

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **PARKVIEW HOSPITAL, INC.** Employer identification number **35-0868085**

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			17057335.		17057335.	3.52%
b Unreimbursed Medicaid (from Worksheet 3, column a)			57110739.	20295167.	36815572.	7.59%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)			3207671.	2899213.	308,458.	.06%
d Total Financial Assistance and Means-Tested Government Programs			77375745.	23194380.	54181365.	11.17%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3807326.	528,479.	3278847.	.68%
f Health professions education (from Worksheet 5)			5010580.	1473144.	3537436.	.73%
g Subsidized health services (from Worksheet 6)			11950548.	122,673.	11827875.	2.44%
h Research (from Worksheet 7)			1292767.	285,011.	1007756.	.21%
i Cash and in-kind contributions to community groups (from Worksheet 8)			1736179.	131,984.	1604195.	.33%
j Total Other Benefits			23797400.	2541291.	21256109.	4.39%
k Total Add lines 7d and 7j			101173145	25735671.	75437474.	15.56%

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

Name and address

1 PARKVIEW RANDALLIA
2200 RANDALLIA DRIVE
FORT WAYNE, IN 46805

2 PARKVIEW NORTH
11115 PARKVIEW PLAZA DRIVE
FORT WAYNE, IN 46845

Table with 8 columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Other (describe). Rows correspond to the two facilities listed.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: NOT REQUIRED

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy		
8 Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for free care: _____ %		

Part V Facility Information (continued) NOT REQUIRED

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %		
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?		
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) NOT REQUIRED

Policy Relating to Emergency Medical Care

	Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate the reasons why (check all that apply): a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI) d <input type="checkbox"/> Other (describe in Part VI)	18	

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply): a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c <input type="checkbox"/> The hospital facility used the Medicare rate for those services d <input type="checkbox"/> Other (describe in Part VI)		
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI.	20	
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI.	21	

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: NOT REQUIRED

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?		
If "Yes," indicate the FPG family income limit for eligibility for free care: _____ %		

Part V Facility Information (continued) NOT REQUIRED

	Yes	No	
10 Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %	10		
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply): a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11		
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): a <input type="checkbox"/> The policy was posted on the hospital facility's website b <input type="checkbox"/> The policy was attached to billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility f <input type="checkbox"/> The policy was available on request g <input type="checkbox"/> Other (describe in Part VI)	13		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other actions (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply): a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other actions (describe in Part VI)	16		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply): a <input type="checkbox"/> Notified patients of the financial assistance policy on admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)			

Part V Facility Information (continued) NOT REQUIRED

Policy Relating to Emergency Medical Care

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
18		

If "No," indicate the reasons why (check all that apply):

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility did not have a policy relating to emergency medical care
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):

- a** The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c** The hospital facility used the Medicare rate for those services
- d** Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?

If "Yes," explain in Part VI.

20		
21		

Part V Facility Information (continued)

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

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 20

Name and address	Type of Facility (describe)
1 PARKVIEW BEHAVIORAL HEALTH 1720 BEACON STREET FORT WAYNE, IN 46805	IP & OP BEHAVIORAL
2 PARKVIEW RADIATION THERAPY & ONCOLOGY 11141 PARKVIEW PLAZA DR FORT WAYNE, IN 46845	ONCOLOGY CENTER
3 PARKVIEW HOME HEALTHCARE 1900 CAREW STREET, SUITE 6 FORT WAYNE, IN 46805	HOME HEALTH & HOSPICE
4 OUPATIENT SERVICE CENTER OSC 11141 PARKVIEW PLAZA DR FORT WAYNE, IN 46845	OP AMBULATORY
5 PARKVIEW CMP AMBULATORY SITE 1818 CAREW ST FORT WAYNE, IN 46805	OP AMBULATORY
6 EYE SURGERY INSTITUTE 1818 CAREW ST, SUITE 020 FORT WAYNE, IN 46805	AMBULATORY SURGERY CENTER
7 CAREW MRI 2110 CAREW STREET FORT WAYNE, IN 46825	OP AMBULATORY
8 PARKVIEW REHAB OP CLINIC 2622 LAKE AVE FORT WAYNE, IN 46805	OP REHAB SERVICES
10 PARKVIEW CHILDRENS REHAB CLINIC 1900 CAREW STREET, SUITE 2 FORT WAYNE, IN 46805	OP REHAB SERVICES
11 SOUTHWEST SLEEP CENTER 1625 MAGNAVOX WAY, SUITE A FORT WAYNE, IN 46804	OP SLEEP CENTER

Part V Facility Information (continued)

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

(list in order of size, measured by total revenue per facility, from largest to smallest)

