

**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 HOSPITAL, INC.

Employer identification number

35-0868085

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	☒	
b If "Yes," was it a written policy?	☒	
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. ☒ 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	☒	
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: ☐ 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"?	☒	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	☒	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	☒	
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?		☒
6a Did the organization prepare a community benefit report during the tax year?	☒	
b If "Yes," did the organization make it available to the public?	☒	

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)			20935311.	0.	20935311.	1.81%
b Medicaid (from Worksheet 3, column a)			108422208	92002809.	16419399.	1.42%
c Costs of other means-tested government programs (from Worksheet 3, column b)			76934110.	74157334.	2776776.	.24%
d Total. Financial Assistance and Means-Tested Government Programs			206291629	166160143	40131486.	3.47%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5107207.	1452778.	3654429.	.32%
f Health professions education (from Worksheet 5)			7135959.	1220504.	5915455.	.51%
g Subsidized health services (from Worksheet 6)			2044499.	983,716.	1060783.	.09%
h Research (from Worksheet 7)			1269039.	96,000.	1173039.	.10%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1414205.	0.	1414205.	.12%
j Total. Other Benefits			16970909.	3752998.	13217911.	1.14%
k Total. Add lines 7d and 7j			223262538	169913141	53349397.	4.61%

Part V	Facility Information
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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)

[illegible]

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group PARKVIEW HOSPITAL, INC.Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
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 ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ 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: <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 ☒ Hospital facility's website (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b ☐ Other website (list url):		
c ☒ 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: <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 PARKVIEW 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 ☒ 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 ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☒ 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 ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ 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 ☒ The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ 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 ☒ 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 ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ 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)		

Schedule H (Form 990) 2019

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

PARKVIEW HOSPITAL, INC.:

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

WHEN CONDUCTING ITS 2019 CHNA, PARKVIEW HOSPITAL, INC. AND THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IN-PHC) RESEARCH TEAM WERE DILIGENT IN ENSURING THE INPUT FROM PERSONS REPRESENTING THE BROADER INTERESTS OF THE COMMUNITY'S VULNERABLE POPULATIONS WERE CONSIDERED.

IN GATHERING QUALITATIVE COMMUNITY INPUT, PARKVIEW HOSPITAL, INC. AND ITS RESEARCH PARTNERS OBTAINED THE FOLLOWING: 1) PRIMARY DATA COLLECTED VIA AN ONLINE SURVEY OF PARKVIEW HEALTH SYSTEM, INC. HEALTHCARE PROVIDERS (E.G., PHYSICIANS, NURSES, SOCIAL WORKERS, ETC.) AND COMMUNITY SERVICE PROVIDERS REPRESENTING ALLEN COUNTY'S VULNERABLE POPULATIONS. ADDITIONALLY, THE HEALTH SYSTEMS CHNA RESEARCH PARTNERS CONDUCTED A RANDOMIZED SURVEY OF THE COMMUNITY RESIDENTS IN EACH PARKVIEW HEALTH COUNTY. 2) SECONDARY DATA GATHERED FROM CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATABASE AND OTHER LOCAL AND NATIONAL AGENCIES, EMPHASIZING THE SOCIAL AND ENVIRONMENTAL FACTORS CONTRIBUTING TO LOCAL HEALTH DISPARITIES.

IN ADDITION TO DATA COLLECTION, PARKVIEW HOSPITAL, INC. TURNED TO THE COMMUNITY AND PARTNERING ORGANIZATIONS REPRESENTING VULNERABLE POPULATIONS WHEN SELECTING AND PRIORITIZING ALLEN COUNTY'S HEALTH NEEDS. IN DOING SO, A MODIFIED HANLON METHOD PRIORITIZED HEALTH CONCERNS FOR PARKVIEW HEALTH HOSPITAL COMMUNITIES. THIS METHOD, ALSO KNOWN AS THE BASIC PRIORITY RATING

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.

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 WHICH ENABLES A TRANSPARENT AND REPLICABLE PROCESS. PRIORITY SCORES ARE CALCULATED BASED ON THE SIZE OF THE HEALTH PROBLEM, SERIOUSNESS OF THE HEALTH PROBLEM AND THE AVAILABILITY OF EFFECTIVE HEALTH INTERVENTIONS.

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, EXECUTIVE LEADERSHIP TEAM, 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.

AS A CONTINUATION OF THE PRIORITIZATION PROCESS, PARKVIEW HOSPITAL, INC. (ALLEN COUNTY) FORMED AN INTERNAL, MULTI-DISCIPLINARY ADVISORY COUNCIL TO SELECT ADDITIONAL HEALTH PRIORITIES FOR PARKVIEW HOSPITAL, INC. THIS GROUP OF STAKEHOLDERS MET ON AUGUST 16, 2019 AND DISCUSSED THE RESULTS OF THE CHNA. AFTER A THOUGHTFUL REVIEW OF THE DATA AND EXTENSIVE DISCUSSION, THE ADVISORY COMMITTEE SELECTED MATERNAL/CHILD HEALTH AND CARDIOVASCULAR

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.

DISEASE/DIABETES AS ADDITIONAL PRIORITIES.

