

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

Name of the organization **PARKVIEW HOSPITAL, INC.** Employer identification number **35-0868085**

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

	Yes	No
<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 checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<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 checked="" type="checkbox"/>
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<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) .....			17813214.	0.	17813214.	1.78%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			115526062	82963455.	32562607.	3.25%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			74158764.	65586647.	8572117.	.86%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			207498040	148550102	58947938.	5.89%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			4357589.	301,177.	4056412.	.41%
<b>f</b> Health professions education (from Worksheet 5) .....			6278829.	1122166.	5156663.	.52%
<b>g</b> Subsidized health services (from Worksheet 6) .....			1986591.	775,240.	1211351.	.12%
<b>h</b> Research (from Worksheet 7) .....			531,987.	0.	531,987.	.05%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			1556793.	0.	1556793.	.16%
<b>j Total.</b> Other Benefits .....			14711789.	2198583.	12513206.	1.26%
<b>k Total.</b> Add lines 7d and 7j .....			222209829	150748685	71461144.	7.15%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

		Yes	No
<b>Community Health Needs Assessment</b>			
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? .....		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 .....		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 .....	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 .....	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 .....	X	
6b	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 .....	X	
7	Did the hospital facility make its CHNA report widely available to the public? .....	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 .....	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? .....	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? .....		
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)? .....		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p><b>13</b> 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><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 _____ %</p> <p><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p><b>c</b> <input checked="" type="checkbox"/> Asset level</p> <p><b>d</b> <input checked="" type="checkbox"/> Medical indigency</p> <p><b>e</b> <input checked="" type="checkbox"/> Insurance status</p> <p><b>f</b> <input checked="" type="checkbox"/> Underinsurance status</p> <p><b>g</b> <input checked="" type="checkbox"/> Residency</p> <p><b>h</b> <input type="checkbox"/> Other (describe in Section C)</p>	X	
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b> 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><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</p> <p><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</p> <p><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</p> <p><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</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p>		
<b>16</b> 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><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u></p> <p><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></p> <p><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></p> <p><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)</p> <p><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)</p> <p><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)</p> <p><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</p> <p><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</p> <p><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</p> <p><b>j</b> <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 PARKVIEW 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>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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <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>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <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):		
<b>a</b> <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>b</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)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <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>X</b>	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <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 PARKVIEW HOSPITAL, INC.

		Yes	No
<b>22</b>	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.		
	<b>a</b> <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>b</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		
	<b>c</b> <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		
	<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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? .....	23	X
	If "Yes," explain in Section C.		
<b>24</b>	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? .....	24	X
	If "Yes," explain in Section C.		

**Part V Facility Information** (continued)

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

PARKVIEW HOSPITAL, INC.:

PART V, SECTION B, LINE 5: PARKVIEW HEALTH SYSTEM, INC. INCLUDING PARKVIEW HOSPITAL, INC. CONDUCTED ITS LAST COMMUNITY HEALTH NEEDS ASSESSMENT IN 2016. OVER THE COURSE OF ADMINISTERING THIS COMMUNITY HEALTH NEEDS ASSESSMENT, THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IN-PHC) RESEARCH TEAM WORKED TO ENSURE THAT THE NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WERE TAKEN INTO ACCOUNT.

THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT USED THREE SOURCES OF PRIMARY DATA: 1) A PHONE SURVEY OF THE COMMUNITY CONDUCTED ON BEHALF OF PARKVIEW HOSPITAL, INC. AND THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IN-PHC) BY THE EAGLETON CENTER FOR PUBLIC INTEREST POLLING (A CENTER OF RUTGERS UNIVERSITY) COMPLETED IN MARCH 2016; 2) AN ONLINE SURVEY DEVELOPED BY THE IN-PHC AND DISTRIBUTED BY THE HOSPITAL TO AREA PROVIDERS INCLUDING PUBLIC HEALTH OFFICIALS, OTHER HEALTHCARE PROFESSIONALS AND VARIOUS SOCIAL SERVICE ORGANIZATIONS THAT SPECIALIZE IN AIDING VULNERABLE POPULATIONS COMPLETED IN JUNE 2016; AND 3) FOCUS GROUPS WITH SPECIFIC VULNERABLE POPULATIONS, INCLUDING THE HISPANIC/LATINO AND AFRICAN AMERICAN POPULATIONS WERE CONDUCTED BY IN-PHC IN ALLEN, NOBLE AND KOSCIUSKO COUNTIES. FOR THE AMISH COMMUNITY IN LAGRANGE COUNTY, A WRITTEN SURVEY WAS DISTRIBUTED THROUGH COMMUNITY LEADERS. FOCUS GROUP AND WRITTEN SURVEY DATA COLLECTION WAS COMPLETED IN THE SUMMER OF 2016.

