2025 APPLICATION FOR

CERTIFICATE OF PUBLIC ADVANTAGE

Submitted by:

Union Hospital, Inc. and Terre Haute Regional Hospital, L.P.

Submitted on February 5, 2025

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I. GENERAL INFORMATION AND DESCRIPTION OF PROPOSED MERGER

a. General Definitions

In addition to the defined terms found throughout this document and the Exhibits/Attachments to this document:

"***Advance Practice Provider***" or "***APP***" is a collective reference to healthcare professionals with advanced education and are licensed as nurse practitioners (also referred to as "advance practice registered nurses") and physician assistants.

"***Applicant***" means either Union Hospital, or Regional Hospital.

"***Applicant Group***" means Union Hospital and Regional Hospital. collectively.

"***Application***" means this application for an Indiana Certificate of Public Advantage.

"***Asset Purchase Agreement,*** ***"APA,"*** or "***Merger Agreement***" means the Asset Purchase Agreement, effective as of September 12, 2023, as amended on October 23, 2023, entered into between: (i) Union Hospital, Inc. as the "Buyer"; and (ii) Terre Haute Regional Hospital, L.P. and Regional Hospital Healthcare Partners, LLC as "Sellers", and HTI Hospital Holdings, Inc., a Delaware corporation, as seller guarantor.

"***Attachment***" means a document referenced in this Application that is included in the compilation of Attachments that accompanies this Application.

"***Charges***" means the charge for an item or service as set forth in Union's chargemaster, the comprehensive list of billable services provided by Union.

"***Center for Occupational Health" or "COH"*** means the Center for Occupational Health, Inc., an Indiana nonprofit corporation. The Center for Occupational Health, Inc. is wholly owned by Union Hospital, Inc. It provides work-related injury care and other occupational medicine services.

"***CMS***" refers to the Center for Medicare and Medicaid Services.

"***Combined Clinical Platform***" means, as a result of the Merger, the aggregate health care assets, resources, capabilities, locations and personnel of Regional Hospital, Regional Healthcare Partners, Union Hospital, UMG, Center for Occupational Health, Inc., Union Hospital Therapy, LLC, and the Rural Health Clinics.

"***Combined Enterprise****"* means the post Merger enterprise consisting of Regional Hospital and Regional Healthcare Partners (including their respective administrative and clinical operations) and the Union Healthcare Providers (including their respective administrative and clinical operations).

*"**Commitments**" means, collectively, the Preservation of Access Commitments, Quality Commitments, Pricing Commitments, Population Health Commitments, Enhancement Commitments, Employment and Economic Commitments, and Other Commitments.

"***Commitments Exhibit***" means Exhibit B to the Proposed Terms and Conditions.

"***Consumer Price Index for Medical Care***" means the national medical care index group of the Consumer Price Index (CPI) as published by the U.S. Bureau of Labor Statistics. For purposes herein, the annual average of the National CPI for Medical Care from September 2023 through August 2024 will be used to limit the increase in charges effective January 1, 2025, subsequently, during the term of the COPA, the annual increase determined in September of the present year will be used to limit prices in the upcoming year.

"***COPA***" means the Certificate of Public Advantage issued on the Issue Date by the Department to Union Hospital with respect to the Proposed Merger as contemplated by the Asset Purchase Agreement.

"***COPA Statute***" means I.C. § 16-21-15.

"*COPA Term*" means the period from the Issue Date until termination or revocation of the COPA.

"***Department***" or "***IDOH***" or "***DOH***" is defined as the Indiana State Department of Health.

"***Effective Date***" means the effective date of the Merger.

"***Employment and Economic Commitments***" means the commitments described below and in the Terms and Conditions, Exhibit B, Section E, Employment and Economics Commitments, which are intended to protect the affected workforce and evaluate the economic impact of the Merger long-term.

"**Enhancement Commitments**" means the commitments described below and in the Terms and Conditions, Exhibit B, Section D, Enhancement Commitments, which are being offered to ensure that the likely benefits resulting from the Merger outweigh any disadvantages attributable to a potential reduction in competition.

"**Fiscal Year**" means the Union Hospital fiscal year which begins on January 1 and ends on December 31 of each year.

"**FTC**" means the Federal Trade Commission.

"***HCA Healthcare***" means HCA Healthcare, Inc., a Delaware corporation.

"***Issue Date***" means the date the COPA is issued by the Department to Union Hospital.

"***Merger***" means the transaction that is effectuated by the Asset Purchase Agreement, including the acquisition of the Purchased Assets identified in the Asset Purchase Agreement by Union Hospital, or an Affiliate of Union Hospital, pursuant to the terms and conditions of the Asset Purchase Agreement.

"***Other Commitments***" means the additional commitments described below and in in the Terms and Conditions, Exhibit B, Section G, Other Commitments, which are being offered to ensure the likely benefits resulting from the Merger outweigh any disadvantages attributable to a potential reduction in competition.

"***PCP***" or "***Primary Care Provider***" means those physicians and advanced practice providers delivering primary care, including those specializing in family medicine, internal medicine, pediatrics, and obstetrics/gynecology.

"***Population Health Commitments***" means the commitments described below and in the Terms and Conditions, Exhibit B, Section F, Population Health Commitments, which will allow the Department to monitor progress around the population health improvement initiatives that will be implemented post-Merger.

"***Post-Merger Initiatives***" include: (i) the "Health Equity Plan," "Population Health Improvement Plan," "Virtual Nursing Program," described in Section III.b.1.A.(i) - (iii) of this Application; (ii) the "Service Line Model of Care," described in Section III.b.1.B. of this Application; and (iii) the initiatives detailed in the Commitments.

"***Post-Merger Union Hospital***" means Union Hospital after applicable Purchased Assets of Regional Hospital are incorporated into Union Hospital's administrative and clinical operations.

"***Preservation of Access Commitments***" means the commitments described below and in the Terms and Conditions, Exhibit B, Section C, Preservation of Access Commitments, which are being offered to ensure the Merger does not have a negative impact on access to health care services.

"***Pricing Commitments***" means the commitments described below and in the Terms and Conditions, Exhibit B, Section B, Pricing Commitments, which will allow the Department to monitor the Merger's impact on pricing and ensure that the cost of health care services provided post-Merger does not increase impermissibly.

"*Proposed Terms and Conditions*" means the Terms and Conditions Union Hospital has proposed to govern the COPA which are attached hereto as Exhibit A.

"***Purchased Assets***" means the assets defined as "Purchased Assets" in the Asset Purchase Agreement.

"***Quality Commitments***" means the commitments described below and in the Terms and Conditions, Exhibit B, Section A, Quality Commitments, which will allow the Department to

monitor quality performance and ensure that the quality of health care services provided in the Service Area does not decline as a result of the Merger.

"***Regional Healthcare Partners***" means Regional Hospital Healthcare Partners, LLC, an Indiana limited liability company, which employs the physicians and advanced professional providers and operates physician practices in Terre Haute, Vigo County, Indiana. For the period subsequent to the Merger, "***Regional Healthcare Partners"*** means all Purchased Assets of Regional Hospital Healthcare Partners, LLC that: (i) were acquired by Union Hospital or an Affiliate of Union Hospital, pursuant to the Asset Purchase Agreement; and (ii) are incorporated into the administrative and clinical operations of Union Hospital or UMG. The term includes any Facility Employees of Regional Hospital Healthcare Partners, LLC employed at Union Hospital or UMG.

"***Regional Hospital***" means Terre Haute Regional Hospital, L.P., a Delaware limited partnership, which owns and operates Terre Haute Regional Hospital, the licensed acute care hospital located in Terre Haute, Vigo County, Indiana. For the period subsequent to the Merger, "**Regional Hospital**" means all Purchased Assets of Terre Haute Regional Hospital, L.P. that: (i) were acquired by Union Hospital pursuant to the Asset Purchase Agreement; and (ii) are incorporated into the administrative and clinical operations of Union Hospital.

"***Rural Health Clinics***" means the rural health clinic in Brazil, Clay County, Indiana, and the rural health clinic in Clay City, Clay County, Indiana, both of which are owned and operated by Union Hospital.

*"**Service Area**"* means, collectively, the Indiana counties of Clay, Greene, Parke, Sullivan, Vermillion, and Vigo.

"***Service Line Model of Care***" means the model for delivery of care that strives to align clinical practices across the continuum of care and improve the coordination of care within Union for the benefit of the patient. This approach strives to improve the quality of care and the coordination of care, thereby reducing the health care costs by eliminating duplicative, unnecessary, and untimely care.

"***Specialty Physician(s)***" means physicians with specialized training and/or Service Line expertise in areas such as, by way of example and not limitation: Orthopedics; Oncology; Neuroscience (Neurosurgery, Neurology, Neurophysiology, and Pain); Cardiovascular Care; General Surgery; Rheumatology; Endocrinology; Pulmonology; Urology, and Ophthalmology

"***Union Associated Physicians Clinic***" or "***UMG***" means Union Associated Physicians Clinic, LLC, an Indiana limited liability company, which operates from time-to-time under the assumed business name of "Union Medical Group." Union Associated Physicians Clinic, LLC operates a multi-specialty physician clinic with approximately 162 physicians and allied health care providers. [redacted]

"***Union Health System***" means Union Health System, Inc., an Indiana nonprofit corporation. Union Health System, Inc. is the sole member of Union Hospital, Inc. Union Health System, Inc., itself, is not a licensed health care provider and does not directly provide health care services.

"***Union Healthcare Providers***" means Union Hospital, UMG, Center for Occupational Health, Inc., Union Hospital Therapy, and the Rural Health Clinics.

"***Union Hospital***" means Union Hospital, Inc., an Indiana nonprofit corporation, and includes the licensed acute care hospital owned and operated by Union Hospital, located in Terre Haute, Vigo County, Indiana. The defined term "Union Hospital" excludes Union Hospital Clinton.

"***Union Hospital Therapy***" or "***UHT***" means Union Hospital Therapy, LLC, an Indiana nonprofit limited liability company. [redacted]

b. Executive Summary of this Application

Union Hospital and Regional Hospital are formally submitting this 2025 Application to the Department to request the issuance of COPA under Indiana Code § 16-21-15-4. For the reasons explained in this 2025 Application, there is clear evidence that the Merger would benefit the population's health outcomes, health care access, and quality of care. The Commitments proposed by Union Hospital will ensure that the likely benefits resulting from the Merger outweigh any disadvantages attributable to a reduction in competition" pursuant to IC § 16-21-15-4(c)(2) (emphasis added).

The Community Process.

In 2019, the Terre Haute Chamber of Commerce brought together leaders from the public and private sectors to address growing concerns around economic challenges. The Service Area was projecting a significant population decline through 2035 as well as a decline in per capita personal income. The leaders recognized that change through resource alignment, new programs, and strategic funding sources would be necessary if the region is to grow and thrive.

The Chamber's initiative resulted in a six-year community plan[1] (the "Community Plan"). The areas identified by the community leaders for targeted improvement were organized around six pillars: Economic Development, Health & Wellness, Infrastructure, Quality of Life, Talent Attraction / Retention, and Tourism.

Coming out of this initiative, community leaders began to discuss how they might work together to achieve the goals of the Community Plan and improve the health status of the Service Area. Health status was a particular focus for targeted improvement since health status has a direct impact on four of the six pillars identified in the Community Plan: Economic Development, Health & Wellness, Quality of Life, and Talent Attraction / Retention. ***Community leaders recognized that the community's ability to achieve its long-term goals would be largely dependent on the health of its residents.***

Unfortunately, Indiana consistently ranks in the bottom half of the country for health outcomes. To make the situation worse, the six Indiana counties which comprise the Service Area consistently rank in the bottom half of the State. Specifically, the Service Area has higher than national rates of diabetes, obesity, heart disease, and preventable disease.[2] The most recent County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute, found that five of the six counties in the Service Area scored in the bottom half of Indiana's 92 counties for health outcomes.[3]

Unhealthy behaviors exhibited by the residents of the Service Area, including high rates of tobacco use, drug use, obesity, and sedentary lifestyles, significantly contribute to these poor health status rankings.[4] In order for the community to achieve the goals set forth in the Community Plan, the community would, collectively, need to place a greater focus on improving the health status of the population.

After evaluating the ways that the community could collectively work together to improve health status, the leadership of Union Hospital and Regional Hospital decided that the most promising way to focus their resources on the health status needs of the Service Area in furtherance of the Community Plan would be for Union Hospital and Regional Hospital to combine their assets and operate as a single organized system of health care.

Enhancing the coordination of health care services across the community would allow the Combined Enterprise to implement population health initiatives across the region which would,

1 The "See You in Terre Haute 2025 Community Plan" is available here: https://static1.squarespace.com/static/65ddf272675b62631515d486/t/65ef5918323347084c011edd/1710184732781/Final-Community-Plan.pdf.

2 *See* University of Wisconsin Population Health Institute, Indiana County Health Rankings 2023, available at: https://www.countyhealthrankings.org/health-data/indiana?year=2023.

3 *Id.*

4 *Id.*

in turn, improve health outcomes and support the economic well-being of the local economy. The leadership of Union Hospital and Regional Hospital shared their vision with community leaders who agreed that the Merger had the potential to create the generational shift that the community needed. Accordingly, on September 12, 2023, Union Hospital and Regional Hospital entered into an Asset Purchase Agreement to combine their operations under Union Hospital. However, the Merger of Union Hospital and Regional Hospital can only move forward if the Department grants and provides active supervision post-Merger.

It is important to note, however, that Regional Hospital has faced significant operational challenges for a number of years which have led to a decrease in patient volumes, a reduction in service lines, and a significant decline in competitive viability. Unlike Union Hospital, Regional Hospital lacks a primary care referral base and employs only a small number of physicians in a few specialties. Most specialties at Regional Hospital rely on a single physician specialist. Declining patient volumes have made it increasingly difficult for Regional Hospital to maintain existing services. In recent years, Regional Hospital has had to further reduce the number of services available. Today, Regional Hospital's only remaining service lines are emergency care, cardiovascular surgery, obstetrics/gynecology, general surgery, orthopedics, and behavioral health. This has had a negative impact on Regional Hospital's inpatient market share, which has declined. Without the Merger, Regional Hospital expects its operational challenges to lead to further service line reductions.

Union Hospital, Regional Hospital, and community leaders believe that the Merger is the only model that will allow the community to achieve the goals set forth in the Community Plan and preserve access to a high-quality and cost-effective health system long-term. For this reason, the Applicants are requesting that the Department grant the COPA and allow the Merger to proceed.

The Benefits of the COPA.

Under the COPA Statute, the Department shall grant the COPA if the Department determines in the review of the application and documentation that, under the totality of the circumstances, the following apply:

> (1) There is clear evidence that the proposed merger would benefit the population's health outcomes, health care access, and quality of care in the county.
>
> (2) The likely benefits resulting from the proposed merger agreement outweigh any disadvantages attributable to a potential reduction in competition that may result from the proposed merger.[5]

5 I.C. § 16-21-15-4 (emphasis added).

If the Department grants a COPA, then the Department is responsible for actively supervising the Combined Enterprise and performing an annual review to determine whether the standards required for issuance of the COPA continue to be met.

To ensure that the Department has adequate evidence to conclude that the likely benefits of the Merger outweigh any disadvantages, Union Hospital is proposing numerous separate Commitments which would be memorialized in the Proposed Terms and Conditions governing the COPA. For each Commitment, Union Hospital has proposed an accountability mechanism to allow the Department to monitor compliance. If the Combined Enterprise fails to meet its Commitments post-Merger, then the Department has the ability under the Proposed Terms and Conditions to require remedial action, impose a fine, or revoke the COPA.

The Quality Commitments, Enhancement Commitments, Employment and Economic Commitments, Population Health Commitments, and Other Commitments described in this Application are designed to ensure that the likely benefits of the Merger are realized. These include specific commitments to expand quality reporting, enhance services and facilities, recruit and retain providers and employees, implement population health improvement programs, and implement programs designed to reduce the overall cost of care. In addition, Union Hospital has proposed commitments which would expand financial assistance for uninsured patients, reinvest the cost savings of the Merger towards improving the health status of the community, and invest in the next generation of health care professionals.

To demonstrate the benefits long-term, ***Union Hospital is proposing to help establish 2 research studies*** – one to study the impacts of the COPA on the community's health metrics and long-term outcomes and a separate study to evaluate the economic impact of the COPA over time. All of these commitments are designed to bring tangible benefits to the community. ***None of these benefits would exist without the COPA.***

The General Assembly directed the Department to weigh the likely benefits of a COPA merger against the potential disadvantages that may result from a reduction in competition. The benefits from the Merger far outweigh any potential disadvantages, particularly in light of Regional Hospital's declining position. One general concern that exists with any hospital consolidation is the potential impact the consolidation may have on the availability of and access to hospital and health care services. This Merger will ensure continued access to hospital and healthcare services. ***Union Hospital is proposing 10 Preservation of Access Commitments*** to ensure there is no negative impact on the availability of and access to hospital and health care services as a result of the Merger. These include specific commitments to maintain two inpatient acute care facilities and two Emergency Rooms post-Merger, as well as maintain a Level III trauma program, ICU services, cardiac catheterization lab services, laboratory services, chemotherapy services, and Level III maternal and neonatal care post-Merger. ***None of these commitments to preserve access to health care services would exist without the COPA.*** In contrast, without the COPA, Regional Hospital may be forced to continue to shutter service lines, particularly as solo physicians depart or retire and cannot be replaced.

Prices for hospital and health care services will not be negatively impacted by the Merger. Over the last several years, considerable attention has been focused on the cost of health care services within the Hoosier state. A number of policy efforts have been pursued by public officials and business leaders to help address the concern over high health care costs.

Given Regional Hospital's declining position, it is already not a meaningful competitive constraint on Union Hospital for patients or payors. However, to eliminate any potential concerns, ***Union Hospital is proposing numerous Pricing and Pricing Conduct Commitments.*** These include specific commitments to limit price increases post-Merger in two different ways. Additionally, Union Hospital is proposing to immediately implement the lower-cost Union Hospital chargemaster and are committing to negotiate in good faith with all payors to include the Combined Enterprise in a variety of health plans post-Merger. As part of the Pricing Conduct Commitments, the Combined Enterprise will be required to pursue value-based and risk-based arrangements to help further reduce the cost of health care services long-term. ***None of these commitments to limit price increases would exist without the COPA.***

Finally, the COPA provides the State with a novel mechanism for enhancing competition and reducing health care costs at the State and regional level. The Combined Enterprise will be well-positioned to compete more effectively against large health systems across the State and region. However, unlike other Indiana health systems, the Combined Enterprise will be subject to strict pricing limitations, ensuring that it remains a lower-cost option. ***By approving the COPA, the State will be enhancing competition at the State and regional level by facilitating the entrance of a new, lower-cost regional provider to the Indiana hospital market***. If the COPA is not approved, the trendline suggests that Regional Hospital will continue to lose inpatient market share and decline in competitive viability. The Merger will position the Combined Enterprise to compete more aggressively with large health systems across the State, and to keep care local for patients in the Terre Haute community. The Pricing Commitments serve as further protection against rising healthcare costs for Terre Haute residents.

An Opportunity to Impact Generational Change and Preserve Access.

What began with a six-year Community Plan has evolved into an opportunity to impact generational change in the Service Area and preserve access to healthcare services. Community leaders and business leaders recognized the need for change in 2019. They challenged each other to look for ways they could work together to achieve the goals of the Community Plan and improve the health status of the Service Area. The leaders of Union Hospital and Regional Hospital rose to the challenge. They brought forward an unconventional proposal to align their competing organizations in a way that would benefit the entire community and preserve access to healthcare services. Since then, business leaders and local employers have embraced the opportunity presented by this Merger and committed their support.

With the Commitments Union Hospital has proposed, the Merger will provide specific

benefits for the Service Area. The Preservation of Access Commitments and the Pricing Commitments Union Hospital has proposed will far offset any potential disadvantages that could result. The Department's approval of the COPA will enable this community to take the next step in realizing its long-term goal of helping all residents of the Service Area live healthy, productive lives.

c. Descriptions of Applicants: Union Hospital and Regional Hospital

1. Union Hospital.

- **Legal Name:** Union Hospital, Inc., an Indiana non-profit corporation
- **Address:** 1606 North Seventh St., Terre Haute, Indiana 47804
- **Membership:** Union Health System, an Indiana non-profit corporation, is the sole member of Union Hospital.
- **Assumed Business Name:** Various assumed business names, including "Union Hospital Terre Haute." *See* Attachment I.c.1. (the organizational chart for Union Hospital) for a comprehensive list.
- **Organizational Chart for Union Hospital:** *See* Attachment I.c.1.
- **License Number for Union Hospital:** 23-005022-1
- **General Narrative Description:**

  Union Hospital owns and operates, and holds the Indiana hospital license for, Union Hospital. Union Hospital's sole member is Union Health System, a non-profit Indiana corporation. Union Hospital provides comprehensive health care services to Vigo County and the other counties of the Service Area. It is licensed for 341 beds (and staffs and operates 257 acute care beds) and operates a full-service acute care hospital. It provides medical-surgical, obstetric, pediatric, coronary care, post-coronary care, emergency, and intensive care services. Union Hospital is a Level III trauma center. Additionally, Union Hospital is a referral center for services such as neonatal intensive care, open heart surgery, cardiac rehabilitation, radiology, cardiopulmonary services, and radiation therapy. Furthermore, Union Hospital educates and trains health professionals. Through its family medicine residency program, Union Hospital trains physicians with an emphasis on primary care. The residency program has graduated 238 family medicine physicians, many of whom practice in underserved areas, including throughout the Service Area.

Union Hospital is [redacted] of UMG which operates a multi-specialty physician clinic with approximately 162 physicians and allied health care providers. [redacted]

2. Regional Hospital.

- **Legal Name:** Terre Haute Regional Hospital, L.P., a Delaware limited partnership
- **Address:** 3901 South 7th St, Terre Haute, IN 47802
- **Ownership:** Terre Haute Hospital GP, Inc., a Tennessee corporation
- **Assumed Business Name:** Terre Haute Regional Hospital
- **Organizational Chart for Regional Hospital:** *See* Attachment I.c.2.
- **License Number for Regional Hospital:** 22-005042-1.
- **General Narrative Description:**

  Regional Hospital is licensed for 278 beds (and staffs and operates 208 acute care beds) and operates a full-service acute care hospital. Regional Hospital provides several of the same core clinical services that Union Hospital provides. Regional Hospital provides cardiovascular services, including open-heart surgery and cardiac catheterization, oncology services (including radiation therapy and outpatient infusion). Regional Hospital also provides inpatient behavioral health services, and other specialized inpatient areas, including intensive care and inpatient rehabilitation care.

d. Contact Information for Each Applicant and its Lead Attorney

1. Union Hospital

- Entity contact information:

  Steven M. Holman,
  President and CEO
  Union Health
  1606 North Seventh St.
  Terre Haute, Indiana 47804
  812-238-7606

- Lead attorney name and contact information:

  Amy T. Hock, Chief Legal Officer
  Union Health
  1606 North Seventh St.
  Terre Haute, Indiana 47804
  812-238-7659

2. <u>Regional Hospital</u>

- Entity contact information:
  Bobby Moran, Corporate Development
  HCA Healthcare, Inc.
  One Park Plaza
  Nashville, TN 37203
  615-344-2528

- Lead attorney name and contact information:
  Andrew Wilcox
  Polsinelli PC
  900 W. 48th Place, Suite 900
  Kansas City, MO 64112
  816-753-1000

e. <u>Executed Copy of the Merger Agreement</u> [redacted]

f. <u>Written Description of Nature and Scope of Proposed Merger</u>

The Merger is structured as the sale of substantially all assets (real, personal, or mixed, and tangible or intangible) of Regional Hospital and Regional Healthcare Partners. [redacted]

[redacted]

Upon effectuation of the Merger, Union Hospital will commence its Post-Merger Initiatives through the Combined Clinical Platform.

g. Certification by Officer of Each Applicant

See signature page of this Application.

h. Evidence of Copy of Application Filed with the Office of the Secretary of Family and Social Services

This Application will be filed with the DOH, and shortly thereafter a copy of this Application will be filed with the Family and Social Services Administration ("***FSSA***"). Evidence of the filing with FSSA will then be provided to DOH.

i. Evidence of Copy of Application Filed with the Office of the Attorney General

This Application will be filed with the DOH, and shortly thereafter a copy of this Application will be filed with the Office of the Attorney General ("***OAG***"). Evidence of the filing with OAG will then be provided to DOH.

II. FINANCIAL AND BUSINESS INFORMATION

a. Copy of the Financial Statements and Related Audit Reports for the Last Five Years for the Applicants

1. **Union Hospital**: [redacted] The Attachments consists of the audited consolidated financial statements of Union Health System, Inc. for the last five years. Each consolidated financial statement includes the accounts of, among other entities, Union Hospital. The audits were by external auditors Blue & Company.

2. **Regional Hospital**: [redacted] The Attachment consists of "Financial Statement Reports" for Regional Hospital. Regional Hospital is a subsidiary of HCA

Healthcare and does not have separately audited financial statements. As a subsidiary of HCA Healthcare, it is included in the consolidated audited financial statements of HCA Healthcare, which are publicly available. If DOH wishes for HCA Healthcare to submit those consolidated audited financial statements, it will do so.

b. Description of the Current Healthcare Services Provided by the Applicants, the locations at which such services are provided, and the primary service areas (based on zip codes) for Union Hospital and Regional Hospital

The following table shows the similarity in the major health care service lines provided by Union Hospital and Regional Hospital in 2023, as well as the health care services within each service line.

KEY:
Y – Yes, Services Are Offered (include sub-specialty healthcare services as well)
IP – Inpatient
OP – Outpatient
N – No, Services Are Not Offered

HOSPITAL SERVICES	UNION HOSPITAL	REGIONAL HOSPITAL
Academic Health Centers	Y[6]	N
After Hours Access Nurse	Y	Y
Accountable Care Organization	Y	N
Behavioral Health	Emergency Room/IP consults only	IP
Cardiology		IP/OP
Cardiac Cath Lab	IP/OP	IP/OP
Cardiac Rehab	OP	OP
Cardiac Testing	IP/OP	IP/OP
Cardiovascular Surgery	IP	IP/OP
Electrophysiology	OP	OP
Heart Scan	N	N
TAVR	OP	N
Convenient/Urgent Care	Y, two locations	N

[
6 Indiana State University, Rose Hulman Institute of Technology and St. Mary of the Woods College

HOSPITAL SERVICES	UNION HOSPITAL	REGIONAL HOSPITAL
Diabetes Education	IP/OP	N
Dialysis	IP	IP
Emergency Department	Y	Y
Accredited Chest Pain Center	IP	N
Accredited Stroke Center	IP	IP
Trauma Services	IP	IP
ENT	OP	N
Family Medicine	IP/OP	IP/OP
Family Medicine Residency	Y	N
General Surgery	IP/OP	IP/OP
Hospitalists	IP	IP/OP
Infusion Center	OP	OP
At-Home Monitoring	OP	N
Medical Rehab	IP	IP
Hospice	IP	IP
Intensive Care	IP	IP
Internal Medicine	IP/OP	IP/OP
Laboratory	IP/OP	IP/OP
Maternal Health	Y	Y
Labor & Delivery	IP	IP
Level III NICU	IP	N[7]
Nurse Navigators	OP	OP
OB Hospitalists	IP	N
Neurology	IP/OP	IP/OP
Neurosurgery	IP/OP	N
OB/GYN	IP/OP	IP/OP
Occupational Medicine	OP	N
Oncology	Y	IP/OP
Medical	IP/OP	IP/OP
Radiation	OP	OP
Ophthalmology	OP	N

7 Regional is licensed as a Level II Special Care Nursery.

HOSPITAL SERVICES	UNION HOSPITAL	REGIONAL HOSPITAL
Orthopedic Surgery	IP/OP	IP/OP
Outpatient Pharmacy	Y	N
Pain Management	OP	N
Palliative Care Program	IP	N
Pediatrics	IP/OP	IP/OP
Pediatric Therapy	OP	N
Physical Therapy	IP/OP	IP/OP
Podiatry	IP/OP	N
Population Health Program	Y	N
Pulmonary Rehab	OP	OP
Pulmonology	IP/OP	IP/OP
Radiology	Y	IP/OP
CT	IP/OP	IP/OP
Dexascan	OP	N
Mammography	OP	IP/OP
MRI	IP/OP	IP/OP
PET CT	OP	OP
US	IP/OP	IP/OP
Interventional	IP/OP	IP/OP
Retinal Surgery	OP	N
Rheumatology	OP	N
Respiratory Therapy	IP/OP	IP/OP
Sleep Lab	OP	N
Specialty Pharmacy	OP	N
Speech Therapy	IP/OP	IP/OP
Swing Bed Unit	N	N
Surgery	Y	IP/OP
Surgery	IP	IP/OP
Ambulatory Surgery	OP	N
Endoscopy	IP/OP	IP/OP
Robotics	IP/OP	IP/OP
Urology	IP/OP	IP/OP

HOSPITAL SERVICES	UNION HOSPITAL	REGIONAL HOSPITAL
Wound Care (Hyperbaric Medicine)	OP	OP

Zip codes for primary service areas:[8]

- [redacted]
- [redacted]

The table above does not include Union Hospital Clinton. However, below is the primary service areas, on a combined basis, for Union Hospital in Terre Haute and Union Hospital Clinton (as referenced below, "UHTH" refers to Union Hospital in Terre Haute, "UHC" refers to Union Hospital in Clinton, and "Combined" refers to the combined service areas for Union Hospital in Terre Haute and Union Hospital in Clinton):

[redacted]

[8] The zip codes for the primary service areas are based on data from the Indiana Hospital Association for the period CY 2019-2022, plus Q1 of 2023. "Primary service area" is defined as the zip codes where 80% of volume originates from.

[9] The primary service areas for the healthcare services listed in the Hospital Services table above do not vary by service for Union Hospital.

[10] For Regional Hospital, the primary service areas by zip code and service are attached as [redacted]

In addition to the services provided noted in the table above, the following affiliates or subsidiaries of the Applicants provide the below services:

- **For Union Hospital**: Union Hospital Therapy provides inpatient and outpatient occupational therapy.
- **For Regional Hospital**: Hematology used to be provided by Regional Healthcare Partners, but services are limited to the satellite clinic in Shelburn, IN.

Services noted above are provided at locations other than the main hospital locations for each entity, as noted below:

- **For Union Hospital**:

  (i) **Union Hospital Therapy.** UHT contracts with Union Hospital to provide inpatient and outpatient therapy (e.g., physical, speech, occupational) services at Union Hospital Terre Haute and Union Hospital Clinton, and at outpatient therapy clinics in Terre Haute located at 1725 N. 5th St.; 5500 S. US Highway 41; 4001 Wabash Avenue; and 450 8th Ave. UHT also provides athletic training services for local schools. Clinical Partnership Solutions, LLC is Union Hospital's partner and manages the therapy services provided by UHT.

  (ii) **Center for Occupational Health, Inc.** COH is an Indiana for-profit subsidiary of Union Hospital that provides services to local employers. Services offered include post-offer physicals, DOT physicals, pulmonary function testing, audio tests, respirator fits, drug screens, breath/alcohol screens, work comp injury care, lab testing for environmental exposures and radiology services for annual environmental exposures, TB testing, and injury on the job. COH provides services at 4001 Wabash Avenue, Terre Haute.

(iii) **Union Associated Physicians Clinic**. UMG is a 501(c)(3) organization, with equal ownership by Union Hospital and Union Health System. UMG consists of nearly 180 providers (physicians and APPs) that provide a wide array of specialty medical services along with a robust primary care network and population health program. UMG's main office is located at 221 S. 6th Street, Terre Haute, IN. In addition, UMG providers provide services at the locations listed below:

Type of Service	Location
Nurse practitioner services	St Mary of the Woods College, St. Mary of the Woods, IN
Physician and nurse practitioner services	Rockville Family Medicine, 111 W. High St., Rockville, IN
Physician and nurse practitioner services	Brazil Family Medicine, 115 S. Murphy Ave., Brazil, IN
Various physician and nurse practitioner medical specialties	Medical Office Building, 1429 N 6th St., Terre Haute, IN
Pain management services	1513 N. 6 1/2 St., Terre Haute, IN
Nurse practitioner services	1530 N. 7th St., Suite 101, Terre Haute, IN
Physician assistant services	CVS, 1530 N 7th St., Suite 102, Terre Haute, IN
Nurse practitioner services	1530 N. 7th St., Suite 500, Terre Haute, IN
Physician oncology & rheumatology services	Hux Center, 1711 N. 6 1/2 St., 2nd floor, Terre Haute, IN
Physician orthopedic services	1725 N. 5th St., Terre Haute, IN
Physician and nurse practitioner family medicine services and neurology services	1739 N. 4th St., Terre Haute, IN
Physician family and nurse practitioner medicine and dermatology services	2133 S. State Rd 46, Terre Haute, IN
Physician and nurse practitioner services	315 Lankford St., Clay City, IN
Physician and nurse practitioner services	408 N. 2nd St., Marshall, IN
Physician ophthalmology services	422 Poplar St., Terre Haute, IN
Physician and nurse practitioner family medicine services	5500 S. US HWY 41, Terre Haute, IN
Nurse practitioner services	5500 Wabash Ave, Terre Haute, IN
Nurse practitioner services	567 N. 5th St., Terre Haute, IN

Type of Service	Location
Physician internal medicine services	601 Surgery Center Lane, Terre Haute, IN
Nurse practitioner services	7500 SR 46, Riley, IN

- **For Regional Hospital:**
  - Services provided by Regional Healthcare Partners:

Service	Address	County	# of providers	Provider Names
General Surgery	3903 S. 7th Street, Suite 2F, Terre Haute, IN 47802	Vigo	[redacted]	[redacted]
Cardiovascular Surgery	3903 S. 7th Street, Suite 2F, Terre Haute, IN 47802	Vigo	[redacted]	[redacted]
Cardiology	97 E Halt Drive, Terre Haute, IN 47802	Vigo	[redacted]	[redacted]
Cardiology (satellite)	1600 A Street NE, Ste 9, Linton, IN 47441	Greene	[redacted]	[redacted]
Cardiology (satellite)	2229 Mary Sherman Drive, Sullivan, IN 47882	Sullivan	[redacted]	[redacted]
Hematology/Oncology	3702 S 4th Street, Terre Haute, IN 47802	Vigo	[redacted]	[redacted]
Hematology/Oncology (satellite)	557 W Broadway Street, Shelburn, IN 47879	Sullivan	[redacted]	[redacted]
Urology	3401 S 4th Street, Terre Haute, IN 47802	Vigo	[redacted]	[redacted]

Service	Address	County	# of providers	Provider Names
OBGYN	3401 S 4th Street, Terre Haute, IN 47802	Vigo	[redacted]	[redacted]
Behavioral Health	3901 S 7th Street, Terre Haute, IN 47802	Vigo	[redacted]	[redacted]
				[redacted]

c. ***Description of the Types and Number of Healthcare Providers Who Are Employed or Contracted by Applicants*** [11]

The following table describes the healthcare providers employed or contracted by Applicants.

Provider Type	Union Hospital [12, 13, 14]	Regional Hospital[15]
Cardiovascular Surgery	1 physician	0
Urology	0	0
OB/GYN	1 physician	0
Maternal Fetal Medicine	1 physician	0

[11] The number of providers reported in the table does not reflect providers employed by physician groups that provide specialized medical coverage at Union Hospital pursuant to a contract with Union Hospital, or providers employed by physician groups that provide specialized medical coverage at Regional Hospital pursuant to a contract with Regional Hospital. In addition, the table does not reflect health care providers who have clinical privileges at Union Hospital, but are not employed by, or contracted with, Union Hospital on behalf of Union Hospital. Likewise, the table does not reflect health care providers who have clinical privileges at Regional Hospital, but are not employed by, or contracted with, Regional Hospital.

[12] Union Hospital owns and operates, and holds the Indiana hospital license for, a hospital located in Clinton, Vermillion County, Indiana ("Union Hospital Clinton"). Union Hospital Clinton is licensed separately from Union Hospital, has Medicare and Medicaid provider numbers separate from Union Hospital, and, unlike Union Hospital, is designated by CMS as a "critical access hospital." Because the COPA statute only applies to hospitals located in Vigo County, the table only reflects healthcare providers employed or contracted by Union Hospital on behalf of Union Hospital.

[13] The number of providers reported in the table does not include physicians and other health care providers employed by Union Hospital's physician group, Union Associated Physicians Clinic, LLC. The group has over 162 providers, in 20 medical specialties, practicing in multiple locations throughout western Indiana.

[14] Of the above, three of the physicians referenced in the table provide services at locations other than Union Hospital Terre Haute. The three physicians, all of whom are family medicine physicians, provide services at both 221 S. 6th Street in Terre Haute and at 2133 S. SR 46 in Terre Haute. At the 221 S 6th Street location, there are 0.4 psychiatrist FTEs, 2.0 family medicine FTEs, 4.0 pediatrician FTEs, and 2.4 physician FTEs in Convenient Care. At the 2133 S SR 46 location, there are 2.4 family medicine FTEs, 1 dermatologist FTE, and 2.5 physician FTEs in Convenient Care.

[15] The number of providers reported in the table does not include physicians and other health care providers employed by Regional Healthcare Partners. The group consists of [redacted]

Provider Type	Union Hospital [12, 13, 14]	Regional Hospital[15]
Cardiology	6 physicians (via a professional services agreement)	0
Oncology	2 physicians (via a professional services agreement)	0
Psychiatry	0	0
Family Medicine	13 physicians	0
Hospitalists	0	0
Internal Medicine	6 physicians	0
Pediatrics	0	0
Dermatology	0	0
General Surgery	0	0
Neurology	3 physicians	0
Neurosurgery	2 physicians	0
Gastroenterology	0	0
Ophthalmology	0	0
Orthopedics	0	0
Sports Medicine	0	0
Podiatry	0	0
Physical Medicine & Rehab	1 physician	0
Pulmonology	1 physician	0
Rheumatology	0	0
Nurses	889	214
Advance Practice Nurses	3	2
Other Licensed Health Care Providers	2 physician assistants	0

For Union Hospital:

Location	Address	County	Number of Providers	Relationship	Providers
Paris Community Hospital	721 E Court St., Paris, IL	Edgar	[redacted]	Lease space for OP practice	Cardiologists
U.S. Federal Penitentiary	4700 Bureau Road, Terre Haute, IN	Vigo	[redacted]	Contract to provide on-site evaluation and treatment	Orthopedic Surgeon
Springhill Village	1001 E Springhill Dr., Terre Haute, IN	Vigo	[redacted]	Contract to provide medical director services and on-site care	Family Medicine (1) & APP (2)
Marshall Rehabilitation and Nursing Home	410 N 2nd St., Marshall, IL	Clark	[redacted]	Contract to provide medical director services and on-site care	Family Medicine (1) & APP (1)
Providence Healthcare Center	1 Providence Place, St. Mary's of the Woods, Terre Haute, IN	Vigo	[redacted]	Contract to provide medical director services and on-site care	Family Medicine
St. Vincent Clay County Hospital	1206 E. National Ave., Brazil, IN	Clay	[redacted]	Contract to provide hospitalist services	Family Medicine
Brazil Family Medicine	115 S. Murphy Ave, Brazil, IN	Clay	[redacted]	Lease space for OP practice	Family Medicine
Putnam County Hospital	1542 S. Bloomington St. Greencastle, IN 46135	Putnam	[redacted]	Lease space for OP practice	Neurologist
Sullivan County Hospital	2229 Mary Sherman Dr., Sullivan, IN 47882	Sullivan	[redacted]	Lease space for OP practice	Cardiologist

For Regional Hospital:

- Services provided by Regional Healthcare Partners.[16]

Service	Address	County	# of providers	Provider Names
General Surgery	3903 S. 7th Street, Suite 2F, Terre Haute, IN 47802	Vigo	[redacted]	[redacted]
Cardiovascular Surgery	3903 S. 7th Street, Suite 2F, Terre Haute, IN 47802	Vigo	[redacted]	[redacted]
				[redacted]
Cardiology	97 E Halt Drive, Terre Haute, IN 47802	Vigo	[redacted]	[redacted]
Cardiology (satellite)	1600 A Street NE, Ste 9, Linton, IN 47441	Greene	[redacted]	[redacted]
Cardiology (satellite)	2229 Mary Sherman Drive, Sullivan, IN 47882	Sullivan	[redacted]	[redacted]
Hematology/Oncology	3702 S 4th Street, Terre Haute, IN 47802	Vigo	[redacted]	[redacted]
Hematology/Oncology (satellite)	557 W Broadway Street, Shelburn, IN 47879	Sullivan	[redacted]	[redacted]
Urology	3401 S 4th Street, Terre Haute, IN 47802	Vigo	[redacted]	[redacted]
				[redacted]

16 These providers are employed by Regional Healthcare Partners.

OBGYN	3401 S 4th Street, Terre Haute, IN 47802	Vigo	[redacted]	[redacted]
Behavioral Health	3901 S 7th Street, Terre Haute, IN 47802	Vigo	[redacted]	[redacted]
				[redacted]

For UMG *see* [redacted] for services, locations and addresses of physicians employed by UMG.
For Union Clinton: *see* [redacted] for a description of the providers who are employed or contracted on behalf of Union Hospital's Clinton County hospital, each of whom provided services at Union Hospital in Vigo County from time-to-time.