WE ALSO HELD THREE COMMUNITY SESSIONS TO SHARE THE ALLEN COUNTY CHNA RESULTS AND TO GATHER FEEDBACK FROM LOCAL NON-PROFIT AND PUBLIC HEALTH ORGANIZATIONS. IN EACH COMMUNITY ENGAGEMENT MEETING, PARTICIPANTS WORKED IN SMALL GROUPS TO COMPLETE A "ROADMAP" OUTLINING THEIR VISION FOR OUR COMMUNITY, POTENTIAL INTERVENTIONS, BARRIERS AND OTHER FACTORS RELATED TO THE HOSPITAL'S THREE HEALTH PRIORITIES. ADDITIONALLY, THE TOP THREE HEALTH PRIORITIES WERE PRESENTED TO AND ADOPTED BY PARKVIEW HOSPITAL'S COMMUNITY HEALTH IMPROVEMENT COMMITTEE, A COMMITTEE OF THE HOSPITAL BOARD OF DIRECTORS.

PARKVIEW HOSPITAL, INC.:

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

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); PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823).

PARKVIEW HOSPITAL, INC.:

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

Part V Facility Information (continued)

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

PARKVIEW HEALTH SYSTEM, INC.; 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.

PARKVIEW HOSPITAL, INC.:

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

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

- 2016 OBESITY VS. 2019 CARDIOVASCULAR DISEASE AND DIABETES
- 2016 MENTAL HEALTH VS. 2019 SUBSTANCE USE DISORDER AND MENTAL HEALTH
- 2016 AND 2019 MATERNAL/CHILD HEALTH

DUE TO THE SIMILARITY, PARKVIEW HOSPITAL, INC. PLANS TO CONTINUE BUILDING
UPON THE HEALTH INITIATIVES THAT BEGAN AFTER THE 2016 CHNA WHILE
ADDRESSING ADDITIONAL PRIORITIES IDENTIFIED ON THE 2019 CHNA. IN RESPONSE
TO THE 2019 CHNA, PARKVIEW HOSPITAL, INC. CREATED OUR IMPLEMENTATION

Part V Facility Information (continued)

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

STRATEGY (POSTED MAY 2020), WHICH PROVIDES A COMPREHENSIVE SUMMARY OF THE HOSPITALS CURRENT PLANNED HEALTH PROMOTION INITIATIVES. IN SUMMATIVE FORM, THE IMPLEMENTATION STRATEGY REPORTED THE FOLLOWING FOR EACH DEFINED HEALTH CONCERN TO BE ADDRESSED:

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

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

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

3) DECREASE THE NUMBER OF SUICIDE DEATHS FOR ALL AGE GROUPS IN ALLEN COUNTY. TO ACHIEVE ITS THIRD GOAL, PARKVIEW HOSPITAL, INC. DECIDED TO CONTINUE AND GROW ITS EFFORTS THROUGH THE ZERO SUICIDE PROGRAM. THIS PROGRAM PROVIDES EDUCATION AND SKILL-BUILDING TRAINING FOR THE COMMUNITY MEMBERS REGARDING SUICIDE AND HOW TO RECOGNIZE AND RESPOND TO AN

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.

INDIVIDUAL IN CRISIS USING THE ZERO SUICIDE MODEL OF CARE.

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

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

A. TAKING ROOT HEALTH CHALLENGE: A PROGRAM CONTINUING FROM THE 2016 CHNA THAT PARTNERS WITH FORT WAYNE COMMUNITY SCHOOLS TO OFFER 4TH AND 5TH GRADERS THE OPPORTUNITY TO PARTICIPATE IN AEROBIC EXERCISE AND NUTRITIONAL EDUCATION.

B. HEALTH EATING ACTIVE LIVING (HEAL) INITIATIVE: THIS INITIATIVE KEYS IN ON INCREASING ACCESSIBILITY AND CONSUMPTION OF FRESH PRODUCE IN UNDERSERVED AND FOOD DESERT AREAS IN ALLEN COUNTY.

C. FITKIDS360 (A STAGE TWO PEDIATRIC OBESITY TREATMENT PROGRAM): PROGRAM FOCUSES ON IMPROVING OBESOGENIC RISK SCORES AND WELL-BEING BEHAVIORS OF PARTICIPANTS (CHILDREN AGES 5 TO 17 AND THEIR FAMILIES).

2) REDUCE THE LONG-TERM COMPLICATIONS AND SLOW THE PROGRESSION ASSOCIATED WITH DIABETES FOR VULNERABLE POPULATIONS WITH PRE-DIABETES OR A DIABETES DIAGNOSIS. THIS IS A CONTINUED PURSUIT FROM THE HOSPITALS 2013 CHNA THAT WILL BE ADDRESSED VIA THE DIABETES EDUCATION PROGRAM. THIS PROGRAM ALLOWS VULNERABLE POPULATIONS TO HAVE ACCESS TO DIABETES AND HEALTHY LIFESTYLE

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.

EDUCATION CLASSES (INCLUDING THE AADE 7 SELF-CARE BEHAVIORS), AND
OPPORTUNITIES FOR SCREENING AND A1C TESTING.

