

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

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.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

**Open to Public
Inspection**

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?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		<input checked="" type="checkbox"/>
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the 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, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<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 Worksheet 1)			11615536.		11615536.	1.82%
b Medicaid (from Worksheet 3, column a)			69779791.	51670618.	18109173.	2.84%
c Costs of other means-tested government programs (from Worksheet 3, column b)			3367703.	1634188.	1733515.	.27%
d Total Financial Assistance and Means-Tested Government Programs			84763030.	53304806.	31458224.	4.93%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3958307.	288,060.	3670247.	.58%
f Health professions education (from Worksheet 5)			4891539.	2107691.	2783848.	.44%
g Subsidized health services (from Worksheet 6)			45725085.		45725085.	7.17%
h Research (from Worksheet 7)			2184530.	215,834.	1968696.	.31%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1134634.	46,767.	1087867.	.17%
j Total. Other Benefits			57894095.	2658352.	55235743.	8.67%
k Total. Add lines 7d and 7j			142657125.	55963158.	86693967.	13.60%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group PARKVIEW HOSPITAL, INC.

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input 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 Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued) **PARKVIEW HOSPITAL, INC.**

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
11	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 Section C the criteria the hospital facility used.			
12	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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	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 type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections		Yes	No
15	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?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
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 Section C)		
17	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 individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
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 Section C)		

Part V Facility Information (continued) **PARKVIEW HOSPITAL, INC.**

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 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
19	<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 Section C)
- d Other (describe in Section C)

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

20 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 Section C)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

21		<input checked="" type="checkbox"/>
22		<input checked="" type="checkbox"/>

If "Yes," explain in Section C.

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PARKVIEW HOSPITAL, INC.:

PART V, SECTION B, LINE 3: PARKVIEW WORKED TO ENSURE THAT THE NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WERE TAKEN INTO ACCOUNT DURING THE COURSE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT BY (1) TAKING STEPS TO STRATIFY THE SAMPLE TO ENSURE THAT POPULATION SUBSETS WERE REPRESENTED ACCURATELY AND RESULTS WOULD BE STATISTICALLY SIGNIFICANT; (2) WORKING WITH LOCAL ADVOCACY ORGANIZATIONS WHO SPECIALIZE IN AIDING THESE VARIOUS POPULATIONS IN OUR COMMUNITIES. IN ADDITION, PURDUE HEALTHCARE ADVISORS CONDUCTED A SURVEY OF PUBLIC HEALTH, OTHER HEALTHCARE PROFESSIONALS, AND SOCIAL SERVICE AGENCIES THAT SERVE LOW-INCOME POPULATIONS IN ALLEN, HUNTINGTON, LAGRANGE, NOBLE AND WHITLEY COUNTIES TO BETTER UNDERSTAND KEY PUBLIC HEALTH AND HEALTHCARE ISSUES IN THE FIVE-COUNTY AREA. THE SURVEY CONSISTED OF THE FOLLOWING COMPONENTS: RESPONDENT DEMOGRAPHICS, UNMET NEEDS, HEALTH BEHAVIORS, ENVIRONMENTAL FACTORS, THE GREATEST HEALTH CHALLENGE, BARRIERS TO ACCESSING HEALTHCARE AND UTILIZATION OF EDUCATION AND PREVENTION RESOURCES. THE SURVEY WAS CONDUCTED ELECTRONICALLY USING QUALTRICS, A SECURE ONLINE SURVEY. ALL DATA WAS COLLECTED AND REPORTED IN AGGREGATE.

PARKVIEW HOSPITAL, INC.:

PART V, SECTION B, LINE 4: COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665) AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823).

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PARKVIEW HOSPITAL, INC.:

PART V, SECTION B, LINE 7: TOBACCO USE - TOBACCO FREE ALLEN COUNTY

(TFAC) IS THE LEAD ORGANIZATION IN ALLEN COUNTY RELATED TO TOBACCO FREE EFFORTS. TFAC PROVIDES INFORMATION ON RESOURCES ABOUT LOCAL SMOKING CESSATION PROGRAMS AND ADVOCATES FOR NO-SMOKING PUBLIC POLICY.

CHLAMYDIA INFECTIONS - THE FORT WAYNE-ALLEN COUNTY HEALTH DEPARTMENT IN CONJUNCTION WITH MATTHEW 25 HEALTH AND DENTAL CLINIC OPERATES A SEXUALLY TRANSMITTED DISEASE (STD) CLINIC. THE AIDS TASK FORCE OF FORT WAYNE PROVIDES STD PREVENTION EDUCATION TO TEENS AND ADULTS WHICH PARKVIEW SUPPORTS.

