

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on 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 **WHITLEY MEMORIAL HOSPITAL, INC.** Employer identification number **35-1967665**

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?		
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)			777,962.		777,962.	1.38%
b Medicaid (from Worksheet 3, column a)			4746327.	1995932.	2750395.	4.89%
c Costs of other means-tested government programs (from Worksheet 3, column b)			5559477.	3526346.	2033131.	3.62%
d Total Financial Assistance and Means-Tested Government Programs			11083766.	5522278.	5561488.	9.89%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			181,985.	49,167.	132,818.	.24%
f Health professions education (from Worksheet 5)			25,411.		25,411.	.05%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			137,856.	8,120.	129,736.	.23%
j Total. Other Benefits			345,252.	57,287.	287,965.	.52%
k Total. Add lines 7d and 7j			11429018.	5579565.	5849453.	10.41%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
<p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p>	X	
<p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>		

Part V Facility Information *(continued)*

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

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

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

Part V Facility Information *(continued)*

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

WHITLEY MEMORIAL HOSPITAL, INC.:

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

WHITLEY MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (EIN 20-2401676); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092); PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823).

Part V Facility Information *(continued)*

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

WHITLEY MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 6B: PARKVIEW HEALTH, INC. (EIN 35-1972384);

INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (A PARTNERSHIP BETWEEN THE INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH AND THE POLIS CENTER AT IUPUI) AND CONDUENT HEALTHY COMMUNITIES INSTITUTE.

WHITLEY MEMORIAL HOSPITAL, INC.:

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

OBESITY -- PARKVIEW WHITLEY HOSPITAL WILL SERVE AS A COMMUNITY LEADER PARTNERING WITH OTHER KEY COMMUNITY ORGANIZATIONS TO PROMOTE A CULTURE OF HEALTHY DECISIONS THAT PROMOTE THE SAFETY AND WELL-BEING OF INFANTS AND CHILDREN BEFORE AND AFTER THEIR BIRTH. PARKVIEW WHITLEY HOSPITAL WILL CONTINUE TO ESTABLISH NEW AND FOSTER EXISTING PROGRAMS AND RELATIONSHIPS WITH OTHER ORGANIZATIONS. WE AIM AT PARTNERING WITH ORGANIZATIONS THAT ARE WORKING WITH CHILDREN AND OR UNDERSERVED POPULATIONS. WE ALSO FOCUS ON OPPORTUNITIES FOR COMMUNITY MEMBERS TO MONITOR THEIR HEALTH BETTER WITH LOW-COST OR NO-COST EDUCATIONAL AND SCREENING EVENTS.

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

Part V Facility Information *(continued)*

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

POPULATIONS.

OTHER HEALTH NEEDS NOT BEING ADDRESSED:

ACCESS TO CARE: CANI UTILIZES SPACE IN ONE OF THE PARKVIEW WHITLEY BUILDINGS IN WHITLEY COUNTY; THE SPACE IS PROVIDED IN-KIND IN ORDER TO HELP THEM WITH THEIR BOTTOM LINE SO THAT THEY CAN FOCUS ON PROVIDING RESOURCES TO THOSE IN NEED.

ACCESS TO CARE: MULTI COUNTY MEDICAL OUTREACH CLINIC --THE FREE CLINIC OPERATES IN SPACE THAT IS PROVIDED TO THIS NON-PROFIT ORGANIZATION TO SERVE THE UNDER/UNINSURED RESIDENTS OF THIS AREA. PARKVIEW WHITLEY HOSPITAL PROVIDES FREE LAB SERVICES TO THE PATIENTS THAT HAVE AN ORDER FROM THE CLINIC. PARKVIEW WHITLEY HOSPITAL ALSO HAS STAFF THAT WORK AT THE CLINIC ON A REGULAR BASIS.

TOBACCO USE: THIS IS BEING ADDRESSED IN KOSCIUSKO COUNTY BY COLLABORATING WITH AND PROVIDING FUNDING FOR THE TOBACCO COALITION TO HAVE PROGRAMS IN THE SCHOOLS AND PROGRAMS FOR EXPECTANT MOMS. OUR GOAL IS TO BE ABLE TO REPLICATE SIMILAR PROGRAMS IN WHITLEY COUNTY.

DIABETES: WHILE ADDRESSING OBESITY ISSUES IN OUR COMMUNITIES, WE WILL MOST LIKELY HAVE AN IMPACT ON DIABETES AND DIABETES MANAGEMENT. ALTHOUGH NOT A FOCUS AREA, WE HAVE DIABETES EDUCATION IN BOTH COUNTIES AND PLAN TO CONTINUE THESE PROGRAMS.

CANCER: A LIMITED AMOUNT OF FUNDING HAS BEEN DISTRIBUTED TO CANCER

Part V Facility Information *(continued)*

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

SERVICES IN ALLEN COUNTY, AS THEY SERVE MANY PATIENTS IN WHITLEY COUNTY.