3) REDUCE EFFECTS OF FOOD INSECURITY AND IMPACT OF CHRONIC DISEASE FOR
THOSE REFERRED TO THE PROGRAM. TO MEET THIS GOAL, PARKVIEW INITIATED
VEGGIE RX (A NUTRITION PRESCRIPTION PROGRAM) THAT WORKS TO INCREASE ACCESS
TO AND INTAKE OF FRESH PRODUCE AND REDUCE THE EFFECTS OF CHRONIC DISEASE
THROUGH DIETARY INTERVENTIONS.

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

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

6) PROMOTE HEALTH AND WELL-BEING AND REDUCE FOOD INSECURITY. TO ACCOMPLISH
THIS GOAL, PARKVIEW HOSPITAL, INC. WILL WORK WITH THE PARKVIEW COMMUNITY
GREENHOUSE AND LEARNING KITCHEN STRATEGICALLY POSITIONED WITHIN A
DESIGNATED FOOD DESERT WITHIN THE COMMUNITY. WITHIN THE GREENHOUSE AND
LEARNING KITCHEN, PARTICIPANTS CAN OBTAIN AND LEARN HOW TO GROW VEGETABLES
AND COOK NUTRITIOUS MEALS FOR THEIR FAMILIES. IN ADDITION, MANY OF THE

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.

INITIATIVES MENTIONED ABOVE (I.E. HEAL INITIATIVE, SIMPLE SOLUTIONS, VEGGIE RX, ETC.) HOLD EDUCATION SESSIONS WITHIN THIS FACILITY TO INCREASE ACCESS FOR ALLEN COUNTY'S VULNERABLE POPULATIONS.

MATERNAL/CHILD HEALTH - PARKVIEW HOSPITAL, INC. HAS DEVELOPED MULTIPLE EVIDENCE-BASED STRATEGIES TO ADDRESS INFANT MORTALITY THROUGH IMPROVED PRENATAL AND INPATIENT CARE AND IN WORKING WITH PARTNER ORGANIZATIONS TO MAKE OUR COMMUNITY A HEALTHIER PLACE FOR FAMILIES. THE FOLLOWING GOALS AND EFFORTS TO ADDRESS EACH GOAL WERE IDENTIFIED:

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

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

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

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.

4) DECREASE THE NUMBER OF INFANT (<1 YEAR OF AGE) MORTALITY RATE IN ALLEN COUNTY. TO MEET THIS GOAL, PARKVIEW HOSPITAL, INC. HAS BEEN WORKING WITH THE FETAL INFANT MORTALITY REVIEW (FIMR) INITIATIVE. FIMR IS A MULTIDISCIPLINARY GROUP ORGANIZED TO REVIEW CASES OF FETAL AND INFANT DEATHS FOR PREVENTION PURPOSES. THE PROGRAM SEEKS TO PROVIDE PARTICIPANTS WITH IMPROVED REFERRALS TO COMMUNITY RESOURCES AND A BETTER UNDERSTANDING OF BARRIERS AND SOCIAL NEEDS.

5) DECREASE THE RATE OF PRE-TERM BIRTHS. IN EFFORT TO MEET THIS GOAL, THE COMMUNITY HEALTH WORKER (SAFETY PIN) PROGRAM HAS BEEN MONITORING VISIT ATTENDANCE. THE PROGRAM SEEKS TO DECREASE THE NUMBER OF "NO SHOW" PRENATAL FOR PROGRAM PARTICIPANTS BY REDUCING ACCESS BARRIERS TO CARE. IT WILL ACCOMPLISH THIS BY SCREENING FOR TRANSPORTATION RELIABILITY, IDENTIFYING SOCIAL NEEDS, CO-CREATING INSURANCE AND TRANSPORTATION GOALS, AND THEN CONNECTING PARTICIPANTS WITH COMMUNITY RESOURCES.

6) IMPROVE THE HEALTH OF PREGNANT WOMEN AND INFANTS IN ALLEN COUNTY. THIS GOAL IS BEING ADDRESSED THROUGH EFFORTS TO REDUCE FOOD INSECURITY VIA THE COMMUNITY HEALTH WORKER (SAFETY PIN) PROGRAM. INTERVENTIONS INCLUDE: FOOD INSECURITY SCREENING, REFERRALS TO RESOURCES, COACHING RELATED TO PREPARATION AND FOLLOW THROUGH IN OBTAINING RESOURCES.

SIGNIFICANT HEALTH NEEDS NOT BEING ADDRESSED:

BASED UPON FEASIBILITY AND AVAILABLE PUBLIC HEALTH INTERVENTIONS, THE HEALTH NEEDS DEFINED BELOW ARE NOT BEING ADDRESSED BY PARKVIEW HOSPITAL,

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.

INC. FEASIBILITY INCLUDES THE SUITABILITY, COMMUNITY ACCEPTABILITY, AVAILABILITY OF RESOURCES, PRE-EXISTING COMMUNITY AGENCIES, COST-BENEFIT RATIO AND LEGALITY OF POTENTIAL INTERVENTIONS. EVEN THOUGH PARKVIEW HOSPITAL, INC. IS NOT ADDRESSING THE FOLLOWING NEEDS SPECIFICALLY, THE HOSPITAL MAINTAINS CORRESPONDENCE WITH EXTERNAL AGENCIES ADDRESSING THESE NEEDS.

(NARRATIVE CONTINUED AFTER PART V, LINE 16C)

PARKVIEW HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

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

PARKVIEW HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

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

PARKVIEW HOSPITAL, INC.

