABLE POPULATIONS IN NORTHEAST INDIANA.

IN GATHERING COMMUNITY INPUT, PARKVIEW HEALTH SYSTEM, INC., INCLUDING HUNTINGTON MEMORIAL HOSPITAL, INC., OBTAINED THE FOLLOWING: 1) PRIMARY DATA COLLECTED THROUGH A COMMUNITY SURVEY OF RESIDENTS IN EACH PARKVIEW HEALTH COUNTY, 2) PRIMARY DATA COLLECTED THROUGH AN ONLINE SURVEY OF HEALTHCARE AND SOCIAL SERVICE PROVIDERS IN EACH COUNTY THAT PROVIDE SERVICES DIRECTLY TO THE UNDERSERVED IN OUR COMMUNITIES (E.G., PHYSICIANS, NURSES, SOCIAL WORKERS, ETC.), AND 3) SECONDARY DATA COLLECTED FROM CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATABASE AND OTHER LOCAL AND NATIONAL AGENCIES (E.G., COUNTY HEALTH RANKINGS, INDIANA STATE DEPARTMENT OF HEALTH, ETC.). COMMUNITY MEMBER AND PROVIDER INPUT WAS GATHERED FROM MARCH THROUGH MAY 2022 VIA MULTIPLE RECRUITMENT AND DATA COLLECTION METHODS: 1) E-MAIL TO HEALTHCARE AND SOCIAL SERVICE PROVIDERS WITH AN EMBEDDED ONLINE SURVEY LINK; 2) MAILED PAPER AND E-MAILED ONLINE SURVEYS TO COMMUNITY MEMBERS; 3) PAPER SURVEYS DISTRIBUTED TO INDIVIDUALS,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

CLINICS OR ORGANIZATIONS SERVING HISPANIC, AMISH, OR PEOPLE OF BURMA POPULATIONS; 4) IN-PERSON RECRUITMENT AT LOCATIONS PROVIDING SERVICES TO LOW-INCOME POPULATIONS IN EACH PARKVIEW HEALTH COUNTY; AND 5) PRESS RELEASE AND SOCIAL MEDIA NOTIFICATIONS WITH A SURVEY LINK. THE SURVEY WAS MADE AVAILABLE IN ENGLISH, SPANISH, AND BURMESE.

HISPANIC, AMISH, PEOPLE OF BURMA, AND LOW-INCOME POPULATIONS WERE IDENTIFIED AS VULNERABLE POPULATIONS IN PARKVIEW HEALTH COUNTIES, AND THEREFORE SURVEY DISTRIBUTION AND DATA COLLECTION STRATEGIES INCLUDED FOCUSED EFFORTS TO OBTAIN COMMUNITY INPUT FROM THESE POPULATIONS. IN HUNTINGTON COUNTY, THIS INCLUDED HISPANIC AND LOW-INCOME POPULATIONS. THE RESEARCH TEAM COORDINATED WITH COMMUNITY HEALTH WORKERS, LOCAL HEALTH DEPARTMENTS, AND KNOWN CONTACTS IN EACH COUNTY TO IDENTIFY LOCATIONS TO SURVEY UNDERREPRESENTED OR VULNERABLE POPULATIONS. IN HUNTINGTON COUNTY, IN-PERSON TEAMS OF RESEARCH ASSISTANTS CONDUCTED COMMUNITY SURVEY OUTREACH AT THE LOCAL YMCA. REGARDING VULNERABLE POPULATIONS SURVEYED IN HUNTINGTON COUNTY, 14.4% OF RESPONDENTS REPORTED AN INCOME OF < \$35,000 AND 0.8% OF RESPONDENTS IDENTIFIED AS HISPANIC/LATINO. ADDITIONALLY, RESPONDENTS 65 YEARS AND OLDER WERE WELL-REPRESENTED (41.0%). HUNTINGTON COUNTY HAD THE SECOND HIGHEST RATE OF PROVIDER PARTICIPATION AMONG THE EIGHT COUNTIES SURVEYED. THE PROVIDER SURVEY INCLUDED RESPONSES FROM PHYSICIANS, NURSE PRACTITIONERS, REGISTERED NURSES, MENTAL/BEHAVIORAL HEALTH PROVIDERS, OTHER HEALTHCARE PROVIDERS, COMMUNITY/SOCIAL SERVICE PROVIDERS, PUBLIC HEALTH/COMMUNITY HEALTH WORKERS, SOCIAL WORKERS/CASE MANAGERS, PUBLIC SECTOR WORKERS, AND EDUCATORS.

IN ADDITION TO DATA COLLECTION, PARKVIEW HUNTINGTON MEMORIAL HOSPITAL,

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

INC. COLLABORATED WITH THE COMMUNITY AND PARTNERING ORGANIZATIONS TO SELECT AND PRIORITIZE HUNTINGTON COUNTY'S HEALTH NEEDS. IN DOING SO, A MODIFIED HANLON METHOD WAS EMPLOYED TO PRIORITIZE HEALTH CONCERNS FOR PARKVIEW HEALTH HOSPITAL COMMUNITIES. THIS METHOD, ALSO KNOWN AS THE BASIC PRIORITY RATING SYSTEM (BPRS) 2.0, IS RECOMMENDED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) FOR PRIORITIZING COMMUNITY HEALTH NEEDS (GUIDE-TO-PRIORITIZATION-TECHNIQUES.PDF, N.D.). THIS METHOD IS PARTICULARLY USEFUL WHEN THE DESIRED OUTCOME IS AN OBJECTIVELY SELECTED LIST. EXPLICIT IDENTIFICATION OF FACTORS MUST BE CONSIDERED TO SET PRIORITIES, WHICH ENABLES A TRANSPARENT AND REPLICABLE PROCESS. PRIORITY SCORES ARE CALCULATED BASED ON THE SIZE OF THE HEALTH PROBLEM, SERIOUSNESS OF THE HEALTH PROBLEM AND THE AVAILABILITY OF EFFECTIVE HEALTH INTERVENTIONS.

