

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization **PARKVIEW HEALTH SYSTEM, INC.** Employer identification number **35-1972384**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <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 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 _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a 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 If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			83,053.		83,053.	.02%
b Medicaid (from Worksheet 3, column a)			1466481.	908,684.	557,797.	.13%
c Costs of other means-tested government programs (from Worksheet 3, column b)			575,116.	423,258.	151,858.	.04%
d Total Financial Assistance and Means-Tested Government Programs			2124650.	1331942.	792,708.	.19%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			887,684.	76,245.	811,439.	.19%
f Health professions education (from Worksheet 5)			814,086.		814,086.	.19%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4767790.		4767790.	1.12%
j Total. Other Benefits			6469560.	76,245.	6393315.	1.50%
k Total. Add lines 7d and 7j			8594210.	1408187.	7186023.	1.69%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			605,954.		605,954.	.14%
2 Economic development			949,225.		949,225.	.22%
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			28,000.		28,000.	.01%
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			574,121.		574,121.	.14%
9 Other						
10 Total			2157300.		2157300.	.51%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	6,700,735.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	8,579,175.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,878,440.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 IMAGING SERVICES HOLDING COMPANY, LLC	HOLDING COMPANY	50.00%		50.00%
2 ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC	ORTHOPAEDIC HOSPITAL	60.00%		40.00%
3 PREMIER SURGERY CENTER, LLC	SURGERY CENTER	50.00%		50.00%

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH
11119 PARKVIEW PLAZA DRIVE
FORT WAYNE, IN 46845
WWW.PARKVIEW.COM
14-005845-1

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, X, , , , , , .

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 ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b If "No", is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,

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

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
<p>18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>d <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>e <input type="checkbox"/> None of these actions or other similar actions were permitted</p>		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes", check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> Non of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Section C.			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, :

PART V, SECTION B, LINE 5: 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) WORKING WITH LOCAL ADVOCACY ORGANIZATIONS WHO SPECIALIZE IN AIDING THESE VARIOUS POPULATIONS IN OUR COMMUNITIES. IN ADDITION, PURDUE HEALTHCARE ADVISORS CONDUCTED A SURVEY OF PUBLIC HEALTH, OTHER HEALTHCARE PROFESSIONALS, AND SOCIAL SERVICE AGENCIES THAT SERVE LOW-INCOME POPULATIONS IN ALLEN, HUNTINGTON, LAGRANGE, NOBLE AND WHITLEY COUNTIES TO BETTER UNDERSTAND KEY PUBLIC HEALTH AND HEALTHCARE ISSUES IN THE FIVE-COUNTY AREA. 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. ALL DATA WAS COLLECTED AND REPORTED IN AGGREGATE.

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, :

PART V, SECTION B, LINE 6A: 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); AND WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665).

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, :

PART V, SECTION B, LINE 6B: FORT WAYNE-ALLEN COUNTY DEPARTMENT OF HEALTH;
INDIANA UNIVERSITY-PURDUE UNIVERSITY FORT WAYNE CENTER FOR SOCIAL RESEARCH
AND PURDUE HEALTHCARE ADVISORS OF PURDUE UNIVERSITY.

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, :

PART V, SECTION B, LINE 11: 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.

CHLAMYDIA INFECTIONS - THE FORT WAYNE-ALLEN COUNTY HEALTH DEPARTMENT IN
CONJUNCTION WITH MATTHEW 25 HEALTH AND DENTAL CLINIC OPERATES A SEXUALLY
TRANSMITTED DISEASE (STD) CLINIC. THE AIDS TASK FORCE OF FORT WAYNE
PROVIDES STD PREVENTION EDUCATION TO TEENS AND ADULTS WHICH PARKVIEW
SUPPORTS.

TEEN BIRTHS - LUTHERAN SOCIAL SERVICES' EDUCATION CREATES HOPE AND
OPPORTUNITY (ECHO) PROGRAM PROVIDES ONE-ON-ONE, HOME- AND SCHOOL-BASED
CASE MANAGEMENT SERVICES TO PREGNANT AND PARENTING TEENS WITH THE GOAL OF
TEENS COMPLETING THEIR HIGH SCHOOL EDUCATION AND SETTING OTHER LIFE GOALS.
TWO OTHER LOCAL ORGANIZATIONS PROVIDE PREGNANCY TESTING, EDUCATION AND
SERVICES TO PREGNANT WOMEN AND NEW MOMS.

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

INFANT MORTALITY - PARKVIEW IS ADDRESSING PRENATAL CARE AS ONE THE THREE TOP HEALTH PRIORITIES WHICH HAS A DIRECT EFFECT ON INFANT MORTALITY. THE HEALTH SYSTEM IS ADDRESSING INFANT MORTALITY THROUGH PATIENT CARE PROTOCOLS, PRENATAL CARE EDUCATION, SAFE SLEEP EDUCATION, CAR SEAT SAFETY AND CHILD ABUSE PREVENTION. THE SYSTEM WORKS WITH LOCAL ORGANIZATIONS, THE INDIANA STATE DEPARTMENT OF HEALTH AND STATE-WIDE PERINATAL HEALTH ORGANIZATIONS TO ADDRESS INFANT MORTALITY.

