

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization Baptist Healthcare System, Inc.	Employer identification number 61-0444707
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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	1a	X	
b If "Yes," was it a written policy?	1b	X	
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:	3a	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %			
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:	3b	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>1,200</u> %			
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"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
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?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			42,664,162.	1,054,873.	41,609,289.	1.32%
b Medicaid (from Worksheet 3, column a)			435,351,793.	430,321,604.	5,030,189.	.16%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			478,015,955.	431,376,477.	46,639,478.	1.48%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,606,068.	0.	3,606,068.	.11%
f Health professions education (from Worksheet 5)			5,918,606.	0.	5,918,606.	.19%
g Subsidized health services (from Worksheet 6)			516,327,521.	353,102,444.	163,225,077.	5.18%
h Research (from Worksheet 7)			1,150,742.	0.	1,150,742.	.04%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			5,500,028.	0.	5,500,028.	.17%
j Total. Other Benefits			532,502,965.	353,102,444.	179,400,521.	5.69%
k Total. Add lines 7d and 7j			1010518920.	784,478,921.	226,039,999.	7.17%

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.

Table with 7 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A. Bad Debt Expense with columns Yes and No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes: X). Row 2: Enter the amount of the organization's bad debt expense. (Amount: 19,529,165). Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. (Amount: 0).

Section B. Medicare

Table for Section B. Medicare with columns Yes and No. Row 5: Enter total revenue received from Medicare (including DSH and IME) (Amount: 840,750,514). Row 6: Enter Medicare allowable costs of care relating to payments on line 5 (Amount: 1,060,587,602). Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall) (Amount: -219,837,088).

Section C. Collection Practices

Table for Section C. Collection Practices with columns Yes and No. Row 9a: Did the organization have a written debt collection policy during the tax year? (Yes: X). Row 9b: 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? (Yes: X).

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

Table for Part IV Management Companies and Joint Ventures with 5 columns: (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 %.

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 8

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)

	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 Baptist Health Lexington 1740 Nicholasville Road Lexington, KY 40503 www.baptisthealth.com 100101	X	X					X			A
2 Baptist Health Louisville 4000 Kresge Way Louisville, KY 40207 www.baptisthealth.com 100451	X	X					X			A
3 Baptist Health Hardin 913 N. Dixie Highway Elizabethtown, KY 42701 www.baptisthealth.com 100160	X	X					X			A
4 Baptist Health Paducah 2501 Kentucky Avenue Paducah, KY 42003 www.baptisthealth.com 100313	X	X					X			A
5 Baptist Health Floyd 1850 State Street New Albany, IN 47150 www.baptisthealth.com 17-005040-1	X	X					X			A
6 Baptist Health Corbin 1 Trillium Way Corbin, KY 40701 www.baptisthealth.com 100417	X	X					X			A
7 Baptist Health La Grange 1025 New Moody Lane La Grange, KY 40031 www.baptisthealth.com 100575	X	X					X			A
8 Baptist Health Richmond 801 Eastern Bypass Richmond, KY 40475 www.baptisthealth.com 100322	X	X					X			A

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 Facility Reporting Group - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3, 4, 5, 6, 7, 8

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

		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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>1,200</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
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 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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.baptisthealth.com</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.baptisthealth.com</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.baptisthealth.com</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)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

	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 checked="" 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 Facility Reporting Group - A

		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.		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.		x

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Part V Facility Information (continued)

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

Schedule H, Part V, Section B. Facility Reporting Group A

Facility Reporting Group A consists of:

- Facility 1: Baptist Health Lexington
- Facility 2: Baptist Health Louisville
- Facility 3: Baptist Health Hardin
- Facility 4: Baptist Health Paducah
- Facility 5: Baptist Health Floyd
- Facility 6: Baptist Health Corbin
- Facility 7: Baptist Health La Grange
- Facility 8: Baptist Health Richmond

Group A-Facility 1 -- Baptist Health Lexington

Part V, Section B, line 5:

The Baptist Health Lexington CHNA committee worked closely with a wide variety of community partners and resources to gather, disseminate and prioritize the information needed for the Community Health Needs Assessment. Such a community-driven plan of action engages the public and develops partnerships that help promote wellness and healthier communities. There are numerous health departments in the Baptist Health Lexington service area responsible for the counties Baptist Health Lexington serves. Each health department's community improvement plan was evaluated by the CHNA committee and those initiatives were considered throughout the process of determining the goals for the Baptist Health Lexington Community Health Needs Assessment. The committee also solicited public opinion on community health needs using a survey distributed via social media, on the Baptist Health Lexington website and via email to Baptist Health Lexington patients. Survey responses, coupled with the

Part V Facility Information (continued)

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

information from the respective health departments, were considered as

primary data. Secondary data obtained from national, state and local

demographic and socioeconomic sources was used, including Kentucky vital

statistics, disease prevalence studies, outcome measures and health

indicators and statistics. The most recent data came from the Robert Wood

Johnson County Health rankings, which were published in 2020. Data

regarding health outcomes, health behaviors, clinical care availability,

socioeconomic factors and physical environment risks for each county in

Baptist Health Lexington's service area was analyzed.

The Community Health Needs Assessment Committee included senior hospital

leadership and specific department directors. The committee reviewed the

information gathered through the primary and secondary data sources

combined with the information obtained through community partners, and the

comprehensive list of community health needs were documented. The

committee then prioritized how and where Baptist Health Lexington should

concentrate its resources over the next three years to most effectively

address these pressing health needs that create hardships for our

residents and stress on agencies throughout our communities. The final

CHNA and SIP were approved by the administrative Board of Directors of the

hospital and by the Baptist Healthcare System Board of Directors.

Group A-Facility 1 -- Baptist Health Lexington

Part V, Section B, line 11:

The CHNA committee's purpose was to identify health challenges and risk

factors that can be modified or prevented to improve the health of our

community. The committee identified and prioritized community needs for

the service area that Baptist Health Lexington can address and affect by

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.

implementing programs, providing educational support and sponsoring

preventive screenings.

The CHNA committee ranked substance abuse as their first priority in terms

of public health issues. Opioid abuse has become an epidemic across the

country and locally we are seeing a similar surge of opioid usage

admissions and emergency room visits. Opioid abuse has a significant

impact on overall health and can lead to other co-morbidities. In

addition, the service area is seeing steady occurrences of drug-addicted

newborns that must be sent to neonatal intensive care units to treat

withdrawal symptoms. We are working to reduce the number of opioids

prescribed by physicians and educating our nursing staff on opioid

utilization. We will actively engage in community education partnerships,

such as working with Voices of Hope, community Opioid Awareness Day and

other local agencies to assist in educating the community. Expanding

access to substance abuse services throughout the community and reducing

the stigma surrounding treatment are important steps to mitigating this

public health crisis.

As cancer continues to be a leading cause of death in this service area,

the committee ranked it as their second priority in terms of public health

issues. The committee acknowledged the continued need for board-certified

oncologists and easier access to cancer-related services such as

chemotherapy and radiation therapy, as well as improved access to

preventative screenings. Construction is underway on the first phase of

Baptist Health Hamburg, a new campus that will include a cancer center, a

comprehensive diagnostic center and a multistory physician office complex.

This state-of-the-art facility is scheduled to open during 2024. The goal

is to provide convenient access to additional healthcare services for

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.

those who live near the growing Hamburg area and in surrounding counties.

Early diagnosis and expanded treatment options will help to mitigate the impact of cancer on our community.

The committee's third priority was cardiovascular disease, which encompasses coronary artery disease, heart attack, arrhythmias, heart failure, cardiomyopathy and vascular disease. A focus on education, prevention and treatment will be a priority as the goal is to expand public awareness of disease root causes and commonly associated conditions to increase compliance with standard-of-care protocols and to decrease the occurrence of these health issues.

It is not within the scope of Baptist Health Lexington's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status.

However, it is through networking, partnerships and collaboration with other community stakeholder organizations and agencies that these issues are being addressed. Increasing communication between community service providers, enhancing the public's awareness of the agencies and services available and promoting assistance provided by local community partners is a common goal of our healthcare and civic leaders. Baptist Health

Lexington works collaboratively with other community resources to provide support and to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area. Impact issues such as unemployment and uninsured

populations are being managed by economic development groups, the Kentucky Chamber of Commerce, city and county governments and county health departments.

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.

Group A-Facility 1 -- Baptist Health Lexington

Part V, Section B, line 13b:

Based on the information provided in the Financial Assistance Policy application and/or through the presumptive eligibility process, a patient or guarantor whose income plus liquid assets are less than 300% of the current federal poverty level for his or her family size may be eligible for a full discount under the FAP after all other healthcare payment resources have been utilized and exhausted. A patient or guarantor whose family income plus liquid assets is between 300% and 1200% of the current federal poverty level for his or her family size may be eligible for partial assistance. Patients have a total yearly obligation of 10% of their annual income plus liquid assets. Patients or guarantors whose family income plus liquid assets is above 1200% have a total yearly obligation of 20% of their annual income plus liquid assets. If a patient is uninsured or their health insurance does not cover emergency or medically necessary care provided by a Baptist Health hospital, then the patient will be allowed a discount that limits payment responsibility to the amounts generally billed to individuals who have insurance covering such care.

Group A-Facility 1 -- Baptist Health Lexington

Part V, Section B, line 20e:

Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance.

Group A-Facility 2 -- Baptist Health Louisville

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.

Part V, Section B, line 5:

The Baptist Health Louisville CHNA committee worked closely with a wide variety of community partners and resources to gather, disseminate and prioritize the information needed for the Community Health Needs Assessment. Such a community-driven plan of action engages the public and develops partnerships that help promote wellness and healthier communities. There are four health departments responsible for the counties Baptist Health Louisville serves: Louisville Metro Public Health & Wellness (Jefferson County); the Bullitt County Health Department; the Oldham County Public Health Department and the North Central District Health Department, which serves both Shelby and Spencer counties. The Louisville Metro Public Health & Wellness Health Equity Report 2017 proved to be a valuable resource of primary data for the committee. Several members of the Baptist Health Louisville leadership team serve on committees and boards throughout the community including Hospice/Hosparus, the Center for Women and Families, Leadership Louisville and various school boards, which provided additional sources of data. Baptist Health Louisville solicited public opinion information on community health needs using a survey distributed via social media, through the Baptist Health Louisville website and via email to Baptist Health Louisville patients. Through these contacts, data resources and public surveys, Baptist Health Louisville gained valuable information regarding the current health issues confronting its service area. Secondary data obtained from national, state and local demographic and socioeconomic sources was used, including Kentucky vital statistics, disease prevalence studies, outcome measures and health indicators and statistics. The most recent data came from the Robert Wood Johnson County Health rankings, which were published in 2020.

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.

Data regarding health outcomes, health behaviors, clinical care availability, socioeconomic factors and physical environment risks for each county in Baptist Health Louisville's service area was analyzed. The Community Health Needs Assessment Committee included senior hospital leadership and specific department directors. The committee reviewed the information gathered through the primary and secondary data sources combined with the information obtained through community partners, and the comprehensive list of community health needs were documented. The committee then prioritized how and where Baptist Health Louisville should concentrate its resources over the next three years to most effectively address these pressing health needs that create hardships for our residents and stress on agencies throughout our communities. The final CHNA and SIP were approved by the administrative Board of Directors of the hospital and by the Baptist Healthcare System Board of Directors.

Group A-Facility 2 -- Baptist Health Louisville

Part V, Section B, line 11:

The CHNA committee's purpose was to identify health challenges and risk factors that can be modified or prevented to improve the health of our community. The committee identified and prioritized community needs for the service area that Baptist Health Louisville can address and affect by implementing programs, providing educational support and sponsoring preventive screenings. Based upon the data collected and analyzed through this assessment, the CHNA committee identified the following as the primary health issues that the hospital will focus on over the next three years: mental health services; health equity - heart disease; preventative health screening and opioid reduction.