CARDIOVASCULAR DISEASE: WITH AN EMPHASIS ON OBESITY WE WILL BE INDIRECTLY ADDRESSING CARDIOVASCULAR DISEASE. MAINTAINING A PROPER DIET AND REGULAR EXERCISE IS CERTAINLY BENEFICIAL FOR CARDIOVASCULAR HEALTH. OUR QUARTERLY CHECK-UP DAYS HELP PATIENTS TO MONITOR SUCH THINGS AS CHOLESTEROL LEVELS, BLOOD PRESSURE AND OTHERS. OUR REHAB DEPARTMENT HAS AN EXCELLENT CARDIAC REHAB PROGRAM FOR PATIENTS AND ALLOWS THEM TO CONTINUE FOR AS LONG AS THEY LIKE AFTER GRADUATION, FOR A SMALL FEE. THIS IS AN ESPECIALLY GOOD OPPORTUNITY FOR THOSE WHO ARE UNABLE TO AFFORD OR ARE INTIMIDATED BY LOCAL FITNESS CENTERS.

DRUG AND ALCOHOL ABUSE AND ADDICTION: ALTHOUGH NOT A CHOSEN PRIORITY, DRUG AND ALCOHOL ABUSE IS CERTAINLY AN AREA THAT WE KEEP A WATCHFUL EYE ON, AND WE WILL CONTINUE TO DO SO. IF WE SEE A SIGNIFICANT SHIFT IN THESE ISSUES, WE WILL BE ON BOARD WITH THE COMMUNITY TO ADDRESS THESE NEEDS.

MENTAL HEALTH: MENTAL HEALTH IS OFTEN TIED TO ALCOHOL AND DRUG ABUSE AND WE WORK WITH PARKVIEW BEHAVIORAL HEALTH TO KEEP THIS PULSE ON THE MENTAL HEALTH OF OUR COMMUNITY.

CHRONIC KIDNEY DISEASE: THE INDICATORS SHOW THIS AS AN AREA OF CONCERN IN KOSCIUSKO COUNTY, BUT NOT IN WHITLEY. IT RANKED 11TH OUT OF THE 12 INDICATORS. THUS, WE ARE NOT PRIORITIZING THIS AT THIS TIME.

ASTHMA: THE INDICATORS SHOW THIS AS AN AREA OF CONCERN IN KOSCIUSKO COUNTY, BUT NOT IN WHITLEY. IT RANKED 12TH OUT OF THE 12 INDICATORS. THUS,

Part V Facility Information *(continued)*

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

WE ARE NOT PRIORITIZING THIS AT THIS TIME.

Multiple horizontal lines for providing supplemental information.

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? 8

Name and address	Type of Facility (describe)
1 PWH EMS 1250 E STATE ROAD 205 COLUMBIA CITY, IN 46725	AMBULANCE SERVICES
2 PWH PHYSICAL REHAB 1270 E STATE ROAD 205 COLUMBIA CITY, IN 46725	REHABILITATION SERVICES
3 PWH LABORATORY MEDICAL OFFICE PLAZA 1270 E STATE ROAD 205 COLUMBIA CITY, IN 46725	LABORATORY SERVICES
4 PWH RADIOLOGY MEDICAL OFFICE PLAZA 1270 E STATE ROAD 205 COLUMBIA CITY, IN 46725	DIAGNOSTIC RADIOLOGY SERVICES
5 PWH SLEEP LAB 1270 E STATE ROAD 205 COLUMBIA CITY, IN 46725	SLEEP LAB SERVICES
6 SOUTH WHITLEY RADIOLOGY 4665 STATE ROAD 5 SOUTH WHITLEY, IN 46787	DIAGNOSTIC RADIOLOGY SERVICES
7 PWH CARDIO-PUL REHAB 1270 E STATE ROAD 205 COLUMBIA CITY, IN 46725	CARDIAC & PULMONARY REHAB SERVICES
8 PARKVIEW WARSAW MEDICAL COMPLEX 1355 MARINERS DRIVE WARSAW, IN 46582	EMERGENCY, RADIOLOGY, LABORATORY, PHYS REHAB SERVICES

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

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

PART I, LINE 7:

PART I, LINE 7A

WHITLEY MEMORIAL HOSPITAL, INC. IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PATIENTS UNABLE TO MEET THEIR FINANCIAL OBLIGATIONS. IT IS FURTHERMORE THE POLICY OF WHITLEY 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 FINANCIAL ASSISTANCE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE FINANCIAL ASSISTANCE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF SERVICES RENDERED.

PART I, LINE 7B

WHITLEY MEMORIAL HOSPITAL, INC. ACCEPTS ALL MEDICAID, MEDICAID MANAGED

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.

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

PART I, LINE 7C

WHITLEY MEMORIAL HOSPITAL, INC. ACCEPTS ALL MEANS-TESTED PATIENTS FROM THE HEALTHY INDIANA PLAN (HIP) WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES

Part VI Supplemental Information

Provide the following information.

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- 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.
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- 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.

THAT TREATING MEANS-TESTED PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING HIP, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED HIP COST REPORTED ON LINE 7C IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE HIP CHARGES ARE 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

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.
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- 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.

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

PART I, LINE 7I

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

PART I, LN 7 COL(F):

PERCENT OF TOTAL EXPENSE

WHITLEY MEMORIAL HOSPITAL, INC. EXCLUDED \$9,581,057 OF BAD DEBT EXPENSE.

PART II, COMMUNITY BUILDING ACTIVITIES:

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

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.
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- 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.

HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA), IS AN AGENCY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. HRSA DEVELOPS SHORTAGE DESIGNATION CRITERIA AND USES THEM TO DECIDE WHETHER OR NOT A GEOGRAPHIC AREA, POPULATION GROUP OR FACILITY IS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) OR A MEDICALLY UNDERSERVED AREA OR POPULATION (MUA/P).

