



Community Health Network, Inc.

**Report on Federal Awards in Accordance
with the Uniform Guidance**

For the Year Ended December 31, 2020

EIN: 35-0983617

Community Health Network, Inc.

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December 31, 2020 and 2019

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Report of Independent Auditors

To the Board of Directors of Community Health Network, Inc.

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Community Health Network, Inc. and its affiliates, which comprise the consolidated balance sheets as of December 31, 2020 and 2019, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Community Health Network, Inc.'s preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Community Health Network, Inc.'s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Community Health Network, Inc. and its affiliates as of December 31, 2020 and 2019, and the results of their operations, changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.



Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards for the year ended December 31, 2020 is presented for purposes of additional analysis as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and is not a required part of the consolidated financial statements. The information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 25, 2021 on our consideration of Community Health Network, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters for the year ended December 31, 2020. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Community Health Network, Inc.'s internal control over financial reporting and compliance.

PricewaterhouseCoopers LLP

Indianapolis, Indiana

March 25, 2021

Community Health Network, Inc.
Consolidated Balance Sheets (in 000's)
As of December 31, 2020 and 2019

	2020	2019
Assets		
Current assets		
Cash and cash equivalents	\$ 522,355	\$ 363,353
Patient accounts receivable	372,922	333,101
Estimated third-party payor settlements receivable	27,662	9,794
Inventories	37,404	30,915
Other accounts receivable	20,488	22,264
Other current assets	28,438	22,432
Total current assets	1,009,269	781,859
Assets limited as to use		
Board-designated funds	1,423,067	1,222,481
Reinsurance trust assets	21,511	19,044
Property, plant and equipment, net	1,012,272	1,039,730
Investments in unconsolidated affiliates	79,798	52,710
Capitalized software, net	42,455	43,692
Right of use operating assets	187,148	189,275
Other assets	36,372	33,562
Total assets	\$ 3,811,892	\$ 3,382,353
Liabilities and net assets		
Current liabilities		
Current portion of long-term debt	\$ 15,508	\$ 23,013
Accounts payable	146,004	123,268
Accrued salaries and wages	77,118	99,572
Estimated third-party payor settlements payable	23,116	18,246
Self-insured liabilities	25,967	24,772
Lease liabilities	33,451	32,552
Other current liabilities	84,973	47,888
Total current liabilities	406,137	369,311
Long-term debt, net of current portion	1,010,942	902,927
Lease liabilities, net of current portion	155,413	157,601
Other liabilities	120,946	12,085
Total liabilities	1,693,438	1,441,924
Net assets		
Net assets without donor restrictions		
Network net assets without donor restrictions	2,053,011	1,879,677
Noncontrolling interest	26,429	26,740
Total net assets without donor restrictions	2,079,440	1,906,417
Net assets with donor restrictions	39,014	34,012
Total net assets	2,118,454	1,940,429
Total liabilities and net assets	\$ 3,811,892	\$ 3,382,353

The accompanying notes are an integral part of these financial statements.

Community Health Network, Inc.
Consolidated Statements of Operations and Changes in Net Assets (in 000's)
Years ended December 31, 2020 and 2019

	2020	2019
Revenues:		
Patient service revenue	\$ 2,374,884	\$ 2,536,318
Service fee revenue	22,676	23,043
Other revenue	96,434	40,634
CARES Act provider relief funding	99,867	-
Earnings from unconsolidated affiliates	89,813	43,386
Total operating revenues	<u>2,683,674</u>	<u>2,643,381</u>
Operating expenses		
Salaries, benefits and pension	1,468,260	1,408,972
Supply expenses	476,790	464,828
Other expenses	512,755	488,959
Depreciation and amortization	112,985	105,469
Interest and financing costs	32,382	38,591
Total operating expenses	<u>2,603,172</u>	<u>2,506,819</u>
Income from operations	80,502	136,562
Excess of net assets acquired in Fairbanks acquisition	-	28,737
Investment income and other, net	136,133	178,710
Loss on extinguishment of debt	(23,715)	-
Excess of revenues over expenses before income taxes	192,920	344,009
Provision for income taxes	1,020	5,152
Excess of revenues over expenses	<u>191,900</u>	<u>338,857</u>
Excess of expenses over revenues attributable to noncontrolling interest	<u>(16,269)</u>	<u>(18,563)</u>
Excess of revenues over expenses attributable to the Network	<u>\$ 175,631</u>	<u>\$ 320,294</u>

Continued on next page

The accompanying notes are an integral part of these financial statements.

Community Health Network, Inc.
Consolidated Statements of Operations and Changes in Net Assets (in 000's)
Years ended December 31, 2020 and 2019

	2020	2019
Change in net assets without donor restrictions		
Excess of revenues over expenses attributable to the Network	\$ 175,631	\$ 320,293
Change in noncontrolling interest	(311)	3,965
Other changes, net	(2,297)	(15,661)
	<u>173,023</u>	<u>308,597</u>
Change in net assets with donor restrictions		
Increase in net assets with donor restrictions	<u>5,002</u>	<u>15,256</u>
Increase in total net assets	178,025	323,853
Total net assets, beginning of year	1,940,429	1,616,576
Total net assets, end of year	<u>\$ 2,118,454</u>	<u>\$ 1,940,429</u>

The accompanying notes are an integral part of these financial statements.

Community Health Network, Inc.
Consolidated Statements of Cash Flows (in 000's)
Years ended December 31, 2020 and 2019

	2020	2019
Cash flows from operating activities		
Increase in net assets	\$ 178,025	\$ 323,853
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	112,985	105,469
Deferred tax benefit provision	(603)	183
Excess of net assets acquired in Fairbanks acquisition	-	(28,737)
Earnings from unconsolidated affiliates	(89,813)	(43,386)
Unrealized and realized gains on investments	(113,361)	(153,946)
Distributions received from unconsolidated affiliates	67,901	33,458
Loss on extinguishment of debt	23,715	-
Other	611	(1,730)
Changes in operating assets and liabilities		
Patient accounts receivable	(39,821)	(30,594)
Other assets	(12,310)	(201,034)
Accounts payable	15,364	(4,947)
Estimated third-party payor settlements	(12,998)	66,306
Other liabilities	121,893	160,864
Net cash provided by operating activities	<u>251,588</u>	<u>225,759</u>
Cash flows from investing activities		
Purchases of property, plant and equipment	(77,767)	(124,106)
Proceeds from sale of property, plant and equipment	851	34
Purchases of investments	(146,996)	(178,698)
Sales of investments	59,771	79,008
Cash acquired in Fairbanks acquisition	-	7,735
Investments in unconsolidated affiliates	(5,175)	(171)
Net cash used in investing activities	<u>(169,316)</u>	<u>(216,198)</u>
Cash flows from financing activities		
Proceeds from issuance of debt	447,369	-
Repayments of debt, net	(329,083)	(23,802)
Debt prepayments and extinguishment costs	(41,556)	-
Changes in restricted contributions and investment income	-	-
Cash flows provided (used in) by financing activities	<u>76,730</u>	<u>(23,802)</u>
Net increase(decrease) in cash and cash equivalents	159,002	(14,241)
Cash and cash equivalents beginning of year	<u>363,353</u>	<u>377,594</u>
Cash and cash equivalents end of year	<u>\$ 522,355</u>	<u>\$ 363,353</u>
Supplemental disclosures of cash flow information		
Cash paid during the year for		
Interest	\$ 33,133	\$ 40,138
Income taxes	2,648	576
Non cash disclosures of cash flow information		
Acquisition of property, plant and equipment included in accounts payable at December 31	\$ 7,372	\$ 11,687

The accompanying notes are an integral part of these financial statements.

Community Health Network, Inc.

Notes to Consolidated Financial Statements (in 000's except percentage amounts)

December 31, 2020 and 2019

1. Organization and Summary of Significant Accounting Policies

Organization

Community Health Network, Inc. ("CHNw"), an Indiana non-profit corporation, and its non-profit and for-profit affiliates (collectively the "Network") comprise a full-service integrated health delivery system in central Indiana. The Network consists of acute care hospitals, immediate care centers, primary care and specialty employed physicians, ambulatory care centers, freestanding surgery centers, outpatient imaging centers, endoscopy centers, and cancer centers.

Basis of Presentation and Consolidation

The accompanying consolidated financial statements were prepared in accordance with generally accepted accounting principles in the United States of America ("US GAAP" or "GAAP") and include the assets, liabilities, revenues and expenses of all wholly owned subsidiaries, and when applicable, entities that are not wholly owned for which the Network has a controlling interest.

