

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

WHITLEY MEMORIAL HOSPITAL, INC.

Employer identification number

35-1967665

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			1096513.	0.	1096513.	1.60%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			6694871.	2651900.	4042971.	5.91%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			8803645.	4832811.	3970834.	5.80%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			16595029.	7484711.	9110318.	13.31%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			94,927.	14,239.	80,688.	.12%
<b>f</b> Health professions education (from Worksheet 5) .....			1,200.	0.	1,200.	.00%
<b>g</b> Subsidized health services (from Worksheet 6) .....						
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			92,238.	0.	92,238.	.13%
<b>j Total.</b> Other Benefits .....			188,365.	14,239.	174,126.	.25%
<b>k Total.</b> Add lines 7d and 7j .....			16783394.	7498950.	9284444.	13.56%





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

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

Name of hospital facility or letter of facility reporting group WHITLEY MEMORIAL HOSPITAL, INC.

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> 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? .....	<b>1</b>	<b>X</b>
<b>2</b> 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 .....	<b>2</b>	<b>X</b>
<b>3</b> 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 .....	<b>3</b>	<b>X</b>
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
<b>5</b> 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 .....	<b>5</b>	<b>X</b>
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	<b>6a</b>	<b>X</b>
<b>b</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 .....	<b>6b</b>	<b>X</b>
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	<b>7</b>	<b>X</b>
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): .....		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	<b>10</b>	<b>X</b>
<b>a</b> If "Yes," (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> 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)? .....	<b>12a</b>	<b>X</b>
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>	
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group WHITLEY MEMORIAL HOSPITAL, INC.

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

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

	Yes	No	
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	<b>17</b>	<b>X</b>	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
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			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....	<b>19</b>		<b>X</b>
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)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
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**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>21</b>	<b>X</b>	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group WHITLEY MEMORIAL HOSPITAL, INC.**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
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

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**Part V Facility Information** (continued)

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

WHITLEY MEMORIAL HOSPITAL, INC.:

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

WHEN CONDUCTING ITS 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.). ADDITIONALLY, THE HEALTH SYSTEMS CHNA RESEARCH PARTNERS CONDUCTED A SURVEY OF THE COMMUNITY RESIDENTS IN EACH PARKVIEW HEALTH COUNTY. 2) SECONDARY DATA WAS GATHERED FROM CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATABASE AND OTHER LOCAL AND NATIONAL AGENCIES. TO SUPPLEMENT THESE DATA, A FOCUS GROUP WAS CONDUCTED WITH HISPANIC COMMUNITY MEMBERS IN KOSCIUSKO COUNTY AND A PAPER SURVEY OF THE AMISH COMMUNITY WAS CONDUCTED IN LAGRANGE COUNTY.

IN ADDITION TO DATA COLLECTION, PARKVIEW HOSPITAL, INC. TURNED TO THE COMMUNITY AND PARTNERING ORGANIZATIONS 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 SYSTEM (BPRS) 2.0, IS



**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.

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.

ADDITIONALLY, PARKVIEW WHITLEY HOSPITAL CHOSE TO CONTINUE THE FOCUS ON

OBESITY TO KEEP THE MOMENTUM GOING WITH THIS INITIATIVE. THE BOARD-DRIVEN

COMMUNITY HEALTH IMPROVEMENT COMMITTEE AGREED WITH THIS DIRECTION.

WHITLEY MEMORIAL HOSPITAL, INC.:

**Part V Facility Information** (continued)

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

PART V, SECTION B, LINE 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); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN  
35-1970706); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092);  
PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) AND ORTHOPAEDIC HOSPITAL  
AT PARKVIEW NORTH, LLC (EIN 26-0143823).

WHITLEY MEMORIAL HOSPITAL, INC.:

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

PARKVIEW HEALTH, INC. (EIN 35-1972384); 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.

WHITLEY MEMORIAL HOSPITAL, INC.:

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

SIGNIFICANT HEALTH NEEDS BEING ADDRESSED:

**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.

DRUG AND ALCOHOL ABUSE AND ADDICTION -- PARKVIEW WHITLEY HOSPITAL WORKS CLOSELY WITH COMMUNITY PARTNERS TO ADDRESS ADDICTIONS AND MENTAL HEALTH. WE WORK WITH PARKVIEW BEHAVIORAL HEALTH TO ASSIST WITH PATIENT AND COMMUNITY MENTAL HEALTH NEEDS. WHITLEY COUNTY HAS A VERY LIMITED NUMBER OF MENTAL HEALTH RESOURCES AND SUBSTANCE ABUSE FACILITIES, AND THIS POSES CHALLENGES IN PARTNERSHIP CAPABILITIES. TO HELP ADDRESS AND PREVENT SUBSTANCE ABUSE ISSUES IN THE COMMUNITY, WE PARTNERED WITH THE LARGEST SCHOOL SYSTEM IN THE COUNTY IN 2020 TO PROVIDE FUNDING FOR ADDITIONAL MENTAL HEALTH SERVICES FOR STUDENTS.