HRSA HAS DESIGNATED WHITLEY COUNTY AS A HSPA IN PRIMARY CARE AND MENTAL HEALTH. HRSA HAS DESIGNATED KOSCIUSKO COUNTY AS A HSPA IN MENTAL HEALTH. HRSA HAS DESIGNATED THE CITY OF WARSAW, WHICH IS LOCATED IN KOSCIUSKO COUNTY, AS A MUA/P.

AS SUCH, WHITLEY MEMORIAL HOSPITAL, INC. PROVIDES SUPPORT FOR LOCAL ECONOMIC DEVELOPMENT PROGRAMS. THESE EFFORTS ARE ALIGNED WITH OF THE HEALTH SYSTEM'S STRATEGIC INVOLVEMENT IN THE NORTHEAST INDIANA REGIONAL PARTNERSHIP'S VISION 2020, A REGIONAL INITIATIVE DESIGNED TO TRANSFORM NORTHEAST INDIANA INTO A TOP GLOBAL COMPETITOR BY FOCUSING ON A COMMON MISSION TO DEVELOP, ATTRACT AND RETAIN TALENT. VISION 2020'S REGIONAL PRIORITIES ARE TIED TO EDUCATION/WORKFORCE, BUSINESS CLIMATE,

Part VI Supplemental Information

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- 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.

ENTREPRENEURSHIP, INFRASTRUCTURE AND QUALITY OF LIFE FOR THE ELEVEN-COUNTY REGION IN NORTHEAST INDIANA. PROMOTION OF ECONOMIC DEVELOPMENT IN WHITLEY COUNTY AND KOSCIUSKO COUNTY IS A PART OF A COLLECTIVE PLAN TO IMPROVE THE QUALITY OF LIFE AND ULTIMATELY THE OVERALL HEALTH AND WELL-BEING OF THE COMMUNITY.

WHITLEY MEMORIAL HOSPITAL, INC. ALSO SUPPORTS LEADERSHIP DEVELOPMENT IN THE COMMUNITY IN CONJUNCTION WITH ECONOMIC DEVELOPMENT EFFORTS TO HELP TO IMPROVE THE QUALITY OF LIFE IN WHITLEY COUNTY AND KOSCIUSKO COUNTY. STRONG LEADERS PLAY A KEY ROLE IN BUILDING THRIVING COMMUNITIES.

ADDITIONALLY, WHITLEY 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. WHITLEY MEMORIAL HOSPITAL, INC. DEVELOPS A PHYSICIAN RECRUITMENT PLAN TO ADDRESS POTENTIAL GAPS IN PATIENT COVERAGE.

Part VI Supplemental Information

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- 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.

WHITLEY MEMORIAL HOSPITAL, INC. STRIVES TO BRING THE BEST INTEGRATED, QUALITY, AND COST EFFECTIVE CARE AND INNOVATIVE TECHNOLOGY TO OUR COMMUNITIES. IN DOING SO, WE FOCUS OUR EFFORTS ON RECRUITING AN EXCEPTIONAL TEAM OF PHYSICIANS THAT ARE THE RIGHT FIT FOR THE COMMUNITY.

EVERY MEMBER OF WHITLEY 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 WHITLEY MEMORIAL HOSPITAL, INC., AND WE RECOGNIZE HOW IMPORTANT OUR SUCCESS IS TO THE COMMUNITY.

AN EXAMPLE OF OUR DEDICATION TO QUALITY CARE IS USING PRIMARILY EIGHT (8) HOUR SHIFTS FOR INPATIENT NURSING STAFF VS. 12 HOUR SHIFTS THAT ARE COMMON WITHIN THE INDUSTRY. WE ARE ALSO COMMITTED TO PROVIDING OPPORTUNITIES TO OUR NURSING STAFF TO FURTHER THEIR EDUCATION AND ENCOURAGING ALL NURSING STAFF TO PURSUE AT LEAST A BACHELOR'S LEVEL OF NURSING EDUCATION.

Part VI Supplemental Information

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- 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 III, LINE 2:

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

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

PART III, LINE 3:

COSTING METHODOLOGY USED:

UNCOLLECTIBLE PATIENT ACCOUNTS ARE CHARGED AGAINST THE PROVISION FOR BAD DEBT IN ACCORDANCE WITH THE POLICIES OF WHITLEY MEMORIAL HOSPITAL, INC. HOWEVER, DURING THE COLLECTION PROCESS THERE IS A CONTINUOUS EFFORT TO DETERMINE IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE. THEREFORE, ONCE AN UNCOLLECTIBLE ACCOUNT HAS BEEN CHARGED OFF AND IT IS DETERMINED THROUGH THE COLLECTION PROCESS THAT THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THE UNCOLLECTIBLE ACCOUNT IS RECLASSIFIED TO CHARITY CARE AND

Part VI Supplemental Information

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- 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.

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
CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS:

Part VI Supplemental Information

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- 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.

PAGE 14 OF ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8:

COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS

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

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- 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.

GENERATE A SHORTFALL. AS A RESULT, WHITLEY MEMORIAL HOSPITAL, INC. HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. WHITLEY MEMORIAL HOSPITAL, INC. RECOGNIZES THAT THE SHORTFALL OR SURPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS. AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION.

PART III, LINE 9B:

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

INTEREST-FREE PAYMENTS WITH PAY-OUT NOT TO EXCEED TWELVE (12) MONTHS ARE AVAILABLE. THE MINIMUM MONTHLY PAYMENT IS \$25.

