

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public  
Inspection**

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                                  |
|--|-------------------------------------|-------------------------------------|
| <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.<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><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.<br><b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?<br>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 income based criteria 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? .....  |                                     | <input checked="" type="checkbox"/> |
| <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.

| <b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>                               |  |                                      |  |                                      |  |                                     |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>   | <b>(a)</b> Number of activities or programs (optional) | <b>(b)</b> Persons served (optional) | <b>(c)</b> Total community benefit expense | <b>(d)</b> Direct offsetting revenue | <b>(e)</b> Net community benefit expense | <b>(f)</b> Percent of total expense |
| <b>a</b> Financial Assistance at cost (from Worksheet 1) .....   |  |                                      | 650,451.                                   |                                      | 650,451.                                 | 1.61%                               |
| <b>b</b> Medicaid (from Worksheet 3, column a) .....   |  |                                      | 5337842.                                   | 4331868.                             | 1005974.                                 | 2.49%                               |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....              |  |                                      | 406,193.                                   | 218,115.                             | 188,078.                                 | .47%                                |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs .....                           |  |                                      | 6394486.                                   | 4549983.                             | 1844503.                                 | 4.57%                               |
| <b>Other Benefits</b>  |  |                                      |  |                                      |  |                                     |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) ..... |  |                                      | 65,438.                                    | 32,160.                              | 33,278.                                  | .08%                                |
| <b>f</b> Health professions education (from Worksheet 5) .....   |  |                                      |  |                                      |  |                                     |
| <b>g</b> Subsidized health services (from Worksheet 6) .....   |  |                                      | 2685586.                                   |                                      | 2685586.                                 | 6.65%                               |
| <b>h</b> Research (from Worksheet 7) .....   |  |                                      |  |                                      |  |                                     |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....                   |  |                                      | 277,236.                                   |                                      | 277,236.                                 | .69%                                |
| <b>j Total.</b> Other Benefits .....   |  |                                      | 3028260.                                   | 32,160.                              | 2996100.                                 | 7.42%                               |
| <b>k Total.</b> Add lines 7d and 7j .....  |  |                                      | 9422746.                                   | 4582143.                             | 4840603.                                 | 11.99%                              |





**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 facility reporting group HUNTINGTON MEMORIAL HOSPITAL, INC.

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

|   | Yes      | No       |
|---|----------|----------|
| <b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)  |          |          |
| <b>1</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9  | <b>X</b> |          |
| If "Yes," indicate what the CHNA report describes (check all that apply):   |          |          |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |          |          |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community  |          |          |
| <b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |          |          |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained  |          |          |
| <b>e</b> <input checked="" type="checkbox"/> The health needs of the community  |          |          |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |          |          |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |          |          |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |          |          |
| <b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs  |          |          |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)   |          |          |
| <b>2</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>  |          |          |
| <b>3</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | <b>X</b> |          |
| <b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C   | <b>X</b> |          |
| <b>5</b> Did the hospital facility make its CHNA report widely available to the public?   | <b>X</b> |          |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply):  |          |          |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>   |          |          |
| <b>b</b> <input type="checkbox"/> Other website (list url):   |          |          |
| <b>c</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility  |          |          |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)   |          |          |
| <b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):  |          |          |
| <b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA   |          |          |
| <b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy   |          |          |
| <b>c</b> <input checked="" type="checkbox"/> Participation in the development of a community-wide plan  |          |          |
| <b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide plan   |          |          |
| <b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans   |          |          |
| <b>f</b> <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA   |          |          |
| <b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community  |          |          |
| <b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community   |          |          |
| <b>i</b> <input type="checkbox"/> Other (describe in Section C)   |          |          |
| <b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs  |          | <b>X</b> |
| <b>8a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?   |          | <b>X</b> |
| <b>8b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?   |          |          |
| <b>c</b> If "Yes" to line 8b, 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) HUNTINGTON MEMORIAL HOSPITAL, INC.

