

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

PARKVIEW HEALTH SYSTEM, INC.

Employer identification number

35-1972384

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	X	
b If "Yes," was it a written policy?	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. <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 _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		X
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	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

	(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)			253,221.	0.	253,221.	.03%
b Medicaid (from Worksheet 3, column a)			2243733.	1259021.	984,712.	.12%
c Costs of other means-tested government programs (from Worksheet 3, column b)			3645576.	4092476.	0.	.00%
d Total. Financial Assistance and Means-Tested Government Programs			6142530.	5351497.	1237933.	.15%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6428932.	3074524.	3354408.	.40%
f Health professions education (from Worksheet 5)			401,105.	0.	401,105.	.05%
g Subsidized health services (from Worksheet 6)			660,703.	26,661.	634,042.	.08%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			5245267.	0.	5245267.	.62%
j Total. Other Benefits			12736007.	3101185.	9634822.	1.15%
k Total. Add lines 7d and 7j			18878537.	8452682.	10872755.	1.30%

	(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			299,855.	0.	299,855.	.04%
2 Economic development			181,050.	0.	181,050.	.02%
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			44,500.	0.	44,500.	.01%
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			1052573.	0.	1052573.	.12%
9 Other						
10 Total			1577978.		1577978.	.19%

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	13,831,369.	
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	180,907.	
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	10,869,072.	
6 Enter Medicare allowable costs of care relating to payments on line 5		6	12,952,011.	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)		7	-2,082,939.	
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:				
<input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other				
Section C. Collection Practices				
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	

Schedule H (Form 990) 2019

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 ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,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 19</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 19</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 **ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,**

	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 <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 _____ %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
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		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
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)		
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)		
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		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
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		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2019

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,

	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 <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?	19		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?	21	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 ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,**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.

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.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2019

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.

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC:

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 2019 CHNA, PARKVIEW HEALTH SYSTEM, INC. AND THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IN-PHC) RESEARCH TEAM MADE SURE TO GET THE INPUT FROM PERSONS REPRESENTING THE BROADER INTERESTS OF THE COMMUNITY, WHILE ALSO FOCUSING ON THE NEEDS OF VULNERABLE POPULATIONS IN NORTHEAST INDIANA.

AS PART OF THE RESEARCH PROCESS, PARKVIEW HEALTH SYSTEM, INC. AND ITS RESEARCH PARTNERS OBTAINED THE FOLLOWING: 1) PRIMARY DATA WAS COLLECTED VIA AN ONLINE SURVEY OF PARKVIEW HEALTH SYSTEM, INC. AND COMMUNITY HEALTHCARE AND SOCIAL SERVICE PROVIDERS (E.G., PHYSICIANS, NURSES, SOCIAL WORKERS, ETC.). ADDITIONALLY, THE HEALTH SYSTEM'S CHNA RESEARCH PARTNERS CONDUCTED A TELEPHONE SURVEY, WHICH INCLUDED COMMUNITY RESIDENTS FROM EACH COUNTY IN THE PARKVIEW HEALTH SERVICE REGION. 2) SECONDARY DATA WAS GATHERED FROM CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATABASE AND OTHER LOCAL AND NATIONAL AGENCIES.

IN ADDITION TO DATA COLLECTION, PARKVIEW HEALTH SYSTEM, INC. TURNED TO THE COMMUNITY AND PARTNERING ORGANIZATIONS WHEN SELECTING AND PRIORITIZING ALLEN COUNTY'S HEALTH NEEDS. AS RECOMMENDED BY THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES, A MODIFIED HANLON METHOD WAS USED TO PRIORITIZE HEALTH CONCERNS FOR PARKVIEW HEALTH HOSPITAL COMMUNITIES. THIS METHOD,

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.

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.). ALTHOUGH COMPLEX TO IMPLEMENT, IT IS USEFUL WHEN THE DESIRED OUTCOME IS AN OBJECTIVELY SELECTED LIST. EXPLICIT IDENTIFICATION OF FACTORS MUST BE CONSIDERED TO SET PRIORITIES, THUS ENABLING 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.

THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES PRESENTED AN OVERVIEW OF THE REGIONAL CHNA FINDINGS ON JULY 16, 2019, TO ATTENDEES REPRESENTING THE PARKVIEW HEALTH SYSTEM. IN TOTAL OVER 60 INDIVIDUALS PARTICIPATED IN THE PRIORITIZATION PROCESS, INCLUDING REPRESENTATIVES FROM HOSPITAL SERVICE LINES, COMMUNITY HOSPITALS, HEALTHCARE PROVIDERS/PHYSICIANS, THE EXECUTIVE LEADERSHIP TEAM AND THE COMMUNITY HEALTH AND HOSPITAL BOARD OF DIRECTORS. AFTER A THOROUGH REVIEW OF THE DATA AND CONSIDERABLE DISCUSSION, THE GROUP USED AN ELECTRONIC VOTING SYSTEM TO RANK THE VARIOUS HEALTH NEEDS IDENTIFIED IN THE CHNA.

ULTIMATELY, THE GROUP VOTED ON SUBSTANCE USE DISORDER/MENTAL HEALTH, AS THE SHARED HEALTH PRIORITY ACROSS THE HEALTH SYSTEM. HOWEVER, GIVEN ITS AREA OF EXPERTISE, PARKVIEW ORTHOPEDIC HOSPITAL, INC. WILL FOCUS PRIMARILY ON OBESITY RELATED INITIATIVES. EACH AFFILIATE HOSPITAL ALSO HELD COMMUNITY SESSIONS TO SHARE THE CHNA RESULTS, AND TO GATHER FEEDBACK FROM LOCAL NON-PROFIT AND PUBLIC HEALTH ORGANIZATIONS. SESSIONS INCLUDED

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.

OUTLINING THE VISION FOR THE COMMUNITY, POTENTIAL INTERVENTIONS, BARRIERS AND OTHER FACTORS RELATED TO THE HEALTH PRIORITIES. ADDITIONALLY, THE TOP HEALTH PRIORITIES FOR EACH AFFILIATE HOSPITAL WERE PRESENTED TO AND ADOPTED BY THE ENTITY'S RESPECTIVE HOSPITAL BOARD OF DIRECTORS.

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC:

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

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); AND PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440).

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC:

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

INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (A PARTNERSHIP BETWEEN THE INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH AND THE POLIS CENTER AT IUPUI) AND CONDUENT HEALTHY COMMUNITIES INSTITUTE.

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC:

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 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:

OBSESITY: ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC WILL CONTINUE TO PARTNER WITH PARKVIEW HOSPITAL, INC. IN ITS EFFORTS TO PROMOTE HEALTHY LIFESTYLES THROUGH NUTRITION, PHYSICAL ACTIVITY AND INJURY PREVENTION EDUCATION IN NORTHEAST INDIANA AND NORTHWEST OHIO. PARKVIEW SPORTS MEDICINE IS PROUD TO PROVIDE AREA HIGH SCHOOLS, UNIVERSITIES AND SPORTS CLUBS - INCLUDING FORT WAYNE COMMUNITY SCHOOLS - WITH OVER 70 ATHLETIC TRAINERS AT NO COST. THE COMMUNITY OUTREACH CERTIFIED ATHLETIC TRAINERS (ATC) AND NUTRITIONIST CREATED AGE-APPROPRIATE SCHOOL CURRICULA RELATED TO ACTIVITIES OF HEALTHY LIVING (E.G. NUTRITION CLASSES FOR OUR CLUB SPORT TEAMS AND INJURY PREVENTION CLASSES AT AREA HIGH SCHOOLS AND COLLEGES FOCUSING ON ATHLETES AND COACHES). OUR CERTIFIED ATHLETIC TRAINERS SERVE OVER 40 SCHOOLS AND CLUBS IN NORTHEAST INDIANA AND NORTHWEST OHIO. THEY WORK AT THE SCHOOLS AND PROVIDE SAFETY ON THE SIDELINES THROUGH PREVENTIVE SERVICES, INJURY REHABILITATION AND EMERGENCY CARE AT EACH PRACTICE AND ALL HOME GAMES. THIS APPROACH PROMOTES HEALTHY LIFESTYLES FROM CHILDHOOD TO THE ADULT ATHLETE.

HEALTH NEEDS IDENTIFIED AND WHY THE HOSPITAL DOES NOT INTEND TO ADDRESS THESE AS PART OF THE IMPLEMENTATION STRATEGY:

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.

