

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

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 HEALTH SYSTEM, INC.** Employer identification number **35-1972384**

**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	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG to determine eligibility for providing discounted care? 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 _____ %		X
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a Did the organization prepare a community benefit report during the tax year?		X
b If "Yes," did the organization make it available to the public?		

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 Worksheet 1)			133,518.		133,518.	.04%
b Medicaid (from Worksheet 3, column a)			1434585.	539,715.	894,870.	.28%
c Costs of other means-tested government programs (from Worksheet 3, column b)			699,430.	642,811.	56,619.	.02%
d Total Financial Assistance and Means-Tested Government Programs			2267533.	1182526.	1085007.	.34%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)			481,862.	51,139.	430,723.	.14%
f Health professions education (from Worksheet 5)			629,168.		629,168.	.20%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			420,965.		420,965.	.13%
j Total Other Benefits			1531995.	51,139.	1480856.	.47%
k Total. Add lines 7d and 7j			3799528.	1233665.	2565863.	.81%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			2621674.		2621674.	.82%
2 Economic development			350,000.		350,000.	.11%
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			789,182.		789,182.	.25%
9 Other						
10 Total			3760856.		3760856.	1.18%

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X	
2 Enter the amount of the organization's bad debt expense	2   7,398,271.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy	3   19,318.		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME)	5   5,221,997.		
6 Enter Medicare allowable costs of care relating to payments on line 5	6   7,695,549.		
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7   -2,473,552.		
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures (see instructions)**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 IMAGING SERVICES HOLDING COMPANY, LLC	HOLDING COMPANY	50.00%		50.00%
2 ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC	ORTHOPAEDIC HOSPITAL	60.00%		40.00%
3 PREMIER SURGERY CENTER, LLC	SURGERY CENTER	50.00%		50.00%



**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: ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,

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

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
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.....	1	
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 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 .....	3	
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 .....	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? .....	5	
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 .....	7	
<b>Financial Assistance Policy</b>		
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? .....	8	X
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? .....	9	X
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care? .....		X
If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %		
If "No," explain in Part VI the criteria the hospital facility used.		
11 Explained the basis for calculating amounts charged to patients? .....		X
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? .....	X	
13 Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input 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 checked="" 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 (FAP) that explained actions the hospital facility may take upon non-payment? .....	14	X	
15 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:			
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 similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? .....	16		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
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 similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e <input type="checkbox"/> Other (describe in Part VI)			

**Part V Facility Information** (continued) ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,

**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
<b>18</b>	<input checked="" type="checkbox"/>	

If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- 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)

**Individuals Eligible for Financial Assistance**

**19** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)

<b>20</b>		<input checked="" type="checkbox"/>
<b>21</b>		<input checked="" type="checkbox"/>

**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 FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....

If "Yes," explain in Part VI.

**Part V** Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 71

Name and address	Type of Facility (describe)
1 PARKVIEW PHYSICIANS' GROUP 1819 CAREW STREET FORT WAYNE, IN 46805	PHYSICIAN OFFICE
2 PARKVIEW PHYSICIANS' GROUP 3439 HOBSON ROAD FORT WAYNE, IN 46805	PHYSICIAN OFFICE
3 PARKVIEW PHYSICIANS' GROUP 11123 PARKVIEW PLAZA DR FORT WAYNE, IN 46845	PHYSICIAN OFFICE
4 PARKVIEW PHYSICIANS' GROUP 3909 NEW VISION DRIVE FORT WAYNE, IN 46845	PHYSICIAN OFFICE
5 IMAGING SYSTEMS HOLDINGS, LLC 3707 NEW VISION DRIVE FORT WAYNE, IN 46845	IMAGING SERVICES
6 FORT WAYNE ENDOSCOPY CENTER, LLC 3415 HOBSON ROAD FORT WAYNE, IN 46805	OUTPATIENT SERVICES
7 FOUNDATION SURGERY AFF OF FT WAYNE, L 8004 CARNEGIE BLVD. FORT WAYNE, IN 46804	SURGERY CENTER
8 PARKVIEW PHYSICIANS' GROUP 2003 STULTS ROAD HUNTINGTON, IN 46750	PHYSICIAN OFFICE
9 PARKVIEW PHYSICIANS' GROUP 104 NICHOLAS PLACE WAY AVILLA, IN 46710	PHYSICIAN OFFICE
10 PARKVIEW PHYSICIANS' GROUP 326 SAWYER ROAD KENDALLVILLE, IN 46755	PHYSICIAN OFFICE

