

**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 MORGAN, INC.

Employer identification number

27-3533027

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)		1074	655,734.		655,734.	1.82
b Medicaid (from Worksheet 3, column a)		4106	8,733,084.	11,813,863.	-3,080,779.	-8.53
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		5180	9,388,818.	11,813,863.	-2,425,045.	-6.71
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	22	2086	168,715.	754.	167,961.	.47
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	684	3,201.		3,201.	.01
j Total. Other Benefits	28	2770	171,916.	754.	171,162.	.48
k Total. Add lines 7d and 7j	28	7950	9,560,734.	11,814,617.	-2,253,883.	-6.23

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	1	185	4,201.		4,201.	.01
4 Environmental improvements	1	500	3,075.		3,075.	.01
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	2	685	7,276.		7,276.	.02

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	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.	2	1,975,638.
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.	3	
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	9,033,314.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	12,235,662.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-3,202,348.
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				
2				
3				
4				
5				
6				
7				
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 IU HEALTH MORGAN HOSPITAL 2209 JOHN R. WOODEN DR. MARTINSVILLE IN 46151 HTTP://IUHEALTH.ORG/MORGAN/ 14-005036-1	X	X					X			
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 IU HEALTH MORGAN HOSPITAL

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

Community Health Needs Assessment

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group IU HEALTH MORGAN HOSPITAL

		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 IU HEALTH MORGAN HOSPITAL

		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 B, LINE 5 - INPUT FROM COMMUNITY

IN CONDUCTING ITS MOST RECENT CHNA, IU HEALTH MORGAN TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IT SERVES BY HOSTING SEVERAL COMMUNITY CONVERSATION FOCUS GROUPS. THESE FOCUS GROUPS INCLUDED PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS TO DISCUSS THE HEALTHCARE NEEDS OF THE SERVICE AREA AND WHAT ROLE IU HEALTH MORGAN COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS.

TO OBTAIN A MORE COMPLETE PICTURE OF THE FACTORS THAT PLAY INTO IU HEALTH MORGAN'S COMMUNITY'S HEALTH, INPUT FROM PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS IN MORGAN COUNTY WAS GATHERED THROUGH TWO SEPARATE TWO-HOUR COMMUNITY CONVERSATION FOCUS GROUPS SESSIONS. THE FIRST WAS A TWO HOUR LIVE GROUP SESSION AT IU HEALTH MORGAN, AND THE SECOND WAS HELD VIA A PHONE CONFERENCE CALL FOR THOSE WHO WERE NOT ABLE TO MEET IN PERSON. IU HEALTH MORGAN 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:

BUD SWISHER

- EXECUTIVE DIRECTOR, HEALTHIER MORGAN COUNTY INITIATIVE

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.

- MR. SWISHER IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD HEALTHY LIVING. AS DIRECTOR OF HEALTHIER MORGAN COUNTY, HE WORKS TO ADDRESS AN ARRAY OF ISSUES INCLUDING TOBACCO, LITERACY, POVERTY, TRANSPORTATION, AND GENERAL HEALTH THROUGH THE PROMOTION OF PROGRAMS TO SUPPORT THOSE INITIATIVES.

DIANA ROY

- AREA DIRECTOR, UNITED WAY OF MORGAN COUNTY

- MS. ROY IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS HEALTHY LIVING. AS AREA DIRECTOR OF THE UNITED WAY, SHE WORKS FOR AN ORGANIZATION THAT BELIEVES IN HELPING PEOPLE LEARN MORE, EARN MORE, AND LEAD SAFE AND HEALTHY LIVES THROUGH THE CREATION OF PROGRAMS TO ASSIST IN THOSE GOALS. SHE IS ESPECIALLY KNOWLEDGEABLE IN THE CREATION OF THESE PROGRAMS AND SERVICES FOR THE UNDERSERVED POPULATIONS.