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

CARDIOVASCULAR DISEASE/DIABETES - WHILE WE ARE NOT ADDRESSING CARDIOVASCULAR DISEASE/DIABETES SPECIFICALLY, WE WILL BE ADDRESSING OBESITY BY PROMOTING HEALTH AND WELL-BEING. MANY OF OUR OUTREACH INITIATIVES THAT CURRENTLY ADDRESS OR PREVENT OBESITY WILL CONTINUE AND MAY PREVENT OR TREAT CHRONIC DISEASE. IN ADDITION, PARKVIEW HOSPITAL, INC. HAS ADOPTED CARDIOVASCULAR DISEASE/DIABETES AS ONE OF THEIR HEALTH PRIORITIES.

TOBACCO USE - TOBACCO FREE ALLEN COUNTY (TFAC) IS THE LEAD ORGANIZATION IN ALLEN COUNTY, INDIANA, RELATED TO TOBACCO FREE EFFORTS. TFAC PROVIDES

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.

INFORMATION ON RESOURCES ABOUT LOCAL SMOKING CESSATION PROGRAMS AND ADVOCATES FOR NO-SMOKING PUBLIC POLICY AT THE STATE LEVEL. THEIR GOALS INCLUDE DECREASING YOUTH AND ADULT TOBACCO USE, INCREASING PROTECTIONS AGAINST SECONDHAND SMOKE, AND BUILDING/MAINTAINING THE LOCAL TOBACCO CONTROL INFRASTRUCTURE. PARKVIEW HOSPITAL, INC. IS ALSO A SOURCE FOR SMOKING CESSATION PROGRAMS AND OPERATES A TOBACCO FREE CAMPUS. IN ADDITION, THE PROGRAM NICOTINE FREE FOR BABY AND ME IS USED TO HELP PREGNANT WOMEN STOP SMOKING IS AVAILABLE THROUGH PARKVIEW'S COMMUNITY OUTREACH PROGRAMMING.

MATERNAL/CHILD HEALTH - PARKVIEW ORTHO HOSPITAL'S EXPERTISE IS CLEARLY IN THE ORTHOPEDIC FIELD. IN ADDITION, PARKVIEW HOSPITAL IS ADDRESSING MATERNAL/CHILD HEALTH ALONG WITH OTHER COMMUNITY PARTNERS IN ALLEN COUNTY.

SUBSTANCE USE DISORDER/MENTAL HEALTH - AGAIN, PARKVIEW ORTHO HOSPITAL'S EXPERTISE IS CLEARLY IN THE ORTHOPEDIC FIELD. IN ADDITION, THE OTHER HOSPITAL ENTITIES OF PARKVIEW HEALTH ALONG WITH VARIOUS COMMUNITY PARTNERS ARE ADDRESSING SUBSTANCE USE DISORDER/MENTAL HEALTH IN NORTHEAST INDIANA.

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,

PART V, LINE 16A, FAP WEBSITE:

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

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,

PART V, LINE 16B, FAP APPLICATION WEBSITE:

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

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

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

PART V, SECTION B, LINE 3E:

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

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 129

Name and address	Type of Facility (describe)
1 PARKVIEW PHYSICIANS GROUP 11108 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845-1730	PHYSICIAN OFFICE
2 PARKVIEW PHYSICIANS GROUP 1818 CAREW STREET FORT WAYNE, IN 46805-4788	PHYSICIAN OFFICE
3 PARKVIEW PHYSICIANS GROUP 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845-1701	PHYSICIAN OFFICE
4 PARKVIEW PHYSICIANS GROUP 442 WEST HIGH STREET BRYAN, OH 43506-1681	PHYSICIAN OFFICE
5 PARKVIEW PHYSICIANS GROUP 11104 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845-1730	PHYSICIAN OFFICE
6 PARKVIEW PHYSICIANS GROUP 11141 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845-1713	PHYSICIAN OFFICE
7 PARKVIEW PHYSICIANS GROUP 11123 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845-1707	PHYSICIAN OFFICE
8 PARKVIEW PHYSICIANS GROUP 3909 NEW VISION DRIVE FORT WAYNE, IN 46845-1725	PHYSICIAN OFFICE
9 PARKVIEW PHYSICIANS GROUP 11050 PARKVIEW CIRCLE FORT WAYNE, IN 46845-1739	PHYSICIAN OFFICE
10 PARKVIEW PHYSICIANS GROUP 1270 E STATE ROAD 205 COLUMBIA CITY, IN 46725-9492	PHYSICIAN OFFICE

Schedule H (Form 990) 2019

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? 129

Name and address	Type of Facility (describe)
11 PARKVIEW PHYSICIANS GROUP 2003 STULTS ROAD HUNTINGTON, IN 46750-1291	PHYSICIAN OFFICE
12 PARKVIEW PHYSICIANS GROUP 8911 LIBERTY MILLS RD FORT WAYNE, IN 46804-6311	PHYSICIAN OFFICE
13 PARKVIEW PHYSICIANS GROUP 2200 RANDALLIA DR FORT WAYNE, IN 46805-4638	PHYSICIAN OFFICE
14 PARKVIEW PHYSICIANS GROUP 10515 ILLINOIS ROAD FORT WAYNE, IN 46814-9182	PHYSICIAN OFFICE
15 PARKVIEW PHYSICIANS GROUP 1234 E DUPONT ROAD FORT WAYNE, IN 46825-1545	PHYSICIAN OFFICE
16 PARKVIEW PHYSICIANS GROUP 1355 MARINERS DR. WARSAW, IN 46582-7145	PHYSICIAN OFFICE
17 PARKVIEW PHYSICIANS GROUP 8028 CARNEGIE BLVD FORT WAYNE, IN 46804-5787	PHYSICIAN OFFICE
18 PARKVIEW PHYSICIANS GROUP 11143 PARKVIEW PLAZA DR. FORT WAYNE, IN 46845-1728	PHYSICIAN OFFICE
19 PARKVIEW PHYSICIANS GROUP 2708 GUILFORD STREET HUNTINGTON, IN 46750-9701	PHYSICIAN OFFICE
20 PARKVIEW PHYSICIANS GROUP 121 WESTFIELD DR ARCHBOLD, OH 43502-1056	PHYSICIAN OFFICE

Schedule H (Form 990) 2019

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? 129

Name and address	Type of Facility (describe)
21 PARKVIEW PHYSICIANS GROUP 306 E MAUMEE STREET ANGOLA, IN 46703-2035	PHYSICIAN OFFICE
22 PARKVIEW PHYSICIANS GROUP 2231 CAREW ST FORT WAYNE, IN 46805-4713	PHYSICIAN OFFICE
23 PARKVIEW PHYSICIANS GROUP 1331 MINNICH ROAD NEW HAVEN, IN 46774-2051	PHYSICIAN OFFICE
24 PARKVIEW PHYSICIANS GROUP 11055 TWIN CREEKS COVE FORT WAYNE, IN 46845-2204	PHYSICIAN OFFICE
25 PARKVIEW PHYSICIANS GROUP 5693 YMCA PARK DRIVE WEST FORT WAYNE, IN 46835-3280	PHYSICIAN OFFICE
26 PARKVIEW PHYSICIANS GROUP 104 NICHOLAS PLACE AVILLA, IN 46710-0069	PHYSICIAN OFFICE
27 PARKVIEW PHYSICIANS GROUP 8 JOHN KISSINGER DRIVE WABASH, IN 46992-1914	PHYSICIAN OFFICE
28 IMAGING SYSTEMS HOLDINGS LLC 3707 NEW VISION DRIVE FORT WAYNE, IN 46845	IMAGING SERVICES
29 PARKVIEW PHYSICIANS GROUP 1655 N CASS STREET WABASH, IN 46992-1916	PHYSICIAN OFFICE
30 PARKVIEW PHYSICIANS GROUP 6920 POINTE INVERNESS WAY FORT WAYNE, IN 46804	PHYSICIAN OFFICE