TEEN BIRTHS - LUTHERAN SOCIAL SERVICES' EDUCATION CREATES HOPE AND OPPORTUNITY (ECHO) PROGRAM PROVIDES ONE-ON-ONE, HOME- AND SCHOOL-BASED CASE MANAGEMENT SERVICES TO PREGNANT AND PARENTING TEENS WITH THE GOAL OF TEENS COMPLETING THEIR HIGH SCHOOL EDUCATION AND SETTING OTHER LIFE GOALS. TWO OTHER LOCAL ORGANIZATIONS PROVIDE PREGNANCY TESTING, EDUCATION AND SERVICES TO PREGNANT WOMEN AND NEW MOMS.

INFANT MORTALITY - PARKVIEW IS ADDRESSING PRENATAL CARE AS ONE OF THE THREE TOP HEALTH PRIORITIES WHICH HAS A DIRECT EFFECT ON INFANT MORTALITY. THE HEALTH SYSTEM IS ADDRESSING INFANT MORTALITY THROUGH PATIENT CARE PROTOCOLS, PRENATAL CARE EDUCATION, SAFE SLEEP EDUCATION, CAR SEAT SAFETY AND CHILD ABUSE PREVENTION. THE SYSTEM WORKS WITH LOCAL ORGANIZATIONS, THE INDIANA STATE DEPARTMENT OF HEALTH AND STATE-WIDE PERINATAL HEALTH

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

ORGANIZATIONS TO ADDRESS INFANT MORTALITY.

EXCESSIVE ALCOHOL USE - PARKVIEW BEHAVIORAL HEALTH (PBH) WILL BE ADDRESSING MENTAL HEALTH AS A TOP PRIORITY. RELATED TO ALCOHOL ABUSE SPECIFICALLY, PBH PROVIDES DETOXIFICATION SERVICES AND INTENSIVE OUTPATIENT SERVICES. IN ADDITION, PBH PARTNERS WITH LOCAL SUBSTANCE ABUSE PROVIDERS, I.E., COMMUNITY MENTAL HEALTH CENTERS, FOR OTHER SERVICES ON THE CONTINUUM OF CARE. THE DRUG AND ALCOHOL CONSORTIUM OF ALLEN COUNTY HAS AS ITS MISSION TO PROVIDE AN EFFECTIVE NETWORK TO COORDINATE RESOURCES AND EFFORTS TO REDUCE AND ERASE ALCOHOL, TOBACCO AND OTHER DRUG (ATOD) ABUSE AND THE PROBLEMS THAT RESULT FROM SUBSTANCE ABUSE IN THE COMMUNITY. THE CONSORTIUM IS MADE UP OF INTERDISCIPLINARY ORGANIZATIONS. PBH HAS REPRESENTATION ON THE CONSORTIUM, CONTRIBUTES TO THE ANNUAL PLANNING PROCESS AND PROVIDES DATA TO THE CONSORTIUM. THERE ARE OTHER LOCAL SUBSTANCE ABUSE PROGRAMS AND TRANSITIONAL LIVING FACILITIES THAT SERVE THIS POPULATION.

PRIMARY CARE ACCESS - INCREASING ACCESS TO HEALTHCARE IS A STRATEGIC INITIATIVE FOR THE HEALTH SYSTEM. PARKVIEW CONDUCTS PERIODIC STUDIES TO DETERMINE THE AREAS WHERE PHYSICIANS ARE NEEDED AND RECRUITS PHYSICIANS ACCORDINGLY. ALLEN COUNTY HAS A STRONG HEALTHCARE SAFETY NET THAT ADDRESSES THE NEEDS OF INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED. PARTICIPATING ORGANIZATIONS IN THE SAFETY NET INCLUDE MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINICS, BOTH OF WHICH ARE SUPPORTED IN PART BY PARKVIEW HOSPITAL, INC., FORT WAYNE-ALLEN COUNTY HEALTH DEPARTMENT AND OTHER HEALTH ORGANIZATIONS.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PARKVIEW HOSPITAL, INC.:

PART V, SECTION B, LINE 11: 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.

PARKVIEW HOSPITAL, INC.:

PART V, SECTION B, LINE 14G: POLICY WORDING IS IN THE PROCESS OF BEING UPDATED.

HOWEVER, THE FOLLOWING DETAILS HOW THE ORGANIZATION CURRENTLY 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.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

-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 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.

PARKVIEW HOSPITAL, INC.:

PART V, SECTION B, LINE 20D: FULL WRITEOFFS ARE PROVIDED TO PATIENTS WHOSE INCOME FALLS UNDER 200% OF THE FPG. ON CHARITY CARE PATIENTS WITH

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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.