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 11, CONT'D

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

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.

NOT BEING ADDRESSED:

SIGNIFICANT HEALTH NEEDS NOT BEING ADDRESSED CONT'D:

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

OBESITY - WHILE WE ARE NOT ADDRESSING OBESITY SPECIFICALLY, COMBATting THE LONG-TERM IMPACT OF OBESITY IS FOUNDATIONAL TO OUR CURRENT EFFORTS RELATED TO CARDIOVASCULAR HEALTH AND DIABETES. WE PLAN TO CONTINUE AND BUILD ON OUR CURRENT COMMUNITY EFFORTS AIMED AT REDUCING/PREVENTING OBESITY AND IMPROVING HEALTHY LIVING PRACTICES AS A MEANS OF PREVENTING

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.

AND/OR TREATING CHRONIC DISEASE IN OUR COMMUNITY.

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

PART V, 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? 20

Name and address	Type of Facility (describe)
1 PARKVIEW MED PARK 11 OP PHARMACY 11104 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	OP PHARMACY
2 PARKVIEW CANCER INSTITUTE LAB 11104 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	LAB DRAW
3 BRYAN, OH LAB 442 W. HIGH STREET BRYAN, OH 43506	LAB DRAW
4 CAREW MEDICAL PARK LAB 1818 CAREW STREET FORT WAYNE, IN 46805	LAB DRAW
5 OP THERAPY PRMC MOB11 11104 PARKVIEW CIRCLE DRIVE, SUITE 05 FORT WAYNE, IN 46845	OP THERAPY
6 LIMA ROAD FAMILY MEDICINE LAB 11055 TWIN CREEKS COVE FORT WAYNE, IN 46804	LAB DRAW
7 ST JOE ROAD LAB SERVICES 5693 YMCA PARK DRIVE FORT WAYNE, IN 46835	LAB DRAW
8 PRMC MOB2 OB-GYN LAB 111123 PARKVIEW PLAZA SUITE 101 FORT WAYNE, IN 46845	LAB DRAW
9 PARKVIEW WOODLAND PLAZA AMBULATORY SI 1234 DUPONT RD FORT WAYNE, IN 46845	LAB DRAW
10 ARCHBOLD, OH LAB 121 WESTFIELD DRIVE ARCHBOLD, OH 43502	LAB DRAW

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? 20

Name and address	Type of Facility (describe)
11 CAREW CENTER OB-GYN LAB 2414 EAST STATE FORT WAYNE, IN 46805	LAB DRAW
12 MONTPELIER, OH LAB 935 SNYDER MONTPELIER, OH 43543	LAB DRAW
13 PARKVIEW RESEARCH CENTER 10622 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845	CLINICAL RESEARCH
14 RHEUMATOLOGY NEW VISION LAB 3816 NEW VISION DRIVE FORT WAYNE, IN 46845	LAB DRAW
15 NORTH CLINTON LAB 5104 NORTH CLINTON FORT WAYNE, IN 46825	LAB DRAW
16 GRABILL MAIN LAB 13430 MAIN ST GRABILL, IN 46741	LAB DRAW
17 WAYNE DALE TEMPLE LAB 8607 TEMPLE DRIVE FORT WAYNE, IN 46809	LAB DRAW
18 WAUSEON, OH LAB SHOOP AVE 495 S. SHOOP AVE. WAUSEON, OH 43567	LAB DRAW
19 PARKVIEW CENTER FOR HEALTHY LIVING 1234 E. DUPONT RD SUITE #2 FORT WAYNE, IN 46845	HEALTH AND WELLNESS
20 PARKVIEW HEALTH & FITNESS 3000 E STATE BLVD FORT WAYNE, IN 46805	HEALTH FITNESS

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 REGARDING PART I, LINES 7B & 7K

PARKVIEW HOSPITAL, INC. EXPERIENCED A REDUCTION IN ITS TOTAL COMMUNITY
BENEFIT PERCENTAGE FROM 2018 TO 2019 PRIMARILY DUE TO THE FINANCIAL IMPACT
OF CERTAIN MEDICAID STATE DISPROPORTIONATE SHARE HOSPITAL (DSH)
ELIGIBILITY BENEFITS (REFLECTED IN SCHEDULE H, PART I, LINE 7B). DUE TO

Part VI Supplemental Information (Continuation)

TIMING OF DSH QUALIFICATION OF PARKVIEW HOSPITAL, INC., THE RECEIPT OF BENEFITS OF DSH ELIGIBILITY FOR STATE FISCAL YEARS 2018 AND 2019 OCCURRED DURING THE 2019 TAX YEAR.

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

PART I, LINE 7C

PARKVIEW HOSPITAL, INC. ACCEPTS ALL CERTAIN MEANS-TESTED PATIENTS FROM THE

Part VI Supplemental Information (Continuation)

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 MOBILE MAMMOGRAPHY PROGRAM AND THE ASSESSMENTS AND REFERRALS OF INDIVIDUALS THROUGH THE PARKVIEW BEHAVIORAL HEALTH ACCESS CENTER WHERE INCLUDED AS SUBSIDIZED HEALTH SERVICES.