The consolidated financial statements include the following wholly owned entities:

- Community Hospital South, Inc. ("CHS"), a non-profit corporation which operates an acute care hospital facility on the south side of Indianapolis;
- Community Hospitals of Anderson and Madison County, Inc. ("CHA"), a non-profit corporation which provides acute health care services to residents of Anderson, Indiana and surrounding communities;
- Community Howard Regional Health, Inc., ("Howard") a non-profit corporation which provides acute health care services to residents in Howard County, Indiana and surrounding areas;
- Fairbanks Hospital, Inc. ("Fairbanks") a non-profit chemical dependency treatment center that provides services in central Indiana;
- Community Physicians of Indiana, Inc. ("CPI") d/b/a Community Physicians Network, a non-profit corporation which employs the Network's primary care and specialty physicians;
- Community Health Network Foundation, Inc., ("Foundation") a non-profit corporation established to raise and expend funds for the benefit of CHNw and other affiliated organizations;
- Visionary Enterprises, Inc. ("VEI"), a taxable, for-profit subsidiary corporation which consists primarily of ambulatory surgery center development in Indiana, management services and other consulting services;
- Community Home Health Services, Inc. ("CHHS"), a non-profit corporation whose operations consist primarily of providing home health care, home infusion and hospice services to patients in central Indiana counties. Effective August 2019, the Network contributed its home health business to a joint venture. CHNw maintains a controlling ownership interest in the joint venture. Effective January 2020, the Network contributed its infusion business to a joint venture. The Network maintains a non-controlling ownership interest in the joint venture;
- Indiana ProHealth Network, LLC ("ProHealth"), a provider association consisting of physicians and hospital members in central Indiana and the primary vehicle by which the Network contracts for risk with payers. ProHealth is a pass-through taxable entity that is consolidated into CHNw;

Community Health Network, Inc.

Notes to Consolidated Financial Statements (in 000's except percentage amounts)

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- CHN Assurance Company, Ltd. ("Captive") a company incorporated under the law of the Cayman Islands and a wholly owned subsidiary of CHNw. The Captive reinsures policies for the Network including: primary hospital professional liability, doctor's professional liability and general liability. The Captive's professional liability policy is on a claims-made basis and includes prior acts coverage for various entities owned by the Network, while the general liability policy is on an occurrence basis. On an annual basis, the Captive's ceding insurer requires the Captive to maintain an outstanding letter of credit to address any potential exposure between premiums paid and expected losses. Due to favorable claims experience and adequate funding, the fronting company does not require a letter of credit for the policy years beginning March 1, 2020 and 2021;
- North Campus Surgery Center, LLC ("NCSC"), a wholly owned for profit subsidiary of VEI and CHNw on the campus of Community Hospital North. NCSC provides outpatient surgeries.

The Network also consolidates its interest in the following entities, which are not wholly owned:

- South Campus Surgery Center, LLC ("SCSC")
- East Campus Surgery Center, LLC ("ECSC")
- Hamilton Surgery Center, LLC ("Noblesville")
- Howard Community Surgery Center, LLC ("Howard Surgery")
- Northwest Surgery Center, LLC ("Northwest")
- Howard Regional Specialty Care, LLC ("Howard Rehab") (Howard Rehab was closed effective August 31, 2020)
- Surgery Center Plus Indianapolis, LLC ("SCPI")
- Community Health at Home, LLC ("CHH")

Intercompany accounts and transactions have been eliminated.

Use of Estimates in the Preparation of Financial Statements

The preparation of the consolidated financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Future events and their effects cannot be predicted with certainty; accordingly, the accounting estimates require the exercise of judgment. The accounting estimates used in the preparation of the consolidated financial statements will change as new events occur, as more experience is acquired, as additional information is obtained and as our operating environment changes. The Network evaluates and updates its assumptions and estimates on an ongoing basis and may employ outside experts to assist in its evaluation, as considered necessary. Actual results could differ from those estimates.

COVID-19 Pandemic and CARES Act Funding

In January 2020, the Secretary of the U.S. Department of Health and Human Services ("HHS") declared a national public health emergency due to a novel strain of coronavirus. In March 2020, the World Health Organization declared the outbreak of COVID-19, a disease caused by this coronavirus, a pandemic. The resulting measures to contain the spread and impact of COVID-19 and other developments related to COVID-19 have materially affected the Company's results of operations during 2020. The full impact of COVID-19 continues to evolve as of the date of this report. As such, it is uncertain as to the full magnitude that the public health emergency will have

Community Health Network, Inc.
Notes to Consolidated Financial Statements (in 000's except percentage amounts)
December 31, 2020 and 2019

on the Company's financial condition, liquidity, and future results of operations. Management is actively monitoring the pandemic on its financial condition, liquidity, operations, suppliers, industry, and workforce.

As a result of the COVID-19 pandemic, federal and state governments have passed legislation, promulgated regulations, and taken other administrative actions intended to assist healthcare providers in providing care to COVID-19 and other patients during the public health emergency. Sources of relief included the Coronavirus Aid, Relief and Economic Security Act (the "CARES Act"), which was enacted on March 27, 2020, and the Consolidated Appropriations Act, 2021 (the "CAA"), which was enacted on December 27, 2020. These programs authorized funding to be distributed to hospitals and other healthcare providers. In addition, the CARES Act provided for an expansion of the Medicare Accelerated and Advance Payment Program whereby inpatient acute care hospitals and other eligible providers were able to request accelerated payment of up to 100% of their Medicare payment amount for a six-month period to be repaid through withholding of future Medicare fee-for-service payments. During the year ended December 31, 2020, the Network was a beneficiary of these stimulus measures, including the Medicare Accelerated and Advance Payment Program. The Network's accounting policies these stimulus monies are as follows:

CARES Act Provider Relief Funds

During the year ended December 31, 2020, the Network received approximately \$99,867 in Cares Act funds and recognized those funds as total operating revenue in the consolidated statement of operations. The recognition of the funds was dependent on meeting the conditions as outlined by HHS. Specifically, a recipient of the funds must certify that funds received were used to prevent, prepare for and or respond to COVID-19 after January 31, 2020 and not previously reimbursed by another federal, state, or local program. Additionally, once funding of COVID-19 expenses was met, the funds were used to address lost healthcare service revenue comparing 2020 budgeted revenue to 2020 actual revenue as defined by the CAA.

Social Security Deferral

Furthermore, the CARES Act allowed employers to defer the deposits and payments of the employer's share of the Social Security taxes. As of December 31, 2020, \$33,941 was deferred and \$16,920 was reported as other current liabilities and \$16,921 was reported as other long-term liabilities on the consolidated balance sheets.

Medicare Accelerated Payments

Medicare accelerated payments of approximately \$131,000 were received by the Network in April 2020. Payments under the Medicare Accelerated and Advance Payment program are advances that must be repaid. Effective October 1, 2020, the program was amended such that providers are required to repay accelerated payments beginning one year after the payments were issued. After such one-year period, Medicare payments owed to providers will be recouped according to the repayment terms. The repayment terms specify that for the first 11 months after repayment begins, repayment will occur through an automatic recoupment of 25% of Medicare payments otherwise owed to the provider. At the end of the eleven-month period, recoupment will increase to 50% for six months. At the end of the six months (or 29 months from the receipt of the initial accelerated payment), Medicare will issue a letter for full repayment of any remaining balance, as applicable. In such event, if payment is not received within 30 days, interest will accrue at the annual percentage rate of four percent (4%) from the date the letter was issued, and will be assessed for each full 30-day period that the balance remains unpaid. As of December 31, 2020, \$38,905 of Medicare accelerated payments were reflected within other current liabilities in the consolidated balance sheets while the remaining \$92,095 was included within other long-term liabilities. The Network's estimate of the current liability was a function of historical cash receipts from Medicare and the repayment terms set forth above.

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Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, amounts due from banks and funds invested temporarily in money market accounts that are purchased with original maturities of generally three months or less.

Patient Accounts Receivable

Patient accounts receivable at December 31, 2020 and 2019, are reported at the amounts that reflects the consideration which the Network expects to be entitled in exchange for providing patient care, as further described in Note 2.

The collection of outstanding receivables for Medicare, Medicaid, managed care and commercial insurance payers, and patients is the Network's primary source of cash and is critical to the Network's operating performance. The primary collection risks relate to uninsured patient accounts and patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and coinsurance) remain outstanding. The Network grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The concentration of net receivables by payer class for both patients and third-party payers at December 31, 2020 and 2019 is as follows. Net receivable for patients include uninsured balances which are the responsibility of the patient associated with third-party payers listed below:

	2020	2019
Medicare	22 %	21 %
Medicaid	11 %	11 %
Managed care and commercial insurance	58 %	55 %
Patients	9 %	13 %
Total	100 %	100 %

Accounts Receivable with Recourse

The Network has an agreement with a bank whereby the Network sells certain patient account receivables to the bank. Under this agreement, the bank can require the Network to repurchase the patient account receivables under certain conditions. Eligible receivables include self-pay patient financial obligations incurred for services provided by the Network, excluding any portion of the obligation to be paid by Medicare, Medicaid, managed care and commercial insurance, or any other third-party payer. The maximum amount the Network can place in the program is \$20,000. Patient accounts receivable purchased by the bank are considered legally extinguished and, therefore, not included on the consolidated balance sheets. A guarantee liability is recorded representing an estimate for amounts which the bank will require the Network to repurchase under the terms of the agreement. As of December 31, 2020 and 2019, a guarantee liability of \$1,867 and \$2,120, respectively, was recorded and included in other current liabilities on the consolidated balance sheets. As of December 31, 2020 and 2019, the maximum exposure to loss under the guarantee liability was \$9,335 and \$10,598, respectively. Total costs associated with the program were not material in 2020 and 2019.

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Notes to Consolidated Financial Statements (in 000's except percentage amounts)
December 31, 2020 and 2019

Charity Care

The Network maintains records to identify and monitor the level of charity care it provides. The Network provides 100% charity care to patients whose income level is equal to or below 200% of the Federal Poverty Level. Patients with income levels ranging from 200% - 300% of the current year's Federal Poverty Level will qualify for partial assistance determined by a sliding scale. The Network uses cost as the measurement basis for charity care disclosure purposes with the cost being identified as the direct and indirect costs of providing the charity care.