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.

Mental health illnesses and the related health effects on individuals and

families was the consensus among the committee as the most pressing

community concern. Mental illness has a significant impact on overall

health and well-being, and can contribute to other health issues such as

obesity and substance abuse disorders. Comparing primary data from the

survey conducted in 2018 to the results of the survey in 2021 did

highlight areas of concern, as there were noted increases in the number of

people who have been directly impacted by mental health illnesses and

opioid use. The committee members discussed the services Baptist Health

Louisville already provides as well as goals to improve access for

outpatient mental health wellness programs. To drive improved quality

outcomes for our patients, Baptist Health recognizes the importance of

integrating behavioral health care into all aspects of care. We also

realize the importance of reducing the stigma of seeking behavioral health

care services. As a result, we are expanding access and creating new

avenues for people to receive care. These efforts include a network of

providers who will work in collaboration with our treatment team and a

Virtual Care hub for behavioral health that provides services to nearly 50

primary care locations. By the end of fiscal year 2022-23, these services

will be embedded into every Baptist Health Medical Group primary care

location. Additional behavioral health risk assessment tools, expanded

treatment options and the combined efforts of medical professionals,

schools, churches and government agencies will contribute to our success

in reducing the stigma around mental health care and educating and

engaging individuals to seek better care for themselves and their loved

ones.

Eliminating health disparities that exist for heart health care was

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.

identified as the second priority in the CHNA. Kentucky has some of the

highest rates in the nation for preventable health conditions and for

behaviors that have been identified as unhealthy. Improved access to

preventable health screenings via online tools and through collaborations

with community partners will help achieve greater heart health equity in

our communities.

Opioid abuse has become an epidemic across the country and locally we are

seeing a similar surge of opioid usage admissions, emergency room visits

and drug-addicted newborns who must be sent to neonatal intensive care

units to treat withdrawal symptoms. Opioid abuse has a significant

negative impact on overall health and can lead to other co-morbidities.

Comparing 2018 to 2021 survey results showed a 20% increase in the number

of survey respondents who have been directly impacted, or know someone who

has been directly impacted, by opioid abuse. All of these factors support

increased efforts to reduce the number of opioids reaching the streets and

the continued community-wide initiatives to combat the disease of

addiction. Our providers will continue to monitor health trends to ensure

compliance with best practices for prescribing opioids and continue to

educate patients and family members on the warning signs and dangers of

addiction as well as available treatment options.

It is not within the scope of Baptist Health Louisville's services,

expertise or resources to be able to address all of the risk factors that

have been identified as influencers of our community's health status.

However, it is through networking, partnerships and collaboration with

other community stakeholder organizations and agencies that these issues

are being addressed. Increasing communication between community service

providers, enhancing the public's awareness of the agencies and services

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.

available and promoting assistance provided by local community partners is

a common goal of our healthcare and civic leaders. Baptist Health

Louisville works collaboratively with other community resources to provide

support and to serve as a referral source to address the additional

identified health needs that fall below the significant prevalence level

for our service area. Impact issues such as unemployment and uninsured

populations are being managed by economic development groups, the Kentucky

Chamber of Commerce, city and county governments and county health

departments.

Group A-Facility 2 -- Baptist Health Louisville

Part V, Section B, line 13b:

Based on the information provided in the Financial Assistance Policy

application and/or through the presumptive eligibility process, a patient

or guarantor whose income plus liquid assets are less than 300% of the

current federal poverty level for his or her family size may be eligible

for a full discount under the FAP after all other healthcare payment

resources have been utilized and exhausted. A patient or guarantor whose

family income plus liquid assets is between 300% and 1200% of the current

federal poverty level for his or her family size may be eligible for

partial assistance. Patients have a total yearly obligation of 10% of

their annual income plus liquid assets. Patients or guarantors whose

family income plus liquid assets is above 1200% have a total yearly

obligation of 20% of their annual income plus liquid assets. If a patient

is uninsured or their health insurance does not cover emergency or

medically necessary care provided by a Baptist Health hospital, then the

patient will be allowed a discount that limits payment responsibility to

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.

the amounts generally billed to individuals who have insurance covering such care.

Group A-Facility 2 -- Baptist Health Louisville

Part V, Section B, line 20e:

Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance.

Group A-Facility 4 -- Baptist Health Paducah

Part V, Section B, line 5:

The Baptist Health Paducah CHNA committee worked closely with a wide variety of community partners and resources to gather, disseminate and prioritize the information needed for the Community Health Needs Assessment. Such a community-driven plan of action engages the public and develops partnerships that help promote wellness and healthier communities. This is the fourth Community Health Needs Assessment conducted by Baptist Health Paducah. This CHNA builds on the research and action plans of the first through third assessments. The service area has been expanded from one county (McCracken) in the first assessment to seven counties in Kentucky and one in Illinois to better identify the needs of the expanded community Baptist Health Paducah serves. The Purchase Area Health Connections Coalition, established several years ago, continues to meet on a regular basis. This group is comprised of representatives from the Purchase District Health Department, which serves Ballard, Carlisle, Fulton, Hickman and McCracken counties in the Purchase Area Development District and the following organizations: the City of Paducah; the UK

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.

County Extension Offices; the United Way of Paducah-McCracken County;

Murray Calloway County Hospital Four Rivers Behavioral Health; Murray

State University; West Kentucky Community & Technical College;

KentuckyCare; the Purchase Area Health Education Center; Mercy Health and

Baptist Health Paducah. Bringing these groups together promotes unity in

our mission and helps to avoid any duplication of efforts in data

collection and resource allocation. A survey was sent to community leaders

and another was widely publicized and available to the general community

both in paper form and through the hospital website. Primary data and

feedback on the health issues confronting our service area was collected

through the surveys and through engagement with the Purchase Area Health

Connections Coalition. Secondary data obtained from national, state and

local demographic and socioeconomic sources was used, including Kentucky

vital statistics, disease prevalence studies, outcome measures and health

indicators and statistics. The most recent data came from the Robert Wood

Johnson County Health rankings, which were published in 2020. Data

regarding health outcomes, health behaviors, clinical care availability,

socioeconomic factors and physical environment risks for each county in

Baptist Health Paducah's service area was analyzed.

The Community Health Needs Assessment Committee included senior hospital

leadership and specific department directors. The committee reviewed the

information gathered through the primary and secondary data sources

combined with the information obtained through community partners, and the

comprehensive list of community health needs were documented. The

committee then prioritized how and where Baptist Health Paducah should

concentrate its resources over the next three years to most effectively

address these pressing health needs that create hardships for our

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.

residents and stress on agencies throughout our communities. The final

CHNA and SIP were approved by the administrative Board of Directors of the

hospital and by the Baptist Healthcare System Board of Directors.

Group A-Facility 4 -- Baptist Health Paducah

Part V, Section B, line 11:

The CHNA committee's purpose was to identify health challenges and risk

factors that can be modified or prevented to improve the health of our

community. The committee identified and prioritized community needs for

the service area that Baptist Health Paducah can address and affect by

implementing programs, providing educational support and sponsoring

preventive screenings. After studying the primary and secondary data, the

committee prioritized the three most prevalent community health issues

based on their severity and on the ability of Baptist Health Paducah and

its partners to help improve them. Access to healthcare, the prevention of

obesity and related illnesses and the prevention and treatment of mental

health and substance abuse were the most prevalent community health

concerns.

The main health priority identified was ample access to health care. The

ability of individuals in a community to access healthcare resources to

preserve and improve health is essential. Access to healthcare has an

immediate impact on overall health status, the prevention of disease,

quality of life and life expectancy. Access to care issues include all

potential barriers to receiving necessary healthcare services. These

barriers include financial difficulties, lack of knowledge, transportation

difficulties, physician shortages, service distribution and scheduling

issues. By improving access to care, whether by increasing service

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.

locations, reducing cost options, expanding hours of operations or

offering new services and innovative programs, the overall health of the

community will improve. Baptist Health Paducah has the potential to affect

all of these areas. Baptist Health Paducah and Four Rivers Behavioral

Health collaborate to provide school clinics with primary care services

and mental health care services for students, faculty, staff, parents and

siblings of pupils. These clinics ensure the delivery of quality care on

many levels, effectively reducing the spread of illnesses in our community

and providing access to quality mental health care for persons challenged

with difficult circumstances. Baptist Health Paducah will strive to ensure

service area residents have sufficient access to health care services

through primary care and specialist physician planning and conveniently

located physician offices and ambulatory care facilities. New and expanded

health services; school clinics; the hospital's call center; education

resources and healthcare screenings will also help improve access to care.

Obesity and related illness prevention continue to be primary health

concerns in our community.

To increase the awareness of obesity as a health threat to our service

area residents and to encourage healthier living through diet, exercise

and other means remains a top priority. Obesity can cause serious health

problems, including Type 2 diabetes, heart disease, high cholesterol, high

blood pressure, asthma, osteoarthritis and several forms of cancer.

Failing to diminish obesity in the community will lead to higher mortality

rates, increased healthcare costs and a decrease in the quality of life

for families in our community. The hospital is providing resources to meet

this need through its bariatric surgery and metabolic disease management

programs, Project Fit America and GoNoodle fitness programs in area

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.

schools, and internal programs to improve employees' health. The hospital

has collaborated with numerous local agencies to develop the Pat & Jim

Brockenborough Rotary Health Park and to implement the CATCH (Coordinated

Approach to Child Health) program in Paducah schools.

Mental Health and Substance Abuse prevention and treatment continue to be

a top health need in our community. Baptist Health Paducah does not have a

behavioral health program either on an inpatient or outpatient basis;

however, the hospital works with Four Rivers Behavioral Health, a private,

not-for-profit agency providing comprehensive, integrated mental health,

substance abuse and developmental disability care services to residents in

our service area. To drive improved quality outcomes for our patients,

Baptist Health recognizes the importance of integrating behavioral health

care into all aspects of care. We also realize the importance of reducing

the stigma of seeking behavioral health care services. As a result, we are

expanding access and creating new avenues for people to receive care.

These efforts include a network of providers who will work in

collaboration with our treatment team and a Virtual Care hub for

behavioral health that provides services to nearly 50 primary care

locations. By the end of fiscal year 2022-23, these services will be

embedded into every Baptist Health Medical Group primary care location.

The use of illicit drugs or the abuse of prescription or over-the-counter

medications for purposes other than those for which they are intended, or

in a manner or in quantities other than directed, is a growing problem in

the service area. In spite of not having the resources other agencies have

to address substance abuse directly, Baptist Health Paducah works to meet

the needs of the community in ways that support the efforts of other

agencies and care facilities. The annual Addiction Symposium focuses on

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.

training clinicians on the physical and mental health issues surrounding

addiction. The educational program has been a catalyst to provide

caregivers with an increased knowledge of the disease of addiction and the

care and resources available for those suffering from this disease.

It is not within the scope of Baptist Health Paducah's services, expertise

or resources to be able to address all of the risk factors that have been

identified as influencers of our community's health status. However, it

is through networking, partnerships and collaboration with other community

stakeholder organizations and agencies that these issues are being

addressed. Increasing communication between community service providers,

enhancing the public's awareness of the agencies and services available

and promoting assistance provided by local community partners is a common

goal of our healthcare and civic leaders. Baptist Health Paducah works

collaboratively with other community resources to provide support and to

serve as a referral source to address the additional identified health

needs that fall below the significant prevalence level for our service

area. Impact issues such as unemployment and uninsured populations are

being managed by economic development groups, the Kentucky Chamber of

Commerce, city and county governments and county health departments.