Multiple horizontal lines for providing supplemental information.

Part V Facility Information (continued)**Section D. 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? 33

Name and address	Type of Facility (describe)
1 PARKVIEW BEHAVIORAL HEALTH 1720 BEACON STREET FORT WAYNE, IN 46805	IP & OP BEHAVIORAL
2 PARKVIEW REGIONAL CANCER CENTER 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 NEW VISION LAB & AMBULATORY 3909 NEW VISION DRIVE FORT WAYNE, IN 46845	IMAGING AND LAB DRAW
5 OUPATIENT SERVICE CENTER OSC 11141 PARKVIEW PLAZA DR, SUITE 100 FORT WAYNE, IN 46845	OP AMBULATORY
6 PARKVIEW MED PARK 11 OP PHARMACY 11104 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	OP PHARMACY
7 PARKVIEW HOME INFUSION SERVICES 1900 CAREW STREET, SUITE 4 FORT WAYNE, IN 46805	OP INFUSION
8 PARKVIEW CHILDRENS REHAB CLINIC 1900 CAREW STREET, SUITE 2 FORT WAYNE, IN 46805	OP REHAB SERVICES
9 PARKVIEW REHAB OP CLINIC 2622 LAKE AVE FORT WAYNE, IN 46805	OP REHAB SERVICES
10 CAREW MRI 2110 CAREW STREET FORT WAYNE, IN 46825	OP AMBULATORY

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Part V Facility Information (continued)**Section D. 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 OP THERAPY PRMC MOB11 11104 PARKVIEW CIRCLE DRIVE, SUITE 05 FORT WAYNE, IN 46845	OP THERAPY
12 PARKVIEW NEW HAVEN AMBULATORY SITE 1331 MINNICH RD NEW HAVEN, IN 46774	OP AMBULATORY, IMAGING AND LAB DRAW
13 PARKVIEW OUTPATIENT CENTER AT INVERNE 8028 CARNEGIE BLVD. SUITE 160 FORT WAYNE, IN 46804	IMAGING AND LAB DRAW
14 LIBERTY MILLS LAB 8911 LIBERTY MILLS ROAD FORT WAYNE, IN 46804	IMAGING AND LAB DRAW
15 PARKVIEW CYTOGENETICS 11141 PARKVIEW PLAZA DR FORT WAYNE, IN 46845	REFERENCE LAB
16 CAREW MEDICAL PARK LAB 1818 CAREW STREET FORT WAYNE, IN 46805	LAB DRAW
17 PRMC MOB2 OB-GYN LAB 111123 PARKVIEW PLAZA SUITE 101 FORT WAYNE, IN 46845	LAB DRAW
18 PARKVIEW WOODLAND PLAZA AMBULATORY SI 1234 DUPONT RD FORT WAYNE, IN 46845	LAB DRAW
19 PARKVIEW RESEARCH CENTER 3602 NEW VISION DRIVE FORT WAYNE, IN 46845	CLINICAL RESEARCH
20 CAREW CENTER OB-GYN LAB 2414 EAST STATE FORT WAYNE, IN 46805	LAB DRAW

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Part V Facility Information (continued)**Section D. 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 HEALTH & FITNESS 3000 E STATE BLVD FORT WAYNE, IN 46805	HEALTH FITNESS
22 PRMC MOB11 LAB 11104 PARKVIEW CIRCLE FORT WAYNE, IN 46845	LAB DRAW
23 LAKE AVE 1 LAB 2710 LAKE AVE. FORT WAYNE, IN 46805	LAB DRAW
24 PARKVIEW CENTER FOR HEALTHY LIVING 11123 PARKVIEW PLAZA DR FORT WAYNE, IN 46845	HEALTH AND WELLNESS
25 HOBSON LAB 1515 HOBSON ROAD FORT WAYNE, IN 46805	LAB DRAW
26 WARSAW DUBOIS LAB 2300 DUBOIS AVE WARSAW, IN 46580	LAB DRAW
27 NORTH CLINTON LAB 5104 NORTH CLINTON FORT WAYNE, IN 46825	LAB DRAW
28 GRABILL MAIN LAB 13430 MAIN ST GRABILL, IN 46741	LAB DRAW
29 TRIER 2 LAB 6130 TRIER RD FORT WAYNE, IN 46815	LAB DRAW
30 PRMC LAB AT AVILLA 104 NICHOLAS PLACE AVILLA, IN 46710	LAB DRAW

Schedule H (Form 990) 2013

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (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:

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

Part VI Supplemental Information (Continuation)

COST OF SERVICES RENDERED.

