

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization DEKALB MEMORIAL HOSPITAL, INC.	Employer identification number 35-1064295
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			702,644.		702,644.	1.02%
b Medicaid (from Worksheet 3, column a)			6471231.	4490717.	1980514.	2.88%
c Costs of other means-tested government programs (from Worksheet 3, column b)			9276297.	5837475.	3438822.	4.99%
d Total. Financial Assistance and Means-Tested Government Programs			16450172.	10328192.	6121980.	8.89%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2296172.	2002805.	293,367.	.43%
f Health professions education (from Worksheet 5)			148,753.		148,753.	.22%
g Subsidized health services (from Worksheet 6)			9122197.	5786396.	3335801.	4.84%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			122,286.		122,286.	.18%
j Total. Other Benefits			11689408.	7789201.	3900207.	5.67%
k Total. Add lines 7d and 7j			28139580.	18117393.	10022187.	14.56%

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: DEKALB MEMORIAL HOSPITAL, INC.

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input checked="" type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	X	
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
<p>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>		
16 Was widely publicized within the community served by the hospital facility?	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, LINES 16A B & C</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, LINES 16A B & C</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, LINES 16A B & C</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations</p> <p>j <input type="checkbox"/> Other (describe in Section C)</p>		

Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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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: DEKALB MEMORIAL HOSPITAL, INC.

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

Part V Facility Information *(continued)*

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

DEKALB MEMORIAL HOSPITAL, INC.:

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

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

IN GATHERING COMMUNITY INPUT, PARKVIEW HEALTH SYSTEM, INC., INCLUDING DEKALB MEMORIAL HOSPITAL, INC., OBTAINED THE FOLLOWING: 1) PRIMARY DATA COLLECTED THROUGH A COMMUNITY SURVEY OF RESIDENTS IN EACH PARKVIEW HEALTH COUNTY, 2) PRIMARY DATA COLLECTED THROUGH AN ONLINE SURVEY OF HEALTHCARE AND SOCIAL SERVICE PROVIDERS IN EACH COUNTY THAT PROVIDE SERVICES DIRECTLY TO THE UNDERSERVED IN OUR COMMUNITIES (E.G., PHYSICIANS, NURSES, SOCIAL WORKERS, ETC.), AND 3) SECONDARY DATA COLLECTED FROM CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATABASE AND OTHER LOCAL AND NATIONAL AGENCIES (E.G., COUNTY HEALTH RANKINGS, INDIANA STATE DEPARTMENT OF HEALTH, ETC.). COMMUNITY MEMBER AND PROVIDER INPUT WAS GATHERED FROM MARCH THROUGH MAY 2022 VIA MULTIPLE RECRUITMENT AND DATA COLLECTION METHODS: 1) E-MAIL TO HEALTHCARE AND SOCIAL SERVICE PROVIDERS WITH AN EMBEDDED ONLINE SURVEY LINK; 2) MAILED PAPER AND E-MAILED ONLINE SURVEYS TO COMMUNITY MEMBERS; 3) PAPER SURVEYS DISTRIBUTED TO INDIVIDUALS, CLINICS OR ORGANIZATIONS SERVING HISPANIC, AMISH, OR PEOPLE OF BURMA POPULATIONS; 4) IN-PERSON RECRUITMENT

Part V Facility Information (continued)

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

AT LOCATIONS PROVIDING SERVICES TO LOW-INCOME POPULATIONS IN EACH PARKVIEW HEALTH COUNTY; AND 5) PRESS RELEASE AND SOCIAL MEDIA NOTIFICATIONS WITH A SURVEY LINK. THE SURVEY WAS MADE AVAILABLE IN ENGLISH, SPANISH, AND BURMESE.