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
11 PREMIER SURGERY CENTER, LLC 1333 MAYCREST DRIVE FORT WAYNE, IN 46805	SURGERY CENTER
12 PARKVIEW PHYSICIANS' GROUP 1515 HOBSON ROAD FORT WAYNE, IN 46805	PHYSICIAN OFFICE
13 PARKVIEW PHYSICIANS' GROUP 2710 LAKE AVE FORT WAYNE, IN 46805	PHYSICIAN OFFICE
14 PARKVIEW PHYSICIANS' GROUP 1331 MINNICH RD NEW HAVEN, IN 46774	PHYSICIAN OFFICE
15 PARKVIEW PHYSICIANS' GROUP 1722 BEACON ST. FORT WAYNE, IN 46805	PHYSICIAN OFFICE
16 PARKVIEW PHYSICIANS' GROUP 1721 BEACON ST. FORT WAYNE, IN 46805	PHYSICIAN OFFICE
17 PARKVIEW PHYSICIANS' GROUP 1720 BEACON ST. FORT WAYNE, IN 46805	PHYSICIAN OFFICE
18 PARKVIEW PHYSICIANS' GROUP 1391 N BALDWIN AVE MARION, IN 46952	PHYSICIAN OFFICE
19 PARKVIEW PHYSICIANS' GROUP 1818 CAREW STREET FORT WAYNE, IN 46805	PHYSICIAN OFFICE
20 PARKVIEW PHYSICIANS' GROUP 6130 TRIER RD FORT WAYNE, IN 46815	PHYSICIAN OFFICE

**Part V** Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
21 PARKVIEW PHYSICIANS' GROUP 885 CONNEXION WAY COLUMBIA CITY, IN 46725	PHYSICIAN OFFICE
22 PARKVIEW PHYSICIANS' GROUP 6108 MAPLECREST ROAD FORT WAYNE, IN 46835	PHYSICIAN OFFICE
23 PARKVIEW PHYSICIANS' GROUP 420 SAWYER ROAD KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
24 PARKVIEW PHYSICIANS' GROUP 11123 PARKVIEW PLAZA DR., SUITE 204 FORT WAYNE, IN 46845	PHYSICIAN OFFICE
25 PARKVIEW PHYSICIANS' GROUP 4665 S. STATE RD 5N SOUTH WHITLEY, IN 46787	PHYSICIAN OFFICE
26 PARKVIEW PHYSICIANS' GROUP 710 NORTH EAST STREET WABASH, IN 46992	PHYSICIAN OFFICE
27 PARKVIEW PHYSICIANS' GROUP 5104 N. CLINTON STREET FORT WAYNE, IN 46805	PHYSICIAN OFFICE
28 PARKVIEW PHYSICIANS' GROUP 5110 N. CLINTON STREET FORT WAYNE, IN 46825	PHYSICIAN OFFICE
29 NORTHEAST INDIANA CANCER CENTER, LLC 516 E. MAUMEE STREET ANGOLA, IN 46703	MEDICAL SERVICES
30 PARKVIEW PHYSICIANS' GROUP 207 N. TOWNLINE RD LAGRANGE, IN 46761	PHYSICIAN OFFICE