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

Part VI Supplemental Information (Continuation)

CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE HIP CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF HIP SERVICES RENDERED. THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED 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 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.

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 VI Supplemental Information (Continuation)

PART I, LINE 7G:

SUBSIDIZED HEALTH SERVICES

PARKVIEW HOSPITAL, INC. INCLUDED \$44,880,710 IN COSTS ATTRIBUTABLE TO
PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES.

PART I, LN 7 COL(F):

PERCENT OF TOTAL EXPENSES

PARKVIEW HOSPITAL, INC. EXCLUDED \$77,974,075 OF BAD DEBT EXPENSE.

PART II, COMMUNITY BUILDING ACTIVITIES:

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 SUPPORTING AND
ENHANCING THE VITALITY OF OUR COMMUNITY AND THE NORTHEAST INDIANA REGION.
PARKVIEW INVESTS IN PROJECTS THAT HELP TO IMPROVE THE HEALTH AND
WELL-BEING OF THE COMMUNITY.

ECONOMIC DEVELOPMENT:

PARKVIEW HOSPITAL, INC. SUPPORTS CERTAIN ECONOMIC DEVELOPMENT BASED
ORGANIZATIONS IN AN EFFORT TO FULFILL PARKVIEW HOSPITAL, INC. STRATEGIC
PLAN TO SERVE AS A LEADER IN THE ECONOMIC DEVELOPMENT IN THE NORTHEAST
INDIANA REGION.

WORKFORCE DEVELOPMENT:

IN ADDITION, PARKVIEW HOSPITAL, INC. PROMOTES CAREERS IN HEALTHCARE
THROUGH STUDENT JOB SHADOWING OPPORTUNITIES AND INTERNSHIP PROGRAMS

Part VI Supplemental Information (Continuation)

DESIGNED FOR HIGH SCHOOL STUDENTS. THESE JOB SHADOWING AND INTERNSHIP PROGRAMS ARE COORDINATED BY EDUCATIONAL SERVICES AND TAKE PLACE THROUGHOUT THE ORGANIZATION, OFFERING STUDENTS A VARIETY OF LEARNING EXPERIENCE OPTIONS.

PART III, LINE 4:

BAD DEBT EXPENSE - FINANCIAL STATEMENT FOOTNOTE

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

PAGE 15 OF AUDITED FINANCIAL STATEMENTS.

COSTING METHODOLOGY USED:

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

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 TAX YEAR. THE ACCOUNTS WERE RECLASSIFIED AS FREE CARE DUE TO THE FACT THAT PATIENTS APPLIED FOR,

Part VI Supplemental Information (Continuation)

AND WERE APPROVED FOR, FREE CARE AFTER THE ACCOUNTS WERE PLACED WITH A BAD DEBT AGENCY.

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, 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 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 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

Part VI Supplemental Information (Continuation)

POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. PARKVIEW HOSPITAL, 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, LINE 2:

DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES.

PARKVIEW HEALTH SYSTEM, INC. AND PARKVIEW HOSPITAL, INC. IN CONJUNCTION

Part VI Supplemental Information (Continuation)

WITH THE ALLEN COUNTY - FORT WAYNE HEALTH DEPARTMENT AND OTHERS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE FIVE COUNTIES (ALLEN, HUNTINGTON, LAGRANGE, NOBLE AND WHITLEY) WHERE PARKVIEW HAS HOSPITALS. ADDITIONALLY, PARKVIEW HEALTH SYSTEM, INC. PARTNERED WITH THE INDIANA UNIVERSITY/PURDUE UNIVERSITY OF FORT WAYNE'S (IPFW) SOCIAL RESEARCH DEPARTMENT AND PURDUE UNIVERSITY HEALTHCARE ADVISORS TO COMPLETE MUCH OF THE FIELD WORK. IPFW CONDUCTED THE RANDOMLY SELECTED COMMUNITY MEMBER SURVEY TO OBTAIN PRIMARY DATA. 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. OUR SURVEY INCLUDED CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER RECOGNIZED HEALTH ISSUES.