Group A-Facility 4 -- Baptist Health Paducah

Part V, Section B, line 13b:

Based on the information provided in the Financial Assistance Policy

application and/or through the presumptive eligibility process, a patient

or guarantor whose income plus liquid assets are less than 300% of the

current federal poverty level for his or her family size may be eligible

for a full discount under the FAP after all other healthcare payment

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.

resources have been utilized and exhausted. A patient or guarantor whose

family income plus liquid assets is between 300% and 1200% of the current

federal poverty level for his or her family size may be eligible for

partial assistance. Patients have a total yearly obligation of 10% of

their annual income plus liquid assets. Patients or guarantors whose

family income plus liquid assets is above 1200% have a total yearly

obligation of 20% of their annual income plus liquid assets. If a patient

is uninsured or their health insurance does not cover emergency or

medically necessary care provided by a Baptist Health hospital, then the

patient will be allowed a discount that limits payment responsibility to

the amounts generally billed to individuals who have insurance covering

such care.

Group A-Facility 4 -- Baptist Health Paducah

Part V, Section B, line 20e:

Prior to referring individuals to a collection agency, BHS processes all

self-pay accounts through an external scoring application to determine

additional eligibility for financial assistance.

Group A-Facility 5 -- Baptist Health Floyd

Part V, Section B, line 5:

The Baptist Health Floyd CHNA committee worked closely with a wide variety

of community partners and resources to gather, disseminate and prioritize

the information needed for the Community Health Needs Assessment. Such a

community-driven plan of action engages the public and develops

partnerships that help promote wellness and healthier communities. The

CHNA committee worked with the New Albany Floyd County School System 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.

the six health departments responsible for the counties Baptist Health

Floyd serves: the Clark County Health Department; the Crawford County

Health Department; the Floyd County Health Department; the Harrison County

Health Department; the Scott County Health Department and the Washington

County Health Department. The committee also solicited public opinion on

community health needs using a survey distributed via social media and

through the Baptist Health Floyd website. Through these contacts,

consultations with other community agencies, public surveys and focus

groups, Baptist Health Floyd solicited primary feedback on the health

issues confronting its service area. Secondary data obtained from

national, state and local demographic and socioeconomic sources was used,

including Indiana vital statistics, disease prevalence studies, outcome

measures and health indicators and statistics. The most recent data came

from the Robert Wood Johnson County Health rankings, which were published

in 2020. Data regarding health outcomes, health behaviors, clinical care

availability, socioeconomic factors and physical environment risks for

each county in Baptist Health Floyd's service area was analyzed.

The Community Health Needs Assessment Committee included senior hospital

leadership and specific department directors. The committee reviewed the

information gathered through the primary and secondary data sources

combined with the information obtained through community partners, and the

comprehensive list of community health needs were documented. The

committee then prioritized how and where Baptist Health Floyd should

concentrate its resources over the next three years to most effectively

address these pressing health needs that create hardships for our

residents and stress on agencies throughout our communities. The final

CHNA and SIP were approved by the administrative Board of Directors of the

Part V Facility Information (continued)

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

hospital and by the Baptist Healthcare System Board of Directors.

Group A-Facility 5 -- Baptist Health Floyd

Part V, Section B, line 11:

The CHNA committee's purpose was to identify health challenges and risk

factors that can be modified or prevented to improve the health of our

community. The committee identified and prioritized community needs for

the service area that Baptist Health Floyd can address and affect by

implementing programs, providing educational support and sponsoring

preventive screenings. Community discussions and survey responses

identified multiple community needs that were ranked based on the

following criteria: magnitude, severity, opportunity to intervene at a

prevention level, degree of success in affecting the problem and resources

available. The top four community health priorities that were identified

are as follows: Cardiovascular disease; mental health; social

determinants of health, (food security, transportation and housing) and

substance abuse disorders.

The committee's highest priority health need was cardiovascular disease,

which encompasses coronary artery disease, heart attack, arrhythmias,

heart failure, cardiomyopathy and vascular disease. Mortality rates for

coronary heart disease are high in several of our communities compared to

state and national statistics. Strategies to address the prevention of

cardiovascular disease include the promotion of positive behaviors and an

active lifestyle, community-wide screenings to educate residents on their

risk of cardiovascular disease and sufficient access to healthcare

providers. A focus on education, prevention and treatment will be a

priority as the goal is to expand public awareness of disease root causes

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.

and commonly associated conditions to increase compliance with

standard-of-care protocols and to decrease the occurrence of these health

issues.

Mental health illnesses and the related health effects on individuals and

families was the second most prevalent community health need. Mental

illness has a significant impact on overall health and well-being, and can

contribute to other health issues such as obesity and substance abuse

disorders. There are significant increases in the number of people in our

communities who have been directly impacted by mental health illnesses and

substance abuse. The committee discussed enhanced engagement with

Indiana's System of Care, (SOC), county governments and school systems to

improve access to, and the quality of, behavioral and mental health

services for the youth and families in our community. Additional

behavioral health risk assessment tools, expanded treatment options and

the combined efforts of medical professionals, schools, churches and

government agencies will contribute to our success in reducing the stigma

around mental health and substance abuse care and educating and engaging

individuals to better care for themselves and their loved ones. To drive

improved quality outcomes for our patients, Baptist Health recognizes the

importance of integrating behavioral health care into all aspects of care.

We also realize the importance of reducing the stigma of seeking

behavioral health care services. As a result, we are expanding access and

creating new avenues for people to receive care. These efforts include a

network of providers who will work in collaboration with our treatment

team and a Virtual Care hub for behavioral health that provides services

to nearly 50 primary care locations. By the end of fiscal year 2022-23,

these services will be embedded into every Baptist Health Medical Group

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.

primary care location.

Eliminating health disparities that exist for social determinants of

health, (food security, transportation and housing) was identified as the

third priority in the CHNA. Indiana has some of the highest rates in the

nation for preventable health conditions and for behaviors that have been

identified as unhealthy. The ability of individuals in a community to

access health care resources to preserve and improve health is essential.

Improved access to preventable health screenings via online tools and

through collaborations with community partners will help achieve greater

health equity in our communities. The reduction of the risk of chronic

diseases and the promotion of a healthy and active lifestyle will help

reduce the effects of countless health issues in our communities. One of

our goals is to help improve Floyd County residents' access to healthy

food and nutrition and to increase health education. Screening tools used

to identify food insecurity for Baptist Health Floyd patients and

community nutrition and cooking classes will help to promote healthier

lifestyles. Reducing the number of patients that do not receive care due

to a lack of reliable transportation will help reduce the spread of

illness throughout the community.

It is not within the scope of Baptist Health Floyd's services, expertise

or resources to be able to address all of the risk factors that have been

identified as influencers of our community's health status. However, it

is through networking, partnerships and collaboration with other community

stakeholder organizations and agencies that these issues are being

addressed. Increasing communication between community service providers,

enhancing the public's awareness of the agencies and services available

and promoting assistance provided by local community partners is a common

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.

goal of our healthcare and civic leaders. Baptist Health Floyd works collaboratively with other community resources to provide support and to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area. Impact issues such as unemployment and uninsured populations are being managed by economic development groups, the Indiana Chamber of Commerce, city and county governments and county health departments.

Group A-Facility 5 -- Baptist Health Floyd

Part V, Section B, line 13b:

Based on the information provided in the Financial Assistance Policy application and/or through the presumptive eligibility process, a patient or guarantor whose income plus liquid assets are less than 300% of the current federal poverty level for his or her family size may be eligible for a full discount under the FAP after all other healthcare payment resources have been utilized and exhausted. A patient or guarantor whose family income plus liquid assets is between 300% and 1200% of the current federal poverty level for his or her family size may be eligible for partial assistance. Patients have a total yearly obligation of 10% of their annual income plus liquid assets. Patients or guarantors whose family income plus liquid assets is above 1200% have a total yearly obligation of 20% of their annual income plus liquid assets. If a patient is uninsured or their health insurance does not cover emergency or medically necessary care provided by a Baptist Health hospital, then the patient will be allowed a discount that limits payment responsibility to the amounts generally billed to individuals who have insurance covering such care.

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.

Group A-Facility 5 -- Baptist Health Floyd

Part V, Section B, line 20e:

Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance.

Group A-Facility 6 -- Baptist Health Corbin

Part V, Section B, line 5:

The Baptist Health Corbin CHNA committee worked closely with a wide variety of community partners and resources to gather, disseminate and prioritize the information needed for the Community Health Needs Assessment. Such a community-driven plan of action engages the public and develops partnerships that help promote wellness and healthier communities. There are numerous health departments in the Baptist Health Corbin service area responsible for the counties we serve. The committee evaluated each health department's community improvement plan, and those initiatives were considered throughout the process of determining the goals for the Baptist Health Corbin Community Health Needs Assessment. The CHNA Committee also solicited public opinion on community health needs using a survey distributed via social media, the Baptist Health Corbin website and via email to Baptist Health Corbin patients. Survey responses, coupled with the information from the respective health departments, were considered as primary data. Secondary data obtained from national, state and local demographic and socioeconomic sources was used, including Kentucky vital statistics, disease prevalence studies, outcome measures and health indicators and statistics. The most recent data came from the

Part V Facility Information (continued)

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

Robert Wood Johnson County Health rankings, which were published in 2020.

Data regarding health outcomes, health behaviors, clinical care

availability, socioeconomic factors and physical environment risks for

each county in Baptist Health Corbin's service area was analyzed.

The Community Health Needs Assessment Committee included senior hospital

leadership and specific department directors. The committee reviewed the

information gathered through the primary and secondary data sources

combined with the information obtained through community partners, and the

comprehensive list of community health needs were documented. The

committee then prioritized how and where Baptist Health Corbin should

concentrate its resources over the next three years to most effectively

address these pressing health needs that create hardships for our

residents and stress on agencies throughout our communities. The final

CHNA and SIP were approved by the administrative Board of Directors of the

hospital and by the Baptist Healthcare System Board of Directors.

Group A-Facility 6 -- Baptist Health Corbin

Part V, Section B, line 11:

The CHNA committee's purpose was to identify health challenges and risk

factors that can be modified or prevented to improve the health of our

community. The committee identified and prioritized community needs for

the service area that Baptist Health Corbin can address and affect by

implementing programs, providing educational support and sponsoring

preventive screenings. After studying the primary and secondary data, the

committee identified the top five health concerns that the hospital will

focus on over the next three years. They are: opioid abuse; obesity;

cancer; cardiovascular disease; mental health and substance abuse.

Part V Facility Information (continued)

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

Opioid abuse has become an epidemic across the country. Locally, we are seeing a similar surge of opioid usage admissions and emergency room visits. This health issue is creating additional stress on healthcare and civic agencies throughout the community. Opioid abuse has a significant impact on overall health and can lead to other co-morbidities. In addition, the service area is seeing steady occurrences of drug-addicted newborns that must be sent to neonatal intensive care units to treat withdrawal symptoms. We are working to reduce the number of opioids prescribed by physicians, educating our nursing staff on opioid utilization and increasing care options. We will actively engage in community awareness partnerships with local agencies to assist in educating the community. Expanding access to substance abuse services throughout the community and reducing the stigma surrounding treatment are important steps to mitigating this public health crisis.

Obesity and related illness prevention remain a top community health concern because they have a significant impact on other health issues, including Type 2 diabetes, heart disease, high cholesterol, high blood pressure, asthma, osteoarthritis, joint deterioration and several forms of cancer. Kentucky has some of the highest rates in the nation for preventable health conditions and for behaviors that have been identified as unhealthy. To increase the awareness of obesity as a health threat to area residents and to encourage healthier living through diet, exercise and other means remains a top priority. Failing to diminish obesity in the community will lead to higher mortality rates, increased healthcare costs and a decrease in the quality of life for families in our community.