ON AUGUST 24, 2022, PARKVIEW HUNTINGTON MEMORIAL HOSPITAL, INC. PRESENTED TO THE PARKVIEW HUNTINGTON HOSPITAL BOARD OF DIRECTORS AT A MEETING TO ENGAGE HUNTINGTON COUNTY COMMUNITY MEMBERS IN THE PRIORITIZATION PROCESS. THE DATA FROM THE 2022 CHNA WAS PRESENTED TO THE 11-MEMBER BOARD OF DIRECTORS WHO HAD THOUGHTFUL DISCUSSIONS AROUND THE DATA FROM THE ASSESSMENT AND VOTED ON WHAT THEY THOUGHT SHOULD BE THE TOP TWO PRIORITIES FOR HUNTINGTON COUNTY. SUBSTANCE USE/ABUSE AND CHILD ABUSE AND NEGLECT WERE APPROVED IN ADDITION TO THE SHARED MENTAL HEALTH PRIORITY THAT WAS SET FOR THE PARKVIEW HEALTH REGION FOR THE NEXT THREE YEARS. THESE PRIORITIES WERE THEN SHARED AND DISCUSSED AT THE SEPTEMBER 8, 2022 EMPOWERING HUMANITIES MEETING WHICH INCLUDED COMMUNITY PARTNERS FROM A VARIETY OF LOCAL ORGANIZATIONS: SCAN, ANTHEM MEDICAID, PATHFINDERS, YWCA OF FORT WAYNE, PROJECT RECOVERY, HUNTINGTON HOUSE, PLACE OF GRACE,

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

HUNTINGTON COUNTY HEALTH DEPARTMENT, BOWEN CENTER, HUNTINGTON PARKS AND RECREATION, STILLWATER HOSPICE, PARKVIEW HUNTINGTON FAMILY YMCA, HUNTINGTON UNIVERSITY, YSB, MCKENZIE'S HOPE, DCS, CHILD SUPPORT OFFICE AND UNITED WAY OF HUNTINGTON COUNTY.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES:

PARKVIEW HOSPITAL, INC. (EIN 35-0868085); DEKALB MEMORIAL HOSPITAL, INC. (EIN 35-1064295); COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440); PARK CENTER, INC. (EIN 35-1135451) AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823).

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 6B: THE HOSPITAL FACILITY'S CHNA WAS ALSO CONDUCTED WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES:

PARKVIEW HEALTH SYSTEM, INC. (EIN 35-1972384), THROUGH PARKVIEW'S HEALTH SERVICES AND INFORMATICS RESEARCH (HSIR) GROUP, DESIGNED AND CONDUCTED BOTH PRIMARY AND SECONDARY DATA COLLECTION AND ANALYSIS ACTIVITIES FOR THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). HSIR EMPLOYS MULTIPLE RESEARCH STAFF, WHICH INCLUDES PHD PREPARED SCIENTISTS, USER EXPERIENCE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

SPECIALISTS AND PROJECT MANAGERS. AS A RESEARCH UNIT EMBEDDED IN PARKVIEW, HSIR HAS DEDICATED TIME TO SUPPORT INITIATIVES THAT REQUIRE RESEARCH SKILLS, SUCH AS THE CHNA.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 11: DESCRIBE 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:

SIGNIFICANT HEALTH NEEDS BEING ADDRESSED: BASED ON THE CHNA CONDUCTED IN 2019

OBESITY, HAVING A BODY MASS INDEX (BMI) GREATER THAN 30.0 KG/M, AFFECTS ALL AGE GROUPS. ELEVATED BMI AFFECTS PEOPLE OF DIFFERENT SOCIOECONOMIC STATUSES AND RACIAL/ETHNIC GROUPS DISPROPORTIONATELY. MANY COMPLICATIONS CAN OCCUR AS A DIRECT OR INDIRECT RESULT OF OBESITY. INDIANA'S ADULT OBESITY RATE IS RANKED 38TH IN THE NATION AT 36.3 PERCENT. FOR CHILDREN AGES 10 TO 17, 15.5 PERCENT ARE CONSIDERED OBESE, PUTTING INDIANA IN 32ND PLACE.

IN COLLABORATION WITH OTHER COMMUNITY LEADERS, HUNTINGTON MEMORIAL HOSPITAL, INC.'S ACTIONS ARE TO SUPPORT THE FURTHER DEVELOPMENT OF HEALTHY LIFESTYLE CHOICES AMONG RESIDENTS OF HUNTINGTON COUNTY. THE CONTINUED STRATEGIC GOAL OF THE OBESITY INITIATIVE IS TO INCREASE ACCESS TO NUTRITIOUS FOOD AND PHYSICAL ACTIVITY IN HUNTINGTON COUNTY WITH THE SMART

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

OBJECTIVE OF IMPROVING KNOWLEDGE AND BEHAVIOR RELATED TO NUTRITION AND ACTIVITY IN 100 PERCENT OF PROGRAM PARTICIPANTS. THE ANTICIPATED IMPACT IS REDUCTION OF THE OBESITY RATE AND THE CORRESPONDING CHRONIC DISEASES THAT GO HAND IN HAND WITH OBESITY.