PURDUE UNIVERSITY ASSISTED WITH SURVEYING PUBLIC HEALTH, OTHER HEALTHCARE PROFESSIONALS, SOCIAL SERVICE AGENCIES AND OTHER COMMUNITY GROUP REPRESENTATIVES. PURDUE ALSO CONDUCTED SECONDARY DATA RESEARCH, DATA ANALYSIS AND FACILITATED PRIORITIZATION OF IDENTIFIED HEALTH ISSUES. SEVERAL SECONDARY DATA SOURCES WERE USED TO DETERMINE HEALTH ISSUES FOR THE FIVE-COUNTY AREA. THESE RESOURCES INCLUDE THE CENTERS FOR DISEASE CONTROL AND PREVENTION WINNABLE BATTLES, THE INDIANA STATE HEALTH IMPROVEMENT PLAN AND THE INDIANA HEALTH DEPARTMENT DISTRICT 3 HEALTH ASSESSMENTS. IN THE FOURTH QUARTER OF 2013, EACH OF THE FIVE HOSPITALS' BOARD OF DIRECTORS ADOPTED THEIR RESPECTIVE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION STRATEGIES TO ADDRESS IDENTIFIED HEALTH NEEDS.

PARKVIEW HOSPITAL, INC. REPRESENTATIVES MAINTAIN ON-GOING RELATIONSHIPS

Part VI Supplemental Information (Continuation)

THROUGHOUT OUR COMMUNITIES AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE OUR MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITIES. HEALTH ISSUES IDENTIFIED IN THE SURVEY INCLUDED: OBESITY, TOBACCO USE, CHLAMYDIA INFECTIONS, TEEN BIRTHS, INFANT MORTALITY, PRENATAL CARE, EXCESSIVE ALCOHOL USE, POOR MENTAL HEALTH AND PRIMARY CARE PHYSICIANS (HEALTH CARE ACCESS).

THROUGH A PRIORITIZATION PROCESS USING SPECIFIC CRITERIA, THREE HEALTH PRIORITIES WERE SELECTED. THESE PRIORITIES ARE: 1) OBESITY - HEALTHY LIFESTYLE BEHAVIORS PROMOTION AND EDUCATION, 2) PRENATAL CARE - PROVIDING VARIOUS INTERVENTIONS TO ENSURE EARLY AND QUALITY PRENATAL CARE AND 3) MENTAL HEALTH - USING A MENTAL HEALTH SCREENING TOOL AND IMPROVING ACCESS TO MENTAL HEALTH CARE.

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

Part VI Supplemental Information (Continuation)

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 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.

Part VI Supplemental Information (Continuation)

THE FACILITIES OF PARKVIEW HOSPITAL, INC., CONSISTING OF THE PARKVIEW REGIONAL MEDICAL CENTER, PARKVIEW HOSPITAL RANDALLIA AND PARKVIEW BEHAVIORAL HEALTH ARE LOCATED IN FORT WAYNE, THE PRIMARY URBAN AREA THAT RESIDES IN THE HEALTH SYSTEM'S SERVICE AREA. ACCORDING TO STATS INDIANA 2013, FORT WAYNE REPORTED A POPULATION OF 254,555 AND COMPRISES 70.6% OF THE TOTAL ALLEN COUNTY POPULATION. NEW HAVEN, THE LARGEST TOWN IN THE COUNTY, ACCOUNTS FOR 4.3% OF THE COUNTY POPULATION. PARKVIEW HOSPITAL, INC. WAS THE REGION'S FIRST LEVEL II TRAUMA CENTER AND SERVES THE SURROUNDING COMMUNITIES. THE TOTAL POPULATION IN ALLEN COUNTY IS 363,014, A 2.2% INCREASE SINCE 2010 CENSUS.

IN 2012, APPROXIMATELY 15.8% OF THE POPULATION WAS REPORTED TO BE BELOW THE FEDERAL POVERTY LEVEL. THE PER CAPITA PERSONAL (ANNUAL) INCOME WAS \$37,371 AND THE MEDIAN HOUSEHOLD INCOME WAS \$48,795. AS OF APRIL 2014, THE UNEMPLOYMENT RATE WAS 5.0%.

A PORTION OF SOUTHEAST FORT WAYNE IS DESIGNATED AS A MEDICALLY UNDERSERVED AREA (MUA) BY THE FEDERAL GOVERNMENT. THERE IS ONE FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN ALLEN COUNTY, NEIGHBORHOOD HEALTH CLINIC. IN 2013, PARKVIEW AND THE NEIGHBORHOOD HEALTH CLINIC PARTNERED TO FORM A SATELLITE LOCATION IN SOUTHEAST FORT WAYNE. THIS FACILITY IS NAMED THE PARKVIEW NEIGHBORHOOD HEALTH CLINIC. IN ADDITION TO THE CLINIC, THE FACILITY HOUSES THE PARKVIEW CENTER FOR HEALTHY LIVING SOUTHEAST WHICH WILL PROVIDE HEALTH PREVENTION EDUCATION TO THE LOCAL UNDERSERVED POPULATION.