Improved access to screening tools, public education and an increased awareness of healthy lifestyle alternatives will help.

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.

Because cancer continues to be a leading cause of death in this service area, the committee ranked it as its third priority in terms of public health issues. Mortality levels from cancer are better in our community than the state and national averages but are still a significant threat.

The committee acknowledged the continued need for board-certified oncologists, easier access to cancer-related services and screenings available for the early detection of cancer. Providing world-class cancer care in our community is the focus of Baptist Health Corbin's new radiation oncology center. The center's technology, which includes external beam radiation therapy, is comparable to nearby metro areas where radiation oncology patients were transferred before the center's 2021 opening. Now patients can receive care close to home. Increasing the availability of screenings, providing higher levels of care in our community and disseminating educational materials are some of the components of our action plan.

Cardiovascular disease ranked as the committee's fourth priority and encompasses coronary artery disease, heart attack, arrhythmias, heart failure, cardiomyopathy and vascular disease. Strategies to address the prevention of cardiovascular disease include the promotion of positive behaviors and an active lifestyle, community-wide screenings to educate residents on their risk of cardiovascular disease and sufficient access to healthcare providers. The goal is to increase public awareness of the disease, its root causes and commonly associated conditions to increase compliance with standard-of-care protocols.

Patient transportation is a major issue in the Baptist Health Corbin service area. Many patients do not own automobiles and there are very limited resources for public transportation. The committee agreed it was

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.

important to explore grant opportunities for providing transportation

services to patients in need.

It is not within the scope of Baptist Health Corbin's services, expertise

or resources to be able to address all of the risk factors that have been

identified as influencers of our community's health status. However, it

is through networking, partnerships and collaboration with other community

stakeholder organizations and agencies that these issues are being

addressed. Increasing communication between community service providers,

enhancing the public's awareness of the agencies and services available

and promoting assistance provided by local community partners is a common

goal of our healthcare and civic leaders. Baptist Health Corbin works

collaboratively with other community resources to provide support and to

serve as a referral source to address the additional identified health

needs that fall below the significant prevalence level for our service

area. Impact issues such as unemployment and uninsured populations are

being managed by economic development groups, the Kentucky Chamber of

Commerce, city and county governments and county health departments.

Group A-Facility 6 -- Baptist Health Corbin

Part V, Section B, line 13b:

Based on the information provided in the Financial Assistance Policy

application and/or through the presumptive eligibility process, a patient

or guarantor whose income plus liquid assets are less than 300% of the

current federal poverty level for his or her family size may be eligible

for a full discount under the FAP after all other healthcare payment

resources have been utilized and exhausted. A patient or guarantor whose

family income plus liquid assets is between 300% and 1200% of the current

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.

federal poverty level for his or her family size may be eligible for partial assistance. Patients have a total yearly obligation of 10% of their annual income plus liquid assets. Patients or guarantors whose family income plus liquid assets is above 1200% have a total yearly obligation of 20% of their annual income plus liquid assets. If a patient is uninsured or their health insurance does not cover emergency or medically necessary care provided by a Baptist Health hospital, then the patient will be allowed a discount that limits payment responsibility to the amounts generally billed to individuals who have insurance covering such care.

Group A-Facility 6 -- Baptist Health Corbin

Part V, Section B, line 20e:

Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance.

Group A-Facility 7 -- Baptist Health La Grange

Part V, Section B, line 5:

The Baptist Health La Grange CHNA committee worked closely with a wide variety of community partners and resources to gather, disseminate and prioritize the information needed for the Community Health Needs Assessment. Such a community-driven plan of action engages the public and develops partnerships that help promote wellness and healthier communities. To complete the CHNA, the Baptist Health La Grange committee reached out to government and nonprofit leaders in the community to solicit feedback regarding the most pressing community needs. There are

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.

three health departments responsible for the counties Baptist Health La

Grange serves: the Oldham County Public Health Department (OCHD), the

North Central District Health Department (NCDHD), which serves both Henry

and Trimble counties and the Three Rivers District Health Department

(TRDHD), which serves Carroll County. Baptist Health La Grange also

solicited public opinion on community health needs using a survey

distributed via social media, the Baptist Health La Grange website, and in

paper form. Survey responses, coupled with the information from the

respective community leaders and health departments, were considered as

primary data. Secondary data obtained from national, state and local

demographic and socioeconomic sources was used, including Kentucky vital

statistics, disease prevalence studies, outcome measures and health

indicators and statistics. The most recent data came from the Robert Wood

Johnson County Health rankings, which were published in 2020. Data

regarding health outcomes, health behaviors, clinical care availability,

socioeconomic factors and physical environment risks for each county in

Baptist Health La Grange's service area was analyzed.

The Community Health Needs Assessment Committee included senior hospital

leadership and specific department directors. The committee reviewed the

information gathered through the primary and secondary data sources

combined with the information obtained through community partners, and the

comprehensive list of community health needs were documented. The

committee then prioritized how and where Baptist Health La Grange should

concentrate its resources over the next three years to most effectively

address these pressing health needs that create hardships for our

residents and stress on agencies throughout our communities. The final

CHNA and SIP were approved by the administrative Board of Directors of the

Part V Facility Information (continued)

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

hospital and by the Baptist Healthcare System Board of Directors.

Group A-Facility 7 -- Baptist Health La Grange

Part V, Section B, line 11:

The CHNA committee's purpose was to identify health challenges and risk factors that can be modified or prevented to improve the health of our community. The committee identified and prioritized community needs for the service area that Baptist Health La Grange can address and affect by implementing programs, providing educational support and sponsoring preventive screenings. The committee identified several community health issues, the top four that we will focus on are obesity, cancer, maternal and child health and mental and behavioral health.

The prevention of obesity and the illnesses related to obesity are the primary health concerns in our community. Obesity has a significant impact on other health issues such as cardiovascular disease, diabetes, pulmonary disease, cancer and joint deterioration. There are a variety of reasons why obesity is difficult to combat - a lack of access to healthy foods, the higher costs of healthy foods, sedentary populations, a lack of exercise options and poor dietary habits. It is incumbent for the hospital and the community to make a concerted effort to increase the awareness of obesity as a serious health threat to our service area residents and to encourage healthier living through diet, exercise and other means. Failing to diminish obesity in the community will lead to higher mortality rates, increased healthcare costs and a decrease in the quality of life for families in our community. Improved access to screening tools, public education and awareness of healthy lifestyle alternatives will help. We will partner with the Hope Health Clinic to provide educational materials

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.

that address topics related to obesity and use the National Diabetes
Prevention Program to support healthy lifestyles.

As cancer continues to be a leading cause of death in this service area,
the committee ranked it as its second priority in terms of public health
issues. Oldham County mortality levels are better than the state and
national averages but are still a significant threat. The committee
acknowledged the continued need for board-certified oncologists, easier
access to cancer-related services and screenings available for the early
detection of cancer. Baptist Health La Grange has made great advancements
in oncology care since the last Community Health Needs Assessment and
plans to expand on current services and care offerings. Providing online
risk assessments and disseminating educational materials are some of the
components of our action plan.

Maternal and Child Health was identified as a high priority need based on
the review of the secondary data. Low birth weight, teen births and
children in single parent households, along with high infant mortality
rates are issues effecting the primary service area. Providing mothers and
infant caregivers with information to influence common factors that can
effect infant mortality is important. Discharge instructions to educate
parents and caregivers on safe infant sleep practices, pre-natal
monitoring for health risks of the mother and the baby and post-partum
checks will help to manage these health risks.

Mental and behavioral health illnesses and their related health effects on
individuals and families was identified as a pressing community need. The
secondary data shows that mortality related to mental and behavioral
health disorders for every county in the service area is above the
national and state incidence rate. Mental illness has a significant impact

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.

on overall health and well-being, and can contribute to other health

issues such as obesity and substance abuse disorders. Improved access for

outpatient mental health wellness programs, additional behavioral health

risk assessment tools, expanded treatment options and the combined efforts

of medical professionals, schools, churches and government agencies will

contribute to our success in reducing the stigma around mental health care

and educating and engaging individuals to live healthier lifestyles. To

drive improved quality outcomes for our patients, Baptist Health

recognizes the importance of integrating behavioral health care into all

aspects of care. We also realize the importance of reducing the stigma of

seeking behavioral health care services. As a result, we are expanding

access and creating new avenues for people to receive care. These efforts

include a network of providers who will work in collaboration with our

treatment team and a Virtual Care hub for behavioral health that provides

services to nearly 50 primary care locations. By the end of fiscal year

2022-23, these services will be embedded into every Baptist Health Medical

Group primary care location.

It is not within the scope of Baptist Health La Grange's services,

expertise or resources to be able to address all of the risk factors that

have been identified as influencers of our community's health status.

However, it is through networking, partnerships and collaboration with

other community stakeholder organizations and agencies that these issues

are being addressed. Increasing communication between community service

providers, enhancing the public's awareness of the agencies and services

available and promoting assistance provided by local community partners is

a common goal of our healthcare and civic leaders. Baptist Health La

Grange works collaboratively with other community resources to provide

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.

support and to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area. Impact issues such as unemployment and uninsured populations are being managed by economic development groups, the Kentucky Chamber of Commerce, city and county governments and county health departments.

Group A-Facility 7 -- Baptist Health La Grange

Part V, Section B, line 13b:

Based on the information provided in the Financial Assistance Policy application and/or through the presumptive eligibility process, a patient or guarantor whose income plus liquid assets are less than 300% of the current federal poverty level for his or her family size may be eligible for a full discount under the FAP after all other healthcare payment resources have been utilized and exhausted. A patient or guarantor whose family income plus liquid assets is between 300% and 1200% of the current federal poverty level for his or her family size may be eligible for partial assistance. Patients have a total yearly obligation of 10% of their annual income plus liquid assets. Patients or guarantors whose family income plus liquid assets is above 1200% have a total yearly obligation of 20% of their annual income plus liquid assets. If a patient is uninsured or their health insurance does not cover emergency or medically necessary care provided by a Baptist Health hospital, then the patient will be allowed a discount that limits payment responsibility to the amounts generally billed to individuals who have insurance covering such care.

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.

Group A-Facility 7 -- Baptist Health La Grange

Part V, Section B, line 20e:

Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance.

Group A-Facility 8 -- Baptist Health Richmond

Part V, Section B, line 5:

The Baptist Health Richmond CHNA Committee worked closely with a wide variety of community partners and resources to gather, disseminate and prioritize the information needed for the Community Health Needs Assessment. Such a community-driven plan of action engages the public and develops partnerships that help promote wellness and healthier communities. The Madison County Health Department is responsible for the county Baptist Health Richmond serves. The Health Department's Community Improvement Plan and initiatives were considered throughout the process of determining the goals for the Baptist Health Richmond Community Health Needs Assessment. The CHNA committee also solicited public opinion on community health needs using a survey distributed via social media, the Baptist Health Richmond website and via email to Baptist Health Richmond patients. Survey responses, coupled with the information from the health department, were considered as primary data. Secondary data obtained from national, state and local demographic and socioeconomic sources was used, including Kentucky vital statistics, disease prevalence studies, outcome measures and health indicators and statistics. The most recent data came from the Robert Wood Johnson County Health rankings, which were published in 2020. Data regarding health outcomes, health behaviors, clinical care

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.

availability, socioeconomic factors and physical environment risks for

each county in Baptist Health Richmond's service area was analyzed.

The Community Health Needs Assessment Committee included senior hospital

leadership and specific department directors. The committee reviewed the

information gathered through the primary and secondary data sources

combined with the information obtained through community partners, and the

comprehensive list of community health needs were documented. The

committee then prioritized how and where Baptist Health Richmond should

concentrate its resources over the next three years to most effectively

address these pressing health needs that create hardships for our

residents and stress on agencies throughout our communities. The final

CHNA and SIP were approved by the administrative Board of Directors of the

hospital and by the Baptist Healthcare System Board of Directors.