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

OBESITY -- PARKVIEW WHITLEY HOSPITAL WILL SERVE AS A COMMUNITY LEADER PARTNERING WITH OTHER KEY COMMUNITY ORGANIZATIONS TO PROMOTE A CULTURE OF HEALTHY DECISIONS THAT INCLUDES ACTIVE LIVING AND HEALTHY EATING. PARKVIEW WHITLEY HOSPITAL WILL CONTINUE TO ESTABLISH NEW PROGRAMS WHILE FOSTERING EXISTING PROGRAMS AND RELATIONSHIPS WITH OTHER ORGANIZATIONS. WE STRIVE TO PARTNER WITH ORGANIZATIONS THAT SERVE CHILDREN AND OR UNDERSERVED POPULATIONS. WE ALSO FOCUS ON OPPORTUNITIES FOR COMMUNITY MEMBERS TO BETTER MONITOR THEIR HEALTH WITH LOW-COST OR NO-COST EDUCATIONAL AND SCREENING EVENTS.

**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.

OTHER HEALTH NEEDS NOT BEING ADDRESSED:

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

DIABETES -- IN AN EFFORT TO ADDRESS OBESITY AND RELATED ISSUES IN OUR COMMUNITIES, WE WILL MOST LIKELY HAVE AN IMPACT THROUGH OUR DIABETES SUPPORT AND MANAGEMENT PROGRAMS. ALTHOUGH NOT A FOCUS AREA, WE PROVIDE DIABETES EDUCATION IN BOTH COUNTIES AND PLAN TO CONTINUE THESE PROGRAMS AS A MEANS OF REDUCING OVERALL OBESITY AND POSITIVELY IMPACTING COMMUNITY HEALTH.

CARDIOVASCULAR DISEASE -- PARKVIEW WHITLEY HOSPITAL OFFERS THREE CHECK-UP DAYS PER YEAR TO HELP PATIENTS MONITOR SUCH THINGS AS CHOLESTEROL LEVELS, BLOOD PRESSURE AND OTHER CARDIOVASCULAR FACTORS. ADDITIONALLY, OUR OUTPATIENT THERAPY DEPARTMENT PROVIDES AN EXCELLENT CARDIAC REHABILITATION PROGRAM TO HELP PATIENTS REGAIN THEIR STRENGTH AND QUALITY OF LIFE AFTER A CARDIAC EVENT OR SURGERY.

MATERNAL/CHILD HEALTH -- IN WHITLEY COUNTY, HEALTH INDICATORS HAVE SHOWN AN INCREASED NUMBER OF CHILD ABUSE AND NEGLECT CASES IN THE COMMUNITY. WE

**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.

FEEL STRONGLY THAT THIS MAY BE DIRECTLY TIED TO THE MENTAL HEALTH AND ADDICTIONS INDICATOR, AND THUS MAY BE IMPACTED DIRECTLY BY THE FOCUS ON THOSE AREAS.

PARKVIEW WHITLEY HOSPITAL WILL SERVE AS A COMMUNITY LEADER PARTNERING WITH OTHER KEY COMMUNITY ORGANIZATIONS TO PROMOTE A CULTURE OF HEALTHY DECISIONS THAT PROMOTE THE SAFETY AND WELL-BEING OF INFANTS AND CHILDREN BEFORE AND AFTER THEIR BIRTH. PARKVIEW WHITLEY HOSPITAL WILL CONTINUE TO ESTABLISH NEW PROGRAMS AND FOSTER EXISTING PROGRAMS AND RELATIONSHIPS WITH OTHER ORGANIZATIONS. WE AIM TO PARTNER WITH ORGANIZATIONS THAT POSITIVELY IMPACT CHILDREN AND/OR UNDERSERVED POPULATIONS.

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

WHITLEY MEMORIAL HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

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

WHITLEY MEMORIAL 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)

WHITLEY MEMORIAL HOSPITAL, INC.