HISPANIC, AMISH, PEOPLE OF BURMA, AND LOW-INCOME POPULATIONS WERE IDENTIFIED AS VULNERABLE POPULATIONS IN PARKVIEW HEALTH COUNTIES, AND THEREFORE SURVEY DISTRIBUTION AND DATA COLLECTION STRATEGIES INCLUDED FOCUSED EFFORTS TO OBTAIN COMMUNITY INPUT FROM THESE POPULATIONS. IN DEKALB COUNTY, THIS INCLUDED HISPANIC AND LOW-INCOME POPULATIONS. THE RESEARCH TEAM COORDINATED WITH COMMUNITY HEALTH WORKERS, LOCAL HEALTH DEPARTMENTS, AND KNOWN CONTACTS IN EACH COUNTY TO IDENTIFY LOCATIONS TO SURVEY UNDERREPRESENTED OR VULNERABLE POPULATIONS. IN DEKALB COUNTY, IN-PERSON TEAMS OF RESEARCH ASSISTANTS CONDUCTED COMMUNITY SURVEY OUTREACH AT THE LOCAL YMCA AND PUBLIC LIBRARY. DEKALB COUNTY HAD THE SECOND HIGHEST RATE OF COMMUNITY MEMBER PARTICIPATION AMONG THE EIGHT COUNTIES SURVEYED. REGARDING VULNERABLE POPULATIONS SURVEYED IN DEKALB COUNTY, 17.1% OF RESPONDENTS REPORTED AN INCOME OF < \$35,000 AND 1.7% OF RESPONDENTS IDENTIFIED AS HISPANIC/LATINO. ADDITIONALLY, RESPONDENTS 65 YEARS AND OLDER WERE WELL-REPRESENTED (38.0%). THE PROVIDER SURVEY INCLUDED RESPONSES FROM PHYSICIANS, NURSE PRACTITIONERS, REGISTERED NURSES, MENTAL/BEHAVIORAL HEALTH PROVIDERS, COMMUNITY/SOCIAL SERVICE PROVIDERS, SOCIAL WORKERS/CASE MANAGERS, AND PUBLIC SECTOR WORKERS.

IN ADDITION TO DATA COLLECTION, PARKVIEW DEKALB MEMORIAL HOSPITAL, INC. COLLABORATED WITH THE COMMUNITY AND PARTNERING ORGANIZATIONS TO SELECT AND PRIORITIZE DEKALB COUNTY'S HEALTH NEEDS. IN DOING SO, A MODIFIED HANLON

Part V Facility Information *(continued)*

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

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

ON SEPTEMBER 26, 2022, PARKVIEW DEKALB MEMORIAL HOSPITAL, INC. CONVENEED A COMMUNITY MEETING TO PRIORITIZE THE SIGNIFICANT HEALTH ISSUES UNCOVERED IN THE 2022 CHNA REPORT. THE DATA FROM THE 2022 CHNA WAS PRESENTED TO A GROUP OF 38 COMMUNITY MEMBERS. THE GROUP OF COMMUNITY STAKEHOLDERS HAD THOUGHTFUL DISCUSSIONS AROUND THE DATA FROM THE ASSESSMENT AND PRIORITY RANKING SCORES, COMPLETED A PRIORITIZATION GRID EXERCISE TO CONSIDER SIGNIFICANCE, SEVERITY, SUITABILITY, AND HEALTH DISPARITY RELATED TO SOCIAL DETERMINANTS OF HEALTH, AND ELECTRONICALLY VOTED ON WHAT THEY THOUGHT SHOULD BE THE NUMBER 2 AND 3 PRIORITIES FOR DEKALB COUNTY BASED ON THE TOP 10 PRIORITIES IDENTIFIED IN THE CHNA. THE COMMITTEE IDENTIFIED MENTAL HEALTH, SUBSTANCE ABUSE AND OBESITY AS THE TOP THREE PRIORITIES IN DEKALB COUNTY, ADOPTING THE #1 HEALTH PRIORITY OF MENTAL HEALTH THAT WAS SET FOR THE PARKVIEW HEALTH REGION ON AUGUST 22, 2022.

PRIORITIZATION SESSION ATTENDEES REPRESENTED SEVERAL ORGANIZATIONS IN

Part V Facility Information (continued)

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

DEKALB COUNTY: PARKVIEW DEKALB ADMINISTRATION, WOMEN'S CARE CENTER OF
 NORTHEAST INDIANA, FORTIFY LIFE DEKALB COUNTY, CHILDREN FIRST OF DEKALB
 COUNTY, UNITED WAY DEKALB, INSPIRATION MINISTRIES, PARKVIEW BEHAVIORAL
 HEALTH, WARM HEART MINISTRIES, JUNIOR ACHIEVEMENT OF DEKALB COUNTY, YMCA,
 SWEITZER FAMILY FOUNDATION, IMAGE OF HOPE RANCH, JAM RECREATION CENTER OF
 DEKALB COUNTY, AND DEKALB SCHOOL CORPORATION.

