

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

|  |   |
|--|---|
| Name of the organization<br><b>PARKVIEW HOSPITAL, INC.</b> | Employer identification number<br><b>35-0868085</b> |
|--|---|

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," was it a written policy? .....  | <input checked="" type="checkbox"/> |                                     |
| <b>2</b> 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:<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |                                     |                                     |
| <b>3</b> 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.  |                                     |                                     |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?<br>If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....  | <input checked="" type="checkbox"/> |                                     |
| <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  |                                     |                                     |
| <b>b</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 checked="" type="checkbox"/> |                                     |
| <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %  |                                     |                                     |
| <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.   |                                     |                                     |
| <b>4</b> 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"/> |                                     |
| <b>5a</b> 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>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....  |                                     | <input checked="" type="checkbox"/> |
| <b>c</b> 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? .....  |                                     |                                     |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year? .....   | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," did the organization make it available to the public? .....   | <input checked="" type="checkbox"/> |                                     |

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>   |   |                               |                                     |                               |                                   |                              |
| <b>a</b> Financial Assistance at cost (from Worksheet 1) .....   |   |                               | 13813501.                           |                               | 13813501.                         | .91%                         |
| <b>b</b> Medicaid (from Worksheet 3, column a) .....   |   |                               | 171598295                           | 115596154                     | 56002141.                         | 3.69%                        |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....              |   |                               | 140562166                           | 115840573                     | 24721593.                         | 1.63%                        |
| <b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....                          |   |                               | 325973962                           | 231436727                     | 94537235.                         | 6.23%                        |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) ..... |   |                               | 9342625.                            | 1000742.                      | 8341883.                          | .55%                         |
| <b>f</b> Health professions education (from Worksheet 5) .....   |   |                               | 15928971.                           | 1829834.                      | 14099137.                         | .93%                         |
| <b>g</b> Subsidized health services (from Worksheet 6) .....   |   |                               | 88279338.                           | 66858074.                     | 21421264.                         | 1.41%                        |
| <b>h</b> Research (from Worksheet 7) .....   |   |                               | 712,823.                            |                               | 712,823.                          | .05%                         |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....                   |   |                               | 1176236.                            |                               | 1176236.                          | .08%                         |
| <b>j Total.</b> Other Benefits .....   |   |                               | 115439993                           | 69688650.                     | 45751343.                         | 3.02%                        |
| <b>k Total.</b> Add lines 7d and 7j .....  |   |                               | 441413955                           | 301125377                     | 140288578                         | 9.25%                        |





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: PARKVIEW HOSPITAL INC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

|  | Yes | No |
|--|-----|----|
| <b>Community Health Needs Assessment</b>   |     |    |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....   |     | X  |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....  |     | X  |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....   | X   |    |
| If "Yes," indicate what the CHNA report describes (check all that apply):  |     |    |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |     |    |
| b <input checked="" type="checkbox"/> Demographics of the community  |     |    |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |     |    |
| d <input checked="" type="checkbox"/> How data was obtained  |     |    |
| e <input checked="" type="checkbox"/> The significant health needs of the community  |     |    |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |     |    |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |     |    |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |     |    |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |     |    |
| j <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>  |     |    |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted ..... | X   |    |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....  | X   |    |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....  | X   |    |
| 7 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>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>   |     |    |
| b <input type="checkbox"/> Other website (list url): .....   |     |    |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |     |    |
| d <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....  | X   |    |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>  |     |    |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....   | X   |    |
| a If "Yes," (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>   |     |    |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....   |     |    |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.  |     |    |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....  |     | X  |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....   |     |    |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$  |     |    |

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group: PARKVIEW HOSPITAL INC

|  | Yes | No |
|--|-----|----|
| <p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p><b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %</p> <p><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p><b>c</b> <input checked="" type="checkbox"/> Asset level</p> <p><b>d</b> <input checked="" type="checkbox"/> Medical indigency</p> <p><b>e</b> <input checked="" type="checkbox"/> Insurance status</p> <p><b>f</b> <input checked="" type="checkbox"/> Underinsurance status</p> <p><b>g</b> <input checked="" type="checkbox"/> Residency</p> <p><b>h</b> <input type="checkbox"/> Other (describe in Section C)</p>  | X   |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients? .....   | X   |    |
| <b>15</b> Explained the method for applying for financial assistance? .....  | X   |    |
| <p>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</p> <p><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p><b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p>   |     |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? .....  | X   |    |
| <p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, LINES 16A B &amp; C</u></p> <p><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, LINES 16A B &amp; C</u></p> <p><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, LINES 16A B &amp; C</u></p> <p><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p><b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations</p> <p><b>j</b> <input type="checkbox"/> Other (describe in Section C)</p> |     |    |

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: PARKVIEW HOSPITAL INC

|   | Yes      | No       |
|---|----------|----------|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? ..... | <b>X</b> |          |
| <b>18</b> 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:                            |          |          |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |          |          |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |          |          |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |          |          |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |          |          |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |          |          |
| <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted  |          |          |
| <b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....   |          | <b>X</b> |
| If "Yes," check all actions in which the hospital facility or a third party engaged:  |          |          |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |          |          |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |          |          |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |          |          |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |          |          |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |          |          |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):   |          |          |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)                                |          |          |
| <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)  |          |          |
| <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)   |          |          |
| <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)  |          |          |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)   |          |          |
| <b>f</b> <input type="checkbox"/> None of these efforts were made   |          |          |

**Policy Relating to Emergency Medical Care**

|   |          |  |
|---|----------|--|
| <b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? ..... | <b>X</b> |  |
| If "No," indicate why:  |          |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions   |          |  |
| <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing   |          |  |
| <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)   |          |  |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)   |          |  |

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group: PARKVIEW HOSPITAL INC

|   | Yes       | No       |
|---|-----------|----------|
| <b>22</b> 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:  |           |          |
| <b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period  |           |          |
| <b>b</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period                                    |           |          |
| <b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period |           |          |
| <b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method  |           |          |
| <b>23</b> 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? .....      | <b>23</b> | <b>X</b> |
| If "Yes," explain in Section C.   |           |          |
| <b>24</b> 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? .....  | <b>24</b> | <b>X</b> |
| 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARKVIEW HOSPITAL INC:

PART V, SECTION B, LINE 5: DESCRIBE HOW THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, AND IDENTIFY THE PERSONS THE HOSPITAL FACILITY CONSULTED:

WHEN CONDUCTING ITS 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), PARKVIEW HEALTH SYSTEM, INC., INCLUDING THE COMMUNITY HOSPITAL OF PARKVIEW HOSPITAL, INC. (ALLEN COUNTY), WERE DILIGENT IN ENSURING INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY WERE INCLUDED, WHILE ALSO FOCUSING ON THE NEEDS OF VULNERABLE POPULATIONS IN NORTHEAST INDIANA.

IN GATHERING COMMUNITY INPUT, PARKVIEW HEALTH SYSTEM, INC., INCLUDING PARKVIEW HOSPITAL, INC. (ALLEN COUNTY), OBTAINED THE FOLLOWING: 1) PRIMARY DATA COLLECTED THROUGH A COMMUNITY SURVEY OF RESIDENTS IN EACH PARKVIEW HEALTH COUNTY, 2) PRIMARY DATA COLLECTED THROUGH AN ONLINE SURVEY OF HEALTHCARE AND SOCIAL SERVICE PROVIDERS IN EACH COUNTY THAT PROVIDE SERVICES DIRECTLY TO THE UNDERSERVED IN OUR COMMUNITIES (E.G., PHYSICIANS, NURSES, SOCIAL WORKERS, ETC.), AND 3) SECONDARY DATA COLLECTED FROM CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATABASE AND OTHER LOCAL AND NATIONAL AGENCIES (E.G., COUNTY HEALTH RANKINGS, INDIANA STATE DEPARTMENT OF HEALTH, ETC.). COMMUNITY MEMBER AND PROVIDER INPUT WAS GATHERED FROM MARCH THROUGH MAY 2022 VIA MULTIPLE RECRUITMENT AND DATA COLLECTION METHODS: 1) E-MAIL TO HEALTHCARE AND SOCIAL SERVICE PROVIDERS WITH AN EMBEDDED ONLINE SURVEY LINK; 2) MAILED PAPER AND E-MAILED ONLINE SURVEYS TO COMMUNITY MEMBERS; 3) PAPER SURVEYS DISTRIBUTED TO INDIVIDUALS,



**Part V Facility Information** (continued)

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

CLINICS OR ORGANIZATIONS SERVING HISPANIC, AMISH, OR PEOPLE OF BURMA POPULATIONS; 4) IN-PERSON RECRUITMENT AT LOCATIONS PROVIDING SERVICES TO LOW-INCOME POPULATIONS IN EACH PARKVIEW HEALTH COUNTY; AND 5) PRESS RELEASE AND SOCIAL MEDIA NOTIFICATIONS WITH A SURVEY LINK. THE SURVEY WAS MADE AVAILABLE IN ENGLISH, SPANISH, AND BURMESE.

