

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

INDIANA UNIVERSITY HEALTH, INC.

Employer identification number

35-1955872

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	X	
1b If "Yes," was it a written policy?	X	
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 care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)		60460	87,711,885.		87,711,885.	3.54
b Medicaid (from Worksheet 3, column a)		141891	581,546,361.	454,965,104.	126,581,257.	5.11
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		202351	669,258,246.	454,965,104.	214,293,142.	8.65
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	52	471922	25,295,220.	12,733.	25,282,487.	1.02
f Health professions education (from Worksheet 5)	5	57868	67,378,992.	16,152,337.	51,226,655.	2.07
g Subsidized health services (from Worksheet 6)	3	881	7,553,984.		7,553,984.	.30
h Research (from Worksheet 7)	5	7418	30,695,206.		30,695,206.	1.24
i Cash and in-kind contributions for community benefit (from Worksheet 8)	19	35145	10,285,440.	13,566.	10,271,874.	.41
j Total. Other Benefits	84	573234	141,208,842.	16,178,636.	125,030,206.	5.04
k Total. Add lines 7d and 7j.	84	775585	810,467,088.	471,143,740.	339,323,348.	13.69

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						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members	1	276				
6 Coalition building						
7 Community health improvement advocacy	3	1100	638,317.		638,317.	.03
8 Workforce development						
9 Other						
10 Total	4	1376	638,317.		638,317.	.03

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	1	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.	25,887,234.		
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	409,852,790.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	400,735,720.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	9,117,070.
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 SEE PART VI	AMBULATORY SURGERY CENTER	25.80539		74.19461
2 SEE PART VI	AMBULATORY SURGERY CENTER	25.75245		74.24755
3 SEE PART VI	AMBULATORY SURGERY CENTER	25.93233		74.06767
4 SEE PART VI	AMBULATORY SURGERY CENTER	26.01000		73.99000
5 SEE PART VI	AMBULATORY SURGERY CENTER	30.07740		69.92260
6 SEE PART VI	AMBULATORY SURGERY CENTER	31.27320		68.72680
7 SEE PART VI	AMBULATORY SURGERY CENTER	28.24564		71.75436
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

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)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 INDIANA UNIVERSITY HEALTH, INC. 1701 N. SENATE BLVD. INDIANAPOLIS IN 46202 HTTP://IUHEALTH.ORG/ 14-005051-1	X	X	X	X		X	X		SEE PART V, SECTION C FOR ADDITIONAL INFORMATION	1
2										
3										
4										
5										
6										
7										
8										
9										
10										

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 INDIANA UNIVERSITY HEALTH, INC.

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

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12c regarding CHNA, implementation strategies, and excise taxes.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group INDIANA UNIVERSITY HEALTH, 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? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
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 <u>400</u> %		
b	<input checked="" 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 type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" 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? 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):	X	
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	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
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"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input 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"/> Other (describe in Section C)		
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	
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:		
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)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group INDIANA UNIVERSITY HEALTH, INC.

		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? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
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"/> None 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? If "No," indicate why:		X
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? If "Yes," explain in Section C.		X
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? If "Yes," explain in Section C.		X

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.

SCHEDULE H, PART V, SECTION A, LINE 1 - NAME, ADDRESS, AND WEBSITE

IU HEALTH OPERATES SEVERAL HOSPITAL LOCATIONS UNDER A SINGLE HOSPITAL LICENSE ISSUED BY THE INDIANA STATE DEPARTMENT OF HEALTH. THE NAMES, ADDRESSES, AND PRIMARY WEBSITE ADDRESSES FOR EACH OF THESE LOCATIONS ARE AS FOLLOWS:

IU HEALTH METHODIST HOSPITAL
1701 N. SENATE BLVD.
INDIANAPOLIS, IN 46202
[HTTP://IUHEALTH.ORG/METHODIST/](http://iuhealth.org/methodist/)

IU HEALTH UNIVERSITY HOSPITAL
550 UNIVERSITY BLVD.
INDIANAPOLIS, IN 46202
[HTTP://IUHEALTH.ORG/UNIVERSITY/](http://iuhealth.org/university/)

RILEY HOSPITAL FOR CHILDREN AT IU HEALTH
705 RILEY HOSPITAL DR.
INDIANAPOLIS, IN 46202
[HTTP://IUHEALTH.ORG/RILEY/](http://iuhealth.org/riley/)

IU HEALTH SAXONY HOSPITAL
13000 E. 136TH ST.
FISHERS, IN 46037
[HTTP://IUHEALTH.ORG/SAXONY/](http://iuhealth.org/saxony/)

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.

SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM COMMUNITY

IU HEALTH OPERATES FOUR HOSPITAL LOCATIONS THAT ARE LICENSED AS A SINGLE HOSPITAL BY THE INDIANA STATE DEPARTMENT OF HEALTH. THESE HOSPITAL LOCATIONS ARE AS FOLLOWS:

- IU HEALTH METHODIST HOSPITAL
- IU HEALTH UNIVERSITY HOSPITAL
- RILEY HOSPITAL FOR CHILDREN AT IU HEALTH
- IU HEALTH SAXONY HOSPITAL

IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, AND RILEY HOSPITAL FOR CHILDREN ARE LOCATED IN INDIANAPOLIS, MARION COUNTY, INDIANA AND ARE REFERRED TO AS THE "IU HEALTH ACADEMIC HEALTH CENTER". IU HEALTH SAXONY HOSPITAL IS LOCATED IN FISHERS, HAMILTON COUNTY, INDIANA.

ALTHOUGH LICENSED AS A SINGLE HOSPITAL, EACH OF THESE FACILITIES SERVE DIFFERENT, ALTHOUGH SOMETIMES OVERLAPPING, PORTIONS OF THE COMMUNITY WHICH PRESENT THEIR OWN UNIQUE HEALTH NEEDS. IN ORDER TO TAKE INTO ACCOUNT ALL OF THESE UNIQUE HEALTH NEEDS, IU HEALTH CONDUCTED SEPARATE COMMUNITY HEALTH NEEDS ASSESSMENTS ("CHNAS") FOR EACH OF ITS FOUR HOSPITAL LOCATIONS.

IN CONDUCTING EACH OF ITS MOST RECENT CHNAS, IU HEALTH TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES IT SERVES BY HOSTING SEVERAL COMMUNITY CONVERSATION FOCUS GROUPS. THESE FOCUS GROUPS INCLUDED PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS TO

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.

DISCUSS THE HEALTHCARE NEEDS OF THE SERVICE AREA AND WHAT ROLE IU HEALTH
COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS.

IU HEALTH ACADEMIC HEALTH CENTER

TO OBTAIN A MORE COMPLETE PICTURE OF THE FACTORS THAT PLAY INTO THE IU
HEALTH ACADEMIC HEALTH CENTER'S COMMUNITY'S HEALTH, INPUT FROM PUBLIC
HEALTH OFFICIALS AND COMMUNITY LEADERS IN MARION COUNTY WAS GATHERED
THROUGH TWO SEPARATE FOCUS GROUP SESSIONS.

A COMBINED FOCUS GROUP WAS UTILIZED FOR THE IU HEALTH ACADEMIC HEALTH
CENTER THAT INCLUDED MEMBERS WHO REPRESENTED THE OVERLAPPING AND
SOMETIMES UNIQUE COMMUNITIES SERVED BY EACH OF ITS THREE HOSPITAL
LOCATIONS IN INDIANAPOLIS.

EACH LIVE GROUP SESSION LASTED TWO HOURS AND WAS HELD AT IU HEALTH
METHODIST HOSPITAL. IU HEALTH FACILITATORS MAILED LETTERS AND MADE
FOLLOW-UP TELEPHONE CALLS INVITING PUBLIC HEALTH OFFICIALS AND COMMUNITY
LEADERS TO ATTEND THE FOCUS GROUP DISCUSSION, PAYING SPECIAL ATTENTION TO
INCLUDING ORGANIZATIONS THAT REPRESENT THE INTEREST OF LOW-INCOME,
MINORITY, AND UNINSURED INDIVIDUALS. THE GOAL OF SOLICITING THESE
LEADERS' FEEDBACK WAS TO GATHER INSIGHTS INTO THE QUANTITATIVE DATA THAT
MAY NOT BE EASILY IDENTIFIED FROM THE SECONDARY STATISTICAL DATA ALONE.
ATTENDEES WHO PARTICIPATED IN THE FOCUS GROUP INCLUDED:

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.

CYNTHIA STONE

- ASSOCIATE PROFESSOR, INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH
- AS AN ASSOCIATE PROFESSOR OF PUBLIC HEALTH, MS. STONE UNDERSTANDS THE ISSUES AND OBSTACLES INVOLVED IN PUBLIC HEALTH AND WAYS TO IMPROVE IT.

ORION BELL

- PRESIDENT & CEO, CICOA AGING & IN-HOME SOLUTIONS
- MR. BELL IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE ON SENIOR HEALTH. AS PRESIDENT OF CICOA, HE WORKS TO PROVIDE ACCESS TO VARIOUS SERVICES FOR SENIORS WITHIN THE COMMUNITY.

PAUL PFAFF

- DIRECTOR, IU HEALTH ENROLLMENT CENTER
- MR. PFAFF IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING UNDERINSURED/UNINSURED POPULATIONS AND ACCESS TO CARE. AS DIRECTOR OF THE IU HEALTH ENROLLMENT CENTER, HE WORKS TO PROVIDE INFORMATION AND SERVICES TO UNINSURED AND UNDERINSURED POPULATIONS.

MOLLY CHAVERS

- EXECUTIVE DIRECTOR, INDYHUB
- MS. CHAVERS IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING EDUCATION. AS EXECUTIVE DIRECTOR OF INDYHUB, SHE HAS A PASSION FOR IMPROVING EDUCATIONAL OPPORTUNITIES TO YOUNG ADULTS WITHIN THE COMMUNITY.

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.

CHUCK BRADENBURG

- DIRECTOR OF SPECIAL PROJECTS AND GRANTS, UNITED WAY
- MR. BRADENBURG IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING HEALTHY LIVING. AS A DIRECTOR AT UNITED WAY, HE WORKS FOR AN ORGANIZATION THAT BELIEVES IN HELPING PEOPLE LEARN MORE, EARN MORE, AND LEAD SAFE AND HEALTHY LIVES, AS WELL AS CREATES PROGRAMS TO ASSIST IN THOSE GOALS, ESPECIALLY FOR THE UNDERSERVED POPULATIONS.

STACEY CHAPPELL

- HEALTH PROMOTION COORDINATOR, HEALTHNET
- AS A HEALTH PROMOTION COORDINATOR, MS. CHAPPELL HAS A GREAT UNDERSTANDING SURROUNDING HEALTH ISSUES AND NEEDS IN THE COMMUNITY, ESPECIALLY FOR THE LOW-INCOME/UNDERSERVED POPULATIONS.

DR. LAWRENCE REED

- DIRECTOR, IU HEALTH METHODIST HOSPITAL TRAUMA
- DR. REED IS REPRESENTATIVE OF A PERSPECTIVE REGARDING COMMUNITY INJURY PREVENTION AND EMERGENCY ROOM ("ER") USE. AS DIRECTOR OF TRAUMA SERVICES AT IU HEALTH METHODIST HOSPITAL, HE HAS GREAT KNOWLEDGE SURROUNDING ER ADMISSIONS, THE MISUSE OF THE ER, AND THE UNDERSERVED POPULATION.

KATIE JONES

- DIRECTOR, VIOLENCE PREVENTION PROGRAM, INDIANA STATE DEPARTMENT OF

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.

HEALTH

- MS. JONES IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING INJURY PREVENTION. AS DIRECTOR OF A VIOLENCE PREVENTION PROGRAM, SHE HAS EXTENSIVE KNOWLEDGE SURROUNDING POTENTIAL CAUSES OF VIOLENT INJURIES, AS WELL AS HOW TO PREVENT THEM.

MORGAN MCGILL

- DIRECTOR, OFFICE OF WOMEN'S HEALTH

- MS. MCGILL IS REPRESENTATIVE OF MINORITY POPULATIONS, ESPECIALLY UNDERSERVED WOMEN. AS DIRECTOR OF THE OFFICE OF WOMEN'S HEALTH WITHIN THE INDIANA STATE DEPARTMENT OF HEALTH, SHE HAS EXTENSIVE KNOWLEDGE REGARDING THE HEALTH OF WOMEN, THE ISSUES SURROUNDING IT, AND WAYS TO IMPROVE IT.

DR. JAY GLADDEN

- DEAN, IUPUI SCHOOL OF PHYSICAL EDUCATION AND TOURISM MANAGEMENT

- DR. GLADDEN IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD OBESITY PREVENTION AND PROMOTING PHYSICAL ACTIVITY. AS DEAN OF THE IUPUI PHYSICAL EDUCATION PROGRAM, HE HAS EXTENSIVE KNOWLEDGE IN HEALTHCARE ISSUES PARTICULARLY SURROUNDING OBESITY PREVENTION.

MARY MCKEE

- DIRECTOR, PUBLIC HEALTH PRACTICE, MARION COUNTY PUBLIC HEALTH DEPARTMENT ("MCPHD")

- AS DIRECTOR OF THE MCPHD, MS. MCKEE HAS DIRECT KNOWLEDGE OF PUBLIC HEALTH NEEDS IN MARION COUNTY, INCLUDING LOW INCOME AND 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, 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.

POPULATIONS.