HILLARY ELLIOT

- MORGAN COUNTY COORDINATOR, WIC

- MS. ELLIOT IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS HEALTH ACCESS FOR WOMEN AND CHILDREN. SHE IS KNOWLEDGEABLE IN THE ACCESS OF SERVICES TO WOMEN AND CHILDREN, INCLUDING THE BARRIERS, NEED, AND WAYS TO IMPROVE UPON THEM TO PROVIDE NEEDED CARE TO WOMEN AND CHILDREN IN MORGAN COUNTY.

JENNIFER WALKER

- TOBACCO PROJECT COORDINATOR, HEALTHIER MORGAN COUNTY INITIATIVE

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.

- MS. WALKER IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS HEALTHY LIVING. AS PROJECT COORDINATOR FOR THE HEALTHIER MORGAN COUNTY INITIATIVE, SHE WORKS TO ADDRESS AN ARRAY OF ISSUES INCLUDING TOBACCO, LITERACY, POVERTY, TRANSPORTATION, AND HEALTH.

JOY SESSING

- EXECUTIVE DIRECTOR, MORGAN COUNTY ECONOMIC DEVELOPMENT CORPORATION

- MS. SESSING IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS ECONOMIC DEVELOPMENT. SHE IS KNOWLEDGEABLE IN THE FINANCIAL STABILITY OF THE COMMUNITY, AS WELLS AS THE RESOURCES AVAILABLE.

JUDY BUCCI

- EXECUTIVE DIRECTOR, BARBARA B. JORDAN YMCA

- MS. BUCCI IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS HEALTHY LIVING AND OBESITY PREVENTION. AS AN EMPLOYEE OF THE YMCA, SHE UNDERSTANDS THE NEED FOR OBESITY PREVENTION MEASURES, AS WELL AS BARRIERS AND ACCESS TO PHYSICAL ACTIVITIES.

JUDY WILLIAMS

- THE HAVEN YOUTH CENTER

- MS. WILLIAMS IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS HEALTHY LIVING AND YOUTH/CHILD OUTREACH. AS A YOUTH CENTER EMPLOYEE, SHE IS KNOWLEDGEABLE IN THE AREAS CONCERNING THE COMMUNITY'S YOUTH, AS THE ORGANIZATION IS A PLACE FOR CHILDREN TO GAIN FOOD ASSISTANCE, UNDERGO TUTORING, AND PARTICIPATE IN COMMUNITY VOLUNTEER EFFORTS WITH THEIR

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.

PEERS.

KAREN BURKLEY

- EXECUTIVE DIRECTOR, WELLSRING FAMILY SHELTER
- MS. BURKLEY IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS INJURY PREVENTION. WELLSRING IS AN ORGANIZATION THAT SERVES AS A TRANSITIONAL SHELTER FOR ABUSED WOMEN, AND AS DIRECTOR SHE HAS MUCH EXPERIENCE AND KNOWLEDGE WITHIN THE AREAS OF DOMESTIC VIOLENCE IN THE COMMUNITY.

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.

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 MORGAN. 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 MORGAN FACILITATORS THEN PROVIDED PARTICIPANTS WITH A PRESENTATION FEATURING THE MISSION OF IU HEALTH MORGAN, CURRENT OUTREACH PRIORITIES, AND LOCAL HEALTH DATA, INCLUDING DEMOGRAPHICS, INSURANCE INFORMATION, POVERTY RATES, COUNTY

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 RANKINGS, CAUSES OF DEATH, PHYSICAL ACTIVITY, CHRONIC CONDITIONS,
PREVENTIVE BEHAVIORS, AND COMMUNITY NEEDS INDEX.

UPON COMPLETION OF THE DATA PRESENTATION, IU HEALTH MORGAN 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 MORGAN COULD BE IN MEETING THE LOCAL
HEALTH NEEDS.

