

**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 WEST HOSPITAL, INC.**

Employer identification number
35-1814660

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	
b 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</i> care? 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</i> care? 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	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

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)		14648	6,771,794.		6,771,794.	4.98
b Medicaid (from Worksheet 3, column a)		12397	24,760,334.	19,528,965.	5,231,369.	3.85
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		27045	31,532,128.	19,528,965.	12,003,163.	8.83
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	13	107518	49,246.		49,246.	.04
f Health professions education (from Worksheet 5)	3	271				
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	12	27925	164,656.		164,656.	.12
j Total. Other Benefits	28	135714	213,902.		213,902.	.16
k Total. Add lines 7d and 7j.	28	162759	31,746,030.	19,528,965.	12,217,065.	8.99

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	1		6,469.		6,469.	
3 Community support	1	1075	7,046.		7,046.	.01
4 Environmental improvements						
5 Leadership development and training for community members	1	40	3,025.			
6 Coalition building	1	3035	5,385.		5,385.	
7 Community health improvement advocacy	1	2424				
8 Workforce development						
9 Other						
10 Total	5	6574	21,925.		18,900.	.01

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	3,769,906.
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	33,420,451.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	32,750,803.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	669,648.
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 WEST HOSPITAL 1111 N RONALD REAGAN PKWY AVON IN 46123 HTTP://IUHEALTH.ORG/WEST/ 14-003776-1	X	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 WEST HOSPITAL

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 12b 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 IU HEALTH WEST 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 _____ % and FPG family income limit for eligibility for discounted care of _____ %		
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 WEST 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 EACH OF ITS MOST RECENT CHNA, IU HEALTH WEST HOSPITAL 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 COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS.

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

EMILY PERRY

- EXECUTIVE DIRECTOR, SUSIE'S PLACE

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. PERRY IS A REPRESENTATIVE OF CHILDREN'S HEALTH AND SAFETY. AS DIRECTOR OF SUSIE'S PLACE, SHE WORKS FOR AN ORGANIZATION THAT ADVOCATES FOR CHILDREN'S HEALTH, SAFETY, AND WELL-BEING, AND IS FAMILIAR WITH THE ISSUES AND BARRIERS INVOLVED.

HEATHER PROCHROW

- CSM, KINGSWAY CARE CENTER

- MS. PROCHROW IS A REPRESENTATIVE OF ACCESS TO HEALTHCARE. AS A CSM FOR KINGSWAY CENTER, A CLINIC FOR THE UNDERSERVED, SHE HAS A GREAT UNDERSTANDING SURROUNDING HEALTH ISSUES AND NEEDS IN THE LOW INCOME AND UNDERSERVED POPULATION.

BETH ANN LEACH

- EXECUTIVE DIRECTOR, HENDRICKS' COUNTY SENIOR CENTER

- MS. LEACH IS A REPRESENTATIVE FOR SENIOR HEALTH. AS EXECUTIVE DIRECTOR AT THE SENIOR CENTER, SHE WORKS TO PROVIDE ACCESS TO VARIOUS SERVICES FOR SENIORS WITHIN THE COMMUNITY.

RICK MYERS

- OWNER, TIMES-LEADER PUBLICATIONS, LLC

- MR. MYERS IS A REPRESENTATIVE OF HEALTHY LIVING. AS A BUSINESS LEADER IN HENDRICKS COUNTY, HE IS KNOWLEDGEABLE IN THE COMMUNITY'S NEEDS AND RESOURCES AVAILABLE TO ADDRESS THOSE NEEDS AS WELL AS CURRENT COMMUNITY ISSUES.

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.

MARYANNE MCMAHON

- DIRECTOR, ELEMENTARY AND INTERMEDIATE EDUCATION
- MS. MCMAHON IS A REPRESENTATIVE OF CHILDREN'S HEALTH AND EDUCATION. AS A DIRECTOR OF AVON SCHOOLS, SHE IS FAMILIAR WITH CHILDREN'S HEALTH ISSUES AND NEEDS.

SUSIE FRIEND

- HENDRICKS COUNTY AREA DIRECTOR, UNITED WAY
- MS. FRIEND IS A REPRESENTATIVE OF HEALTHY LIVING. AS AN EMPLOYEE OF 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.

