SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL, INC.

Employer identification number
27 3532963

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.	1a	✔	
b	If "Yes," was it a written policy?	1b	✔	
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: ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☑ Other 300 %	3a	✔	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		✔
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"?	4	✔	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	✔	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	✔	
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?	5c		✔
6a	Did the organization prepare a community benefit report during the tax year?	6a	✔	
b	If "Yes," did the organization make it available to the public?	6b	✔	
	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)	0	1,225	519,364	0	519,364	1.20
b	Medicaid (from Worksheet 3, column a)	0	3,991	8,608,930	5,692,690	2,916,240	6.73
c	Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0	0	0	0.00
d	**Total.** Financial Assistance and Means-Tested Government Programs	0	5,216	9,128,294	5,692,690	3,435,604	7.93
	Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)	2	1,583	809,688	275,423	534,265	1.23
f	Health professions education (from Worksheet 5)	1	0	5,000	0	5,000	0.01
g	Subsidized health services (from Worksheet 6)	0	0	0	0	0	0.00
h	Research (from Worksheet 7)	0	0	0	0	0	0.00
i	Cash and in-kind contributions for community benefit (from Worksheet 8)	1	0	15,413	0	15,413	0.04
j	**Total.** Other Benefits	4	1,583	830,101	275,423	554,678	1.28
k	**Total.** Add lines 7d and 7j	4	6,799	9,958,395	5,968,113	3,990,282	9.21

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					0	0.00
2	Economic development					0	0.00
3	Community support	1	0	1,893		1,893	0.00
4	Environmental improvements					0	0.00
5	Leadership development and training for community members					0	0.00
6	Coalition building					0	0.00
7	Community health improvement advocacy					0	0.00
8	Workforce development					0	0.00
9	Other					0	0.00
10	**Total**	1	0	1,893	0	1,893	0.00

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	☐	☑
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	2 843,306		
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,	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	15,742,609
6	Enter Medicare allowable costs of care relating to payments on line 5	6	15,575,514
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	167,095
8	Describe in Part VI the extent to which any shortfall reported on 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:		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	☑	☐
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	☑	☐

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					
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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 medica	Children's hos	Teaching hospital	Critical access	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 IU HEALTH WHITE MEMORIAL HOSPITAL 720 SOUTH SIXTH STREET, MONTICELLO, IN 47960 HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH -WHITE-MEMORIAL-HOSPITAL STATE LICENSE NO. : 22-005034-1	✔	✔			✔		✔			
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: IU HEALTH WHITE MEMORIAL HOSPITAL

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		✔
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		✔
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	✔	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 21			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	✔	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		✔
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		✔
7	Did the hospital facility make its CHNA report widely available to the public?	7	✔	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): (SEE STATEMENT)			
b	☐ Other website (list url):			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	✔	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	✔	
a	If "Yes," (list url): HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/COMMUNITY-BENEFIT			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		✔
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: IU HEALTH WHITE MEMORIAL 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?	13	✔	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance status			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	✔	
15	Explained the method for applying for financial assistance?	15	✔	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	✔	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): (SEE STATEMENT)			
b	☑ The FAP application form was widely available on a website (list url): (SEE STATEMENT)			
c	☑ A plain language summary of the FAP was widely available on a website (list url): (SEE STATEMENT)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: IU HEALTH WHITE MEMORIAL HOSPITAL

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	✔	
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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☑ None of these actions or other similar actions were permitted			
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?	**19**		✔
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ 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** ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☑ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

			Yes	No
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?	**21**	✔	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: IU HEALTH WHITE MEMORIAL HOSPITAL

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

Part V, Section C

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	IU HEALTH WHITE MEMORIAL HOSPITAL'S 2021 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT INCLUDES A PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY. THE CHNA REPORT IDENTIFIED THE FOLLOWING NEEDS AS PRIORITIES FOR IU HEALTH WHITE MEMORIAL HOSPITAL: 1. ACCESS TO HEALTHCARE SERVICES 2. BEHAVIORAL HEALTH 3. MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING 4. SOCIAL DETERMINANTS OF HEALTH