**Part V Facility Information** *(continued)*

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

PART V, 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 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:

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 VI** Supplemental Information (Continuation)

## PART I, LINE 7B

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

## PART I, LINE 7C

WHITLEY MEMORIAL HOSPITAL, INC. ACCEPTS ALL MEANS-TESTED PATIENTS FROM THE HEALTHY INDIANA PLAN (HIP) WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEANS-TESTED PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING HIP, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED HIP COST REPORTED ON LINE 7C IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE HIP CHARGES ARE

**Part VI** Supplemental Information (Continuation)

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 7I

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

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

## PERCENT OF TOTAL EXPENSE

WHITLEY MEMORIAL HOSPITAL, INC. EXCLUDED \$10,334,676 OF PH CLINICAL SUPPORT EXPENSE.

## PART II, COMMUNITY BUILDING ACTIVITIES:

DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS

**Part VI** Supplemental Information (Continuation)

REPORTED, PROMOTES THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES.

HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA), IS AN AGENCY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. HRSA DEVELOPS SHORTAGE DESIGNATION CRITERIA AND USES THEM TO DETERMINE IF 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 WARSAW MENTAL HEALTH CATCHMENT AREA 28 IN WHITLEY COUNTY AND KOSCIUSKO COUNTY AS A HPSA IN MENTAL HEALTH. HRSA HAS DESIGNATED THE LOW INCOME - WARSAW SERVICE AREA LOCATED IN KOSCIUSKO COUNTY, AS A MUP.

AS SUCH, WHITLEY MEMORIAL HOSPITAL, INC. PROVIDES SUPPORT FOR LOCAL ECONOMIC DEVELOPMENT PROGRAMS. THESE EFFORTS ARE ALIGNED WITH THE HEALTH SYSTEM'S STRATEGIC INVOLVEMENT 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. VISION 2030'S REGIONAL PRIORITIES ARE TIED TO EDUCATION/WORKFORCE, BUSINESS CLIMATE, ENTREPRENEURSHIP, INFRASTRUCTURE AND QUALITY OF LIFE FOR THE ELEVEN-COUNTY REGION IN NORTHEAST INDIANA. PROMOTION OF ECONOMIC AND LEADERSHIP DEVELOPMENT IN WHITLEY COUNTY AND KOSCIUSKO COUNTY IS A PART OF A COLLECTIVE PLAN TO IMPROVE THE QUALITY OF LIFE AND ULTIMATELY THE OVERALL HEALTH AND WELL-BEING OF THE COMMUNITY.

EVERY MEMBER OF WHITLEY MEMORIAL HOSPITAL, INC.'S HEALTHCARE TEAM IS RESPONSIBLE FOR NURTURING AN ENVIRONMENT OF EXCELLENCE THAT PROVIDES THE BEST PLACE FOR CO-WORKERS TO WORK, PHYSICIANS TO PRACTICE MEDICINE, AND PATIENTS TO RECEIVE CARE. WE ARE COMMITTED TO PROVIDING EXCELLENT CUSTOMER

**Part VI** Supplemental Information (Continuation)

SERVICE TO ALL PEOPLE. WE KNOW HOW IMPORTANT CLINICAL SERVICE AND OPERATIONAL EXCELLENCE IS TO THE SUCCESS OF WHITLEY MEMORIAL HOSPITAL, INC., AND WE RECOGNIZE HOW IMPORTANT OUR SUCCESS IS TO THE COMMUNITY. WE ARE ALSO COMMITTED TO PROVIDING OPPORTUNITIES TO OUR NURSING STAFF TO FURTHER THEIR EDUCATION AND ENCOURAGE ALL NURSING STAFF TO PURSUE, AT MINIMUM, A BACHELOR'S DEGREE IN NURSING.

RELATED TO DIRECT HEALTHCARE, WHITLEY MEMORIAL HOSPITAL, INC. SUPPORTS PHYSICIAN RECRUITMENT ACTIVITIES TO ENSURE OUR ABILITY TO RESPOND TO PATIENT CARE NEEDS IN THE COMMUNITY. THESE RECRUITMENT ACTIVITIES ARE BASED ON THE RESULTS OF A PERIODIC PHYSICIAN NEEDS ASSESSMENT. WHITLEY MEMORIAL HOSPITAL, INC. DEVELOPS A PHYSICIAN RECRUITMENT PLAN TO PROACTIVELY ADDRESS POTENTIAL GAPS IN PATIENT COVERAGE WHILE STRIVING TO BRING THE BEST INTEGRATED, QUALITY, AND COST-EFFECTIVE CARE AND INNOVATIVE TECHNOLOGY TO OUR COMMUNITIES. IN DOING SO, WE FOCUS OUR EFFORTS ON RECRUITING AN EXCEPTIONAL TEAM OF PHYSICIANS THAT ARE THE RIGHT FIT FOR THE COMMUNITY.

