

**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 COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. | Employer identification number 35-2087092 |
|---|---|

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? | | |
| 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) | | | 1046652. | | 1046652. | 1.83% |
| b Medicaid (from Worksheet 3, column a) | | | 6230487. | 4602156. | 1628331. | 2.85% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 8308592. | 5968403. | 2340189. | 4.10% |
| d Total. Financial Assistance and Means-Tested Government Programs | | | 15585731. | 10570559. | 5015172. | 8.78% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 92,942. | | 92,942. | .16% |
| f Health professions education (from Worksheet 5) | | | 16,107. | | 16,107. | .03% |
| g Subsidized health services (from Worksheet 6) | | | 11574922. | 6338521. | 5236401. | 9.17% |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 27,344. | | 27,344. | .05% |
| j Total. Other Benefits | | | 11711315. | 6338521. | 5372794. | 9.41% |
| k Total. Add lines 7d and 7j | | | 27297046. | 16909080. | 10387966. | 18.19% |

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: COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.

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

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.

| | | Yes | No |
|--|---|-----|----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | X | |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: | | |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| f | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | | X |
| If "Yes," check all actions in which the hospital facility or a third party engaged: | | | |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply): | | |
| a | <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) | | |
| b | <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) | | |
| d | <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| f | <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.

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

Part V Facility Information (continued)

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

COMMUNITY HOSPITAL OF NOBLE COUNTY, 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 NOBLE COUNTY, 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 PARKVIEW NOBLE 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 NOBLE COUNTY, THIS INCLUDED HISPANIC, AMISH, 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 NOBLE COUNTY, IN-PERSON TEAMS OF RESEARCH ASSISTANTS CONDUCTED COMMUNITY SURVEY OUTREACH AT THE LOCAL YMCA, PUBLIC LIBRARY AND COFFEE SHOP. REGARDING VULNERABLE POPULATIONS SURVEYED IN NOBLE COUNTY, 20.1% OF RESPONDENTS REPORTED AN INCOME OF < \$35,000, 1.4% OF RESPONDENTS IDENTIFIED AS HISPANIC/LATINO, AND 2.3% WERE AMISH. ADDITIONALLY, RESPONDENTS 65 YEARS AND OLDER WERE WELL-REPRESENTED (37.8%). THE PROVIDER SURVEY INCLUDED RESPONSES FROM PHYSICIANS, NURSE PRACTITIONERS, REGISTERED NURSES, MENTAL/BEHAVIORAL HEALTH PROVIDERS, OTHER HEALTHCARE PROVIDERS, COMMUNITY/SOCIAL SERVICE PROVIDERS, PUBLIC SECTOR WORKERS, AND EDUCATORS.

IN ADDITION TO DATA COLLECTION, PARKVIEW NOBLE HOSPITAL, INC. COLLABORATED WITH THE COMMUNITY AND PARTNERING ORGANIZATIONS TO SELECT AND PRIORITIZE NOBLE COUNTY'S HEALTH NEEDS. IN DOING SO, A MODIFIED HANLON METHOD WAS EMPLOYED TO PRIORITIZE HEALTH CONCERNS FOR PARKVIEW HEALTH HOSPITAL

Part V Facility Information (continued)

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

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 23, 2022, PARKVIEW NOBLE HOSPITAL, INC. HELD A COMMUNITY MEETING TO ENGAGE COMMUNITY MEMBERS IN THE PRIORITIZATION PROCESS. THE DATA FROM THE 2022 CHNA WAS PRESENTED TO THE GROUP. THE GROUP OF 16 COMMUNITY STAKEHOLDERS HAD THOUGHTFUL DISCUSSIONS AROUND THE DATA FROM THE ASSESSMENT, COMPLETED A PRIORITIZATION GRID EXERCISE WHERE THEY CONSIDERED SIGNIFICANCE, SEVERITY, SUITABILITY, AND HEALTH DISPARITY RELATED TO SOCIAL DETERMINANTS OF HEALTH FACTORS, AND VOTED ON TWO PRIORITIES FOR NOBLE COUNTY BASED ON THE TOP FIVE PRIORITIES IDENTIFIED IN THE 2022 CHNA. THE INFORMATION FROM THE 2022 CHNA AND THE COMMUNITY SESSION WERE PRESENTED TO THE COMMUNITY HEALTH IMPROVEMENT (CHI) COMMITTEE AT PARKVIEW NOBLE HOSPITAL. 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 THREE PRIORITIES IN NOBLE COUNTY. THE NEEDS ASSESSMENT, COMMUNITY SESSION DATA AND CHI COMMITTEE RECOMMENDATIONS WERE PRESENTED TO THE PARKVIEW NOBLE HOSPITAL BOARD OF DIRECTORS ON OCTOBER 24, 2022. THE BOARD 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, 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.