FUNDED PARTNERS HAVE PARTICIPATED IN VARIOUS ENDEAVORS TO PROMOTE HEALTHY LIVING AND THUS PREVENT OR TREAT OBESITY ACROSS THE LIFESPAN.

MONTHLY SUPPORTED COOKING CLASSES HISTORICALLY REACHING AN AVERAGE OF 15 INDIVIDUALS AT A LOCAL FOOD PANTRY ENCOURAGE LEARNING TO PREPARE HEALTHY AND BUDGET FRIENDLY MEALS AT HOME OFTEN UTILIZING FOOD OFFERINGS FROM THE PANTRY. ELEVEN IN PERSON CLASSES TWICE A MONTH WERE CONDUCTED IN 2022. THE FIRST HALF OF THE YEAR THEY WERE LIMITED TO EIGHT PARTICIPANTS FOR SOCIAL DISTANCING AND 5-7 ATTENDED; THE SECOND HALF OF THE YEAR PARTICIPATION INCREASED TO AS MANY AS 11 AND NO LESS THAN SIX. THE OVERALL OBJECTIVE OF THE CLASS IS FOR ATTENDEES TO REPORT AN INCREASE IN KNOWLEDGE OF HOW TO REDUCE ADDED SUGAR, SODIUM, AND FAT IN THEIR DAILY DIET AND INCREASE FIBER ALONG WITH DAILY EXERCISE. ONE OF THE CLASSES PER MONTH IS OPEN TO THE PUBLIC AND THE OTHER FOCUSES ON PATHFINDER SERVICES CLIENTS WHO LIVE AT HOME, IN GROUP HOMES OR ON THEIR OWN.

A TOTAL OF FOUR "SIMPLE AND HEALTHY" COOKING SESSIONS WERE ABLE TO BE OFFERED IN 2022 REACHING 109 PARTICIPANTS. BETWEEN 91 AND 95 PERCENT OF PARTICIPANTS AMONG THE SESSIONS INDICATED THEY UNDERSTAND HOW THEIR FOOD CHOICES AFFECT THEIR HEALTH BECAUSE OF THE PROGRAM. EIGHTY-THREE PERCENT ALSO KNOW HOW TO FOLLOW SAFE FOOD HANDLING PRACTICES AND BETWEEN 91 AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

100 PERCENT PLAN TO FOLLOW THOSE PRACTICES. EIGHTY-THREE PERCENT KNOW HOW TO MAKE CHANGES THAT WILL IMPROVE THEIR PHYSICAL HEALTH. NINETY-ONE TO ONE HUNDRED PERCENT PLAN TO MAKE SMALL CHANGES TO BUILD THEIR HEALTHY EATING STYLE INCLUDING 83 TO 88 PERCENT WHO AIM TO FOLLOW A HEALTHY EATING PATTERN. EIGHTY-FOUR TO ONE HUNDRED PERCENT INTEND TO MAKE A CHANGE TO IMPROVE THEIR OVERALL HEALTH. ONE PARTICIPANT WAS QUOTED, "I WILL SHOW MY CHILDREN HOW TO MAKE A QUICK, SIMPLE, AND HEALTHY MEAL."

DINING WITH DIABETES ALSO IN PARTNERSHIP WITH PURDUE EXTENSION HAD A RESURGENCE IN 2022 WITH 47 ATTENDING AFTER FACILITATION WAS NOT POSSIBLE IN THE FIRST HALF OF 2020, THAT NOVEMBER, AND THE LAST HALF OF 2021 DUE TO SCHEDULING CONFLICTS AND COVID RESTRICTIONS. EIGHTY PERCENT OF ATTENDEES INCREASED THEIR KNOWLEDGE OF THE RELATIONSHIP BETWEEN NUTRITION AND HEALTH AND ADOPTED ONE OR MORE PRACTICES TO IMPROVE FOOD CHOICES AND/OR ACTIVITY LEVELS BASED ON PRE AND POST TESTING.

BLESSINGS IN A BACKPACK WORKED AT COMBATING FOOD INSECURITY BY FEEDING, ON AVERAGE, 409 ELEMENTARY STUDENTS WEEKLY THROUGHOUT 2022 (UP FROM 20 CHILDREN IN 2011 AND 391 DURING 2021). SURVEYS INDICATED THAT 48 PERCENT OF TEACHERS FELT FOOD PROVIDED HELPS CHILDREN IMPROVE IN THE CLASSROOM AND 95% FELT THE PROGRAM IMPROVED THE QUALITY OF LIFE FOR THE STUDENT.

PARKVIEW HUNTINGTON FAMILY YMCA YOUTH MEMBERSHIPS WERE PROVIDED TO 119 STUDENTS (UP FROM 98 STUDENTS IN 2021). FIFTY-FIVE PERCENT OF THOSE THAT WERE AWARDED MEMBERSHIPS CHECKED IN ON AVERAGE TWO DAYS PER WEEK DURING 2022. THE YMCA HAD HOPED 10 PERCENT OF THIS AGE GROUP WOULD PARTICIPATE IN A YMCA AFTER-SCHOOL PROGRAM AND THIS WAS EXCEEDED WITH ABOUT 54 PERCENT

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

DOING SO.