AS A CONTINUATION OF THE PRIORITIZATION PROCESS, INFORMATION FROM THE CHNA
 AND THE COMMUNITY SESSION WERE BROUGHT TO THE COMMUNITY HEALTH IMPROVEMENT
 (CHI) COMMITTEE AT PARKVIEW DEKALB MEMORIAL HOSPITAL, INC. THE COMMITTEE
 HAD AN IN-DEPTH DISCUSSION AROUND THE DATA AND RESPONSES FROM THE
 COMMUNITY SESSION. BASED ON THIS DISCUSSION, THE COMMITTEE IDENTIFIED
 MENTAL HEALTH, SUBSTANCE ABUSE AND OBESITY AS THE TOP 3 PRIORITIES IN
 DEKALB COUNTY. THE NEEDS ASSESSMENT, COMMUNITY SESSION DATA AND CHI
 COMMITTEE RECOMMENDATIONS WERE PRESENTED TO THE PARKVIEW DEKALB HOSPITAL
 BOARD OF DIRECTORS ON OCTOBER 21, 2022. THE BOARD OF DIRECTORS VOTED TO
 ADOPT THE ABOVE HEALTH PRIORITY RECOMMENDATIONS AT THE BOARD MEETING.

DEKALB MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S 2022 CHNA WAS
 CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES:

PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE
 COUNTY, INC. (EIN 20-2401676); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN
 35-1970706); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092);
 WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); PARKVIEW WABASH

Part V Facility Information (continued)

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

HOSPITAL, INC. (EIN 47-1753440); PARK CENTER, INC. (EIN 35-1135451); AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823).

DEKALB MEMORIAL HOSPITAL, INC.:

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

PARKVIEW HEALTH SYSTEM, INC. (EIN 35-1972384), THROUGH PARKVIEW'S HEALTH SERVICES AND INFORMATICS RESEARCH (HSIR) GROUP, DESIGNED AND CONDUCTED BOTH PRIMARY AND SECONDARY DATA COLLECTION AND ANALYSIS ACTIVITIES FOR THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). HSIR EMPLOYS MULTIPLE RESEARCH STAFF, WHICH INCLUDES PHD PREPARED SCIENTISTS, USER EXPERIENCE SPECIALISTS AND PROJECT MANAGERS. AS A RESEARCH UNIT EMBEDDED IN PARKVIEW, HSIR HAS DEDICATED TIME TO SUPPORT INITIATIVES THAT REQUIRE RESEARCH SKILLS, SUCH AS THE CHNA.

DEKALB MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 11: DESCRIBE HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA AND ANY SUCH NEEDS THAT ARE NOT BEING ADDRESSED TOGETHER WITH THE REASONS WHY SUCH NEEDS ARE NOT BEING ADDRESSED:

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

Part V Facility Information (continued)

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

DEKALB MEMORIAL HOSPITAL, INC. PARTNERED WITH THESE COMMUNITY

ORGANIZATIONS TO SUPPORT SAFETY AND HEALTHY LIFESTYLES IN THE COMMUNITY:

THE JUDY A. MORRILL RECREATION CENTER (JAM), ST. MARTIN'S HEALTHCARE,
UNITED WAY OF DEKALB COUNTY AND INSPIRATION MINISTRIES.

ACCESS TO MENTAL HEALTH:

THE HOSPITAL SUPPORTS ST. MARTIN'S HEALTHCARE WHO PROVIDES MENTAL HEALTH
COUNSELING TO UNINSURED AND UNDERINSURED PATIENTS IN THE COUNTY. THE
HOSPITAL HAS ALSO PARTNERED WITH COMMUNITY GROUPS TO COLLABORATE ON WAYS
TO SUPPORT COMMUNITY MEMBERS IN A MENTAL HEALTH CRISIS.

