

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization **HUNTINGTON MEMORIAL HOSPITAL, INC.** Employer identification number **35-1970706**

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			893,385.	0.	893,385.	1.74%
b Medicaid (from Worksheet 3, column a)			4923520.	4429422.	494,098.	.96%
c Costs of other means-tested government programs (from Worksheet 3, column b)			5213700.	3393294.	1820406.	3.55%
d Total. Financial Assistance and Means-Tested Government Programs			11030605.	7822716.	3207889.	6.25%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			131,282.	58,435.	72,847.	.14%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			318,046.	0.	318,046.	.62%
j Total. Other Benefits			449,328.	58,435.	390,893.	.76%
k Total. Add lines 7d and 7j			11479933.	7881151.	3598782.	7.01%

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 HUNTINGTON MEMORIAL HOSPITAL, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The significant health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>			
b <input type="checkbox"/> Other website (list url): _____			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d <input type="checkbox"/> Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): <u>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 HUNTINGTON MEMORIAL HOSPITAL, INC.

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

Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

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

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Part V Facility Information *(continued)*

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

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 5: THE RESEARCH TEAM WORKED TO ENSURE THAT THE NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WERE TAKEN INTO ACCOUNT DURING THE COURSE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT. THE SURVEY SAMPLE WAS STRATIFIED TO ENSURE THAT POPULATION SUBSETS WERE REPRESENTED ACCURATELY. SURVEYING OF PUBLIC HEALTH OFFICIALS, OTHER HEALTHCARE PROFESSIONALS AND VARIOUS SOCIAL SERVICE ORGANIZATIONS THAT SPECIALIZE IN AIDING VULNERABLE POPULATIONS IN THE SEVEN-COUNTY AREA WAS ALSO CONDUCTED. ADDITIONALLY, THE ASSESSMENT TEAM CONDUCTED TARGETED FOCUS GROUPS WITH POTENTIALLY VULNERABLE POPULATIONS, INCLUDING THE HISPANIC/LATINO AND AFRICAN AMERICAN POPULATIONS. THE AMISH POPULATION WAS RANDOMLY SURVEYED THROUGH A WRITTEN SURVEY. INFORMATION GAINED THROUGH FOCUS GROUPS AND WRITTEN SURVEYS HELPED TO GAIN INSIGHT INTO THE HEALTH NEEDS AND PERCEPTIONS OF THESE SUB-POPULATION GROUPS TO BETTER UNDERSTAND KEY PUBLIC HEALTH AND HEALTHCARE ISSUES.

CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATA BASE WAS USED TO ACCESS SECONDARY DATA FOR THE SEVEN-COUNTY AREA. STATE AND NATIONAL DATA WAS OBTAINED THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, COUNTY HEALTH RANKINGS, HEALTH INDICATORS WAREHOUSE, INDIANA STATE DEPARTMENT OF HEALTH, INDIANA UNIVERSITY CENTER FOR HEALTH POLICY AND THE U.S. CENSUS BUREAU.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: PARKVIEW HOSPITAL, INC. (EIN 35-0868085);

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.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823).

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 6B: PARKVIEW HEALTH SYSTEM, 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.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 11: SIGNIFICANT HEALTH NEEDS BEING ADDRESSED:

OBESITY (HAVING A BODY MASS INDEX GREATER THAN 30.0) AFFECTS ALL AGE GROUPS AND DISPROPORTIONATELY AFFECTS PEOPLE OF DIFFERENT SOCIOECONOMIC STATUSES AND RACIAL/ETHNIC GROUPS. MANY COMPLICATIONS CAN OCCUR AS A DIRECT OR INDIRECT RESULT OF OBESITY. OBESITY RATES IN INDIANA ARE HIGHER THAN THE NATIONAL AVERAGE, WITH RATES IN MOST OF NORTHEAST INDIANA ABOVE THE STATE AVERAGE. IN INDIANA, THE ADULT OBESITY RATE IS THE 12TH HIGHEST IN THE NATION AT 33.6 PERCENT. FOR CHILDREN AGES 10 TO 17, 17.5 PERCENT ARE CONSIDERED OBESE, PUTTING INDIANA IN 11TH PLACE.