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,

**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.

COUNTY HEALTH RANKINGS, HEALTH INDICATORS WAREHOUSE, INDIANA STATE

DEPARTMENT OF HEALTH, INDIANA UNIVERSITY CENTER FOR HEALTH POLICY AND THE

U.S. CENSUS BUREAU.

PARKVIEW HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.

(EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN

35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706); WHITLEY

MEMORIAL HOSPITAL, INC. (EIN 35-1967665); PARKVIEW WABASH HOSPITAL, INC.

(EIN 47-1753440) AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN

26-0143823).

PARKVIEW HOSPITAL, INC.:

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

PARTNERSHIP FOR HEALTHY COMMUNITIES (A PARTNERSHIP BETWEEN THE INDIANA

UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH AND THE POLIS

CENTER AT IUPUI) AND CONDUENT HEALTHY COMMUNITIES INSTITUTE.

PARKVIEW HOSPITAL, INC.:

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

OBESITY - PARKVIEW HOSPITAL, INC. CONTINUED OUTREACH PROGRAMS ESTABLISHED

IN 2014 TO ADDRESS OBESITY PRIMARILY IN LOW-INCOME AREAS OF ALLEN COUNTY.

ACTIONS TO ADDRESS THE ISSUE OF OBESITY CENTER AROUND PROGRAMS THAT ENGAGE

**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.

CHILDREN AND FAMILIES AND INCLUDE THE FOLLOWING PROGRAMS: 1) THE HEALTHY EATING ACTIVE LIVING (HEAL) INITIATIVE; 2) PLANTING HEALTHY SEEDS FOR 3RD AND 4TH GRADERS; 3) PLANTING HEALTHY SEEDS: EARLY CHILDHOOD EDITION; 4) PLANTING HEALTHY SEEDS: AFTER-SCHOOL EDITION; 5) TAKING ROOT WELL-BEING CHALLENGE PROGRAM FOR 4TH AND 5TH GRADERS; 6) SIMPLE SOLUTIONS FOR PARENTS OF LOW-INCOME, PRE-SCHOOL CHILDREN AND; 7) THE COMMUNITY NURSING NUTRITION AND DIABETES EDUCATION PROGRAM AND CARDIOVASCULAR/DIABETES SCREENING PROGRAM; 8) CREATION OF THE PARKVIEW COMMUNITY GREENHOUSE AND LEARNING KITCHEN LOCATED IN A DESIGNATED FOOD DESERT AREA

PARKVIEW HAS FOCUSED ITS EFFORTS IN AREAS DEEMED TO PRODUCE THE HIGHEST IMPACT FOR OBESITY PREVENTION. ANTICIPATED IMPACT INCLUDE THE FOLLOWING: 1) INCREASE ACCESS TO FRESH, AFFORDABLE AND LOCALLY GROWN FOOD; 2) INCREASE CONSUMPTION OF FRESH PRODUCE; 3) PROVIDE CURRICULUM FOR ELEMENTARY AND MIDDLE SCHOOL STUDENTS AND PARENTS OF PRE-SCHOOL CHILDREN RELATED TO PHYSICAL ACTIVITY AND NUTRITION; 4) PROVIDE PREVENTIVE HEALTH AND SKILL-BUILDING CLASSES FOR FAMILIES AND PREGNANT WOMEN; 5) ENHANCE AND INCREASE PROVIDER DIRECTED WELLNESS RESOURCES INCLUDING REFERRALS TO HEALTH MANAGEMENT PROGRAMS IN THE COMMUNITY.

MATERNAL/CHILD HEALTH - PARKVIEW HOSPITAL, INC. HAS DEVELOPED MULTIPLE EVIDENCE-BASED STRATEGIES TO ADDRESS INFANT MORTALITY THROUGH IMPROVED PRENATAL AND INPATIENT CARE AND IN WORKING WITH PARTNER ORGANIZATIONS TO MAKE OUR COMMUNITY A HEALTHIER PLACE FOR FAMILIES. STRATEGIES INCLUDE THE FOLLOWING: 1) IMPLEMENT PROGRAMS DESIGNED TO REDUCE RISKS AND INCREASE HEALTHY BEHAVIORS AMONG PREGNANT WOMEN; 2) ADDRESS HEALTH DISPARITIES AND SEEK WAYS TO IMPROVE HEALTH OUTCOMES IN THE 46806 ZIP CODE; 3) BUILD UPON

