

**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 LAGRANGE COUNTY, INC.** Employer identification number **20-2401676**

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)			641,388.		641,388.	1.78%
b Medicaid (from Worksheet 3, column a)			3729932.	1869982.	1859950.	5.16%
c Costs of other means-tested government programs (from Worksheet 3, column b)			4189233.	2707636.	1481597.	4.11%
d Total. Financial Assistance and Means-Tested Government Programs			8560553.	4577618.	3982935.	11.05%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			194,024.	1,560.	192,464.	.53%
f Health professions education (from Worksheet 5)			15,228.		15,228.	.04%
g Subsidized health services (from Worksheet 6)			2062737.	1273067.	789,670.	2.19%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			48,658.		48,658.	.13%
j Total. Other Benefits			2320647.	1274627.	1046020.	2.89%
k Total. Add lines 7d and 7j			10881200.	5852245.	5028955.	13.94%

**COMMUNITY HOSPITAL OF LAGRANGE COUNTY,
INC.**

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			2,500.		2,500.	.01%
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			2,500.		2,500.	.01%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	6,556,052.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	5,441,268.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	1,114,784.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

COMMUNITY HOSPITAL OF LAGRANGE COUNTY,
INC.

Schedule H (Form 990) 2022

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Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):

<p>1 COMMUNITY HOSPITAL OF LAGRANGE COUNTY 207 N TOWNLINE RD LAGRANGE, IN 46761 WWW.PARKVIEW.COM 14-005085-1</p>	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

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 LAGRANGE COUNTY

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: COMMUNITY HOSPITAL OF LAGRANGE COUNTY

	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 LAGRANGE COUNTY

	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 LAGRANGE COUNTY

		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 LAGRANGE COUNTY:

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 LAGRANGE 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 LAGRANGE 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 LAGRANGE 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 LAGRANGE COUNTY, IN-PERSON TEAMS OF RESEARCH ASSISTANTS CONDUCTED COMMUNITY SURVEY OUTREACH AT THE LOCAL PUBLIC LIBRARY, TOPEKA PHARMACY (A HIGHLY TRUSTED BUSINESS IN THE AMISH COMMUNITY), AND LAGRANGE COUNTY THRIFT STORE. REGARDING VULNERABLE POPULATIONS SURVEYED IN LAGRANGE COUNTY, 18.1% OF RESPONDENTS REPORTED AN INCOME OF < \$35,000, 3.2% OF RESPONDENTS IDENTIFIED AS HISPANIC/LATINO, AND 17.6% WERE AMISH. ADDITIONALLY, RESPONDENTS 65 YEARS AND OLDER WERE WELL-REPRESENTED (31.4%). THE PROVIDER SURVEY INCLUDED RESPONSES FROM PHYSICIANS, REGISTERED NURSES, MENTAL/BEHAVIORAL HEALTH PROVIDERS, COMMUNITY/SOCIAL SERVICE PROVIDERS, PUBLIC HEALTH/COMMUNITY HEALTH WORKERS, SOCIAL WORKERS/CASE MANAGERS, PUBLIC SECTOR WORKERS, AND EDUCATORS.

IN ADDITION TO DATA COLLECTION, PARKVIEW LAGRANGE HOSPITAL, INC. COLLABORATED WITH THE COMMUNITY AND PARTNERING ORGANIZATIONS TO SELECT AND

Part V Facility Information (continued)

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

PRIORITIZE LAGRANGE COUNTY'S HEALTH NEEDS. IN DOING SO, A MODIFIED HANLON 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.

AS A CONTINUATION OF THE PRIORITIZATION PROCESS, PARKVIEW LAGRANGE HOSPITAL, INC. HELD A COMMUNITY MEETING ON SEPTEMBER 6, 2022, TO ENGAGE LAGRANGE COUNTY COMMUNITY MEMBERS TO SELECT TWO HEALTH PRIORITIES IN ADDITION TO THE SHARED MENTAL HEALTH PRIORITY THAT WAS SET FOR THE PARKVIEW HEALTH REGION FOR THE NEXT THREE YEARS. THIS GROUP OF 39 STAKEHOLDERS CONDUCTED A THOUGHTFUL REVIEW OF THE 2022 CHNA DATA AND ENGAGED IN A PRIORITIZATION GRID EXERCISE, WHICH INVOLVED EXAMINING THE RANK OF THE TOP 10 HEALTH PRIORITIES PROVIDED BY THE COMMUNITY, AMISH RESPONDENTS, AND PROVIDERS. PARTICIPANTS WERE THEN ASKED TO RATE SIGNIFICANCE, SEVERITY, SUITABILITY, AND HEALTH DISPARITY RELATED TO SOCIAL DETERMINANTS OF HEALTH, FOR EACH OF THE 10 PRIORITIES. FOLLOWING THIS, PARTICIPANTS WERE ASKED TO VOTE ON THEIR TOP TWO RECOMMENDATIONS. FROM THIS VOTING, THE FOLLOWING HEALTH PRIORITIES WERE RECOMMENDED AS BEING TOP AREAS TO ADDRESS IMPROVEMENT EFFORTS: SUBSTANCE USE/ABUSE,