MIKE ROGERS

- PRESIDENT, AVON TOWN COUNCIL
- MR. ROGERS IS A REPRESENTATIVE OF HEALTHY LIVING. AS TOWN COUNCIL PRESIDENT, HE IS KNOWLEDGEABLE IN THE COMMUNITY'S NEEDS AND RESOURCES AVAILABLE TO ADDRESS THOSE NEEDS.

JILL ROBERTSON

- HOSPITAL AND HEALTH CARE PROFESSIONAL, SHELTERING WINGS
- MS. ROBERTSON IS A REPRESENTATIVE OF INJURY PREVENTION. AS AN EMPLOYEE OF SHELTERING WINGS, SHE WORKS FOR AN ORGANIZATION THAT SERVES AS A SHELTER FOR ABUSED WOMEN AND IS KNOWLEDGEABLE IN THE AREAS 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.

DOMESTIC VIOLENCE IN 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 HENDRICKS COUNTY COMMUNITY SERVED BY IU HEALTH WEST 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 WEST HOSPITAL FACILITATORS THEN PROVIDED PARTICIPANTS WITH A PRESENTATION FEATURING THE MISSION OF IU HEALTH WEST HOSPITAL, 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 WEST HOSPITAL 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 WEST HOSPITAL COULD BE IN MEETING THE LOCAL HEALTH NEEDS.

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 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/)

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 WEST HOSPITAL PRIORITIZED AND DETERMINED WHICH OF THE COMMUNITY HEALTH NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA 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 WEST HOSPITAL

SELECTED THE FOLLOWING THREE NEEDS TO BE ADDRESSED:

- ACCESS TO HEALTHCARE
- CHRONIC DISEASE MANAGEMENT

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
- MENTAL HEALTH
- K-12 EDUCATION

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 WEST HOSPITAL TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH WEST HOSPITAL IS ALSO WORKING TO RAISE AWARENESS AND WORK 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.

IU HEALTH WEST HOSPITAL PARTNERS WITH KINGSWAY COMMUNITY CARE CENTER (KCCC), A CLINIC FOR THE UNINSURED IN HENDRICKS COUNTY. THE CLINIC PROVIDES PRIMARY CARE AND CHRONIC DISEASE MANAGEMENT, DENTAL SERVICE AND PRESCRIPTION SUPPORT FOR ADULTS WITHOUT INSURANCE. KCCC SERVED MORE THAN 1,000 PATIENTS IN 2014. SEVERAL MEMBERS OF THE IU HEALTH WEST HOSPITAL MEDICAL STAFF HAVE BECOME REGULAR VOLUNTEERS.

CHRONIC DISEASE MANAGEMENT

WITH APPROXIMATELY 10,000 AMERICANS TURNING 65 EVERY DAY, OUR "SENIOR" POPULATION IS BOOMING. THE IU HEALTH WEST HOSPITAL PARTNERSHIP WITH

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.

HENDRICKS COUNTY SENIOR SERVICES (HCSS) IS FOCUSED ON MAKING SURE THOSE SENIOR YEARS ARE HEALTHY AND ACTIVE.

IU HEALTH WEST HOSPITAL PARTNERED WITH THE HCSS TEAM TO PROVIDE HEART HEALTH INFORMATION TO MORE THAN 200 WOMEN AT THE ANNUAL "WEAR RED" EVENTS IN FEBRUARY 2014, PROVIDED FREE FLU SHOTS AT ITS FACILITY IN THE FALL AND PROVIDED FREE HEALTH SCREENINGS AT THE ANNUAL PRIME TIME SENIOR EXPO IN SEPTEMBER 2014. TOGETHER, THESE COLLABORATIONS DIRECTLY IMPACTED NEARLY 400 SENIORS AND THEIR LOVED ONES IN 2014.