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

A COPY OF IU HEALTH MORGAN'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/)

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

A COPY OF IU HEALTH MORGAN'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/)

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 11 - ADDRESSING IDENTIFIED NEEDS

IU HEALTH MORGAN PRIORITIZED AND DETERMINED WHICH OF THE COMMUNITY HEALTH NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA WAS 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 MORGAN SELECTED THE FOLLOWING THREE NEEDS TO BE ADDRESSED:

- ACCESS TO HEALTHCARE
- CHRONIC DISEASE AND HEALTHY LIFESTYLE PROMOTION
- OBESITY PREVENTION

ACCESS TO HEALTHCARE

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

- RECRUIT PRIMARY CARE AND SPECIALISTS TO JOIN IU HEALTH MORGAN
- DECREASE THE COST OF THE TOP 30 MOST FREQUENTLY ORDERED OUTPATIENT LAB TESTS
- PROVIDE VASCULAR, ORAL, SKIN, BREAST, COLON, PROSTATE, AND LUNG SCREENINGS ALONG WITH BONE DENSITY TESTS AT LOW OR NO COST TO 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.

COMMUNITY MEMBERS

- INCREASE ACCESS TO IU HEALTH MORGAN'S FINANCIAL ASSISTANCE PROGRAM AND OTHER GOVERNMENT-SPONSORED PROGRAMS.

CHRONIC DISEASE AND HEALTHY LIFESTYLE PROMOTION

IU HEALTH MORGAN'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF CHRONIC DISEASE AND HEALTHY LIFESTYLE PROMOTION

- CREATE AN INTERACTIVE PROGRAM NAMED "ROAD SHOW" FOR PRE-DIABETIC COMMUNITY MEMBERS
- HAVE DIETICIANS MEET WITH KEY AT-RISK GROUPS AT LOCAL SENIOR CENTERS, CHURCHES, AND LOCAL LIBRARIES
- CREATE THE "BID BODY ADVENTURE" FOR BLOOD PRESSURE AND CHOLESTEROL SCREENINGS AND ACTIVITY BASED STATIONS FOCUSING ON HEALTHY DIETS AND EXERCISE

OBESITY PREVENTION

IU HEALTH MORGAN'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF OBESITY PREVENTION INCLUDES THE FOLLOWING:

- USE AN IU HEALTH-SPONSORED GARDEN TO OFFER SPECIAL PROGRAMMING ON GARDENING AND FRESH PRODUCE PREPARATION FOR DIABETES AND WEIGHT LOSS CLASSES

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.

- PROVIDE A DAY-LONG SCHOOL-BASED EXERCISE AND NUTRITION PROGRAM FOR THIRD-GRADE STUDENTS TO BE TAUGHT BY REGISTERED DIETICIANS
- DEVELOP A FREE WEIGHT LOSS PROGRAM FOR ADULTS THAT INCLUDES SHOPPING EXCURSIONS, COOKING DEMONSTRATIONS, AND MEAL PLANNING ASSISTANCE.

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

- MENTAL HEALTH
- EMERGENCY AND AMBULANCE SERVICES
- SENIOR HEALTH

AFTER COMPLETING A GAP ANALYSIS, IU HEALTH MORGAN DETERMINED THAT THE SEVERITY OF AND LACK OF RESOURCES AVAILABLE TO ADDRESS THE THREE NEEDS CHOSEN TO BE ADDRESSED OUTWEIGHED THE SEVERITY OF AND RESOURCES AVAILABLE TO ADDRESS THE TWO NEEDS NOT CHOSEN.

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

SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER FAP FACTORS

IU HEALTH MORGAN 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 FROM IU HEALTH MORGAN'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 MORGAN'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 MORGAN.

ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM IU HEALTH MORGAN 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 MORGAN IS ENTITLED. SAID PATIENTS

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.

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 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 MORGAN WILL DENY OR REVOKE FINANCIAL ASSISTANCE FOR ANY PATIENT OR GUARANTOR WHO

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.

FALSIFIES ANY PORTION OF A FINANCIAL ASSISTANCE APPLICATION.

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

A COPY OF IU HEALTH MORGAN'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/)

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

A COPY OF IU HEALTH MORGAN'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 MORGAN 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 THE EMERGENCY DEPARTMENT AND REGISTRATION AREAS DESCRIBING THE AVAILABLE ASSISTANCE AND DIRECTING ELIGIBLE PATIENTS TO THE FINANCIAL ASSISTANCE APPLICATION.