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	FACILITY NAME: IU HEALTH WHITE MEMORIAL HOSPITAL DESCRIPTION: IN CONDUCTING EACH ITS MOST RECENT CHNA, IU HEALTH WHITE MEMORIAL HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES IT SERVES BY HOSTING TWO COMMUNITY FOCUS GROUPS. THESE EVENTS ENGAGED PUBLIC HEALTH OFFICIALS AND COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE SERVICES AND/OR REFLECT COMMUNITY MEMBERS WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, OR OF A MINORITY SUBPOPULATION TO DISCUSS THE HEALTH NEEDS OF THE SERVICE AREA AND WHAT ROLE IU HEALTH COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS. IU HEALTH WHITE MEMORIAL HOSPITAL THE DEFINED COMMUNITY PER THE MOST RECENT CHNA IS WHITE COUNTY, INDIANA, WHERE THE HOSPITAL RESIDES. WHITE COUNTY - COMMUNITY MEETINGS IU HEALTH WHITE MEMORIAL HOSPITAL OBTAINED COMMUNITY INPUT THROUGH FOCUS GROUPS OF COMMUNITY STAKEHOLDERS, AS WELL AS AN ADDITIONAL SURVEY ISSUED TO STAKEHOLDERS WHO WERE UNABLE TO ATTEND THE COMMUNITY MEETINGS. TWO COMMUNITY MEETINGS WERE HELD IN 2021 TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN WHITE COUNTY - ONE ON APRIL 13 AND ANOTHER ON APRIL 19. SECONDARY DATA AND A PRELIMINARY LIST OF COMMUNITY HEALTH NEED PRIORITIES WAS PRESENTED AT BOTH MEETINGS. EACH GROUP WAS THEN ASKED QUESTIONS ABOUT THE PRELIMINARY LIST, INCLUDING THEIR REACTIONS, ADDITIONS TO THE PROPOSED NEEDS, THOUGHTS REGARDING THE CAUSES, IMPACTS OF THE COVID-19 PANDEMIC AND OTHERS. AFTER THESE DISCUSSIONS, PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO MAKE ADDITIONAL COMMENTS BEFORE BEING ASKED TO VOTE ON THE SIGNIFICANT NEEDS IN THE COUNTY. PARTICIPANTS WERE ASKED TO CHOOSE THREE TO FIVE SIGNIFICANT HEALTH NEEDS IN A POLL DURING THE MEETING UNTIL EACH GROUP WAS ABLE TO REACH SOME CONSENSUS REGARDING THE PRIORITY NEEDS. PRELIMINARY NEEDS IDENTIFIED INCLUDE A WIDE ARRAY OF TOPICS, INCLUDING TEEN BIRTHS, HIGH SCHOOL GRADUATION, ACCESS TO EXERCISE OPPORTUNITIES, ACCESS TO CARE (PRIMARY, DENTAL AND MENTAL HEALTH) AND A LACK OF SOCIAL ASSOCIATIONS AND ORGANIZATIONS. IN ADDITION TO THESE TOPICS, PARTICIPANTS FOCUSED DISCUSSION ON CHILD MENTAL HEALTH AND ADD ADVERSE CHILDHOOD EXPERIENCES (ACES), CHILD SEXUAL ABUSE, MENTAL HEALTH TRAINING, PRENATAL CARE, BIRTH CONTROL, TRANSPORTATION, SUBSTANCE ABUSE, ACCESSING CARE AND A LACK OF KNOWLEDGE AROUND AVAILABLE RESOURCES, HEALTH INSURANCE AND OTHERS. FROM THIS PROCESS, PARTICIPANTS FROM THE APRIL 13 COMMUNITY MEETING IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR WHITE COUNTY: *MENTAL HEALTH, INCLUDING YOUTH SUICIDE IDEATION AND ACCESS TO MENTAL HEALTH PROVIDERS *TRANSPORTATION *SUBSTANCE ABUSE *CHILD ABUSE AND ACES PARTICIPANTS FROM THE APRIL 16 COMMUNITY MEETING IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR WHITE COUNTY: *MENTAL HEALTH *SUBSTANCE ABUSE *TEEN BIRTHS IN DISCUSSING THE IMPACTS OF THE COVID-19 PANDEMIC ON HEALTH, PARTICIPANTS FOCUSED ON ISOLATION AND ITS IMPACTS ON MENTAL HEALTH, IMPACTS ON CHILD DEVELOPMENT AND LEARNING, INCREASED SUBSTANCE ABUSE AND A LACK OF PREVENTIVE CARE AS PEOPLE DID NOT GO TO PROVIDERS OUTSIDE OF EMERGENCIES. AN ADDITIONAL COMMUNITY SURVEY WAS ISSUED TO STAKEHOLDERS UNABLE TO ATTEND COMMUNITY MEETINGS, ASKING THEM TO IDENTIFY PRIORITY NEEDS. AMONG 19 RESPONSES, THE FOLLOWING ISSUES WERE IDENTIFIED AS THE MOST SIGNIFICANT: *MENTAL HEALTH *ACCESS TO HEALTHCARE SERVICES AND RESOURCES *SUBSTANCE ABUSE *TRANSPORTATION THE SURVEY ALSO ASKED ABOUT THE IMPACTS OF THE COVID-19 PANDEMIC. ISSUES MOST OFTEN SELECTED AS SIGNIFICANT IMPACTS INCLUDE: *SOCIAL ISOLATION AND LONELINESS *POVERTY *LACK OF ACCESS TO HEALTHCARE SERVICES *LEARNING AND DEVELOPMENT IMPACTS AMONG CHILDREN COMMUNITY MEETING AND SURVEY PARTICIPANTS INDIVIDUALS FROM A WIDE VARIETY OF ORGANIZATIONS AND COMMUNITIES PARTICIPATED IN COMMUNITY MEETINGS AND SURVEYS. PARTICIPANTS INCLUDED REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS: *BAUER FAMILY RESOURCES *CITY OF MONTICELLO *COMMUNITY FOUNDATION OF WHITE COUNTY *FOUR COUNTY *HEARTFORD HOUSE CHILD ADVOCACY CENTER *IU HEALTH