Group A-Facility 8 -- Baptist Health Richmond

Part V, Section B, line 11:

The CHNA committee's purpose was to identify health challenges and risk

factors that can be modified or prevented to improve the health of our

community. The committee identified and prioritized community needs for

the service area that Baptist Health Richmond can address and affect by

implementing programs, providing educational support and sponsoring

preventive screenings. The committee identified a number of pressing

community health issues and will focus on the following over the next

three years: behavioral health and substance abuse, social determinants

of health and obesity and healthy lifestyles.

Baptist Health Richmond has made behavioral health a priority as the

community need continues to increase. The committee ranked expanding

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.

access to these services as the most important community health initiative. The committee ranked opioid abuse as their second priority in terms of public health issues. Opioid abuse has become an epidemic across the country, and locally we are seeing a similar surge of opioid emergency room visits and usage admissions. Opioid abuse has an impact on overall health and can lead to other co-morbidities. In addition, the service area is seeing a greater presence of drug-addicted newborns that must be cared for in neonatal intensive care units to properly treat withdrawal symptoms.

A \$5.5 million behavioral health expansion project that will convert 11 beds at Baptist Health Richmond is underway. The project includes adding three dedicated rooms for behavioral health patients in the emergency department. Thrive Center at Baptist Health will provide an interdisciplinary team approach to behavioral health care for patients and their families. Services will include psychiatric evaluation and treatment; individual, group and family therapy and psychoeducation; individualized treatment and aftercare planning; therapeutic recreational activities; access to peer support and case management and referrals to community resources.

Our action plan to address both of these health issues is to ensure that residents have sufficient and timely access to mental health and substance abuse counseling and related services. Currently, behavioral health staff complete acute assessments 24/7 at the hospital. To drive improved quality outcomes for our patients, Baptist Health recognizes the importance of integrating behavioral health care into all aspects of care. We also realize the importance of reducing the stigma of seeking behavioral health care services. As a result, we are expanding access and creating new

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.

avenues for people to receive care. These efforts include a network of

providers who will work in collaboration with our treatment team and a

Virtual Care hub for behavioral health that provides services to primary

care locations. By the end of fiscal year 2022-23, these services will be

embedded in to every Baptist Health Medical Group primary care location.

The hospital also continues to maintain a substance abuse hotline, an

Intensive Outpatient Program and select telemedicine services are provided

on an outpatient basis.

Obesity was one of the top personal health challenges identified by the

survey, and remains a significant threat to the health of our community.

The state of Kentucky is known for having one of the worst ratings in the

United States for obesity and Kentucky has some of the highest rates in

the nation for preventable health conditions and behaviors that have been

identified as unhealthy. There are a variety of reasons why obesity is

difficult to combat - a lack of access to healthy foods, the higher costs

of healthy foods, sedentary populations, a lack of exercise options and

poor dietary habits. Obesity contributes to so many other health issues

(heart disease, stroke, high blood pressure, diabetes, osteoporosis, joint

deterioration, cancer, etc), that it is incumbent for the hospital and the

community to make a concerted effort to curb this health issue. We are

working to ensure that residents have access to a primary care physician,

outpatient nutritional counseling and disease management programs for

diabetes and related health issues. Improved access to screening tools,

public education and public awareness of healthy lifestyle alternatives

will also help our community members.

Social determinants of health is increasingly becoming a major issue in

Richmond and Madison County. Many people in the community are without safe

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.

housing, transportation and access to nutritious foods. These issues inevitably lead to a decrease in the quality of a person's health. Baptist Health Richmond has many patients whose poor health began with social determinants that could have been prevented with more community resources. Through the combined efforts of medical professionals, schools, churches and government agencies, we will help to educate and engage individuals to better care for themselves and their families and to utilize available support options. An increased awareness of the importance of the early detection and prevention of disease through screening programs will also improve the health of our community members.

It is not within the scope of Baptist Health Richmond's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status. However, it is through networking, partnerships and collaboration with other community stakeholder organizations and agencies that these issues are being addressed. Increasing communication between community service providers, enhancing the public's awareness of the agencies and services available and promoting assistance provided by local community partners is a common goal of our healthcare and civic leaders. Baptist Health Richmond works collaboratively with other community resources to provide support and to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area. Impact issues such as unemployment and uninsured populations are being managed by economic development groups, the Kentucky Chamber of Commerce, city and county governments and county health departments.

Group A-Facility 8 -- Baptist Health Richmond

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.

Part V, Section B, line 13b:

Based on the information provided in the Financial Assistance Policy application and/or through the presumptive eligibility process, a patient or guarantor whose income plus liquid assets are less than 300% of the current federal poverty level for his or her family size may be eligible for a full discount under the FAP after all other healthcare payment resources have been utilized and exhausted. A patient or guarantor whose family income plus liquid assets is between 300% and 1200% of the current federal poverty level for his or her family size may be eligible for partial assistance. Patients have a total yearly obligation of 10% of their annual income plus liquid assets. Patients or guarantors whose family income plus liquid assets is above 1200% have a total yearly obligation of 20% of their annual income plus liquid assets. If a patient is uninsured or their health insurance does not cover emergency or medically necessary care provided by a Baptist Health hospital, then the patient will be allowed a discount that limits payment responsibility to the amounts generally billed to individuals who have insurance covering such care.

Group A-Facility 8 -- Baptist Health Richmond

Part V, Section B, line 20e:

Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance.

Group A-Facility 3 -- Baptist Health Hardin

Part V, Section B, line 5:

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.

This is the first Community Health Needs Assessment conducted by Baptist

Health Hardin. (Hardin Memorial Health, a county-owned hospital, was

acquired by Baptist Healthcare System in September 2020). The Baptist

Health Hardin CHNA committee worked closely with a wide variety of

community partners and resources to gather, disseminate and prioritize the

information needed for the Community Health Needs Assessment. Such a

community-driven plan of action engages the public and develops

partnerships that help promote wellness and healthier communities. The

CHNA Committee formed a community health coalition with other healthcare,

civic, governmental and educational organizations in the area to share

resources and work collaboratively to identify and address the medical and

socioeconomic factors affecting the health of the people in our community.

Baptist Health Hardin solicited public opinion on community health needs

through a survey distributed via social media and the Baptist Health

Hardin website and took measures to ensure that the survey would be

distributed to reach a representative sample of the population, including

demographic groups often underrepresented in public data gathering. The

Lincoln Trail District Health Department, a strong community partner with

the hospital that serves a six-county area including Hardin, LaRue,

Marion, Meade, Nelson and Washington counties was a valuable resource for

this CHNA. The department provides environmental, preventive, curative and

health maintenance services to our community through direct healthcare,

health education, counseling and the enforcement of laws that protect

health and the environment. Through these contacts and public surveys,

Baptist Health Hardin collected primary data and feedback on the health

issues confronting its service area. Survey responses, coupled with

information from the area health departments and community partners, were

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.

considered as primary data. Secondary data obtained from national, state

and local demographic and socioeconomic sources was used, including

Kentucky vital statistics, disease prevalence studies, outcome measures

and health indicators and statistics. The most recent data came from the

Robert Wood Johnson County Health rankings, which were published in 2020.

Data regarding health outcomes, health behaviors, clinical care

availability, socioeconomic factors and physical environment risks for

each county in Baptist Health Hardin's service area was analyzed.

The Community Health Needs Assessment Committee included senior hospital

leadership and specific department directors. The committee reviewed the

information gathered through the primary and secondary data sources

combined with the information obtained through community partners, and the

comprehensive list of community health needs were documented. The

committee then prioritized how and where Baptist Health Hardin should

concentrate its resources over the next three years to most effectively

address these pressing health needs that create hardships for our

residents and stress on agencies throughout our communities. The final

CHNA and SIP were approved by the administrative Board of Directors of the

hospital and by the Baptist Healthcare System Board of Directors.

Group A-Facility 3 -- Baptist Health Hardin

Part V, Section B, line 11:

The CHNA committee's purpose was to identify health challenges and risk

factors that can be modified or prevented to improve the health of our

community. The committee identified and prioritized community needs for

the service area that Baptist Health Hardin can address and affect by

implementing programs, providing educational support and sponsoring

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.

preventive screenings. Based upon the data collected and analyzed through this assessment, the CHNA committee identified the following as the primary health issues that the hospital will focus on over the next three years: smoking/vaping/lung cancer; obesity; mental health/substance abuse and access to healthcare services.

Tobacco use and many of the known health results of tobacco use, (heart disease, stroke, high blood pressure and cancer), were included in the top ten health concerns in the community. Nine of the ten counties in the service area have very high adult smoking rates and significantly higher occurrences of lung cancer. Hardin County has an astonishing 38% of adults who smoke. Baptist Health Hardin has a long history of providing tobacco cessation classes, health screenings and educational resources for community members and continues to lead in this area. Health coalitions, like the Coalition for a Smoke-Free Tomorrow, (Baptist Health is a member), are trying to improve Kentuckians' health by reducing the high rate of smoking and tobacco use in Kentucky. Currently, the group is advocating for local control, allowing cities and counties to adopt ordinances that govern the sale and usage of tobacco products in their communities. Tobacco use is the proximate cause of numerous health issues, including several types of cancer, emphysema, Chronic Obstructive Pulmonary Disease (COPD), heart disease and stroke. Reducing smoking will have a positive effect on all these conditions.

Obesity was the top personal health challenge identified by the survey, and the fourth highest health concern in the community. Only one county in the service area had a lower percentage of obesity than the state of Kentucky as a whole, which is known for having one of the worst ratings in the United States for obesity. There are a variety of reasons why obesity

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.

is difficult to combat - a lack of access to healthy foods, the higher costs of healthy foods, sedentary populations, a lack of exercise options and poor dietary habits. Obesity contributes to so many other health issues (heart disease, stroke, high blood pressure, diabetes, osteoporosis, joint deterioration, cancer, etc), that it is incumbent for the hospital and the community to make a concerted effort to curb this health issue. Improved access to screening tools, public education and awareness of healthy lifestyle alternatives will help.

There were a variety of markers that led to the choice of mental health and substance abuse as top health issues for the community. Mental/behavioral health and substance abuse were the two biggest health concerns on the public survey. More than 26.7% of survey respondents indicated they had 'high' or 'very high' levels of stress. Almost 18% rate their own mental health as 'fair' or 'unhealthy' and over 40% said that the mental health of the community is 'unhealthy' or 'very unhealthy'. Substance abuse is a common crisis throughout the state and within our community. Baptist Health Hardin has an inpatient behavioral health unit and there is another psychiatric hospital in Hardin County (Lincoln Trail Behavioral Health System), but expanding the presence of mental health providers in primary care offices throughout the service area would bring improved access to much-needed care. To drive improved quality outcomes for our patients, Baptist Health recognizes the importance of integrating behavioral health care into all aspects of care. We also realize the importance of reducing the stigma of seeking behavioral health care services. As a result, we are expanding access and creating new avenues for people to receive care. These efforts include a network of providers who will work in collaboration with our treatment team and a Virtual Care

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.

hub for behavioral health that provides services to primary care

locations. By the end of fiscal year 2022-23, these services will be

embedded in to every Baptist Health Medical Group primary care location.

The hospital will also continue to partner with other local resources to

combat these complex issues.