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

Name and address	Type of Facility (describe)
12 PARKVIEW YMCA 10001 DAWSON'S CREEK BLVD FORT WAYNE, IN 46845	OP REHAB SERVICES
13 PARKVIEW NEW HAVEN AMBULATORY SITE 1331 MINNICH RD NEW HAVEN, IN 46774	OP AMBULATORY
14 PARKVIEW CYTOGENETICS 11141 PARKVIEW PLAZA DR FORT WAYNE, IN 46845	REFERENCE LAB
15 PARKVIEW RESEARCH CENTER 2426 EAST STATE BLVD FORT WAYNE, IN 46825	CLINICAL RESEARCH
16 PARKVIEW WOODLAND PLAZA AMBULATORY SI 1234 DUPONT RD FORT WAYNE, IN 46845	OP AMBULATORY
17 CHILDREN'S EDUCARE CENTER 2125 BEACON STREET FORT WAYNE, IN 46805	CHILDCARE CENTER
18 PARKVIEW HEALTH & FITNESS 3000 E STATE BLVD FORT WAYNE, IN 46805	HEALTH FITNESS
19 PARKVIEW SOUTHWEST AMBULATORY SITE 10515 ILLINOIS RD FORT WAYNE, IN 46814	OP AMBULATORY
20 WOMEN'S HEALTH CENTER 11123 PARKVIEW PLAZA DR FORT WAYNE, IN 46845	WOMEN'S HEALTH ISSUES
21 CMP - CHILDREN SPECIALTY CLINIC 1818 CAREW ST, SUITE 120 FORT WAYNE, IN 46805	OP SPECIALTY CLINIC

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: ELIGIBILITY CRITERIA FOR FREE OR DISCOUNTED CARE

PARKVIEW HOSPITAL, INC. PROVIDES DISCOUNTED CARE TO UNINSURED PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IF THE PATIENT ULTIMATELY QUALIFIES FOR CHARITY CARE USING THE 200% FPG, THE REMAINING BALANCE AFTER THE DISCOUNT IS WRITTEN OFF TO CHARITY.

PART I, LINE 7: COSTING METHODOLOGY USED TO CALCULATE CHARITY CARE

PART I, LINE 7A

PARKVIEW HOSPITAL, INC. IS COMMITTED TO PROVIDING CHARITY CARE TO PATIENTS UNABLE TO MEET THEIR FINANCIAL OBLIGATIONS. IT IS FURTHERMORE THE POLICY OF PARKVIEW HOSPITAL, INC. NOT TO WITHHOLD OR DENY ANY REQUIRED MEDICAL CARE AS A RESULT OF A PATIENT'S FINANCIAL INABILITY TO PAY HIS/HER MEDICAL EXPENSES.

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

Part VI Supplemental Information

PART I, LINE 7B

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

PART I, LINE 7C

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

Part VI Supplemental Information

MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF HIP SERVICES RENDERED. THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR HIP PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

PART I, LINE 7E

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

PART I, LINE 7F

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

PART I, LINE 7G

AMOUNTS PRESENTED REPRESENT ACTUAL SPEND RELATIVE TO LOSSES SUSTAINED BY PHYSICIAN PRACTICES AND OTHER CLINICAL OPERATIONS AND SERVICES. SUBSIDIZED LOSSES EXCLUDE BAD DEBT AND REFLECT ASSISTANCE REQUIRED TO SUPPORT THE OPERATIONS OF THE VARIOUS OFFICES, CLINICS AND SERVICES, SUCH AS EMS/AMBULANCE SERVICES, BEYOND CASH COLLECTIONS AND OPERATING EXPENSES AND ARE PROVIDED TO SUSTAIN SERVICES IN THESE FACILITIES AND MEET THE NEEDS OF OUR MISSION TO OUR COMMUNITIES.

PART I, LINE 7H

AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO SUPPORT THE RESEARCH CONDUCTED BY THE PARKVIEW RESEARCH CENTER. SPEND IS BASED ON THE OPERATING EXPENSES ASSOCIATED WITH RESEARCH ACTIVITIES OVER AND ABOVE GRANTS AND OTHER REVENUE RECEIVED BY THE CENTER.

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PART I, LINE 7I

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

PART I, LINE 7G: SUBSIDIZED HEALTH SERVICES

PARKVIEW HOSPITAL, INC. INCLUDED \$11,075,590 IN COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC AS SUBSIDIZED HEALTH SERVICES.

PART I, LN 7 COL(F): PERCENT OF TOTAL EXPENSES

PARKVIEW HOSPITAL, INC. EXCLUDED \$32,031,086 OF BAD DEBT EXPENSE.

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

PARKVIEW HOSPITAL, INC. HAS A STRONG COMMITMENT TO THE VITALITY OF THE LOCAL COMMUNITY AND TO THE NORTHEAST INDIANA REGION AND INVESTS IN ENHANCING VARIOUS ASPECTS OF THE COMMUNITY THAT HELP TO IMPROVE THE HEALTH OF THE COMMUNITY.