JOENNE POPE

- MANAGER, AFTER-SCHOOL AND SUMMER PROGRAMS, INDYPARKS
- MS. POPE IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING CHILDREN'S HEALTH. AS MANAGER OF AFTER-SCHOOL PROGRAMS, SHE IS KNOWLEDGEABLE OF ISSUES AND FACTORS THAT SURROUND CHILDREN'S HEALTH OUTCOMES AND PHYSICAL ACTIVITY.

JENNY BOYTS

- COMMUNITY COORDINATOR, CHALLENGE FOUNDATION ACADEMY
- MS. BOYTS IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING CHILDREN'S HEALTH AND EDUCATION. AS COMMUNITY COORDINATOR, SHE IS KNOWLEDGEABLE IN CHILDREN'S HEALTH AND WELL-BEING WITHIN THE COMMUNITY.

CHARLIE SCHLEGAL

- PRINCIPAL, CHALLENGE FOUNDATION ACADEMY
- MR. SCHLEGAL IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING CHILDREN'S HEALTH AND EDUCATION. AS A PRINCIPAL, HE IS KNOWLEDGEABLE OF CHILDREN'S HEALTH AND WELL-BEING WITHIN THE COMMUNITY.

UPON ARRIVAL TO THE FOCUS GROUP, PARTICIPANTS WERE ASKED TO LIST FIVE HEALTH NEEDS, WHICH SHOULD BE PRIORITIZED IN THEIR OPINION, FOR THE MARION COUNTY COMMUNITY SERVED BY IU HEALTH ACADEMIC HEALTH CENTER. THESE RESPONSES WERE COLLECTED AND AGGREGATED INTO A COMPREHENSIVE LIST OF

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.

IDENTIFIED NEEDS TO BE FURTHER DISCUSSED LATER IN THE SESSION AND RANKED FOR SEVERITY OF NEED WITHIN THE COMMUNITY. IU HEALTH FACILITATORS THEN PROVIDED PARTICIPANTS WITH A PRESENTATION FEATURING THE MISSION OF IU HEALTH, CURRENT OUTREACH PRIORITIES, AND LOCAL HEALTH DATA, INCLUDING DEMOGRAPHICS, INSURANCE INFORMATION, POVERTY RATES, COUNTY HEALTH RANKINGS, CAUSES OF DEATH, PHYSICAL ACTIVITY, CHRONIC CONDITIONS, PREVENTIVE BEHAVIORS, AND COMMUNITY NEEDS INDEX.

UPON COMPLETION OF THE DATA PRESENTATION, IU HEALTH FACILITATED A DISCUSSION ON THE COMPREHENSIVE LIST OF IDENTIFIED NEEDS FROM EARLIER IN THE SESSION. THE OBJECTIVE OF THIS METHOD WAS INTENDED TO INSPIRE CANDID DISCUSSIONS PRIOR TO A SECOND IDENTIFICATION OF FIVE PRIORITIZED HEALTH NEEDS BY EACH PARTICIPANT. THE VOTES ON THE FIVE PRIORITIZED HEALTH NEEDS WERE TALLIED AND FINAL INPUT FROM THE GROUP WAS ENCOURAGED DURING THIS PROCESS IN ORDER TO VALIDATE THE PREVIOUSLY IDENTIFIED NEEDS. FOLLOWING ADDITIONAL DISCUSSION, PARTICIPANTS WERE ALSO ASKED TO ADDRESS WHAT THEY THOUGHT THE ROLE OF THE IU HEALTH ACADEMIC HEALTH CENTER COULD BE IN MEETING THE LOCAL HEALTH NEEDS.

IU HEALTH SAXONY HOSPITAL

TO OBTAIN A MORE COMPLETE PICTURE OF THE FACTORS THAT PLAY INTO THE IU HEALTH SAXONY HOSPITAL COMMUNITY'S HEALTH, INPUT FROM LOCAL HEALTH LEADERS IN HAMILTON COUNTY WAS GATHERED THROUGH TWO SEPARATE FOCUS GROUP SESSIONS. THE FIRST LIVE GROUP SESSION LASTED TWO HOURS AND WAS HELD AT

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.

IU HEALTH NORTH HOSPITAL AND THE SECOND SESSION WAS HELD VIA CONFERENCE CALL. IU HEALTH FACILITATORS MAILED LETTERS AND MADE FOLLOW-UP TELEPHONE CALLS INVITING PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS TO ATTEND THE FOCUS GROUP DISCUSSION, PAYING SPECIAL ATTENTION TO INCLUDING ORGANIZATIONS THAT REPRESENT THE INTEREST OF LOW-INCOME, MINORITY, AND UNINSURED INDIVIDUALS. THE GOAL OF SOLICITING THESE LEADERS' FEEDBACK WAS TO GATHER INSIGHTS INTO THE QUANTITATIVE DATA THAT MAY NOT BE EASILY IDENTIFIED FROM THE SECONDARY STATISTICAL DATA ALONE. ATTENDEES WHO PARTICIPATED IN THE FOCUS GROUP INCLUDED:

MO MERHOFF

- PRESIDENT, CARMEL CHAMBER OF COMMERCE
- MR. MERHOFF IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD HEALTHY LIVING. AS PRESIDENT OF THE CHAMBER OF COMMERCE, HE LOBBIES FOR POLICIES AFFECTING THE HEALTH AND WELL-BEING OF THE COMMUNITY.

MARK HULETT

- EMERGENCY MEDICAL SERVICES ("EMS") DIVISION CHIEF, CITY OF CARMEL FIRE DEPARTMENT
- MR. HULETT IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING PUBLIC HEALTH AND SAFETY. AS THE CARMEL FIRE DEPARTMENT'S EMS DIVISION CHIEF, HE HAS GREAT KNOWLEDGE CONCERNING PUBLIC SAFETY NEEDS AND RESOURCES.

JOAN ISAAC

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.

- HAMILTON COUNTY AREA DIRECTOR, UNITED WAY OF CENTRAL INDIANA

- MS. ISSAC IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD HEALTHY LIVING. AS DIRECTOR OF THE HAMILTON COUNTY AREA UNITED WAY, SHE WORKS FOR AN ORGANIZATION THAT BELIEVES IN HELPING PEOPLE LEARN MORE, EARN MORE, AND LEAD SAFE AND HEALTHY LIVES, AS WELL AS CREATES PROGRAMS TO ASSIST IN THOSE GOALS, ESPECIALLY FOR THE UNDERSERVED POPULATIONS.

MAGGIE CHARNOSKI

- EXECUTIVE DIRECTOR, TRINITY FREE CLINIC

- MS. CHARNOSKI IS A PUBLIC HEALTH EXPERT. AS EXECUTIVE DIRECTOR OF TRINITY FREE CLINIC, SHE UNDERSTANDS THE ISSUES AND OBSTACLES INVOLVED IN PUBLIC HEALTH, NEEDS, AND ACCESS TO HEALTHCARE, AS WELL AS WAYS TO IMPROVE ACCESS.

AL PATTERSON

- DEPARTMENT DIRECTOR, HAMILTON COUNTY PARKS AND RECREATION

- MR. PATTERSON IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD HEALTHY LIVING. AS DIRECTOR OF THE HAMILTON COUNTY PARKS AND RECREATION DEPARTMENT, HE IS FAMILIAR WITH OBESITY PREVENTION AND THE PROGRAMS IN PLACE TO HELP ADDRESS THIS ISSUE.

DON NICHOLLS

- RESOURCE DEVELOPMENT SPECIALIST, HAMILTON COUNTY PARKS AND RECREATION

- MR. NICHOLLS IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD

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.

HEALTHY LIVING. AS THE RESOURCE DEVELOPMENT SPECIALIST FOR THE HAMILTON COUNTY PARKS AND RECREATION DEPARTMENT, HE IS FAMILIAR WITH OBESITY PREVENTION AND PROGRAMS IN PLACE TO HELP ADDRESS THIS ISSUE.

PAM LOWE

- DIRECTOR, WOMEN'S SERVICES AND SOCIAL SERVICES, IU HEALTH NORTH HOSPITAL

- MS. LOWE IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD HEALTHY LIVING. AS DIRECTOR OF WOMEN'S SERVICES AND SOCIAL SERVICES FOR THE IU HEALTH NORTH HOSPITAL, SHE UNDERSTANDS THE NEEDS IN HEALTHCARE AND WAYS TO ADDRESS THEM.

JOY DAVIS

- SENIOR MARKETING COORDINATOR, IU HEALTH NORTH HOSPITAL

- MS. DAVIS IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD HEALTHY LIVING. AS MARKETING COORDINATOR FOR THE IU HEALTH NORTH HOSPITAL, SHE UNDERSTANDS THE NEEDS IN HEALTHCARE AND WAYS TO ADDRESS THEM.

BARRY MCNULTY

- ADMINISTRATOR, HAMILTON COUNTY HEALTH DEPARTMENT

- MR. MCNULTY IS A PUBLIC HEALTH EXPERT. AS AN ADMINISTRATOR FOR THE HAMILTON COUNTY HEALTH DEPARTMENT, HE UNDERSTANDS THE ISSUES AND OBSTACLES INVOLVED IN PUBLIC HEALTH AND WAYS TO IMPROVE THEM.

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.

JANICE VANMETRE

- DIRECTOR OF NURSING, HAMILTON COUNTY HEALTH DEPARTMENT
- MS. VANMETRE IS A PUBLIC HEALTH EXPERT. AS A DIRECTOR OF NURSING AT THE HAMILTON COUNTY HEALTH DEPARTMENT, MS. VANMETRE UNDERSTANDS THE ISSUES AND OBSTACLES INVOLVED IN PUBLIC HEALTH AND WAYS TO IMPROVE THEM.

SHANNON SAUL

- EXECUTIVE DIRECTOR, KINDERCARE LEARNING CENTERS
- MS. SAUL IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING CHILDREN'S HEALTH. AS A CHILD-CARE PROVIDER AT KINDERCARE, MS. SAUL IS FAMILIAR WITH CHILDREN'S HEALTH ISSUES AND NEEDS.

TERRY KROHN

- MANAGER, KINDERCARE LEARNING CENTERS
- MR. KROHN IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING CHILDREN'S HEALTH. AS A CHILD-CARE PROVIDER IN THE COMMUNITY, HE IS FAMILIAR WITH CHILDREN'S HEALTH ISSUES AND NEEDS.

UPON ARRIVAL TO THE FOCUS GROUP, PARTICIPANTS WERE ASKED TO LIST FIVE HEALTH NEEDS, WHICH SHOULD BE PRIORITIZED IN THEIR OPINION, FOR THE HAMILTON COUNTY COMMUNITY SERVED BY IU HEALTH SAXONY HOSPITAL. THESE RESPONSES WERE COLLECTED AND AGGREGATED INTO A COMPREHENSIVE LIST OF IDENTIFIED NEEDS TO BE FURTHER DISCUSSED LATER IN THE SESSION AND RANKED FOR SEVERITY OF NEED WITHIN THE COMMUNITY. IU HEALTH FACILITATORS THEN PROVIDED PARTICIPANTS WITH A PRESENTATION FEATURING THE MISSION OF IU

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.

HEALTH, CURRENT OUTREACH PRIORITIES, AND LOCAL HEALTH DATA, INCLUDING DEMOGRAPHICS, INSURANCE INFORMATION, POVERTY RATES, COUNTY HEALTH RANKINGS, CAUSES OF DEATH, PHYSICAL ACTIVITY, CHRONIC CONDITIONS, PREVENTIVE BEHAVIORS, AND COMMUNITY NEEDS INDEX.

UPON COMPLETION OF ITS DATA PRESENTATION, IU HEALTH FACILITATED A DISCUSSION ON THE COMPREHENSIVE LIST OF IDENTIFIED NEEDS FROM EARLIER IN THE SESSION. THE OBJECTIVE OF THIS METHOD WAS INTENDED TO INSPIRE CANDID DISCUSSIONS PRIOR TO A SECOND IDENTIFICATION OF FIVE PRIORITIZED HEALTH NEEDS BY EACH PARTICIPANT. THE VOTES ON THE FIVE PRIORITIZED HEALTH NEEDS WERE TALLIED AND FINAL INPUT FROM THE GROUP WAS ENCOURAGED DURING THIS PROCESS IN ORDER TO VALIDATE THE PREVIOUSLY IDENTIFIED NEEDS.

SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH OTHER HOSP. IU HEALTH CONDUCTED A CHNA FOR ITS IU HEALTH SAXONY HOSPITAL LOCATION IN CONJUNCTION AND COLLABORATION WITH INDIANA UNIVERSITY HEALTH NORTH HOSPITAL, INC. ("IU HEALTH NORTH HOSPITAL"). IU HEALTH SAXONY HOSPITAL AND IU HEALTH NORTH HOSPITAL ARE BOTH LOCATED IN HAMILTON COUNTY AND SERVE A COMMUNITY WITH SIMILAR AND OVERLAPPING HEALTH NEEDS.

SCHEDULE H, PART V, SECTION B, LINE 7A - CHNA WEBSITE

A COPY OF IU HEALTH'S CHNA IS AVAILABLE ON ITS WEBSITE AT THE FOLLOWING URL:

[HTTP://IUHEALTH.ORG/ABOUT-IU-HEALTH/IN-THE-COMMUNITY/](http://iuhealth.org/about-iu-health/in-the-community/)

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.