WHITLEY MEMORIAL HOSPITAL, INC. HAS OPENED ITS FACILITIES TO STUDENTS ENROLLED IN JOB SHADOWING OR INTERNSHIP PROGRAMS IN THEIR HIGH SCHOOLS OR COLLEGES FOR MANY YEARS. NURSING STAFF AND OTHER CLINICAL COWORKERS ARE EAGER TO SHARE THEIR EXPERIENCES WITH THOSE WHO MAY BE INTERESTED IN PURSUING HEALTHCARE CAREERS WHILE PROVIDING INSIGHT INTO THE REAL-LIFE CLINICAL SETTING. THE PROGRAM WAS STARTED IN EARLY 2020 BUT HAD TO BE DISCONTINUED DUE TO COVID-19 PANDEMIC RESTRICTIONS.

WHITLEY MEMORIAL HOSPITAL, INC. FOCUSED ON COMMUNITY YOUTH AS WELL THROUGH A CONTRIBUTION TO THE KOSCIUSKO YOUTH LEADERSHIP ACADEMY (KYLA). THE

**Part VI** Supplemental Information (Continuation)

INITIATIVE IS AN OFFSHOOT OF AN ADULT PROGRAM GEARED TOWARDS UPCOMING LEADERS IN THE ADULT WORKFORCE IN KOSCIUSKO COUNTY. SIMILAR IN MISSION, KYLA WAS FORMED TO ENCOURAGE THE GROWTH, EDUCATION, TRAINING AND MOTIVATION OF FUTURE LEADERS TO MEET THE CHALLENGES OF DEVELOPMENT AND EXPANSION IN KOSCIUSKO COUNTY.

WHITLEY MEMORIAL HOSPITAL, INC. HAS TRADITIONALLY PROVIDED COMMUNITY BUILDING SUPPORT THROUGH PARTICIPATION IN LOCAL EVENTS SUCH AS GOLF OUTINGS SPONSORED BY COMMUNITY NON-PROFIT ORGANIZATIONS, HOWEVER, COVID-19 IMPACTED THE NUMBER OF EVENTS IN 2020. SEVERAL DONATIONS AND SPONSORSHIPS WERE MADE IN LIEU OF IN-PERSON PARTICIPATION AND INCLUDED WARSAW EDUCATION FOUNDATION QUIZ BOWL, UNITED WAY OF KOSCIUSKO COUNTY 100 WOMEN WHO CARE, KOSCIUSKO CHAMBER OF COMMERCE GOLF OUTING, KOSCIUSKO COUNTY COMMUNITY FAIR AND BABE (BEDS AND BRITCHES) MINI GOLF EVENT.

WHITLEY MEMORIAL HOSPITAL, INC. LEADERS SERVE ON LOCAL BOARDS AND COMMITTEES OF NON-PROFIT ORGANIZATIONS. THESE INCLUDE MISSION 25 HOMELESS SHELTER, PASSAGES INC. ORGANIZATION FOR MENTALLY CHALLENGED INDIVIDUALS, JOE'S KIDS WHICH PROVIDES PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY TO CHILDREN IN NEED, PARKVIEW WARSAW YMCA AND KOSCIUSKO CHAMBER OF COMMERCE. THE ROLES ARE PERFECT OPPORTUNITIES TO CONNECT WITH THE COMMUNITY AND PROVIDE INSIGHT FROM THE HEALTHCARE PERSPECTIVE RELATED TO LOCAL PROGRAMS AND ISSUES.

PART III, LINE 2:

FOR FINANCIAL STATEMENT PURPOSES, THE ORGANIZATION HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT

**Part VI** Supplemental Information (Continuation)

REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE. THE AMOUNT REPORTED ON PART III, LINE 3 IS THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER PARKVIEW HEALTH SYSTEM'S FINANCIAL ASSISTANCE POLICY ON A GROSS BASIS.

PART III, LINE 3:

COSTING METHODOLOGY USED:

UNCOLLECTIBLE PATIENT ACCOUNTS ARE CHARGED AGAINST THE PROVISION FOR BAD DEBT IN ACCORDANCE WITH THE POLICIES OF WHITLEY MEMORIAL 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 DURING THE APPLICATION PERIOD, INCLUDING PATIENTS WHOSE ACCOUNTS HAVE BEEN PLACED WITH A COLLECTION 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

**Part VI** Supplemental Information (Continuation)

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 24 - 27 OF ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8:

COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS

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

**Part VI** Supplemental Information (Continuation)

SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION.