| Financial Assistance Policy   |  | Yes | No |
|---|--|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: |  |     |    |
| 9   | Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? ..... | X   |    |
| 10  | Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? .....                         | X   |    |
| If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %              |  |     |    |
| If "No," explain in Section C the criteria the hospital facility used.                                  |  |     |    |
| 11  | Used FPG to determine eligibility for providing <i>discounted</i> care? .....  |     | X  |
| If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %             |  |     |    |
| If "No," explain in Section C the criteria the hospital facility used.                                  |  |     |    |
| 12  | Explained the basis for calculating amounts charged to patients? .....   |     | X  |
| If "Yes," indicate the factors used in determining such amounts (check all that apply):                 |  |     |    |
| a   | <input type="checkbox"/> Income level  |     |    |
| b   | <input type="checkbox"/> Asset level   |     |    |
| c   | <input type="checkbox"/> Medical indigency   |     |    |
| d   | <input type="checkbox"/> Insurance status  |     |    |
| e   | <input type="checkbox"/> Uninsured discount  |     |    |
| f   | <input type="checkbox"/> Medicaid/Medicare   |     |    |
| g   | <input type="checkbox"/> State regulation  |     |    |
| h   | <input type="checkbox"/> Residency   |     |    |
| i   | <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 13  | Explained the method for applying for financial assistance? .....  | X   |    |
| 14  | Included measures to publicize the policy within the community served by the hospital facility? .....                        | X   |    |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply):              |  |     |    |
| a   | <input type="checkbox"/> The policy was posted on the hospital facility's website  |     |    |
| b   | <input type="checkbox"/> The policy was attached to billing invoices   |     |    |
| c   | <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms                   |     |    |
| d   | <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices                                 |     |    |
| e   | <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility              |     |    |
| f   | <input type="checkbox"/> The policy was available on request   |     |    |
| g   | <input checked="" type="checkbox"/> Other (describe in Section C)  |     |    |

| Billing and Collections  |  | Yes | No |
|--|--|-----|----|
| 15   | 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 actions the hospital facility may take upon non-payment? .....          | X   |    |
| 16   | 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  |     |    |
| b  | <input type="checkbox"/> Lawsuits  |     |    |
| c  | <input type="checkbox"/> Liens on residences   |     |    |
| d  | <input type="checkbox"/> Body attachments  |     |    |
| e  | <input type="checkbox"/> Other similar actions (describe in Section C)   |     |    |
| 17   | Did the hospital facility or an authorized third 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  |     |    |
| b  | <input type="checkbox"/> Lawsuits  |     |    |
| c  | <input type="checkbox"/> Liens on residences   |     |    |
| d  | <input type="checkbox"/> Body attachments  |     |    |
| e  | <input type="checkbox"/> Other similar actions (describe in Section C)   |     |    |

**Part V Facility Information** (continued) HUNTINGTON MEMORIAL HOSPITAL, INC.

**18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a  Notified individuals of the financial assistance policy on admission
- b  Notified individuals of the financial assistance policy prior to discharge
- c  Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e  Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

**19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?

|           | Yes                                 | No |
|-----------|-------------------------------------|----|
| <b>19</b> | <input checked="" type="checkbox"/> |    |
|           |                                     |    |

If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d  Other (describe in Section C)

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

**20** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Section C)

**21** 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?

|           |  |                                     |
|-----------|--|-------------------------------------|
|           |  |                                     |
| <b>21</b> |  | <input checked="" type="checkbox"/> |
|           |  |                                     |
| <b>22</b> |  | <input checked="" type="checkbox"/> |

If "Yes," explain in Section C.