PHYSICAL IMPROVEMENTS AND HOUSING:

PARKVIEW HOSPITAL, INC. REPORTED SEVERAL PHYSICAL IMPROVEMENTS THAT PROMOTE NEIGHBORHOOD REVITALIZATION, I.E., RENOVATIONS AT A NEARBY BRANCH OF THE ALLEN COUNTY PUBLIC LIBRARY, AND ENHANCE THE INFRASTRUCTURE FOR

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PHYSICAL ACTIVITY, I.E., THE SLEN TRAIL PROJECT. THE HOSPITAL ALSO HAS A LONG-TERM INVESTMENT IN AN ON-GOING SEWER IMPROVEMENT PROJECT.

ECONOMIC DEVELOPMENT:

THROUGH THE SUPPORT OF VARIOUS LOCAL ART PROGRAMS, PARKVIEW HOSPITAL, INC. IS FOCUSED ON IMPROVING LOCAL ECONOMIC VITALITY THAT ULTIMATELY AFFECTS THE HEALTH AND WELL BEING OF AREA RESIDENTS.

COMMUNITY SUPPORT:

PARKVIEW HOSPITAL, INC. PARTNERED WITH THE ALLEN COUNTY UNITED WAY TO PARTICIPATE IN THE ANNUAL DAY OF CARING AND DONATED NEW EDUCATIONAL EQUIPMENT AND SUPPLIES TO THE NEIGHBORHOOD EARLY CHILDHOOD ALLIANCE DAY CARE AND PRE-SCHOOL.

COALITION BUILDING:

PARKVIEW HOSPITAL, INC. HOSTED A CHILDREN'S HEALTH SUMMIT IN ORDER TO GAIN INSIGHT FROM LOCAL AGENCIES THAT SERVE CHILDREN, PROVIDE EDUCATION ON COLLABORATIVE COMMUNITY INITIATIVES AND PROVIDE A VENUE FOR NETWORKING WITH REPRESENTATIVES FROM LOCAL ORGANIZATIONS THAT SHARE THE SAME GOALS RELATED TO IMPROVING CHILDREN'S HEALTH.

WORKFORCE DEVELOPMENT:

PARKVIEW HOSPITAL, INC. PROMOTES HEALTH CARE CAREERS THROUGH STUDENT JOB SHADOWING AND INTERNSHIP PROGRAMS IN VARIOUS HEALTH CARE AREAS THROUGHOUT THE ORGANIZATION.

PART III, LINE 4: BAD DEBT EXPENSE - FINANCIAL STATEMENT FOOTNOTE

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TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE:

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR BAD DEBTS BASED UPON THESE INDICATORS AND ACCOUNTS RECEIVABLE PAYOR COMPOSITION AND AGING AND CONSIDERING HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY AND AGING. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBT AND TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR BAD DEBTS. IN ADDITION, PH FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES.

COSTING METHODOLOGY USED:

UNCOLLECTIBLE PATIENT ACCOUNTS ARE CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH THE POLICIES OF PARKVIEW HOSPITAL, INC. THE BAD DEBT EXPENSE REPORTED ON LINE 2 IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. HOWEVER, DURING THE COLLECTION PROCESS THERE IS A CONTINUOUS EFFORT TO DETERMINE IF THE PATIENT QUALIFIES FOR CHARITY. THEREFORE, ONCE AN UNCOLLECTIBLE ACCOUNT HAS BEEN CHARGED OFF AND IT IS DETERMINED THROUGH THE COLLECTION PROCESS THAT THE PATIENT QUALIFIES FOR CHARITY CARE, THE UNCOLLECTIBLE ACCOUNT IS RECLASSIFIED TO CHARITY AND ALL COLLECTION EFFORTS CEASE.

PARKVIEW HOSPITAL, INC. PROVIDES HEALTH CARE SERVICES THROUGH VARIOUS PROGRAMS THAT ARE DESIGNED, AMONG OTHER THINGS, TO ENHANCE THE HEALTH OF THE COMMUNITY AND IMPROVE THE HEALTH OF AT-RISK POPULATIONS. IN ADDITION,

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PARKVIEW HOSPITAL, INC. PROVIDES SERVICES INTENDED TO BENEFIT THE POOR AND UNDERSERVED, INCLUDING THOSE PERSONS WHO CANNOT AFFORD HEALTH INSURANCE DUE TO INADEQUATE RESOURCES OR WHO ARE UNINSURED OR UNDERINSURED.

PART III, LINE 8: COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS

SUBSTANTIAL SHORTFALLS ARISE FROM PAYMENTS THAT ARE LESS THAN THE COST TO PROVIDE THE CARE OR SERVICES AND DO NOT INCLUDE ANY AMOUNTS RELATING TO INEFFICIENT OR POOR MANAGEMENT. PARKVIEW HOSPITAL, INC. ACCEPTS ALL MEDICARE PATIENTS, AS REFLECTED ON THE YEAR-END MEDICARE COST REPORT, WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. HOWEVER, MEDICARE PAYMENTS REPRESENT A PROXY OF COST CALLED THE "UPPER PAYMENT LIMIT." IT HAS HISTORICALLY BEEN ASSUMED THAT UPPER PAYMENT LIMIT PAYMENTS DO NOT GENERATE A SHORTFALL. AS A RESULT, PARKVIEW HOSPITAL, INC. HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS AS PART OF THE COMMUNITY BENEFIT REPORT THAT IS SUBMITTED TO THE STATE OF INDIANA. PARKVIEW HOSPITAL, INC. RECOGNIZES THAT THE SHORTFALL FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS. AS SUCH, THE TOTAL SHORTFALL OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION.