2. IU HEALTH MORGAN INCLUDES A PLAIN LANGUAGE DESCRIPTION OF ITS FAP

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.

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 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 MORGAN 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 MORGAN'S FAP ARE APPLIED TO THE CHARGEMASTER OR PHYSICIAN FEE SCHEDULE CALCULATED AMOUNT.

IU HEALTH MORGAN 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? 1

Name and address	Type of Facility (describe)
1 IU HEALTH MORGAN OUTPAT. BEH. HLTH. CLIN 789 E. MORGAN ST. MARTINSVILLE IN 46151	DIAGNOSTIC AND OTHER OUTPATIENT
2	
3	
4	
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 I, LINE 3C - OTHER FACTORS USED IN DETERMINING ELIG.

IU HEALTH MORGAN 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 MORGAN ONLY MAKES FINANCIAL ASSISTANCE AVAILABLE TO RESIDENTS OF THE STATE OF INDIANA. IU HEALTH MORGAN 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

WHEN TECHNICALLY FEASIBLE, PATIENTS MUST EXHAUST ALL OTHER STATE AND

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.

FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH MORGAN'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 MORGAN'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 MORGAN.

ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM IU HEALTH MORGAN 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 MORGAN IS ENTITLED. SAID PATIENTS MAY BE ASKED TO COMPLETE A 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.
- 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.

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 CERTAIN RISK SEGMENTATION SCORING CRITERIA.

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.

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 MORGAN 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 MORGAN WILL CONSIDER PATIENT ASSETS IN THE CALCULATION OF A PATIENT'S TRUE FINANCIAL BURDEN. A PATIENT'S PRIMARY RESIDENCE AND ONE (1) MOTOR VEHICLE WILL BE EXEMPTED FROM CONSIDERATION IN MOST CASES.

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.

IU HEALTH MORGAN 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 MORGAN 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.

IU HEALTH MORGAN WILL NOT SEEK THE TITLE TO DISCOVERED ASSETS WITHOUT 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.
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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.

EXPRESS AUTHORIZATION OF THE FINANCIAL ASSISTANCE COMMITTEE.

SCHEDULE H, PART I, LINE 6A - C.B. REPORT PREPARED BY A RELATED ORG.

IU HEALTH MORGAN'S COMMUNITY BENEFIT AND OTHER INVESTMENTS, ENCOMPASSING ITS TOTAL COMMUNITY INVESTMENT, ARE INCLUDED IN THE IU HEALTH COMMUNITY BENEFIT REPORT WHICH IS PREPARED ON BEHALF OF AND INCLUDES IU HEALTH AND ITS RELATED HOSPITAL ENTITIES IN THE STATE OF INDIANA.

THE IU HEALTH COMMUNITY BENEFIT REPORT IS MADE AVAILABLE TO THE PUBLIC ON IU HEALTH'S WEBSITE AT [HTTP://IUHEALTH.ORG/COMMUNITYBENEFIT/](http://IUHEALTH.ORG/COMMUNITYBENEFIT/). THE IU HEALTH COMMUNITY BENEFIT REPORT IS ALSO DISTRIBUTED TO NUMEROUS KEY ORGANIZATIONS THROUGHOUT THE STATE OF INDIANA IN ORDER TO BROADLY SHARE THE IU HEALTH STATEWIDE SYSTEM'S COMMUNITY BENEFIT EFFORTS. IT IS ALSO AVAILABLE BY REQUEST THROUGH THE INDIANA STATE DEPARTMENT OF HEALTH OR IU HEALTH.

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 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 26.48%

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 \$6,331,573.

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

IU HEALTH MORGAN IS PART OF THE IU HEALTH STATEWIDE SYSTEM. THE IU

HEALTH STATEWIDE SYSTEM PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING

ACTIVITIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN THE

COMMUNITIES IT SERVES THROUGH INVESTMENTS IN ECONOMIC DEVELOPMENT EFFORTS

ACROSS THE STATE, COLLABORATION WITH LIKE-MINDED ORGANIZATIONS THROUGH

COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCACY FOR IMPROVEMENTS IN THE

HEALTH STATUS OF VULNERABLE POPULATIONS.