Part VI Supplemental Information

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- 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.

FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR THOSE PATIENTS WHO CANNOT PAY THEIR BILL. THOSE OPTIONS ARE GOVERNMENTAL ASSISTANCE OR FREE CARE THROUGH THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM. THE HEALTH SYSTEM FINANCIAL ASSISTANCE POLICY IS AVAILABLE ON PARKVIEW.COM OR BY VISITING ANY HOSPITAL CASHIER OFFICE OR BY CALLING PATIENT ACCOUNTING AT 260.373.7770 OR TOLL FREE 855.814.0012. A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE ANYTIME DURING THE APPLICATION PERIOD.

FAILURE TO MAKE ARRANGEMENTS AS LISTED ABOVE OR FAILURE TO APPLY FOR AND RECEIVE APPROVAL UNDER THE FINANCIAL ASSISTANCE POLICY MAY RESULT IN THE ACCOUNT BEING PLACED IN A COLLECTION AGENCY DUE TO NON-PAYMENT.

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

Part VI Supplemental Information

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- 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.

INDICATING THE AMOUNT THEY OWE.

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

PART VI, LINE 2:

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

PARKVIEW HEALTH SYSTEM, INC., INCLUDING WHITLEY MEMORIAL HOSPITAL, INC., CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR THE SEVEN COUNTIES (ALLEN, HUNTINGTON, KOSCIUSKO, LAGRANGE, NOBLE, WABASH AND WHITLEY) WHERE PARKVIEW HAS HOSPITALS. ADDITIONALLY, PARKVIEW HEALTH SYSTEM, INC. PARTNERED WITH THE INDIANA PARTNERSHIP FOR HEALTHY

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COMMUNITIES (IPHC) TO COMPLETE MUCH OF THE FIELD WORK. IPHC CONDUCTED THE RANDOMLY SELECTED COMMUNITY MEMBER SURVEY TO OBTAIN PRIMARY DATA. THE SURVEY INSTRUMENT USED FOR THIS STUDY WAS LARGELY BASED ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM. OUR SURVEY INCLUDED CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER RECOGNIZED HEALTH ISSUES.

IPHC ASSISTED WITH SURVEYING PUBLIC HEALTH, OTHER HEALTHCARE PROFESSIONALS, SOCIAL SERVICE AGENCIES AND OTHER COMMUNITY GROUP REPRESENTATIVES. THEY ALSO CONDUCTED SECONDARY DATA RESEARCH, DATA ANALYSIS AND FACILITATED PRIORITIZATION OF IDENTIFIED HEALTH ISSUES. A COLLECTIVE SECONDARY DATA BASE PROVIDED BY CONDUENT HEALTHY COMMUNITIES INSTITUTE WAS ALSO USED TO DETERMINE HEALTH ISSUES FOR EACH COUNTY IN THE SEVEN-COUNTY AREA. OTHER STATE AND NATIONAL SECONDARY SOURCES INCLUDED CENTERS FOR DISEASE CONTROL AND PREVENTION, COUNTY HEALTH RANKINGS, HEALTH INDICATORS WAREHOUSE, INDIANA STATE DEPARTMENT OF HEALTH, INDIANA UNIVERSITY CENTER FOR HEALTH POLICY AND THE US CENSUS BUREAU. CHNA

Part VI Supplemental Information

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REPORTS WERE PRESENTED TO AND ADOPTED BY THEIR RESPECTIVE HOSPITAL BOARD OF DIRECTORS IN 2016.

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

THE PRIORITIZATION OF HEALTH ISSUES WAS CONDUCTED USING A MODIFIED HANLON METHOD WHICH TAKES INTO ACCOUNT THE SIZE OF THE HEALTH PROBLEM, SERIOUSNESS OF THE HEALTH PROBLEM AND THE EFFECTIVENESS OF INTERVENTIONS. THIS METHOD, CALLED THE BASIC PRIORITY RATING SYSTEM (BPRS) IS RECOMMENDED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) FOR THE PURPOSE OF PRIORITIZING COMMUNITY HEALTH NEEDS. FROM THE LIST OF HEALTH ISSUES IDENTIFIED, THREE TOP HEALTH PRIORITIES WERE SELECTED

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THROUGH APPLYING THE PEARL TEST WHICH IS DESIGNED TO SCREEN OUT
 IMPRACTICAL OR IMPRACTICABLE INTERVENTIONS BASE ON KEY FEASIBILITY
 FACTORS. THESE PRIORITIES ARE: 1) OBESITY/HEALTHY LIFESTYLES; 2)
 MATERNAL/CHILD HEALTH.

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

-OTHER COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY LOCAL ORGANIZATIONS

-OBSERVATIONS BY HEALTHCARE PROFESSIONALS WHO WORK WITH VULNERABLE
 POPULATIONS

-SPECIFIC REQUESTS PROMPTED BY OBSERVATION BY OTHER PROFESSIONALS IN THE
 COMMUNITY

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.

Part VI Supplemental Information

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SIGNAGE AND BROCHURES ARE POSTED AND AVAILABLE AT ALL HOSPITAL POINTS OF REGISTRATION AND IN THE EMERGENCY DEPARTMENT. PATIENTS ARE OFFERED PLAIN LANGUAGE SUMMARIES OF THE FINANCIAL ASSISTANCE POLICY DURING THE REGISTRATION PROCESS AND IN EACH FOLLOW UP STATEMENT SENT TO THE PATIENT. PATIENT STATEMENTS WILL INDICATE HOW A PATIENT CAN OBTAIN FINANCIAL ASSISTANCE APPLICATIONS AND WHO THEY CAN CONTACT FOR ASSISTANCE.