The type and number of healthcare providers who provided specialized medical coverage at Regional Hospital pursuant to contracts between a physician group and Regional Hospital, and which hospital services are provided is below:

Regional Hospital contracts with Regional Healthcare Partners for the following services/providers at Regional Hospital:

[redacted]

d. Description of Any Current Cooperative or Contractual Relationships between the Applicants, or Any Such Relationships That Have Been Proposed or Terminated Within the Last Five Years

In addition to transfers and delivering care in the regular course:

- **Interventional Radiology**: Union Hospital supported the interventional radiology needs of Regional Hospital's inpatients for approximately six months from August 2022 until February 2023. During this time, patients were transported from

Regional Hospital to Union Hospital where these high-level services could be performed. Patients were monitored and recovered post-procedurally and then transported back to Regional Hospital for the remainder of each patients' inpatient stay.

- **Laundry**: Union Hospital provided laundry services for Regional Hospital through the Union Hospital in-house laundry during the Covid-19 Pandemic. Throughout that period, Union Hospital laundered scrubs, isolation gowns, physician/advanced practice provider lab jackets, and head covers to support Regional Hospital's medical team and support staff in taking care of patients.

e. Copy of the Most Recent Application for License Renewal for Union Hospital and Regional Hospital

1. **Union Hospital**: *See* Attachment II.e.1.

2. **Regional Hospital**: *See* Attachment II.e.2.

f. Patient Census for Each Hospital

2022

Hospital	Inpatient Census	Outpatient Census
Union Hospital	197*	28
Regional Hospital	64	N/A+

* Inpatient numbers shown in the table is the combination of Union Hospital's inpatient admissions plus physician inpatient visits, not just hospital inpatient visits. The Indiana Hospital Association ("IHA") data, will not match these numbers though accurate, because the IHA data likely contained only hospital inpatient data and does not include physician inpatient visits.
+ Regional Hospital's definition of average daily census does not apply to outpatient because the metric that measures inpatient average daily census does not include outpatient.

2023

Hospital	Inpatient Census	Outpatient Census
Union Hospital	210*	16
Regional Hospital	64	N/A+

* Inpatient numbers shown in the table is the combination of Union Hospital's inpatient admissions plus physician inpatient visits, not just hospital inpatient visits. The IHA data will not match these numbers though accurate, because the IHA data likely contained only hospital inpatient data and does not include physician inpatient visits.
+ Regional Hospital's definition of average daily census does not apply to outpatient because the metric that measures inpatient average daily census does not include outpatient.

For Union Hospital, Outpatient ("**OP**") census is calculated as follows: Total Patient Hours in Observation Status divided by 24 hours equals "Total OP Census Days." Then, the Total OP Census Days are divided by 365. This calculation does not include any services (e.g., OP MRI, OP CT, OP Physical Therapy, OP Lab). OP Census simply refers to Observation patients who are patients in a bed but do not meet inpatient criteria. This is the industry standard.

While Regional Hospital does not formally track its outpatient census, Regional Hospital does track observation days (the sum of total hours for all patients while classified as observation as an outpatient) with respect to outpatient visits and, using a formula of outpatient observation days divided by 365 days, the following sets forth the outpatient census for each of calendar years 2022 and 2023:

2022 – Observation Days: 784 O/P Census: 2.1
2023 – Observation Days: 723 O/P Census: 2.0

g. Each Hospital's Hospital Compare Rate From CMS

1. Union Hospital: *See* Attachment II.g.1.

2. Regional Hospital: *See* Attachment II.g.2.

h. Other Provider or Medical Professional Quality Information

1. Union Hospital: *See* [redacted]

2. Regional Hospital: *See* [redacted]

i. Each Hospital's Most Recent Medicare Cost Report

1. Union Hospital: *See* [redacted]

2. Regional Hospital: *See* [redacted]

j. Each Hospital's Past Two Accreditation Surveys

1. Union Hospital: *See* [redacted]

2. Regional Hospital: *See* [redacted]

k. Pricing Data Reported Separately for All Inpatient and Outpatient Services Provided by Each Applicant For the Previous Five Years and Monthly Aggregated Data, Computed Separately for Medicaid, Medicare, Commercial, and All Other Payors

1. Number of Patients, Classified by Type of Inpatient or Outpatient Service

The charts below summarize case type by Inpatient (IP), Outpatient (OP) and Physician office visits for the five-year period FY 2018 through 2022. The charts also break down the payor mix between Commercial/Managed Care insurers, Total Medicare (Managed Medicare and Traditional Medicare), Total Medicaid (Managed Medicaid + Traditional Medicaid) and Other payors (predominately self-pay and worker's compensation). [redacted]

2. Total Billed Charges of Each Hospital, Stated Separately to Include and Exclude and Physician Services

The charts below illustrate Union Hospital and Regional Hospital's billed charges for the five-year period 2018 through 2022.

[redacted]

3. Total Amounts of Each Hospital's Billed Charges Allowed Under Health Plan Contracts, Stated Separately to Include and Exclude any Physician Services

The charts below illustrate contractual adjustments due to payor contracts, the impact of bad debt and the impact of charitable adjustments. Hospitals bill gross charges consistently across all patients regardless of their insurance carrier or their ability to pay. Contractual adjustments are then made based on contracts negotiated by the hospital. After adjustments are made, the resulting net revenue is what is expected to be collected from the services provided.

[redacted]

Please note, the charges for services are different for Union Hospital and Regional Hospital. Following the Merger, the Union Hospital chargemaster will become the source of charges for all services provided. [redacted]

[redacted]

4. Total Amounts of Each Hospital's Billed Charges Actually Paid by Health Plans and Patients (Combined), Stated Separately to Include and Exclude Physician Services

The charts below illustrate Union Hospital's and Regional Hospital's paid charges for the five-year period 2018 through 2022.

[redacted]

l. List of All Insurance Contracts and Payor Agreements

1. Union Hospital: *See* [redacted]

2. Regional Hospital: *See* [redacted]

III. PROPOSED MERGER

a. Description of the Post-Merger Business Plan and Organization, Including Three Years of Projections, Sources of Financing, Integration Plans and Timelines

1. Business Plan and Timeline

Union Hospital's post-Merger business plan is relatively unconventional. For example, instead of looking to cut costs by reducing workforce, Union Hospital is committed to protecting the employees of Regional Hospital and Regional Healthcare Partners.[17] Union Hospital has no

[17] [redacted]

plans to reduce the services currently provided by Regional Hospital, Regional Healthcare Partners, or the legacy Union Healthcare Providers. Moreover, Union Hospital has no plans to close any facility or other location of Regional Hospital, Regional Healthcare Partners, or the Union Healthcare Providers currently in operation. In sum, although Union Hospital, of course, will be alert for efficiencies and cost savings that may be realized post-Merger, substantially reducing the operating costs of the Combined Enterprise is not a primary goal of the Merger – **instead, the primary goal of the Merger is to significantly improve the health status of the residents of Vigo County and the other counties of the Service Area.**

Although substantially reducing operating costs is not a primary goal of the Merger, this should not be interpreted as disregard for the health care costs paid by the residents of Vigo County and the other counties in the Service Area, or by health care payors. In fact, the opposite is true. In this regard, it is important to note that, if the COPA is granted, the ability of Post-Merger Union Hospital to increase charges for individual services will be significantly limited by the operation and effect of I.C. § 16-21-1-7(c). In addition, the Post-Merger Initiatives implemented by Union Hospital will reduce health care costs, will improve the quality of care provided by the Combined Clinical Platform, and will significantly improve the health status of the residents of Vigo County and the other counties of the Service Area. These Post-Merger Initiatives are the initiatives described in Section III.b.1.A.(i)-(iii) and Section III.b.1.B. below.

[redacted] is a map showing the Service Area and the health care sites for the Combined Clinical Platform, post-Merger. Union Hospital anticipates establishing, at some point in the future, additional health care sites in the Service Area. These additions will further improve access to care for the residents of the Service Area. The Post-Merger Initiatives will be implemented at each of these sites.

[redacted]

[redacted]

[redacted]

Union Hospital utilized Piper Sandler and DA Davidson as a financial advisor on the proposed transaction. Piper Sandler completed valuation work for Union Hospital based on three methodologies: 1) Public Market Comparable Analysis; 2) Comparable Transactions Analysis; 3) Discounted Cash Flow Analysis for the purposes of negotiations. The first two valuations were the most important consideration used to develop an offer for the assets of Regional Hospital by Union Hospital management. Piper Sandler utilized historical financial performance received from both Regional Hospital and Union Hospital to build a financial model to support the discounted cash flow analysis. This model incorporated assumptions over the next 3-years around inflation and growth factors after discussing with Union Health management. These projections were presented to the Union Health System board of directors for approval to move forward with the acquisition. Secondly, Union Hospital engaged Blue & Co. to perform an examination on the proposed transaction for the US Housing and Urban Development process. This examination is not only looking at financial projections, but also includes a review of the market and market assumptions. Blue & Co. incorporated the Piper Sandler valuation work, as well as Union Hospital's management financial projections to conduct the examination. This examination is expected to be completed by the end of December. DA Davidson as well as Vanguard, Union Hospital's outsourced Chief Investment Officer provided recommendations around financing options. [redacted] Growth is important so that the Service Area has access to care that can be achieved through maximizing space, available resources, and continued recruitment of clinical leaders into the state of Indiana.

2. <u>Integration Plan</u>

The priority throughout the Merger and post-Merger will be to remain patient-focused while optimizing and coordinating the delivery of health care services. This will require thoughtful planning both pre- and post-Merger. Although the post-Merger integration plan for the Combined Enterprise remains fluid and subject to revision due to the evolving nature of the information-gathering, planning, collaboration, and execution processes, Union Hospital currently expects many opportunities to promote the delivery of, and access to, quality health care services through its Post-Merger Initiatives. The formal process for integrating the Combined Enterprise will start upon the Effective Date, and thereafter proceed organically over the course of 18-24 months.

The merger is structured as the sale of substantially all assets (real, personal, or mixed, and tangible or intangible) of Regional Hospital and Regional Healthcare Partners. [redacted] The post-merger organization will have one organizational chart with Regional Hospital falling under the current leadership of Union Health System, Inc. [redacted]

b. <u>Description of Any Services, Facilities or Organizations That Will be Established, Eliminated, Enhanced, Reduced, Share or Relocated as Part of the Post-Merger Business Plan</u>.

1. <u>Services</u>.

As noted, Union Hospital has no plans to reduce the types of health care services provided to the residents of Vigo County or the other counties of the Service Area. In fact, to the contrary, Union Hospital will enhance the types of health care services provided to the residents of these counties, and also enhance how those health care services are delivered.

Currently, there is no opportunity for the Union Healthcare Providers and Regional Hospital (and Regional Healthcare Partners) to coordinate service lines, or to otherwise thoughtfully utilize health care resources to address the health care needs of Vigo County and the other counties of the Service Area. However, following the Merger, the Combined Clinical Platform, operating as a single organized system of health care, will be able to coordinate the provision of health care services, and the utilization of health care resources, to address the area's health care needs as more fully described in the Commitments Exhibit

A. Enhancing the Types of Health Services Provided

Union Hospital has implemented, and plans to implement, a number of innovative health care initiatives that are not typically associated with routine clinical care, but which will nonetheless improve the health status of, and the access to quality care by, patients and the public at large.[18]

> **(i) <u>Health Equity Plan</u>.** There is a clear link between health equity and health status. A 2022 report issued by the Department of Health and Human Services ("***HHS***") through the Office of the Assistant Secretary for

[18] For example, Union Hospital has established a "Mobile Healthy Transitions Team." The team consists of a community health worker, a respiratory therapist, and a registered nurse. The goal of this team is to bridge the gap between the hospital and the patient's home environment. The team's process is initiated by a face-to-face visit while the patient is hospitalized. Two or three days after hospital discharge, the team will make a home visit and/or a phone call to the patient. During this connection, the team reviews the discharge instructions, and medications, confirms follow-up visits, and answers any questions or concerns. Another example is the "Collaborative Medical Clinic For Our Unsheltered Community Members." The initiative addresses the medical needs of the unsheltered population of Terre Haute. These "pop-up" clinics have been located at a local food distribution center near downtown Terre Haute. The team is made up of resident physicians, primary care providers, pharmacists, respiratory therapists, nurses, community health workers and clinical psychologists. Also, *see* the article published by the Indiana Hospital Association, "Putnam County Hospital Partners With Union Hospital to Bridge Gaps in Maternal Health" at https://www.ihaconnect.org/member/newsroom/Pages/bridgegaps.aspx.

Planning and Evaluation (which serves as the principal advisor to the Secretary of HHS on policy development), observed that "long-standing health inequities and poor health outcomes remain a pressing policy challenge in the U.S."[19] Similarly, CMS recognizes the important role health equity plays in high quality, effective health care. CMS notes that "[p]ersistent inequities in health care outcomes exist in the United States, including among Medicare patients,"[20] and these health inequities result in poor health outcomes.[21]

In addition, there is growing evidence that addressing health inequities is crucial to slowing the rate of escalating healthcare expenditures in the U.S. It is getting more costly over time to ignore this issue.[22]

Mindful of the foregoing, Union Hospital adopted a Health Equity Plan before the end of calendar year 2023. *See* Attachments III.b.1.A.(i),(ii) (a copy of the Health Equity Plan, and a draft amendment to Union Health System, Inc.'s strategic plan related to the Health Equity Plan). As noted throughout this Application, Union Hospital's goal in pursuing the Merger is to significantly improve the health status of the residents of Vigo County and the other counties of the Service Area. Union Hospital believes the application of this Health Equity Plan across the Combined Clinical Platform will be instrumental to achieving this goal. Regional Hospital and Regional Healthcare Partners have limited initiatives regarding health

[19] "Studies estimate that clinical care impacts only 20 percent of county-level variation in health outcomes, while social determinants of health (SDOH) affect as much as 50 percent. Within SDOH, socioeconomic factors such as poverty, employment, and education have the largest impact on health outcomes." *See* https://aspe.hhs.gov/sites/default/files/documents/e2b650cd64cf84aae8ff0fae7474af82/SDOH-Evidence-Review.pdf?ref=letsgetchecked-blog.ghost.io.

[20] 86 Fed. Reg. 64996, 65382 (November 19, 2021).

[21] "Belonging to a racial or ethnic minority group; living with a disability; being a member of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community; living in a rural area; or being near or below the poverty level, is often associated with worse health outcomes. Such disparities in health outcomes are the result of number of factors, but importantly for CMS programs, although not the sole determinant, poor access and provision of lower quality health care contribute to health disparities. For instance, numerous studies have shown among Medicare beneficiaries, racial and ethnic minority individuals often receive lower quality of care, report lower experiences of care, and experience more frequent hospital readmissions and procedural complications." *Id.* at 65382-83.

[22] Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. "In addition to the moral argument for achieving health equity and the fact that improving health care quality and population health will require reducing health disparities, there is a strong business case for accelerating this work at the national, state, and individual health system levels. Health disparities not only result in poorer health outcomes for historically marginalized populations; this excess disease burden also leads to increased costs for health systems, insurers, employers, and patients and families, as well as lower worker productivity due to higher rates of absenteeism and presenteeism (i.e., working while sick)." Furthermore, "[h]ealth disparities lead to significant financial waste in the US health care system. The total cost of racial/ethnic disparities in 2009 was approximately $82 billion — $60 billion in excess health care costs and $22 billion in lost productivity. The economic burden of these health disparities in the US is projected to increase to $126 billion in 2020 and to $353 billion in 2050 if the disparities remain unchanged. A 2009 analysis by the Urban Institute projected that, between 2009 and 2018, racial disparities in health will cost US health insurers approximately $337 billion, including $220 billion for Medicare due to higher rates of chronic diseases among African Americans and Hispanics and the aging of the population. Additionally, there is an opportunity cost of not reducing health disparities; for example, if death rates and health outcomes of individuals with a high school education were equivalent to those of individuals with college degrees, the improvements in life expectancy and health would translate into $1.02 trillion in savings annually in the US."

equity, and they do not have any current plans to pursue any material initiatives similar to Union Hospital's Health Equity Plan.

Without the Merger, the resources of Regional Hospital and Regional Healthcare Partners will not be utilized as part of, and in furtherance of, Union Hospital's Health Equity Plan for the benefit of the Service Area.

As more fully described in the Commitments Exhibit, post-acquisition, the specialists currently employed by Regional Healthcare Partners (who opt to be employed by UMG) and the specialists currently contracted with Regional Hospital (who enter into contracts with Union Hospital to serve at Union Hospital, or enter into contracts with UMG), will be incorporated into Union Hospital's existing primary care infrastructure, allowing their patients to receive coordinated care and easier access to primary care. Union Hospital is committed to establishing and growing primary care presence in the south where such access has historically been lacking. Allowing more residents of the Service Area to access primary care will improve the health of the community, all while lowering healthcare costs over time. For a description of the enhanced services/initiatives identified above *See* Attachment III.b.1.A(i), Attachment III.b.1.A(ii), Attachment III.b.1.A(iii), [redacted][23]

(ii) Population Health Improvement Plan. Union Hospital's "***Population Health Improvement Plan***" includes access to services designed to address the "social determinants of health." Social determinants of health include factors like socioeconomic status,[24] education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Social determinants of health have a significant impact on health status. In fact, social determinants of health "are responsible for most health inequalities."[25]

[23] The attachments are all prior submissions to the Indiana Department of Health as part of the COPA Application fled in September 2023 and subsequent requests for information.

[24] "Socioeconomic status has far-reaching influence on nearly all areas of physical and mental health. All races and ethnicities with low socioeconomic status are at a disadvantage, and persons who are born into lower socioeconomic status are more likely than those in higher brackets to have cardiovascular disease, mental illness, poor quality of life, and premature death. A study also showed that lower socioeconomic position in childhood is associated with higher risk for death from certain causes in adulthood. In a separate study spanning 4 decades, researchers found that lead exposure in childhood affected cognitive function and socio-economic status at age 38 years, greatly influencing social mobility." *Addressing Social Determinants to Improve Patient Care and Promote Health Equity: An American College of Physicians Position Paper 2018*, American College of Physicians, p. 21.

[25] *Id.* at p. 1. "Social determinants are primarily rooted in resource allocation and affect factors at the local, national, and global levels. Evidence gathered over the past 30 years supports the substantial effect of nonmedical factors on overall physical and mental health. An analysis of studies measuring adult deaths attributable to social factors found that, in 2000, approximately 245,000 deaths were attributable to low education,

Efforts to improve health status have traditionally focused on the acute care health care delivery system as the key driver of health and health outcomes. However, given the increased recognition that improving health and achieving health equity will require broader approaches that address social, economic, and environmental factors that influence health, Union Hospital believes it is not only appropriate, but also necessary, to address social determinants of health in Vigo County and the other counties of the Service Area. Doing so through its Population Health Improvement Plan will significantly help the underserved population in Vigo County and the other counties of the Service Area.

Currently, Union Hospital's Population Health Improvement Plan consists of numerous initiatives ("***Initiatives***") including the following:

176,000 were due to racial segregation, 162,000 were due to low social support, 133,000 were due to individual-level poverty, and 119,000 were due to income inequality. The number of annual deaths attributable to low social support was similar to the number from lung cancer."

POPULATION HEALTH IMPROVEMENT PLAN		
COMMENCED INITIATIVES		**COMPONENTS**
1.	Community Benefit & Community Health Committee	*Establish UH Steering Committee / Health Impact*
		United Way Health Council
		Chamber of Commerce - MH & Healthy Eating
		Patient Ombudsperson - complaints & feedback process
		Community Health Needs Assessment & Implementation
2.	Employee & Provider Health and Wellbeing & Retention	*Wellness Screenings*
		Health Advocate Coaches
		Weight Loss Clinic
		Incentives to mitigate chronic conditions and improve health & wellbeing
		Mental Minute
		Physician Wellness Activities
3.	Community Action & Partnerships addressing health drivers	*DCS collaboration on FIMR & CFR*
		Trauma (Physical) prevention requirements (e.g., falls, heat, bike safety)
		Schools Bases Activities (Nutrition, Exercise, Emotional Wellbeing, Clinics)
4.	Supporting Elderly's Ability to Age in Place	*Aging and Memory Clinic (Dementia & Alzheimer's, driving tests*
5.	Access to Insurance & low/no cost pharmaceuticals for low-income individuals	*Medical Assistance Program*
6.	OB Desert/Access Interventions	*Partnerships with Rural Clinics & Hospitals*
7.	Harm Reduction	*Narcan Access/Distribution*
		Hospital Protocols for Initiation of Treatment
		Police Social Work
8.	Workforce Development (new job creation)- Expand Access to nursing and allied health care through support of new and expanded education programs	*Collaborations with Ivy Tech, Indiana State University, and St. Mary of the Woods College*
		Curricular (Behavior Health Training) - Mental Health & ACES

In addition to addressing social determinants of health, Union Hospital's Population Health Improvement Plan includes "***population health management***." Population health management is the process of improving clinical health outcomes of a defined group of individuals (including communities as a whole), through improved care coordination and patient engagement. Population health management can be a tool for designing and implementing a plan to improve a community's overall health by engaging with and targeting certain populations, and by measuring the impact of the plan.[26] In addition, through population health management initiatives, a single organized health system can gather patient information in an efficient manner to focus on health disparities within its community (such as the Service Area).[27] Moreover, population health management can bolster coordination of care among and between providers, and enable data-driven strategies by collaborating with public health organizations to pool resources and create unified community outreach efforts to enhance proactive health measures.[28]

Accountable care organizations ("***ACOs***") are designed to drive population health management and improve outcomes. They incentivize clinically integrated networks to provide proactive care. ACOs promote care coordination to refine resourcing across the continuum. Therefore, it is important to note that, in addition to the initiatives listed in the tables above, Union Hospital is a member of the Stratum Med ACO, one of the largest Medicare Shared Savings Program (MSSP) ACOs in the country, in partnership with Caravan Health. Caravan Health affiliated ACOs lead the nation in quality and savings.

Union Hospital currently has 9,679 attributed lives covered in its ACO. The population health team at Union Hospital, consisting of 52 full-time employees (including ambulatory pharmacists, ambulatory care social worker, data abstractors, dieticians, patient care coordinators, palliative care coordinators, palliative care social workers, palliative care nurse practitioners, post-acute care coordinator, and nurse navigators), focus on the care of the ACO's patients under value-based care arrangements. It is estimated that patients not treated by Union Hospital physicians (i.e., physicians employed or contracted by Union Hospital or UMG) prior to the

[26]"*Implementing a Successful Population Health Management Program*," Philips White Paper, at 5-8, https://www.usa.philips.com/c-dam/b2bhc/us/Specialties/community-hospitals/Population-Health-White-Paper-Philips-Format.pdf; Phillips, Frances, "*Sustaining Community Hospital Partnerships to Improve Population Health*," Maryland Community Health Resources Commission (January 2015) at 12, 19-21, https://health.maryland.gov/mchrc/Documents/White%20paper%20-%20Final%20v%2012%2C%20for%20external%20distribution%2C%20Jan%2022%2C%202015.pdf.

[27]*See* "*Pathways to Population Health Framework*," Institute for Healthcare Improvement (2017), at 12-16, https://www.ihi.org/Topics/Population-Health/Documents/PathwaystoPopulationHealth_Framework.pdf

[28]*Id.*

Effective Date, but who are treated by Union Hospital physicians after the Effective Date, will be eligible for enrollment in the ACO in 2025. However, for these patients, the other population health initiatives described above will be available for them shortly after the Merger. Regional Hospital and Regional Healthcare Partners do not participate in any ACOs, and they have no plans to do so.

With the merger, Union Hospital will include historical Regional Hospital patients in the ACO. Consequently, without the Merger, their patients are disadvantaged by not realizing the health care benefits available through the coordinated and preventive care incentivized through Union Hospital's ACO.

B. Enhancing How Health Services Are Provided: The Service Line Model of Care

Union Hospital's mission is to deliver compassionate health care of the highest quality, and Union Hospital's vision is to lead the Service Area to their best health and wellness. In its June 2016 article, "*Priorities in Focus - Care Coordination*,"[29] the U.S. Agency for Healthcare Research and Quality ("***AHRQ***") observed that patient outcomes improve when health care providers coordinate with each other. According to AHRQ, improved coordination decreases medication errors, unnecessary or repetitive diagnostic tests, unnecessary emergency room visits, and preventable hospital admissions and readmissions − all of which together lead to higher quality of care, improved health outcomes, and lower costs. In AHRQ's view, the delivery of coordinated care necessarily brings together disparate sectors of the health care system, and improving care coordination offers a potential opportunity for drastically improving care quality.

Union Hospital shares AHRQ's belief in the value of coordinated care. In 2019, Union Hospital commenced a comprehensive Service Line Model of Care initiative to optimize service delivery and outcomes for these five service lines:

- Orthopedics
- Oncology
- Neuroscience (Neurosurgery, Neurology, Neurophysiology, and Pain)
- Women's and Children's Health
- Cardiovascular Care

Simply stated, the medical care of a patient receiving care under one of these service lines is provided by a coordinated, multidisciplinary team of medical professionals and administrative

[29] *Priorities in Focus–Care Coordination*. Agency for Healthcare Research and Quality, Rockville, MD. https://archive.ahrq.gov/workingforquality/reports/priorities-in-focus/care-coordination.html; *see also,* "*Care Coordination Technique Reduces Medical Errors by 30%,*" Health IT Analytics (Nov. 7, 2014), https://healthitanalytics.com/news/care-coordination-technique-reduces-medical-errors-30(reporting that better care coordination among residents reduced patient safety issues and medical errors by nearly one-third).

staff. This team is responsible for providing and coordinating the entire continuum of care needed by the patient. For example, in the case of an orthopedic surgery patient, the patient's team is responsible for scheduling and providing all pre-surgery preparation, the surgery itself, post-surgery recovery, medication management, follow-up rehabilitation/physical therapy, and all surgery-related medical needs. If the surgery patient has other medical issues, for example, a heart condition, the patient's team for the orthopedic surgery will communicate and coordinate with the patient's cardiovascular care team. In sum, the Service Line Model of Care is structured to align clinical pathways and other services internally within and between Union Hospital and UMG to benefit the patient. This approach improves the quality of care and, by coordinating care, reduces health care costs by eliminating duplicative, unnecessary, and untimely care.

Measures of success from the Service Line Model of Care are objective and measurable in both standardized quality and outcome measures. Furthermore, patients and families have benefitted in other less measurable, but equally meaningful, ways that will never be seen on a scorecard. For instance, with care coordination within the Service Line Model of Care, the travel burden for patients can be significantly decreased compared to uncoordinated models of care. Uncoordinated care typically requires multiple visits to various providers at different locations, along with different appointment dates and times for ancillary services such as for labs, radiological exams, and other tests and procedures.

There are two factors that are essential to the Service Line Model of Care. First is the technology necessary to efficiently coordinate a patient's medical care needs. Union Hospital has this technology. Particularly noteworthy is the electronic longitudinal medical record, which allows all caregivers, regardless of location, to access and update a patient's medical record in real time. Details regarding post-Merger electronic medical record commitments is included in the Quality Commitments.

The second essential factor is a robust primary care team. Primary care, with its emphasis on wellness and preventive care, is the core of the Service Line Model of Care. Under the Service Line Model of Care, primary care physicians guide their patients seamlessly through the health care delivery system. It is well-established that access to primary care improves health status and lowers health care costs over time.[30]

In 2022, a study was conducted of 8.5 million adults enrolled in California commercial HMO products where provider organizations ("***POs***") assume responsibility and financial risk for managing the care of their assigned patients. The study, which included 180 POs distributed

[30]For example, a retrospective study of over five million patients assigned to primary care providers in the Veterans Health Administration from 2016-2019 confirmed a close link to primary care and improved health outcomes and reduced health care costs: "The findings of the present study, substantiated by our exhaustive sensitivity analyses, suggest that expanding [primary care] capacity can significantly reduce overall health care costs and improve patient care outcomes given the former is a robust proxy of the latter." *The Effect of Primary Care Visits on Total Patient Care Cost: Evidence From the Veterans Health Administration*, Journal of Primary Care & Community Health, Volume 13, December 23, 2022, pp. 1–9, https://journals.sagepub.com/doi/10.1177/21501319221141792.

across California, showed that POs in the highest quartile of primary care spending percentage had better performance on clinical quality, patient experience, utilization, and total cost of care.[31]

Spending more on primary care means spending less on hospitalization for chronic conditions and emergency department services, according to a 2019 report by the Patient-Centered Primary Care Collaborative. The report found a correlation between increased primary care spending and fewer hospitalizations and emergency department visits, especially for patients with chronic conditions such as diabetes, chronic obstructive pulmonary disease, high blood pressure, pneumonia, urinary tract infections and congestive heart failure. The report concluded that "[c]onsistent and growing evidence shows that primary care-oriented systems achieve better health outcomes, more health equity and lower costs."[32]

Union Hospital, through itself and UMG, has emphasized, and will continue to emphasize, primary care. Indeed, Union Hospital and UMG, in total, currently employ or contract with 94 physicians serving as primary care physicians.[33]

In contrast, Regional Healthcare Partners only employs [redacted] physicians in total, and none of them are primary care physicians. Regional Hospital has no employed primary care physicians and has contracts with only three physicians serving as primary care physicians. Neither Regional Hospital, nor Regional Healthcare Partners, has implemented any initiative similar to the Service Line Model of Care (and they have no current plans to do so). Fortunately, post-Merger, the specialists currently employed by Regional Healthcare Partners (who opt to be employed by UMG) and the specialists currently contracted with Regional Hospital (who enter into contracts with Union Hospital to serve at Union Hospital, or enter into contracts with UMG) will be easily incorporated into Union Hospital's Service Line Model of Care. Their patients will be able to receive coordinated care under the Service Line Model of Care, with ready access to primary care. Allowing more residents of Vigo County and the other counties of the Service Area to access primary care will improve the health status of Vigo County and the other counties – while lowering health care costs over time.

However, without the Merger, these patients (because of Regional Hospital's lack of primary care providers), will not have the benefit of a care model such as Union Hospital's Service Line Model of Care. Additionally, as set forth in the Enhancement Commitments, Union Hospital

[31] *Key Takeaways, Investing in Primary Care: Why It Matters for Californians with Commercial Coverage*, California Health Care Foundation, https://www.chcf.org/wp-content/uploads/2022/04/InvestingPrimaryCareWhyItMattersCommercialCoverageKT.pdf. The study's key takeaways include the following: (1) "Primary care spending percentage at the PO level was consistently and statistically significantly associated with better performance on measures of clinical quality, patient experience, utilization, and cost;" and (2) "This study is novel in its examination of primary care spending percentage among POs and supports the important role of primary care and its relationship to positive quality and cost outcomes."

[32] *Investing in Primary Care, a State-Level Analysis*, Patient-Centered Primary Care Collaborative,https://cdn.sanity.io/files/0vv8moc6/medec/0313e4a5e4530ac65c7b9b902e01d59fdfa167ad.pdf/pcmh_evidence_es_2019.pdf. "Further analysis that examined associations between primary care investment and three outcomes—total hospitalizations, hospitalizations for ambulatory care sensitive conditions, and emergency department visits—found an inverse association. In other words, as primary care investment increased, both hospital outcomes and emergency department visits decreased." *Id.*

[33] "Primary care" physicians are physicians who are board certified in family medicine, internal medicine, pediatrics, or obstetrics-gynecology.

is committing to hiring additional primary care providers in order to further enhance the Service Line Model of Care.

C. Other Services Currently Pursued by Union Hospital

Expansion of Inpatient Psychiatric Services. Regional Hospital completed an expansion of its inpatient psychiatric unit in the spring of 2023. This expanded the unit from 19 beds to 22 beds. According to the most recent market data from the Indiana Hospital Association, inpatient psychiatric discharges represent the 6th largest volume of discharges by service line in the Service Area, accounting for 1458 market discharges in 2022. Union Hospital's commitments related to inpatient psychiatric services and behavioral health are included in the Enhancement Commitments.

D. Deploying Union Hospital's Expertise and Commitment

Union Hospital currently holds several accreditations and certifications that evidence its expertise in, and commitment to, the provision of high-quality hospital services. These accreditations and certifications include the following:

(i) Magnet Recognition Program (from American Nurses Credentialing Center)

(ii) Level III OB and NICU (from the Indiana Department of Health)

(iii) Blue Distinct for Cardiac Care (from Anthem Blue Cross Blue Shield)

(iv) Cardiovascular & Pulmonary Rehabilitation Certification (from American Association of Cardiovascular and Pulmonary Rehabilitation)

(v) Chest Pain ACHE Accreditation (from the American College of Health Care Executives)

(vi) ACHC Primary Stroke Center (from the Accreditation Commission for Health Care)

(vii) Total Joint ACHE Accreditation (from the American College of Health Care Executives)

(viii) ACS Commission on Cancer (from the American Cancer Society)

(ix) Stroke Gold Plus/Target: Stroke Honor Roll Elite (from American Heart Association/American Stroke Association)

(x) American Society Gastrointestinal Endoscopy Recognition Program (from American Society Gastrointestinal Endoscopy)

(xi) Blue Distinct for Maternity Care (from Anthem Blue Cross Blue Shield)

(xii) Gold Safe Sleep Champion (from Cribs for Kids)

(xiii) Alliance for Innovation on Maternal Health (from the Alliance for Innovation on Maternal Health)

Union Hospital's expertise and commitment in these areas will be shared with, and deployed at, Regional Hospital following the Merger (i.e., at the Post-Merger Union Hospital).

E. COPA Criteria

Ind. Code § 16-21-15-4(a)(1) provides that DOH shall review the COPA Application to determine whether there is clear evidence that the proposed Merger would benefit the population's health outcomes and quality of health care. Relatedly, I.C. § 16-21-15-4(b)(1) provides that, in reviewing a COPA Application, DOH should consider the quality of hospital and health care services provided to Indiana residents, including the demonstration of population health improvement of the region serviced and the extent to which medically underserved populations have access to and are projected to use the proposed services. I.C. § 16-21-15-4(c)(1) provides that DOH shall grant the COPA if, among other things, there is clear evidence that the proposed merger would benefit the population's health outcomes, health care access, and quality of care in the county. Union Hospital respectfully submits that the initiatives described in Section III.b.1.A.(i) - (ii) and Section III.b.1.B. above are the types of initiatives described in I.C. § 16-21-15-4(a)(1), (b)(1), and (c)(1), and the implementation of these initiatives (and others) will result in benefits that outweigh any disadvantages attributable to a reduction in competition that may result from the Merger, in satisfaction of I.C. § 16-21-15-4(c)(2).

2. <u>Facilities and Organizations</u>

The current facilities of both Regional Hospital and Union Hospital will remain open. All such services, facilities, and hospital organizations will be shared as part of Union Hospital. Details regarding Union Hospital's commitments related to initial infrastructure and repurposing of facility spaces is included in the Enhancement Commitments.

A. "Back Office" Operations

A comprehensive and precise identification of redundancies, and the cost savings that will be realized by eliminating such redundancies, will not be possible until the Merger takes place and Union Hospital obtains real-time operational data and related information. Nevertheless, based on the research undertaken to date by Union Hospital, within twelve to eighteen months of the Effective Date, Post-Merger Union Hospital will consolidate the current management teams and "back-office" operations (e.g., finance, human resources, quality control, legal) of Union Hospital and Regional Hospital (in this regard, however, it should be noted that most of Regional Hospital's "back-office" work is handled by the staff of its parent company, HCA Healthcare, who are located in Nashville, Tennessee). [redacted]

[redacted] the Merger is not expected to result in material cost reductions attributable to employee departures. However, combining the management and back-office operations at a single location will maximize the coordination and efficiency of management and other administrative services, including communications across the Combined Clinical Platform. In addition, doing so will also free-up facility space which will be used to further support and strengthen the operations of the Combined Enterprise. Consolidation will commence immediately upon the consummation of the Merger. Some of the consolidation will be completed quickly (for example, Human Resources and Finance); others will take more time (for example, Revenue Cycle and IT services). Once consolidation is completed, shared services expense is expected to be reduced by $2 million annually.

c. ***Description of the Applicant Groups' Current Policies for Free or Reduced Fee Care for Uninsured and Underinsured Patients, Bad Debt Write-Offs and Charity Care and Any Proposed Changes as a Result of the Proposed Merger***.

1. Union Hospital.

It is the policy of Union Hospital, including UMG to provide emergency medical services and medically necessary care to all individuals regardless of their ability to pay. Moreover, Union Hospital does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program ("***CHIP***"); or because of the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

Union Hospital's Sliding Fee Discount Program Policy ("***SFDP Policy***") applies to all Union Hospital sites of care. The SFDP Policy is summarized as follows:

- Individuals and families whose annual household income is at or below 100% of the current Federal Poverty Income Guidelines ("***FPIG***") will be eligible to receive a full discount for ambulatory primary care services, with an allowance for a nominal fee of $4.70.

- Individuals and families whose annual household income is above 100% of the current FPIG, but at or below 300% of the current FPIG will be eligible to receive a partial discount for ambulatory primary care services. For such individuals and families, the discount will be calculated as a percentage of total eligible charges according to this sliding fee discount schedule:

  - 101% to 150%: 95% (but not less than the $4.70 Nominal Fee)
  - 151% to 200%: 90% (but not less than the $4.70 Nominal Fee)

[redacted]

- ▸ 201% to 225%: 80% (but not less than the $4.70 Nominal Fee)
- ▸ 226% to 250%: 60% (but not less than the $4.70 Nominal Fee)
- ▸ 251% to 300%: 40% (but not less than the $4.70 Nominal Fee)

- Individuals and families with an annual Household Income exceeding 300% of FPIG shall not be eligible for Financial Assistance, absent unusual circumstances as approved by the Financial Assistance Committee.

- All uninsured patients, regardless of financial need, will be eligible for an initial automatic discount of 30% to the gross charges. Union Hospital may further determine, that an uninsured individual eligible for this automatic discount, may also be eligible for a full or partial financial assistance under the sliding fee discount schedule.

- Financial assistance is available to all persons regardless of third-party insurance coverage including the uninsured and those with HMO, PPO, Medicaid, or any other third-party payer (including Medicaid Managed Care), provided they meet the income and household size criteria outlined above.

Union Hospital's Medicare Bad Debt Policy is summarized as follows:

- To be considered a "**Medicare Bad Debt**" account, a reasonable collection effort must be applied to all deductibles and coinsurance due from the Medicare Beneficiary. The collection effort must be similar to the effort the Hospital puts forth to collect comparable amounts from non-Medicare patients.

- After the account has been with the outside vendor and remains unpaid for at least 120 days (4 months) with no payment, the account will be returned to the hospital per normal hospital policy. Exceptions: accounts with payments, payment arrangements, or judgments.

2. <u>Regional Hospital</u>.

To be eligible for a charity write-off under Regional Hospital's Charity Financial Assistance Policy for Uninsured and Underinsured Patients ("Policy"), a patient must be (a) uninsured or underinsured and (b) have an out-of-pocket patient responsibility of $1,500 or more for an individual account. Upon request by a patient and, if there are extenuating circumstances, accounts with out-of-pocket responsibility of balances of less than $1,500 may be reviewed and a charity write-off applied if the applicable Federal Poverty Guidelines/Level ("FPL") thresholds are met.

Regional Hospital's Policy is summarized as follows:

- Patients with individual or household incomes of between 0-200% of Federal Poverty Guidelines:

  ▸ Patients with more than a $1,500 patient liability that fall within 0-200% of the FPL will have the entire patient balance processed as charity write-off. Upon request by a patient and, if there are extenuating circumstances, accounts with out-of-pocket responsibility balances of less than $1,500 may be reviewed and a charity write-off applied.

- Patients with individual or household incomes of between 201-400% of Federal Poverty Guidelines:

  ▸ Patients with incomes between 201% and 400% of FPL will have their balances capped at a percentage of their income according to the table below. This percentage will be determined using the patient's FPL:

  ▪ 201% - 300%: balances capped at 3% of annual household income.
  ▪ 301% - 400%: balances capped at 4% of annual household income
  Upon request by a patient and, if there are extenuating circumstances, accounts with out-of-pocket responsibility balances of less than $1,500 may be reviewed and a charity write-off applied.

Regional Hospital's Medicare Bad Debt Policy is summarized as follows:

- All Medicare bad debt write-offs will be processed in accordance with HCFA Pub. 15-1, 310 and 312, PRM 304, and 42 CFR 413.80 and in accordance with HCA APG #6. Collection efforts on Medicare patients' coinsurances and deductibles including agency payment, will match non-Medicare accounts. When an indigent Medicare patient is identified anytime during the collection process, documentation will be obtained to substantiate indigence. All necessary patient account documentation and related reports will be maintained.

Following the Merger, Regional Hospital's above-listed policies will be discontinued, and Union Hospital's above-listed policies will be applied across the Combined Clinical Platform.

d. Description of the proposed cost savings and efficiencies anticipated to be achieved as a result of the proposed merger agreement, including the plans for achieving such savings and efficiencies, how such savings and efficiencies will be measured, and how such savings and efficiencies will be invested for the benefit of the community served by the parties to the merger agreement.