**Part V** Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
31 PARKVIEW PHYSICIANS' GROUP 344 N. MAIN STREET COLUMBIA CITY, IN 46725	PHYSICIAN OFFICE
32 PARKVIEW PHYSICIANS' GROUP 213 FAIRVIEW BLVD KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
33 PARKVIEW PHYSICIANS' GROUP 15707 OLD LIMA RD HUNTERTOWN, IN 46748	PHYSICIAN OFFICE
34 PARKVIEW PHYSICIANS' GROUP 401 SAWYER ROAD KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
35 PARKVIEW PHYSICIANS' GROUP 13430 MAIN STREET GRABILL, IN 46741	PHYSICIAN OFFICE
36 PARKVIEW PHYSICIANS' GROUP 2402 LAKE AVENUE FORT WAYNE, IN 46805	PHYSICIAN OFFICE
37 PARKVIEW PHYSICIANS' GROUP 10515 ILLINOIS ROAD FORT WAYNE, IN 46814	PHYSICIAN OFFICE
38 PARKVIEW PHYSICIANS' GROUP 4084 N. US HWY 33 CHURUBUSCO, IN 46723	PHYSICIAN OFFICE
39 PARKVIEW PHYSICIANS' GROUP 2510 E. DUPONT ROAD, SUITE 200 FORT WAYNE, IN 46825	PHYSICIAN OFFICE
40 PARKVIEW PHYSICIANS' GROUP 1464 LINCOLNWAY S LIGONIER, IN 46767	PHYSICIAN OFFICE

**Part V** Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
41 PARKVIEW PHYSICIANS' GROUP 1381 N. WAYNE STREET TOTAL ANGOLA, IN 46703	PHYSICIAN OFFICE
42 PARKVIEW PHYSICIANS' GROUP 1234 E DUPONT RD FORT WAYNE, IN 46825	PHYSICIAN OFFICE
43 PARKVIEW PHYSICIANS' GROUP 2600 N. DETROIT STREET LAGRANGE, IN 46761	PHYSICIAN OFFICE
44 PARKVIEW PHYSICIANS' GROUP 524 BRANCH COURT COLUMBIA CITY, IN 46725	PHYSICIAN OFFICE
45 PARKVIEW PHYSICIANS' GROUP 8028 CARNEGIE BLVD FORT WAYNE, IN 46804	PHYSICIAN OFFICE
46 PARKVIEW PHYSICIANS' GROUP 1836 IDA RED ROAD KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
47 PARKVIEW PHYSICIANS' GROUP 577 GEIGER DR STE C ROANOKE, IN 46783	PHYSICIAN OFFICE
48 PARKVIEW PHYSICIANS' GROUP 512 N. PROFESSIONAL WAY KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
49 PARKVIEW PHYSICIANS' GROUP U.S. HWY. 30 WEST 5 MATCHETT DR. PIERCETON, IN 46562	PHYSICIAN OFFICE
50 PARKVIEW PHYSICIANS' GROUP 817 TRAIL RIDGE ROAD ALBION, IN 46701	PHYSICIAN OFFICE

**Part V** Facility Information (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
51 PARKVIEW PHYSICIANS' GROUP 410 E. MITCHELL STREET KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
52 PARKVIEW PHYSICIANS' GROUP 8175 W US 20 SHIPSHEWANA, IN 46565	PHYSICIAN OFFICE
53 PARKVIEW PHYSICIANS' GROUP 301 E. MAUMEE ST. ANGOLA, IN 46703	PHYSICIAN OFFICE
54 PARKVIEW PHYSICIANS' GROUP 3217 LAKE AVENUE FORT WAYNE, IN 46805	PHYSICIAN OFFICE
55 PARKVIEW PHYSICIANS' GROUP 500 W. VOTAW STREET PORTLAND, IN 47371	PHYSICIAN OFFICE
56 PARKVIEW PHYSICIANS' GROUP 207 N. TOWNLINE ROAD, SUITE 204 LAGRANGE, IN 46761	PHYSICIAN OFFICE
57 PARKVIEW PHYSICIANS' GROUP 306 E. MAUMEE STREET ANGOLA, IN 46703	PHYSICIAN OFFICE
58 PARKVIEW PHYSICIANS' GROUP 208 N. COLUMBUS STREET HICKSVILLE, OH 43526	PHYSICIAN OFFICE
59 PARKVIEW PHYSICIANS' GROUP 800 W 600 N HOWE, IN 46746	PHYSICIAN OFFICE
60 PARKVIEW PHYSICIANS' GROUP 1129 FIRST STREET HUNTINGTON, IN 46750	PHYSICIAN OFFICE