Part V Facility Information (continued)

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

OBSESITY, AND CHILD ABUSE. THIS INFORMATION WAS TAKEN TO THE LAGRANGE COUNTY MENTAL HEALTH/SUBSTANCE USE COLLABORATIVE ON SEPTEMBER 15, 2022, TO DETERMINE IF THE GROUP WANTED TO CONTINUE TO FOCUS ON MENTAL HEALTH AND SUBSTANCE USE/ABUSE COLLECTIVELY OR ESTABLISH TWO SEPARATE GROUPS TO WORK ON IMPROVEMENT EFFORTS IN THESE HEALTH PRIORITIES. THE COLLABORATIVE ELECTED TO CONTINUE WORKING ON SUBSTANCE USE/ABUSE AND MENTAL HEALTH COLLECTIVELY. AS A RESULT, BASED ON THE RECOMMENDATION OF LAGRANGE COUNTY COMMUNITY PARTNERS, THE FOLLOWING HEALTH PRIORITIES HAVE BEEN ADOPTED FROM THE 2022 CHNA: #1 MENTAL HEALTH/SUBSTANCE USE AND ABUSE/SUICIDE, #2 OBESITY, AND #3 CHILD ABUSE. THESE RECOMMENDATIONS WERE TAKEN BEFORE PARKVIEW LAGRANGE HOSPITAL BOARD QUALITY ON SEPTEMBER 16, 2022, AND BOARD PLANNING ON SEPTEMBER 23, 2022. BOTH GOVERNING BODIES ADOPTED THE ABOVE HEALTH PRIORITY RECOMMENDATIONS AT THOSE RESPECTIVE MEETINGS.

PRIORITIZATION SESSION ATTENDEES REPRESENTED SEVERAL ORGANIZATIONS IN LAGRANGE COUNTY: PARKVIEW LAGRANGE ADMIN, PARKVIEW LAGRANGE BOARD, LAKELAND SCHOOL CORPORATION, BRIGHTPOINT, SCAN, INDIANA AEYC, PARKVIEW BEHAVIORAL HEALTH INSTITUTE ADMIN, COLE CENTER FAMILY YMCA, PARKVIEW EMS, TOPEKA PHARMACY, BOWEN CENTER, THE COMMUNITY HEALTH CLINIC, LAGRANGE TRAILS, LAGRANGE COUNTY PARKS DEPARTMENT, WESTVIEW SCHOOLS CORPORATION, LAGRANGE COUNTY HEALTH DEPARTMENT, CHILDREN FIRST CENTER, PLAIN CHURCH GROUP MINISTRY, WESTVIEW POLICE DEPARTMENT, LAGRANGE STANDARD, AND LAGRANGE CHURCH OF GOD.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY:

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

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.

WITH THE FOLLOWING HOSPITAL FACILITIES:

PARKVIEW HOSPITAL, INC. (EIN 35-0868085); DEKALB MEMORIAL HOSPITAL, INC. (EIN 35-1064295); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092); 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 LAGRANGE COUNTY:

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.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY:

PART V, SECTION B, LINE 11: DESCRIBE HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED

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.

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:

MENTAL HEALTH:

A COLLABORATIVE GROUP WAS FORMED IN 2019 TO BRING KEY STAKEHOLDERS AND COMMUNITY PARTNERS FROM THE LAGRANGE COUNTY COMMUNITY TOGETHER TO ADDRESS MENTAL HEALTH, SUBSTANCE USE/ABUSE, AND SUICIDE. THIS WAS IDENTIFIED AS THE TOP NEED IN OUR REGION BASED ON RESULTS FROM THE 2019 AND 2022 COMMUNITY HEALTH NEEDS ASSESSMENT, MEASURING THE PERCENT OF THE POPULATION WITH FREQUENT MENTAL DISTRESS. THE MENTAL HEALTH/SUBSTANCE USE COLLABORATIVE MADE PROGRESS IN THE FOLLOWING AREAS:

-YEAR-ROUND DRUG TAKEBACK EDUCATION: DISSEMINATED DRUG DISPOSAL BAGS TO INDIVIDUALS AND ORGANIZATIONS THROUGHOUT LAGRANGE COUNTY. THESE BAGS CAN SAFELY BE USED TO DEACTIVATE PILLS, LIQUID, OR PATCHES AND HELP TO REDUCE THE LIKELIHOOD OF PRESCRIPTION DRUG ABUSE. DISTRIBUTED FLYERS THROUGHOUT LAGRANGE COUNTY THAT IDENTIFY THE DRUG DISPOSAL BINS LOCATIONS AND HOW TO SAFELY DISPOSE OF NEEDLES.