Return Reference - Identifier	Explanation
	*IU HEALTH QUALITY BOARD *IU HEALTH WHITE MEMORIAL HOSPITAL *INDIANA PROFESSIONAL MANAGEMENT GROUP (IPMG) *MENTAL HEALTH AMERICA *WABASH VALLEY REGION *MONTICELLO FIRE DEPARTMENT *MONTICELLO SPRING CORPORATION *MONTICELLO-UNION TOWNSHIP PUBLIC LIBRARY *NAMI WEST CENTRAL INDIANA *NORTH CENTRAL HEALTH SERVICES *NORTH CENTRAL NURSING CLINIC *NORTH WHITE SCHOOL CORPORATION *PURDUE EXTENSION WHITE COUNTY *PURDUE NORTH CENTRAL NURSING CLINICS *SAVING GRACE HARM REDUCTION *TERRA DRIVE SYSTEMS *TWIN LAKES SCHOOL CORPORATION *WHITE COUNTY GOVERNMENT *WHITE COUNTY BOYS AND GIRLS CLUB *WHITE COUNTY COUNCIL ON AGING *WHITE COUNTY ECONOMIC DEVELOPMENT *WHITE COUNTY HEALTH 4 ALL COALITION *WHITE COUNTY HEALTH DEPARTMENT *WHITE COUNTY SHERIFF'S OFFICE
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/COMMUNITY-BENEFIT