DIRECTORS VOTED TO ADOPT THE ABOVE HEALTH PRIORITY RECOMMENDATIONS AT THE BOARD MEETING.

PRIORITIZATION SESSION ATTENDEES REPRESENTED SEVERAL ORGANIZATIONS IN NOBLE COUNTY: PARKVIEW NOBLE ADMINISTRATION, PARKVIEW BEHAVIORAL HEALTH, PARKVIEW HEALTH SERVICES AND INFORMATICS RESEARCH, NOBLE COUNTY SCHOOL DISTRICT, THRIVE BY 5 OF NOBLE COUNTY- EARLY CHILDHOOD EDUCATION, ALLIANCE, COMMUNITY LEARNING CENTER OF NOBLE COUNTY, BRIGHTPOINT HEADSTART OF NOBLE COUNTY, THE CREW YOUTH CENTER, NOBLE COUNTY HEALTHIER MOMS AND BABIES, THE ARC NOBLE COUNTY FOUNDATION, NOBLE COUNTY YMCA, COMMON GRACE MINISTRIES, AND FREEDOM ACADEMY.

COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.:

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

PARKVIEW HOSPITAL, INC. (EIN 35-0868085); DEKALB MEMORIAL HOSPITAL, INC. (EIN 35-1064295); COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (EIN 20-2401676); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440); PARK CENTER, INC. (EIN 35-1135451) AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823).

COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.:

PART V, SECTION B, LINE 6B: THE HOSPITAL FACILITY'S CHNA WAS ALSO

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.

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.

COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.:

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

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

OBESITY:

COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. IS BOLSTERING ITS EFFORTS IN AREAS DEEMED TO HAVE THE HIGHEST IMPACT FOR OBESITY PREVENTION. THESE INCLUDE THE FOLLOWING: 1) WORKING TO INCREASE ACCESS TO FRESH, AFFORDABLE AND LOCALLY GROWN (WHEN POSSIBLE) FOOD; 2) INCREASING CONSUMPTION OF FRESH PRODUCE; 3) OFFERING CURRICULUM TO ELEMENTARY SCHOOLS FOR PHYSICAL

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.

ACTIVITY AND NUTRITION; AND 4) PROVIDER DIRECTED WELLNESS RESOURCES

INCLUDING REFERRALS TO MY BEST HEALTH, A HEALTH BEHAVIOR CHANGE PROGRAM.

ACTIONS TO ADDRESS THE ISSUE OF OBESITY CENTER AROUND AND INCLUDE THE FOLLOWING PROGRAMS:

1) MY BEST HEALTH - HEALTH BEHAVIOR CHANGE PROGRAM

2) ACTIVATE NOBLE COUNTY AND COMMUNITY LEARNING CENTER GARDEN - ACTIVATE NOBLE COUNTY AND THE COMMUNITY LEARNING CENTER MAINTAIN A GARDEN IN THE SUMMER GROWING MONTHS AND ALLOW COMMUNITY MEMBERS TO ACCESS FRESH, AFFORDABLE PRODUCE DURING THE SUMMER MONTHS. THE GARDEN IS LOCATED ON THE COMMUNITY LEARNING CENTER GROUNDS.

3) DIABETES SUPPORT - DIABETES SUPPORT GROUPS WERE RUN FREE OF CHARGE TO THE COMMUNITY.

4) COOKING DEMONSTRATIONS - COOKING DEMOS WERE OFFERED MONTHLY TO THE COMMUNITY FREE OF CHARGE. THESE COOKING DEMOS WERE LED BY A REGISTERED DIETICIAN NUTRITIONIST.

5) PROVIDE EDUCATION TO SCHOOLS, PARTNERING WITH MCMILLEN HEALTH - MCMILLEN HEALTH PROVIDED BOTH IN PERSON AND VIRTUAL OPTIONS TO LOCAL SCHOOL DISTRICTS TO PROVIDE EDUCATION AROUND PHYSICAL ACTIVITY, NUTRITION AND HEALTHY CHOICES.