**Part V** Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
61 PARKVIEW PHYSICIANS' GROUP 3303 TRIER ROAD, SUITE 1 FORT WAYNE, IN 46815	PHYSICIAN OFFICE
62 PARKVIEW PHYSICIANS' GROUP 4666 W. JEFFERSON BLVD., SUITE 140 FORT WAYNE, IN 46804	PHYSICIAN OFFICE
63 PARKVIEW PHYSICIANS' GROUP 1035 W. WAYNE STREET PAULDING, OH 45879	PHYSICIAN OFFICE
64 PARKVIEW PHYSICIANS' GROUP 3030 LAKE AVE., SUITE 27 FORT WAYNE, IN 46805	PHYSICIAN OFFICE
65 PARKVIEW PHYSICIANS' GROUP 11123 PARKVIEW PLAZA DR., SUITE 203 FORT WAYNE, IN 46845	PHYSICIAN OFFICE
66 PARKVIEW PHYSICIANS' GROUP 815 HIGH STREET DECATUR, IN 46733	PHYSICIAN OFFICE
67 PARKVIEW PHYSICIANS' GROUP 2001 STULTS RD., STE 200 HUNTINGTON, IN 46750	PHYSICIAN OFFICE
68 PARKVIEW PHYSICIANS' GROUP 3250 INTERTECH DRIVE ANGOLA, IN 46703	PHYSICIAN OFFICE
69 PARKVIEW PHYSICIANS' GROUP 306 E. MAUMEE ST., SUITE 2 ANGOLA, IN 46703	PHYSICIAN OFFICE
70 PARKVIEW PHYSICIANS' GROUP 2500 EAST BELLEFONTAINE RD. HAMILTON, IN 46742	PHYSICIAN OFFICE



**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, 9, 10, 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 HEALTH SYSTEM, 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: PART I, LINE 7A

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

**Part VI** Supplemental Information

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 7I

IN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, PARKVIEW HEALTH SYSTEM, 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 HEALTH SYSTEM, INC. INCLUDED NO COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC AS SUBSIDIZED HEALTH SERVICES.

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

PARKVIEW HEALTH SYSTEM, INC. EXCLUDED \$7,095,997 OF BAD DEBT EXPENSE.

## PART II: DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING

**Part VI** Supplemental Information

ACTIVITIES, AS REPORTED, PROMOTE THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES.

PARKVIEW HEALTH SYSTEM, 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 CONTRIBUTE TO IMPROVED HEALTH OF THE COMMUNITY.

**PHYSICAL IMPROVEMENTS:**

THE PARKVIEW NORTH FAMILY PARK IS A RECREATIONAL PARK AREA OPEN TO THE PUBLIC AND LOCATED ON THE NORTH CAMPUS, WHICH IS THE HOME OF THE NEW PARKVIEW REGIONAL MEDICAL CENTER (OPENED IN MARCH, 2012). PARKVIEW HEALTH SYSTEM, INC. MAKES THE PARK AVAILABLE TO THE GENERAL PUBLIC AND MAINTAINS THE PROPERTY TO ENHANCE THE COMMUNITY AND PROMOTE PHYSICAL ACTIVITY.

THE DIEBOLD ROAD PROJECT WAS UNDERTAKEN TO IMPROVE THE INFRASTRUCTURE SURROUNDING THE NEW PARKVIEW REGIONAL MEDICAL CENTER. A PORTION OF THE SYSTEM'S EXPENSES WERE REPORTED AS COMMUNITY BENEFIT. THESE EXPENSES WOULD OTHERWISE BE THE RESPONSIBILITY OF CITY AND/OR COUNTY GOVERNMENT.

**ECONOMIC DEVELOPMENT:**

PARKVIEW HEALTH SYSTEM, INC. FOSTERS ECONOMIC DEVELOPMENT IN SEVERAL WAYS. PARKVIEW HEALTH SYSTEM, INC. HAS PLAYED A KEY ROLE IN THE NORTHEAST INDIANA REGIONAL MARKETING PARTNERSHIP'S NEI=ROI CAMPAIGN TO MARKET NORTHEAST INDIANA ON A GLOBAL BASIS. PARKVIEW HEALTH SYSTEM, INC. MADE A MULTI-YEAR PLEDGE TO THE CAMPAIGN AND ISSUED AN ANNUAL CHALLENGE FOR MATCHING FUNDS FROM AREA BUSINESSES. THE VISION 20/20 INITIATIVE (DISCUSSED IN LINE 4), DESIGNED TO ENGAGE ALL CITIZENS IN THE DEVELOPMENT