PART VI, LINE 4:

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

WHITLEY MEMORIAL HOSPITAL, INC. PRIMARILY SERVES WHITLEY COUNTY INCLUDING THE COMMUNITIES OF COLUMBIA CITY, CHURUBUSCO, LARWILL, AND SOUTH WHITLEY. EXPANSION INTO KOSCIUSKO COUNTY IN 2016 WITH THE OPENING OF PARKVIEW WARSAW, SERVICES ARE PROVIDED TO MEET THE NEEDS OF WARSAW AND THE SURROUNDING COMMUNITIES IN THAT COUNTY AS WELL. THE NEW FACILITY INCLUDES A FREE-STANDING EMERGENCY DEPARTMENT, MULTI-MODALITY IMAGING, LABORATORY,

Part VI Supplemental Information

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PHYSICAL REHABILITATION AND MASSAGE THERAPY AS WELL AS PRIMARY CARE AND SPECIALTY PHYSICIAN OFFICES. SHELL SPACE ON THE THIRD FLOOR PROVIDES AREA FOR GROWTH OF SERVICES IN THE FUTURE.

WHITLEY COUNTY HAS APPROXIMATELY 33,439 RESIDENTS, PRIMARILY CAUCASIAN. THE MEDIAN HOUSEHOLD INCOME IS \$56,142. THE UNEMPLOYMENT RATE IS 3.9%. THE MAJORITY OF THE EMPLOYMENT IN THE COUNTY IS RELATED TO MANUFACTURING, RETAIL SALES AND HEALTHCARE.

KOSCIUSKO COUNTY HAS APPROXIMATELY 79,092 RESIDENTS, PRIMARILY CAUCASIAN, AND APPROXIMATELY 8% HISPANIC OR LATINO. THE UNEMPLOYMENT RATE IS 3.7%. MANUFACTURING, HEAVILY WEIGHTED IN THE ORTHOPEDICS INDUSTRY, EDUCATION AND HEALTH SERVICES MAKE UP THE MAJORITY OF EMPLOYMENT IN THE COUNTY. THE MEDIAN HOUSEHOLD INCOME IS \$54,147.

PART VI, LINE 5:

PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER

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ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E.G. OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC.).

WHITLEY MEMORIAL HOSPITAL, INC.'S BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS FROM WHITLEY AND KOSCIUSKO COUNTIES ALONG WITH HOSPITAL PRESIDENT AND MEDICAL STAFF PRESIDENT. A MAJORITY OF THE BOARD RESIDES IN WHITLEY MEMORIAL HOSPITAL, INC.'S PRIMARY SERVICE AREA. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON WHITLEY MEMORIAL HOSPITAL, INC. TO AVAILABLE WITH EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR. THE EMERGENCY DEPARTMENTS BOTH IN WHITLEY COUNTY AND KOSCIUSKO COUNTY ARE STAFFED WITH BOARD-CERTIFIED EMERGENCY CARE PHYSICIANS AND A NURSING STAFF THAT IS TRAINED AND EXPERIENCED IN EMERGENCY CARE. FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITAL IN WHITLEY COUNTY FEATURES 30 BEDS WITH ALL PRIVATE ROOMS, IN A 96,000 SQUARE FEET FACILITY LOCATED ON 42 ACRES. PARKVIEW WARSAW IN

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KOSCIUSKO COUNTY IS A 90,000 SQUARE FEET FACILITY FEATURING 10 EMERGENCY ROOM BEDS INCLUDING 2 THAT ARE EQUIPPED FOR TRAUMA PATIENTS.

AS A COMMUNITY PARTNER AND NOT-FOR-PROFIT ORGANIZATION, WHITLEY MEMORIAL HOSPITAL, INC., IS DEDICATED TO IMPROVING YOUR HEALTH AND INSPIRING YOUR WELL-BEING BY TAILORING A PERSONALIZED HEALTH JOURNEY TO ACHIEVE YOUR UNIQUE GOALS. BY DEMONSTRATING WORLD-CLASS TEAMWORK, WE PARTNER WITH YOU ALONG THAT JOURNEY AND PROVIDE THE EXCELLENCE, INNOVATION AND VALUE YOU SEEK IN TERMS OF CONVENIENCE, COMPASSION, SERVICE, COST AND QUALITY.

WHITLEY MEMORIAL HOSPITAL, INC. IS CONSISTENTLY RATED HIGHLY IN PUBLICALLY REPORTED MEASURES OF CARE AS WELL AS THE PATIENT PERCEPTION OF CARE.

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

-FINANCIAL ASSISTANCE

-COMMUNITY HEALTH IMPROVEMENT INITIATIVES

-PRIMARY HEALTH CARE/ACCESS

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-MEDICATION ASSISTANCE PROGRAM (MAP)

-HEALTH SCREENING/PREVENTION AND DISEASE MANAGEMENT

-EDUCATIONAL AND SUPPORT PROGRAMS

-SENIOR'S CLUB

-EMS SERVICES

-SPONSORSHIPS

FINANCIAL ASSISTANCE:

WHITLEY MEMORIAL HOSPITAL, INC.'S MISSION INCLUDES CARING FOR PEOPLE WHO DO NOT HAVE THE MEANS TO MEET THEIR FINANCIAL OBLIGATIONS. A FINANCIAL COUNSELOR IS AVAILABLE TO ASSIST PATIENTS IN NAVIGATING THIS PROCESS. THE HOSPITAL PLACES ITS PRIORITY ON PROVIDING THE NECESSARY CARE, NOT ON THE PATIENT'S ABILITY TO PAY FOR THEIR MEDICAL EXPENSES.