SCHEDULE H, PART V, SECTION B, LINE 10A - IMPLEMENTATION STRATEGY WEBSITE

A COPY OF IU HEALTH'S CHNA IMPLEMENTATION STRATEGY IS AVAILABLE ON ITS WEBSITE AT THE FOLLOWING URL:

[HTTP://IUHEALTH.ORG/ABOUT-IU-HEALTH/IN-THE-COMMUNITY/](http://iuhealth.org/about-iu-health/in-the-community/)

SCHEDULE H, PART V, SECTION B, LINE 11 - ADDRESSING IDENTIFIED NEEDS

IU HEALTH PRIORITIZED AND DETERMINED WHICH OF THE COMMUNITY HEALTH NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNAS WERE MOST CRITICAL FOR IT TO ADDRESS BY USING THE HANLON METHOD OF PRIORITIZATION. THIS METHOD PRIORITIZES IDENTIFIED NEEDS BASED UPON THE PREVALENCE AND SEVERITY OF THE NEED AND THE EFFECTIVENESS OF INTERVENTIONS AVAILABLE TO ADDRESS THE NEEDS.

BASED UPON THE HANLON METHOD OF PRIORITIZATION, IU HEALTH SELECTED THE FOLLOWING FIVE NEEDS TO BE ADDRESSED FOR THE IU HEALTH ACADEMIC HEALTH CENTER AND IU HEALTH SAXONY HOSPITAL:

- ACCESS TO HEALTHCARE
- BEHAVIORAL HEALTH
- OBESITY PREVENTION
- PREK-12 EDUCATION
- WOMEN'S HEALTH AND FAMILY PLANNING

ACCESS TO HEALTHCARE

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.

IU HEALTH'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF
ACCESS TO HEALTHCARE INCLUDES THE FOLLOWING:

- INCREASING ACCESS TO HEALTH CARE SERVICES IN A NEIGHBORHOOD WITH
HIGH NON-EMERGENT UTILIZATION OF THE IU HEALTH METHODIST HOSPITAL
EMERGENCY ROOM
- PROVIDE OPPORTUNITIES FOR INTERPROFESSIONAL EDUCATION AND TRAINING
IN PRIMARY CARE OF FUTURE HEALTH CARE PROVIDERS
- PROVIDE FLU VACCINES TO AT-RISK POPULATIONS
- INCREASE ACCESS TO IU HEALTH FINANCIAL ASSISTANCE PROGRAM AND OTHER
GOVERNMENT-SPONSORED PROGRAMS
- PROVIDE ACCESS TO CLINICAL TRIALS TO COMMUNITY MEMBERS
- INCREASE NUMBER OF PRIMARY CARE PROVIDERS
- SUPPORT DEVELOPMENT OF AVONDALE MEADOWS HEALTH AND WELLNESS CENTER
- IMPLEMENT IU HEALTH GARDEN ON THE GO® STOP AT AVONDALE MEADOWS
YMCA
- ESTABLISH A PARTNERSHIP WITH TRINITY FREE CLINIC
- STAFF AN ACUTE CLINIC AT TRINITY AND FUND A PATIENT ADVOCATE
POSITION
- PROVIDE FINANCIAL SUPPORT TO TRINITY FOR PROGRAMMING
- PARTICIPATE IN THE HAMILTON COUNTY RESOURCE FAIR & ACCESS TO
HEALTHCARE INITIATIVE
- CREATE AND DISTRIBUTE FLYERS TO EDUCATE HAMILTON COUNTY RESIDENTS
ON THE APPROPRIATE USE OF THE EMERGENCY ROOM

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.

- PARTNER WITH OUR LADY OF MT. CARMEL TO PROVIDE A HEALTH SEMINAR TO AN ESTABLISHED GROUP

- PARTNER WITH OUR LADY OF MT. CARMEL TO PROVIDE HEALTH SEMINARS FOR SENIORS

- INCREASE AMOUNT OF HEALTH PRESENTATIONS AND HEALTH SCREENINGS AT COMMUNITY EVENTS

BEHAVIORAL HEALTH

IU HEALTH'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF BEHAVIORAL HEALTH INCLUDES THE FOLLOWING:

- INTEGRATE MENTAL HEALTH SERVICES INTO IU HEALTH NEIGHBORHOOD CARE CENTER

- ASSIST IN DEVELOPING ADVOCACY AGENDA FOR 2014 IN SUPPORT OF POLICIES TO IMPROVE ACCESS TO MENTAL HEALTH RESOURCES IN THE COMMUNITY

- IMPROVE ACCESS TO AND CAPACITY OF THE MHA INDY'S CRISIS & SUICIDE INTERVENTION HOTLINE

- FINANCIALLY SUPPORT THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION FOR A PROGRAM IN NEED

- FINANCIALLY SUPPORT CHAUNCIE'S PLACE FOR A PROGRAM IN NEED

- INCLUDE MENTAL HEALTH ARTICLE WITH IDENTIFIED HAMILTON COUNTY BEHAVIORAL HEALTH RESOURCES IN STRENGTH IN WELLNESS COMMUNITY NEWSLETTER (JULY)

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.

OBESITY PREVENTION

IU HEALTH'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF

OBESITY PREVENTION INCLUDES THE FOLLOWING:

- ENHANCE WALKING TRAILS AND COMMUNITY ASSETS TO PROVIDE SAFE PLACES FOR PHYSICAL ACTIVITY AND PLAY

- ENCOURAGE PHYSICAL ACTIVITY IN COMMUNITY MEMBERS THROUGH ORGANIZED WALKING GROUPS

- INCREASE ACCESS TO AFFORDABLE FRESH FRUITS AND VEGETABLES IN UNDER-RESOURCED AREAS

- PROVIDING OPPORTUNITIES FOR VIGOROUS PLAY FOR STUDENTS AND COMMUNITY

- RILEY YOUTH DIABETES PREVENTION CLINIC

- PROVIDE HEALTHY COOKING DEMONSTRATIONS, NUTRITIONAL INFORMATION AND SCREENINGS AT IU HEALTH SAXONY HOSPITAL AND THE ZIONSVILLE FARMER'S MARKET

- PARTICIPATE IN A DAY OF SERVICE (FOCUS ON TRAILS)

- HOST A DIABETES EDUCATION SEMINAR FOR THE COMMUNITY AT AN AREA CHURCH

PREK-12 EDUCATION

IU HEALTH'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF

PREK-12 EDUCATION INCLUDES THE FOLLOWING:

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.

- SUPPORT THE LOCATION OF EVIDENCE-BASED PROGRAMS IN INDIANAPOLIS AS AN ADDITIONAL TOOL FOR EDUCATIONAL REFORM

- PARTICIPATE IN KINDERGARTEN COUNTDOWN 4-WEEK SUMMER CAMP AT SHERIDAN ELEMENTARY

- COORDINATE AN IU HEALTH PHYSICIANS OFFICE TO PARTICIPATE IN THE READUP PROGRAM

WOMEN'S HEALTH AND FAMILY PLANNING

IU HEALTH'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF WOMEN'S HEALTH AND FAMILY PLANNING INCLUDES THE FOLLOWING:

- OFFER FREE PARENTING SUPPORT GROUPS AT IU HEALTH SAXONY HOSPITAL

- FINANCIALLY SUPPORT LOCAL NONPROFITS INCLUDING STORK'S NEST, CASTING FOR RECOVERY, AND IWIN FOUNDATION TO ADDRESS A WOMEN'S HEALTH NEED

- PROVIDE CAR SEATS AND SAFETY INFORMATION FOR NEW MOMS

ALSO, BASED UPON THE HANLON METHOD OF PRIORITIZATION, THE FOLLOWING IDENTIFIED COMMUNITY HEALTH NEEDS WERE NOT AMONGST THE NEEDS CHOSEN TO BE ADDRESSED:

- TOBACCO PREVENTION AND CESSATION

- PRENATAL CARE

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.

- POVERTY
- HEALTH LITERACY

THE IDENTIFIED COMMUNITY NEED OF TOBACCO PREVENTION AND CESSATION WAS REVIEWED AND AFTER COMPLETING A GAP ANALYSIS, IT WAS DETERMINED THAT, WITH THE STATE OF INDIANA AND MARION COUNTY HEALTH DEPARTMENT TOBACCO EFFORTS, INCLUDING THE FREE QUIT LINE AND THE SMOKE FREE ORDINANCES, THE BEST METHOD TO SUPPORT TOBACCO PREVENTION AND CESSATION IS TO REFER COMMUNITY MEMBERS TO THESE ESTABLISHED RESOURCES.

THE IDENTIFIED COMMUNITY NEED OF PRENATAL CARE WAS REVIEWED AND AFTER COMPLETING A GAP ANALYSIS, IT WAS DETERMINED THERE ARE A NUMBER OF LOCAL ORGANIZATIONS WORKING TO ADDRESS THIS COMMUNITY NEED SUCH AS THE NURSE FAMILY PARTNERSHIP, HEALTHNET, AND INDIANAPOLIS HEALTHY START.

ALTHOUGH IU HEALTH HAS NOT SELECTED POVERTY AS ONE OF THE TOP FIVE COMMUNITY HEALTH NEEDS FOR IT TO ADDRESS IN ITS CHNA IMPLEMENTATION STRATEGY, IU HEALTH DOES FOCUS MANY OF ITS COMMUNITY OUTREACH EFFORTS ON THOSE LIVING IN POVERTY. ADDITIONALLY, THE HIGH QUALITY CARE AND ASSISTANCE IU HEALTH PROVIDES TO PATIENTS AND COMMUNITY MEMBERS THAT ARE UNABLE TO PAY ALSO HELPS TO SERVE INDIVIDUALS IN NEED. LASTLY, THE GOAL OF IU HEALTH'S FOCUS ON PREK-12 EDUCATION IS TO HELP FUTURE GENERATIONS GAIN ACCESS TO BETTER EDUCATION TO PREPARE THEM TO HAVE A SUCCESSFUL ACADEMIC EXPERIENCE AND IMPROVE THEIR QUALITY OF LIFE AND HEALTH OUTCOMES.

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.

WHILE HEALTH LITERACY WAS NOT SPECIFICALLY CHOSEN, IU HEALTH IS ADDRESSING HEALTH LITERACY THROUGH ACCESS TO HEALTHCARE AND PREK-12 EDUCATION INITIATIVES. IU HEALTH'S ACCESS TO HEALTHCARE INITIATIVES AND PROGRAMS ARE DESIGNED FOR THOSE WITH AT LEAST A 6TH GRADE READING LEVEL AND TEAM MEMBERS ARE USING TECHNIQUES LIKE "TEACH BACK" TO ENSURE COMMUNITY MEMBERS CLEARLY UNDERSTAND DIRECTIONS FOR IMPROVING THEIR HEALTH. ADDITIONALLY, IMPROVED HEALTH LITERACY WILL OCCUR BY IMPROVING EDUCATION AND STUDENT OUTCOMES AS COMMUNITY MEMBERS INCREASE THEIR EDUCATION LEVEL AND HEALTH LITERACY.

SCHEDULE H, PART V, SECTION B, LINE 13B - INCOME LEVEL OTHER THAN FPG
IN ADDITION TO FPG, IU HEALTH MAY TAKE INTO CONSIDERATION A PATIENT'S INCOME AND/OR ABILITY TO PAY IN CALCULATION OF A FINANCIAL ASSISTANCE AWARD.

SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER FAP FACTORS
IU HEALTH TAKES INTO CONSIDERATION SEVERAL OTHER FACTORS IN DETERMINING PATIENT ELIGIBILITY FOR FINANCIAL ASSISTANCE. THESE FACTORS INCLUDE THE FOLLOWING:

1. ALTERNATE SOURCES OF ASSISTANCE

WHEN TECHNICALLY FEASIBLE, A PATIENT WILL BE REQUIRED TO EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING AN AWARD

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.

FROM IU HEALTH'S FINANCIAL ASSISTANCE PROGRAM.

PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE INSURANCE POLICY, INCLUDING, BUT NOT LIMITED TO, HEALTH, AUTOMOBILE, AND HOMEOWNER'S, MUST EXHAUST ALL INSURANCE BENEFITS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH'S FINANCIAL ASSISTANCE PROGRAM. THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. PATIENTS MAY BE ASKED TO SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THEIR INSURANCE PROVIDER AT THE REQUEST OF IU HEALTH.

ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH FACILITY AS A RESULT OF AN INJURY PROXIMATELY CAUSED BY A THIRD PARTY, AND LATER RECEIVE A MONETARY SETTLEMENT OR AWARD FROM SAID THIRD PARTY, MAY RECEIVE FINANCIAL ASSISTANCE FOR ANY OUTSTANDING BALANCE NOT COVERED BY THE SETTLEMENT OR AWARD TO WHICH IU HEALTH IS ENTITLED. SAID PATIENTS MAY BE ASKED TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

2. PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY

PATIENTS WHO ARE DEEMED TO BE PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE WILL RECEIVE A FINANCIAL ADJUSTMENT TO THEIR FINAL STATEMENT BALANCE BASED ON THE PATIENT'S INDIVIDUAL SCORING CRITERIA.

PATIENTS ARE CONSIDERED TO BE PRESUMPTIVELY ELIGIBLE FOR FINANCIAL

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.

ASSISTANCE IF THE FINANCIAL NEED HAS BEEN DETERMINED BY THE FOLLOWING
THIRD PARTIES: ESKENAZI HEALTH, FORMERLY WISHARD MEMORIAL HOSPITAL,
PROJECT HEALTH, INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES,
MEDICAID, OUT-OF-STATE MEDICAID, HEALTHY INDIANA PLAN, OR VOLUNTEERS IN
MEDICINE.