Part V Facility Information (continued)

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

IN COLLABORATION WITH OTHER COMMUNITY LEADERS, HUNTINGTON MEMORIAL HOSPITAL, INC.'S ACTIONS ARE TO SUPPORT THE FURTHER DEVELOPMENT OF HEALTHY LIFESTYLE CHOICES AMONG RESIDENTS OF HUNTINGTON COUNTY. THE STRATEGIC GOAL OF THIS INITIATIVE IS TO INCREASE OVERALL AWARENESS OF HEALTHY LIFESTYLE CHOICES, INCREASE THE NUMBER OF ADULTS WHO REPORT CONSUMING FRUITS AND VEGETABLES ON A DAILY BASIS, AND INCREASE THE NUMBER OF NUTRITIONAL AND ACTIVITY-BASED PROGRAMS OFFERED FOR FAMILIES IN OUR COMMUNITY. THE ANTICIPATED IMPACT IS REDUCTION OF THE OBESITY RATE AND THE CORRESPONDING CHRONIC DISEASES THAT GO HAND IN HAND WITH OBESITY.

FUNDED PARTNERS HAVE PARTICIPATED IN VARIOUS ENDEAVORS TO PROMOTE HEALTHY LIVING AND THUS PREVENT OR TREAT OBESITY ACROSS THE LIFESPAN. EVERY THIRD-GRADER HAS THE OPPORTUNITY TO PARTICIPATE IN A WEEK-LONG SWIM PROGRAM. ONE HUNDRED PERCENT OF FIFTH-GRADERS AT A LOCAL ELEMENTARY SCHOOL WERE ABLE TO TRY LETTUCES AND GREENS THEY GREW IN TOWER GARDENS. BLESSINGS IN A BACKPACK IS WORKING AT COMBATING FOOD INSECURITY BY SENDING 350 STUDENTS HOME WITH MEALS FOR THE WEEKEND THROUGHOUT THE SCHOOL YEAR. PARKVIEW BOYS & GIRLS CLUB OF HUNTINGTON COUNTY IS INCREASING THE NUMBER OF YOUTHS EATING FRESH FRUIT AND VEGETABLES DAILY THROUGH ITS HEALTHY HABITS PROGRAM. AFTERSCHOOL AND SUMMER PROGRAMMING (POWER CLUB AND BOOST CAMP) INCORPORATED BOTH PHYSICAL ACTIVITY AND NUTRITION EDUCATION TO REACH AT-RISK YOUTH. ADULTS FROM GROUP HOMES, TRANSITIONAL HOUSING, AND A MENTAL HEALTH FACILITY ARE ABLE TO INCREASE THEIR ACTIVITY WITH ACCESS TO WELLNESS THROUGH THE YMCA.

ALL AGES HAVE BENEFITED FROM THE HELPING HANDS COMMUNITY GARDEN; OVER 22 PERCENT OF THE 264 VISITORS LAST YEAR CAME FOR THE FIRST TIME. NINETY

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.

PERCENT OF GARDEN PARTICIPANTS REPORT EATING MORE FRUITS AND VEGETABLES BECAUSE OF THE COMMUNITY GARDEN. WE LOOK FORWARD TO THE 2019 SEASON AT ITS NEW LOCATION WITH RAISED BEDS. THE MOVE CAME AT AN OPPORTUNE TIME AS A LOCAL SUPERMARKET ACROSS THE STREET JUST ANNOUNCED ITS CLOSING. THE SNAP PROGRAM MADE IT TO OUR FARMER'S MARKET AGAIN THIS YEAR, AND THOSE DOLLARS WENT EVEN FARTHER WITH DOUBLE BUCK DAYS. COOKING CLASSES TARGETED TO LOW-INCOME FAMILIES ENCOURAGED LEARNING TO PREPARE HEALTHY MEALS AT HOME AND EVEN USED PRODUCE FROM THE COMMUNITY GARDEN. AN AVERAGE OF 1,217 INDIVIDUALS MONTHLY BENEFITED FROM A YEAR-ROUND PRODUCE OPTION PROVIDED THROUGH LOVE, INC., A LOCAL FOOD PANTRY.