COMMUNITY HEALTH IMPROVEMENT:

THE PURPOSE OF WHITLEY MEMORIAL HOSPITAL, INC.'S COMMUNITY HEALTH IMPROVEMENT PROGRAM IS TO FUND COMMUNITY HEALTH IMPROVEMENT EFFORTS WITHIN THE SERVICE AREA OF WHITLEY MEMORIAL HOSPITAL, INC. THE HOSPITAL SETS

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ASIDE UP TO 10 PERCENT OF ITS NET INCOME ANNUALLY TO FUND COMMUNITY HEALTH INITIATIVES AND PARTNERS WITH COMMUNITY ORGANIZATIONS TO ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF NORTHEAST INDIANA. WHITLEY MEMORIAL HOSPITAL, INC. INVESTS IN KEY ORGANIZATIONS THAT PROMOTE THE HEALTH AND WELLNESS OF FAMILIES, CHILDREN, AND INDIVIDUALS OF WHITLEY AND KOSCIUSKO COUNTIES.

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

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

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

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-CANI COVERING KIDS AND FAMILIES HELPS PROVIDE RESOURCES TO FAMILIES AND THEIR CHILDREN TO ENSURE THOSE ELIGIBLE FOR HEALTHCARE INSURANCE ARE ENROLLED. THEY UTILIZE IN-KIND SPACE TO OPERATE IN WHITLEY COUNTY.

-SUPPORTED THE KOSCIUSKO YOUTH LEAGUE TO PROVIDE HEALTHY SNACKS AND WATER AFTER BASEBALL GAMES RATHER THAN SUGAR SWEETENED FOODS AND BEVERAGES.

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

-WHITLEY MEMORIAL HOSPITAL, INC. PROVIDED FUNDING TO THE KOSCIUSKO COUNTY TOBACCO FREE COALITION THRU GRACE SCHOOLS INC. FOCUS IS PLACED ON MOTHER AND CHILD WELL-BEING INCLUDING SMOKING CESSATION PROGRAMS.

-ONE COMMUNITY PROVIDES LUNCHES AND ENTERTAINMENT/EDUCATIONAL PROGRAMS FOR

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SOUTH WHITLEY AREA RESIDENTS AND THEY ALSO DELIVER TO SOME SHUT-IN RESIDENTS AS WELL. THE FUNDING FROM COMMUNITY HEALTH IMPROVEMENT DOLLARS IS TO PROVIDE FRESH FRUITS AND VEGETABLES FOR THE LUNCHES. IN ADDITION, THE HOSPITAL HAS PROVIDED SPEAKERS FOR THEIR LUNCHEONS TO INCREASE THEIR KNOWLEDGE ON HEALTH RELATED ISSUES.

-WHITLEY MEMORIAL HOSPITAL, INC. PROVIDES LUNCHES FOR TROY CENTER SCHOOL AT NO COST TO ENSURE NUTRITIONAL MEALS ARE AVAILABLE TO EACH STUDENT. TROY CENTER IS AN ACCREDITED INDEPENDENT ALTERNATIVE SCHOOL HELPING STUDENTS TO GAIN AN EDUCATION AND EARN A DIPLOMA AT THEIR OWN PACE, PROVIDING AN OPTION FOR ACHIEVEMENT FOR THOSE WHO HAVE FAILED IN TRADITIONAL SCHOOL SETTINGS.

PRIMARY HEALTH CARE ACCESS:

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

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REHABILITATION. AN ATTACHED MEDICAL OFFICE BUILDING PROVIDES CONVENIENT, EASY ACCESS FOR PATIENTS TO RECEIVE CARE FROM FAMILY AND SPECIALTY PHYSICIANS AS WELL AS LABORATORY AND DIAGNOSTIC X-RAY SERVICES.

THE PARKVIEW WARSAW FACILITY IN KOSCIUSKO COUNTY INCLUDES A 10 BED FREE-STANDING EMERGENCY DEPARTMENT, MULTI-MODALITY IMAGING, LABORATORY, PHYSICAL REHABILITATION AND MASSAGE THERAPY AS WELL AS PRIMARY CARE AND SPECIALTY PHYSICIAN OFFICES. EMERGENCY PATIENTS WHO REQUIRE A HIGHER LEVEL OF CARE ARE TRANSPORTED TO WHITLEY MEMORIAL HOSPITAL OR TO TERTIARY CARE FACILITIES IN ALLEN COUNTY.

MEDICATION ASSISTANCE PROGRAM (MAP):

WHITLEY MEMORIAL HOSPITAL, INC. SUPPORTS A MEDICATION ASSISTANCE PROGRAM THAT BEEN VERY SUCCESSFUL SINCE ITS INCEPTION. MAP PARTNERS WITH PATIENTS, PHYSICIANS, PHARMACEUTICAL COMPANIES, LOCAL PHARMACIES, AND DONORS TO PROVIDE MEDICATION ASSISTANCE AT LITTLE OR NO COST FOR QUALIFIED INDIVIDUALS IN WHITLEY COUNTY. EMERGENCY VOUCHERS FOR ACUTE MEDICATION NEEDS ARE REDEEMED AT LOCAL PHARMACIES. LONG-TERM MEDICATION HELP IS

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- 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.