Part VI Supplemental Information (Continuation)

PART I, LINE 7H

AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO SUPPORT THE RESEARCH CONDUCTED BY THE PARKVIEW RESEARCH CENTER. SPEND IS BASED ON THE OPERATING EXPENSES ASSOCIATED WITH RESEARCH ACTIVITIES OVER AND ABOVE GRANTS AND OTHER REVENUE RECEIVED BY THE CENTER.

PART I, LINE 7I

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

PART I, LN 7 COL(F):

PERCENT OF TOTAL EXPENSE

PARKVIEW HOSPITAL, INC. EXCLUDED \$83,865,407 OF BAD DEBT EXPENSE.

PART II, COMMUNITY BUILDING ACTIVITIES:

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

ECONOMIC DEVELOPMENT:

PARKVIEW HOSPITAL, INC. HAS A STRONG COMMITMENT TO SUPPORTING AND ENHANCING THE VITALITY OF OUR COMMUNITY AND THE NORTHEAST INDIANA REGION. PARKVIEW INVESTS IN PROJECTS THAT HELP TO IMPROVE THE HEALTH AND INSPIRE THE WELL-BEING OF THE COMMUNITY. SUPPORT OF FORT WAYNE PARKS AND RECREATION AND FRIENDS OF THE RIVER, INC. IS A PART OF A MULTIPLE-YEAR PLAN FOR URBAN REVITALIZATION, RIVERFRONT DEVELOPMENT AND THE PROMOTION OF

Part VI Supplemental Information (Continuation)

ECONOMIC GROWTH IN NORTHEAST INDIANA. PARKVIEW HOSPITAL, INC. HAS PLAYED A SIGNIFICANT ROLE IN THESE EFFORTS AND SUPPORTS ACTIVITIES THAT ENGAGE FAMILIES IN THE USE OF PROMENADE PARK, THE FIRST PHASE OF RIVERFRONT DEVELOPMENT. THE PARK IS HOME TO THE PARKVIEW TREE CANOPY TRAIL, A SECTION OF THE RIVERGREENWAY TRAIL ALONG THE BANKS OF THE ST. MARYS, ST. JOSEPH AND MAUMEE RIVERS.

WORKFORCE DEVELOPMENT:

ORGANIZED IN PART TO PROMOTE CLINICAL EDUCATION, PARKVIEW HOSPITAL, INC., PARTNERS WITH NUMEROUS AREA EDUCATIONAL INSTITUTIONS. THESE 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 VI Supplemental Information (Continuation)

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 HOSPITAL, 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 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:

Part VI Supplemental Information (Continuation)

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

PART III, LINE 9B:

Part VI Supplemental Information (Continuation)

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.

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.

Part VI Supplemental Information (Continuation)

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, SECTION B.

IN ADDITION TO COMPLETING A COMMUNITY HEALTH NEEDS ASSESSMENT ON A TRIENNIAL BASIS, PARKVIEW HOSPITAL, 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 HOSPITAL, INC. IDENTIFIES AND VERIFIES COMMUNITY HEALTH NEEDS THROUGH THE FOLLOWING:

- HEALTHY COMMUNITIES INSTITUTE (HCI) SECONDARY DATA ANALYSIS
- OBSERVATIONS AND DATA COLLECTED FROM FRONTLINE STAFF WORKING WITH VULNERABLE POPULATIONS (I.E., COMMUNITY NURSES AND COMMUNITY HEALTH WORKER'S)
- REVIEW OF COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY LOCAL ORGANIZATIONS (I.E., UNITED WAY, BRIGHTPOINT, ETC.)
- PARKVIEW LEADERS SERVING ON HEALTH-RELATED AND SOCIAL SERVICE COMMUNITY BOARDS IN THE COMMUNITY
- OTHER PUBLIC HEALTH DATABASES (E.G. COMMUNITY COMMONS, COUNTY HEALTH

Part VI Supplemental Information (Continuation)

RANKINGS)

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

PART VI, LINE 3:

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

SIGNAGE AND BROCHURES ARE POSTED AND AVAILABLE AT ALL HOSPITAL POINTS OF REGISTRATION AND IN THE EMERGENCY DEPARTMENT. PATIENTS ARE OFFERED PLAIN LANGUAGE SUMMARIES OF THE FINANCIAL ASSISTANCE POLICY DURING THE REGISTRATION PROCESS AND IN EACH FOLLOW UP STATEMENT SENT TO THE PATIENT. PATIENT STATEMENTS WILL INDICATE HOW A PATIENT CAN OBTAIN FINANCIAL ASSISTANCE APPLICATIONS AND WHO THEY CAN CONTACT FOR ASSISTANCE.

PART VI, LINE 4:

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

THE FACILITIES OF PARKVIEW HOSPITAL, INC., CONSISTING OF THE PARKVIEW REGIONAL MEDICAL CENTER, PARKVIEW HOSPITAL RANDALLIA AND THE PARKVIEW BEHAVIORAL HEALTH INSTITUTE, ARE LOCATED IN ALLEN COUNTY. ACCORDING STATS INDIANA, ALLEN COUNTY, OR MORE SPECIFICALLY FORT WAYNE, INDIANA IS THE

Part VI Supplemental Information (Continuation)

LARGEST URBAN AREA WITHIN THE HEALTH SYSTEM'S SERVICE AREA WITH A POPULATION OF 379,299 (2019). THE MEDIAN INCOME OF ALLEN COUNTY RESIDENTS IS APPROXIMATELY \$54,473, WITH 13.5% LIVING BELOW THE FEDERAL POVERTY LEVEL (2018). APPROXIMATELY 89.7% OF ALLEN COUNTY RESIDENTS HAVE HEALTH INSURANCE WITH 22.8% OF RESIDENTS HAVING PUBLIC HEALTH INSURANCE ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE.