Schedule H (Form 990) 2019

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? 129

Name and address	Type of Facility (describe)
31 PARKVIEW PHYSICIANS GROUP 935 SNYDER AVE MONTPELIER, OH 43543-1251	PHYSICIAN OFFICE
32 PARKVIEW ORTHO PERFORMANCE CTR LLC 11130 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	PHYSICAL THERAPY SERVICES
33 PARKVIEW PHYSICIANS GROUP 885 CONNEXION WAY COL CITY, IN 46725-1044	PHYSICIAN OFFICE
34 PARKVIEW PHYSICIANS GROUP 326 SAWYER ROAD KENDALLVILLE, IN 46755-2573	PHYSICIAN OFFICE
35 PARKVIEW PHYSICIANS GROUP 5110 N. CLINTON FORT WAYNE, IN 46825-5735	PHYSICIAN OFFICE
36 PARKVIEW PHYSICIANS GROUP 207 N TOWNLINE ROAD LAGRANGE, IN 46761-1325	PHYSICIAN OFFICE
37 PARKVIEW PHYSICIANS GROUP 512 NORTH PROFESSIONAL WAY KENDALLVILLE, IN 46755-2927	PHYSICIAN OFFICE
38 PARKVIEW ORTHO PERFORMANCE CTR LLC 3946 ICE WAY FORT WAYNE, IN 46805	PHYSICAL THERAPY SERVICES
39 PARKVIEW PHYSICIANS GROUP 1104 N. WAYNE STREET NORTH MANCHESTER, IN 46962-1001	PHYSICIAN OFFICE
40 PARKVIEW PHYSICIANS GROUP 725 S SHOOP AVE WAUSEON, OH 43567-1702	PHYSICIAN OFFICE

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? 129

Name and address	Type of Facility (describe)
41 PARKVIEW PHYSICIANS GROUP 4402 E. STATE BLVD FORT WAYNE, IN 46815-6917	PHYSICIAN OFFICE
42 PARKVIEW PHYSICIANS GROUP 3946 ICE WAY FORT WAYNE, IN 46805-1018	PHYSICIAN OFFICE
43 PARKVIEW PHYSICIANS GROUP 10620 CORPORATE DRIVE FORT WAYNE, IN 46845-1711	PHYSICIAN OFFICE
44 PARKVIEW ORTHO PERFORMANCE CTR LLC 10515 ILLINOIS RD. FORT WAYNE, IN 46814	PHYSICAL THERAPY SERVICES
45 PARKVIEW ORTHO PERFORMANCE CTR LLC 5050 N CLINTON ST. FORT WAYNE, IN 46825	PHYSICAL THERAPY SERVICES
46 PARKVIEW PHYSICIANS GROUP 1310 E SEVENTH STREET AUBURN, IN 46706-2518	PHYSICIAN OFFICE
47 PARKVIEW PHYSICIANS GROUP 8607 TEMPLE DRIVE FORT WAYNE, IN 46809	PHYSICIAN OFFICE
48 PARKVIEW PHYSICIANS GROUP 13430 MAIN STREET GRABILL, IN 46741-2001	PHYSICIAN OFFICE
49 PARKVIEW PHYSICIANS GROUP 495 S SHOOP AVE WAUSEON, OH 43567-1719	PHYSICIAN OFFICE
50 PARKVIEW PHYSICIANS GROUP 401 N SAWYER RD KENDALLVILLE, IN 46755-2568	PHYSICIAN OFFICE

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? 129

Name and address	Type of Facility (describe)
51 PARKVIEW PHYSICIANS GROUP 4084 NORTH US HIGHWAY 33 CHURUBUSCO, IN 46723-9563	PHYSICIAN OFFICE
52 PARKVIEW ORTHO PERFORMANCE CTR LLC 5680 YMCA PARK DRIVE WEST FORT WAYNE, IN 46835	PHYSICAL THERAPY SERVICES
53 PARKVIEW PHYSICIANS GROUP 3828 NEW VISION DR. FORT WAYNE, IN 46845-1708	PHYSICIAN OFFICE
54 PARKVIEW PHYSICIANS GROUP 8175 W US 20 SHIPSHEWANA, IN 46565	PHYSICIAN OFFICE
55 PARKVIEW PHYSICIANS GROUP 620 W NORTH STREET COLUMBIA CITY, IN 46725-1214	PHYSICIAN OFFICE
56 PARKVIEW PHYSICIANS GROUP 2600 N DETROIT STREET LAGRANGE, IN 46761-1154	PHYSICIAN OFFICE
57 PARKVIEW PHYSICIANS GROUP 1464 LINCOLNWAY SOUTH LIGONIER, IN 46767-9601	PHYSICIAN OFFICE
58 PARKVIEW PHYSICIANS GROUP 2814 THEATER AVE. HUNTINGTON, IN 46750-7978	PHYSICIAN OFFICE
59 PARKVIEW PHYSICIANS GROUP 1515 HOBSON ROAD FORT WAYNE, IN 46805-4802	PHYSICIAN OFFICE
60 PARKVIEW PHYSICIANS GROUP 817 TRAIL RIDGE ROAD ALBION, IN 46701-1534	PHYSICIAN OFFICE

Schedule H (Form 990) 2019

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? 129

Name and address	Type of Facility (describe)
61 PARKVIEW PHYSICIANS GROUP 3816 NEW VISION DRIVE FORT WAYNE, IN 46845-1708	PHYSICIAN OFFICE
62 PARKVIEW PHYSICIANS GROUP 6130 TRIER ROAD FORT WAYNE, IN 46815-5378	PHYSICIAN OFFICE
63 PARKVIEW PHYSICIANS GROUP 577 GEIGER DRIVE ROANOKE, IN 46783-8877	PHYSICIAN OFFICE
64 PARKVIEW PHYSICIANS GROUP 3898 NEW VISION DR. FORT WAYNE, IN 46845-1718	PHYSICIAN OFFICE
65 PARKVIEW ORTHO CENTER LLC 11420 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	SURGERY CENTER
66 PARKVIEW PHYSICIANS GROUP 140 FOX ROAD, STE 402 VAN WERT, OH 45891-3406	PHYSICIAN OFFICE
67 PARKVIEW PHYSICIANS GROUP 6108 MAPLECREST ROAD FORT WAYNE, IN 46835-2524	PHYSICIAN OFFICE
68 PARKVIEW PHYSICIANS GROUP 208 N COLUMBUS ST HICKSVILLE, OH 43526-1250	PHYSICIAN OFFICE
69 PARKVIEW PHYSICIANS GROUP 4665 STATE ROAD 5 SOUTH WHITLEY, IN 46787-9101	PHYSICIAN OFFICE
70 PARKVIEW PHYSICIANS GROUP 410 SAWYER ROAD KENDALLVILLE, IN 46755-2573	PHYSICIAN OFFICE

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? 129

Name and address	Type of Facility (describe)
71 PARKVIEW PHYSICIANS GROUP 7030 POINTE INVERNESS WAY FORT WAYNE, IN 46804-9298	PHYSICIAN OFFICE
72 PARKVIEW ORTHO PERFORMANCE CTR LLC 12124 LIMA RD FORT WAYNE, IN 46818	PHYSICAL THERAPY SERVICES
73 PARKVIEW PHYSICIANS GROUP 12124 LIMA RD FORT WAYNE, IN 46818-9508	PHYSICIAN OFFICE
74 PARKVIEW PHYSICIANS GROUP 420 N SAWYER RD KENDALLVILLE, IN 46755-2572	PHYSICIAN OFFICE
75 PARKVIEW PHYSICIANS GROUP 2001 STULTS ROAD HUNTINGTON, IN 46750-1291	PHYSICIAN OFFICE
76 PARKVIEW PHYSICIANS GROUP 2500 EAST BELLEFONTAINE ROAD HAMILTON, IN 46742-9352	PHYSICIAN OFFICE
77 PARKVIEW PHYSICIANS GROUP 5 MATCHETTE DRIVE PIERCETON, IN 46562-9073	PHYSICIAN OFFICE
78 PARKVIEW ORTHO PERFORMANCE CTR LLC 838 HARRISON ST. FORT WAYNE, IN 46802	PHYSICAL THERAPY SERVICES
79 PARKVIEW PHYSICIANS GROUP 10012 AUBURN PARK DR FORT WAYNE, IN 46825	PHYSICIAN OFFICE
80 PARKVIEW ORTHO PERFORMANCE CTR LLC 200 INTERTECH PARKWAY ANGOLA, IN 46703	PHYSICAL THERAPY SERVICES