EXCESSIVE ALCOHOL USE - PARKVIEW BEHAVIORAL HEALTH (PBH) WILL BE ADDRESSING MENTAL HEALTH AS A TOP PRIORITY. RELATED TO ALCOHOL ABUSE SPECIFICALLY, PBH PROVIDES DETOXIFICATION SERVICES AND INTENSIVE OUTPATIENT SERVICES. IN ADDITION, PBH PARTNERS WITH LOCAL SUBSTANCE ABUSE PROVIDERS, I.E., COMMUNITY MENTAL HEALTH CENTERS, FOR OTHER SERVICES ON THE CONTINUUM OF CARE. THE DRUG AND ALCOHOL CONSORTIUM OF ALLEN COUNTY HAS AS ITS MISSION TO PROVIDE AN EFFECTIVE NETWORK TO COORDINATE RESOURCES AND EFFORTS TO REDUCE AND ERASE ALCOHOL, TOBACCO AND OTHER DRUG (ATOD) ABUSE AND THE PROBLEMS THAT RESULT FROM SUBSTANCE ABUSE IN THE COMMUNITY. THE CONSORTIUM IS MADE UP OF INTERDISCIPLINARY ORGANIZATIONS. PBH HAS REPRESENTATION ON THE CONSORTIUM, CONTRIBUTES TO THE ANNUAL PLANNING PROCESS AND PROVIDES DATA TO THE CONSORTIUM. THERE ARE OTHER LOCAL SUBSTANCE ABUSE PROGRAMS AND TRANSITIONAL LIVING FACILITIES THAT SERVE THIS POPULATION.

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 RECRUITS PHYSICIANS ACCORDINGLY. ALLEN COUNTY HAS A STRONG HEALTHCARE SAFETY NET THAT

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

ADDRESSES THE NEEDS OF INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED.

PARTICIPATING ORGANIZATIONS IN THE SAFETY NET INCLUDE MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINICS, BOTH OF WHICH ARE SUPPORTED IN PART BY PARKVIEW HOSPITAL, INC., FORT WAYNE-ALLEN COUNTY HEALTH DEPARTMENT AND OTHER HEALTH ORGANIZATIONS.

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, :

PART V, SECTION B, LINE 16I: 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 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

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

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 PARKVIEW HEALTH SYSTEM, 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.

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, :

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 22D: FULL WRITEOFFS ARE PROVIDED TO PATIENTS WHOSE 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? 73

Name and address	Type of Facility (describe)
1 PARKVIEW PHYSICIANS GROUP 11109 PARKVIEW PLAZA DR. FORT WAYNE, IN 46845	PHYSICIAN OFFICE
2 PARKVIEW PHYSICIANS GROUP 3909 NEW VISION DRIVE FORT WAYNE, IN 46845	PHYSICIAN OFFICE
3 PARKVIEW PHYSICIANS GROUP 11108 PARKVIEW CIRCLE FORT WAYNE, IN 46845	PHYSICIAN OFFICE
4 PARKVIEW PHYSICIANS GROUP 1818 CAREW STREET FORT WAYNE, IN 46805	PHYSICIAN OFFICE
5 PARKVIEW PHYSICIANS GROUP 11123 PARKVIEW PLAZA DR. FORT WAYNE, IN 46845	PHYSICIAN OFFICE
6 PARKVIEW PHYSICIANS GROUP 11141 PARKVIEW PLAZA DR. FORT WAYNE, IN 46845	PHYSICIAN OFFICE
7 PARKVIEW PHYSICIANS GROUP 1270 EAST STATE ROAD 205 COLUMBIA CITY, IN 46725	PHYSICIAN OFFICE
8 PARKVIEW PHYSICIANS GROUP 2003 STULTS ROAD HUNTINGTON, IN 46750	PHYSICIAN OFFICE
9 PARKVIEW PHYSICIANS GROUP 1515 HOBSON ROAD FORT WAYNE, IN 46805	PHYSICIAN OFFICE
10 PARKVIEW PHYSICIANS GROUP 11104 PARKVIEW CIRCLE DR. FORT WAYNE, IN 46845	PHYSICIAN OFFICE

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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? _____

Name and address	Type of Facility (describe)
11 PARKVIEW PHYSICIANS GROUP 1331 MINNICH ROAD NEW HAVEN, IN 46774	PHYSICIAN OFFICE
12 PARKVIEW PHYSICIANS GROUP 2708 GUILFORD STREET HUNTINGTON, IN 46750	PHYSICIAN OFFICE
13 PARKVIEW PHYSICIANS GROUP 2231 CAREW STREET FORT WAYNE, IN 46805	PHYSICIAN OFFICE
14 PARKVIEW PHYSICIANS GROUP 306 E. MAUMEE STREET SUITE ANGOLA, IN 46703	PHYSICIAN OFFICE
15 PARKVIEW PHYSICIANS GROUP 104 NICHOLAS PLACE AVILLA, IN 46710	PHYSICIAN OFFICE
16 PARKVIEW PHYSICIANS GROUP 2710 LAKE AVENUE FORT WAYNE, IN 46805	PHYSICIAN OFFICE
17 PARKVIEW PHYSICIANS GROUP 8911 LIBERTY MILLS RD. FORT WAYNE, IN 46804	PHYSICIAN OFFICE
18 PARKVIEW PHYSICIANS GROUP 8028 CARNEGIE BLVD. FORT WAYNE, IN 46804	PHYSICIAN OFFICE
19 PARKVIEW PHYSICIANS GROUP 326 SAWYER ROAD KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
20 PARKVIEW PHYSICIANS GROUP 2300 DUBOIS DR. WARSAW, IN 46580	PHYSICIAN OFFICE

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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? _____

Name and address	Type of Facility (describe)
21 PARKVIEW PHYSICIANS GROUP 6130 TRIER ROAD FORT WAYNE, IN 46815	PHYSICIAN OFFICE
22 PARKVIEW PHYSICIANS GROUP 10515 ILLINOIS ROAD FORT WAYNE, IN 46814	PHYSICIAN OFFICE
23 PARKVIEW PHYSICIANS GROUP 207 N. TOWNLINE ROAD LAGRANGE, IN 46761	PHYSICIAN OFFICE
24 PARKVIEW PHYSICIANS GROUP 6920 POINTE INVERNESS WAY SUITE 120 FORT WAYNE, IN 46804	PHYSICIAN OFFICE
25 PARKVIEW PHYSICIANS GROUP 5104 N. CLINTON FORT WAYNE, IN 46825	PHYSICIAN OFFICE
26 PARKVIEW PHYSICIANS GROUP 512 N. PROFESSIONAL WAY KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
27 PARKVIEW PHYSICIANS GROUP 11115 PARKVIEW PLAZA DR. FORT WAYNE, IN 46845	PHYSICIAN OFFICE
28 PARKVIEW PHYSICIANS GROUP 6108 MAPLECREST ROAD FORT WAYNE, IN 46835	PHYSICIAN OFFICE
29 PARKVIEW PHYSICIANS GROUP 2402 LAKE AVENUE FORT WAYNE, IN 46805	PHYSICIAN OFFICE
30 PARKVIEW PHYSICIANS GROUP 1314 EAST 7TH STREET, SUITE 103 AUBURN, IN 46706	PHYSICIAN OFFICE