**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.

EXISTING STRENGTHS TO LEAD THE REGION IN PERINATAL CARE AND SERVICES FOR FAMILIES; 4) INCREASE EFFORTS TO RAISE AWARENESS AND BUILD RELATIONSHIPS WITH COMMUNITY PARTNERS. SEVERAL PROGRAMS WERE LAUNCHED OR EXPANDED TO CARRY OUT THE AFOREMENTIONED STRATEGIES AND INCLUDE THE FOLLOWING: 1) THE COMMUNITY HEALTH WORKER (CHW) AND COMMUNITY NURSING OUTREACH PROGRAMS PROVIDE HOME VISITS AND SUPPORT GROUP EDUCATION ON SAFE SLEEP, CAR SEAT SAFETY, BREASTFEEDING, PERIOD OF PURPLE CRYING AND BABY AND ME TOBACCO FREE; 2) FOOTPRINTS FORT WAYNE, A COMMUNITY COLLECTIVE IMPACT INITIATIVE; 3) THE FETAL INFANT MORTALITY REVIEW (FIMR) TEAM, A MULTI-DISCIPLINARY GROUP ORGANIZED TO REVIEW CASES OF FETAL AND INFANT DEATHS FOR PREVENTION PURPOSES.

MENTAL HEALTH - MENTAL AND BEHAVIORAL HEALTH (MBH) JUST LIKE PHYSICAL HEALTH IS A CRUCIAL ASPECT OF OVERALL WELL-BEING FOR INDIVIDUALS WHO RESIDE WITHIN OUR COMMUNITIES. IN FACT, MBH IS THE ONE ASPECT OF HEALTH THAT IMPACTS ALL OTHER ASPECTS OF HEALTH. STRATEGIES TO ADDRESS MENTAL HEALTH NEEDS IN OUR COMMUNITY INCLUDE THE FOLLOWING: 1) ADDRESS THE STIGMA ASSOCIATED WITH MBH THROUGH THE DEVELOPMENT OF COMMON MESSAGING AND STRATEGIES THAT ENCOURAGE INDIVIDUALS TO BE WILLING TO SEEK CARE EARLIER IN THE DISEASE PROCESS; 2) INCREASE AWARENESS OF RESOURCES, I.E., THE BEHAVIORAL HEALTH HELPLINE, MBH RESOURCES WITHIN THE COMMUNITY AND PARKVIEW INCLUDING, EMERGENT AND URGENT CARE 3) IMPROVE ACCESS TO CARE FOR INDIVIDUALS WHOSE LIVES ARE IMPACTED BY MBH DISORDERS, THROUGH ENHANCED PROGRAMMING OPTIONS AND NAVIGATION SERVICES; 4) PROVIDE EDUCATION AND SKILL-BUILDING TRAINING FOR THE COMMUNITY MEMBERS REGARDING SUICIDE AND HOW TO RECOGNIZE AND RESPOND TO AN INDIVIDUAL IN CRISIS USING THE ZERO SUICIDE MODEL OF CARE EDUCATIONAL PROGRAM

**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: TOBACCO FREE ALLEN COUNTY (TFAC) IS THE LEAD ORGANIZATION IN ALLEN COUNTY RELATED TO TOBACCO FREE EFFORTS. TFAC PROVIDES INFORMATION ON RESOURCES ABOUT LOCAL SMOKING CESSATION PROGRAMS AND ADVOCATES FOR NO-SMOKING PUBLIC POLICY. PARKVIEW HOSPITAL, INC. IS A SOURCE OF SMOKING CESSATION PROGRAMS AND OPERATES A TOBACCO-FREE CAMPUS.

-DIABETES, CARDIOVASCULAR DISEASE AND CANCER: WHILE PARKVIEW HOSPITAL 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 HEALTHY FOODS, ACTIVE LIVING PROGRAMS AND EDUCATION ON OTHER HEALTHY LIFESTYLE HABITS.

-DRUGS/ALCOHOL ABUSE AND ADDICTION - ONE OF PARKVIEW HOSPITAL, INC.'S HEALTH PRIORITIES IS MENTAL HEALTH. MANY INDIVIDUALS BEING ASSISTED AND REFERRED THROUGH PARKVIEW BEHAVIORAL HEALTH CARE NAVIGATION PROGRAM ARE AFFECTED BY DRUG AND ALCOHOL ABUSE AND ADDICTION.

-SEXUALLY TRANSMITTED DISEASES (STDs): THE FORT WAYNE-ALLEN COUNTY HEALTH DEPARTMENT, IN CONJUNCTION WITH MATTHEW 25 HEALTH CLINIC, OPERATES A SEXUALLY TRANSMITTED DISEASE (STD) CLINIC. THE NE INDIANA POSITIVE RESOURCE CONNECTION (FORMERLY THE AIDS TASK FORCE) PROVIDES STD PREVENTION EDUCATION TO TEENS AND ADULTS.