ACCORDING TO TRUVEN HEALTH ANALYTICS, IN 2019, 19.6 PERCENT OF ALLEN COUNTY RESIDENTS ARE ENROLLED IN MEDICAID AND 9.1 PERCENT ARE UNINSURED. IN 2019, FOR PARKVIEW HOSPITAL, INC. FACILITIES (PARKVIEW HOSPITAL RANDALLIA, PARKVIEW REGIONAL MEDICAL CENTER, AND PARKVIEW BEHAVIORAL HEALTH) IN ALLEN COUNTY, 22.7 PERCENT OF INPATIENT DISCHARGES WERE MEDICAID PATIENTS AND 5.3 PERCENT WERE SELF-PAY. FOR OUTPATIENT PROCEDURES, 15.9 PERCENT WERE MEDICAID PATIENTS AND 5.0 PERCENT WERE SELF-PAY.

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

A PORTION OF SOUTHEAST FORT WAYNE IS DESIGNATED AS A MEDICALLY UNDERSERVED AREA (MUA) BY THE FEDERAL GOVERNMENT. THERE IS ONE FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN ALLEN COUNTY, NEIGHBORHOOD HEALTH CLINIC. THEIR PRIMARY LOCATION IS LOCATED NEAR DOWNTOWN. IN 2014, PARKVIEW AND THE NEIGHBORHOOD HEALTH CLINIC OPENED A SATELLITE LOCATION IN SOUTHEAST FORT WAYNE (PARKVIEW NEIGHBORHOOD HEALTH CLINIC). IN ADDITION TO THE CLINIC, THE FACILITY HOUSES THE PARKVIEW CENTER FOR HEALTHY LIVING, WHICH PROVIDES HEALTH PREVENTION EDUCATION AND OTHER SERVICES TO PROMOTE HEALTHY LIVING PRACTICES TO THE LOCAL UNDERSERVED POPULATION.

Part VI Supplemental Information (Continuation)

ALSO, LOCATED IN FORT WAYNE, A FREE MEDICAL, DENTAL AND VISION CLINIC, MATTHEW 25, SERVES UNINSURED, LOW-INCOME INDIVIDUALS IN NORTHEAST INDIANA AND NORTHWEST OHIO. PARKVIEW HOSPITAL, INC. PROVIDES FINANCIAL AND IN-KIND SUPPORT TO THE AFOREMENTIONED CLINICS.

PART VI, LINE 5:

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

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

IN FURTHERING RESEARCH DURING THE FIRST 25 YEARS OF ITS OPERATION, THE PARKVIEW RESEARCH CENTER, IN CONJUNCTION WITH PHYSICIAN PARTNERS, HAS COMPLETED MORE THAN 500 CLINICAL STUDIES THAT HAVE ENHANCED HEALTHCARE FOR

Part VI Supplemental Information (Continuation)

EVERYONE. HISTORICALLY, THE FOCUS HAS BEEN ON "BENCH-TO-BEDSIDE" RESEARCH - TESTING THE EFFECTIVENESS OF EMERGING PHARMACEUTICALS, MEDICAL DEVICES AND PROTOCOLS. THIS PROCESS HAS BEEN TRADITIONALLY KNOWN WITHIN THE HEALTHCARE INDUSTRY AS TRANSLATIONAL RESEARCH, DESCRIBING HOW MEDICAL DISCOVERIES ARE PROVEN EFFECTIVE THROUGHOUT PATIENT CARE. HOWEVER, AS THE DELIVERY OF HEALTHCARE CONTINUED TO CHANGE, TRANSLATIONAL RESEARCH HAD EVOLVED TO IDENTIFY WHICH NEW MEDICAL THERAPIES ARE BEST SUITED FOR MANAGING SPECIFIC CHRONIC DISEASES. IN CONJUNCTION WITH GENETIC TESTING AND PATIENT-FOCUSED COUNSELING, TRANSLATIONAL RESEARCH CAN HELP PARKVIEW HOSPITAL, INC. ADOPT THE HIGHEST-QUALITY AND SAFEST MEDICAL CARE PRACTICES BASED UPON THE PATIENT'S NEEDS FOR TREATMENT AND PREVENTION. TO PROVIDE OPPORTUNITIES THAT WILL OPEN NEW DOORS AND, POTENTIALLY, REVOLUTIONIZE HEALTHCARE AND SAVE LIVES, THE PARKVIEW RESEARCH CENTER WAS LATER HOUSED WITHIN THE PARKVIEW MIRRO CENTER FOR RESEARCH AND INNOVATION UPON COMPLETION OF CONSTRUCTION IN 2015. THIS \$20 MILLION, 84,000-SQUARE-FOOT FACILITY LOCATED ON THE NORTH-FORT WAYNE CAMPUS FEATURES MORE SPACE FOR RESEARCH, INNOVATION AND EDUCATION. EDUCATION TAKES MANY FORMS AT THE PARKVIEW MIRRO CENTER FOR RESEARCH AND INNOVATION. FOR EXAMPLE, THROUGHOUT THE YEAR MEDICAL PROFESSIONALS IN THE COMMUNITY CAN ATTEND MEDICAL SYMPOSIUMS OFFERED BY THE HOSPITALS CONTINUING EDUCATION DEPARTMENT. EDUCATION ALSO TAKES PLACE THROUGH THE ADDITION OF A STATE-OF-THE-ART MEDICAL SIMULATION LAB FEATURING SOME OF THE MOST ADVANCED MEDICAL SIMULATION TECHNOLOGY AVAILABLE TODAY. INDIVIDUAL PHYSICIANS AS WELL AS TEAMS OF CLINICAL PROFESSIONAL'S TRAIN IN ONE OF THREE LABS EQUIPPED WITH HIGH-FIDELITY MEDICAL MANIKINS. THE MEDICAL SIMULATION LAB ALSO FEATURES ADVANCED VIRTUAL REALITY SYSTEMS FOR TRAINING ON ENDOVASCULAR, LAPAROSCOPIC AND PULMONARY PROCEDURES.