HISPANIC, AMISH, PEOPLE OF BURMA, AND LOW-INCOME POPULATIONS WERE IDENTIFIED AS VULNERABLE POPULATIONS IN PARKVIEW HEALTH COUNTIES, AND THEREFORE SURVEY DISTRIBUTION AND DATA COLLECTION STRATEGIES INCLUDED FOCUSED EFFORTS TO OBTAIN COMMUNITY INPUT FROM THESE POPULATIONS. IN ALLEN COUNTY, THIS INCLUDED HISPANIC, AMISH, PEOPLE OF BURMA, AND LOW-INCOME POPULATIONS. THE RESEARCH TEAM COORDINATED WITH COMMUNITY HEALTH WORKERS, LOCAL HEALTH DEPARTMENTS, AND KNOWN CONTACTS IN EACH COUNTY TO IDENTIFY LOCATIONS TO SURVEY UNDERREPRESENTED OR VULNERABLE POPULATIONS. IN ALLEN COUNTY, IN-PERSON TEAMS OF RESEARCH ASSISTANTS CONDUCTED COMMUNITY SURVEY OUTREACH AT THE LOCAL YMCA, PUBLIC LIBRARY, AND LUTHERAN CHURCH. ALLEN COUNTY HAD THE HIGHEST RATES OF COMMUNITY MEMBER AND PROVIDER PARTICIPATION AMONG THE EIGHT COUNTIES SURVEYED. REGARDING VULNERABLE POPULATIONS SURVEYED IN ALLEN COUNTY, 14.1% OF RESPONDENTS REPORTED AN INCOME OF < \$35,000, 3.5% OF RESPONDENTS IDENTIFIED AS HISPANIC/LATINO, 0.6% WERE AMISH, AND 3.1% WERE PEOPLE OF BURMA. ADDITIONALLY, RESPONDENTS 65 YEARS AND OLDER WERE WELL-REPRESENTED (44.9%). THE PROVIDER SURVEY INCLUDED RESPONSES FROM PHYSICIANS, PHYSICIAN'S ASSISTANTS, NURSE PRACTITIONERS, REGISTERED NURSES, MENTAL/BEHAVIORAL HEALTH PROVIDERS, OTHER HEALTHCARE PROVIDERS, COMMUNITY/SOCIAL SERVICE PROVIDERS, PUBLIC HEALTH/COMMUNITY HEALTH WORKERS, SOCIAL WORKERS/CASE MANAGERS, AND PUBLIC SECTOR WORKERS.

**Part V** Facility Information *(continued)*

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

IN ADDITION TO DATA COLLECTION, PARKVIEW HOSPITAL, INC. COLLABORATED WITH THE COMMUNITY AND PARTNERING ORGANIZATIONS TO SELECT AND PRIORITIZE ALLEN COUNTY'S HEALTH NEEDS. IN DOING SO, A MODIFIED HANLON METHOD WAS EMPLOYED TO PRIORITIZE HEALTH CONCERNS FOR PARKVIEW HEALTH HOSPITAL COMMUNITIES. THIS METHOD, ALSO KNOWN AS THE BASIC PRIORITY RATING SYSTEM (BPRS) 2.0, IS RECOMMENDED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) FOR PRIORITIZING COMMUNITY HEALTH NEEDS (GUIDE-TO-PRIORITIZATION-TECHNIQUES.PDF, N.D.). THIS METHOD IS PARTICULARLY USEFUL WHEN THE DESIRED OUTCOME IS AN OBJECTIVELY SELECTED LIST. EXPLICIT IDENTIFICATION OF FACTORS MUST BE CONSIDERED TO SET PRIORITIES, WHICH ENABLES A TRANSPARENT AND REPLICABLE PROCESS. PRIORITY SCORES ARE CALCULATED BASED ON THE SIZE OF THE HEALTH PROBLEM, SERIOUSNESS OF THE HEALTH PROBLEM AND THE AVAILABILITY OF EFFECTIVE HEALTH INTERVENTIONS.

A PRIORITIZATION SESSION WAS CONVENED ON SEPTEMBER 21, 2022, WITH 26 ATTENDEES. ATTENDEES INCLUDED PROVIDERS, ADMINISTRATORS, BOARD MEMBERS, AND COMMUNITY HEALTH PARTNERS. SURVEY DATA COLLECTION METHODS WERE EXPLAINED, AND THE 10 HEALTH CONCERNS WITH THE HIGHEST HANLON SCORES WERE PRESENTED VIA SLIDES. ONCE ALL 10 HEALTH CONCERNS WERE PRESENTED, ATTENDEES DISCUSSED AND AMENDED THE CATEGORIES. THROUGH THIS PROCESS, CONSENSUS EMERGED AROUND THE TOP FOUR PRIORITIES. A LARGE-GROUP DISCUSSION ENSUED AROUND THESE FOUR HEALTH ISSUES, AND ATTENDEES WERE THEN ASKED TO VOTE TO RANK THE FOUR HEALTH CONCERNS IN TERMS OF THEIR TOP PRIORITIES FOR PARKVIEW HEALTH. TWENTY-THREE INDIVIDUALS (3 HEALTH SERVICES AND INFORMATICS RESEARCH EMPLOYEES DID NOT VOTE) PARTICIPATED IN THE VOTING.

**Part V Facility Information** (continued)

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

ATTENDEES USED MENTIMETER, AN ANONYMOUS, SYNCHRONOUS POLLING SYSTEM, TO SCORE EACH HEALTH CONCERN USING FOUR CRITERIA: (1) SIGNIFICANCE OF THE HEALTH PROBLEM (I.E., HOW MANY PEOPLE ARE AFFECTED?); (2) SEVERITY OF THE HEALTH PROBLEM (I.E., HOW LIKELY IS IT TO LIMIT LENGTH AND QUALITY OF LIFE?); (3) SUITABILITY FOR A STRATEGIC INTERVENTION (I.E., CAN PARKVIEW ADDRESS THE PROBLEM?; AND (4) SDOH (I.E., DO SOCIAL DETERMINANTS OF HEALTH DRIVE HEALTH DISPARITIES IN RATES AND OUTCOMES?). FOR EACH HEALTH CONCERN, PARTICIPANTS WERE ASKED TO SCORE EACH CRITERION ON A SCALE OF 1 (VERY LITTLE) TO 10 (VERY MUCH). THE HEALTH CONCERNS OBESITY AND MATERNAL/CHILD HEALTH WERE SELECTED AS THE TOP PRIORITIES. MENTAL HEALTH WAS DETERMINED TO BE THE SINGLE SHARED PRIORITY ACROSS PARKVIEW HEALTH AT THE SYSTEM-WIDE PRIORITIZATION SESSION HELD IN AUGUST.

PRIORITIZATION SESSION ATTENDEES REPRESENTED SEVERAL ORGANIZATIONS IN ALLEN COUNTY: PARKVIEW BOARD, PARKVIEW HOME HEALTH AND HOSPICE, PARKVIEW ADMINISTRATION, PARKVIEW QUALITY DEPARTMENT, PARKVIEW COMMUNITY HEALTH IMPROVEMENT, PARKVIEW BEHAVIORAL HEALTH, PARKVIEW WOMEN'S AND CHILDREN'S HOSPITAL, PARKVIEW ENDOCRINOLOGY, AND ALLIANCE HEALTH CENTERS OF ALLEN COUNTY.

PARKVIEW HOSPITAL INC:

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

DEKALB MEMORIAL HOSPITAL, INC. (EIN 35-1064295); COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE

**Part V Facility Information** (continued)

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

COUNTY, INC. (EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440); PARK CENTER, INC. (EIN 35-1135451) AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823).

**PARKVIEW HOSPITAL INC:**

**PART V, SECTION B, LINE 6B: THE HOSPITAL FACILITY'S CHNA WAS ALSO CONDUCTED WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES:**

PARKVIEW HEALTH SYSTEM, INC. (EIN 35-1972384), THROUGH PARKVIEW'S HEALTH SERVICES AND INFORMATICS RESEARCH (HSIR) GROUP, DESIGNED AND CONDUCTED BOTH PRIMARY AND SECONDARY DATA COLLECTION AND ANALYSIS ACTIVITIES FOR THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). HSIR EMPLOYS MULTIPLE RESEARCH STAFF, WHICH INCLUDES PHD PREPARED SCIENTISTS, USER EXPERIENCE SPECIALISTS AND PROJECT MANAGERS. AS A RESEARCH UNIT EMBEDDED IN PARKVIEW, HSIR HAS DEDICATED TIME TO SUPPORT INITIATIVES THAT REQUIRE RESEARCH SKILLS, SUCH AS THE CHNA.