-CHRONIC KIDNEY DISEASE: MAJOR RISK FACTORS RELATED TO CHRONIC KIDNEY

**Part V Facility Information** (continued)

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

DISEASE ARE DIABETES, HIGH BLOOD PRESSURE AND AGE OF 60 AND OLDER. THE LOCAL CHAPTER OF THE NATIONAL KIDNEY FOUNDATION FOCUSES ON PREVENTION EDUCATION AND SERVES AS A RESOURCE TO THOSE AFFECTED BY KIDNEY DISEASE AND THEIR FAMILIES. ADDITIONALLY, THE FOUNDATION PROVIDES KIDNEY EARLY EVALUATION PROGRAM (KEEP) HEALTHY KIDNEY SCREENING EVENTS.

-ASTHMA: WHILE ASTHMA WAS NOT SELECTED AS A TOP HEALTH PRIORITY, PARKVIEW HOSPITAL, INC. COMMUNITY NURSING PROGRAM ADMINISTERS AN ASTHMA PROGRAM THAT PROVIDES INTERVENTION THAT MOVES PATIENTS BEYOND EMERGENCY RESCUE CARE TO A MORE PROACTIVE CARE APPROACH. THE PROGRAM INCLUDES EDUCATION, INFORMATION, AND STRATEGIES FOR FOLLOW-UP CARE THAT ARE BOTH INEXPENSIVE AND EFFECTIVE. THIS PROGRAM INCORPORATES MULTIPLE BEST PRACTICES, BUNDLES MANY OF THE RESOURCES ALREADY AVAILABLE AND IN USE, AND APPLIES PRINCIPLES OF CASE MANAGEMENT/CARE NAVIGATION AND PROVIDES SERVICES TO PATIENTS IN A SERIES OF ONE-ON-ONE CONTACTS OVER TIME TO FACILITATE LONG-TERM ASTHMA MANAGEMENT.

-AGING: AGING AND IN-HOME SERVICES OF NORTHEAST INDIANA SERVES OLDER ADULTS, PERSONS WITH DISABILITIES AND THEIR CAREGIVERS IN NINE COUNTIES AS A PART OF THIS REGION. THIS NOT-FOR-PROFIT, COMMUNITY-BASED ORGANIZATION IS A FEDERAL AND STATE DESIGNATED AREA AGENCY ON AGING AND AN AGING AND DISABILITY RESOURCE CENTER WHICH PROVIDES A STREAMLINED ACCESS TO INFORMATION, CARE OPTIONS, SHORT-TERM CASE MANAGEMENT, AND BENEFITS ENROLLMENT ACROSS A SPECTRUM OF LONG-TERM CARE SERVICES. THROUGH THE CARE TRANSITIONS PROGRAM, AGING AND IN-HOME SERVICES PARTNERS WITH PARKVIEW HEALTH IN AN EFFORT TO REDUCE MEDICARE READMISSIONS. PARKVIEW HOSPITAL, INC. ALSO OFFER SENIOR SERVICES TO THOSE AGE 50 AND OVER IN THEIR LOCAL

**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.

COMMUNITIES. SERVICES INCLUDE HEALTH PREVENTION EDUCATION AND INFORMATION ON COMMUNITY RESOURCES, SELF-CARE AND SAFETY.

-PRIMARY CARE ACCESS: INCREASING ACCESS TO HEALTHCARE IS A STRATEGIC INITIATIVE FOR THE HEALTH SYSTEM. PARKVIEW CONDUCTS PERIODIC STUDIES TO DETERMINE THE AREAS WHERE PHYSICIANS ARE NEEDED AND, THEN, RECRUITS PHYSICIANS ACCORDINGLY. ALLEN COUNTY HAS A STRONG HEALTHCARE SAFETY NET THAT ADDRESSES THE NEEDS OF INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED. PARTICIPATING ORGANIZATIONS IN THE SAFETY NET INCLUDE MATTHEW 25 HEALTH AND DENTAL CLINIC AND NEIGHBORHOOD HEALTH CLINICS, BOTH OF WHICH ARE SUPPORTED IN PART BY PARKVIEW HOSPITAL, INC., FORT WAYNE-ALLEN COUNTY HEALTH DEPARTMENT AND OTHER HEALTH-RELATED ORGANIZATIONS. PARKVIEW ONDEMAND OFFERS TELEHEALTH SERVICES WHERE CLIENTS CAN TALK TO A PRIMARY CARE PHYSICIAN ANYTIME, ANYWHERE THROUGH CONVENIENT VIDEO OR MOBILE APP VISITS. WITH THE BIRTH OF THE LOCAL RONALD MCDONALD CARE MOBILE PROGRAM, PARKVIEW PHYSICIANS GROUP BEGAN STAFFING THE UNIT WITH PEDIATRIC PROVIDERS WHO DELIVER HEALTHCARE SERVICES FOR CHILDREN AGES 0 TO 18. THE CARE MOBILE DELIVERS NO-CHARGE SERVICES TO FAMILIES WITHOUT MEDICAL INSURANCE.