SUPPORT THE ALICE (ASSET LIMITED CONSTRAINED EMPLOYED) POPULATION:

DEKALB MEMORIAL HOSPITAL, INC. CONTINUES TO SUPPORT THE UNITED WAY OF
DEKALB COUNTY WHOSE PRIMARY FOCUS IS IN SUPPORT OF THE ALICE POPULATION.
BOTH MONETARY AND BOARD MEMBER REPRESENTATION WERE MADE TO THE UNITED WAY.
SUPPORT INCLUDES: FUNDING TO PROVIDE PROGRAMMING SUCH AS FOOD PANTRIES,
EMERGENCY HOUSING ASSISTANCE AND CONNECTING PEOPLE TO AND ACCESSING
RESOURCES THROUGHOUT THE COMMUNITY. ANOTHER WAY DEKALB MEMORIAL HOSPITAL,
INC. SUPPORTS THE ALICE POPULATION IS THROUGH THE PHARMACARE RETAIL
PHARMACY. ENHANCED SERVICES ARE OFFERED TO RESIDENTS WITHIN DEKALB COUNTY
FOR PRESCRIPTION PILL PACKING AND DELIVERY SERVICE. BOTH SERVICES ARE
OFFERED FOR NO FEE TO THE RESIDENT. THE GOAL IS TO ENSURE ALL RESIDENTS
IN THE COUNTY HAVE ACCESS TO THEIR MEDICATIONS IN A SAFE AND TIMELY
MANNER.

SUPPORT SUBSTANCE ABUSE DISORDER:

DEKALB MEMORIAL HOSPITAL, INC. HAS PARTNERED WITH INSPIRATION MINISTRIES

Part V Facility Information (continued)

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

TO SUPPORT THEIR MISSION OF DEVELOPING AND SUSTAINING SERVICES THAT REDUCE ADDICTION, RECIDIVISM, AND POVERTY IN DEKALB COUNTY. THE HOSPITAL PROVIDES MONETARY DONATIONS IN SUPPORT OF THIS VULNERABLE POPULATION. THE HOSPITAL LEADERSHIP ALSO SITS ON COMMUNITY COLLABORATION COMMITTEES NOT ONLY IN SUPPORT OF THESE GROUPS BUT ALSO IN SUPPORT OF MINIMIZING THE STIGMA THESE GROUPS BATTLE.

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

CHRONIC KIDNEY DISEASE - THIS IS NOT AN AREA OF PRIORITY AS THERE ARE LIMITED RESOURCES TO ADDRESS THE NEED. THERE ARE RESOURCES ELSEWHERE IN THE PARKVIEW HEALTH SYSTEM AND INDIVIDUALS' PRIMARY CARE PROVIDERS ADDRESS THIS NEED.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) - THIS IS NOT AN AREA OF PRIORITY AS THERE ARE LIMITED RESOURCES TO ADDRESS THE NEED. THERE ARE RESOURCES ELSEWHERE IN THE PARKVIEW HEALTH SYSTEM AND INDIVIDUALS' PRIMARY CARE PROVIDERS ADDRESS THIS NEED.

ASTHMA - THIS IS NOT AN AREA OF PRIORITY AS THERE ARE LIMITED RESOURCES TO ADDRESS THE NEED. THERE ARE RESOURCES ELSEWHERE IN THE PARKVIEW HEALTH SYSTEM AND INDIVIDUALS' PRIMARY CARE PROVIDERS ADDRESS THIS NEED.

CANCER - THIS IS NOT AN AREA OF PRIORITY AS THERE ARE LIMITED RESOURCES TO ADDRESS THE NEED. THERE ARE RESOURCES ELSEWHERE IN THE PARKVIEW HEALTH SYSTEM.

Part V Facility Information (continued)

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

CARDIOVASCULAR DISEASE - AS WITH DIABETES, WE BELIEVE OUR EMPHASIS ON OBESITY WILL SERVE TO MITIGATE THE RISK OF CARDIOVASCULAR DISEASE.

MOTHERS NOT IN EARLY PRENATAL CARE - THIS NEED WAS NOT A PRIORITY OF COMMUNITY MEMBERS, AND THEREFORE, WOULD NOT RECEIVE SUFFICIENT SUPPORT TO SUCCEED.