**PARKVIEW HOSPITAL INC:**

**PART V, SECTION B, LINE 11: DESCRIBE HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA AND ANY SUCH NEEDS THAT ARE NOT BEING ADDRESSED TOGETHER WITH THE REASONS WHY SUCH NEEDS ARE NOT BEING ADDRESSED:**

**SIGNIFICANT HEALTH NEEDS BEING ADDRESSED:**

**Part V** Facility Information *(continued)*

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

UPON COMPLETION OF THE 2019 CHNA, PARKVIEW HOSPITAL, INC. AND PARTNERING COMMUNITY ORGANIZATIONS IDENTIFIED THE FOLLOWING AS ALLEN COUNTY'S TOP HEALTH CONCERNS: SUBSTANCE USE DISORDER/MENTAL HEALTH; CARDIOVASCULAR DISEASE AND DIABETES; AND MATERNAL/CHILD HEALTH. WHILE THE NEEDS OF ALLEN COUNTY HAVE EVOLVED SINCE 2016, THE NEEDS FOR THE 2019 - 2022 CYCLE ARE STILL VERY SIMILAR. FOR EXAMPLE:

- 2016 OBESITY VS. 2019 CARDIOVASCULAR DISEASE AND DIABETES

- 2016 MENTAL HEALTH VS. 2019 MENTAL HEALTH AND SUBSTANCE USE DISORDER

- 2016 AND 2019 MATERNAL/CHILD HEALTH

DUE TO THE SIMILARITY, PARKVIEW HOSPITAL, INC. PLANS TO CONTINUE BUILDING UPON THE HEALTH INITIATIVES THAT BEGAN AFTER THE 2016 CHNA WHILE ADDRESSING ADDITIONAL PRIORITIES IDENTIFIED ON THE 2019 CHNA. IN RESPONSE TO THE 2019 CHNA, PARKVIEW HOSPITAL, INC. CREATED AN IMPLEMENTATION STRATEGY (POSTED MAY 2020), WHICH PROVIDES A COMPREHENSIVE SUMMARY OF THE HOSPITAL'S CURRENT PLANNED HEALTH PROMOTION INITIATIVES. IN SUMMATIVE FORM, THE IMPLEMENTATION STRATEGY REPORTED THE FOLLOWING FOR EACH DEFINED HEALTH CONCERN TO BE ADDRESSED:

SUBSTANCE USE DISORDER/MENTAL HEALTH - TO ADDRESS SUBSTANCE USE DISORDER/MENTAL HEALTH, PARKVIEW HOSPITAL, INC. WITH SUPPORT FROM THE PARKVIEW BEHAVIORAL HEALTH INSTITUTE, DEFINED THREE GOALS SPECIFIC TO THE NEEDS OF ALLEN COUNTY:

**Part V** Facility Information *(continued)*

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

1) REDUCE THE NUMBER OF OPIOID OVERDOSES AND DEATHS DUE TO OVERDOSE IN ALLEN COUNTY. TO ACHIEVE THIS GOAL, PARKVIEW HOSPITAL, INC. WILL BACK A PEER SUPPORT PROGRAM THAT PARTNERS PEOPLE WITH A RECOVERY COACH WHO SEEKS TO DEVELOP AN INDIVIDUALIZED PERSONAL SUPPORT AND RECOVERY PLAN.

2) REDUCE THE NUMBER OF PRE-TERM BIRTHS DUE TO SUBSTANCE USE IN ALLEN COUNTY. TO ADDRESS ITS SECOND GOAL, THE PERINATAL SUBSTANCE USE DISORDER NAVIGATOR PROGRAM WAS STARTED. THIS PROGRAM IS EXCLUSIVELY FOR PREGNANT WOMEN WITH SUBSTANCE USE DISORDER. IT OFFERS WOMEN A HELPING HAND VIA A NAVIGATOR WHO COORDINATES CARE AND TRACKS PATIENTS TO ENSURE THEY HAVE ACCESS TO THE RESOURCES THEY NEED TO ACHIEVE THE BEST OUTCOMES.

3) DECREASE THE NUMBER OF SUICIDE DEATHS IN ALLEN COUNTY. TO ACHIEVE ITS THIRD GOAL, PARKVIEW HOSPITAL, INC. OFFERS THE SOS PROGRAM. SOS PROGRAM NAVIGATORS ORIGINALLY WALKED ALONGSIDE PATIENTS EXPERIENCING SUICIDALITY, DOMESTIC VIOLENCE, OR BOTH, AND FOLLOWED-UP WITHIN A WEEK OF DISCHARGE FROM THE HOSPITAL, CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC) OR THE EMERGENCY DEPARTMENT. IN MAY OF 2022, THE SOS PROGRAM TRANSITIONED TO A MOBILE CRISIS TEAM, RESPONDING TO CRISES IN THE COMMUNITY TO HELP A PATIENT WHERE THEY ARE PRIOR TO HOSPITALIZATION OR AN EMERGENCY DEPARTMENT VISIT. THE SOS TEAM WORKS TO ASSESS THE PATIENT, DE-ESCALATE THE CRISIS, ENSURE PATIENTS HAVE FOLLOW-UP APPOINTMENTS, NECESSARY MEDICATIONS, AND SAFETY PLANS AS WELL AS CONNECTION TO VALUABLE SERVICES SUCH AS CASE MANAGEMENT. USING THEIR COUNSELING ON ACCESS TO LETHAL MEANS (CALM) TRAINING, NAVIGATORS DISCUSS WITH PATIENTS ACCESS TO FIREARMS, MEDICATIONS AND OTHER LETHAL MEANS IN THEIR HOME AND DEVELOP A SUICIDE PREVENTION

**Part V Facility Information** (continued)

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

STRATEGY, DECREASING THE OPPORTUNITY FOR IMPULSIVE SUICIDE ATTEMPTS.

CARDIOVASCULAR DISEASE & DIABETES - TO ADDRESS CARDIOVASCULAR DISEASE AND DIABETES, PARKVIEW HOSPITAL, INC. AND ITS PARTNERS DEFINED THE FOLLOWING GOALS AND INTERRELATED PROGRAMS:

1) REDUCE ADULT AND CHILDHOOD OBESITY IN ALLEN COUNTY. THIS GOAL WILL BE ADDRESSED THROUGH:

A. TAKING ROOT HEALTH CHALLENGE: A PROGRAM CONTINUING FROM THE 2016 CHNA THAT PARTNERS WITH FORT WAYNE COMMUNITY SCHOOLS TO OFFER 3RD, 4TH, AND 5TH GRADERS THE OPPORTUNITY TO PARTICIPATE IN STRUCTURED WELL-BEING CHALLENGES WHILE ALSO RECEIVING WELLNESS EDUCATION.

B. HEALTHY EATING ACTIVE LIVING (HEAL) INITIATIVE: THIS INITIATIVE FOCUSES ON INCREASING ACCESSIBILITY AND CONSUMPTION OF FRESH PRODUCE IN UNDERSERVED, LOW INCOME AND LOW ACCESS AREAS IN ALLEN COUNTY.

C. FITKIDS 360 (A STAGE TWO PEDIATRIC OBESITY TREATMENT PROGRAM): THIS PROGRAM FOCUSES ON IMPROVING OBESOGENIC RISK SCORES AND WELL-BEING BEHAVIORS OF PARTICIPANTS (CHILDREN AGES 5 TO 17 AND THEIR FAMILIES).

2) REDUCE THE EFFECTS OF FOOD INSECURITY AND IMPACT OF CHRONIC DISEASE IN UNDERSERVED POPULATIONS. TO MEET THIS GOAL, PARKVIEW INITIATED VEGGIE RX (A NUTRITION PRESCRIPTION PROGRAM) THAT WORKS TO INCREASE ACCESS TO AND CONSUMPTION OF FRESH PRODUCE AND REDUCE THE EFFECTS OF CHRONIC DISEASE THROUGH DIETARY INTERVENTIONS. PARKVIEW HAS DEVELOPED MEDICALLY TAILORED

**Part V Facility Information** (continued)

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

GROCERY AND HEALTHY FOOD BOX DISTRIBUTION IN THE FORM OF A FRESH FOOD FARMACY AT THE RANDALLIA CAMPUS. IT WILL PROVIDE HEALTHY TAILORED MEALS, FRESH FOODS, EDUCATION, AND NAVIGATION SUPPORT TO THOSE REFERRED TO THE PROGRAM.

3) PREVENT OVERWEIGHT/OBESITY IN CHILDREN PARTICIPANTS DURING THE CRITICAL EARLY YEARS FROM 0 TO 3 YEARS OF AGE. TO MEET THIS GOAL PARKVIEW HOSPITAL, INC. WILL CONTINUE ITS WORK WITH THE SIMPLE SOLUTIONS FOR HEALTHY LIVING PROGRAM. THIS PROGRAM OFFERS FAMILY GOAL SETTING AND EDUCATION SESSIONS WITH THE PURPOSE OF INCREASING GOOD NUTRITION, PHYSICAL ACTIVITY, AND OTHER HEALTHY HABITS AMONG YOUNG FAMILY PARTICIPANTS.

4) DECREASE THE RISKS ASSOCIATED WITH OBESITY AND CHRONIC ILLNESS FOR UNINSURED PARTICIPANTS. THIS EFFORT WILL BE ADDRESSED VIA THE NUTRITION PROGRAM THAT OFFERS COOKING DEMONSTRATIONS AND NUTRITION EDUCATION.

5) PROMOTE HEALTH AND WELL-BEING AND REDUCE FOOD INSECURITY. TO ACCOMPLISH THIS GOAL, PARKVIEW HOSPITAL, INC. WILL WORK WITH THE PARKVIEW COMMUNITY GREENHOUSE AND LEARNING KITCHEN, STRATEGICALLY POSITIONED WITHIN A DESIGNATED LOW INCOME, LOW ACCESS AREA IN THE COMMUNITY. AT THE GREENHOUSE AND LEARNING KITCHEN, PARTICIPANTS CAN GET FRESH PRODUCE AND LEARN HOW TO GROW VEGETABLES AND COOK NUTRITIOUS MEALS FOR THEIR FAMILIES.

ADDITIONALLY, MANY OF THE INITIATIVES MENTIONED ABOVE (E.G. HEAL INITIATIVE, VEGGIE RX, ETC.) HOLD EDUCATIONAL SESSIONS AT THIS FACILITY TO INCREASE ACCESS FOR ALLEN COUNTY'S VULNERABLE POPULATIONS.