PARKVIEW BOYS & GIRLS CLUB OF HUNTINGTON COUNTY HAD 173 CLUB MEMBERS PARTICIPATE IN THE SUMMER COOKING CLUB BETWEEN THE HUNTINGTON AND WARREN SITES IN JUNE AND JULY OF 2022 IN WHICH GRADES K-5TH LEARNED TO MAKE HEALTHY SNACKS AND DINNERS FIVE DAYS A WEEK. THE SMART GIRLS AND G2M MALE PROGRAMS REACHED GRADE LEVELS 6-12TH FOR TWO HOURS PER WEEK FOR EIGHT WEEKS ALSO WITH A FOCUS ON HEALTHY MEALS AND SNACKS. 495 CLUB MEMBERS PARTICIPATED IN AT LEAST 120 MINUTES OF PHYSICAL ACTIVITY PER WEEK THROUGHOUT 2022 PLUS 251 MEMBERS PLAYED OUTSIDE BETWEEN MARCH AND OCTOBER FOR AN HOUR PER DAY. THIRTY-ONE GIRLS PARTICIPATED IN DANCE CLUB WHICH MEETS FOR AN HOUR A DAY, THREE DAYS PER WEEK.

MCMILLEN HEALTH CENTER PROVIDED FOUR PREVENTIVE HEALTH EDUCATION SESSIONS FOCUSING ON OBESITY/NUTRITION IN GRADES K - 7, SERVING 133 STUDENTS IN 2022. UNFORTUNATELY, KNOWLEDGE INCREASE WAS NOT ABLE TO BE MEASURED AS EDUCATOR DID NOT HAVE TIME TO CONDUCT POST-TEST.

ADULTS FROM RECOVERY HOMES WERE ABLE TO INCREASE THEIR ACTIVITY WITH THE SUPPORTED ACCESS TO WELLNESS PROGRAM THROUGH THE YMCA. THIS PROGRAM STARTED WITH ONE GROUP HOME IN 2017 HAVING THREE PARTICIPANTS COMPLETE A 12-WEEK FITNESS PROGRAM. IN 2022 THREE GROUP HOMES HAD 43 MEMBERS VISIT THE YMCA A TOTAL OF 224 TIMES. THEY WERE PROVIDED A FULL ADULT MEMBERSHIP WITH THE OPPORTUNITY TO ONE-ON-ONE AND GROUP PHYSICAL EDUCATION ACTIVITIES.

THE HOSPITAL'S "MY WELL-BEING" COMMITTEE PROVIDES RESOURCES FOR CO-WORKERS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

TO ENABLE THEM TO BE GOOD EXAMPLES FOR THE REST OF THE COMMUNITY.

IN COLLABORATION WITH OTHER COMMUNITY LEADERS, HUNTINGTON MEMORIAL HOSPITAL, INC.'S OTHER VAST PRIORITY OF SUBSTANCE USE DISORDER/MENTAL HEALTH GOAL IS TO ADDRESS SUBSTANCE ABUSE AND BREAK THE STIGMA OF MENTAL HEALTH IN HUNTINGTON COUNTY WITH THE SMART OBJECTIVE OF IMPROVING KNOWLEDGE AND/OR BEHAVIOR RELATED TO SUBSTANCE ABUSE AND MENTAL HEALTH IN 100 PERCENT OF PROGRAM PARTICIPANTS. ANTICIPATED IMPACT IS THE IMPROVED PHYSICAL, MENTAL, AND FINANCIAL WELL-BEING OF AREA RESIDENTS.

PARTNERS ARE WORKING TO PREVENT AND TREAT ADDICTION AT ALL AGES. MCMILLEN HEALTH CENTER PROVIDED 6 PREVENTIVE HEALTH EDUCATION SESSIONS IN 2022 FOCUSING ON TOBACCO AND SOCIAL/EMOTIONAL HEALTH IN GRADES BETWEEN K - 7, SERVING 167 STUDENTS. KNOWLEDGE INCREASE GOALS FOR ALL TOPICS WERE SET AT 35 PERCENT. REGARDING TOBACCO AND VAPING THE ACTUAL INCREASE WAS MORE THAN 100 PERCENT, WHICH IS THOUGHT TO INDICATE STUDENTS CAME IN WITH NO KNOWLEDGE OF THE INFORMATION THAT WAS PRESENTED. RESULTS SHOWED ALMOST A 63 PERCENT INCREASE RELATING TO SOCIAL AND EMOTIONAL HEALTH.

EIGHTY-FOUR (UP FROM 37 IN 2021) PARKVIEW BOYS & GIRLS CLUB MEMBERS BETWEEN THE GRADES OF 6 AND 12TH FINISHED AN EVIDENCE-BASED LIFE SKILLS PROGRAM IN WHICH 88 PERCENT STATED, "MOST DAYS, I AM PROUD OF THE WAY I AM LIVING MY LIFE." FIRST THROUGH FIFTH GRADERS PARTICIPATED IN A SIMILAR PROGRAM, 106 OUT OF 112 PARTICIPANTS REPLIED AGREE OR STRONGLY AGREE TO THE STATEMENT "UNDERSTANDING WHO YOU ARE AND STANDING UP FOR WHAT YOU BELIEVE, MEANS THAT YOU HAVE STRONG SELF-ESTEEM."

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

THROUGH YOUTH SERVICES BUREAU OF HUNTINGTON COUNTY OVER 90 PERCENT OF 128 ADULTS AND 132 HIGH SCHOOL STUDENTS WHO PARTICIPATED IN A SUICIDE PREVENTION PROGRAM DEMONSTRATED AN INCREASE IN KNOWLEDGE. IN ADDITION, COMMUNITY EVENTS WERE HELD IN WHICH 100 ADULTS PARTICIPATED AND A TOTAL OF 1042 SUICIDE PREVENTION INFORMATIONAL CARDS WERE DISTRIBUTED. THE CRISIS PHONE LINE WAS STAFFED 24/7 IN 2022, AND YOUTH WERE PROVIDED WITH IMMEDIATE CRISIS INTERVENTION AS NEEDED (86 UTILIZED THE COMMUNITY PROTOCOL WITH 80 HAVING A SAFETY PLAN IN PLACE).