DIABETES - AS WITH CARDIOVASCULAR DISEASE, WE BELIEVE OUR EMPHASIS ON OBESITY WILL SERVE TO MITIGATE THE RISK OF DIABETES.

PART V, LINES 16A, 16B AND 16C

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-AND-VISITORS/
BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-and-visitors/billing-and-insurance/financial-assistance/)

PART V, SECTION B, LINE 3E:

THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 6A:

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

PART I, LINE 7:

PART I, LINE 7A

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

PART I, LINE 7B

Part VI Supplemental Information (Continuation)

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

PART I, LINE 7C

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

Part VI Supplemental Information (Continuation)

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

PART I, LINE 7E

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

PART I, LINE 7F

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

PART I, LINE 7G

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

PART I, LINE 7I

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

PART I, LN 7 COL(F):

PERCENT OF TOTAL EXPENSE

DEKALB MEMORIAL HOSPITAL, INC. EXCLUDED \$8,698,633 OF PH CLINICAL SUPPORT
EXPENSE.

Part VI Supplemental Information (Continuation)

PART III, LINE 2:

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

PART III, LINE 4:

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

TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE OR THE PAGE NUMBER ON WHICH THIS FOOTNOTE IS CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS:

PAGES 12 AND 23 - 27 OF ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8:

COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS

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

Part VI Supplemental Information (Continuation)

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

PART III, LINE 9B:

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

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

Part VI Supplemental Information (Continuation)

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

PART VI, LINE 2:

DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES, IN ADDITION TO ANY CHNAS REPORTED IN PART V, SECTION B.

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

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

Part VI Supplemental Information (Continuation)

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

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

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

PART VI, LINE 3:

DESCRIBE HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

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

PART VI, LINE 4:

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

Part VI Supplemental Information (Continuation)

DEKALB MEMORIAL HOSPITAL, INC., IS LOCATED IN DEKALB COUNTY AND IS THE SOLE LICENSED HOSPITAL IN THE COUNTY. DEKALB MEMORIAL HOSPITAL INC. SERVES DEKALB, PORTIONS OF STEUBEN, LAGRANGE, NOBLE, AND ALLEN COUNTIES IN ADDITION TO SEVERAL BORDER TOWNS OF HICKSVILLE AND EDGERTON IN NORTHWEST OHIO. ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI), DEKALB COUNTY IS A RURAL AREA WITHIN THE HEALTH SYSTEM'S SERVICE AREA WITH A POPULATION OF 43,333 (2021). IN ADDITION, HCI REPORTS THE MEDIAN HOUSEHOLD INCOME OF DEKALB COUNTY RESIDENTS IS APPROXIMATELY \$60,757 WITH 10.4% LIVING BELOW THE FEDERAL POVERTY LEVEL (2017-2021). APPROXIMATELY 92% OF DEKALB COUNTY RESIDENTS HAVE HEALTH INSURANCE (2020).

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION DIMENSIONS DATABASE (2022), DEKALB MEMORIAL HOSPITAL, INC. HAD 20.4% OF INPATIENT DISCHARGES THAT WERE MEDICAID PATIENTS AND 1.8% WERE SELF-PAY. FOR OUTPATIENT PROCEDURES, 19.9% WERE MEDICAID PATIENTS, AND 2.95% PERCENT WERE SELF-PAY.

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

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

1) DISCIPLINE: PRIMARY CARE

Part VI Supplemental Information (Continuation)

HSPA ID: 1186905830

HSPA NAME: MHCA 20 - DEKALB COUNTY

DESIGNATION TYPE: GEOGRAPHIC HPSA

COUNTY NAME: DEKALB COUNTY

HPSA SCORE: 8

STATUS: DESIGNATED

RURAL STATUS: RURAL

2) DISCIPLINE: MENTAL HEALTH

HSPA ID: 7186175063

HSPA NAME: NORTHEASTERN CATCHMENT AREA 18

DESIGNATION TYPE: GEOGRAPHIC HPSA

COUNTY NAME: DEKALB, LAGRANGE, NOBLE, AND STEUBEN COUNTIES

HPSA SCORE: 17

STATUS: DESIGNATED

RURAL STATUS: RURAL

ALSO, LOCATED IN DEKALB COUNTY, A FREE MEDICAL, DENTAL AND VISION CLINIC, ST. MARTINS HEALTHCARE, INC., SERVES UNINSURED, LOW-INCOME INDIVIDUALS IN DEKALB AND NOBLE COUNTY.

