SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization: COMMUNITY HOWARD REGIONAL HEALTH, INC.

Employer identification number: 35-1865344

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [X] 200% [ ] Other ____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [X] 300% [ ] 350% [ ] 400% [ ] Other ____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? N/A	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		1,605	823,475		823,475	0.65
b Medicaid (from Worksheet 3, column a)		18,667	24,243,196	14,119,950	10,123,246	8.03
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total Financial Assistance and Means-Tested Government Programs		20,272	25,066,671	14,119,950	10,946,721	8.69
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	2		1,017,729		1,017,729	0.81
f Health professions education (from Worksheet 5)	2		1,316,016	385,554	930,462	0.74
g Subsidized health services (from Worksheet 6)					0	0.00
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)					0	0.00
j Total. Other Benefits	4		2,333,745	385,554	1,948,191	1.55
k Total. Add lines 7d and 7j	4	20,272	27,400,416	14,505,504	12,894,912	10.24

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development	1		307,076		307,076	0.24
9 Other					0	0.00
10 Total	1		307,076		307,076	0.24

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	2,651,549		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	28,107,323		
6 Enter Medicare allowable costs of care relating to payments on line 5	6	46,244,092		
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-18,136,769		
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	HOWARD COMM SURG CTR	SURGERY	51		27
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 COMMUNITY HOWARD REGIONAL HEALTH 3500 S. LAFOUNTAIN STREET KOKOMO IN 46902 WWW.ECOMMUNITY.COM 16-005007-1	X	X					X			A
2 HOWARD REGIONAL SPECIALTY CARE 829 NORTH DIXON ROAD KOKOMO IN 46901 WWW.ECOMMUNITY.COM 16-003868-1	X									A

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group A

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

Community Health Needs Assessment		Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 15			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): WEBAPP.ECOMMUNITY.COM/ABOUTUS/			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 15			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): WEBAPP.ECOMMUNITY.COM/ABOUTUS/			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? N/A	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $ N/A			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group A

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 300 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b	[ ] The FAP application form was widely available on a website (list url):			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group A

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initializing any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- c ☒ Processed incomplete and complete FAP applications
- d ☒ Made presumptive eligibility determinations
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group A

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☐ The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A, FACILITY 1, COMMUNITY HOWARD REGIONAL HEALTH - PART V, LINE 5

IN 2015, COMMUNITY HEALTH NETWORK CONDUCTED A CHNA TO UNDERSTAND THE GREATEST HEALTH NEEDS IN THE COMMUNITIES SERVED BY OUR HOSPITALS. THIS ASSESSMENT WAS IN LARGE PART A JOINT PROCESS AMONG FOUR INDIANA HEALTH SYSTEMS: COMMUNITY HEALTH NETWORK, IU HEALTH, ST. FRANCIS ALLIANCE, AND ST. VINCENT. COMBINED, THESE ARE THE LARGEST HEALTH SYSTEMS IN INDIANA. THROUGH THIS COLLABORATIVE PARTNERSHIP, COMMUNITY HEALTH DATA WAS COLLECTED IN THREE WAYS:

1. SECONDARY DATA COLLECTION: DATA ON HEALTH AND WELLNESS ISSUES WAS COLLECTED. SOURCES INCLUDE COUNTY HEALTH RANKINGS, CENSUS BUREAU DATA, VARIOUS REPORTS FROM THE INDIANA STATE DEPARTMENT OF HEALTH, AND OTHER NATIONAL REPORTS. INDIANA INDICATORS, COMMUNITY COMMONS, AND HEALTHY COMMUNITIES INSTITUTE DATA MANAGEMENT SYSTEMS ALSO CONTRIBUTED TO THE SECONDARY DATA USED. SOURCES OF THE SECONDARY DATA ARE IDENTIFIED THROUGHOUT THE COMMUNITY BENEFITS REPORT.
2. COMMUNITY HEALTH SURVEY: A CORE OF 20 MANDATORY QUESTIONS BASED ON PERCEPTION OF COMMUNITY AND PERSONAL NEEDS WERE CREATED. IN ADDITION, PROFESSIONALS ASSIGNED TO EACH COUNTY WORKED WITH ESTABLISHED COMMUNITY HEALTH COLLABORATIVES, LOCAL HOSPITALS, AND THE LOCAL HEALTH DEPARTMENT TO DEVELOP VOLUNTARY COMMUNITY HEALTH NEEDS ASSESSMENT TO CREATE 9 QUESTIONS SPECIFIC TO THE COUNTY. THIS RESULTED IN A SURVEY WITH 20 TO 29 QUESTIONS, DEPENDENT ON THE RESPONDENT'S COUNTY OF RESIDENCE. THE SURVEY WAS DISTRIBUTED ELECTRONICALLY AND ON PAPER. IN ADDITION TO THE QUANTITATIVE DATA, FREE TEXT RESPONSES WERE CODED AND CALCULATED TO PROVIDE FURTHER CLARIFICATION OF THE QUANTITATIVE DATA.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

3. FOCUS GROUPS: IN ADDITION TO THE SURVEY THE PARTNERSHIP HOSTED FOCUS GROUPS THAT INCLUDED 15-60 COMMUNITY LEADERS FROM GOVERNMENTAL PUBLIC HEALTH, HEALTH CARE, SOCIAL SERVICE AGENCIES, RELATED NONPROFITS, CIVIC ORGANIZATIONS, AND GRASSROOTS/NEIGHBORHOOD ORGANIZATIONS. IN LARGER FOCUS GROUPS, SUB-GROUPS WERE UTILIZED TO GIVE ALL PARTICIPANTS A VOICE. EACH FOCUS GROUP DETERMINED THE TOP FOUR TO SIX HEALTH NEEDS IN THE COMMUNITY; POTENTIAL RESOURCES OR PARTNERS; AND SOME ACTIONS/INTERVENTIONS THAT MIGHT WORK BEST.

OUTSIDE OF THE COLLABORATIVE, COMMUNITY HEALTH NETWORK INVITED KEY PUBLIC HEALTH INFORMANTS TO PROVIDE THEIR INPUT ON COMMUNITY HEALTH NEEDS. THE FOLLOWING INFORMANTS WERE INTERVIEWED: DUANE KRAMBECK - PRINCIPAL OF CHRISTIAN PARK ELEMENTARY SCHOOL IN INDIANAPOLIS PUBLIC SCHOOLS; MARY CONWAY, MSN, RN ADMINISTRATIVE COORDINATOR FOR NURSING SERVICES IN INDIANAPOLIS PUBLIC SCHOOLS; AND RANDY MILLER EXECUTIVE DIRECTOR OF DRUG FREE MARION COUNTY.

THESE QUANTITATIVE AND QUALITATIVE DATA COLLECTION MECHANISMS HELPED IDENTIFY COMMUNITY HEALTH NEEDS AND SECONDARY DATA CONFIRMED THE NEEDS PERFORM BELOW STATE AVERAGES. FURTHER REVIEW OF THE HEALTH NEEDS DETERMINED THE EXTENT TO WHICH HEALTH INEQUITIES MAY EXIST AND WHICH SEGMENTS OF THE POPULATION ARE MORE NEGATIVELY IMPACTED.

GROUP A, FACILITY 1, COMMUNITY HOWARD REGIONAL HEALTH - PART V, LINE 6A

THE CHNA FOR COMMUNITY HOWARD REGIONAL HEALTH, INC. WAS A JOINT PROCESS AMONG ALL OF THE COMMUNITY HEALTH NETWORK HOSPITALS WHICH INCLUDES:

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY HEALTH NETWORK, INC. (NORTH, EAST, & INDIANA HEART HOSPITAL, LLC), COMMUNITY HOSPITAL SOUTH, INC., COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC., COMMUNITY HOWARD REGIONAL HEALTH, INC., AND INDIANAPOLIS OSTEOPATHIC HOSPITAL, INC. IN ADDITION, THE HOSPITAL COLLABORATED WITH FRANCISCAN ST. FRANCIS HEALTH, IU HEALTH UNIVERSITY HOSPITAL, AND ST. VINCENT HOSPITAL.

GROUP A, FACILITY 1, COMMUNITY HOWARD REGIONAL HEALTH - PART V, LINE 6B

THE CHNA WAS ALSO CONDUCTED WITH HEALTHY COMMUNITIES INSTITUTE.