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? 129

Name and address	Type of Facility (describe)
81 PARKVIEW PHYSICIANS GROUP 200 INTERTECH PARKWAY ANGOLA, IN 46703-7346	PHYSICIAN OFFICE
82 PARKVIEW PHYSICIANS GROUP 1517 CATALPA ST FORT WAYNE, IN 46802	PHYSICIAN OFFICE
83 PARKVIEW PHYSICIANS GROUP 15707 OLD LIMA ROAD HUNTERTOWN, IN 46748	PHYSICIAN OFFICE
84 PARKVIEW PHYSICIANS GROUP 2812 THEATER AVE HUNTINGTON, IN 46750	PHYSICIAN OFFICE
85 PARKVIEW PHYSICIANS GROUP 1007 W. RUDISILL BLVD FORT WAYNE, IN 46807-2170	PHYSICIAN OFFICE
86 PARKVIEW PHYSICIANS GROUP 1260 E STATE ROAD 205 COLUMBIA CITY, IN 46725-9492	PHYSICIAN OFFICE
87 PARKVIEW PHYSICIANS GROUP 3905 CARROLL RD. FORT WAYNE, IN 46818-9528	PHYSICIAN OFFICE
88 PARKVIEW PHYSICIANS GROUP 470 BENNETT DRIVE WARREN, IN 46792-9272	PHYSICIAN OFFICE
89 PARKVIEW PHYSICIANS GROUP 412 SAWYER ROAD KENDALLVILLE, IN 46755-2572	PHYSICIAN OFFICE
90 FOUNDATION SURGERY AFF OF FT WAYNE L 8004 CARNEGIE BLVD. FORT WAYNE, IN 46804	SURGERY CENTER

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? 129

Name and address	Type of Facility (describe)
91 PARKVIEW PHYSICIANS GROUP 213 FAIRVIEW BLVD KENDALLVILLE, IN 46755-2988	PHYSICIAN OFFICE
92 PARKVIEW PHYSICIANS GROUP 112 S. MAIN ST. MILFORD, IN 46542	PHYSICIAN OFFICE
93 PARKVIEW PHYSICIANS GROUP 2701 SPRING ST FORT WAYNE, IN 46808-3939	PHYSICIAN OFFICE
94 NORTHEAST INDIANA CANCER CTR LLC 516 E. MAUMEE STREET ANGOLA, IN 46703	PHYSICIAN OFFICE
95 PARKVIEW PHYSICIANS GROUP 1129 FIRST STREET HUNTINGTON, IN 46750-2313	PHYSICIAN OFFICE
96 PARKVIEW PHYSICIANS GROUP 8004 CARNEGIE BLVD FORT WAYNE, IN 46804-5785	PHYSICIAN OFFICE
97 PARKVIEW PHYSICIANS GROUP 10 JOHN KISSINGER DRIVE WABASH, IN 46992-1914	PHYSICIAN OFFICE
98 PARKVIEW PHYSICIANS GROUP 9742 US 127 SHERWOOD, OH 43556-9739	PHYSICIAN OFFICE
99 PARKVIEW PHYSICIANS GROUP 344 N MAIN STREET COLUMBIA CITY, IN 46725-1745	PHYSICIAN OFFICE
100 PARKVIEW PHYSICIANS GROUP 1316 E SEVENTH STREET AUBURN, IN 46706-2523	PHYSICIAN OFFICE

Schedule H (Form 990) 2019

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? 129

Name and address	Type of Facility (describe)
101 PARKVIEW PHYSICIANS GROUP 1095 W. RUDISILL BLVD FORT WAYNE, IN 46807-2162	PHYSICIAN OFFICE
102 PARKVIEW PHYSICIANS GROUP 2930 LAKE AVENUE FORT WAYNE, IN 46805-5416	PHYSICIAN OFFICE
103 PARKVIEW PHYSICIANS GROUP 1600 E. WASHINGTON BLVD FORT WAYNE, IN 46803-1228	PHYSICIAN OFFICE
104 PARKVIEW PHYSICIANS GROUP 1 UNIVERSITY AVE ANGOLA, IN 46703-1764	PHYSICIAN OFFICE
105 PARKVIEW PHYSICIANS GROUP 1516 LEESBURG RD. FORT WAYNE, IN 46808	PHYSICIAN OFFICE
106 PARKVIEW PHYSICIANS GROUP 2303 COLLEGE AVE HUNTINGTON, IN 46750-1237	PHYSICIAN OFFICE
107 PARKVIEW PHYSICIANS GROUP 1050 PRODUCTION RD FORT WAYNE, IN 46808	PHYSICIAN OFFICE
108 PARKVIEW PHYSICIANS GROUP 604 E. COLLEGE AVE NORTH MANCHESTER, IN 46962-1276	PHYSICIAN OFFICE
109 PARKVIEW PHYSICIANS GROUP 710 N EAST STREET WABASH, IN 46992-1914	PHYSICIAN OFFICE
110 PARKVIEW PHYSICIANS GROUP 11725 LINCOLN HWY E NEW HAVEN, IN 46774	PHYSICIAN OFFICE

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? 129

Name and address	Type of Facility (describe)
111 PARKVIEW PHYSICIANS GROUP 2414 E STATE BLVD SUITE 101 FORT WAYNE, IN 46805-4760	PHYSICIAN OFFICE
112 PARKVIEW PHYSICIANS GROUP 5104 N. CLINTON FORT WAYNE, IN 46825-5720	PHYSICIAN OFFICE
113 PARKVIEW PHYSICIANS GROUP 1381 N WAYNE ST. ANGOLA, IN 46703-2348	PHYSICIAN OFFICE
114 PARKVIEW PHYSICIANS GROUP 1035 WEST WAYNE ST PAULDING, OH 45879-1544	PHYSICIAN OFFICE
115 PARKVIEW PHYSICIANS GROUP 11115 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845-1701	PHYSICIAN OFFICE
116 PARKVIEW PHYSICIANS GROUP 1025 MANCHESTER AVE WABASH, IN 46992-1425	PHYSICIAN OFFICE
117 PARKVIEW PHYSICIANS GROUP 1306 E. 7TH ST STE A AUBURN, IN 46706-2537	PHYSICIAN OFFICE
118 PARKVIEW PHYSICIANS GROUP 410 E MITCHELL ST KENDALLVILLE, IN 46755-1890	PHYSICIAN OFFICE
119 PARKVIEW PHYSICIANS GROUP 1314 E SEVENTH STREET AUBURN, IN 46706-2535	PHYSICIAN OFFICE
120 PARKVIEW PHYSICIANS GROUP 150 GROWTH PARKWAY ANGOLA, IN 46703-9313	PHYSICIAN OFFICE

Schedule H (Form 990) 2019

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? 129

Name and address	Type of Facility (describe)
121 PARKVIEW PHYSICIANS GROUP 1720 BEACON STREET FORT WAYNE, IN 46805-4749	PHYSICIAN OFFICE
122 PARKVIEW PHYSICIANS GROUP 1900 CAREW STREET SUITE 3A FORT WAYNE, IN 46805-4765	PHYSICIAN OFFICE
123 PARKVIEW PHYSICIANS GROUP 203 EAST DOUGLAS AVE FORT WAYNE, IN 46802-3534	PHYSICIAN OFFICE
124 PARKVIEW PHYSICIANS GROUP 2710 LAKE AVENUE FORT WAYNE, IN 46805-5412	PHYSICIAN OFFICE
125 PARKVIEW PHYSICIANS GROUP 324 W VINE STREET EDGERTON, OH 43517-9600	PHYSICIAN OFFICE
126 PARKVIEW PHYSICIANS GROUP 3974 NEW VISION DRIVE FORT WAYNE, IN 46845-1712	PHYSICIAN OFFICE
127 PARKVIEW PHYSICIANS GROUP 400 ASH STREET WABASH, IN 46992-1954	PHYSICIAN OFFICE
128 PARKVIEW PHYSICIANS GROUP 4666 W. JEFFERSON BLVD FORT WAYNE, IN 46804-6892	PHYSICIAN OFFICE
129 PARKVIEW PHYSICIANS GROUP 7900 W JEFFERSON BLVD. SUITE 102 FORT WAYNE, IN 46804-4128	PHYSICIAN OFFICE

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 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) 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:

NOTE TO READER - THE AMOUNTS LISTED ON LINES 7A-C REFLECT ONLY THE
FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS OF ORTHOPAEDIC
HOSPITAL AT PARKVIEW NORTH, LLC AS PARKVIEW HEALTH SYSTEM, INC.'S MEMBER
HOSPITALS OF PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL
OF LAGRANGE COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE

Part VI Supplemental Information (Continuation)

COUNTY, INC. (EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); AND PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) DEKALB MEMORIAL HOSPITAL, INC. (EIN 35-1064295) FILE THEIR OWN RESPECTIVE FORM 990.