MATERNAL/CHILD HEALTH - PARKVIEW HOSPITAL, INC. HAS DEVELOPED MULTIPLE



**Part V Facility Information** (continued)

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

EVIDENCE-BASED STRATEGIES TO ADDRESS INFANT MORTALITY WITH IMPROVED  
PRENATAL AND INPATIENT CARE AND THROUGH COLLABORATION WITH PARTNER  
ORGANIZATIONS TO MAKE OUR COMMUNITY A HEALTHIER PLACE FOR FAMILIES. THE  
FOLLOWING GOALS AND EFFORTS TO ADDRESS EACH GOAL WERE IDENTIFIED:

1) REDUCE THE NUMBER OF INFANT (<1 YEAR OF AGE) DEATHS IN ALLEN COUNTY DUE  
TO UNSAFE SLEEP. TO MEET THIS GOAL, THE CONTINUATION OF THE SAFE SLEEP  
CLASSES AND PACK 'N PLAY DISTRIBUTION PROGRAM IS REQUIRED. THIS PROGRAM  
PROVIDES PARTICIPANTS WITH FREE SAFE SLEEP EDUCATION, DISTRIBUTION OF A  
SAFE SLEEP KIT (INCLUDING A PACK 'N PLAY CRIB), CULTURAL SUPPORT AND HOME  
ENVIRONMENT SAFE SLEEP INSPECTIONS.

2) INCREASE THE NUMBER OF NEW MOMS IN PRIORITY POPULATIONS WHO ENGAGE IN  
EXCLUSIVE BREASTFEEDING. THIS GOAL IS BEING ADDRESSED THROUGH COMMUNITY  
BREASTFEEDING CLASSES AND A SUPPORT PROGRAM. THIS PROGRAM PROVIDES  
PARTICIPANTS WITH INSTRUCTION ON BREASTFEEDING HEALTH BENEFITS, MECHANICS  
AND RESOURCES FOR ONGOING SUPPORT.

3) REDUCE VEHICULAR DEATH AND INJURY OF INFANTS IN ALLEN COUNTY. TO  
ADDRESS THIS GOAL, THE COMMUNITY HEALTH WORKER (SAFETY PIN) PROGRAM WILL  
CONTINUE TO PROVIDE ONE-ON-ONE CAR SEAT INSTALLATION EDUCATION ALONG WITH  
CULTURAL SUPPORT AND INTERPRETATION SERVICES IF NEEDED.

4) DECREASE INFANT (<1 YEAR OF AGE) MORTALITY RATE IN ALLEN COUNTY. TO  
MEET THIS GOAL, PARKVIEW HOSPITAL, INC. HAS BEEN WORKING WITH THE FETAL  
INFANT MORTALITY REVIEW (FIMR) INITIATIVE. FIMR IS A MULTIDISCIPLINARY  
GROUP ORGANIZED TO REVIEW CASES OF FETAL AND INFANT DEATHS FOR PREVENTION

**Part V Facility Information** *(continued)*

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

PURPOSES. THE PROGRAM SEEKS TO PROVIDE PARTICIPANTS WITH IMPROVED REFERRALS TO COMMUNITY RESOURCES AND A BETTER UNDERSTANDING OF BARRIERS AND SOCIAL NEEDS.

5) DECREASE THE RATE OF PRE-TERM BIRTHS. IN EFFORT TO MEET THIS GOAL, THE COMMUNITY HEALTH WORKER (SAFETY PIN) PROGRAM HAS BEEN MONITORING PRENATAL APPOINTMENT ATTENDANCE. THIS PROGRAM SEEKS TO DECREASE THE NUMBER OF PRENATAL VISIT "NO SHOWS" FOR PROGRAM PARTICIPANTS BY REDUCING BARRIERS TO ACCESSING CARE. SAFETY PIN COMMUNITY HEALTH WORKERS WORK WITH CLIENTS TO ASSESS FOR TRANSPORTATION RELIABILITY, IDENTIFY UNMET SOCIAL NEEDS, CO-CREATE INSURANCE AND TRANSPORTATION GOALS, AND SUBSEQUENTLY CONNECT PARTICIPANTS WITH CRITICAL COMMUNITY RESOURCES.

6) IMPROVE THE SOCIAL SUPPORT AND MENTAL HEALTH OF NEW MOTHERS AND YOUNG FAMILIES. THIS GOAL IS BEING ADDRESSED BY WELL-WOMAN WEDNESDAYS PROGRAM WHICH IS AN INFORMAL SUPPORT GROUP FACILITATED BY COMMUNITY HEALTH WORKERS AND SOCIAL WORKERS ENCOURAGING A SAFE PLACE TO GATHER AND BUILD SUPPORTIVE, HEALTHY RELATIONSHIPS.

(NARRATIVE CONTINUED BELOW)

PART V, SECTION B, LINE 11, CONT'D

DESCRIBE HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA AND ANY SUCH NEEDS THAT ARE NOT BEING ADDRESSED TOGETHER WITH THE REASONS WHY SUCH NEEDS ARE NOT BEING ADDRESSED:

**Part V** Facility Information *(continued)*

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

**SIGNIFICANT HEALTH NEEDS NOT BEING ADDRESSED:**

BASED UPON FEASIBILITY AND AVAILABLE PUBLIC HEALTH INTERVENTIONS, THE HEALTH NEEDS DEFINED BELOW ARE NOT BEING ADDRESSED BY PARKVIEW HOSPITAL, INC. FEASIBILITY INCLUDES THE SUITABILITY, COMMUNITY ACCEPTABILITY, AVAILABILITY OF RESOURCES, PRE-EXISTING COMMUNITY AGENCIES, COST-BENEFIT RATIO, AND LEGALITY OF POTENTIAL INTERVENTIONS. EVEN THOUGH PARKVIEW HOSPITAL, INC. IS NOT ADDRESSING THE FOLLOWING NEEDS SPECIFICALLY, THE HOSPITAL MAINTAINS CORRESPONDENCE WITH EXTERNAL AGENCIES ADDRESSING THESE NEEDS.

AGING - AGING AND IN-HOME SERVICES OF NORTHEAST INDIANA (AIHS) SERVES OLDER ADULTS, PERSONS WITH DISABILITIES AND THEIR CAREGIVERS IN NINE COUNTIES IN NORTHEAST INDIANA. THIS NOT-FOR-PROFIT, COMMUNITY-BASED ORGANIZATION IS A FEDERAL- AND STATE-DESIGNATED AREA AGENCY ON AGING AND AN AGING AND DISABILITY RESOURCE CENTER THAT PROVIDES STREAMLINED ACCESS TO INFORMATION, CARE OPTIONS, SHORT-TERM CASE MANAGEMENT AND BENEFITS ENROLLMENT ACROSS A SPECTRUM OF LONG-TERM CARE SERVICES. THROUGH THE CARE TRANSITIONS PROGRAM, AIHS PARTNERS WITH PARKVIEW HEALTH TO REDUCE MEDICARE READMISSIONS. IN ADDITION, THE AGENCY SERVES AS THE INITIAL COORDINATOR AND FISCAL AGENT FOR HONORING CHOICES INDIANA, WHICH IS AN INITIATIVE COMMITTED TO PROMOTING AND SUSTAINING ADVANCE CARE PLANNING (ACP) ACROSS THE STATE. HONORING CHOICES INDIANA ENSURES THAT INDIVIDUALS' FUTURE HEALTHCARE PREFERENCES ARE DISCUSSED, DOCUMENTED, AND HONORED. THROUGH HONORING CHOICES, PARKVIEW AND AIHS WORK TOGETHER TO TRAIN ACP FACILITATORS, PROMOTE BEST PRACTICE, AND

**Part V Facility Information** (continued)

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

INCREASE PUBLIC AWARENESS ABOUT THE VALUE OF DISCUSSING HEALTHCARE

DECISION-MAKING IN ADVANCE OF A MEDICAL CRISIS.

OBESITY - WHILE WE ARE NOT ADDRESSING OBESITY SPECIFICALLY, COMBATTING THE LONG-TERM IMPACT OF OBESITY, THROUGH BOTH PREVENTION AND TREATMENT, IS FOUNDATIONAL TO OUR CURRENT EFFORTS RELATED TO CARDIOVASCULAR HEALTH AND DIABETES. WE PLAN TO CONTINUE AND BUILD ON OUR CURRENT COMMUNITY EFFORTS AIMED AT REDUCING/PREVENTING OBESITY AND IMPROVING HEALTHY LIVING PRACTICES AS A MEANS OF PREVENTING AND/OR TREATING CHRONIC DISEASE IN OUR COMMUNITY.

TOBACCO USE - TOBACCO FREE ALLEN COUNTY (TFAC) IS THE LEAD ORGANIZATION IN ALLEN COUNTY, INDIANA, RELATED TO TOBACCO-FREE EFFORTS. TFAC PROVIDES INFORMATION ABOUT LOCAL SMOKING CESSATION PROGRAMS AND ADVOCATES FOR NO-SMOKING PUBLIC POLICY AT THE STATE LEVEL. THEIR GOALS INCLUDE DECREASING YOUTH AND ADULT TOBACCO USE, INCREASING PROTECTIONS AGAINST SECOND-HAND SMOKE AND BUILDING/MAINTAINING THE LOCAL TOBACCO CONTROL INFRASTRUCTURE. PARKVIEW HOSPITAL, INC. IS ALSO A SOURCE OF SMOKING CESSATION PROGRAMS AND OPERATES A TOBACCO-FREE CAMPUS. IN ADDITION, PARKVIEW HOSPITAL, INC. HOLDS A PROGRAM, NICOTINE FREE FOR BABY AND ME CLASSES TO HELP PREGNANT WOMEN TO QUIT SMOKING.

