

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization WHITLEY MEMORIAL HOSPITAL, INC.	Employer identification number 35-1967665
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the 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.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			703,574.		703,574.	.92%
b Medicaid (from Worksheet 3, column a)			6890090.	5539901.	1350189.	1.77%
c Costs of other means-tested government programs (from Worksheet 3, column b)			11945001.	7562192.	4382809.	5.73%
d Total. Financial Assistance and Means-Tested Government Programs			19538665.	13102093.	6436572.	8.42%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			88,064.	10,055.	78,009.	.10%
f Health professions education (from Worksheet 5)			299,137.		299,137.	.39%
g Subsidized health services (from Worksheet 6)			12679584.	7613726.	5065858.	6.63%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			60,289.		60,289.	.08%
j Total. Other Benefits			13127074.	7623781.	5503293.	7.20%
k Total. Add lines 7d and 7j			32665739.	20725874.	11939865.	15.62%

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: WHITLEY MEMORIAL 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
Community Health Needs Assessment			
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: WHITLEY MEMORIAL HOSPITAL, INC.

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p>13 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>a <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 <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input checked="" type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	X	
14 Explained the basis for calculating amounts charged to patients?	X	
15 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>a <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 <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>c <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>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>		
16 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>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, LINES 16A B & C</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, LINES 16A B & C</u></p> <p>c <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 & C</u></p> <p>d <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>e <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>f <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>g <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>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <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>j <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: WHITLEY MEMORIAL HOSPITAL, INC.

	Yes	No
17 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?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 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):		
a <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 <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)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 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?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <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: WHITLEY MEMORIAL HOSPITAL, INC.

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
	a <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 <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		
	c <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		
	d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	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?	23	X
	If "Yes," explain in Section C.		
24	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?	24	X
	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.

WHITLEY MEMORIAL 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 WHITLEY MEMORIAL 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 WHITLEY MEMORIAL 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,

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 WHITLEY AND KOSCIUSKO COUNTIES, 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 WHITLEY AND KOSCIUSKO COUNTIES, IN-PERSON TEAMS OF RESEARCH ASSISTANTS CONDUCTED COMMUNITY SURVEY OUTREACH AT THE LOCAL YMCA. REGARDING VULNERABLE POPULATIONS SURVEYED IN WHITLEY COUNTY, 13.3% OF RESPONDENTS REPORTED AN INCOME OF < \$35,000 AND 0.5% OF RESPONDENTS IDENTIFIED AS HISPANIC/LATINO. IN KOSCIUSKO COUNTY, 13.6% OF RESPONDENTS REPORTED AN INCOME OF < \$35,000 AND 1.0% OF RESPONDENTS IDENTIFIED AS HISPANIC/LATINO. ADDITIONALLY, RESPONDENTS 65 YEARS AND OLDER WERE WELL-REPRESENTED IN BOTH COUNTIES (46.3% IN WHITLEY COUNTY AND 51.8% IN KOSCIUSKO COUNTY). 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, PUBLIC SECTOR WORKERS, AND EDUCATORS.

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 WHITLEY HOSPITAL, INC. COLLABORATED WITH THE COMMUNITY AND PARTNERING ORGANIZATIONS TO SELECT AND PRIORITIZE WHITLEY AND KOSCIUSKO COUNTIES' 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 HELD BY PARKVIEW HEALTH SYSTEM, INC. ON AUGUST 22, 2022, TO REVIEW THE FINDINGS FROM THE HEALTH SERVICES AND INFORMATICS RESEARCH GROUP TO ESTABLISH THE SHARED PRIORITY FOR THE SYSTEM. THE TOP PRIORITY OF MENTAL HEALTH WAS CHOSEN BY THE SYSTEM GROUP AND PARKVIEW WHITLEY HOSPITAL, INC. CHOSE TO FOLLOW THIS LEAD. THE INFORMATION FROM THE PRIORITIZATION SESSION WAS SHARED WITH THE PARKVIEW WHITLEY COMMUNITY HEALTH IMPROVEMENT COMMITTEE (CHI) ON SEPTEMBER 2, 2022, TO ESTABLISH ANY ADDITIONAL PRIORITIES. THIS COMMITTEE OVERSEES THE CHI PROCESS AND CONSISTS OF HOSPITAL BOARD AND COMMUNITY MEMBERS. THE COMMITTEE DECIDED TO CONTINUE WITH SUBSTANCE ABUSE AS A SECOND PRIORITY BECAUSE OF THE CLOSE TIES TO MENTAL HEALTH. OBESITY WAS HIGH IN THE CHNA

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.

RESULTS, HOWEVER, IT IS VERY BROAD AND DIFFICULT TO TACKLE. THE GROUP FELT THAT WORKING ON ONE ASPECT OF OBESITY COULD BE MORE IMPACTFUL. WITH THAT IN MIND, OBESITY WAS CHOSEN AS A THIRD PRIORITY, WITH A FOCUS ON FOOD INSECURITY. THE THREE PRIORITIES FOR PARKVIEW WHITLEY HOSPITAL, INC. ARE MENTAL HEALTH, SUBSTANCE USE DISORDER AND OBESITY- FOOD INSECURITY. THE PRIORITY SESSION INFORMATION AND CHI COMMITTEE RECOMMENDATIONS WERE PRESENTED TO THE PARKVIEW WHITLEY HOSPITAL BOARD OF DIRECTORS IN DECEMBER 2022, FOR THEIR APPROVAL.

PRIORITIZATION SESSION ATTENDEES REPRESENTED SEVERAL ORGANIZATIONS IN WHITLEY AND KOSCIUSKO COUNTIES: PARKVIEW BOARD, PARKVIEW COMMUNITY HEALTH IMPROVEMENT, PARKVIEW ADMINISTRATION, AND WHITLEY COUNTY CONSOLIDATED SCHOOLS.

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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.

WHITLEY MEMORIAL 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.

WHITLEY MEMORIAL 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:

SUBSTANCE USE DISORDERS:

WHITLEY MEMORIAL HOSPITAL, INC. WORKS CLOSELY WITH COMMUNITY PARTNERS TO ADDRESS ADDICTIONS AND MENTAL HEALTH. THEY WORK WITH PARKVIEW BEHAVIORAL HEALTH TO ASSIST WITH PATIENT AND COMMUNITY MENTAL HEALTH NEEDS. WHITLEY COUNTY HAS A VERY LIMITED NUMBER OF MENTAL HEALTH RESOURCES AND SUBSTANCE

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.

ABUSE FACILITIES, AND THIS POSES CHALLENGES IN PARTNERSHIP CAPABILITIES.

TO HELP ADDRESS AND PREVENT SUBSTANCE ABUSE ISSUES IN THE COMMUNITY, IN 2020 THE HOSPITAL PARTNERED WITH THE LARGEST SCHOOL SYSTEM IN THE COUNTY TO PROVIDE FUNDING FOR ADDITIONAL MENTAL HEALTH SERVICES FOR STUDENTS.

UNFORTUNATELY, COVID PREVENTED THE SCHOOL SYSTEM FROM BEING ABLE TO PUT THOSE DOLLARS INTO ACTION FOR QUITE SOME TIME. IN 2022, THE SCHOOL SYSTEM WAS ABLE TO ADD AN ADDITIONAL COUNSELOR AND PROVIDE 68 STUDENTS WITH ONGOING AND CRISIS BASED SERVICES. THEY ALSO PROVIDED YOUTH MENTAL HEALTH FIRST-AID TRAINING TO APPROXIMATELY 50 MIDDLE AND HIGH SCHOOL STAFF MEMBERS.

IN 2022 THE HOSPITAL ALSO PARTNERED WITH MISSION 25, A LOCAL TRANSITIONAL HOUSING FACILITY THAT NOT ONLY HELPS THOSE THAT ARE HOMELESS BUT HELPS THEM TO GAIN THE TOOLS THEY NEED TO LIVE ON THEIR OWN. ASSISTING WITH JOBS, MENTAL HEALTH AND ADDICTION OBSTACLES AND NUTRITION EDUCATION, MONEY MANAGEMENT AND SO MUCH MORE. IN 2022, 100% OF THEIR RESIDENTS RECEIVED INDIVIDUAL OR GROUP THERAPY. 69% OF THOSE SERVED AND ASSESSED HAD A SUBSTANCE ABUSE DISORDER DIAGNOSIS AND MAINTAINED THEIR RECOVERY.

THE HOSPITAL ALSO PARTNERS WITH THE CENTER FOR WHITLEY COUNTY YOUTH, A LOCAL ORGANIZATION THAT PROVIDES MEALS, ACTIVITIES AND SUPPORT FOR THE TEEN POPULATION IN ALL THREE COUNTY SCHOOL SYSTEMS. THEY SERVE HEALTHY SNACKS AFTER SCHOOL AND BALANCED DINNERS. HAVING ADULT MENTORS WHO PROVIDE POSITIVE REINFORCEMENT AND GUIDE THEM IN MAKING POSITIVE CHOICES MAKES A HUGE DIFFERENCE FOR THESE AT-RISK STUDENTS. IN 2022 THE CENTER SERVED 699 STUDENTS, WHICH WAS A 7.5% INCREASE OVER 2021. THE STUDENTS ARE SURVEYED TWICE ANNUALLY AND IN THE FALL 2022 SURVEY 89% FELT VALUED AND APPRECIATED

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.

BY OTHERS.

MENTAL HEALTH:

MENTAL HEALTH IS OFTEN CLOSELY TIED TO ALCOHOL AND DRUG ABUSE AND, IN MANY INSTANCES, SUBSTANCE ABUSE STEMS FROM AN UNDERLYING MENTAL HEALTH CONDITION. BECAUSE OF THE DIRECT CORRELATION BETWEEN THE TWO, WHITLEY MEMORIAL HOSPITAL, INC. BELIEVES THEIR PARTNERSHIP OF PROVIDING MENTAL HEALTH RESOURCES TO COMMUNITY HIGH SCHOOL STUDENTS WILL HELP ADDRESS BOTH ISSUES. PLEASE SEE ABOVE NARRATIVES REGARDING THIS HEALTH NEED.

OBESITY:

WHITLEY MEMORIAL HOSPITAL, INC. WILL SERVE AS A COMMUNITY LEADER PARTNERING WITH OTHER KEY COMMUNITY ORGANIZATIONS TO PROMOTE A CULTURE OF HEALTHY DECISIONS THAT INCLUDES ACTIVE LIVING AND HEALTHY EATING. THE HOSPITAL CONTINUES TO BUILD RELATIONSHIPS WITH ORGANIZATIONS THAT SERVE CHILDREN AND OR UNDERSERVED POPULATIONS. WE ALSO FOCUS ON OPPORTUNITIES FOR COMMUNITY MEMBERS TO BETTER MONITOR THEIR HEALTH WITH LOW-COST OR NO-COST EDUCATIONAL AND SCREENING EVENTS. IN 2022, FINANCIAL SUPPORT WAS GIVEN TO THE DIABETES PREVENTION PROGRAM (DPP) AT THE PARKVIEW WARSAW YMCA IN KOSCIUSKO COUNTY. THIS EVIDENCE-BASED PROGRAM WORKS WITH INDIVIDUALS THAT ARE AT RISK FOR DIABETES. THIS PROGRAM HELPS ADULTS LOSE 5-7% OF THEIR BODY WEIGHT THROUGH HEALTHIER EATING AND INCREASED PHYSICAL ACTIVITY.

WHITLEY MEMORIAL HOSPITAL, INC. ALSO PARTNERED WITH A LOCAL ORGANIZATION, ONE COMMUNITY, WHICH OFFERS FREE LUNCHEES AND ACTIVITIES TO SOUTH WHITLEY SCHOOL-AGE CHILDREN IN THE SUMMER. MANY OF THE CHILDREN IN THE PROGRAM ARE

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.

HOME ALONE THROUGHOUT THE DAY. THE KIDS CONNECT PROGRAM PROVIDES THEM WITH A MEAL, FUN AND, MOST IMPORTANTLY, POSITIVE ROLE MODELS. EATING A HEALTHY MEAL AND GETTING EXERCISE HELPS THEM ON THEIR PATH TO BEING HEALTHY ADULTS. IN 2022, THE KIDS CONNECT PROGRAM SERVED 718 MEALS TO LOCAL CHILDREN. THERE WERE 70 PARTICIPANTS AND 98% OF THOSE STAYED FOR THE DAILY ACTIVITIES THAT PROVIDE PHYSICAL ACTIVITY AND SOCIAL INTERACTIONS. BY PROVIDING A BALANCED MEAL AND GROUP PHYSICAL ACTIVITIES THIS PROGRAM IS NOT ONLY BENEFICIAL FOR OBESITY BUT ALSO THE MENTAL HEALTH OF CHILDREN IN THE SOUTH WHITLEY COMMUNITY.

WHITLEY MEMORIAL HOSPITAL, INC. PARTNERED WITH TROY CENTER SCHOOL, ASSISTING THEM WITH PROVIDING MENTAL HEALTH RESOURCES TO THEIR STUDENTS. TROY CENTER IS AN ACCREDITED, INDEPENDENT ALTERNATIVE SCHOOL HELPING STUDENTS GAIN AN EDUCATION AND EARN A DIPLOMA AT THEIR OWN PACE, PROVIDING AN EDUCATIONAL OPTION FOR THOSE WHOSE LEARNING/BEHAVIORAL NEEDS WERE NOT BEING MET IN A TRADITIONAL SCHOOL SETTING. IN 2022 53% OF THEIR STUDENTS HAD 1:1 ON-SITE MENTAL HEALTH COUNSELING. WHILE 60% OF THEIR STUDENTS NOT IN THE AFOREMENTIONED COUNSELING PARTICIPATED IN SMALL GROUP SOCIAL SKILLS SESSIONS WITH A MENTAL HEALTH COUNSELOR. THREE STUDENTS RECEIVED FINANCIAL ASSISTANCE FOR MENTAL HEALTH SERVICES.

WHITLEY MEMORIAL HOSPITAL, INC. SUPPORTED THE WHITLEY COUNTY FARMER'S MARKET. THE DOWNTOWN COLUMBIA CITY SATURDAY MARKETS PROVIDE LOCALLY GROWN FRESH FRUITS AND VEGETABLES IN SEASON FOR SALE TO THE COMMUNITY EVERY SATURDAY. THE FARMER'S MARKET ACCEPTS SNAP AND WIC AS PAYMENT, WHICH IS VERY BENEFICIAL TO LOW-INCOME FAMILIES IN THE COMMUNITY. TO FURTHER INCREASE ACCESS TO FRESH, HEALTHY PRODUCE TO THE COMMUNITY, WHITLEY

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.

MEMORIAL HOSPITAL, INC., ALSO, HOSTS A MID-WEEK FARMER'S MARKET ON ITS CAMPUS DURING THE SUMMER, GENERALLY JULY-SEPTEMBER.

A WEIGHT LOSS SUPPORT GROUP WAS OFFERED BY WHITLEY MEMORIAL HOSPITAL, INC. FOR THE PUBLIC AND INCLUDED 50 PARTICIPANTS THROUGHOUT THE YEAR. THIS PROGRAM HAS BEEN IN PLACE FOR MANY YEARS AND HAS BEEN QUITE SUCCESSFUL.

CARDIOVASCULAR DISEASE:

WHITLEY MEMORIAL HOSPITAL, INC. OFFERS THREE CHECK-UP DAYS PER YEAR TO HELP PATIENTS MONITOR SUCH THINGS AS CHOLESTEROL LEVELS, BLOOD PRESSURE AND OTHER CARDIOVASCULAR FACTORS. THIS EVENT PROVIDED REDUCED-FEE LABORATORY TESTING FOR 165 COMMUNITY MEMBERS IN 2022. IN ADDITION, THE PARKVIEW WARSAW CENTER FOR HEALTHY LIVING COORDINATED THREE EVENTS DURING THE YEAR AT THE PARKVIEW WARSAW YMCA WITH 75 PARTICIPANTS. THESE EVENTS ARE WELL KNOWN IN THE COMMUNITY AND OFFER A VALUABLE SERVICE, ESPECIALLY TO THOSE WHO ARE UNINSURED OR UNDER-INSURED.

MULTI-COUNTY MEDICAL OUTREACH CLINIC IN WHITLEY COUNTY AND ST. ANTHONYS FREE CLINIC IN KOSCIUSKO COUNTY RECEIVE IN-KIND LAB SERVICES THROUGH WHITLEY MEMORIAL HOSPITAL, INC. TO SERVE THE NEEDS OF THEIR UNDERINSURED AND UNINSURED PATIENTS. THE MULTI COUNTY CLINIC ALSO RECEIVES IN-KIND SPACE FROM PARKVIEW HEALTH SYSTEM TO OPERATE THEIR FREE MEDICAL CLINIC.

MATERNAL/CHILD HEALTH:

IN WHITLEY COUNTY, HEALTH INDICATORS HAVE SHOWN AN INCREASED NUMBER OF CHILD ABUSE AND NEGLECT CASES IN THE COMMUNITY. WE FEEL STRONGLY THAT THIS MAY BE DIRECTLY TIED TO THE MENTAL HEALTH AND ADDICTIONS INDICATOR, 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.

THUS MAY BE IMPACTED DIRECTLY BY THE FOCUS ON THOSE AREAS. WE PARTNER WITH BEDS & BRITCHES (BABE) WHICH IS A COUPON -BASED INCENTIVE PROGRAM THAT ALLOWS PARENTS TO PURCHASE ITEMS FOR THEIR YOUNGSTERS. BY TAKING CHILDREN TO THEIR DOCTOR, OR DENTIST OR LIBRARY, FOR EXAMPLE, THEY ARE ABLE TO PURCHASE CLOTHING, CAR SEATS, DIAPERS AND MUCH MORE. THEY ALSO OFFER MOMS GROUPS AND MANY EDUCATIONAL OPPORTUNITIES FOR PARENTS. COUPON REDEMPTION INCREASED BY 10% IN 2022.

WHITLEY MEMORIAL HOSPITAL, INC. SERVES AS A COMMUNITY LEADER PARTNERING WITH OTHER KEY COMMUNITY ORGANIZATIONS TO PROMOTE A CULTURE OF HEALTHY DECISIONS THAT PROMOTE THE SAFETY AND WELL-BEING OF INFANTS AND CHILDREN BEFORE AND AFTER THEIR BIRTH. THE HOSPITAL WILL CONTINUE TO ESTABLISH NEW PROGRAMS AND FOSTER EXISTING PROGRAMS AND RELATIONSHIPS WITH OTHER ORGANIZATIONS. THE FAMILY BIRTHING CENTER CURRENTLY OFFERS LAMAZE CHILDBIRTH EDUCATION, BREASTFEEDING CLASSES, BREASTFEEDING SUPPORT GROUP, POST PARTUM DEPRESSION SUPPORT AND SAFE SLEEP CLASSES FOR NEW MOTHERS. ADDITIONALLY, CERTIFIED CO-WORKERS PROVIDE INFANT CAR SEAT SAFETY INSPECTIONS AND INSTRUCTION TO PARENTS AT VARIOUS COMMUNITY LOCATIONS THROUGHOUT THE YEAR TO SHOW THE CORRECT INSTALLATION AND USE OF CAR SEATS FOR PROMOTION OF CHILD SAFETY. FIFTY-SIX FAMILIES TOOK ADVANTAGE OF THIS TRAINING.

IN REGARD TO WOMEN'S HEALTH, WHITLEY MEMORIAL HOSPITAL, INC., AND THE WHITLEY COUNTY COMMUNITY FOUNDATION PARTNER TOGETHER TO PROVIDE FREE MAMMOGRAPHY SCREENING TO WOMEN WHO ARE UNINSURED OR UNDERINSURED. THROUGH THE WOMEN'S GIVING CIRCLE, A FUND OF THE WHITLEY COUNTY COMMUNITY FOUNDATION, VOUCHERS ARE GIVEN TO WOMEN WHO ARE UNINSURED OR UNDERINSURED

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.

WHICH CAN BE REDEEMED AT THE HOSPITAL FOR MAMMOGRAMS.

(SEE PART V, SECTION B, LINE 11 CONT'D: FOR CONTINUATION OF NARRATIVE)

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

OTHER HEALTH NEEDS NOT BEING ADDRESSED:

TOBACCO USE -- WHITLEY MEMORIAL HOSPITAL, INC. PROVIDES INFORMATION, CLASSES AND MATERIALS TO THOSE PATIENTS WHO WISH TO ADDRESS THIS BEHAVIOR. IN WHITLEY COUNTY, THERE ARE NOT CURRENTLY ANY ORGANIZATIONS WITH PROGRAMS SPECIFICALLY DESIGNED TO ADDRESS TOBACCO USE. KOSCIUSKO COUNTY HAS A PROGRAM AND THEY ARE WORKING DILIGENTLY TO MAINTAIN EFFECTIVE PROGRAMMING THAT HAS CONSISTENT RESULTS FOR EXPECTANT MOMS AND AREA STUDENTS.

AGING-ALZHEIMER'S DISEASE -- THIS AREA OF CONCERN IS NEW ON OUR "TOP TEN" LIST OF CONCERNS. HOWEVER, WITH AN AGING POPULATION, ITS APPEARANCE IS NOT SURPRISING. WHITLEY MEMORIAL HOSPITAL, INC. WILL CONTINUE TO WORK WITH ORGANIZATIONS FOCUSED ON SERVING OUR SENIOR POPULATION.

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

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.

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)

WHITLEY MEMORIAL 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

WHITLEY MEMORIAL HOSPITAL, INC. ACCEPTS ALL 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, WHITLEY MEMORIAL 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

WHITLEY MEMORIAL HOSPITAL, INC. EXCLUDED \$9,811,288 OF PH CLINICAL SUPPORT
EXPENSE.

Part VI Supplemental Information (Continuation)

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 RELATING TO INEFFICIENT OR POOR MANAGEMENT. WHITLEY MEMORIAL 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

Part VI Supplemental Information (Continuation)

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, WHITLEY MEMORIAL HOSPITAL, INC. HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. WHITLEY MEMORIAL 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.

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

Part VI Supplemental Information (Continuation)

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, WHITLEY MEMORIAL 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. WHITLEY MEMORIAL 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.)

Part VI Supplemental Information (Continuation)

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. 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.

Part VI Supplemental Information (Continuation)

WHITLEY MEMORIAL HOSPITAL, INC., A MEMBER OF PARKVIEW HEALTH SYSTEMS, INC., HAS TWO LOCATIONS. PARKVIEW WHITLEY HOSPITAL IS A FULL-SERVICE HOSPITAL WITH MEDICAL/SURGICAL, CONSTANT CARE AND OBSTETRICS INPATIENT UNITS. PARKVIEW WARSAW OPERATES AS A HOSPITAL OUTPATIENT DEPARTMENT (HOD) UNDER THE WHITLEY MEMORIAL HOSPITAL, INC. TAX ID AND PROVIDER NUMBERS. PARKVIEW WARSAW FEATURES A FREE-STANDING EMERGENCY DEPARTMENT WITH MULTI-MODALITY IMAGING, LABORATORY AND PHYSICAL REHABILITATION COUPLED WITH SUITES FOR PRIMARY CARE OFFICES AND SPECIALTY PHYSICIAN CLINICS. THESE FACILITIES PRIMARILY SERVICE WHITLEY AND KOSCIUSKO COUNTIES INCLUDING THE COMMUNITIES OF COLUMBIA CITY, CHURUBUSCO, LARWILL, SOUTH WHITLEY, PIERCETON, WARSAW, AND WINONA LAKE.

ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI), WHITLEY COUNTY, IS A RURAL AREA WITHIN THE HEALTH SYSTEM'S SERVICE AREA WITH A POPULATION OF 34,430 (2021). IN ADDITION, HCI REPORTS THE MEDIAN HOUSEHOLD INCOME OF WHITLEY COUNTY RESIDENTS IS APPROXIMATELY \$67,716 WITH 9.1% LIVING BELOW THE FEDERAL POVERTY LEVEL (2017-2021). APPROXIMATELY 91.7% OF WHITLEY COUNTY RESIDENTS HAVE HEALTH INSURANCE (2020).

ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI), KOSCIUSKO COUNTY, IS A RURAL AREA WITHIN THE HEALTH SYSTEM'S SERVICE AREA WITH A POPULATION OF 80,106 (2021). IN ADDITION, HCI REPORTS THE MEDIAN HOUSEHOLD INCOME OF KOSCIUSKO COUNTY RESIDENTS IS APPROXIMATELY \$66,764 WITH 8.9% LIVING BELOW THE FEDERAL POVERTY LEVEL (2017-2021). AROUND 87.2% OF KOSCIUSKO COUNTY RESIDENTS HAVE HEALTH INSURANCE (2020).

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION DIMENSIONS DATABASE (2022),

Part VI Supplemental Information (Continuation)

WHITLEY MEMORIAL HOSPITAL, INC. HAD 19.7% OF INPATIENT DISCHARGES THAT WERE MEDICAID PATIENTS AND 3.3% WERE SELF-PAY. FOR OUTPATIENT PROCEDURES, 28.7% WERE MEDICAID PATIENTS, AND 3.2% 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:

KOSCIUSKO COUNTY:

1) DISCIPLINE: PRIMARY CARE

MUA/P ID: 07874

SERVICE AREA NAME: LOW INCOME - WARSAW SERVICE AREA

DESIGNATION TYPE: MEDICALLY UNDERSERVED POPULATION - LOW INCOME

INDEX OF MEDICAL UNDERSERVICE SCORE: 57.3

STATUS: DESIGNATED

RURAL STATUS: RURAL

2) DISCIPLINE: PRIMARY CARE

HSPA ID: 1187177279

HPSA NAME: OTIS R BOWEN CENTER FOR HUMAN SERVICES, INC.

DESIGNATION TYPE: FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE

Part VI Supplemental Information (Continuation)

COUNTY NAME: KOSCIUSKO COUNTY

HPSA SCORE:12

STATUS: DESIGNATED

RURAL STATUS: RURAL

3) DISCIPLINE: MENTAL HEALTH

HSPA ID: 7188376199

HPSA NAME: OTIS R BOWEN CENTER FOR HUMAN SERVICES, INC.

DESIGNATION TYPE: FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE

COUNTY NAME: KOSCIUSKO COUNTY

HPSA SCORE:14

STATUS: DESIGNATED

RURAL STATUS: RURAL

4) 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

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

Part VI Supplemental Information (Continuation)

WHITLEY MEMORIAL HOSPITAL, INC.'S BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS FROM WHITLEY AND KOSCIUSKO COUNTIES ALONG WITH THE HOSPITAL PRESIDENT AND MEDICAL STAFF PRESIDENT. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

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

THE HOSPITAL IN WHITLEY COUNTY FEATURES 30 PRIVATE ROOMS, IN A 96,000 SQUARE FOOT FACILITY LOCATED ON 42 ACRES. EMERGENCY MEDICAL CARE FEATURING NINE EMERGENCY ROOM BEDS INCLUDING TWO THAT ARE EQUIPPED FOR TRAUMA PATIENTS, OBSTETRIC, MEDICAL-SURGICAL AND CONSTANT CARE UNITS ARE AVAILABLE AS WELL AS LABORATORY, MULTIPLE MODALITY IMAGING, SURGICAL SERVICES, CARDIO-PULMONARY SERVICES, ANTICOAGULATION UNIT, DIABETES EDUCATION AND OUTPATIENT INFUSION. AN ATTACHED MEDICAL OFFICE BUILDING PROVIDES CONVENIENT, EASY ACCESS FOR PATIENTS TO RECEIVE CARE FROM FAMILY AND SPECIALTY PHYSICIANS, AS WELL AS DIAGNOSTIC IMAGING SERVICES, SLEEP DISORDERS LAB AND PHYSICAL, OCCUPATIONAL, SPEECH AND CARDIAC-PULMONARY REHABILITATION.

PARKVIEW WARSAW IN KOSCIUSKO COUNTY IS A 90,000 SQUARE FOOT FACILITY FEATURING NINE EMERGENCY ROOM BEDS INCLUDING TWO THAT ARE EQUIPPED FOR

Part VI Supplemental Information (Continuation)

TRAUMA PATIENTS. THE WARSAW FACILITY IS A HOSPITAL OUTPATIENT DEPARTMENT (HOD) UNDER WHITLEY MEMORIAL HOSPITAL, INC.'S TAX IDENTIFICATION AND PROVIDER NUMBERS. THE FACILITY INCLUDES MULTI-MODALITY IMAGING, LABORATORY, PHYSICAL AND OCCUPATIONAL REHABILITATION AND ANTI-COAGULATION CLINIC AS WELL AS PRIMARY CARE AND SPECIALTY PHYSICIAN OFFICES. EMERGENCY PATIENTS WHO REQUIRE A HIGHER LEVEL OF CARE ARE TRANSPORTED TO WHITLEY MEMORIAL HOSPITAL, INC. OR TO TERTIARY CARE FACILITIES IN ALLEN COUNTY. EXPANSION OF THE FACILITY IS CURRENTLY UNDERWAY AND WILL ADD 88,000 SQUARE FEET FOR AN INPATIENT MEDICAL/SURGICAL UNIT, SURGICAL SERVICES, CANCER SERVICES, NON-CANCER IV INFUSION, SLEEP DISORDERS LABORATORY, PULMONARY FUNCTION TESTING AND CARDIAC REHABILITATION. WHITLEY MEMORIAL HOSPITAL, INC. IS EXCITED TO OFFER FULL-SERVICE HOSPITAL CARE TO THE KOSCIUSKO COUNTY COMMUNITY IN EARLY 2024.

AS A COMMUNITY PARTNER AND NOT-FOR-PROFIT ORGANIZATION, WHITLEY MEMORIAL HOSPITAL, INC., IS DEDICATED TO IMPROVING HEALTH AND INSPIRING WELL-BEING BY TAILORING A PERSONALIZED HEALTH JOURNEY TO ACHIEVE INDIVIDUAL UNIQUE GOALS. BY DEMONSTRATING WORLD-CLASS TEAMWORK, THE HOSPITAL PARTNERS WITH COMMUNITY MEMBERS ALONG THAT JOURNEY AND PROVIDES THE EXCELLENCE, INNOVATION AND VALUE PATIENTS SEEK IN TERMS OF CONVENIENCE, COMPASSION, SERVICE, COST AND QUALITY. WHITLEY MEMORIAL HOSPITAL, INC. CONSISTENTLY EARNS HIGH METRICS IN PUBLICLY REPORTED QUALITY MEASURES AS WELL AS THE PATIENTS' PERCEPTION OF CARE. MAGNET HOSPITAL STATUS WAS EARNED IN 2017 FROM THE AMERICAN NURSES CREDENTIALING CENTERS AND THIS STATUS WAS RENEWED IN 2022, DEMONSTRATING THE BEST PRACTICES AND CULTURE INCORPORATED AT OUR FACILITY TO CONSISTENTLY PROVIDE THE HIGHEST QUALITY OF CARE TO ALL PATIENTS. BABY-FRIENDLY DESIGNATION WAS ACHIEVED IN 2018, AND RENEWED IN 2022, FROM UNICEF AND A WORLD HEALTH ORGANIZATION INITIATIVE, RECOGNIZING

Part VI Supplemental Information (Continuation)

A COMMITMENT TO HEALTHY BABIES THROUGH SUPPORT AND PROMOTION OF BREASTFEEDING INITIATIVES. THE HOSPITAL CONTINUES TO COMPLY WITH THOSE REQUIREMENTS IN ITS DEDICATION AND STRONG BELIEF IN THE BENEFITS OF BREASTFEEDING FOR HEALTHY CHILDREN IN THE COMMUNITY.

DURING 2022, WHITLEY MEMORIAL HOSPITAL, INC. WAS AWARDED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL AND THE AMERICAN STROKE ASSOCIATION'S HEART-CHECK MARK FOR PRIMARY STROKE CERTIFICATION. WHITLEY IS THE FIRST PARKVIEW HOSPITAL OUTSIDE ALLEN COUNTY TO RECEIVE PRIMARY STROKE CERTIFICATION. IN ADDITION, THE PARKVIEW WARSAW FACILITY WAS AWARDED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL AND THE AMERICAN STROKE ASSOCIATION'S HEART-CHECK MARK FOR ACUTE STROKE READY CERTIFICATION. THIS CERTIFICATION IS FOR HOSPITALS OR EMERGENCY CENTERS WITH A DEDICATED, STROKE-FOCUSED PROGRAM SERVING THE COMMUNITY. BOTH FACILITIES UNDERWENT RIGOROUS, ON-SITE REVIEW IN AUGUST 2022. DURING THE VISIT, A JOINT COMMISSION REVIEWER EVALUATED COMPLIANCE WITH RELATED CERTIFICATION STANDARDS, INCLUDING STROKE PROGRAM MANAGEMENT, SUPPORTING SELF-MANAGEMENT, DELIVERING AND FACILITATING CLINICAL CARE, AND PERFORMANCE MEASURES. JOINT COMMISSION STANDARDS ARE DEVELOPED IN CONSULTATION WITH HEALTHCARE EXPERTS AND PROVIDERS, MEASUREMENT EXPERTS AND PATIENTS. THE REVIEWER ALSO CONDUCTED ON-SITE OBSERVATIONS AND INTERVIEWS.

WHITLEY MEMORIAL HOSPITAL, INC.'S COMMUNITY HEALTH IMPROVEMENT PROGRAM FUNDS HEALTH IMPROVEMENT EFFORTS WITHIN THE SERVICE AREA OF WHITLEY MEMORIAL HOSPITAL, INC. THE HOSPITAL SETS ASIDE FUNDS ANNUALLY DESIGNATED FOR PARTNERSHIP WITH COMMUNITY ORGANIZATIONS TO ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF NORTHEAST INDIANA. WHITLEY MEMORIAL

Part VI Supplemental Information (Continuation)

HOSPITAL, INC. INVESTS IN KEY ORGANIZATIONS THAT PROMOTE THE HEALTH AND WELLNESS OF FAMILIES, CHILDREN AND INDIVIDUALS OF WHITLEY AND KOSCIUSKO COUNTIES. KEY PROJECTS AND AREAS OF FOCUS FUNDED THROUGH THE COMMUNITY HEALTH IMPROVEMENT INITIATIVES ARE INCLUDED IN SCHEDULE H, PART V, SECTION B, LINE 11.

WHITLEY MEMORIAL HOSPITAL, INC.'S MISSION INCLUDES CARING FOR PEOPLE WHO DO NOT HAVE THE MEANS TO MEET THEIR FINANCIAL OBLIGATIONS. A FINANCIAL COUNSELOR IS AVAILABLE TO ASSIST PATIENTS NAVIGATING THIS PROCESS. THE HOSPITAL PRIORITIZES OUR RESPONSIBILITY TO PROVIDE EXCELLENT, NECESSARY CARE TO ALL PATIENTS, NOT THE PATIENT'S ABILITY TO PAY FOR MEDICAL EXPENSES.

WHITLEY MEMORIAL HOSPITAL, INC. MANAGES AND OPERATES EMS SERVICES FOR WHITLEY COUNTY WITH DEDICATED AMBULANCES AVAILABLE FOR EMERGENCY DISPATCH 24 HOURS, 7 DAYS PER WEEK. THERE WERE 5,557 EMS RUNS AND 3941 PATIENT TRANSPORTS DURING 2022. EMS STAFF FACILITATE EMT CLASSES FOR LOCAL ADULTS AND HIGH SCHOOL STUDENTS IN THE COMMUNITY. AMBULANCES WERE ON STAND-BY FOR MANY LOCAL EVENTS, INCLUDING AIR SHOWS, 4-H FAIRS, PARADES, AND OTHER COMMUNITY ACTIVITIES.

WHITLEY MEMORIAL HOSPITAL, INC. SUPPORTS A MEDICATION ASSISTANCE PROGRAM (MAP) WHICH PARTNERS WITH PATIENTS, PHYSICIANS, PHARMACEUTICAL COMPANIES, LOCAL PHARMACIES, AND DONORS TO PROVIDE MEDICATION ASSISTANCE AT LITTLE OR NO COST FOR QUALIFIED INDIVIDUALS IN WHITLEY COUNTY. EMERGENCY VOUCHERS FOR ACUTE MEDICATION NEEDS ARE REDEEMED AT THE HOSPITAL PHARMACY. THIRTEEN INDIVIDUALS WITH NUMEROUS PRESCRIPTIONS EACH UTILIZED THE SERVICE IN 2022. LONG-TERM MEDICATION HELP IS PROVIDED BY CONNECTING PATIENTS WITH

Part VI Supplemental Information (Continuation)

PHARMACEUTICAL ASSISTANCE PROGRAMS (PAP).

WHITLEY MEMORIAL HOSPITAL, INC. WORKS WITH LOCAL HIGH SCHOOLS TO PROVIDE INTERNSHIP OPPORTUNITIES FOR STUDENTS IN A VARIETY OF SETTINGS, ALLOWING THEM TO EXPLORE CAREERS IN CLINICAL AND NON-CLINICAL HOSPITAL ENVIRONMENTS. COLLEGE INTERNS ARE WELCOMED AS WELL TO ASSIST AS THEY GAIN EXPERIENCE IN THEIR CHOSEN AREAS OF STUDY. IN 2022, 181 INDIVIDUALS WERE ABLE TO BENEFIT FROM THE PROGRAMS.

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.

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

Part VI Supplemental Information (Continuation)

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:

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