HUNTINGTON MEMORIAL HOSPITAL, INC.'S DIABETES SUPPORT GROUP, SENIOR EXERCISE CLASS, AND CHRONIC PAIN SUPPORT GROUP HAVE ALSO ADDRESSED KEY ELEMENTS TO TACKLE THE OBESITY EPIDEMIC ALONG WITH OUTREACH AT IN-HOUSE AND COMMUNITY HEALTH FAIRS AND PRESENTATIONS. OUR "MY WELL-BEING" COMMITTEE PROVIDES RESOURCES FOR HOSPITAL CO-WORKERS SO WE CAN BE GOOD EXAMPLES FOR THE REST OF THE COMMUNITY.

IN COLLABORATION WITH OTHER COMMUNITY LEADERS, HUNTINGTON MEMORIAL HOSPITAL, INC.'S ACTIONS ARE TO SUPPORT THE PREVENTION AND TREATMENT OF ALCOHOL AND SUBSTANCE ABUSE/ADDICTION AMONG RESIDENTS OF HUNTINGTON COUNTY. THE STRATEGIC GOAL OF THIS INITIATIVE IS TO INCREASE OVERALL AWARENESS OF THIS MAJOR ISSUE, DECREASE THE NUMBER OF ADULTS WHO REPORT THINKING OF OR USING ALCOHOL AND DRUGS, AND INCREASE THE NUMBER OF PREVENTION AND TREATMENT-BASED PROGRAMS OFFERED IN OUR COMMUNITY. THE ANTICIPATED IMPACT IS THE IMPROVED PHYSICAL, MENTAL, AND FINANCIAL WELL-BEING OF OUR COMMUNITY.

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.

THE HUNTINGTON COMMUNITY, THROUGH THE CITY'S PREVENTION TASKFORCE, WORKED TO BETTER UNDERSTAND THE ISSUE AT HAND AND BRING AWARENESS THROUGH COMMUNITY DIALOGUES IN 2018. THE FOUR PUBLIC CONVERSATIONS INCLUDED: STORIES OF INDIVIDUALS IN RECOVERY, STORIES FROM LOVED ONES OF THOSE IN RECOVERY, ADDICTIONS AND THE LEGAL SYSTEM, AND TREATMENT AND OTHER RECOVERY OPTIONS. PARTNERS ARE WORKING TO PREVENT AND TREAT ADDICTION AT ALL AGES. PARKVIEW BOYS & GIRLS CLUB OF HUNTINGTON COUNTY'S DRUG PREVENTION PROGRAM REPORTED 73 PERCENT OF YOUTH SURVEYED AT THE END STATED THEY "ALWAYS" TRY TO DO THE RIGHT THING COMPARED TO 48 PERCENT PREVIOUSLY. HUNTINGTON HOUSE SHELTER SPENT \$408 FOR DRUG TESTING TO ENSURE THE SHELTER REMAINS DRUG-FREE. PLACE OF GRACE TRANSITIONAL HOUSING REPORTED 87.5 PERCENT OF GRADUATES WERE GAINFULLY EMPLOYED BY THE TIME OF GRADUATION (ONE WAS UNABLE FOR MEDICAL REASONS), 100 PERCENT REPORTED AN INCREASE IN KNOWLEDGE OF COMMUNITY RESOURCES AND AN INCREASE IN SELF-ESTEEM. EVERY SINGLE ONE OF THEIR CELEBRATE RECOVERY PARTICIPANTS WHO COMPLETED THE PROGRAM REPORTED AN INCREASE IN MENTAL HEALTH, COMPARED TO THE GOAL OF 90 PERCENT. THE ADDITION OF MCMILLEN HEALTH CENTER AND YOUTH FOR CHRIST AS COMMUNITY PARTNERS FOR 2019 WILL BE GREAT ASSETS RELATIVE TO THIS PRIORITY.