-PARTNERED WITH MCMILLEN HEALTH TO PROVIDE EDUCATION TO YOUTH IN LAGRANGE COUNTY SCHOOLS AROUND PEER PRESSURE, TEACHING REFUSAL SKILLS, EDUCATION ON OPIOIDS AND EFFECTS ON THE NERVOUS SYSTEM, THE BRAIN AND THE BODY.

WITH ASSISTANCE FROM PARKVIEW BEHAVIORAL HEALTH INSTITUTE, AN EVIDENCE-BASED SUICIDE PREVENTION STRATEGY KNOWN AS QUESTION, PERSUADE AND

Part V Facility Information *(continued)*

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

REFER (QPR) IS OFFERED AS A FREE TRAINING PROGRAM TO EQUIP PARTICIPANTS TO RECOGNIZE THE WARNING SIGNS OF SUICIDE AND HOW TO TAKE STEPS TO INTERVENE. SINCE BEING IMPLEMENTED IN 2017, OVER 1,500 PEOPLE HAVE RECEIVED THIS EDUCATION, WITH 157 PEOPLE BEING TRAINED IN 2022. THE GOAL OF THIS PROGRAM IS TO REDUCE THE NUMBER OF SUICIDE ATTEMPTS AND DEATH BY SUICIDE IN LAGRANGE COUNTY.

-UTILIZED IHA SHIP FUNDING TO HAVE ADDITIONAL STAFF TRAINED ON QPR TO HELP TEACH SUICIDE PREVENTION CURRICULUM.

PARKVIEW BEHAVIORAL HEALTH IS INVOLVED IN THE LAGRANGE COUNTY COMMUNITY TO PROVIDE THERAPY AND RESOURCES FOR THOSE WITH IMMEDIATE MENTAL HEALTH NEEDS.

THE LIFEBRIDGE SENIOR INTENSIVE OUTPATIENT PROGRAM IS A SPECIALTY MENTAL/BEHAVIORAL PROGRAM DESIGNED TO MEET THE NEEDS OF OLDER ADULTS FOCUSING ON PROVIDING INTENSIVE INDIVIDUAL, FAMILY AND/OR GROUP SERVICES. SINCE ITS INCEPTION IN 2014 AT COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., THE PROGRAM HAS PROVIDED OVER 15,000 HOURS OF DIRECT COUNSELING SERVICES TO INDIVIDUALS IN LAGRANGE, STEUBEN AND NOBLE COUNTIES, WITH 2,262 HOURS BEING PROVIDED TO 48 PATIENTS IN 2022. IN ADDITION, EACH OF THE INDIVIDUALS ENROLLED IN THE LIFEBRIDGE PROGRAM ATTEND MONTHLY APPOINTMENTS WITH THE MEDICAL DIRECTOR/PSYCHIATRIST FOR MEDICATION MANAGEMENT AND TREATMENT PLANNING. AT EACH VISIT, INDIVIDUALS ARE SCREENED BY NURSING STAFF FOR VITALS, MEDICATION RECONCILIATION AND ANY MEDICAL CONCERNS ARE IMMEDIATELY COMMUNICATED TO THE INDIVIDUAL'S PRIMARY CARE PHYSICIAN. FAMILY AND SIGNIFICANT OTHERS ARE ENCOURAGED TO PARTICIPATE 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.

THE TREATMENT PROCESS. LIFEBRIDGE PROVIDES A COHESIVE TREATMENT TEAM TO INCREASE INDIVIDUAL'S MENTAL HEALTH AND PHYSICAL WELL-BEING.

THE LAGRANGE COUNTY MENTAL HEALTH/SUBSTANCE USE COLLABORATIVE SPENT SEVERAL HOURS IN 2022 PLANNING FOR CRISIS INTERVENTION TEAM TRAINING THAT WILL BE OFFERED TO LAW ENFORCEMENT, SCHOOL RESOURCE OFFICERS, AND FIRST RESPONDERS. OVER 30 COMMUNITY PARTNERS ARE INVOLVED WITH DEVELOPING THIS ANNUAL TRAINING PROGRAM. THE GOALS OF THIS TRAINING ARE TO ENSURE THE SAFETY OF OFFICERS, FIRST RESPONDERS, AND CIVILIANS, INCREASE UNDERSTANDING OF MENTAL ILLNESS, AND TO IMPROVE RELATIONSHIPS WITH THE COMMUNITY, MENTAL HEALTH PROFESSIONALS, PEOPLE WITH MENTAL ILLNESS AND FAMILY MEMBERS.