PARKVIEW HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

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

PARKVIEW HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

**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.

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

PARKVIEW HOSPITAL, INC.

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

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 25

Name and address	Type of Facility (describe)
1 PARKVIEW MED PARK 11 OP PHARMACY 11104 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	OP PHARMACY
2 BRYAN, OH LAB 442 W. HIGH STREET BRYAN, OH 43506	LAB DRAW
3 CAREW MEDICAL PARK LAB 1818 CAREW STREET FORT WAYNE, IN 46805	LAB DRAW
4 PARKVIEW CANCER INSTITUTE LAB 11104 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	LAB DRAW
5 OP THERAPY PRMC MOB11 11104 PARKVIEW CIRCLE DRIVE, SUITE 05 FORT WAYNE, IN 46845	OP THERAPY
6 LIMA ROAD FAMILY MEDICINE LAB 11055 TWIN CREEKS COVE FORT WAYNE, IN 46804	LAB DRAW
7 ST JOE ROAD LAB SERVICES 5693 YMCA PARK DRIVE FORT WAYNE, IN 46835	LAB DRAW
8 PARKVIEW WOODLAND PLAZA AMBULATORY SI 1234 DUPONT RD FORT WAYNE, IN 46845	LAB DRAW
9 MONTPELIER, OH LAB 935 SNYDER MONTPELIER, OH 43543	LAB DRAW
10 PRMC MOB2 OB-GYN LAB 111123 PARKVIEW PLAZA SUITE 101 FORT WAYNE, IN 46845	LAB DRAW

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 25

Name and address	Type of Facility (describe)
11 PARKVIEW RESEARCH CENTER 10622 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845	CLINICAL RESEARCH
12 RHEUMATOLOGY NEW VISION LAB 3816 NEW VISION DRIVE FORT WAYNE, IN 46845	LAB DRAW
13 CAREW CENTER OB-GYN LAB 2414 EAST STATE FORT WAYNE, IN 46805	LAB DRAW
14 GRABILL MAIN LAB 13430 MAIN ST GRABILL, IN 46741	LAB DRAW
15 NORTH CLINTON LAB 5104 NORTH CLINTON FORT WAYNE, IN 46825	LAB DRAW
16 WAYNE DALE TEMPLE LAB 8607 TEMPLE DRIVE FORT WAYNE, IN 46809	LAB DRAW
17 WAUSEON, OH LAB SHOOP AVE 495 S. SHOOP AVE. WAUSEON, OH 43567	LAB DRAW
18 PRMC MOB11 LAB 11104 PARKVIEW CIRCLE FORT WAYNE, IN 46845	LAB DRAW
19 PARKVIEW CENTER FOR HEALTHY LIVING 1234 E. DUPONT RD SUITE #2 FORT WAYNE, IN 46845	HEALTH AND WELLNESS
20 WARSAW DUBOIS LAB 2300 DUBOIS AVE WARSAW, IN 46580	LAB DRAW

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 25

Name and address	Type of Facility (describe)
21 PARKVIEW HEALTH & FITNESS 3000 E STATE BLVD FORT WAYNE, IN 46805	HEALTH FITNESS
22 ARCHBOLD, OH LAB 121 WESTFIELD DRIVE ARCHBOLD, OH 43502	LAB DRAW
23 HOBSON LAB 1515 HOBSON ROAD FORT WAYNE, IN 46805	LAB DRAW
24 LAKE AVE 1 LAB 2710 LAKE AVE. FORT WAYNE, IN 46805	LAB DRAW
25 TRIER 2 LAB 6130 TRIER RD FORT WAYNE, IN 46815	LAB DRAW

**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.

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PART I, LINE 3C:

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

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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.

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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

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

## PART I, LINE 7C

PARKVIEW HOSPITAL, INC. ACCEPTS ALL CERTAIN MEANS-TESTED PATIENTS FROM THE 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 7G

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

## PART I, LINE 7H

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

## PART I, LINE 7I

IN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, PARKVIEW HOSPITAL, INC. CONTINUES ITS TRADITION OF CONTRIBUTING TO

**Part VI** Supplemental Information (Continuation)

NUMEROUS ORGANIZATIONS ON BOTH AN AS-NEEDED BASIS AND NEGOTIATED BASIS.  
AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO ORGANIZATIONS THROUGHOUT OUR  
COMMUNITIES.