PART III, LINE 9B:

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

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

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

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



**Part VI** Supplemental Information (Continuation)

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 WITH 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 IDENTIFYING HEALTH NEEDS THROUGH THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT, WHITLEY MEMORIAL HOSPITAL, INC. IDENTIFIES AND VERIFIES COMMUNITY HEALTH NEEDS THROUGH THE FOLLOWING:

- OTHER COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY LOCAL ORGANIZATIONS
- USE OF CONDUENT'S HEALTHY COMMUNITIES INSTITUTE SECONDARY DATA PLATFORM
- OBSERVATIONS BY HEALTHCARE PROFESSIONALS WHO WORK WITH VULNERABLE POPULATIONS
- SPECIFIC REQUESTS PROMPTED BY OTHER PROFESSIONALS IN THE COMMUNITY

HOSPITAL REPRESENTATIVES MAINTAIN ON-GOING RELATIONSHIPS THROUGHOUT THE

**Part VI** Supplemental Information (Continuation)

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.

WHITLEY MEMORIAL HOSPITAL, INC., A MEMBER OF PARKVIEW HEALTH SYSTEMS, INC., HAS TWO LOCATIONS. PARKVIEW WHITLEY HOSPITAL IS A FULL-SERVICE HOSPITAL WITH MEDICAL/SURGICAL AND OBSTETRICS INPATIENT UNITS. PARKVIEW WARSAW OPERATES AS A HOSPITAL OPERATED DEPARTMENT (HOD) UNDER THE WHITLEY MEMORIAL HOSPITAL, INC. TAX ID AND PROVIDER NUMBERS. PARKVIEW WARSAW FEATURES A FREE-STANDING EMERGENCY DEPARTMENT WITH MULTI-MODALITY IMAGING, LABORATORY AND PHYSICAL REHABILITATION COUPLED WITH SUITES FOR PRIMARY

**Part VI** Supplemental Information (Continuation)

CARE OFFICES AND SPECIALTY PHYSICIAN CLINICS. THE FACILITIES PRIMARILY SERVICE WHITLEY AND KOSCIUSKO COUNTIES INCLUDING THE COMMUNITIES OF COLUMBIA CITY, CHURUBUSCO, LARWILL, AND SOUTH WHITLEY, PIERCETON, WARSAW, AND WINONA LAKE.

WHITLEY COUNTY HAD APPROXIMATELY 33,292 RESIDENTS, PRIMARILY IDENTIFYING AS CAUCASIAN, IN 2020. THE MEDIAN HOUSEHOLD INCOME WAS \$61,741. THE 2020 UNEMPLOYMENT RATE REACHED A HIGH OF 17.6% IN APRIL, RELATED TO THE COVID-19 PANDEMIC'S IMPACT ON BUSINESSES, AND DECREASED TO A MORE TYPICAL RATE OF 2.9% IN DECEMBER. EMPLOYMENT IN THE COUNTY IS MOSTLY RELATED TO MANUFACTURING, RETAIL AND HEALTHCARE.

KOSCIUSKO COUNTY HAD APPROXIMATELY 77,358 RESIDENTS IN 2020, WITH THE MAJORITY OF THE POPULATION IDENTIFYING AS CAUCASIAN AND APPROXIMATELY 8.2% OF THE POPULATION HISPANIC OR LATINO ETHNICITY. THE UNEMPLOYMENT RATE IN APRIL 2020 WAS 19.2% BUT DROPPED DOWN TO 3.3% BY END OF THE YEAR. MANUFACTURING, HEAVILY WEIGHTED IN THE ORTHOPEDICS INDUSTRY, AND HEALTH SERVICES MAKE UP THE MAJORITY OF EMPLOYMENT IN THE COUNTY. THE 2020 MEDIAN HOUSEHOLD INCOME WAS \$61,366.

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.).