TOBACCO USE:

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.

1) PROVIDE EDUCATION IN THE SCHOOL SYSTEMS FOR PREVENTION OF TOBACCO USE IN PARTNERSHIP WITH MCMILLEN HEALTH. MCMILLEN HEALTH PROVIDED BOTH IN PERSON AND VIRTUAL OPTIONS TO LOCAL SCHOOL DISTRICTS TO PROVIDE EDUCATION.

2) PARTNER WITH COMMUNITY HOSPITAL OF NOBLE COUNTY INC.'S RESPIRATORY CARE DEPARTMENT. - COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.'S RESPIRATORY CARE DEPARTMENT INITIATED EDUCATION ON SMOKING CESSATION AND OFFERS HOSPITAL INPATIENTS PAMPHLETS AROUND CENTER FOR HEALTHY LIVING FREEDOM FROM SMOKING PROGRAM. PATIENTS HAVE THE OPTION WHILE IN THE HOSPITAL TO BE REFERRED TO THE CENTER FOR HEALTHY LIVING TO REGISTER FOR A FREEDOM FROM SMOKING CLASS WHILE STILL IN THE HOSPITAL, THUS ELIMINATING ONE MORE THING TO REMEMBER AFTER DISCHARGE.

3) OFFER FREEDOM FROM SMOKING (TOBACCO CESSATION PROGRAM) AT NO COST TO ALL PARTICIPANTS THROUGH PARKVIEW CENTER FOR HEALTHY LIVING VIRTUALLY.

DRUG USE:

COMMUNITY HOSPITAL OF NOBLE COUNTY PARTNERS WITH VARIOUS COMMUNITY PARTNERS TO PROVIDE EDUCATION IN OUR SCHOOL SYSTEMS.

MENTAL HEALTH:

1) THE CENTER FOR HEALTHY LIVING PARTNERS WITH THE COMMUNITY LEARNING CENTER TO OFFER CLASSES FOR STRESS REDUCTION AS WELL AS A HEALING ARTS SERIES.

2) PARKVIEW BEHAVIORAL HEALTH IS INVOLVED IN THE NOBLE COUNTY COMMUNITY TO BRIEFLY PROVIDE THERAPY AND RESOURCES FOR THOSE WITH IMMEDIATE MENTAL

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.

HEALTH NEEDS.

3) SUPPORTING LOCAL PARTNERS SUCH AS NOBLE HOUSE MINISTRIES.

4) EDUCATION TO LOCAL SCHOOLS FOR PREVENTION OF DRUG USE AND MENTAL HEALTH STIGMA REDUCTION.

5) COMMUNITY HEALTH IMPROVEMENT MANAGER SITS ON THE NOBLE COUNTY SUICIDE PREVENTION BOARD AND COALITION

6) A MENTAL HEALTH COLLABORATIVE WAS FORMED IN 2022 IN NOBLE COUNTY. THE COLLABORATIVE IS COMPRISED OF REPRESENTATION FROM LAW ENFORCEMENT, BEHAVIORAL HEALTH, PARKVIEW NOBLE HOSPITAL, ADVOCACY ORGANIZATIONS AND MORE. THE GROUP IS NOW PURSUING BECOMING A CERTIFIED CRISIS INTERVENTION TEAM TO REDUCE TRAUMA AND ARRESTS OF THOSE WITH MENTAL ILLNESS WHILE CONNECTING WITH APPROPRIATE RESOURCES.

OTHER HEALTH NEEDS NOT BEING ADDRESSED: BASED ON THE CHNA CONDUCTED IN 2019

- DIABETES - WHILE THE HEALTH NEED WAS LOWER IN RANKING THAN THE HEALTH NEEDS SPECIFICALLY BEING ADDRESSED IN THE IMPLEMENTATION STRATEGY, COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. CURRENTLY HAS A DIABETES EDUCATOR ON STAFF AND SUPPORT GROUPS OFFERED TO THE COMMUNITY. REGISTERED DIETICIANS ARE ON STAFF TO PROVIDE CONSULTATIONS FOR THOSE DIAGNOSED WITH DIABETES. SUPPORT GROUPS ARE ALSO OFFERED FREE OF CHARGE

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.