GROUP A, FACILITY 1, COMMUNITY HOWARD REGIONAL HEALTH - PART V, LINE 11

CHRH IS ADDRESSING THE SIGNIFICANT NEEDS OF THE COMMUNITY BASED ON INPUT PROVIDED BY COMMUNITY RESIDENTS, PUBLIC HEALTH PARTNERS, INTERNAL AND EXTERNAL LEADERSHIP WHO PARTICIPATED IN FOCUS GROUPS, STAKEHOLDER INTERVIEWS OR COMPLETED THE CHNA SURVEY THROUGHOUT THE CENTRAL INDIANA REGION.

CHNA DATA WAS ANALYZED AND PRIORITIZED USING THESE KEY FACTORS: FEASIBILITY FOR OUR HOSPITALS TO IMPACT CHANGE, HEALTH SYSTEM EXPERTISE IN THE FIELD OF THE ASSESSED NEED, AND THE HOSPITALS ABILITY TO BE THE MOST EFFECTIVE WITH THE RESOURCES AVAILABLE. THE FOUR SIGNIFICANT HEALTH NEEDS IDENTIFIED IN ALL OUR COMMUNITIES WERE: ACCESS TO HEALTHCARE; OBESITY; PEDIATRIC ASTHMA AND COMMUNITY DRIVEN INITIATIVES.

A MISSION CENTERED ON HELPING OTHERS IS THE FOUNDATION OF EVERYTHING WE DO AT COMMUNITY HEALTH NETWORK - AND EXTENDS FROM THE CARE WE PROVIDE TO THE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITIES WE SERVE THROUGH A BROAD SPECTRUM OF COMMUNITY BENEFIT ACTIVITIES OR PROGRAMS. OUR COMMUNITY BENEFIT RESPONDS TO IDENTIFIED COMMUNITY NEEDS AND MEETS AT LEAST ONE OF THE FOLLOWING CRITERIA:

1. IMPROVES ACCESS TO HEALTH CARE SERVICES.
2. ENHANCES HEALTH OF THE COMMUNITY.
3. ADVANCES MEDICAL OR HEALTH KNOWLEDGE.
4. RELIEVES OR REDUCES THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS.

OUR COMMUNITY BENEFIT IS ORGANIZED IN THREE CATEGORIES:

CATEGORY 1: FINANCIAL ASSISTANCE-FREE OR DISCOUNTED HEALTH SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD TO PAY AND WHO MEET THE ELIGIBILITY CRITERIA OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. FINANCIAL ASSISTANCE IS REPORTED IN TERMS OF COSTS, NOT CHARGES. FINANCIAL ASSISTANCE DOES NOT INCLUDE BAD DEBT.

CATEGORY 2: GOVERNMENT-SPONSORED MEANS-TESTED HEALTH CARE-UNPAID COSTS OF PUBLIC PROGRAMS FOR LOW-INCOME PERSONS - THE SHORTFALL CREATED WHEN A FACILITY RECEIVES PAYMENTS THAT ARE LESS THAN THE COST OF CARING FOR PUBLIC PROGRAM BENEFICIARIES. THIS PAYMENT SHORTFALL IS NOT THE SAME AS A CONTRACTUAL ALLOWANCE, WHICH IS THE FULL DIFFERENCE BETWEEN CHARGES AND GOVERNMENT PAYMENTS.

CATEGORY 3: COMMUNITY BENEFIT SERVICES- PROGRAMS THAT RESPOND TO AN IDENTIFIED COMMUNITY HEALTH NEED AND ARE DESIGNED TO ACCOMPLISH ONE OR MORE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY BENEFIT OBJECTIVES; PROGRAMS AND ACTIVITIES DIRECTED TO OR INCLUDING AT-RISK PERSONS, SUCH AS UNDERINSURED AND UNINSURED PERSONS AND PROGRAMS OFFERED TO THE BROAD COMMUNITY (INCLUDING AT-RISK PERSONS) DESIGNED TO IMPROVE COMMUNITY HEALTH.

HIGHLIGHTS FOR COMMUNITY BENEFIT SERVICES THAT ALIGN WITH THE IDENTIFIED NEEDS INCLUDES:

ACCESS TO HEALTHCARE:

COMMUNITY HEALTH NETWORK SUPPORTS THE JANE PAULEY COMMUNITY HEALTH CENTER WHICH OPENED ITS DOORS IN SEPTEMBER 2009 TO PROVIDE PRIMARY HEALTH SERVICES TO EASTSIDE RESIDENTS, REGARDLESS OF INCOME OR INSURANCE COVERAGE. WITH 16 LOCATIONS, THE CENTER SERVES IN PARTNERSHIP WITH THE METROPOLITAN SCHOOL DISTRICT OF WARREN TOWNSHIP, COMMUNITY HEALTH NETWORK, THE COMMUNITY HEALTH NETWORK FOUNDATION, IU SCHOOL OF DENTISTRY AND HANCOCK REGIONAL HOSPITAL. SERVICES ARE PROVIDED ON A DISCOUNTED BASIS BASED ON THE PATIENT'S HOUSEHOLD INCOME. EASTSIDE INDIANAPOLIS NATIVE AND FORMER NBC NEWS ANCHOR JANE PAULEY LENT HER NAME TO THE FACILITY AS AN ADVOCATE FOR ACCESSIBLE HEALTHCARE SERVICES FOR PEOPLE UNDERSERVED BY TRADITIONAL HEALTHCARE MODELS. THE CENTER OFFERS A FULL RANGE OF SERVICES INCLUDING PRIMARY HEALTHCARE, CASE MANAGEMENT, PRESCRIPTION ASSISTANCE AND BEHAVIORAL HEALTH SERVICES, WHILE ALSO FOCUSING ON THE MANAGEMENT OF CHRONIC DISEASES. THE CENTER IS ABLE TO PROVIDE ALL OF THESE IN BOTH ENGLISH AND SPANISH.

COMMUNITY HEALTH NETWORK'S SCHOOL-BASED PROGRAMS COVER A WIDE RANGE OF

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NEEDS FOR YOUTH ACROSS CENTRAL INDIANA. ONSITE NURSES, THERAPISTS AND PHYSICIANS ADDRESS STUDENTS' NEEDS IN THE SCHOOL AND AFTER-SCHOOL SETTING, HELPING TO ENSURE CONSISTENCY IN CARE AND LESS TIME AWAY FROM THE CLASSROOM OR PLAYING FIELD. THE VAST MAJORITY OF THESE SERVICES, INCLUDING ANY NURSING OR BEHAVIORAL HEALTH SUPPORT, ARE OFFERED FREE OF CHARGE TO SCHOOLS THANKS TO COMMUNITY'S ON-GOING COMMITMENT TO ENHANCING HEALTH FOR FUTURE GENERATIONS.

FROM EVERYDAY SCRAPES AND BRUISES ON THE PLAYGROUND TO MANAGING CHRONIC ILLNESSES LIKE ASTHMA AND DIABETES, COMMUNITY NURSES OFFER SUPPORT FOR STUDENTS AT MORE THAN 100 SCHOOLS IN THE COMMUNITIES WE SERVE. THEIR WORK ENSURED A 95.1 PERCENT RETURN TO CLASSROOM RATE FOR STUDENTS WHO CAME TO THEM FOR CARE IN 2016. SPECIFIC SERVICES OFFERED TO STUDENTS INCLUDE:

1. MANAGEMENT OF INJURIES REQUIRING FIRST AID;
2. MANAGEMENT OF LIFE-THREATENING ALLERGIES, ASTHMA, DIABETES AND SEIZURES;
3. MANAGEMENT OF ANY HEALTH CONCERN AND REFERRAL TO APPROPRIATE CARE WHEN NEEDED; AND
4. EMERGENCY RESPONSE TO ANY HEALTH-RELATED CONCERN WITHIN THE SCHOOL BUILDING.

IN ADDITION, FOR STUDENTS FACING CHRONIC HEALTH CONDITIONS AND ONGOING HEALTH NEEDS, MEDICATIONS PRESCRIBED BY PHYSICIANS ARE ADMINISTERED BY COMMUNITY'S SCHOOL-BASED NURSING STAFF. IN THE INSTANCE OF OCCASIONAL MEDICATION NEEDS, PARENTS FURNISH OVER-THE-COUNTER MEDICATIONS THAT ARE THEN ADMINISTERED BY NURSING STAFF. AND, FOR PREVENTATIVE CARE PURPOSES,

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NURSING STAFF ADMINISTER FLU VACCINES AT A NUMBER OF LOCAL CHARTER SCHOOLS TO ENSURE THE WELLNESS OF STUDENTS THROUGHOUT THE SCHOOL YEAR.