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PART III, LINE 9B: COLLECTION PRACTICES FOR PATIENTS ELIGIBLE FOR CHARITY CARE

THE LAST PARAGRAPH OF THE PAYMENT POLICY STATES:

"FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR THOSE PATIENTS WHO CANNOT PAY THEIR BILL. THOSE OPTIONS ARE WELFARE ASSISTANCE OR FREE CARE THROUGH THE HOSPITAL CHARITY PROGRAM. (SEE CHARITY CARE POLICY.) PATIENTS WILL BE INSTRUCTED TO CONTACT A COUNSELOR TO DISCUSS THE AVAILABLE OPTIONS."

ADDITIONALLY, THERE IS AN ONGOING EFFORT THROUGHOUT THE COLLECTION PROCESS TO SCREEN FOR MEDICAID ELIGIBILITY AND THE NEED FOR PROVIDING CHARITY CARE APPLICATIONS TO PATIENTS. IF A PATIENT MAY BE ELIGIBLE FOR MEDICAID, THE HOSPITAL PROVIDES A SERVICE TO OUR PATIENTS THAT HELPS THEM APPLY FOR MEDICAID WITH THE STATE IN WHICH THEY RESIDE. IF A PATIENT IS APPROVED FOR CHARITY CARE, THEIR ACCOUNT IS WRITTEN OFF AND COLLECTION EFFORTS CEASE.

PART VI, LINE 2: DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES.

PARKVIEW HOSPITAL, INC. COLLABORATED AS A FUNDING PARTNER WITH THE ST. JOSEPH COMMUNITY HEALTH FOUNDATION, THE LUTHERAN FOUNDATION, AND THE FORT WAYNE-ALLEN COUNTY DEPARTMENT OF HEALTH TO FACILITATE THE 2006 ALLEN COUNTY, INDIANA LOW-INCOME HEALTH SURVEY. PROFESSIONAL RESEARCH CONSULTANTS, INC., A NATIONAL HEALTHCARE RESEARCH FIRM, WAS ENGAGED TO CONDUCT THE STUDY. THIS LOW-INCOME COMMUNITY HEALTH ASSESSMENT WAS UNDERTAKEN TO BETTER UNDERSTAND THE HEALTH STATUS, RISKS, AND BEHAVIORS OF ALLEN COUNTY ADULTS AND FAMILIES, WHO, BECAUSE OF LOWER SOCIO-ECONOMIC STATUS, MAY FACE GREATER BARRIERS TO ACCESSING HEALTH CARE SERVICES. THE

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STUDY FOCUSED ON THOSE WHOSE HOUSEHOLD INCOME WAS UP TO 200% OF THE FEDERAL POVERTY LEVEL.

THIS SURVEY WAS INITIATED AS A PROJECT OF THE HEALTHCARE ACCESS PROGRAM (HAP). THE MISSION OF HAP IS TO CONVENE LOCAL LOW-COST, NO-COST HEALTHCARE PROVIDERS TO SERVE AS A CENTER OF EXCELLENCE IN ORGANIZING AND ADMINISTERING PROGRAMS THAT INCREASE QUALITY AND EFFICIENCY, AND REDUCE THE COST OF HEALTHCARE FOR THE UNINSURED AND UNDERINSURED RESIDENTS OF ALLEN COUNTY, INDIANA. PARTICIPANTS OF HAP INCLUDE MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINICS, FORT WAYNE MEDICAL EDUCATION PROGRAM, FORT WAYNE-ALLEN COUNTY DEPARTMENT OF HEALTH, PARKVIEW HEALTH, LUTHERAN HEALTH NETWORK, ST. JOSEPH COMMUNITY HEALTH FOUNDATION, AND THE FORT WAYNE MEDICAL SOCIETY. THIS PROJECT REPRESENTS A STEP IN THE LONG-TERM VISION OF IMPROVING THE HEALTH AND WELLNESS OF LOW-INCOME RESIDENTS IN ALLEN COUNTY.

INTERVIEWS WERE RANDOMLY CONDUCTED WITH 454 LOW-INCOME RESIDENTS AGE 18 AND OVER IN THE FOLLOWING ZIP CODES IN ALLEN COUNTY, INDIANA: 46802, 46803, 46805, 46806, 46807, 46808, AND 46816. THE SURVEY RESULTS REPRESENT A MAXIMUM ERROR RATE OF PLUS OR MINUS 4.6% AT THE 95 PERCENT LEVEL OF CONFIDENCE. A MINIMUM OF 100 SURVEYS WERE COMPLETED FOR BOTH AFRICAN-AMERICAN AND FOR HISPANIC RESPONDENTS. A TELEPHONE INTERVIEW METHODOLOGY WAS EMPLOYED. THE SURVEY INSTRUMENT USED FOR THIS STUDY WAS LARGELY BASED ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AS WELL AS OTHER PUBLIC HEALTH SURVEYS AND CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND RECOGNIZED HEALTH ISSUES.