**22** 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.

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 3: PARKVIEW 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 BY (1) TAKING STEPS TO STRATIFY THE SAMPLE TO ENSURE THAT POPULATION SUBSETS WERE REPRESENTED ACCURATELY AND RESULTS WOULD BE STATISTICALLY SIGNIFICANT; (2) BY WORKING WITH LOCAL ADVOCACY ORGANIZATIONS WHO SPECIALIZE IN AIDING THESE VARIOUS POPULATIONS IN OUR COMMUNITY. IN ADDITION, PURDUE HEALTHCARE ADVISORS CONDUCTED A SURVEY OF PUBLIC HEALTH, OTHER HEALTHCARE PROFESSIONALS, AND SOCIAL SERVICE AGENCIES THAT SERVE LOW-INCOME POPULATIONS IN HUNTINGTON COUNTY TO BETTER UNDERSTAND KEY PUBLIC HEALTH AND HEALTHCARE ISSUES. THE SURVEY CONSISTED OF THE FOLLOWING COMPONENTS: RESPONDENT DEMOGRAPHICS, UNMET NEEDS, HEALTH BEHAVIORS, ENVIRONMENTAL FACTORS, THE GREATEST HEALTH CHALLENGE, BARRIERS TO ACCESSING HEALTHCARE AND UTILIZATION OF EDUCATION AND PREVENTION RESOURCES. THE SURVEY WAS CONDUCTED ELECTRONICALLY USING QUALTRICS, A SECURE ONLINE SURVEY WITHOUT A SYSTEMATIC SAMPLING TECHNIQUE. ALL DATA WAS COLLECTED AND REPORTED IN AGGREGATE.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 4: PARKVIEW HOSPITAL, INC. (EIN 35-0868085); 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) AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823).

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 7: INFANT MORTALITY - PRENATAL CARE IS OFFERED FROM PARKVIEW HUNTINGTON HOSPITAL, INC. VIA THE BIRTH PLANNING PROGRAM.

TEEN BIRTHS - THIS AREA IS ADDRESSED BY THE BOYS AND GIRLS CLUB, YOUTH SERVICES BUREAU, AND LOCAL CHURCHES.

EXCESSIVE ALCOHOL USE - A SUPPORT GROUP FOR AA IS OFFERED AT PARKVIEW HUNTINGTON HOSPITAL, INC. AS WELL AS AN INTENSIVE OUTPATIENT PROGRAM HELD AT PARKVIEW HUNTINGTON HOSPITAL, INC. AND STAFFED BY PARKVIEW BEHAVIORAL HEALTH. YOUTH SERVICES BUREAU ALSO OFFERS SKILLS FOR LIFE PROGRAM FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS WHICH ADDRESSES THIS ISSUE.

MENTAL HEALTH - AN INTENSIVE OUTPATIENT PROGRAM IS HELD AT PARKVIEW HUNTINGTON HOSPITAL, INC. AND STAFFED BY PARKVIEW BEHAVIORIAL HEALTH.

PRIMARY CARE PHYSICIANS - WE COLLABORATE WITH PARKVIEW PHYSICIANS GROUP TO PROVIDE MEDICAL COVERAGE THAT IS NEEDED FOR OUR COMMUNITY. IF AN INDIVIDUAL DOES NOT HAVE A PRIMARY CARE PHYSICIAN, WE PROVIDE THEM WITH A LIST OF THE LOCAL PHYSICIANS AND THEIR CONTACT NUMBERS. AS APPROPRIATE, WE REFER THE PATIENT TO THE HUNTINGTON COUNTY FREE CLINIC FOR CARE.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 11: HUNTINGTON MEMORIAL HOSPITAL, INC. PROVIDES

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

DISCOUNTED CARE TO UNINSURED PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.  
IF THE PATIENT ULTIMATELY QUALIFIES FOR CHARITY CARE USING THE 200% FPG,  
THE REMAINING BALANCE AFTER THE DISCOUNT IS WRITTEN OFF TO CHARITY.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 14G: POLICY WORDING IS IN THE PROCESS OF BEING  
UPDATED.