OBESITY (ACCESS TO HEALTHY FOODS):

COMMUNITY HEALTH NETWORK TOOK OVER THE DAY-TO-DAY OPERATIONAL MANAGEMENT OF THE CUPBOARD, A FOOD PANTRY THAT SERVES RESIDENTS OF LAWRENCE TOWNSHIP OF INDIANAPOLIS, AND ASSISTS AN ESTIMATED 300 FAMILIES PER WEEK, PROVIDES HEALTHIER FOOD OPTIONS AND HELPS RELIEVE THE STRAIN CAUSED BY FOOD INSECURITY. IN 2016, THE CUPBOARD PROVIDED SERVICES TO APPROXIMATELY 57,000 PERSONS. THE CUPBOARD IS A CLIENT-CHOICE FOOD PANTRY, SERVING RESIDENTS THROUGH PARTNERSHIPS WITH GLEANERS FOOD BANK OF INDIANA, MIDWEST FOOD BANK, AND LOCAL RELIGIOUS INSTITUTIONS AND BUSINESSES. THE FOOD PANTRY IS OPEN WEDNESDAYS FROM 10 A.M. TO 4 P.M. AND 6 P.M. TO 8 P.M., FRIDAYS FROM 10 A.M. TO 4 P.M. AND THE THIRD SATURDAY OF THE MONTH FROM 10 A.M. TO NOON.

COMMUNITY HEALTH NETWORK SUPPORTS MANY URBAN FARMING AND FARMERS MARKET INITIATIVES THAT PROVIDE FRESH PRODUCE AND HEALTHY OPTIONS. FARMERS MARKETS ARE FOR EVERYONE. ACCESS TO AFFORDABLE, FRESH, AND HEALTHY WHOLE FOODS IS A CHALLENGE FOR MANY PEOPLE WHO RELY ON FOOD ASSISTANCE PROGRAMS LIKE SNAP THAT HELP LOW-INCOME FAMILIES AND INDIVIDUALS BUY FRESH, INDIANA-GROWN FOOD THAT PROVIDES REAL SUSTENANCE FOR THEMSELVES AND THEIR COMMUNITIES. FOR INSTANCE, COMMUNITY EMPLOYEES ALSO VOLUNTEER AND SUPPORT INDY URBAN ACRES WHICH IS AN ORGANIC FARM THAT DONATES 100% OF THE FRESH FRUITS AND VEGETABLES HARVESTED TO LOCAL FOOD PANTRIES THROUGH A PARTNERSHIP WITH

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GLEANERS FOOD BANK. SINCE 2011, INDY URBAN ACRES HAS GROWN INTO A MULTI-DISCIPLINARY FARM THAT PROVIDES FOOD EQUALITY FOR LOW-INCOME FAMILIES, EDUCATES THOUSANDS OF YOUTH THROUGH TOURS AND FARM-TO-PLATE WORKSHOPS, PROVIDES COMMUNITY ENGAGEMENT TO THOUSANDS OF VOLUNTEERS AND GROUPS, TEACHES TEENS VALUABLE JOB SKILLS AND HELPS IMPROVE INDY'S FOOD SYSTEM.

ASTHMA:

OUR PRESIDENT AND CEO, BRYAN MILLS, HAS JOINED WITH A NUMBER OF PARTNERS FROM HEALTHCARE AND THE BUSINESS COMMUNITY-INCLUDING THE INDIANA HOSPITAL ASSOCIATION, THE INDIANA STATE MEDICAL ASSOCIATION AND THE INDIANA CHAMBER OF COMMERCE-TO CREATE A NEW ORGANIZATION KNOWN AS THE ALLIANCE FOR A HEALTHIER INDIANA. IN 2016, THE GROUP ANNOUNCED PLANS TO TACKLE ITS FIRST CHALLENGE: THE HIGH RATE OF TOBACCO USE IN OUR STATE. TOBACCO USE LEADS TO DISEASE AND DISABILITY AND HARMS NEARLY EVERY ORGAN OF THE BODY. IT IS THE LEADING CAUSE OF PREVENTABLE DEATH. RESEARCH HAS SHOWN THAT SMOKE FROM CIGARS, CIGARETTES, AND PIPES HARMS YOUR BODY IN MANY WAYS, BUT IT IS ESPECIALLY HARMFUL TO THE LUNGS OF A PERSON WITH ASTHMA. TOBACCO SMOKE - INCLUDING SECONDHAND SMOKE - IS ONE OF THE MOST COMMON ASTHMA TRIGGERS. THE ALLIANCE ASKED INDIANA'S STATE LEGISLATURE TO CONSIDER A VARIETY OF MEASURES, INCLUDING HIGHER TOBACCO TAXES, AN INCREASE IN THE SMOKING AGE AND A REPEAL OF THE SMOKERS' BILL OF RIGHTS. COMMUNITY HEALTH NETWORK MADE A MAJOR INVESTMENT OF TIME AND RESOURCES INTO A COMBINED TOBACCO CAMPAIGN THIS YEAR, AND WHILE WE DID NOT GET THE TOBACCO TAX INCREASE WE SOUGHT, WE DID MOVE THE BALL FORWARD ON A TAX AND SECURE A PARTIAL VICTORY ON TOBACCO CESSATION FUNDING. INDIANA LEGISLATORS PROVIDED A 50% INCREASE IN STATE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FUNDING FOR TOBACCO CESSATION SERVICES, BRINGING THE ANNUAL TOBACCO CESSATION BUDGET TO $7.5 MILLION. THE NEW ALLIANCE FOR A HEALTHIER INDIANA IS A GREAT EXAMPLE OF HOW WE AT COMMUNITY PARTNER WITH OTHERS TO FURTHER OUR WORK. FROM FOOD INSECURITY TO EDUCATIONAL CHALLENGES TO SUICIDE TO SMOKING AND OTHER ADDICTIONS, WE'RE COMMITTED TO TACKLING SOCIETAL ISSUES THAT AFFECT HEALTH AND QUALITY OF LIFE.

COMMUNITY-DRIVEN INITIATIVES

COMMUNITY HEALTH NETWORK, CENTRAL INDIANA'S LARGEST PROVIDER OF BEHAVIORAL HEALTH SERVICES, ANNOUNCED ITS COMMITMENT TO BECOMING THE FIRST HEALTH CARE SYSTEM IN THE COUNTRY TO FULLY IMPLEMENT THE ZERO SUICIDE MODEL, DEVELOPED BY THE NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION AND OTHER PARTNERS. AT THE SAME TIME, THE INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION AND COMMUNITY HAVE PARTNERED TO SPEARHEAD THE STATE'S SUICIDE PREVENTION MOVEMENT TO SAVE YOUNG LIVES. WITH AN ASPIRATIONAL GOAL OF ACHIEVING A ZERO PERCENT SUICIDE INCIDENT RATE AMONG PATIENTS IN THE NEXT 10 YEARS, COMMUNITY'S ZERO SUICIDE INITIATIVE AIMS TO SAVE HOOSIER LIVES SPECIFICALLY THROUGH EARLY INTERVENTION AND PREVENTION, THE CONSTRUCTION OF A ROBUST CENTRAL INDIANA CRISIS NETWORK AND THE UTILIZATION OF INNOVATIVE MENTAL HEALTH DIAGNOSTICS AND TREATMENT PROTOCOLS. THE STRATEGY BRINGS CRISIS, TELEMEDICINE AND INTENSIVE CARE COORDINATION SERVICES TO MORE THAN 600 PRIMARY CARE PHYSICIANS, 10 EMERGENCY DEPARTMENTS AND 12 HOSPITALS LOCATED THROUGHOUT THE STATE, REPRESENTING BOTH COMMUNITY FACILITIES AND PARTNER ORGANIZATIONS WHERE COMMUNITY PROVIDES BEHAVIORAL HEALTH SERVICES. AS PART OF THE EFFORT TO COMBAT SUICIDE AMONG YOUNG HOOSIERS, COMMUNITY PROVIDES