Charity care at cost was \$9,005 and \$11,870 for the years ended December 31, 2020 and 2019, respectively. Charity care cost was estimated on the application of the associated cost-to-charge ratios.

Estimated Third-party Payer Settlements Receivable and Payable

The Network's hospitals are required to submit cost reports at least annually to various state and federal agencies administering the respective reimbursement programs. In many instances, interim cash payments to the Network are only an estimate of the amount due for services provided. Any overpayment or underpayment to the Network arising from the completion of a cost report is recorded as a liability or asset, respectively.

As a result of the Network's participation in the Medicare and Medicaid programs, the Network faces and is currently subject to various governmental and internal reviews, audits and investigations to verify the Network's compliance with these programs and applicable laws and regulations. The Network is routinely subject to audits under various government programs, such as CMS Recovery Audit Contractor program, in which third-party firms engaged by CMS conduct extensive reviews of claims data and medical and other records to identify potential improper payments to healthcare providers under the Medicare program. In addition, the Network, like other healthcare providers, is subject to ongoing investigations by the HHS Office of Inspector General, the Department of Justice and state attorney generals into the billing of services provided to Medicare and Medicaid patients. Private pay sources such as third-party insurance and managed care entities also often reserve the right to conduct audits. The Network's costs to respond to and defend any such reviews, audits and investigations are significant and are likely to increase in the current enforcement environment. These audits and investigations may require the Network to refund or retroactively adjust amounts that have been paid under the relevant government program or by other payers. Further, an adverse review, audit or investigation also could result in other adverse consequences, particularly if the underlying conduct is found to be pervasive or systemic. These consequences include (1) state or federal agencies imposing fines, penalties and other sanctions on the Network; (2) loss of the Network's right to participate in the Medicare or Medicaid programs or one or more third-party payer networks; (3) indemnity claims asserted by customers and others for which the Network provides services; and (4) damage to the Network's reputation, which could adversely affect the Network's ability to attract patients, residents and employees. Any accruals for such matters are recorded to estimated third-party payer settlements payable or as a reduction to estimated third-party payer settlements receivable.

The State of Indiana's Hospital Assessment Fee ("HAF") and Medicaid Disproportionate Share Hospital ("DSH") payments, further described in Note 2, are estimated and recorded to third-party payer settlements receivable and payable.

Inventories

Inventories consist primarily of medical and surgical supplies and pharmaceuticals. All inventories are valued at the lower-of-cost or net realizable value. Cost is determined by the Network using a weighted average cost method, which approximates cost under the first-in, first-out method.

Community Health Network, Inc.
Notes to Consolidated Financial Statements (in 000's except percentage amounts)
December 31, 2020 and 2019

Assets Limited as to Use

Assets limited as to use consist of short-term investments with original maturities of three months or less, U.S. Government obligations, corporate bonds, mutual funds, marketable equity securities and hedge fund of funds and are stated at fair value and marked to market each month. Debt securities are classified as trading. Reinsurance trust assets are maintained by the Captive.

All realized and unrealized gains or losses are recorded in "Investment income (loss) and other, net". Realized gains and losses on sales of investments are determined using the specific identification cost method and are included in excess of revenues over expenses in the period in which the sale occurs.

Property, Plant and Equipment

Property, plant and equipment are recorded at cost or, if donated, at the fair value at date of donation. The Network uses the straight-line method of computing depreciation over the estimated useful lives of the respective assets.

Costs of maintenance and repairs are charged to expense when incurred; costs of renewals and betterments are capitalized. Upon sale or retirement of property, plant and equipment, the cost and related accumulated depreciation are eliminated from the respective accounts, and the resulting gain or loss is included in the consolidated statements of operations and changes in net assets.

Long-lived assets are evaluated for possible impairment whenever circumstances indicate that the carrying amount of the asset, or related group of assets, may not be recoverable from future estimated cash flows. Fair value estimates are derived from independent appraisals, established market values of comparable assets or internal calculations of future estimated cash flows.

Change in Estimates for Long-lived Assets

The Network periodically performs assessments of the estimated useful lives of its long-lived assets. In evaluating the useful lives, the Network considers how long the long-lived assets will remain functionally efficient and effective, given changes in the physical and economic environments, the levels of technology and competitive factors. If the assessment indicates that the long-lived assets will be used for a period differing from that than previously anticipated, the Network will revise the estimated useful lives resulting in a change in estimate. Changes in estimates are accounted for on a prospective basis by depreciating the assets current carrying values over their revised remaining useful lives.

Investments in Unconsolidated Affiliates

Investments in affiliates not controlled by the Network are reported under the equity method of accounting. Under the equity method, the investments are initially recorded at cost, increased or decreased by the investor's share of the profits or losses of the investee and reduced by cash distributions received. The Network accounts for distributions received from investees using the cumulative earnings approach. The Network compares distributions received to our cumulative equity method earnings since inception. Any distributions received up to the amount of cumulative equity earnings are considered a return on investment and classified in operating activities on the consolidated statement of cash flows. Any excess distributions are considered a return of investment and classified in investing activities.

Community Health Network, Inc.
Notes to Consolidated Financial Statements (in 000's except percentage amounts)
December 31, 2020 and 2019

Deferred Financing Costs

Costs associated with the issuance of long-term debt are capitalized and presented on the consolidated balance sheets as a direct deduction from the carrying amount of the debt. The debt issuance costs related to line-of-credit arrangements is presented as a component of other noncurrent assets. Deferred financing costs are amortized to interest expense utilizing the effective interest method over the life of the related debt. Amortization of deferred financing costs totaled \$112 and \$263 for the years ended December 31, 2020 and 2019, respectively.

Discounts and premiums associated with long-term debt are reported as a direct deduction from, or addition to, the face amount of the long-term debt. The discounts/premiums are accreted/amortized using the effective interest method over the life of the related debt. The related income or expense is included in interest expense in the consolidated statements of operations and changes in net assets.

Capitalized Software

The costs of obtaining or developing internal-use software, including external direct costs for materials and services and directly related payroll costs are capitalized. Amortization begins when the internal-use software is ready for its intended use. The software costs are amortized over the estimated useful lives of the software. The estimated useful lives range from 5-10 years. Costs incurred during the preliminary project stage and post-implementation stage as well as maintenance and training costs are expensed as incurred. Amortization expense related to capitalized software was \$10,763 and \$10,458 for the years ended December 31, 2020 and 2019, respectively.

	Estimated Useful Lives	2020	2019
Software	5-10 years	\$ 111,587	\$ 95,865
Less: Accumulated amortization		<u>69,132</u>	<u>48,102</u>
Capitalized software, net		<u>\$ 42,455</u>	<u>\$ 47,763</u>

Self-Insured Risk

A substantial portion of the Network's professional and general liability risks are insured through a self-insured retention program written by the Network's consolidated wholly owned offshore captive insurance subsidiary, the Captive, as previously described.

Reserves for professional and general liability risks, including self-insured liabilities, were \$16,457 and \$15,576 at December 31, 2020 and 2019, respectively. These amounts are recorded and included in the self-insured liabilities on the consolidated balance sheets.

Provisions for the self-insured risks are based upon actuarially determined estimates. Loss and loss expense reserves represent the estimated ultimate net cost of all reported and unreported losses incurred through the respective consolidated balance sheets dates. The reserves for unpaid losses and loss expenses are estimated using individual case-basis valuations and actuarial analyses. Those estimates are subject to the effects of trends in loss severity and frequency.

The estimates are continually reviewed and adjustments are recorded as experience develops or new information becomes known. The changes to the estimated reserve amounts are included in current operating results for the years ended December 31, 2020 and 2019.

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The Network is self-insured for employee medical benefit risks through ProHealth. Reserves for medical claims liabilities and estimated self-insured claims were \$104 and \$427 net of claims liabilities payable to the Network providers, at December 31, 2020 and 2019, respectively. These amounts are recorded and included in self-insured liabilities on the consolidated balance sheets. Self-insured claims reserves are determined using individual case-basis data and are continually reviewed and adjusted as new experienced information becomes known. The changes in estimated reserve amounts are included in current operating results.

Although considerable variability is inherent in reserve estimates, management believes the reserves for losses and loss expenses are adequate; however, there can be no assurance that the ultimate liability will not exceed management's estimates.

Net Assets with Donor Restriction

Donor restricted net assets are those assets whose use has been limited by donors to a specific time period or purpose or maintained by the Network in perpetuity. These net assets are generally restricted for medical education, medical supplies and equipment, and patient care services.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets without donor restrictions as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reflected as net assets without donor restrictions in the accompanying consolidated financial statements.

Pledge receivables as of December 31, 2020 and 2019 are not material.

Taxes and Tax Status

CHNw, CHS, CHA, CHHS, CPI, Howard, Fairbanks and the Foundation are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the "IRC"). ProHealth, NCSC, SCSC, ECSC, Noblesville, Howard Surgery, Northwest, SPCI, and CHH, are generally not subject to federal or state income taxes as income earned flows through to its members. The Network and its tax-exempt affiliates are, however, subject to federal and state income taxes on unrelated business income under the provisions of IRC section 511.

VEI is a for-profit taxable entity and is subject to federal and state income taxes. Income tax expense and income tax related assets and liabilities of the Network are not material to the consolidated financial statements. Deferred tax liabilities and assets are classified as noncurrent in the Network's consolidated balance sheets at December 31, 2020 and 2019.