PLACE OF GRACE TRANSITIONAL HOME SERVES WOMEN REENTERING THE COMMUNITY AFTER INCARCERATION. ONE HUNDRED PERCENT OF GRADUATES WERE GAINFULLY EMPLOYED BY GRADUATION, AND 100 PERCENT SINCE 2020 REPORTED AN INCREASE IN KNOWLEDGE OF COMMUNITY RESOURCES. NINETY PERCENT OF GRADUATES IN 2022 REPORTED AN INCREASE IN SELF-ESTEEM BECAUSE OF PROGRAMING OFFERED.

(SEE PART V, SECTION B, LINE 11 CONT'D: FOR CONTINUATION OF NARRATIVE)

PART V, SECTION B, LINE 11 CONT'D:

DESCRIBE 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:

OTHER HEALTH NEEDS NOT BEING ADDRESSED: BASED ON THE CHNA CONDUCTED IN 2022

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

A. OBESITY, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, KIDNEY DISEASE, CANCER, DIABETES AND CARDIOVASCULAR DISEASE- WHILE HUNTINGTON MEMORIAL HOSPITAL, INC. DID NOT SELECT THESE CHRONIC DISEASES AS TOP HEALTH PRIORITIES TO FUND THROUGH COMMUNITY HEALTH IMPROVEMENT DOLLARS FOR THE NEXT THREE YEARS, OUR INTENT IS TO HELP TO PREVENT AND REDUCE THE PRESENCE OF CHRONIC CONDITIONS LIKE THE AFOREMENTIONED BY ADDRESSING MENTAL HEALTH THROUGH NUTRITION EDUCATION, INCREASED ACCESS TO HEALTHY FOODS, ACTIVE LIVING PROGRAMS AND EDUCATION ON OTHER HEALTHY LIFESTYLE HABITS INTERNALLY AND EXTERNALLY THROUGH COMMUNITY PARTNERS AND OTHER GRANTS.

B. ASTHMA- INDIVIDUALS' INPATIENT AND OUTPATIENT MEDICAL PROVIDERS ADDRESS THE NEEDS OF THOSE WITH ASTHMA.

PART V, LINES 16A, 16B AND 16C
[HTTPS://WWW.PARKVIEW.COM/PATIENTS-AND-VISITORS/
BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-and-visitors/billing-and-insurance/financial-assistance)

PART V, SECTION B, LINE 3E:
THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

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 (for example, 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:

THE RELATED ENTITIES OF PARKVIEW HEALTH SYSTEM, INC. (EIN 35-1972384);
PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE
COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.
(EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706);
WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); DEKALB MEMORIAL
HOSPITAL, INC. (EIN 35-1064295; PARK CENTER, INC. (EIN 35-1135451); AND
PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) PREPARED A COMBINED REPORT
TO THE COMMUNITY DETAILING COMMUNITY BENEFIT PROGRAMS AND SERVICES.

PART I, LINE 7:

PART I, LINE 7A

THE FINANCIAL ASSISTANCE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE
COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE FINANCIAL
ASSISTANCE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES
TO DETERMINE THE COST OF SERVICES RENDERED.

PART I, LINE 7B

Part VI Supplemental Information (Continuation)

HUNTINGTON MEMORIAL HOSPITAL, INC. ACCEPTS ALL MEDICAID, MEDICAID MANAGED CARE, AND OUT-OF-STATE MEDICAID PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICAID PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICAID, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED MEDICAID COST REPORTED ON LINE 7B IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE MEDICAID CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF MEDICAID SERVICES RENDERED. THEN, THE COST OF MEDICAID SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR MEDICAID PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

PART I, LINE 7C

HUNTINGTON MEMORIAL HOSPITAL, INC. ACCEPTS ALL MEANS-TESTED PATIENTS FROM THE HEALTHY INDIANA PLAN (HIP) WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEANS-TESTED PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING HIP, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED HIP COST REPORTED ON LINE 7C IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE HIP CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF HIP SERVICES RENDERED. THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED

Part VI Supplemental Information (Continuation)

FROM THE REIMBURSEMENT RECEIVED FOR HIP PATIENTS TO ARRIVE AT A
GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

PART I, LINE 7E

AMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND
BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH
WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE.

PART I, LINE 7F

AMOUNTS PRESENTED ARE BASED UPON ACTUAL SPEND AND ARE IN CONFORMITY WITH
AGREED UPON COMMITMENTS WITH THE VARIOUS EDUCATIONAL PROGRAMS.

PART I, LINE 7G

AMOUNTS PRESENTED DO NOT INCLUDE ANY COSTS ASSOCIATED WITH PHYSICIAN
CLINICS.

PART I, LINE 7I

IN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE
SERVE, HUNTINGTON MEMORIAL HOSPITAL, INC. CONTINUES ITS TRADITION OF
CONTRIBUTING TO NUMEROUS ORGANIZATIONS ON BOTH AN AS-NEEDED BASIS AND
NEGOTIATED BASIS. AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO
ORGANIZATIONS THROUGHOUT OUR COMMUNITIES.