PART VI, LINE 5:

PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E.G. OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC.).

THE MAJORITY OF THE DEKALB MEMORIAL HOSPITAL, INC. BOARD OF DIRECTORS IS

Part VI Supplemental Information (Continuation)

COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. DEKALB MEMORIAL HOSPITAL, INC. ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON DEKALB MEMORIAL HOSPITAL, INC. TO BE STANDING BY WITH EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR. THE EMERGENCY DEPARTMENT IS STAFFED WITH BOARD-CERTIFIED EMERGENCY CARE PHYSICIANS AND A NURSING STAFF THAT IS TRAINED AND EXPERIENCED IN EMERGENCY CARE. IN ADDITION, LOCAL PHYSICIANS STAFF AN AFTER-HOURS CLINIC AFTER THEIR REGULAR BUSINESS HOURS AND ON THE WEEKENDS.

FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY, AND DEKALB MEMORIAL HOSPITAL, INC. AND ITS AFFILIATES CONTINUE TO ADAPT TO MEET THE NEEDS OF THE COMMUNITY.

ADDITIONALLY, DEKALB MEMORIAL HOSPITAL, INC. ANNUALLY FUNDS COMMUNITY HEALTH IMPROVEMENT INITIATIVES AND PARTNERS WITH COMMUNITY ORGANIZATIONS TO ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF NORTHEAST INDIANA. KEY PROJECTS AND AREAS OF FOCUS FUNDED THROUGH THE COMMUNITY HEALTH IMPROVEMENT INITIATIVE AND OTHER HOSPITAL FUNDS INCLUDE:

-EDUCATION: DEKALB MEMORIAL HOSPITAL, INC. IS TAKING THE LEAD IN PARTNERING WITH SCHOOLS FOR HEALTH OCCUPATION EDUCATION PROGRAMS, AND CAREER PATHWAYS PROGRAMS.

-COMMUNITY PARTNERSHIPS: DEKALB MEMORIAL HOSPITAL, INC. INVESTS IN KEY ORGANIZATIONS (HEALTH PARTNERS) THAT ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF DEKALB COUNTY AND NORTHEAST INDIANA. WE PARTNER WITH JUDY

Part VI Supplemental Information (Continuation)

A. MORRILL RECREATION CENTER TO ENCOURAGE HEALTHIER LIFESTYLES. TO ASSIST THOSE LESS FORTUNATE, WE SUPPORT ST. MARTIN'S HEALTHCARE AND THE UNITED WAY OF DEKALB COUNTY. TO ENCOURAGE HIGHER PAYING JOBS AND ECONOMIC IMPROVEMENT, WE PARTNER WITH THE DEKALB COUNTY ECONOMIC DEVELOPMENT CORPORATION. DEKALB MEMORIAL HOSPITAL, INC. ALSO PARTNERS WITH INSPIRATION MINISTRIES, A STATE LEADER IN RECOVERY, RE-ENTRY AND RESTORATIVE SERVICES.

-MEDICATION ASSISTANCE PROGRAM (MAP): DEKALB MEMORIAL HOSPITAL, INC. MAINTAINS A MEDICATION ASSISTANCE PROGRAM FOR DEKALB COUNTY RESIDENTS. MAP PARTNERS WITH PATIENTS, PHYSICIANS, PHARMACEUTICAL COMPANIES AND DONORS TO PROVIDE MEDICATION ASSISTANCE AT LITTLE OR NO COST FOR QUALIFIED INDIVIDUALS. FOR ACUTE MEDICATION NEEDS, MEDICATIONS ARE PROVIDED BY PARKVIEW PHARMACY AT NO COST TO THE PATIENT. LONG-TERM MEDICATION HELP IS PROVIDED THROUGH CONNECTING CLIENTS WITH PHARMACEUTICAL ASSISTANCE PROGRAMS (PAP) AND COPAY ASSISTANCE PROGRAMS.