The main campuses of Union Hospital and Regional Hospital are located within 5.5 miles of each other in Terre Haute. Within this 5.5-mile range, the Hospitals' combined respective bed capacity exceeds 600 inpatient beds. In this same vein, the table in Section II.b. of this Application confirms that Regional Hospital and Union Hospital provide substantially the same services. A thorough understanding of these redundant services, and the cost savings that may be realized by virtue of the Combined Enterprises, cannot be obtained until after the Merger. However, as noted earlier, substantially reducing the operating costs of the Combined Enterprise is not a primary goal of the Merger. The primary goal of the Merger is to significantly improve the health status of the residents of Vigo County and the other counties of the Service Area. As also noted earlier, Union Hospital has no plans to reduce the services currently provided by Regional Hospital, Regional Healthcare Partners, or the Union Healthcare Providers. In addition, Union Hospital has no plans to close any facility or other location of Regional Hospital, Regional Healthcare Partners, or the Union Healthcare Providers currently in operation. Moreover, Union Hospital is committed to protecting the employees of Regional Hospital, Regional Healthcare Partners, and the Union Healthcare Providers.[35]

Nonetheless, despite these self-imposed limitations on the part of Union Hospital, the Merger will produce reductions in health care costs over time. As explained in Section III.b.1.A.(i)-(ii) and Section III.b.1.B. of this Application and the Commitments, each of Union Hospital's Post-Merger Initiatives will result in better health outcomes *and* less spending on costly emergency department visits and hospitalizations. Furthermore, unnecessary costs attributable to fragmented, uncoordinated care will be slashed. Of course, any cost savings realized by Union Hospital will be used to improve the health status of the residents of Vigo County and the other counties of the Service Area, in satisfaction of I.C. § 16-21-15-7(d)(1). Specific description of the quality measures and cost savings to be tracked are contained in the Quality Commitments and the Other Commitments.

e. Description of proposed quality metrics that will be used to measure the quality of hospital and health care services provided to Indiana residents resulting from the proposed merger agreement.

The quality measures listed below are recognized on a national scale, through various value-based programs, as the measuring stick for health care quality in hospital settings. The universally available, standardized measures are considered a direct reflection on the organization's commitment to excellence and patient safety in areas where the impact and influence of the health care teams on patient outcome is greatest. Thus, improvement or sustainment of high performance in these measures translates to high quality health care for the community. The commitments Union Hospital is willing to make to ensure that the quality of health care services provided in the Service Area does not decline as a result of the Merger are contained in the Quality Commitments.

[35] *See* footnote no. 9.

f. Evidence of support from municipalities and counties served by each Applicant Group.

The COPA statute, I.C. § 16-21-15, was enacted in Public Law 104-2021, Section 2, effective July 1, 2021. The legislation originated in the Indiana Senate and was authored by Senator Jon Ford (who represents Senate District 38, which includes Terre Haute and surrounding communities). The legislation was assigned to the Senate's Committee on Health and Provider Services, which unanimously passed the legislation out of the Committee by a vote of 11-0. On February 23, 2021, the Senate unanimously passed the legislation by a vote of 47-0. The legislation was then referred to the Indiana House of Representatives.

In the House, the legislation's primary sponsor was Representative Alan Morrison (who represents House District 42, which includes most of Vigo County). Representative Beau Baird (who represents House District 46, which includes portions of Vigo and Clay counties) was a co-sponsor of the legislation. The legislation was assigned to the House's Committee on Public Health. The legislation passed out of the Committee by a vote of 11-1. On April 13, 2021, the House passed the legislation by a vote of 94-3. The legislation was then referred back to the Senate to concur with the House's amendments to the legislation. The Senate concurred with the House amendments by a vote of 42-0. Governor Holcomb signed the legislation into law on April 22, 2021. Copies of letters of support are included as Attachment III.f.1. For additional information regarding outreach to the Service Area regarding the proposed merger and response, *see* Attachment III.f.4.

g. Description of the impact of a Certificate of Public Advantage not being granted, including the impact on availability of services, quality, pricing, and community health outcomes.

As mentioned, the Merger is driven by the desire to significantly improve the health status of the residents of Vigo County and the other counties of the Service Area. In the view of Union Hospital and Regional Hospital, the most effective and cost-efficient way to do this is through a single organized system of health care that will be able to maximize the appropriate application of limited health care resources to address the health care needs of the residents of Vigo County and the other counties of the Service Area. The core of this approach—the creation of the Combined Clinical Platform and the coordinated application of healthcare resources—will not be possible without the COPA. In other words, without the COPA, there will be no Combined Clinical Platform − and without the Combined Clinical Platform, residents who receive care from Regional Hospital and Regional Healthcare Partners will not benefit from the Post-Merger Initiatives, and the quality health care, improved health status, and reduced health care costs resulting therefrom.

Also, the denial of the COPA will shelve Union Hospital's above-described plans for adding inpatient psychiatric beds for Vigo County and the other counties of the Service Area. That project is feasible because of, and will be an extension of, Regional Hospital's recent expansion of its inpatient psychiatric unit. As noted, Union Hospital currently has no inpatient psychiatric

beds. Currently, a significant percentage of patients must travel outside of the Service Area for this care. The Merger will facilitate the possibility that many local patients can receive care locally (and their families can avoid the time, inconvenience, and cost of travelling outside the area).

Furthermore, if the COPA is not granted, the residents of the Service Area who receive care from Regional Hospital or Regional Healthcare Partners, and the health care payors for residents who receive care from Regional Hospital and Regional Healthcare Partners, will not realize the cost savings from the reduction of emergency department visits and hospitalizations, or the cost savings from the reduction of fragmented, uncoordinated care, that will occur if the Post-Merger Initiatives were implemented. Moreover, if the COPA is not granted, neither residents, nor health care payors, will benefit from the cap on post-Merger Union Hospital's charges under I.C. § 16-21-15-7(c).

While a COPA approval will result in significant benefits, a COPA denial will negatively impact the availability of health services because of Regional Hospital's ongoing operational challenges and declining trajectory. The Merger's competitive effects and many offsetting benefits must be assessed in light of Regional Hospital's financial and operational viability.

Regional Hospital's ongoing operational challenges, including relating to physician recruitment and retention have severely limited its future competitive viability. Regional Hospital's longstanding recruitment challenges will result in reduced services absent the COPA. Recruiting and retaining staff and physicians is a significant issue in this rural community. Moreover, Regional Hospital's lack of a primary care referral base and sole practitioner practice structure compound those challenges. [redacted]

Like urology, Regional Hospital's cardiovascular surgery and OBGYN service lines all currently depend on a solo physician. Recruitment into a solo practice in a small community is very difficult, if not near impossible, because most physicians are unwilling to take full call every day of the year. Further, Regional Hospital's declining patient volumes cannot support larger practices. In the event any one of these physicians departs, Regional Hospital will not likely be successful in recruiting a replacement physician, in which case the services at Regional Hospital would cease until such time as a replacement physician could be obtained. Regional Hospital has already reduced services in light of continued financial losses and staffing difficulties. '

Granting the COPA serves the public interest because the Merger will ensure patients have access to key services at Regional Hospital. There is strong precedent for the DOH to conclude that under these circumstances the public interest is served by granting the COPA, and

the benefits outweigh any potential disadvantages. A multitude of states have exercised their oversight and authority to grant COPAs for hospital mergers involving the same or similar market dynamics that are present here.

A recently litigated hospital merger case in North Carolina, arising outside the COPA context, also is instructive. In FTC v. Novant Health, Inc., the district court denied the FTC's request for a preliminary injunction to prevent Novant's acquisition of two competitor hospitals from CHS under similar circumstances. In that case, one of the target hospitals was at risk of imminent closure and the other had already discontinued key services. Although one target hospital was profitable "for now," the court held that because at most it could only hope to maintain its already limited competitive position for a short time, "the proposed merger carries at least as much likelihood of competitive benefits as it does competitive harm and the FTC is unlikely to ultimately be successful in proving that the transaction may "substantially lessen competition." FTC v. Cmty. Health Sys., Inc. & Novant Health, Inc., No. 24-CV-00028, 2024 WL 2854690, at *4, 6 (W.D.N.C. June 5, 2024). Although the transaction was ultimately abandoned after the Fourth Circuit granted the FTC an emergency injunction pending its appeal of the district court's decision, the district court's competitive analysis still resonates.

There are many close parallels between the challenges the seller (CHS) faced in that case and Regional Hospital's present situation. The court reasoned that the target hospital's competitive problems were "real" because they related broadly to the seller's belief that the hospital lacked a sufficient physician practice network and other access points of care to justify investments. And like Regional Hospital, these problems predated the decision to sell the hospital. [redacted] The court found that under these circumstances the public interest favored allowing the merger to proceed rather than risk the loss of services from the community. The same is true in Terre Haute.

In sum, the COPA will provide substantial community health and economic benefits. Service Area residents will gain from the coordinated application of healthcare resources. Moreover, the COPA will prevent the likely reduction or elimination of services increasingly at risk at Regional Hospital. Regional Hospital's loss would necessarily result in Union Hospital operating without any oversight, terms, or conditions guaranteed by the COPA.

h. Description of whether and how the projected benefits of the proposed merger could be achieved without the approval of the Certificate of Public Advantage.

The projected benefits of the Merger cannot be achieved without the approval of the COPA. As noted earlier, neither Regional Hospital, nor Regional Healthcare Partners, have implemented, or have any current plans to implement, a robust health equity plan or population health improvement plan. Regional Hospital and Regional Healthcare Partners do not have, and will not have, a virtual nursing program. Neither participate in ACOs. Regional Hospital and Regional Healthcare Partners have no current plans to institute a care model similar to Union Hospital's Service Line Model of Care. Rather than investing in these initiatives, without the

Merger, Regional anticipates continued reductions in available services and benefits for its patient populations.

i. ***Copies of any plans, reports, studies, or other documents reflecting each Applicant Group's current or future business plans and analyses of competition in the relevant service areas***.

1. **Union Hospital**: [redacted]

2. **Regional Hospital**: [redacted]

[redacted]

IV. COMMUNITY NEEDS

a. ***Description of the population of the primary service areas, including economic conditions, poverty, uninsured/underinsured, age, gender, and race***.

The table below[36] outlines some of the key demographics of the Service Area. Among other things, the majority of residents in the Service Area report their race as white, with Vigo County having the highest percentage (13.8%) of non-white residents. Male and female residents are relatively evenly split, and between 16.7% and 20.3% of the residents in each county are age 65+. Except for Clay County, the counties' respective median household incomes are less than the statewide median household income. Each of the counties' respective percentages of children qualifying for free or reduced lunch is greater than the statewide percentage. For each of the counties, the percentage of 4-year college graduation rates are significantly below the statewide graduation rates.

	Total Population	% White Residents	% Non-White Residents	% Male	% Female	% 65+ Y.O.	Median Household Income	% High School Grads	% 4-Year College Grads	% Children In Single Parent Homes	% Children Qualifying For Free Or Reduced Lunch
INDIANA	6,805,985	78.0%	22.0%	49.6%	50.4%	16.4%	$62,723	33.0%	17.7%	14.3%	47.0%
CLAY COUNTY	26,466	94.6%	5.4%	49.8%	50.2%	18.8%	$64,245	41.6%	11.3%	13.4%	53.5%

[36] The table is based on 2021 census data for Indiana, The U.S. Census Bureau's Small Area Income and Poverty Estimates Program for 2021, and kids count data, 2020 - https://datacenter.aecf.org/data/tables/5187-public-school-students-receiving-free-or-reduced-price-lunches#detailed/5/2302,2319,2352,2368,2374-2375/false/574/1281/13762,11655

	Total Population	% White Residents	% Non-White Residents	% Male	% Female	% 65+ Y.O.	Median Household Income	% High School Grads	% 4-Year College Grads	% Children In Single Parent Homes	% Children Qualifying For Free Or Reduced Lunch
GREENE COUNTY	30,803	94.9%	5.1%	49.9%	50.1%	20.0%	$55,504	39.3%	10.5%	11.8%	47.0%
PARKE	16,156	95.4%	4.6%	47.6%	52.4%	20.0%	$55,683	38.8%	7.9%	10.1%	53.3%
SULLIVAN	20,817	91.1%	8.9%	54.9%	45.1%	18.4%	$47,606	42.5%	8.1%	17.8%	50.2%
VERMILLION	15,439	95.6%	4.4%	49.5%	50.5%	20.3%	$53,540	41.2%	11.3%	16.6%	53.3%
VIGO	106,153	84.2%	13.8%	50.1%	49.9%	16.7%	$48,421	33.6%	14.5%	18.5%	55.4%

A description of the uninsured/underinsured population is below:

Demographic Markers

County	Population	Total Uninsured	Uninsured Children	Social Vulnerability Index
Clay	26,379	1807	334	0.4286
Greene	31,006	2182	441	0.5385
Parke	16,369	1375	336	0.9451
Sullivan	20,670	1226	222	0.8791
Vermillion	15,451	1036	212	0.5055
Vigo	106,006	7740	1184	0.8681

Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. A number of factors, including poverty, lack of access to transportation, and crowded housing contribute to weakening a community's ability to prevent human suffering and financial loss in the event of a disaster. These factors make up a community's social vulnerability index (SVI). The index illustrates that 88% of counties in Indiana are less socially vulnerable than Vigo (the higher the percentage the worse off populations in it).

b. Description of projected population changes over the next five years.

According to census projection data obtained from the Indiana Business Research Center, the combined market population of the six Indiana counties comprising the Service Area will decrease slightly over the next five years. Vigo County is the only county that is not expected to decrease in population between 2020 and 2030. Despite the projected lack of growth in the population in total, the population that is over age 65 is projected to grow, resulting in an increased demand for health care services available to seniors.

c. Description of the current health status and future health care needs over the next five years of the population in the primary service areas, including chronic disease, behavioral risk factors and other factors affecting the healthiness of the community.

As noted previously, the University of Wisconsin Population Health Institute issues a report regarding health outcomes and health factors on a county-by-county basis throughout the U.S. The table below reflects the results of the Institute's 2023 report for Vigo County and the other counties of the Service Area (each county's score is based on Indiana's 92 counties):

INDIANA COUNTY[1]	RANK
VIGO	63rd out of 92
CLAY	55th out of 92
GREENE	64th out of 92
PARKE	34th out of 92
SULLIVAN	60th out of 92
VERMILLION	66th out of 92

The unhealthy behaviors of the Service Area's residents, including tobacco use, drug use, obesity, and sedentary lifestyles, significantly contribute to these poor health status rankings. These behaviors are directly responsible for the development of chronic health conditions such as heart disease, diabetes, metabolic syndrome and liver and kidney disease, as well as for an increased incidence of cancer.

The expected increase in the population of residents over age 65 will require an increase in both primary care and specialty physicians and advanced practice providers, particularly in specialties such as internal medicine, cardiology, oncology, neurology, and orthopedic surgery.

d. Description of any healthcare service gaps.

1. Behavioral Health

The University of Wisconsin Population Health Institute 2023 County Health rankings demonstrate several counties in the Service Area perform worse than Indiana as a whole with respect to various mental health measures, including access to mental health providers. Internal data (reference below and attached) validates the mental health crisis observed throughout the country is even more devastating in the Union Hospital's service area, exacerbated, in part, by the provider shortage. [redacted]

- [redacted]
- County Health Rankings specific to mental health in the Service Area (Attachment IV.d.1(v))

Union Hospital accounts for approximately 74% of the acute care discharges in the Service Area. Given Union's Hospital's acute care presence, a behavioral health expansion of beds and services could increase coordination of care and, ultimately, outcomes for patients needing inpatient psychiatric care. Future commitments related to behavioral health are including in the Enhancement Commitments.

2. Physician Shortages

As noted throughout this Application, physician shortages are a growing issue for the Service Area. It is difficult to recruit physicians to the area due to factors such as frequent call coverage and lack of depth in some medical specialties. The Merger will mitigate these factors. The combination of the Regional Hospital and Union Hospital medical staffs, which will result in an overall larger medical staff, will allow for less frequent call coverage, and will aggregate greater depth in medical specialties. This will aid in the recruitment of physicians to the area, and every new physician so recruited will create momentum for additional successful recruiting efforts.

• **Cardiology**. Keeping catheterization lab teams and cardiovascular surgery teams fully staffed for open heart procedures is a challenge at both Regional Hospital and Union Hospital.

• **Urology**. Nationally the urology workforce is aging. The median age of a urologist is 55 years old. The national urology workforce aged 65+ is 29.8% making the specialty one of the oldest in the medical profession. In the Service Area, the effects of urology workforce shortages are impacting emergency urological coverage and increasing times to obtain outpatient appointments.

• **Gastroenterology**. GI service access is limited in the Service Area due to the national shortage and physicians desiring larger practice settings to reduce the burden of call coverage. This shortage restricts the ability to meet the demand for cancer screenings provided for in national guidelines.

• **Neurology**. According to the American Academy of Neurology, the demand for neurologists exceeds the supply by 11% overall, with an expected increase to 19% by 2025 as Americans age and Medicare enrollments increase. This shortfall results in long wait times to get an appointment and difficulty hiring new neurologists.

• **Neurosurgery**. There is a shortage of neurosurgeons in the United States and half of all practicing neurosurgeons are over 55 years old. There are 102 accredited neurosurgical residency training programs in the U.S. with approximately 1,200 total trainees produce 160 graduates annually. At this current rate, the supply-demand mismatch will grow with time. Simply creating more residency positions will not close the gap quickly enough due to the prolonged length of time required to generate board-certified neurosurgeons. This is further complicated by neurosurgery's shift towards sub specialization, further delaying new arrivals to the workforce by an

additional one to two years. Multiple care access points for neurosurgery services in mid-sized communities is unsustainable.

• **Oncology**. The market demand for oncology treatment is expected to grow by 40% by 2025 with the rising elderly population growth. This comes at a time where only 16% of the oncology provider workforce is under forty years old with a median age of fifty-two. The Service Area reflects this aging oncology provider landscape and predicted volume growth. It will be necessary to focus on efficient clinical practices and optimize treatment settings to meet treatment demands with limited provider resources.

Regional Hospital's location and staffing structure presents unique challenges in recruiting surgeons and physicians. Terre Haute is a relatively small population center, limiting the number of physicians that can be supported within different specialties. Consequently, Regional Hospital has historically relied on single practice physicians from Regional Healthcare Partners or independent practitioners. For Regional Hospital to successfully recruit physicians, those physicians have to be willing to both come to a rural community and serve as the only physician in a given practice. This results in physicians being on call throughout the year and shouldering the responsibility of serving the entire community, which poses challenges to recruiting surgeons and physicians and has resulted in the loss of surgeons. [redacted]

The recruitment challenges Regional Hospital faces are made worse by the fact that Regional Hospital has experienced a significant increase in surgeon departures since 2021. These losses have caused [redacted], which has decreased revenue. Regional Hospital's loss in surgeons has had a negative ripple effect on Regional Hospital, including on its trauma program. [redacted] Surgeon departures decrease revenues and significantly degrade Regional Hospital's payor mix, as these surgeons tended to service practices with higher commercial payor mixes. [redacted]

If the COPA is granted, Regional Healthcare Partners' physicians will be combined with the larger pool of Union Hospital and UMG employed physicians, creating larger call panels that allow physicians to split call coverage with other physicians and thereby reduce their call burden. As a result, continued employment in the community will become a more sustainable option for those physicians. Absent the COPA, Regional Hospital is likely to experience continued physician departures and recruitment challenges, and more Regional Hospital physicians may choose to depart the community altogether, leaving Service Area residents with fewer local physician options. The COPA will assist with these challenges as the combination of Regional Hospital and Union Hospital medical staffs will result in an overall larger medical staff, will allow for less frequent call coverage, and will aggregate greater depth in medical specialties. All of this will aid in the recruitment of physicians to the area and improve health quality outcomes and availability of services for patients who will be able to receive local care from physicians in the community.

V. EFFECT OF THE PROPOSED MERGER

a. Description of the current state of competition in the relevant service areas, including healthcare providers and payors, and projections of the impact, both positive and negative, of approval of the Certificate of Public Advantage on competition in the relevant service areas, including identifying all healthcare providers in the relevant services areas that compete with the Applicant Groups and estimated market shares of market participants, barriers to entry, and likelihood of entry of other healthcare providers.

1. Description of the Current State of Competition with Health Care Providers

Today, Union Hospital and Regional Hospital face competition from a number of hospitals, health systems, and other facilities that provide general acute inpatient care and outpatient services in the region. The chart below shows the current market share for inpatient services by year from 2015 through 2023.

Inpatient Market Share[37]

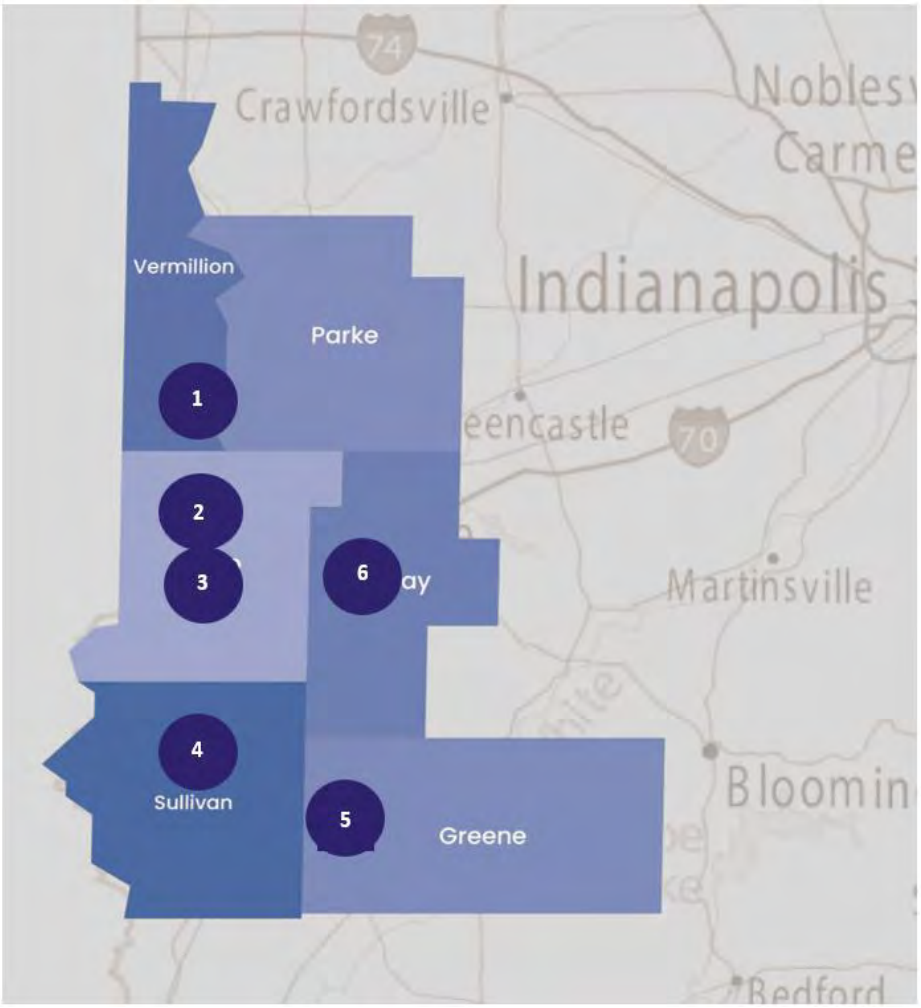
	2015	2016	2017	2018	2019	2020	2021	2022	2023
Union Hospital	49.6%	51.1%	49.9%	49.0%	50.6%	52.4%	52.1%	54.5%	57.9%
Regional Hospital	21.0%	20.9%	21.3%	21.2%	21.4%	19.8%	17.8%	16.4%	14.7%
Other	29.5%	28.0%	28.8%	29.8%	27.9%	27.8%	30.1%	29.0%	27.4%

The Merger is not likely to impact competition because Regional Hospital is in a steady state of decline. Regional Hospital does not represent a significant competitive constraint on Union Hospital today for patients or payors and Regional Hospital's competitive position is only getting worse, as its operational challenges result in continued physician departures and service

[37] Source: Indiana Hospital Association Inpatient Discharge Data for the Service Area (Indiana counties of: Clay, Greene, Parke, Sullivan, Vermillion, and Vigo). The table excludes MSDRG-795 (normal newborns), which is consistent with the approach used in reporting inpatient market share since normal newborns are usually included in discussions of obstetrical care.

line reductions. If the Merger is not approved, the trendline suggests that Regional Hospital's competitive significance will continue to deteriorate. Regional Hospital's commercial inpatient market share is significantly lower, further illustrating the extent to which Regional Hospital is not a material alternative to Union Hospital for healthcare payer networks.

As detailed in the map below, the services Union Hospital and Regional Hospital provide are currently offered to patients in the Service Area by numerous competing hospitals and outpatient services providers. In addition, patients from throughout the region routinely travel to Indianapolis to receive services at competing hospitals and health care providers. Therefore, the parties compete with a vast number of health care providers located throughout the state, beyond those highlighted in this 2025 Application. Post-Merger, the Combined Enterprise will continue to face competition from these providers, including large and significant health systems with substantial market share. As the Combined Enterprise expands services, combines existing resources, and recruits additional physicians and other health care providers, these providers will spur competition among other inpatient and outpatient facilities in the region and in the state.



Service Area Hospitals

1. Union Hospital Clinton
2. Union Hospital Terre Haute
3. Terre Haute Regional Hospital
4. Sullivan County Hospital
5. Green County Community Hospital
6. Ascension St. Vincent Clay

A. Union Hospital and Regional Hospital compete with a myriad of other inpatient facilities throughout Indiana.

Many competing providers offer inpatient and outpatient services in the Service Area and neighboring counties. Post-Merger, robust competition for inpatient hospital services will continue from more than 16 other hospitals, listed in Attachment V.a., located in surrounding counties. As discussed below, the parties will continue to compete with large and significant health systems in the region and the state, many of which are expanding and gaining strength.

The table below provides a listing of other hospitals located in counties surrounding Union Hospital and Regional Hospital.

Name	Address	County
Ascension St. Vincent Clay	1206 E. National Ave. Brazil, IN 47834	Clay
Daviess County Community Hospital	1314 E. Walnut St. Washington, IN 47501	Daviess
Greene County General Hospital	1185 County Rd. 100 W. Linton, IN 47441	Greene
IU Health West	1111 Ronald Regan Pkwy. Avon, IN 46123	Hendricks
Hendricks Regional Health	1000 E. Main St. Danville, IN 46122	Hendricks
Hendricks Behavioral Health	1051 Southfield Dr. Plainfield, IN 46168	Hendricks
Good Samaritan Hospital	520 S. 7th St. Vincennes, IN 47591	Knox
IU Heath Bloomington	2651 E. Discovery Pkwy. Bloomington, IN 47408	Monroe
Monroe County Hospital	4011 S. Monroe Medical Park Blvd. Bloomington, IN 47403	Monroe
Bloomington Meadows (behavioral)	3600 N. Prow Rd. Bloomington, IN 47404	Monroe
Bloomington Regional Rehabilitation Hospital	3050 N. Lintel Dr. Bloomington, IN 47404	Monroe
Franciscan Health Crawfordsville	1710 Lafayette Ave. Crawfordsville, IN 47933	Montgomery
Franciscan Health Mooresville	1201 Hadley Rd. Mooresville, IN 46158	Morgan
Putnam County Community Hospital	1542 S. Bloomington St. Greencastle, IN 46135	Putnam
Sullivan County	2200 N. Section St.	Sullivan

Name	Address	County
Community Hospital	Sullivan, IN 47882	
Ascension St. Vincent Williamsport	412 N. Monroe St. Williamsport, IN 47993	Warren

B. The Combined Enterprise will continue to face competition from other health systems in the region and in Indiana post-Merger.

Several large and significant health systems in the state compete with Union Hospital and Regional Hospital, including IU Health, Franciscan Health, and Hendricks Regional Health. The parties expect continued competition from these and other large health systems in Indiana, many of which are undergoing substantial facility and service expansions. For example:

- **IU Health**. IU Health is Indiana's most comprehensive health care system and the largest network of physicians in the state of Indiana. IU Health is a unique partnership with the Indiana University School of Medicine. With dozens of facilities statewide, an academic medical center, and its partnership with the Indiana University School of Medicine, IU Health is a regional leader in providing health care. IU Health has over 2,700 available beds and employs over 38,000 team members.

  In the past few years, IU Health has been expanding and growing. IU Health is in the middle of a $4.3 billion expansion of its health care campus in downtown Indianapolis. When complete, the new 44-acre hospital campus will have 864 private patient beds. In addition, IU Health is currently investing $300 million to significantly expand its IU Health Saxony Hospital campus. Previously, on December 5, 2021, IU Health opened its new $560 million IU Health Bloomington Hospital. The new hospital in Bloomington has 364 private patient beds, 622,000 square feet of space, and an emergency department twice the size of the previous one. In addition, in 2021 IU Health completed its $84 million expansion of its IU Health West hospital that increased inpatient capacity by 50%.

- **Franciscan Health**. Franciscan Health has 12 hospital campuses in Indiana and Illinois, 20,000 employees, and more than 850 primary and specialty care providers at over 260 locations. In 2022, Franciscan Health Mooresville completed a $40 million project. The first phase of the project included modernizing the hospital and cost $23 million. The second phase of the project included the construction of a new $17 million medical office building with 50,000 square feet to house its Women's Center and other specialty care.

- **Hendricks Regional Health**. Hendricks Regional Health has two hospitals with 166 licensed beds, almost 6,000 hospital admissions, almost 380,000 outpatient visits, and almost 2,500 associates, with locations throughout Hendricks County and Putnam County. In 2018, Hendricks Regional Health opened its $50 million, 100,000 square foot Hendricks Regional Health Brownsburg Hospital. In 2022, Hendricks Regional Health was selected to join the Mayo Clinic Care Network (only the 46th in the world).

In addition, several other health care providers have recently entered into or expanded services in Vigo County. These substantial expansions demonstrate the ease with which hospitals and other health care providers can enter the market under current market and regulatory conditions. For example:

- **Horizon Health**. Horizon Health is a hospital located in Paris, Illinois, which is about a 20-mile drive from Union Hospital. In recent years, Horizon Health has been expanding into Indiana.
    - **Terre Haute Specialty Clinic.** In 2021, Horizon Health announced the opening of the Terre Haute Specialty Clinic with the addition of two doctors, one providing orthopedic and sports medicine services, the other providing spine surgery.
    - **Sycamore Pain & Wellness Center**. In 2022, Horizon Health partnered with a pain management group to open the Sycamore Pain & Wellness Center which offers pain management, bone health and wellness services, behavioral health, psychiatry, and weight management.
    - **Primary Care Clinic**. In 2023, Horizon Health announced the opening of a primary care clinic in Terre Haute.
- **Valley Professionals Community Health Center.**
    - **South Terre Haute Clinic**. In 2021, Valley Professionals opened its South Clinic offering primary care services.
    - **West Terre Haute Clinic**. In 2022, Valley Professionals opened its West Clinic offering primary care, behavioral health, and pharmacy services.
- **Anabranch Recovery Center**. In 2021, Anabranch Recovery Center opened a 66-bed addiction treatment center in Terre Haute.

- **Sullivan County Community Hospital – Pain Management Clinic.** In 2020, Sullivan County Community Hospital opened a pain management center in Terre Haute.

C. The Combined Enterprise will continue to face competition from numerous outpatient facilities and post-acute care facilities post-Merger.

Patients have many independent alternatives for outpatient services.[38] Outpatient care includes ambulatory surgery centers, primary care clinics, retail clinics, community health clinics, urgent care centers, skilled nursing homes, specialized outpatient clinics, imaging service facilities, and emergency departments.[39] In general, the shift to outpatient settings is due to clinical innovation, patient preferences, and financial incentives. This is reflected by the vast number of competing—and growing—independent outpatient facilities, nursing homes, assisted living facilities, and hospice care facilities located in the region that compete for patients with Union Hospital and Regional Hospital. The vast majority of patients treated at Regional Hospital are for outpatient procedures rather than inpatient care. For these outpatient procedures commonly treated at Regional Hospital, there are many alternative providers.

The table below provides a listing of other health care facilities within Service Area.

Name	Address	County
Amedisys Home Health	131 S. 4th St. Suite 120, Terre Haute, IN 47807	Vigo
Anabranch Recovery Center	1400 E. Crossing Blvd Terre Haute, IN 47802	Vigo
Athletico Physical Therapy Downtown	516 Wabash Ave. Terre Haute, IN 47807	Vigo
Athletico Physical Therapy East	2155 SR 46 Terre Haute, IN 47803	Vigo
ATI Physical Therapy	5399 S. US Hwy 41, Suite 113 Terre Haute, IN 47802	Vigo
Bethesda Gardens Assisted Living	1450 E. Crossing Blvd. Terre Haute, IN 47802	Vigo
Cobblestone Crossing Assisted Living	1850 E. Howard Wayne Blvd. Terre Haute, IN 47802	Vigo
Eye Specialists of Indiana Cataract Center	1055 S. Hunt St., Terre Haute, IN 47803	Vigo

[38] *The Outpatient Shift Continues: Outpatient Revenue Now 95% of Inpatient Revenue, New Report Reveals*, Advisory Board (Jan. 8, 2019), https://www.advisory.com/daily-briefing/2019/01/08/hospital-revenue (reporting hospitals' net outpatient revenue in 2017 was $472 billion, while net inpatient revenue totaled almost $498 billion).

[39] *Growth in Outpatient Care – The Role of Quality and Value Incentives*, Center for Health Solutions, Deloitte (2018), at 5, https://www2.deloitte.com/us/en/insights/industry/health-care/outpatient-hospital-services-medicare-incentives-value-quality.html.

Name	Address	County
Heart-to-Heart Hospice	4529 S. 7th St. Terre Haute, IN 47802	Vigo
Horizon Health Primary Care Clinic	1378 S. SR 46 Terre Haute, IN 47803	Vigo
Horizon Health Specialty Clinic	3736 S. 4th St. Terre Haute, IN 47802	Vigo
Horizon Health Sycamore Pain & Wellness Center	1378 S. SR 46 Terre Haute, IN 47803	Vigo
Independence Rehab & Physical Therapy	1400 E. Pugh Dr., Suite 28 Terre Haute, IN 47802	Vigo
Intrepid USA Healthcare & Hospice-at-Home Services	2901 Ohio Blvd., Suite 100 Terre Haute, IN 47803	Vigo
Kindred Transitional Care & Rehab	2222 Margaret Ave. Terre Haute, IN 47802	Vigo
Rayus Imaging Center	4313 S. 7th St. Terre Haute, IN 47802	Vigo
Signature Healthcare (Nursing Home)	3500 Maple Ave. Terre Haute 47804	Vigo
Southern Care Hospice	4624 S. Springhill Junction St. Terre Haute, IN 47802	Vigo
Springhill Village Senior & Assisted Living	1001 E. Springhill Dr. Terre Haute, IN 47802	Vigo
Sycamore Manor Assisted Living	222 S. 25th St. Terre Haute, IN 47803	Vigo
Terre Haute Nursing Home & Rehab	830 S. 6th St. Terre Haute, IN 47807	Vigo
Terre Haute Physical Therapy	4555 S. 7th St. Terre Haute, IN 47802	Vigo
Terre Haute Surgical Center	227 E. McCallister Dr. Terre Haute, IN 47802	Vigo
Ultimate Health & Fitness Physical Therapy	380 W. Honey Creek Dr. Terre Haute, IN 47802	Vigo
VA Outpatient Clinic	5080 Bill Farr Drive Terre Haute, IN 47803	Vigo
Valley Professionals FQHC North	1530 N. 7th St. Suite 201 Terre Haute, IN 47807	Vigo
Valley Professionals FQHC South	4757 S. 7th St. Terre Haute, IN 47802	Vigo
Valley Professionals FQHC West	601 W. National Ave. West Terre Haute, IN 47885	Vigo
Valley Rehab Physical Therapy	1219 Ohio St.	Vigo

Name	Address	County
	Terre Haute, IN 47807	
VNA Hospice	400 8th Ave. Terre Haute, IN 47804	Vigo
Wabash Valley Health Center FQHC	1436 Locust St. Terre Haute, IN 47807	Vigo
Westridge Healthcare (Nursing Home)	125 W. Margaret Ave. Terre Haute, IN 47802	Vigo
Heritage House of Clinton (Nursing Home)	375 S. 11 St. Clinton, IN 47842	Vermillion
Valley Professionals FQHC Cayuga	702 W. Park St. Cayuga, IN 47928	Vermillion
Valley Professionals FQHC Clinton	777 S. Main St., Suite 100 Clinton, IN 47842	Vermillion
Valley Professionals FQHC Bloomfield	201 W. Academy St. Bloomfield, IN 47832	Vermillion
Vermillion Convalescent Center	1705 S. Main St. Clinton, IN	Vermillion
Indiana Home Care Plus (Nursing Home)	303 N. Lincoln Rd. Rockville, IN 47872	Parke
Valley Professionals FQHC Rockville	727 N. Lincoln Rd. Rockville, IN 47872	Parke
Clay City Senior Citizens Housing	110 W. 5th St. Clay City, IN 47841	Clay
Clay County Health Center	1408 E. Hendrix St. Brazil, IN 47834	Clay
Exceptional Living Center	501 S. Murphy St. Brazil, IN 47834	Clay
Town Park Assisted Living	503 S. Murphy St. Brazil, IN 47834	Clay
Autumn Trace Assisted Living	1150 CR 1000 W. Linton, IN 47441	Greene
Glenburn Home & Health Center	618 Glenburn Rd Linton, IN 47441	Greene
Greene County Health Lonetree	1210 N 1000 W. Linton, IN 47441	Greene
Greene County Health Shakamak	714 W. Main St. Jasonville, IN	Greene
Greene County Health Worthington	102 E. Main St. Worthington, IN 47471	Greene
Greene County General Hospital (Critical Access Hospital)	1185 N. 1000 W. Linton, IN 47441	Greene

Name	Address	County
Envive Healthcare of Sullivan (Nursing Home)	325 W. Northwood Dr. Sullivan, IN 47882	Sullivan
Millers Merry Manor (Nursing Home)	505 W. Wolfe St. Sullivan, IN 47882	Sullivan
Sullivan County Community Hospital (Critical Access Hospital)	2200 N. Section St. Sullivan, IN 47882	Sullivan
Sullivan SurgiCenter	320 N. Section St. Sullivan, IN 47882	Sullivan

D. Regional Hospital's competitive significance is minimal and declining.

Regional Hospital's deteriorating financial condition, inability to recruit physicians, and ongoing struggle to maintain service lines has reduced Regional Hospital's competitive significance among payors and patients. A significant contributor to Regional Hospital's declining financial condition and status is its difficulties recruiting and retaining staff and physicians. Regional Hospital's location, single specialty physician structure, and lack of a primary care referral base have led to significant challenges in recruiting and retaining staff and physicians at Regional Hospital. Regional Hospital's reliance on single physicians to support existing service lines results in physicians being on call constantly throughout the year and shouldering the responsibility of serving the entire community. Consequently, when physicians depart the existing service lines, Regional Hospital will struggle to replace them. If no replacement is found, the service line will cease under the *status quo*, reducing local options for patients. These recruitment challenges are exacerbated by Regional Hospital's significant increase in surgeon departures since 2021, which has led to a drop in outpatient surgery volume and decreased revenue.

Regional Hospital's reliance on ER visits for inpatient admissions and its loss of physicians has resulted in the loss of services available to commercially insured patients, including trauma and certain neuro services. Already, over 80% of Regional Hospital's patients are non-commercial patients. Regional Hospital's continued loss of service lines will make competition for commercially-insured patients even more difficult moving forward, which will exacerbate Regional Hospital's financial challenges. Consequently, Regional Hospital's weakened financial state and declining trajectory have led to its inability to meaningfully compete with Union Hospital and other hospital systems in the region for both services and staffing.

2. Description of the Current State of Competition with Payors.

The chart below shows the payor mix for Union Hospital and Regional Hospital for inpatient discharges.[40]

	Union Hospital	Regional Hospital
Medicare	30.70%	30.80%
Medicaid	13.90%	28.40%
Other Governmental Programs	0.70%	4.60%
Commercial	38.20%	10.60%
Medicare Advantage	14.90%	23.10%
Self-Pay / No Charge	1.60%	2.50%
Total	**100%**	**100%**

A. Medicare, Medicaid, and other Federal Government Programs.

Hospitals in rural areas, like Union Hospital and Regional Hospital, tend to treat older and less affluent patients, and therefore shoulder a higher burden of unpaid or underfunded care, including Medicare and Medicaid patients, relative to urban hospitals. Medicare and Medicaid reimbursement rates are typically below the actual cost of providing care to program beneficiaries. This problem will only get worse as rural communities age and rural hospitals see more patients shift from being commercially insured to being insured by Medicare or Medicaid.

The percentage of traditional Medicare patients treated by Union Hospital and Regional Hospital is nearly identical at 30.70% for Union Hospital and 30.80% for Regional Hospital. Rates paid by Medicare and other federal government programs like TRICARE and Veterans Administration are set by the federal government and are non-negotiable. ***As a result, the Merger will not impact the cost of care for the federal government or Medicare beneficiaries.***

Approximately 13.90% of Union Hospital's patients are covered by Medicaid. The percentage of Regional Hospital patients covered by Medicaid is more than double at 28.40%. Indiana Medicaid rates for hospital and physician services are set within an established (and very narrow) range. ***As a result, the Merger will not impact the cost of care for the State of Indiana or Medicaid beneficiaries.***

Finally, the percentage of patients with other governmental health coverage, including TRICARE and Veterans Affairs benefits, also differs between Union Hospital (0.70%) and Regional Hospital (4.60%). Similar to Medicaid, the rates paid by these other federal government programs

[40] Source: Indiana Hospital Association 2023 Inpatient Discharge Data for the Service Area (Indiana counties of Clay, Greene, Parke, Sullivan, Vermillion, and Vigo). The table excludes MSDRG-795 (normal newborns), which is consistent with the approach used in reporting inpatient market share since normal newborns are usually included in discussions of obstetrical care. Regional Hospital reported Medicare Advantage inpatient discharges as part of its Medicare inpatient discharges in the 2023 reporting to the Indiana Hospital Association. For purposes of this table, the Medicare Advantage inpatient discharges at Regional Hospital are shown separately from the Medicare inpatient discharges.

are set within an established (and very narrow) range without much room for negotiation. ***As a result, the Merger will not impact the cost of care for the federal government programs or other governmental program beneficiaries.***

B. Commercial Health Insurance Plans and Medicare Advantage Plans.

Approximately 38.20% of Union Hospital patients are covered by commercial health insurance plans and 14.90% of Union Hospital patients are covered by Medicare Advantage plans. Regional Hospital, in comparison, has a much lower percentage of commercially insured patients (10.60%) and a much higher percentage of Medicare Advantage patients (23.10%). Like other health systems across Indiana and the nation, Union Hospital and Regional Hospital negotiate with commercial health insurance companies for inclusion in the health insurance plans they offer to employers and individuals as commercial health insurance plans and Medicare Advantage plans. Union Hospital and Regional Hospital each approach these negotiations with the basic goal of agreeing on rates and terms that will enable the hospitals to cover the cost of providing high quality health care while earning a reasonable margin to invest in maintaining and improving their facilities and expanding their service offerings.