OBESITY PREVENTION

TO IMPROVE THE LIFESTYLE OF INDIANA RESIDENTS, IU HEALTH WEST HOSPITAL HAS UTILIZED BEST PRACTICE METHODS TO ATTACK OBESITY IN OUR COMMUNITIES. IU HEALTH WEST HOSPITAL 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 WEST HOSPITAL STRIVES TO PREVENT CHRONIC DISEASES SUCH AS OBESITY AND DIABETES AND INCREASE THE AWARENESS OF THE IMPORTANCE OF MAKING HEALTHY CHOICES, SINCE THIRTY-SIX PERCENT OF HOOSIER ADULTS ARE OVERWEIGHT AND 29.5% ARE OBESE, COSTING THE NATIONS BILLIONS OF DOLLARS EACH YEAR TO TREAT THESE CHRONIC HEALTH CONDITIONS.

SOME EXAMPLES HOW IU HEALTH WEST HOSPITAL ADDRESSES OBESITY IN THE COMMUNITY AS FOLLOWS:

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.

- AS PART OF THE STATEWIDE DAY OF SERVICE, MORE THAN 60 IU HEALTH WEST HOSPITAL VOLUNTEERS INSTALLED EXERCISE EQUIPMENT, CLEARED HIKING TRAILS AND RENOVATED OUTDOOR SPORTING FACILITIES AT WASHINGTON TOWNSHIP PARK IN AVON, INDIANA. IN ADDITION, THE HOSPITAL PROVIDED FUNDING FOR HEALTHY MEALS FOR 700 CHILDREN ENROLLED IN THE PARK'S SUMMER CAMP PROGRAM, AND PROVIDED SCHOLARSHIPS FOR LOW-INCOME CHILDREN TO PARTICIPATE IN THIS SAFE, ACTIVE SUMMER CARE OPTION FOR WORKING FAMILIES.

- PARTNERED WITH THE TOWN OF BROWNSBURG TO RE-INVIGORATE THE TOWN'S WEEKLY, SEASONAL FARMERS MARKET, IU HEALTH WEST HOSPITAL SUPPORTED THE INTRODUCTION OF WOMEN, INFANTS, AND CHILDREN (WIC) CERTIFICATION AND SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) ACCEPTANCE FOR THE MARKET AND ITS VENDORS. THE ORGANIZATIONS ALSO COMBINED FOR THE INTRODUCTION OF THE HENDRICKS COUNTY HEALTH PARTNERSHIP'S EFFORT TO COLLECT FRESH PRODUCE DONATIONS FOR LOCAL FOOD PANTRIES. BROWNSBURG PARKS AND RECREATION ADDS WEEKLY PHYSICAL ACTIVITY TO THE MARKET FOR FAMILY ENGAGEMENT AND TO DEMONSTRATE THE CONNECTION BETWEEN EXERCISE AND HEALTHY EATING. THE MARKET SERVED APPROXIMATELY 200 CUSTOMERS EACH WEEK.

- IU HEALTH WEST HOSPITAL CONTINUED ITS COMMITMENT TO COMPLETION AND ENGAGEMENT WITH THE B&O TRAIL, A "RAILS TO TRAILS" CONVERSION TRAVERSING THE COUNTY EAST ALL THE WAY TO IU HEALTH WEST HOSPITAL.

MENTAL HEALTH

BEHAVIORAL HEALTH COVERS A RANGE OF CONDITIONS FROM DEPRESSION, ANXIETY

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.

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 WEST HOSPITAL WORK TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF EVERY PATIENT.

ONE EXAMPLE OF HOW IU HEALTH WEST HOSPITAL SUPPORTS BEHAVIORAL HEALTH INCLUDES PARTNERING WITH SHELTERED WINGS TO SUPPORT EDUCATION OF MORE THAN 11,700 COMMUNITY MEMBERS AND 4,600 STUDENTS ABOUT THE SIGNS, EFFECTS AND PREVENTION OF DATING AND DOMESTIC VIOLENCE.

K-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

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.

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. AS PART OF THE IU-UNITED WAY "KINDERGARTEN COUNTDOWN" PARTNERSHIP, IU HEALTH WEST AND THE AVON SCHOOL CORPORATION HOST A FREE, FOUR WEEK KINDERGARTEN PREPARATORY PROGRAM EVERY JUNE. THE CHILDREN INVITED TO PARTICIPATE HAVE BEEN IDENTIFIED THROUGH THE DISTRICT'S KINDERGARTEN ASSESSMENT AS NEEDING A BOOST IN ORDER TO BE READY TO SUCCEED IN THE CLASSROOM. THE PROGRAM COMES AT NO COST TO THE SCHOOL DISTRICT OVER THE COURSE OF THE FOUR WEEKS, ALL OF WHOM HELP CHILDREN LEARN CLASSROOM BASICS, SUCH AS RAISING HANDS AND WALKING IN LINES, AND HELP SET THE STAGE FOR READING, WRITING, AND MATH SUCCESS IN THE YEARS AHEAD.