Fair Value of Financial Instruments/Measurements

The carrying amounts of cash and cash equivalents, accounts receivable, accounts payable, and other current liabilities approximate fair value because of the relatively short maturities of these financial instruments.

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The Network measures fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Network also uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The Network uses a fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

- Level 1- Observable inputs such as unadjusted quoted prices in active markets;
- Level 2- Inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3- Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions.

Additionally, as a practical expedient, the Network is permitted under US GAAP to estimate the fair value of investments in investment companies that have a calculated value of their capital account or net asset value ("NAV") at the measurement date using the reported NAV without further adjustment unless the entity expects to sell the investment at a value other than NAV or if the NAV is not calculated in accordance with US GAAP.

Assets and liabilities measured at fair value are based on one or more of three valuation techniques. The three valuation techniques are as follows:

- Market approach- Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities;
- Cost approach- Amount that would be required to replace the service capacity of an asset (i.e. replacement cost); and
- Income approach- Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing models and lattice models).

Reclassifications

Certain immaterial reclassifications have been made to the 2019 financial statements to conform to the 2020 presentation.

Subsequent Events

The Network evaluated subsequent events through March 25, 2021, the date the Network consolidated financial statements were issued.

Recently Issued Accounting Pronouncements

In June 2016, the FASB issued ASU 2016-13, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments. The new guidance introduces a new model for recognizing credit losses on financial instruments based on an estimate of current expected credit losses (CECL). The guidance is effective for the Network January 1, 2023. The new CECL model generally calls for the immediate recognition of all expected credit losses and applies to a wide variety of financial assets, including loans, accounts and trade receivables as well as other financial assets measured at amortized cost. The Network is evaluating the impact of this new guidance on its results of operations, financial position and cash flows.

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2. Patient Service Revenue

The Network's revenues generally relate to contracts with patients in which the Network's performance obligations are to provide health care services to the patients. Patient service revenue is reported at the amount that reflects the consideration to which the Network expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including government programs and managed care and commercial insurance companies) and include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Network bills the patients and third-party payers several days after the services are performed or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied. The Network determines the transaction price based on standard charges, reduced by contractual adjustments provided to third-party payers, discounts provided to uninsured patients in accordance with the Network's policy, and implicit price concessions.

Performance obligations are determined based on the nature of the services provided by the Network. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected or actual charges. The Network believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in our hospitals receiving inpatient acute care services. The Network measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point in time, which includes outpatient services, is generally recognized when services are provided to our patients and the Network does not believe it is required to provide additional services to the patient.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Network has elected to apply the optional exemption provided in FASB ASC 606-10-50-14a and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to previously are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Network determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. Management continually reviews the contractual estimation process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals. Estimates of contractual adjustments under managed care and commercial insurance plans are based upon the payment terms specified in the related contractual agreements. The payment arrangements with third-party payers provide for payments to the Network at amounts different from its established rates.

Generally, patients who are covered by third-party payers are responsible for related deductibles and coinsurance, which vary in amount. The Network also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Network estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions. At December 31, 2020 and 2019,

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estimated implicit price concessions of \$633,819 and \$564,440, respectively, were recorded to adjust revenues to the estimated amounts the Network expects to collect.

Estimated implicit price concessions are recorded for all uninsured accounts, which includes uninsured patients and uninsured copayment and deductible amounts for patients who have health care coverage, regardless of the aging of those accounts. The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical write-offs and collections as a primary source of information in estimating the collectability of our accounts receivable. The Network performs a hindsight analysis quarterly, utilizing historical accounts receivable collection and write-off data. The Network believes its quarterly updates to the estimated implicit price concession amounts at each of its hospital facilities provide reasonable valuation estimates of the Network's revenues and accounts receivable.

Payment arrangements with major third-party payers include the following for 2020 and 2019:

- Medicare—Inpatient acute care services, outpatient services and home health services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to patient classification systems that are based on clinical, diagnostic, and other factors. The Network is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Network and audits thereof by the Medicare fiscal intermediary. The Network's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Network. The Network's Medicare cost reports have been audited by the Medicare fiscal intermediary through December 31, 2016. Laws and regulations governing the Medicare program are complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates could change by a material amount in the near term. Adjustments to revenue related to prior period cost reports increased patient service revenue by \$2,386 and decreased patient service revenue by \$6,870 for the years ended December 31, 2020 and 2019, respectively.
- Medicaid—Inpatient services rendered to Medicaid program beneficiaries are reimbursed based on prospectively determined rates per discharge and outpatient services are reimbursed based on a fee for service basis, based on predetermined fee schedules.
- The Network has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Network under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined per diem rates.

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The Network's patient service revenues by payer for the years ended December 31, 2020 and 2019 are as follows:

	2020	2019
Medicare	\$ 665,980	\$ 715,923
Medicaid	420,458	399,461
Managed care and commercial insurance	1,272,375	1,386,745
Patients	16,071	34,189
Patient service revenue	<u>\$ 2,374,884</u>	<u>\$ 2,536,318</u>

The Network's practice is to assign a patient to the primary payer and not reflect other uninsured balances as patient revenues. Therefore, the third-party payers listed above contain patient responsibility components, such as co-pays and deductibles.

The Network has qualified as a Medicaid DSH provider under Indiana Law (IC 12-15-16(1-3)) and, as such, is eligible to receive DSH payments for the most recently determined state fiscal year. The amount of these additional DSH funds is dependent on regulatory approval by agencies of the federal and state governments, and is determined by the level, extent and cost of uncompensated care as well as other factors. For the years ended December 31, 2020 and 2019, DSH payments have been made by the State of Indiana and amounts received were recorded as revenue based on data acceptable to the State of Indiana less any amounts management believes may be subject to adjustment. DSH payments are recorded by the Network after eligibility is determined by the State of Indiana. DSH amounts of \$38,757 and \$17,932 were recorded as revenue for the years ended December 31, 2020 and 2019, respectively. DSH amounts recorded as revenue in 2019 include a change in estimate of \$21,552 related to State fiscal year 2018 and 2019. Final settlement letter for State fiscal year 2018 was received in December 2020.

Beginning June 2012, the State of Indiana offered voluntary participation in the State of Indiana's HAF program. The State of Indiana implemented this program to utilize supplemental reimbursement programs for the purpose of providing reimbursement to providers to offset a portion of the cost of providing care to Medicaid and indigent patients. This program is designed with input from CMS and is funded with a combination of state and federal resources, including fees or taxes levied on the providers.

Reimbursement under the program is reflected within patient service revenue and the fees paid for participation in the HAF program are recorded in supplies and other expenses within the consolidated statements of operations and changes in net assets. The fees and reimbursements are settled monthly. Revenue recognized related to the HAF program was \$261,379 and \$198,105 for the years ended December 31, 2020 and 2019, respectively. Expense for fees related to the HAF program was \$85,504 and \$83,600 for the years ended December 31, 2020 and 2019, respectively.

The HAF program runs on an annual cycle from July 1 to June 30 and is effective until June 30, 2021. The consolidated balance sheets at December 31, 2020 and 2019 includes HAF activity of \$14,821 and \$939, respectively, in estimated third-party payer settlements payable related to the HAF program.

As discussed in Note 1, under the Network's participation in the Medicare and Medicaid programs, the Network is subject to various reviews, audits and investigations. In 2015, the Network entered

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into a five year corporate integrity agreement (the "CIA") with the Office of Inspector General of the United States Department of Health and Human Services ("OIG") to promote compliance with the statutes, regulations and written directives of Medicare, Medicaid and all other Federal health care programs. Key requirements under the CIA include maintaining the existing compliance program with required attestations provisions, minimum hours of training and education and external review of claims submitted by two of the Network's provider-based locations, among others. The five-year CIA reporting period ended on June 30, 2020. In February 2021, the Network received the OIG's approval of the Network's final report and notice of the CIA expiration.

3. Assets Limited as to Use

The fair values of the assets limited as to use are provided by the Network's investment manager and are determined as follows:

- a) The investments designated as Level 1 inputs represent primarily cash and cash equivalents, commercial paper, equity securities and investable mutual fund shares that are traded on major stock exchanges. Thus, the fair value is determined based on quoted prices in an active market.
- b) The investments designated as Level 2 inputs represent fixed income securities, including corporate bonds generally determined on the basis of valuations provided by a pricing service which will typically utilize industry accepted valuation models and observable market inputs to determine valuation; some valuations or model inputs provided/used by the pricing service are based upon broker quotes.
- c) The Network's investments in hedge fund of funds and private equity funds are fair valued based on the most current NAV.

Liquidity and Availability

The Network has a working capital surplus of \$603,132 and \$412,548 as of December 31, 2020 and 2019, respectively.

Financial assets available for general expenditure within one year as of December 31, 2020 and 2019 consist of the following:

	2020	2019
Cash and cash equivalents	\$ 522,355	\$ 363,353
Accounts receivable, net	372,922	333,101
Estimated third-party payor settlements receivable	27,662	9,794
Assets limited to use:		
Board-designated	1,384,053	1,188,005
Other accounts receivable	20,488	22,264
Total available for general expenditures	<u>\$ 2,327,480</u>	<u>\$ 1,916,517</u>

The Network has certain donor-restricted assets limited to use which are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the quantitative information above. Private equity securities included in board-designated funds and assets limited to use for the professional and general liability captive

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insurance program, which are more fully described below (Reinsurance Trust Assets), are not available for general expenditure within the next year and are not reflected in the amounts above.