PART V, LINES 16A, 16B AND 16C

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-AND-VISITORS/  
BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-and-visitors/billing-and-insurance/financial-assistance)

**Part V** Facility Information *(continued)*

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

PART V, SECTION B, LINE 3E:

THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

Multiple horizontal lines for text entry.

**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? 17

| Name and address   | Type of facility (describe) |
|--|-----------------------------|
| 1 PARKVIEW MED PARK 11 OP PHARMACY<br>11104 PARKVIEW CIRCLE DR<br>FORT WAYNE, IN 46845 | OP PHARMACY                 |
| 2 PARKVIEW CANCER INSTITUTE LAB<br>11104 PARKVIEW CIRCLE DR<br>FORT WAYNE, IN 46845    | LAB DRAW                    |
| 3 CAREW MEDICAL PARK LAB<br>1818 CAREW ST<br>FORT WAYNE, IN 46805                      | LAB DRAW                    |
| 4 BRYAN OHIO LAB<br>442 W HIGH ST<br>BRYAN, OH 43506                                   | LAB DRAW                    |
| 5 LIMA ROAD FAMILY MEDICINE LAB<br>11055 TWIN CREEKS COVE<br>FORT WAYNE, IN 46804      | LAB DRAW                    |
| 6 ST JOE ROAD LAB SERVICES<br>5693 YMCA PARK DR<br>FORT WAYNE, IN 46835                | LAB DRAW                    |
| 7 NORTH CLINTON LAB<br>5104 NORTH CLINTON ST<br>FORT WAYNE, IN 46825                   | LAB DRAW                    |
| 8 ARCHBOLD OHIO LAB<br>121 WESTFIELD DR<br>ARCHBOLD, OH 43502                          | LAB DRAW                    |
| 9 PRMC MOB2 OB-GYN LAB<br>11123 PARKVIEW PLAZA DR SUITE 101<br>FORT WAYNE, IN 46845    | LAB DRAW                    |
| 10 MONTPELIER OHIO LAB<br>935 SNYDER<br>MONTPELIER, OH 43543                           | LAB DRAW                    |

Schedule H (Form 990) 2022

**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? 17

| Name and address  | Type of facility (describe) |
|---|-----------------------------|
| 11 WAUSEON OHIO LAB SHOOP AVE<br>495 S SHOOP AVE<br>WAUSEON, OH 43567                     | LAB DRAW                    |
| 12 PARKVIEW RESEARCH CENTER<br>10622 PARKVIEW PLAZA DR<br>FORT WAYNE, IN 46845            | CLINICAL RESEARCH           |
| 13 WAYNE DALE TEMPLE LAB<br>8607 TEMPLE DR<br>FORT WAYNE, IN 46809                        | LAB DRAW                    |
| 14 GRABILL MAIN LAB<br>13430 MAIN ST<br>GRABILL, IN 46741                                 | LAB DRAW                    |
| 15 OP THERAPY PRMC MOB11<br>11104 PARKVIEW CIRCLE DRIVE SUITE 050<br>FORT WAYNE, IN 46845 | OP THERAPY                  |
| 16 PARKVIEW CENTER FOR HEALTHY LIVING<br>1234 E DUPONT RD SUITE 2<br>FORT WAYNE, IN 46845 | HEALTH AND WELLNESS         |
| 17 CAREW CENTER OB-GYN LAB<br>2414 EAST STATE ST<br>FORT WAYNE, IN 46805                  | LAB DRAW                    |
|   |                             |
|   |                             |
|   |                             |
|   |                             |
|   |                             |

**Part VI Supplemental Information**

Provide the following information.

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

---

**PART I, LINE 6A:**

THE RELATED ENTITIES OF PARKVIEW HEALTH SYSTEM, INC. (EIN 35-1972384);  
 PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE  
 COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.  
 (EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706);  
 WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); DEKALB MEMORIAL  
 HOSPITAL, INC. (EIN 35-1064295; PARK CENTER, INC. (EIN 35-1135451); AND  
 PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) PREPARED A COMBINED REPORT  
 TO THE COMMUNITY DETAILING COMMUNITY BENEFIT PROGRAMS AND SERVICES.

---

**PART I, LINE 7:**


---

**PART I, LINE 7A**

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

---

**PART I, LINE 7B**



**Part VI** Supplemental Information (Continuation)

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

## PART I, LINE 7C

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

**Part VI** Supplemental Information (Continuation)

FROM THE REIMBURSEMENT RECEIVED FOR HIP PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

PART I, LINE 7E

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

PART I, LINE 7F

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

PART I, LINE 7G

AMOUNTS PRESENTED DO NOT INCLUDE ANY COSTS ASSOCIATED WITH PHYSICIAN CLINICS.

PART I, LINE 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, LN 7 COL(F):

PERCENT OF TOTAL EXPENSE

PARKVIEW HOSPITAL, INC. EXCLUDED \$238,902,269 OF PH CLINICAL SUPPORT EXPENSE.

PART III, LINE 2:

FOR FINANCIAL STATEMENT PURPOSES, THE ORGANIZATION HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE.

PART III, LINE 4:

BAD DEBT EXPENSE - PARKVIEW HEALTH SYSTEM, INC. AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE OR THE PAGE NUMBER ON WHICH THIS FOOTNOTE IS CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS:  
PAGES 12 AND 23 - 27 OF ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8:

COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS

SUBSTANTIAL SHORTFALLS TYPICALLY ARISE FROM PAYMENTS THAT ARE LESS THAN THE COST TO PROVIDE THE CARE OR SERVICES AND DO NOT INCLUDE ANY AMOUNTS

**Part VI** Supplemental Information (Continuation)

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

PART III, LINE 9B:

A PATIENT'S FAILURE TO MAKE PAYMENT ARRANGEMENTS THROUGH VARIOUS AVAILABLE PAYMENT OPTIONS OR FAILURE TO APPLY FOR AND RECEIVE APPROVAL UNDER THE FINANCIAL ASSISTANCE POLICY MAY RESULT IN THE ACCOUNT BEING REFERRED TO A COLLECTION AGENCY DUE TO NON-PAYMENT. THE COLLECTION AGENCY MAY REPORT THE ACCOUNT TO ONE OR ALL THREE CREDIT REPORTING AGENCIES, WHICH MAY ADVERSELY AFFECT THE PATIENT'S CREDIT SCORE.

**Part VI** Supplemental Information (Continuation)

A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE APPLICATION PERIOD, EVEN IF THE ACCOUNT HAS BEEN PLACED WITH A COLLECTION AGENCY. IF AN INDIVIDUAL SUBMITS A COMPLETE FINANCIAL ASSISTANCE APPLICATION DURING THE APPLICATION PERIOD, AND PARKVIEW HEALTH DETERMINES THE INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THEN PARKVIEW HEALTH WILL TAKE ALL REASONABLE AVAILABLE MEASURES TO REVERSE ANY EXTRAORDINARY COLLECTION ACTION (EXCEPT FOR A SALE OF DEBT) TAKEN AGAINST THE INDIVIDUAL TO OBTAIN PAYMENT FOR THE CARE. ALSO, IF AN INDIVIDUAL SUBMITS AN INCOMPLETE FINANCIAL ASSISTANCE APPLICATION DURING THE APPLICATION PERIOD, PARKVIEW WILL SUSPEND ANY EXTRAORDINARY COLLECTION ACTIONS AGAINST THE INDIVIDUAL (WITH RESPECT TO CHARGES TO WHICH THE FINANCIAL ASSISTANCE APPLICATION UNDER REVIEW RELATES) UNTIL THE FINANCIAL ASSISTANCE APPLICATION HAS BEEN PROCESSED AND AN ELIGIBILITY DECISION RENDERED.

PART VI, LINE 2:

DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES, IN ADDITION TO ANY CHNAS REPORTED IN PART V, SECTION B.

IN ADDITION TO COMPLETING A COMMUNITY HEALTH NEEDS ASSESSMENT ON A TRIENNIAL BASIS, PARKVIEW HOSPITAL, INC. ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITY IT SERVES THROUGH PRIMARY AND SECONDARY DATA ANALYSIS, WORKING WITH THE ORGANIZATION'S COMMUNITY PARTNERS, AND FRONTLINE STAFF. PARKVIEW HOSPITAL, INC. IDENTIFIES AND VERIFIES COMMUNITY HEALTH NEEDS THROUGH THE FOLLOWING:

1. HEALTHY COMMUNITIES INSTITUTE (HCI) SECONDARY DATA ANALYSIS

**Part VI** Supplemental Information (Continuation)

2. OBSERVATIONS AND DATA COLLECTED FROM FRONTLINE STAFF WORKING WITH VULNERABLE POPULATIONS (I.E., COMMUNITY NURSES AND COMMUNITY HEALTH WORKERS)

3. REVIEW OF COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY LOCAL ORGANIZATIONS (I.E., UNITED WAY, BRIGHTPOINT, ETC.)