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

PARKVIEW HEALTH SYSTEM, 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

Part VI Supplemental Information (Continuation)

PARKVIEW HEALTH SYSTEM, 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 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

COSTS ASSOCIATED WITH THE RONALD MCDONALD MOBILE CARE PROGRAM, EAST ALLEN COUNTY SCHOOLS NEARSITE CLINIC AND THE NORTHWEST ALLEN COUNTY SCHOOLS CLINIC WHERE INCLUDED AS SUBSIDIZED HEALTH SERVICES.

Part VI Supplemental Information (Continuation)

PART I, LINE 7I

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

PART I, LN 7 COL(F):

PERCENT OF TOTAL EXPENSE

PARKVIEW HEALTH SYSTEM, INC. EXCLUDED \$13,831,369 OF BAD DEBT EXPENSE.

PART II, COMMUNITY BUILDING ACTIVITIES:

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

PHYSICAL IMPROVEMENTS/HOUSING:

THE PARKVIEW FAMILY PARK IS A RECREATIONAL PARK AREA LOCATED ON THE NORTH FORT WAYNE CAMPUS, WHICH IS THE HOME TO THE PARKVIEW REGIONAL MEDICAL CENTER. PARKVIEW HEALTH SYSTEM, INC. MADE THE PARK AVAILABLE TO THE GENERAL PUBLIC AND MAINTAINS THE PROPERTY TO ENHANCE THE COMMUNITY AND PROMOTE PHYSICAL ACTIVITY.

PARKVIEW HEALTH SYSTEM, INC. SUPPORTS HABITAT FOR HUMANITY THROUGH CASH DONATIONS AND IN-KIND WORK CREWS TO BUILD NEW HOMES FOR FAMILIES WHO QUALIFY. HABITAT FOR HUMANITY OF GREATER FORT WAYNE HAS A PROVEN TRACK RECORD OF HOME RETENTION FOR THOSE THEY SERVE. THIS ORGANIZATION PROVIDES

Part VI Supplemental Information (Continuation)

A COMPREHENSIVE HOME OWNERSHIP PROGRAM THAT PROMOTES SELF-SUFFICIENCY BY HAVING QUALIFIED FAMILIES INVEST IN WHAT THE PROGRAM REFERS TO AS SWEAT EQUITY. THIS INVESTMENT ENTAILS COMPLETING COURSEWORK THAT PREPARES THE FAMILY FOR HOMEOWNERSHIP, VOLUNTEERING WITH OTHER HABITAT BUILDING PROJECTS, AND THEN ASSISTING WITH THE CONSTRUCTION OF THEIR OWN HOME.

ECONOMIC DEVELOPMENT:

PARKVIEW HEALTH SYSTEM, INC. FOSTERS ECONOMIC DEVELOPMENT IN SEVERAL WAYS. PARKVIEW HEALTH SYSTEM, INC. HAS PLAYED A KEY ROLE IN THE NORTHEAST INDIANA REGIONAL PARTNERSHIP'S VISION 2030, A REGIONAL INITIATIVE DESIGNED TO TRANSFORM NORTHEAST INDIANA INTO A TOP GLOBAL COMPETITOR BY FOCUSING ON A COMMON MISSION TO DEVELOP, ATTRACT AND RETAIN TALENT. PARKVIEW HEALTH SYSTEM, INC. HAS BEEN INSTRUMENTAL IN WORKING WITH THIS GROUP OF COMMUNITY REPRESENTATIVES FROM BUSINESS, EDUCATION, GOVERNMENT AND FOUNDATION SECTORS TO DEVELOP A COMPELLING AND ACTIONABLE VISION FOR THE 11-COUNTY NORTHEAST INDIANA REGION. VISION 2030'S PRIORITIES ARE TIED TO EDUCATION/WORKFORCE, BUSINESS CLIMATE, ENTREPRENEURSHIP, INFRASTRUCTURE AND QUALITY OF LIFE FOR THE NORTHEAST INDIANA REGION.

LEADERSHIP DEVELOPMENT/TRAINING FOR COMMUNITY MEMBERS:

PARKVIEW HEALTH SYSTEM, INC. SUPPORTS LEADERSHIP DEVELOPMENT IN THE COMMUNITY IN CONJUNCTION WITH ECONOMIC DEVELOPMENT EFFORTS TO IMPROVE THE QUALITY OF LIFE IN ALLEN COUNTY AND THE REGION. STRONG LEADERS PLAY A KEY ROLE IN BUILDING THRIVING COMMUNITIES.

AS THE LARGEST EMPLOYER IN NORTHEAST INDIANA, PARKVIEW HEALTH SYSTEM, INC.

Part VI Supplemental Information (Continuation)

SERVES AS A SIGNIFICANT SPONSOR TO PROMOTE ACCESS TO THE GLOBAL LEADERSHIP SUMMIT, A GLOBAL LEADERSHIP CONFERENCE, WHICH PROVIDES TWO DAYS OF TRAINING ON SERVANT LEADERSHIP PRINCIPLES. THIS CONFERENCE INVOLVES MANY OTHER LOCAL EMPLOYERS AND IS OPEN TO THE PUBLIC.

PARKVIEW'S COMMUNITY PARTNER DEVELOPMENT CENTER WAS CREATED TO PROVIDE TOOLS AND RESOURCES FOR LOCAL NON-PROFIT ORGANIZATIONS AND THEIR LEADERS THROUGH TRAINING, COACHING, DEVELOPMENT AND STRATEGIC PLANNING. TRAININGS INCLUDE CONDUCTING NEEDS ASSESSMENTS; CREATING DEVELOPMENT PLANS THAT BUILD ON ORGANIZATIONAL STRENGTHS; LEADERSHIP COURSES ON BEST PRACTICES AND LEADERSHIP PRINCIPLES; AS WELL AS NEEDS-BASED RESTORATIVE INTERVENTIONS DESIGNED TO PROMOTE ORGANIZATIONAL TEAM COHESIVENESS.

WORKFORCE DEVELOPMENT:

PARKVIEW HEALTH SYSTEM, INC. SUPPORTS PHYSICIAN RECRUITMENT ACTIVITIES TO ASSIST IN TIMELY RESPONSE TO PATIENT CARE NEEDS IN THE COMMUNITY. RECRUITMENT ACTIVITIES ARE BASED ON THE RESULTS OF A PERIODIC PHYSICIAN NEEDS ASSESSMENT. PARKVIEW HEALTH SYSTEM, INC. DEVELOPS A PHYSICIAN RECRUITMENT PLAN TO ADDRESS POTENTIAL GAPS IN PATIENT COVERAGE.

PARKVIEW HEALTH SYSTEM, INC. STRIVES TO BRING THE BEST INTEGRATED, QUALITY, AND COST-EFFECTIVE CARE AND INNOVATIVE TECHNOLOGY AVAILABLE TO OUR COMMUNITIES. IN DOING SO, WE FOCUS OUR EFFORTS ON RECRUITING AN EXCEPTIONAL TEAM OF PHYSICIANS.

ORGANIZED IN PART TO PROMOTE CLINICAL EDUCATION, PARKVIEW HEALTH SYSTEM, INC., PARTNERS WITH NUMEROUS AREA EDUCATIONAL INSTITUTIONS. THESE

Part VI Supplemental Information (Continuation)

PARTNERSHIPS FOSTER A VARIETY OF STUDENT LEARNING OPPORTUNITIES IN THE HEALTHCARE FIELD FOR HIGH SCHOOL AND COLLEGE STUDENTS. THE STUDENT SERVICES DEPARTMENT COORDINATES CLINICAL EDUCATIONAL EXPERIENCES BY OFFERING JOB SHADOWING AND INTERNSHIPS. JOB SHADOWING ALLOWS STUDENTS TO OBSERVE A CO-WORKER FOR THE PURPOSE OF GAINING GENERAL KNOWLEDGE ABOUT A SPECIFIC CLINICAL CAREER. THE GOAL OF THE INTERNSHIP PROGRAM IS TO PROVIDE CAREER EXPLORATION WITH A WORKPLACE MENTOR TO BRIDGE THE CONNECTION BETWEEN ACADEMIC LEARNING AND WORK-RELATED EXPERIENCES, PROVIDE AN OPPORTUNITY TO REFINE CAREER CHOICES, AND TO CREATE A SMOOTH TRANSITION INTO POST-SECONDARY EDUCATION OR THE WORLD OF WORK.