When considering any hospital consolidation, it is fair to ask whether the consolidation will have a negative impact on commercial health insurance plans. ***This Merger will not have a negative impact on commercial health insurance plans.***

Given Regional Hospital's declining position and limited competitive influence in the market, payors no longer view Regional Hospital as a meaningful alternative to Union Hospital for their commercial networks. Regional Hospital's commercial inpatient market share is only approximately 5% in its combined service area with Union Hospital.[41] As detailed in this 2025 Application, Regional Hospital's operational challenges have limited its ability to meaningfully compete with Union Hospital and other hospital systems in the region for both services and staffing.

Further, commercial payors in the Service Area have considerable strength to negotiate. According to a recent report issued by the American Medical Association, ***Anthem/Elevance, alone, enjoys a 68% share of the Terre Haute market***.[42] According to the same American Medical Association report, United Health Group's share of the Terre Haute market comes in second at 11%.[43] These are sophisticated payors with enormous resources. For 2024, Anthem/Elevance

[41] See Bates White Report detailing the inpatient commercial discharges of Union Hospital and Regional Hospital provided to the Department by Union Hospital on May 8, 2024.

[42] *See 23rd Edition of Competition in Health Insurance: A comprehensive study of U.S. markets, American Medical Association (2024 Update), available at:* https://www.ama-assn.org/system/files/competition-health-insurance-us-markets.pdf

[43] *See 23rd Edition of Competition in Health Insurance: A comprehensive study of U.S. markets, American Medical Association (2024 Update), available at:* https://www.ama-assn.org/system/files/competition-health-insurance-us-markets.pdf

reported nearly *$6 billion* in profit[44] and United Health Group reported *$14 billion* in profit.[45] ***By the sheer strength of their respective market shares and size, the commercial health insurance plans in the Service Area currently have, and will continue to have, the power to robustly negotiate provider contracts without any protections.***

However, to show its commitment to ensuring that commercial health insurance plans and their members will not be adversely impacted by the Merger, Union Hospital is proposing to implement several different post-Merger Pricing Commitments. These Pricing Commitments are intended to provide assurances to health plans and benefit the employers and individual consumers who are ultimately shouldering the burden of health care costs. Union Hospital is proposing to implement strict pricing limitations to ensure that health plans, employers and consumers are not negatively impacted as a result of the Merger. Further, as part of its commitment to transparency and accountability, Union Hospital is committing to help establish a research study to study the economic impact of the COPA over time.

C. Uninsured Population.

Approximately 1.6% of Union Hospital patients have no insurance. Regional Hospital's percentage of uninsured patients is slightly higher at 2.5%. As a nonprofit organization, Union Hospital provides a significant amount of financial assistance and charity care services to the vulnerable populations in the Service Area each year. In 2023, Union Hospital and its Affiliates provided over $9 million worth of financial assistance to patients and provided $2.7 million of charity care services. As described in more detail below, Union Hospital is proposing to enhance the availability of charity care services post-Merger by immediately expanding the Union Hospital Financial Assistance Policy to apply to all patients seeking care within the Combined Enterprise. Once expanded, the Combined Enterprise will maintain a Financial Assistance Policy during the COPA Term that is at least as generous as the Financial Assistance Policy implemented at the time of the Merger. ***As a result, the uninsured population will benefit from the Merger by having access to more free and reduced health care services than exist today.***

3. <u>No Barriers for Additional Competition</u>.

Many states limit hospitals' abilities to expand services by requiring them to seek government approval before entering or expanding in the state. State certificate-of-need ("CON") laws typically establish requirements for state approval before a new health care provider can enter a market or an existing provider can make certain capital improvements. In such states, if a hospital wants to build a wing or add additional beds, for example, it must first seek regulatory approval. The state will determine whether there is sufficient public "need" for the capital improvement and either grant or deny the provider's application. These restrictions

[44] *See* "Elevance Health 2024 Profits Hit $6 Billion Despite Rising Costs," Forbes, January 23, 2025, available at: https://www.forbes.com/sites/brucejapsen/2025/01/23/elevance-health-2024-profits-hit--6-billion-despite-rising-costs/.

[45] *See* "UnitedHealth Group 2024 Profits Hit $14 Billion Despite Cyberattack, Rising Costs," Forbes, January 16, 2025, available at: https://www.forbes.com/sites/brucejapsen/2025/01/16/unitedhealth-group-2024-profits-hit-14-billion-despite-cyberattack-rising-costs/.

typically lead to reduced competition and innovation, as the laws impose additional regulation and prevent new providers from expanding or entering.[46]

Indiana does not have CON laws for hospitals. As a result, there is no barrier to entry if another organization decided it wanted to open a new hospital in the Service Area. Similarly, licensed outpatient facilities (e.g., ambulatory surgery centers) and unlicensed health care settings (e.g., imaging centers, physician offices) are not protected by CON laws, so there is no barrier to entry if other organizations wanted to open new outpatient facilities in the Service Area. Indiana hospitals can decide how to best serve their patients—whether by expanding facilities, offering new services, or purchasing new equipment—without seeking such government approval. The Combined Enterprise will continue to face significant competition from existing inpatient and outpatient providers post-Merger and there would be no barriers to entry if new entrants sought to establish additional inpatient or outpatient facilities to compete with the Combined Enterprise.

b. Analysis of the effects (both positive and negative) of the proposed merger agreement on the following seven topics listed below.

1. The availability, access, quality and price of hospital and health care services provided to Indiana residents, including the demonstration of population health improvement of the relevant services areas and the extent to which medically underserved populations have access to and are projected to use the proposed services.

The Applicants do not foresee any adverse impacts on the availability, access, quality, and price of hospital and health care services as a result of the Merger. Rather, the Applicants foresee the Merger resulting in significant benefits as detailed below.

A. Availability of and access to hospital and health care services.

A general concern that exists with any hospital consolidation is the potential impact the consolidation may have on the availability of and access to hospital and health care services.

If the COPA is not approved, residents of the Service Area will likely continue to lose access to key service lines at Regional Hospital. Regional Hospital has already discontinued or cut back key services in the past year. Other service lines, including cardiovascular surgery, urology and OBGYN rely on single physicians, several of whom are nearing retirement. In the event any one of these physicians decides to leave, it would be very difficult for Regional Hospital to replace the physician and the service line at Regional Hospital would cease.

[46] Maureen K. Ohlhausen, *Certificate of Need Laws: A Prescription for Higher Costs*, 30 Antitrust 50 (Fall 2015), https://https://www.ftc.gov/system/files/documents/public_statements/896453/1512fall15-ohlhausenc.pdf

If the COPA is approved, access and availability of health care services in the Service Area will be preserved. To ensure this, Union Hospital is proposing the following ten Preservation of Access Commitments be included in the Proposed Terms and Conditions along with specific accountability mechanisms for each:

Union Hospital will maintain inpatient acute care facilities at both the Union Hospital facility and the Regional Hospital facility during the COPA Term.

(*Also found in the Terms and Conditions, Exhibit B, Section C, Preservation of Access Commitment #1)*

- This commitment will ensure that patients in the Service Area have continued access to inpatient acute care facilities at two convenient locations.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital will maintain Emergency Rooms at both the Union Hospital facility and the Regional Hospital facility during the COPA Term.

(*Also found in the Terms and Conditions, Exhibit B, Section C, Preservation of Access Commitment #2)*

- This commitment will ensure that patients in the Service Area have continued access to dedicated emergency room facilities at two convenient locations.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital will maintain at least a Level III trauma program at the Union Hospital facility during the COPA Term.

(*Also found in the Terms and Conditions, Exhibit B, Section C, Preservation of Access Commitment #3)*

- This commitment will ensure that patients in the Service Area have continued access to a Level III trauma facility (or higher).

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital will maintain an Intensive Care Unit (ICU) at the Union Hospital facility during the COPA Term and will expand the availability of ICU services by increasing the number of ICU beds from twenty-four to thirty-six within the first three years.

(Also found in the Terms and Conditions, Exhibit B, Section C, Preservation of Access Commitment #4)

- This commitment will ensure that patients in the Service Area have continued access to an ICU at the Union Hospital facility.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Within one month of the Merger, Union Hospital will convert the Regional Hospital ICU into an Acuity Adaptable Unit (AAU). Once converted, Union Hospital will maintain the AAU at the Regional Hospital facility for the COPA Term.

(Also found in the Terms and Conditions, Exhibit B, Section C, Preservation of Access Commitment #5)

- This commitment will ensure that patients in the Service Area have continued access to ICU-level services at the Regional Hospital facility.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital will continue to offer cardiac catheterization services at the Union Hospital facility and the Regional Hospital facility during the COPA Term.

(Also found in the Terms and Conditions, Exhibit B, Section C, Preservation of Access Commitment #6)

- This commitment will ensure that patients in the Service Area have continued access to cardiac catheterization labs at two convenient locations.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital shall be required to obtain the approval of the Department at least sixty (60) days in advance of making any material change to a Service Line if the change would adversely impact the health outcomes, health care access, and quality of health care of the Service Area.

(Also found in the Terms and Conditions, Exhibit B, Section C, Preservation of Access Commitment #7)

- This commitment will ensure that there will be no adverse impacts to the key services provided at Union Hospital and Regional Hospital without the Department's approval. "Service Line" means the following service lines offered at the Union Hospital facility or the Regional Hospital facility: Cardiology, Emergency Medicine, General Surgery, Oncology, Orthopedics, Neurology/Neurosurgery, Obstetrics/Gynecology, Pediatrics, Pulmonology, Trauma, and Urology. The Department shall respond to a request for approval within thirty (30) days. This requirement does not apply any changes described in the Commitments as those changes are considered pre-approved by the Department as part of the COPA approval process.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Within six months of the Merger, Union Hospital will consolidate Wound Care Services at the Union Hospital facility by adding two additional Wound Care treatment rooms. Once consolidated, Union Hospital will continue to offer Wound Care Services at the Combined Enterprise for the COPA Term.

(Also found in the Terms and Conditions, Exhibit B, Section C, Preservation of Access Commitment #8)

- This commitment will ensure that patients in the Service Area have continued access to a comprehensive Wound Care program. Consolidating the service at a single location will lead to increased volumes and support the long-term stabilization of the program.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital will maintain chemotherapy infusion services at the Union Hospital facility during the COPA Term. If it is determined that the chemotherapy infusion services currently offered at the Regional Hospital facility should be consolidated at a single location, Union Hospital shall expand access to chemotherapy services at the Union Hospital facility as part of the consolidation plan.

(Also found in the Terms and Conditions, Exhibit B, Section C, Preservation of Access Commitment #9)

- This commitment will ensure that patients in the Service Area have continued access to chemotherapy infusion services in the community.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Within six months of the Merger, the Mother-Baby/NICU/Pediatric Units at the Union Hospital facility and the Regional Hospital facility will be consolidated at the Union Hospital facility so that all expectant mothers seeking care at Union Hospital will have access to Level III maternal and neonatal care. Once consolidated, Union Hospital will continue to offer Level III maternal and neonatal care within the Combined Enterprise for the COPA Term.

(Also found in the Terms and Conditions, Exhibit B, Section C, Preservation of Access Commitment #10)

- This commitment will ensure that patients in the Service Area have continued access to Level III maternal and neonatal care.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

B. Quality of hospital and health care services.

Another general concern that exists with any hospital consolidation is the potential impact the consolidation may have on the quality of hospital and health care services. The Merger is not expected to have any negative impact on the quality of services provided post-Merger. In fact, the Applicants expect the Merger to have a positive impact on quality due to the increase in inpatient volumes. Numerous studies show there is a strong correlation between higher hospital volume and improved quality of care.[47] The patient volumes of the Combined Enterprise post-Merger will be greater than the pre-Merger patient volumes at Regional Hospital, or the pre-Merger patient volumes at Union Hospital. Consistent with the findings of various studies, this increased volume will operate to improve the quality of care provided by the Combined Enterprise after the Merger.[48]

[47] *See* Institute of Medicine, Interpreting the Volume-Outcome Relationship in the Context of Health Care Quality: Workshop Summary (2000), at 4-5, https://www.nap.edu/catalog/10005/interpreting-the-volume- outcome-relationship-in-the-context-of-health-care-quality; Levaillant, M., Marcilly, R., Levaillant, L. et al., "Assessing the hospital volume-outcome relationship in surgery: a scoping review", BMC Med Res Methodol 21, 204 (2021), https://doi.org/10.1186/s12874-021-01396-6.

[48] Higher volumes are strongly associated with better outcomes across a wide range of procedures and conditions (*see* Maria Hewitt, *Interpreting the Volume-Outcome Relationship in the Context of Health Care Quality: Workshop Summary,* Institute of Medicine at 4-5 (2000), https://nap.nationalacademies.org/read/10005/chapter/1). For example, patients with myocardial infarctions admitted to hospitals with low volumes were 17% more likely to die within 30 days after admission than in high-volume hospitals (*see* David R. Thiemann et al., *The Association between Hospital Volume and Survival after Acute Myocardia Infarction in Elderly Patients,* 340 New England Journal of Medicine 1640 (May 27, 1999), https://www.nejm.org/doi/full/10.1056/NEJM199905273402106). Similarly, stroke

To allow the Department to monitor the Merger's impact on quality performance and to allow the Department and the public to hold Union Hospital accountable for continuing to provide high-quality services post-Merger, Union Hospital is proposing certain Quality Commitments be included in the Proposed Terms and Conditions along with specific accountability mechanisms:

Union Hospital will implement a common clinical IT platform across the Combined Enterprise within 24 months of the Merger to support quality improvement, care management, and population health improvement efforts.

(*Also found in the Terms and Conditions, Exhibit B, Section A, Quality Commitment #1)*

- This commitment will require Union Hospital to implement a common clinical IT platform across the Combined Enterprise to allow for better coordinated care. The common clinical IT platform will support the Combined Enterprise's efforts to improve quality and enhance care management across the region. This implementation is expected to cost approximately $17.5 million.

- Accountability Mechanism: Union Hospital shall include in each Annual Report an update on its progress towards meeting the commitment and the expenses associated with the implementation. Failure to comply with this commitment within 24 months may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital will report on specific quality measures of the Combined Enterprise quarterly and annually against pre-Merger baselines to ensure the Department and the community have the ability to monitor quality performance post-Merger.

(*Also found in the Terms and Conditions, Exhibit B, Section A, Quality Commitment #2)*

- This commitment will ensure that the Department and the community receive regular updates on the quality performance of the Combined Enterprise and are able to compare

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patients in high-volume units had better outcomes than those at low-volume units, as reflected by shorter lengths of stay at the initial hospital and reduced bed use in the first year after a stroke (*see* Marie Louise Svendsen et al., *Higher Stroke Unit Volume Associated With Improved Quality of Early Stroke Care and Reduced Length of Stay,* 43 Stroke 3041 (Nov. 2012), https://www.ahajournals.org/doi/10.1161/strokeaha.111.645184). Mortality and length of stay also significantly improve when trauma volume exceeds a certain threshold of cases per year (*see* Avery B. Nathens et al., *Relationship Between Trauma Center Volume and Outcomes,* 285 JAMA 9 (Mar. 7, 2001), https://pubmed.ncbi.nlm.nih.gov/11231745/). Thus, patient volume can serve as a proxy for quality of care and as a driver of recognition for clinical excellence, and, in light of that correlation, patient volume is one factor in ranking clinical programs (*see* e.g., 2022-2023 Best Hospitals Rankings, U.S. News).

that against pre-Merger quality performance of Union Hospital and Regional Hospital (where possible). This level of quality reporting is not currently required of any hospital in Indiana and this level of quality reporting would not be available to the public absent the Merger. The proposed quality measures that Union Hospital would report on are attached as Addendum 1.

- Accountability Mechanism: Union Hospital shall report its performance on all quality measures against pre-Merger baselines in its Annual Report. Union Hospital shall report on those quality measures designated for quarterly reporting on the "Healthier Together" website that will be available to the public. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital will report on specific patient satisfaction measures of the Combined Enterprise compared against pre-Merger baselines to ensure the Department and the community may monitor the effect of the Merger on patient satisfaction.

(*Also found in the Terms and Conditions, Exhibit B, Section A, Quality Commitment #3)*

- This commitment will ensure that the Department and the community receive regular updates on patient satisfaction associated with the Combined Enterprise and may compare that against pre-Merger patient satisfaction at Union Hospital and Regional Hospital (where possible). This level of patient satisfaction reporting is not currently required of any hospital in Indiana and this level of patient satisfaction reporting would not be available to the public absent the Merger. The proposed patient satisfaction measures that Union Hospital would report on are attached as Addendum 2.

- Accountability Mechanism: Union Hospital shall report its performance on patient satisfaction measures of the Combined Enterprise against pre-Merger baselines in its Annual Report. Union Hospital shall report on those patient satisfaction measures designated for quarterly reporting on the "Healthier Together" website that will be available to the public. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

C. Price of hospital and health care services.

A separate concern that exists with any hospital consolidation is the potential impact the consolidation may have on the price of hospital and health care services. As described above, Regional Hospital does not represent a competitive alternative to Union Hospital today and Regional Hospital's competitive position is only getting worse. The commercial health insurance plans in the Service Area have significant strength, and that strength will continue post-Merger. For these reasons, the Merger is not expected to have any negative impact on the price of hospital and health care services.

However, to ensure that the Merger does not have a negative impact on pricing, Union Hospital is proposing eight Pricing Commitments be included in the Proposed Terms and Conditions along with specific accountability mechanisms for each:

Union Hospital will not increase the charge for each individual service the Combined Enterprise offers by more than the increase in the preceding year's annual average of the Consumer Price Index for Medical Care as published by the federal Bureau of Labor Statistics, as set forth in the "Pricing Limitations" attached hereto as Addendum 3 for a period of seven years.

(Also found in the Terms and Conditions, Exhibit B, Section B, Pricing Commitment #1)

- This commitment will ensure that Union Hospital complies with the pricing limitations set forth in I.C. § 16-21-15-7(c).

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions. If a health plan complains that Union Hospital has violated this commitment, the Department would be able to investigate the complaint under the Proposed Terms and Conditions and require remedial action if appropriate.

Union Hospital will commit to limit price increases in payor negotiations in compliance with the "Pricing Limitations" attached hereto as Addendum 3 for a period of seven years.

(Also found in the Terms and Conditions, Exhibit B, Section B, Pricing Commitment #2)

- This commitment will help mitigate the risk of significant health care cost increases by limiting the rates that Union Hospital may negotiate with payors post-Merger with respect to the Combined Enterprise.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions. If a health plan complains that Union Hospital has violated this commitment, the Department would be able to investigate the complaint under the Proposed Terms and Conditions and require remedial action if appropriate.

Union Hospital will implement the Union Hospital chargemaster for all services provided across the Combined Enterprise immediately upon the Effective Date.

(Also found in the Terms and Conditions, Exhibit B, Section B, Pricing Commitment #3)

- Regional Hospital's charges are higher than Union Hospital's charges.[49] This commitment will result in an immediate reduction in the charges for services provided to the community.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions. If a health plan complains that Union Hospital has violated this commitment, the Department would be able to investigate the complaint under the Proposed Terms and Conditions and require remedial action if appropriate.

D. Population health.

The principal reason the Applicants decided to pursue the Merger was because it gives the community an opportunity to focus on population health improvement in ways that are not possible today. Historically, efforts to improve health status have focused on the acute care health care delivery system as the key driver of health and health outcomes. However, given the increased recognition that improving health and achieving health equity will require broader approaches that address social, economic, and environmental factors that influence health, it is not only appropriate, but also necessary, for the Combined Enterprise to address social determinants of health in the Service Area. The combined resources will allow the Combined Enterprise to impact a much greater percentage of the population and reach populations that have historically been medically underserved.

In order to ensure the benefits of the merger outweigh the potential disadvantages, and ensure the Department may monitor the impact the Merger has on population health long-term, Union Hospital is proposing the following Population Health Commitments be included in the Proposed Terms and Conditions along with specific accountability mechanisms for each:

[49] Union Hospital's pricing is typically between the [redacted] percentile nationwide. Regional Hospital's charges are [redacted] than Union Hospital's charges and Regional Hospital's pricing typically exceeds the [redacted] nationwide.

Within the first twelve months, Union Hospital will expand its Health Equity Plan to cover all patients receiving care from the Combined Enterprise.

(Also found in the Terms and Conditions, Exhibit B, Section F, Population Health Commitment #1)

- Union Hospital's Health Equity Plan is designed to eliminate health disparities and provide equitable care throughout the organization and the Service Area. Without the Merger, the plan would only cover the residents of the Service Area who receive care from Union Hospital. The expansion of the Health Equity Plan is expected to improve the health of the community and reduce the cost of care.

- Accountability Mechanism: Union Hospital shall report on implementation progress of the Health Equity Plan in each Annual Report. Failure to comply with this commitment within twelve months may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Within the first twelve months, Union Hospital will expand its Population Health Improvement Plan to cover all patients receiving care from the Combined Enterprise.

(Also found in the Terms and Conditions, Exhibit B, Section F, Population Health Commitment #2)

- Union Hospital's Population Health Improvement Plan consists of numerous initiatives which are designed to address certain "social determinants of health" including factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Without the Merger, the plan would only cover the residents of the Service Area who receive care from Union Hospital. The expansion of the Population Health Improvement Plan is expected to improve the health of the community and reduce the cost of care.

- Accountability Mechanism: Union Hospital shall report on implementation progress of the Population Health Improvement Plan in each Annual Report. Failure to comply with this commitment within twelve months may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

The Combined Enterprise will provide at least twelve "pop-up clinics" each year to provide health care services to the homeless community in the Service Area.

(Also found in the Terms and Conditions, Exhibit B, Section F, Population Health Commitment #3)

- "Pop Up Clinics," which are conducted by a team of physicians, therapists, pharmacists, and other health professionals working together, provide screenings, education, access to free medications and wrap-around support services (e.g., food distribution sites, shelters, and low-income housing) to individuals who are experiencing homelessness. These clinics help promote health care equality by enabling health care to be within everyone's reach.

- Accountability Mechanism: Union Hospital shall report on the number of "pop-up clinics" organized each year in its Annual Report, along with a summary of the services provided and number of patients served. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Within the first twelve months of the Merger, Union Hospital will establish a new food access point of the Combined Enterprise to help address food insecurity.

(Also found in the Terms and Conditions, Exhibit B, Section F, Population Health Commitment #4)

- Food insecurity is closely associated with higher use of emergency department visits, inpatient admissions, and high health care costs. Helping individuals move out of a food insecurity crisis can have a significant impact on their ability to focus on their overall health.

- Accountability Mechanism: Union Hospital shall report on the new food access point in its Annual Report, including the number of families who utilize the new food access point each year. Failure to comply with this commitment within twelve months may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital will establish a research study in partnership with a nonprofit organization or a postsecondary educational institution to study the impacts of the COPA on the community's health metrics and outcomes as described in I.C. § 16-21-15-4.5.

(Also found in the Terms and Conditions, Exhibit B, Section F, Population Health Commitment #5)

- The commitment will allow the Department and the community to better understand the impact of the population health improvement efforts that are implemented as a result of the Merger.

- Accountability Mechanism: Union Hospital will make relevant data available to the nonprofit organization or postsecondary educational institution that is conducting the study. As part of each Annual Report, Union Hospital will report on the status of the study and any significant findings. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

E. Medically underserved populations.

Medically underserved populations are groups of people who have limited access to health care services. The Population Health Commitments described above are specifically designed to expand health care services to individuals who, historically, have had difficulty accessing programs and services to meet their health care needs.

Recognizing that economic barriers (like poverty and inability to pay) are a common characteristic of medically underserved populations, Union Hospital is proposing to enhance the availability of financial assistance services post-Merger by immediately expanding the Union Hospital Financial Assistance Policy to apply to all patients seeking care within the Combined Enterprise. To ensure medically underserved populations will further benefit from the Merger by having access to more free and reduced health care services than exist today, Union Hospital is proposing to include the following "Other Commitment" in the Proposed Terms and Conditions:

Charity Care / Financial Assistance

Union Hospital will immediately expand the Union Hospital Financial Assistance Policy to apply to all patients of the Combined Enterprise seeking care. Once expanded, the Combined Enterprise shall maintain a Financial Assistance Policy during the COPA Term that is at least as generous as the Financial Assistance Policy implemented at the time of the Merger.

(Also found in the Terms and Conditions, Exhibit B, Section G, Other Commitment #1)

- This commitment will ensure that low-income patients who are uninsured will not be adversely impacted by the Merger.

- Accountability Mechanism: Union Hospital shall include in its Annual Report a statement attesting to compliance. Union Hospital shall also report on the number of patients who are benefiting from the Financial Assistance Policy each year. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

2. Analysis of the effects (both positive and negative) of the proposed merger agreement on: The preservation of sufficient health care services within the relevant services areas to ensure public access to health care services.

As discussed in Section V.b.1.A above, Union Hospital is committed to ensuring that the Merger does not have a negative impact on availability or access for residents of the Service Area. As evidence of this, Union Hospital is proposing the Preservation of Access Commitments be included in the Proposed Terms and Conditions along with specific accountability mechanisms for each.

In addition, Union Hospital recognizes that changes to certain hospital service lines could affect access to sufficient health care services. To address this, Union Hospital has proposed a Preservation of Access Commitment that would require Union Hospital to seek approval from the Department before making any material changes to a Service Line which would adversely *impact the health outcomes, health care access, and quality of health care of the Service Area*. This requirement would apply to the following service lines: Cardiology, Emergency Medicine, General Surgery, Oncology, Orthopedics, Neurology/Neurosurgery, Obstetrics/Gynecology, Pediatrics, Pulmonology, Trauma, and Urology.

Under this requirement, Union Hospital would be required to notify the Department at least sixty (60) days prior to any such Service Line change. Union Hospital would not be permitted to implement the change to the Service Line without the approval of the Department. Additional details about the proposed requirement can be found in Preservation of Access Commitment #7.

In contrast, if Regional Hospital continues to operate independently, several of the hospital's service lines are in serious jeopardy of being discontinued. [redacted]

3. Analysis of the effects (both positive and negative) of the proposed merger agreement on: The efficiency of services, resources, and equipment provided or used by the Applicant Groups, including avoidance of duplicate services to better meet the needs of the community.

If the COPA is granted, the Combined Enterprise is committing to make significant investments in improved facilities and services. Specifically, the Combined Enterprise is committing to invest at least $30 million in Regional Hospital facilities in the first five years after the Merger and at least $75 million in Union Hospital facilities over that same time period. In contrast Regional Hospital is presently functioning with aged equipment and an outdated facility and is unable to make needed improvements. [redacted]

Additionally, Union Hospital is proposing a number of commitments to ensure that resources are maximized without any negative effect on the availability of services. Specifically, Union Hospital is proposing to consolidate wound care services, chemotherapy infusion services, Mother-Baby/NICU/Pediatric Units at Union Hospital post-Merger and committing to maintaining those services during the COPA Term.[50] The consolidation of services will improve volumes for each program. It is well established that there is a materially positive correlation between hospital volumes and better outcomes across a wide range of procedures and conditions.[51]

The proposed commitments for the ***enhancement*** of facilities, equipment, and services are set forth below, along with the accountability mechanisms for each.

[50] See Preservation of Access Commitments 8 through 10.

[51] *See* Institute of Medicine, Interpreting the Volume-Outcome Relationship in the Context of Health Care Quality: Workshop Summary (2000), at 4-5, https://www.nap.edu/catalog/10005/interpreting-the-volume- outcome-relationship-in-the-context-of-health-care-quality; Levaillant, M., Marcilly, R., Levaillant, L. et al., "Assessing the hospital volume-outcome relationship in surgery: a scoping review", BMC Med Res Methodol 21, 204 (2021), https://doi.org/10.1186/s12874-021-01396-6.

Union Hospital will invest at least $30,000,000 in the facilities at the Regional Hospital facility over five years.

(Also found in the Terms and Conditions, Exhibit B, Section D, Enhancement Commitment #1)

- This commitment will ensure that Union Hospital makes adequate capital investments to maintain the Regional Hospital facilities and equipment.

- Accountability Mechanism: Union Hospital shall include in each Annual Report an update on its progress towards meeting this commitment. Failure to comply with this commitment by the end of year five may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital will invest at least $75,000,000 in the Union Hospital facility over five years.

(Also found in the Terms and Conditions, Exhibit B, Section D, Enhancement Commitment #2)

- This commitment will ensure that Union Hospital makes adequate capital investments to maintain the Union Hospital facilities and equipment.

- Accountability Mechanism: Union Hospital shall include in each Annual Report an update on its progress towards meeting this commitment. Failure to comply with this commitment by the end of year five may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital will invest at least $5,000,000 to add oncology treatment-related technology for the residents of the Service Area over three years.

(Also found in the Terms and Conditions, Exhibit B, Section D, Enhancement Commitment #3)

- This commitment will ensure that Union Hospital is investing in new technology to enhance the oncology services offered in the Service Area.

- Accountability Mechanism: Union Hospital shall include in each Annual Report an update on its progress towards meeting this commitment. Failure to comply with this commitment by the end of year three may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital or its Affiliates will recruit additional Primary Care Physicians and Advance Practice Providers during the COPA Term to the Service Area, with a goal of adding at least fifteen new primary care providers in the first five years.

(Also found in the Terms and Conditions, Exhibit B, Section D, Enhancement Commitment #4)

- This commitment will ensure that Union Hospital or its Affiliates is expanding access to Primary Care Physicians and Advance Practice Providers to the Service Area, specifically those practicing in Family Medicine, Internal Medicine, Pediatric Medicine, and Obstetrics/Gynecology.

- Accountability Mechanism: Union Hospital shall include in each Annual Report an update on its progress towards meeting this commitment. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital or its Affiliates will recruit additional Specialty Physicians for the Combined Enterprise to improve the availability of specialty care in the Service Area, with a goal of adding at least twenty-one new Specialty Physicians in the first five years.

(Also found in the Terms and Conditions, Exhibit B, Section D, Enhancement Commitment #5)

- This commitment will ensure that the Combined Enterprise is expanding access to Specialty Physicians in the Service Area. Union Hospital or its Affiliates expects to recruit physicians in a variety of specialties, including Orthopedics, Oncology, Neuroscience, Urology, Surgery, Pulmonology/Critical Care, and Cardiovascular Care.

- Accountability Mechanism: Union Hospital shall include in each Annual Report an update on its progress towards meeting this commitment. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital will recruit additional pharmacists for the Combined Enterprise during the COPA Term, with a goal of adding at least three new pharmacists in the first five years.

(Also found in the Terms and Conditions, Exhibit B, Section D, Enhancement Commitment #6)

- This commitment will ensure that Union Hospital is expanding the number of pharmacists available to the Combined Enterprise.

- Accountability Mechanism: Union Hospital shall include in each Annual Report an update on its progress towards meeting this commitment. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital will increase the number of behavioral health inpatient beds during the COPA Term, with a goal of adding at least 20 beds to the Combined Enterprise in the first five years.

(Also found in the Terms and Conditions, Exhibit B, Section D, Enhancement Commitment #7)

- This commitment will ensure that Union Hospital is expanding access to inpatient behavioral health services of the Combined Enterprise for residents of the Service Area.

- Accountability Mechanism: Union Hospital shall include in each Annual Report an update on its progress towards meeting this commitment, including the number of patients served each year. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Within the first 120 days of the Merger, Union Hospital and its Affiliates will expand its after-hours nurse access program to make it available to all patients seeking care within the Combined Enterprise.

(Also found in the Terms and Conditions, Exhibit B, Section D, Enhancement Commitment #8)

- This commitment will ensure that Union Hospital is expanding round-the-clock access to telephone nurse triage services for patients of the Combined Enterprise. This service ensures that patients can reach out with medical questions at any time of day and can quickly schedule an appointment with a provider when appropriate.

- Accountability Mechanism: Union Hospital shall include in each Annual Report an update on its progress towards meeting this commitment. Once implemented, the Combined Enterprise shall report on the number of patients who utilize the after-hours nurse access program each year compared to the pre-Merger (baseline) level. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital and its Affiliates will increase the number of Well Child Checks provided for patients 0-18 years of age across the Combined Enterprise during the COPA Term.

(Also found in the Terms and Conditions, Exhibit B, Section D, Enhancement Commitment #9)

- This commitment will ensure that Union Hospital is expanding Well Child Checks which assess ongoing growth and development and allow for early identification and intervention of developmental delays across the Combined Enterprise. Well Child Checks also provide opportunities for administration of age-appropriate vaccines to reduce preventable disease, thus improving patient outcomes and decreasing health care costs. The goal for the percentage of patients receiving Well Child Checks will be provided after a full year of combined baseline data is available.

- Accountability Mechanism: Union Hospital will report on the number of Well Child Checks in each Annual Report, along with a comparison to the number of pre-Merger (baseline) visits. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital will increase the number of Medicare Annual Wellness Visits during the COPA Term with a goal of having seventy percent (70%) or more of attributed patients of the Combined Enterprise receiving a Medicare Annual Wellness Visit each year by the end of the COPA Term.

(Also found in the Terms and Conditions, Exhibit B, Section D, Enhancement Commitment #10)

- This commitment will ensure that the Combined Enterprise is expanding Medicare Annual Wellness Visits that are designed to help health care providers enhance patient activation and engagement, identify health risks such as depression and falls, and connect beneficiaries to behavioral counseling, such as nutrition counseling and smoking cessation, and preventive care services, including vaccinations and cancer screenings. These visits are intended to prevent disease and disability, improve quality of life, and reduce health care expenditures for Medicare and Medicare beneficiaries.

- Accountability Mechanism: Union Hospital will report on the number of Medicare Annual Wellness Visits in each Annual Report across the Combined Enterprise along with a comparison to the number of pre-Merger (baseline) visits and progress towards the seventy percent (70%) goal. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital and its Affiliates will increase the Transitional Care Management services offered during the COPA Term with a goal of having ninety percent (90%) or more of eligible attributed patients of the Combined Enterprise offered Transitional Care Management services each year.

(Also found in the Terms and Conditions, Exhibit B, Section D, Enhancement Commitment #11)

- This commitment will ensure that Union Hospital is expanding Transitional Care Management services that are designed to help patients transition back to a community setting after a stay at an inpatient facility. These services are intended to improve care coordination and reduce preventable readmissions, medical errors, and mortality during the 30 days following discharge from the acute care setting and reducing health care expenditures for Medicare and Medicare beneficiaries.

- Accountability Mechanism: Union Hospital will report on the number of eligible patients of the Combined Enterprise offered Transitional Care Management services in each Annual Report, along with a comparison to the number of patients offered Transitional Care Management services pre-Merger and progress towards the ninety percent (90%) goal. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Finally, to ensure that merger-derived savings realized by reducing duplication and improving coordination will stay within the community and be reinvested in ways that substantially benefit the Service Area, Union Hospital is proposing to include the following "Other Commitment" in the Proposed Terms and Conditions:

Reinvestment of Cost Savings

Union Hospital will reinvest into the Combined Enterprise the cost savings realized in the first five years of the Merger to help improve the health status of the community.

(Also found in the Terms and Conditions, Exhibit B, Section G, Other Commitment #2)

- This commitment will ensure the cost savings realized in the first five (5) years of the Merger are reinvested in initiatives to help improve the health status of the community consistent with I.C. § 16-21-15-7(d).

- Accountability Mechanism: Union Hospital shall include in its Annual Report a statement attesting to compliance. Union Hospital shall also report on the cost savings realized each year and how those cost savings are being reinvested to help improve the health status of the community. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

4. Analysis of the effects (both positive and negative) of the proposed merger agreement on: Utilization of health care, including preventable visits, re-admission, and impact on health outcomes

Lack of coordinated and integrated care increases costs and decreases overall effectiveness of care thereby contributing to the overutilization of costly inpatient services. The Merger presents an opportunity to increase prevention resources and better coordinate care to reduce overutilization of inpatient services in the Service Area thereby stemming the pace of health care cost growth for patients, employers, and insurers.

Specifically, Union Hospital is committing to increase the number of wellness visits for the Medicare population (Enhancement Commitment #10), increase the number of Well Child Checks for the pediatric population (Enhancement Commitment #9), and increase the Transitional Care Management services that are offered (Enhancement Commitment #11). These initiatives will be supported by the commitments to increase the number of Primary Care Physicians and Advance Practice Providers (Enhancement Commitment #4), Specialty Physicians (Enhancement Commitment #5), and pharmacists in the Service Area (Enhancement Commitment #6). These additional providers will support an enhanced care management program designed to decrease the number of preventable hospitalizations, decrease the number of readmissions, and improve health outcomes.

5. Analysis of the effects (both positive and negative) of the proposed merger agreement on: The ability of health care payors to negotiate payments and service agreements with the Applicant Groups and anticipated impact on reimbursement rates and service agreements, including any anticipated changes to any payor agreements and changes to the calculation of pricing.

Union Hospital is committed to ensuring that the Merger does not negatively affect the ability of health care payors to negotiate payments and service agreements post-Merger. In furtherance of this commitment, and in addition to the three Pricing Commitments set forth in Section V.b.1.C above, Union Hospital is proposing specific Pricing "Conduct" Commitments be included in the Proposed Terms and Conditions along with an accountability mechanism for each:

Union Hospital will negotiate in good faith with all payors to include the Combined Enterprise in the health plans offered in the Service Area.

(Also found in the Terms and Conditions, Exhibit B, Section B, Pricing Commitment #4)

- This commitment will help mitigate the risk that the COPA could have an adverse impact on the ability of payors to negotiate with Union Hospital post-Merger.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions. If a health plan complains that Union Hospital has violated this commitment, the Department would be able to investigate the complaint under the Proposed Terms and Conditions and require remedial action if appropriate.

Union Hospital will not unreasonably refuse to negotiate with potential new payor entrants to the market or payors that have small market shares.

(Also found in the Terms and Conditions, Exhibit B, Section B, Pricing Commitment #5)

- This commitment will help mitigate the risk that Union Hospital could discriminate against new payor entrants or managed care plans with small market shares post-Merger.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions. If a payor complains that Union Hospital has violated this commitment, the Department would be able to investigate the complaint under the Proposed Terms and Conditions and require remedial action if appropriate.

Union Hospital will attempt to include in payor contracts reasonable provisions for improved quality and other value-based incentives based upon priorities agreed upon with each payor.

(Also found in the Terms and Conditions, Exhibit B, Section B, Pricing Commitment #6)

- This commitment will help mitigate the risk that prices could increase post-Merger by requiring Union Hospital to pursue value-based payment models for the Combined Enterprise that incentivizes higher-quality and lower-cost care.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions. If a payor complains that Union Hospital has violated this commitment, the Department would be able to investigate the complaint under the Proposed Terms and Conditions and require remedial action if appropriate.

Union Hospital will honor all payor contract terms and not unilaterally terminate without cause any such contract prior to its slated expiration date.

(Also found in the Terms and Conditions, Exhibit B, Section B, Pricing Commitment #7)

- This commitment will help mitigate the risk that prices could increase post-Merger by requiring Union Hospital to honor those contracts for the Combined Enterprise negotiated with payors pre-Merger and post-Merger.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions. If a health plan complains that Union Hospital has violated this commitment, the Department would be able to investigate the complaint under the Proposed Terms and Conditions and require remedial action if appropriate.

Union Hospital will negotiate with payors in good faith and will attempt in good faith to contract with all payors that offer terms on a capitated bases, percentage of premium revenue, or other terms that require Union Hospital to assume risk.

(Also found in the Terms and Conditions, Exhibit B, Section B, Pricing Commitment #8)

- This commitment will help mitigate the risk that prices could increase post-Merger by requiring Union Hospital to work towards risk-based arrangements for the Combined Enterprise that shifts some of the economic risk from payors to health care providers.

- Accountability Mechanism: Union Hospital shall include in each Annual Report a statement attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions. If a health plan complains that Union Hospital has violated this commitment, the Department would be able to investigate the complaint under the Proposed Terms and Conditions and require remedial action if appropriate.

6. Analysis of the effects (both positive and negative) of the proposed merger agreement on: Employment, the healthcare workforce, recruiting and retention.

The Applicants do not anticipate any negative impacts on employment or the healthcare workforce as a result of the Merger. In contrast, the Merger will help preserve the 700 local jobs at Regional Hospital. Additionally, the Applicants firmly believe the Merger will have a positive impact on employee recruitment and retention short-term and long-term. Union Hospital

currently has an annual voluntary turnover rate of [redacted]. Regional Hospital's annual voluntary turnover rate is considerably higher at [redacted], and Regional Hospital has struggled to recruit replacements to fill its open positions.