OBESITY:

A COLLABORATIVE GROUP WAS FORMED IN 2019 TO BRING KEY STAKEHOLDERS AND COMMUNITY PARTNERS FROM THE LAGRANGE COUNTY COMMUNITY TOGETHER TO ADDRESS OBESITY. THIS WAS IDENTIFIED AS A TOP NEED IN OUR COUNTY BASED ON RESULTS FROM THE 2019 AND 2022 COMMUNITY HEALTH NEEDS ASSESSMENT, MEASURING THE PERCENT OF THE POPULATION WITH A SEDENTARY LIFESTYLE, AND THOSE WITH A BODY MASS INDEX GREATER THAN OR EQUAL TO 30 KG/M2, AND ACCESS TO EXERCISE OPPORTUNITIES AND HEALTHY FOODS. THE OBESITY COLLABORATIVE MADE PROGRESS IN THE FOLLOWING AREAS:

-LAGRANGE COUNTY COMMUNITY MEMBERS WERE ENCOURAGED TO PARTICIPATE IN THE GREAT APPLE CRUNCH FOR THE MONTH OF OCTOBER 2022 BY TAKING PHOTOS OF THEMSELVES BITING INTO AN APPLE AND POSTING IT ON SOCIAL MEDIA. THE INTENT WAS TO RAISE AWARENESS TO THE BENEFITS OF MAKING HEALTHIER FOOD

Part V Facility Information (continued)

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

CHOICES. BECAUSE LAGRANGE COUNTY HAS A SIGNIFICANT PLAIN CHURCH/AMISH POPULATION THAT DOES NOT USE SOCIAL MEDIA OR INTERNET, A CHALLENGE WAS PUT OUT TO AMISH SCHOOLS TO SUBMIT AN ORIGINAL RECIPE OR ESSAY THAT INCLUDED AN APPLE. STUDENTS IN GRADES K - 8 SUBMITTED 42 ENTRIES. FOUR RANDOM WINNERS WERE SELECTED TO RECEIVE WELLNESS BUNDLES FOR THEIR SCHOOL CLASSROOM.

-THE HOSPITAL PARTNERS WITH THE COLE CENTER FAMILY YMCA TO INCREASE PHYSICAL ACTIVITY BY OFFERING GROUP EXERCISE CLASSES IN LAGRANGE COUNTY. THESE GROUP CLASSES ALSO OFFER A CLOSE-KNIT COMMUNITY TO PARTICIPANTS AS THEY DEVELOP FRIENDSHIPS THROUGH REGULAR ATTENDANCE, WHICH POSITIVELY IMPACTS THEIR MENTAL HEALTH AND WELL-BEING. IN 2022, APPROXIMATELY 110 PEOPLE PARTICIPATED IN THESE CLASSES.

-PARTNERED WITH MCMILLEN HEALTH TO PROVIDE EDUCATION TO YOUTH IN LAGRANGE COUNTY SCHOOLS ON THE FOLLOWING TOPICS: MEDIA INFLUENCE ON JUNK FOOD CONSUMPTION, HARMFUL EFFECTS OF FAD DIETS, ANOREXIA, BULIMIA, OBESITY, EDUCATION ON BASIC FOOD GUIDELINES, INCLUDING READING FOOD LABELS, UNDERSTANDING FITNESS FACTS AND LEARNING ABOUT PREVENTATIVE HEALTH CHOICES.

PARTNERED WITH PARKVIEW WELL-BEING TEAM AND NORTHEAST INDIANA FARM-TO-SCHOOL TO PROVIDE HARVEST OF THE MONTH TASTE TESTS TO 5,892 STUDENTS THROUGH THE LAGRANGE COUNTY SCHOOLS. KIDS WERE INVITED TO TRY FRUITS AND VEGETABLES THEY WOULD NOT HAVE OTHERWISE, AND ALSO HAD EDUCATION ON THE PRODUCE TIED INTO THE TEACHER'S EDUCATION CURRICULUM SPECIFIC TO THE SUBJECT THEY WERE TEACHING.

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.

CHILD ABUSE & NEGLECT:

A COLLABORATIVE GROUP WAS FORMED IN 2019 TO BRING KEY STAKEHOLDERS AND COMMUNITY PARTNERS FROM THE LAGRANGE COUNTY COMMUNITY TOGETHER TO ADDRESS CHILD ABUSE & NEGLECT. THIS WAS IDENTIFIED AS A TOP NEED IN OUR COUNTY BASED ON RESULTS FROM THE 2019 AND 2022 COMMUNITY HEALTH NEEDS ASSESSMENT, MEASURING THE PERCENT OF CHILD ABUSE & NEGLECT RATES, AND % OF CHILDREN IN NEED OF SERVICES. IN 2022, THE CHILD ABUSE & NEGLECT COLLABORATIVE MADE PROGRESS IN THE FOLLOWING AREAS:

-PARTNERED WITH MCMILLEN HEALTH TO PROVIDE EDUCATION TO YOUTH IN LAGRANGE COUNTY SCHOOLS ON THE FOLLOWING TOPICS: SOCIAL AND EMOTIONAL SKILLS, BEING THE BOSS OF THEIR BODY, HOW TO IDENTIFY A TRUSTED ADULT, INAPPROPRIATE TOUCH, BULLYING, STAYING SAFE ONLINE, WARNING SIGNS OF SUICIDE AND HOW TO IDENTIFY AN ABUSIVE RELATIONSHIP WHILE DATING.