- MATERNAL/INFANT/CHILD HEALTH - WHILE THE HEALTH NEED WAS LOWER IN RANKING THAN THE HEALTH NEEDS SPECIFICALLY BEING ADDRESSED IN THE IMPLEMENTATION STRATEGY, A BIRTH PLANNER ON STAFF TEACHES SAFE SLEEP CLASSES FOR EXPECTING PARENTS. LIFE AND FAMILY SERVICES AND HEALTHIER MOMS AND BABIES ALREADY OFFER WORKSHOPS AND EDUCATION FOR THE UNDERSERVED POPULATIONS IN NOBLE COUNTY. THE BIRTH PLANNER, OB SUPERVISORS AND LIFE AND FAMILY SERVICES ALSO PARTNER TO OFFER A MOM-TO-BE SUPPORT GROUP TO INSPIRE AND ENCOURAGE ALL MOMS, ESPECIALLY YOUNG MOMS ACROSS THE COUNTY.

- CARDIOVASCULAR DISEASE - THE SIZE OF THE HEALTH PROBLEM WAS LOWER IN RANKING THAN THE THREE HEALTH NEEDS INCLUDED IN THE IMPLEMENTATION STRATEGY.

- CANCER - THE SIZE OF THE HEALTH PROBLEM WAS LOWER IN RANKING THAN THE THREE HEALTH NEEDS INCLUDED IN THE IMPLEMENTATION STRATEGY.

- HEALTHCARE ACCESS - COST AND QUALITY - WHILE THE HEALTH NEED WAS LOWER IN RANKING THAN THE HEALTH NEEDS SPECIFICALLY BEING ADDRESSED IN THE IMPLEMENTATION STRATEGY, COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. CURRENTLY OFFERS MEDICATION ASSISTANCE AND FINANCIAL ASSISTANCE WITH HOSPITAL BILLS.

- ASTHMA - THIS NEED RANKED TOO LOW OVERALL ON THE HANLON SCORES BY INDICATOR AND WAS NOT CHOSEN.

- AGING - THIS NEED RANKED TOO LOW OVERALL ON THE HANLON SCORES BY INDICATOR AND WAS NOT CHOSEN.

Part V Facility Information *(continued)*

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

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

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-AND-VISITORS/](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)

COMMUNITY HOSPITAL OF NOBLE COUNTY, 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

COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. ACCEPTS ALL CERTAIN 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, COMMUNITY HOSPITAL OF NOBLE COUNTY, 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

COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. EXCLUDED \$7,128,906 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. COMMUNITY HOSPITAL OF NOBLE COUNTY, 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,

Part VI Supplemental Information (Continuation)

STATES 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, COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. COMMUNITY HOSPITAL OF NOBLE COUNTY, 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

Part VI Supplemental Information (Continuation)

WILL TAKE ALL REASONABLE AVAILABLE MEASURES TO REVERSE ANY EXTRAORDINARY 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, COMMUNITY HOSPITAL OF NOBLE COUNTY, 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. COMMUNITY HOSPITAL OF NOBLE COUNTY, 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

Part VI Supplemental Information (Continuation)

(I.E., UNITED WAY, BRIGHTPOINT, ETC.)

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

Part VI Supplemental Information (Continuation)

GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES.

COMMUNITY HOSPITAL OF NOBLE COUNTY, INC., IS LOCATED IN NOBLE COUNTY, AND PRIMARILY SERVES THE NOBLE COUNTY COMMUNITIES OF KENDALLVILLE, LIGONIER, AVILLA, ALBION, ROME CITY, CROMWELL AND WOLCOTTVILLE. AS THE SOLE LICENSED HOSPITAL IN THIS COUNTY, COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. ALSO SERVES, TO A LIMITED EXTENT, OTHER SURROUNDING COMMUNITIES.

ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI), NOBLE COUNTY IS A RURAL AREA WITHIN THE HEALTH SYSTEM'S SERVICE AREA WITH A POPULATION OF 47,227 (2021). IN ADDITION, HCI REPORTS THE MEDIAN HOUSEHOLD INCOME OF NOBLE COUNTY RESIDENTS IS APPROXIMATELY \$63,292 WITH 7.3% LIVING BELOW THE FEDERAL POVERTY LEVEL (2017-2021). APPROXIMATELY 88.5% OF NOBLE COUNTY RESIDENTS HAVE HEALTH INSURANCE (2020).