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES TO STUDENTS IN THE SCHOOL ENVIRONMENT IN MORE THAN 80 SITES FOR INDIANAPOLIS PUBLIC SCHOOLS AND THE METROPOLITAN SCHOOL DISTRICTS OF LAWRENCE, WARREN, WASHINGTON AND WAYNE TOWNSHIPS. IN ADDITION, COMMUNITY HEALTH NETWORK AND WTHR-TV CHANNEL 13 JOINED FORCES TO LAUNCH HAVE HOPE, A TWO-YEAR PUBLIC SERVICE EFFORT TO RAISE AWARENESS ABOUT SUICIDE IN INDIANA AND TO HELP MORE HOOSIERS GET THE HELP THEY NEED. THE HAVE HOPE EFFORT COMPLEMENTS COMMUNITY'S HAVEHOPE.COM, AN ONLINE SUICIDE PREVENTION RESOURCE FOR TEENAGERS, PARENTS AND EDUCATORS. ONE COMMERCIAL OFFERS STATISTICS TO BUILD AWARENESS OF TEEN SUICIDE IN INDIANA. ANOTHER SHARES A MESSAGE WITH PARENTS, TEACHERS, CAREGIVERS AND LOVED ONES ABOUT THE ROLE THEY PLAY IN SUPPORTING THE CHILDREN AND TEENS IN THEIR LIVES. A THIRD COMMERCIAL THAT HAS ALREADY BEEN ON THE AIR HAS BEEN UPDATED AND WILL CONTINUE AS PART OF THE NEW CAMPAIGN. WTHR NEWS STAFF WILL ALSO READ PUBLIC SERVICE ANNOUNCEMENTS.

DURING THE ASSESSMENT PHASE WE IDENTIFIED MANY NEEDS THAT FALL OUTSIDE THE EXPERTISE OF THE HEALTH SYSTEM AND ITS CORE COMPETENCIES. EXAMPLES OF NEEDS IDENTIFIED BUT FALLING OUTSIDE OF THE HEALTH SYSTEM CORE COMPETENCIES INCLUDE LONG COMMUTE TIMES, LACK OF BACHELOR DEGREE ATTAINMENT, AND READING AT GRADE LEVEL. WHILE SOME OF OUR PROGRAMS MAY SYSTEMICALLY IMPROVE NEEDS SUCH AS READING LEVEL OR BACHELOR DEGREE ATTAINMENT, THE PRIORITIZATION PROCESS CRITERIA DICTATES THAT THE HEALTH SYSTEM NARROW ITS FOCUS TO CLINICAL CORE COMPETENCIES.

GROUP A, FACILITY 1, COMMUNITY HOWARD REGIONAL HEALTH - PART V, LINE 16A

ECOMMUNITY.COM/FINANCIAL-ASSISTANCE-POLICY

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A, FACILITY 1, COMMUNITY HOWARD REGIONAL HEALTH - PART V, LINE 16C

ECOMMUNITY.COM/FINANCIAL-ASSISTANCE-POLICY

GROUP A, FACILITY 2, HOWARD REGIONAL SPECIALTY CARE - PART V, LINE 5

IN 2015, COMMUNITY HEALTH NETWORK CONDUCTED A CHNA TO UNDERSTAND THE GREATEST HEALTH NEEDS IN THE COMMUNITIES SERVED BY OUR HOSPITALS. THIS ASSESSMENT WAS IN LARGE PART A JOINT PROCESS AMONG FOUR INDIANA HEALTH SYSTEMS: COMMUNITY HEALTH NETWORK, IU HEALTH, ST. FRANCIS ALLIANCE, AND ST. VINCENT. COMBINED, THESE ARE THE LARGEST HEALTH SYSTEMS IN INDIANA. THROUGH THIS COLLABORATIVE PARTNERSHIP, COMMUNITY HEALTH DATA WAS COLLECTED IN THREE WAYS:

1. SECONDARY DATA COLLECTION: DATA ON HEALTH AND WELLNESS ISSUES WAS COLLECTED. SOURCES INCLUDE COUNTY HEALTH RANKINGS, CENSUS BUREAU DATA, VARIOUS REPORTS FROM THE INDIANA STATE DEPARTMENT OF HEALTH, AND OTHER NATIONAL REPORTS. INDIANA INDICATORS, COMMUNITY COMMONS, AND HEALTHY COMMUNITIES INSTITUTE DATA MANAGEMENT SYSTEMS ALSO CONTRIBUTED TO THE SECONDARY DATA USED. SOURCES OF THE SECONDARY DATA ARE IDENTIFIED THROUGHOUT THE COMMUNITY BENEFITS REPORT.
2. COMMUNITY HEALTH SURVEY: A CORE OF 20 MANDATORY QUESTIONS BASED ON PERCEPTION OF COMMUNITY AND PERSONAL NEEDS WERE CREATED. IN ADDITION, PROFESSIONALS ASSIGNED TO EACH COUNTY WORKED WITH ESTABLISHED COMMUNITY HEALTH COLLABORATIVES, LOCAL HOSPITALS, AND THE LOCAL HEALTH DEPARTMENT TO DEVELOP VOLUNTARY COMMUNITY HEALTH NEEDS ASSESSMENT TO CREATE 9 QUESTIONS SPECIFIC TO THE COUNTY. THIS RESULTED IN A SURVEY WITH 20 TO

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

29 QUESTIONS, DEPENDENT ON THE RESPONDENT'S COUNTY OF RESIDENCE. THE SURVEY WAS DISTRIBUTED ELECTRONICALLY AND ON PAPER. IN ADDITION TO THE QUANTITATIVE DATA, FREE TEXT RESPONSES WERE CODED AND CALCULATED TO PROVIDE FURTHER CLARIFICATION OF THE QUANTITATIVE DATA.

3. FOCUS GROUPS: IN ADDITION TO THE SURVEY THE PARTNERSHIP HOSTED FOCUS GROUPS THAT INCLUDED 15-60 COMMUNITY LEADERS FROM GOVERNMENTAL PUBLIC HEALTH, HEALTH CARE, SOCIAL SERVICE AGENCIES, RELATED NONPROFITS, CIVIC ORGANIZATIONS, AND GRASSROOTS/NEIGHBORHOOD ORGANIZATIONS. IN LARGER FOCUS GROUPS, SUB-GROUPS WERE UTILIZED TO GIVE ALL PARTICIPANTS A VOICE. EACH FOCUS GROUP DETERMINED THE TOP FOUR TO SIX HEALTH NEEDS IN THE COMMUNITY; POTENTIAL RESOURCES OR PARTNERS; AND SOME ACTIONS/INTERVENTIONS THAT MIGHT WORK BEST.

OUTSIDE OF THE COLLABORATIVE, COMMUNITY HEALTH NETWORK INVITED KEY PUBLIC HEALTH INFORMANTS TO PROVIDE THEIR INPUT ON COMMUNITY HEALTH NEEDS. THE FOLLOWING INFORMANTS WERE INTERVIEWED: DUANE KRAMBECK - PRINCIPAL OF CHRISTIAN PARK ELEMENTARY SCHOOL IN INDIANAPOLIS PUBLIC SCHOOLS; MARY CONWAY, MSN, RN ADMINISTRATIVE COORDINATOR FOR NURSING SERVICES IN INDIANAPOLIS PUBLIC SCHOOLS; AND RANDY MILLER EXECUTIVE DIRECTOR OF DRUG FREE MARION COUNTY.

THESE QUANTITATIVE AND QUALITATIVE DATA COLLECTION MECHANISMS HELPED IDENTIFY COMMUNITY HEALTH NEEDS AND SECONDARY DATA CONFIRMED THE NEEDS PERFORM BELOW STATE AVERAGES. FURTHER REVIEW OF THE HEALTH NEEDS DETERMINED THE EXTENT TO WHICH HEALTH INEQUITIES MAY EXIST AND WHICH SEGMENTS OF THE POPULATION ARE MORE NEGATIVELY IMPACTED.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A, FACILITY 2, HOWARD REGIONAL SPECIALTY CARE - PART V, LINE 6A

THE CHNA FOR COMMUNITY HOWARD REGIONAL HEALTH, INC. WAS A JOINT PROCESS AMONG ALL OF THE COMMUNITY HEALTH NETWORK HOSPITALS WHICH INCLUDES: COMMUNITY HEALTH NETWORK, INC. (NORTH, EAST, & INDIANA HEART HOSPITAL, LLC), COMMUNITY HOSPITAL SOUTH, INC., COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC., COMMUNITY HOWARD REGIONAL HEALTH, INC., INDIANA HEART HOSPITAL, LLC, AND INDIANAPOLIS OSTEOPATHIC HOSPITAL, INC. IN ADDITION, THE HOSPITAL COLLABORATED WITH FRANCISCAN ST. FRANCIS HEALTH, IU HEALTH UNIVERSITY HOSPITAL, AND ST. VINCENT HOSPITAL.