OTHER HEALTH NEEDS NOT BEING ADDRESSED:

A. DIABETES, CARDIOVASCULAR DISEASE AND CANCER - WHILE HUNTINGTON MEMORIAL HOSPITAL, INC. DID NOT SELECT THESE CHRONIC DISEASES AS TOP HEALTH PRIORITIES, OUR INTENT IS TO HELP TO PREVENT AND REDUCE THE PRESENCE OF CHRONIC CONDITIONS LIKE THE AFOREMENTIONED DISEASES BY ADDRESSING OBESITY THROUGH NUTRITION EDUCATION, INCREASED ACCESS TO

Part V Facility Information (continued)

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

HEALTHY FOODS, ACTIVE LIVING PROGRAMS AND EDUCATION ON OTHER HEALTHY LIFESTYLE HABITS.

B. MATERNAL/INFANT/CHILD HEALTH - PRENATAL CARE IS OFFERED BY HUNTINGTON MEMORIAL HOSPITAL, INC. VIA THE BIRTH PLANNING PROGRAM. WIC, KIDS KAMPUS ALSO PROVIDE SERVICES.

C. HEALTHCARE ACCESS (COST AND QUALITY) - WE COLLABORATE WITH PARKVIEW PHYSICIANS GROUP TO PROVIDE THE MEDICAL COVERAGE THAT IS NEEDED FOR OUR COMMUNITY. IF AN INDIVIDUAL DOES NOT HAVE A LOCAL PRIMARY CARE PHYSICIAN, WE PROVIDE THEM WITH A LIST OF THE LOCAL PHYSICIANS AND THEIR CONTACT NUMBERS. MATTHEW 25 HEALTH & DENTAL CLINIC HAS RECENTLY OPENED A SATELLITE OFFICE IN OUR COMMUNITY TO WHICH WE CAN REFER INDIVIDUALS WHO DO NOT HAVE HEALTH INSURANCE.

D. MENTAL HEALTH - HUNTINGTON MEMORIAL HOSPITAL, INC. HAS REPRESENTATION AT MONTHLY COMMUNITY & FAMILY SERVICES ADVISORY BOARD MEETINGS AND THE CITY OF HUNTINGTON PREVENTION TASKFORCE FOCUSING COMMUNITY CONVERSATIONS ON MENTAL HEALTH IN 2019, AND PARTNERS WITH THE BOWEN CENTER THROUGH MONTHLY SYSTEMS OF CARE MEETINGS. HUNTINGTON UNIVERSITY ALSO OFFERS ITS LIFESPRING COUNSELING PROGRAM, AND MERIDIAN HEALTH SERVICES HAS COUNSELING SERVICES AVAILABLE AS WELL.

E. CHRONIC KIDNEY DISEASE - MAJOR RISK FACTORS RELATED TO CHRONIC KIDNEY DISEASE ARE DIABETES, HIGH BLOOD PRESSURE AND AGE (60 AND OLDER). BY DECREASING OBESITY, WE ARE WORKING TO ADDRESS SUCH RISK FACTORS.

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.

F. ASTHMA - PATHFINDER KIDS KAMPUS, A HUNTINGTON MEMORIAL HOSPITAL, INC. FUNDED PARTNER, PROVIDES KIDS KLINIC, WHICH ADDRESSES THE NEEDS OF CHILDREN WITH ASTHMA.

G. AGING - HUNTINGTON MEMORIAL HOSPITAL, INC. PROVIDES SENIORS IN OUR COMMUNITY WITH THE OPPORTUNITY TO EXERCISE IN A SUPERVISED ENVIRONMENT IN THE FITNESS CENTER AS WELL AS OTHER OPPORTUNITIES THROUGH OUR PARKVIEW SENIORS CLUB. THE HUNTINGTON COUNTY COUNCIL ON AGING IS ONE OF OUR FUNDED PARTNERS AND IS INVOLVED WITH THE HEALTH & WELLNESS COALITION.