Part VI Supplemental Information (Continuation)

AS A STEWARD OF CONTINUING EDUCATION AND IMPROVING HEALTHCARE DELIVERY, PARKVIEW HOSPITAL, INC. VIA THE PARKVIEW MIRRO CENTER FOR RESEARCH AND INNOVATION FOUND A WAY TO BRING THE LEARNING EXPERIENCE OFFERED BY ITS ADVANCED SIMULATION LAB BEYOND ITS WALLS AND INTO THE COMMUNITY. IN DOING SO, AN AMBULANCE DONATED BY THE WABASH FIRE DEPARTMENT WAS FITTED WITH MEDICAL SIMULATION TECHNOLOGY TO CREATE THE PARKVIEW ADVANCED MOBILE MEDICAL SIMULATION LAB. IT FEATURES HIGH-FIDELITY MANIKINS AND A DEDICATED TEAM OF TECHNICIANS THAT ENABLES THE MOBILE UNIT TO SIMULATE REALISTIC CARDIAC EVENTS, AMPUTATION, CRUSH INJURIES, MATERNAL/FETAL ISSUES, AIRWAY, MEDICAL RESCUES, AND MANY MORE. THIS ADVANCEMENT ALLOWS FOR MORE HEALTHCARE PROVIDERS AND FIRST RESPONDERS IN THE REGION TO DEVELOP AND EXPAND THEIR SKILL SET WITHIN AN INTERACTIVE, SAFE LEARNING ENVIRONMENT.

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 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.

SINCE THE PARKVIEW REGIONAL MEDICAL CENTER OPENED IN 2012, THE HEALTH SYSTEM EXPERIENCED A GROWING DEMAND FOR CARE AND SERVICES THROUGHOUT THE GROWING DOWNTOWN AREA OF FORT WAYNE, INDIANA. MANY RESIDENTS CONTINUE TO CHOOSE THIS LOCATION AS THEIR PREFERRED SOURCE OF HEALTH CARE SINCE 1953.

Part VI Supplemental Information (Continuation)

TO MEET THE INCREASED NEEDS OF THE CITY'S GROWING DOWNTOWN AREA, \$55 MILLION WERE ALLOCATED TO IMPROVE THE PARKVIEW RANDALLIA CAMPUS. SOME OF THE IMPROVEMENTS INCLUDE: AN EXPANDED INTENSIVE CARE UNIT, UPDATED AND REMODELED FAMILY BIRTHING CENTER, STATE-OF-THE-ART OPERATING THEATERS, SERVICE IMPROVEMENTS, A CARDIAC CATHETERIZATION LAB, AND OTHER RENOVATIONS TO THE FACILITY'S EXTERIOR.

THE NEW CANCER INSTITUTE OPENED ON THE PARKVIEW REGIONAL MEDICAL CENTER CAMPUS IN JUNE 2018. THE 108,000 SQ. FT., \$100 MILLION STATE-OF-THE-ART FACILITY USES AN INNOVATIVE PATIENT-CENTERED APPROACH TO CANCER CARE. CARE INCLUDES AN INTER-DISCIPLINARY CLINICAL TEAM AND A PERSONAL CARE NAVIGATION PROGRAM. ALL CANCER-RELATED SERVICES ARE UNDER ONE ROOF WHETHER ENGAGED IN PREVENTION, TREATMENT OR AFTERCARE. EXPANSIVE COMMON AREAS WITH INDOOR GARDENS SEPARATE FROM CLINICAL AREAS ARE AVAILABLE FOR USE BY PATIENTS AND THEIR FAMILIES.