GROUP A, FACILITY 2, HOWARD REGIONAL SPECIALTY CARE - PART V, LINE 6B

THE CHNA WAS ALSO CONDUCTED WITH HEALTHY COMMUNITIES INSTITUTE.

GROUP A, FACILITY 2, HOWARD REGIONAL SPECIALTY CARE - PART V, LINE 11

CHRH IS ADDRESSING THE SIGNIFICANT NEEDS OF THE COMMUNITY BASED ON INPUT PROVIDED BY COMMUNITY RESIDENTS, PUBLIC HEALTH PARTNERS, INTERNAL AND EXTERNAL LEADERSHIP WHO PARTICIPATED IN FOCUS GROUPS, STAKEHOLDER INTERVIEWS OR COMPLETED THE CHNA SURVEY THROUGHOUT THE CENTRAL INDIANA REGION.

CHNA DATA WAS ANALYZED AND PRIORITIZED USING THESE KEY FACTORS: FEASIBILITY FOR OUR HOSPITALS TO IMPACT CHANGE, HEALTH SYSTEM EXPERTISE IN THE FIELD OF THE ASSESSED NEED, AND THE HOSPITALS ABILITY TO BE THE MOST EFFECTIVE WITH THE RESOURCES AVAILABLE. THE FOUR SIGNIFICANT HEALTH NEEDS IDENTIFIED IN ALL OUR COMMUNITIES WERE: ACCESS TO HEALTHCARE; OBESITY; PEDIATRIC ASTHMA

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AND COMMUNITY DRIVEN INITIATIVES.

A MISSION CENTERED ON HELPING OTHERS IS THE FOUNDATION OF EVERYTHING WE DO AT COMMUNITY HEALTH NETWORK - AND EXTENDS FROM THE CARE WE PROVIDE TO THE COMMUNITIES WE SERVE THROUGH A BROAD SPECTRUM OF COMMUNITY BENEFIT ACTIVITIES OR PROGRAMS. OUR COMMUNITY BENEFIT RESPONDS TO IDENTIFIED COMMUNITY NEEDS AND MEETS AT LEAST ONE OF THE FOLLOWING CRITERIA:

1. IMPROVES ACCESS TO HEALTH CARE SERVICES.
2. ENHANCES HEALTH OF THE COMMUNITY.
3. ADVANCES MEDICAL OR HEALTH KNOWLEDGE.
4. RELIEVES OR REDUCES THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS.

OUR COMMUNITY BENEFIT IS ORGANIZED IN THREE CATEGORIES:

CATEGORY 1: FINANCIAL ASSISTANCE-FREE OR DISCOUNTED HEALTH SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD TO PAY AND WHO MEET THE ELIGIBILITY CRITERIA OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. FINANCIAL ASSISTANCE IS REPORTED IN TERMS OF COSTS, NOT CHARGES. FINANCIAL ASSISTANCE DOES NOT INCLUDE BAD DEBT.

CATEGORY 2: GOVERNMENT-SPONSORED MEANS-TESTED HEALTH CARE-UNPAID COSTS OF PUBLIC PROGRAMS FOR LOW-INCOME PERSONS - THE SHORTFALL CREATED WHEN A FACILITY RECEIVES PAYMENTS THAT ARE LESS THAN THE COST OF CARING FOR PUBLIC PROGRAM BENEFICIARIES. THIS PAYMENT SHORTFALL IS NOT THE SAME AS A CONTRACTUAL ALLOWANCE, WHICH IS THE FULL DIFFERENCE BETWEEN CHARGES AND

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GOVERNMENT PAYMENTS.

CATEGORY 3: COMMUNITY BENEFIT SERVICES- PROGRAMS THAT RESPOND TO AN IDENTIFIED COMMUNITY HEALTH NEED AND ARE DESIGNED TO ACCOMPLISH ONE OR MORE COMMUNITY BENEFIT OBJECTIVES; PROGRAMS AND ACTIVITIES DIRECTED TO OR INCLUDING AT-RISK PERSONS, SUCH AS UNDERINSURED AND UNINSURED PERSONS AND PROGRAMS OFFERED TO THE BROAD COMMUNITY (INCLUDING AT-RISK PERSONS) DESIGNED TO IMPROVE COMMUNITY HEALTH.

HIGHLIGHTS FOR COMMUNITY BENEFIT SERVICES THAT ALIGN WITH THE IDENTIFIED NEEDS INCLUDES:

ACCESS TO HEALTHCARE:

COMMUNITY HEALTH NETWORK SUPPORTS THE JANE PAULEY COMMUNITY HEALTH CENTER WHICH OPENED ITS DOORS IN SEPTEMBER 2009 TO PROVIDE PRIMARY HEALTH SERVICES TO EASTSIDE RESIDENTS, REGARDLESS OF INCOME OR INSURANCE COVERAGE. WITH 16 LOCATIONS, THE CENTER SERVES IN PARTNERSHIP WITH THE METROPOLITAN SCHOOL DISTRICT OF WARREN TOWNSHIP, COMMUNITY HEALTH NETWORK, THE COMMUNITY HEALTH NETWORK FOUNDATION, IU SCHOOL OF DENTISTRY AND HANCOCK REGIONAL HOSPITAL. SERVICES ARE PROVIDED ON A DISCOUNTED BASIS BASED ON THE PATIENT'S HOUSEHOLD INCOME. EASTSIDE INDIANAPOLIS NATIVE AND FORMER NBC NEWS ANCHOR JANE PAULEY LENT HER NAME TO THE FACILITY AS AN ADVOCATE FOR ACCESSIBLE HEALTHCARE SERVICES FOR PEOPLE UNDERSERVED BY TRADITIONAL HEALTHCARE MODELS. THE CENTER OFFERS A FULL RANGE OF SERVICES INCLUDING PRIMARY HEALTHCARE, CASE MANAGEMENT, PRESCRIPTION ASSISTANCE AND BEHAVIORAL HEALTH

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SERVICES, WHILE ALSO FOCUSING ON THE MANAGEMENT OF CHRONIC DISEASES. THE CENTER IS ABLE TO PROVIDE ALL OF THESE IN BOTH ENGLISH AND SPANISH.

COMMUNITY HEALTH NETWORK'S SCHOOL-BASED PROGRAMS COVER A WIDE RANGE OF NEEDS FOR YOUTH ACROSS CENTRAL INDIANA. ONSITE NURSES, THERAPISTS AND PHYSICIANS ADDRESS STUDENTS' NEEDS IN THE SCHOOL AND AFTER-SCHOOL SETTING, HELPING TO ENSURE CONSISTENCY IN CARE AND LESS TIME AWAY FROM THE CLASSROOM OR PLAYING FIELD. THE VAST MAJORITY OF THESE SERVICES, INCLUDING ANY NURSING OR BEHAVIORAL HEALTH SUPPORT, ARE OFFERED FREE OF CHARGE TO SCHOOLS THANKS TO COMMUNITY'S ON-GOING COMMITMENT TO ENHANCING HEALTH FOR FUTURE GENERATIONS.

FROM EVERYDAY SCRAPES AND BRUISES ON THE PLAYGROUND TO MANAGING CHRONIC ILLNESSES LIKE ASTHMA AND DIABETES, COMMUNITY NURSES OFFER SUPPORT FOR STUDENTS AT MORE THAN 100 SCHOOLS IN THE COMMUNITIES WE SERVE. THEIR WORK ENSURED A 95.1 PERCENT RETURN TO CLASSROOM RATE FOR STUDENTS WHO CAME TO THEM FOR CARE IN 2016. SPECIFIC SERVICES OFFERED TO STUDENTS INCLUDE:

1. MANAGEMENT OF INJURIES REQUIRING FIRST AID;
2. MANAGEMENT OF LIFE-THREATENING ALLERGIES, ASTHMA, DIABETES AND SEIZURES;
3. MANAGEMENT OF ANY HEALTH CONCERN AND REFERRAL TO APPROPRIATE CARE WHEN NEEDED; AND
4. EMERGENCY RESPONSE TO ANY HEALTH-RELATED CONCERN WITHIN THE SCHOOL BUILDING.