Union Hospital believes that implementation of its programs post-Merger can help improve the retention rate for legacy Regional Hospital employees. For example, the Union Hospital system recently received "Magnet" designation from the American Nursing Credentialing Center. The "Magnet" recognition program is considered the highest recognition for nursing excellence. To achieve the designation, a Magnet hospital must foster an ideal environment for nursing talent. Magnet hospitals typically experience lower staff turnover, a better patient experience, and a greater ability to attract and retain the best nursing talent. They promote a culture that invests in nursing education and professional development, which supports nurses in their careers and nurtures interprofessional collaborative practice.

With respect to the employees who are directly impacted by the Merger, Union Hospital will offer all current employees of Regional Hospital and Regional Healthcare Partners comparable positions within the Combined Enterprise. Union Hospital is proposing to memorialize the commitments to the employees and the healthcare workforce in the Proposed Terms and Conditions as follows:

Union Hospital or an Affiliate will offer employment to all employees who are employed by Regional Hospital and Regional Healthcare Partners at the time of the Merger.

(Also found in the Terms and Conditions, Exhibit B, Section E, Employment and Economics Commitment #1)

- This commitment is designed to protect the Regional Hospital and Regional Healthcare Partners assembled workforces by ensuring that they are offered employment by the Combined Enterprise.

- Accountability Mechanism: Union Hospital shall include a statement in the first Annual Report attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital or an Affiliate will offer employment to Regional Hospital and Regional Healthcare Partners employees at salary and hourly wage levels that are the same as, or better than, Regional Hospital and Regional Healthcare Partners levels.

(Also found in the Terms and Conditions, Exhibit B, Section E, Employment and Economics Commitment #2)

- This commitment is designed to protect the Regional Hospital and Regional Healthcare Partners assembled workforces by ensuring that they are offered compensation at Union Hospital or an Affiliate that is the same as, or better than, the compensation offered at Regional Hospital and Regional Healthcare Partners.

  Accountability Mechanism: Union Hospital shall include a statement in the first Annual Report attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital or an Affiliate will honor full credit for paid time off balances of Regional Hospital and Regional Healthcare Partners employees who transition to employment by Union Hospital or an Affiliate.

(Also found in the Terms and Conditions, Exhibit B, Section E, Employment and Economics Commitment #3)

- This commitment is designed to protect the Regional Hospital and Regional Healthcare Partners assembled workforces by ensuring that they are given credit for paid time off when they transition employment to Union Hospital or an Affiliate.

- Accountability Mechanism: Union Hospital shall include a statement in the first Annual Report attesting to compliance. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Union Hospital will conduct annual employee and physician satisfaction surveys to help reduce turnover and improve retention of employees of the Combined Enterprise, and will report the results in each Annual Report.

(Also found in the Terms and Conditions, Exhibit B, Section E, Employment and Economics Commitment #4)

- This commitment will ensure that Union Hospital is monitoring employee and physician satisfaction post-Merger and sharing this information with the Department.

- Accountability Mechanism: As part of each Annual Report, Union Hospital will report on the results of the most recently conducted employee and physician satisfaction surveys. Union Hospital shall also include data on retention rates for the Combined Enterprise employees in each Annual Report, including a comparison to pre-Merger (baseline) retention rates at Union Hospital and Regional Hospital. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

Finally, Union Hospital is committed to helping develop the next generation of health care professionals which are needed to address the long-term health care needs of the Service Area. In furtherance of the commitment, Union Hospital is proposing to incorporate the following commitment in the Proposed Terms and Conditions:

Graduate Medical Education

Union Hospital will invest at least $6,900,000 in Graduate Medical Education each year during the first five years of the Merger.

(Also found in the Terms and Conditions, Exhibit B, Section G, Other Commitment #3)

- Union Hospital is committed to helping develop the next generation of health care professionals that are needed to address the long-term health care needs of the Service Area. This commitment is to ensure that Union Hospital continues to invest in the next generation of health care providers for the Combined Enterprise, specifically physicians practicing in the area of Family Medicine.

- Accountability Mechanism: Union Hospital shall include in each Annual Report an update on its progress towards meeting this commitment. Union Hospital shall also report on the number of physicians who are participating in the graduate medical education program each year. Failure to comply with this commitment by the end of year five may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

7. Analysis of the effects (both positive and negative) of the proposed merger agreement on: Economic impact.

The economic impact of hospitals generally, and of Union Hospital particularly, is significant. Union Hospital (together with its Affiliates) is the largest employer in the Service Area, employing over 3,000 associates and over 2,480 FTE's (Full Time Equivalents). In addition, health systems are major purchasers of goods and services. A strong health system is vital, similar to schools and housing markets, to economic development activities. The Indiana Hospital Association (IHA) estimated that the total impact of all Indiana hospitals in 2019 was $48.2 billion,

generating over 242,000 jobs and employing 113,000. Union Hospital estimated economic impact was $745.9 million, generating an additional 3,379 jobs in addition to the employed health professionals. Regional Hospital also has a significant economic impact on the local community through the employment of approximately 700 people representing 500 FTEs. Regional Hospital economic impact contributes another $145 million, generating an additional 500 jobs within the community. Successful implementation of the Merger will lead to significant growth in services to the Service Area which will increase the overall economic impact. Without the Merger, services at Regional Hospital may continue to decline, leading to associated job losses from the community and an overall negative economic impact.

To allow the Department to monitor the economic impact of the Merger long-term, Union Hospital is proposing to include the following commitment in the Proposed Terms and Conditions:

Union Hospital will work to establish a research study in partnership with a nonprofit organization or a postsecondary educational institution to study the economic impact of the COPA.

(Also found in the Terms and Conditions, Exhibit B, Section E, Employment and Economics Commitment #5)

- This commitment will allow the Department and the community to better understand the economic impact of the COPA over time.

- Accountability Mechanism: Union Hospital will cooperate with the nonprofit organization or postsecondary educational institution that is conducting the study to provide the data reasonably necessary to facilitate the study. As part of each Annual Report, Union Hospital will report on the status of the report and any significant findings. Union Hospital may contribute funding to the research study but will not be solely responsible for funding the research study. Failure to comply with this commitment may be deemed a "Noncompliance" under the Proposed Terms and Conditions.

c. Description of how any benefits arising out of the proposed merger will be implemented.

If the COPA is approved, Union Hospital will move expeditiously to implement the Commitments described above as part of the Proposed Terms and Conditions. Once the Proposed Terms and Conditions have been executed, Union Hospital will begin implementation of the benefits across the Combined Enterprise according to the timelines set forth in each Commitment.

d. Description that the likely benefits arising from the proposed merger outweigh any disadvantages attributable to a reduction in competition that may result from the proposed merger.

The Applicants carefully considered the statutory standard for approval of a COPA. Under the COPA Statute, the Department shall grant the COPA if the Department determines in the review of the application and documentation that, under the totality of the circumstances, the following apply:

> (1) There is clear evidence that the proposed merger would benefit the population's health outcomes, health care access, and quality of care in the county.
>
> (2) The likely benefits resulting from the proposed merger agreement outweigh any disadvantages attributable to a potential reduction in competition that may result from the proposed merger.

The Applicants do not expect the Merger to have disadvantages attributable to a reduction in competition. This is particularly true given Regional Hospital's declining competitive viability. Absent the Merger, services available at Regional Hospital will continue to decline as the limited physicians supporting the few remaining service lines continue to depart or retire and cannot be replaced. However, to eliminate any potential doubt, Union Hospital specifically designed the 45 Commitments to ensure that the likely benefits arising from the Merger outweigh any disadvantages attributable to a reduction in competition. The Quality Commitments, Enhancement Commitments, Employment and Economic Commitments, Population Health Commitments and Other Commitments are designed to ensure that the likely benefits of the Merger are realized. The Pricing Commitments and the Preservation of Access Commitments are designed to minimize the potential disadvantages that could result from the Merger. For each Commitment, Union Hospital has proposed an accountability mechanism to ensure the Department can monitor compliance with the Commitment and may take action if Union Hospital fails to meet a Commitment.

With these commitments and accountability mechanisms in place, there is substantial evidence that the Merger will benefit the population's health outcomes, health care access, and quality of health care far in excess of any potential disadvantages that may result.

VI. PROPOSED MONITORING AND SUPERVISION

a. Description of how progress related to the benefits arising from the proposed merger will be measured and monitored.

Pursuant to I.C. § 16-21-15-7(a), the Department will actively supervise and monitor Union Hospital to ensure that the conduct of Union Hospital furthers the purposes of the COPA statute. To facilitate the Department's active supervision, and to ensure there is measurable

progress related to the benefits arising from the Merger, Union Hospital designed accountability mechanisms for each of the Commitments described in Section V.

Under the Proposed Terms and Conditions, the Department would be able to take action to address noncompliance with the Commitments. Such action could include the Department requiring Union Hospital to correct the noncompliance, the Department issuing a fine, and, in the event of an egregious noncompliance, the Department revoking the COPA.

b. Description of any reporting requirements for reviewing progress.

Each accountability mechanism includes a reporting requirement – most tied to the Annual Report. Each year during the COPA Term, Union Hospital will provide the Department, the office of the Attorney General and the General Assembly with a detailed report as of the end of each Fiscal Year. The report will be submitted no later than July 1st and will include those requirements set forth in I.C. § 16-21-15-8 along with any other information agreed to by Union Hospital and the Department as part of the Proposed Terms and Conditions.

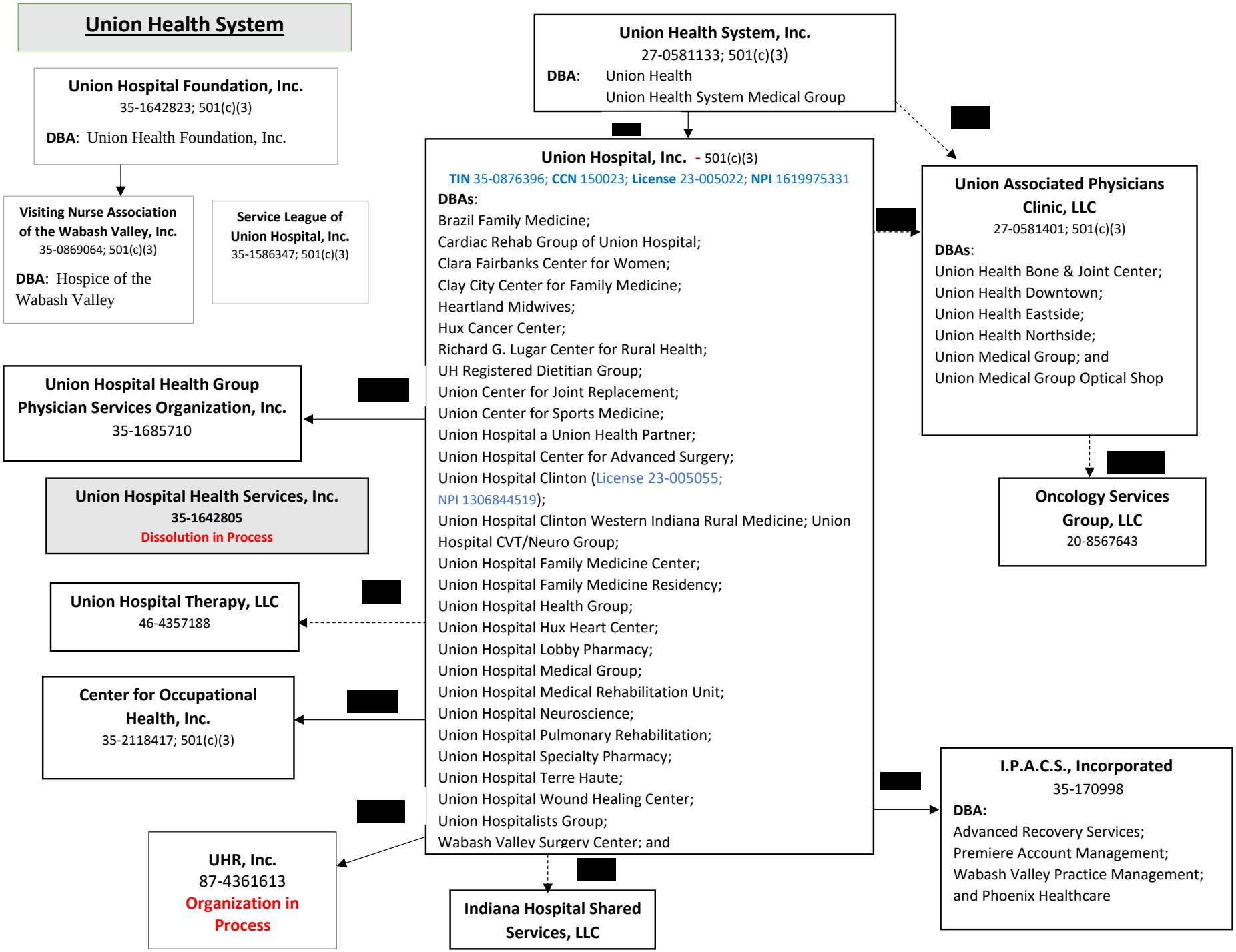
Union Hospital will also provide the Department with quarterly reports. Each quarterly report shall include the items agreed to by Union Hospital and the Department as part of the Proposed Terms and Conditions.

c. Description of proposed terms and conditions that may be established to ensure that the merger benefits the relevant service areas populations' health outcomes, health care access, and quality of health care and that benefits arising from the proposed merger outweigh any disadvantages attributable to a reduction in competition that is authorized to result from the proposed merger.

Union Hospital is proposing to implement the attached Proposed Terms and Conditions to ensure that the benefits of the Merger outweigh any potential disadvantages which may be attributable to a reduction in competition. The Proposed Terms and Conditions would govern the COPA and ensure that the Department may hold Union Hospital accountable for each Commitment during the COPA Term. As outlined in the Proposed Terms and Conditions, the Department would have the ability to take action against Union Hospital in the event that the Proposed Terms and Conditions or the Commitments are breached. The Proposed Terms and Conditions are designed to facilitate the Department's active supervision of Union Hospital post-Merger and ensure ongoing compliance with each of the proposed Commitments.

[*signature pages follow*]

Att. I.c.1. UHS Org Chart

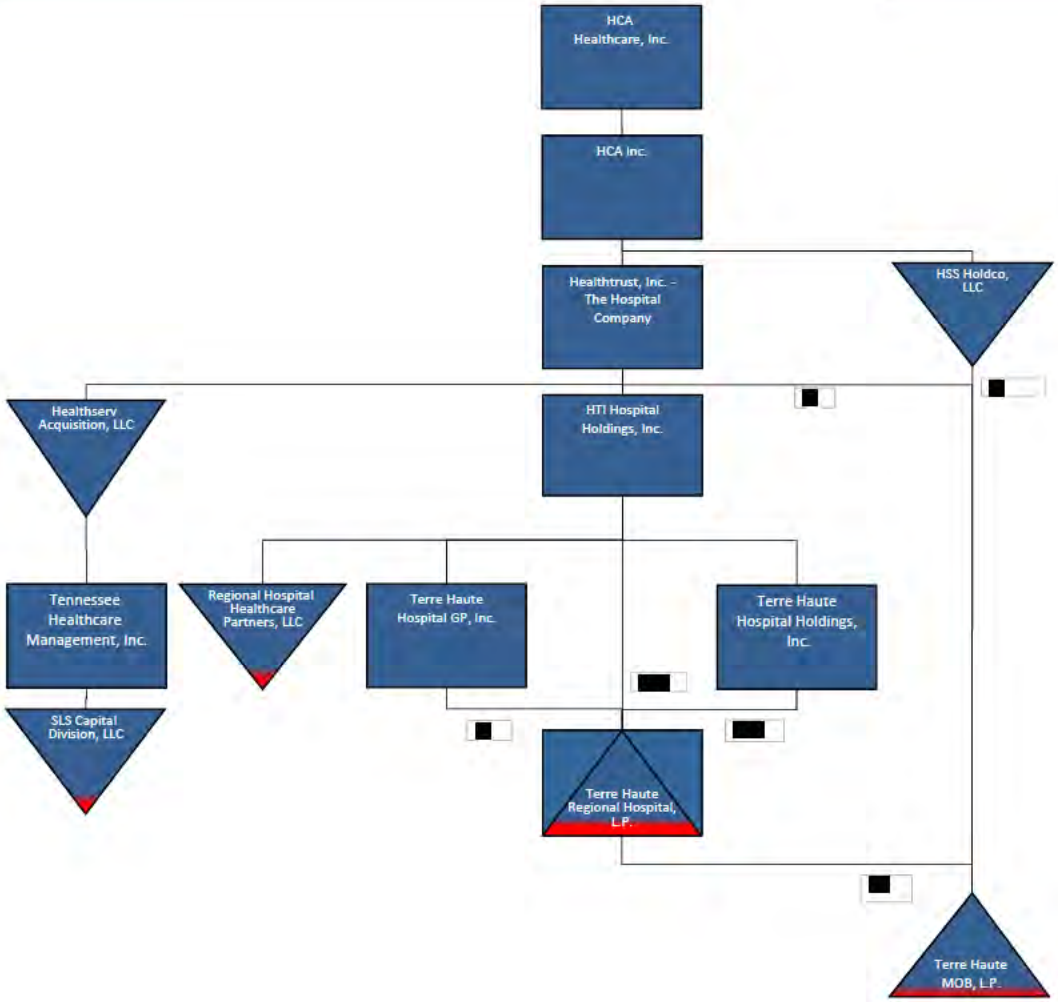


CONFIDENTIAL
PROVIDED VOLUNTARILY IN LIEU OF SUBPOENA

Att. I.c.2. Regional Org Chart

Terre Haute Regional Hospital, L.P.
Ownership of Seller Entities
6/15/23

Relevant entities and upstream subsidiaries depicted only [redacted]



Legend

Att. II.e.1. UH License Application_Nov 2022

APPLICATION FOR LICENSE TO OPERATE A HOSPITAL
Indiana State Department of Health-Division of Acute Care

Paid Date	November 28, 2022
Amount	10000
Order Number	57182586

IDENTIFYING INFORMATION

A. Hospital Location *(facility location)*

Name of Hospital
UNION HOSPITAL INC

Street Address
1606 N SEVENTH ST

City	County	Zip Code
TERRE HAUTE	VIGO	47804

Telephone Number	Fax Number
8122387606	8122387113

B. Mailing Address *(If different from hospital location)*

Street Address
1606 N SEVENTH ST

City	County	Zip Code
TERRE HAUTE	VIGO	47804

C. Ownership Information

The applicant entity as registered with the secretary of state
UNION HOSPITAL INC

Street Address
1606 N 7TH ST

City	State	Zip Code
TERRE HAUTE	IN	47804

Telephone Number	Fax Number	EIN Number	
8122387606	8122387311	350876396	

D. Provider Numbers

Medicare Provider Number 150023 Medicaid Provider Number 100270020A

E. Offsite List

Name		
WABASH VALLEY SURGERY CENTER		
Address		
1421 N 7TH ST		
City	**State**	**Zip**
TERRE HAUTE	IN	47807
Telephone	**Fax**	

Name		
UNION HOSPITAL FAMILY MEDICINE CENTER		
Address		
1513 N 61/2 ST		
City	**State**	**Zip**
TERRE HAUTE	IN	47807
Telephone	**Fax**	

Name		
CLAY CITY CENTER FOR FAMILY MEDICINE		
Address		
315 LANKFORD STREET, PO BOX 96		
City	**State**	**Zip**
CLAY CITY	IN	47841
Telephone	**Fax**	
8129392126		

Name		
UNION HOSPITAL IMAGING SERVICES THOMAS PLAZA		
Address		
5500 US HWY 41 S		
City	**State**	**Zip**
TERRE HAUTE	IN	47802
Telephone	**Fax**	

Name		
UNION FAMILY MEDICINE EAST		
Address		
4001 WABASH AVE		
City	**State**	**Zip**
TERRE HAUTE	IN	47803
Telephone	**Fax**	

Name		
WEST CENTRAL COMMUNITY HOSPITAL FAMILY PRACTICE CA		
Address		
114 N DIVISION STREET, PO BOX 209		
City	State	Zip
CAYUGA	IN	47928
Telephone	Fax	
7654929042	7654929048	

Name		
CAYUGA FAMILY MEDICINE		
Address		
114 DIVISION ST		
City	State	Zip
CAYUGA	IN	47928
Telephone	Fax	

Name		
MATERNAL HEALTH CLINIC		
Address		
1801 N 6TH ST		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name		
UNION HOSPITAL HUX CANCER RADIATION THERAPY 1ST FL		
Address		
1711 N 6 1/2 ST		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name		
STEVE WALTZ MD		
Address		
727 N LINCOLN RD		
City	State	Zip
ROCKVILLE	IN	47872
Telephone	Fax	

Name		
CLAY CITY CENTER FOR FAMILY MEDICINE		
Address		
315 LANKFORD ST PO BOX 96		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name		
UNION HOSP CATHLAB SERV PROVIDENCE MED STE S		
Address		
2723 S 7TH ST STE S		
City	State	Zip
TERRE HAUTE	IN	47802
Telephone	Fax	

Name		
UNION HOSP CHEMOTHERAPY PROVIDENCE MED STE T		
Address		
2723 S 7TH ST STE T		
City	State	Zip
TERRE HAUTE	IN	47802
Telephone	Fax	

Name		
UNION INFUSION SERVICES HUX CANCER CENTER		
Address		
1711 N 6 1/2 ST		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name		
UNION HOSPITAL HUX CANCER CENTER CHEMOTHERAPY SERV		
Address		
1711 N 6 1/2 ST SUITE 201		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name		
CLARA FAIRBANKS CTR FOR WOMEN MAMMOGRAPHY AND B		
Address		
1711 N 6 1/2 ST HUX CANCER CENTER SUITE 301		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name		
THERAPY SERVICES--THOMAS PROF PLAZA BLDG		
Address		
5500 S US HWY 41		
City	State	Zip
TERRE HAUTE	IN	47802
Telephone	Fax	

Name		
THERAPY SERVICES-ST MARY OF THE WOODS STE A		
Address		
ONE SISTER OF PROVIDENCE		
City	State	Zip
ST MARY OF THE WOO	IN	47876
Telephone	Fax	

Name		
THERAPY SERVICES-PROFESSIONAL PLAZA MOB STE F		
Address		
4001 E WABASH AVENUE		
City	State	Zip
TERRE HAUTE	IN	47803
Telephone	Fax	

Name		
THERAPY SERVICES (UAP BONE & JOINT)		
Address		
1725 N 5TH ST		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name		
PEDIATRIC THERAPY SERVICES		
Address		
450 8TH AVE		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name		
UNION HOSPITAL RHEUMATOLOGY SERVICES AT HUX CANCER		
Address		
1711 N 6 1/2 ST, SUITE 302		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

Name		
BRAZIL FAMILY MEDICINE		
Address		
115 S MURPHY AVENUE, STE A		
City	State	Zip
BRAZIL	IN	47834
Telephone	Fax	
8124422100	8124464409	

Name		
UNION HOSPITAL-HUX ONCOLOGY		
Address		
1711 N 6 1/2 STREET SUITE 202		
City	State	Zip
TERRE HAUTE	IN	47804
Telephone	Fax	

G. Beds

Total Number of setup and staffed beds for inpatients in the hospital (exclude pediatric visitors, newborn nursery cribs, maternity labor and delivery beds) as of the date of this application:

257

Does this facility have swing beds?

N

H. Hospital within a Hospital Status:

Is this a host hospital? N

Is this a tenant hospital? N

J. Corporate Officers

Name:		Title:
MICHELE	JOHNSON	ASST SEC
Address: 16749 N. Mt. Mariah Rd		
City: Marshall	Zip: 62441	

Name:		Title:
STEVEN	HOLMAN	PRES/CEO
Address: 8132 N. County Rd 700 W		
City: Brazil	Zip: 47834	

Name:		Title:
John	Aidoo	
Address: 2369 Hulman St		
City: Terre Haute	Zip: 47803	

Name:		Title:
Robert	Coons	Vice Chair
Address: 730 S Forest Dr		
City: Terre Haute	Zip: 47803	

Name:		Title:
Daniel	DeBard	
Address: 6868 E Bender St		
City: Bloomington	Zip: 47401	

Name:		Title:
Mary	Doti	
Address: 109 Briarwood		
City: Terre Haute	Zip: 47803	

Name:		Title:
John	Etling	
Address: 3506 College Ave		
City: Terre Haute	Zip: 47803	

Name:		Title:
Matt	Nealon	CFO
Address: 4719 Golf Bag Lane		
City: Terre Haute	Zip: 47802	

Name:		Title:
Donald	Scott	
Address		
4270 Cartpath		
City:		Zip:
Terre Haute		47802

Name:		Title:
Sara	Smith	
Address		
1700 S Fruitridge Ave		
City:		Zip:
Terre Haute		47803

Name:		Title:
Tim	Sullivan	
Address		
1764 S Ramsey Dr		
City:		Zip:
Bloomington		47401

Name:		Title:
Luke	Terry	
Address		
34 Lakeview Drive		
City:		Zip:
Terre Haute		47803

Name:		Title:
MOLLY	CALLAHAN	
Address		
111 BRIARWOOD LANE		
City:		Zip:
TERRE HAUTE		47803

Name:		Title:
DON	SCOTT	CHAIRPERSON
Address		
City:		Zip:

Name:		Title:
Steve	Holman	CEO
Address		
City:		Zip:

Name:		Title:
Philip	Ten Brink	CH_MED_STAFF
Address		
City:		Zip:

Name:		Title:
Don	Scott	GBRDCH_PRES
Address		
City:		Zip:

Att. II.e.2. Regional License Renewal

APPLICATION FOR LICENSE TO OPERATE A HOSPITAL
Indiana State Department of Health-Division of Acute Care

Paid Date	December 16, 2024
Amount	6000
Order Number	57909082

IDENTIFYING INFORMATION

A. Hospital Location *(facility location)*

Name of Hospital
TERRE HAUTE REGIONAL HOSPITAL

Street Address
3901 S SEVENTH ST

City	County	Zip Code
TERRE HAUTE	VIGO	47802

Telephone Number	Fax Number
8122320021	8122379514

B. Mailing Address *(If different from hospital location)*

Street Address
3901 S SEVENTH ST

City	County	Zip Code
TERRE HAUTE	VIGO	47802

C. Ownership Information

The applicant entity as registered with the secretary of state
TERRE HAUTE REGIONAL HOSPITAL LP

Street Address
3901 S SEVENTH ST

City	State	Zip Code
TERRE HAUTE	IN	47802

Telephone Number	Fax Number	EIN Number	
8122320021	8122379514		

D. Provider Numbers

Medicare Provider Number 150046 Medicaid Provider Number 100270200A

E. Offsite List

Name		
TERRE HAUTE REGIONAL HOSPITAL COMPREHENSIVE REHAB		
Address		
4500 US 41 SOUTH		
City	**State**	**Zip**
TERRE HAUTE	IN	47802
Telephone	**Fax**	

Name		
TERRE HAUTE REGIONAL PAVILION		
Address		
501 EAST ST ANTHONY DR		
City	**State**	**Zip**
TERRE HAUTE	IN	47802
Telephone	**Fax**	

Name		
CORRECTIONALLY HOUSED OUTPATIENT SERVICES		
Address		
3903 SOUTH 7TH ST		
City	**State**	**Zip**
TERRE HAUTE	IN	47802
Telephone	**Fax**	

G. Beds

Total Number of setup and staffed beds for inpatients in the hospital (exclude pediatric visitors, newborn nursery cribs, maternity labor and delivery beds) as of the date of this application:

278

Does this facility have swing beds?

Y

H. Hospital within a Hospital Status:

Is this a host hospital? Y

Is this a tenant hospital? Y

J. Corporate Officers

Name:		Title:
JOHN	YACOUB	MS_PRESIDENT
Address		
City:		Zip:

Name:		Title:
JOHN	YACOUB	CH_MED_STAFF
Address		
City:		Zip:

Name:		Title:
BART	COLWELL	GBRDCH_PRES
Address		
City:		Zip:

Name:		Title:
SAMUEL	HAZEN	PRESIDENT
Address		
City:		Zip:

Name:		Title:
MARK	CASANOVA	CEO
Address		
City:		Zip:

Name:		Title:
KORENNA	POWER	CFO
Address		
City:		Zip:

Name:		Title:
BART	COLWELL	BRD_PRESIDEN
Address		
City:		Zip:

Att. II.g.1. Union Hospital Compare Rate

Medicare.gov

Menu

HOSPITALS	Union Hospital Inc	Terre Haute Regional...
	1606 N Seventh St Terre Haute, IN 47804 (812) 238-7606	3901 S Seventh St Terre Haute, IN 47802 (812) 232-0021
	Save to Favorites	Save to Favorites

Overview

Distance from Terre Haute, IN	1.3 miles	3.1 miles
Overall star rating	★★★☆☆	★★★☆☆
Patient survey rating	★★★☆☆	★★★☆☆
Hospital type	Acute Care Hospitals	Acute Care Hospitals

Provides emergency services?	Yes	Yes
Save this provider	Save to Favorites	Save to Favorites

Patient survey rating

The HCAHPS star ratings summarize patient experience, which is one aspect of hospital quality. Use the star ratings along with other quality information when...
Read more

Patient survey rating	★★★☆☆	★★★☆☆
Number of completed surveys	573	429
Survey response rate	21%	21%
Patients who reported that their nurses "Always" communicated well.	74%	77%

National average: 80% IN average: 79%		
Patients who reported that their doctors "Always" communicated well. National average: 80% IN average: 79%	72%	77%
Patients who reported that they "Always" received help as soon as they wanted. National average: 66% IN average: 65%	54%	58%
Patients who reported that the staff "Always" explained about medicines before giving it to them. National average: 62% IN average: 59%	55%	56%
Patients who reported that their room and	71%	75%

bathroom were "Always" clean. National average: 73% IN average: 73%		
Patients who reported that the area around their room was "Always" quiet at night. National average: 62% IN average: 61%	57%	50%
Patients who reported that YES, they were given information about what to do during their recovery at home. National average: 86% IN average: 88%	85%	83%
Patients who "Strongly Agree" they understood their care when they left the hospital. National average: 52%	46%	49%

IN average: 52%		
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest). National average: 72% IN average: 74%	65%	68%
Patients who reported YES, they would definitely recommend the hospital. National average: 70% IN average: 71%	63%	64%

Timely & effective care

These measures show how often or how quickly hospitals provide care that research shows gets the best results for patients with certain conditions, and how hospitals...
Read more

Sepsis care

Percentage of patients who received appropriate care for severe sepsis	**57%** of 1043 patients	**59%** [2] of 116 patients

and/or septic shock *Higher percentages are better* National average: 62% [25,26] IN average: 58% [25,26]		

Cataract surgery outcome

Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery *Higher percentages are better* National average: 97% IN average: Not available [5]	**Not available** [5]	**Not available** [5]

Colonoscopy follow-up

Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy	**78%** of 237 patients	**100%** of 20 patients

Higher percentages are better National average: 92% [25,26] IN average: 94% [25,26]		
Emergency department care		
Percentage of patients who left the emergency department before being seen *Lower percentages are better* National average: 3% [25,26] IN average: 2% [25,26]	**1%** of 52657 patients	**1%** of 20915 patients
Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival *Higher percentages are better*	**95%** of 21 patients	**Not available** [1]

National average: 70% [25] IN average: 78% [25]		
Emergency department volume	**High** 40,000 - 59,999 patients annually	**Medium** 20,000 - 39,999 patients annually
Average (median) time patients spent in the emergency department before leaving from the visit *A lower number of minutes is better*	**180 minutes** Other High volume hospitals: Nation: 209 minutes [25,26] Indiana: 184 minutes [25,26] Number of included patients: 1524	**160 minutes** Other Medium volume hospitals: Nation: 168 minutes [25,26] Indiana: 152 minutes [25,26] Number of included patients: 402
Healthcare personnel vaccination		
Percentage of healthcare personnel who are up to date with COVID-19 vaccinations *Higher percentages are better* National average: 11.6% IN average: 8.8%	**33.9%** of 4112 healthcare workers	**3.2%** of 866 healthcare workers
Percentage of healthcare	**95%**	**56%**

workers given influenza vaccination *Higher percentages are better* National average: 80% IN average: 82%	of 3225 healthcare workers	of 904 healthcare workers

Safe use of Opioids

Proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge *Lower percentages are better* National average: 15% IN average: 15%	18%	20%

Use of medical imaging

Percentage of outpatients with low-back pain who had an MRI without trying recommended	25.3%	Not available [1]

treatments (like physical therapy) first *Lower percentages are better* National average: 36.2% IN average: 35.9%		
Percentage of outpatient CT scans of the abdomen that were "combination" (double) scans *Lower percentages are better* National average: 5.8% IN average: 5.7%	5.4%	6.1%
Percentage of outpatients who got cardiac imaging stress tests before low-risk outpatient surgery *Lower percentages are better*	3.9%	Not available [1]

National average: 3.7% IN average: 3.5%		
Percentage of patients who had an advanced breast screening on the same day or within 45 days of their initial mammogram or digital breast tomosynthesis (DBT) study *Percentages between 5 - 12% are best* National average: 9% IN average: 7.2%	6.5%	3.6%

Complications & deaths

Patients who are admitted to the hospital for treatment of medical problems sometimes get other serious injuries, complications, or conditions, and may even…
Read more

Complications

Rate of complications for hip/knee replacement patients National result: 3.5%	**2.9%** No different than the national rate Number of included patients: 66	**3.4%** No different than the national rate Number of included patients: 25
Serious complications	**0.97**	**1.03**

National result: 1.00	No different than the national value	No different than the national value
Deaths among patients with serious treatable complications after surgery National result: 176.55	**192.43** No different than the national rate	**194.32** No different than the national rate
Infections		
Central line-associated bloodstream infections (CLABSI) in ICUs and select wards *Lower numbers are better* National benchmark: 1.000	**0.503** No different than national benchmark	**1.534** No different than national benchmark
Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards *Lower numbers are better*	**0.148** Better than the national benchmark	**0.000** No different than national benchmark

National benchmark: 1.000		
Surgical site infections (SSI) from colon surgery *Lower numbers are better* National benchmark: 1.000	**0.569** No different than national benchmark	**Not available** [13]
Surgical site infections (SSI) from abdominal hysterectomy *Lower numbers are better* National benchmark: 1.000	**0.000** No different than national benchmark	**Not available** [13]
Methicillin-resistant Staphylococcus Aureus (MRSA) blood infections *Lower numbers are better* National benchmark: 1.000	**0.755** No different than national benchmark	**Not available** [13]
Clostridium difficile (C.diff.)	**0.471** Better than the national benchmark	**0.000** Better than the national benchmark

intestinal infections *Lower numbers are better* National benchmark: 1.000		
Death rates		
Death rate for COPD patients National result: 9.4%	**12.1%** No different than the national rate Number of included patients: 202	**9.5%** No different than the national rate Number of included patients: 60
Death rate for heart attack patients National result: 12.6%	**12.3%** No different than the national rate Number of included patients: 269	**11.3%** No different than the national rate Number of included patients: 111
Death rate for heart failure patients National result: 11.9%	**12.5%** No different than the national rate Number of included patients: 709	**11.6%** No different than the national rate Number of included patients: 174
Death rate for pneumonia patients National result: 17.9%	**17.8%** No different than the national rate Number of included patients: 702	**17.7%** No different than the national rate Number of included patients: 156

Death rate for stroke patients National result: 13.9%	**14.8%** No different than the national rate Number of included patients: 270	**13.9%** No different than the national rate Number of included patients: 70
Death rate for CABG surgery patients National result: 2.8%	**2.5%** No different than the national rate Number of included patients: 94	**3.1%** No different than the national rate Number of included patients: 47

Unplanned hospital visits

Returning to the hospital for unplanned care disrupts patients' lives, increases their risk of harmful events like healthcare-associated infections, and costs more money... Read more

Rate of readmission after discharge from hospital (hospital-wide) National result: 14.6%	**15.5%** No different than the national rate Number of included patients: 3475	**15.4%** No different than the national rate Number of included patients: 881

By medical condition

Rate of readmission for chronic obstructive pulmonary	**18.5%** No different than the national rate Number of included patients: 223	**20%** No different than the national rate Number of included patients: 66

disease (COPD) patients National result: 18.5%		
Rate of readmission for heart attack patients National result: 13.7%	**13.3%** No different than the national rate Number of included patients: 293	**14.4%** No different than the national rate Number of included patients: 122
Hospital return days for heart attack patients National result: Not applicable	**-19 days** Fewer days than average per 100 discharges Number of included patients: 280	**-4.4 days** Average days per 100 discharges Number of included patients: 120
Rate of readmission for heart failure patients National result: 19.8%	**21.2%** No different than the national rate Number of included patients: 887	**20.5%** No different than the national rate Number of included patients: 197
Hospital return days for heart failure patients National result: Not applicable	**0.2 days** Average days per 100 discharges Number of included patients: 694	**9.2 days** Average days per 100 discharges Number of included patients: 168
Rate of readmission for	**17.4%**	**16.8%**

pneumonia patients National result: 16.4%	No different than the national rate Number of included patients: 784	No different than the national rate Number of included patients: 167
Hospital return days for pneumonia patients National result: Not applicable	**15.1 days** More days than average per 100 discharges Number of included patients: 703	**-2.4 days** Average days per 100 discharges Number of included patients: 151
By procedure		
Rate of readmission for coronary artery bypass graft (CABG) surgery patients National result: 10.7%	**10.2%** No different than the national rate Number of included patients: 92	**10.9%** No different than the national rate Number of included patients: 45
Rate of readmission after hip/knee replacement National result: 4.5%	**4.9%** No different than the national rate Number of included patients: 77	**4.2%** No different than the national rate Number of included patients: 25
Rate of unplanned hospital visits after an outpatient colonoscopy	**10.9 per 1,000 colonoscopies** No different than the national rate	**11.7 per 1,000 colonoscopies** No different than the national rate

National result: 13.2 per 1,000 colonoscopies		
Rate of inpatient admissions for patients receiving outpatient chemotherapy (per 100 chemotherapy patients) National result: 10.3%	**13.4%** Worse than the national rate Number of included patients: 390	**9.7%** No different than the national rate Number of included patients: 55
Rate of emergency department (ED) visits for patients receiving outpatient chemotherapy (per 100 chemotherapy patients) National result: 5.4%	**5.2%** No different than the national rate Number of included patients: 390	**4.7%** No different than the national rate Number of included patients: 55
Ratio of unplanned hospital visits after hospital outpatient surgery	**0.8** Better than expected Number of included procedures: 1029	**1.1** No different than expected Number of included procedures: 200

National result:
Not applicable

Maternal health

Health equity

Patient-reported outcomes

Psychiatric unit services

Payment & value of care

The payment for heart attack, heart failure, and pneumonia measures add up all payments made for care starting the day the patient enters the hospital and...
Read more

Medicare Spending per Beneficiary

Medicare Spending per Beneficiary • *(displayed in ratio)* National average: 0.99 IN average: 1.01	1.02	1.07

Payment

Payment for heart attack	**$28,515**	**$28,354**

patients National average payment: $28,355	No different than the national average payment Number of included patients: 256	No different than the national average payment Number of included patients: 108
Payment for heart failure patients National average payment: $19,602	**$20,491** No different than the national average payment Number of included patients: 678	**$19,475** No different than the national average payment Number of included patients: 159
Payment for hip/knee replacement patients National average payment: $22,530	**$23,628** No different than the national average payment Number of included patients: 65	**Not available** [1] Number of cases too small
Payment for pneumonia patients National average payment: $21,120	**$21,456** No different than the national average payment Number of included patients: 647	**$21,731** No different than the national average payment Number of included patients: 143
Value of care		
Death rate for heart attack patients National result: 12.6%	**12.3%** No different than the national rate Number of included patients: 269	**11.3%** No different than the national rate Number of included patients: 111

Payment for heart attack patients National average payment: $28,355	**$28,515** No different than the national average payment Number of included patients: 256	**$28,354** No different than the national average payment Number of included patients: 108
Death rate for heart failure patients National result: 11.9%	**12.5%** No different than the national rate Number of included patients: 709	**11.6%** No different than the national rate Number of included patients: 174
Payment for heart failure patients National average payment: $19,602	**$20,491** No different than the national average payment Number of included patients: 678	**$19,475** No different than the national average payment Number of included patients: 159
Rate of complications for hip/knee replacement patients National result: 3.5%	**2.9%** No different than the national rate Number of included patients: 66	**3.4%** No different than the national rate Number of included patients: 25
Payment for hip/knee replacement patients	**$23,628** No different than the national average payment Number of included patients: 65	**Not available** [1] Number of cases too small

National average payment: $22,530		
Death rate for pneumonia patients National result: 17.9%	**17.8%** No different than the national rate Number of included patients: 702	**17.7%** No different than the national rate Number of included patients: 156
Payment for pneumonia patients National average payment: $21,120	**$21,456** No different than the national average payment Number of included patients: 647	**$21,731** No different than the national average payment Number of included patients: 143

Data last updated: October 30, 2024
To explore and download hospital data, visit the data catalog on Data.cms.gov
To explore data on ambulatory surgical centers (ASC), visit the ASC data on Data.cms.gov

Consider this when choosing a hospital

Guide to choosing a hospital

How Medicare covers inpatient hospital care

How Medicare covers outpatient hospital services

Att. II.g.2. Regional Hospital Compare Rate

Medicare.gov

Menu

HOSPITALS

Terre Haute Regional...