HOWEVER, THE FOLLOWING DETAILS HOW THE ORGANIZATION CURRENTLY 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:

-AT POINT OF REGISTRATION OR SCHEDULING, IF A PATIENT EXPRESSES THEIR  
INABILITY TO PAY, THE REGISTRAR OR SCHEDULER WILL REFER THE PATIENT TO A  
FINANCIAL COUNSELOR OR WILL PROVIDE FINANCIAL COUNSELING CONTACT  
INFORMATION IN THE FORM OF A BUSINESS CARD TO THE PATIENT OUTSIDE OF  
NORMAL BUSINESS HOURS.

-SIGNAGE IN THE EMERGENCY DEPARTMENT AND CASHIER AREAS INFORMS THE PATIENT  
OF THEIR RIGHT TO RECEIVE CARE REGARDLESS OF THEIR ABILITY TO PAY AND  
TELLS THEM THEY MAY BE ELIGIBLE FOR GOVERNMENTAL ASSISTANCE.

-THE PATIENT'S INITIAL STATEMENT INSTRUCTS THE PATIENT TO CALL THE PATIENT  
ACCOUNTING DEPARTMENT IF THEY CANNOT PAY IN FULL. THE PATIENT ACCOUNTING  
CALL CENTER COLLECTORS SCREEN FOR THE APPLICABILITY OF GOVERNMENT

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

ASSISTANCE AND OFFER FREE CARE APPLICATIONS TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS.

-THE ONLINE ACCOUNT MANAGER OF HUNTINGTON MEMORIAL HOSPITAL, INC.'S WEBSITE (WWW.PARKVIEW.COM) CONTAINS INFORMATION ON HOW TO CONTACT THE PATIENT ACCOUNTING DEPARTMENT FOR PAYMENT OPTIONS OR FREE CARE ELIGIBILITY.

-ALL UNINSURED OR UNDERINSURED PATIENTS WHO ARE INPATIENT OR OBSERVATION STATUS ARE VISITED BY FINANCIAL COUNSELORS. THE FINANCIAL COUNSELORS PROVIDE PAYMENT OPTIONS, INCLUDING SCREENING FOR THE APPLICABILITY OF GOVERNMENT ASSISTANCE, AS WELL AS OFFERING FREE CARE APPLICATIONS TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS.

-OUTBOUND PHONE CALLS ARE MADE TO PATIENTS TO SET UP PAYMENT ARRANGEMENTS. IF A PATIENT CANNOT MAKE PAYMENT ON THEIR ACCOUNT, THEY WILL BE SCREENED FOR THE APPLICABILITY OF GOVERNMENT ASSISTANCE. ADDITIONALLY, FREE CARE APPLICATIONS WILL BE OFFERED TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS.

-IF A PATIENT'S ACCOUNT IS PLACED WITH A COLLECTION AGENCY, THE AGENCY IS INSTRUCTED TO SCREEN FOR FREE CARE IF THE PATIENT EXPRESSES THEIR INABILITY TO PAY.

HUNTINGTON MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 20D: FULL WRITEOFFS ARE PROVIDED TO PATIENTS WHOSE

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

INCOME FALLS UNDER 200% OF THE FPG. ON CHARITY CARE PATIENTS WITH  
RESIDUAL SELF-PAY BALANCES AFTER INSURANCE PROCESSED AND PAID OR DENIED  
THEIR CLAIM, 100% OF THE REMAINING ACCOUNT BALANCE AFTER INSURANCE  
PAYMENTS AND CONTRACTUAL ADJUSTMENTS IS WRITTEN OFF TO CHARITY CARE.