PART I, LN 7 COL(F):

PERCENT OF TOTAL EXPENSE

PARKVIEW HOSPITAL, INC. EXCLUDED \$67,156,127 OF BAD DEBT EXPENSE.

PART II, COMMUNITY BUILDING ACTIVITIES:

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

ECONOMIC DEVELOPMENT:

PARKVIEW HOSPITAL, INC. HAS A STRONG COMMITMENT TO SUPPORTING AND  
ENHANCING THE VITALITY OF OUR COMMUNITY AND THE NORTHEAST INDIANA REGION.  
PARKVIEW INVESTS IN PROJECTS THAT HELP TO IMPROVE THE HEALTH AND INSPIRE  
THE WELL-BEING OF THE COMMUNITY. SUPPORT FOR FRIENDS OF THE RIVER, INC.  
IS A PART OF A MULTIPLE-YEAR PLAN FOR URBAN REVITALIZATION AND THE  
PROMOTION OF ECONOMIC DEVELOPMENT IN NORTHEAST INDIANA. PARKVIEW  
HOSPITAL, INC. HAS PLAYED A SIGNIFICANT ROLE IN THESE EFFORTS AND SUPPORTS  
THE RIVERFRONT REVITALIZATION PROJECT.

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

**Part VI** Supplemental Information (Continuation)

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 PARKVIEW HOSPITAL, INC. HOWEVER, DURING THE COLLECTION PROCESS THERE IS A CONTINUOUS EFFORT TO DETERMINE IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE. THEREFORE, ONCE AN UNCOLLECTIBLE ACCOUNT HAS BEEN CHARGED OFF AND IT IS DETERMINED THROUGH THE COLLECTION PROCESS THAT THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THE UNCOLLECTIBLE ACCOUNT IS RECLASSIFIED TO CHARITY CARE AND ALL COLLECTION EFFORTS CEASE.

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

PART III, LINE 4:

BAD DEBT EXPENSE - PARKVIEW HEALTH SYSTEM, INC. AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE OR THE PAGE NUMBER ON WHICH THIS FOOTNOTE IS

**Part VI** Supplemental Information (Continuation)

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

**Part VI** Supplemental Information (Continuation)

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.

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

**Part VI** Supplemental Information (Continuation)

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

PART VI, LINE 2:

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

IN ADDITION TO IDENTIFYING HEALTH NEEDS THROUGH THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT, PARKVIEW 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 (HCI) 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 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** 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.

THE FACILITIES OF PARKVIEW HOSPITAL, INC., CONSISTING OF THE PARKVIEW REGIONAL MEDICAL CENTER, PARKVIEW HOSPITAL RANDALLIA AND PARKVIEW BEHAVIORAL HEALTH ARE LOCATED IN FORT WAYNE, THE PRIMARY URBAN AREA IN THE HEALTH SYSTEM'S SERVICE AREA. ACCORDING TO STATS INDIANA 2018, FORT WAYNE REPORTED A POPULATION OF 267,633 AND COMPRISES 71.3 PERCENT OF THE TOTAL ALLEN COUNTY POPULATION. NEW HAVEN, THE LARGEST TOWN IN THE COUNTY, ACCOUNTS FOR 4.2 PERCENT OF THE COUNTY POPULATION. THE TOTAL POPULATION IN ALLEN COUNTY IS 375,351, A 5.6 PERCENT INCREASE SINCE THE 2010 CENSUS.

IN 2017, APPROXIMATELY 13.1 PERCENT OF THE POPULATION IN ALLEN COUNTY WAS

**Part VI** Supplemental Information (Continuation)

REPORTED TO BE BELOW THE FEDERAL POVERTY LEVEL. THE PER CAPITA PERSONAL (ANNUAL) INCOME WAS \$44,525 AND THE MEDIAN HOUSEHOLD INCOME WAS \$52,661. AS OF APRIL 2019, THE UNEMPLOYMENT RATE WAS 2.7 PERCENT.

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

ACCORDING TO TRUVEN HEALTH ANALYTICS, IN 2019, 19.6 PERCENT OF ALLEN COUNTY RESIDENTS ARE ENROLLED IN MEDICAID AND 9.1 PERCENT ARE UNINSURED. IN 2018, FOR PARKVIEW HOSPITAL, INC. FACILITIES IN ALLEN COUNTY, 20.3 PERCENT OF INPATIENT DISCHARGES WERE MEDICAID PATIENTS AND 4.6 PERCENT WERE SELF-PAY. FOR OUTPATIENT PROCEDURES, 24.6 PERCENT WERE MEDICAID PATIENTS AND 8.2 PERCENT WERE SELF-PAY.

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.).