PART I, LN 7 COL(F):

PERCENT OF TOTAL EXPENSE

HUNTINGTON MEMORIAL HOSPITAL, INC. EXCLUDED \$8,377,272 OF PH CLINICAL
SUPPORT EXPENSE.

Part VI Supplemental Information (Continuation)

PART III, LINE 2:

FOR FINANCIAL STATEMENT PURPOSES, THE ORGANIZATION HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE.

PART III, LINE 4:

BAD DEBT EXPENSE - PARKVIEW HEALTH SYSTEM, INC. AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

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:

PAGES 12 AND 23 - 27 OF ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8:

COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS

SUBSTANTIAL SHORTFALLS TYPICALLY ARISE FROM PAYMENTS THAT ARE LESS THAN THE COST TO PROVIDE THE CARE OR SERVICES AND DO NOT INCLUDE ANY AMOUNTS RELATING TO INEFFICIENT OR POOR MANAGEMENT. HUNTINGTON MEMORIAL HOSPITAL, INC. ACCEPTS ALL MEDICARE PATIENTS, AS REFLECTED ON THE YEAR-END MEDICARE COST REPORT, WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES

Part VI Supplemental Information (Continuation)

THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. HOWEVER, MEDICARE PAYMENTS REPRESENT A PROXY OF COST CALLED THE "UPPER PAYMENT LIMIT." IT HAS HISTORICALLY BEEN ASSUMED THAT UPPER PAYMENT LIMIT PAYMENTS DO NOT GENERATE A SHORTFALL. AS A RESULT, HUNTINGTON MEMORIAL HOSPITAL, INC. HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. HUNTINGTON MEMORIAL HOSPITAL, INC. RECOGNIZES THAT THE SHORTFALL OR SURPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS. AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION.

PART III, LINE 9B:

A PATIENT'S FAILURE TO MAKE PAYMENT ARRANGEMENTS THROUGH VARIOUS AVAILABLE PAYMENT OPTIONS OR FAILURE TO APPLY FOR AND RECEIVE APPROVAL UNDER THE FINANCIAL ASSISTANCE POLICY MAY RESULT IN THE ACCOUNT BEING REFERRED TO A COLLECTION AGENCY DUE TO NON-PAYMENT. THE COLLECTION AGENCY MAY REPORT THE ACCOUNT TO ONE OR ALL THREE CREDIT REPORTING AGENCIES, WHICH MAY ADVERSELY AFFECT THE PATIENT'S CREDIT SCORE.

A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE APPLICATION PERIOD, EVEN IF THE ACCOUNT HAS BEEN PLACED WITH A COLLECTION AGENCY. IF AN INDIVIDUAL SUBMITS A COMPLETE FINANCIAL ASSISTANCE APPLICATION DURING THE APPLICATION PERIOD, AND PARKVIEW HEALTH DETERMINES THE INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THEN PARKVIEW HEALTH WILL TAKE ALL REASONABLE AVAILABLE MEASURES TO REVERSE ANY EXTRAORDINARY

Part VI Supplemental Information (Continuation)

COLLECTION ACTION (EXCEPT FOR A SALE OF DEBT) TAKEN AGAINST THE INDIVIDUAL TO OBTAIN PAYMENT FOR THE CARE. ALSO, IF AN INDIVIDUAL SUBMITS AN INCOMPLETE FINANCIAL ASSISTANCE APPLICATION DURING THE APPLICATION PERIOD, PARKVIEW WILL SUSPEND ANY EXTRAORDINARY COLLECTION ACTIONS AGAINST THE INDIVIDUAL (WITH RESPECT TO CHARGES TO WHICH THE FINANCIAL ASSISTANCE APPLICATION UNDER REVIEW RELATES) UNTIL THE FINANCIAL ASSISTANCE APPLICATION HAS BEEN PROCESSED AND AN ELIGIBILITY DECISION RENDERED.

PART VI, LINE 2:

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.

IN ADDITION TO COMPLETING A COMMUNITY HEALTH NEEDS ASSESSMENT ON A TRIENNIAL BASIS, HUNTINGTON MEMORIAL HOSPITAL, INC. ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITY IT SERVES THROUGH PRIMARY AND SECONDARY DATA ANALYSIS, WORKING WITH THE ORGANIZATION'S COMMUNITY PARTNERS, AND FRONTLINE STAFF. HUNTINGTON MEMORIAL HOSPITAL, INC. IDENTIFIES AND VERIFIES COMMUNITY HEALTH NEEDS THROUGH THE FOLLOWING:

1. HEALTHY COMMUNITIES INSTITUTE (HCI) SECONDARY DATA ANALYSIS
2. OBSERVATIONS AND DATA COLLECTED FROM FRONTLINE STAFF WORKING WITH VULNERABLE POPULATIONS (I.E., COMMUNITY NURSES AND COMMUNITY HEALTH WORKERS)
3. REVIEW OF COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY LOCAL ORGANIZATIONS (I.E., UNITED WAY, BRIGHTPOINT, ETC.)

Part VI Supplemental Information (Continuation)

4. PARKVIEW LEADERS SERVING ON HEALTH-RELATED AND SOCIAL SERVICE BOARDS OF DIRECTORS IN THE COMMUNITY

5. OTHER PUBLIC HEALTH DATABASES (E.G. COMMUNITY COMMONS, COUNTY HEALTH RANKINGS)

KEY HOSPITAL REPRESENTATIVES MAINTAIN ON-GOING RELATIONSHIPS THROUGHOUT THE COMMUNITY AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION OF IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF THE COMMUNITY WE SERVE.