HUNTINGTON 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)

HUNTINGTON 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)

HUNTINGTON MEMORIAL 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 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

HUNTINGTON 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

HUNTINGTON 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 7I

IN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, HUNTINGTON 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

HUNTINGTON MEMORIAL HOSPITAL, INC. EXCLUDED \$7,027,411 OF BAD DEBT EXPENSE.

PART II, COMMUNITY BUILDING ACTIVITIES:

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

HUNTINGTON MEMORIAL HOSPITAL, INC. PROVIDES SUPPORT FOR LOCAL ECONOMIC DEVELOPMENT PROGRAMS. THESE EFFORTS ARE ALIGNED WITH OF THE HEALTH

Part VI Supplemental Information (Continuation)

SYSTEM'S STRATEGIC INVOLVEMENT IN THE NORTHEAST INDIANA REGIONAL PARTNERSHIP'S VISION 2020, 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 2020'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 DEVELOPMENT IN HUNTINGTON 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.

HUNTINGTON MEMORIAL HOSPITAL, INC. ALSO SUPPORTS PHYSICIAN RECRUITMENT ACTIVITIES TO ASSIST IN TIMELY RESPONSE TO PATIENT CARE NEEDS IN THE COMMUNITY. THESE RECRUITMENT ACTIVITIES ARE BASED ON RESULTS OF A PERIODIC PHYSICIAN NEEDS ASSESSMENT. HUNTINGTON MEMORIAL HOSPITAL, INC. DEVELOPED A PHYSICIAN RECRUITMENT PLAN TO ADDRESS POTENTIAL GAPS IN PATIENT COVERAGE.

HUNTINGTON MEMORIAL HOSPITAL, INC. STRIVES 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.

EVERY MEMBER OF HUNTINGTON MEMORIAL HOSPITAL, INC.'S HEALTHCARE TEAM IS RESPONSIBLE FOR NURTURING AN ENVIRONMENT OF EXCELLENCE AS THE BEST PLACE FOR CO-WORKERS TO WORK, PHYSICIANS TO PRACTICE MEDICINE, AND PATIENTS TO RECEIVE CARE. WE ARE COMMITTED TO PROVIDING EXCEPTIONAL CUSTOMER SERVICE TO ALL PEOPLE. WE KNOW HOW IMPORTANT CLINICAL, SERVICE AND OPERATIONAL EXCELLENCE IS TO THE SUCCESS OF HUNTINGTON MEMORIAL HOSPITAL, INC., AND WE RECOGNIZE HOW IMPORTANT OUR SUCCESS IS TO THE COMMUNITY.

Part VI Supplemental Information (Continuation)

PART III, LINE 2:

THE AMOUNT REPORTED IS CONSISTENT WITH THE AMOUNT REPORTED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS UNDER THE GENERALLY ACCEPTED ACCOUNTING STANDARDS.

DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS (BAD DEBT RECOVERIES) ARE FACTORED INTO THE ALLOWANCE FOR BAD DEBT ESTIMATION PROCESS.

PART III, LINE 3:

COSTING METHODOLOGY USED:

UNCOLLECTIBLE PATIENT ACCOUNTS ARE CHARGED AGAINST THE PROVISION FOR BAD DEBT IN ACCORDANCE WITH THE POLICIES OF HUNTINGTON 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, 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 VI Supplemental Information (Continuation)

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:

PAGE 12 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. HUNTINGTON 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, HUNTINGTON MEMORIAL HOSPITAL, INC. HAS
TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS

Part VI Supplemental Information (Continuation)

PART OF COMMUNITY BENEFIT. HUNTINGTON MEMORIAL HOSPITAL, INC. RECOGNIZES THAT THE SHORTFALL OR SURPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS. AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION.

PART III, LINE 9B:

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

INTEREST-FREE PAYMENTS WITH PAY-OUT NOT TO EXCEED TWELVE (12) 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.