ACCORDING TO TRUVEN HEALTH ANALYTICS, IN 2013, 14.9% OF ALLEN COUNTY

Part VI Supplemental Information (Continuation)

RESIDENTS WERE ENROLLED IN MEDICAID AND 12% WERE UNINSURED. FOR PARKVIEW HOSPITAL, INC. FACILITIES IN ALLEN COUNTY, 18.34% OF INPATIENT DISCHARGES WERE MEDICAID PATIENTS AND 9.56% WERE SELF-PAY. FOR OUTPATIENT PROCEDURES, 8.72% WERE MEDICAID PATIENTS AND 4.15% WERE SELF-PAY.

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.).

IN AN EFFORT TO BEST MEET PATIENT NEEDS, ALL AREA QUALIFIED PHYSICIANS MAY APPLY FOR PRIVILEGES AT PARKVIEW HOSPITAL, INC. ADDITIONALLY, THE MEDICAL CONTINUING EDUCATION DEPARTMENTS MEDICAL SYMPOSIUMS HELD THROUGHOUT THE YEAR ARE OPEN TO ALL AREA HEALTH CARE PROFESSIONALS.

PARKVIEW HOSPITAL, INC.'S BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN PARKVIEW HOSPITAL, INC.'S PRIMARY SERVICE AREA.

AS A TESTAMENT TO OUR COMMITMENT TO THE RESIDENTS OF OUR COMMUNITIES, PARKVIEW HOSPITAL, INC. OPENED THE PARKVIEW REGIONAL MEDICAL CENTER ON OUR NORTH CAMPUS IN MARCH 2012. THE CENTER OFFERS THE LATEST IN CARE DESIGN AND STATE OF THE ART EQUIPMENT AND CLINICAL CAPABILITIES. IT BLENDS THE LATEST MEDICAL TECHNOLOGY WITH THE BEST POSSIBLE PATIENT-CENTERED CARE WHILE PROVIDING INCREASED ACCESS TO HEALTHCARE FOR PATIENTS.

PARKVIEW HAS PROVIDED CLINICAL RESEARCH SERVICES TO PARKVIEW HEALTH

Part VI Supplemental Information (Continuation)

SYSTEM, INC. PHYSICIANS, AND HAS DEVELOPED AREAS OF SPECIALIZATION IN CARDIOLOGY, NEUROLOGY, RADIATION ONCOLOGY, EMERGENCY MEDICINE AND CRITICAL CARE OVER THE PAST 25 YEARS. FACILITY CONSTRUCTION IS CURRENTLY UNDERWAY ON THE MIRRO CENTER FOR RESEARCH AND EDUCATION ON OUR NORTH CAMPUS. THE CENTER WILL BE ABLE TO STUDY DISEASE MANAGEMENT IN A MULTI-PROFESSIONAL SETTING BRINGING TOGETHER PHYSICIANS, PHARMACISTS, NURSES AND HEALTH CARE STAFF. THE NEW CENTER CREATES PROMISE OF SIGNIFICANT ADVANCEMENTS IN CLINICAL RESEARCH AND TRAINING. THROUGH A PARTNERSHIP WITH REGIONAL ACADEMIC INSTITUTIONS, THE CENTER'S GOAL IS TO BECOME AN INNOVATOR IN HEALTH CARE SCIENCES FOR THE REGION.

ALSO PART OF PARKVIEW HOSPITAL, INC., THE HOSPITAL FACILITY AND CAMPUS LOCATED IN NORTH CENTRAL FORT WAYNE (PARKVIEW HOSPITAL RANDALLIA) IS IN THE PROCESS OF RECEIVING EXTERNAL RENOVATIONS AND REMAINS A VITAL PART OF THE LOCAL NEIGHBORHOOD. WHILE THIS FACILITY CONTINUES TO PROVIDE COMMUNITY-CENTRIC HEALTH CARE SERVICES, PARKVIEW IS REPOSITIONING THE RANDALLIA CAMPUS AS PART OF A FUTURE USES PLAN PROCESS. AS A PART OF THESE EFFORTS, PARKVIEW HOSPITAL, INC. IS PARTNERING WITH TRINE AND HUNTINGTON UNIVERSITIES TO FORM THE LIFE SCIENCE AND RESEARCH CENTER. THIS CENTER WILL PROVIDE NEW ACADEMIC PROGRAMS AND RESEARCH TIED TO BEHAVIORAL HEALTH, REHABILITATION SERVICES AND SENIOR CARE.