PART VI, LINE 3:

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.

SIGNAGE AND BROCHURES ARE POSTED AND AVAILABLE AT ALL HOSPITAL POINTS OF REGISTRATION AND IN THE EMERGENCY DEPARTMENT. PATIENTS ARE OFFERED PLAIN LANGUAGE SUMMARIES OF THE FINANCIAL ASSISTANCE POLICY DURING THE REGISTRATION PROCESS AND IN EACH FOLLOW UP STATEMENT SENT TO THE PATIENT. PATIENT STATEMENTS WILL INDICATE HOW A PATIENT CAN OBTAIN FINANCIAL ASSISTANCE APPLICATIONS AND WHO THEY CAN CONTACT FOR ASSISTANCE.

PART VI, LINE 4:

DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES.

Part VI Supplemental Information (Continuation)

HUNTINGTON MEMORIAL HOSPITAL, INC., IS LOCATED IN HUNTINGTON COUNTY, AND IS THE ONLY FULL-SERVICE HOSPITAL IN HUNTINGTON COUNTY. HUNTINGTON MEMORIAL HOSPITAL, INC., PRIMARILY SERVES THE HUNTINGTON COUNTY COMMUNITIES OF HUNTINGTON, ANDREWS, MARKLE, MT. ETNA, ROANOKE AND WARREN.

ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI), HUNTINGTON COUNTY, IS A RURAL AREA WITHIN THE HEALTH SYSTEM'S SERVICE AREA WITH A POPULATION OF 36,717 (2021). IN ADDITION, HCI REPORTS THE MEDIAN HOUSEHOLD INCOME OF HUNTINGTON COUNTY RESIDENTS IS APPROXIMATELY \$56,705 WITH 10.5% LIVING BELOW THE FEDERAL POVERTY LEVEL (2017-2021). APPROXIMATELY 91.6% OF HUNTINGTON COUNTY RESIDENTS HAVE HEALTH INSURANCE (2020).

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION DIMENSIONS DATABASE (2022), HUNTINGTON MEMORIAL HOSPITAL, INC. HAD 22.6% OF INPATIENT DISCHARGES THAT WERE MEDICAID PATIENTS AND 2.6% WERE SELF-PAY. FOR OUTPATIENT PROCEDURES, 21.8% WERE MEDICAID PATIENTS, AND 2.6% PERCENT WERE SELF-PAY.

HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA), AN AGENCY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, DEVELOPS SHORTAGE DESIGNATION CRITERIA INTENDED TO IDENTIFY A GEOGRAPHIC AREA, POPULATION GROUP OR FACILITY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) OR A MEDICALLY UNDERSERVED AREA OR POPULATION (MUA/P).

HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA) HAS DESIGNATED/IDENTIFIED THE FOLLOWING MEDICALLY UNDERSERVED AREAS/POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS:

Part VI Supplemental Information (Continuation)

HUNTINGTON COUNTY:

1) DISCIPLINE: PRIMARY CARE

MUA/P ID: 00985

SERVICE AREA NAME: SALAMONIE SERVICE AREA

DESIGNATION TYPE: MEDICALLY UNDERSERVED AREA

INDEX OF MEDICAL UNDERSERVICE SCORE: 52.9

STATUS: DESIGNATED

RURAL STATUS: RURAL

2) DISCIPLINE: MENTAL HEALTH

HSPA ID: 7186918305

HPSA NAME: MENTAL HEALTH CATCHMENT AREA 28 - WARSAW

DESIGNATION TYPE: GEOGRAPHIC HPSA

COUNTY NAME: HUNTINGTON, KOSCIUSKO, MARSHALL, WABASH AND WHITLEY COUNTIES

HPSA SCORE:17

STATUS: DESIGNATED

RURAL STATUS: PARTIALLY RURAL

PART VI, LINE 5:

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.).

THE HUNTINGTON MEMORIAL HOSPITAL, INC., BOARD OF DIRECTORS COMPRISES INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED

Part VI Supplemental Information (Continuation)

PHYSICIANS IN THE COMMUNITY.

PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON HUNTINGTON MEMORIAL HOSPITAL, INC., TO BE STANDING BY WITH EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR. THE EMERGENCY DEPARTMENT IS STAFFED WITH BOARD-CERTIFIED EMERGENCY CARE PHYSICIANS AND A NURSING STAFF THAT IS TRAINED AND EXPERIENCED IN EMERGENCY CARE. FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY.

ADDITIONALLY, HUNTINGTON MEMORIAL HOSPITAL, INC., FUNDS COMMUNITY HEALTH IMPROVEMENT INITIATIVES AND PARTNERS WITH COMMUNITY ORGANIZATIONS TO ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF NORTHEAST INDIANA. THE FINDINGS FROM HUNTINGTON MEMORIAL HOSPITAL, INC.'S 2022 CHNA WERE A RESULT OF THE ANALYSIS OF AN EXTENSIVE SET OF SECONDARY DATA (OVER 200 INDICATORS FROM NATIONAL AND STATE DATA SOURCES) AND PRIMARY DATA (330 SURVEYS) COLLECTED FROM HUNTINGTON COMMUNITY MEMBERS AND HEALTHCARE/SOCIAL SERVICE PROVIDERS. THESE PRIORITIES WERE THEN SHARED AND DISCUSSED AT THE SEPTEMBER 8, 2022 EMPOWERING HUMANITIES MEETING WHICH INCLUDED COMMUNITY PARTNERS FROM A VARIETY OF LOCAL ORGANIZATIONS (SCAN, ANTHEM MEDICAID, PATHFINDERS, YWCA OF FORT WAYNE, PROJECT RECOVERY, HUNTINGTON HOUSE, PLACE OF GRACE, HUNTINGTON COUNTY HEALTH DEPARTMENT, BOWEN CENTER, HUNTINGTON PARKS AND RECREATION, STILLWATER HOSPICE, PARKVIEW HUNTINGTON FAMILY YMCA, HUNTINGTON UNIVERSITY, YSB, MCKENZIE'S HOPE, DCS, CHILD SUPPORT OFFICE, UNITED WAY OF HUNTINGTON COUNTY).