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THE RESULTS WERE ALSO DISSEMINATED TO THE PUBLIC DURING SEVERAL COMMUNITY HEALTH PRESENTATIONS CONDUCTED DURING THE SPRING OF 2007. THE PURPOSE OF THE PRESENTATIONS WAS TO CALL ATTENTION TO THIS COMMUNITY HEALTH STATUS RESEARCH AND TO GENERATE INTEREST AMONG COMMUNITY ORGANIZATIONS AND COMMUNITY LEADERS WHO PLAY A ROLE IN COMMUNITY HEALTH IMPROVEMENT.

IN CONJUNCTION WITH PARKVIEW HEALTH SYSTEM, INC., PARKVIEW HOSPITAL, INC. PARTICIPATED IN A COMMUNITY HEALTH ASSESSMENT IN LATE 2007. PROFESSIONAL RESEARCH CONSULTANTS, INC. OF OMAHA, NEBRASKA, WAS ENGAGED TO CONDUCT THE SURVEY AND TO PROVIDE AN EVALUATION OF THE STUDY.

THE SURVEY SAMPLE INCLUDED 1,400 RESIDENTS AGE 18 AND OLDER OF ALLEN, HUNTINGTON, LAGRANGE, NOBLE, AND WHITLEY COUNTIES. A TELEPHONE INTERVIEW METHODOLOGY WAS EMPLOYED. THE SURVEY INSTRUMENT USED FOR THIS STUDY WAS LARGELY BASED ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AS WELL AS OTHER PUBLIC HEALTH SURVEYS AND CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND RECOGNIZED HEALTH ISSUES.

THE INFORMATION FROM BOTH OF THESE SURVEYS WILL BE A VALUABLE TOOL AS WE SEEK AND PRIORITIZE OPPORTUNITIES TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE AND AS WE IDENTIFY OPPORTUNITIES FOR COLLABORATION AMONG COMMUNITY ORGANIZATIONS AND LEADERS. PARKVIEW HOSPITAL, INC. REPRESENTATIVES HAVE RELATIONSHIPS THROUGHOUT THE COMMUNITY AND MEET REGULARLY WITH VARIOUS ORGANIZATIONS THAT SHARE PARKVIEW HOSPITAL, INC.'S MISSION OF IMPROVING THE HEALTH OF THE COMMUNITIES THAT WE SERVE INCLUDING

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THE ALLEN COUNTY BOARD OF HEALTH.

PART VI, LINE 3: DESCRIBE HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

-AT POINT OF REGISTRATION OR SCHEDULING, IF A PATIENT EXPRESSES THEIR INABILITY TO PAY, THE REGISTRAR OR SCHEDULER WILL REFER THE PATIENT TO A FINANCIAL COUNSELOR OR WILL PROVIDE FINANCIAL COUNSELING CONTACT INFORMATION IN THE FORM OF A BUSINESS CARD TO THE PATIENT OUTSIDE OF NORMAL BUSINESS HOURS.

-SIGNAGE IN THE EMERGENCY DEPARTMENT AND CASHIER AREAS INFORMS THE PATIENT OF THEIR RIGHT TO RECEIVE CARE REGARDLESS OF THEIR ABILITY TO PAY AND TELLS THEM THEY MAY BE ELIGIBLE FOR GOVERNMENTAL ASSISTANCE.

-THE PATIENT'S INITIAL STATEMENT INSTRUCTS THE PATIENT TO CALL THE PATIENT ACCOUNTING DEPARTMENT IF THEY CANNOT PAY IN FULL. THE PATIENT ACCOUNTING CALL CENTER COLLECTORS SCREEN AND OFFER FREE CARE APPLICATIONS TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS.

-THE ONLINE ACCOUNT MANAGER OF PARKVIEW HOSPITAL, INC.'S WEBSITE (WWW.PARKVIEW.COM) CONTAINS INFORMATION ON HOW TO CONTACT THE PATIENT ACCOUNTING DEPARTMENT FOR PAYMENT OPTIONS OR FREE CARE ELIGIBILITY.

-ALL UNINSURED OR UNDERINSURED PATIENTS WHO ARE INPATIENT OR OBSERVATION STATUS ARE VISITED BY FINANCIAL COUNSELORS. THE FINANCIAL COUNSELORS

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PROVIDE PAYMENT OPTIONS INCLUDING SCREENING FOR FREE CARE AND PROVIDE THE PATIENT WITH FREE CARE APPLICATIONS.

-OUTBOUND PHONE CALLS ARE MADE TO PATIENTS TO SET UP PAYMENT ARRANGEMENTS. IF A PATIENT CANNOT MAKE PAYMENT ON THEIR ACCOUNT, THE PATIENT WILL BE SCREENED FOR FREE CARE AND PROVIDED WITH AN APPLICATION TO APPLY FOR FREE CARE.

-IF A PATIENT'S ACCOUNT IS PLACED WITH A COLLECTION AGENCY, THE AGENCY IS INSTRUCTED TO SCREEN FOR FREE CARE IF THE PATIENT EXPRESSES THEIR INABILITY TO PAY.

PART VI, LINE 4: DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES.

PARKVIEW HOSPITAL, INC. PRIMARILY SERVES THE ALLEN COUNTY COMMUNITY. AS A REGIONAL HOSPITAL AND A LEVEL II TRAUMA CENTER, PARKVIEW HOSPITAL, INC. ALSO SERVES SURROUNDING COMMUNITIES TO SOME EXTENT.

ALLEN COUNTY IS THE URBAN AREA THAT RESIDES IN PARKVIEW HEALTH'S SERVICE AREA. BASED ON 2010 DATA, THE POPULATION OF THE COUNTY IS APPROXIMATELY 355,329, OF WHICH 71% OF THE POPULATION INHABITS THE CITY OF FORT WAYNE. NEW HAVEN IS THE LARGEST TOWN AND ACCOUNTS FOR 4.2% OF THE ALLEN COUNTY POPULATION.

IN 2008, APPROXIMATELY 11.5% OF THE POPULATION WAS REPORTED BELOW THE FEDERAL POVERTY LEVEL. THE PER CAPITA PERSONAL (ANNUAL) INCOME WAS

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\$34,652 AND THE MEDIAN HOUSEHOLD INCOME WAS \$49,110. AS OF JUNE 2010, UNEMPLOYMENT STOOD AT 10.4%.

ACCORDING TO THE JANUARY 2009 FEDERAL REPORT, THE SOUTH SIDE SERVICE AREA OF FORT WAYNE WAS DESIGNATED AS A MEDICALLY UNDERSERVED AREA (MUA).

ACCORDING TO THE DECEMBER 2009 INDIANA HEALTH COVERAGE PROGRAM ENROLLMENT DATA, 15.7% OF ALLEN COUNTY RESIDENTS ARE ENROLLED IN MEDICAID.

PART VI, LINE 5: PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E.G. OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC.).

PARKVIEW HOSPITAL, INC.'S BOARD OF DIRECTORS IS COMPRISED OF MEMBERS, OF WHICH SUBSTANTIALLY ALL ARE INDEPENDENT COMMUNITY MEMBERS. A MAJORITY OF THE BOARD RESIDES IN PARKVIEW HOSPITAL, INC.'S PRIMARY SERVICE AREA. PARKVIEW HOSPITAL, INC. ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON PARKVIEW HOSPITAL, INC. TO BE STANDING BY WITH EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR. THE EMERGENCY DEPARTMENT IS STAFFED WITH BOARD-CERTIFIED EMERGENCY CARE PHYSICIANS AND A NURSING STAFF THAT IS TRAINED AND EXPERIENCED IN EMERGENCY CARE. FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY.

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PARKVIEW HOSPITAL, INC.'S EMERGENCY DEPARTMENT ALSO CONNECTS CRITICALLY ILL OR INJURED PATIENTS WITH THE SPECIALIZED CARE THEY NEED - THROUGH ACCESS TO THE REGION'S FIRST VERIFIED LEVEL II ADULT AND PEDIATRIC TRAUMA CENTER, ACCREDITED CHEST PAIN CENTER AND THE CERTIFIED PARKVIEW STANLEY WISSMAN STROKE CENTER. PATIENTS RECEIVING EMERGENCY CARE AT PARKVIEW HOSPITAL, INC. MAY ALSO SEE SPECIALISTS IN ORTHOPAEDICS, NEUROSURGERY, PLASTIC SURGERY AND MANY MORE.

BECAUSE THE FIRST HOUR AFTER AN EMERGENCY IS THE MOST CRITICAL, PARKVIEW HOSPITAL, INC. ESTABLISHED THE SAMARITAN FLIGHT PROGRAM FOR RAPID AIR TRANSPORT. THE TWO SAMARITAN HELICOPTERS ARE AVAILABLE FOR DISPATCH 24 HOURS A DAY, WITH A HIGHLY TRAINED CREW AND ADVANCED ON-BOARD TRAUMA TECHNOLOGY.