CHILD ABUSE & NEGLECT PANEL PRESENTATIONS PUT ON BY A GROUP OF COMMUNITY PARTNERS INVOLVING DCS, SCAN, CHILDRENS 1ST, BOWEN CENTER, NORTHEASTERN CENTER, AND PARKVIEW LAGRANGE HOSPITAL. EDUCATION WAS PROVIDED ON HOW AND WHEN TO REFER TO DCS AND WHEN IT'S NOT APPROPRIATE TO REFER TO OTHER COMMUNITY PARTNERS. IN 2022, PANEL PRESENTATIONS WERE GIVEN TO OVER 183 INDIVIDUALS IN LOCAL SCHOOL SYSTEMS, THE COURT SYSTEM, MINISTERIAL ASSOCIATION, HOSPITAL STAFF AND THE GENERAL PUBLIC.

OTHER HEALTH NEEDS NOT BEING ADDRESSED:

HEALTH NEEDS IDENTIFIED AND WHY THE HOSPITAL DOES NOT INTEND TO ADDRESS THESE AS PART OF THE IMPLEMENTATION STRATEGY:

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.

-ALZHEIMER'S DISEASE / DEMENTIA - HOSPITAL DOES NOT HAVE EXPERTISE TO EFFECTIVELY ADDRESS THE NEED. THIS NEED IS BEING ADDRESSED BY OTHERS WITHIN THE PARKVIEW HEALTH SYSTEM.

-ASTHMA - INDIVIDUALS' INPATIENT AND OUTPATIENT MEDICAL PROVIDERS ADDRESS THE NEEDS OF THOSE WITH ASTHMA.

-CANCER - HOSPITAL DOES NOT HAVE EXPERTISE TO EFFECTIVELY ADDRESS THE NEED. THIS NEED IS BEING ADDRESSED BY PARKVIEW CANCER INSTITUTE.

-CARDIOVASCULAR DISEASE - WHILE WE ARE NOT ADDRESSING CARDIOVASCULAR DISEASE AND DIABETES SPECIFICALLY, WE WILL BE ADDRESSING OBESITY. MANY OF OUR OUTREACH INITIATIVES TO ADDRESS OR PREVENT OBESITY WILL IMPACT BOTH AREAS IN THAT INTERVENTIONS ARE SIMILAR FOR THESE HEALTH ISSUES.

-CHRONIC OBSTRUCTIVE PULMONARY DISEASE - HOSPITAL DOES NOT HAVE EXPERTISE TO EFFECTIVELY ADDRESS THE NEED. THIS NEED IS BEING ADDRESSED BY OTHERS WITHIN PARKVIEW HEALTH.

-KIDNEY DISEASE - HOSPITAL DOES NOT HAVE EXPERTISE TO EFFECTIVELY ADDRESS THE NEED. THIS NEED IS BEING ADDRESSED BY OTHERS WITHIN THE PARKVIEW HEALTH SYSTEM.

-TOBACCO USE - COMMUNITY PARTNER AGENCIES IN LAGRANGE COUNTY OFFER ONGOING CESSATION CLASSES TO COMMUNITY MEMBERS. PARKVIEW LAGRANGE HOSPITAL OPERATES A TOBACCO FREE CAMPUS.

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 LAGRANGE 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 LAGRANGE COUNTY, 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, COMMUNITY HOSPITAL OF LAGRANGE 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 LAGRANGE COUNTY, INC. EXCLUDED \$3,522,689 OF PH
CLINICAL SUPPORT EXPENSE.