PATIENTS ARE ALSO CONSIDERED TO BE PRESUMPTIVELY ELIGIBLE IF THEY ARE
PENDING MEDICAID APPROVAL OR HAVE A HOSPITAL BILL WITH A MAXIMUM BALANCE
TO BE DETERMINED BY THE FINANCIAL ASSISTANCE COMMITTEE AND WHO MEET
CERTAIN RISK SEGMENTATION SCORING CRITERIA.

3. ADDITIONAL CONSIDERATIONS

FINANCIAL ASSISTANCE MAY BE GRANTED TO A DECEASED PATIENT'S ACCOUNT IF
SAID PATIENT IS FOUND TO HAVE NO ESTATE. ADDITIONALLY, IU HEALTH WILL
DENY OR REVOKE FINANCIAL ASSISTANCE FOR ANY PATIENT OR GUARANTOR WHO
FALSIFIES ANY PORTION OF A FINANCIAL ASSISTANCE APPLICATION.

SCHEDULE H, PART V, SECTION B, LINE 16A - FAP WEBSITE

A COPY OF IU HEALTH'S FAP IS AVAILABLE ON THE FOLLOWING WEBSITE:

[HTTP://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSISTANCE/](http://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSISTANCE/)

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.

SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION WEBSITE

A COPY OF IU HEALTH'S FAP APPLICATION IS AVAILABLE ON THE FOLLOWING WEBSITE:

[HTTP://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSISTANCE/](http://iuhealth.org/patients/my-iu-health/billing-services/financial-assistance/)

SCHEDULE H, PART V, SECTION B, LINE 16I - OTHER MEASURES TO PUBLICIZE

IU HEALTH TAKES SEVERAL OTHER MEASURES TO PUBLICIZE ITS FAP WITHIN THE COMMUNITY. THESE MEASURES INCLUDE THE FOLLOWING:

1. SIGNS ARE POSTED IN APPROPRIATE ACUTE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS AND REGISTRATION AREAS DESCRIBING THE AVAILABLE ASSISTANCE AND DIRECTING ELIGIBLE PATIENTS TO THE FINANCIAL ASSISTANCE APPLICATION.
2. IU HEALTH INCLUDES A PLAIN LANGUAGE DESCRIPTION OF ITS FAP WITH ALL PATIENT BILLS AND STATEMENTS OF SERVICES.
3. IU HEALTH REVENUE CYCLE SERVICES REPRESENTATIVES ARE AVAILABLE VIA TELEPHONE MONDAY THROUGH FRIDAY, EXCLUDING MAJOR HOLIDAYS, FROM 8 A.M. TO 7 P.M. (EASTERN TIME) TO ADDRESS QUESTIONS RELATED TO FINANCIAL ASSISTANCE.
4. IU HEALTH REVENUE CYCLE SERVICES EDUCATES ITS PATIENT FACING TEAM

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.

MEMBERS OF ITS FAP AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

SCHEDULE H, PART V, SECTION B, LINE 22D - OTHER DETERMINATION OF CHARGES
IU HEALTH LIMITS THE AMOUNTS CHARGED FOR EMERGENCY OR OTHER MEDICALLY
NECESSARY SERVICES PROVIDED TO INDIVIDUALS ELIGIBLE FOR ASSISTANCE UNDER
ITS FAP TO NOT MORE THAN AMOUNTS GENERALLY BILLED TO INDIVIDUALS WHO HAVE
INSURANCE COVERAGE FOR SUCH CARE.

THE BASIS FOR CALCULATING THE AMOUNT CHARGED TO ALL PATIENTS, INCLUDING
THOSE WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE, IS DERIVED THROUGH THE
USE OF A CHARGEMASTER OR PHYSICIAN FEE SCHEDULE AND ARE UNIFORMLY
APPLIED. ALL ADDITIONAL DISCOUNTS REQUIRED BY INSURANCE CONTRACT OR IU
HEALTH'S FAP ARE APPLIED TO THE CHARGEMASTER OR PHYSICIAN FEE SCHEDULE
CALCULATED AMOUNT.

IU HEALTH DOES NOT USE GROSS CHARGES IN THE CALCULATION OF THE AMOUNT TO
CHARGE A FINANCIAL ASSISTANCE ELIGIBLE PATIENT.

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? 94

Name and address	Type of Facility (describe)
1 BALL OUTPATIENT SURGERY CENTER 2525 W. UNIVERSITY AVE., STE. 200 MUNCIE IN 47303	AMBULATORY SURGERY
2 BELTWAY SURGERY CENTER 151 PENNSYLVANIA PKWY. INDIANAPOLIS IN 46280	AMBULATORY SURGERY
3 BELTWAY SURGERY CENTER SPRING MILL 200 W. 103RD ST., STE. 2400 INDIANAPOLIS IN 46290	AMBULATORY SURGERY
4 EAGLE HIGHLANDS SURGERY CENTER 6850 PARKDALE PL. INDIANAPOLIS IN 46254	AMBULATORY SURGERY
5 GLEN LEHMAN ENDOSCOPY SUITE 550 N. UNIVERSITY BLVD., STE. 4100 INDIANAPOLIS IN 46202	AMBULATORY SURGERY
6 INDIANA ENDOSCOPY CENTERS 10967 ALLISONVILLE RD., STE. 100 FISHERS IN 46038	AMBULATORY SURGERY
7 INDIANA ENDOSCOPY CENTERS 1115 N. RONALD REAGAN PKWY., STE. 347 AVON IN 46123	AMBULATORY SURGERY
8 INDIANA ENDOSCOPY CENTERS 1801 N. SENATE BLVD., STE. 710 INDIANAPOLIS IN 46202	AMBULATORY SURGERY
9 INDIANA HTS BELTWAY SURGERY CENTER 8501 HARCOURT RD. INDIANAPOLIS IN 46260	AMBULATORY SURGERY
10 MERIDIAN SOUTH SURGERY CENTER 8830 S. MERIDIAN ST. INDIANAPOLIS IN 46217	AMBULATORY SURGERY

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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)
1 RILEY OUTPATIENT SURGERY CENTER 702 BARNHILL DR., STE. 0201 INDIANAPOLIS IN 46202	AMBULATORY SURGERY
2 SAXONY SURGERY CENTER 13100 E. 136TH ST., STE. 1100 FISHERS IN 46037	AMBULATORY SURGERY
3 SENATE STREET SURGERY CENTER 1801 N. SENATE BLVD. INDIANAPOLIS IN 46202	AMBULATORY SURGERY
4 CARDIO. TESTING AT IU HEALTH METHODIST 1801 N. SENATE BLVD., STE. 3100 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
5 CHARIS CENTER 6640 INTECH BLVD., STE. 195 INDIANAPOLIS IN 46278	DIAGNOSTIC AND OTHER OUTPATIENT
6 INDIANA CANCER PAVILION 535 N. BARNHILL DR. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
7 IU HEALTH ADULT DIALYSIS CENTER 2140 N. CAPITOL ST. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH ARNETT HOSPITAL LAB 5165 MCCARTY LN. LAFAYETTE IN 47905	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH BALL MEMORIAL HOSPITAL LAB 2401 UNIVERSITY AVE. MUNCIE IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT
10 IU HEALTH BLACKFORD HOSPITAL LAB 410 PILGRIM BLVD. HARTFORD CITY IN 47348	DIAGNOSTIC AND OTHER OUTPATIENT

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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)
1 IU HEALTH BLOOMINGTON HOSPITAL LAB 601 W. 2ND ST. BLOOMINGTON IN 47402	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH BRAIN TUMOR CLINIC 355 W. 16TH ST., STE. 5400 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
3 IU HEALTH BROWNSBURG 1375 N. GREEN ST., STE. 200 BROWNSBURG IN 46112	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH CANCER CENTERS - SPRING MILL 200 W. 103RD ST. INDIANAPOLIS IN 46290	DIAGNOSTIC AND OTHER OUTPATIENT
5 IU HEALTH CICC EAST 6845 RAMA DR. INDIANAPOLIS IN 46219	DIAGNOSTIC AND OTHER OUTPATIENT
6 IU HEALTH CICC NORTH 10202 LANTERN RD. FISHERS IN 46038	DIAGNOSTIC AND OTHER OUTPATIENT
7 IU HEALTH CICC CARMEL 11725 ILLINOIS ST., STE. 565 CARMEL IN 46032	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH CICC METHODIST 1701 N. SENATE BLVD., C6 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH CICC WEST 1111 N. RONALD REAGAN PKWY. AVON IN 46123	DIAGNOSTIC AND OTHER OUTPATIENT
10 IU HEALTH HOME DIALYSIS 8802 N. MERIDIAN ST., STE. 150 INDIANAPOLIS IN 46260	DIAGNOSTIC AND OTHER OUTPATIENT

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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)
1 IU HEALTH LAPORTE HOSPITAL LAB 1007 LINCOLNWAY LAPORTE IN 46350	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH MEDICAL DIAGNOSTIC CENTER 550 N. UNIVERSITY BLVD. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
3 IU HEALTH MELVIN & BREN SIMON CANCER CTR 1030 W. MICHIGAN ST. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH METHODIST HOSPITAL OUTPT. SVC. 1701 N. SENATE BLVD., AG053 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
5 IU HEALTH METHODIST LIFECARE PROGRAM 1633 N. CAPITAL AVE., STE. 300 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
6 IU HEALTH METHODIST MEDICAL PLAZA 151 PENNSYLVANIA PKWY. INDIANAPOLIS IN 46280	DIAGNOSTIC AND OTHER OUTPATIENT
7 IU HEALTH METHODIST MEDICAL PLAZA 6850 PARKDALE PL. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH METHODIST MEDICAL PLAZA EAST 9660 E. WASHINGTON ST. INDIANAPOLIS IN 46229	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH METHODIST MEDICAL PLAZA SOUTH 8830 S. MERIDIAN ST. INDIANAPOLIS IN 46217	DIAGNOSTIC AND OTHER OUTPATIENT
10 IU HEALTH METHODIST PROFESSIONAL CENTER 1801 N. SENATE BLVD. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT

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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)
1 IU HEALTH MOORESVILLE 820 SAMUEL MOORE PKWY. MOORESVILLE IN 46158	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH NEUROSCIENCE CENTER 355 W. 16TH ST. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
3 IU HEALTH NEUROSCIENCE CTR. NEUROPHYS. 355 W. 16TH ST., STE. 2100 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH NORTH HOSPITAL LAB 11700 N. MICHIGAN ST. CARMEL IN 46032	DIAGNOSTIC AND OTHER OUTPATIENT
5 IU HEALTH OPHTHALMOLOGY CENTER 1160 W. MICHIGAN AVE. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
6 IU HEALTH ORTHO. RADIOLOGY AND REHAB. 1801 N. SENATE AVE., STE. 510 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
7 IU HEALTH PAOLI HOSPITAL LAB 642 W. HOSPITAL RD. PAOLI IN 47454	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH PATHOLOGY LAB 350 W. 11TH ST. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH RADIOLOGY AT GEORGETOWN 4880 CENTURY PLAZA RD., STE. 155 INDIANAPOLIS IN 46254	DIAGNOSTIC AND OTHER OUTPATIENT
10 IU HEALTH RADIOLOGY AT MOORESVILLE 820 SAMUEL MOORE PKWY. MOORESVILLE IN 46158	DIAGNOSTIC AND OTHER OUTPATIENT

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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)
1 IU HEALTH RENAL SERVICES 550 N. UNIVERSITY BLVD., RM. 1115 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH SAXONY HOSPITAL LAB 13000 E. 136TH ST. FISHERS IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT
3 IU HEALTH SAXONY HOSPITAL OR 13100 E. 136TH ST., STE. 2100 FISHERS IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH SAXONY HOSPITAL SLEEP LAB 13100 E. 136TH ST. FISHERS IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT
5 IU HEALTH SLEEP DISORDERS CENTER 1411 W. COUNTY LINE RD., STE. C GREENWOOD IN 46142	DIAGNOSTIC AND OTHER OUTPATIENT
6 IU HEALTH SLEEP DISORDERS CENTER 714 N. SENATE AVE. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
7 IU HEALTH TIPTON HOSPITAL LAB 1000 S. MAIN ST. TIPTON IN 46072	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH TRANSPLANT 1701 N. SENATE BLVD. INDIANAPOLIS IN 46206	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH UNIV. HOSP. ADULT OUTP. CENTER 550 UNIVERSITY BLVD., RM. 4175 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
10 IU HEALTH WEST HOSPITAL LAB 1111 RONALD REAGAN PKWY. AVON IN 46123	DIAGNOSTIC AND OTHER OUTPATIENT

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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)
1 IU HEALTH WHITE MEMORIAL HOSPITAL LAB 720 S. 6TH ST. MONTICELLO IN 47960	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH SAXONY HOSPITAL CARDIAC REHAB. 13100 E. 136TH ST. FISHERS IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT
3 METHODIST MEDICAL PLAZA GEORGETOWN 4880 W. CENTURY PLAZA RD. INDIANAPOLIS IN 46254	DIAGNOSTIC AND OTHER OUTPATIENT
4 METHODIST MEDICAL PLAZA GLENDALE 2620 KESSLER BLVD. E. DR. INDIANAPOLIS IN 46220	DIAGNOSTIC AND OTHER OUTPATIENT
5 METHODIST MEDICAL TOWER 1633 N. CAPITAL AVE. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
6 NEUROREHABILITATION AND ROBOTICS 355 W. 16TH ST., STE. 1078 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
7 NEUROSCIENCE RADIOLOGY 355 W. 16TH ST., STE. 0400 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
8 PULMONARY REHABILITATION 1633 N. CAPITAL AVE., STE. 103 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
9 RILEY REHABILITATION SERVICES 705 RILEY HOSPITAL DR. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
10 RILEY REHABILITATION SERVICES (EAST) 9650 E. WASHINGTON ST., STE. 250 INDIANAPOLIS IN 46229	DIAGNOSTIC AND OTHER OUTPATIENT

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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)
1 RILEY HOSPITAL HEMATOLOGY/ONCOLOGY 11725 ILLINOIS ST., STE. 01BD003-B6 CARMEL IN 46032	DIAGNOSTIC AND OTHER OUTPATIENT
2 RILEY HOSPITAL RENAL SERVICES 705 RILEY HOSPITAL DR., ROC STE. 1240 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
3 SPRING MILL OFFICE BUILDING LABORATORY 200 W. 103RD ST. INDIANAPOLIS IN 46290	DIAGNOSTIC AND OTHER OUTPATIENT
4 THE SIMULATION CENTER AT FAIRBANKS HALL 340 W. 10TH ST., STE. 4100 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
5 IU HEALTH ADVANCED THERAPIES PHARMACY 355 W. 16TH ST., STE. 1600 INDIANAPOLIS IN 46202	PHARMACY
6 METHODIST RETAIL PHARMACY 1801 N. SENATE BLVD., STE. 105 INDIANAPOLIS IN 46202	PHARMACY
7 NORTH RETAIL PHARMACY 11700 N. MERIDIAN ST., STE. B106 CARMEL IN 46032	PHARMACY
8 RILEY RETAIL PHARMACY 705 RILEY HOSPITAL DR., ROC 1201 INDIANAPOLIS IN 46202	PHARMACY
9 SAXONY RETAIL PHARMACY 13100 E. 136TH ST., STE. 1000 FISHERS IN 46037	PHARMACY
10 UNIVERSITY RETAIL PHARMACY 550 N. UNIVERSITY BLVD. INDIANAPOLIS IN 46202	PHARMACY

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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)
1 WEST RETAIL PHARMACY 1111 N. RONALD REAGAN PKWY. AVON IN 46123	PHARMACY
2 IU HEALTH ARNETT HOME CARE 3900 MCCARTY LN., STE. 103 LAFAYETTE IN 47905	HOME HEALTH
3 IU HEALTH ARNETT SLEEP APNEA EDUC. CTR. 3900 MCCARTY LN., STE. 102 LAFAYETTE IN 47905	HOME HEALTH
4 IU HEALTH BALL MEMORIAL HOME CARE 2300 W. GILBERT ST. MUNCIE IN 47303	HOME HEALTH
5 IU HEALTH BEDFORD SLEEP APNEA EDUC. CTR. 1502 CLINIC DR. BEDFORD IN 47421	HOME HEALTH
6 IU HEALTH HOME CARE 950 N. MERIDIAN ST., STE. 700 INDIANAPOLIS IN 46204	HOME HEALTH
7 IU HEALTH SLEEP APNEA EDUCATION CENTER 1411 W. COUNTY LINE RD., STE. C GREENWOOD IN 46142	HOME HEALTH
8 IU HEALTH SLEEP APNEA EDUCATION CENTER 714 N. SENATE AVE., STE. 110 INDIANAPOLIS IN 46202	HOME HEALTH
9 IU HEALTH TIPTON HOME CARE 202 S. WEST ST. TIPTON IN 46072	HOME HEALTH
10 SLEEP APNEA EDUCATION CENTER AT SAXONY 13100 E. 136TH ST., STE. 3200B FISHERS IN 46037	HOME HEALTH

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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)
1 SLEEP APNEA EDUCATION CENTER AT WEST 1115 N. RONALD REAGAN PKWY., STE. 371 AVON IN 46123	HOME HEALTH
2 IU HEALTH BALL MEMORIAL HOSPICE 2401 W. UNIVERSITY BLVD. MUNCIE IN 47303	HOSPICE
3 IU HEALTH HOSPICE 1828 N. ILLINOIS ST. INDIANAPOLIS IN 46202	HOSPICE
4 IU HEALTH HOSPICE 950 N. MERIDIAN ST., STE. 700 INDIANAPOLIS IN 46204	HOSPICE
5 	
6 	
7 	
8 	
9 	
10 	

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.

SCHEDULE H, PART IV, LINE 1(A) - NAME OF ENTITY

BELTWAY SURGERY CENTERS, LLC

SCHEDULE H, PART IV, LINE 2(A) - NAME OF ENTITY

EAGLE HIGHLANDS SURGERY CENTER, LLC

SCHEDULE H, PART IV, LINE 3(A) - NAME OF ENTITY

SENATE STREET SURGERY CENTER, LLC

SCHEDULE H, PART IV, LINE 4(A) - NAME OF ENTITY

INDIANA ENDOSCOPY CENTERS, LLC

SCHEDULE H, PART IV, LINE 5(A) - NAME OF ENTITY

ROC SURGERY, LLC

SCHEDULE H, PART IV, LINE 6(A) - NAME OF ENTITY

INDIANA UNIVERSITY HEALTH SAXONY SURGERY CENTER, LLC

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.

SCHEDULE H, PART IV, LINE 7(A) - NAME OF ENTITY

BALL OUTPATIENT SURGERY CENTER, LLC

SCHEDULE H, PART I, LINE 3C - OTHER FACTORS USED IN DETERMINING ELIG.

IU HEALTH USES SEVERAL FACTORS OTHER THAN FEDERAL POVERTY GUIDELINES ("FPGS") IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE UNDER ITS FAP. THESE FACTORS INCLUDE THE FOLLOWING:

1. INDIANA RESIDENCY REQUIREMENT

IU HEALTH ONLY MAKES FINANCIAL ASSISTANCE AVAILABLE TO RESIDENTS OF THE STATE OF INDIANA. IU HEALTH EMPLOYS THE SAME RESIDENCY TEST AS SET FORTH IN INDIANA CODE 6-3-1-12 TO DEFINE AS RESIDENT ANY INDIVIDUAL WHO WAS DOMICILED IN INDIANA DURING THE TAXABLE YEAR, OR ANY INDIVIDUAL WHO MAINTAINS A PERMANENT PLACE OF RESIDENCE IN THIS STATE AND SPENDS MORE THAN ONE HUNDRED EIGHTY-THREE (183) DAYS OF THE TAXABLE YEAR IN INDIANA.

2. ALTERNATE SOURCES OF ASSISTANCE

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.

WHEN TECHNICALLY FEASIBLE, PATIENTS MUST EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH'S FINANCIAL ASSISTANCE PROGRAM.

PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE INSURANCE POLICY, INCLUDING, BUT NOT LIMITED TO, HEALTH, AUTOMOBILE, AND HOMEOWNER'S, MUST EXHAUST ALL INSURANCE BENEFITS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH'S FINANCIAL ASSISTANCE PROGRAM. THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. PATIENTS MAY BE ASKED TO SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THEIR INSURANCE PROVIDER AT THE REQUEST OF IU HEALTH.

ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH FACILITY AS A RESULT OF AN INJURY PROXIMATELY CAUSED BY A THIRD PARTY, AND LATER RECEIVE A MONETARY SETTLEMENT OR AWARD FROM SAID THIRD PARTY, MAY RECEIVE FINANCIAL ASSISTANCE FOR ANY OUTSTANDING BALANCE NOT COVERED BY THE

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.

SETTLEMENT OR AWARD TO WHICH IU HEALTH IS ENTITLED. SAID PATIENTS MAY BE
ASKED TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

3. PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY

PATIENTS WHO ARE DEEMED TO BE PRESUMPTIVELY ELIGIBLE FOR FINANCIAL
ASSISTANCE WILL RECEIVE A FINANCIAL ADJUSTMENT TO THEIR FINAL STATEMENT
BALANCE BASED ON THE PATIENT'S INDIVIDUAL SCORING CRITERIA.

PATIENTS ARE CONSIDERED TO BE PRESUMPTIVELY ELIGIBLE IF THE FINANCIAL
NEED HAS BEEN DETERMINED BY THE FOLLOWING THIRD PARTIES: ESKENAZI
HEALTH, FORMERLY WISHARD MEMORIAL HOSPITAL, PROJECT HEALTH, INDIANA
CHILDREN'S SPECIAL HEALTH CARE SERVICES, MEDICAID, OUT-OF-STATE MEDICAID,
HEALTHY INDIANA PLAN, OR VOLUNTEERS IN MEDICINE.

PATIENTS MAY ALSO BE CONSIDERED PRESUMPTIVELY ELIGIBLE IF THEY ARE
PENDING MEDICAID APPROVAL OR HAVE A HOSPITAL BILL WITH A MAXIMUM BALANCE
TO BE DETERMINED BY THE FINANCIAL ASSISTANCE COMMITTEE AND WHO MEET

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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- 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.

CERTAIN RISK SEGMENTATION SCORING CRITERIA.

4. ADDITIONAL CONSIDERATIONS

FINANCIAL ASSISTANCE MAY BE GRANTED TO A DECEASED PATIENT'S ACCOUNT IF SAID PATIENT IS FOUND TO HAVE NO ESTATE.

IU HEALTH WILL DENY OR REVOKE FINANCIAL ASSISTANCE FOR ANY PATIENT OR GUARANTOR WHO FALSIFIES ANY PORTION OF A FINANCIAL ASSISTANCE APPLICATION.

A PATIENT'S INCOME AND/OR ABILITY TO PAY MAY BE TAKEN INTO CONSIDERATION IN THE CALCULATION OF A FINANCIAL ASSISTANCE AWARD.

5. PATIENT ASSETS

IU HEALTH WILL CONSIDER PATIENT ASSETS IN THE CALCULATION OF A PATIENT'S TRUE FINANCIAL BURDEN. A PATIENT'S PRIMARY RESIDENCE AND ONE (1) MOTOR

Part VI Supplemental Information

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- 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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- 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.

VEHICLE WILL BE EXEMPTED FROM CONSIDERATION IN MOST CASES.

IU HEALTH WILL APPLY THE DEFINITIONS SET FOR IN INDIANA ADMINISTRATIVE CODE 405 IAC 2-3-15 TO DEFINE A PATIENT'S PRIMARY RESIDENCE AND MOTOR VEHICLE. A PATIENT'S PRIMARY RESIDENCE IS DEFINED AS THE PATIENT'S PRINCIPAL PLACE OF RESIDENCE. THE PATIENT'S PRIMARY RESIDENCE WILL BE EXCLUDED FROM A PATIENT'S EXTRAORDINARY ASSET CALCULATION SO LONG AS THE PATIENT'S EQUITY IS LESS THAN FIVE-HUNDRED THOUSAND DOLLARS (\$500,000) AND THE HOME IS NOT OCCUPIED BY THE PATIENT'S SPOUSE OR CHILD UNDER TWENTY-ONE (21) YEARS OF AGE. ONE (1) MOTOR VEHICLE, REGARDLESS OF ITS FAIR MARKET VALUE, MAY BE EXCLUDED IN LIMITED CIRCUMSTANCES DEFINED IN INDIANA ADMINISTRATIVE CODE 405 IAC 2-3-15(D)(6).

IU HEALTH RESERVES THE RIGHT TO ADJUST A PATIENT'S FEDERAL POVERTY LEVEL ("FPL") IF THE PATIENT DEMONSTRATES A CLAIM OR CLEAR TITLE TO ANY EXTRAORDINARY ASSET NOT EXCLUDED FROM CONSIDERATION UNDER THE ABOVE GUIDANCE.

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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- 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.

IU HEALTH WILL NOT SEEK THE TITLE TO DISCOVERED ASSETS WITHOUT THE EXPRESS AUTHORIZATION OF THE FINANCIAL ASSISTANCE COMMITTEE.

SCHEDULE H, PART I, LINE 7, COLUMN (C) - TOTAL COMMUNITY BENEFIT EXPENSE
SCHEDULE H, PART I, LINE 7, COLUMN (F), PERCENT OF TOTAL EXPENSE, IS
BASED ON COLUMN (E) NET COMMUNITY BENEFIT EXPENSE. THE PERCENT OF TOTAL
EXPENSE BASED ON COLUMN (C) TOTAL COMMUNITY BENEFIT EXPENSE, WHICH
EXCLUDES DIRECT OFFSETTING REVENUE, IS 32.72%.

SCHEDULE H, PART I, LINE 7, COLUMN (F) - PERCENT OF TOTAL EXPENSE
THE AMOUNT OF BAD DEBT EXPENSE SUBTRACTED FOR PURPOSES OF CALCULATING THE
PERCENTAGE OF TOTAL EXPENSE ON LINE 7, COLUMN (F) IS \$76,331,759. THIS
AMOUNT INCLUDES THE BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX, LINE
25, COLUMN (A), AND IU HEALTH'S PORTION OF THE BAD DEBT ATTRIBUTABLE TO
THE JOINT VENTURES REPORTED ON SCHEDULE H, PART IV.

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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- 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.

SCHEDULE H, PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES

IU HEALTH DOES NOT INCLUDE ANY COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES.

SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED

IU HEALTH PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES IT SERVES. IU HEALTH AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM") INVEST IN ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, COLLABORATE WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCATE FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS.

THIS INCLUDES MAKING CONTRIBUTIONS TO COMMUNITY-BUILDING ACTIVITIES BY PROVIDING INVESTMENTS AND RESOURCES TO LOCAL COMMUNITY INITIATIVES THAT ADDRESSED ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT AND WORKFORCE DEVELOPMENT. SEVERAL EXAMPLES INCLUDE IU HEALTH'S SUPPORT OF THE FOLLOWING ORGANIZATIONS AND INITIATIVES THAT FOCUS ON SOME OF THE ROOT

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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- 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.

CAUSES OF HEALTH ISSUES, SUCH AS LACK OF EDUCATION, EMPLOYMENT AND

POVERTY:

- INDIANAPOLIS PUBLIC SCHOOLS
- STARFISH INITIATIVE
- EARLY LEARNING INDIANA
- UNITED WAY

ADDITIONALLY, THROUGH THE IU HEALTH STATEWIDE SYSTEM'S TEAM MEMBER COMMUNITY BENEFIT SERVICE PROGRAM, "STRENGTH THAT CARES", TEAM MEMBERS ACROSS THE STATE MAKE A DIFFERENCE IN THE LIVES OF THOUSANDS OF HOOSIERS EVERY YEAR. FOR EXAMPLE, IN 2014, ALMOST 2,200 TEAM MEMBERS FROM IU HEALTH WORKED TOGETHER TO CREATE TRAILS, INSTALL OUTDOOR FITNESS EQUIPMENT AND BEAUTIFY PARKS.

SCHEDULE H, PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY
THE AMOUNT REPORTED ON LINE 2 AS BAD DEBT IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY.

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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- 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.

SCHEDULE H, PART III, LINE 4 - BAD DEBT EXPENSE

THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS, FOR ALL PAYORS, IS RECOGNIZED WHEN SERVICES ARE PROVIDED BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION BUSINESS AND ECONOMIC CONDITIONS, CHANGES AND TRENDS IN HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS. PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON ACCOUNTS RECEIVABLE PAYOR COMPOSITION AND AGING, THE SIGNIFICANCE OF INDIVIDUAL PAYORS TO OUTSTANDING ACCOUNTS RECEIVABLE BALANCES, AND HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, AS ADJUSTED FOR COLLECTION INDICATORS. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTED ACCOUNTS AND THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN ADDITION, IU HEALTH FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES. PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF IU HEALTH AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY

Part VI Supplemental 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.

CARE IF DEEMED TO OTHERWISE MEET FINANCIAL ASSISTANCE POLICIES OF IU
HEALTH.

SCHEDULE H, PART III, LINE 8 - MEDICARE SURPLUS OR (SHORTFALL)

IU HEALTH DID NOT HAVE A MEDICARE SHORTFALL FOR 2014. IU HEALTH'S
MEDICARE REIMBURSEMENTS, HOWEVER, ARE NORMALLY LESS THAN THE COST OF
PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES AND DO NOT
INCLUDE ANY AMOUNTS THAT RESULT FROM INEFFICIENCIES OR POOR MANAGEMENT.
IU HEALTH ACCEPTS ALL MEDICARE PATIENTS KNOWING THAT THERE MAY BE
SHORTFALLS; THEREFORE IT HAS TAKEN THE POSITION THAT ANY SHORTFALL SHOULD
BE COUNTED AS PART OF ITS COMMUNITY BENEFIT. ADDITIONALLY, IT IS IMPLIED
IN INTERNAL REVENUE SERVICE REVENUE RULING 69-545 THAT TREATING MEDICARE
PATIENTS IS A COMMUNITY BENEFIT. 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.

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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- 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.

THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 IS CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM THE IU HEALTH MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH'S PARTICIPATION IN MEDICARE PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIAN SERVICES, THE COSTS OF MEDICARE PARTS C AND D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY REDUCE THE MEDICARE SURPLUS REPORTED ON SCHEDULE H, PART III, LINE 7.

SCHEDULE H, PART III, LINE 9B - WRITTEN DEBT COLLECTION POLICY
 IU HEALTH'S FAP AND BAD DEBT REFERRAL POLICY DESCRIBE THE COLLECTION PRACTICES APPLICABLE TO PATIENTS, INCLUDING THOSE WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE.

1. FINANCIAL ASSISTANCE APPLICATION

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.

PATIENTS OR THEIR GUARANTORS WISHING TO APPLY FOR FINANCIAL ASSISTANCE MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION WITHIN TWENTY-ONE (21) DAYS OF RECEIVING THEIR FIRST BILLING STATEMENT FROM IU HEALTH. INDIVIDUALS OTHER THAN THE PATIENT, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES OR HOSPITAL PERSONNEL MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION TO BE MAILED TO A PATIENT'S PRIMARY MAILING ADDRESS FREE OF CHARGE. IU HEALTH KEEPS ALL APPLICATIONS AND SUPPORTING DOCUMENTATION CONFIDENTIAL.

2. ELIGIBILITY DETERMINATION

IU HEALTH INFORMS PATIENTS OR GUARANTORS OF THE RESULTS OF THEIR APPLICATION BY PROVIDING THE PATIENT OR GUARANTOR WITH A FINANCIAL ASSISTANCE DETERMINATION WITHIN NINETY (90) DAYS OF RECEIVING A COMPLETED APPLICATION AND ALL REQUESTED DOCUMENTATION. IF A PATIENT OR GUARANTOR IS GRANTED LESS THAN FULL ASSISTANCE AND THE PATIENT OR GUARANTOR PROVIDES ADDITIONAL INFORMATION FOR RECONSIDERATION, REVENUE CYCLE SERVICES MAY AMEND A PRIOR FINANCIAL ASSISTANCE DETERMINATION. IF A

Part VI Supplemental Information

Provide the following 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.

PATIENT OR GUARANTOR SEEKS TO APPEAL THE FINANCIAL ASSISTANCE DETERMINATION FURTHER, A WRITTEN REQUEST MAY BE SUBMITTED, ALONG WITH THE SUPPORTING DOCUMENTATION, TO THE FINANCIAL ASSISTANCE COMMITTEE FOR ADDITIONAL REVIEW/RECONSIDERATION. ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL. A PATIENT'S FINANCIAL ASSISTANCE APPLICATION AND ELIGIBILITY DETERMINATION WILL REMAIN IN EFFECT FOR THREE-HUNDRED-SIXTY-FIVE (365) DAYS FROM THE DATE OF RECEIPT OF A COMPLETED APPLICATION.

3. EXTRAORDINARY COLLECTION ACTIONS

IU HEALTH ONLY IMPLEMENTS ITS "BAD DEBT REFERRAL POLICY" OR OTHER EXTRAORDINARY COLLECTION ACTION AFTER IT HAS MADE REASONABLE EFFORTS TO DETERMINE WHETHER THE PATIENT ACCOUNT IS ELIGIBLE FOR ASSISTANCE UNDER ITS FAP. WHEN IT IS NECESSARY TO ENGAGE IN SUCH ACTION, IU HEALTH, AND ITS CONTRACTED THIRD PARTIES, WILL ENGAGE IN FAIR, RESPECTFUL AND TRANSPARENT COLLECTIONS ACTIVITIES.

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.

PATIENTS OR GUARANTORS WHO HAVE NOT APPLIED FOR FINANCIAL ASSISTANCE AND WHOSE ACCOUNTS HAVE BEEN ENGAGED IN EXTRAORDINARY COLLECTION ACTIONS MAY REQUEST FINANCIAL ASSISTANCE, COMPLETE AN APPLICATION WITH REQUESTED DOCUMENTATION, AND BE CONSIDERED FOR A REDUCTION IN THEIR BILL IF IT IS WITHIN THE TWO-HUNDRED-FORTY (240) DAYS OF RECEIVING THEIR FIRST BILLING STATEMENT. IU HEALTH MAY ALSO SUSPEND COLLECTION ACTIVITY ON AN ACCOUNT WHILE AN APPLICATION IS BEING PROCESSED AND CONSIDERED.

IU HEALTH AND ITS COLLECTION AGENCIES WILL NOT PROVIDE ASSISTANCE AFTER AN ACCOUNT HAS ENTERED INTO LEGAL PROCEEDINGS WITHOUT FIRST OBTAINING WRITTEN CONSENT FROM ITS FINANCIAL ASSISTANCE COMMITTEE.

THE AWARD OF FINANCIAL ASSISTANCE MAY BE SUBJECT TO SUCCESSFUL COMPLETION OF A PAYMENT PLAN. IN THE EVENT A PATIENT OR GUARANTOR WHO IS RECEIVING FINANCIAL ASSISTANCE FAILS TO COMPLETE THE TERMS OF THEIR PAYMENT PLAN, IU HEALTH RESERVES THE RIGHT TO SUBMIT THE UNADJUSTED ACCOUNT BALANCE, LESS ANY AMOUNT PREVIOUSLY PAID BY THE PATIENT, TO AN EXTRAORDINARY COLLECTION ACTION.

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.

SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT

COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. IU HEALTH UNDERSTANDS THAT THE HEALTH OF INDIVIDUALS AND COMMUNITIES ARE SHAPED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS, ALONG WITH HEALTH BEHAVIORS AND ADDITIONAL INFLUENCES.

IU HEALTH ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING A CHNA FOR EACH OF ITS HOSPITAL LOCATIONS. THESE ASSESSMENTS INCLUDE COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS THE MARION COUNTY HEALTH DEPARTMENT, THE HAMILTON COUNTY HEALTH DEPARTMENT, THE INDIANA STATE DEPARTMENT OF HEALTH, THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE UNITED WAY OF CENTRAL INDIANA.

AFTER COMPLETION OF THE CHNA, IU HEALTH REVIEWED THE INFORMATION GATHERED FROM COMMUNITY LEADER FOCUS GROUPS, COMMUNITY INPUT SURVEYS AND STATISTICAL DATA. THE NEEDS IDENTIFIED WERE ANALYZED AND RANKED USING THE HANLON METHOD OF PRIORITIZATION TO DETERMINE THE PREVALENCE AND SEVERITY OF COMMUNITY HEALTH NEEDS AND WHICH ONES WERE MOST CRITICAL.

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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- 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.

ADDITIONALLY, THE EFFECTIVENESS OF AN INTERVENTION FOR EACH NEED AND IU HEALTH'S ABILITY TO IMPACT POSITIVE CHANGE WAS EVALUATED.

SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSIST.
IU HEALTH IS COMMITTED TO SERVING THE HEALTHCARE NEEDS OF ALL OF ITS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH SERVICES. TO ASSIST IN MEETING THOSE NEEDS, IU HEALTH HAS ADOPTED A FINANCIAL ASSISTANCE POLICY THAT PROVIDES FINANCIAL ASSISTANCE TO ELIGIBLE PATIENTS RECEIVING EMERGENCY OR MEDICALLY-NECESSARY SERVICES. THIS POLICY WAS DEVELOPED AND IS UTILIZED TO DETERMINE A PATIENT'S FINANCIAL ABILITY TO PAY FOR SERVICES.

IU HEALTH GOES TO GREAT LENGTHS TO PUBLICIZE ITS FINANCIAL ASSISTANCE POLICY AND ENSURE THAT PATIENTS KNOW THEY WILL BE TREATED REGARDLESS OF THEIR ABILITY TO PAY.

IU HEALTH SHARES FINANCIAL ASSISTANCE INFORMATION WITH PATIENTS THROUGHOUT THEIR ENTIRE EPISODE OF CARE AND BEYOND INCLUDING THE

Part VI Supplemental 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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ADMISSIONS PROCESS, BILLING PROCESS, AND ONLINE.

1. ADMISSIONS PROCESS

IU HEALTH EDUCATES ALL PATIENT FACING TEAM MEMBERS ON ITS FINANCIAL ASSISTANCE POLICY AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

DURING THE ADMISSIONS PROCESS, OPPORTUNITIES FOR FINANCIAL ASSISTANCE ARE DISCUSSED WITH PATIENTS WHO ARE IDENTIFIED AS SELF-PAY (UNINSURED) OR IF THEY REQUEST ASSISTANCE INFORMATION. THE PATIENT IS ALSO PROVIDED WITH AN ADMISSIONS PACKET THAT OUTLINES INFORMATION REGARDING IU HEALTH'S FINANCIAL ASSISTANCE PROGRAM. FINANCIAL COUNSELORS ARE ONSITE TO ASSIST WITH FINANCIAL CONCERNS OR QUESTIONS DURING THE PATIENT'S STAY. PATIENT FINANCIAL SERVICES CUSTOMER SERVICE REPRESENTATIVES ARE ALSO AVAILABLE AFTER THE PATIENT'S STAY TO HELP PATIENTS APPLY FOR FINANCIAL ASSISTANCE, UNDERSTAND THEIR BILLS, EXPLAIN WHAT THEY CAN EXPECT DURING THE BILLING PROCESS, ACCEPT PAYMENT (IF NEEDED), UPDATE THEIR INSURANCE OR PAYOR INFORMATION, AND UPDATE THEIR ADDRESS OR OTHER DEMOGRAPHIC INFORMATION.

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.

2. BILLING PROCESS

IU HEALTH INCLUDES A PLAIN LANGUAGE SUMMARY OF ITS FINANCIAL ASSISTANCE POLICY WITH ALL PATIENT BILLS AND STATEMENTS OF SERVICES. THE PLAIN LANGUAGE SUMMARY INCLUDES CONTACT INFORMATION ALLOWING PATIENTS THE ABILITY TO REQUEST FINANCIAL ASSISTANCE. ADDITIONALLY, A FINANCIAL ASSISTANCE APPLICATION IS MAILED TO ALL IU HEALTH PATIENTS WITH A PATIENT BALANCE DUE AFTER INSURANCE.