As part of the Network liquidity management plan, cash in excess of daily requirements are invested in short-term investments and money market funds.

Additionally, the Network maintains two \$100,000 lines of credit, as discussed in more detail in Note 6. As of December 31, 2020, the Network was in compliance with its financial debt covenants.

Funds Held by Trustee

The Hospital Revenue Bond Agreements (Note 6) require that the initial bond proceeds be held by a bank trustee until such funds are expended for eligible assets. Certain other funds are also held by the bank trustee as additional security for the bondholders and the periodic deposits of principal and interest requirements. These amounts, including interest earned from temporary investments, are segregated in accounts maintained by a bank trustee. Use of the funds is restricted to debt service requirements.

Board-Designated Funds

Board Designated Funds (BDF) - Board-designated funds are those controlled by the Board of Directors for purposes they deem appropriate for the operation/expansion of the Network. The following is a summary of assets limited as to use, which are board-designated funds, at December 31, 2020 and 2019:

2020 Description	Fair Value Measurement at Reporting Date				
	Total	Level 1	Level 2	Level 3	NAV
Short-term investments	\$ 19,886	\$ 19,886	\$ -	\$ -	\$ -
Equity securities	339,663	339,663	-	-	-
Mutual funds	643,052	643,052	-	-	-
Private Equity	62,736	-	-	-	62,736
Hedge fund of funds/REITS/Other	357,730	-	-	-	357,730
Total	<u>\$ 1,423,067</u>	<u>\$ 1,002,601</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 420,466</u>

2019 Description	Fair Value Measurement at Reporting Date				
	Total	Level 1	Level 2	Level 3	NAV
Short-term investments	\$ 48,680	\$ 48,680	\$ -	\$ -	\$ -
Equity securities	214,605	214,605	-	-	-
Mutual funds	677,981	677,981	-	-	-
Private Equity	34,476	-	-	-	34,476
Hedge fund of funds/REITS/Other	246,739	-	-	-	246,739
Total	<u>\$ 1,222,481</u>	<u>\$ 941,266</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 281,215</u>

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The following table presents liquidity information for hedge fund of funds and private equity at December 31, 2020:

Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Equity hedge funds(a)	\$ 106,010	\$ -	Quarterly	45-60 days
Event driven hedge funds(b)	82,625	-	Quarterly	45-60 days
Market dependant hedge funds(c)	117,288	-	Quarterly	45-60 days
Multi-strategy hedge funds(d)	51,807	-	Quarterly	45-60 days
Private equity(e)	62,736	40,217	n/a	n/a
Total	<u>\$ 420,466</u>	<u>\$ 40,217</u>		

(a) Equity hedge funds maintain long and short positions primarily in equity and derivative securities.

Portfolio selection can be driven by either quantitative or fundamental analysis.

Strategies can be broad or sector specific and fund profiles vary greatly depending on net exposure, leverage, holding periods and portfolio construction.

(b) Event driven hedge funds take positions in companies involved in corporate transactions

such as mergers, restructurings, tender offers, shareholder buybacks, debt exchanges, management or board changes, security issuance or other capital structure events.

Security types can include equity, debt and derivatives.

(c) Market dependent hedge funds include relative value and macro strategies. Relative value seek to exploit

pricing discrepancies between securities. The funds employ a variety of fundamental and quantitative techniques to develop investment strategies. Macro strategies take a top-down, economic world view.

They engage in strategies where economic and political change impacts equity, fixed income, currency and commodities markets.

(d) Multi-strategy funds allocate capital opportunistically among various hedge fund categories,

strategies and styles. Total portfolio assets back the obligation of each specific underlying leveraged position.

(e) Private equity is an alternative investment class and consists of capital that is not listed on

a public exchange. Private equity is composed of funds and investors that directly invest in private companies and usually have a 5 to 10-year time horizon.

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Reinsurance Trust Assets

The assets in the trust are maintained in a domestic trust account. These assets are restricted and may not be withdrawn or used without the consent of the trust administrator.

The following is a summary of the assets limited as to use, which are reinsurance trust assets, at December 31, 2020 and 2019:

<u>2020</u> Description	Fair Value Measurement at Reporting Date				
	Level 1	Level 2	Level 3	NAV	
Short-term investments held in trust	\$ 1,546	\$ 1,546	\$ -	\$ -	\$ -
Corporate bonds	18,977	-	18,977	-	-
Equities	988	988	-	-	-
Total	<u>\$ 21,511</u>	<u>\$ 2,534</u>	<u>\$ 18,977</u>	<u>\$ -</u>	<u>\$ -</u>

<u>2019</u> Description	Fair Value Measurement at Reporting Date				
	Level 1	Level 2	Level 3	NAV	
Short-term investments held in trust	\$ 1,616	\$ 1,616	\$ -	\$ -	\$ -
Corporate bonds	16,559	-	16,559	-	-
Equities	869	869	-	-	-
Total	<u>\$ 19,044</u>	<u>\$ 2,485</u>	<u>\$ 16,559</u>	<u>\$ -</u>	<u>\$ -</u>

4. Property, Plant and Equipment

Property, plant and equipment and accumulated depreciation consist of the following at December 31, 2020 and 2019:

	Estimated Useful Lives	2020	2019
Land and land improvements	0–40 years	\$ 42,700	\$ 41,864
Buildings and improvements	2–90 years	1,386,060	1,324,284
Equipment and other	3–40 years	856,779	840,989
Construction in progress		11,237	34,278
		<u>2,296,776</u>	<u>2,241,415</u>
Less: Accumulated depreciation		<u>1,284,504</u>	<u>1,201,685</u>
Property, plant and equipment, net		<u>\$ 1,012,272</u>	<u>\$ 1,039,730</u>

Depreciation expense was \$100,948 and \$94,048 for the years ended 2020 and 2019, respectively.

Property, plant and equipment includes \$301 and \$845 of capitalized interest at December 31, 2020 and 2019, respectively.

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5. Investments in Unconsolidated Affiliates

The Network has equity investments in various surgery centers, Mid America Clinical Laboratory ("MACL"), Primaria Health ("Primaria") and other entities. In July 2020, the Network sold its equity interest in MACL and recognized a gain in connection with the sale, which is included in the earnings from unconsolidated affiliates in the consolidated statements of operations. The following is a summary of the Network's investments in unconsolidated affiliates for the years ended December 31, 2020 and 2019:

	Surgery Centers		MACL	Primaria	Other	Total
Balance, December 31, 2018	\$ 10,329	\$ 8,213	\$ 8,577	\$ 15,492	42,611	
Capital contributions	-	-	-	171	171	
Distributions	(11,894)	(3,115)	(7,014)	(11,435)	(33,458)	
Equity in net income	11,760	3,190	16,451	11,985	43,386	
Balance, December 31, 2019	10,195	8,288	18,014	16,213	52,710	
Capital contributions	-	-	-	5,175	5,175	
Distributions	(10,287)	(41,064)	-	(16,550)	(67,901)	
Equity in net income	10,600	32,776	32,059	14,378	89,813	
Balance, December 31, 2020	\$ 10,508	\$ -	\$ 50,073	\$ 19,216	\$ 79,797	

Summarized and aggregated financial statement information for the surgery centers, Primaria and the other unconsolidated affiliates as of and for the year ended December 31, 2020, is as follows:

	Surgery Centers	Primaria	Other	Total
Total assets	\$ 25,548	\$ 105,052	\$ 115,382	\$ 245,982
Total liabilities	12,069	5,344	53,033	70,446
Net assets	13,479	99,708	62,349	175,536
Revenues	43,162	83,782	116,591	243,535
Operating income	21,293	64,142	45,050	130,485
Net income	21,293	64,118	36,201	121,612

6. Debt

Short-term Borrowings

Short-term borrowings represent outstanding borrowings under bank lines of credit. At December 31, 2020 and 2019 there were no amounts outstanding. The maximum borrowings are \$200,000. The bank lines of credit are due on demand. The Network's short-term debt is collateralized under the same terms as the Master Indentures described below. Interest is at a floating rate.