PARKVIEW HOSPITAL, INC. PROVIDES EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR. 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 EMERGENCY RESPONSE HELICOPTERS ARE AVAILABLE FOR DISPATCH 24 HOURS A DAY, WITH A HIGHLY TRAINED CREW AND ADVANCED ON-BOARD TRAUMA TECHNOLOGY. THE EMERGENCY DEPARTMENT IS STAFFED

Part VI Supplemental Information (Continuation)

WITH BOARD-CERTIFIED EMERGENCY CARE PHYSICIANS AND A NURSING STAFF THAT IS EXCEPTIONALLY TRAINED AND EXPERIENCED IN EMERGENCY CARE. FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY.

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, THE PARKVIEW HEART INSTITUTE AND HOSPITAL, AND THE CERTIFIED PARKVIEW STANLEY WISSMAN STROKE CENTER. PATIENTS RECEIVING EMERGENCY CARE AT PARKVIEW HOSPITAL, INC. MAY ALSO SEE SPECIALISTS IN ORTHOPEDICS, NEUROSURGERY, PLASTIC SURGERY AND OTHER SPECIALTY AREAS.

DATA OBTAINED THROUGH PERIODIC COMMUNITY HEALTH ASSESSMENTS, PHYSICIAN SURVEYS, AND TREND AND TREATMENT ANALYSIS IS UTILIZED IN THE ORGANIZATION'S STRATEGIC PLANNING PROCESS BY 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 INCLUDING THE ADDITION OF FAMILY PRACTICE PHYSICIANS AT OUR LIBERTY MILLS AND NEW VISION DRIVE LOCATIONS.

-EXPANSION OF PRIMARY CARE ACCESS AND NON-TRADITIONAL HOURS OF PRACTICE INCLUDING THE EXPANSION OF WALK-IN CLINIC HOURS AT SEVERAL PARKVIEW PHYSICIAN GROUP OFFICES TO ACCOMMODATE SAME-DAY APPOINTMENTS.

Part VI Supplemental Information (Continuation)

-CONTINUED SUPPORT OF PROGRAMS PROVIDING PRIMARY CARE TO THE UNINSURED INCLUDING FINANCIAL SUPPORT TO MATTHEW 25 HEALTH, DENTAL CLINIC NEIGHBORHOOD HEALTH CLINICS AND COMMUNITY TRANSPORTATION NETWORK.

-PROGRAMS TO INCREASE DISTRIBUTION OF FREE MEDICATIONS TO THE POOR. EACH HOSPITAL PROVIDES A MEDICATION ASSISTANCE PROGRAM AND MAKES THESE SERVICES AVAILABLE TO THE COMMUNITY.

-PROMOTION OF CAREERS IN HEALTHCARE, PARTICULARLY THOSE FUNCTIONS IN WHICH THE COMMUNITY IS EXPERIENCING A CURRENT SHORTAGE OF HEALTH CARE PROFESSIONALS INCLUDING SCHOLARSHIP AND INTERNSHIP PROGRAMS FOR STUDENTS IN A MEDICAL FIELD OF STUDY.

-SUPPORT FOR ACTIVITIES WHICH INCREASE THE AFFORDABILITY AND ACCESSIBILITY OF HEALTH INSURANCE TO THE UNINSURED INCLUDING PARTNERSHIP WITH CANI COVERING KIDS AND FAMILIES AND OTHER GROUPS THAT PROVIDE ENROLLMENT ELIGIBILITY SERVICES.

HEALTH SCREENING AND PREVENTION:

-HEALTHY LIFESTYLE BEHAVIOR PROMOTION AND EDUCATION

-CANCER SCREENING PROGRAMS, PARTICULARLY MAMMOGRAM AND PROSTATE SCREENING

-TOBACCO CESSATION PROGRAMS ESPECIALLY FOR WOMEN OF CHILDBEARING AGE

-INJURY PREVENTION FOR CHILDREN, YOUTH AND SENIORS

-DIABETES EDUCATION AND SCREENING

-CARDIOVASCULAR DISEASE EDUCATION AND SCREENING

-PROGRAMS TO REDUCE DANGEROUS DRIVING

-MENTAL HEALTH SCREENING

DISEASE MANAGEMENT:

-CARDIOVASCULAR DISEASE

-CANCER

Part VI Supplemental Information (Continuation)

-MENTAL ILLNESS

-TRAUMA AND ORTHOPAEDIC AILMENTS

-WOMEN'S AND CHILDREN'S MEDICINE WITH AN EMPHASIS ON PRENATAL CARE AND CHILDREN'S ASTHMA

-DIABETES AND OBESITY

HEALTH INNOVATION, EDUCATION AND RESEARCH AND DEVELOPMENT:

-ENHANCING HEALTH CARE EDUCATION, MEDICAL RESEARCH, AND TECHNOLOGY THROUGH PARTNERSHIPS WITH LOCAL UNIVERSITIES, CONSTRUCTION OF THE MIRRO RESEARCH AND EDUCATION CENTER ON THE NORTH CAMPUS AND DEVELOPMENT OF THE LIFE SCIENCE EDUCATION AND RESEARCH CENTER ON THE RANDALLIA CAMPUS.