**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? 3

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| 1 JOHN B KAY MEDICAL BUILDING<br>2003 STULTS ROAD<br>HUNTINGTON, IN 46750 | LAB DRAW SITE               |
| 2 PARKVIEW HUNTINGTON YMCA<br>1160 W 500 NORTH<br>HUNTINGTON, IN 46750    | PHYSICAL THERAPY            |
| 3 PARKVIEW MEDICAL PLAZA<br>2708 GUILFORD STREET<br>HUNTINGTON, IN 46750  | LAB DRAW SITE               |
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**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:

ELIGIBILITY CRITERIA FOR FREE OR DISCOUNTED CARE

HUNTINGTON MEMORIAL HOSPITAL, INC. PROVIDES DISCOUNTED CARE TO UNINSURED PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IF THE PATIENT ULTIMATELY QUALIFIES FOR CHARITY CARE USING THE 200% FPG, THE REMAINING BALANCE AFTER THE DISCOUNT IS WRITTEN OFF TO CHARITY.

PART I, LINE 7:

PART I, LINE 7A

HUNTINGTON MEMORIAL HOSPITAL, INC. IS COMMITTED TO PROVIDING CHARITY CARE TO PATIENTS UNABLE TO MEET THEIR FINANCIAL OBLIGATIONS. IT IS FURTHERMORE THE POLICY OF HUNTINGTON MEMORIAL HOSPITAL, INC. NOT TO WITHHOLD OR DENY ANY REQUIRED MEDICAL CARE AS A RESULT OF A PATIENT'S FINANCIAL INABILITY TO PAY HIS/HER MEDICAL EXPENSES.

THE CHARITY CARE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE CHARITY CARE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE

**Part VI** Supplemental Information (Continuation)

COST OF SERVICES RENDERED.

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

**Part VI** Supplemental Information (Continuation)

CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE HIP CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF HIP SERVICES RENDERED. THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR HIP PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

PART I, LINE 7E

AMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE.

PART I, LINE 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, LINE 7G:

SUBSIDIZED HEALTH SERVICES

HUNTINGTON MEMORIAL HOSPITAL, INC. INCLUDED \$2,685,586 IN COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES.

PART I, LN 7 COL(F):

PERCENT OF TOTAL EXPENSES

HUNTINGTON MEMORIAL HOSPITAL, INC. EXCLUDED \$6,516,075 OF BAD DEBT EXPENSE.

**Part VI** Supplemental Information (Continuation)

## 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. 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, 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 EXCELLENT 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 III, LINE 4:

BAD DEBT EXPENSE - FINANCIAL STATEMENT FOOTNOTE

TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT

**Part VI** Supplemental Information (Continuation)

DESCRIBES BAD DEBT EXPENSE:

PAGE 15 OF AUDITED FINANCIAL STATEMENTS.

COSTING METHODOLOGY USED:

UNCOLLECTIBLE PATIENT ACCOUNTS ARE CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS 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 CHARITY. THEREFORE, ONCE AN UNCOLLECTIBLE ACCOUNT HAS BEEN CHARGED OFF AND IT IS DETERMINED THROUGH THE COLLECTION PROCESS THAT THE PATIENT QUALIFIES FOR CHARITY CARE, THE UNCOLLECTIBLE ACCOUNT IS RECLASSIFIED TO CHARITY AND ALL COLLECTION EFFORTS CEASE.

PATIENTS ARE ELIGIBLE TO APPLY FOR FREE CARE 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 FREE CARE DURING THE TAX YEAR. THE ACCOUNTS WERE RECLASSIFIED AS FREE CARE DUE TO THE FACT THAT PATIENTS APPLIED FOR, AND WERE APPROVED FOR, FREE CARE AFTER THE ACCOUNTS WERE PLACED WITH A BAD DEBT AGENCY.

HUNTINGTON MEMORIAL HOSPITAL, INC. PROVIDES HEALTH CARE SERVICES THROUGH VARIOUS PROGRAMS THAT ARE DESIGNED, AMONG OTHER THINGS, TO ENHANCE THE HEALTH OF THE COMMUNITY AND IMPROVE THE HEALTH OF AT-RISK POPULATIONS. IN ADDITION, HUNTINGTON MEMORIAL HOSPITAL, INC. PROVIDES SERVICES INTENDED TO BENEFIT THE POOR AND UNDERSERVED, INCLUDING THOSE PERSONS WHO CANNOT AFFORD HEALTH INSURANCE DUE TO INADEQUATE RESOURCES OR WHO ARE UNINSURED

**Part VI** Supplemental Information (Continuation)

OR UNDERINSURED.