IN ADDITION, FOR STUDENTS FACING CHRONIC HEALTH CONDITIONS AND ONGOING

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH NEEDS, MEDICATIONS PRESCRIBED BY PHYSICIANS ARE ADMINISTERED BY COMMUNITY'S SCHOOL-BASED NURSING STAFF. IN THE INSTANCE OF OCCASIONAL MEDICATION NEEDS, PARENTS FURNISH OVER-THE-COUNTER MEDICATIONS THAT ARE THEN ADMINISTERED BY NURSING STAFF. AND, FOR PREVENTATIVE CARE PURPOSES, NURSING STAFF ADMINISTER FLU VACCINES AT A NUMBER OF LOCAL CHARTER SCHOOLS TO ENSURE THE WELLNESS OF STUDENTS THROUGHOUT THE SCHOOL YEAR.

OBESITY (ACCESS TO HEALTHY FOODS):

COMMUNITY HEALTH NETWORK TOOK OVER THE DAY-TO-DAY OPERATIONAL MANAGEMENT OF THE CUPBOARD, A FOOD PANTRY THAT SERVES RESIDENTS OF LAWRENCE TOWNSHIP OF INDIANAPOLIS, AND ASSISTS AN ESTIMATED 300 FAMILIES PER WEEK, PROVIDES HEALTHIER FOOD OPTIONS AND HELPS RELIEVE THE STRAIN CAUSED BY FOOD INSECURITY. IN 2016, THE CUPBOARD PROVIDED SERVICES TO APPROXIMATELY 57,000 PERSONS. THE CUPBOARD IS A CLIENT-CHOICE FOOD PANTRY, SERVING RESIDENTS THROUGH PARTNERSHIPS WITH GLEANERS FOOD BANK OF INDIANA, MIDWEST FOOD BANK, AND LOCAL RELIGIOUS INSTITUTIONS AND BUSINESSES. THE FOOD PANTRY IS OPEN WEDNESDAYS FROM 10 A.M. TO 4 P.M. AND 6 P.M. TO 8 P.M., FRIDAYS FROM 10 A.M. TO 4 P.M. AND THE THIRD SATURDAY OF THE MONTH FROM 10 A.M. TO NOON.

COMMUNITY HEALTH NETWORK SUPPORTS MANY URBAN FARMING AND FARMERS MARKET INITIATIVES THAT PROVIDE FRESH PRODUCE AND HEALTHY OPTIONS. FARMERS MARKETS ARE FOR EVERYONE. ACCESS TO AFFORDABLE, FRESH, AND HEALTHY WHOLE FOODS IS A CHALLENGE FOR MANY PEOPLE WHO RELY ON FOOD ASSISTANCE PROGRAMS LIKE SNAP THAT HELP LOW-INCOME FAMILIES AND INDIVIDUALS BUY FRESH, INDIANA-GROWN FOOD

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THAT PROVIDES REAL SUSTENANCE FOR THEMSELVES AND THEIR COMMUNITIES. FOR INSTANCE, COMMUNITY EMPLOYEES ALSO VOLUNTEER AND SUPPORT INDY URBAN ACRES WHICH IS AN ORGANIC FARM THAT DONATES 100% OF THE FRESH FRUITS AND VEGETABLES HARVESTED TO LOCAL FOOD PANTRIES THROUGH A PARTNERSHIP WITH GLEANERS FOOD BANK. SINCE 2011, INDY URBAN ACRES HAS GROWN INTO A MULTI-DISCIPLINARY FARM THAT PROVIDES FOOD EQUALITY FOR LOW-INCOME FAMILIES, EDUCATES THOUSANDS OF YOUTH THROUGH TOURS AND FARM-TO-PLATE WORKSHOPS, PROVIDES COMMUNITY ENGAGEMENT TO THOUSANDS OF VOLUNTEERS AND GROUPS, TEACHES TEENS VALUABLE JOB SKILLS AND HELPS IMPROVE INDY'S FOOD SYSTEM.

ASTHMA:

OUR PRESIDENT AND CEO, BRYAN MILLS, HAS JOINED WITH A NUMBER OF PARTNERS FROM HEALTHCARE AND THE BUSINESS COMMUNITY-INCLUDING THE INDIANA HOSPITAL ASSOCIATION, THE INDIANA STATE MEDICAL ASSOCIATION AND THE INDIANA CHAMBER OF COMMERCE-TO CREATE A NEW ORGANIZATION KNOWN AS THE ALLIANCE FOR A HEALTHIER INDIANA. IN 2016, THE GROUP ANNOUNCED PLANS TO TACKLE ITS FIRST CHALLENGE: THE HIGH RATE OF TOBACCO USE IN OUR STATE. TOBACCO USE LEADS TO DISEASE AND DISABILITY AND HARMS NEARLY EVERY ORGAN OF THE BODY. IT IS THE LEADING CAUSE OF PREVENTABLE DEATH. RESEARCH HAS SHOWN THAT SMOKE FROM CIGARS, CIGARETTES, AND PIPES HARMS YOUR BODY IN MANY WAYS, BUT IT IS ESPECIALLY HARMFUL TO THE LUNGS OF A PERSON WITH ASTHMA. TOBACCO SMOKE - INCLUDING SECONDHAND SMOKE - IS ONE OF THE MOST COMMON ASTHMA TRIGGERS. THE ALLIANCE ASKED INDIANA'S STATE LEGISLATURE TO CONSIDER A VARIETY OF MEASURES, INCLUDING HIGHER TOBACCO TAXES, AN INCREASE IN THE SMOKING AGE AND A REPEAL OF THE SMOKERS' BILL OF RIGHTS. COMMUNITY HEALTH NETWORK MADE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

A MAJOR INVESTMENT OF TIME AND RESOURCES INTO A COMBINED TOBACCO CAMPAIGN THIS YEAR, AND WHILE WE DID NOT GET THE TOBACCO TAX INCREASE WE SOUGHT, WE DID MOVE THE BALL FORWARD ON A TAX AND SECURE A PARTIAL VICTORY ON TOBACCO CESSATION FUNDING. INDIANA LEGISLATORS PROVIDED A 50% INCREASE IN STATE FUNDING FOR TOBACCO CESSATION SERVICES, BRINGING THE ANNUAL TOBACCO CESSATION BUDGET TO $7.5 MILLION. THE NEW ALLIANCE FOR A HEALTHIER INDIANA IS A GREAT EXAMPLE OF HOW WE AT COMMUNITY PARTNER WITH OTHERS TO FURTHER OUR WORK. FROM FOOD INSECURITY TO EDUCATIONAL CHALLENGES TO SUICIDE TO SMOKING AND OTHER ADDICTIONS, WE'RE COMMITTED TO TACKLING SOCIETAL ISSUES THAT AFFECT HEALTH AND QUALITY OF LIFE.