ADDITIONALLY, DATA OBTAINED THROUGH PERIODIC COMMUNITY HEALTH ASSESSMENTS, PHYSICIAN SURVEYS, AND TREND AND TREATMENT ANALYSIS IS UTILIZED IN THE ORGANIZATION'S STRATEGIC PLANNING PROCESS IN IDENTIFYING COMMUNITY HEALTH NEEDS. AS A RESULT OF THIS STRATEGIC PLANNING PROCESS, PARKVIEW HOSPITAL, INC. HAS ESTABLISHED SEVERAL PRIORITY AREAS. THESE PRIORITY AREAS ARE ALIGNED WITH PARKVIEW HOSPITAL, INC.'S MISSION, VISION, AND GOALS, AND HELP DIRECT THE TYPES OF HEALTH INITIATIVES THAT THE HOSPITAL UNDERTAKES. PRIORITY AREAS INCLUDE THE FOLLOWING:

PRIMARY HEALTH CARE/ACCESS TO HEALTH CARE

-ADDITIONAL RECRUITMENT AND TRAINING OF PRIMARY CARE PHYSICIANS FOR THE COMMUNITY

-EXPANSION OF PRIMARY CARE ACCESS AND NON-TRADITIONAL HOURS OF PRACTICE

-CONTINUED SUPPORT OF PROGRAMS PROVIDING PRIMARY CARE TO THE UNINSURED

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- PROGRAMS TO INCREASE DISTRIBUTION OF FREE MEDICATIONS TO THE POOR
- PROMOTION OF HEALTH CAREERS, PARTICULARLY THOSE IN WHICH THE COMMUNITY IS EXPERIENCING A CURRENT SHORTAGE OF HEALTH CARE PROFESSIONALS
- SUPPORT FOR ACTIVITIES WHICH INCREASE THE AFFORDABILITY AND ACCESSIBILITY OF HEALTH INSURANCE TO THE UNINSURED.

HEALTH SCREENING AND PREVENTION

- CANCER SCREENING PROGRAMS, PARTICULARLY MAMMOGRAM, COLORECTAL, AND PROSTATE SCREENING
- TOBACCO CESSATION PROGRAMS
- INJURY PREVENTION FOR YOUNG PEOPLE
- EDUCATION, SCREENING AND PREVENTION OF SEXUALLY TRANSMITTED DISEASES
- DIABETES EDUCATION AND SCREENING
- CARDIOVASCULAR DISEASE EDUCATION AND SCREENING
- PNEUMONIA VACCINATIONS FOR INDIVIDUALS AGE 65 AND OLDER
- PROGRAMS TO REDUCE DANGEROUS DRIVING

DISEASE MANAGEMENT

- CARDIOVASCULAR DISEASE
- CANCER
- MENTAL ILLNESSES
- TRAUMA AND ORTHOPAEDIC AILMENTS
- WOMEN AND CHILDREN'S MEDICINE WITH AN EMPHASIS ON CHILDREN'S ASTHMA
- DIABETES AND OBESITY

HEALTH INNOVATION, EDUCATION, AND RESEARCH AND DEVELOPMENT

THIS AREA CONCENTRATES ON OPPORTUNITIES FOR:

- ENHANCING HEALTH CARE EDUCATION, MEDICAL RESEARCH, AND TECHNOLOGY

Part VI Supplemental Information-PROMOTING ECONOMIC AND OTHER DEVELOPMENT OF THE COMMUNITY

PARKVIEW HOSPITAL, INC. ANNUALLY FUNDS COMMUNITY HEALTH IMPROVEMENT EFFORTS. THESE FUNDS ARE USED TO SUPPORT HEALTH-RELATED, COMMUNITY-BASED PROGRAMS, PROJECTS AND ORGANIZATIONS. THESE FUNDS ARE ALSO USED TO SUPPORT A PORTION OF PARKVIEW HOSPITAL, INC.'S COMMUNITY OUTREACH PROGRAMS AND HEALTH INITIATIVES. THE EMPHASIS WITH THESE PROJECTS CONTINUES TO BE ON IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE.

PARKVIEW HOSPITAL, INC. PROVIDES A COMMUNITY-BASED NURSING PROGRAM THAT PROVIDES SUPPORT AND EDUCATION TO THOUSANDS OF CHILDREN AND THEIR FAMILIES EACH YEAR. OTHER PARKVIEW HOSPITAL, INC. OUTREACH PROGRAMS INCLUDE MEDICATION ASSISTANCE, MOBILE MAMMOGRAPHY, NUTRITION EDUCATION AND TRAUMA PREVENTION.

SOME LOCAL HEALTH PARTNERS THAT ADDRESS ACCESS TO HEALTH CARE INCLUDE MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINIC, SUPER SHOT, CANI COVERING KIDS AND FAMILIES, AND CANCER SERVICES OF NORTHEAST INDIANA. IN ADDITION, PARKVIEW HOSPITAL, INC. PROVIDES FUNDING TO THREE LOCAL ORGANIZATIONS THAT PROVIDE MEDICAL TRANSPORTATION THROUGHOUT THE COMMUNITY.