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Long-term Debt

Long-term debt at December 31, 2020 and 2019 as obligated by CHNw, is summarized as follows:

	2020	2019
Indiana Finance Authority, Fixed Rate		
Hospital Revenue Bonds, Series 2020A		
3.1% term bonds due May 1, 2050	\$ 449,220	\$ -
Unamortized Discount	(1,830)	-
	<u>447,390</u>	<u>-</u>
Indiana Finance Authority, Fixed Rate		
Hospital Revenue Bonds, Taxable Series 2018A		
4.79% Due May 1, 2053	102,000	102,000
4.94% Due May 1, 2058	100,000	100,000
Unamortized Discount	(776)	(798)
	<u>201,224</u>	<u>201,202</u>
Indiana Finance Authority, Variable Rate		
Hospital Revenue Bonds, Series 2016A		
Due May 1, 2017 to 2045	<u>77,745</u>	<u>80,080</u>
	<u>77,745</u>	<u>80,080</u>
Indiana Finance Authority, Variable Rate		
Hospital Revenue Bonds, Series 2016B		
Due May 1, 2017 to 2028	<u>15,200</u>	<u>16,100</u>
	<u>15,200</u>	<u>16,100</u>
Indiana Finance Authority, Fixed Rate		
Hospital Revenue Bonds, Taxable Series 2015A		
4.24% Due May 1, 2025	100,000	100,000
5.43% Due May 1, 2045	101,728	101,728
Unamortized Discount	(589)	(651)
	<u>201,139</u>	<u>201,077</u>
Indiana Finance Authority, Fixed Rate		
Hospital Revenue Bonds, Taxable Series 2012A		
Due May 1, 2013 to May 1, 2028	26,090	75,404
4.00% Due May 1, 2025	-	88,930
5.00% Due May 1, 2042	-	174,455
Unamortized Discount	-	21,505
	<u>26,090</u>	<u>360,294</u>
Indiana Finance Authority, Variable Rate		
Hospital Revenue Bonds Series 2012B,		
Due November 27, 2012 to November 27, 2039	<u>59,395</u>	<u>61,530</u>
	<u>59,395</u>	<u>61,530</u>
PNC Bank; Term Loan interest payable monthly		
Due January 1, 2022	1,428	2,571
BMO Harris Bank; Term Loan;		
Due November 18, 2020	-	7,217
Other long-term debt	<u>134</u>	<u>1,039</u>
Total long term debt	1,029,745	931,110
Less: Current portion of long-term debt	15,508	23,013
Deferred financing costs, net	<u>3,295</u>	<u>5,170</u>
Long-term debt, net of current portion		
and deferred financing costs	<u>\$ 1,010,942</u>	<u>\$ 902,927</u>

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Series 2020A

On August 25, 2020, CHNw issued Taxable Bonds, Series 2020A in the aggregate amount of \$449,220. A portion of the proceeds from the issuance of the Series 2020A bonds were used to refund and defease a portion of the Series 2012A bonds. In addition, the proceeds are available to fund eligible corporate purposes of CHNw and to pay costs of issuance for the Series 2020A bonds. The Series 2020A bonds are subject to optional redemption in whole or from time to time in part by CHNw. If prior to November 1, 2049, redemption is at the make-whole redemption price or if on or after November 1, 2049, at a redemption price of 100% of the principal amount thereof plus accrued and unpaid interest to the date fixed for redemption. Interest rates are fixed for the Series 2020A bonds, with a stated rate of 3.10%.

Series 2018A

On February 21, 2018, CHNw issued Taxable Bonds, Series 2018A in the aggregate amount of \$202,000. The proceeds are available to finance, refinance or reimburse the costs of constructing, acquiring, renovating or equipping certain health facility property used by CHNw. At any time on or after May 1, 2028, the Series 2018A bonds are subject to redemption prior to their maturity at the option of CHNw, in whole or in part, in any order of maturity designated by CHNw, at a redemption price of 100% of the principal amount of each Series 2018A Bond to be redeemed, plus accrued and unpaid interest to the date fixed for redemption. Interest rates are fixed for the Series 2018A bonds, with stated rates of 4.79% and 4.94%.

Series 2016A and 2016B

On September 22, 2016, the Indiana Finance Authority ("IFA") issued Hospital Revenue Bonds, Series 2016A and Series 2016B, in the aggregate amount of \$112,600 for the purpose of making a loan to CHNw. The proceeds of this loan from IFA are available to finance, refinance or reimburse the costs of constructing, acquiring, renovating or equipping certain health facility property used by CHNw. The Series 2016A and Series 2016B bonds are subject to redemption prior to their stated maturity at the option of CHNw on a 30-day notice in whole or in part, at a redemption price equal to 100% of the principal amount plus interest at the date of redemption. Interest rates are variable for the Series 2016A and 2016B bonds, with stated rates of 0.77% and 0.98%, respectively, as of December 31, 2020.

Series 2015A

On June 1, 2015, CHNw issued Taxable Bonds, Series 2015A in the aggregate amount of \$201,728. The proceeds are available to pre-fund the termination of the Network's defined benefit retirement plan, finance, refinance or reimburse the costs of constructing, acquiring, renovating or equipping certain health facility property used by CHNw. The Series 2015A bonds are subject to redemption prior to their stated maturity at the option of CHNw on a 25-day notice in whole or in part, at a redemption price equal to the Make-Whole redemption price. The "Make-Whole Redemption Price" is the greater of (i) 100% of the principal amount of the Series 2015A Bonds to be redeemed and (ii) the sum of the present value of the remaining scheduled payments of principal and interest to the maturity date of the Series 2015A Bonds to be redeemed, not including any portion of those payments of interest accrued and unpaid as of the date on which the Series 2015A Bonds are to be redeemed, discounted to the date on which the Series 2015A Bonds are to be redeemed on a semiannual basis assuming a 360-day year consisting of twelve 30-day months at the Treasury Rate plus 35 basis points; plus, in each case, accrued and unpaid interest on the Series 2015A Bonds to be redeemed on the redemption date of the principal amount plus interest at the date of redemption. Interest rates are fixed for the Series 2015A bonds, with stated rates of 4.24% and 5.43%.

Community Health Network, Inc.
Notes to Consolidated Financial Statements (in 000's except percentage amounts)
December 31, 2020 and 2019

Series 2012A and 2012B

On November 27, 2012, IFA issued Hospital Revenue Bonds, Series 2012A and Adjustable Rate Hospital Revenue Bonds, Series 2012B, in the aggregate amount of \$450,445 for the purpose of making a loan to CHNw. The proceeds of this loan from IFA are available to finance, refinance or reimburse the costs of constructing, acquiring, renovating or equipping certain health facility property used by CHNw. The Series 2012A and Series 2012B bonds are subject to redemption prior to their stated maturity at the option of CHNw on a 30-day notice in whole or in part, at a redemption price equal to 100% of the principal amount plus interest at the date of redemption. Interest rates are fixed for the Series 2012A bonds, with stated rates of 4% and 5%. The Series 2012B bond has a variable rate set at 70% of the 30-day LIBOR, subject to change daily and payable monthly with stated rate of 1.03% as of December 31, 2020.

The Series 2012A bonds were partially defeased with a portion of the proceeds from the Series 2020A bonds. The Network recognized a loss on extinguishment of debt of \$23,715. This loss primarily reflects the prepayment of debt and fees as well as the write-off of unamortized debt issuance costs and premiums. The Network recognized this loss on extinguishment of debt within non-operating income on the consolidated statements of operations. The cash payments related to the debt extinguishment are classified as cash outflows from financing activities on the consolidated statement of cash flows. Series 2012A Bonds maturing in 2021, 2022 and 2023 remain outstanding in the aggregate principal amount of \$26,090.

Term Loan – CHNw – PNC Bank

On December 22, 2014, CHNw entered into a Master Note Obligation, Series 2014-TL to evidence and secure payments between CHNw and PNC Bank. The loan was made to refinance Howard's promissory notes. Principal is due quarterly and interest payments are due monthly. The loan matures January 1, 2022. The loan bears interest at rates determined monthly and payable on the first business day of each calendar month. Interest is computed based on LIBOR plus 85 basis points and was 1.0% as of December 31, 2020. Principal payments are due quarterly.

Term Loan – CHNw – BMO Harris Bank

On November 18, 2013, CHNw entered into a Master Note Obligation, Series 2013-TL to evidence and secure payments between CHNw and BMO Harris Bank. The loan was made to secure costs associated with the Network's electronic medical record information system. Principal and interest payments are due monthly. The interest is fixed at 1.33%, with principal and interest payments due monthly. The loan matured November 18, 2020.

In general, the various Network debt agreements restrict the amount of indebtedness that the Network may incur, the sale, lease or other disposition of operating assets, and the acceptable investments of the trust funds. These agreements require a debt service ratio at the end of any fiscal year of at least 1.10 to 1. The Network was in compliance with its financial debt covenant at December 31, 2020 and 2019.

Community Health Network, Inc.
Notes to Consolidated Financial Statements (in 000's except percentage amounts)
December 31, 2020 and 2019

Scheduled principal repayments on long-term debt are as follows:

2021	\$ 15,508
2022	15,219
2023	14,830
2024	6,540
2025	106,825
Thereafter	<u>874,019</u>
	1,032,941
Minus: Unamortized discount, net	<u>3,195</u>
Total long term debt	<u>\$ 1,029,746</u>

For 2020 and 2019, interest cost incurred and capitalized in connection with the construction of capital assets aggregated to \$301 and \$845, respectively.

7. Retirement Plans

Defined Contributions Plans

The Network sponsors various defined contribution benefit plans covering eligible employees, including a 401(k) plan and 403(b) plan. Effective December 16, 2019, the CHA 403(b) plan was merged into the Network's 403(b) plan. These plans participants may contribute up to 100% of compensation, as defined, and include employer matching contributions based on the amount of the participant's contributions to the plans. The Network may elect to provide an annual discretionary employer contribution to 401(k) plan participants. During 2020 and 2019, the Network made zero discretionary contributions to 401(k) plan participants. The expense associated with the defined contribution plans was \$29,287 and \$43,224 for 2020 and 2019, respectively. The Network froze the match portion of the 401(k) from July 1, 2020 to December 31, 2020.

Defined Benefit Plans

The Network has a defined benefit replacement plan. The defined benefit provisions of the replacement plan apply to all employees of the Network hired prior to January 1, 1984. The replacement plan was originally established on that date to provide such employees those benefits otherwise available under the Federal Insurance Contributions Act during the period January 1, 1981 to December 31, 1983 when the Network withdrew coverage of its employees under the Act. Pursuant to the Social Security Amendment Act of 1983, the Network reentered the Social Security system on January 1, 1984. As a result, funding of the plan was terminated during 1985. If authorized by the Network's Board of Directors, each replacement plan participant may elect to contribute to the plan an amount each pay period, subject to the maximum established by the Board of Directors. Such authorization was not granted during 2020 and 2019. During 2020, CHNw made a \$864 contribution to the replacement plan. Net pension expense (income) for 2020 and 2019 was \$110 and \$537, respectively. Net accrued pension expense at December 31, 2020 and 2019 was \$1,734 and \$1,123, respectively.