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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? _____

Name and address	Type of Facility (describe)
31 PARKVIEW PHYSICIANS GROUP 8607 TEMPLE DR. FORT WAYNE, IN 46809	PHYSICIAN OFFICE
32 PARKVIEW PHYSICIANS GROUP 1316 EAST SEVENTH STREET AUBURN, IN 46706	PHYSICIAN OFFICE
33 PARKVIEW PHYSICIANS GROUP 1464 LINCOLNWAY SOUTH LIGONIER, IN 46767	PHYSICIAN OFFICE
34 PARKVIEW PHYSICIANS GROUP 1104 N. WAYNE ST. NORTH MANCHESTER, IN 46962	PHYSICIAN OFFICE
35 PARKVIEW PHYSICIANS GROUP 15707 OLD LIMA RD. HUNTERTOWN, IN 46748	PHYSICIAN OFFICE
36 PARKVIEW PHYSICIANS GROUP 13430 MAIN ST. GRABILL, IN 46741	PHYSICIAN OFFICE
37 PARKVIEW PHYSICIANS GROUP 885 WEST CONNEXION WAY SUITE 200A COLUMBIA CITY, IN 46725	PHYSICIAN OFFICE
38 PARKVIEW PHYSICIANS GROUP 2814 THEATER AVENUE HUNTINGTON, IN 46750	PHYSICIAN OFFICE
39 PARKVIEW ORTHO CENTER, LLC. 11420 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	SURGERY CENTER
40 PARKVIEW PHYSICIANS GROUP 4084 NORTH U.S. HWY 33 CHURUBUSCO, IN 46723	PHYSICIAN OFFICE

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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? _____

Name and address	Type of Facility (describe)
41 PARKVIEW PHYSICIANS GROUP 8175 WEST U.S. 20 SHIPSHEWANA, IN 46565	PHYSICIAN OFFICE
42 PARKVIEW PHYSICIANS GROUP 620 W. NORTH STREET COLUMBIA CITY, IN 46725	PHYSICIAN OFFICE
43 PARKVIEW PHYSICIANS GROUP 4665 STATE ROAD 5 SOUTH WHITLEY, IN 46787	PHYSICIAN OFFICE
44 PARKVIEW PHYSICIANS GROUP 401 SAWYER ROAD KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
45 PARKVIEW PHYSICIANS GROUP 420 SAWYER ROAD, PO BOX 99 KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
46 PARKVIEW PHYSICIANS GROUP 817 TRAIL RIDGE ROAD ALBION, IN 46701	PHYSICIAN OFFICE
47 IMAGING SYSTEMS HOLDINGS, LLC 3707 NEW VISION DRIVE FORT WAYNE, IN 46845	IMAGING SERVICES
48 PARKVIEW PHYSICIANS GROUP 4666 W. JEFFERSON BLVD FORT WAYNE, IN 46804	PHYSICIAN OFFICE
49 PARKVIEW PHYSICIANS GROUP 577 GEIGER DRIVE, SUITE C ROANOKE, IN 46783	PHYSICIAN OFFICE
50 PARKVIEW PHYSICIANS GROUP U.S. HWY 30 WEST, 5 MATCHETT DRIVE PIERCETON, IN 46562	PHYSICIAN OFFICE

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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? _____

Name and address	Type of Facility (describe)
51 PARKVIEW PHYSICIANS GROUP 2600 N. DETROIT ST. (SR 9) LAGRANGE, IN 46761	PHYSICIAN OFFICE
52 PARKVIEW PHYSICIANS GROUP 410 SAWYER ROAD KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
53 PARKVIEW PHYSICIANS GROUP 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	PHYSICIAN OFFICE
54 PARKVIEW PHYSICIANS GROUP 2001 STULTS ROAD HUNTINGTON, IN 46750	PHYSICIAN OFFICE
55 PARKVIEW PHYSICIANS GROUP 710 N. EAST STREET WABASH, IN 46992	PHYSICIAN OFFICE
56 PREMIER SURGERY CENTER, LLC 1333 MAYCREST DRIVE FORT WAYNE, IN 46805	SURGERY CENTER
57 PARKVIEW PHYSICIANS GROUP 150 GROWTH PARKWAY ANGOLA, IN 46703	PHYSICIAN OFFICE
58 PARKVIEW PHYSICIANS GROUP 1234 EAST DUPONT ROAD, SUITE 5 FORT WAYNE, IN 46825	PHYSICIAN OFFICE
59 PARKVIEW PHYSICIANS GROUP 3303 TRIER ROAD, SUITE 1 FORT WAYNE, IN 46815	PHYSICIAN OFFICE
60 PARKVIEW PHYSICIANS GROUP 2500 E. BELLEFONTAINE RD. HAMILTON, IN 46742	PHYSICIAN OFFICE

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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? _____