**Part VI** Supplemental Information

OF THE REGION, IS AN EXTENSION OF THE NORTHEAST INDIANA REGIONAL MARKETING PARTNERSHIP EFFORTS. VISION 20/20 ANNOUNCED PRIORITIES RELATED TO EDUCATION, BUSINESS CLIMATE, ENTREPRENEURSHIP AND INFRASTRUCTURE FOR THE TEN-COUNTY REGION IN NORTHEAST INDIANA. IN ADDITION, PARKVIEW HEALTH SYSTEM, INC. CONTINUES TO SUPPORT THE REGIONAL CHAMBER OF NORTHEAST INDIANA.

MULTI-YEAR SUPPORT IS PROVIDED TO THE FORT WAYNE REDEVELOPMENT COMMISSION FOR A LOCAL BASEBALL STADIUM LOCATED IN DOWNTOWN FORT WAYNE AS PART OF AN EFFORT TO BRING RENEWED ECONOMIC VITALITY TO THE DOWNTOWN AREA AND THEREBY ENHANCING THE COMMUNITY AS A WHOLE. THE BASEBALL FIELD IS THE CENTERPIECE OF OTHER SIGNIFICANT PROJECTS TOWARD THE GOAL OF DOWNTOWN REVITALIZATION. IN ADDITION, IT SERVES AS A VENUE FOR PROVIDING PREVENTATIVE HEALTH AND SAFETY EDUCATION TO THE COMMUNITY.

**WORKFORCE DEVELOPMENT:**

PARKVIEW HEALTH SYSTEM, INC. SUPPORTS PHYSICIAN RECRUITMENT ACTIVITIES TO ASSIST IN TIMELY RESPONSE TO PATIENT CARE NEEDS IN THE COMMUNITY. THESE RECRUITMENT ACTIVITIES ARE BASED ON RESULTS OF A PERIODIC PHYSICIAN NEEDS ASSESSMENT. PARKVIEW HEALTH SYSTEM, INC. DEVELOPS A PHYSICIAN RECRUITMENT PLAN TO ADDRESS POTENTIAL GAPS IN PATIENT COVERAGE. IN ADDITION, PARKVIEW HEALTH SYSTEM, INC. PROMOTES CAREERS IN HEALTHCARE THROUGH STUDENT JOB SHADOWING OPPORTUNITIES AND INTERNSHIP PROGRAMS IN VARIOUS AREAS THROUGHOUT THE ORGANIZATION.

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

TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT

**Part VI** Supplemental Information

## DESCRIBES BAD DEBT EXPENSE:

THE CORPORATION'S ESTIMATION OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED PRIMARILY UPON THE TYPE AND AGE OF THE PATIENT ACCOUNTS RECEIVABLE AND THE EFFECTIVENESS OF COLLECTION EFFORTS. PH'S POLICY IS TO RESERVE A PORTION OF ALL SELF-PAY RECEIVABLES, INCLUDING AMOUNTS DUE FROM THE UNINSURED AND AMOUNTS RELATED TO CO-PAYMENTS AND DEDUCTIBLES, AS CHARGES ARE RECORDED. ACCOUNTS RECEIVABLE BALANCES ARE REVIEWED MONTHLY AS TO THE EFFECTIVENESS OF PH'S RESERVE POLICIES AND VARIOUS ANALYTICS TO SUPPORT THE BASIS FOR ITS ESTIMATES. THESE EFFORTS PRIMARILY CONSIST OF REVIEWING THE FOLLOWING: HISTORICAL WRITE-OFF AND COLLECTION EXPERIENCE USING A HINDSIGHT, OR LOOK-BACK, APPROACH; REVENUE AND VOLUME TRENDS BY PAYOR, PARTICULARLY THE SELF-PAY COMPONENTS; CHANGES IN THE AGING AND PAYOR MIX OF ACCOUNTS RECEIVABLE, INCLUDING INCREASED FOCUS ON ACCOUNTS DUE FROM THE UNINSURED AND ACCOUNTS THAT REPRESENT CO-PAYMENTS AND DEDUCTIBLES DUE FROM PATIENTS; CASH COLLECTIONS AS A PERCENTAGE OF NET PATIENT REVENUE LESS BAD DEBT EXPENSE; TRENDING OF DAYS REVENUE IN ACCOUNTS RECEIVABLE; AND VARIOUS ALLOWANCE COVERAGE STATISTICS.