8. Leases

The Network determines if a contract contains a lease by evaluating the nature and substance of the contract. The Network records a right of use asset and lease liability for substantially all leases for which it is a lessee. The Network leases property and equipment under operating and finance leases.

Community Health Network, Inc.
Notes to Consolidated Financial Statements (in 000's except percentage amounts)
December 31, 2020 and 2019

Right of use assets and lease liability associated with finance leases are not material. The Network has no significant lease agreements in place for which the Network is a lessor.

Right of use assets and lease liabilities are recognized based on the net present value of the future minimum lease payments over the lease term at commencement date. The Network uses a risk-free rate in measuring the lease liabilities. Lease payments are recognized on a straight-line basis over the lease term. When portions of the lease payments are not fixed or depend on an index or rate, we consider those payments to be variable in nature. Variable lease payments are not material.

Most leases include options to renew, with renewal terms that can extend the lease term. The exercise of the lease renewal options is at the sole discretion of the Network. When determining the lease term, we included options to extend or terminate the lease when it is reasonably certain that we will exercise that option. The Network lease agreements do not contain any material residual value guarantees or material restrictive covenants.

Upon adoption of ASC 842 on January 1, 2019, the Network utilized the following elections of practical expedients:

- The Network elected to not separate lease component from the non-lease component and account for as a single lease for property and equipment.
- If a lease had a term of less than 12 months, then the Network elected to not apply ASC 842 recognition requirements.
- The Network elected to not reassess arrangements entered into prior to January 1, 2019 in terms of whether an arrangement contained a lease.
- The Network elected to not use hindsight in determining the lease term for lease contracts that have historically been renewed or amended.

Operating lease expenses, excluding short-term lease expenses at December 31, for 2020 and 2019 was \$49,651 and \$42,167, respectively and are included within operating expenses in the consolidated statement of operations. Short-term lease expenses were not material.

The weighted average remaining lease term is 8.26 years with a weighted average discount rate of 3.8% at December 31, 2020.

Scheduled minimum lease payments required under non-cancellable operating leases for the next five years and thereafter as of December 31, 2020 were as follows:

	<u>Operating</u>
2021	\$ 39,701
2022	32,140
2023	25,009
2024	21,983
2025	19,468
Thereafter	<u>83,437</u>
Total future minimum lease payments	221,738
Less: Imputed interest	<u>32,874</u>
Net present value of minimum lease payments	<u>\$ 188,864</u>

Community Health Network, Inc.
Notes to Consolidated Financial Statements (in 000's except percentage amounts)
December 31, 2020 and 2019

Cash for amounts included in the measurement of lease liabilities for operating leases at December 31, 2020 and 2019 was \$48,914 and \$41,228, respectively. Noncash lease liabilities arising from obtaining right of use assets at December 31, 2020 and 2019 was \$78,447 and \$45,531, respectively.

9. Functional Expenses

The Network provides health care services to residents within its community and surrounding areas. The Network's consolidated financial statements report certain categories of expenses that are attributable to more than one supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. Salaries, benefits and pension expenses are allocated on a per full-time equivalent basis. Depreciation, amortization, interest and financing costs are allocated based on square footage. Expenses by both their nature and function for 2020 and 2019 are as follows:

	2020	2019
Healthcare services		
Salaries, benefits and pension	\$ 1,084,661	\$ 1,066,855
Supply expenses	450,638	457,023
Other expenses	297,207	291,559
Depreciation and amortization	66,972	60,315
Interest and financing costs	20,061	24,004
Total Healthcare services	<u>1,919,539</u>	<u>1,899,756</u>
Administrative and general		
Salaries, benefits and pension	383,599	342,117
Supply expenses	26,153	7,806
Other expenses	215,547	197,399
Depreciation and amortization	46,013	45,155
Interest and financing costs	12,321	14,587
Total Administrative and general	<u>683,633</u>	<u>607,064</u>
Total operating expenses	<u>\$ 2,603,172</u>	<u>\$ 2,506,820</u>

10. Net Assets with Donor Restrictions

Net assets with donor restrictions are funds limited by donors to a specific time period or purpose or maintained by the Network in perpetuity. Net assets with donor restrictions as of December 31, 2020 and 2019 are as follows:

	2020	2019
Medical education	\$ 5,211	\$ 4,627
Clinical/patient support	31,023	26,352
Capital improvements	2,780	3,033
Net assets with donor restrictions	<u>\$ 39,014</u>	<u>\$ 34,012</u>

The Network is an income beneficiary of certain irrevocable trusts. The aggregated income from these trusts was \$3,291 and \$2,935 for the years ended December 31, 2020 and 2019, respectively.

Community Health Network, Inc.
Notes to Consolidated Financial Statements (in 000's except percentage amounts)
December 31, 2020 and 2019

11. Commitments and Contingencies

Pending Litigation

Claims for employment matters, and breach of contract have been asserted against the Network by various claimants, and provision for such claims is made in the financial statements when management considers the likelihood of loss from the contingency to be probable and reasonably estimable. The claims are in various stages of processing and some will ultimately be brought to trial. There are known incidents occurring through December 31, 2020 that may result in the assertion of additional claims, and other claims may be asserted arising from services provided to patients in the past. The Network does not believe that claims and lawsuits individually or in aggregate will have a material adverse effect on the Network's future consolidated financial position, results from operations, or cash flows.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Management believes that the Network is in compliance with applicable government laws and regulations. Regulatory inquiries are made in the normal course of business and compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time. Violations of these regulations could result in the imposition of significant fines and penalties, as well as having a significant effect on reported income from operations or cash flows.

In July 2014, an individual ("whistleblower") filed a qui tam suit in the United States District Court for the Southern District of Indiana. In November 2014, the Network and CPI received a subpoena duces tecum from the OIG requesting information regarding certain financial relationships with physicians and physician groups as well as an arrangement with one hospital system (the "CPN Subpoena"). Since receiving the CPN Subpoena and through 2019 the Network collected and produced responsive documents and otherwise responded to the numerous government requests and follow-up inquiries. In connection with this subpoena, the Network, through legal counsel, has participated in several in-person meetings with representatives from the Department of Justice, the U.S. Attorney's Office for the Southern District of Indiana, and other government representatives. The Network believes it is in compliance with applicable laws and regulations, but in order to avoid future costs and risks associated with potential litigation, the Network engaged in settlement negotiations, which ceased in December 2018, with the Network's most recent offer being \$22,500. The whistleblower's complaint was unsealed in December 2019 and in January 2020, the DOJ filed a complaint against the Network in the Southern District of Indiana alleging the Network had violated the Federal False Claims Act based upon a theory that the Network violated the Stark Law. The government declined to intervene in connection with all other allegations of the whistleblower. The whistleblower is now attempting to pursue these additional claims which includes allegations that the Network violated the Federal False Claims Act based upon a theory that the Network also violated the Anti-Kickback Statute. In November 2020, the Court granted the whistleblower leave to pursue these additional claims. The Network believes the allegations presented by the government and the whistleblower have no merit and as such will defend itself vigorously. As of December 31, 2020, the Network's most recent settlement offer of \$22,500 is accrued in other current liabilities on the consolidated balance sheets. The ultimate potential exposure in this matter is not determinable but may have a material adverse effect on the Network's results of operations, financial position, and cash flows.

The Network is in compliance with the Indiana Medical Malpractice Act which limits the amount of recovery to \$1,800 for individual malpractice claims, \$500 of which would be paid by the Network and the balance being paid by the State of Indiana Patient Compensation Fund. Management believes the ultimate disposition of existing medical malpractice and other claims will not have a material effect on the consolidated financial position or results of operations of the Network.

Community Health Network, Inc.
Notes to Consolidated Financial Statements (in 000's except percentage amounts)
December 31, 2020 and 2019

Purchase Commitments

As of December 31, 2020, the Network had purchase commitments for various equipment and services of \$35,779.

12. Acquisitions

On November 8, 2019, the Network entered into an integration agreement with Fairbanks. No consideration was exchanged related to the integration. The integration of Fairbanks into the Network closed on November 30, 2019. The integration was accounted for as an acquisition and thus the purchase accounting rules were applied in accordance with ASC 958-805, Not for Profit Entities: Business Combinations. The Network recorded the fair value of Fairbank's assets and liabilities in its consolidated financial statements using various fair value techniques including independent appraisals for property, plant and equipment. The excess of the fair value of the assets received over the liabilities assumed represent an inherent contribution received and is recognized as excess of net assets acquired in the accompanying consolidated financial statements. Fairbank's results of operations since the date of acquisition are reflected in the Network's accompanying consolidated statement of operations.