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.
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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.
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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 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

Part VI Supplemental Information

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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.

SCHEDULE H, PART III, LINE 4 - BAD DEBT EXPENSE
IU HEALTH MORGAN IS A SUBSIDIARY IN THE CONSOLIDATED FINANCIAL STATEMENTS
OF IU HEALTH. IU HEALTH'S BAD DEBT EXPENSE FOOTNOTE IS AS FOLLOWS:

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

Part VI Supplemental Information

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

SCHEDULE H, PART III, LINE 8 - MEDICARE SHORTFALL
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 MORGAN MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS

Part VI Supplemental Information

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ASSOCIATED WITH IU HEALTH MORGAN'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 MORGAN'S PARTICIPATION

IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL

REPORTED ON SCHEDULE H, PART III, LINE 7.

IU HEALTH MORGAN'S MEDICARE SHORTFALL IS ATTRIBUTABLE TO REIMBURSEMENTS

THAT ARE LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO

MEDICARE BENEFICIARIES AND DOES NOT INCLUDE ANY AMOUNTS THAT RESULT FROM

INEFFICIENCIES OR POOR MANAGEMENT. IU HEALTH MORGAN 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

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GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY.

SCHEDULE H, PART III, LINE 9B - WRITTEN DEBT COLLECTION POLICY
IU HEALTH MORGAN'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

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 MORGAN. 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

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MORGAN KEEPS ALL APPLICATIONS AND SUPPORTING DOCUMENTATION CONFIDENTIAL.

2. ELIGIBILITY DETERMINATION

IU HEALTH MORGAN 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 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

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COMPLETED APPLICATION.

3. EXTRAORDINARY COLLECTION ACTIONS

IU HEALTH MORGAN 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 MORGAN, AND ITS CONTRACTED THIRD PARTIES, WILL ENGAGE IN FAIR, RESPECTFUL AND TRANSPARENT COLLECTIONS ACTIVITIES.

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 MORGAN MAY ALSO SUSPEND COLLECTION ACTIVITY ON AN ACCOUNT WHILE AN APPLICATION IS BEING PROCESSED AND CONSIDERED.

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IU HEALTH MORGAN 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 MORGAN RESERVES THE RIGHT TO SUBMIT THE UNADJUSTED ACCOUNT BALANCE, LESS ANY AMOUNT PREVIOUSLY PAID BY THE PATIENT, TO AN EXTRAORDINARY COLLECTION ACTION.

SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT
COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. IU HEALTH MORGAN UNDERSTANDS THAT THE HEALTH OF INDIVIDUALS AND COMMUNITIES ARE SHAPED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS, ALONG WITH HEALTH BEHAVIORS AND ADDITIONAL INFLUENCES.

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IU HEALTH MORGAN ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING A CHNA. THIS ASSESSMENT INCLUDES COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS THE MORGAN 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 MORGAN 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. ADDITIONALLY, THE EFFECTIVENESS OF AN INTERVENTION FOR EACH NEED AND IU HEALTH MORGAN'S ABILITY TO IMPACT POSITIVE CHANGE WAS EVALUATED.

SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSIST.

IU HEALTH MORGAN 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 MORGAN HAS ADOPTED A FINANCIAL

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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 MORGAN 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 MORGAN SHARES FINANCIAL ASSISTANCE INFORMATION WITH PATIENTS THROUGHOUT THEIR ENTIRE EPISODE OF CARE AND BEYOND INCLUDING THE ADMISSIONS PROCESS, BILLING PROCESS, AND ONLINE.

1. ADMISSIONS PROCESS

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

Part VI Supplemental Information

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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 MORGAN'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.