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION DIMENSIONS DATABASE (2022), COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. HAD 22.1% OF INPATIENT DISCHARGES THAT WERE MEDICAID PATIENTS AND 4.2% WERE SELF-PAY. FOR OUTPATIENT PROCEDURES, 19.5% WERE MEDICAID PATIENTS, AND 3.3% 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

Part VI Supplemental Information (Continuation)

AREAS/POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS:

1) DISCIPLINE: MENTAL HEALTH

HSPA ID: 7186175063

HPSA 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

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 COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON COMMUNITY HOSPITAL OF NOBLE COUNTY, 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, AN AFTER-HOURS CLINIC IS

Part VI Supplemental Information (Continuation)

STAFFED BY LOCAL PHYSICIANS AFTER HOURS AND ON THE WEEKENDS.

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

ADDITIONALLY, COMMUNITY HOSPITAL OF NOBLE COUNTY, 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: COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. IS TAKING THE LEAD IN PARTNERING WITH SCHOOLS FOR HEALTH OCCUPATION EDUCATION PROGRAMS, CAREER PATHWAYS PROGRAMS, PREVENTIVE EDUCATION AND SCREENINGS FOR STUDENTS.

-COMMUNITY PARTNERSHIPS: COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. INVESTS IN KEY ORGANIZATIONS (HEALTH PARTNERS) THAT ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF NOBLE COUNTY AND NORTHEAST INDIANA. WE PARTNER WITH THE COLE CENTER FAMILY YMCA ON MULTIPLE PROJECTS TO ENCOURAGE HEALTHIER LIFESTYLES SUCH AS SCHOLARSHIPS TO ACCESS THE YMCA AND A HYPERTENSION SELF-MONITORING PROGRAM. TO ASSIST THOSE LESS FORTUNATE, WE SUPPORT NOBLE HOUSE AND ST. MARTIN'S HEALTHCARE. TO ENCOURAGE HIGHER PAYING JOBS AND ECONOMIC IMPROVEMENT, WE PARTNER WITH THE NOBLE COUNTY ECONOMIC DEVELOPMENT CORPORATION. WE PARTNER WITH THE NOBLE COUNTY HEALTH DEPARTMENT TO PROVIDE IMMUNIZATIONS TO CHILDREN WHO COULD OTHERWISE NOT ACCESS THEM. OTHER PARTNERS ACTIVE IN ADDRESSING MEDICAL ISSUES INCLUDE

Part VI Supplemental Information (Continuation)

THE COMMUNITY LEARNING CENTER, ACTIVATE NOBLE COUNTY AND MCMILLEN HEALTH.

-ACTIVATE NOBLE COUNTY: A TRUE COMMUNITY PARTNERSHIP BETWEEN COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. AND MANY AREA ORGANIZATIONS, INCLUDING THE LOCAL YMCA. THE MISSION IS "TO IMPROVE THE HEALTH AND WELLNESS OF NOBLE COUNTY BY INCREASING OPPORTUNITIES FOR HEALTHY EATING AND ACTIVE LIVING." THE GROUP HAS BEEN THE CENTRAL PARTNERSHIP TO ESTABLISH COMMUNITY GOALS AROUND THE COMMUNITY HEALTH NEEDS ESTABLISHED FROM OUR ASSESSMENT: OBESITY. THE GROUP MEETS MONTHLY WORKING COLLABORATIVELY TO ESTABLISH PROGRAMS, GUIDELINES AND MAKE IMPROVEMENTS TO KEY METRICS FROM THE ASSESSMENT PLAN. THROUGHOUT COVID-19, THE GROUP CONTINUED TO MEET VIRTUALLY AND OFFER A COMMUNITY GARDEN FOR THOSE IN NEED IN THE COMMUNITY.

-MEDICATION ASSISTANCE PROGRAM (MAP): COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. MAINTAINS A MEDICATION ASSISTANCE PROGRAM FOR NOBLE 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 AND SUPPORT: COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. 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. THE HOSPITAL ALSO PROVIDES SUPPORT GROUPS TO ASSIST PATIENTS AND FAMILIES IN MANAGING DISEASE.

Part VI Supplemental Information (Continuation)

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.

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

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

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

Part VI Supplemental Information (Continuation)

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.