PART III, LINE 2:

BAD DEBT ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS UNDER GENERALLY ACCEPTED ACCOUNTING STANDARDS IS REPORTED IN ACCORDANCE WITH ASU 2014-09 AND HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT 15. TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES ACCOUNTING FOR BAD DEBT EXPENSE IS CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS AT PAGES 13 AND 25 - 29.

PART III, LINE 3:

COSTING METHODOLOGY USED:

UNCOLLECTIBLE PATIENT ACCOUNTS ARE CHARGED AGAINST THE PROVISION FOR BAD DEBT IN ACCORDANCE WITH THE POLICIES OF PARKVIEW HEALTH SYSTEM, INC. HOWEVER, DURING THE COLLECTION PROCESS THERE IS A CONTINUOUS EFFORT TO DETERMINE IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE. THEREFORE, ONCE AN UNCOLLECTIBLE ACCOUNT HAS BEEN CHARGED OFF AND IT IS DETERMINED THROUGH THE COLLECTION PROCESS THAT THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THE UNCOLLECTIBLE ACCOUNT IS RECLASSIFIED TO CHARITY CARE AND

Part VI Supplemental Information (Continuation)

ALL COLLECTION EFFORTS CEASE.

PATIENTS ARE ELIGIBLE TO APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME, INCLUDING PATIENTS WHOSE ACCOUNTS HAVE BEEN PLACED IN A BAD DEBT AGENCY. THE AMOUNT REFLECTED ON LINE 3 WAS CALCULATED BY TOTALING THE ACCOUNTS PREVIOUSLY WRITTEN OFF TO BAD DEBT AND PLACED WITH A COLLECTION AGENCY, BUT SUBSEQUENTLY RECLASSIFIED AS CHARITY CARE DURING THE TAX YEAR. THE ACCOUNTS WERE RECLASSIFIED AS CHARITY CARE DUE TO THE FACT THAT PATIENTS APPLIED FOR, AND WERE APPROVED FOR, FINANCIAL ASSISTANCE AFTER THE ACCOUNTS WERE PLACED WITH A BAD DEBT AGENCY.

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 13 AND 25 - 29 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. PARKVIEW HEALTH SYSTEM, INC. ACCEPTS ALL MEDICARE PATIENTS, AS REFLECTED ON THE YEAR-END MEDICARE COST REPORT, WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE

Part VI Supplemental Information (Continuation)

SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. HOWEVER, MEDICARE PAYMENTS REPRESENT A PROXY OF COST CALLED THE "UPPER PAYMENT LIMIT." IT HAS HISTORICALLY BEEN ASSUMED THAT UPPER PAYMENT LIMIT PAYMENTS DO NOT GENERATE A SHORTFALL. AS A RESULT, PARKVIEW HEALTH SYSTEM, INC. HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. PARKVIEW HEALTH SYSTEM, 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

Part VI Supplemental Information (Continuation)

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.

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:

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

Part VI Supplemental Information (Continuation)

SECTION B.

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

- HEALTHY COMMUNITIES INSTITUTE (HCI) SECONDARY DATA ANALYSIS
- OBSERVATIONS FROM FRONTLINE STAFF WORKING WITH VULNERABLE POPULATIONS (I.E., COMMUNITY NURSES AND COMMUNITY HEALTH WORKER'S)
- REVIEW OF COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY OTHER LOCAL ORGANIZATIONS (I.E., UNITED WAY, BRIGHTPOINT, ETC.)
- PARKVIEW LEADERSHIP'S SERVICE ON HEALTH-RELATED AND SOCIAL SERVICE COMMUNITY BOARDS, COMMITTEES AND TASK FORCES

KEY HOSPITAL REPRESENTATIVES MAINTAIN ONGOING RELATIONSHIPS THROUGHOUT THE COMMUNITY AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION OF IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF THE COMMUNITIES 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

Part VI Supplemental Information (Continuation)

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.

PARKVIEW HEALTH SYSTEM, INC. SERVES AN 11-COUNTY AREA (ADAMS, ALLEN, DEKALB, HUNTINGTON, KOSCIUSKO, LAGRANGE, NOBLE, STEUBEN, WABASH, WELLS AND WHITLEY) IN NORTHEAST INDIANA, AS WELL AS PARTS OF NORTHWEST OHIO. ACCORDING TO STATS INDIANA, THE TOTAL POPULATION OF THE HEALTH SYSTEM'S 11-COUNTY SERVICE AREA IS APPROXIMATELY 789,735 PEOPLE. PARKVIEW HEALTH SYSTEM, INC. OPERATES HOSPITALS IN ALLEN, HUNTINGTON, LAGRANGE, NOBLE, WABASH AND WHITLEY COUNTIES. OF THE SIX COUNTIES IN WHICH PARKVIEW HEALTH SYSTEM, INC. OPERATES HOSPITALS, ALLEN COUNTY IS THE AREA'S ONLY URBAN AREA IN AN OTHERWISE RURAL AREA, AND ROUGHLY MAKES UP 66.8% OF THE AREA POPULATION.

EVEN THOUGH PARKVIEW'S PATIENT SERVICE AREA EXTENDS FAR BEYOND THE SIX COUNTIES WHERE PARKVIEW HOSPITAL ENTITIES RESIDE, ADDRESSING POPULATION HEALTH PRIORITIES IS GROUNDED LARGELY ON THE DEGREE OF ACCESSIBILITY THAT

Part VI Supplemental Information (Continuation)

COMMUNITY MEMBERS POSSESS TO ASSISTANCE PROGRAMS, COMMUNITY RESOURCES, ETC. IN ORDER TO BEST IMPROVE POPULATION HEALTH ACROSS THE COMMUNITIES THAT THE HEALTH SYSTEM SERVES, COMMUNITY HEALTH IMPROVEMENT INITIATIVES ARE PRIMARILY PROVIDED TO COMMUNITIES WITHIN EACH OF THE SIX COUNTIES.

ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE (2018), THE MEDIAN PERCENTAGE OF PEOPLE LIVING BELOW THE FEDERAL POVERTY LEVEL IS 9.7% FOR THE SIX-COUNTY AREA (RANGING FROM 7.3% TO 14.3%). THE MEAN HOUSEHOLD INCOME WITHIN THE SIX-COUNTY AREA IS \$55,518 AND RANGES FROM \$50,637 (WABASH) TO \$61,153 (WHITLEY). THE UNEMPLOYMENT RATE RANGES FROM 2.8 PERCENT (LAGRANGE COUNTY) TO 3.1 PERCENT (HUNTINGTON, NOBLE AND WABASH COUNTY) ON AVERAGE DURING 2019, ACCORDING TO STATS INDIANA.

THERE IS ONLY ONE OTHER EXTERNAL FOR-PROFIT HEALTH SYSTEM OPERATING THREE HOSPITALS WITHIN THE 6-COUNTY AREA PARKVIEW OPERATES HOSPITALS. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), AN AGENCY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, DEVELOPS SHORTAGE DESIGNATION CRITERIA AND USES THEM TO DECIDE WHETHER OR NOT A GEOGRAPHIC AREA, POPULATION GROUP OR FACILITY IS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) OR A MEDICALLY UNDERSERVED AREA OR POPULATION (MUA/P).

HRSA HAS DESIGNATED THE FOLLOWING:

ALLEN COUNTY:

- MUA/MUP ID: 00955
- DISCIPLINE: PRIMARY CARE
- SERVICE AREA NAME: LOW INCOME - SOUTH FORT WAYNE SERVICE AREA
- DESIGNATION TYPE: MUP LOW INCOME
- INDEX OF MEDICAL UNDERSERVICE SCORE: 59.5

Part VI Supplemental Information (Continuation)

- STATUS: DESIGNATED

- RURAL STATUS: NON-RURAL

HUNTINGTON COUNTY:

-MUA/MUP ID: 00985

- DISCIPLINE: PRIMARY CARE

- SERVICE AREA NAME: SALAMONIE SERVICE AREA

- DESIGNATION TYPE: MEDICALLY UNDERSERVED AREA

- INDEX OF MEDICAL UNDERSERVICE SCORE: 52.9

- STATUS: DESIGNATED

- RURAL STATUS: RURAL

KOSCIUSKO COUNTY:

-MUA/MUP ID: 07874

- DISCIPLINE: PRIMARY CARE

- SERVICE AREA NAME: LOW INCOME - WARSAW SERVICE AREA

- DESIGNATION TYPE: MUP LOW INCOME

- INDEX OF MEDICAL UNDERSERVICE SCORE: 57.3

- STATUS: DESIGNATED

- RURAL STATUS: RURAL

WABASH COUNTY:

-MUA/MUP ID: 1181155511N/

- DISCIPLINE: PRIMARY CARE

- SERVICE AREA NAME: LI-WABASH COUNTY

- DESIGNATION TYPE: MUP LOW INCOME

- INDEX OF MEDICAL UNDERSERVICE SCORE: 57.7

- STATUS: DESIGNATED

Part VI Supplemental Information (Continuation)

- RURAL STATUS: RURAL

DATA SOURCE FOR HRSA DESIGNATIONS:

[HTTPS://DATA.HRSA.GOV/TOOLS/SHORTAGE-AREA/HPSA-FIND](https://data.hrsa.gov/tools/shortage-area/hpsa-find)

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.).