IN AN EFFORT TO BEST MEET PATIENT NEEDS, AREA QUALIFIED PHYSICIANS MAY APPLY FOR PRIVILEGES AT PARKVIEW HOSPITAL, INC. ADDITIONALLY, THE

**Part VI** Supplemental Information (Continuation)

CONTINUING MEDICAL EDUCATION DEPARTMENT'S MEDICAL SYMPOSIUMS HELD THROUGHOUT THE YEAR ARE OPEN TO ALL AREA HEALTHCARE PROFESSIONALS.

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

PARKVIEW HOSPITAL, INC., HAS FOSTERED CLINICAL RESEARCH SERVICES THROUGH THE PARKVIEW RESEARCH CENTER, TO PARKVIEW HEALTH SYSTEM, INC. PHYSICIANS FOR OVER 25 YEARS. IT HAS DEVELOPED AREAS OF SPECIALIZATION IN CARDIOLOGY, NEUROLOGY, RADIATION ONCOLOGY, EMERGENCY MEDICINE AND CRITICAL CARE SERVICES DURING THAT TIME. THE CENTER HAS CONDUCTED OVER 500 CLINICAL TRIALS. CURRENTLY, THERE ARE OVER 150 ACTIVE STUDIES PRIMARILY IN DRUG AND DEVICE CLINICAL RESEARCH IN THE AREAS OF CARDIOLOGY, ONCOLOGY, NEUROLOGY, ORTHOPEDICS AND PSYCHIATRY. THE PARKVIEW RESEARCH CENTER RELOCATED TO THE MIRRO CENTER FOR RESEARCH AND INNOVATION UPON ITS COMPLETION IN 2015. THIS \$20 MILLION, 84,000 SQUARE FOOT FACILITY ON THE NORTH CAMPUS FEATURES SPACE FOR RESEARCH, INNOVATION AND EDUCATION AS WELL AS A HIGH-FIDELITY HUMAN PATIENT SIMULATION CENTER. THE ADVANCED MEDICAL SIMULATION LAB ALLOWS MULTIDISCIPLINARY CARE TEAMS THE OPPORTUNITY TO ENHANCE CLINICAL AND COMMUNICATION SKILLS IN ORDER TO IMPROVE THE QUALITY OF CARE PROVIDED.

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

**Part VI** Supplemental Information (Continuation)

EFFORT BETWEEN THE HOSPITAL, TRINE UNIVERSITY AND HUNTINGTON UNIVERSITY AND WILL PROVIDE NEW ACADEMIC PROGRAMS AND RESEARCH TIED TO REHABILITATION SERVICES AND SENIOR CARE. IN ADDITION, DOCTORAL PROGRAMS FOR PHYSICAL THERAPY AND OCCUPATIONAL THERAPY WILL BE OFFERED, THUS ADDRESSING A SIGNIFICANT WORKFORCE GAP AND SPECIALTY CARE ACCESS NEED IN THE COMMUNITY.

PARKVIEW HOSPITAL, INC. CONTINUED WORK ON A \$55 MILLION, MULTI-YEAR RENOVATION AT THE RANDALLIA LOCATION. WHILE THIS FACILITY PROVIDES COMMUNITY-CENTRIC HEALTHCARE SERVICES, PARKVIEW HOSPITAL, INC. IS REPOSITIONING THE RANDALLIA CAMPUS AS PART OF A FUTURE USES PLAN PROCESS. BEGINNING IN 2014, RENOVATIONS HAVE INCLUDED THE FOLLOWING:

- ADDITION OF THE CENTER FOR WOUND HEALING AND OUTPATIENT INFUSION CENTER
- ALL NEW FAMILY BIRTHING CENTER AND STATE-OF-THE-ART INTENSIVE CARE UNIT
- LOGISTICS CENTER TO COORDINATE BED MANAGEMENT, EMS, FLIGHT DISPATCH AND OTHER VITAL HEALTH SYSTEM COMMUNICATIONS
- PROCEDURAL CENTER ALLOWING FOR IN-PATIENT CATHETERIZATION PROCEDURES
- CONSTRUCTION OF AN ADDITIONAL ENTRANCE WITH NEW CENTRALIZED REGISTRATION AREA
- RENOVATION OF THE PHYSICAL THERAPY DEPARTMENT
- AN EMERGENCY ROOM REMODEL FOCUSED ON BEHAVIORAL HEALTH SECURE HOLD ROOMS
- EXISTING SPACE WAS REDESIGNED AND RENOVATED TO HOUSE THE 12-BED MEDICAL/SURGICAL PATIENT CARE UNIT WITH STATE-OR-THE-ART FEATURES
- RENOVATION OF 20 PATIENT ROOMS
- OTHER INFRASTRUCTURE UPGRADES

ADDITIONAL UPGRADES INCLUDED THE ADDITION OF SHELL SPACE FOR FUTURE EXPANSION AND RENOVATION OF AN ADDITIONAL 20 PATIENT ROOMS.