Name and address	Type of Facility (describe)
61 PARKVIEW PHYSICIANS GROUP 3828 NEW VISION DRIVE FORT WAYNE, IN 46845	PHYSICIAN OFFICE
62 PARKVIEW PHYSICIANS GROUP 112 S. MAIN ST. MILFORD, IN 46542	PHYSICIAN OFFICE
63 FOUNDATION SURGERY AFF OF FT WAYNE, L 8004 CARNEGIE BLVD. FORT WAYNE, IN 46804	SURGERY CENTER
64 PARKVIEW PHYSICIANS GROUP 3816 NEW VISION DRIVE, BUILDING D FORT WAYNE, IN 46845	PHYSICIAN OFFICE
65 PARKVIEW PHYSICIANS GROUP 344 N. MAIN STREET COLUMBIA CITY, IN 46725	PHYSICIAN OFFICE
66 PARKVIEW PHYSICIANS GROUP 2280 PROVIDENT COURT WARSAW, IN 46580	PHYSICIAN OFFICE
67 PARKVIEW PHYSICIANS GROUP 1129 FIRST ST. HUNTINGTON, IN 46750	PHYSICIAN OFFICE
68 PARKVIEW PHYSICIANS GROUP 410 EAST MITCHELL STREET KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
69 PARKVIEW PHYSICIANS GROUP 412 SAWYER ROAD KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
70 NORTHEAST INDIANA CANCER CENTER, LLC 516 E. MAUMEE STREET ANGOLA, IN 46703	MEDICAL SERVICES

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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

PARKVIEW HEALTH SYSTEM, 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

PARKVIEW HEALTH SYSTEM, INC. IS COMMITTED TO PROVIDING CHARITY CARE TO PATIENTS UNABLE TO MEET THEIR FINANCIAL OBLIGATIONS. IT IS FURTHERMORE THE POLICY OF PARKVIEW HEALTH SYSTEM, 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

PARKVIEW HEALTH SYSTEM, 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 HEALTH SYSTEM, 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 7F

AMOUNTS PRESENTED ARE BASED UPON ACTUAL SPEND AND ARE IN CONFORMITY WITH AGREED UPON COMMITMENTS WITH THE VARIOUS EDUCATIONAL PROGRAMS.

PART I, LINE 7I

IN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, PARKVIEW HEALTH SYSTEM, 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

PARKVIEW HEALTH SYSTEM, INC. INCLUDED NO COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC AS SUBSIDIZED HEALTH SERVICES.

PART I, LN 7 COL(F):

Part VI Supplemental Information (Continuation)

PERCENT OF TOTAL EXPENSE

PARKVIEW HEALTH SYSTEM, INC. EXCLUDED \$10,287,381 OF BAD DEBT EXPENSE.

PART II, COMMUNITY BUILDING ACTIVITIES:

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

PARKVIEW HEALTH SYSTEM, 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 WELL-BEING OF THE COMMUNITY.

PHYSICIAN RECRUITMENT:

PARKVIEW HEALTH SYSTEM, INC. SUPPORTS PHYSICIAN RECRUITMENT ACTIVITIES TO ASSIST IN TIMELY RESPONSE TO PATIENT CARE NEEDS IN THE COMMUNITY. RECRUITMENT ACTIVITIES ARE BASED ON THE RESULTS OF A PERIODIC PHYSICIAN NEEDS ASSESSMENT. PARKVIEW HEALTH SYSTEM, INC. DEVELOPS A PHYSICIAN RECRUITMENT PLAN TO ADDRESS POTENTIAL GAPS IN PATIENT COVERAGE.

PARKVIEW HEALTH SYSTEM, INC. STRIVES TO BRING THE BEST INTEGRATED, QUALITY, AND COST EFFECTIVE CARE AND INNOVATIVE TECHNOLOGY AVAILABLE TO OUR COMMUNITIES. IN DOING SO, WE FOCUS OUR EFFORTS ON RECRUITING AN EXCEPTIONAL TEAM OF PHYSICIANS.

EACH MEMBER OF PARKVIEW HEALTH SYSTEM, INC.'S HEALTHCARE TEAM IS RESPONSIBLE FOR NURTURING AN ENVIRONMENT OF EXCELLENCE CREATING THE BEST PLACE FOR CO-WORKERS TO WORK, PHYSICIANS TO PRACTICE MEDICINE, AND PATIENTS TO RECEIVE CARE. WE ARE COMMITTED TO PROVIDING EXCELLENT CUSTOMER

Part VI Supplemental Information (Continuation)

SERVICE TO ALL PEOPLE. PARKVIEW'S EMPLOYED PHYSICIANS DO NOT DISCRIMINATE BASED ON PATIENT PAYER SOURCE. WE KNOW HOW IMPORTANT CLINICAL, SERVICE AND OPERATIONAL EXCELLENCE IS TO THE SUCCESS OF PARKVIEW HEALTH SYSTEM, INC., AND WE RECOGNIZE HOW IMPORTANT OUR SUCCESS IS TO THE COMMUNITY.

PRIMARY HEALTHCARE ACCESS HAS BEEN IMPROVED THROUGH THE USE OF MID-LEVEL PROVIDERS AND OPENING NEW FAMILY PRACTICE OFFICES AT LIBERTY MILLS IN SOUTHWEST FORT WAYNE AND NEW VISION DRIVE ON PARKVIEW'S NORTH CAMPUS. ALSO, ADDITIONAL HOURS FOR WALK-IN CLINICS LOCATED AT VARIOUS PARKVIEW PHYSICIAN GROUP OFFICES HAVE BEEN INSTITUTED TO ACCOMMODATE SAME-DAY APPOINTMENTS.

PHYSICAL IMPROVEMENTS:

THE PARKVIEW NORTH FAMILY PARK IS A RECREATIONAL PARK AREA OPEN TO THE PUBLIC AND LOCATED ON THE NORTH CAMPUS, WHICH IS THE HOME OF THE PARKVIEW REGIONAL MEDICAL CENTER. PARKVIEW HEALTH SYSTEM, INC. MAKES THE PARK AVAILABLE TO THE GENERAL PUBLIC AND MAINTAINS THE PROPERTY TO ENHANCE THE COMMUNITY AND PROMOTE PHYSICAL ACTIVITY.