## COSTING METHODOLOGY USED:

UNCOLLECTIBLE PATIENT ACCOUNTS ARE CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH THE POLICIES OF PARKVIEW HEALTH SYSTEM, INC. 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.

**Part VI** Supplemental Information

PATIENTS ARE ELIGIBLE TO APPLY FOR FREE CARE AT ANY TIME, INCLUDING PATIENTS WHOSE ACCOUNTS HAVE BEEN PLACED IN A BAD DEBT AGENCY. THE AMOUNT REFLECTED ON LINE 3 WAS CALCULATED BY TOTALING THE ACCOUNTS PREVIOUSLY WRITTEN OFF TO BAD DEBT AND PLACED WITH A COLLECTION AGENCY, BUT SUBSEQUENTLY RECLASSIFIED AS FREE CARE DURING THE 2011 CALENDAR YEAR. THE ACCOUNTS WERE RECLASSIFIED AS FREE CARE DUE TO THE FACT THAT PATIENTS APPLIED FOR, AND WERE APPROVED FOR, FREE CARE AFTER THE ACCOUNTS WERE PLACED WITH A BAD DEBT AGENCY.

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

**Part VI** Supplemental Information

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 HEALTH SYSTEM, INC. HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. PARKVIEW HEALTH SYSTEM, INC. RECOGNIZES THAT THE SHORTFALL OR SUPPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS. AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION.

PART III, LINE 9B: 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** Supplemental Information

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, :

PART V, SECTION B, LINE 10: ELIGIBILITY CRITERIA FOR FREE OR DISCOUNTED CARE

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC 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.

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, :

PART V, SECTION B, LINE 19D: FULL WRITEOFFS ARE PROVIDED TO PATIENTS WHOSE INCOME FALLS UNDER 200% OF THE FPG. ON CHARITY CARE PATIENTS WITH RESIDUAL SELF-PAY BALANCES AFTER INSURANCE PROCESSED AND PAID OR DENIED THEIR CLAIM, 100% OF THE REMAINING ACCOUNT BALANCE AFTER INSURANCE PAYMENTS AND CONTRACTUAL ADJUSTMENTS IS WRITTEN OFF TO CHARITY CARE.

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

PARKVIEW HEALTH SYSTEM, INC., ALONG WITH ITS SYSTEM HOSPITALS AND IN CONJUNCTION WITH THE ALLEN COUNTY - FORT WAYNE HEALTH DEPARTMENT, IS CURRENTLY CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE FIVE COUNTY SERVICE AREA IN WHICH PARKVIEW HOSPITALS RESIDE. IN ADDITION, PARKVIEW HEALTH SYSTEM, INC. HAS PARTNERED WITH THE TECHNICAL ASSISTANCE PROGRAM OF PURDUE UNIVERSITY AND THE SOCIAL RESEARCH DEPARTMENT OF INDIANA UNIVERSITY - PURDUE UNIVERSITY OF FORT WAYNE (IPFW) TO COMPLETE MUCH OF

**Part VI** Supplemental Information

THE FIELD WORK. IPFW IS CONDUCTING THE COMMUNITY SURVEY AND PROVIDING DATA ANALYSIS AND INCORPORATING SECONDARY DATA INTO THE ASSESSMENT. PURDUE UNIVERSITY IS ASSISTING WITH THE PUBLIC HEALTH AND OTHER HEALTH CARE PROFESSIONALS SURVEY. PARKVIEW HEALTH SYSTEM, INC. PLANS TO COMPLETE THE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE DEVELOPMENT AND ADOPTION OF AN IMPLEMENTATION STRATEGY DURING 2013.

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

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 CASHIER AREAS INFORMS THE PATIENT OF THEIR RIGHT TO RECEIVE CARE REGARDLESS OF THEIR ABILITY TO PAY AND TELLS THEM THEY MAY BE

**Part VI** Supplemental Information

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 FOR THE APPLICABILITY OF GOVERNMENT ASSISTANCE AND OFFER FREE CARE APPLICATIONS TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS.