PROVIDED THROUGH CONNECTING PATIENTS WITH PHARMACEUTICAL ASSISTANCE PROGRAMS (PAP).

HEALTH SCREENING/PREVENTION AND DISEASE MANAGEMENT:

WHITLEY MEMORIAL HOSPITAL, INC. PARTICIPATES IN NUMEROUS HEALTH FAIRS AND ACTIVITIES THROUGHOUT THE YEAR TO PROVIDE HEALTH EDUCATION, HEALTH SCREENINGS FOR DISEASE PREVENTION, AND TO PROMOTE HEALTHY LIFESTYLES. THE HOSPITAL ALSO PROVIDES SUPPORT GROUPS TO ASSIST PATIENTS AND FAMILIES IN MANAGING DISEASE.

-HEARTBEATS HEALTH FAIR, THE HOSPITAL'S OWN HEALTH FAIR, INCLUDED MULTIPLE HEALTH SCREENINGS AND HEALTH AND PREVENTION EDUCATION FOR ADULTS OF THE COMMUNITY. THIS EVENT PROVIDED LABORATORY TESTING FOR 220 COMMUNITY MEMBERS IN 2016. FRANCINE'S FRIENDS MOBILE MAMMOGRAPHY ALSO CONTINUES TO OFFER MAMMOGRAMS.

-IHSAA PHYSICALS WERE PERFORMED FOR LOCAL JUNIOR AND SENIOR HIGH SCHOOL STUDENT ATHLETES IN 2016 AT NO COST.

Part VI Supplemental Information

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-WHITLEY MEMORIAL HOSPITAL, INC. AND THE WHITLEY COUNTY COMMUNITY FOUNDATION PARTNER TOGETHER TO PROVIDE FREE MAMMOGRAPHY SCREENING TO WOMEN WHO ARE UNINSURED OR UNDERINSURED. THROUGH THE WOMEN'S GIVING CIRCLE, A FUND OF THE WHITLEY COUNTY COMMUNITY FOUNDATION, VOUCHERS ARE GIVEN TO WOMEN WHO ARE UNINSURED OR UNDERINSURED AND CAN BE REDEEMED AT THE HOSPITAL FOR MAMMOGRAMS.

-PROVIDED SUPPORT FOR JOE'S KIDS, AN ORGANIZATION WHERE SPECIAL CHILDREN RECEIVE PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY IN ORDER TO HELP THEM REACH THEIR MAXIMAL LEVEL OF INDEPENDENCE IN THE AREAS OF GROSS MOTOR SKILLS AND MOBILITY, FINE MOTOR SKILLS, SENSORY PROCESSING, SELF-CARE, FEEDING AND SWALLOWING AND SPEECH AND LANGUAGE.

-WHITLEY MEMORIAL HOSPITAL, INC. PARTNERS WITH THE LOCAL YMCA TO PROVIDE NO COST GROUP EXERCISE AND FITNESS CLASSES TO THEIR EMPLOYEES. ADDITIONAL FITNESS EQUIPMENT IS ALSO PROVIDED TO EMPLOYEES WITHIN OUR FACILITY TO PROMOTE THEIR HEALTH AND FITNESS.

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(NARRATIVE CONTINUED AFTER PART VI, LINE 7)

PART VI, LINE 6:

IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED.

PARKVIEW HEALTH SYSTEM, INC. (PARKVIEW), A HEALTHCARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC.; COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.; COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.; PARKVIEW WABASH HOSPITAL, INC.; WHITLEY MEMORIAL HOSPITAL, INC.; HUNTINGTON MEMORIAL HOSPITAL, INC.; AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC.

PARKVIEW CONTRIBUTES TO THE SUCCESS OF THE REGION BY EFFECTIVELY MANAGING ITS FACILITIES, EFFICIENTLY PROVIDING AND DELIVERING ITS SERVICES, AND

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

PARKVIEW PRIDES ITSELF IN NOT ONLY OFFERING THE HIGHEST LEVEL OF CARE TO ITS PATIENTS, BUT ALSO IN PROVIDING AN EXCELLENT WORKPLACE FOR ITS PHYSICIANS, NURSES AND STAFF. PARKVIEW'S MISSION AND VISION IS AS FOLLOWS: AS A COMMUNITY OWNED, NOT-FOR-PROFIT ORGANIZATION, PARKVIEW HEALTH IS DEDICATED TO IMPROVING YOUR HEALTH AND INSPIRING YOUR WELL-BEING BY: 1) TAILORING A PERSONALIZED HEALTH JOURNEY TO ACHIEVE YOUR UNIQUE GOALS, 2) DEMONSTRATING WORLD-CLASS TEAMWORK AS WE PARTNER WITH YOU ALONG

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THAT JOURNEY 3) PROVIDING THE EXCELLENCE, INNOVATION AND VALUE YOU SEEK IN TERMS OF CONVENIENCE, COMPASSION, SERVICE, COST AND QUALITY. PARKVIEW BELIEVES THAT THE COMMUNITIES IT SERVES SHOULD ALL HAVE THE PEACE OF MIND THAT COMES WITH ACCESS TO COMPASSIONATE, HIGH-QUALITY HEALTHCARE, REGARDLESS OF WHETHER THE CARE IS DELIVERED IN A RURAL OR URBAN SETTING.