3901 S Seventh St
Terre Haute, IN 47802

(812) 232-0021

Save to Favorites

Union Hospital Inc

1606 N Seventh St
Terre Haute, IN 47804

(812) 238-7606

Save to Favorites

Overview

	Terre Haute Regional...	Union Hospital Inc
Distance from 47802	0.1 miles	4.5 miles
Overall star rating	★★★☆☆	★★★☆☆
Patient survey rating	★★★☆☆	★★★☆☆
Hospital type	Acute Care Hospitals	Acute Care Hospitals

Provides emergency services?	Yes	Yes
Save this provider	Save to Favorites	Save to Favorites

Patient survey rating

Timely & effective care

Complications & deaths

Unplanned hospital visits

Maternal health

Health equity

Patient-reported outcomes

Psychiatric unit services

Payment & value of care

Data last updated: October 30, 2024

To explore and download hospital data, visit the data catalog on Data.cms.gov

To explore data on ambulatory surgical centers (ASC), visit the ASC data on Data.cms.gov

Consider this when choosing a hospital

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How Medicare covers inpatient hospital care

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Att. III.b.1.A.(i) Health Equity Plan

RFI2 Attachment L(1)

HEALTH EQUITY PLAN

The first REQUEST under Section 6 of the RFI2 seeks information pertaining to the enhanced services/initiatives identified in the September 14, 2023 COPA Application ("**Application**"), beginning on the Application's page 20. Union Health System's "Health Equity Plan" is one of those initiatives.

(i) Implementation of the Health Equity Plan

The lack of health equity can have profound health implications for people. The 2022-2026 Indiana State Health Assessment and Improvement Plan, the Centers for Disease Control, the Centers for Medicare and Medicaid Services, and the Department of Health and Human Services' "Healthy People 2030," recognize that people in poor households and people of color often receive worse care than their counterparts. Addressing disparities can be complex, multidimensional, and challenging.[1] For example, rural communities face challenges such as fewer local doctors, poverty, and remote locations. While in urban communities, there may be other challenges they face that include food deserts, exposure to toxic elements, and long wait times for doctor's appointments.

The entirety of Union Health System ("**UHS**"), including UHI, is committed to eliminating health disparities and creating a culture of health equity in our patients and communities as strategic priorities. UHS supports a diverse and talented staff that is trained to deliver high-quality care in partnership with diverse patients and communities.

In September 2023, UHS adopted a Health Equity Plan (*see* Exhibit A attached hereto). The Plan is scheduled to be formally incorporated into UHS's strategic plan in September of this year, but operationally it is already being implemented throughout UHS. As explained in detail in Exhibit A , under the Plan UHS:

(A) identifies priority populations who currently experience health disparities;

(B) identifies healthcare equity goals and discrete steps to achieving these goals;

(C) outlines specific resources which have been dedicated to achieving equity goals; and

(D) describes the approaches for engaging key stakeholders (such as community-based organizations).

In addition, UHS collects demographic information – including self-reported race and ethnicity information and/or Department of Health information – on the majority of patients (in this regard, UHS trains its staff in the culturally-sensitive, and demographically-sensitive, collection of this information). Upon receipt of this information, UHS, in order to identify equity gaps and to evaluate its performance with regard to its equity goals, stratifies key performance indicators by

[1] *See also* pages 21-23 of the Application.

demographic and/or Department of Health variables. Relatedly, UHS participates in local, regional, or national quality improvement activities focused on reducing health disparities.

Crucially, UHS's senior leadership, including the UHS Board of Trustees, annually reviews the Health Equity Plan and its results, including key performance indicators stratified by demographic and Department of Health information.

As soon as practicable following the Merger (but in no event more than 90 days following the Merger), THRH will be subject to, and operate in furtherance of, the Health Equity Plan (including supervision and review by UHS senior leadership, including the UHS Board of Directors). Currently, THRH has limited initiatives regarding health equity, and they have no plans to pursue any material initiatives similar to UHS's Health Equity Plan.

(ii) The Expected Benefits of the Health Equity Plan, Arising Out of the Merger, to Health Outcomes, Health Care Access, and Quality of Health Care

(A) Health Outcomes

As stated in the Application, it is well recognized that health inequities result in poor health outcomes.[2] A review of the Health Equity Plan confirms that attention to, and improvement of, patients' health outcomes is a central tenet of the Plan. For example:

• The Plan's definition of "**health equity**" includes a consideration of various factors that affect, among other things, "health outcomes":

> "Health Equity (HE) - The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes." (emphasis added, footnotes omitted)

• Under the Plan, "**health related social needs**" are viewed as a main factor in disparate "health outcomes":

> "Health-related social needs (HRSN) are frequently identified as root causes of disparities in health outcomes. We use the term HRSN instead of social determinants of health (SDOH) to emphasize that HRSNs are a proximate cause of poor health outcomes for individual patients as opposed to SDOH, which is a term better suited for describing populations." (emphasis added, footnotes omitted)

• Under the Plan, "social determinants of health" are defined as nonmedical factors that impact "health outcomes":

[2] *Id.*

> "Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping daily life. These forces and systems include, but are not limited to, economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems." (emphasis added, footnotes omitted)

Mindful of the foregoing, it necessarily follows that improving health outcomes is a key aspect of the Plan. Indeed, Plan's main objectives includes the following:

> "To utilize demographic and/or [Department of Health] data to improve patient care outcomes, services and reduce health disparities." (emphasis added)

How will the Health Equity Plan impact health outcomes of the Wabash Valley Community following the Merger? The answer is simple and straightforward: THRH does not have a plan similar to UHS's Health Equity Plan, and it has no plans to adopt an initiative similar to the Plan. As noted, the Plan is designed to utilize data to improve health outcomes. Following the Merger, the Health Equity Plan, and its intended positive impact on health outcomes, will apply equally to THRH.

(B) Health Care Access

Access to health care is another fundamental precept of the Health Equity Plan. As indicated above, "health equity" means, for purposes of the Plan, the attainment of the highest level of health for all people regardless of the various societal factors that may "affect access to care." The Plan, by its own terms, includes the removal of barriers to health care:

> "Equitable care requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." (attribution omitted)

One of the express purposes of the Plan is to provide "Access to Mental Health Care."

The Plan even requires UHS to marshal its resources so as improve access to care. This objective is stated in the Plan as follows:

> "To ensure proper stewardship of organization resources through process design and/or redesign to improve access to care, efficiency and effectiveness." (emphasis added)

As noted earlier, the Plan involves, among other things, the collection of demographic information (including self-reported race and ethnicity information and/or Department of Health information). Following the Merger, that information will – for the first time – be collected from individuals

receiving care at THRH. UHS will use this information to identify equity gaps which, per the express terms of the Plan, will include the identification of, and remediation of, gaps in access to care for individuals receiving care from Regional Hospital and the other THRH sites. *More to the point: but for the application of UHS's Health Equity Plan to Regional Hospital and the other THRH sites as a result of the Merger, there will be far less opportunities (if any) to intentionally and thoughtfully identify and remediate gaps in access to care for individuals receiving care at Regional Hospital and the other THRH sites.*

(C) Quality of Health Care

The Policy Statement at the beginning of the Health Equity Plan makes clear that an important goal of the Plan is to provide high quality care to individuals who might not otherwise receive such care. The following are excerpts from the Policy Statement:

> • "Union Health is committed to eliminating health disparities and creating a culture of health equity in our patients and communities as strategic priorities. The organization supports diverse talent trained to deliver high-quality care in partnership with diverse patients and communities that feel valued and respected." (emphasis added)
>
> • "Mission: We exist to serve our patients with compassionate health care of the highest quality." (emphasis added)

In the Plan, UHS expressly recognizes that addressing health inequities is essential to providing quality care to challenged members of communities:

> "[E]ach community has its unique challenges related to health equity and the journey to eliminate health disparities. Thus, it is essential for organizations and providers to address these inequities as part of their strategic approach to ensure quality care." (emphasis added)

This same rationale is reflected in the Plan's stated objectives, which include the following:

> "To provide a comprehensive, coordinated, and integrated organization-wide mechanism to objectively and systematically define, measure, analyze, improve and control important functions and processes of the organization that are vital to the organization's efforts to eliminate health disparities and provide high quality patient care and service." (emphasis added)

This emphasis on quality health care, and the understanding that a goal of the Health Equity Plan is to provide quality health care to members of the Wabash Valley Community who otherwise might not have the opportunity to receive such health care, will apply equally to THRH and its patients. Following the Merger and the resulting Combined Clinical Platform, THRH will participate in the Health Equity Plan, and be subject to review and performance evaluation by UHS senior leadership with respect to the Health Equity Plan. *This rigorous and deliberate application*

of the Plan's objectives and procedures to THRH (and the benefits to patients resulting therefrom), will not occur without the Merger.

(iii) The Health Equity Plan's Current Impact on Health Outcomes, Health Care Access, and Quality of Health Care

As noted earlier, the Health Equity Plan was adopted in September 2023, and implemented in January 2024. It is too soon to reach informed conclusions about how the Plan has impacted health outcomes, health care access, and the quality of care. However, very preliminary results after six months indicate that 6 percent of UHS's hospitalized patients experience food insecurity; seven percent have transportation issues, and 5 percent experience housing insecurities.

****

EXHIBIT A
HEALTH EQUITY PLAN

Status **Active** PolicyStat ID **14816598**

Origination	09/2023
Last Approved	09/2023
Effective	09/2023
Last Revised	09/2023
Next Review	09/2025

Owner	Ann Smith
Area	Administration
Applicability	System-Wide Applicability Group

UHS Health Equity Plan

POLICY:

Union Health System Inc. and its affiliates, including Union Hospital, Inc. and Union Associated Physicians Clinic, LLC (collectively "Union Health") is committed to eliminating health disparities and creating a culture of health equity in our patients and communities as strategic priorities. The organization supports diverse talent trained to deliver high-quality care in partnership with diverse patients and communities that feel valued and respected.
To achieve health equity, improvements across multiple systems and at multiple levels must be made. Union Health supports as part of the mission, vision and values of the organization optimal community health and health equity as strategic priorities.

Mission: We exist to serve our patients with compassionate health care of the highest quality.

Vision: Providing exceptional healthcare and service while leading Wabash Valley communities to their best health and wellness.

Values: Patient Focused – place patients first every time.

Collaboration – work together for optimal results.
Integrity – Always be honest and ethical.
Transparency – openly share the “why” in what we do.
Stewardship – be responsible with lives and resources.

DEFINITIONS:

Health Equity (HE) - The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. [1, 2, 3; 5, 6]

Health Disparities – Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or

economic status, geographic location, and environment.[5, 6]

Health Related Social Need (HRSN) - Health-related social needs (HRSN) are frequently identified as root causes of disparities in health outcomes.[3] We use the term HRSN instead of social determinants of health (SDOH) to emphasize that HRSNs are a proximate cause of poor health outcomes for individual patients as opposed to SDOH, which is a term better suited for describing populations.

Social Determinants of Health (SDOH) - Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes.[5, 6] They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping daily life. These forces and systems include, but are not limited to, economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems.

PURPOSE:

Understanding the difference between equality and equity is a crucial component to reducing health disparities among vulnerable populations (*see Image 1 below*). Equality speaks to providing the same access to treatment regardless of individual circumstances. Conversely, health equity refers to providing care without biases that factor in social determinants of health in patients' treatment. The Robert Wood Johnson Foundation offers, "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Equitable care requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

Image 1

The lack of health equity can have profound health implications for people. The 2022-2026 Indiana State

Health Assessment and Improvement Plan, CDC, CMS and HHHS Healthy People 2030 share people in poor households and people of color often receive worse care than their counterparts. Addressing disparities can be complex, multidimensional, and challenging. For example, rural communities face challenges such as fewer local doctors, poverty, and remote locations. While in urban communities, there may be other challenges they face that include food deserts, exposure to toxic elements, and long wait times for doctor's appointments.

The 2022-2026 Indiana State Health Assessment and Improvement Plan identifies the top five reasons with contributing influences keeping Hoosiers from living a healthy life are as follows:

1. Not Being at a Healthy Weight

    • Food Insecurity: Indiana ranks 38th in the U.S. in food security with about 13.5% of their households unable to provide adequate food for one or more members of their household. Indiana has been above the national average since around 2013. Healthy People 2030 has created an objective around household food insecurity and hunger to have a goal of no more than 6% of households going hungry. Many families who struggle with food uncertainty are also likely to struggle with affordable housing, medical cost, and low wages. Children are impacted by food insecurities differently than that of an adult because their bodies and minds are still developing. Children suffering from these insecurities are more likely to struggle with anemia, asthma, depression, anxiety, and cognitive behavior issues.

2. Chronic Disease or Illness

    • Graduation Rates: According to the 2020 America's Health Rankings, Indiana ranked 14th for high school graduation rates
    and 31st in the country for educational obtainment of a high school diploma. In addition to the fact that individuals who do
    not graduate are more likely to experience incarceration, educational attainment is a strong predictor of health outcomes in Indiana. Specifically, Indiana is observing health factors around obesity, mental health, cardiovascular disease, lung disease, and even premature death. Addressing barriers such as poverty, chronic stress, homelessness, and teen pregnancy while aiming to increase school-based health centers, vocational or alternative schooling, social-emotional skills, community service opportunities, can increase high school graduation rates. Indiana's graduation rates remained steady between 2019 and 2020 despite the challenges the seniors faced during the pandemic and with the majority of the state moving to e-learning platforms. 88.8% of Hoosiers 25 years of age or older are high school graduates. Indiana District #7 has an 88% graduation rate.

    • Preventive Care: Indiana has seen a slight decrease in preventable hospitalizations with 4,040 discharges per 100,000 in 2015 decreasing to 3,770 in 2019. Indiana, like many other states, sees hospital admissions pertaining to chronic disease and other preventable morbidities that could have been avoided if preventive care measures had been available and utilized. This statistic suggests there is an overuse of emergency hospitalizations due to many Hoosiers not having access to a primary care physician, outpatient services, or even health education. Hospitalizations for the following would be considered preventative: diabetes, pulmonary diseases, heart disease, symptoms of anxiety, asthma, pneumonia, and urinary tract infections.

3. Ability to Exercise

- See Graduation Rates above.
- Nutrition & Physical Activity: Indiana is ranked 35th in the U.S. in exercise and 43rd in physical activity. It is recommended that individuals engage in regular moderate physical activity for at least 150 minutes a week. Doing so will reduce risks of cardiovascular disease, type 2 diabetes, some cancers, dementia, anxiety, and depression. In addition to staying active, diets with high fruit and vegetable consumption will also assist in reducing the risks of several chronic diseases. Hoosiers have slightly decreased their consumption of fruits and vegetables over the last two years but remain above the national average. Indiana currently ranks 8th in the U.S. America's Health Rankings for healthy foods consumption.

4. Ability to Pay for Health Care

- In May 2023 Indiana's recorded unemployment rate was 3.0% to 3.4% compared to 3.7% U.S. rate, low rate of < 2.4%, and high rate of > 4% (*Source: Bureau of Labor Statistics Local Area Unemployment Statistics, see Appendix E*)[7].
- According to the U.S. Census Bureau, Indiana had a 9.0% healthcare uninsured rate for individuals 0-64 years of age compared to 10.5% U.S. healthcare uninsured rate for same population (2021)[8]. The top state reported a 2.9% rate and bottom state reported a 20.9% rate for similar populations of uninsured. Indiana is ranked as 28th state for healthcare uninsured for individuals 0-64 years of age.
- Poverty: In Indiana there are many factors that can influence resident's socio-economic status. We see the intersection of factors such as total family income, educational attainment, marital status, and geographic location and how they attribute someone's gross income. The median household income (i.e. the total income of all people within a household), was $56,303 as of 2019 while the per capita income (ie. an individual's total income) throughout 2019 was $29, 777. Considering these factors, the 2020 census estimates that 11.7% of Hoosiers are living and/or experiencing poverty. Indiana District #7 data demonstrates all races are impacted by poverty (*see Appendix D*).

5. Access to Mental Health Care

- See Graduation Rates above.
- See Preventive Care above.
- Noted increase in state deaths related to alcohol and substance use/overdose.
- According to Healthy People 2030, Indiana is ranked 40th based on our percentage of adults who reported their mental health was 'not good' 14 or more days in the past 30 days. America's Health Ranking report that a total of 15.3% of Indiana residents experience mental distress throughout the month which is 2.1% higher than the national average.
- 6% of households in Indiana District #7 do not have access to personal transportation.

As shared above, each community has its unique challenges related to health equity and the journey to eliminate health disparities may best respond to an individualized plan. Thus, it is essential for organizations and providers to address these inequities as part of their strategic approach to ensure quality care.

Objectives

1. To provide a comprehensive, coordinated, and integrated organization-wide mechanism to objectively and systematically define, measure, analyze, improve and control important functions and processes of the organization that are vital to the organization's efforts to eliminate health disparities and provide high quality patient care and service.
2. To ensure equitable levels of care are available and provided throughout the organization and service communities.
3. To utilize demographic and/or SDOH data to improve patient care outcomes ,services and reduce health disparities.
4. To review and act upon information to improve patient, staff, community, and visitor safety and to minimize risk.
5. To assess and evaluate patient provided demographic information as part of the electronic health record using a standard, reliable tool including self-reported race and ethnicity and/or SDOH information on the majority of inpatient admissions (> 18 years old) including patients and family expectations in order to identify improvement opportunities and reduce health disparities.
6. To ensure proper stewardship of organization resources through process design and/or redesign to improve access to care, efficiency and effectiveness.
7. To compare organization performance with others in the industry to seek and adopt best practices in the journey to achieve health equity.
8. To provide education for identified staff in culturally sensitive collection of demographics and/or SDOH.
9. To ensure each employee is provided with learning opportunities and/or accessible information relative to health equity, SDOH, and the improvement processes to yield improved outcomes (*see Appendix F*).

PROCEDURES:

Health equity as a strategic priority to reduce and eliminate health disparities.

1. The organization utilizes established infrastructure to facilitate strategic priorities related to health equity to address and eliminate health disparities.

    a. The organization strategic plan identifies health equity as a priority.

        i. An organization health equity plan with operation procedures and processes will serve to inform and support the strategic plan and priority.

        ii. The organization health equity plan establishes the infrastructure and procedures to meet the health equity (*see Appendix A*) and SDOH (*see Appendix B*) requirements.

    b. The organization collects demographic and/or SDOH data (*see Appendix G*).

        i. The organization has established processes to collect, as part of patient encounters with electronic medical records capture, patient demographic information.

ii. The organization has established processes to collect, as part of patient encounters with electronic medical records capture, sexual orientation, and gender identity information.

iii. The organization has established SDOH assessment processes utilizing a standard, reliable tool implemented in a phased approach (*see Appendix C*). The initial phase includes inpatients (> 18 years of age) to be in place by 2024. Expansion of the SDOH assessment processes to additional areas (ambulatory, outpatient, pediatrics, etc.) will be considered as part of ongoing, post inpatient implementation planning.iv.

iv. Social determinants of health (SDOH) codes describe social problems, conditions, or risk factors that influence a patient's health and should be assigned when this information is documented in the patient's medical record as part of the SDOH assessment workflow (*see Appendix G*). UHS SDOH assessment workflow aligns to SDOH regulatory requirements and organizational policy and procedures.

1. Patients with potential health hazards related to socioeconomic and psychosocial circumstances may have SDOH code assignment based on medical record documentation from clinicians involved in the care of the patient who are not the patient's provider since this information represents social information, rather than medical diagnoses. For example, coding professionals may utilize documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record.

2. Patient self-reported documentation may also be used to assign codes for social determinants of health if the patient self-reported information is signed-off by and incorporated into the medical record by either a clinician or provider. In this context, "clinicians" other than the patient's provider refer to healthcare professionals permitted, based on regulatory or accreditation requirements or internal hospital policy and procedure, to document in a patient's official medical record.

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c. The organization utilizes performance improvement processes to establish and achieve ongoing health equity efforts.

i. Performance Improvement Councils (PICs) will designate performance improvement teams to conduct the PDCA process for the identified issues and projects.

ii. A health equity performance improvement team examines and makes improvement recommendations for specific issues and projects to the PICs. Information examined includes but is not limited to:

1. Information collected as part of the organization's electronic medical record including self-reported race, ethnicity, and/or SDOH information.

iii. PICs will assist teams in identifying scope, boundaries, and resources available. PICs select the team and/or project leader(s). Based on the recommendations from the teams,

the PICs will set overall direction.

1. The health equity plan identifies priority populations who currently experience health disparities.

2. The health equity plan identifies goals with discrete steps and specific dedicated resources to achieving these goals.

3. The health equity plan describes an approach for engaging key stakeholders (such as community-based organizations).

4. PICs ensure hospitals participate in local, regional, or national quality improvement activities focused on reducing health disparities at least annually.

iv. PICs will examine reports from teams including data trends of priority clinical and operational monitors stratified by demographic and/or SDOH as appropriate. Identified monitors will be reviewed by teams and reported to PICs to identify success and/or opportunities for ongoing improvement.

v. PICs and Board of Directors annually review health equity plan including key performance indicators stratified by demographic and/or SDOH.

d. The organization provides ongoing education for identified staff in culturally sensitive collection of demographics (REaL/SOGI) and/or SDOH.

Methodology

Union Hospital, Inc. endorses the use of the PDCA model for process improvement. This methodology is to be utilized for departmental and interdisciplinary team improvement initiatives including those identified to reduce and eliminate health disparities (see Figure 1 below).

The steps for the PDCA model include:

P - PLAN

Clarify the goal and the team's mission
Identify the team
Identify the customer and the customer's needs
Develop work plan
Describe current process
Localize the problem/identify root cause and opportunity for improvement
Identify baseline data needed
Generate and choose solutions

D - DO

Pilot the solution
Collect data

C - CHECK

Check and study the results of the pilot

Compare pilot data with baseline data
Draw conclusions

A - ACT

Adopt the change/standardize the practice
Communicate provisions for training, monitoring and evaluating
Continue to improve
Evaluate what was learned

Figure 1: The performance management cycle (plan-do-check-act) depicted below outlines the standard process utilized by the organization to review goals, objectives, and improvement plans. This methodology will be applied in the ongoing initiatives identified to reduce and eliminate health disparities.

Data Collection, Analysis & Measurement

1. The organization collects demographic information including self-reported race and ethnicity and/or SDOH information on most patients (inpatients > 18 years old).

2. SDOH information is collected utilizing a standard, reliable tool and is captured as structured, interoperable data elements using the organization's electronic medical record.

3. Data collection and aggregation is done at least quarterly for the identified issues/processes/projects. Data is stratified by demographic and/or SDOH of health variables to identify equity gaps and includes information on hospital performance. Analysis is done to determine:

    a. if processes are meeting expectations as designed;
    b. if opportunities for improvement requiring actions and/or revised actions exist; and
    c. whether changes resulted in the intended improvements.

4. Analysis of the data includes but is not limited to comparison with Union Hospital, Inc. data over time, similar processes in other organizations, and external sources of information to identify best practice.

5. External sources of information and benchmarking activities include the following but are not

limited to: CMS, Premier, NHSN, NDNQI, IHA, QIOs, and PSOs.

Priorities & Goals

1. Annually the organization's critical success factors are used to develop organizational, departmental, and personal goals including performance improvement (PI) priorities.

2. Health equity priority(s) are established as part of the annual PI priority identification process.

    a. 2023-2025 PI Priorities

        i. Digital Transformation – Access to Care & Care Coordination

            1. Digital Front Door
            2. Digital Navigation Pathway

        ii. Evidence Based Practice and Clinical Protocols to Reduce Care Variation

            1. Readmissions – Target Populations & Population Health

        iii. SDOH System Policy and Processes in Place

3. Health equity priority(s) adopted as PI priority(s) will be approved and reviewed at least annually by the PICs and the Board of Directors.

Program Evaluation & Reporting Progress

1. Annually, the health equity plan priority(s) with key performance indicators stratified by demographic and/or SDOH is reviewed and evaluated by the Performance Improvement Councils and the Board of Directors.

2. Changes are made as needed to meet the objectives of the plan. Review of or revision to the health equity plan will be shared with the PICs and the Board of Directors.

3. Through the findings of the performance improvement process, data will be shared and reported (internally and externally) with the following agencies as required and requested:

    a. Anthem
    b. CMS
    c. HFAP
    d. IHA
    e. ISDH
    f. PSO

RELATED DOCUMENTS:

1. Performance Improvement Plan
2. WellRx Assessment Tool

REFERENCES:

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8. U.S. Census Bureau. https://aspe.hhs.gov/reports/state-county-local-estimates-uninsured-population

Appendix A: Health Equity Requirements

DOMAIN	REQUIREMENTS
1. Equity is a Strategic Priority	**Hospital strategic plan:** **1A - identifies priority populations who currently experience health disparities** **1B – identifies healthcare equity goals and discrete steps to achieving these goals** **1C – outlines specific resources which have been dedicated to achieving equity goals** **1D – describes approach for engaging key stakeholders (such as community-based organizations)**
2. Data Collection	Hospital: 2A – collects demographic information including self-reported race and ethnicity and/or SDOH information on the majority of patients 2B – has training for staff in culturally sensitive collection of demographics and/or SDOH 2C – inputs demographic and/or SDOH information collected from patients in structured, interoperable data elements using certified HER technology
3. Data Analysis	3A – Hospital stratifies key performance indicators by demographic and/or SDOH of health variables to identify equity gaps and includes information on hospital performance
4. Quality Improvement	4A – Hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities
5. Leadership Engagement	Hospital senior leadership, including senior leadership and the entire hospital board of trustees: 5A – annually reviews strategic plan for achieving health equity 5B – annually reviews key performance indicators stratified by demographic and SDOH

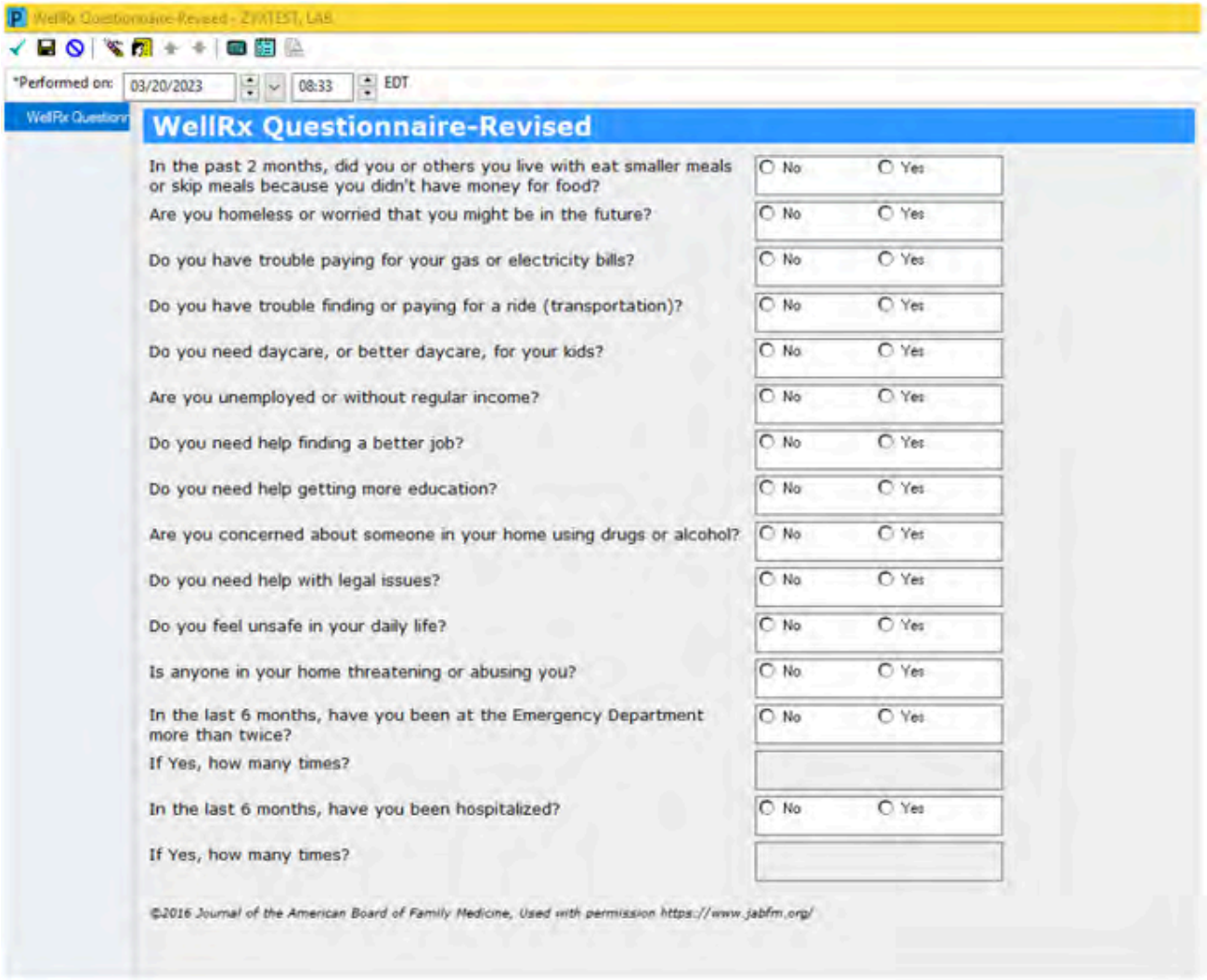
Appendix B: SDOH Requirements

- Hospitals report using their CCN through the Hospital Quality Reporting (HQR) System.

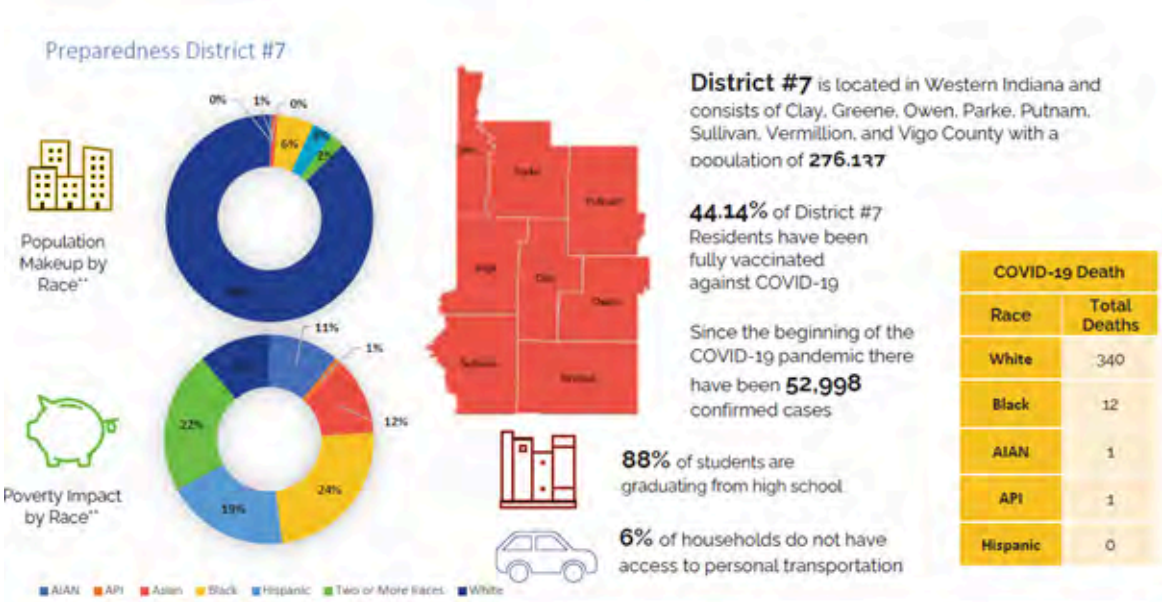
- The Screening for SDOH measure will be calculated as the number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission screened for all five HRSNs (food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety) divided by the total number of patients 18 years or older on the date of admission admitted to the hospital.

- The Screen Positive Rate for Social Drivers of Health Measure provides information on the percent of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HSRN, and who screen positive for one or more of the following five HRSNs: Food insecurity, housing instability, transportation problems, utility difficulties, or interpersonal safety.

Appendix C: Standard, Reliable SDOH Assessment Tool (WellRx)



Appendix D: State of Indiana District 7 State Health Assessment Specific Data (Excerpt State of Indiana Health Assessment and Improvement Plan 2022-2026)

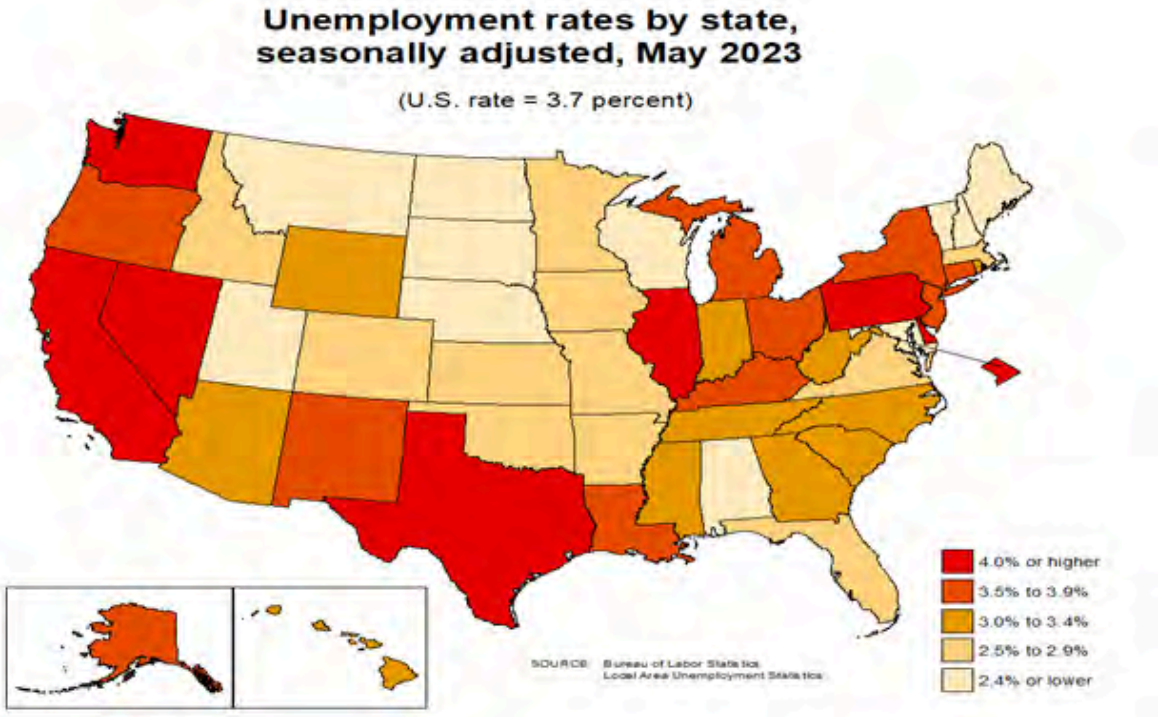


COVID-19 Death	
Race	Total Deaths
White	340
Black	12
AIAN	1
API	1
Hispanic	0

Top 5 Causes of Death							
Rank	Cause	Total Deaths	White	Black	AIAN	API	Hispanic
1	Diseases of Heart	853	832	18	0	1	1
2	Malignant Neoplasms (Cancer)	665	651	11	0	1	2
3	Chronic Lower Respiratory Diseases	251	249	2	0	0	0
4	Cerebrovascular diseases	162	161	1	0	0	0
5	Accidents (Unintentional Injuries)	135	133	1	0	0	1

**Pie Chart values may not total 100% due to rounding

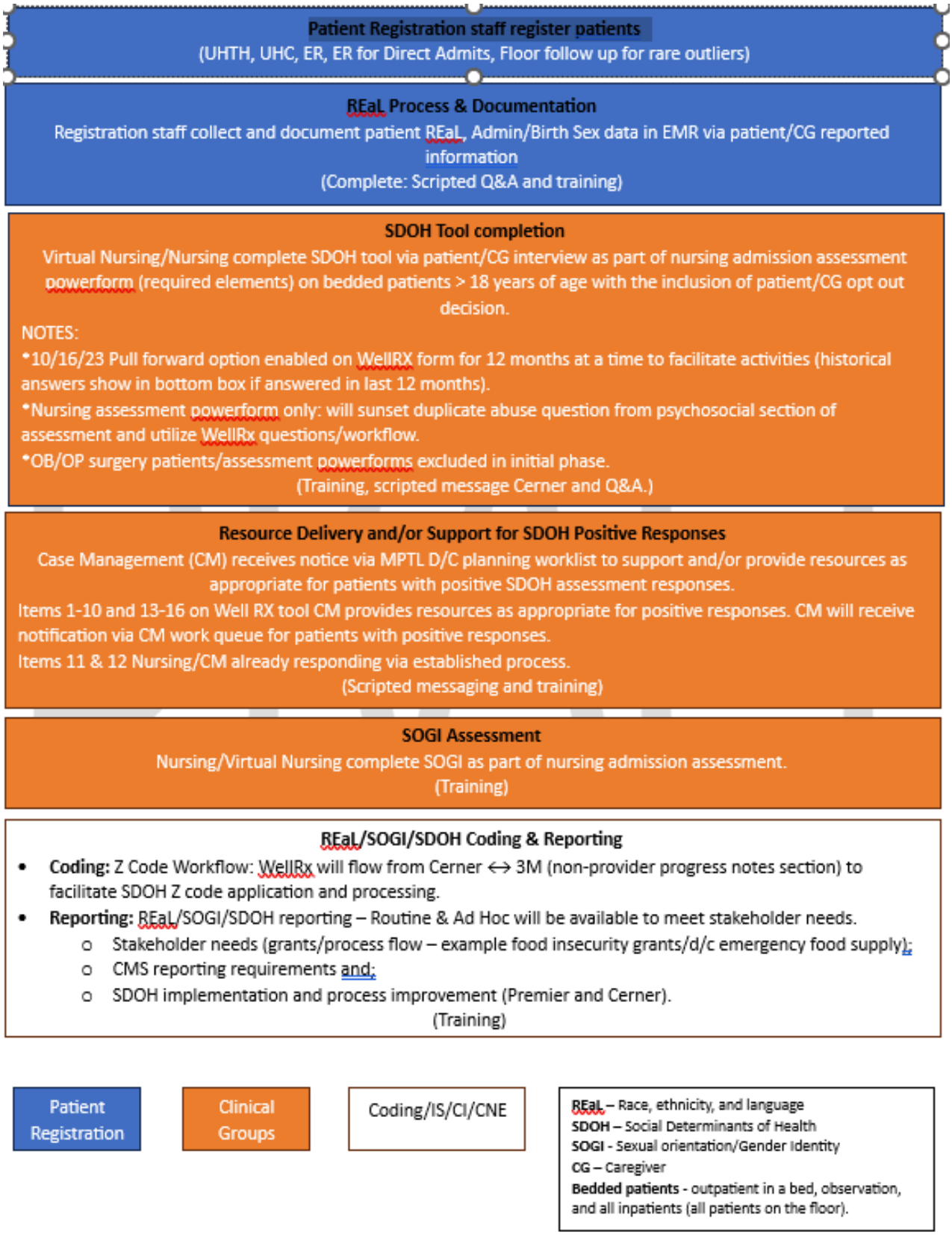
Appendix E: Bureau of Labor Statistics and Local Area Unemployment Statistics Unemployment Rates by State, Seasonally Adjusted, May 2023 (mstrtcr1.gif (1056×816) (bls.gov))



Appendix F: HE Training Plan

Topic	REaL/SOGI/SDOH/HE Training Objective	Training Tactic	Target Audience	Estimated Target Date of Completion	Responsible Staff	Status (Completed, In Progress)
REaL	Culturally sensitive training for registration staff completing REaL assessment	Training Curriculum New Hire Training Ongoing Training Rounding F/U as needed Q&A Resource	Registration	By June 2023	Registration	Initial Complete Ongoing
SOGI	Culturally sensitve training for clinical staff completing SOGI assessment	HR Orientation and Nurse Residency	Workforce Nursing	By 11/30/23 & Ongoing	CNE	
HE	Inform workforce, patients and caregivers organizational strategic plan r/t health equity inclusive of REaL, SOGI, SDOH, and HE policy as applicable to target audience.	Orientation & Annually AHA Videos Infographic Information Screens Websites (ext/int) Portal/DFD	Workforce and Patients/CGs	By 11/30/23 & Ongoing	CNE/Quality	
HE	Inform workforce organizational strategic plan r/t health equity inclusive of REaL, SOGI, SDOH, and the HE policy as applicable to target audience.	Orientation & Annually Infographic Information Screens Websites (ext/int) Portal	Workforce	By 11/30/23 & Ongoing	CNE/Quality	
SDOH	Share with workforce and patients organizational SDOH assessment plan	Orientation & Annually Infographic AHA Videos Information Screens Websites (ext/int) Portal	Hi Level: Workforce and Patients/CGs Detail Operational: Nsg and CM	By 11/30/23 & Ongoing	CNE/Quality	
SDOH	Detailed training SDOH assessment process/workflow with impacted workforce	Training Curriculum	Registration Nursing/Virtual Nsg CM/SW CI/IS	By 11/30/23 & Ongoing	CI	
SDOH	Detailed training HE/SDOH coding process/workflow with impacted workforce	Training Curriculum	Coding CI/IS	By 12/31/23 & Ongoing	Coding	
SDOH	Detailed training HE/SDOH reporting process/workflow with impacted workforce	Training Curriculum	Quality CI/IS	By 12/31/23 & Ongoing	Quality/IS	

Appendix G: Workflow



Social Determinants of Health Initial Phase (2023/2024):

- WellRx Questionnaire Standard Use for IP Adults over 18 years of age:
    - o Bedded patients – outpatient in a bed, observation, and inpatients (patients on the floor).
    - o Include WellRx on nursing assessment powerform as a required form.
    - o Pull forward option enabled on WellRx form (historical answers show in bottom box if answered in last 12 months).
    - o Nusing assessment powerform only: will sunset duplicate abuse question from psychosocial section of nursing assessment powerform and utilize WellRx questions/workflow.
    - o OB/OP Surgery patients excluded in initial phase.
    - o An exclusion/opt out question is included on WellRx to facilitate SDOH process and reporting requirements.
- Support for Positive SDOH response:
    - o Provide support for patients with positive responses:
        - ? CM will provide resources for patients with positive SDOH responses as appropriate.
        - ? CM will define process and resources to accomplish resource delivery to patients.
    - o Workflow in Cerner:
        - ? CM will be notified of patients with positive SDOH response(s) – MPTL D/C Planning Worklist
- REaL/SOGI/SDOH reporting – Routine & Ad Hoc:
    - o Stakeholder needs (grants/process flow – example food insecurity grants/emergency food supply at dc);
    - o CMS reporting requirements and;
    - o SDOH implementation and process improvement
        - ? In addition, a Premier REal/SOGI/SDOH dashboard will support process adoption and improvement activities.
        - ? Cerner SDOH reports
- Z Code Workflow: WellRx will flow from Cerner ↔ 3M (non-provider progress notes section) to facilitate SDOH Z code application and processing.

