

**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 <b>PARKVIEW WABASH HOSPITAL, INC.</b>	Employer identification number <b>47-1753440</b>
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**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: <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		
<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? 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? .....		<input checked="" type="checkbox"/>
<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) .....			1033205.		1033205.	1.77%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			5435190.	3424801.	2010389.	3.44%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			8262717.	5529816.	2732901.	4.68%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			14731112.	8954617.	5776495.	9.89%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			60,029.	13,251.	46,778.	.08%
<b>f</b> Health professions education (from Worksheet 5) .....			75,661.		75,661.	.13%
<b>g</b> Subsidized health services (from Worksheet 6) .....			6173477.	4187009.	1986468.	3.40%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			23,920.		23,920.	.04%
<b>j Total.</b> Other Benefits .....			6333087.	4200260.	2132827.	3.65%
<b>k Total.</b> Add lines 7d and 7j .....			21064199.	13154877.	7909322.	13.54%





**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 WABASH 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? .....	1		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 .....	2		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 .....	3	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: <u>20 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 .....	5	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 .....	6a	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 .....	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	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 .....	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	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? .....	10b		
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)? .....	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b		
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 WABASH 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 WABASH 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 WABASH 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? ..... If "Yes," explain in Section C.	23	X
<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? ..... If "Yes," explain in Section C.	24	X

**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 WABASH 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 WABASH HOSPITAL, INC., WERE DILIGENT IN ENSURING INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY WAS INCLUDED, WHILE ALSO FOCUSING ON THE NEEDS OF VULNERABLE POPULATIONS IN NORTHEAST INDIANA.

IN GATHERING COMMUNITY INPUT, PARKVIEW HEALTH SYSTEM, INC., INCLUDING PARKVIEW WABASH HOSPITAL, INC., 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, CLINICS OR ORGANIZATIONS SERVING HISPANIC, AMISH, OR PEOPLE OF BURMA POPULATIONS; 4) IN-PERSON RECRUITMENT



**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.

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 WABASH COUNTY, THIS INCLUDED HISPANIC 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 WABASH COUNTY, IN-PERSON TEAMS OF RESEARCH ASSISTANTS CONDUCTED COMMUNITY SURVEY OUTREACH AT THE LOCAL YMCA, THRIFT STORE AND COFFEE SHOP. REGARDING VULNERABLE POPULATIONS SURVEYED IN WABASH COUNTY, 22.1% OF RESPONDENTS REPORTED AN INCOME OF < \$35,000 AND 1.1% OF RESPONDENTS IDENTIFIED AS HISPANIC/LATINO. ADDITIONALLY, RESPONDENTS 65 YEARS AND OLDER WERE WELL-REPRESENTED (45.5%). THE PROVIDER SURVEY INCLUDED RESPONSES FROM PHYSICIANS, NURSE PRACTITIONERS, REGISTERED NURSES, OTHER HEALTHCARE PROVIDERS, COMMUNITY/SOCIAL SERVICE PROVIDERS, PUBLIC HEALTH/COMMUNITY HEALTH WORKERS, AND SOCIAL WORKERS/CASE MANAGERS.

IN ADDITION TO DATA COLLECTION, PARKVIEW WABASH HOSPITAL, INC. COLLABORATED WITH THE COMMUNITY AND PARTNERING ORGANIZATIONS TO SELECT AND PRIORITIZE WABASH COUNTY'S HEALTH NEEDS. IN DOING SO, A MODIFIED HANLON METHOD WAS EMPLOYED TO PRIORITIZE HEALTH CONCERNS FOR PARKVIEW HEALTH

**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.

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.

AS A CONTINUATION OF THE PRIORITIZATION PROCESS, PARKVIEW WABASH HOSPITAL, INC. HELD A COMMUNITY MEETING ON SEPTEMBER 12, 2022, TO ENGAGE WABASH COUNTY COMMUNITY LEADERS IN HELPING DETERMINE TWO HEALTH PRIORITIES FOR THE COUNTY IN ADDITION TO THE HEALTH PRIORITY OF MENTAL HEALTH THAT WAS SET FOR ALL HOSPITALS IN THE PARKVIEW HEALTH SYSTEM OVER THE NEXT THREE YEARS. THE AREAS OF EDUCATION, GOVERNMENT, SOCIAL SERVICE AGENCIES AND RECREATION WERE ALL REPRESENTED IN THE MEETING, ALONG WITH MEMBERS OF THE PARKVIEW WABASH HOSPITAL ADMINISTRATIVE TEAM. THE GROUP OF STAKEHOLDERS CONDUCTED A THOUGHTFUL REVIEW OF THE 2022 CHNA DATA AND ENGAGED IN A PRIORITIZATION GRID EXERCISE, WHICH INVOLVED EXAMINING THE TOP 10 HEALTH PRIORITIES IDENTIFIED IN THE SURVEY OF THE COMMUNITY AND LOCAL PROVIDERS. THE FINDINGS WERE SUMMARIZED IN THE CHNA. PARTICIPANTS WERE THEN ASKED TO RATE SIGNIFICANCE, SEVERITY, SUITABILITY, AND SOCIAL DETERMINANTS OF HEALTH FOR EACH OF THE 10 PRIORITIES. FOLLOWING THIS, THE STAKEHOLDERS WERE ASKED TO VOTE ON THEIR TOP TWO RECOMMENDATIONS FOR THE TWO ADDITIONAL HEALTH PRIORITIES. GREAT DISCUSSION ENSUED BEFORE VOTING BEGAN. FROM THIS

**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.

DISCUSSION, IT WAS UNANIMOUSLY AGREED UPON THAT A VOTE WAS NOT NECESSARY.

ALL CONCURRED THAT THE FOLLOWING SHOULD BE THE HEALTH PRIORITIES FOR

WABASH COUNTY: SUBSTANCE ABUSE/USE AND OBESITY. THE RECOMMENDATIONS OF THE

COMMITTEE WERE PRESENTED TO THE PARKVIEW WABASH HOSPITAL BOARD EXECUTIVE

PLANNING COMMITTEE ON SEPTEMBER 30, 2022. THEY VOTED UNANIMOUSLY TO ADOPT

SUBSTANCE ABUSE/USE AND OBESITY AS ADDITIONAL PRIORITIES.

PRIORITIZATION SESSION ATTENDEES REPRESENTED SEVERAL ORGANIZATIONS IN

WABASH COUNTY: WABASH CITY GOVERNMENT, WABASH COMMUNITY FOUNDATION,

PARKVIEW ADMINISTRATION, WABASH CITY SCHOOLS, MANCHESTER COMMUNITY

SCHOOLS, METROPOLITAN SCHOOL DISTRICT OF WABASH COUNTY, WAYPOINT WOMEN'S

RECOVERY HOME, AND WABASH YMCA.

PARKVIEW WABASH HOSPITAL, INC.:

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

WITH THE FOLLOWING HOSPITAL FACILITIES:

PARKVIEW HOSPITAL, INC. (EIN 35-0868085); DEKALB MEMORIAL HOSPITAL, INC.

(EIN 35-1064295); 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); PARK CENTER, INC. (EIN 35-1135451) AND

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823).

PARKVIEW WABASH HOSPITAL, INC.:

**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 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 WABASH 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:

MENTAL HEALTH AND SUBSTANCE ABUSE --

PARKVIEW WABASH HOSPITAL, INC., IS BOLSTERING ITS EFFORTS IN AREAS DEEMED TO BE HIGHEST IMPACT FOR MENTAL HEALTH AND DRUG ABUSE IN THE FOLLOWING WAYS:

**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.

- THROUGH OUR BEHAVIORAL HEALTH PROGRAM, WHICH OPENED IN LATE 2020, PARKVIEW WABASH HOSPITAL, INC., OFFERS OUTPATIENT ALCOHOL AND OPIOID DEPENDENCY MEDICATION TREATMENT. INTENSIVE OUTPATIENT GROUP TREATMENT OFFERS THREE PHASES OF GROUP SESSIONS FOR TREATMENT, ENABLING PATIENTS TO ENGAGE IN DAILY ROUTINES AND CONTINUE LIVING AT HOME.

- THE LIFEBRIDGE SENIOR INTENSIVE OUTPATIENT PROGRAM IS A SPECIALTY MENTAL/BEHAVIORAL PROGRAM DESIGNED TO MEET THE NEEDS OF OLDER ADULTS FOCUSING ON PROVIDING INTENSIVE INDIVIDUAL, FAMILY AND/OR GROUP SERVICES. EACH OF THE INDIVIDUALS ENROLLED IN THE LIFEBRIDGE PROGRAM ATTEND MONTHLY APPOINTMENTS WITH THE MEDICAL DIRECTOR/PSYCHIATRIST FOR MEDICATION MANAGEMENT AND TREATMENT PLANNING. AT EACH VISIT, INDIVIDUALS ARE SCREENED BY NURSING STAFF FOR VITALS, MEDICATION RECONCILIATION AND ANY MEDICAL CONCERNS ARE IMMEDIATELY COMMUNICATED TO THE INDIVIDUAL'S PRIMARY CARE PHYSICIAN. FAMILY AND SIGNIFICANT OTHERS ARE ENCOURAGED TO PARTICIPATE IN THE TREATMENT PROCESS. LIFEBRIDGE PROVIDES A COHESIVE TREATMENT TEAM TO INCREASE INDIVIDUAL'S MENTAL HEALTH AND PHYSICAL WELL-BEING.

- SUPPORT OF WAYPOINT, A TRANSITIONAL RECOVERY HOME FOR WOMEN, CONTINUED IN 2022. WOMEN WHO ARE RELEASED FROM JAIL OR A REHABILITATION FACILITY, WHO ARE SOBER, AND WHO WISH TO ABSTAIN FROM RETURNING TO PRIOR HABITS, CAN COME TO THE HOME FOR SUPPORT AND GUIDANCE AS THEY WORK TO RE-ENTER THE WORKFORCE AND REBUILD THEIR LIVES AND RELATIONSHIPS OF OTHERS. PARKVIEW WABASH HOSPITAL, INC., PROVIDES FUNDING FOR DRUG AND ALCOHOL TEST KITS. OUR MANAGERS ALSO INVESTED THEIR PERSONAL TIME TO CLEAN, PAINT AND PREPARE THE HOUSE FOR ITS 2022 OPENING.

**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 WABASH HOSPITAL, INC., PARTNERS CLOSELY WITH THE WABASH COUNTY TOBACCO FREE COALITION ON SEVERAL INITIATIVES. WE PROVIDE FUNDING FOR NICOTINE REPLACEMENT THERAPY, DON'T START SMOKING EDUCATION FOR ALL 2ND AND 5TH GRADERS IN WABASH COUNTY AND PRENATAL CESSATION CLASSES.

OBESITY --

PARKVIEW WABASH HOSPITAL, INC., SUPPORTS PROGRAMS ESTABLISHED TO ADDRESS OBESITY IN WABASH COUNTY. ACTIONS TO ADDRESS THE ISSUE OF OBESITY CENTER AROUND PROGRAMS THAT ENGAGE CHILDREN AND FAMILIES AND INCLUDE THE FOLLOWING PROGRAMS:

- WITH FUNDING PROVIDED BY THE PARKVIEW WABASH HOSPITAL, INC., FOUNDATION, A FIVE-SPACE PARKING LOT WAS BUILT ADJACENT TO THE HOSPITAL'S HALF-MILE WALKING PATH TO ENCOURAGE GREATER COMMUNITY USAGE OF THE PATH.

- THE HOSPITAL PARTNERS WITH VISIT WABASH COUNTY AND THE SPIKES AND BIKES CLUB TO OFFER "LIKING FOR BIKING," A WEEKLY 60-MINUTE BIKE RIDE FOR PEOPLE OF ALL AGES AND FITNESS LEVELS. THE GOAL IS TO ENCOURAGE PHYSICAL ACTIVITY IN A CASUAL, FUN, GROUP SETTING. THERE ARE 17 RIDES FROM MAY THROUGH AUGUST. THIRTY-SIX PEOPLE RODE AT LEAST ONE WEEK, WITH 13 PEOPLE RIDING 10 OR MORE WEEKS. TWO PEOPLE REPORTED LOSING WEIGHT FROM THE START OF THE PROGRAM.

- BLESSINGS IN A BACKPACK WORKS TO COMBAT FOOD INSECURITY BY FEEDING, ON AVERAGE, 600 ELEMENTARY STUDENTS WEEKLY THROUGHOUT 2022. ONE STUDENT WROTE "I LIKE GETTING THE BLESSINGS BAG BECAUSE MY MOM SAYS IT HELPS A LOT."

**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.

- THE HOSPITAL'S "MYWELL-BEING" COMMITTEE PROVIDES RESOURCES FOR CO-WORKERS TO ENABLE THEM TO BE GOOD EXAMPLES FOR THE REST OF THE COMMUNITY.

- PARKVIEW WABASH HOSPITAL, INC., PARTNERED WITH HAWKINS FAMILY FARM IN 2022 TO PARTICIPATE IN THEIR FARM SHARE PROGRAM. CO-WORKERS COULD SIGN UP FOR THE PROGRAM AND HAVE FRESH, LOCALLY GROWN VEGETABLES AND FRUITS OF THEIR CHOICE DELIVERED TO THE HOSPITAL FOR PICK UP. APPROXIMATELY 50 PEOPLE PARTICIPATED AT SOME LEVEL DURING THE SIX- MONTH SEASON.

MATERNAL/CHILD HEALTH --

- PARKVIEW WABASH HOSPITAL, INC., OFFERS A MOMS GROUP, SAFE SLEEP AND LACTATION VISITS TO THE COMMUNITY. THE PROGRAMS WERE DESIGNED TO REDUCE RISKS AND INCREASE HEALTHY BEHAVIORS AMONG NEWBORNS, AS WELL AS OFFERING SUPPORT TO BOTH FIRST-TIME AND EXPERIENCED MOTHERS. ALL CLASSES ARE OPEN TO THE PUBLIC, REGARDLESS OF WHERE MOM DELIVERED.

- THE HOSPITAL PARTNERED WITH THE INDIANA STATE DEPARTMENT OF HEALTH TO OFFER A BOOSTER BASH IN SEPTEMBER. LED BY STAFF CERTIFIED IN CAR SEAT SAFETY, CO-WORKERS CHECKED BOOSTER SEATS FOR PROPER INSTALLATION, FIT AND SAFETY. FREE BOOSTER SEATS WERE PROVIDED IF SEATS WERE EXPIRED OR THE WRONG SIZE.

OTHER HEALTH NEEDS NOT BEING ADDRESSED:

KIDNEY DISEASE - THIS IS NOT AN AREA OF PRIORITY AS THERE ARE LIMITED

**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.

RESOURCES TO ADDRESS THE NEED. THERE ARE RESOURCES ELSEWHERE IN THE  
PARKVIEW HEALTH SYSTEM.

ASTHMA - THIS ISSUE WAS NOT A PRIORITY OF COMMUNITY MEMBERS, AND  
THEREFORE, WOULD NOT RECEIVE SUFFICIENT SUPPORT TO SUCCEED. INDIVIDUALS'  
PRIMARY CARE PROVIDERS ADDRESS THESE NEEDS.

CANCER - THIS IS NOT LIKELY TO BE RESOLVED AT THIS TIME. WHILE WE DID NOT  
CHOOSE CANCER AS A PRIMARY NEED, PARKVIEW WABASH HOSPITAL, INC., OFFERS AN  
ONCOLOGIST ON-SITE TWO DAYS A WEEK, AS WELL AS AN ONCOLOGY-CERTIFIED NURSE  
PRACTITIONER THREE DAYS EACH WEEK. WE OFFER CHEMOTHERAPY FOUR DAYS PER  
WEEK.

DIABETES - WHILE PARKVIEW WABASH HOSPITAL, INC., DID NOT SELECT DIABETES  
AS A TOP HEALTH PRIORITY, WE DO UNDERSTAND ITS PREVALENCE IN OUR  
COMMUNITY. OUR REGISTERED DIETITIANS WORK WITH PATIENTS ON A ONE-ON-ONE  
BASIS THROUGH PHYSICIAN REFERRAL AND INPATIENT CONSULTS. WE ALSO BELIEVE  
OUR CONTINUED EFFORTS TO FOCUS ON OBESITY AS A PRIORITY WILL POSITIVELY  
IMPACT DIABETES.

CARDIOVASCULAR DISEASE - AS WITH DIABETES, WE BELIEVE OUR EMPHASIS ON  
OBESITY WILL SERVE TO MITIGATE THE RISK OF CARDIOVASCULAR DISEASE.  
PARKVIEW WABASH HOSPITAL, INC., BOASTS A STRONG CARDIOPULMONARY  
REHABILITATION PROGRAM THAT DATES BACK TO 1983. IT WAS ONE OF THE FIRST  
PROGRAMS OF ITS KIND IN A RURAL COMMUNITY.

CHILD ABUSE AND NEGLECT - THE HOSPITAL DOES NOT HAVE THE EXPERTISE TO



**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.

ADDRESS THIS ISSUE. WE WILL CONTINUE TO MONITOR AND REPORT ALL SUSPECTED CONCERNS OBSERVED TO CHILD PROTECTIVE SERVICES.

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

HTTPS://WWW.PARKVIEW.COM/PATIENTS-AND-VISITORS/  
BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

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.

**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? 0

Name and address	Type of facility (describe)

**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.

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**PART I, LINE 6A:**

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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.

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**PART I, LINE 7:**

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**PART I, LINE 7A**

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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.

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**PART I, LINE 7B**

**Part VI** Supplemental Information (Continuation)

PARKVIEW WABASH 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 WABASH 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 7I

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

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

PERCENT OF TOTAL EXPENSE

PARKVIEW WABASH HOSPITAL, INC. EXCLUDED \$3,224,974 OF PH CLINICAL SUPPORT  
EXPENSE.

**Part VI** Supplemental Information (Continuation)

## PART II, COMMUNITY BUILDING ACTIVITIES:

DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED, PROMOTE THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES.

PARKVIEW WABASH HOSPITAL, INC. PROVIDES SUPPORT FOR LOCAL ECONOMIC DEVELOPMENT PROGRAMS AND WORKS CLOSELY WITH GROW WABASH COUNTY, THE COUNTY'S ECONOMIC DEVELOPMENT ORGANIZATION AND THE CITY OF WABASH. PROMOTION OF ECONOMIC DEVELOPMENT IN WABASH COUNTY IS A PART OF A COLLECTIVE PLAN TO IMPROVE THE QUALITY OF LIFE AND ULTIMATELY THE OVERALL HEALTH AND WELL-BEING OF THE COMMUNITY.

## 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 VI** Supplemental Information (Continuation)

PART III, LINE 8:

## COMMUNITY BENEFIT &amp; 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 WABASH 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 WABASH HOSPITAL, INC. HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. PARKVIEW WABASH 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

**Part VI** Supplemental Information (Continuation)

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.

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 WABASH 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



**Part VI** Supplemental Information (Continuation)

STAFF. PARKVIEW WABASH HOSPITAL, INC. IDENTIFIES AND VERIFIES COMMUNITY HEALTH NEEDS THROUGH THE FOLLOWING:

1. HEALTHY COMMUNITIES INSTITUTE (HCI) SECONDARY DATA ANALYSIS

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.

**Part VI** Supplemental Information (Continuation)

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. 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.

PARKVIEW WABASH HOSPITAL, INC., IS LOCATED IN WABASH COUNTY, AND IS THE ONLY FULL-SERVICE HOSPITAL IN WABASH COUNTY. PARKVIEW WABASH HOSPITAL, INC., PRIMARILY SERVES THE COMMUNITIES OF WABASH, NORTH MANCHESTER, ROANN, URBANA, LAGRO AND LAFOUNTAINE. TO A LESSER EXTENT, THE HOSPITAL SERVES COMMUNITIES IN SURROUNDING COUNTIES, TO INCLUDE MIAMI COUNTY, SOUTHERN KOSCIUSKO COUNTY AND NORTHERN GRANT COUNTY.

ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI), WABASH COUNTY, IS A RURAL AREA WITHIN THE HEALTH SYSTEM'S SERVICE AREA WITH A POPULATION OF 30,816 (2021). IN ADDITION, HCI REPORTS THE MEDIAN HOUSEHOLD INCOME OF WABASH COUNTY RESIDENTS IS APPROXIMATELY \$59,611 WITH 12.4% LIVING BELOW THE FEDERAL POVERTY LEVEL (2017-2021). APPROXIMATELY 90.8% OF WABASH COUNTY RESIDENTS HAVE HEALTH INSURANCE (2020).

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION DIMENSIONS DATABASE (2022), PARKVIEW WABASH HOSPITAL, INC. HAD 13.5% OF INPATIENT DISCHARGES THAT WERE

**Part VI** Supplemental Information (Continuation)

MEDICAID PATIENTS AND 1.9% WERE SELF-PAY. FOR OUTPATIENT PROCEDURES, 19.5% WERE MEDICAID PATIENTS, AND 2.4% PERCENT WERE SELF-PAY.

HEALTH RESOURCES & 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).

HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA) HAS DESIGNATED/IDENTIFIED THE FOLLOWING MEDICALLY UNDERSERVED AREAS/POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS:

WABASH COUNTY:

1) DISCIPLINE: PRIMARY CARE

MUA/P ID: 1181155511

SERVICE AREA NAME: LOW INCOME - WABASH COUNTY

DESIGNATION TYPE: MUP LOW INCOME

INDEX OF MEDICAL UNDERSERVICE SCORE: 57.7

STATUS: DESIGNATED

RURAL STATUS: RURAL

2) DISCIPLINE: MENTAL HEALTH

HSPA ID: 7186918305

HPSA NAME: MENTAL HEALTH CATCHMENT AREA 28 - WARSAW

DESIGNATION TYPE: GEOGRAPHIC HPSA

COUNTY NAME: HUNTINGTON, KOSCIUSKO, MARSHALL, WABASH, AND WHITLEY COUNTIES

**Part VI** Supplemental Information (Continuation)

HPSA SCORE:17

STATUS: DESIGNATED

RURAL STATUS: PARTIALLY RURAL

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 (EG OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC.)

THE MAJORITY OF THE PARKVIEW WABASH HOSPITAL, INC. BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

PEOPLE IN OUR SERVICE AREA HAVE ACCESS TO CARE 24 HOURS A DAY, 365 DAYS A YEAR THROUGH PARKVIEW WABASH HOSPITAL, INC.'S EMERGENCY DEPARTMENT (ED). THE ED IS STAFFED WITH BOARD-CERTIFIED EMERGENCY CARE PHYSICIANS, PHYSICIAN ASSISTANTS AND A NURSING STAFF THAT IS TRAINED AND EXPERIENCED IN EMERGENCY CARE. ADDITIONALLY, THE HOSPITAL OFFERS FIRST CARE, A WALK-IN CLINIC OPEN FROM 8 A.M. TO 8 P.M. MONDAY THROUGH FRIDAY AND 8 A.M. TO 2 P.M. ON SATURDAY AND SUNDAY.

FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY, AND PARKVIEW WABASH HOSPITAL, INC. AND ITS AFFILIATES CONTINUE TO ADAPT TO MEET THE NEEDS OF THE COMMUNITY.

OUR CARE IS NOT LIMITED TO THE WALLS OF OUR BUILDING. PARKVIEW WABASH

**Part VI** Supplemental Information (Continuation)

HOSPITAL, INC., IS ACTIVE IN THE COMMUNITY IN A VARIETY OF WAYS.

A FEW HIGHLIGHTS INCLUDE:

--ONCOLOGY - THE PARKVIEW WABASH HOSPITAL, INC.'S, ONCOLOGY PROGRAM OFFERS CANCER PATIENTS ADVANCED CHEMOTHERAPY TREATMENT CLOSE TO HOME.

ADDITIONALLY, THE DEPARTMENT ENCOURAGES SUPPORT BEYOND TREATMENT BY PROVIDING FREE SCREENINGS AND CLINICAL TRIALS.

--MEALS ON WHEELS - THE HOSPITAL'S NUTRITION CARE SERVICES DEPARTMENT PACKAGES PREPARED MEALS EACH WEEK FOR ABOUT 20 LOW-INCOME RESIDENTS.

COMMUNITY VOLUNTEERS DELIVER THOSE MEALS TO THEIR HOMES.

--BLESSINGS IN A BACKPACK - ONE EVENING EACH MONTH DURING THE SCHOOL YEAR, PARKVIEW WABASH HOSPITAL, INC., MANAGERS VOLUNTEER AN EVENING PACKING ABOUT 600 BAGS OF FOOD FOR AREA CHILDREN IN NEED, GRADES KINDERGARTEN THROUGH SIXTH. THE FOOD BAGS ARE INTENDED TO HELP THE FAMILIES GET THROUGH THE WEEKEND.

--HOT DOG MINISTRY - PARKVIEW WABASH HOSPITAL, INC., LEADERS SERVE LOW INCOME FAMILIES A MEAL EVERY TUESDAY DURING THE SUMMER AND TWICE A MONTH DURING THE WINTER. IT IS A PROGRAM RUN BY FIRST UNITED METHODIST CHURCH AND OUR TEAM IS HAPPY TO HELP APPROXIMATELY 85 PEOPLE EACH WEEK IN THE SUMMER AND ABOUT 20 EACH WEEK IN THE WINTER.

--SCHOOL EDUCATION - THE HOSPITAL PROVIDES A WEEKLY 45-MINUTE EDUCATION SESSION TO ANY HIGH SCHOOL OR MIDDLE SCHOOL STUDENT WHO SELF-IDENTIFIES AS WANTING TO QUIT VAPING. IT IS LEAD BY A LICENSED MENTAL HEALTH COUNSELOR.

**Part VI** Supplemental Information (Continuation)

THEY DISCUSS TRIGGERS, TOOLS TO QUIT AND THE DANGERS OF VAPING. IN 2022, SIX STUDENTS ATTENDED SESSIONS, WITH ONE SUCCESSFULLY QUITTING.

--BRIANNA'S HOPE - THE SECOND THURSDAY OF EVERY MONTH, A TEAM OF PARKVIEW WABASH HOSPITAL, INC., MANAGERS AND STAFF SUPPLY A MEAL FOR AN ADDICTION RECOVERY SUPPORT GROUP. THEY SERVE APPROXIMATELY 20 PEOPLE.

EVERY MEMBER OF THE PARKVIEW WABASH HOSPITAL, INC., HEALTHCARE TEAM, REGARDLESS OF THEIR DEPARTMENT, IS RESPONSIBLE FOR NURTURING AN ENVIRONMENT OF EXCELLENCE AS THE PLACE PATIENTS WANT TO RECEIVE CARE, PHYSICIANS WANT TO PRACTICE, AND CO-WORKERS WANT TO WORK. WE UNDERSTAND THAT BY PROVIDING EXCELLENCE IN ALL WE DO, WE NOT ONLY ENSURE THE SUCCESS OF PARKVIEW WABASH HOSPITAL, INC., BUT ALSO FOR THE COMMUNITY WE SERVE.

## 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 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.

**Part VI** Supplemental Information (Continuation)

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 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:

