



Annual Nonprofit Hospital Community Benefit Statement

State Form 50654 (10-01)
 Indiana State Department of Health
 Indiana Code 16-21-9

I. Identification of Nonprofit Hospital

Hospital Name: CLARIAN HEALTH PARTNERS INC D/B/A METHODIST, IU, RILEY HOSPITAL

City of Hospital: Indianapolis

Name of Charity Benefit Rep: Cynthia Beals

Telephone Number: (317) 962-6287 x_____

Year of Statement: 2009

Eligibility Statement Has the CEO identified your hospital as a "Nonprofit Hospital"? Yes No

II. Documentation of Previously Filed Information

Name of Document	Date Filed With ISDH	Any Changes
Community Benefit Plan	05/06/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Original long-range hospital objectives for charity care	05/06/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hospital Mission Statement	05/06/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
List of Communities Served	05/06/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Needs Assessment	05/06/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Copy of Charity Care Policy	05/06/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Statement of Public Notice	05/06/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No

III. Identification of New Objectives (optional)

IV. Allocation of Dollars and Person Served Under Adopted Charity Policy

List Last Three Years	2007	2008	2009
Person Served in twelve-month period	26625	20582	36679
Charity Care Allocation	\$58,978,000	\$78,074,000	\$84,751,000

V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

Community Health Improvement Services	\$11,486,000
2.) Financial And In-kind Contributions	\$15,160,000
3.) Health Professions Education	\$44,343,000
4.) Research	\$2,902,000
5.) Subsidized Health Services	\$4,037,000

Will hospital file additional paper document to provide more details or descriptions of projects that were funded to support community services?

Yes No

If applicable, address of hospital web site that contains information on community benefits. www.clarian.org

VI. Identification of Additional Non-Hospital Charity Costs

Organization Providing Charity Care	Street Address	Net Costs of Charity Care
		\$0
		\$0

Comments

Clarian Health Community Benefit Report represents Statewide facility reports.