Secondary Social Determinants of Health Phases based on ongoing planning and approval (2024/2025):

- Expand to include OB and Surgery nursing assessment powerforms.
- Expansion SDOH assessment processes to AMB/OP areas.
- Expansion SDOH assessment processes to pediatric population.

Approval Signatures

Step Description	Approver	Date

PS Administrator	Rhonda Townley	12/2023
PS Administrator	Stephanie Strohl	12/2023

Applicability

Union Health System, Union Hospital Clinton, Union Hospital Terre Haute, Union Medical Group

Att. III.b.1.A.(ii) Organization Strategic Plan HE Draft Language

UHS Strategic Plan - Health Equity *(Draft)*

***Proposed QUALITY Statement*: Provide personalized care that is evidence-based, equitable and outcome driven.**

Proposed Goal: *Develop models of care that are outcome based and that actively engage patients in their own health and well-being across all the communities served by Union Health.*

Proposed Objectives:

A. *Implement evidence-based best practices to reduce care variation across providers.*
B. *Prioritize the identification and remediation of healthcare disparities within the communities we serve.*
    i. *Develop Population Health strategies targeted to identified communities.*
C. *Increase usage of clinical protocols and order sets to increase consistency of care and outcomes.*
D. *Implement Artificial Intelligence (AI) solutions to assist physicians in decision-making.*
E. *Continue building strategic partnerships to enhance access to care and to improve clinical outcomes (eg. Goodman-Campbell, IU Cancer Collaboration)*

Proposed Establishing Process Improvement Priorities & Strategies:

A. *Process improvement priorities are defined to address and resolve identified objectives and health disparities via the established health equity plan by Process Improvement Committees (PICs) and the Board of Directors.*
B. *PICs and Board of Directors annually review the health equity plan including key performance indicators stratified by demographic and/or SDOH.*

Att. III.b.1.A.(iii) Pop Health

APPLICATION FOR CERTIFICATE OF PUBLIC ADVANTAGE BY
UNION HOSPITAL, INC. AND TERRE HAUTE REGIONAL HOSPITAL, L.P.

Union Hospital Inc.'s Additional Submission for the Department of Health's Second Request for Information

On July 19, 2024, Applicant Union Hospital, Inc. ("**UHI**") submitted its "Subsequent Submission" ("**Subsequent Submission**") for the second request for information ("**RFI2**") from the Department of Health ("**DOH**"). In the Subsequent Submission, UHI indicated that it would provide "RFI2 Attachment L(2)," which pertains to certain of UHI's population health improvement initiatives, at a later date. Said RFI2 Attachment L(2) is attached hereto.

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RFI2 Attachment L(2)

POPULATION HEALTH IMPROVEMENT PLAN

When reviewing Union Health Inc.'s (**UHI**) Population Health Improvement Plan addressed herein, UHI respectfully requests that the Department of Health (**DOH**) consider two fundamental factors relevant to granting the Certificate of Public Advantage (**COPA**). First, UHI is pursuing the Merger to improve the Wabash Valley Community's health status.[1] The components of UHI's Population Health Improvement Plan are important parts of UHI's overarching goal to improve the health status of the Wabash Valley Community. Second, there is no evidence that denying the COPA will result in an improvement of the Wabash Valley Community's health status.[2] Instead, as indicated below, granting the COPA is essential to maximizing the effectiveness of the components of UHI's Population Health Improvement Plan and, in turn, thereby improving the health status of the Wabash Valley Community. If the COPA is denied, then UHI will reevaluate the feasibility of continuing to support the Population Health initiatives described below.

As stated in the September 14, 2023, COPA Application ("**Application**"), UHI's Population Health Improvement Plan consists of eleven (11) initiatives that have been implemented or will be implemented.[3] In total, the eleven (11) initiatives consist of fifty-three (53) separate health care-related and social assistance-related components.[4]

UHI's understanding of the health care and social assistance needs of the Wabash Valley Community will improve as a result of the Combined Clinical Platform created by the Merger. Currently (pre-Merger), UHI's information about the Community's health care and social assistance needs is largely based on the individuals who receive care at Union Hospital Terre Haute and the offices of Union Associated Physicians Clinic, LLC. If the Combined Clinical Platform is created (which will not occur without the COPA), then the circumstances of the individuals receiving care at Regional Hospital's campus and the offices of Regional Hospital Healthcare Partners will contribute to UHI's understanding of the Wabash Valley Community's health care and social assistance needs. This better understanding of the Wabash Valley Community's needs will result in adjustments and improvements to the components that constitute UHI's Population Health Improvement Plan.

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[1] *See* page 4 of the September 14, 2023 COPA Application.

[2] Pursuant to the COPA statutes, DOH must consider whether the likely benefits resulting from the Merger outweigh any disadvantages attributable to a potential reduction in competition that may result from the Merger. However, a thoughtful discernment of what those disadvantages might be requires, as a threshold matter, a discernment of the advantages, if any, attributable to denying the COPA. Stated differently, when attempting to weigh the possible disadvantages attributable to a potential reduction in competition, it is appropriate to first ask: what are the advantages attributable to any current competition between THRH and UHI? Any current competition between THRH and UHI has not improved, and will not improve, the Community's health status.

[3] *See* pages 23-30 of the September 14, 2023 COPA Application.

[4] When the Application was submitted, the eleven initiatives consisted of fifty-five (55) components. However, two (2) components, partnerships with long term care facilities under the "Supporting Elderly's Ability to Age in Place" initiative and the establishment of Title X clinics under the "OB Desert/Access Interventions" initiative, have been paused.

The remainder of this document details the most important components of UHI's Population Health Improvement Plan that will increasingly benefit citizens of the Wabash Valley by virtue of the COPA and the Merger resulting therefrom. They include:

(i) Maternal Child Health;
(ii) Pop-Up Medical Clinics and Backpack Outreach;
(iii) Home Obstetrics and Gynecology (OB) Services;
(iv) Employee & Provider Health and Wellbeing & Retention;
(v) Chronic Disease Case Management: DREAM Pilot;
(vi) Medical Assistance Program; and
(vii) Union Health Steering Committee.

(i) <u>Maternal Child Health (All Babies Initiative, Community Action Network)</u> [5]

UHI's All Babies Initiative ("**ABI**") consists of a team of perinatal navigators and community health workers with backgrounds in social work and case management, nursing, lactation, and other areas of healthcare, that focus on assisting families in need. The Community Action Network ("**CAN**") aspect of this initiative is comprised of more than sixty (60) organizations and initiatives, including ABI. The families associated with CAN are connected to necessary resources to reduce the risk of maternal and infant morbidity and mortality.

The initiative's benefits include the following:

- Enhanced prenatal and postnatal care
- Reduction in health complications
- Improvement in health outcomes
- Increased access to care
- Continuity of care
- Reduced health disparities
- Improved Patient Satisfaction

To date, the initiative has produced the following results:

- Increased adequate prenatal care (for at least 125% of the mothers)
- Decreased very low birthweight infants (for at least 10% of the mothers)
- Reduced maternal smoking (for 10% of mothers that smoke)

[5] This is a component of population health initiative #3: Community Action & Partnerships Addressing Health Drivers.

• Improved access to long-acting reversible contraceptives and safe birth spacing (for 25% of participants)

• Access to resources such as food, housing, water, heat, electricity, and childcare (for 25% of participants),

• Mothers attending all necessary medical appointments (improving compliance with appointment attendance by 50%)

• Increase in mothers receiving appropriate screenings (for 25% of mothers)

• Increase in mother's compliance with recommended health practices (for 25% of mothers)

The ABI and CAN teams help families connect to health care resources. In addition, the ABI and CAN teams improve access to housing assistance, nutrition programs, and transportation services. The ABI teams assist families with navigating the entire healthcare system, including insurance benefits and finding care providers. A goal is for the patient to learn to manage their own healthcare.

The two programs increase awareness of maternal and child health needs. The ABI and CAN teams meet patients where they are to provide resources and education. The ABI and CAN teams provide services at the patient's home, or at least closer to the patient's home, so healthcare access is brought to the patient instead of the patient having to travel to the care to access it.

CAN brings together organizations that serve pregnant or parenting families. CAN facilitates collaboration and change. There are three (3) Community Action Teams that operate under CAN: Safe Sleep; Dads Matter Coalition; and, Substance Use/Abuse Prevention.

The personalized support provided by the ABI and CAN teams improve continuity of care as follows: improve communication between providers and patients; promote the seamless transition from prenatal care to postnatal care; and, improve continuation of care through pregnancy, the postpartum period, infancy, and the early life of the child. The follow-up support provided to the patient ensures health concerns of patients are addressed timelier. In sum, all of these factors lead to more timely access to care and improved quality of care received by the patient.

ABI and CAN currently serve approximately 1,200 mothers, infants, and children in the community. *THRH has no similar programs. If the COPA is granted, then ABI and CAN will be expanded to include patients that were part of the THRH labor and delivery program. UHI estimates that an additional 150 patients will come under the care of the ABI and CAN teams within twelve (12) months of the COPA*

being granted – and those numbers will grow every year after that.[6] *However, the expansion of this initiative will not occur if the COPA is not granted.*

(ii) <u>Pop Up Medical Clinics & Back-Pack Outreach</u>[7]

This component was commenced in May 2023 with the expectation that UHI would receive the COPA. This initiative helps homeless and housing-insecure individuals. THRH has no similar program.

Health status and access to health care are significant challenges for homeless and housing-insecure individuals in the Wabash Valley Community. There is a high prevalence of chronic diseases and associated morbidities for these individuals. When undiagnosed or poorly managed these conditions contribute to delayed access to care, severe illness, increased hospitalizations, and poor quality of life.

The component, which is a collaborative effort with UHI's family medicine residency program, involves outreach teams comprised of a medical provider, nurse, respiratory therapist, pharmacist and community health outreach/peer recovery specialist. This team of health care professionals offers medical and social support services ranging from flu shots, primary care services (e.g., wound care, diabetes treatment) and assistance in finding a shelter. The assistance is offered at "pop-up" UHI clinics that are located at homeless camps and other locations. These "pop-up" clinics bring the care to the patient.

Data for UHI's pop-up medical clinics for January through May 2024:

– 26 medical patients (5 appointments scheduled)

– 7 dental exams (3 appointments scheduled)

– 66 hygiene kits

– 17 blood pressure screenings + 3 blood glucose screenings

– 31 Narcan, 25 fentanyl test strips and xylazine test strips, and 37 other harm reduction supplies

– 26 dental hygiene kits

– 128 warming kits

– 132 hand warmers

[6] If the COPA is granted, it is expected that Regional Hospital's labor and delivery services will soon thereafter be consolidated at Union Hospital Terre Haute.

[7] This is a component of population health initiative #8: Improved Access and Resources for Homeless and Housing Insecure Individuals.

– 19 depends

– 31 feminine kits

– 67 fingernail clippers

– 84 immunizations administered

– Numerous summer supplies: sunscreen, water bottles, sunglasses, mosquito bands, etc.

Currently, targeted outreach areas correlate with zip codes of frequent and high utilizations of UHI's emergency department and hospital services. *If the COPA is granted (thereby resulting in the creation of the Combined Clinical Platform), targeted outreach areas will be expanded to include areas that correlate with zip codes of frequent and high utilizations of emergency services and hospital services at the Regional Hospital campus – thereby expanding the benefits.*

(iii) <u>Home OB Services</u>[8]

The Home OB program commenced in 2021 and is focused on providing prenatal care in the patient's home. This component involves a family nurse practitioner (FNP) providing the care. Currently, one (1) FNP provides these services one (1) day per week. It is likely these patients would have otherwise not received care. The FNP is paired with an ABI staff member to provide better care to patients needing services. The FNP provides the clinical services while the staff member works with patients on transportation, food, housing, and other needs. Approximately 40 patients received Home OB services in 2023. The benefits of this component include the following:

• Enhanced Prenatal and Postpartum Support

• Risk Identification

• Early Detection and Intervention

• Enhanced Patient Engagement

• Adherence to Care Plans

• Family Involvement in Care

• Patient Convenience and Comfort

[8] This is a component of population health initiative #1: Community Benefit & Community Health Committee.

In the first three (3) years of the program, data showed the following accomplishments:

• Breastfeeding initiation rate significantly higher than Indiana's average (91% breastfeeding initiation).

• Lower than state and national averages for preterm birth (7.6%) and low birth weight infants (4.3%).

• 37.5% of the 24 clients smoking during pregnancy quit smoking while enrolled in the program.

Patients who receive care in a familiar and comfortable environment, such as their own home, can experience reduced stress, fear, and anxiety. The tailored services and holistic approach increase confidence and patient engagement, most often leading to increased compliance with care, thereby resulting in improved health outcomes. This program also enables the care provider to detect safety hazards such as unsafe sleep environments or domestic violence. Early intervention in these issues can improve the outcome for both the pregnant individual and newborn.

In addition, care at home improves access for the underserved and high-risk populations who face barriers to receiving care in traditional healthcare settings. The home visits eliminate the need for travel, which is particularly beneficial to patients who do not have a vehicle, have only one vehicle shared among a family, do not have gasoline for a vehicle, or have mobility issues. UHI serves patients from a wide geographic region, much of which is rural. In rural areas, public transportation is not readily available.

The provider offering care within a patient's home assesses overall living conditions and family dynamics, which cannot be done in the traditional clinic setting. This increases opportunities for providers to connect patients with basic, essential resources that impact physical and mental health.

At-home care also creates increased family involvement in the patient's care, leading to a supportive network for the pregnant individual and infant. All aspects mentioned above (e.g., improved access to care and improved outcomes) lead to better quality of care for our patients.

THRH has no similar program. If the COPA is granted and the Merger occurs, then UHI will expand the component with goal of offering services to an additional 100 patients.

(iv) <u>Employee & Provider Health and Wellbeing & Retention</u>

"Employee & Provider Health and Wellbeing & Retention" is one of the eleven (11) initiatives constituting UHI's Population Health Improvement Plan. This initiative consists of the following seven (7) components:

(1) Wellness Screenings:

Wellness screenings and incentives are designed to target and mitigate chronic conditions and improve health and wellbeing. The program is offered to employees of Union Healthcare Providers[9] who are tobacco free and can pass at least three (3) of the five (5) biometrics screenings (i.e., blood pressure, glucose, triglycerides, cholesterol, and waist circumference).

(2) Health Advocate Coaches:

Health advocate coaches focus on the health and wellness of all employees of Union Healthcare Providers. From weight loss programs and smoking cessation plans to walking competitions for employees, the coaches support employees in staying healthy. The coaches oversee UHI's organic community garden for employees, as well as bring area farmers to campus who offer certified organic produce to employees and visitors.

(3) Weight Loss Clinic:

The weight loss clinic is a medically supervised weight loss program for the community, including UHI's employees.

(4) Mental Minute:

The program provides free counseling services to all employees at Union Healthcare Providers in conjunction with the UHI's Employee Assistance Program. Team members can take a mental minute whenever feeling burnout, worried, anxious, or just need to talk. Mental Minute offers virtual appointments in the evenings and weekends.

(5) Incentives to Mitigate Chronic Conditions and Improve Health and Wellbeing:

This component relates to component one (wellness screenings) and offers cash incentives (e.g., HSA contributions) to employees at Union Healthcare Providers who do not use tobacco products and who pass their wellness screenings.

[9] As defined in the Application, "Union Healthcare Providers" means Union Hospital, Union Associated Physicians Clinic, LLC, Center for Occupational Health, Inc., Union Hospital Therapy, LLC, and the Rural Health Clinics.

(6) Physician Wellness Activities:

The program offers resources to address challenges facing providers, such as burnout, substance abuse, and suicide awareness. Counseling is provided by trained psychologists, through a third-party provider, for critical incident support as well as daily life activities.

(7) Align Occupational Health, Health Plan, & Community Health:

UHI currently offers health or wellness screenings which provide an annual snapshot of blood glucose, cholesterol, and other health indicators. Incentives are offered to employees who achieve certain benchmarks. This component considers the recommended preventative screenings and measures as set by the US Preventative Services Task Force (i.e., mammogram, cervical or colorectal cancer, eye/foot exam for diabetics).

The initiative is designed to address and improve employee health and wellbeing. Healthier employees are more likely to have better health outcomes. As residents of the Wabash Valley Community, healthier employees contribute to the overall health status of the community. Moreover, a close review of the initiative and its components reveals that, at its core, the initiative is intended to provide employees access to care.

The health care providers and other trained professionals who provide services to employees are very well qualified and are selected on account of their skill and professionalism. Consequently, employees who participate in the initiative may be receiving higher quality care via the initiative than they would receive from providers and other professionals outside of the initiative.

This initiative was implemented, in part, to help UHI recruit and retain health care professionals (especially physicians). This benefits the Wabash Valley Community and improves access to health care. The component "Physician Wellness Activities" described above is an example of this effort.

This robust initiative is not offered by THRH to its employees. However, if the Merger occurs, the components of the initiative, and the benefits associated with the components, will be immediately expanded to include former THRH employees who become employees of Union Healthcare Providers.

(v) Chronic Disease Case Management: DREAM Pilot[10]

The "Diabetes Rx Education & Awareness Monitoring ("**DREAM**") pilot program commenced in the fall of 2023 and targets patients with recent hospitalizations due to out-of-control diabetes. The initiative provides patients with tools to better

[10] This is a component of population health initiative #3: Community Action & Partnerships Addressing Health Drivers.

understand diabetes, how their body reacts to it, and how their diet has a direct impact on their health. These tools include continuous glucose monitoring tools, tailored meals delivered to their home, and support provided by the Diabetes Education Center.

The initiative is implemented through case management services provided by primary health teams. DREAM utilizes a multi-disciplinary team approach throughout the care continuum and in collaboration with primary care providers.

THRH does not offer a similar program. If the COPA is granted, then THRH patients would have access to the DREAM program.

(vi) <u>Medical Assistance Program</u>[11]

This component's purpose is to make available free and discounted prescription drugs (and where possible prescription drug health plan coverage) for needy patients. As part of this component, UHI partners with Nationwide Prescription Connection ("**NPC**") to connect patients with money-saving programs that help them obtain the prescription medicines they need but cannot afford. In addition, outside of NPC, UHI offers substantially reduced out-of-pocket expenses to a large number of patients at discharge (e.g., patients requiring use of expensive anticoagulant agents upon discharge often receive these agents for only $2 in out-of-pocket payments).

NPC is available to Union Medical Group patients that cannot afford expensive medications for chronic disease state management (e.g., chronic, ongoing use). Patients are referred to NPC for assistance with applying to manufacturer patient assistance programs. NPC advocates help patients with the application process and, if the patient qualifies, then s/he will receive medications for free through the drug manufacturer. Patients are typically approved for one (1) year and then have to reenroll annually.

Also, the Medical Assistance Program utilizes UHI's ability to purchase drugs at a discounted price (340B pricing) for discharged inpatients, emergency department patients, and ambulatory surgery patients. UHI provides copay assistance and dispenses some medications at cost to UHI's patients that are unable to afford the cost of their medications at the time of discharge. UHI strives to send as many patients as possible home with medications-in-hand to improve outcomes and prevent readmissions. UHI typically dispenses a 90-day supply. This provides patients with time to follow-up with their provider to find a long-term solution to the cost of the medication, which may include a referral to NPC.

The Medical Assistance Program provides a significant benefit to many patients. As of June 2024, a total of 2,124 patients have been referred to NPC:

[11] This is a component of population health initiative #5: Access to Insurance & low/no cost pharmaceuticals for low-income individuals.

- 1,155 patients have been approved for free medications and a total of 1,355 patients have been approved overall; and,
- these patients have received a total of 10,304 prescriptions, with total drug cost savings of $7,743,558.

The drug cost savings is calculated by taking the average retail price of each medication and multiplying that by the number of prescriptions that our patients have received for each medication. This is the amount patients are saving. Patients receive the medications at no cost from the drug manufacturers.

THRH does not offer this type of assistance, in part because, as a for-profit entity, it cannot participate in the federal government's 340B prescription drug program. The THRH patients that become UHI patients will have access the Medical Assistance Program.

(vii) <u>Union Health Steering Committee</u>[12]

The Union Health Steering Committee is scheduled to be established Fall 2024. The Committee will feature diverse, multi-sector, state, local, and community level partners, including community members, who will advise and inform strategies for improving the Wabash Valley Community's health status based on identified health care and social assistance needs. Moreover, the Committee will continually monitor and respond to emerging trends and innovations in the healthcare field. THRH has no similar committee or program.

The Committee's perspective on the Community's needs (and how best to respond to those needs) would certainly benefit from information and experiences related to UHI's operation of the Combined Clinical Platform – which will only occur if the COPA is granted. Furthermore, the additional resources and personnel of the Combined Clinical Platform would strengthen the Steering Committee's ability to address the Wabash Valley Community's health care and social assistance needs.

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[12] This is a component of population health initiative #1: Community Benefit & Community Health Committee.

City of Terre Haute
Brandon Sakbun, Mayor
17 Harding Avenue
Terre Haute, IN 47807
(812)244-2303

January 31, 2025

Indiana Department of Health
2 North Meridian Street
Indianapolis, Indiana 46204

To Whom It May Concern:

As Mayor of Terre Haute, I recognize the severity of this request is based off of market conditions and with the current possibility in front of me, I write to express my support for the Certificate of Public Advantage (COPA) application being pursued by Union Health. This initiative is essential not only for the continued delivery of high-quality healthcare but also for the economic stability of our city and the broader West Central Indiana region.

Union Health is more than a hospital system—it is a pillar of our community, serving as the largest employer in the region and providing care to thousands of residents who rely on its services every day. The proposed merger, under the careful oversight of the COPA process, presents a critical opportunity to enhance public health outcomes while protecting and expanding the jobs that are vital to Terre Haute's economy.

Our city faces significant public health challenges. Vigo County ranks among the lowest in the state in key health indicators, including adult obesity, infant mortality, and life expectancy. Approving the COPA will allow Union Health to expand access to essential medical services, invest in preventive care, and implement targeted initiatives that will directly improve these health outcomes for our residents. Ensuring that every person in our community has access to quality healthcare is not just a priority—it is a necessity.

Furthermore, this merger is crucial to the economic vitality of Terre Haute. The retention of all healthcare employees, including the 600 professionals at Terre Haute Regional Hospital, ensures continuity of care while preserving family-supporting jobs in our city. Beyond that, the long-term growth and stability of our healthcare sector will drive additional employment opportunities and economic development, reinforcing our shared commitment to a thriving, healthy, and prosperous community.

Union Health has long demonstrated its dedication to both public health and economic progress. This COPA application represents a thoughtful, responsible approach to ensuring that our community's healthcare system remains strong, sustainable, and prepared to meet the needs of our residents for generations to come. I urge the Indiana Department of Health to approve this application, recognizing the essential role that Union Health plays in securing Terre Haute's future.

Thank you for your time and consideration. Please do not hesitate to reach out should you require any further information.

Sincerely,

Mayor Sakbun
Mayor, City of Terre Haute

FUSON
AUTOMOTIVE

4325 U.S. Highway 41 South • P.O. Box 10039 • Terre Haute, IN 47801

January 31, 2025

Indiana Department of Health
2 N. Meridian St.
Indianapolis, IN 46204

Dear Dr. Lindsay Weaver,

I am writing to you regarding the proposed merger of Union Health and Terre Haute Regional Hospital.

Our organization, Fuson Automotive, employs nearly fifty people in Terre Haute and have provided automotive services to the Wabash Valley for more than 100 years!

We, as with most businesses, are very concerned with the cost and quality of available health care for our employees and customers. We live in a region where cardiovascular disease, obesity and drug abuse are major health challenges. Through this proposed merger and collaboration, we believe an informed and educated populace can change this tide.

Lower costs can be obtained by eliminating the duplication of services and technology these two health systems are employing today. We believe cost, through the COPA process, can be controlled by the supervision of the State of Indiana.

We fully support this proposed merger as a way to positively impact the way health care is delivered in our area and hope you will thoughtfully consider all of the benefits this merger will bring to our community.

Respectfully,

Mark J Fuson

President

TELEPHONE: (812) 232-2364 • FAX: (812) 232-2360 • www.drivefuson.com

TRAVIS NORRIS

VIGO COUNTY CORONER

183 Oak Street
Terre Haute, IN 47807
(812) 462-3360

January 31, 2025
Department of Health
2 N. Meridian St.
Indianapolis, IN 46204

Dear Dr. Weaver,

I am the newly elected Coroner for Vigo County. I chose to run for the position of Coroner, despite my then-current role as County Council (since 2021), because I saw a variety of opportunities to provide to improve services and create efficiencies throughout the county.

To this end, I am supportive of the merger between Union Health and Regional Hospital. More specifically, there has been a historic issue of morgue overflow that I believe can be addressed in part with a new approach to collaboration among Terre Haute's forensic pathologist and local hospitals. With one system, efficiencies can be introduced. For example, sadly, Vigo County has a high infant mortality rate that can be addressed through collaboration with providers, community education, and educational opportunities. Union Health's extensive work will be expanded following the merger if allowed, therefore, ultimately reducing infant mortality with a consolidated, concerted effort of one health System.

In addition to my role as Coroner, I am supportive of the merger as a local business owner, husband of a local elementary school principal, and father of three. Having served as the County Council's representative on the Vigo County Fair Board and the Local Emergency Planning Commission, I have first-hand knowledge of how important an efficient, affordable health care system, such as the one anticipated following the merger, is to the wellbeing of the entire community.

Thank you for your time and consideration of the merger.

Sincerely,

Travis Norris
Vigo County Coroner

STATE OF INDIANA
HOUSE OF REPRESENTATIVES
THIRD FLOOR STATE HOUSE
INDIANAPOLIS, INDIANA 46204

Dr. Brad Barrett
200 West Washington Street
Indianapolis, IN 46204
www.in.gov/H56
h56@iga.in.gov
317-232-9695

House District 56
Indiana Department of Health
2 North Meridian Street
Indianapolis, Indiana 46204

January 31, 2025

To Whom It May Concern:

I am writing to express my strong support for the Certificate of Public Advantage (COPA) application currently being pursued by Union Health in Terre Haute, Indiana. The COPA process serves as a critical mechanism of oversight, ensuring that hospital mergers occurring under its framework prioritize the public good, protect jobs, and enhance community health outcomes.

In an era of evolving healthcare challenges, the COPA provides a structured, transparent, and state-monitored framework that safeguards against potential adverse effects while maximizing the benefits of collaboration. Union Health's pursuit of this opportunity aligns with the very purpose of the COPA—to enable strategic partnerships that are uniquely positioned to address specific community needs while remaining accountable to the public.

Vigo County faces significant health disparities, ranking among the lowest in the state in key health metrics such as adult obesity, infant mortality, and life expectancy. The proposed merger under the COPA will serve as a catalyst for progress, allowing Union Health to strengthen essential services, expand healthcare access, and implement initiatives tailored to improving these critical areas. By facilitating a partnership that is centered on community well-being, this COPA will ensure that healthcare remains both high-quality and sustainable for the region.

Moreover, the economic stability of the healthcare sector is vital to the overall well-being of the community. This merger will not only preserve hundreds of jobs but also create new opportunities for healthcare professionals, ensuring that West Central Indiana continues to have the medical expertise needed to meet the growing demand for services. The COPA's oversight will provide necessary safeguards, ensuring that these benefits are realized while maintaining consumer protections and healthcare quality standards.

Union Health has demonstrated a steadfast commitment to improving the health and livelihoods of residents in Vigo County and beyond. Their pursuit of a COPA is not merely a business decision; it is a mission-driven effort to enhance healthcare accessibility and outcomes for the community. I urge the Indiana Department of Health to grant this application, recognizing the immense potential for positive transformation that this merger represents.

Thank you for your attention to this critical matter. Should you require further information or discussion, I welcome the opportunity to provide additional insights.

Sincerely,

Dr. Brad Barrett
House Public Health Committee, Chairman
State Representative

Vigo County Commissioners
Mark Clinkenbeard, 1st District
Chris Switzer, 2nd District
Mike Morris, 3rd District
650 S. Street Terre Haute, IN 47807
(812)462-3367

January 31, 2025

Indiana Department of Health
2 North Meridian Street
Indianapolis, Indiana 46204

To Whom It May Concern,

As a Vigo County Commissioner, I am writing to offer my full support for the Certificate of Public Advantage (COPA) application submitted by Union Health. This initiative represents an essential step forward for the healthcare sector in our community, as well as for the broader economic and social well-being of Vigo County.

Union Health's contribution to our community cannot be overstated. As one of the largest employers in Vigo County, it plays a critical role in providing jobs to hundreds of families and offering healthcare services to thousands of residents in need. The proposed merger, which will be carefully regulated through the COPA process, stands to greatly enhance the region's healthcare delivery, ensuring continued access to essential services while also protecting the livelihoods of those working in the healthcare sector.

Vigo County, like many communities, faces significant healthcare challenges. Our residents grapple with issues such as chronic diseases, limited access to healthcare in rural areas, and a higher-than-average incidence of preventable conditions. By approving the COPA, Union Health will have the opportunity to expand its healthcare offerings, especially in underserved areas, and take proactive measures to address these pressing health concerns.

In addition to improving healthcare access, this merger will have a significant economic impact. The retention of healthcare professionals, including those at Terre Haute Regional Hospital, ensures continuity of care for our residents and contributes to the stability of the local economy. The positive effects of this merger will also ripple out into other sectors, driving job creation, attracting new investment, and strengthening our local economy.

Union Health has proven time and again its commitment to the health and prosperity of this community. Its approach to this merger, one that balances healthcare improvements with economic growth, ensures that our community will be well-positioned for the future. I strongly encourage the Indiana Department of Health to approve this COPA application, as it represents a critical investment in both the health and the economy of Vigo County.

Thank you for your attention to this matter. If you need any further information, please feel free to contact me.

Sincerely,

Chris Switzer
Vigo County Commissioner

THOMPSON THRIFT
A REAL ESTATE COMPANY

ThompsonThrift.com

January 31, 2025

Indiana Department of Health
2 N. Meridian Street
Indianapolis, Indiana 46204

Dear Dr. Lindsay Weaver,

I am writing to you regarding the proposed merger of Union Health System and Terre Haute Regional Hospital.

Our organization, Thompson Thrift, has employed residents of and provided services to the area for 39 years.

We, as with most businesses, are very concerned with the cost and quality of available health care for our employees and customers. We live in a region where cardiovascular disease, obesity and drug abuse are major health challenges. Through this proposed merger we believe an informed and educated populace can change this tide.

Lower costs can be obtained by eliminating the duplication of services and technology these two health systems are employing today. We believe cost, through the COPA process, can be controlled by the supervision of the State of Indiana.

We fully support this proposed merger as a way to positively impact the way health care is delivered in our area and hope you will thoughtfully consider all of the benefits this merger will bring to our region.

Thank you,

Paul M. Thrift, CEO

Terre Haute
901 Wabash Avenue
Suite 300
Terre Haute, IN 47807
812-235-5959

Indianapolis
111 Monument Circle
Suite 1500
Indianapolis, IN 46204
800-687-0012

Phoenix
2398 E Camelback Road
Suite 210
Phoenix, AZ 85016
602-313-8631

Houston
17314 SH 249
Suite 320
Houston, TX 77064
281-971-4016

Denver
12000 N Pecos Street
Suite 350
Westminster, CO 80234
303-276-6307

January 31, 2025

Indiana Department of Health
2 N. Meridian St.
Indianapolis, IN 46204

Dear Dr. Lindsay Weaver,

I am writing to you regarding the proposed merger of Union Health and Terre Haute Regional Hospital.

Our organization, Sycamore Engineering , employs 200 people from this community. We have been in business for 64 years. I see, first hand, how the need for healthcare impacts our business. Our employees regularly take time off to address their own or their families health. Our community needs help. We, as with most businesses, are very concerned with the cost and quality of available health care for our employees and customers. We live in a region where cardiovascular disease, obesity and drug abuse are major health challenges.

Lower costs can be obtained by eliminating the duplication of services and technology these two health systems are employing today. We believe cost, through the COPA process, can be controlled by the supervision of the State of Indiana.

We fully support this proposed merger as a way to positively impact the way health care is delivered in our area and hope you will thoughtfully consider all of the benefits this merger will bring to our community.

Respectfully,

Sara Dinkel Smith

Chief Executive Officer

SYCAMORE
INSURANCE ASSOCIATES

January 31, 2025

Indiana Department of Health
2 N. Meridian St.
Indianapolis, IN 46204

Dear Dr. Lindsay Weaver,

I am writing to you regarding the proposed merger of Union Health and Terre Haute Regional Hospital.

Our organization, Sycamore Insurance, employs nearly two dozen individuals in Terre Haute and have provided insurance services to the Wabash Valley for more than 35 years!

We, as with most businesses, are very concerned with the cost and quality of available health care for our employees and customers. We live in a region where cardiovascular disease, obesity and drug abuse are major health challenges. Through this proposed merger and collaboration, we believe an informed and educated populace can change this tide.

Lower costs can be obtained by eliminating the duplication of services and technology these two health systems are employing today. We believe cost, through the COPA process, can be controlled by the supervision of the State of Indiana.

We fully support this proposed merger as a way to positively impact the way health care is delivered in our area and hope you will thoughtfully consider all of the benefits this merger will bring to our community.

Respectfully,

Don Scott
President & CEO
Sycamore Insurance Associates, LLC

999 Ohio Street • Terre Haute, IN 47807 • Office: 812.242.1414 • Fax: 812.242.2042 • www.sycamoreins.com

Indiana Department of Health
2 N. Meridian St.
Indianapolis, IN 46204

To Whom It May Concern,

Please accept this letter of support for the proposed merger between Union Health and Terre Haute Regional Hospital.

My name is John Collett, and I serve as President of the Wabash Valley Athletic Association. As a dedicated member of this community, I have witnessed firsthand the need for continuous improvements in healthcare accessibility and quality. The strength of our local institutions, including our healthcare providers, is critical to the well-being of our residents and the future of our community.

I fully support the COPA and the merger of Union Health and Terre Haute Regional Hospital. A more unified and coordinated healthcare system will enhance the quality of care for individuals and families across the region. Access to comprehensive healthcare is vital for businesses, schools, and organizations alike, ensuring that our workforce remains healthy, productive, and supported.

For our community to thrive, we must have a healthcare system that is not only affordable but also expansive in its reach and effectiveness. The combined resources of these two institutions will improve patient outcomes, increase efficiency, and allow for greater investment in state-of-the-art medical services. This merger will directly contribute to a stronger, healthier community—one that attracts businesses, supports families, and fosters economic growth.

By uniting Union Health and Terre Haute Regional Hospital, we open the door to more accessible, innovative, and patient-focused healthcare for generations to come. I strongly encourage your approval of this merger for the benefit of our association and community.

Sincerely,

John Collett
President, Wabash Valley Athletic Association
220 Hamilton Drive
Terre Haute, IN 47803

INDIANA STATE UNIVERSITY

OFFICE OF THE PRESIDENT
TERRE HAUTE, IN 47809
812-237-4000
INDIANASTATE.EDU

January 31, 2025

Indiana Department of Health
2 N. Meridian St.
Indianapolis, IN 46204

To Whom It May Concern,

I am writing to express my strong support for the proposed merger between Union Health and Terre Haute Regional Hospital. As President of Indiana State University, I have had the privilege of working closely with Union Health to advance healthcare education and improve health outcomes in our community. The proposed merger represents an important step in strengthening these efforts and ensuring that our region continues to benefit from high-quality, accessible healthcare services.

Indiana State University, Union Health, and Terre Haute Regional Hospital are among the largest employers in our region, and together, we share a deep commitment to serving the needs of the Terre Haute community. Our longstanding partnership with Union Health has been instrumental in preparing the next generation of healthcare professionals, from nurses and physician assistants to healthcare administrators and allied health specialists. Through clinical placements, internships, and collaborative research initiatives, Indiana State University students receive hands-on experience that prepares them to meet the evolving challenges of the healthcare industry. This merger will only enhance these opportunities by expanding the reach and capabilities of our healthcare partners, ensuring that students have access to cutting-edge medical training and real-world learning experiences.

Beyond education, this partnership plays a crucial role in improving health outcomes across the region. A stronger, more integrated healthcare system will allow for better coordination of care, expanded service offerings, and enhanced patient experiences. The merger will provide increased access to specialists, advanced medical technologies, and innovative treatment options—benefits that will directly impact the well-being of our students, faculty, staff, and the wider community. By aligning our efforts, we can work together to address critical healthcare challenges, reduce disparities in care, and improve the overall health of the populations we serve.

Additionally, this merger has the potential to drive economic growth and workforce development in our region. By combining their resources, Union Health and Terre Haute Regional Hospital will be better positioned to attract top medical talent, invest in new healthcare initiatives, and create additional job opportunities for healthcare professionals,

many of whom are graduates of Indiana State University. Strengthening our local healthcare system ensures not only a healthier population but also a more robust and dynamic economy.

For these reasons, I fully support the proposed merger between Union Health and Terre Haute Regional Hospital. This partnership represents a transformative opportunity to enhance healthcare delivery, improve health outcomes, and expand educational opportunities for the next generation of healthcare professionals. Indiana State University looks forward to continuing our collaboration with Union Health and Terre Haute Regional Hospital as we work together to build a healthier, stronger community.

Sincerely,

Dr. Mike Godard
President
Indiana State University

ROSE-HULMAN
INSTITUTE OF TECHNOLOGY
5500 WABASH AVENUE TERRE HAUTE, IN 47803-3920 PHONE: 812-877-1511 FAX: 812-877-8001 www.rose-hulman.edu
OFFICE OF THE PRESIDENT

January 31, 2025

Indiana Department of Health
2 N. Meridian St.
Indianapolis, IN 46204

Dear Dr. Lindsay Weaver,

I am writing to you in support of the proposed merger of Union Health and Terre Haute Regional Hospital.

Rose-Hulman Institute of Technology, employs ~ 600 faculty and staff in Terre Haute, Indiana. We have been in existence for 150 years (celebrating our sesquicentennial in 2024) and are proud members of this community. We provide world-class engineering, math, and science education to over 2,300 students each year and have been ranked number one in the nation for undergraduate engineering, math, and science for the past 26 years.

Our employees are the key ingredient to our success. A vibrant healthcare system in our community is one of the essential elements directly impacting our ability to recruit and retain high-quality faculty and staff. Faculty and staff which are critical to our continued long-term success.

We are very concerned about the cost and quality of available health care for our employees and our students. We live in a region where cardiovascular disease, obesity and drug abuse are major health challenges. This proposed merger/acquisition, combined with an informed and educated populace and hard work, can change this tide.

Lower costs can be obtained by eliminating the duplication of services and technology these two health systems are employing today. We believe cost, through the COPA process, can be controlled and even more importantly the overall community health profile of the Wabash Valley can be improved.

We fully support this proposed transaction as a way to positively impact the delivery of health care in the Wabash Valley and contribute to a healthier, more vibrant community.

Respectfully,

Robert A. Coons
President

GARMONG

February 4, 2025

Indiana Department of Health
2 N. Meridian St.
Indianapolis, IN 46204

To Whom It May Concern,

Please accept this letter of support for the proposed merger between Union Health and Terre Haute Regional Hospital.

Garmong Construction has been a proud member of the Wabash Valley community for over a century, dedicated to advancing economic growth and improving the quality of life for our region. We recognize that strong, reliable healthcare is essential to the vitality of our workforce, our businesses, and our families.

The merger of Union Health and Terre Haute Regional Hospital represents a significant step toward strengthening healthcare services in our region. By aligning their resources, these institutions will be better equipped to enhance patient care, invest in cutting-edge medical advancements, and improve operational efficiencies. A unified healthcare system will provide more comprehensive, accessible, and high-quality medical services to residents, ensuring that our community remains a competitive and attractive place for businesses and families alike.

At Garmong Construction, we understand the importance of forward-thinking investments that create long-term value. This merger will not only provide immediate benefits to patients but also contribute to the overall economic and social well-being of our community. We strongly support the COPA and urge your approval of this merger to secure a healthier, more sustainable future for Terre Haute and the surrounding areas.