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
- POVERTY
- HEALTH LITERACY

AFTER COMPLETING A GAP ANALYSIS, IU HEALTH WEST HOSPITAL DETERMINED THAT THE SEVERITY AND LACK OF RESOURCES AVAILABLE TO ADDRESS THE FOUR NEEDS

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.

CHOSEN TO BE ADDRESSED OUTWEIGHED THE SEVERITY OF AND RESOURCES AVAILABLE TO ADDRESS THE FOUR NEEDS NOT CHOSEN.

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

SCHEDULE H, PART V, SECTION B, LINE 13B - INCOME LEVEL OTHER THAN FPG
IN ADDITION TO FPG, IU HEALTH WEST HOSPITAL 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 WEST HOSPITAL 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 WEST HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM.

PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE INSURANCE POLICY, INCLUDING, BUT NOT LIMITED TO, HEALTH, AUTOMOBILE, AND

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.

HOMEOWNER'S, MUST EXHAUST ALL INSURANCE BENEFITS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH WEST HOSPITAL'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 WEST HOSPITAL.

ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH WEST HOSPITAL 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 WEST HOSPITAL 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 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,

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.

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

IU HEALTH WEST HOSPITAL 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? 4

Name and address	Type of Facility (describe)
1 IU HEALTH WEST CARDIAC/PULMONARY REHAB. 1115 N. RONALD REAGAN PKWY., STE. MG100 AVON IN 46123	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH WEST ORTHO. SPORT & SPINE CTR. 1115 N. RONALD REAGAN PKWY. AVON IN 46123	DIAGNOSTIC AND OTHER OUTPATIENT
3 IU HEALTH WEST REHABILITATION SERVICES 1115 N. RONALD REAGAN PKWY., STE. G-29 AVON IN 46123	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH WEST SLEEP DISORDERS CENTER 1115 N. RONALD REAGAN PKWY., STE. 305 AVON IN 46123	DIAGNOSTIC AND OTHER OUTPATIENT
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 WEST HOSPITAL 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 WEST HOSPITAL ONLY MAKES FINANCIAL ASSISTANCE AVAILABLE TO RESIDENTS OF THE STATE OF INDIANA. IU HEALTH WEST HOSPITAL 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 WEST HOSPITAL'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 WEST HOSPITAL'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 WEST HOSPITAL.

ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH WEST HOSPITAL 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 WEST HOSPITAL IS ENTITLED. SAID PATIENTS MAY BE ASKED TO COMPLETE A FINANCIAL 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.

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 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.
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- 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 WEST HOSPITAL 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 WEST HOSPITAL 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 WEST HOSPITAL 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 WEST HOSPITAL 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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- 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 WEST HOSPITAL WILL NOT SEEK THE TITLE TO DISCOVERED ASSETS
WITHOUT THE EXPRESS AUTHORIZATION OF THE FINANCIAL ASSISTANCE COMMITTEE.

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

IU HEALTH WEST HOSPITAL'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 ("IU HEALTH STATEWIDE SYSTEM").

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

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

SCHEDULE H, PART I, LINE 7, COLUMN (F) - BAD DEBT EXPENSE

THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25,
COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF
TOTAL EXPENSE ON LINE 7, COLUMN (F) IS \$19,392,520.

SCHEDULE H, PART I, LINE 7 - 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 DOES
NOT INCLUDE DIRECT OFFSETTING REVENUE, IS 23.35%.

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.

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

- COLLEGE MENTORS FOR KIDS
- STARFISH INITIATIVE
- TEACH FOR AMERICA
- UNITED WAY

ADDITIONALLY, THROUGH THE IU HEALTH STATEWIDE SYSTEM'S TEAM MEMBER

Part VI Supplemental Information

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITY BENEFIT SERVICE PROGRAM, "STRENGTH THAT CARES", TEAM MEMBERS

ACROSS THE STATE MAKE A DIFFERENCE IN THE LIVES OF THOUSANDS OF HOOSIERS

EVERY YEAR.

SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO EST. BAD DEBT EXP.

THE BAD DEBT EXPENSE OF \$3,769,906 REPORTED ON SCHEDULE H, PART III, LINE

2 IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO

METHODOLOGY.

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

Part VI Supplemental Information

Provide the following information.

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HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, AS ADJUSTED FOR COLLECTION INDICATORS. THE RESULTS OF THE REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS AND THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN ADDITION, IU HEALTH WEST HOSPITAL 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 WEST HOSPITAL AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET FINANCIAL ASSISTANCE POLICIES OF IU HEALTH WEST HOSPITAL.

SCHEDULE H, PART III, LINE 8 - MEDICARE SHORTFALL

IU HEALTH WEST HOSPITAL DID NOT HAVE A MEDICARE SHORTFALL FOR 2014. IU HEALTH WEST HOSPITAL'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 WEST HOSPITAL ACCEPTS ALL

Part VI Supplemental Information

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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.

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 WEST HOSPITAL MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH WEST HOSPITAL'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.

Part VI Supplemental Information

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INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH WEST HOSPITAL'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
IF A PATIENT CANNOT SATISFY STANDARD PAYMENT EXPECTATIONS, A FINANCIAL ASSISTANCE SCREENING PROCESS FOR ALTERNATIVE SOURCES OF BALANCE RESOLUTION IS COMPLETED. THOSE RESOLUTIONS MAY INCLUDE A DISCOUNT ON CHARGES, MEDICAID ENROLLMENT, INTEREST-FREE LOAN OR APPLICATION FOR FINANCIAL ASSISTANCE. IF A PATIENT DOES NOT APPLY FOR FINANCIAL ASSISTANCE BUT OTHERWISE MEETS THE FINANCIAL ASSISTANCE GUIDELINES ESTABLISHED BY IU HEALTH WEST HOSPITAL, THE CHARGES WILL BE WAIVED AND THE COST OF SERVICES WILL BE TREATED AS FINANCIAL ASSISTANCE.

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

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BEHAVIORS AND ADDITIONAL INFLUENCES.

IU HEALTH WEST HOSPITAL ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT. THIS ASSESSMENT INCLUDES COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS THE HENDRICKS 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 WEST HOSPITAL 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 WEST HOSPITAL'S ABILITY TO IMPACT POSITIVE CHANGE WAS EVALUATED.

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

IU HEALTH WEST HOSPITAL GOES TO GREAT LENGTHS TO ENSURE PATIENTS KNOW THAT IT TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH WEST HOSPITAL SHARES FINANCIAL ASSISTANCE INFORMATION WITH PATIENTS DURING THE ADMISSION PROCESS, BILLING PROCESS, AND ONLINE. HELPING PATIENTS UNDERSTAND THAT FINANCIAL SUPPORT FOR THEIR CARE IS AVAILABLE IS A PART OF IU HEALTH WEST HOSPITAL'S COMMITMENT TO ITS MISSION. IU HEALTH WEST HOSPITAL'S FINANCIAL ASSISTANCE POLICY EXISTS TO SERVE THOSE IN NEED BY PROVIDING FINANCIAL RELIEF TO PATIENTS WHO ASK FOR ASSISTANCE AFTER CARE HAS BEEN PROVIDED.

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 WEST HOSPITAL'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

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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.

A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS PRINTED ON THE BACK OF EACH PATIENT STATEMENT, WHILE THE FINANCIAL ASSISTANCE APPLICATION IS MAILED TO ALL IU HEALTH WEST HOSPITAL PATIENTS WITH A PATIENT BALANCE DUE AFTER INSURANCE. ADDITIONALLY, ON THE BACK OF EACH PATIENT STATEMENT IS A TELEPHONE NUMBER THAT ALLOWS PATIENTS THE ABILITY TO REQUEST FINANCIAL ASSISTANCE. UNINSURED PATIENTS ARE ALSO MADE AWARE OF THIS PROCESS AT THE TIME OF REGISTRATION.