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 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 VI** Supplemental Information (Continuation)

PART III, LINE 9B:

COLLECTION PRACTICES FOR PATIENTS ELIGIBLE FOR CHARITY CARE

THE LAST PARAGRAPH OF THE PAYMENT POLICY STATES:

"FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR THOSE PATIENTS WHO CANNOT PAY THEIR BILL. THOSE OPTIONS ARE WELFARE ASSISTANCE OR FREE CARE THROUGH THE HOSPITAL CHARITY PROGRAM. (SEE CHARITY CARE POLICY.) PATIENTS WILL BE INSTRUCTED TO CONTACT A COUNSELOR TO DISCUSS THE AVAILABLE OPTIONS."

ADDITIONALLY, THERE IS AN ONGOING EFFORT THROUGHOUT THE COLLECTION PROCESS TO SCREEN FOR MEDICAID ELIGIBILITY AND THE NEED FOR PROVIDING CHARITY CARE APPLICATIONS TO PATIENTS. IF A PATIENT MAY BE ELIGIBLE FOR MEDICAID, THE HOSPITAL PROVIDES A SERVICE TO OUR PATIENTS THAT HELPS THEM APPLY FOR MEDICAID WITH THE STATE IN WHICH THEY RESIDE. IF A PATIENT IS APPROVED FOR CHARITY CARE, THEIR ACCOUNT IS WRITTEN OFF AND COLLECTION EFFORTS CEASE.

PART VI, LINE 2:

DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES.

PARKVIEW HEALTH SYSTEM, INC., INCLUDING HUNTINGTON MEMORIAL HOSPITAL, INC., AND IN CONJUNCTION WITH THE ALLEN COUNTY - FORT WAYNE HEALTH DEPARTMENT, RECENTLY COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE FIVE COUNTY SERVICE AREA IN WHICH PARKVIEW HOSPITALS RESIDE. IN ADDITION, PARKVIEW HEALTH SYSTEM, INC. PARTNERED WITH THE TECHNICAL ASSISTANCE PROGRAM OF PURDUE UNIVERSITY AND THE SOCIAL RESEARCH DEPARTMENT OF INDIANA UNIVERSITY - PURDUE UNIVERSITY OF FORT WAYNE (IPFW) TO COMPLETE MUCH OF THE FIELD WORK.

**Part VI** Supplemental Information (Continuation)

IPFW CONDUCTED THE COMMUNITY SURVEY, PROVIDED DATA ANALYSIS, AND INCORPORATED SECONDARY DATA INTO THE ASSESSMENT. PURDUE UNIVERSITY ASSISTED WITH THE PUBLIC HEALTH AND OTHER HEALTH CARE PROFESSIONALS SURVEY. PARKVIEW HEALTH SYSTEM, INC. COMMENCED IMPLEMENTATION STRATEGIES IN 2013.

THE INFORMATION FROM THE SURVEY HAS PROVEN TO BE A VALUABLE TOOL AS WE CONTINUE TO SEEK AND PRIORITIZE OPPORTUNITIES TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE AND IDENTIFY OPPORTUNITIES FOR COLLABORATION AMONG COMMUNITY ORGANIZATIONS AND LEADERS. HUNTINGTON MEMORIAL HOSPITAL, INC. REPRESENTATIVES HAVE RELATIONSHIPS THROUGHOUT THE COMMUNITY AND MEET REGULARLY WITH VARIOUS ORGANIZATIONS THAT SHARE HUNTINGTON MEMORIAL HOSPITAL, INC.'S MISSION OF IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE.