IU HEALTH REVENUE CYCLE SERVICES REPRESENTATIVES ARE AVAILABLE VIA TELEPHONE MONDAY THROUGH FRIDAY, EXCLUDING MAJOR HOLIDAYS, FROM 8 A.M. TO 7 P.M. (EASTERN TIME) TO ADDRESS QUESTIONS RELATED TO FINANCIAL ASSISTANCE. CUSTOMER SERVICE TEAM MEMBERS WILL ALSO MAIL PAPER APPLICATIONS TO A PATIENT AT THEIR REQUEST.

3. ONLINE

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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IU HEALTH'S FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE

APPLICATION IS AVAILABLE ON ITS WEBSITE AT

[HTTP://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSIS](http://iuhealth.org/patients/my-iu-health/billing-services/financial-assistance/)

[TANCE/](http://iuhealth.org/patients/my-iu-health/billing-services/financial-assistance/). THE WEBSITE ALSO INCLUDES CONTACT INFORMATION FOR CUSTOMER

SERVICE REPRESENTATIVES TO ASSIST WITH THE APPLICATION PROCESS.

SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION

IU HEALTH SERVES A LARGE GEOGRAPHIC AREA IN CENTRAL INDIANA. IN

COMPLETING A CHNA FOR EACH OF ITS HOSPITAL LOCATIONS, IU HEALTH DEFINED

"COMMUNITY" AS THE COUNTY OF RESIDENCE FOR EACH HOSPITAL LOCATION. EACH

INDIVIDUAL HOSPITAL LOCATION SERVES A UNIQUE SUBSECTION OF THE COMMUNITY

FOR WHICH DETAILS ARE INCLUDED BELOW:

IU HEALTH METHODIST HOSPITAL

SERVICE AREA COUNTIES: MARION, HENDRICKS, JOHNSON, MORGAN, HAMILTON,

MADISON, HANCOCK, SHELBY, AND BOONE.

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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- 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.

75% OF THE INPATIENT DISCHARGE POPULATION RESIDES IN MARION (64%),
HENDRICKS (4%), JOHNSON (3%), MORGAN (2%), AND HAMILTON (2%) COUNTIES.

43% OF COMMUNITY DISCHARGES WERE FOR PATIENTS WITH MEDICARE, 24% WERE FOR
PATIENTS WITH MEDICAID, 21% WERE FOR PATIENTS WITH COMMERCIAL INSURANCE,
8% FOR WERE FOR SELF-PAY (UNINSURED) PATIENTS, AND 4% WAS FOR OTHER.

IU HEALTH UNIVERSITY HOSPITAL

SERVICE AREA COUNTIES: MARION, HENDRICKS, HAMILTON, JOHNSON, MORGAN,
DELAWARE, ALLEN, MADISON, VIGO, TIPPECANOE, ST. JOSEPH, MONROE,
BARTHOLOMEW, LAKE, ELKHART, HANCOCK, GRANT, HOWARD, VANDERBURGH, WAYNE,
JACKSON, HENRY, AND PUTNAM.

32% OF THE INPATIENT DISCHARGE POPULATION RESIDES IN MARION COUNTY WHILE
THE OTHER 68% IS DISTRIBUTED FAIRLY EVENLY ACROSS 91 OTHER COUNTIES IN
THE STATE OF INDIANA.

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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- 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.

39% OF COMMUNITY DISCHARGES WERE FOR PATIENTS WITH MEDICARE, 35% WERE FOR PATIENTS WITH COMMERCIAL INSURANCE, 16% WERE FOR PATIENTS WITH MEDICAID, 4% WERE FOR SELF-PAY (UNINSURED) PATIENTS, AND 6% WAS FOR OTHER.

RILEY HOSPITAL FOR CHILDREN AT IU HEALTH

SERVICE AREA COUNTIES: MARION, JOHNSON, LAKE, HENDRICKS, HAMILTON, MORGAN, MADISON, DELAWARE, ST. JOSEPH, TIPPECANOE, ALLEN, ELKHART, BARTHOLOMEW, VANDERBURGH, VIGO, HANCOCK, WAYNE, MONROE, JACKSON, SHELBY, AND LA PORTE.

35% OF THE TOTAL INPATIENT DISCHARGE POPULATION RESIDES IN MARION COUNTY WHILE THE OTHER 65% IS DISTRIBUTED FAIRLY EVENLY ACROSS 89 OTHER COUNTIES IN THE STATE OF INDIANA.

59% OF COMMUNITY DISCHARGES WERE FOR PATIENTS WITH MEDICAID, 36% WERE FOR PATIENTS WITH COMMERCIAL INSURANCE, 3% WERE FOR SELF-PAY (UNINSURED) PATIENTS, 1% WAS FOR PATIENTS WITH MEDICARE, AND 1% WAS FOR OTHER.

Part VI Supplemental 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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IU HEALTH SAXONY HOSPITAL

SERVICE AREA COUNTIES: MARION, HAMILTON, BOONE, HENDRICKS, HANCOCK,
MADISON, AND TIPTON.

80% OF THE IU HEALTH SAXONY INPATIENT DISCHARGE POPULATION RESIDES IN
HAMILTON (28%), MARION (24%), MADISON (8%), HANCOCK (8%), DECATUR (6%),
AND BOONE (6%) COUNTIES.

57% OF COMMUNITY DISCHARGES WERE FOR PATIENTS WITH MEDICARE, 32% WERE FOR
PATIENTS WITH COMMERCIAL INSURANCE, 5% WERE FOR PATIENTS WITH MEDICAID,
3% WERE FOR SELF-PAY (UNINSURED) PATIENTS, AND 3% WAS FOR OTHER.

SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

A MAJORITY OF IU HEALTH'S BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT
COMMUNITY MEMBERS WHO RESIDE IN IU HEALTH'S PRIMARY SERVICE AREAS.

Part VI Supplemental Information

Provide the following information.

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IU HEALTH EXTENDS MEDICAL PRIVILEGES TO ALL PHYSICIANS WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENT TO ITS MEDICAL STAFF. IU HEALTH DOES NOT DENY APPOINTMENT ON THE BASIS OF GENDER, RACE, CREED, OR NATIONAL ORIGIN.

IU HEALTH, IN CONJUNCTION WITH THE INDIANA UNIVERSITY SCHOOL OF MEDICINE, TRAINS THE NEXT GENERATION OF PHYSICIANS IN AN EXCEPTIONAL ENVIRONMENT, BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE.

IU HEALTH'S FIVE YEAR STRATEGIC PLANNING PROCESS WAS RENEWED DURING 2014 RESULTING IN MISSION-CRITICAL FOCUSING AND RE-FOCUSING OF INVESTMENTS, BOTH PEOPLE AND FINANCIAL RESOURCES, TO FUND IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH. ONE OF THE MOST CRUCIAL ELEMENTS IN THAT PROCESS WAS THE STATEMENT OF IU HEALTH'S VALUE PROPOSITION:

IU HEALTH WILL BE A LEADER IN:

- MANAGING THE HEALTH OF POPULATIONS IT SERVES, LEVERAGING ALL

Part VI Supplemental Information

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ASPECTS OF ITS TRIPARTITE MISSION;

- PROVIDING CARE FOR PATIENTS WITH COMPLEX ILLNESSES, WHILE SERVING AS A DESTINATION REFERRAL CENTER IN SELECT AREAS.

- IU HEALTH WILL COMPETE ON EXCELLENCE AND INNOVATION TO DRIVE OUTCOMES AND VALUE.

THIS PROPOSITION ADVANCES IU HEALTH'S MISSION STATEMENT AND RECOGNIZES CORE VALUES THAT ARE CRUCIAL TO ITS HISTORIC AND CURRENT IDENTITY. IU HEALTH IS ALREADY SEEING NEW AND SUSTAINED INITIATIVES BASED UPON THIS STATEMENT.

SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM

IU HEALTH CONTINUES TO BROADEN ITS REACH AND POSITIVE IMPACT BY EXPANDING TOP QUALITY HEALTH CARE THROUGHOUT THE STATE OF INDIANA. IU HEALTH AND ITS RELATED HOSPITAL ENTITIES ("IU HEALTH STATEWIDE SYSTEM") ARE INDIANA'S MOST COMPREHENSIVE HEALTHCARE SYSTEM. A UNIQUE PARTNERSHIP WITH THE IU SCHOOL OF MEDICINE, ONE OF THE NATION'S LEADING MEDICAL SCHOOLS, GIVES PATIENTS ACCESS TO INNOVATIVE TREATMENTS AND THERAPIES. IU HEALTH

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IS COMPRISED OF HOSPITALS, PHYSICIANS AND ALLIED SERVICES DEDICATED TO
PROVIDING PREEMINENT CARE THROUGHOUT INDIANA AND BEYOND.

NATIONAL RECOGNITION

- SIX HOSPITALS DESIGNATED AS MAGNET® BY THE AMERICAN NURSES
CREDENTIALING CENTER RECOGNIZING EXCELLENCE IN NURSING CARE.
- NAMED TO THE 2013-2014 U.S. NEWS & WORLD REPORT'S BEST HOSPITALS
HONOR ROLL, THEIR HIGHEST DISTINCTION.
- ELEVEN ADULT CLINICAL PROGRAMS RANKED AMONG THE TOP 50 NATIONAL
PROGRAMS IN U.S. NEWS & WORLD REPORT
- TEN PEDIATRIC CLINICAL PROGRAMS RANKED AMONG THE TOP 50 NATIONAL
PROGRAMS IN THE U.S. NEWS & WORLD REPORT

EDUCATION AND RESEARCH

AS AN ACADEMIC HEALTH CENTER, IU HEALTH WORKS IN PARTNERSHIP WITH THE IU
SCHOOL OF MEDICINE TO TRAIN PHYSICIANS, BLENDING BREAKTHROUGH RESEARCH

Part VI Supplemental Information

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AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE. RESEARCH CONDUCTED BY IU SCHOOL OF MEDICINE FACULTY GIVES IU HEALTH PHYSICIANS AND PATIENTS ACCESS TO THE MOST LEADING-EDGE AND COMPREHENSIVE TREATMENT OPTIONS.

COLLABORATIVE STRATEGIC RESEARCH INITIATIVE

CONCEIVED BY IU HEALTH AND THE IU SCHOOL OF MEDICINE IN 2012, THE STRATEGIC RESEARCH INITIATIVE AIMS TO ENHANCE THE INSTITUTIONS' JOINT CAPABILITIES IN FUNDAMENTAL SCIENTIFIC INVESTIGATION, TRANSLATIONAL RESEARCH AND CLINICAL TRIALS TARGETING INNOVATIVE TREATMENTS FOR DISEASE. THE TWO ORGANIZATIONS COMMITTED TO INVEST \$150 MILLION OVER FIVE YEARS TO THIS NEW RESEARCH COLLABORATION.

ESTABLISHED IN 2013, THE CENTER FOR INNOVATION AND IMPLEMENTATION SCIENCE IS PARTIALLY SUPPORTED BY THE STRATEGIC RESEARCH INITIATIVE. THE NEW CENTER, LAUNCHED BY THE IU SCHOOL OF MEDICINE AND THE INDIANA CLINICAL AND TRANSLATIONAL SCIENCES INSTITUTE, FOCUSES ON INCREASING EFFICACY AND

Part VI Supplemental Information

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REDUCING COSTS AT IU HEALTH. WITH OVERSIGHT OF FOUR SPECIALIZED RESEARCH AND DISCOVERY UNITS MANAGED BY IU SCHOOL OF MEDICINE RESEARCHERS, THE CENTER WILL ADDRESS PROBLEMS WITH THE POTENTIAL TO REDUCE COSTS OR GENERATE NEW REVENUE ESTIMATED AT \$5 MILLION PER YEAR OR MORE.

IU HEALTH STATEWIDE SYSTEM

IU HEALTH IS A PART OF THE IU HEALTH STATEWIDE SYSTEM WHICH CONTINUES TO BROADEN ITS REACH AND POSITIVE IMPACT THROUGHOUT THE STATE OF INDIANA. IU HEALTH IS INDIANA'S MOST COMPREHENSIVE ACADEMIC HEALTH CENTER AND CONSISTS OF IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR CHILDREN AT IU HEALTH, AND IU HEALTH SAXONY HOSPITAL. OTHER HOSPITALS IN THE IU HEALTH STATEWIDE SYSTEM INCLUDE THE FOLLOWING:

- IU HEALTH ARNETT HOSPITAL
- IU HEALTH BALL MEMORIAL HOSPITAL
- IU HEALTH BEDFORD HOSPITAL
- IU HEALTH BLACKFORD HOSPITAL

Part VI Supplemental Information

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- IU HEALTH BLOOMINGTON HOSPITAL
- IU HEALTH GOSHEN HOSPITAL
- IU HEALTH LA PORTE HOSPITAL
- IU HEALTH MORGAN HOSPITAL
- IU HEALTH NORTH HOSPITAL
- IU HEALTH PAOLI HOSPITAL
- IU HEALTH STARKE HOSPITAL
- IU HEALTH TIPTON HOSPITAL
- IU HEALTH WEST HOSPITAL
- IU HEALTH WHITE MEMORIAL HOSPITAL

ALTHOUGH EACH HOSPITAL IN THE IU HEALTH STATEWIDE SYSTEM PREPARES AND SUBMITS ITS OWN COMMUNITY BENEFITS PLAN RELATIVE TO THE LOCAL COMMUNITY, THE IU HEALTH STATEWIDE SYSTEM CONSIDERS ITS COMMUNITY BENEFIT PLAN AS PART OF AN OVERALL VISION FOR STRENGTHENING INDIANA'S OVERALL HEALTH. A COMPREHENSIVE COMMUNITY OUTREACH STRATEGY AND COMMUNITY BENEFIT PLAN IS IN PLACE THAT ENCOMPASSES THE ACADEMIC MEDICAL CENTER DOWNTOWN INDIANAPOLIS, SUBURBAN INDIANAPOLIS AND STATEWIDE ENTITIES AROUND

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PRIORITY AREAS THAT FOCUS ON HEALTH IMPROVEMENT EFFORTS STATEWIDE. IU HEALTH IS KEENLY AWARE OF THE POSITIVE IMPACT IT CAN HAVE ON THE COMMUNITIES OF NEED IN THE STATE OF INDIANA BY FOCUSING ON THE MOST PRESSING NEEDS IN A SYSTEMATIC AND STRATEGIC WAY. SOME WAYS WE ADDRESS OUR COMMUNITY HEALTH PRIORITIES AS A SYSTEM INCLUDE:

IU HEALTH DAY OF SERVICE

THE ANNUAL IU HEALTH DAY OF SERVICE IS A HIGH-IMPACT, ONE-DAY EVENT AIMED AT ENGAGING IU HEALTH TEAM MEMBERS IN ACTIVITIES THAT ADDRESS AN IDENTIFIED COMMUNITY NEED. TACKLING THE ISSUE OF OBESITY IN THE COMMUNITIES IU HEALTH SERVES, THE SIXTH ANNUAL DAY OF SERVICE IN 2014 FOCUSED ON LEAVING BEHIND KEY PHYSICAL ASSETS TO HELP MEET A STATEWIDE NEED FOR MORE VENUES FOR PHYSICAL ACTIVITY AND RECREATION.