2. BILLING PROCESS

IU HEALTH MORGAN INCLUDES A PLAIN LANGUAGE SUMMARY OF ITS FINANCIAL ASSISTANCE POLICY WITH ALL PATIENT BILLS AND STATEMENTS OF SERVICES. THE

Part VI Supplemental Information

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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 MORGAN 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

IU HEALTH MORGAN'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 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.

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION

IU HEALTH MORGAN IS LOCATED IN MORGAN COUNTY, A COUNTY LOCATED IN CENTRAL INDIANA. ITS SERVICE AREA COUNTIES INCLUDE MORGAN, BROWN, OWEN, MONROE, MARION, JOHNSON, HENDRICKS, AND PUTNAM COUNTIES.

MORGAN COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF MARTINSVILLE, MOORESVILLE, PARAGON, CAMBY, STILESVILLE, EMINENCE, BROOKLYN, MORGANTOWN, QUINCY, GOSPORT, AND MONROVIA. BASED ON THE MOST RECENT CENSUS BUREAU (2010) STATISTICS, MORGAN COUNTY'S POPULATION IS 68,894 PERSONS WITH APPROXIMATELY 50.5% BEING FEMALE AND 49.5% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 97.7% WHITE, 1.2% HISPANIC OR LATINO, 0.4% ASIAN, 0.2% BLACK, 0.2% AMERICAN INDIANA OR ALASKA NATIVE, AND 0.3% PERSONS REPORTING TWO OR MORE RACES.

MORGAN COUNTY HAS RELATIVELY LOW LEVELS OF EDUCATIONAL ATTAINMENT. A HIGH SCHOOL DEGREE IS THE LEVEL OF EDUCATION MOST HAVE ACHIEVED, AND THE PERCENTAGE OF THOSE WITH A HIGH SCHOOL DEGREE HAS DROPPED 4% FROM 2000 TO 2010 (45% TO 41%). AN ADDITIONAL 22% HAD SOME COLLEGE, BUT NO DEGREE.

Part VI Supplemental Information

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AS OF 2010, 17% OF THE POPULATION HAD AN ASSOCIATE'S OR BACHELOR'S DEGREE, AND ONLY 5% HOLD A GRADUATE OR PROFESSIONAL DEGREE.

75% OF IU HEALTH MORGAN'S INPATIENT DISCHARGE POPULATION RESIDES IN MORGAN COUNTY.

47% OF COMMUNITY DISCHARGES WERE PATIENTS WITH MEDICARE, 36% WERE FOR PATIENTS WITH COMMERCIAL INSURANCE, 8% WERE FOR SELF-PAY (UNINSURED PATIENTS), 7% WERE FOR PATIENTS WITH MEDICAID, AND 2% WAS FOR OTHER.

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

IU HEALTH MORGAN'S PROMOTION OF COMMUNITY HEALTH INCLUDED THE FOLLOWING HIGHLIGHTS:

- TO ENCOURAGE HEALTHY HABITS, IU HEALTH MORGAN FACILITATED A HEALTH AND SAFETY FAIR FOR THIRD-GRADERS IN THE MARTINSVILLE SCHOOL DISTRICT.

- DURING THE POPULAR MORGAN COUNTY 4-H FAIR, IU HEALTH MORGAN

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PROVIDED BLOOD PRESSURE, PULMONARY FUNCTION, AND DIABETES SCREENINGS.

- IU HEALTH MORGAN PROVIDED EDUCATION ON BREAST HEALTH AND SCREENING MAMMOGRAPHY DURING MORGAN COUNTY'S FALL FOLIAGE FESTIVAL.

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

IU HEALTH MORGAN IS PART OF THE IU HEALTH STATEWIDE SYSTEM. THE IU HEALTH STATEWIDE SYSTEM IS 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 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.

Part VI Supplemental Information

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- 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 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

Part VI Supplemental Information

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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 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

Part VI Supplemental Information

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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
- 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

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- 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 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

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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 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.

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- 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 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

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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.

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

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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
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

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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

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.

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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

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

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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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
- 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

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

PREK-12 EDUCATION

Part VI Supplemental Information

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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 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

Part VI Supplemental Information

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- 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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