Part VI Supplemental Information (Continuation)

PART II, COMMUNITY BUILDING ACTIVITIES:

DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED, PROMOTES THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. HAS A STRONG COMMITMENT TO SUPPORTING AND ENHANCING THE VITALITY OF OUR COMMUNITY, AND AS SUCH INVESTS IN PROJECTS THAT HELP TO IMPROVE THE HEALTH AND INSPIRE THE WELL-BEING OF THE COMMUNITY. COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. PARTNERS WITH THE LAGRANGE COUNTY ECONOMIC DEVELOPMENT CORPORATION (LCEDC) TO CONTINUE TO SUPPORT LAGRANGE COUNTY AS A TOP PLACE TO LIVE, WORK AND PLAY. A FEW EXAMPLES OF PARTNERSHIP WITH LCEDC INCLUDE WORKING WITH A NEWLY FOUNDED COALITION CALLED THE LAGRANGE COUNTY EARLY LEARNING COALITION TO INCREASE ACCESS TO QUALITY EARLY LEARNING /CHILDCARE PROGRAMS IN LAGRANGE COUNTY. COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. IS ALSO A FINANCIAL SPONSOR FOR EDC INFRASTRUCTURE, HOUSING DEVELOPMENT, AND QUALITY OF LIFE/GROWTH IN THE COUNTY.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. HAS ACTIVE REPRESENTATION BY LEADERSHIP ON THE BOARDS OF NEARLY 30 COMMUNITY NON-PROFIT AND CIVIC AGENCIES THROUGHOUT LAGRANGE COUNTY AND THE SURROUNDING AREA.

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 VI Supplemental Information (Continuation)

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
LAGRANGE 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, 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 LAGRANGE COUNTY, INC. HAS TAKEN THE POSITION NOT TO

Part VI Supplemental Information (Continuation)

INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. COMMUNITY HOSPITAL OF LAGRANGE 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 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

Part VI Supplemental Information (Continuation)

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 LAGRANGE 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 LAGRANGE 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 (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)

Part VI Supplemental Information (Continuation)

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.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., PRIMARILY SERVES THE LAGRANGE COUNTY COMMUNITIES OF HOWE, LAGRANGE, SHIPSHEWANA, STROH, TOPEKA, AND WOLCOTTVILLE INDIANA. AS THE ONLY HOSPITAL IN THIS COUNTY, COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., ALSO SERVES, TO A LIMITED EXTENT, SURROUNDING COMMUNITIES IN THE EASTERN PORTION OF ELKHART COUNTY, INDIANA,

Part VI Supplemental Information (Continuation)

THE WESTERN PORTION OF STEUBEN COUNTY, INDIANA, AND SOME OF THE SOUTHERN PORTIONS OF CASS, ST. JOSEPH, AND BRANCH COUNTIES IN MICHIGAN.

ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI), LAGRANGE COUNTY IS A RURAL AREA WITHIN THE HEALTH SYSTEM'S SERVICE AREA WITH A POPULATION OF 40,524 (2021). IN ADDITION, HCI REPORTS THE MEDIAN HOUSEHOLD INCOME OF LAGRANGE COUNTY RESIDENTS IS APPROXIMATELY \$75,624 WITH 5.3% LIVING BELOW THE FEDERAL POVERTY LEVEL (2017-2021). APPROXIMATELY 71.4% OF LAGRANGE COUNTY RESIDENTS HAVE HEALTH INSURANCE (2020), AND THIS OUTLIER IS LIKELY DUE TO THE AMISH POPULATION LOCATED WITHIN THIS COUNTY.

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION DIMENSIONS DATABASE (2022), COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. HAD 14.5% OF INPATIENT DISCHARGES THAT WERE MEDICAID PATIENTS AND 3.3% WERE SELF-PAY. FOR OUTPATIENT PROCEDURES, 17.2% WERE MEDICAID PATIENTS, AND 4.95% 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: MENTAL HEALTH

Part VI Supplemental Information (Continuation)

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

2) DISCIPLINE: PRIMARY CARE

HSPA ID: 1183947553

HSPA NAME: LAGRANGE COUNTY

DESIGNATION TYPE: GEOGRAPHIC HPSA

COUNTY NAME: LAGRANGE COUNTY

HPSA SCORE:11

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

Part VI Supplemental Information (Continuation)

PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON COMMUNITY HOSPITAL OF LAGRANGE 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 PHYSICIANS AND A NURSING STAFF THAT IS TRAINED AND CERTIFIED IN EMERGENCY CARE.

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

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. GIVES BACK TO THE COMMUNITY IN THE FORM OF IMPROVED FACILITIES, EDUCATION AND OUTREACH PROGRAMS, FREE AND DISCOUNTED CARE, VOLUNTEERISM AND MUCH MORE. THE FOLLOWING ARE SOME OF THE WAYS COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. IS REACHING OUT TO MAKE OUR NEIGHBORHOODS AND COMMUNITIES HEALTHIER:

-EDUCATION: COMMUNITY HOSPITAL OF LAGRANGE 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 HOSPITAL OF LAGRANGE COUNTY, INC. PARTNERED WITH TOPEKA PHARMACY AND SUPERSHOT TO PROVIDE FREE FLU AND COVID-19 VACCINES AND BOOSTERS TO OVER 178 PEOPLE.