Access to healthcare was also one of the top health concerns in the

community. Baptist Health Hardin has a very low admission rate of patients

who come to their Emergency Department, which indicates that patients do

not see a primary care physician in a timely manner. This is an area that

Baptist Health Hardin and the Baptist Health Medical Group can potentially

affect the most. The hospital is building a new Medical Pavilion directly

to the northwest of the hospital that will house multiple specialties and

health services, consolidating several from other locations. The facility

will have medical and radiation oncology, surgical services, pulmonary

care, wound care, urology, cardiology and cardiac catheterization

services. Active recruitment of additional primary care physicians and

advanced care providers, coupled with easier access to more services and

providers, will help significantly to eliminate this community concern.

It is not within the scope of Baptist Health Hardin's services, expertise

or resources to be able to address all of the risk factors that have been

identified as influencers of our community's health status. However, it

is through networking, partnerships and collaboration with other community

stakeholder organizations and agencies that these issues are being

addressed. Increasing communication between community service providers,

enhancing the public's awareness of the agencies and services available

and promoting assistance provided by local community partners is a common

goal of our healthcare and civic leaders. Baptist Health Hardin works

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.

collaboratively with other community resources to provide support and to
serve as a referral source to address the additional identified health
needs that fall below the significant prevalence level for our service
area. Impact issues such as unemployment and uninsured populations are
being managed by economic development groups, the Kentucky Chamber of
Commerce, city and county governments and county health departments.

Group A-Facility 3 -- Baptist Health Hardin

Part V, Section B, line 13b:

Based on the information provided in the Financial Assistance Policy
application and/or through the presumptive eligibility process, a patient
or guarantor whose income plus liquid assets are less than 300% of the
current federal poverty level for his or her family size may be eligible
for a full discount under the FAP after all other healthcare payment
resources have been utilized and exhausted. A patient or guarantor whose
family income plus liquid assets is between 300% and 1200% of the current
federal poverty level for his or her family size may be eligible for
partial assistance. Patients have a total yearly obligation of 10% of
their annual income plus liquid assets. Patients or guarantors whose
family income plus liquid assets is above 1200% have a total yearly
obligation of 20% of their annual income plus liquid assets. If a patient
is uninsured or their health insurance does not cover emergency or
medically necessary care provided by a Baptist Health hospital, then the
patient will be allowed a discount that limits payment responsibility to
the amounts generally billed to individuals who have insurance covering
such care.

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.

Group A-Facility 3 -- Baptist Health Hardin

Part V, Section B, line 20e:

Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance.

Part V, Section B, Line 3e

Each hospital facility did include a prioritized list of the community's significant health needs in its CHNA report.

Part V, Section B, Lines 16 a,b,c

<https://www.baptisthealth.com/Pages/patients-and-visitors/billing-information/financial-assistance.aspx>

Part V, Section B, Lines 7 a,b and 10a

<https://www.baptisthealth.com/pages/news/community-health-needs-assessment.aspx>

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 7:

COSTING METHODOLOGY:

BHS utilizes a sophisticated cost accounting system that identifies the cost of delivering care at the individual procedure and item (supply) level for direct costs and a detailed step-down methodology to allocate overhead costs as accurately as possible. Costs are determined for each patient based upon the specific procedures performed and items used for each patient.

Patients are also categorized by:

- 1. Patient type (inpatient and outpatient),
- 2. Payer plan (Charity, state-sponsored charity and the uninsured are among the uniquely identified payer plans), and
- 3. Clinical service (52 unique clinical services).

The cost of care for uninsured patients who qualify for "full" charity care (under a State-sponsored or BHS sponsored charity program) is determined by calculating the cost of each uninsured charity patient (at the procedure and item level) and accumulating the cost of each patient.

Part VI Supplemental Information (Continuation)

For insured patients who also qualify for partial charity under the BHS sponsored charity program, costs are allocated to each portion (insurance, partial charity, patient payments and bad debt) using the patient's payer plan cost-to-charge ratio (CCR). For example, this CCR is multiplied by the charges covered by insurance to determine the cost of insurance, multiplied by charges covered by partial charity to determine the cost of partial charity, multiplied by patient payments to determine the cost of paid services and multiplied by unpaid charges to determine the cost of bad debt.

The cost of care for uninsured patients who do NOT qualify for charity care (full or partial bad debt accounts) are allocated to each portion (patient paid portion and unpaid portion) using the patient's uninsured payer plan CCR. For example, this CCR is multiplied by patient payments to determine the cost of paid services and multiplied by unpaid charges to determine the cost of bad debt.

Much care is taken to ensure that costs used for community benefit reporting are directly related to exempt-purpose patient care and that costs are reported accurately. For example, the cost of charity and Medicaid are removed from the calculation of the loss on subsidized services.

Part I, Line 7g:

In order to meet the health and wellness needs of our communities throughout Kentucky and southern Indiana, Baptist Healthcare System, (BHS), provides grants to Baptist Health Medical Group, Inc., (BHMGI), a

Part VI Supplemental Information (Continuation)

nonprofit Section 501(c)(3) entity that is organized and operated to provide healthcare facilities and services. These grants allow BHMG to continue to provide support and care for Medicaid and charity care patients through primary care centers, rural health clinics, urgent care centers and specialty health clinics that meet a demonstrated community need. BHS makes these grants on the condition that BHMG use the grant funds only for the following activities:

- 1. To provide care for patients participating in Medicaid and other means-tested government health programs, including but not limited to the Kentucky Children's Health Insurance (KCHIP) program.
- 2. To provide care, for free or at discounted rates, to low-income patients who cannot afford the cost of care.
- 3. To fund the operations of rural health clinics that provide care for the patients described above.
- 4. To engage in community activities and programs in response to demonstrated community needs to improve community health, including but not limited to health screenings; COVID testing; vaccinations and community health education.

The expenses related to the above activities are included in Schedule H, Part I, Line 7g; Subsidized Health Services.

Form 990, Part I, Line 6A

Each hospital within Baptist Healthcare System, Inc. (BHS), (61-0444707), prepares a Community Benefit Report. In addition, a summary Community Benefit Report is prepared on a consolidated basis for all entities.

Part VI Supplemental Information (Continuation)

Part II, Community Building Activities:

COMMUNITY CARE: To help Baptist Health accomplish its mission to positively impact and transform the health of our communities, the entire organization is committed to clinical excellence, patient safety and continued growth to best meet the needs of our patients and the unique needs of each of the communities we serve. Our providers remain focused on helping people get well and stay well, and the system is investing in a wide range of initiatives centered on enhancing quality and providing personalized care that is both efficient and proactive. We strive to maintain the highest quality safety standards; we seek new outreach and wellness initiatives to create a culture of health in each community we serve; we grow our programs and facilities to make comprehensive care more accessible for everyone; we embrace new research and clinical trials, and seek new opportunities to connect with our patients through comprehensive, personalized care.

WELLNESS: Baptist Health's Wellness team is constantly seeking creative new opportunities to change the health of our communities for the better, one individual at a time. The team strives to create a culture of health and accountability, effectively engaging participants to help them reach their health and wellness goals. Baptist's innovative, award-winning wellness programs include smoking-cessation classes, weight-management programs, diabetes prevention, nutritional health, stress management and fitness/physical activity. Partnerships with other like-minded organizations within the community further enhance, support and promote these successful initiatives and programs.

COLLABORATIONS: Improving the health of those in the communities we serve

Part VI Supplemental Information (Continuation)

at the grassroots level takes partnerships. In conjunction with leadership teams from other health systems and the Kentucky Hospital Association, Baptist Health played a lead role in advising state leaders as they developed the State's COVID-19 policies and guidelines to assure the safety of patients, healthcare staff, first responders, childcare workers, nursing home residents and the community at large. Baptist Health provided millions of dollars worth of critical PPE and other supplies to assist other facilities and coordinated relationships with vendors that allowed the State to secure critically depleted supplies. These alliances with state and local governments and community leaders continue as the effects of the pandemic continue to disrupt our communities.

In Paducah and Corbin, a Congregational Health Network links those just released from the hospital to trained fellow church members willing to help with their care needs. Physically fit youngsters is the goal of the Project Fit America partnership, bringing funding, equipment, teacher training and a curriculum to elementary and middle schools in over 23 communities. Baptist Health is among 10 health systems that founded the Kentucky Health Collaborative to share best practices for improving the health of the Commonwealth's citizens.

ADVOCACY: Baptist Health is continuously working with community and state leaders, local schools, health departments and other partners to improve the health of our communities. Our efforts focus on the passage of smoke-free legislation to help children breathe clean air; tort reform, which can lower the cost of healthcare; telehealth to make healthcare more accessible and programs and opportunities to combat substance abuse and addiction.

Part VI Supplemental Information (Continuation)

RESEARCH: Baptist Healthcare System's leadership in clinical research is directly linked to our organizational mission of serving the healthcare needs of patients and communities across Kentucky and Southern Indiana. Our goal is to provide the latest innovations and the newest therapies and treatment options in a community-based setting. Clinicians in Baptist Health facilities are currently engaged in more than 200 clinical studies, addressing a variety of medical conditions that include:

- Cancer
- Heart disease
- Infections and infectious diseases
- Neurological disorders
- Nephrology
- Pulmonary/respiratory diseases

Cancer research at Baptist Health has grown tremendously in the last 20 years with continued growth expected through the collaboration of the Baptist Health Cancer Research Network, (BHCN). The BHCN is a joint effort among physicians, nurses, patients, caregivers and administrators to improve cancer care at Baptist Health through research. Our program is unique among community research sites because it has always been hospital-based and has improved our ability to provide patients with National Cancer Institute(NCI)-sponsored, cooperative-group studies, culminating in our recent designation as a Main Member for NRG Oncology and Gaurdian Research Network (GRN) research organizations. Phase II, Phase III and quality of life trials for numerous cancers, including breast, lung and lymphoma are ongoing.

Our clinicians are also involved in state and national-level research organizations, such as the NCI's National Clinical Trials Network. NRG, GRN and the NCI organizations bring together leading medical investigators

Part VI Supplemental Information (Continuation)

to pool resources, share data and coordinate clinical trials.

The Guardian Research Network is a nationwide consortium of high-performing community health systems, including Baptist Health, which created a breakthrough platform for accelerating cures for cancer. The network's objectives are to identify and place patients into clinical trials as fast as possible, cutting weeks and sometimes months off of enrollment timelines. Its searchable database houses hundreds of thousands of cancer patients' medical records.

The Grail Study is the first trial launched by GRN and is designed to determine if a blood test can be created to enable the early detection of cancer. Participating hospitals include Baptist Health Lexington, Baptist Health Louisville and Baptist Health Paducah.

The main component of effective clinical research is patient participation. Participation has two significant benefits to the future care of patients. Individual patients often benefit because there are additional treatment options available to them and clinical research expands the knowledge and experience of our physicians and care providers allowing us to better understand and more effectively treat the diseases and conditions that affect the human body. The research studies and procedures of today can become the standard treatments of tomorrow.

Medical advancements hinge upon vigorous research programs and the commitment of healthcare organizations like Baptist Health.

Part III, Line 2:

As a result of certain changes required by Accounting Standards Update(ASU) 2014-09, the majority of Baptist's provision for uncollectible accounts is recorded as a direct reduction to net patient service revenue instead of being presented as a separate line on the consolidated

Part VI Supplemental Information (Continuation)

statements of operations.

The core principle of the guidance in ASU No. 2014-09 is that an entity

should recognize revenue to depict the transfer of promised goods or

services to customers in an amount that reflects the consideration to

which the entity expects to be entitled in exchange for those goods or

services. For Baptist's health care operations, the adoption of ASU No.

2014-09 resulted in changes to the presentation for and disclosure of

revenue related to uninsured and underinsured patients. Under ASU No.

2014-09, the estimated uncollectible amounts due from these patients are

generally considered an implicit price concession and are a direct

reduction to patient service revenue.