A COMMITTEE OF COMMUNITY LEADERS, MADE UP OF MEMBERS OF THE PARKVIEW HOSPITAL, INC. BOARD, AS WELL AS REPRESENTATION FROM THE PARKVIEW HOSPITAL, INC. STAFF, MEET REGULARLY TO ESTABLISH OR AFFIRM FUNDING PRIORITIES FOR PARKVIEW HOSPITAL, INC.'S COMMUNITY HEALTH IMPROVEMENT PROGRAM. PARKVIEW HOSPITAL, INC. PROACTIVELY SEEKS TO BUILD COMMUNITY PARTNERSHIPS AND COLLABORATIONS IN DEVELOPING AND IMPLEMENTING HEALTH

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INITIATIVES. PARKVIEW HOSPITAL, INC. IS DEDICATED TO THE INVESTMENT OF TIME AND RESOURCES IN THE PROCESS AND CHALLENGES OF IMPROVING THE HEALTH OF THE COMMUNITY. OUR GOAL IS TO UTILIZE BEST PRACTICES AND INNOVATIVE METHODS TO IMPROVE THE HEALTH OF THE COMMUNITY, PARTICULARLY FOR THE UNDERSERVED.

PARKVIEW RESEARCH CENTER PROVIDES CLINICAL RESEARCH SERVICES TO PARKVIEW HEALTH SYSTEM, INC. PHYSICIANS AND HAS DEVELOPED AREAS OF SPECIALIZATION IN CARDIOLOGY, NEUROLOGY, RADIATION ONCOLOGY, EMERGENCY MEDICINE, AND CRITICAL CARE.

IN AN EFFORT TO BEST MEET PATIENT NEEDS, ALL AREA QUALIFIED PHYSICIANS MAY APPLY FOR PRIVILEGES AT PARKVIEW HOSPITAL, INC.

CURRENTLY UNDER CONSTRUCTION AND SLATED TO OPEN MARCH 2012, THE PARKVIEW REGIONAL MEDICAL CENTER ON THE PARKVIEW HOSPITAL, INC. NORTH CAMPUS REPRESENTS A SIGNIFICANT INVESTMENT IN THE LOCAL COMMUNITY AND THE NORTHEAST INDIANA REGION. THE CENTER WILL BLEND THE LATEST MEDICAL TECHNOLOGY WITH THE BEST POSSIBLE PATIENT-CENTERED CARE AND PROVIDE GREATER ACCESS TO HEALTH CARE FOR THE ENTIRE REGION. THE PARKVIEW HOSPITAL, INC. CAMPUS LOCATED IN NORTH CENTRAL FORT WAYNE WILL RECEIVE A FACELIFT AND REMAIN A VITAL PART OF THE LOCAL NEIGHBORHOOD. IN ADDITION, PARKVIEW HOSPITAL, INC. WILL BE PARTNERING WITH THE LIFE SCIENCE AND RESEARCH CONSORTIUM OF NORTHEAST INDIANA TO CREATE A CAMPUS FOR ACADEMIC PROGRAMS AND RESEARCH TIED TO BEHAVIORAL HEALTH, REHABILITATION, AND SENIOR CARE.

PART VI, LINE 6: IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH

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CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED.

PARKVIEW HEALTH SYSTEM, INC. (PARKVIEW), A HEALTH CARE SYSTEM SERVING NORTHEAST INDIANA, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC., COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., COMMUNITY HOSPITAL OF NOBLE COUNTY, INC., WHITLEY MEMORIAL HOSPITAL, INC. AND HUNTINGTON MEMORIAL HOSPITAL, INC. AS WELL AS 60% OWNERSHIP IN THE JOINT VENTURE OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC. PARKVIEW CONTRIBUTES TO THE SUCCESS OF NORTHEAST INDIANA BY MANAGING ITS FACILITIES, EFFICIENTLY PROVIDING AND DELIVERING ITS SERVICES, AND THROUGH SUPPORTING LOCAL BUSINESSES AND ACTIVITIES. PARKVIEW SEEKS TO CREATE ALIGNMENT OPPORTUNITIES TO DELIVER COMPREHENSIVE HIGH-QUALITY CARE THAT BENEFITS ITS PATIENTS, COMMUNITIES, PHYSICIANS, AND CO-WORKERS.

PARKVIEW PRIDES ITSELF IN NOT ONLY OFFERING THE HIGHEST LEVEL OF CARE TO ITS PATIENTS BUT ALSO IN PROVIDING A WORKPLACE THAT IS SECOND TO NONE FOR ITS PHYSICIANS, NURSES AND STAFF. PARKVIEW'S MISSION IS TO PROVIDE QUALITY HEALTH SERVICES TO ALL WHO ENTRUST THEIR CARE TO US, AND WE WILL WORK TO IMPROVE THE HEALTH OF OUR COMMUNITIES. PARKVIEW BELIEVES THAT THE COMMUNITIES IT SERVES SHOULD ALL HAVE THE PEACE OF MIND THAT COMES WITH ACCESS TO COMPASSIONATE, HIGH-QUALITY HEALTH CARE, REGARDLESS OF WHETHER THE CARE IS DELIVERED IN A RURAL OR URBAN SETTING.

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