4. PARKVIEW LEADERS SERVING ON HEALTH-RELATED AND SOCIAL SERVICE BOARDS OF DIRECTORS IN THE COMMUNITY

5. OTHER PUBLIC HEALTH DATABASES (E.G. COMMUNITY COMMONS, COUNTY HEALTH RANKINGS)

KEY HOSPITAL REPRESENTATIVES MAINTAIN ON-GOING RELATIONSHIPS THROUGHOUT THE COMMUNITY AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION OF IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF THE COMMUNITY WE SERVE.

PART VI, LINE 3:

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

SIGNAGE AND BROCHURES ARE POSTED AND AVAILABLE AT ALL HOSPITAL POINTS OF REGISTRATION AND IN THE EMERGENCY DEPARTMENT. PATIENTS ARE OFFERED PLAIN LANGUAGE SUMMARIES OF THE FINANCIAL ASSISTANCE POLICY DURING THE REGISTRATION PROCESS AND IN EACH FOLLOW UP STATEMENT SENT TO THE PATIENT.

**Part VI** Supplemental Information (Continuation)

PATIENT STATEMENTS WILL INDICATE HOW A PATIENT CAN OBTAIN FINANCIAL ASSISTANCE APPLICATIONS AND WHO THEY CAN CONTACT FOR ASSISTANCE.

PART VI, LINE 4:

DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES.

THE FACILITIES OF PARKVIEW HOSPITAL, INC., CONSISTING OF THE PARKVIEW REGIONAL MEDICAL CENTER, PARKVIEW HOSPITAL RANDALLIA AND THE PARKVIEW BEHAVIORAL HEALTH INSTITUTE, ARE LOCATED IN ALLEN COUNTY. ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI), ALLEN COUNTY, OR MORE SPECIFICALLY FORT WAYNE, INDIANA, IS THE LARGEST URBAN AREA (CONTAINS SUBURBAN AND RURAL AREAS AS WELL) WITHIN THE HEALTH SYSTEM'S SERVICE AREA WITH A POPULATION OF 388,608 (2021). IN ADDITION, HCI REPORTS THE MEDIAN HOUSEHOLD INCOME OF ALLEN COUNTY RESIDENTS IS APPROXIMATELY \$61,456 WITH 12.3% LIVING BELOW THE FEDERAL POVERTY LEVEL (2017-2021). APPROXIMATELY 90.8% OF ALLEN COUNTY RESIDENTS HAVE HEALTH INSURANCE (2020).

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION DIMENSIONS DATABASE (2022), PARKVIEW HOSPITAL, INC. FACILITIES (PARKVIEW HOSPITAL RANDALLIA, PARKVIEW REGIONAL MEDICAL CENTER AND PARKVIEW BEHAVIORAL HEALTH) IN ALLEN COUNTY HAD 29.02% OF INPATIENT DISCHARGES THAT WERE MEDICAID PATIENTS AND 3.1% WERE SELF-PAY. FOR OUTPATIENT PROCEDURES, 21.8% WERE MEDICAID PATIENTS, AND 2.95% PERCENT WERE SELF-PAY.

ALLEN COUNTY IS ALSO SERVED BY LUTHERAN HEALTH NETWORK, A FOR-PROFIT HEALTH SYSTEM OPERATING THREE HOSPITAL FACILITIES IN ALLEN COUNTY.

**Part VI** Supplemental Information (Continuation)

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), AN AGENCY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, DEVELOPS SHORTAGE DESIGNATION CRITERIA INTENDED TO IDENTIFY A GEOGRAPHIC AREA, POPULATION GROUP OR FACILITY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) OR A MEDICALLY UNDERSERVED AREA OR POPULATION (MUA/P).

HRSA HAS DESIGNATED/IDENTIFIED THE FOLLOWING MEDICALLY UNDERSERVED AREAS/POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS:

ALLEN COUNTY:

1) DISCIPLINE: PRIMARY CARE

MUA/P ID: 00955

SERVICE AREA NAME: LOW INCOME - SOUTH FORT WAYNE SERVICE AREA

DESIGNATION TYPE: MUP LOW INCOME

INDEX OF MEDICAL UNDERSERVICE SCORE: 59.5

STATUS: DESIGNATED

RURAL STATUS: NON-RURAL

2) DISCIPLINE: MENTAL HEALTH

HSPA ID: 7184233749

HPSA NAME: MHCA 20 - ADAMS/ALLEN/WELLS COUNTIES

DESIGNATION TYPE: GEOGRAPHIC HPSA

COUNTY NAME: ADAMS, ALLEN, WELLS COUNTIES

HPSA SCORE: 12

STATUS: DESIGNATED

RURAL STATUS: PARTIALLY RURAL

3) DISCIPLINE: PRIMARY CARE



**Part VI** Supplemental Information (Continuation)

HSPA ID: 1189991870

HPSA NAME: NEIGHBORHOOD HEALTH CLINICS INC.

DESIGNATION TYPE: FEDERALLY QUALIFIED HEALTH CENTER

COUNTY NAME: ALLEN COUNTY

HPSA SCORE: 21

STATUS: DESIGNATED

RURAL STATUS: NON-RURAL

4) DISCIPLINE: PRIMARY CARE

HSPA ID: 1189107418

HPSA NAME: ALLIANCE HEALTH CENTERS, INC.

DESIGNATION TYPE: FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE

COUNTY NAME: ALLEN COUNTY

HPSA SCORE: 16

STATUS: DESIGNATED

RURAL STATUS: NON-RURAL

5) DISCIPLINE: MENTAL HEALTH

HSPA ID: 7189991824

HPSA NAME: NEIGHBORHOOD HEALTH CLINICS INC.

DESIGNATION TYPE: FEDERALLY QUALIFIED HEALTH CENTER

COUNTY NAME: ALLEN COUNTY

HPSA SCORE: 19

STATUS: DESIGNATED

RURAL STATUS: NON-RURAL

6) DISCIPLINE: MENTAL HEALTH

HSPA ID: 7185458158

**Part VI** Supplemental Information (Continuation)

HPSA NAME: ALLIANCE HEALTH CENTERS, INC.

DESIGNATION TYPE: FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE

COUNTY NAME: ALLEN COUNTY

HPSA SCORE:16

STATUS: DESIGNATED

RURAL STATUS: NON-RURAL

ALLEN COUNTY IS SERVED BY LUTHERAN HEALTH NETWORK, A FOR-PROFIT HEALTH SYSTEM OPERATING THREE HOSPITAL FACILITIES IN ALLEN COUNTY. THE NEIGHBORHOOD HEALTH CLINIC (AN FQHC) OPERATES ITS PRIMARY LOCATION DOWNTOWN FORT WAYNE AND A SATELLITE LOCATION IN SOUTHEAST FORT WAYNE. IN ADDITION TO THE CLINIC, THE FACILITY HOUSES THE PARKVIEW CENTER FOR HEALTHY LIVING, WHICH PROVIDES HEALTH PREVENTION EDUCATION AND OTHER SERVICES TO PROMOTE HEALTHY LIVING PRACTICES TO THE LOCAL UNDERSERVED POPULATION. LOCATED WITHIN LAFAYETTE MEDICAL CENTER IN FORT WAYNE, INDIANA, ALLIANCE HEALTH CENTERS (FQHC LOOK-ALIKE) PROVIDES PRIMARY MEDICAL AND BEHAVIORAL HEALTH CARE FOR PATIENTS OF ALL AGES, REGARDLESS OF ABILITY TO PAY. ALSO, LOCATED IN FORT WAYNE, A FREE MEDICAL, DENTAL AND VISION CLINIC, MATTHEW 25, SERVES UNINSURED, LOW-INCOME INDIVIDUALS IN NORTHEAST INDIANA AND NORTHWEST OHIO.

PART VI, LINE 5:

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

PARKVIEW HOSPITAL, INC. SEEKS TO DELIVER EXCELLENT CARE TO EVERY PATIENT,

**Part VI** Supplemental Information (Continuation)

EVERY DAY. IN DOING SO, THE HOSPITAL HAS DEVELOPED ITS INFRASTRUCTURE, POLICIES AND PROCEDURES TO ALIGN WITH THIS GOAL. THIS INCLUDES HAVING A BOARD OF DIRECTORS FOR PARKVIEW HOSPITAL, INC. THAT IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS RESIDING WITHIN THE HOSPITAL'S PRIMARY SERVICE AREA AND EXTENDING MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY. WHILE THESE TWO COMPONENTS ARE CENTRAL IN PROVIDING THE HOSPITAL WITH A STRONG FOUNDATION, IT TAKES A LOT MORE THAN THIS TO MEET THE HOSPITAL'S STANDARD OF DELIVERING EXCELLENT CARE TO EVERY PATIENT, EVERY DAY. TO PARKVIEW HOSPITAL, INC., ACHIEVING THIS STANDARD OF CARE REQUIRES FURTHERING RESEARCH, PROMOTING EDUCATION, ADVANCING CLINICAL CARE AND BUILDING A STRONG COMMUNITY.