ECONOMIC DEVELOPMENT:

PARKVIEW HEALTH SYSTEM, INC. FOSTERS ECONOMIC DEVELOPMENT IN SEVERAL WAYS. PARKVIEW HEALTH SYSTEM, INC. HAS PLAYED A KEY ROLE IN THE NORTHEAST INDIANA REGIONAL MARKETING PARTNERSHIP'S VISION 20/20 CAMPAIGN TO MARKET NORTHEAST INDIANA ON A GLOBAL BASIS. PARKVIEW HEALTH SYSTEM, INC. MADE A MULTI-YEAR PLEDGE TO THIS INNOVATIVE CAMPAIGN. MIKE PACKNETT, PRESIDENT AND CEO OF PARKVIEW HEALTH, HAS BEEN INSTRUMENTAL IN LEADING THIS GROUP OF COMMUNITY REPRESENTATIVES FROM BUSINESS, EDUCATION, GOVERNMENT AND FOUNDATION SECTORS TO DEVELOP A COMPELLING AND ACTIONABLE VISION FOR THE

Part VI Supplemental Information (Continuation)

TEN-COUNTY NORTHEAST INDIANA REGION. VISION 20/20'S PRIORITIES ARE TIED TO EDUCATION/WORKFORCE, BUSINESS CLIMATE, ENTREPRENEURSHIP, INFRASTRUCTURE AND QUALITY OF LIFE FOR THE TEN-COUNTY REGION IN NORTHEAST INDIANA.

PARKVIEW ALSO PLAYED A SIGNIFICANT ROLE IN THE DEVELOPMENT OF GREATER FORT WAYNE, INC., A MERGER OF THE GREATER FORT WAYNE CHAMBER OF COMMERCE AND THE FORT WAYNE-ALLEN COUNTY ECONOMIC DEVELOPMENT ALLIANCE SO AS TO ALIGN AND SYNCHRONIZE LOCAL ECONOMIC GROWTH EFFORTS. IN ADDITION, PARKVIEW HEALTH SYSTEM, INC. CONTINUES TO SUPPORT THE REGIONAL CHAMBER OF NORTHEAST INDIANA.

MULTI-YEAR SUPPORT IS PROVIDED TO THE FORT WAYNE REDEVELOPMENT COMMISSION FOR A LOCAL BASEBALL STADIUM LOCATED IN DOWNTOWN FORT WAYNE AS PART OF AN EFFORT TO BRING RENEWED ECONOMIC VITALITY TO THE DOWNTOWN AREA THEREBY ENHANCING THE COMMUNITY AS A WHOLE. THE BASEBALL FIELD IS THE CENTERPIECE OF OTHER SIGNIFICANT PROJECTS TOWARD THE GOAL OF DOWNTOWN REVITALIZATION. IN ADDITION, IT SERVES AS A VENUE FOR PROVIDING PREVENTATIVE HEALTH AND SAFETY EDUCATION AND SCREENINGS TO THE COMMUNITY.

WORKFORCE DEVELOPMENT:

PARKVIEW HEALTH SYSTEM, INC. PROMOTES CAREERS IN HEALTHCARE THROUGH STUDENT JOB SHADOWING OPPORTUNITIES AND INTERNSHIP PROGRAMS DESIGNED FOR HIGH SCHOOL STUDENTS. THESE JOB SHADOWING AND INTERNSHIP PROGRAMS ARE COORDINATED BY EDUCATIONAL SERVICES AND TAKE PLACE THROUGHOUT THE ORGANIZATION, OFFERING STUDENTS A VARIETY OF LEARNING EXPERIENCE OPTIONS.

PART III, LINE 2:

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

Part VI Supplemental Information (Continuation)

ACCOUNTING STANDARDS.

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 HEALTH SYSTEM, 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 HEALTH SYSTEM, 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 HEALTH SYSTEM, INC. HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. PARKVIEW HEALTH SYSTEM, 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. AND PARKVIEW HOSPITAL, INC. IN CONJUNCTION WITH THE ALLEN COUNTY - FORT WAYNE HEALTH DEPARTMENT AND OTHERS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE FIVE COUNTIES (ALLEN, HUNTINGTON, LAGRANGE, NOBLE AND WHITLEY) WHERE PARKVIEW HAS HOSPITALS. ADDITIONALLY, PARKVIEW HEALTH SYSTEM, INC. PARTNERED WITH INDIANA UNIVERSITY/PURDUE UNIVERSITY FORT WAYNE (IPFW) SOCIAL RESEARCH DEPARTMENT AND PURDUE UNIVERSITY HEALTHCARE ADVISORS TO COMPLETE MUCH OF THE FIELD WORK. IPFW CONDUCTED THE RANDOMLY SELECTED COMMUNITY MEMBER SURVEY TO OBTAIN PRIMARY DATA. THE SURVEY INSTRUMENT USED FOR THIS STUDY WAS LARGELY

Part VI Supplemental Information (Continuation)

BASED ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AS WELL AS OTHER PUBLIC HEALTH SURVEYS. IT INCLUDED CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER RECOGNIZED HEALTH ISSUES.

PURDUE UNIVERSITY ASSISTED WITH SURVEYING PUBLIC HEALTH, OTHER HEALTHCARE PROFESSIONALS, SOCIAL SERVICE ADVOCACY AGENCIES AND OTHER COMMUNITY GROUP REPRESENTATIVES. PURDUE ALSO CONDUCTED SECONDARY DATA RESEARCH, DATA ANALYSIS AND FACILITATED PRIORITIZATION OF IDENTIFIED HEALTH ISSUES. SEVERAL SECONDARY DATA SOURCES WERE UTILIZED TO DETERMINE HEALTH ISSUES FOR THE FIVE-COUNTY AREA. THESE RESOURCES INCLUDE THE CENTERS FOR DISEASE CONTROL AND PREVENTION WINNABLE BATTLES, THE INDIANA STATE HEALTH IMPROVEMENT PLAN AND THE INDIANA HEALTH DEPARTMENT DISTRICT 3 HEALTH ASSESSMENTS. IN THE FOURTH QUARTER OF 2013, EACH OF THE FIVE HOSPITALS' BOARD OF DIRECTORS ADOPTED THEIR RESPECTIVE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION STRATEGIES TO ADDRESS IDENTIFIED HEALTH NEEDS.