WHITLEY MEMORIAL HOSPITAL, INC.'S BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS FROM WHITLEY AND KOSCIUSKO COUNTIES ALONG

**Part VI** Supplemental Information (Continuation)

WITH THE HOSPITAL PRESIDENT AND MEDICAL STAFF PRESIDENT. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON WHITLEY MEMORIAL HOSPITAL, INC., TO BE AVAILABLE WITH EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR. THE EMERGENCY DEPARTMENTS BOTH IN WHITLEY COUNTY AND KOSCIUSKO COUNTY ARE STAFFED WITH BOARD-CERTIFIED EMERGENCY CARE PHYSICIANS AND A NURSING STAFF THAT IS TRAINED AND EXPERIENCED IN EMERGENCY CARE. FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITAL IN WHITLEY COUNTY FEATURES 30 PRIVATE ROOMS, IN A 96,000 SQUARE FOOT FACILITY LOCATED ON 42 ACRES. PARKVIEW WARSAW IN KOSCIUSKO COUNTY IS A 90,000 SQUARE FOOT FACILITY FEATURING 9 EMERGENCY ROOM BEDS INCLUDING 2 THAT ARE EQUIPPED FOR TRAUMA PATIENTS. THE WARSAW FACILITY IS A HOSPITAL OUTPATIENT DEPARTMENT (HOD) UNDER WHITLEY MEMORIAL HOSPITAL, INC.'S TAX IDENTIFICATION AND PROVIDER NUMBERS.

AS A COMMUNITY PARTNER AND NOT-FOR-PROFIT ORGANIZATION, WHITLEY MEMORIAL HOSPITAL, INC., IS DEDICATED TO IMPROVING YOUR HEALTH AND INSPIRING YOUR WELL-BEING BY TAILORING A PERSONALIZED HEALTH JOURNEY TO ACHIEVE YOUR UNIQUE GOALS. BY DEMONSTRATING WORLD-CLASS TEAMWORK, WE PARTNER WITH YOU ALONG THAT JOURNEY AND PROVIDE THE EXCELLENCE, INNOVATION AND VALUE YOU SEEK IN TERMS OF CONVENIENCE, COMPASSION, SERVICE, COST AND QUALITY. WHITLEY MEMORIAL HOSPITAL, INC. CONSISTENTLY EARNS HIGH METRICS IN PUBLICLY REPORTED QUALITY MEASURES AS WELL AS THE PATIENTS' PERCEPTION OF CARE. MAGNET HOSPITAL ACCREDITATION WAS EARNED IN 2017 FROM THE AMERICAN NURSES CREDENTIALING CENTERS, DEMONSTRATING THE BEST PRACTICES AND CULTURE THAT INCORPORATED AT OUR FACILITY TO CONSISTENTLY PROVIDE THE HIGHEST

**Part VI** Supplemental Information (Continuation)

QUALITY OF CARE TO ALL PATIENTS. BABY-FRIENDLY DESIGNATION WAS ACHIEVED IN 2018 FROM UNICEF AND WORLD HEALTH ORGANIZATION INITIATIVE, RECOGNIZING A COMMITMENT TO HEALTHY BABIES THROUGH SUPPORT AND PROMOTION OF BREASTFEEDING INITIATIVES. THE HOSPITAL CONTINUES TO COMPLY WITH THOSE REQUIREMENTS IN ITS DEDICATION AND STRONG BELIEF IN THE BENEFITS OF BREASTFEEDING FOR HEALTHY CHILDREN IN THE COMMUNITY.

THE FOLLOWING LIST DEMONSTRATES SOME OF THE WAYS WHITLEY MEMORIAL HOSPITAL, INC., REACHES OUT TO MAKE OUR COMMUNITIES HEALTHIER:

- COMMUNITY HEALTH IMPROVEMENT INITIATIVES
- COMMUNITY NURSE PROGRAM
- PRIMARY HEALTH CARE/ACCESS
- FINANCIAL ASSISTANCE
- EMS SERVICES
- MEDICATION ASSISTANCE PROGRAM (MAP)
- HEALTH SCREENING/PREVENTION AND DISEASE MANAGEMENT
- EDUCATIONAL AND SUPPORT PROGRAMS
- SPONSORSHIPS

COMMUNITY HEALTH IMPROVEMENT INITIATIVES:

THE PURPOSE OF WHITLEY MEMORIAL HOSPITAL, INC.'S COMMUNITY HEALTH IMPROVEMENT PROGRAM IS TO FUND COMMUNITY HEALTH IMPROVEMENT EFFORTS WITHIN THE SERVICE AREA OF WHITLEY MEMORIAL HOSPITAL, INC. THE HOSPITAL SETS ASIDE UP TO 10 PERCENT OF ITS NET INCOME ANNUALLY TO FUND COMMUNITY HEALTH INITIATIVES AND PARTNERS WITH COMMUNITY ORGANIZATIONS TO ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF NORTHEAST INDIANA. WHITLEY MEMORIAL HOSPITAL, INC. INVESTS IN KEY ORGANIZATIONS THAT PROMOTE THE HEALTH AND WELLNESS OF FAMILIES, CHILDREN, AND INDIVIDUALS OF WHITLEY AND

**Part VI** Supplemental Information (Continuation)

KOSCIUSKO COUNTIES.