FOUNDED IN 1993, THE PARKVIEW RESEARCH CENTER HAS BROUGHT MORE THAN 150 CLINICAL TRIALS TO PATIENTS AND PROVIDERS FOR NOVEL AND POTENTIALLY LIFE-SAVING TREATMENT. OUR MAJOR FOCUS HAS BEEN PHASE II AND PHASE III SPONSORED CLINICAL TRIALS. THE PARKVIEW RESEARCH CENTER IS UNIQUELY SITUATED TO PARTICIPATE IN COLLABORATIVE RESEARCH EFFORTS WITH LOCAL AND NATIONAL ACADEMIC PARTNERS. ONE OF OUR OLDEST COLLABORATIONS IS WITH THE INDIANA UNIVERSITY SCHOOL OF MEDICINE. THE STUDENT EDUCATION AND RESEARCH FELLOWSHIP (SERF) PROGRAM (FORMERLY THE MIDWEST ALLIANCE FOR HEALTH EDUCATION) WAS ESTABLISHED MORE THAN 30 YEARS AGO AND CONTINUES TO SERVE THE SURROUNDING REGION. WITHIN THIS FELLOWSHIP PROGRAM, STUDENTS ARE IN-RESIDENCE FOR A PERIOD OF NINE WEEKS, LEARNING ABOUT RESEARCH AND INTERACTING WITH PARKVIEW PHYSICIANS ON ONGOING RESEARCH STUDIES. STUDENTS GAIN BASIC SKILLS FOR THE CONDUCT OF RESEARCH AND DISSEMINATE THEIR WORK THROUGH A POSTER OR PODIUM PRESENTATION AT THE END OF THE PROGRAM.

THE HEALTH SYSTEM CONTINUES TO ENHANCE HEALTHCARE EDUCATION AND MEDICAL

**Part VI** Supplemental Information (Continuation)

RESEARCH THROUGH PARTNERSHIPS BETWEEN PARKVIEW MIRRO CENTER FOR RESEARCH AND INNOVATION AND LOCAL UNIVERSITIES ON THE NORTH FORT WAYNE CAMPUS, AS WELL AS DEVELOPMENT OF THE LIFE SCIENCE EDUCATION AND RESEARCH CONSORTIUM ON THE RANDALLIA CAMPUS. THE CONSORTIUM IS A COLLABORATION BETWEEN THE HOSPITAL, TRINE UNIVERSITY AND HUNTINGTON UNIVERSITY. TOGETHER THEY PRESENT ACADEMIC PROGRAMS AND RESEARCH TIED TO REHABILITATION SERVICES AND SENIOR CARE. IN ADDITION, DOCTORAL PROGRAMS FOR PHYSICAL THERAPY AND OCCUPATIONAL THERAPY ARE OFFERED TO ADDRESS SIGNIFICANT WORKFORCE GAPS AND SPECIALTY CARE ACCESS NEEDS IN THE COMMUNITY.

PARKVIEW HEALTH SYSTEM, INC. OFFERS INNOVATION LEARNING EXPERIENCES TO HIGH SCHOOL, UNIVERSITY AND ADULT EDUCATION STUDENTS, WHICH ALLOW DIVERSE STUDENT GROUPS TO EXPLORE HEALTHCARE CAREERS AND PURSUE ADVANCED EDUCATION. PARKVIEW HAS MORE THAN 150 AFFILIATION AGREEMENTS WITH SCHOOL PARTNERS, WHICH SUPPORT STUDENT LEARNING AT ALL PARKVIEW FACILITIES. STUDENTS MAY BEGIN TO EXPLORE POTENTIAL CAREER PATHS THROUGH JOB SHADOWS AND OBSERVATIONS AND THEN ADVANCE INTO INTERNSHIPS AND SPECIALTY CLINICALS AS THEY PROGRESS THROUGH THEIR EDUCATION JOURNEY. PRIOR TO LAUNCHING THEIR CAREER, STUDENTS CAN ACCESS PARKVIEW'S SPECIALLY DESIGNED WORK-STUDY OPPORTUNITIES IN ITS CRITICAL TALENT PIPELINES THAT SUPPORT STUDENT LEARNING AND BECOMING PRACTICE-READY BY GRADUATION.

ONE EXAMPLE OF INNOVATIVE EDUCATION PARTNERSHIPS IS THE PARKVIEW EDUCATION CENTER (PEC), WHICH IS THE RESULT OF A COLLABORATION BETWEEN PARKVIEW HEALTH, FORT WAYNE COMMUNITY SCHOOLS (FWCS) AND IVY TECH COMMUNITY COLLEGE. PEC OFFERS YOUNG PEOPLE, COLLEGE STUDENTS AND PROFESSIONALS A UNIQUE ENVIRONMENT WHERE THEY CAN LEARN TOGETHER UNDER THE SAME ROOF. PEC IS A STATE-OF-THE-ART FACILITY THAT HOUSES PARKVIEW'S TRAINING AND

**Part VI** Supplemental Information (Continuation)

ONBOARDING ACTIVITIES, FWCS CAREER ACADEMY'S HEALTH SCIENCE PROGRAMS AND SOME OF IVY TECH'S HEALTH SERVICES TRAINING PROGRAMS. FURTHERMORE, PEC PROVIDES BOTH CLASSROOM AND SIMULATED EXPERIENCE OPTIONS FOR STUDENTS AND CURRENT HEALTHCARE PROFESSIONALS. THE CLASSROOMS, LABORATORIES AND COLLABORATIVE SPACES PROVIDE PEOPLE FROM ALL SKILLSETS AND BACKGROUNDS TO GROW TOGETHER, ENABLING HIGH SCHOOL STUDENTS TO DISCOVER POTENTIAL CAREER PATHS, GIVING ADULTS THE CHANCE TO EARN COLLEGE DEGREES AND CERTIFICATIONS, AND EQUIPPING PARKVIEW CO-WORKERS TO ENHANCE THEIR SKILLS.

GRADUATE MEDICAL EDUCATION (GME) PROGRAMS FOR PHYSICIAN RESIDENTS BEGAN THIS YEAR IN AN EFFORT TO EXPAND TRAINING OPTIONS FOR PHYSICIANS IN NORTHEAST INDIANA. THROUGH THESE PROGRAMS, PARKVIEW IS LAUNCHING A HEALTHIER FUTURE FOR ITS REGION, CREATING EDUCATIONAL OPPORTUNITIES, ECONOMIC DEVELOPMENT AND IMPROVED ACCESS TO HIGH-QUALITY CARE. PARKVIEW REGIONAL MEDICAL CENTER (PRMC) AND AFFILIATES HOSTED THE INAUGURAL CLASS OF INTERNAL MEDICINE AND GENERAL SURGERY RESIDENTS IN JUNE 2022. THESE ACGME-ACCREDITED SPECIALTY PROGRAMS OFFER A COMPREHENSIVE, CULTURE-BASED TRAINING EXPERIENCE. BASED OUT OF PARKVIEW HOSPITAL RANDALLIA, THESE PROGRAMS ALLOW RESIDENTS THE OPPORTUNITY TO ROTATE THROUGH PARKVIEW'S 12 FACILITIES IN NORTHEAST INDIANA - HELPING PARTICIPANTS TO DEVELOP THE SKILLS NEEDED TO PROVIDE HIGH-QUALITY, PATIENT-CENTERED CARE TO PATIENTS AND THEIR FAMILIES. CURRENT PHYSICIAN RESIDENCY PROGRAMS INCLUDE INTERNAL MEDICINE, OB-GYN, GENERAL SURGERY, PHYSICAL MEDICINE AND REHABILITATION, AND TRANSITIONAL YEAR. OTHER GME AREAS OF STUDY ARE UNDER DEVELOPMENT.

PARKVIEW IS EXPANDING ITS PRESENCE IN SOUTHWEST ALLEN COUNTY AND MAKING ITS HIGHLY SPECIALIZED, WORLD CLASS CARE MORE CONVENIENT TO THE AREA'S SOUTHWEST RESIDENTS. THE NEW FACILITIES AND RENOVATIONS WILL BRING NEW

**Part VI** Supplemental Information (Continuation)

SERVICES AND EXPAND EXISTING SERVICES ON THE PARKVIEW SOUTHWEST CAMPUS. PREVIOUSLY KNOWN AS PARKVIEW INVERNESS, THE CAMPUS WILL INCORPORATE THE PPG PRIMARY CARE OFFICE, THE PARKVIEW SOUTHWEST SURGERY CENTER, AND THE PARKVIEW MEDICAL OFFICE BUILDING. IN ADDITION TO THE EXISTING BUILDINGS, CONSTRUCTION IS UNDERWAY ON A NEW THREE-STORY OUTPATIENT CENTER, WITH A PROJECTED OPENING IN LATE 2023.

THE FIRST FLOOR OF THE OUTPATIENT CENTER WILL HOUSE LAB AND IMAGING SERVICES, A FREE-STANDING EMERGENCY DEPARTMENT, AND SHELL SPACE FOR FUTURE GROWTH. THE SECOND FLOOR WILL PROVIDE SPECIALTY PROVIDERS WITH EXAM ROOMS IN A TIMESHARE SERVICE MODEL. THE THIRD FLOOR WILL HOUSE ORTHO NORTHEAST (ONE).

THE CURRENT MEDICAL OFFICE BUILDING WILL BE CONVERTED INTO A WOMEN'S AND CHILDREN'S CENTER, WITH SOME REMODELING AND UPGRADES. IT WILL HOUSE PEDIATRIC SPECIALTIES, PRIMARY CARE PEDIATRICIANS, OBSTETRICS AND GYNECOLOGIC SPECIALISTS, AND MIDWIVES.