Part III, Line 3:

Rationale for including other bad debt amount in community benefit:

No other bad debt amounts have been included as community benefit. The

hospital educates patients with limited ability to pay regarding financial

assistance and for this reason, the organization believes it accurately

captures all charity care deductions provided according to the financial

assistance policy, and the amount of bad debt expense attributable to

patients eligible under the organization's charity care policy is

negligible.

Part III, Line 4:

BAD DEBT EXPENSE FOOTNOTE:

A separate footnote for bad debt expense is not included in the audited

financial statements. However, beginning in 2012 BHS reported the

provision for uncollectible accounts related to patient service revenue as

a deduction from patient service revenue.

Part VI Supplemental Information (Continuation)

The costing methodology of bad debt is outlined in Schedule H, Part VI,

Line 1.

Part III, Line 8:

MEDICARE COSTING METHODOLOGY

Medicare revenues and allowable costs were taken from the "as filed"

Medicare cost report. Much care is taken to ensure that all adjustments

to remove non-allowable costs are taken. Due to the fact that Medicare

rates are non-negotiable and are established by the government, all of the

shortfall for Medicare should be included as a community benefit.

Part III, Line 9b:

COLLECTION PRACTICES:

Patients and guarantors who qualify for a "full" charity discount will not

be billed once the charity determination is made. Patients and guarantors

who qualify for a "partial" charity discount will be billed only for the

non-discounted portion of their account. Guarantors who have an ability

to pay for services will be billed based on the following guidelines:

- Patients or guarantors may be asked to pay an estimated patient

liability at point of service.

- BHS facilities will accept and file claims for all insurances assigned

to the organization with adequate proof of coverage. This assignment does

not relieve the guarantor of responsibility for payment if the insurer

fails to pay as prescribed by regulation, statute or patient-insurance

contract. Deductibles, co-payments and non-covered services will be the

responsibility of guarantors.

- Statements will be sent to guarantors once patient liability is

determined for insured or uninsured patients and necessary billing

Part VI Supplemental Information (Continuation)

follow-up calls will be made by BHS Patient Financial Services and/or a designated external early out vendor over a period of time averaging from 90 to 120 days. All statements will contain information regarding the availability of financial assistance. If applicable, effort will be made to assist uninsured patients to secure coverage through any governmental or other assistance programs.

- Patients requesting detailed charge information will be provided an itemized bill.

- BHS Patient Financial Services will provide all patients the same information concerning services and charges.

- Patient accounts not resolved at the end of this cycle will be considered for placement with external collection agencies. Collection agencies will continue to pursue patient balances while maintaining compliance with the Fair Debt Collection Practices Act and the ACA International's Code of Ethics and Professional Responsibility.

Part VI, Line 2:

NEEDS ASSESSMENT:

Baptist Health conducts a tri-annual planning process that is driven by our mission to improve the health of our communities and the strategic vision to be the health care leader in Kentucky and Indiana. Key industry and community issues, (such as prominent health conditions present within each community, underserved areas and underprovided clinical services), are considered and analyzed for their impact on the system, each of our eight hospitals and our patients. Community partners work with each hospital to define immediate and long-term health needs that need to be addressed as well as effective development goals, plans and strategies to improve the health of our communities. These goals are foundational to our

Part VI Supplemental Information (Continuation)

patient care focus.

The Community Health Needs Assessment and the Strategic Implementation

Plans are shared with and approved by the administrative Board of

Directors of each hospital and the system Board of Directors.

Part VI, Line 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

The following is a list of various methods/processes used to

inform/educate patients on the availability of financial assistance:

- Financial counselors advise and/or screen uninsured patients before or

during hospital services,

- A third party vendor advises and/or screens uninsured patients during

hospital services,

- Financial counselors provide follow-up contact for patients missed

during services,

- The State-sponsored DSH form is provided to all ED uninsured patients,

- Telephone calls and in-person visits are handled by staff trained to

discuss financial assistance,

- Information regarding financial assistance is included in patient

statements.

- The BHS sponsored charity care program policy is posted in key areas of

each hospital.

- The BHS sponsored charity care program policy is posted on the website

of each hospital and the System.

Part VI, Line 4:

COMMUNITY INFORMATION:

BHS is comprised of eight regional hospitals, each serving a unique and

Part VI Supplemental Information (Continuation)

diverse geographic area in Kentucky and Indiana.

Baptist Health Lexington (BHLEX) is an award-winning acute, skilled care

facility and major medical research and education center. Established in

1954, BHLEX is recognized for its excellence in maternity, heart and

cancer care and the groundbreaking research conducted at the Clinical

Research Center. Specialized comprehensive services include:

neurosciences/stroke care; CyberKnife treatment; genetic counseling;

orthopedics; home care; rehab and occupational health. BHLEX serves as a

regional referral center for tertiary care services not offered by other

area hospitals. Over 500 physicians and advanced practitioners are on

staff supporting more than 50 medical specialties at numerous points of

care in the region.

BHLEX is located five miles from I-75 and I-64, providing access for

Lexington metro patients and those from central and eastern Kentucky. The

primary geographic service area accounts for approximately 78% of BHLEX's

inpatients and is comprised of Fayette and seven other counties.

Approximately 14.4% of the population of the local area is over 65 and the

unemployment rate averages approximately 3.1%, compared to 3.9% for

Kentucky and 3.7% nationally for 2022.

Baptist Health Louisville (BHLOU) opened in 1975 and serves as a general

acute care facility, specializing in cardiovascular and comprehensive

rehabilitation services. Area residents benefit from the hospital's

emergency services, including special teams for heart attack and stroke

care. The hospital's cancer services include freestanding radiation

centers and the Osborn Cancer Center that includes a resource center and a

multidisciplinary lung care clinic. Women's health services include

digital mammography, ultrasound and bone-density scanning. Other areas of

expertise include orthopedics, neurosurgery, behavioral health and home

Part VI Supplemental Information (Continuation)

care. The Innovative Learning and Development Department supports educational programs for community healthcare providers, physicians, clinicians and employees.

BHLOU is located in St. Matthews in Jefferson County, five miles east of downtown Louisville, near Interstate 64, a main access to downtown, and Interstate 264, a main beltway around Louisville. The primary geographic service area for BHLOU consists of Jefferson and four surrounding counties, where approximately 75% of BHLOU's inpatients reside.

Approximately 17% of the population of the local area is over 65 and the average unemployment rate is approximately 3.3%, compared to 3.9% for Kentucky and 3.7% nationally for 2022.

Baptist Health Hardin (BHHAR) is a tertiary acute care hospital located in Elizabethtown, KY in Hardin County. BHHAR opened in February 1954 as Hardin Memorial Health, a county-owned hospital. BHS managed the facility for over twenty years before purchasing the hospital in 2020. Area residents benefit from compassionate care provided with advanced innovative technology available in over 40 specialty services including cancer care, cardiology, pulmonary care, women's health services and obstetrics, and a Level II Neonatal Intensive Care Unit (NICU).

BHHAR is located in central Kentucky at the crossroads of Interstate 65 and the Bluegrass and Western Kentucky Parkways. Primary and secondary service areas include Hardin and nine other Kentucky counties.

Approximately 63% of BHHAR's acute care patients are residents of Hardin County, where BHHAR is the market share leader with 59.3% of all acute care hospital discharges. Approximately 14.7% of area residents are over the age of 65 and the average unemployment rate is approximately 3.9%, compared to 3.9% for Kentucky and 3.7% nationally for 2022.

Baptist Health Paducah (BHPAD) opened in 1953 in Paducah, KY, and is a

Part VI Supplemental Information (Continuation)

tertiary acute care hospital. A respected regional medical and referral center, BHPAD offers over 20 points of care and provides a full range of services, including cardiac care; diagnostic imaging; women's and children's services; surgery; rehabilitation; transitional care and wound care. BHPAD offers the region's only cancer center, the only Joint Commission certified Advanced Primary Stroke Center, the only Level III NICU and the only certified robotic surgeons, using the region's first da Vinci robotic surgical system.

BHPAD is one of only two hospitals located in Paducah, the largest city in BHPAD's service area. The primary service area for BHPAD consists of McCracken and five other counties in Kentucky and Massac County in Illinois, with a total service area of 18 counties. Approximately 35% of BHPAD's acute care patients are residents of McCracken County.

Approximately 20.7% of the population of the local area is over 65 and the average unemployment rate is approximately 4%, compared to 3.9% for Kentucky and 3.7% nationally for 2022.

Baptist Health Floyd (BHF) was acquired by BHS in 2016. Since its inception in 1953, BHF, located in New Albany, IN, has grown to be an outstanding regional healthcare provider. BHF is a general acute care facility, specializing in cardiovascular services, cancer care and comprehensive rehabilitation services. BHF has a 24-hour ED, inpatient and outpatient surgery, lab, pharmacy and imaging capabilities.

The BHF primary service area includes Floyd, Clark, and five other counties in Indiana. Over 60% of the patients served come directly from Floyd and Clark counties. BHF is conveniently located minutes from downtown Louisville. Approximately 16.9% of the population of the local area is over 65 and the average unemployment rate is approximately 2.5%, compared to 4% for Indiana and 3.7% nationally for 2022.

Part VI Supplemental Information (Continuation)

Baptist Health Corbin (BHCOR) opened in 1986 in Corbin, KY and celebrated

35 years of service in 2021. BHCOR is a general acute care facility,

offering 24 points of care in a full continuum from inpatient care to

rehab services to behavioral health services, and is a vital part of its

community offering outreach, educational and screening programs. Patient

services include robotic surgery; palliative care; outpatient diagnostic

centers; home care; occupational medicine and physical therapy clinics;

expanding cancer, cardiac and neurologic programs; a women's center and

advanced MRI and microsurgery technologies.

BHCOR is located less than one mile off Interstate 75, near U.S. Highway

25, providing access from several surrounding communities. BHCOR

primarily serves the Tri County area that includes Whitley, Knox and

Laurel counties and secondary markets that include Bell, Clay and McCreary

counties. Over 90% of BHCOR's inpatients originate from these counties.

Approximately 16.1% of the population of the local area is over 65 and the

average unemployment rate is approximately 4.3%, compared to 3.9% for

Kentucky and 3.7% nationally for 2022.

Baptist Health La Grange (BHLAG) opened as Tri-County Community Hospital

in 1987, and after joining BHS in 1992 expanded facilities and services to

meet the needs of a growing community. The hospital offers an ED that is

stroke certified by the Joint Commission; inpatient and outpatient

surgery; imaging and MRI services; 3D mammography and stereotactic breast

biopsy; occupational therapy and a five-star rated Skilled and Rehab Care

Center. BHLAG recently completed a \$2.5 million renovation of the Rawlings

Women's Center, new cardiac and infusion centers and modernized pre- and

post-op areas.

BHLAG is located off Interstate 71, 20 minutes northeast of Louisville.

Approximately 83% of BHLAG's inpatients come from Oldham, Henry, Trimble

Part VI Supplemental Information (Continuation)

and Carroll counties. Approximately 14.2% of the local population is over 65 and the average unemployment rate is approximately 2.6%, compared to 3.9% for Kentucky and 3.7% nationally for 2022.

Baptist Health Richmond (BHR) was founded in 1892 and joined BHS in 2012. BHR is a rural, acute care hospital that has served its community for more than a century. The hospital offers 19 points of care in a full continuum with a vast network of providers. Services include cardiac surgery and rehab; orthopedics; occupational, physical and respiratory therapy; women's health and childbirth services; cancer care; diabetic treatment; infusion services; MRI and radiologic imaging, and nuclear medicine. Staff and board certified emergency physicians in the ED train for disaster preparedness annually with the federal Chemical Stockpile Emergency Preparedness Program (CSEPP).