Part VI Supplemental Information (Continuation)

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

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

PART VI, LINE 2:

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

PARKVIEW HEALTH SYSTEM, INC. INCLUDING HUNTINGTON MEMORIAL HOSPITAL, INC. CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR THE SEVEN COUNTIES (ALLEN, HUNTINGTON, KOSCIUSKO, LAGRANGE, NOBLE, WABASH AND WHITLEY) WHERE PARKVIEW HAS HOSPITALS. ADDITIONALLY, PARKVIEW HEALTH SYSTEM, INC. PARTNERED WITH THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IPHC) TO COMPLETE MUCH OF THE FIELD WORK. IPHC CONDUCTED THE RANDOMLY SELECTED COMMUNITY MEMBER SURVEY TO OBTAIN PRIMARY DATA. CHNA REPORTS WERE PRESENTED TO AND ADOPTED BY THEIR RESPECTIVE HOSPITAL BOARD

Part VI Supplemental Information (Continuation)

OF DIRECTORS FOR TAX YEARS 2016 AND 2017.

HUNTINGTON MEMORIAL HOSPITAL, INC. REPRESENTATIVES MAINTAIN ON-GOING RELATIONSHIPS THROUGHOUT OUR COMMUNITIES AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION OF IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF OUR COMMUNITIES. HEALTH ISSUES IDENTIFIED IN THE SURVEY INCLUDED: OBESITY, TOBACCO USE, CANCER, MATERNAL/CHILD HEALTH, DIABETES, CARDIOVASCULAR DISEASE, DRUG/ALCOHOL USE, HEALTHCARE ACCESS, MENTAL HEALTH, ASTHMA, AGING AND CHRONIC KIDNEY DISEASE.

THE PRIORITIZATION OF HEALTH ISSUES WAS CONDUCTED USING A MODIFIED HANLON METHOD WHICH TAKES INTO ACCOUNT THE SIZE OF THE HEALTH PROBLEM, SERIOUSNESS OF THE HEALTH PROBLEM AND THE EFFECTIVENESS OF INTERVENTIONS. THIS METHOD, CALLED THE BASIC PRIORITY RATING SYSTEM (BPRS) IS RECOMMENDED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) FOR THE PURPOSE OF PRIORITIZING COMMUNITY HEALTH NEEDS. FROM THE LIST OF HEALTH ISSUES IDENTIFIED, THREE TOP HEALTH PRIORITIES WERE SELECTED THROUGH APPLYING THE PEARL TEST WHICH IS DESIGNED TO SCREEN OUT IMPRACTICAL OR IMPRACTICABLE INTERVENTIONS BASE ON KEY FEASIBILITY FACTORS. THESE PRIORITIES ARE: 1) OBESITY/HEALTHY LIFESTYLES; 2) DRUG AND ALCOHOL USE.

OTHER WAYS THAT HUNTINGTON MEMORIAL HOSPITAL, INC. IDENTIFIES OR VERIFIES COMMUNITY HEALTH NEEDS:

- OTHER COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY LOCAL ORGANIZATIONS
- OBSERVATIONS BY HEALTHCARE PROFESSIONALS WHO WORK WITH VULNERABLE POPULATIONS

Part VI Supplemental Information (Continuation)

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.

HUNTINGTON MEMORIAL HOSPITAL, INC., PRIMARILY SERVES THE HUNTINGTON COUNTY COMMUNITIES OF HUNTINGTON, ANDREWS, MARKLE, MT. ETNA, ROANOKE AND WARREN.

HUNTINGTON COUNTY HAS APPROXIMATELY 36,240 RESIDENTS, PRIMARILY CAUCASIAN (96.8%), FOLLOWED BY HISPANIC (2.4%) AND AFRICAN AMERICAN (0.8%). THE COUNTY'S ANNUAL UNEMPLOYMENT RATE IS 3.6%. THE MEDIAN INCOME IN HUNTINGTON COUNTY IS \$53,635. THE EMPLOYMENT AND EARNINGS BY INDUSTRY IS HEAVILY MANUFACTURING (20.2%) FOLLOWED BY HEALTHCARE/SOCIAL SERVICES (10%) AND RETAIL TRADE (9.7%). THE POVERTY RATE IN HUNTINGTON COUNTY STANDS AT 10.2%.