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

PARKVIEW HEALTH SYSTEM, INC., AS PARENT OF THE SYSTEM'S VARIOUS HOSPITAL ENTITIES AND PHYSICIAN PRACTICES, SERVES IN AN OVERSIGHT CAPACITY TO FORM AN INTEGRATED HEALTHCARE DELIVERY SYSTEM. EACH OF OUR HEALTHCARE FACILITIES ARE EFFICIENTLY SUPPORTED WITH CENTRALIZED, COST-EFFECTIVE ADMINISTRATIVE SUPPORT AND GUIDANCE TO FORM A COMPLETE AND COMPREHENSIVE CARE DELIVERY SYSTEM FOR THE REGION. PARKVIEW HEALTH SYSTEM, INC. SERVES TO MEET ITS MISSION TO ITS COMMUNITIES BY CONDUCTING A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT OF THE REGION AND OFFERING THE SERVICES NECESSARY FOR A SAFER AND HEALTHIER POPULATION.

DATA OBTAINED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENTS, PHYSICIAN SURVEYS, AND TREND AND TREATMENT ANALYSIS ARE UTILIZED IN PARKVIEW HEALTH SYSTEM, INC.'S STRATEGIC PLANNING PROCESS. THROUGH THIS PROCESS, PARKVIEW

Part VI Supplemental Information (Continuation)

HEALTH SYSTEM, INC. HAS ESTABLISHED SEVERAL PRIORITY AREAS. THESE PRIORITY AREAS ALIGN WITH THE SYSTEM'S MISSION, VISION AND GOALS. ALL HOSPITAL ENTITIES SHARE THE COMMUNITY HEALTH PRIORITY OF SUBSTANCE USE DISORDER AND MENTAL HEALTH. OTHER TOP COMMUNITY HEALTH PRIORITIES ADOPTED THROUGHOUT THE HEALTH SYSTEM INCLUDE MATERNAL/CHILD HEALTH, OBESITY, AND CARDIOVASCULAR DISEASE AND DIABETES.

THROUGH PARKVIEW HEALTH SYSTEM, INC. COMMUNITY HOSPITALS, FUNDING IS ALLOCATED ON AN ANNUAL BASIS TO SUPPORT LOCAL COMMUNITY HEALTH IMPROVEMENT INITIATIVES. COMMITTEE PARTICIPATION AND RESOURCES ARE COMMITTED TO SUPPORTING HEALTH INITIATIVES AND PARTNER ORGANIZATIONS THAT ADDRESS IDENTIFIED HEALTH PRIORITIES SPECIFIC TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES THAT WE SERVE. INITIATIVES TO ADDRESS SUBSTANCE USE DISORDER AND MENTAL HEALTH INCLUDE THE PEER SUPPORT SERVICES FOR OPIOID USE DISORDER; PERINATAL SUBSTANCE USE DISORDER NAVIGATOR PROGRAM; AND THE ZERO SUICIDE PROGRAM.

IN ADDITION TO THE WORK ACCOMPLISHED THROUGH THE COMMUNITY HOSPITALS, THE ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC. PART OF PARKVIEW HEALTH SYSTEM INC., (IN PARTNERSHIP WITH PARKVIEW HOSPITAL, INC. AND LOCAL SCHOOLS) CONTINUES TO COMBAT OBESITY BY PROMOTING HEALTHY LIFESTYLES THROUGH NUTRITION, PHYSICAL ACTIVITY AND INJURY PREVENTION EDUCATION. IN SUPPORTING THIS FEAT, A COMMUNITY OUTREACH CERTIFIED ATHLETIC TRAINER (ATC) AND NUTRITIONIST CREATED AGE-APPROPRIATE SCHOOL CURRICULA RELATED TO ACTIVITIES OF HEALTHY LIVING. THIS INCLUDES INITIATIVES SUCH AS NUTRITION CLASSES FOR OUR CLUB SPORT TEAMS, INJURY PREVENTION CLASSES AT AREA HIGH SCHOOLS AND COLLEGES FOCUSING ON ATHLETES AND COACHES. THIS APPROACH PROMOTES HEALTHY LIFESTYLES FROM CHILDHOOD TO THE ADULT ATHLETE.

Part VI Supplemental Information (Continuation)

TO REINFORCE THESE EFFORTS, THE ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC. IS PROUD TO PROVIDE AREA HIGH SCHOOLS, UNIVERSITIES AND SPORTS CLUBS - INCLUDING FORT WAYNE COMMUNITY SCHOOLS - WITH OVER 70 ATHLETIC TRAINERS AT NO COST. OUR CERTIFIED ATHLETIC TRAINERS SERVE OVER 40 SCHOOLS AND CLUBS IN NORTHEAST INDIANA AND NORTHWEST OHIO. THEY WORK AT THE SCHOOLS AND PROVIDE SAFETY ON THE SIDELINES THROUGH PREVENTATIVE SERVICES, INJURY REHABILITATION AND EMERGENCY CARE AT EVERY PRACTICE AND EVERY HOME GAME.

IN CARRYING OUT OUR MISSION TO IMPROVE ACCESS TO HEALTHCARE AS A NOT-FOR-PROFIT HEALTH SYSTEM, PARKVIEW HEALTH SYSTEM, INC. CONTINUES ITS FOCUS ON THE RECRUITMENT AND TRAINING OF PRIMARY CARE AND SPECIALTY CARE PHYSICIANS, AS WELL AS OTHER HEALTHCARE PROFESSIONALS SUCH AS NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS AND NURSES IN SEVERAL LOCATIONS IN THE REGION. TO INCREASE ACCESS TO SERVICES BEYOND HOSPITAL AND TRADITIONAL PHYSICIAN OFFICE SETTINGS, PARKVIEW HAS DEVELOPED WALK-IN CLINICS WITH EXTENDED HOURS IN SEVERAL LOCATIONS THROUGHOUT THE REGION. PARKVIEW ORTHO HOSPITAL, INC. INTRODUCED A WALK-IN ORTHOPEDIC CLINIC TO PROVIDE SAME-DAY SERVICE FOR INDIVIDUALS WITH MINOR ORTHOPEDIC AND SPORTS INJURIES. PARKVIEW ALSO LAUNCHED PARKVIEW ONDEMAND, A TELEHEALTH PLATFORM THAT CONNECTS INDIVIDUALS WITH A PROVIDER 24/7 FOR NON-EMERGENCY CONDITIONS SUCH AS COLD AND FLU, ALLERGIES AND PINK EYE.

PARKVIEW HOSPITAL, INC., HAS FOSTERED CLINICAL RESEARCH SERVICES THROUGH THE PARKVIEW RESEARCH CENTER TO PARKVIEW HEALTH SYSTEM, INC. PHYSICIANS FOR OVER 25 YEARS. THE PROGRAM HAS DEVELOPED AREAS OF SPECIALIZATION IN CARDIOLOGY, NEUROLOGY, RADIATION ONCOLOGY, EMERGENCY MEDICINE AND CRITICAL CARE SERVICES DURING THAT TIME. THE PARKVIEW RESEARCH CENTER RELOCATED TO

Part VI Supplemental Information (Continuation)

THE NEWLY CONSTRUCTED PARKVIEW MIRRO CENTER FOR RESEARCH AND INNOVATION IN 2015 ON THE NORTH FORT WAYNE CAMPUS, BRINGING TOGETHER PHYSICIANS, PHARMACISTS, NURSES AND ALLIED HEALTHCARE PROFESSIONALS TO COLLABORATE ON INNOVATIVE SOLUTIONS FOR PATIENT CARE. THE ADVANCED MEDICAL SIMULATION LAB ALLOWS MULTIDISCIPLINARY CARE TEAMS THE OPPORTUNITY TO ENHANCE CLINICAL AND COMMUNICATION SKILLS IN ORDER TO IMPROVE THE QUALITY OF CARE PROVIDED.