PART VI, LINE 3:

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

-AT POINT OF REGISTRATION OR SCHEDULING, IF A PATIENT EXPRESSES THEIR INABILITY TO PAY, THE REGISTRAR OR SCHEDULER WILL REFER THE PATIENT TO A FINANCIAL COUNSELOR OR WILL PROVIDE FINANCIAL COUNSELING CONTACT INFORMATION IN THE FORM OF A BUSINESS CARD TO THE PATIENT OUTSIDE OF NORMAL BUSINESS HOURS.

-SIGNAGE IN THE EMERGENCY DEPARTMENT AND CASHIER AREAS INFORMS THE PATIENT

**Part VI** Supplemental Information (Continuation)

OF THEIR RIGHT TO RECEIVE CARE REGARDLESS OF THEIR ABILITY TO PAY AND TELLS THEM THEY MAY BE ELIGIBLE FOR GOVERNMENTAL ASSISTANCE.

-THE PATIENT'S INITIAL STATEMENT INSTRUCTS THE PATIENT TO CALL THE PATIENT ACCOUNTING DEPARTMENT IF THEY CANNOT PAY IN FULL. THE PATIENT ACCOUNTING CALL CENTER COLLECTORS SCREEN FOR THE APPLICABILITY OF GOVERNMENT ASSISTANCE AND OFFER FREE CARE APPLICATIONS TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS.

-THE ONLINE ACCOUNT MANAGER OF HUNTINGTON MEMORIAL HOSPITAL, INC.'S WEBSITE (WWW.PARKVIEW.COM) CONTAINS INFORMATION ON HOW TO CONTACT THE PATIENT ACCOUNTING DEPARTMENT FOR PAYMENT OPTIONS OR FREE CARE ELIGIBILITY.

-ALL UNINSURED OR UNDERINSURED PATIENTS WHO ARE INPATIENT OR OBSERVATION STATUS ARE VISITED BY FINANCIAL COUNSELORS. THE FINANCIAL COUNSELORS PROVIDE PAYMENT OPTIONS, INCLUDING SCREENING FOR THE APPLICABILITY OF GOVERNMENT ASSISTANCE, AS WELL AS OFFERING FREE CARE APPLICATIONS TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS.

-OUTBOUND PHONE CALLS ARE MADE TO PATIENTS TO SET UP PAYMENT ARRANGEMENTS. IF A PATIENT CANNOT MAKE PAYMENT ON THEIR ACCOUNT, THEY WILL BE SCREENED FOR THE APPLICABILITY OF GOVERNMENT ASSISTANCE. ADDITIONALLY, FREE CARE APPLICATIONS WILL BE OFFERED TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS.

-IF A PATIENT'S ACCOUNT IS PLACED WITH A COLLECTION AGENCY, THE AGENCY IS INSTRUCTED TO SCREEN FOR FREE CARE IF THE PATIENT EXPRESSES THEIR

**Part VI** Supplemental Information (Continuation)

INABILITY TO PAY.

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 37,211 RESIDENTS, PRIMARILY CAUCASIAN FOLLOWED BY AFRICAN AMERICAN. THE COUNTY'S UNEMPLOYMENT RATE IS 9.4%. THE MEDIAN INCOME IN HUNTINGTON COUNTY IS \$59,100, BUT HAS A POVERTY RATE OF APPROXIMATELY 11.3%. THE MAKE-UP OF EMPLOYMENT IS HEAVILY MANUFACTURING AND IS FOLLOWED BY HEALTH CARE AND SOCIAL ASSISTANCE JOBS.

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.).