PARKVIEW HEALTH SYSTEM, INC. REPRESENTATIVES MAINTAIN ONGOING RELATIONSHIPS WITH NUMEROUS HEALTH-RELATED ORGANIZATIONS THROUGHOUT OUR COMMUNITIES. PARKVIEW REPRESENTATIVES MEET REGULARLY WITH ORGANIZATIONS THAT SHARE OUR MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITIES. HEALTH ISSUES IDENTIFIED BY THE SURVEY INCLUDED: OBESITY, TOBACCO USE, CHLAMYDIA INFECTIONS, TEEN BIRTHS, INFANT MORTALITY, PRENATAL CARE, EXCESSIVE ALCOHOL USE, POOR MENTAL HEALTH AND PRIMARY CARE PHYSICIANS (HEALTHCARE ACCESS).

Part VI Supplemental Information (Continuation)

THROUGH A PRIORITIZATION PROCESS, OBESITY (HEALTHY LIFESTYLE BEHAVIORS PROMOTION AND EDUCATION) WAS SELECTED AS THE TOP HEALTH PRIORITY TO BE ADDRESSED BY ALL HOSPITALS OF PARKVIEW HEALTH SYSTEM, INC.

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

-THE ONLINE ACCOUNT MANAGER OF PARKVIEW HEALTH SYSTEM, INC.'S WEBSITE (WWW.PARKVIEW.COM) CONTAINS INFORMATION ON HOW TO CONTACT THE PATIENT

Part VI Supplemental Information (Continuation)

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.

PART VI, LINE 4:

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

PARKVIEW HEALTH SYSTEM, INC. SERVES AN 11-COUNTY AREA (ADAMS, ALLEN, DEKALB, HUNTINGTON, KOSCIUSKO, LAGRANGE, NOBLE, STEUBEN, WABASH, WELLS AND WHITLEY) IN NORTHEAST INDIANA, AS WELL AS NORTHWEST OHIO, AND SOUTHEAST MICHIGAN. THE TOTAL POPULATION OF OUR SERVICE AREA IS OVER 880,000. THE SYSTEM OPERATES HOSPITALS IN ALLEN, HUNTINGTON, LAGRANGE, NOBLE, AND WHITLEY COUNTIES. ALLEN COUNTY IS CONSIDERED THE URBAN AREA AMONGST THE

Part VI Supplemental Information (Continuation)

OTHER RURAL COUNTIES AND REPRESENTS 70% OF THE TOTAL POPULATION OF THE FIVE-COUNTY AREA.

EVEN THOUGH PARKVIEW'S PATIENT SERVICE AREA EXTENDS FAR BEYOND THE FIVE-COUNTY AREA WHERE HOSPITAL ENTITIES RESIDE, ADDRESSING POPULATION HEALTH PRIORITIES IS BASED LARGELY ON THE DEGREE OF ACCESSIBILITY THAT COMMUNITY MEMBERS POSSESS TO ASSISTANCE PROGRAMS, COMMUNITY RESOURCES, ETC. IN ORDER TO BEST IMPROVE THE POPULATION HEALTH IN THE COMMUNITIES THAT WE SERVE, COMMUNITY HEALTH IMPROVEMENT INITIATIVES ARE PROVIDED PRIMARILY TO THE LOCAL COMMUNITIES IN EACH OF THE FIVE COUNTIES.

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) AND ONE SATELLITE OFFICE IN ALLEN COUNTY, NEIGHBORHOOD HEALTH CLINICS. THERE ARE NO FQHCS IN OUR CONTIGUOUS COUNTIES. THE POPULATION OF THE FIVE-COUNTY AREA ACCORDING TO 2013 STATISTICS IS 518,665. THE AVERAGE PERCENTAGE OF THOSE BELOW THE FEDERAL POVERTY LEVEL IS 13.0% FOR THE FIVE-COUNTY AREA. THE MEDIAN HOUSEHOLD INCOME RANGES FROM \$44,828 (HUNTINGTON) TO \$52,673 (WHITLEY). THE UNEMPLOYMENT RATE RANGES FROM 4.5% (LAGRANGE COUNTY) TO 5.9% (ALLEN AND HUNTINGTON COUNTIES) AS OF FEBRUARY 2015.

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.).

Part VI Supplemental Information (Continuation)

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

PARKVIEW HEALTH SYSTEM, INC., AS PARENT OF THE SYSTEM'S VARIOUS HOSPITAL ENTITIES AND PHYSICIAN PRACTICES, SERVES IN AN OVERSIGHT CAPACITY TO FORM AN INTEGRATED HEALTHCARE DELIVERY SYSTEM. EACH OF OUR HEALTHCARE FACILITIES IS EFFICIENTLY SUPPORTED WITH CENTRALIZED, COST-EFFECTIVE ADMINISTRATIVE SUPPORT AND GUIDANCE TO FORM A COMPLETE AND COMPREHENSIVE CARE DELIVERY SYSTEM FOR THE REGION. PARKVIEW HEALTH SYSTEM, INC. SERVES TO MEET ITS MISSION TO ITS COMMUNITIES BY CONDUCTING A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT OF THE REGION AND OFFERING THE SERVICES NECESSARY FOR A SAFER AND HEALTHIER POPULATION.