Sincerely,

Lance Gassert, PE
Chief Operating Officer
Garmong Construction Services

3050 Poplar Street
Terre Haute, IN 47803

812.234.3714

garmong.net

Att. III.f.4 Service Area Outreach

RFI2 Attachment N

COMMUNITY LETTERS

OF

SUPPORT

March 26, 2021

To Whom It May Concern,

As Mayor of the City of Terre Haute, I am writing to you to voice my strong support for Senate Bill 416. As an elected official of the Terre Haute community, it is my job to assess the needs of Terre Haute so that I can support efforts that will improve the quality of life for those within our community. Through Senate Bill 416, I see this possibility.

I have had the distinct privilege of working with Steve Holman, President/CEO of Union Health, on many projects within the Terre Haute area. Most notably, together, we co-chaired the "See You In Terre Haute" Community Plan. This plan details the needs for advancement in all areas of Terre Haute. Housing, tourism, education and more were included with the goal of bettering the lives of those who live in and visit Terre Haute. However, one of the most notable areas with identified needs was that of health care in Terre Haute. The process of developing this community plan showed us first-hand the concerning health metrics of the Terre Haute and Vigo County area. Our community has struggled and continues to struggle with addiction, mental health and poverty, all of which contribute to discouraging health statistics. A juristic change is needed in order to serve the diverse health needs of our community.

Senate Bill 416 is the change that we need. The bill addresses the needs of communities facing health care problems. Terre Haute is one of many areas in Indiana needing more advanced and collaborative efforts towards health care. Taking what I have seen in Union Health's work and the overall needs of the community, I believe that the passing of this bill will better the lives of many in Indiana. The opportunity to apply for a COPA puts the needs of all Hoosiers first by bringing forth more accessible and affordable health outcomes.

The fact that Vigo County ranks 85th out of 92 counties in health metrics speaks volumes. Something must change to not only help but also save the lives of those living here. I urge you to think favorably on this bill as it will impact my community and give help to those who need it most.

Thank you,

Mayor Duke A Bennett

GARMONG
Construction Services

March 29, 2021

The Honorable Brad Barrett
Chairman, Committee on Public Health
Indiana State House of Representatives

Dear Chairman Barrett and Members of the Committee:

I am writing to share my support for SB416 as a dynamic, innovative, and forward-thinking solution to our community's extensive health concerns.

As an employer of over 100 individuals in the West Central Region with a primary location in Vigo County, the economic impact of our population's failing health on our bottom line is clear. Rising health insurance costs, employee absenteeism, and overall ability to perform due to health-related issues are constant barriers to our continued growth and success. Over 20% of our county's population describes themself as being in poor to fair health and on average, residents report 5.1 poor mental health days per month.

We are not alone in this struggle, countless other businesses across Vigo County also face the impact of the poor health of their workforce. According to County Health Rankings and Roadmaps, a Robert Wood Johnson Foundation Program, Vigo County ranks 75th of Indiana's 92 counties in terms of overall health outcome.

The opportunity being presented via SB416 presents a unique way for our community to align itself, and its residents, under one unified system of care. With additional oversight from the State Department of Health, alongside commitments regarding insurance rate regulations and reinvestment savings to improve overall population health, I am hopeful this would allow Terre Haute and Vigo County to dramatically transform the health of our entire community and its workforce.

As a business leader, I urge you to consider this legislation, not just as a health and wellness related issue, but as an overall economic development strategy for our community.

Sincerely,

Brian Kooistra
Chief Operations Officer

C.H. Garmong and Son Inc.
3050 Poplar Street
Terre Haute, Indiana 47803
Phone (812) 234-3714 Fax (812) 234-1403
www.garmong.net

Glas-Col®

[illegible] HULMAN STREET
P.O. BOX 2128
TERRE HAUTE INDIANA [illegible] USA
TEL 812-23[illegible] FAX 812-23[illegible]
INTERNET www.[illegible].com
E-MAIL [illegible].com

March 29, 2021

The Honorable Brad Barrett
Chairman, Committee on Public Health
Indiana State House of Representatives

Dear Chairman Barrett and Members of the Committee:

I am writing to share my support for SB416 as a dynamic, innovative and forward thinking solution to our community's extensive health concerns.

As an employer of over 70 individuals in the West Central Region with a primary location in Vigo County, the economic impact of our population's failing health on our bottom line is clear. Rising health insurance costs, employee absenteeism and overall ability to perform due to health-related issues are constant barriers to our continued growth and success. Over 20% of our county's population describes themselves as being in poor to fair health and on average, residents report 5.1 poor mental health days per month.

We are not alone in this struggle, countless other businesses across Vigo County also face the impact of the poor health of their workforce. According to County Health Rankings and Roadmaps, a Robert Wood Johnson Foundation Program, Vigo County ranks 75th of Indiana's 92 counties in terms of overall health outcome.

The opportunity being presented via SB416 presents a unique way for our community to align itself, and its residents, under one unified system of care. With additional oversight from the State Department of Health, alongside commitments regarding insurance rate regulations and reinvestment savings to improve overall population health, this would allow Terre Haute and Vigo County to dramatically transform the health of our entire community and its workforce.

As a business leader, I urge you to consider this legislation, not just as a health and wellness related issue, but as an overall economic development strategy for a struggling community.

Sincerely,

David S Templeton
President & CEO

Milestone

March 29, 2021

The Honorable Brad Barrett
Chairman, Committee on Public Health
Indiana State House of Representatives

Dear Chairman Barrett and Members of the Committee -

I am writing to share my support for SB416 as a dynamic, innovative and forward thinking solution to our community's extensive health concerns.

As an employer in the West Central Region with a primary location in Vigo County, the economic impact of our population's failing health on our bottom line is clear. Rising health insurance costs, employee absenteeism and overall ability to perform due to health-related issues are constant barriers to our continued growth and success. Over 20% of our county's population describes themself as being in poor to fair health and on average, residents report 5.1 poor mental health days per month.

We are not alone in this struggle, countless other businesses across Vigo County also face the impact of the poor health of their workforce. According to County Health Rankings and Roadmaps, a Robert Wood Johnson Foundation Program, Vigo County ranks 75th of Indiana's 92 counties in terms of overall health outcome.

The opportunity being presented via SB416 presents an unique way for our community to align itself, and its residents, under one unified system of care. With additional oversight from the State Department of Health, alongside commitments regarding insurance rate regulations and reinvestment savings to improve overall population health this would allow Terre Haute and Vigo County to dramatically transform the health of our entire community and its workforce.

As a business leader I urge you to consider this legislation, not just as a health and wellness related issue, but as an overall economic development strategy for a struggling community.

Sincerely,

John A. Collett

March 29, 2021

The Honorable Brad Barrett
Chairman, Committee on Public Health
Indiana State House of Representatives

Dear Chairman Barrett and Members of the Committee -

As the leading business advocacy organization in Terre Haute and West Central Indiana, the Terre Haute Chamber of Commerce stands behind a big and bold approach to systematically change the health trajectory of the over 100,000 people who call Vigo County home.

There is no denying the failing health of Vigo County residents is one of most pressing concerns facing our community. In fact, the situation is quite dire. According to County Health Rankings and Roadmaps, a Robert Wood Johnson Foundation Program, Vigo County ranks 75th of Indiana's 92 counties in terms of overall health outcome. Heartbreakingly, our number of premature deaths is averaged at 9,200 lives annually against the state's average of 8,300. This means almost 9% of our county's population dies too early due in large part to cancer, heart disease and respiratory disease.

In terms of the business community, these statistics have a devastating impact upon our economic growth and sustainability. Many employers cite rising health care costs and employee absenteeism related to health issues as having a major impact upon their workforce. Over 20% of our county's population describes themself as being in poor to fair health and on average, residents report 5.1 poor mental health days per month.

The opportunity being presented via SB416 presents an unique way through which our community could, with additional oversight from the State Department of Health, alongside commitments regarding insurance rate regulations and reinvestment savings improve overall population health, dramatically transform the health of our entire community.

While this strategy does not make sense for every community in the state, the dire health statistics for Vigo County make us different. Our residents are dying too early, suffering from chronic health conditions unnecessarily and our economy is being impacted. We urge you to consider what this opportunity could provide for Terre Haute, Vigo County and West Central Indiana.

Sincerely,

Kristin Craig

Kristin Craig
President, Terre Haute Chamber of Commerce

Valley Professionals Community Health Center
CARING PROFESSIONALS IN YOUR COMMUNITY.

March 31, 2021

Dear Indiana House of Representatives,

Health care has always been a passion of mine. As CEO of Valley Professionals Community Health Center, my goal is to always bring equitable health care options to the people of West Central Indiana. Senate Bill 416 would be an opportunity that benefits the practices, services and care of health providers and their patients in our region.

During my time at Valley Professionals, I have been able to see the great need for more expansive efforts towards health care. Valley Professionals currently operates in 7 locations in 4 different counties to offer necessary services in behavioral health, clinical care, primary care, dental care and more. The vision of Valley Professionals is simple: we are committed to improving access to health care and enhancing the overall well-being of our communities. We support this bill because it does exactly that. Through the collaboration made possible through Senate Bill 416, Valley Professionals and all care facilities can take one step closer to achieving this vision in West Central Indiana.

One of the biggest issues surround health care that we've seen is lack of access and cost. We want to be able to give the citizens of West Central Indiana what they need in order to live happy and healthy lives. Through Senate Bill 416 and the acquiring of a COPA certification, a better health care community can be created. The possibilities through this bill promise the expansion of health care, more affordable access and the promise of bringing help directly to those in Indiana. Those unable to afford life-saving medications may find they can; those unable to get to a hospital that is miles away can find closer locations; and those looking for unique care options in their town can through a better system that fosters partnerships with regional health care providers. Senate Bill 416 is not a want for West Central Indiana, it is a need.

I thank you for your time in reading this letter. I hope in doing so I have helped you to understand the dire need for health care assistance in the West Central Indiana community and the need for Senate Bill 416. This bill is about serving the communities that count on their legislators and healthcare leaders to serve them in a way that gives back.

Best Regards,

T.J. Warren
CEO of Valley Professionals Community Health Center

Att. IV.d.1.(v) University of Wisconsin Population Health Institute County Health Rankings. UH Market

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

COUNTY
Vigo, IN

2023

Rank **#63** of 92 ranked counties in Indiana

Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

Vigo (VI) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).

Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Vigo (VI) is ranked among the least healthy counties in Indiana (Lowest 0%-25%).

County Demographics

The health of a place results from past and present policies and practices. The land known as Vigo County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."

Vigo County, Indiana is Metropolitan (intersecting an urban core area of 50,000 or more population) and is connected to the city of Terre Haute. In Vigo County, 23.8% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people). Vigo County contains neighborhoods which experienced intentional disinvestment through Federal HOLC Redlining between 1935 and 1940.

Show More

County Snapshot

☐ Show areas to explore

☐ Show areas of strength

Trends Available

Health Outcomes				
Length of Life		Vigo (VI) County	Indiana	United States —
Premature Death	~	9,200	8,600	7,300
Quality of Life		Vigo (VI) County	Indiana	United States —
Poor or Fair Health		17%	15%	12%
Poor Physical Health Days		3.6	3.3	3.0
Poor Mental Health Days		4.8	4.9	4.4
Low Birthweight		9%	8%	8%
Additional Health Outcomes (not included in overall ranking)		Vigo (VI) County	Indiana	United States —
Life Expectancy		75.4	76.5	78.5
Premature Age-Adjusted Mortality		490	420	360
Child Mortality		70	60	50
Infant Mortality		9	7	6
Frequent Physical Distress		12%	10%	9%
Frequent Mental Distress		17%	16%	14%
Diabetes Prevalence		11%	11%	9%
HIV Prevalence		214	211	380
Health Factors				
Health Behaviors		Vigo (VI) County	Indiana	United States —
Adult Smoking		24%	20%	16%
Adult Obesity		37%	37%	32%
Food Environment Index		5.7	6.5	7.0
Physical Inactivity		27%	26%	22%
Access to Exercise Opportunities		83%	77%	84%
Excessive Drinking		17%	18%	19%
Alcohol-Impaired Driving Deaths	~	17%	19%	27%

Sexually Transmitted Infections		593.2	495.7	481.3
Teen Births		28	23	19
Additional Health Behaviors (not included in overall ranking)		Vigo (VI) County	Indiana	United States —
Food Insecurity		15%	11%	12%
Limited Access to Healthy Foods		20%	9%	6%
Drug Overdose Deaths		17	28	23
Insufficient Sleep		37%	36%	33%
Clinical Care		Vigo (VI) County	Indiana	United States —
Uninsured		10%	9%	10%
Primary Care Physicians		1,100:1	1,500:1	1,310:1
Dentists		1,800:1	1,700:1	1,380:1
Mental Health Providers		570:1	530:1	340:1
Preventable Hospital Stays		4,775	3,174	2,809
Mammography Screening		34%	39%	37%
Flu Vaccinations		55%	54%	51%
Additional Clinical Care (not included in overall ranking)		Vigo (VI) County	Indiana	United States —
Uninsured Adults		11%	10%	12%
Uninsured Children		5%	6%	5%
Other Primary Care Providers		560:1	830:1	810:1
Social & Economic Factors		Vigo (VI) County	Indiana	United States —
High School Completion		90%	90%	89%
Some College		59%	63%	67%
Unemployment		4.3%	3.6%	5.4%
Children in Poverty		24%	16%	17%
Income Inequality		4.8	4.3	4.9
Children in Single-Parent Households		27%	25%	25%

Social Associations		13.9	11.9	9.1
Injury Deaths		72	85	76
Additional Social & Economic Factors (not included in overall ranking)		Vigo (VI) County	Indiana	United States
High School Graduation		85%	91%	87%
Disconnected Youth		5%	6%	7%
Reading Scores		3.2	3.1	3.1
Math Scores		3.2	3.2	3.0
School Segregation		0.07	0.26	0.25
School Funding Adequacy		-$970	$250	$1,062
Gender Pay Gap		0.83	0.76	0.81
Median Household Income		$48,400	$62,700	$69,700
Living Wage		$38.72	$40.18	$45.00
Children Eligible for Free or Reduced Price Lunch		57%	47%	53%
Residential Segregation - Black/White		54	68	63
Child Care Cost Burden		25%	20%	27%
Child Care Centers		4	4	7
Homicides		5	7	6
Suicides		19	15	14
Firearm Fatalities		10	15	12
Motor Vehicle Crash Deaths		11	12	12
Juvenile Arrests		28	19	24
Voter Turnout		52.3%	61.5%	67.9%
Census Participation		64.0%		65.2%
Physical Environment		Vigo (VI) County	Indiana	United States
Air Pollution - Particulate Matter		10.2	8.8	7.4
Drinking Water Violations		No		
Severe Housing Problems		15%	12%	17%
Driving Alone to Work		80%	80%	73%
Long Commute - Driving Alone		17%	32%	37%
Additional Physical Environment (not included in overall ranking)		Vigo (VI) County	Indiana	United States
Traffic Volume		663	501	505

Homeownership		63%	70%	65%
Severe Housing Cost Burden		14%	11%	14%
Broadband Access		85%	85%	87%

Note: Blank values reflect unreliable or missing data.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

COUNTY

Clay, IN

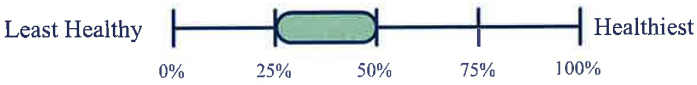
2023

Rank **#55** of 92 ranked counties in Indiana

Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

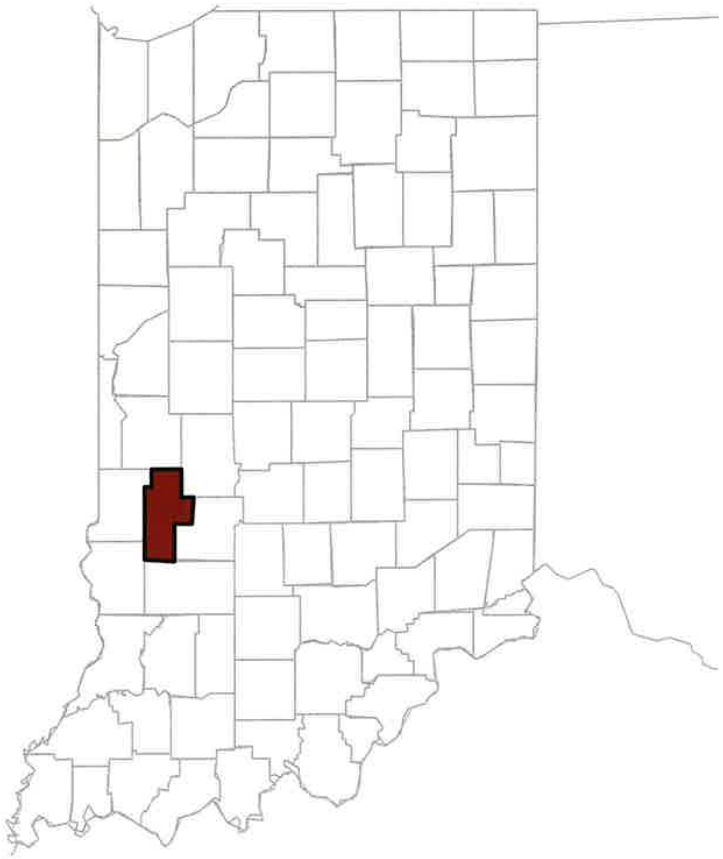
Clay (CY) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).



Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Clay (CY) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).



County Demographics

The health of a place results from past and present policies and practices. The land known as Clay County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."

Clay County, Indiana is Metropolitan (intersecting an urban core area of 50,000 or more population). In Clay County, 60.9% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people).

Show More

County Snapshot

- [ ] Show areas to explore
- [ ] Show areas of strength

Trends Available

Health Outcomes				
Length of Life		Clay (CY) County	Indiana	United States
Premature Death		9,100	8,600	7,300
Quality of Life		Clay (CY) County	Indiana	United States
Poor or Fair Health		15%	15%	12%
Poor Physical Health Days		3.5	3.3	3.0
Poor Mental Health Days		4.7	4.9	4.4
Low Birthweight		8%	8%	8%
Additional Health Outcomes (not included in overall ranking)		Clay (CY) County	Indiana	United States
Life Expectancy		75.6	76.5	78.5
Premature Age-Adjusted Mortality		440	420	360
Child Mortality		80	60	50
Infant Mortality			7	6
Frequent Physical Distress		11%	10%	9%
Frequent Mental Distress		17%	16%	14%
Diabetes Prevalence		10%	11%	9%
HIV Prevalence		100	211	380
Health Factors				
Health Behaviors		Clay (CY) County	Indiana	United States
Adult Smoking		22%	20%	16%
Adult Obesity		39%	37%	32%
Food Environment Index		7.7	6.5	7.0
Physical Inactivity		27%	26%	22%
Access to Exercise Opportunities		63%	77%	84%
Excessive Drinking		18%	18%	19%
Alcohol-Impaired Driving Deaths		8%	19%	27%
Sexually Transmitted Infections		381.3	495.7	481.3

Teen Births		33	23	19
Additional Health Behaviors (not included in overall ranking)		Clay (CY) County	Indiana	United States —
Food Insecurity		13%	11%	12%
Limited Access to Healthy Foods		6%	9%	6%
Drug Overdose Deaths			28	23
Insufficient Sleep		34%	36%	33%
Clinical Care		Clay (CY) County	Indiana	United States —
Uninsured	~	9%	9%	10%
Primary Care Physicians	~	2,390:1	1,500:1	1,310:1
Dentists	~	4,400:1	1,700:1	1,380:1
Mental Health Providers		2,200:1	530:1	340:1
Preventable Hospital Stays	~	3,749	3,174	2,809
Mammography Screening	~	33%	39%	37%
Flu Vaccinations	~	45%	54%	51%
Additional Clinical Care (not included in overall ranking)		Clay (CY) County	Indiana	United States —
Uninsured Adults	~	10%	10%	12%
Uninsured Children	~	5%	6%	5%
Other Primary Care Providers		2,030:1	830:1	810:1
Social & Economic Factors		Clay (CY) County	Indiana	United States —
High School Completion		91%	90%	89%
Some College		59%	63%	67%
Unemployment	~	3.6%	3.6%	5.4%
Children in Poverty	~	18%	16%	17%
Income Inequality		3.6	4.3	4.9
Children in Single-Parent Households		26%	25%	25%
Social Associations		16.0	11.9	9.1

Injury Deaths	77	85	76
Additional Social & Economic Factors (not included in overall ranking)	Clay (CY) County	Indiana	United States
High School Graduation	88%	91%	87%
Disconnected Youth		6%	7%
Reading Scores	3.4	3.1	3.1
Math Scores	3.6	3.2	3.0
School Segregation	0.03	0.26	0.25
School Funding Adequacy	$1,026	$250	$1,062
Gender Pay Gap	0.71	0.76	0.81
Median Household Income	$64,200	$62,700	$69,700
Living Wage	$38.35	$40.18	$45.00
Children Eligible for Free or Reduced Price Lunch	50%	47%	53%
Residential Segregation - Black/White		68	63
Child Care Cost Burden	18%	20%	27%
Child Care Centers	2	4	7
Homicides		7	6
Suicides	15	15	14
Firearm Fatalities	11	15	12
Motor Vehicle Crash Deaths	19	12	12
Juvenile Arrests	20	19	24
Voter Turnout	61.2%	61.5%	67.9%
Census Participation	67.3%		65.2%
Physical Environment	Clay (CY) County	Indiana	United States
Air Pollution - Particulate Matter	8.9	8.8	7.4
Drinking Water Violations	No		
Severe Housing Problems	8%	12%	17%
Driving Alone to Work	83%	80%	73%
Long Commute - Driving Alone	46%	32%	37%
Additional Physical Environment (not included in overall ranking)	Clay (CY) County	Indiana	United States
Traffic Volume	276	501	505
Homeownership	78%	70%	65%

Severe Housing Cost Burden		6%	11%	14%
Broadband Access		84%	85%	87%

Note: Blank values reflect unreliable or missing data.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

COUNTY

Greene, IN

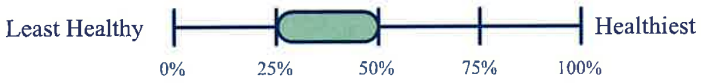
2023

Rank **#64** of 92 ranked counties in Indiana

Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

Greene (GE) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).



Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Greene (GE) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).

County Demographics

The health of a place results from past and present policies and practices. The land known as Greene County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."

Greene County, Indiana is Rural (outside of urban cores of 10,000 or more population). In Greene County, 74.8% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people).

Show More

County Snapshot

- [ ] Show areas to explore
- [ ] Show areas of strength

Trends Available

Health Outcomes				
Length of Life		Greene (GE) County	Indiana	United States
Premature Death		9,000	8,600	7,300
Quality of Life		Greene (GE) County	Indiana	United States
Poor or Fair Health		16%	15%	12%
Poor Physical Health Days		3.8	3.3	3.0
Poor Mental Health Days		5.1	4.9	4.4
Low Birthweight		8%	8%	8%
Additional Health Outcomes (not included in overall ranking)		Greene (GE) County	Indiana	United States
Life Expectancy		75.7	76.5	78.5
Premature Age-Adjusted Mortality		450	420	360
Child Mortality		60	60	50
Infant Mortality			7	6
Frequent Physical Distress		12%	10%	9%
Frequent Mental Distress		17%	16%	14%
Diabetes Prevalence		10%	11%	9%
HIV Prevalence		73	211	380
Health Factors				
Health Behaviors		Greene (GE) County	Indiana	United States
Adult Smoking		23%	20%	16%
Adult Obesity		38%	37%	32%
Food Environment Index		7.5	6.5	7.0
Physical Inactivity		27%	26%	22%
Access to Exercise Opportunities		43%	77%	84%
Excessive Drinking		18%	18%	19%
Alcohol-Impaired Driving Deaths		29%	19%	27%
Sexually Transmitted Infections		291.3	495.7	481.3

Teen Births		32	23	19
Additional Health Behaviors (not included in overall ranking)		Greene (GE) County	Indiana	United States —
Food Insecurity		13%	11%	12%
Limited Access to Healthy Foods		6%	9%	6%
Drug Overdose Deaths		12	28	23
Insufficient Sleep		36%	36%	33%
Clinical Care		Greene (GE) County	Indiana	United States —
Uninsured	~	9%	9%	10%
Primary Care Physicians	~	3,580:1	1,500:1	1,310:1
Dentists	~	2,200:1	1,700:1	1,380:1
Mental Health Providers		1,400:1	530:1	340:1
Preventable Hospital Stays	~	3,318	3,174	2,809
Mammography Screening	~	35%	39%	37%
Flu Vaccinations	~	41%	54%	51%
Additional Clinical Care (not included in overall ranking)		Greene (GE) County	Indiana	United States —
Uninsured Adults	~	10%	10%	12%
Uninsured Children	~	6%	6%	5%
Other Primary Care Providers		2,050:1	830:1	810:1
Social & Economic Factors		Greene (GE) County	Indiana	United States —
High School Completion		88%	90%	89%
Some College		60%	63%	67%
Unemployment	~	3.4%	3.6%	5.4%
Children in Poverty	~	22%	16%	17%
Income Inequality		4.1	4.3	4.9
Children in Single-Parent Households		24%	25%	25%
Social Associations		14.0	11.9	9.1

Injury Deaths		81	85	76
Additional Social & Economic Factors (not included in overall ranking)		Greene (GE) County	Indiana	United States
High School Graduation		96%	91%	87%
Disconnected Youth			6%	7%
Reading Scores		3.3	3.1	3.1
Math Scores		3.3	3.2	3.0
School Segregation		0.03	0.26	0.25
School Funding Adequacy		$648	$250	$1,062
Gender Pay Gap		0.82	0.76	0.81
Median Household Income		$55,500	$62,700	$69,700
Living Wage		$37.49	$40.18	$45.00
Children Eligible for Free or Reduced Price Lunch		48%	47%	53%
Residential Segregation - Black/White			68	63
Child Care Cost Burden		19%	20%	27%
Child Care Centers		3	4	7
Homicides		5	7	6
Suicides		16	15	14
Firearm Fatalities		14	15	12
Motor Vehicle Crash Deaths		23	12	12
Juvenile Arrests		24	19	24
Voter Turnout		59.1%	61.5%	67.9%
Census Participation		60.9%		65.2%
Physical Environment		Greene (GE) County	Indiana	United States
Air Pollution - Particulate Matter		7.7	8.8	7.4
Drinking Water Violations		No		
Severe Housing Problems		14%	12%	17%
Driving Alone to Work		83%	80%	73%
Long Commute - Driving Alone		45%	32%	37%
Additional Physical Environment (not included in overall ranking)		Greene (GE) County	Indiana	United States
Traffic Volume		126	501	505
Homeownership		77%	70%	65%

Severe Housing Cost Burden		9%	11%	14%
Broadband Access		77%	85%	87%

Note: Blank values reflect unreliable or missing data.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

COUNTY
Parke, IN

2023

Rank **#34** of 92 ranked counties in Indiana

Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

Parke (PA) is ranked in the higher middle range of counties in Indiana (Higher 50%-75%).

Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Parke (PA) is ranked among the least healthy counties in Indiana (Lowest 0%-25%).

County Demographics

The health of a place results from past and present policies and practices. The land known as Parke County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."

Parke County, Indiana is Metropolitan (intersecting an urban core area of 50,000 or more population). In Parke County, 75% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people).

Show More

County Snapshot

- [ ] Show areas to explore
- [ ] Show areas of strength

Trends Available

Health Outcomes				
Length of Life		Parke (PA) County	Indiana	United States
Premature Death		6,800	8,600	7,300
Quality of Life		Parke (PA) County	Indiana	United States
Poor or Fair Health		18%	15%	12%
Poor Physical Health Days		4.0	3.3	3.0
Poor Mental Health Days		5.3	4.9	4.4
Low Birthweight		6%	8%	8%
Additional Health Outcomes (not included in overall ranking)		Parke (PA) County	Indiana	United States
Life Expectancy		79.4	76.5	78.5
Premature Age-Adjusted Mortality		350	420	360
Child Mortality		80	60	50
Infant Mortality			7	6
Frequent Physical Distress		13%	10%	9%
Frequent Mental Distress		18%	16%	14%
Diabetes Prevalence		11%	11%	9%
HIV Prevalence		133	211	380
Health Factors				
Health Behaviors		Parke (PA) County	Indiana	United States
Adult Smoking		25%	20%	16%
Adult Obesity		41%	37%	32%
Food Environment Index		7.6	6.5	7.0
Physical Inactivity		29%	26%	22%
Access to Exercise Opportunities		47%	77%	84%
Excessive Drinking		18%	18%	19%
Alcohol-Impaired Driving Deaths		18%	19%	27%
Sexually Transmitted Infections		330.6	495.7	481.3

Teen Births		21	23	19
Additional Health Behaviors (not included in overall ranking)		Parke (PA) County	Indiana	United States —
Food Insecurity		13%	11%	12%
Limited Access to Healthy Foods		6%	9%	6%
Drug Overdose Deaths			28	23
Insufficient Sleep		36%	36%	33%
Clinical Care		Parke (PA) County	Indiana	United States —
Uninsured	~	12%	9%	10%
Primary Care Physicians	~	4,220:1	1,500:1	1,310:1
Dentists	~	5,470:1	1,700:1	1,380:1
Mental Health Providers		1,640:1	530:1	340:1
Preventable Hospital Stays	~	5,118	3,174	2,809
Mammography Screening	~	35%	39%	37%
Flu Vaccinations	~	54%	54%	51%
Additional Clinical Care (not included in overall ranking)		Parke (PA) County	Indiana	United States —
Uninsured Adults	~	13%	10%	12%
Uninsured Children	~	9%	6%	5%
Other Primary Care Providers		2,340:1	830:1	810:1
Social & Economic Factors		Parke (PA) County	Indiana	United States —
High School Completion		85%	90%	89%
Some College		45%	63%	67%
Unemployment	~	2.9%	3.6%	5.4%
Children in Poverty	~	22%	16%	17%
Income Inequality		3.9	4.3	4.9
Children in Single-Parent Households		21%	25%	25%
Social Associations		12.4	11.9	9.1

Injury Deaths		53	85	76
Additional Social & Economic Factors (not included in overall ranking)		Parke (PA) County	Indiana	United States
High School Graduation		85%	91%	87%
Disconnected Youth			6%	7%
Reading Scores		3.1	3.1	3.1
Math Scores		3.4	3.2	3.0
School Segregation		0.06	0.26	0.25
School Funding Adequacy		$51	$250	$1,062
Gender Pay Gap		0.67	0.76	0.81
Median Household Income		$55,700	$62,700	$69,700
Living Wage		$37.52	$40.18	$45.00
Children Eligible for Free or Reduced Price Lunch		54%	47%	53%
Residential Segregation - Black/White			68	63
Child Care Cost Burden		19%	20%	27%
Child Care Centers		3	4	7
Homicides			7	6
Suicides		16	15	14
Firearm Fatalities		12	15	12
Motor Vehicle Crash Deaths		19	12	12
Juvenile Arrests			19	24
Voter Turnout		53.6%	61.5%	67.9%
Census Participation		59.8%		65.2%
Physical Environment		Parke (PA) County	Indiana	United States
Air Pollution - Particulate Matter		8.9	8.8	7.4
Drinking Water Violations		Yes		
Severe Housing Problems		12%	12%	17%
Driving Alone to Work		74%	80%	73%
Long Commute - Driving Alone		49%	32%	37%
Additional Physical Environment (not included in overall ranking)		Parke (PA) County	Indiana	United States
Traffic Volume		38	501	505
Homeownership		80%	70%	65%

Severe Housing Cost Burden		10%	11%	14%
Broadband Access		74%	85%	87%

Note: Blank values reflect unreliable or missing data.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

COUNTY
Sullivan, IN

2023

Rank **#60** of 92 ranked counties in Indiana

Health Outcomes

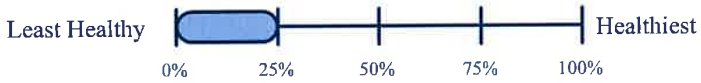
Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

Sullivan (SL) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).

Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Sullivan (SL) is ranked among the least healthy counties in Indiana (Lowest 0%-25%).



County Demographics

The health of a place results from past and present policies and practices. The land known as Sullivan County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."

Sullivan County, Indiana is Metropolitan (intersecting an urban core area of 50,000 or more population). In Sullivan County, 79% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people).

Show More

County Snapshot

- [ ] Show areas to explore
- [ ] Show areas of strength

Trends Available

Health Outcomes				
Length of Life		Sullivan (SL) County	Indiana	United States
Premature Death		9,200	8,600	7,300
Quality of Life		Sullivan (SL) County	Indiana	United States
Poor or Fair Health		18%	15%	12%
Poor Physical Health Days		3.8	3.3	3.0
Poor Mental Health Days		5.0	4.9	4.4
Low Birthweight		7%	8%	8%
Additional Health Outcomes (not included in overall ranking)		Sullivan (SL) County	Indiana	United States
Life Expectancy		76.1	76.5	78.5
Premature Age-Adjusted Mortality		460	420	360
Child Mortality		100	60	50
Infant Mortality			7	6
Frequent Physical Distress		12%	10%	9%
Frequent Mental Distress		17%	16%	14%
Diabetes Prevalence		11%	11%	9%
HIV Prevalence		107	211	380
Health Factors				
Health Behaviors		Sullivan (SL) County	Indiana	United States
Adult Smoking		25%	20%	16%
Adult Obesity		42%	37%	32%
Food Environment Index		7.6	6.5	7.0
Physical Inactivity		29%	26%	22%
Access to Exercise Opportunities		19%	77%	84%
Excessive Drinking		18%	18%	19%
Alcohol-Impaired Driving Deaths		19%	19%	27%
Sexually Transmitted Infections		222.6	495.7	481.3

Teen Births		34	23	19
Additional Health Behaviors (not included in overall ranking)		Sullivan (SL) County	Indiana	United States —
Food Insecurity		13%	11%	12%
Limited Access to Healthy Foods		5%	9%	6%
Drug Overdose Deaths			28	23
Insufficient Sleep		36%	36%	33%
Clinical Care		Sullivan (SL) County	Indiana	United States —
Uninsured		8%	9%	10%
Primary Care Physicians		2,290:1	1,500:1	1,310:1
Dentists		4,150:1	1,700:1	1,380:1
Mental Health Providers		2,310:1	530:1	340:1
Preventable Hospital Stays		4,688	3,174	2,809
Mammography Screening		31%	39%	37%
Flu Vaccinations		52%	54%	51%
Additional Clinical Care (not included in overall ranking)		Sullivan (SL) County	Indiana	United States —
Uninsured Adults		9%	10%	12%
Uninsured Children		6%	6%	5%
Other Primary Care Providers		1,300:1	830:1	810:1
Social & Economic Factors		Sullivan (SL) County	Indiana	United States —
High School Completion		87%	90%	89%
Some College		46%	63%	67%
Unemployment		3.8%	3.6%	5.4%
Children in Poverty		21%	16%	17%
Income Inequality		4.2	4.3	4.9
Children in Single-Parent Households		30%	25%	25%
Social Associations		11.2	11.9	9.1

Injury Deaths		70	85	76
Additional Social & Economic Factors (not included in overall ranking)		Sullivan (SL) County	Indiana	United States
High School Graduation		93%	91%	87%
Disconnected Youth			6%	7%
Reading Scores		3.4	3.1	3.1
Math Scores		3.5	3.2	3.0
School Segregation		0.06	0.26	0.25
School Funding Adequacy		-$326	$250	$1,062
Gender Pay Gap		0.87	0.76	0.81
Median Household Income		$47,600	$62,700	$69,700
Living Wage		$37.00	$40.18	$45.00
Children Eligible for Free or Reduced Price Lunch		51%	47%	53%
Residential Segregation - Black/White			68	63
Child Care Cost Burden		20%	20%	27%
Child Care Centers		2	4	7
Homicides			7	6
Suicides		16	15	14
Firearm Fatalities		12	15	12
Motor Vehicle Crash Deaths		13	12	12
Juvenile Arrests		34	19	24
Voter Turnout		54.2%	61.5%	67.9%
Census Participation		62.6%		65.2%
Physical Environment		Sullivan (SL) County	Indiana	United States
Air Pollution - Particulate Matter		8.1	8.8	7.4
Drinking Water Violations		No		
Severe Housing Problems		12%	12%	17%
Driving Alone to Work		88%	80%	73%
Long Commute - Driving Alone		35%	32%	37%
Additional Physical Environment (not included in overall ranking)		Sullivan (SL) County	Indiana	United States
Traffic Volume		91	501	505
Homeownership		75%	70%	65%

Severe Housing Cost Burden		11%	11%	14%
Broadband Access		75%	85%	87%

Note: Blank values reflect unreliable or missing data.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

COUNTY

Vermillion, IN

2023

Rank **#66** of 92 ranked counties in Indiana

Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

Vermillion (VE) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).

Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Vermillion (VE) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%).

County Demographics

The health of a place results from past and present policies and practices. The land known as Vermillion County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."

Vermillion County, Indiana is Metropolitan (intersecting an urban core area of 50,000 or more population). In Vermillion County, 60.4% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people).

Show More

County Snapshot

- [ ] Show areas to explore
- [ ] Show areas of strength

Trends Available

Health Outcomes				
Length of Life		Vermillion (VE) County	Indiana	United States
Premature Death		9,600	8,600	7,300
Quality of Life		Vermillion (VE) County	Indiana	United States
Poor or Fair Health		17%	15%	12%
Poor Physical Health Days		3.7	3.3	3.0
Poor Mental Health Days		5.1	4.9	4.4
Low Birthweight		8%	8%	8%
Additional Health Outcomes (not included in overall ranking)		Vermillion (VE) County	Indiana	United States
Life Expectancy		75.0	76.5	78.5
Premature Age-Adjusted Mortality		480	420	360
Child Mortality			60	50
Infant Mortality			7	6
Frequent Physical Distress		12%	10%	9%
Frequent Mental Distress		17%	16%	14%
Diabetes Prevalence		10%	11%	9%
HIV Prevalence		54	211	380
Health Factors				
Health Behaviors		Vermillion (VE) County	Indiana	United States
Adult Smoking		24%	20%	16%
Adult Obesity		42%	37%	32%
Food Environment Index		7.7	6.5	7.0
Physical Inactivity		27%	26%	22%
Access to Exercise Opportunities		54%	77%	84%
Excessive Drinking		18%	18%	19%
Alcohol-Impaired Driving Deaths		0%	19%	27%
Sexually Transmitted Infections		354.9	495.7	481.3

Teen Births		29	23	19
Additional Health Behaviors (not included in overall ranking)		Vermillion (VE) County	Indiana	United States
Food Insecurity		15%	11%	12%
Limited Access to Healthy Foods		2%	9%	6%
Drug Overdose Deaths			28	23
Insufficient Sleep		36%	36%	33%
Clinical Care		Vermillion (VE) County	Indiana	United States
Uninsured		9%	9%	10%
Primary Care Physicians		2,190:1	1,500:1	1,310:1
Dentists		2,560:1	1,700:1	1,380:1
Mental Health Providers		900:1	530:1	340:1
Preventable Hospital Stays		5,646	3,174	2,809
Mammography Screening		32%	39%	37%
Flu Vaccinations		54%	54%	51%
Additional Clinical Care (not included in overall ranking)		Vermillion (VE) County	Indiana	United States
Uninsured Adults		10%	10%	12%
Uninsured Children		6%	6%	5%
Other Primary Care Providers		1,100:1	830:1	810:1
Social & Economic Factors		Vermillion (VE) County	Indiana	United States
High School Completion		91%	90%	89%
Some College		55%	63%	67%
Unemployment		4.0%	3.6%	5.4%
Children in Poverty		17%	16%	17%
Income Inequality		4.1	4.3	4.9
Children in Single-Parent Households		29%	25%	25%
Social Associations		11.1	11.9	9.1

Injury Deaths		76	85	76
Additional Social & Economic Factors (not included in overall ranking)		Vermillion (VE) County	Indiana	United States
High School Graduation		91%	91%	87%
Disconnected Youth			6%	7%
Reading Scores		3.2	3.1	3.1
Math Scores		3.3	3.2	3.0
School Segregation		0.03	0.26	0.25
School Funding Adequacy		$514	$250	$1,062
Gender Pay Gap		0.84	0.76	0.81
Median Household Income		$53,500	$62,700	$69,700
Living Wage		$38.21	$40.18	$45.00
Children Eligible for Free or Reduced Price Lunch		53%	47%	53%
Residential Segregation - Black/White			68	63
Child Care Cost Burden		21%	20%	27%
Child Care Centers		4	4	7
Homicides			7	6
Suicides		18	15	14
Firearm Fatalities			15	12
Motor Vehicle Crash Deaths		18	12	12
Juvenile Arrests		27	19	24
Voter Turnout		62.4%	61.5%	67.9%
Census Participation		64.4%		65.2%
Physical Environment		Vermillion (VE) County	Indiana	United States
Air Pollution - Particulate Matter		9.1	8.8	7.4
Drinking Water Violations		No		
Severe Housing Problems		10%	12%	17%
Driving Alone to Work		81%	80%	73%
Long Commute - Driving Alone		38%	32%	37%
Additional Physical Environment (not included in overall ranking)		Vermillion (VE) County	Indiana	United States
Traffic Volume		129	501	505
Homeownership		76%	70%	65%

Severe Housing Cost Burden		7%	11%	14%
Broadband Access		85%	85%	87%

Note: Blank values reflect unreliable or missing data.

Att. V.a. Hospitals and Counties Map

Hospitals located in counties surrounding Union Hospital Terre Haute and Regional Hospital Terre Haute