-PROMOTING ECONOMIC AND OTHER DEVELOPMENT OF THE COMMUNITY THROUGH PROVIDING HIGH-LEVEL LEADERSHIP TO DEVELOP PARTNERSHIPS WITH REGIONAL PARTNER ORGANIZATIONS THAT SHARE COMMON GOALS.

-DEVELOPMENT OF A POPULATION HEALTH MANAGEMENT MODEL.

PARKVIEW HOSPITAL, INC. ANNUALLY FUNDS COMMUNITY HEALTH IMPROVEMENT EFFORTS THROUGH A COMMITMENT OF UP TO 10% OF ITS NET INCOME. 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 AND WELL-BEING 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

Part VI Supplemental Information (Continuation)

INJURY PREVENTION.

SEVERAL LOCAL HEALTH PARTNERS ASSIST IN ADDRESSING ACCESS TO HEALTH CARE. MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINIC, SUPER SHOT IMMUNIZATION CLINIC AND CANI COVERING KIDS AND FAMILIES ARE JUST A FEW OF OUR PARTNER ORGANIZATIONS. IN ADDITION, PARKVIEW HOSPITAL, INC. PROVIDES FUNDING TO COMMUNITY TRANSPORTATION NETWORK AS THEY MAY PROVIDE MEDICAL TRANSPORTATION THROUGHOUT THE COMMUNITY.

A COMMITTEE OF COMMUNITY LEADERS, MEMBERS OF THE PARKVIEW HOSPITAL, INC. BOARD OF DIRECTORS AND HOSPITAL STAFF REPRESENTATIVES 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 INITIATIVES TO MEET IDENTIFIED COMMUNITY HEALTH NEEDS. PARKVIEW HOSPITAL, INC. IS DEDICATED TO THE INVESTMENT OF TIME AND RESOURCES IN THE PROCESS AND CHALLENGES OF IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY. OUR GOAL IS TO UTILIZE BEST PRACTICES AND INNOVATIVE METHODS TO IMPROVE HEALTH STATUS, PARTICULARLY FOR THE UNDERSERVED.

PART VI, LINE 6:

IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED.

PARKVIEW HEALTH SYSTEM, INC. (PARKVIEW), A HEALTHCARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN

Part VI Supplemental Information (Continuation)

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 CONTRIBUTES TO THE SUCCESS OF THE REGION BY EFFECTIVELY MANAGING ITS FACILITIES, EFFICIENTLY PROVIDING AND DELIVERING ITS SERVICES, AND SUPPORTING LOCAL BUSINESSES AND ACTIVITIES. PARKVIEW SEEKS TO CREATE ALIGNMENT OPPORTUNITIES TO DELIVER COMPREHENSIVE HIGH-QUALITY CARE THAT BENEFIT PATIENTS, PHYSICIANS, CO-WORKERS AND COMMUNITIES. EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH CUSTOMIZED TO MEET THE UNIQUE NEEDS OF THEIR RESPECTIVE COMMUNITIES. AFFILIATE HOSPITALS WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED. FROM THE LIST OF HEALTH ISSUES IN THE FIVE-COUNTY AREA, THE HEALTH PRIORITY OF OBESITY OR HEALTHY LIFESTYLE PROMOTION AND EDUCATION INCLUDING GOOD NUTRITION AND PHYSICAL ACTIVITY WAS SELECTED BY ALL AFFILIATE HOSPITALS.

PARKVIEW PRIDES ITSELF IN NOT ONLY OFFERING THE HIGHEST LEVEL OF CARE TO ITS PATIENTS, BUT ALSO IN PROVIDING AN EXCELLENT WORKPLACE FOR ITS PHYSICIANS, NURSES AND STAFF. PARKVIEW'S MISSION IS TO PROVIDE QUALITY HEALTH SERVICES TO ALL WHO ENTRUST THEIR CARE TO US AND TO IMPROVE THE HEALTH AND WELL-BEING 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 HEALTHCARE, 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

Part VI Supplemental Information (Continuation)

PART VI, LINE 7:

A COPY OF FORM 990, SCHEDULE H IS FILED WITH THE INDIANA
STATE DEPARTMENT OF HEALTH.