AS A TESTAMENT TO OUR COMMITMENT TO THE RESIDENTS OF THE COMMUNITIES WE SERVE, PARKVIEW HEALTH SYSTEM, INC. OPENED THE NEW PARKVIEW REGIONAL MEDICAL CENTER ON OUR NORTH CAMPUS IN MARCH 2012. THIS FACILITY BLENDS THE LATEST MEDICAL TECHNOLOGY WITH THE BEST POSSIBLE PATIENT-CENTERED CARE AND PROVIDES GREATER ACCESS TO HEALTHCARE FOR THE ENTIRE REGION. OUR HOSPITAL FACILITY AND CAMPUS LOCATED IN NORTH CENTRAL FORT WAYNE (PARKVIEW RANDALLIA HOSPITAL) IS IN THE PROCESS OF RECEIVING RENOVATIONS AND REMAINS A VITAL PART OF THE LOCAL NEIGHBORHOOD. WHILE THIS FACILITY CONTINUES TO PROVIDE COMMUNITY-CENTRIC HEALTHCARE SERVICES, PARKVIEW IS REPOSITIONING THE RANDALLIA CAMPUS AS PART OF A FUTURE USES PLAN PROCESS. AS A PART OF THESE EFFORTS, PARKVIEW HOSPITAL, INC. IS PARTNERING WITH TRINE AND HUNTINGTON UNIVERSITIES TO FORM THE LIFE SCIENCE AND RESEARCH CENTER. THE CENTER WILL PROVIDE NEW ACADEMIC PROGRAMS AND RESEARCH TIED TO BEHAVIORAL HEALTH, REHABILITATION SERVICES AND SENIOR CARE.

Part VI Supplemental Information (Continuation)

THE MIRRO CENTER FOR RESEARCH AND INNOVATION WAS NEAR COMPLETION AS 2014 CAME TO A CLOSE. THE CENTER HAS IMPLICATIONS FOR ADVANCEMENTS IN CLINICAL RESEARCH AND EDUCATIONAL OPPORTUNITIES. IT WILL HAVE THE CAPABILITY TO LOOK AT DISEASE MANAGEMENT IN A MULTI-PROFESSIONAL SETTING, BRINGING TOGETHER PHYSICIANS, PHARMACISTS, NURSES AND HEALTHCARE STAFF. THOUGH PARKVIEW HAS CONDUCTED CLINICAL RESEARCH IN THE FIELDS OF CARDIOLOGY, NEUROSCIENCES AND ONCOLOGY OVER THE LAST 25 YEARS, THE NEW CENTER WILL ALLOW FORT WAYNE TO BECOME AN INNOVATOR IN THE HEALTHCARE SCIENCES IN PARTNERSHIP WITH REGIONAL AND NATIONAL ACADEMIC INSTITUTIONS. SIMULATION LABS WILL BE OPEN TO HEALTHCARE PROFESSIONALS THROUGHOUT THE REGION FOR TRAINING.

DATA OBTAINED THROUGH TRIENNIAL COMMUNITY HEALTH ASSESSMENTS, PHYSICIAN SURVEYS, AND TREND AND TREATMENT ANALYSIS IS UTILIZED IN PARKVIEW HEALTH SYSTEM, INC.'S STRATEGIC PLANNING PROCESS IN IDENTIFYING COMMUNITY HEALTH NEEDS. AS A RESULT OF THIS STRATEGIC PLANNING PROCESS, PARKVIEW HEALTH SYSTEM, INC. HAS ESTABLISHED SEVERAL PRIORITY AREAS. THESE PRIORITY AREAS ARE ALIGNED WITH PARKVIEW HEALTH SYSTEM, INC.'S MISSION, VISION AND GOALS, AND HELP DIRECT THE TYPES OF HEALTH INITIATIVES THAT THE HEALTH SYSTEM UNDERTAKES. PRIORITY AREAS INCLUDE THE FOLLOWING:

PRIMARY HEALTHCARE/ACCESS TO HEALTHCARE:

-ADDITIONAL RECRUITMENT AND TRAINING OF PRIMARY CARE PHYSICIANS FOR THE COMMUNITY INCLUDING THE ADDITION OF FAMILY PRACTICE PHYSICIANS AT OUR LIBERTY MILLS AND NEW VISION DRIVE LOCATIONS.

-EXPANSION OF PRIMARY CARE ACCESS AND NON-TRADITIONAL HOURS OF PRACTICE INCLUDING THE EXPANSION OF WALK-IN CLINIC HOURS AT SEVERAL PARKVIEW

Part VI Supplemental Information (Continuation)

PHYSICIAN GROUP OFFICES TO ACCOMMODATE SAME-DAY APPOINTMENTS.

-CONTINUED SUPPORT OF PROGRAMS PROVIDING PRIMARY CARE TO THE UNINSURED INCLUDING FINANCIAL SUPPORT TO MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINICS AND COMMUNITY TRANSPORTATION NETWORK.

-PROGRAMS TO INCREASE DISTRIBUTION OF FREE MEDICATIONS TO THE POOR. EACH HOSPITAL PROVIDES A MEDICATION ASSISTANCE PROGRAM AND MAKES THE SERVICES AVAILABLE TO THE COMMUNITY.

-PROMOTION OF HEALTH CAREERS, PARTICULARLY THOSE IN WHICH THE COMMUNITY IS EXPERIENCING A CURRENT SHORTAGE OF HEALTHCARE PROFESSIONALS INCLUDING PROGRAM FUNDING AND SCHOLARSHIPS FOR INDIANA/PURDUE UNIVERSITY FORT WAYNE AND THE UNIVERSITY OF SAINT FRANCIS.

-SUPPORT FOR ACTIVITIES WHICH INCREASE THE AFFORDABILITY AND ACCESSIBILITY OF HEALTH INSURANCE TO THE UNINSURED INCLUDING PARTNERSHIP WITH CANI COVERING KIDS AND FAMILIES THAT PROVIDES ENROLLMENT ELIGIBILITY SERVICES.