HUNTINGTON MEMORIAL HOSPITAL, INC.'S BOARD OF DIRECTORS IS COMPRISED OF MEMBERS, OF WHICH SUBSTANTIALLY ALL ARE INDEPENDENT COMMUNITY MEMBERS. A MAJORITY OF THE BOARD RESIDES IN HUNTINGTON MEMORIAL HOSPITAL, INC.'S PRIMARY SERVICE AREA. HUNTINGTON MEMORIAL HOSPITAL, INC. ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON HUNTINGTON MEMORIAL HOSPITAL,

**Part VI** Supplemental Information (Continuation)

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.

-HEALTH AND WELLNESS COMMITTEE: THE HOSPITAL IS PART OF A GROUP OF NOT-FOR-PROFIT ORGANIZATIONS, INCLUDING THE UNITED WAY AND THE YMCA THAT MEET REGULARLY TO DISCUSS THE HEALTH AND WELLNESS ISSUES OF HUNTINGTON COUNTY.

-COMMUNITY NURSING INITIATIVE: HUNTINGTON MEMORIAL HOSPITAL, INC. FUNDS A FULL-TIME LICENSED PRACTICAL NURSE AT PATHFINDER, INC.'S "KIDS KAMPUS". THE NURSE WORKS IN THE SICK CARE UNIT OF THIS CHILD-CARE CENTER TO ENABLE PARENTS TO HAVE A PLACE WHERE THEIR SICK CHILDREN CAN RECEIVE EXCELLENT CARE.

-HUNTINGTON MEMORIAL HOSPITAL, INC. PROVIDES OPERATING SUPPORT TO THE

**Part VI** Supplemental Information (Continuation)

HUNTINGTON COUNTY FREE CLINIC TO CARE FOR UNINSURED AND UNDERINSURED HUNTINGTON COUNTY RESIDENTS. IN ADDITION, THE HOSPITAL PROVIDES SUPPORT FOR THE HUNTINGTON MEDICAL ASSISTANCE PROGRAM THAT ASSISTS THOSE WHO QUALIFY IN OBTAINING MEDICAL SUPPLIES AND PRESCRIPTION MEDICATIONS AT LITTLE OR NO COST. THE PROGRAM ALSO ASSISTS PATIENTS TO ENROLL IN THE PHARMACEUTICAL ASSISTANCE PROGRAM (PAP).

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, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC., COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., COMMUNITY HOSPITAL OF NOBLE COUNTY, INC., WHITLEY MEMORIAL HOSPITAL, INC., AND HUNTINGTON MEMORIAL HOSPITAL, INC. AS WELL AS 60% OWNERSHIP IN THE JOINT VENTURE OF ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC.

PARKVIEW IS GUIDED BY A MISSION TO IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES. PARKVIEW CONTRIBUTES TO THE SUCCESS OF NORTHEAST INDIANA BY EFFICIENTLY OPERATING ITS FACILITIES, DELIVERING HIGH QUALITY HEALTHCARE SERVICES TO ITS PATIENTS, AND PROVIDING SUPPORT TO LOCAL BUSINESSES AND ACTIVITIES. PARKVIEW SEEKS TO CREATE ALIGNMENT OPPORTUNITIES TO DELIVER COMPREHENSIVE HIGH-QUALITY CARE THAT BENEFITS ITS PATIENTS, COMMUNITIES, PHYSICIANS, AND CO-WORKERS.

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

**Part VI** Supplemental Information (Continuation)

ITS PATIENTS, BUT ALSO IN PROVIDING A WORKPLACE THAT IS SECOND TO NONE FOR ITS PHYSICIANS, NURSES AND STAFF. PARKVIEW'S MISSION IS TO PROVIDE QUALITY HEALTH SERVICES TO ALL WHO ENTRUST THEIR CARE TO US AND WILL WORK TO IMPROVE THE HEALTH OF OUR COMMUNITIES. PARKVIEW BELIEVES THAT THE COMMUNITIES IT SERVES SHOULD ALL HAVE THE PEACE OF MIND THAT COMES WITH ACCESS TO COMPASSIONATE, HIGH-QUALITY HEALTH CARE, 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.