DURING THE 2014 DAY OF SERVICE:

- MORE THAN 6,700 VOLUNTEER HOURS WERE DEDICATED BY IU HEALTH TEAM

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MEMBERS

- IU HEALTH TEAM MEMBERS GAVE THEIR TIME TO IMPROVE WALKING TRAILS AND PARK ASSETS, WHICH SERVE MORE THAN 63,000 RESIDENTS ACROSS THE STATE.
- OVER A DOZEN COMMUNITY PARKS WERE ENHANCED.
- A NEW COMMUNITY-ENVISIONED POCKET PARK WAS CREATED.
- A COMMUNITY GARDEN WAS IMPROVED WITH EDUCATIONAL INFORMATION.
- THIRD GRADE CLASSES AT THREE SCHOOLS WERE PROVIDED WITH FREE BIKES, HELMETS, AND LOCKS. ADDITIONALLY, THE STUDENTS WERE LED THROUGH A BICYCLE SAFETY COURSE.
- 125,000 POUNDS OF DEBRIS WERE REMOVED FROM 107 ABANDONED PROPERTIES; 98 TONS OF MULCH, 7 TREES, AND 3,424 FLOWERS WERE PLANTED TO BOOST AESTHETIC APPEAL.

KINDERGARTEN COUNTDOWN

AS ONE OF IU HEALTH'S SIGNATURE PROGRAMS AND COLLABORATION WITH UNITED WAY, KINDERGARTEN COUNTDOWN HELPS HUNDREDS OF SOON-TO-BE KINDERGARTNERS

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IMPROVE THEIR READINESS FOR SCHOOL. IN ADDITION TO PROVIDING HEALTH SCREENINGS AND VACCINATIONS TO STUDENTS, THE PROGRAM OFFERS ASSISTANCE TO PARENTS IN REGISTERING THEIR KINDERGARTNERS FOR SCHOOL. KINDERGARTEN COUNTDOWN SUMMER CAMPS ARE DESIGNED TO PROVIDE AT-RISK YOUNGSTERS THE BASIC SKILLS THEY NEED TO SUCCEED IN THEIR FIRST YEAR OF SCHOOL. FROM "GET READY TO READ" PRE- AND POST-TESTS, CAMPERS IN THE IU HEALTH CAMPS ACHIEVED A 21 PERCENT AVERAGE INCREASE IN SCORES FROM THE BEGINNING OF THE FOUR-WEEK CAMP TO THE END. THE PROGRAM ALSO CREATES POSITIVE IMPACT BY INCREASING AWARENESS OF KINDERGARTEN READINESS, IMPROVING PARENT ENGAGEMENT AND STRENGTHENING RELATIONSHIPS BETWEEN VOLUNTEERS AND TEAM MEMBERS AT HOSPITALS, SCHOOLS AND COMMUNITY ORGANIZATIONS.

IU HEALTH RECOGNIZES THAT IN SOME CASES WE DON'T HAVE ALL THE EXPERTISE OR RESOURCES TO ADDRESS THE NEEDS OF THE COMMUNITY AND OTHER ORGANIZATIONS ARE BETTER SUITED TO TACKLE SOME OF THE SPECIFIC NEEDS OF THE COMMUNITY. IU HEALTH, THEREFORE, PROVIDED FINANCIAL SUPPORT TO LIKE-MINDED NON-PROFIT ORGANIZATIONS THAT ARE WORKING TO IMPROVE THE HEALTH OF THE COMMUNITY IN OUR IDENTIFIED PRIORITIES OF NEED.

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CLINICAL RESEARCH

CLINICAL TRIALS ARE CONDUCTED AT THE FOLLOWING IU HEALTH LOCATIONS:

ACADEMIC HEALTH CENTER (IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, AND RILEY HOSPITAL FOR CHILDREN AT IU HEALTH), IU HEALTH ARNETT HOSPITAL, IU HEALTH BLOOMINGTON HOSPITAL, IU HEALTH LA PORTE HOSPITAL, IU HEALTH NORTH HOSPITAL, IU HEALTH SAXONY HOSPITAL AND IU HEALTH WEST HOSPITAL.

METHODIST RESEARCH INSTITUTE ("MRI")

THE BIOREPOSITORY AT MRI, UNDER IRB APPROVAL, COLLECTS HUMAN BIOLOGICAL MATERIALS (BLOOD, BONE, TISSUE, URINE) VITAL FOR MEDICAL RESEARCH TO PROVIDE THE BEST WAY TO STUDY A VARIETY OF DISEASES AND THEIR POTENTIAL TREATMENTS. BASIC SCIENCE RESEARCHERS AT MRI PUBLISH THE RESULTS OF THEIR INNOVATIVE GRANT-SUPPORTED RESEARCH IN PRESTIGIOUS PEER-REVIEWED JOURNALS. THEIR WORK HAS BEEN RECOGNIZED BOTH NATIONALLY AND

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INTERNATIONALLY AS THEY PARTICIPATE IN SYSTEM-WIDE COLLABORATIVE EFFORTS
WITHIN IU HEALTH AS WELL AS WITH THE IU SCHOOL OF MEDICINE.

COMMUNITY HEALTH INITIATIVES

WITH INVESTMENTS IN HIGH-QUALITY AND IMPACTFUL INITIATIVES TO ADDRESS
COMMUNITY HEALTH NEEDS STATEWIDE; IU HEALTH IS HELPING INDIANA RESIDENTS
IMPROVE THEIR HEALTH AND THEIR QUALITY OF LIFE. IN 2014, IU HEALTH
IMPACTED MANY PEOPLE STATEWIDE THROUGH PRESENTATIONS, HEALTH RISK
SCREENINGS, HEALTH EDUCATION PROGRAMS, AND ADDITIONAL HEALTH EDUCATIONAL
OPPORTUNITIES MADE AVAILABLE TO THE COMMUNITY, ESPECIALLY TO OUR
COMMUNITY MEMBERS IN THE GREATEST NEED OF SUCH SERVICES.

EXAMPLES OF THE TYPES OF PROGRAMMING AND INVESTMENT WE MAKE IN COMMUNITY
OUTREACH AREAS INCLUDE:

ACCESS TO HEALTHCARE

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ONE OF THE FIRST STEPS TO IMPROVED HEALTH OUTCOMES IS HAVING ACCESS TO HEALTHCARE RESOURCES. TO SHOW ITS COMMITMENT TO PROVIDING AFFORDABLE HEALTHCARE ACCESS, IU HEALTH TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH IS ALSO WORKING TO RAISE AWARENESS AND WORKS TO IDENTIFY INDIVIDUALS WITHIN OUR COMMUNITIES THAT HAVE BARRIERS TO CARE AND CONNECT THESE INDIVIDUALS WITH BETTER ACCESS AND CONSISTENCY OF HEALTHCARE RESOURCES TO MEET THEIR NEEDS.

SOME WAYS THAT THESE IU HEALTH HOSPITALS ADDRESS ACCESS TO HEALTHCARE INCLUDE:

- PUBLIC ASSISTANCE ENROLLMENT
- VEGGIES AND VACCINES
- INDIANA UNIVERSITY STUDENT OUTREACH CLINIC
- INDIANAPOLIS PUBLIC SCHOOLS STUDENT ATHLETE PHYSICALS
- FISHERS FIRE DEPARTMENT QR CODE MAGNET PROGRAM FOR IMMEDIATE ACCESS TO PATIENT MEDICAL RECORDS
- PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY

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OBESITY PREVENTION

TO IMPROVE THE LIFESTYLE OF INDIANA RESIDENTS, IU HEALTH HAS UTILIZED INNOVATIVE AND BEST PRACTICE METHODS TO ATTACK OBESITY IN OUR COMMUNITIES. IU HEALTH IS WORKING TO IMPROVE ACCESS TO NUTRITIOUS FOODS AND PHYSICAL ACTIVITY IN LOW-INCOME NEIGHBORHOODS, IN ADDITION TO PROVIDING TRADITIONAL HEALTH EDUCATION AND PUBLIC ADVOCACY EFFORTS. WITH THESE INITIATIVES, IU HEALTH STRIVES TO PREVENT CHRONIC DISEASES SUCH AS OBESITY AND DIABETES AND INCREASE THE AWARENESS OF THE IMPORTANCE OF MAKING HEALTHY CHOICES, SINCE INDIANA RANKS 8TH IN OBESITY IN THE NATION.

SOME WAYS THAT THESE IU HEALTH HOSPITALS ADDRESS OBESITY PREVENTION

INCLUDE:

- GARDEN ON THE GO® PROGRAM
- TOWN OF FISHERS FOR THE HERITAGE MEADOWS PARK PROJECT

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- STRONG SCHOOLS PROGRAM

BEHAVIORAL HEALTH

BEHAVIORAL HEALTH COVERS A RANGE OF CONDITIONS FROM DEPRESSION, ANXIETY AND OTHER PSYCHOLOGICAL DISORDERS TO ISSUES RELATED TO SUBSTANCE ABUSE AND ALCOHOL ADDICTION. MANY INDIANA COMMUNITIES REPORT A NEED TO IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES AND REDUCE THE STIGMA OFTEN ASSOCIATED WITH MENTAL HEALTH AND ADDICTIONS. THE IU HEALTH BEHAVIORAL HEALTH PROGRAM INCLUDES A WIDE RANGE OF SERVICES DESIGNED TO SUPPORT PATIENTS WITH BEHAVIORAL, PSYCHIATRIC AND PSYCHOLOGICAL NEEDS. MULTIDISCIPLINARY TEAMS AT IU HEALTH WORK TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF EVERY PATIENT.

SOME EXAMPLES OF HOW IU HEALTH SUPPORTS BEHAVIORAL HEALTH INCLUDE FINANCIAL CONTRIBUTIONS TO THE FOLLOWING ORGANIZATIONS:

- AMERICAN FOUNDATION OF SUICIDE PREVENTION - INDIANA CHAPTER

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- ASPIRE INDIANA, INC.
- COBURN PLACE
- HORIZON HOUSE
- MENTAL HEALTH AMERICA OF GREATER INDIANAPOLIS

PREK-12 EDUCATION

EDUCATION PLAYS A CRUCIAL ROLE IN HEALTH OUTCOMES. LEVEL OF EDUCATION HAS AN IMPACT NOT ONLY ON PERSONAL HEALTH, BUT IT HAS MULTIGENERATIONAL IMPLICATIONS AS WELL. CHILDREN WITH A SOLID EDUCATIONAL FOUNDATION AND PARENTS WHO ARE INVOLVED IN THEIR EDUCATION ARE MORE LIKELY TO EMBRACE HEALTHY LIFESTYLES AND HABITS AND SUCCEED GENERALLY IN LIFE. ADDITIONALLY, RESEARCH FROM THE NATIONAL CENTER FOR PUBLIC POLICY AND HIGHER EDUCATION SHOWS THAT GREATER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH HEALTH-PROMOTING BEHAVIORS, SUCH AS INCREASED CONSUMPTION OF FRUITS AND VEGETABLES AND OTHER ASPECTS OF HEALTHY EATING; ENGAGING IN PHYSICAL ACTIVITY AND REFRAINING FROM SMOKING. REALIZING THAT EDUCATIONAL

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DISPARITIES APPEAR EARLY, IU HEALTH IS COMMITTED TO ENHANCING CHILDHOOD

EDUCATION TO IMPROVE HEALTH AND LIFELONG QUALITY OF LIFE.

SOME WAYS THAT THESE IU HEALTH HOSPITALS ADDRESS IMPROVING PREK-12

EDUCATION INCLUDE:

- HOOSIER ROAD ELEMENTARY CARE PROJECT
- INDIANAPOLIS PUBLIC SCHOOLS FOUNDATION
- EARLY LEARNING INDIANA
- GEORGE AND VERONICA PHALEN LEADERSHIP ACADEMY
- VISION ACADEMY AT RIVERSIDE
- UNITED WAY OF CENTRAL INDIANA

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STATE FILING OF COMMUNITY BENEFIT REPORT

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