Part VI Supplemental Information (Continuation)

PART VI, LINE 5:

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

THE HUNTINGTON MEMORIAL HOSPITAL, INC. BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON HUNTINGTON MEMORIAL HOSPITAL, INC. TO BE STANDING BY WITH EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR. THE EMERGENCY DEPARTMENT IS 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.

ADDITIONALLY, HUNTINGTON MEMORIAL HOSPITAL, INC. FUNDS COMMUNITY HEALTH IMPROVEMENT INITIATIVES AND PARTNERS WITH COMMUNITY ORGANIZATIONS TO ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF NORTHEAST INDIANA. KEY PROJECTS AND AREAS OF FOCUS FUNDED THROUGH THE COMMUNITY HEALTH IMPROVEMENT INITIATIVES AND OTHER HOSPITAL FUNDS INCLUDE:

-INVESTMENT IN KEY ORGANIZATIONS (HEALTH PARTNERS) THAT ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF HUNTINGTON COUNTY AND NORTHEAST INDIANA.

Part VI Supplemental Information (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.; AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC.

PARKVIEW CONTRIBUTES TO THE SUCCESS OF THE REGION BY EFFECTIVELY MANAGING ITS FACILITIES, EFFICIENTLY PROVIDING AND DELIVERING ITS SERVICES, AND SUPPORTING LOCAL BUSINESSES AND ACTIVITIES. PARKVIEW SEEKS TO CREATE ALIGNMENT OPPORTUNITIES TO DELIVER COMPREHENSIVE HIGH-QUALITY CARE THAT BENEFIT PATIENTS, PHYSICIANS, CO-WORKERS AND COMMUNITIES. EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH CUSTOMIZED TO MEET THE UNIQUE NEEDS OF THEIR RESPECTIVE COMMUNITIES. AFFILIATE HOSPITALS WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED. FROM THE LIST OF HEALTH ISSUES IN THE SEVEN-COUNTY AREA, THE HEALTH PRIORITY OF OBESITY/HEALTHY LIFESTYLE PROMOTION AND EDUCATION INCLUDING GOOD NUTRITION, ACCESS TO AND CONSUMPTION OF HEALTHY FOODS AND AN ACTIVE LIFESTYLE WAS SELECTED BY ALL AFFILIATE HOSPITALS.

PARKVIEW PRIDES ITSELF IN NOT ONLY OFFERING THE HIGHEST LEVEL OF CARE TO

Part VI Supplemental Information (Continuation)

ITS PATIENTS, BUT ALSO IN PROVIDING AN EXCELLENT WORKPLACE FOR ITS
 PHYSICIANS, NURSES AND STAFF. PARKVIEW'S MISSION AND VISION IS AS
 FOLLOWS: AS A COMMUNITY OWNED, NOT-FOR-PROFIT ORGANIZATION, PARKVIEW
 HEALTH IS DEDICATED TO IMPROVING YOUR HEALTH AND INSPIRING YOUR WELL-BEING
 BY: 1) TAILORING A PERSONALIZED HEALTH JOURNEY TO ACHIEVE YOUR UNIQUE
 GOALS, 2) DEMONSTRATING WORLD-CLASS TEAMWORK AS WE PARTNER WITH YOU ALONG
 THAT JOURNEY 3) PROVIDING THE EXCELLENCE, INNOVATION AND VALUE YOU SEEK IN
 TERMS OF CONVENIENCE, COMPASSION, SERVICE, COST AND QUALITY. PARKVIEW
 BELIEVES THAT THE COMMUNITIES IT SERVES SHOULD ALL HAVE THE PEACE OF MIND
 THAT COMES WITH ACCESS TO COMPASSIONATE, HIGH-QUALITY HEALTHCARE,
 REGARDLESS OF WHETHER THE CARE IS DELIVERED IN A RURAL OR URBAN SETTING.

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.