-MEDICATION ASSISTANCE PROGRAM (MAP): COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. MAINTAINS A MEDICATION ASSISTANCE PROGRAM FOR LAGRANGE COUNTY RESIDENTS. MAP PARTNERS WITH PATIENTS, PHYSICIANS, PHARMACEUTICAL

Part VI Supplemental Information (Continuation)

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. IN 2022, 244 PATIENTS WERE SERVED THROUGH THIS PROGRAM, OF WHICH 89 WERE NEW REFERRALS. THERE WERE 18 PHARMACY FILLS PROVIDED AND \$984 OF PRESCRIPTION COSTS COVERED.

-COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. TEAM MEMBERS SERVED OVER 340 HOURS ON PROJECTS AND ADVISORY BODIES FOR THE FOLLOWING: DISTRICT 3 HOSPITAL COALITION, EMA ADVISORY BOARD, FARMERS STATE BANK BOARD, JUNIOR ACHIEVEMENT, JUVENILE DETENTION ALTERNATIVES INITIATIVE, LAGRANGE COUNTY CORONER'S OFFICE, LAGRANGE COUNTY FAIRGROUNDS BOARD, COUNCIL FOR A DRUG FREE LAGRANGE, LAGRANGE COUNTY CHAMBER OF COMMERCE, LAGRANGE COUNTY EARLY LEARNING COALITION, LAGRANGE COUNTY ECONOMIC DEVELOPMENT CORPORATION, LAGRANGE COUNTY HEALTH DEPARTMENT, LAGRANGE COUNTY HOUSING PROJECT, LAGRANGE PARTNERS, MANCHESTER PHARMACY EXPERIENTIAL ADVISORY COUNCIL, NORTHEAST INDIANA FARM TO SCHOOL, NORTHEAST INDIANA STIGMA FREE, PURDUE EXTENSION YOUTH DEVELOPMENT COMMITTEE, SEXUAL ASSAULT RESPONSE TEAM, ST. MARY'S SCHOOL BOARD, AND TOPEKA 4-H.

THE COMMUNITY HEALTH IMPROVEMENT COMMITTEE (CHIC) OF COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. IS A PROGRAM THAT PROVIDES GRANT SUPPORT FOR COMMUNITY HEALTH INITIATIVES DELIVERED BY NOT-FOR-PROFIT COMMUNITY ORGANIZATIONS THAT SHARE THE HOSPITAL'S MISSION TO ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF LAGRANGE COUNTY AND PROVIDE SERVICES THAT ARE NOT AVAILABLE THROUGH THE HOSPITAL. FUNDS ARE AWARDED BASED ON THE TOP

Part VI Supplemental Information (Continuation)

NEEDS THAT WERE IDENTIFIED FOR LAGRANGE COUNTY THROUGH THE MOST RECENT
COMMUNITY HEALTH NEEDS ASSESSMENT.

THE FOLLOWING CHIC INITIATIVES WERE SUPPORTED THROUGH HEALTH PARTNERS WHO
ALIGN WITH THE TOP COMMUNITY HEALTH NEEDS IDENTIFIED FOR LAGRANGE COUNTY
AND NORTHEAST INDIANA. FUNDED PROGRAMS PROVIDING SUPPORT TO LAGRANGE
COUNTY PATIENTS IN 2022 INCLUDED:

-BRIGHTPOINT - SUPPORT WAS PROVIDED TO ASSIST WITH OBTAINING HEALTHCARE
COVERAGE FOR CHILDREN AND THEIR FAMILIES.

-CANCER SERVICES OF NORTHEAST INDIANA - SUPPORT WAS PROVIDED TO ASSIST
PATIENTS WITH HEALTHCARE SUPPLIES NOT COVERED BY INSURANCE, AND FOR
EDUCATION RELATED TO WELLNESS AND HEALTHY LIFESTYLE PRACTICES.

-LAGRANGE COUNTY ECONOMIC DEVELOPMENT CORPORATION - SUPPORT WAS PROVIDED
TO ASSIST WITH EFFORTS AROUND ACCESS TO HOUSING AND INCREASING CAPACITY
FOR CERTIFIED EARLY LEARNING/CHILDCARE PROGRAMS.

-MCMILLEN HEALTH - SUPPORT WAS PROVIDED TO BRING EDUCATION AND PROGRAMMING
ON MENTAL HEALTH/SUBSTANCE USE, OBESITY AND WELLNESS, AND CHILD ABUSE &
NEGLECT TO STUDENTS AT THE THREE PUBLIC SCHOOL SYSTEMS IN LAGRANGE COUNTY.

-LAGRANGE COUNTY SHERIFF'S DEPARTMENT - SUPPLIES WERE PROVIDED FOR 4TH
GRADE SAFETY CAMPS.