-HEALTH SCREENINGS & SUPPORT: DEKALB MEMORIAL HOSPITAL, INC. IN PARTNERSHIP WITH PARKVIEW CENTER FOR HEALTHY LIVING, PUTS ON NUMEROUS HEALTH SCREENINGS THROUGHOUT THE YEAR THAT ARE DESIGNED TO PROVIDE HEALTH SCREENINGS FOR DISEASE PREVENTION AT A REDUCED COST AND THE PROMOTION OF HEALTHY LIFESTYLES.

-PHARMACARE: DEKALB MEMORIAL HOSPITAL, INC.'S PHARMACARE PROGRAM IS A FULL-SERVICE RETAIL PHARMACY FEATURING OVER THE COUNTER ITEMS, VITAMINS AND NATURAL SUPPLEMENTS, ORTHOPEDIC SUPPORTS AND BREASTFEEDING SUPPLIES. PRESCRIPTION COMPOUNDING AND CUSTOMIZED MEDICATIONS ARE ALSO AVAILABLE. THE PHARMACARE PROGRAM ALSO OFFERS MEDICATION PACKAGING TO HELP PATIENTS ADHERE TO THEIR DOSAGE SCHEDULE AND PROVIDE PEACE OF MIND THAT THE RIGHT

Part VI Supplemental Information (Continuation)

DOSAGE IS BEING ADMINISTERED AT THE RIGHT TIME. MEDICATION DELIVERY IS ALSO AVAILABLE TO RELIEVE THE TRANSPORTATION BARRIER FOR THOSE WITHOUT ACCESS, THE ELDERLY AND OTHERS WHO MAY NEED MEDICATIONS DELIVERED.

IN ADDITION, MANY OF DEKALB MEMORIAL HOSPITAL, INC.'S MANAGERS AND STAFF DONATE THEIR TIME TO SUPPORT ST. MARTIN'S HEALTHCARE (FOR UNINSURED). CO-WORKERS ALSO SERVE ON THE BOARD OF THE UNITED WAY, COMMUNITY FOUNDATION OF DEKALB COUNTY, ST. MARTIN'S HEALTHCARE AND SERVE AS A LUNCH BUDDY AT A LOCAL ELEMENTARY SCHOOL THROUGH BIG BROTHERS BIG SISTERS OF NORTHEAST INDIANA.

PART VI, LINE 6:

IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED.

PARKVIEW HEALTH SYSTEM, INC. (PARKVIEW), A HEALTHCARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC.; COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.; COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.; DEKALB MEMORIAL HOSPITAL, INC.; HUNTINGTON MEMORIAL HOSPITAL, INC.; PARK CENTER, INC.; PARKVIEW WABASH HOSPITAL, INC.; WHITLEY MEMORIAL HOSPITAL, INC.; AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC.

EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH ACTIVITIES CUSTOMIZED TO MEET THE UNIQUE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES. AFFILIATE HOSPITALS ALSO WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE

Part VI Supplemental Information (Continuation)

COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED. FROM THE LIST OF HEALTH ISSUES IDENTIFIED IN NORTHEAST INDIANA AS PART OF THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT, THE HEALTH PRIORITY OF MENTAL HEALTH WAS SELECTED BY ALL AFFILIATE HOSPITALS.

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

PARKVIEW CONTRIBUTES TO THE OVERALL SUCCESS OF THE REGION THROUGH SIGNIFICANT INVOLVEMENT IN THE COMMUNITIES WE SERVE. BY DEVELOPING VARIOUS PARTNERSHIPS AND ALIGNMENTS WITH DIFFERENT SECTORS AND ORGANIZATIONS, PARKVIEW HELPS TO BENEFIT THE ECONOMY, QUALITY OF LIFE, AND HEALTH AND WELL-BEING ACROSS THE REGION. WITH A CONSISTENT FOCUS ON OUR MISSION AND VISION, WE WORK TO PROVIDE EXCELLENT CARE TO EVERY PERSON, EVERY DAY WITHIN OUR FACILITIES WHILE SERVING AS GOOD STEWARDS OF SURPLUS FUNDS TO POSITIVELY IMPACT COMMUNITY HEALTH STATUS.

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

PART VI, LINE 7 CONT'D:

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