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

PART VI, LINE 7:

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

PART VI, SUPPLEMENTAL INFORMATION, LINE 5

CONTINUED FROM ABOVE: 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

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FUNDS, ETC.) .

-WHITLEY MEMORIAL HOSPITAL, INC. HOSTS THE LOCAL FARMERS MARKET ON THEIR CAMPUS THROUGHOUT THE SUMMER AS WELL AS SPONSORS THE DOWNTOWN COLUMBIA CITY SATURDAY MARKETS WHICH PROVIDE LOCALLY GROWN FRESH FRUITS AND VEGETABLES FOR SALE TO THE COMMUNITY ONE DAY PER WEEK. THE FARMERS MARKET ACCEPTS SNAP, WHICH IS VERY BENEFICIAL TO THE LOW INCOME FAMILIES IN THE COMMUNITY.

EDUCATIONAL AND SUPPORT PROGRAMS:

NUMEROUS OTHER EDUCATIONAL AND SUPPORT OPPORTUNITIES ARE AVAILABLE FOR THE PUBLIC SUCH AS CARDIO-PULMONARY REHAB SUPPORT, DIABETES SUPPORT, NUTRITION CLASSES, WEIGHT LOSS SUPPORT AND SMOKING CESSATION CLASSES. CO-WORKERS ALSO VOLUNTEER THEIR TIME TO STAFF THE BOOTHS AT THE WHITLEY COUNTY AND KOSCIUSKO COUNTY 4-H FAIRS OFFERING EDUCATIONAL MATERIALS, BLOOD PRESSURE CHECKS AND A PRIVATE LACTATION AREA. WHITLEY MEMORIAL HOSPITAL, INC. WORKS WITH LOCAL HIGH SCHOOLS TO PROVIDE OPPORTUNITIES FOR STUDENTS TO BE INTERNS IN A VARIETY OF SETTINGS, ALLOWING THEM TO

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EXPLORE CAREERS IN CLINICAL AND NON-CLINICAL HOSPITAL ENVIRONMENTS. THE HOSPITAL ALSO OFFERS AN ANNUAL KID'S FAIR WHICH INCLUDES PARTICIPATION FROM OTHER LOCAL NON-PROFIT ORGANIZATIONS AS WELL AS A BICYCLE HELMET GIVE-AWAY TO PROMOTE BICYCLE SAFETY. A CHAPLAINCY PROGRAM WAS STARTED IN 2016 TO PROVIDE SPIRITUAL SUPPORT FOR PATIENTS AND THEIR FAMILIES.

SENIOR CLUB:

THE WHITLEY MEMORIAL HOSPITAL, INC. SENIOR CLUB PROVIDES EDUCATIONAL OPPORTUNITIES FOR LOCAL SENIORS TO LEARN MORE ABOUT THEIR HEALTH. MEETINGS FEATURE GUEST SPEAKERS, AND INCLUDE A SIMPLE EXERCISE SEGMENT AND GIVING MEMBERS THE OPPORTUNITY TO CHECK THEIR WEIGHT AND BLOOD PRESSURE. THESE EVENTS ARE HELD 10 TIMES PER YEAR.

EMS SERVICES:

WHITLEY MEMORIAL HOSPITAL, INC. MANAGES AND OPERATES EMS SERVICES FOR WHITLEY COUNTY WITH DEDICATED AMBULANCES AVAILABLE FOR EMERGENCY DISPATCH 24 HOURS, 7 DAYS PER WEEK. STAFFED AMBULANCES ALSO PROVIDE EMERGENCY MEDICAL SERVICES COVERAGE FOR LOCAL FOOTBALL GAMES, THE

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WHITLEY COUNTY 4-H FAIR AND OTHER AREA COMMUNITY FAIRS. THEY PARTICIPATE IN LOCAL OPERATION PROM EVENTS AND FIRE TRAINING BURNS AS WELL.

SPONSORSHIPS:

WHITLEY MEMORIAL HOSPITAL, INC. SPONSORS NUMEROUS LOCAL ORGANIZATIONS EACH YEAR THAT HAVE POSITIVE IMPACTS ON THE COMMUNITIES SERVED. THE FUNDING PROVIDED SUPPORTS EVENTS RELATED TO HEALTHY ACTIVITIES SUCH AS TRIATHLONS OR 5K RACES AS WELL AS TO ORGANIZATIONS WHO ARE DEDICATED TO SERVING SPECIFIC INDIVIDUALS IN NEED. THE SPONSORSHIPS FOR 2016 INCLUDED BIG BROTHERS BIG SISTERS, BOWEN CENTER, CASA OF KOSCIUSKO COUNTY, UNITED WAY, INDIANA CENTER FOR NURSING, JUNIOR ACHIEVEMENT, KOSCIUSKO COMMUNITY YMCA, KOSCIUSKO LEADERSHIP ACADEMY, MARCH OF DIMES, PASSAGES INC., SOUTH WHITLEY YOUTH LEAGUE, VETERANS MARATHON, WHITLEY COUNTY ECONOMIC DEVELOPMENT CORP, WARSAW LITTLE LEAGUE AND WAWASEE KIWANIS CLUB TRIATHLON.