-LAGRANGE COUNTY PARKS DEPARTMENT - AN AED WAS PURCHASED FOR THEIR PARK
RANGER. FUNDING WAS AWARDED IN SUPPORT OF THE DALLAS LAKE PARK FITNESS

Part VI Supplemental Information (Continuation)

TRAIL SIGNS, AND THE DELT CHURCH PARK DISC GOLF.

-LAGRANGE COUNTY MENTAL HEALTH / SUBSTANCE USE COLLABORATIVE - FUNDING WAS PROVIDED TO BRING DAVID PARNELL IN TO SPEAK ABOUT DRUGS AND SUICIDE IN ALL THREE LAGRANGE COUNTY SCHOOLS JUNIOR AND SENIOR CLASSES, AT THE LAGRANGE SHERIFF'S DEPARTMENT, AND TO THE GENERAL PUBLIC. OVER 325 PEOPLE HEARD HIS TALK. OVER 160 COPIES OF HIS BOOK, FACING THE DRAGON, WERE DISTRIBUTED TO THE PUBLIC AND LAGRANGE COUNTY READS BOOK CLUBS WERE HOSTED IN PARTNERSHIP WITH THE LAGRANGE PUBLIC LIBRARY LOCATIONS.

-LAGRANGE COMMUNITIES YOUTH CENTERS - FUNDING WAS PROVIDED TO TEACH BABYSITTING CLASSES TO STUDENTS IN 5TH - 8TH GRADE HOW TO OPERATE AS A BUSINESS, BASIC FIRST AID & CPR, CARING FOR INFANTS AND YOUTH, AND OTHER ASPECTS OF STARTING TO BABYSIT.

-PLAIN CHURCH GROUP MINISTRY - FUNDING WAS PROVIDED TO PLAN FOR INCREASING PARTICIPATION FROM THE AMISH COMMUNITY TO RECEIVE IMMUNIZATIONS.

-PRAIRIE HEIGHTS ELEMENTARY SCHOOL - FUNDING WAS PROVIDED FOR RED RIBBON WEEK ACTIVITIES RELATED TO DRUG AND ALCOHOL PREVENTION AWARENESS AND EDUCATION.

-COMMUNITY HEALTH CLINIC - FUNDING WAS PROVIDED IN SUPPORT OF THEIR GENETIC CARE CLINIC.

-LAGRANGE VOLUNTEER FIRE DEPARTMENT - FUNDING WAS PROVIDED IN SUPPORT OF SAFETY MATERIALS BEING DISTRIBUTED TO ELDERLY AND YOUTH.

Part VI Supplemental Information (Continuation)

-LAGRANGE COUNTY CHAMBER OF COMMERCE - FUNDING WAS PROVIDED IN SUPPORT OF THE BLESSINGS IN A BACKPACK & BOOMERANG BACKPACK PROGRAM.

-LAGRANGE COUNTY OBESITY COLLABORATIVE - FUNDING WAS PROVIDED IN SUPPORT OF THE GREAT APPLE CRUNCH AMISH SCHOOL CHALLENGE.

-CRUSHED BUT NOT BROKEN - FUNDING WAS PROVIDED IN SUPPORT OF DOMESTIC VIOLENCE PROGRAMMING AND SERVICES.

-INSPIRATION MINISTRIES - FUNDING WAS PROVIDED IN SUPPORT OF RECOVERY HOUSING.

-ST. MARTINS HEALTHCARE - FUNDING WAS PROVIDED IN SUPPORT OF IMPLEMENTATION OF THEIR MOBILE HEALTH CLINIC.

-LAGRANGE CHURCH OF GOD - FUNDING WAS PROVIDED IN SUPPORT OF COMMUNITY AID AND RESOURCES.

PATIENT & FAMILY ADVISORY COUNCIL (PFAC): IN 2022, COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. CONTINUED ITS PARTNERSHIP WITH PATIENTS AND PATIENT FAMILY MEMBERS THROUGH THE HOSPITAL'S PFAC. THE PFAC MEMBERS PROVIDED FEEDBACK ABOUT PROCESSES AND COMMUNICATION OPPORTUNITIES THAT WOULD IMPROVE QUALITY AND THE PATIENT EXPERIENCE. AREAS IMPACTED BY THE PFAC'S INVOLVEMENT DURING 2022 WERE: SAFE DRUG DISPOSAL, MENTAL HEALTH CRISIS INTERVENTION, 2022 COMMUNITY HEALTH NEEDS ASSESSMENT FEEDBACK COLLECTION, COVID POLICIES & PROCEDURES, MAGNET SURVEY PROCESS, SWING BED REBRANDING, SIGNAGE EVALUATION AND RURAL COMMUNITIES' OPIOID RESPONSE PROGRAM.

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.

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 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).

Part VI Supplemental Information (Continuation)

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.