**Part VI** Supplemental Information (Continuation)

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

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

SEVERAL LOCAL HEALTH PARTNERS ASSIST IN IMPROVING ACCESS TO HEALTHCARE. MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINIC, NORTHEAST INDIANA POSITIVE RESOURCE CONNECTION (FORMERLY THE AIDS TASK FORCE), A HOPE CENTER (PREGNANCY CENTER), THE RESCUE MISSION (HOMELESS SHELTER) AND BRIGHTPOINT COVERING KIDS AND FAMILIES ARE JUST A FEW OF OUR PARTNER

**Part VI** Supplemental Information (Continuation)

ORGANIZATIONS. ADDITIONALLY, THE HOSPITAL PROVIDES FUNDING TO COMMUNITY TRANSPORTATION NETWORK AS THEY PROVIDE MEDICAL TRANSPORTATION FOR THE SENIOR, DISABLED AND LOW-INCOME POPULATIONS THROUGHOUT THE COMMUNITY.

INITIATIVES RELATED TO CURRENT HEALTH PRIORITIES INCLUDE SCHOOL-BASED NUTRITION AND ACTIVE LIFESTYLE CURRICULUMS/PROGRAMS, OPENING OF PARKVIEW'S COMMUNITY GREENHOUSE AND LEARNING KITCHEN, MATERNAL/INFANT INTERVENTION PROGRAMS, AND A BEHAVIORAL HEALTH CARE NAVIGATOR PROGRAM. THE HOSPITAL FUNDS AND MANAGES AN INTEGRATED COMMUNITY-BASED NURSING PROGRAM. THESE REGISTERED NURSES, ALONG WITH A REGISTERED DIETITIAN, REGISTERED RESPIRATORY THERAPIST AND COMMUNITY HEALTH WORKER, DELIVER EDUCATION AND SERVICES OUTSIDE THE FOUR WALLS OF OUR FACILITIES TO ADDRESS COMMUNITY HEALTH ISSUES, ENGAGE FAMILIES THROUGH OUTREACH, AND SERVE POPULATIONS IN OUR COMMUNITY WHO ARE OTHERWISE UNDERSERVED BY THE TRADITIONAL HEALTHCARE SYSTEM. OTHER COMMUNITY OUTREACH PROGRAMS INCLUDE MEDICATION ASSISTANCE, MOBILE MAMMOGRAPHY SERVICES AND INJURY PREVENTION EDUCATION.

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

**Part VI** Supplemental Information (Continuation)

CONSTRUCTION OF THE PARKVIEW GREENHOUSE AND LEARNING KITCHEN WAS COMPLETED IN LATE 2018. THE FACILITY IS LOCATED ON THE PARKVIEW BEHAVIORAL HEALTH CAMPUS, WHICH IS A FEDERALLY DESIGNATED FOOD DESERT AREA. THIS FACILITY SERVES AS A HUB FOR PARKVIEW'S NUTRITION-RELATED OUTREACH EDUCATION PROGRAMS. FOOD TASTINGS, COOKING DEMONSTRATIONS AND HANDS-ON COOKING CLASSES TO EDUCATE COMMUNITY MEMBERS ON HOW TO SHOP FOR, PREPARE, STORE AND USE FRESH FOODS BEGAN MID-2019.

## 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.

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

**Part VI** Supplemental Information (Continuation)

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

PARKVIEW CONTRIBUTES TO THE OVERALL SUCCESS OF THE REGION THROUGH SIGNIFICANT INVOLVEMENT IN THE COMMUNITIES WE SERVE. BY DEVELOPING VARIOUS PARTNERSHIPS AND ALIGNMENTS WITH DIFFERENT SECTORS AND ORGANIZATIONS, PARKVIEW HELPS TO BENEFIT THE ECONOMY, QUALITY OF LIFE AND HEALTH/WELL-BEING ACROSS THE REGION. WITH A CONSISTENT FOCUS ON OUR MISSION AND VISION, WE WORK TO PROVIDE THE BEST CARE TO EVERY PERSON, EVERY DAY WITHIN OUR FACILITIES WHILE SERVING AS GOOD STEWARDS OF SURPLUS FUNDS IN OUR EFFORTS TO POSITIVELY IMPACT COMMUNITY HEALTH STATUS.

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

PART VI, LINE 7:  
A COPY OF FORM 990, SCHEDULE H IS FILED WITH THE INDIANA STATE DEPARTMENT OF HEALTH.