PARKVIEW REGIONAL MEDICAL CENTER IS CURRENTLY UNDERGOING EXPANSION OF ITS CORE TOWER IN RESPONSE TO A GROWING NUMBER OF PEOPLE THAT CONTINUE TO CHOOSE PARKVIEW AS THEIR PREFERRED PROVIDER FOR CARE. THIS EXPANSION IS NEEDED AS PARKVIEW HOSPITAL, INC. HAD INSUFFICIENT INPATIENT BED CAPACITY TO MEET THE GROWING DEMAND. THE EXPANSION CONSISTS OF CONSTRUCTION OF A SIX-STORY, 168,000-SQUARE-FOOT MEDICAL TOWER. THE NEW TOWER WILL ALLOW THE HOSPITAL TO ADD 72 NEW INPATIENT BEDS AND 100 NEW CLINICAL POSITIONS, WITH ROUGHLY 63,000 SQUARE FEET OF ADDITIONAL SPACE. THIS SURPLUS WILL NOT ONLY ALLOW FOR FUTURE EXPANSION PLANS BUT WILL ALSO CONTINUE TO SUPPORT PROJECTED INPATIENT DEMAND AND AMBULATORY CARE GROWTH.

PARKVIEW HOSPITAL, INC. IS DEDICATED TO THE INVESTMENT OF TIME AND

Part VI Supplemental Information (Continuation)

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

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

INITIATIVES RELATED TO CURRENT HEALTH PRIORITIES INCLUDE SCHOOL-BASED NUTRITION AND ACTIVE LIFESTYLE CURRICULUMS/PROGRAMS, THE OPENING OF PARKVIEW'S COMMUNITY GREENHOUSE AND LEARNING KITCHEN, MATERNAL/INFANT INTERVENTION PROGRAMS, AND A BEHAVIORAL HEALTHCARE NAVIGATOR PROGRAM. THE HOSPITAL FUNDS AND MANAGES AN INTEGRATED COMMUNITY-BASED NURSING PROGRAM. THESE REGISTERED NURSES, ALONG WITH A REGISTERED DIETITIAN, REGISTERED RESPIRATORY THERAPIST AND COMMUNITY HEALTH WORKERS, DELIVER EDUCATION AND

Part VI Supplemental Information (Continuation)

SERVICES OUTSIDE THE WALLS OF OUR FACILITIES TO ADDRESS COMMUNITY HEALTH ISSUES, ENGAGE VULNERABLE FAMILIES, AND PROMOTE HEALTH IN POPULATIONS WHO ARE OTHERWISE UNDERSERVED BY THE TRADITIONAL HEALTHCARE SYSTEM. OTHER COMMUNITY OUTREACH PROGRAMS INCLUDE MEDICATION ASSISTANCE, MOBILE MAMMOGRAPHY SERVICES AND INJURY PREVENTION EDUCATION.

(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 3) PROVIDING THE EXCELLENCE, INNOVATION AND VALUE YOU SEEK IN TERMS OF CONVENIENCE,

Part VI Supplemental Information (Continuation)

COMPASSION, SERVICE, COST AND QUALITY.

EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH ACTIVITIES AND SUPPORTS THEIR RESPECTIVE COUNTY THROUGH INVESTMENTS OF COMMUNITY HEALTH IMPROVEMENT DOLLARS AND PROGRAMMING 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 SIX-COUNTY AREA AS PART OF THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, 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 A BOARD OF DIRECTORS, WHICH 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 AT ALL TIMES BE CONSIDERED TO 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/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 Supplemental Information (Continuation)

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

IN

PART VI, LINE 7:

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.).

AS A PART OF PROMOTING HEALTHY LIVING, THE HEALTHY EATING ACTIVE LIVING
(HEAL) INITIATIVE WAS DEVELOPED AS A COLLABORATION BETWEEN PARKVIEW
HOSPITAL, INC. AND ST. JOSEPH COMMUNITY HEALTH FOUNDATION. IT CONSISTS
OF THREE COMPONENTS, INCLUDING: OUR HEALING KITCHEN, A NUTRITIOUS FOOD
PREPARATION COURSE; THE OPERATION OF FIVE HEAL FARMERS MARKETS, WHERE
SNAP AND WIC/SENIOR VOUCHERS ARE DOUBLED, AND SUPPORT OF THE GATE
(GROWTH IN AGRICULTURE THROUGH EDUCATION) URBAN GARDEN. THE HEAL
PROGRAM WAS CREATED TO DECREASE FOOD INSECURITY IN FOOD DESERT
NEIGHBORHOODS ACROSS ALLEN COUNTY BY IMPROVING ACCESS TO FRESH, LOCAL
PRODUCE AND PROVIDE EDUCATION ON FOOD PREPARATION AND PRESERVATION.

CONSTRUCTION OF THE PARKVIEW GREENHOUSE AND LEARNING KITCHEN WAS
COMPLETED IN LATE 2018. THE FACILITY IS LOCATED ON THE PARKVIEW
BEHAVIORAL HEALTH INSTITUTE CAMPUS, WHICH IS A FEDERALLY DESIGNATED

Part VI Supplemental Information (Continuation)

FOOD DESERT AREA. THIS FACILITY SERVES AS A HUB FOR PARKVIEW'S
NUTRITION-RELATED OUTREACH EDUCATION PROGRAMS. FOOD TASTINGS, COOKING
DEMONSTRATIONS AND HANDS-ON COOKING CLASSES, EDUCATE COMMUNITY MEMBERS
ON WAYS TO SHOP FOR, PREPARE, STORE AND USE FRESH FOODS BEGAN MID-2019.
CLASSES ARE HELD WEEKLY AND ARE PROVIDED AT NO COST FOR COMMUNITY
MEMBERS.