KEY PROJECTS AND AREAS OF FOCUS FUNDED THROUGH THE COMMUNITY HEALTH  
IMPROVEMENT INITIATIVE AND OTHER HOSPITAL FUNDS INCLUDE:

-SUPPORTED B.A.B.E. OF WHITLEY COUNTY, AN INCENTIVE-BASED PROGRAM FOR  
PREGNANT WOMEN AND FAMILIES, TO DETER THE HIGH INCIDENCE OF LOW-BIRTH  
WEIGHT BABIES AND TO ENSURE THAT THE CHILDREN ARE GIVEN THE BEST POSSIBLE  
START IN LIFE.

-INTERFAITH MISSION (NOW MISSION 25) IS A MEN'S AND WOMEN'S TRANSITIONAL  
SHELTER THAT EDUCATES AS WELL AS HOUSES THE HOMELESS, PROVIDING SKILLS AND  
SUPPORT TO BE ABLE TO LIVE INDEPENDENTLY. THEY TEACH PARENTING, COOKING,  
NUTRITION CLASSES, AND COLLABORATE WITH OTHER SERVICES IN THE COMMUNITY  
FOR THEIR CLIENTS.

-MULTI-COUNTY MEDICAL OUTREACH CLINIC RECEIVES IN-KIND LAB SERVICES  
THROUGH PARKVIEW WHITLEY HOSPITAL TO SERVE THE NEEDS OF THEIR UNINSURED  
PATIENTS. THEY ALSO RECEIVE IN-KIND SPACE TO OPERATE THEIR FREE MEDICAL  
CLINIC.

-WHITLEY COUNTY FARMERS MARKET SPONSORS THE DOWNTOWN COLUMBIA CITY  
SATURDAY MARKETS WHICH PROVIDE LOCALLY GROWN, FRESH FRUITS AND VEGETABLES  
FOR SALE TO THE COMMUNITY EVERY SATURDAY SEASONALLY. THE FARMERS MARKET  
ACCEPTS SNAP AND WIC AS PAYMENT, WHICH IS VERY BENEFICIAL TO LOW-INCOME  
FAMILIES IN THE COMMUNITY. TO FURTHER INCREASE ACCESS TO FRESH, HEALTHY  
PRODUCE TO THE COMMUNITY, PARKVIEW WHITLEY HOSTS A MID-WEEK FARMERS '  
MARKET ON ITS CAMPUS DURING THE SUMMER, GENERALLY JULY-SEPTEMBER.

**Part VI** Supplemental Information (Continuation)

-THE CENTER FOR WHITLEY COUNTY YOUTH, A LOCAL YOUTH DEVELOPMENT ORGANIZATION PROVIDES POSITIVE ROLE MODELS, SNACKS, MEALS AND ACTIVITIES TO AT-RISK TEENS TO IMPROVE THEIR HEALTH AND INCREASE OPPORTUNITIES FOR SUCCESS IN LIFE.

-WHITLEY MEMORIAL HOSPITAL, INC. PROVIDES LUNCHESES FOR TROY CENTER SCHOOL AT NO COST TO ENSURE NUTRITIOUS MEALS ARE AVAILABLE TO EACH STUDENT. TROY CENTER IS AN ACCREDITED, INDEPENDENT ALTERNATIVE SCHOOL HELPING STUDENTS GAIN AN EDUCATION AND EARN A DIPLOMA AT THEIR OWN PACE, PROVIDING AN EDUCATIONAL OPTION FOR THOSE WHOSE LEARNING/BEHAVIORAL NEEDS WERE NOT BEING MET IN A TRADITIONAL SCHOOL SETTING.

-SUPPORTED ONE COMMUNITY, A LOCAL ORGANIZATION, WITH A NEW PROGRAM CALLED KIDS CONNECT, WHICH PROVIDES FREE SUMMER LUNCH AND ACTIVITY PROGRAM TO CHILDREN IN THE SOUTH WHITLEY AREA OF WHITLEY COUNTY DURING THE SUMMER.