The fair value of the assets and liabilities acquired as of November 30, 2019 is as follows:

Cash and cash equivalents	\$ 7,735
Patient accounts receivable, net	4,503
Estimated third-party payor settlements receivable	215
Other accounts receivable	632
Other assets	473
Board-designated funds	807
Property, plant and equipment	17,053
Right of use operating assets	187
Total assets	<u>31,605</u>
Accounts payable	1,332
Accrued salaries and wages	1,275
Estimated third-party payor settlements payable	74
Lease liabilities	187
Total liabilities	<u>2,868</u>
Excess in fair value of net assets acquired	<u><u>\$ 28,737</u></u>

Community Health Network, Inc. and Affiliates
Supplemental Schedule of Expenditures of Federal Awards
December 31, 2020

Federal Grantor/Pass-through Grantor/Program Title	Pass Through Entity Identifying Number	Federal CFDA Number	Total 2020 Federal Expenditures	Subrecipient Awards
Direct Awards				
Department of Health and Human Services:				
Nurse Education, Practice, Quality and Retention		93.359	753,560	242,804
COVID - 19 Nurse Education, Practice, Quality and Retention		93.359	35,586	-
Accountable Health Communities		93.650	533,487	-
Total Department of Health and Human Services Awards			1,322,633	242,804
Federal Communications Commission:				
COVID - 19 Telehealth Program		32.006	872,363	-
Total Direct Awards			2,194,996	242,804
Pass through Awards				
Department of Health and Human Services:				
Indiana Family and Social Services Administration Social Services Block Grant	49-13-HO-2711	93.667	146,773	-
Indiana Family and Social Services Administration Block Grants for Community Mental Health Services	49-13-HO-2711	93.958	364,661	-
Indiana Family and Social Services Administration Block Grants for Prevention and Treatment of Substance Abuse	49-13-HO-2711	93.959	1,041,855	-
Indiana Family and Social Services Administration COVID-19 Relief Funds	49-13-HO-2711	21.019	952,310	-
Indiana Department of Workforce Development Coronavirus Relief Fund - Next Level Jobs		21.019	140,500	-

Community Health Network, Inc. and Affiliates
Supplemental Schedule of Expenditures of Federal Awards
December 31, 2020

Indiana State Department of Health Maternal and Child Health Services Block Grant to the State	93.994	52,251	-
The Health and Hospital Corporation of Marion County Reaching for a Healthier Marion County	93.738	139,200	-
NRG Oncology Cancer Research	93.394 & 93.395	62,782	-
Indiana State Department of Health HIV Emergency Relief / Ryan White Part A	93.914	89,653	-
Indiana State Department of Health HIV Care Formula / Ryan White Part B	93.917	163,141	-
Indiana State Department of Health Integrated HIV Prevention and Surveillance	93.940	83,589	-
Indiana State Department of Health Ryan White Part B Rebates	93.917	6,191	-
Indiana Family and Social Services Administration Fort Wayne Clubhouse Inc DBA Carriage House	93.958	41,089	-
Indiana Family and Social Services Administration DMHA Intern	93.788	50,000	-
Indiana Hospital Association COVID - 19 Assistant Secretary for Preparedness and Response	93.889	67,217	-
Indiana State Department of Health Cancer Prevention and Control /Survivorship	93.898	50,000	-
Trustees of Indiana University Cancer Treatment Research - Acceptance and Commitment Therapy for Fatigue Interference in Metastatic Breast Cancer	8660_CHN 93.395	561	-
Total Department of Health and Human Services Awards		<hr/> 3,451,773	-

Community Health Network, Inc. and Affiliates
 Supplemental Schedule of Expenditures of Federal Awards
 December 31, 2020

Department of Justice

State of Indiana - American Recovery and Reinvestment Act (ARRA) -	11STVSO20	16.588	22,665	-
Indiana Criminal Justice Institute - Victims of Crime Act	D3-13-7762	16.575	4,734	-

Total Department of Justice Awards

27,398 -

Department of Housing and Urban Development (HUD)

Indiana Housing and Community Development Authority Continuum of care permanent supportive housing rental Assistance	02	14.267	116,058	-
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Total Department of Housing and Urban Development

116,058 -

Total Pass-through Awards

3,595,229 -

Total Federal Expenditures

\$ 5,790,226 \$ 242,804

Community Health Network, Inc.
Notes to Supplemental Schedule of Expenditures of Federal Awards
December 31, 2020

1. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying supplemental Schedule of Expenditures of Federal Awards (the "Schedule") summarizes the expenditures of Community Health Network, Inc. (the "Network") under programs of the federal government for the year ended December 31, 2020, recorded on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of the Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). As the Schedule presents only a selected portion of the Network, it is not intended to and does not present the financial position or changes in net assets of the Network.

As per the 2021 OMB 2 CFR 200 Part 200, Appendix XI Compliance Supplement which provides guidance for programs with expenditures of COVID-19 awards, the Network did receive Provider Relief funds for fiscal year 2020. However, these funds were not included in the FY 20 Schedule, but instead will be incorporated into the FY 21 Schedule. Consequently, other COVID-19 incremental funding is included in the FY 20 Schedule. These programs are identified on a separate line in the report by CFDA number with "COVID-19" as a prefix added to the program name in the specific cluster where they reside.

For the purposes of the Schedule, federal awards include all subawards to the Network by nonfederal organizations pursuant to federal grants, contracts and similar agreements.

The Network has included all pass through awards to subrecipients in the Schedule.

The Network requests reimbursement for indirect costs in accordance with grant agreements, and therefore, has not elected to utilize the 10 percent de minimis indirect cost rate.



Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Directors of Community Health Network, Inc.

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the consolidated financial statements of Community Health Network, Inc. and its affiliates, which comprise the consolidated balance sheet as of December 31, 2020, and the related consolidated statements of operations and changes in net assets and of cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated March 25, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Community Health Network, Inc.'s internal control over financial reporting ("internal control") as a basis for designing the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Community Health Network, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Community Health Network, Inc.'s internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Community Health Network, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.



Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

PricewaterhouseCoopers LLP

Indianapolis, Indiana
March 25, 2021



**Report of Independent Auditors on Compliance with Requirements
That Could Have a Direct and Material Effect on Each Major Program and on Internal
Control Over Compliance in Accordance with the Uniform Guidance**

To the Board of Directors of Community Health Network, Inc.

Report on Compliance for Each Major Federal Program

We have audited Community Health Network, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Community Health Network, Inc.'s major federal programs for the year ended December 31, 2020. Community Health Network, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of Community Health Network, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Community Health Network, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Community Health Network, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, Community Health Network, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2020.



Report on Internal Control Over Compliance

Management of Community Health Network, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Community Health Network, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Community Health Network, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

PricewaterhouseCoopers LLP
Indianapolis, Indiana
October 29, 2021

Community Health Network, Inc.
Schedule of Findings and Questioned Costs
December 31, 2020

Section I – Summary of Auditor’s Results

Financial Statements

Type of auditor’s report issued: Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? ___ yes _X_ no
- Significant deficiency(ies) identified that are not considered to be material weaknesses? ___ yes _X_ none reported
- Noncompliance material to financial statements noted? ___ yes _X_ no

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? ___ yes _X_ no
- Significant deficiency(ies) identified that are not considered to be material weaknesses? ___ yes _X_ none reported

Type of auditor’s report issued on compliance for major programs:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? ___ yes _X_ no

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
93.958	Block Grants for Community Mental Health Services
93.359	Nurse Education, Practice, Quality and Retention
21.019	Coronavirus Relief Fund
32.006	COVID-19 Telehealth Program

Dollar threshold used to distinguish between type A and type B programs: \$750,000

Auditee qualified as low-risk auditee? _X_ yes ___ no

Community Health Network, Inc.
Schedule of Findings and Questioned Costs
December 31, 2020

Section II – Financial Statement Findings

No findings to be reported.

Community Health Network, Inc.
Schedule of Findings and Questioned Costs
December 31, 2020

Section III – Federal Award Findings and Questioned Costs

No findings to be reported.

Community Health Network, Inc.
Summary Schedule of Prior Audit Findings
and Status
December 31, 2020

Section IV – Summary Schedule of Prior Audit Findings and Status

Finding 2019-001: Eligibility of program participants

Award Information:

Cluster: Not Applicable

Grantor: Department of Health and Human Services

Award Year: January 1, 2019 through December 31, 2019

CFDA Number: 93.917

CFDA Title: HIV Care Formula / Ryan White Part B Program

Condition:

The auditor selected 25 unique individuals and dates of service and for each sample selection determined whether, as of the date of service, the individual was eligible to participate in the program. Three of the individuals were found to be ineligible as of the date of service based on verification documentation obtained.

Recommendation:

The Network should ensure all individuals participating in the program are eligible as of the date of service, prior to services being provided. The Network should also retain verification documentation to evidence that all participants were eligible as of the date of service.

Status:

Corrected. During 2020, the Network took the following actions to remedy the finding:

- As of April 1, 2020, the Network became an enrollment site under the Ryan White Part B Program to upload documentation and enroll participants in services.
- The State Agency initiated improvements to the HIVE system, including adding eligibility dates. The Network's Principal Investigator and Program Manager received additional training to ensure timely determination and enrollment of eligible participants into the Program.
- Implemented a new control to determine participant eligibility whereby:
 - Prior to providing medical case management services to a patient, the Network Case Managers complete a non-medical case management assessment with the patient to determine their eligibility for other services.
 - If not currently enrolled in the Program, the Network Case Manager assists the patient with enrollment into the Program, if eligible.
 - Once enrolled, medical case management and mental health services are provided under the Program.
- Implemented a new control whereby the Network Program Manager reviews monthly data to ensure that only eligible participants are receiving services. Upon verifying eligibility, a copy of the eligibility verification accessed through the HIVE system is printed and retained in a monthly file.