COMMUNITY-DRIVEN INITIATIVES

COMMUNITY HEALTH NETWORK, CENTRAL INDIANA'S LARGEST PROVIDER OF BEHAVIORAL HEALTH SERVICES, ANNOUNCED ITS COMMITMENT TO BECOMING THE FIRST HEALTH CARE SYSTEM IN THE COUNTRY TO FULLY IMPLEMENT THE ZERO SUICIDE MODEL, DEVELOPED BY THE NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION AND OTHER PARTNERS. AT THE SAME TIME, THE INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION AND COMMUNITY HAVE PARTNERED TO SPEARHEAD THE STATE'S SUICIDE PREVENTION MOVEMENT TO SAVE YOUNG LIVES. WITH AN ASPIRATIONAL GOAL OF ACHIEVING A ZERO PERCENT SUICIDE INCIDENT RATE AMONG PATIENTS IN THE NEXT 10 YEARS, COMMUNITY'S ZERO SUICIDE INITIATIVE AIMS TO SAVE HOOSIER LIVES SPECIFICALLY THROUGH EARLY INTERVENTION AND PREVENTION, THE CONSTRUCTION OF A ROBUST CENTRAL INDIANA CRISIS NETWORK AND THE UTILIZATION OF INNOVATIVE MENTAL HEALTH DIAGNOSTICS AND TREATMENT PROTOCOLS. THE STRATEGY BRINGS CRISIS, TELEMEDICINE AND INTENSIVE CARE COORDINATION SERVICES TO MORE THAN 600

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRIMARY CARE PHYSICIANS, 10 EMERGENCY DEPARTMENTS AND 12 HOSPITALS LOCATED THROUGHOUT THE STATE, REPRESENTING BOTH COMMUNITY FACILITIES AND PARTNER ORGANIZATIONS WHERE COMMUNITY PROVIDES BEHAVIORAL HEALTH SERVICES. AS PART OF THE EFFORT TO COMBAT SUICIDE AMONG YOUNG HOOSIERS, COMMUNITY PROVIDES MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES TO STUDENTS IN THE SCHOOL ENVIRONMENT IN MORE THAN 80 SITES FOR INDIANAPOLIS PUBLIC SCHOOLS AND THE METROPOLITAN SCHOOL DISTRICTS OF LAWRENCE, WARREN, WASHINGTON AND WAYNE TOWNSHIPS. IN ADDITION, COMMUNITY HEALTH NETWORK AND WTHR-TV CHANNEL 13 JOINED FORCES TO LAUNCH HAVE HOPE, A TWO-YEAR PUBLIC SERVICE EFFORT TO RAISE AWARENESS ABOUT SUICIDE IN INDIANA AND TO HELP MORE HOOSIERS GET THE HELP THEY NEED. THE HAVE HOPE EFFORT COMPLEMENTS COMMUNITY'S HAVEHOPE.COM, AN ONLINE SUICIDE PREVENTION RESOURCE FOR TEENAGERS, PARENTS AND EDUCATORS. ONE COMMERCIAL OFFERS STATISTICS TO BUILD AWARENESS OF TEEN SUICIDE IN INDIANA. ANOTHER SHARES A MESSAGE WITH PARENTS, TEACHERS, CAREGIVERS AND LOVED ONES ABOUT THE ROLE THEY PLAY IN SUPPORTING THE CHILDREN AND TEENS IN THEIR LIVES. A THIRD COMMERCIAL THAT HAS ALREADY BEEN ON THE AIR HAS BEEN UPDATED AND WILL CONTINUE AS PART OF THE NEW CAMPAIGN. WTHR NEWS STAFF WILL ALSO READ PUBLIC SERVICE ANNOUNCEMENTS.

DURING THE ASSESSMENT PHASE WE IDENTIFIED MANY NEEDS THAT FALL OUTSIDE THE EXPERTISE OF THE HEALTH SYSTEM AND ITS CORE COMPETENCIES. EXAMPLES OF NEEDS IDENTIFIED BUT FALLING OUTSIDE OF THE HEALTH SYSTEM CORE COMPETENCIES INCLUDE LONG COMMUTE TIMES, LACK OF BACHELOR DEGREE ATTAINMENT, AND READING AT GRADE LEVEL. WHILE SOME OF OUR PROGRAMS MAY SYSTEMICALLY IMPROVE NEEDS SUCH AS READING LEVEL OR BACHELOR DEGREE ATTAINMENT, THE PRIORITIZATION PROCESS CRITERIA DICTATES THAT THE HEALTH SYSTEM NARROW ITS FOCUS TO

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CLINICAL CORE COMPETENCIES.

GROUP A, FACILITY 1, COMMUNITY HOWARD REGIONAL HEALTH - PART V, LINE 16A

ECOMMUNITY.COM/FINANCIAL-ASSISTANCE-POLICY

GROUP A, FACILITY 1, COMMUNITY HOWARD REGIONAL HEALTH - PART V, LINE 16C

ECOMMUNITY.COM/FINANCIAL-ASSISTANCE-POLICY

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 21

	Name and address	Type of Facility (describe)
1	COMMUNITY SURGERY CENTER 3503 S. REED ROAD KOKOMO IN 46902	SURGERY CENTER
2	COMMUNITY HOWARD ORTHOPAEDICS 3512 S. LAFOUNTAIN STREET KOKOMO IN 46902	PHYSICIAN'S OFFICE
3	COMM HOWARD REG HEALTH BEHVR HEALTH 322 N. MAIN STREET KOKOMO IN 46901	PHYSICIAN'S OFFICE
4	NORTH CENTRAL INDIANA PEDIATRIC CTR 3506 S. LAFOUNTAIN STREET KOKOMO IN 46902	PHYSICIAN'S OFFICE
5	MEDICAL SURGICAL ASSOCIATES 401 E. REYNOLDS DRIVE KOKOMO IN 46902	PHYSICIAN'S OFFICE
6	COMMUNITY ONCOLOGY 3500 S. LAFOUNTAIN STREET KOKOMO IN 46902	PHYSICIAN'S OFFICE
7	COMMUNITY OB/GYN CENTER 3510 S. LAFOUNTAIN STREET KOKOMO IN 46902	PHYSICIAN'S OFFICE
8	CPN INTERNAL MEDICINE CARE 2401 COLUMBUS BLVD KOKOMO IN 46901	PHYSICIAN'S OFFICE
9	KOKOMO PULMONARY PRACTICE 3504 S. LAFOUNTAIN STREET KOKOMO IN 46902	PHYSICIAN'S OFFICE
10	COMM PHY NTWK HEART & VASCULAR CARE 208 CORWIN LANE KOKOMO IN 46902	PHYSICIAN'S OFFICE

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
11 CPN INTERNAL MEDICINE CARE 3611 S. REED ROAD, SUITE 213 KOKOMO IN 46902	PHYSICIAN'S OFFICE
12 COMMUNITY BREAST CARE 3504 S. LAFOUNTAIN STREET KOKOMO IN 46902	PHYSICIAN'S OFFICE
13 COMMUNITY FAMILY HEALTH CENTER 3611 S. REED ROAD, SUITE 214 KOKOMO IN 46902	PHYSICIAN'S OFFICE
14 CPN FAMILY MEDICINE CARE WEST 101 S. LIBERTY RUSSIAVILLE IN 46979	PHYSICIAN'S OFFICE
15 HOWARD REG DIABETES & ENDOCRINOLOGY 3509 S. REED ROAD KOKOMO IN 46902	PHYSICIAN'S OFFICE
16 COMMUNITY HOWARD GASTROENTEROLOGY 3611 S. REED ROAD, SUITE 108 KOKOMO IN 46902	PHYSICIAN'S OFFICE
17 FACIAL PLASTIC SURGERY & ENT 2220 WEST ALTO ROAD KOKOMO IN 46902	PHYSICIAN'S OFFICE
18 REPLAY PHYSICAL THERAPY 2312 S. DIXON ROAD, #260 KOKOMO IN 46902	REHABILITATION CENTER
19 CPN FAMILY MEDICINE CARE GREENTOWN 118 S. MERIDIAN STREET GREENTOWN IN 46936	PHYSICIAN'S OFFICE
20 COMMUNITY HOWARD WOUND CLINIC 408 SOUTHWAY BLVD EAST KOKOMO IN 46902	CLINIC

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
21 GATEWOOD INTERNAL MEDICINE 3611 S. REED ROAD, SUITE 212 KOKOMO IN 46902	PHYSICIAN'S OFFICE

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 6A - RELATED ORGANIZATION INFORMATION

A COMMUNITY BENEFIT REPORT IS COMPLETED FOR THE COMMUNITY HEALTH NETWORK INCLUDING COMMUNITY HOWARD REGIONAL HEALTH, INC. AND OTHER TAX-EXEMPT AFFILIATES OF THE NETWORK.

PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION

A COST TO CHARGE RATIO WAS UTILIZED TO DETERMINE COSTS FOR LINES A THROUGH C IN THE TABLE. THE COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2. LINES E THROUGH I OF THE TABLE ARE BASED ON ACTUAL INCURRED EXPENSES.