PARKVIEW SOUTHWEST SURGERY CENTER (FKA PARKVIEW INVERNESS SURGERY CENTER) REOPENED IN MARCH 2022. THIS REMODEL PROVIDES ADEQUATE ROOM TO PROCESS ENDOSCOPES TO KEEP PACE WITH TWO ENDOSCOPY PROCEDURE ROOMS. PAIN MANAGEMENT SERVICES WERE ADDED, AND A NEW BUILDING ADDITION INCLUDES A STERILE PROCESSING ROOM AND ADDITIONAL OPERATING ROOMS TO MEET THE GROWING DEMAND FOR OUTPATIENT SURGERIES.

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. THROUGH OVERSIGHT BY THE COMMUNITY HEALTH

**Part VI** Supplemental Information (Continuation)

IMPROVEMENT COMMITTEE COMPRISED OF COMMUNITY LEADERS, MEMBERS OF THE PARKVIEW HOSPITAL, INC. BOARD OF DIRECTORS AND HOSPITAL MANAGEMENT, THE COMMUNITY HEALTH IMPROVEMENT PROGRAM PROACTIVELY SEEKS TO BUILD COMMUNITY PARTNERSHIPS AND COLLABORATIONS TO PROMOTE HEALTH AND ADDRESS IDENTIFIED COMMUNITY HEALTH NEEDS. OUR GOAL IS TO UTILIZE BEST PRACTICES AND INNOVATIVE METHODS TO IMPROVE HEALTH STATUS, PARTICULARLY FOR THE UNDERSERVED. PARKVIEW HOSPITAL, INC. SUPPORTS THESE COMMUNITY HEALTH IMPROVEMENT EFFORTS THROUGH A COMMITMENT OF UP TO 10 PERCENT OF ITS NET INCOME ON AN ANNUAL BASIS.

SEVERAL LOCAL HEALTH PARTNERS ASSIST IN IMPROVING ACCESS TO HEALTHCARE. MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINIC, ALLIANCE HEALTH CENTER, NORTHEAST INDIANA POSITIVE RESOURCE CONNECTION (FORMERLY THE AIDS TASK FORCE), A HOPE CENTER (PREGNANCY CENTER), THE RESCUE MISSION (HOMELESS SHELTER) AND BRIGHTPOINT COVERING KIDS AND FAMILIES ARE JUST A FEW OF OUR PARTNER ORGANIZATIONS. ADDITIONALLY, THE HOSPITAL PROVIDES FUNDING TO COMMUNITY TRANSPORTATION NETWORK AS THEY PROVIDE MEDICAL TRANSPORTATION FOR THE SENIOR, DISABLED AND LOW-INCOME POPULATIONS THROUGHOUT THE COMMUNITY.

(NARRATIVE CONTINUED AFTER PART VI, LINE 7 CONT'D)

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.; DEKALB MEMORIAL HOSPITAL, INC.; HUNTINGTON MEMORIAL HOSPITAL, INC.; PARK CENTER, INC.; PARKVIEW WABASH HOSPITAL, INC.; WHITLEY MEMORIAL HOSPITAL, INC.; AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC.

EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH ACTIVITIES CUSTOMIZED TO MEET THE UNIQUE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES. AFFILIATE HOSPITALS ALSO WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED. FROM THE LIST OF HEALTH ISSUES IDENTIFIED IN NORTHEAST INDIANA AS PART OF THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT, THE HEALTH PRIORITY OF MENTAL HEALTH WAS SELECTED BY ALL AFFILIATE HOSPITALS.

AFFILIATE HOSPITALS EACH HAVE A LOCAL BOARD OF DIRECTORS. PARKVIEW HEALTH SYSTEM, INC. ALSO ENGAGES WITH A BOARD OF DIRECTORS THAT CONSISTS OF REPRESENTATION FROM EACH OF THE AFFILIATE HOSPITAL BOARDS AND UP TO 15 AT-LARGE PHYSICIANS OR COMMUNITY LEADERS. MOST OF THE BOARD OF DIRECTORS SHALL ALWAYS BE INDEPENDENT AS DEFINED BY THE INTERNAL REVENUE SERVICE (IRS).

PARKVIEW CONTRIBUTES TO THE OVERALL SUCCESS OF THE REGION THROUGH SIGNIFICANT INVOLVEMENT IN THE COMMUNITIES WE SERVE. BY DEVELOPING VARIOUS PARTNERSHIPS AND ALIGNMENTS WITH DIFFERENT SECTORS AND ORGANIZATIONS, PARKVIEW HELPS TO BENEFIT THE ECONOMY, QUALITY OF LIFE, AND HEALTH AND WELL-BEING ACROSS THE REGION. WITH A CONSISTENT FOCUS ON OUR MISSION AND VISION, WE WORK TO PROVIDE EXCELLENT CARE TO EVERY PERSON, EVERY DAY



**Part VI** Supplemental Information (Continuation)

WITHIN OUR FACILITIES WHILE SERVING AS GOOD STEWARDS OF SURPLUS FUNDS TO POSITIVELY IMPACT COMMUNITY HEALTH STATUS.

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

IN

PART VI, LINE 7 CONT'D:

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

PART VI, SUPPLEMENTAL INFORMATION, LINE 5, CONT'D

CONTINUED FROM ABOVE: 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.).

INITIATIVES ADDRESSING THE HOSPITAL'S CURRENT HEALTH PRIORITIES INCLUDE SCHOOL-BASED NUTRITION AND ACTIVE LIFESTYLE CURRICULA AND PROGRAMS; PARKVIEW'S COMMUNITY GREENHOUSE AND LEARNING KITCHEN PROGRAMMING; MATERNAL/INFANT INTERVENTION PROGRAMS; AND A BEHAVIORAL HEALTHCARE NAVIGATOR PROGRAM. THE HOSPITAL ALSO FUNDS AND MANAGES AN INTEGRATED COMMUNITY-BASED NURSING PROGRAM. THESE REGISTERED NURSES, ALONG WITH A REGISTERED RESPIRATORY THERAPIST AND COMMUNITY HEALTH WORKERS, DELIVER EDUCATION AND SERVICES OUTSIDE THE WALLS OF OUR FACILITIES TO ADDRESS COMMUNITY HEALTH ISSUES, ENGAGE VULNERABLE FAMILIES AND PROMOTE HEALTH IN POPULATIONS WHO ARE OTHERWISE UNDERSERVED BY THE TRADITIONAL HEALTHCARE SYSTEM. OTHER COMMUNITY OUTREACH PROGRAMS INCLUDE MEDICATION

**Part VI** Supplemental Information (Continuation)

ASSISTANCE, MOBILE MAMMOGRAPHY SERVICES, PEDIATRIC CARE MOBILE UNIT AND INJURY PREVENTION EDUCATION.

PARKVIEW CONTINUES TO ADVANCE INNOVATION THROUGH PATIENT ACCESS TO HEALTHCARE SERVICES VIA OUR VIRTUAL HEALTH TECHNOLOGY. PARKVIEW ONDEMAND, A TELEHEALTH PLATFORM THAT CONNECTS INDIVIDUALS WITH A PROVIDER 24/7 ANYTIME, ANYWHERE THROUGH VIDEO VISITS VIA A COMPUTER, TABLET OR SMARTPHONE. WITH THIS SERVICE, PROVIDERS CAN SEE PATIENTS FOR SIMPLE FOLLOW-UPS, WELLNESS EXAMS, AND NON-EMERGENCY CONDITIONS SUCH AS COLD AND FLU, ALLERGIES, AND PINK EYE. ALSO CONVENIENT, IF NEEDED, PARKVIEW ONDEMAND CAN SUBMIT PRESCRIPTIONS DIRECTLY TO THE PHARMACY OF THE PATIENT'S CHOICE.

ANOTHER TELEHEALTH PLATFORM AVAILABLE TO PATIENTS IS PARKVIEW'S MYCHART. PARKVIEW MYCHART IS AN EASY-TO-USE TOOL THAT EMPOWERS PATIENTS TO TAKE AN ACTIVE ROLE IN THEIR HEALTHCARE JOURNEY. PATIENTS NOT ONLY HAVE CONVENIENT AND SECURE ACCESS TO THEIR MEDICAL RECORDS BUT ALSO TO EXTENSIVE SERVICES, RESOURCES AND FEATURES THAT ENHANCE THE PATIENT EXPERIENCE. PATIENTS WHO INTEGRATE MYCHART INTO EVERYDAY LIFE SAVE TIME SPENT ORGANIZING HEALTH AND INSURANCE INFORMATION AND HAVE A GREATER UNDERSTANDING OF THEIR HEALTH AND WELL-BEING. THROUGH THE MYCHART PLATFORM, PARKVIEW HEALTH ENGAGED A TOTAL OF 364,000 PATIENTS, WHO WERE ABLE TO ACTIVELY VIEW OR MANAGE THEIR CARE IN THE LAST 12 MONTHS.

PARKVIEW ALSO HAS A PARKVIEW HEALTH APP, IN THE GOOGLE AND APPLE APP STORES, WHICH CONNECTS YOU WITH A VARIETY OF HELPFUL TOOLS DESIGNED TO ENHANCE THE PATIENT JOURNEY OR CONNECT BACK TO TOOLS THAT CAN INFORM YOU OF YOUR HEALTH RECORDS. WITH THE APP, YOU CAN START A VIDEO VISIT,