HEALTH SCREENING AND PREVENTION:

-CANCER SCREENING PROGRAMS, PARTICULARLY MAMMOGRAM AND PROSTATE SCREENING

-TOBACCO CESSATION PROGRAMS ESPECIALLY FOR WOMEN OF CHILDBEARING AGE

-INJURY PREVENTION FOR CHILDREN, YOUTH AND SENIORS

-DIABETES EDUCATION AND SCREENING

-CARDIOVASCULAR DISEASE EDUCATION AND SCREENING

-PROGRAMS TO REDUCE DANGEROUS DRIVING

-MENTAL HEALTH SCREENING

-EARLY CHILDHOOD DEVELOPMENT

DISEASE MANAGEMENT:

-CARDIOVASCULAR DISEASE

-CANCER

Part VI Supplemental Information (Continuation)

-MENTAL ILLNESSES

-TRAUMA AND ORTHOPAEDIC AILMENTS

-WOMEN'S AND CHILDREN'S MEDICINE WITH AN EMPHASIS ON PRENATAL CARE AND CHILDREN'S ASTHMA

-DIABETES AND OBESITY

HEALTH INNOVATION, EDUCATION, AND RESEARCH AND DEVELOPMENT:

-ENHANCING HEALTHCARE EDUCATION, MEDICAL RESEARCH, AND TECHNOLOGY THROUGH PARTNERSHIPS WITH LOCAL UNIVERSITIES, CONSTRUCTION OF THE MIRRO RESEARCH AND INNOVATION CENTER AND DEVELOPMENT OF THE LIFE SCIENCE EDUCATION AND RESEARCH CONSORTIUM.

-PROMOTING ECONOMIC AND OTHER DEVELOPMENT OF THE COMMUNITY THROUGH PROVIDING HIGH-LEVEL LEADERSHIP TO DEVELOP PARTNERSHIPS WITH REGIONAL PARTNER ORGANIZATIONS THAT SHARE COMMON GOALS.

-DEVELOPMENT OF A CUSTOMIZED POPULATION HEALTH MANAGEMENT MODEL CONTINUES.

PARKVIEW HEALTH SYSTEM, INC., AS THE PARENT ORGANIZATION, AND THROUGH ITS MEMBER HOSPITALS, ANNUALLY FUNDS LOCAL COMMUNITY HEALTH IMPROVEMENT EFFORTS. THESE FUNDS ARE USED TO SUPPORT HEALTH-RELATED, COMMUNITY-BASED PROGRAMS, PROJECTS AND ORGANIZATIONS. FUNDS ARE ALSO USED TO SUPPORT COMMUNITY OUTREACH PROGRAMS AND HEALTH INITIATIVES. THE EMPHASIS WITH THESE PROJECTS CONTINUES TO BE ON IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE WHICH ALIGNS WITH OUR ESTABLISHED MISSION.

PARKVIEW HEALTH SYSTEM, INC., THROUGH THE HOSPITALS OF PARKVIEW HOSPITAL, INC., PROVIDES A COMMUNITY-BASED NURSING PROGRAM THAT PROVIDES SUPPORT AND EDUCATION TO THOUSANDS OF CHILDREN AND THEIR FAMILIES EACH YEAR IN SCHOOL SYSTEMS THROUGHOUT THE REGION. OTHER PARKVIEW HOSPITAL, INC. OUTREACH

Part VI Supplemental Information (Continuation)

PROGRAMS INCLUDE MEDICATION ASSISTANCE, MOBILE MAMMOGRAPHY, NUTRITION EDUCATION AND TRAUMA INJURY PREVENTION EDUCATION.

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., WHITLEY MEMORIAL HOSPITAL, INC. AND HUNTINGTON MEMORIAL HOSPITAL, INC., AS WELL AS 60% OWNERSHIP IN THE JOINT VENTURE OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC. PARKVIEW IS GUIDED BY A MISSION TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES IT SERVES. PARKVIEW CONTRIBUTES TO THE SUCCESS OF THE REGION BY EFFICIENTLY OPERATING ITS FACILITIES, DELIVERING HIGH QUALITY HEALTHCARE SERVICES TO ITS PATIENTS, AND PROVIDING SUPPORT TO LOCAL BUSINESSES AND ACTIVITIES. PARKVIEW HEALTH SYSTEM, INC. SEEKS TO CREATE ALIGNMENT OPPORTUNITIES TO DELIVER COMPREHENSIVE HIGH-QUALITY CARE THAT BENEFITS ITS PATIENTS, PHYSICIANS, CO-WORKERS AND COMMUNITIES. EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH CUSTOMIZED TO MEET THE UNIQUE NEEDS OF THEIR RESPECTIVE COMMUNITIES. AFFILIATE HOSPITALS WORK TOGETHER, AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED. FROM THE LIST OF HEALTH ISSUES IN THE FIVE-COUNTY AREA, THE HEALTH PRIORITY OF OBESITY OR PROMOTING HEALTHY LIFESTYLES INCLUDING GOOD NUTRITION AND PHYSICAL ACTIVITY WAS SELECTED BY ALL AFFILIATE HOSPITALS.

Part VI Supplemental Information (Continuation)

PARKVIEW HEALTH SYSTEM, INC. PRIDES ITSELF IN NOT ONLY OFFERING THE HIGHEST LEVEL OF CARE TO ITS PATIENTS, BUT ALSO IN PROVIDING AN EXCELLENT WORKPLACE FOR ITS PHYSICIANS, NURSES AND STAFF. PARKVIEW'S MISSION IS TO PROVIDE HIGH QUALITY HEALTH SERVICES TO ALL WHO ENTRUST THEIR CARE TO US AND TO IMPROVE THE HEALTH AND WELL-BEING 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 HEALTHCARE, REGARDLESS OF WHETHER THE CARE IS DELIVERED IN A RURAL OR URBAN SETTING.

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

IN

PART VI, LINE 7:

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