BHR is located in Madison County, in the Appalachian region. Richmond is 26 miles south of Lexington and 103 miles southeast of Louisville. More than 33% of BHR's patients are from low-income or underserved populations. Over 78% of BHR's patients reside in Madison County and 97% live in Appalachia. Approximately 14.2% of the local population is over 65 and the average unemployment rate is approximately 3.5%, compared to 3.9% for Kentucky and 3.7% nationally.

Part VI, Line 5:

PROMOTION OF COMMUNITY HEALTH:

The BHS Board of Directors is comprised of local representatives who, along with the hospital's management and employees, understand that they are responsible for providing high quality health care services to the communities they serve. Operating healthcare facilities in today's environment requires a delicate balance between producing a sufficient

Part VI Supplemental Information (Continuation)

margin to allow for adequate staffing and investment in new technologies,
while also providing enough resources to absorb the cost of care for those
patients who do not have the ability to pay for the services. In 2022,
Baptist was able to re-invest over \$273 million into the communities in
new technology, construction, renovation and systems improvement.

BHS hospitals reach out to the community in many ways through:

- Conducting health fairs for local schools, businesses and churches.
- Participating in fund-raising and other events to help local agencies
such as the American Heart Association, Metro United Way, American Cancer
Society, Big Brothers and Big Sisters and the American Red Cross.
- Donating hospital space for community group meetings.
- Participating on community health assessment teams that are dedicated to
identifying and addressing local health needs in each of the counties we
serve.
- Hosting educational programs, including our pre-natal classes, CPR,
smoking cessation, AED training and safe sitter programs.
- Maintaining necessary, but unprofitable services that meet community
needs.
- Helping to recruit physicians to underserved areas and extending medical
staff privileges to all qualified physicians in our community for some or
all of our departments and specialties.
- Helping patients coordinate services with other healthcare providers.
- Providing resources for support groups, such as cancer recovery groups.
- Promoting and providing preventive care services.
- Monitoring clinical outcomes in order to ensure quality care.
- Committing resources to improving safety and processes of care.
- Providing services conveniently accessible by patients.

Part VI Supplemental Information (Continuation)

In addition, BHS employees volunteer thousands of hours in community services and leadership. BHS's support for community activities underscores its commitment to improving the lives of those served. Because BHS and its employees contribute so much of their time, talent and resources to serve others, communities served by BHS are better places to live and work.

Quantification of many of the community benefits is detailed elsewhere in this schedule. However, what the quantifiable amount doesn't measure is the economic benefit derived by the community from BHS being one of the major employers in the area. The economic impact of the wages paid to BHS employees is significant considering the dollars they spend on food, housing, services, and other products.

The Internal Revenue Service Revenue Ruling 69-545 provides that a hospital can demonstrate it has met the community benefit standard by having a full-time emergency room open to the public regardless of ability to pay for services received.

BHS hospitals operate emergency departments that are open 24 hours a day, 365 days a year and treated over 335,000 emergency patients during fiscal year 2022. BHS and its emergency departments post policies stating that patients will be treated regardless of their ability to pay. Depending on the severity of a patient's condition, as a service to the patient BHS may verify insurance prior to rendering services in the emergency department.

Under no circumstances is emergency care delayed by discussions regarding insurance coverage or ability to pay for services. In addition, BHS does not convey or intimate in any way to any emergency medical transportation

Part VI Supplemental Information (Continuation)

service an unwillingness to treat any particular patient in need of
medical attention.

Part VI, Line 6:

AFFILIATED HEALTH CARE SYSTEM:

Baptist Healthcare System, Inc., (BHS), is a nonprofit, tax-exempt
organization that owns and operates eight hospitals.

Effective 9/1/2021, Baptist Healthcare System, Inc. and Deaconess Health
Kentucky, Inc. formed the joint venture Baptist Health Deaconess, LLC.,
which owns and operates Baptist Health Deaconess Madisonville Inc.
hospital and Baptist Health Deaconess Medical Group, Inc. which operates
physician practices and outpatient clinics. Through this joint venture,
Baptist Healthcare System, Inc. and Deaconess Health Kentucky, Inc. bring
capital and expertise that will provide enhanced health care services to
the Madisonville community. (Baptist Health Madisonville, Inc. is a
nonprofit, tax-exempt former affiliate of BHS that owns and operates a
hospital in Madisonville, KY. Through 8/31/2021, Baptist Health
Madisonville was 100% owned and operated by Baptist Healthcare System,
Inc.)

Baptist Health Medical Group, Inc. is a nonprofit, tax-exempt affiliate
that owns and operates physician practices and other healthcare
facilities.

Baptist Healthcare Foundation, Inc., Baptist Health Foundation of Greater
Louisville, Inc., Baptist Health Foundation Corbin, Inc., Baptist Health
Foundation Richmond, Inc., Baptist Health Foundation Lexington, Inc., and

Part VI Supplemental Information (Continuation)

Baptist Health Foundation Paducah, Inc. are nonprofit, tax-exempt

affiliate corporations.

Baptist Physicians' Surgery Center is a limited liability corporation, of

which Baptist Healthcare System Inc. owns 57%.

Baptist Health Surgery Center Eastpoint, (formerly known as Eastpoint

Surgery Center, LLC. and owned 84% by BHS), is a non-profit limited

liability corporation of which Baptist Healthcare System, Inc. owns 100%

after purchasing the remaining interest on 1/1/2020.

Baptist Health Surgery Center LLC. is a non-profit limited liability

corporation formed in 2020 to purchase an existing surgery center in

Lexington, KY. Baptist Healthcare System Inc. was the sole member through

December 2021, and now owns 95% of the entity.

Baptist Health Network Partners, LLC. (BHNP), (formerly known as Purchase

Health Quality Collaborative, LLC "PHQC"), formed in 2011, is a non-profit

limited liability company whose sole member is BHS. BHNP was formed to

support a physician/hospital network established by PHP, working with

BHPAD to engage in clinical integration activities.

Baptist Health Care Partners, LLC. (BHCP), formed in 2015, is a non-profit

limited liability company whose sole member is BHS. BHCP was formed to

participate in the CMS Medicare Shared Savings Program, (MSSP), as an

Accountable Care Organization (ACO).

Mercy Regional Emergency Medical System, LLC ("MREMS"), formed in 1996, is

Part VI Supplemental Information (Continuation)

a non-profit taxable corporation, which owns and operates an ambulance

service in McCracken County, Kentucky in the service area of BH Paducah.

BHS owns a 50% interest in MREMS and the remaining 50% interest is owned

by Mercy Health System, Inc. D.B.A. Lourdes Hospital.

Baptist Health Assurance Group LTD, (BHAG) was formed in July 2022 as an

offshore captive insurance company which holds all self-insured

liabilities and trustee assets related to medical malpractice and workers

compensation. Baptist Healthcare System, Inc. is the sole member of BHAG.

All related entities are located in the Commonwealth of Kentucky or the

state of Indiana.

All entities described in Schedule H, Part VI, Line 6 contributed a

combined community benefit amount as follows:

Charity Care at Cost \$41,609,000

Unreimbursed Medicaid 5,030,000

Community Health Improvement 3,606,000

Health Professions Education 5,919,000

Subsidized Health Services 163,225,000

Research 1,151,000

Cash and In-Kind Contributions 5,500,000

Total Community Benefit \$226,040,000

Part VI, Line 7, List of States Receiving Community Benefit Report:

KY, IN

Part VI Supplemental Information (Continuation)

Form 990, Schedule H, Impact of Covid-19

Baptist Health reached out to our state and our communities:

Clinical leaders from Baptist Health, the largest health system in the

Commonwealth of Kentucky, played a principal role as advisors to the

Commissioner for Public Health, the Cabinet for Health and Family

Services ("CHFS"), Office of Inspector General, and other state

agencies in response to the unprecedented needs of our community during

the COVID-19 pandemic. In conjunction with leadership teams from other

health systems and the Kentucky Hospital Association, Baptist Health

played a lead role in advising and developing the State's COVID-19

policies and its guidelines on multiple matters including:

--- Initial planning at the beginning of the COVID-19 pandemic to

ensure the safety of patients, first responders and healthcare workers

by establishing guidelines for the suspension of elective procedures,

non-urgent/emergent radiology, therapy and ambulatory visits.

--- Collaboration with the CHFS to help manage the nursing home and

post-acute care setting emergencies that became a focal point of the

COVID-19 pandemic. Baptist Health worked closely with the State to

provide on-site resources in support of facilities that were in crisis,

in an effort to help stabilize those facilities and provide care to

vulnerable residents.

--- Provided critical PPE and other necessary materials to fellow

healthcare providers when the State was unable to secure much needed

supplies.

--- Coordinated key vendor relationships that allowed the State to

secure high quality PPE products with fluid deliveries. These products

Part VI Supplemental Information (Continuation)

were ultimately made available to nursing homes and other facilities

that provided care and aid to indigent members of our community.

— The development of guidelines for restarting all non-emergent

clinical services including the appropriate phasing and criteria

required of hospitals to resume elective care, both in ambulatory and

acute care settings.

Baptist Health ensured the safety of patients, providers and employees:

Baptist Health acted swiftly and efficiently to the COVID-19 pandemic

by responding to the needs of our communities, our patients and our

staff members through implementing disaster readiness protocols and the

following:

— In early March 2020, Baptist Health began to secure PPE to meet the

expected COVID-related demand throughout each of its markets and

developed system-wide warehousing and logistics plans to manage and

distribute critical equipment and PPE to ensure that all facilities had

adequate supplies at all times.

— Established local incident command operations in each market, with

hospital and medical groups coordinating in to a single unit. The

System Crisis Management Team coordinates efforts and all

communications across the System to ensure safety, best practices and

consistency of implementation.

— Baptist Health hospitals created respiratory evaluation centers to

triage patients to specific COVID-19 testing sites away from emergency

room and other facility entryways.

— Baptist Health created a central, system-wide respirator inventory

to serve as a supply source in order to deploy equipment to specific

locations based on need in the event of COVID-19 surge activity. At no

time during the COVID-19 pandemic was any Baptist Health hospital

Part VI Supplemental Information (Continuation)

without adequate respirator equipment.

— Baptist Health secured additional testing supplies and more rapid testing capabilities, and developed specific screening, testing and treatment protocols.

— Baptist Health continues to make a concerted effort to support our communities by providing frequent education and assistance to community members and local businesses who have questions regarding operating in a COVID-19 environment.

— Our quick pivot to enhanced digital/virtual healthcare solutions, with the creation of new processes and procedures and the enhancement of existing services, allowed us to provide healthcare services for patients to address their immediate medical needs, all while ensuring the safety of patients, staff and physicians. Video teleconferencing services proved to be a valuable tool as it became a lifeline for our behavioral health patients. Remote patient monitoring technology has been used extensively to support patients with COVID-19 recovering at home, patients with chronic obstructive pulmonary disease and patients suffering from congestive heart failure. A telestroke program that links specialists at Baptist Health's two stroke-certified centers to patients in other locations has also been a lifesaving tool. In a short span of time, we advanced digital health services by years and have seen our patients embrace this change. Telehealth, telemedicine and digital health solutions continue to be utilized effectively to reach patients who otherwise may not seek care and to improve patient experience.

Navigating the COVID-19 pandemic has accelerated the growth and development of innovations in the delivery of healthcare services that

Part VI Supplemental Information (Continuation)

will positively affect how care is provided in the future. Baptist Health continuously monitors COVID-19 health data, statistics, trends, clinical information and research in order to reevaluate and reassess current policies and procedures so that we can maintain the highest safety standards and provide peak levels of care to our patients.

Through 8/31/2022, Baptist Health facilities administered nearly 474,000 COVID-related diagnostic tests and screenings; nearly 250,000 COVID vaccines and treated over 66,000 COVID-19 patients.