-THE ONLINE ACCOUNT MANAGER OF PARKVIEW HEALTH SYSTEM, 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 PROVIDE PAYMENT OPTIONS, INCLUDING SCREENING FOR THE APPLICABILITY OF GOVERNMENT ASSISTANCE, AS WELL AS OFFERING FREE CARE APPLICATIONS TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS.

-OUTBOUND PHONE CALLS ARE MADE TO PATIENTS TO SET UP PAYMENT ARRANGEMENTS. IF A PATIENT CANNOT MAKE PAYMENT ON THEIR ACCOUNT, THEY WILL BE SCREENED FOR THE APPLICABILITY OF GOVERNMENT ASSISTANCE. ADDITIONALLY, FREE CARE APPLICATIONS WILL BE OFFERED TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS.

-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** Supplemental information

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

PARKVIEW HEALTH SYSTEM, INC. SERVES THE NORTHEAST INDIANA AND NORTHWEST OHIO REGION AND OPERATES FACILITIES AND MEDICAL PRACTICES IN ALLEN, HUNTINGTON, LAGRANGE, NOBLE, AND WHITLEY COUNTIES, AS WELL AS IN COMMUNITIES IN VARIOUS NORTHWEST OHIO COUNTIES. ALLEN COUNTY IS CONSIDERED THE URBAN AREA AMONGST THE OTHER RURAL COUNTIES.

MIKE PACKNETT, PRESIDENT AND CEO OF PARKVIEW HEALTH, SERVES AS CO-CHAIR OF THE VISION 20/20 INITIATIVE, LEADING A GROUP OF COMMUNITY REPRESENTATIVES FROM ACROSS BUSINESS, EDUCATION, GOVERNMENT AND FOUNDATION SECTORS TO DEVELOP A COMPELLING AND ACTIONABLE VISION FOR THE TEN-COUNTY NORTHEAST INDIANA REGION. COMPLETION OF THE FIRST PHASE OF VISION 20/20 HAS REVEALED A CLEAR, UNIFYING VISION FOR THE FUTURE, SHARED REGIONAL PRIORITIES AND ACCOUNTABILITY, PLANS WITH SPECIFIC STRATEGIES AND TACTICS, AND AN ATTITUDE OF PASSION AND URGENCY TO SEE THE VISION TO ACTION. VISION 20/20 ANNOUNCED PRIORITIES TIED TO EDUCATION, BUSINESS CLIMATE, ENTREPRENEURSHIP AND INFRASTRUCTURE FOR THE TEN-COUNTY REGION IN NORTHEAST INDIANA. THE SOCIAL DETERMINANTS OF HEALTH AND COMMUNITY HEALTH STATUS ARE AN IMPORTANT COMPONENT OF THE VISION.

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.).

**Part VI** Supplemental Information

PARKVIEW HEALTH SYSTEM, INC.'S BOARD OF DIRECTORS IS COMPOSED OF MEMBERS, OF WHICH SUBSTANTIALLY ALL ARE INDEPENDENT COMMUNITY MEMBERS. A MAJORITY OF THE BOARD RESIDES IN PARKVIEW HEALTH SYSTEM, INC.'S PRIMARY SERVICE AREA.

PARKVIEW HEALTH SYSTEM, INC., AS PARENT OF THE SYSTEM'S VARIOUS HOSPITALS AND PHYSICIAN PRACTICES, SERVES IN AN OVERSIGHT CAPACITY TO FORM AN INTEGRATED HEALTHCARE DELIVERY SYSTEM. IN DOING SO, ALL OF OUR HEALTHCARE FACILITIES ARE EFFICIENTLY SUPPORTED WITH CENTRALIZED, COST-EFFECTIVE ADMINISTRATIVE SUPPORT AND GUIDANCE TO FORM A COMPLETE AND COMPREHENSIVE CARE DELIVERY SYSTEM FOR THE REGION. BY ITSELF AND THROUGH ITS MEMBER HOSPITALS AND ORGANIZATIONS, PARKVIEW HEALTH SYSTEM, INC. SERVES TO MEET ITS MISSION TO ITS COMMUNITIES BY PERIODICALLY ASSESSING THE NEEDS OF THE REGION AND OFFERING THE SERVICES NECESSARY FOR A SAFER AND HEALTHIER POPULATION. AS A TESTAMENT TO OUR COMMITMENT TO THE PEOPLE OF OUR COMMUNITIES, PARKVIEW HEALTH SYSTEM, INC. IS PROUD TO ANNOUNCE THE OPENING OF THE NEW PARKVIEW REGIONAL MEDICAL CENTER ON OUR NORTH CAMPUS IN MARCH, 2012. THE NEW CENTER OFFERS THE LATEST IN CARE DESIGN AND STATE OF THE ART EQUIPMENT AND CLINICAL CAPABILITIES.