THE IU HEALTH WEBSITE HAS A PAGE ([HTTP://IUHEALTH.ORG/HELPWITHBILLS](http://IUHEALTH.ORG/HELPWITHBILLS)) DEDICATED TO FINANCIAL ASSISTANCE AND OFFERS AN ONLINE APPLICATION AND TELEPHONE NUMBERS FOR CUSTOMER SERVICE REPRESENTATIVES TO ASSIST WITH THE APPLICATION PROCESS.

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IU HEALTH WEST HOSPITAL HAS AN EXPANSIVE FINANCIAL ASSISTANCE POLICY WHICH UTILIZES THE FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY. THE GOAL IS TO MAKE ACCESS TO QUALITY CARE WITHIN A PATIENT'S REACH.

THE IU HEALTH WEST HOSPITAL FINANCIAL ASSISTANCE POLICY PROVIDES THE FOLLOWING SUPPORT TO PATIENTS THAT QUALIFY:

- FREE CARE FOR THOSE EARNING UP TO 200 PERCENT OF FEDERAL POVERTY GUIDELINES;
- DISCOUNTED CARE ON A SLIDING SCALE FOR FAMILIES EARNING FROM 200 TO 400 PERCENT OF FEDERAL POVERTY GUIDELINES; AND
- DISCOUNTED CARE ON A SLIDING SCALE FOR UNINSURED FAMILIES EARNING FROM 200 TO 400 PERCENT OF FEDERAL POVERTY GUIDELINES, AND
- FINANCIAL ASSISTANCE TO PATIENTS WHOSE HEALTH INSURANCE COVERAGE, IF ANY, DOES NOT PROVIDE FULL COVERAGE FOR ALL OF THEIR MEDICAL EXPENSES AND WHOSE MEDICAL EXPENSES WOULD MAKE THEM INDIGENT IF THEY WERE FORCED TO PAY FULL CHARGES.

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PATIENTS ARE GUIDED THROUGH THEIR COURSE OF CARE WITH PARTICULAR SENSITIVITY, REVIEWING CHANGING CIRCUMSTANCES AND ALLOWING FOR FINANCIAL ASSISTANCE AT ANY POINT DURING THE RELATIONSHIP AND BILLING PROCESS. FOR THOSE INPATIENTS THAT MAY QUALIFY FOR THE MEDICAID PROGRAM AND HAVE NOT APPLIED, IU HEALTH WEST HOSPITAL FINANCIAL COUNSELORS WILL ASSIST PATIENTS WITH THE MEDICAID APPLICATION. IF A PATIENT DOES NOT APPLY FOR FINANCIAL ASSISTANCE, BUT MEETS THE FINANCIAL ASSISTANCE GUIDELINES ESTABLISHED BY IU HEALTH WEST HOSPITAL, IU HEALTH WEST HOSPITAL WILL WAIVE CHARGES AND TREAT THE COST OF SERVICES AS FINANCIAL ASSISTANCE.

SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION

IU HEALTH WEST HOSPITAL IS LOCATED IN HENDRICKS COUNTY, INDIANA, A COUNTY LOCATED IN CENTRAL INDIANA.

HENDRICKS COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF BROWNSBURG, CLAYTON, COATESVILLE, AMO, DANVILLE, AVON, LIZTON, NORTH SALEM, PITTSBORO, PLAINFIELD, AND STILESVILLE. BASED ON THE MOST RECENT CENSUS

Part VI Supplemental Information

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BUREAU (2010) STATISTICS, HENDRICKS COUNTY'S POPULATION IS 145,448

PERSONS WITH APPROXIMATELY 50% BEING FEMALE AND 50% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 86.4% WHITE, 6.0% BLACK, 3.4% HISPANIC OR LATINO, 2.3% ASIAN, 0.3% AMERICAN INDIANA OR ALASKA NATIVE, AND 1.6% PERSONS REPORTING TWO OR MORE RACES.

HENDRICKS COUNTY HAS RELATIVELY MODERATE LEVELS OF EDUCATIONAL ATTAINMENT. THE LEVEL OF EDUCATION MOST OF THE POPULATION HAS ACHIEVED IS A HIGH SCHOOL DEGREE (93.5%). AS OF 2014, 32.2% OF THE POPULATION HAD A BACHELOR'S DEGREE OR HIGHER.

SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH
IU HEALTH WEST HOSPITAL IS A SUBSIDIARY OF INDIANA UNIVERSITY HEALTH, INC., A TAX-EXEMPT HEALTHCARE ORGANIZATION, WHOSE BOARD OF DIRECTORS IS COMPOSED OF MEMBERS, OF WHICH SUBSTANTIALLY ALL ARE INDEPENDENT COMMUNITY MEMBERS.

IN ORDER TO HELP THE COMMUNITY IN ACCESSING HEALTHCARE, IU HEALTH WEST

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HOSPITAL PARTNERED WITH KINGSWAY COMMUNITY CARE CENTER (KCCC), A CLINIC FOR THE UNINSURED IN HENDRICKS COUNTY, IN 2014. THE CLINIC PROVIDES PRIMARY CARE AND CHRONIC DISEASE MANAGEMENT, DENTAL SERVICES AND PRESCRIPTION SUPPORT FOR ADULTS WITHOUT INSURANCE.

ADDITIONALLY TO ASSIST WITH CHRONIC DISEASES IN THE SENIOR COMMUNITY, IU HEALTH WEST HOSPITAL PARTNERED WITH THE HENDRICKS COUNTY SENIOR SERVICES. IU HEALTH WEST HOSPITAL PROVIDED HEART HEALTH INFORMATION TO MORE THAN 200 WOMEN AT THE ANNUAL "WEAR RED" EVENTS IN FEBRUARY 2014 AND ALSO PROVIDED FREE FLU SHOTS AND HEALTH SCREENINGS AT THE ANNUAL PRIME TIME SENIOR EXPO IN SEPTEMBER OF 2014. TOGETHER THESE COLLABORATIONS DIRECTLY IMPACTED NEARLY 400 SENIORS AND THEIR LOVED ONES IN 2014.

TO CURB DOMESTIC VIOLENCE, IU HEALTH WEST HOSPITAL PARTNERED WITH SHELTERING WINGS TO SUPPORT THE EDUCATION OF MORE THAN 11,700 COMMUNITY MEMBERS ABOUT THE SIGNS, EFFECTS, AND PREVENTION OF DATING AND DOMESTIC VIOLENCE. THE HOSPITAL EDUCATED MORE THAN 4,600 STUDENTS IN SIX COUNTY SCHOOLS AND INCREASED THEIR KNOWLEDGE OF HEALTHY RELATIONSHIP AND DATING

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VIOLENCE BY 31%.

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

IU HEALTH WEST HOSPITAL 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 INDIANA UNIVERSITY SCHOOL OF MEDICINE ("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.
- 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

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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

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

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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

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

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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
- IU HEALTH TIPTON HOSPITAL
- IU HEALTH WEST HOSPITAL
- IU HEALTH WHITE MEMORIAL HOSPITAL

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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

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

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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.
- THIRD GRADE CLASSES AT THREE SCHOOLS WERE PROVIDED WITH FREE BIKES, HELMETS, AND LOCKS. ADDITIONALLY, THE STUDENTS WERE LED THROUGH A BICYCLE SAFETY COURSE.

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- 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 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

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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 PORTE HOSPITAL, IU HEALTH NORTH HOSPITAL, IU HEALTH SAXONY HOSPITAL AND IU HEALTH WEST HOSPITAL.

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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 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

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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.

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

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- 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 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

Part VI Supplemental Information

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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 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

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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

EDUCATION PLAYS A CRUCIAL ROLE IN HEALTH OUTCOMES. LEVEL OF EDUCATION HAS

AN IMPACT NOT ONLY ON PERSONAL HEALTH, BUT IT HAS MULTIGENERATIONAL

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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
- INDIANAPOLIS PUBLIC SCHOOLS FOUNDATION
- EARLY LEARNING INDIANA
- GEORGE AND VERONICA PHALEN LEADERSHIP ACADEMY

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- VISION ACADEMY AT RIVERSIDE
- UNITED WAY OF CENTRAL INDIANA

Part VI Supplemental Information

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STATE FILING OF COMMUNITY BENEFIT REPORT

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