KEY PROJECTS AND AREAS OF FOCUS FUNDED THROUGH THE COMMUNITY HEALTH IMPROVEMENT INITIATIVES AND OTHER HOSPITAL FUNDS IN 2022 INCLUDE:

-CANCER SERVICES OF HUNTINGTON COUNTY HELPED 37 CLIENTS IN 2022 (36 OF

Part VI Supplemental Information (Continuation)

WHICH WERE NEW TO THEIR PROGRAM) WITH REGARD TO MILEAGE REIMBURSEMENT AND PRESCRIPTION DRUG ASSISTANCE.

-CANCER SERVICES OF NORTHEAST INDIANA SERVED 227 CLIENTS IN 2022 DISTRIBUTING HEALTHCARE SUPPLIES, WIGS, HATS, SCARVES, NUTRITIONAL SUPPLEMENTS, AND DURABLE MEDICAL EQUIPMENT ITEMS. EDUCATION AND WELLNESS PROGRAMMING INCLUDED BUT WAS NOT LIMITED TO SUPPORT GROUPS, FINANCIAL COACHING, NUTRITION, MASSAGE, TAI CHI, YOGA AND STRETCHING.

-THE HUNTINGTON COUNTY COUNCIL ON AGING PROVIDED 99.3% OF TRANSPORTATION REQUESTED AND PROVIDED 32,533 TRIPS IN 2022.

-HUNTINGTON MEMORIAL HOSPITAL, INC. TEAM MEMBERS LOGGED OVER 525 HOURS SERVING ON PROJECTS AND ADVISORY BODIES FOR THE FOLLOWING: EMPOWERING HUMANITIES, YOUTH SERVICES BUREAU, HEALTHY FAMILIES, NORTHERN INDIANA LACTATION CONSULTANT ASSOCIATION, UNITED WAY OF HUNTINGTON COUNTY, LOVE INC, KIDS CAMPUS HEALTH, HUNTINGTON COUNTY HEALTH AND WELLNESS COALITION AND FOOD RESOURCE GROUPS, CHAMBER BOARD, HUNTINGTON UNIVERSITY, SMOKING COALITION, LOCAL EMERGENCY PLANNING COMMISSION, CAMP HERO AND PLACE OF GRACE.

PART VI, LINE 6:

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.

PARKVIEW HEALTH SYSTEM, INC. (PARKVIEW), A HEALTHCARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN

Part VI Supplemental Information (Continuation)

CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC.; COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.; COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.; DEKALB MEMORIAL HOSPITAL, INC.; HUNTINGTON MEMORIAL HOSPITAL, INC.; PARK CENTER, INC.; PARKVIEW WABASH HOSPITAL, INC.; WHITLEY MEMORIAL HOSPITAL, INC.; AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC.

EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH ACTIVITIES CUSTOMIZED TO MEET THE UNIQUE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES. AFFILIATE HOSPITALS ALSO WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED. FROM THE LIST OF HEALTH ISSUES IDENTIFIED IN NORTHEAST INDIANA AS PART OF THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT, THE HEALTH PRIORITY OF MENTAL HEALTH WAS SELECTED BY ALL AFFILIATE HOSPITALS.

AFFILIATE HOSPITALS EACH HAVE A LOCAL BOARD OF DIRECTORS. PARKVIEW HEALTH SYSTEM, INC. ALSO ENGAGES WITH A BOARD OF DIRECTORS THAT CONSISTS OF REPRESENTATION FROM EACH OF THE AFFILIATE HOSPITAL BOARDS AND UP TO 15 AT-LARGE PHYSICIANS OR COMMUNITY LEADERS. MOST OF THE BOARD OF DIRECTORS SHALL ALWAYS BE INDEPENDENT AS DEFINED BY THE INTERNAL REVENUE SERVICE (IRS).

PARKVIEW CONTRIBUTES TO THE OVERALL SUCCESS OF THE REGION THROUGH SIGNIFICANT INVOLVEMENT IN THE COMMUNITIES WE SERVE. BY DEVELOPING VARIOUS PARTNERSHIPS AND ALIGNMENTS WITH DIFFERENT SECTORS AND ORGANIZATIONS, PARKVIEW HELPS TO BENEFIT THE ECONOMY, QUALITY OF LIFE, AND HEALTH AND WELL-BEING ACROSS THE REGION. WITH A CONSISTENT FOCUS ON OUR MISSION AND VISION, WE WORK TO PROVIDE EXCELLENT CARE TO EVERY PERSON, EVERY DAY

Part VI Supplemental Information (Continuation)

WITHIN OUR FACILITIES WHILE SERVING AS GOOD STEWARDS OF SURPLUS FUNDS TO POSITIVELY IMPACT COMMUNITY HEALTH STATUS.

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

IN

PART VI, LINE 7 CONT'D:

A COPY OF FORM 990, SCHEDULE H IS FILED WITH THE INDIANA STATE DEPARTMENT OF HEALTH.