-WHITLEY MEMORIAL HOSPITAL, INC., PARTNERED WITH PARKVIEW BEHAVIORAL HEALTH AND THE MENTAL HEALTH PROGRAM OF THE LOCAL SCHOOL SYSTEM, WHITLEY COUNTY CONSOLIDATED SCHOOLS, TO PROVIDE ADDITIONAL RESOURCES FOR STUDENTS IN NEED OR IN CRISIS.

-KOSCIUSKO COMMUNITY YMCA DIABETES PREVENTION PROGRAM WAS SUPPORTED TO HELP PEOPLE THAT ARE AT RISK FOR BECOMING DIABETIC.

-COMMUNITY NURSE PROGRAM:

WHITLEY MEMORIAL HOSPITAL, INC. DEVELOPED A NEW COMMUNITY HEALTH NURSE PROGRAM IN 2019. THE PROGRAM INCLUDED THE CREATION OF A NEW COMMUNITY

**Part VI** Supplemental Information (Continuation)

HEALTH NURSE POSITION, WHOSE ROLE WAS TO IDENTIFY THE HEALTH AND WELLBEING NEEDS OF THE UNDERSERVED WITHIN A COMMUNITY. THEIR FOCUS WAS TO IMPROVE THE HEALTH, QUALITY OF LIFE, AND WELLNESS OF THE COMMUNITY BY PROVIDING EDUCATION, SCREENINGS, AND ADDITIONAL RESOURCES. WHITLEY MEMORIAL HOSPITAL, INC.'S COMMUNITY HEALTH NURSE DEVELOPED STRATEGIES AND PROGRAMS TO PROMOTE HEALTH AND DISEASE PREVENTION IN A RANGE OF POPULATIONS INCLUDING THE ELDERLY, SCHOOL AGE CHILDREN, AND RESIDENTS IN LOCAL HOMELESS SHELTERS. THE ROLE ALSO DEVELOPED INTERVENTIONS TARGETED TO THESE POPULATIONS AND THEIR SOCIAL DETERMINANTS OF HEALTH. UNFORTUNATELY, DURING MARCH 2020, THE COMMUNITY HEALTH NURSE WAS REDEPLOYED TO THE HOSPITAL'S INPATIENT UNIT DUE TO COVID-19 PATIENT NEEDS AND BECAUSE OF SOCIAL DISTANCING RESTRICTIONS WITHIN THE COMMUNITY. THE POSITION HAD NOT BEEN REINSTATED BY END OF 2020.

-FINANCIAL ASSISTANCE:

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

-PRIMARY HEALTH CARE ACCESS:

WHITLEY MEMORIAL HOSPITAL, INC. FEATURES 30 BEDS WITH ALL PRIVATE ROOMS. EMERGENCY MEDICAL CARE, OBSTETRIC CARE AND MEDICAL-SURGICAL UNITS ARE AVAILABLE AS WELL AS LABORATORY, MULTIPLE MODALITIES OF IMAGING, SURGICAL AND GASTRO-INTESTINAL ENDOSCOPIC SERVICES, SLEEP DISORDER LAB, IV INFUSION SERVICES, PHYSICAL REHABILITATION, CARDIAC/PULMONARY REHABILITATION AND



**Part VI** Supplemental Information (Continuation)

MASSAGE THERAPY. AN ATTACHED MEDICAL OFFICE BUILDING PROVIDES CONVENIENT, EASY ACCESS FOR PATIENTS TO RECEIVE CARE FROM FAMILY AND SPECIALTY PHYSICIANS AS WELL AS LABORATORY, DIAGNOSTIC IMAGING SERVICES AND A SLEEP DISORDER LAB.

THE PARKVIEW WARSAW FACILITY IN KOSCIUSKO COUNTY INCLUDES A 9-BED FREE-STANDING EMERGENCY DEPARTMENT, MULTI-MODALITY IMAGING, LABORATORY, PHYSICAL AND OCCUPATIONAL REHABILITATION AND ANTI-COAGULATION CLINIC AS WELL AS PRIMARY CARE AND SPECIALTY PHYSICIAN OFFICES. EMERGENCY PATIENTS WHO REQUIRE A HIGHER LEVEL OF CARE ARE TRANSPORTED TO WHITLEY MEMORIAL HOSPITAL, INC. OR TO TERTIARY CARE FACILITIES IN ALLEN COUNTY.

(SEE END OF SCHEDULE O FOR CONTINUATION)

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

**Part VI** Supplemental Information (Continuation)

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.

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

**Part VI** Supplemental Information (Continuation)

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:

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