AS PART OF THE PARKVIEW RESEARCH CENTER, THE HEALTH SERVICES AND INFORMATICS RESEARCH TEAM ENGAGES IN A VARIETY OF COMMUNITY HEALTH RELATED RESEARCH INITIATIVES. THE TEAM IS COMPRISED OF INTERDISCIPLINARY SCIENTISTS, PROJECT MANAGERS AND USER EXPERIENCE SPECIALISTS. THIS TEAM WORKS ON A BROAD ARRAY OF PROJECTS, INCLUDING INVESTIGATOR-INITIATED RESEARCH, PROGRAM EVALUATION, PILOT STUDIES, COMMUNITY SURVEY STUDIES AND USER EXPERIENCE PROJECTS THAT IMPROVE THE USABILITY OF HEALTHCARE TECHNOLOGIES. SOME EXAMPLES OF THEIR PROJECTS INCLUDE YOUTH MENTAL HEALTH, INNOVATIVE PRACTICE MODEL EVALUATION, SCREENING FOR AND ADDRESSING SOCIAL DETERMINANTS OF HEALTH, AND SUPPORTING PEOPLE LIVING WITH CHRONIC DISEASE. MOST OF THE TEAM'S WORK LEADS TO PEER-REVIEWED PUBLICATIONS IN JOURNALS, PRESENTATIONS AT TOP-TIER SCIENTIFIC CONFERENCES, AND DISSEMINATING INFORMATION TO OUR LOCAL PUBLIC HEALTH AND GOVERNMENT OFFICIALS TO INFLUENCE PUBLIC HEALTH POLICY.

THE HEALTH SYSTEM CONTINUES TO ENHANCE HEALTHCARE EDUCATION AND MEDICAL RESEARCH THROUGH PARTNERSHIPS BETWEEN PARKVIEW MIRRO CENTER FOR RESEARCH AND INNOVATION AND LOCAL UNIVERSITIES ON THE NORTH FORT WAYNE CAMPUS, AS WELL AS DEVELOPMENT OF THE LIFE SCIENCE EDUCATION AND RESEARCH CONSORTIUM ON THE RANDALLIA CAMPUS. THE CONSORTIUM IS A COLLABORATIVE EFFORT BETWEEN THE HOSPITAL, TRINE UNIVERSITY AND HUNTINGTON UNIVERSITY AND PROVIDES

Part VI Supplemental Information (Continuation)

ACADEMIC PROGRAMS AND RESEARCH TIED TO REHABILITATION SERVICES AND SENIOR CARE. IN ADDITION, DOCTORAL PROGRAMS FOR PHYSICAL THERAPY AND OCCUPATIONAL THERAPY ARE OFFERED, THUS ADDRESSING SIGNIFICANT WORKFORCE GAP AND SPECIALTY CARE ACCESS NEEDS IN THE COMMUNITY.

IN ADDITION TO THE HEALTH SYSTEMS PARTNERSHIPS WITH TRINE UNIVERSITY AND HUNTINGTON UNIVERSITY, PARKVIEW HEALTH SYSTEM, INC. SAW THE NEED TO PULL HIGH SCHOOL STUDENTS, UNIVERSITIES AND HEALTH CARE SYSTEMS TOGETHER TO PROVIDE AN INNOVATIVE LEARNING EXPERIENCE THAT WILL ALLOW TEENS AND YOUNG ADULTS TO FIND OUT WHAT CAREER OPTIONS ARE AVAILABLE IN HEALTHCARE. THE PARKVIEW EDUCATION CENTER (PEC) IS THE RESULT OF AN INNOVATIVE ASSOCIATION BETWEEN PARKVIEW HEALTH, FORT WAYNE COMMUNITY SCHOOLS (FWCS) AND IVY TECH COMMUNITY COLLEGE. PEC OFFERS YOUNG PEOPLE, COLLEGE STUDENTS AND PROFESSIONALS A UNIQUE ENVIRONMENT WHERE THEY CAN LEARN TOGETHER UNDER THE SAME ROOF. PEC IS A STATE-OF-THE-ART FACILITY THAT IS COMPRISED OF PARKVIEW'S TRAINING AND ONBOARDING ACTIVITIES, FWCS CAREER ACADEMY'S HEALTH SCIENCE PROGRAMS AND IVY TECH'S HEALTH SERVICES TRAINING PROGRAMS. FURTHERMORE, PEC PROVIDES BOTH CLASSROOM AND SIMULATED EXPERIENCE OPTIONS FOR STUDENTS AND CURRENT HEALTHCARE PROFESSIONALS. THE CLASSROOMS, LABORATORIES AND COLLABORATIVE SPACES PROVIDE PEOPLE FROM ALL SKILLSETS AND BACKGROUNDS TO GROW TOGETHER, ENABLING HIGH SCHOOL STUDENTS TO DISCOVER POTENTIAL CAREER PATHS, GIVING ADULTS THE CHANCE TO EARN COLLEGE DEGREES AND CERTIFICATIONS, AND EQUIPPING PARKVIEW CO-WORKERS TO ENHANCE THEIR SKILLS.

THROUGH THE PEC, WE CAN ENHANCE THE WAY THAT STUDENTS AND HEALTHCARE PROFESSIONALS LEARN AND WORK TOGETHER. EDUCATORS CAN PARTNER ACROSS THE CONSORTIUM, SHARING NOT ONLY SPACE, BUT ALSO RESOURCES, TECHNOLOGY AND

Part VI Supplemental Information (Continuation)

BEST PRACTICES. YOUNG ADULTS CAN LITERALLY SEE PICTURES OF THEIR FUTURE AS THEY MEET AND INTERACT WITH EXPERTS IN THEIR FIELDS OF INTEREST. LEARNERS CAN ENCOURAGE EACH OTHER DESPITE THEIR AGE, ACADEMIC ACCOMPLISHMENTS OR EXPERIENCE LEVELS.

(NARRATIVE CONTINUED AFTER PART VI, LINE 7)

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. (AFFILIATED OCTOBER 2019); PARKVIEW WABASH HOSPITAL, INC.; WHITLEY MEMORIAL HOSPITAL, INC.; HUNTINGTON 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 AND 3) PROVIDING THE EXCELLENCE, INNOVATION AND VALUE YOU SEEK IN TERMS OF CONVENIENCE, COMPASSION, SERVICE, COST AND QUALITY.

Part VI Supplemental Information (Continuation)

EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH ACTIVITIES CUSTOMIZED TO MEET THE UNIQUE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES. AFFILIATE HOSPITALS ALSO WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED. FROM THE LIST OF HEALTH ISSUES IDENTIFIED IN THE SEVEN-COUNTY AREA, THE HEALTH PRIORITY OF SUBSTANCE USE DISORDER/MENTAL HEALTH PROMOTION 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.

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/WEELL-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

PART VI, LINE 7:

Part VI Supplemental Information (Continuation)

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

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

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

EVEN THOUGH HEALTHCARE CAREERS ARE THE PRIMARY FOCUS, THE PEC DRAWS IN
A VARIETY OF CLASSES, MEETINGS AND ACTIVITIES FOR MULTIPLE CAREERS.
INVESTING IN BOTH CURRENT AND FUTURE LEADERS RESULTS IN BETTER OUTCOMES
FOR ORGANIZATIONS AND, IN TURN, OUR COMMUNITIES. LEARNING ACTIVITIES OF
ALL KINDS WILL ENHANCE THE KNOWLEDGE OF OUR FUTURE LEADERS AND MAKE
THEM MORE EFFECTIVE. THE PEC WAS BUILT WITH THE BELIEF THAT ALLOWING
SUCH A DIVERSE GROUP OF PEOPLE TO SHARE IDEAS FUELS INNOVATION AND
RESULTS IN A MORE COMPREHENSIVE LEARNING EXPERIENCE FOR CURRENT AND
ASPIRING HEALTHCARE PROFESSIONALS. BY OFFERING AN INNOVATIVE APPROACH
TO EDUCATION, WE'RE HELPING TO ENSURE THAT HEALTHCARE IN OUR REGION
WILL THRIVE WELL INTO THE FUTURE.