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

**Part VI** Supplemental information

AND THE HEALTH SYSTEM UNDERTAKE. 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
- 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
- DIABETES EDUCATION AND SCREENING
- CARDIOVASCULAR DISEASE EDUCATION AND SCREENING
- PROGRAMS TO REDUCE DANGEROUS DRIVING

## DISEASE MANAGEMENT:

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

**Part VI** Supplemental Information

-DIABETES AND OBESITY

HEALTH INNOVATION, EDUCATION, AND RESEARCH AND DEVELOPMENT:

THIS AREA CONCENTRATES ON OPPORTUNITIES FOR:

-ENHANCING HEALTH CARE EDUCATION, MEDICAL RESEARCH, AND TECHNOLOGY

-PROMOTING ECONOMIC AND OTHER DEVELOPMENT OF THE COMMUNITY

PARKVIEW HEALTH SYSTEM, INC., AS THE PARENT ORGANIZATION AND THROUGH ITS MEMBER HOSPITALS, ANNUALLY FUNDS LOCAL COMMUNITY HEALTH IMPROVEMENT EFFORTS. THESE FUNDS ARE USED TO SUPPORT HEALTH-RELATED, COMMUNITY-BASED PROGRAMS, PROJECTS AND ORGANIZATIONS. FUNDS ARE ALSO USED TO SUPPORT COMMUNITY OUTREACH PROGRAMS AND HEALTH INITIATIVES. THE EMPHASIS WITH THESE PROJECTS CONTINUES TO BE ON IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE.

PARKVIEW HEALTH SYSTEM, INC., THROUGH ITS FLAGSHIP HOSPITAL PARKVIEW HOSPITAL, INC., PROVIDES A COMMUNITY-BASED NURSING PROGRAM THAT PROVIDES SUPPORT AND EDUCATION TO THOUSANDS OF CHILDREN AND THEIR FAMILIES EACH YEAR IN SCHOOL SYSTEMS THROUGHOUT THE REGION. OTHER PARKVIEW HOSPITAL, INC. OUTREACH PROGRAMS INCLUDE MEDICATION ASSISTANCE, MOBILE MAMMOGRAPHY, NUTRITION EDUCATION AND TRAUMA INJURY PREVENTION EDUCATION.

PARKVIEW HOSPITAL, INC. IS PROUD TO ANNOUNCE THE OPENING OF THE NEW PARKVIEW REGIONAL MEDICAL CENTER ON THE PARKVIEW HOSPITAL, INC. NORTH CAMPUS IN MARCH, 2012 REPRESENTING 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 EXISTING

**Part VI** Supplemental Information

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 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 AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC., COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., COMMUNITY HOSPITAL OF NOBLE COUNTY, INC., 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 IS GUIDED BY A MISSION TO IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES. PARKVIEW CONTRIBUTES TO THE SUCCESS OF THE REGION BY EFFICIENTLY OPERATING ITS FACILITIES, DELIVERING HIGH QUALITY HEALTHCARE SERVICES TO ITS PATIENTS, AND PROVIDING SUPPORT TO LOCAL BUSINESSES AND ACTIVITIES. PARKVIEW SEEKS TO CREATE ALIGNMENT OPPORTUNITIES TO DELIVER COMPREHENSIVE HIGH-QUALITY CARE THAT BENEFITS ITS PATIENTS, PHYSICIANS, CO-WORKERS, AND COMMUNITIES.

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 HIGH