PART II - COMMUNITY BUILDING ACTIVITIES

SEE ATTACHED IRS SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY

THE COST TO CHARGE RATIO UTILIZED FOR PURPOSES OF REPORTING BAD DEBT COSTS WAS DERIVED FROM WORKSHEET 2 AND IS BASED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 4 - BAD DEBT EXPENSE EXPLANATION

THE AUDITED FINANCIAL STATEMENTS CONTAIN THE FOLLOWING TEXT WITHIN THE FOOTNOTES TO DESCRIBE BAD DEBT EXPENSE:

THE NETWORK'S PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND CONTRACTUAL ADJUSTMENTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE NETWORK ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS AND PROVISION FOR BAD DEBTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD PARTY COVERAGE, THE NETWORK ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS. GENERALLY, FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, INCLUDING PATIENT DEDUCTIBLES AND CO-INSURANCE, THE NETWORK RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS ADJUSTED THROUGH THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. CERTAIN ACCOUNTS THAT ARE SENT TO COLLECTION COMPANIES REMAIN AS ACCOUNTS RECEIVABLE ON THE BALANCE SHEET. THESE ACCOUNTS ARE NOT WRITTEN OFF UNLESS RETURNED FROM THE COLLECTION COMPANY. HOWEVER, THEY ARE FULLY RESERVED WITHIN THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

THE NETWORK RECOGNIZES PATIENT SERVICE REVENUE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY PAYOR COVERAGE ON THE BASIS OF CONTRACTUAL RATES FOR THE SERVICES RENDERED. FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE NETWORK RECOGNIZES REVENUE ON THE BASIS OF ITS STANDARD RATES FOR SERVICES PROVIDED OR ON THE BASIS OF DISCOUNTED RATES IF IN ACCORDANCE WITH POLICY. ON THE BASIS OF HISTORICAL EXPERIENCE, A PORTION OF THE NETWORK'S UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED. THUS, THE NETWORK RECORDS A PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS RECOGNIZED IN THE PERIOD FROM THESE MAJOR PAYOR SOURCES, IS AS FOLLOWS FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015, RESPECTIVELY:

	THIRD PARTY PAYORS	SELF-PAY	TOTAL ALL PAYORS
2016			
PATIENT SERVICE REVENUE(NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS)	$2,100,098	$ 80,151	$2,180,249
2015			
PATIENT SERVICE REVENUE(NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS)	$1,985,324	$118,573	$2,103,897

THE NETWORK MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES. THE NETWORK PROVIDES 100% CHARITY CARE TO PATIENTS WHOSE INCOME LEVEL IS EQUAL TO OR BELOW 200% OF THE FEDERAL POVERTY LEVEL.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PATIENTS WITH INCOME LEVELS RANGING FROM 200% - 300% OF THE CURRENT YEAR'S FEDERAL POVERTY LEVEL WILL QUALIFY FOR PARTIAL ASSISTANCE DETERMINED BY A SLIDING SCALE. THE NETWORK USES COST AS THE MEASUREMENT BASIS FOR CHARITY CARE DISCLOSURE PURPOSES WITH THE COST BEING IDENTIFIED AS THE DIRECT AND INDIRECT COSTS OF PROVIDING THE CHARITY CARE.

CHARITY CARE AT COST WAS $6,426[000] AND $10,566[000] FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015, RESPECTIVELY. CHARITY CARE COST WAS ESTIMATED ON THE APPLICATION OF THE ASSOCIATED COST-TO-CHARGE RATIOS. THE DECREASE IN CHARITY CARE IS THE RESULT OF MORE PATIENTS BEING COVERED UNDER HEALTH EXCHANGE PROGRAMS MANDATED BY THE AFFORDABLE HEALTH CARE ACT AND THE HEALTHY INDIANA PLAN 2.0.

BEGINNING JUNE 2012, THE STATE OF INDIANA OFFERED VOLUNTARY PARTICIPATION IN THE STATE OF INDIANA'S HOSPITAL ASSESSMENT FEE ("HAF") PROGRAM. THE STATE OF INDIANA IMPLEMENTED THIS PROGRAM TO UTILIZE SUPPLEMENTAL REIMBURSEMENT PROGRAMS FOR THE PURPOSE OF PROVIDING REIMBURSEMENT TO PROVIDERS TO OFFSET A PORTION OF THE COST OF PROVIDING CARE TO MEDICAID AND

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INDIGENT PATIENTS. THIS PROGRAM IS DESIGNED WITH INPUT FROM CENTERS FOR MEDICARE AND MEDICAID SERVICES AND IS FUNDED WITH A COMBINATION OF STATE AND FEDERAL RESOURCES, INCLUDING FEES OR TAXES LEVIED ON THE PROVIDERS.

THE NETWORK RECOGNIZES REVENUES AND RELATED FEES ASSOCIATED WITH THE HAF PROGRAM IN THE PERIOD IN WHICH AMOUNTS ARE ESTIMABLE AND COLLECTION OF PAYMENT IS REASONABLY ASSURED. REIMBURSEMENT UNDER THE PROGRAM IS REFLECTED WITHIN NET PATIENT SERVICE REVENUE AND THE FEES PAID FOR PARTICIPATION IN THE HAF PROGRAM ARE RECORDED IN SUPPLIES AND OTHER EXPENSES WITHIN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS. THE FEES AND REIMBURSEMENTS ARE SETTLED MONTHLY. REVENUE RECOGNIZED RELATED TO THE HAF PROGRAM WAS $69,047[000] AND $71,953[000] FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015, RESPECTIVELY. EXPENSE FOR FEES RELATED TO THE HAF PROGRAM WAS $40,627[000] AND $41,044[000] FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015, RESPECTIVELY.

THE HAF PROGRAM RUNS ON AN ANNUAL CYCLE FROM JULY 1 TO JUNE 30 AND IS EFFECTIVE UNTIL JUNE 30, 2019. THE CONSOLIDATED BALANCE SHEET AT DECEMBER

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

31, 2016 INCLUDES LESS THAN ONE MONTH OF HAF ACTIVITY, OR $3,470[000] AND $4,202[000] IN ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS RECEIVABLE AND PAYABLE, RESPECTIVELY, RELATED TO THE HAF PROGRAM.

ADJUSTMENTS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS ARE MADE AFTER THE NETWORK HAS ANALYZED HISTORICAL CASH COLLECTIONS AND CONSIDERED THE IMPACT OF ANY KNOWN MATERIAL EVENTS. UNCOLLECTIBLE ACCOUNTS ARE WRITTEN-OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AFTER EXHAUSTING COLLECTION EFFORTS. ANY SUBSEQUENT RECOVERIES ARE RECORDED AGAINST THE PROVISION FOR BAD DEBTS.

PART III, LINE 8 - MEDICARE EXPLANATION

PER THE 990 INSTRUCTIONS, THE MEDICARE COST REPORT WAS UTILIZED TO DETERMINE THE MEDICARE SHORTFALL. HOWEVER, THE MEDICARE COST REPORT IS NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH MEDICARE PROGRAMS SUCH AS PHYSICIAN SERVICES AND SERVICES BILLED VIA FREE STANDING CLINICS. FURTHER, THE MEDICARE COST REPORT EXCLUDES REVENUES AND COSTS OF MEDICARE PARTS C AND D. THE MEDICARE SHORTFALL ATTRIBUTED TO THOSE AREAS NOT INCLUDED ON THE

Part VI Supplemental Information

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MEDICARE COST REPORT IS $1,278,177. AS SUCH, THE TOTAL MEDICARE SHORTFALL FOR ALL MEDICARE PROGRAMS IS $19,414,946. MEDICARE SHORTFALLS SHOULD BE CONSIDERED AS COMMUNITY BENEFIT BECAUSE MEDICARE REPRESENTS 49.86% OF THE OVERALL PAYER MIX FOR COMMUNITY HOWARD REGIONAL HEALTH, INC.

PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION

SEE ATTACHED FINANCIAL ASSISTANCE POLICY.

ADDITIONAL INFORMATION

PART VI, ITEMS 2 THROUGH 5 ARE DISCUSSED WITHIN THE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT. FOR A COPY OF THIS REPORT, PLEASE CONTACT HOLLY MILLARD AT (317) 355-5860.

PART VI, ITEM 6 - AFFILIATED HEALTH CARE SYSTEM

COMMUNITY HOWARD REGIONAL HEALTH, INC. ("CHRH") IS PART OF AN AFFILIATED HEALTH CARE SYSTEM. SEE THE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT FOR HOW CHRH IS INVOLVED IN PROMOTING THE HEALTH OF THE COMMUNITY IT SERVES.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART VI, ITEM 7 - STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA