SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
DEKALB MEMORIAL HOSPITAL, INC

Employer identification number
35-1064295

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	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
[X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities			
[ ] 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	X	
[ ] 100% [ ] 150% [X] 200% [ ] Other _____ %			
b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b		X
[ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [ ] Other _____ %			
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"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			34,689.		34,689.	.24%
b Medicaid (from Worksheet 3, column a)			2545530.	1769680.	775,850.	5.27%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial Assistance and Means-Tested Government Programs			2580219.	1769680.	810,539.	5.51%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			11,157.		11,157.	.08%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			150.		150.	.00%
j **Total.** Other Benefits			11,307.		11,307.	.08%
k **Total.** Add lines 7d and 7j			2591526.	1769680.	821,846.	5.59%

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			17,499.		17,499.	.12%
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total			17,499.		17,499.	.12%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 1,818,874.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the 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.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	3,999,234.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	5,527,429.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,528,195.
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other		

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 DEKALB MEMORIAL HOSPITAL, INC. 1316 E 7TH STREET AUBURN, IN 46706 HTTPS://WWW.PARKVIEW.COM 20-005041-1	X	X					X			

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 DEKALB 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 [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
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 [X] Hospital facility's website (list url): HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] 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: 20 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS			
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 DEKALB MEMORIAL HOSPITAL, INC.

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of _____ %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	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):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE PART V, PAGE 8			
b	[X] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] 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			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] 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			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group DEKALB 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?	17	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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ 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?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ 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** ☒ 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** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ 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?	21	X	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

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 DEKALB 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	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	☒ 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	☐ 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	☐ 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? If "Yes," explain in Section C.	**23**		X
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? 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.

DEKALB MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 5: THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY THROUGH COMMUNITY FOCUS GROUPS IN DEKALB COUNTY, AND FEEDBACK COLLECTED FROM KEY CONSTITUENTS.

DEKALB MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 6B: THE ASSESSMENT WAS NOT CONDUCTED WITH OTHER HOSPITALS, BUT WAS PART OF A COLLABORATIVE EFFORT WITH DEKALB COUNTY HEALTH DEPT AND IPFW CENTER FOR SOCIAL RESEARCH AND THE COMMUNITY FOCUS GROUPS.

DEKALB MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 11: BARRIERS THAT PREVENT INDIVIDUALS FROM ACCESSING HEALTHCARE RESOURCES OR MEETING NEEDS:

- EDUCATION
- TRANSPORTATION, INCLUDING SAFE BIKING AND WALKING OPTIONS
- STIGMA
- ACCESS TO QUALITY FOOD AND INFORMATION
- GENERATIONAL POVERTY
- DISCONNECTION OR LACK OF KNOWLEDGE OF COMMUNITY RESOURCES

SPECIFIC COMMUNITY POPULATIONS AFFECTED BY NEEDS:

- "ALICE" (ASSET LIMITED INCOME CONSTRAINED EMPLOYED) POPULATION AS IDENTIFIED BY THE UNITED WAY'S ALICE REPORT.

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.

- UNEMPLOYED/UNDEREMPLOYED

- SENIORS

- BROAD REACHING NEED FOR MENTAL HEALTH ACCESS BY ALL

IMPLEMENTATION STRATEGIES WITHIN THE COMMUNITY:

- EXPLORE AND IMPLEMENT RESEARCH-BASED PROGRAMS FOR MENTAL HEALTH

- ENHANCE JOB TRAINING PROGRAMS POST-HIGH SCHOOL (18-25)

- IMPROVE ELDERLY EDUCATION AND RESOURCES

- ENHANCED HOME ASSESSMENTS AFTER LEAVING A NURSING HOME OR HOSPITAL

- SUPPORT INITIATIVES THAT MAKE BIKING AND WALKING HEALTHY TRANSPORTATION ALTERNATIVES

HOW DEKALB MEMORIAL HOSPITAL, INC. CAN CONTRIBUTE TO THE COMMUNITY:

- INCREASE COLLABORATION BETWEEN DEKALB MEMORIAL HOSPITAL, INC. AND ALL MENTAL HEALTH FACILITIES TO FOSTER DIALOGUE AND STRATEGIES SPECIFIC TO OUR COUNTY'S UNIQUE NEEDS.

- EDUCATE THE DEKALB MEMORIAL HOSPITAL, INC. TEAM ON AVAILABLE RESOURCES AND ENCOURAGE REFERRALS OUT TO OTHER AGENCIES AND PROGRAMS. PROVIDE OFFICES WITH INFORMATION TO GIVE TO INDIVIDUALS THEY ENCOUNTER DAILY.

- CONNECT PATIENTS TO DEKALB MEMORIAL HOSPITAL, INC.'S CHRONIC CARE COORDINATOR FOR EXPANDED SERVICES AND SUPPORT.

- EXPAND UPON THE QPR (QUESTION. PERSUADE. REFER) TRAINING AND MENTAL HEALTH FIRST AID COUNTY-WIDE, INCLUDING HOSPITAL LEADERS. THIS TRAINING IS A PRACTICAL, PROVEN SUICIDE PREVENTION PROGRAM FOR RECOGNIZING BEHAVIORS AND OFFER SUPPORT.

- ENCOURAGE ANNUAL WELLNESS CHECKS POSSIBLY AT BACK TO SCHOOL TIME. AT A MINIMUM, FOCUSING ON STUDENTS AS THEY ENTER A NEW SCHOOL (ELEMENTARY,

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.

MIDDLE, HIGH SCHOOL) TO IMPROVE FACE-TO-FACE INTERACTIONS WITH A PRIMARY CARE PHYSICIAN TO DISCUSS IMPORTANT HEALTH TOPICS SUCH AS EKG, MENTAL HEALTH SCREENINGS, OBESITY CHECK, BONE DENSITY SCREENINGS, PRE-DIABETIC SCREENINGS AT AGE-APPROPRIATE TIMES.

- EXPLORE EMERGENCY DEPARTMENT POLICIES TO IMPROVE PATIENT CARE FOR PREGNANT WOMEN TO INCLUDE ACCESS TO PRENATAL VITAMINS AND INFORMATION/REFERRAL TO AN OBSTETRIC PROVIDER AS NEEDED.

- CONTINUE TO COLLABORATE AND EXPAND ON THE COMMUNITY-WIDE BABY SHOWER INITIATIVE TO CONNECT NEW AND EXPECTANT MOTHERS WITH THE RESOURCES IN OUR COMMUNITY AND BEYOND.

- PROVIDE TRAINING TO DEKALB MEMORIAL HOSPITAL, INC. TEAM MEMBERS WHO INTERACT WITH PATIENTS DAILY ON STRATEGIES TO BETTER COMMUNICATE WITH INDIVIDUALS LIVING IN POVERTY.

- EXPAND UPON THE JOINT CAMP PROGRAM, TO PROVIDE A PATIENT-CENTERED APPROACH FOR INDIVIDUALS WHO ARE PLANNING TO UNDERGO JOINT REPLACEMENT SURGERY. THIS STRATEGY ALLOWS PATIENTS TO BE ACTIVE IN THEIR PLAN OF CARE. IT ALSO EXPLAINS TO PATIENTS WHAT TO EXPECT ALL ALONG THE WAY- FROM PREPARATION FOR SURGERY TO PLANS FOR CARE AFTER DISCHARGE.

2019 IMPLEMENTATION PLANS IMPROVED COLLABORATION

- STRATEGY: WORK WITH PARTNER AGENCIES TO SHARE HEALTHCARE TRAINING AND EXPERTISE. THESE ORGANIZATIONS ACT AS A GATEWAY FOR MANY TRYING TO NAVIGATE THE HEALTHCARE SYSTEM. WE WILL WORK WITH THE COMMUNITY ACCESS POINTS SUCH AS THE LIBRARIES, HEALTH CLINICS, AND OTHER SOCIAL SERVICES ORGANIZATIONS TO PROVIDE INFORMATION ON THE AVAILABLE FINANCIAL COUNSELING SUPPORT AVAILABLE THROUGH DEKALB MEMORIAL HOSPITAL, INC. AND CLAIM AID.

- STRATEGY: EXPAND RELATIONSHIPS WITH LOCAL SOCIAL SERVICE AGENCIES 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.

BETTER INFORM DEKALB MEMORIAL HOSPITAL, INC. TEAM MEMBERS OF THE AVAILABLE RESOURCES FOR REFERRAL IN OUR COMMUNITY.

- STRATEGY: WE WILL CONTINUE TO PARTNER WITH THE MENTAL HEALTH AGENCIES TO SUPPORT PROGRAMMING AND ACCESS TO SERVICES IN OUR COUNTY. ONE SUCH AREA OF OPPORTUNITY IS FOR DEKALB MEMORIAL HOSPITAL, INC. TO CONTRIBUTE TO WORK FOCUSED ON REDUCING THE EXISTING STIGMA ASSOCIATED WITH MENTAL HEALTH NEEDS.

- STRATEGY: DEKALB MEMORIAL HOSPITAL, INC. WILL ACT AS A CONVENER IN THE COMMUNITY TO CREATE OPPORTUNITIES FOR PARTNER ORGANIZATIONS TO WORK TOGETHER ON PROGRAMS TO SUPPORT HEALTH.

- STRATEGY: DEKALB MEMORIAL HOSPITAL, INC. WILL WORK CLOSELY WITH THE SCHOOLS TO OFFER EDUCATION AND SUPPORT OF HEALTH AND WELLNESS PROGRAMS. THE STRATEGY WILL BE EXPANDED TO PROVIDE SUPPORT TO STUDENTS AND PARENTS ALIKE ON THE TOPICS THAT IMPACT THEM THE MOST.

- STRATEGY: BY PARTNERING WITH AGENCIES SUPPORTING NEW AND EXPECTANT MOTHERS, WE CAN WORK TO HELP INFORM, CONNECT AND SUPPORT THOSE PREPARING FOR PARENTHOOD.

EXPLORE NEW INITIATIVES

- STRATEGY: DEKALB MEMORIAL HOSPITAL, INC. WILL TAKE A FOCUSED LOOK AT OBESITY IN DEKALB COUNTY AND WORK TO SUPPORT INITIATIVES AROUND MAKING HEALTHY CHOICES MORE ACCESSIBLE. EXAMPLES ARE AS FOLLOWS:

- WORK WITH LOCAL FOOD BANKS TO CREATE HEALTHY RECIPES UTILIZING FOOD THAT IS AVAILABLE VIA THESE SOURCES. THIS COULD INCLUDE WORKING WITH LOCAL FARMERS' MARKETS TO FOSTER FURTHER ACCESSIBILITY AND COLLABORATION.

- DEKALB MEMORIAL HOSPITAL, INC. WILL PARTNER WITH LOCAL SCHOOLS TO ENCOURAGE EDUCATIONAL OPPORTUNITIES THAT SUPPORT HEALTHY HABITS IN OUR

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.

YOUTH. THESE PROGRAMS INCLUDE HEALTHY EATING, MOVEMENT AND MINDFULNESS IN THE DAY TO DAY ACTIVITIES OF OUR STUDENTS.

- WE WILL CONTINUE TO SUPPORT THE FITNESS OPPORTUNITIES AT THE YMCA OF DEKALB COUNTY, JAM CENTER AND OTHER COMMUNITY-FOCUSED PHYSICAL FITNESS PROGRAMS.

- DEKALB MEMORIAL HOSPITAL, INC. WILL TAKE AN ACTIVE LEAD IN ENCOURAGING AND SUPPORTING MORE ROBUST TRAILS/SIDEWALK ACCESSIBILITY IN OUR COMMUNITIES AND CONNECTIVITY BETWEEN THE COMMUNITIES.

- DEKALB MEMORIAL HOSPITAL, INC. WILL CONTINUE TO SUPPORT PROGRAMS AND ACTIVITIES THAT ENCOURAGE PHYSICAL FITNESS AND WELLBEING FOR YOUTH.

- STRATEGY: WE RECOGNIZE THAT COMBATING DRUG ABUSE BEGINS WITH SUPPORTING LAW ENFORCEMENT EFFORTS. WE WILL WORK TO PROMOTE THEIR EFFORTS THROUGH FUNDING AND SUPPORT.

- STRATEGY: BY BETTER UNDERSTANDING POVERTY AND ITS EFFECTS ON HEALTH, DEKALB MEMORIAL HOSPITAL, INC. CAN WORK TO ENCOURAGE TEAM MEMBERS TO MORE EFFECTIVELY WORK WITH THOSE LIVING IN POVERTY TO TAKE ACTION TO IMPROVE HEALTH.

- STRATEGY: EMPOWERING OUR TEAM MEMBERS TO CONSIDER INNOVATIVE SOLUTIONS FOR HEALTH WILL ENCOURAGE A MORE COMPREHENSIVE STRATEGY FOR COMMUNITY OUTREACH. BY FOSTERING RELATIONSHIPS BOTH INTERNALLY AND EXTERNALLY, OUR ORGANIZATION WILL BE ABLE TO RECOGNIZE AND ADDRESS NEEDS AS THEY ARISE.

DEKALB MEMORIAL HOSPITAL, INC.:

SCHEDULE H, PART V, LINE 16A:

HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/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.

SCHEDULE H, PART V, LINE 16B:

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

SCHEDULE H, PART V, LINE 16C:

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

DEKALB MEMORIAL HOSPITAL, INC.:

SCHEDULE H, 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 (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

EQUITY IN A HOME OTHER THAN THE PATIENT OR GUARANTOR'S PRIMARY RESIDENCE.

PART II, COMMUNITY BUILDING ACTIVITIES:

COMMUNITY BUILDING ACTIVITIES:

THE HOSPITAL GIVES BACK THROUGH FINANCIAL AND EDUCATIONAL EFFORTS AND THROUGH VOLUNTEERING, AWARENESS INITIATIVES AND SUPPORT GROUPS. THE HOSPITAL SUPPORTED THE DEKALB COUNTY INDIANA PROMISE PROGRAM THROUGH THE COMMUNITY FOUNDATION OF DEKALB COUNTY IN AN EFFORT TO INCREASE AWARENESS TO SCHOOL AGE CHILDREN OF EDUCATIONAL OPPORTUNITIES AFTER HIGH SCHOOL. THE HOSPITAL ALSO SUPPORTED EARLY EDUCATION THROUGH THE JUDY A. MORRILL RECREATION CENTER.

PART III, LINE 2:

BAD DEBT ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS UNDER GENERALLY ACCEPTED ACCOUNTING STANDARDS IS REPORTED IN ACCORDANCE WITH ASU 2014-19 AND HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT 15. TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT

Part VI **Supplemental Information** *(Continuation)*

DESCRIBES ACCOUNTING FOR BAD DEBT EXPENSE IS CONTAINED IN THE ATTACHED FINANCIAL STATEMENT AT PAGES 13 AND 25-29.

PART III, LINE 3:

DEKALB DOES NOT ATTRIBUTE ANY BAD DEBT EXPENSE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY (FAP), THEREFORE NO PORTION OF BAD DEBT ATTRIBUTABLE TO FAP-ELIGIBLE INDIVIDUALS IS CONSIDERED A COMMUNITY BENEFIT.

PART III, LINE 4:

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 13 AND 25-29 OF ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8:

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. DEKALB 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 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

Part VI **Supplemental Information** *(Continuation)*

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

IF THE PATIENT CANNOT PAY IN FULL, THE OPTION OF A LOW INTEREST LOAN IS AVAILABLE WITH THE SAME DISCOUNT OFFERED FOR CASH PAYMENTS AS LONG AS THE LOAN IS ARRANGED WITHIN 30 DAYS OF THE FIRST GUARANTOR STATEMENT. IF THE PATIENT DEFAULTS ON THE LOAN, THE DISCOUNT WILL BE REVERSED AND THE PATIENT'S ACCOUNT WILL BE PLACED IN A COLLECTION AGENCY.

INTEREST-FREE PAYMENTS WITH PAY-OUT NOT TO EXCEED THIRTY-SIX (36) MONTHS ARE AVAILABLE. THE MINIMUM MONTHLY PAYMENT IS $25.

FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR THOSE PATIENTS WHO CANNOT PAY THEIR BILL. THOSE OPTIONS ARE GOVERNMENTAL ASSISTANCE OR FREE CARE THROUGH THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM. THE HEALTH SYSTEM FINANCIAL ASSISTANCE POLICY IS AVAILABLE ON PARKVIEW.COM OR BY VISITING ANY HOSPITAL CASHIER OFFICE OR BY CALLING PATIENT ACCOUNTING AT 260.266.6700 OR TOLL FREE 855.814.0012. A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE ANYTIME DURING THE APPLICATION PERIOD.

Part VI **Supplemental Information** *(Continuation)*

FAILURE TO MAKE ARRANGEMENTS AS LISTED ABOVE OR FAILURE TO APPLY FOR AND RECEIVE APPROVAL UNDER THE FINANCIAL ASSISTANCE POLICY MAY RESULT IN THE ACCOUNT BEING PLACED IN A COLLECTION AGENCY DUE TO NON-PAYMENT.

THE COLLECTION AGENCY MAY REPORT THE ACCOUNT TO ONE OR ALL THREE CREDIT REPORTING AGENCIES WHICH MAY ULTIMATELY ADVERSELY AFFECT THE PATIENT'S CREDIT SCORE. ADDITIONALLY, THE COLLECTION AGENCY MAY SUE AND OBTAIN A JUDGMENT AGAINST THE PATIENT FOR NON-PAYMENT. THESE ACTIONS WILL NOT OCCUR UNTIL 120 DAYS AFTER THE PATIENT IS SENT THEIR FIRST FOLLOW-UP STATEMENT INDICATING THE AMOUNT THEY OWE.

A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE APPLICATION PERIOD, EVEN THOUGH THEY HAVE BEEN PLACED IN A COLLECTION AGENCY. IF THE PATIENT WAS SENT THEIR FIRST NOTICE ON THE ACCOUNT FOR WHICH THEY ARE APPLYING FOR FREE CARE BETWEEN 120 DAYS AND THE END OF THE APPLICATION PERIOD, THE ACTIONS ABOVE WILL BE SUSPENDED UNTIL THE FREE CARE APPLICATION ELIGIBILITY IS DETERMINED.

PART VI, LINE 2:

ASSESSING COMMUNITY NEED:

THE HOSPITAL ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY THROUGH PERIODIC FOCUS GROUP MEETINGS WHICH ARE PREPARED EVERY 3 YEARS TO ASSESS THE NEEDS OF THE COMMUNITY. THESE FOCUS GROUPS INCLUDE INPUT FROM INDIVIDUALS, HEALTH PROFESSIONALS, GOVERNMENTAL HEALTH CARE OFFICIALS AS WELL AS REPRESENTATIVES FROM DEKALB MEMORIAL HOSPITAL, INC. THE SURVEY SOLICITS INPUT ON THE HEALTH CARE NEEDS INCLUDING OBESITY, PREVENTIVE MEDICINE, VACCINATIONS, CARDIOVASCULAR, ETC. THESE NEEDS AND CONCERNS ARE

Part VI **Supplemental Information** *(Continuation)*

EVALUATED AND APPROPRIATE PLANS ARE PUT INTO ACTION TO DEAL WITH THE MOST PRESSING ISSUES.

IN THE FALL OF 2015, IPFW CENTER FOR SOCIAL RESEARCH FINALIZED AND REPORTED ON THE COMMUNITY HEALTH NEEDS ASSESSMENT THEY CONDUCTED ON BEHALF OF THE DEKALB COUNTY HEALTH DEPARTMENT. THIS SURVEY IS A TOOL THE HOSPITAL IS USING AS ONE OF THE KEY COMPONENETS FOR COMMUNITY OUTREACH STRATEGIES. THIS SURVEY IN ADDITION TO FEEBACK RECEIVED FROM KEY CONSTITUENTS I.E. THE UNITED WAY OF DEKALB COUNTY, COMMUNITY FOUNDATION OF DEKALB COUNTY, CHILDREN FIRST CENTER, PURDUE EXTENSION OFFICE, SCHOOLS, PHYSICIAN OFFICES, HOSPITAL DEPARTMENT MANAGERS, AND OTHERS HELPED TO IDENTIFY THE HEALTH CARE NEEDS OF THE COMMUNITY.

PART VI, LINE 3:
PATIENT EDUCATION OF ASSISTANCE ELIGIBILITY:
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:
COMMUNITY DESCRIPTION:
DEKALB MEMORIAL HOSPITAL, INC. IS THE SOLE COMMUNITY HOSPITAL LOCATED IN DEKALB COUNTY, SERVING DEKALB, PORTIONS OF STEUBEN, LAGRANGE, NOBLE, AND ALLEN COUNTIES IN ADDITION TO SEVERAL BORDER TOWNS OF HICKSVILLE AND EDGERTON IN NORTHWEST OHIO. THE PRIMARY SERVICE AREA POPULATION OF DEKALB

Part VI **Supplemental Information** *(Continuation)*

MEMORIAL HOSPITAL IS APPROXIMATELY 43,000 WITH APPROXIMATELY 98% RECORDED AS WHITE. DEKALB HAS SEEN AN INCREASE IN THE UNINSURED AND UNDERINSURED WITH A REPORTED AMOUNT OF 10.4% OF RESIDENTS LIVING BELOW THE POVERTY LEVEL. THE PERCENTAGE OF UNINSURED WITHIN THE AREA SERVED BY DEKALB MEMORIAL HOSPITAL IS 9.8%. THE DEMOGRAPHIC AREA SERVED BY DEKALB MEMORIAL HOSPITAL, INC. IS MADE UP OF A MEDIAN HOUSEHOLD INCOME OF APPROXIMATELY $51,400, THE MEDIAN AGE IS 38 AND CONTAINS PRIMARILY A BLUE COLLAR AND AGRICULTURAL WORKFORCE.

PART VI, LINE 5:

COMMUNITY HEALTH PROMOTION:

THE ORGANIZATION FURTHERS ITS EXEMPT PURPOSE BY PROMOTING HEALTH OF THE COMMUNITY THROUGH THE FOLLOWING: AN OPEN MEDICAL STAFF, AND THE USE OF SURPLUS FUNDS TO PROVIDE HIGH QUALITY HEALTHCARE SERVICES TO THE CITIZENS RESIDING IN ITS SERVICE AREA.

IN ADDITION, MANY OF THE HOSPITAL'S MANAGERS AND STAFF DONATE THEIR TIME TO SUPPORT ST. MARTIN'S HEALTHCARE CLINIC (FOR UNINSURED) AS WELL AS SERVE ON UNITED WAY, CHAMBER OF COMMERCE, COMMUNITY FOUNDATION OF DEKALB COUNTY, ECONOMIC DEVELOPMENT BOARDS, AND JUNIOR ACHIEVEMENT. NONPERISHABLE FOOD ITEMS THAT ARE LEFT OVER AFTER THE HEATLHY HALLOWEEN FAIR AND/OR PLAY-LEARN-SOAR ARE DONATED TO A LOCAL FOOD BANK OR BOOMERANG BACKPACK PROGRAM.

PART VI, LINE 6:

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.;

Part VI **Supplemental Information** *(Continuation)*

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

THE CORPORATE MISSION AND VISION IS AS FOLLOWS: AS A COMMUNITY OWNED, NOT-FOR-PROFIT ORGANIZATION, PARKVIEW HEALTH IS DEDICATED TO IMPROVING YOUR HEALTH AND INSPIRING YOUR WELL-BEING BY: 1) TAILORING A PERSONALIZED HEALTH JOURNEY TO ACHIEVE YOUR UNIQUE GOALS, 2) DEMONSTRATING WORLD-CLASS TEAMWORK AS WE PARTNER WITH YOU ALONG THAT JOURNEY 3) PROVIDING THE EXCELLENCE, INNOVATION AND VALUE YOU SEEK IN TERMS OF CONVENIENCE, COMPASSION, SERVICE, COST AND QUALITY.

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/WELL-BEING ACROSS THE REGION. WITH A CONSISTENT FOCUS ON OUR MISSION AND VISION, WE WORK TO PROVIDE THE BEST CARE TO EVERY PERSON, EVERY DAY WITHIN OUR FACILITIES WHILE SERVING AS GOOD STEWARDS OF SURPLUS FUNDS IN OUR EFFORTS TO POSITIVELY IMPACT COMMUNITY HEALTH STATUS.

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

IN