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: IU HEALTH WHITE MEMORIAL HOSPITAL DESCRIPTION: ALONG WITH THE CHNA, IU HEALTH WHITE MEMORIAL HOSPITAL'S BOARD ADOPTED AN IMPLEMENTATION STRATEGY IN APRIL 2022 IN RESPONSE TO THE 2021 CHNA. IU HEALTH WHITE MEMORIAL HOSPITAL, ALONG WITH COMMUNITY PARTNERS, PRIORITIZED AND DETERMINED WHICH OF THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA COULD BE ADEQUATELY ADDRESSED BY CURRENT OR FUTURE INITIATIVES, PROGRAMS, RESOURCES, AND COLLABORATIONS. THE 2022-2024 IMPLEMENTATION STRATEGY OUTLINES HOW IU HEALTH WHITE MEMORIAL HOSPITAL PLANS TO ADDRESS SIGNIFICANT NEEDS INCLUDING INITIATIVES, STRATEGIES, INTERNAL/EXTERNAL COLLABORATORS, ANTICIPATED IMPACT, AND HOSPITAL RESOURCES. SIGNIFICANT NEEDS HOSPITAL WILL ADDRESS BELOW IS THE PROGRESS OF THE IMPLEMENTATION STRATEGY BY SIGNIFICANT NEED AND ITS RESPECTIVE INITIATIVE(S). THE HOSPITAL IS ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024: ACCESS TO HEALTHCARE SERVICES; BEHAVIORAL HEALTH; MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING; AND SOCIAL DETERMINANTS OF HEALTH. ACCESS TO HEALTHCARE SERVICES ·SUPPORT MOBILE INTEGRATED HEALTH PROGRAM (MIH)/COMMUNITY PARAMEDICINE PROGRAM. IN 2023, THE MOBILE INTEGRATED HEALTH/COMMUNITY PARAMEDICINE PROGRAM PARTNERED WITH OTHER LOCAL HEALTH ORGANIZATIONS FOR PROGRAM REFERRALS. ·SUPPORT COMMUNITY MEMBERS ACCESSING HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITAL PROVIDES FINANCIAL ASSISTANCE TO PATIENTS EACH YEAR THAT INCLUDES DISCOUNTS, FULL CHARITY, AND PERSONAL HARDSHIP REDUCTIONS. IU HEALTH PATIENT FINANCIAL COUNSELORS ARE CERTIFIED INDIANA NAVIGATORS. THEY CAN ASSIST PATIENTS AND FAMILIES WITH INFORMATION AND HELP THEM WITH APPLICATIONS FOR VARIOUS HEALTH COVERAGE PROGRAMS. IN 2023, THE COUNSELORS SERVED 77 PEOPLE AT IU HEALTH WHITE MEMORIAL HOSPITAL. ·CREATE A PIPELINE, TARGETING YOUTH AND ADULTS, FOR FUTURE HEALTHCARE LEADERS TO ACCESS LOCAL OPPORTUNITIES. DURING 2023, IU HEALTH TEAM MEMBERS VISITED MULTIPLE LOCATIONS SPEAKING TO MORE THAN 100 INDIVIDUALS ABOUT HEALTHCARE CAREER PATHWAYS. ·PROVIDE IU HEALTH ARNETT PRIMARY CARE WALK-IN CLINIC IN MONTICELLO. IU HEALTH ARNETT PRIMARY CARE WALK-IN CLINIC COMPLETED 8,018 APPOINTMENTS IN 2023. ·LAUNCH INTEGRATED SOCIAL WORK INITIATIVE IN IU HEALTH CLINICAL SETTINGS. LAUNCHED INTEGRATED SOCIAL WORK INITIATIVE IN IU HEALTH OBSTETRIC OFFICE. INTEGRATED SOCIAL WORK (ISW) VIRTUALLY ASSISTS PROVIDERS AND PATIENTS WITH URGENT COMPLEX SITUATIONS SUCH AS ABUSE AND NEGLECT CONCERNS, DOMESTIC VIOLENCE, HOUSING INSECURITY AND SOCIAL BARRIERS TO CARE. THIS TEAM OF LICENSED SOCIAL WORKERS IS SKILLED IN ASSESSING AND IDENTIFYING SOCIAL DETERMINANTS OF HEALTH (SDOH), PROVIDING RESOURCES AND MAKING RECOMMENDATIONS THAT ARE UNIQUE TO THE PATIENT AND THEIR CIRCUMSTANCES. ISW PROVIDES URGENT MEDICAL SOCIAL WORK SERVICES THROUGH AN IPAD CART TO ALL PRIMARY CARE AND PEDIATRIC PRIMARY CARE CLINICS THROUGHOUT THE SYSTEM. THE SDOH SCREENER PRAPARE WAS LAUNCHED VIA TWISTLE IN 14 PRIMARY CARE CLINICS IN 2023. ISW PROVIDES RESOURCES AND SUPPORT TO PATIENTS WITH URGENT NEEDS IDENTIFIED IN THE SCREENER. THERE WERE 864 REFERRALS MADE TO ISW THAT INCLUDED PATIENTS SEEN IN THE WEST CENTRAL REGION WHICH INCLUDES IU HEALTH WHITE MEMORIAL. THIS PROGRAM IS FUNDED BY IU HEALTH, INC. BUT BENEFITS THE COMMUNITY SERVED BY IU HEALTH WHITE MEMORIAL. BEHAVIORAL HEALTH ·SUPPORT COMMUNITY ACCESS TO STRATEGIES TO PREVENT OPIOID OVERDOSE IN THE COMMUNITY. IU HEALTH TEAM MEMBERS PARTICIPATE IN THE WHITE COUNTY UNITED COUNCIL ON OPIOIDS, A LOCAL TASK FORCE THAT ADDRESS PREVENTION, TREATMENT AND RECOVERY RESOURCES IN WHITE COUNTY. IU HEALTH PROVIDED SPONSORSHIP AND ATTENDED THE WHITE COUNTY YOUTH SUMMIT WHERE WHITE COUNTY YOUTH DISCUSSED STRATEGIES ABOUT SUBSTANCE ABUSE IN WHITE COUNTY. ·FURTHER IMPLEMENT THE VIRTUAL CARE PEER RECOVERY COACHING PROGRAM (PROVIDES PATIENTS WHO HAVE SUBSTANCE USE CONCERNS WITH VIRTUAL BEHAVIORAL HEALTH SERVICES). THE VIRTUAL PEER RECOVERY COACH PROGRAM WAS DISCONTINUED IN FEBRUARY 2023 AS IU HEALTH CONTINUES TO ASSESS AND EVOLVE ITS BEHAVIORAL HEALTH SERVICES BASED ON THE NEEDS OF PATIENTS AND THE COMMUNITIES IT SERVES. SINCE 2018, THIS PROGRAM HAD SERVED 15 IU HEALTH AND TWO NON-IU HEALTH EMERGENCY DEPARTMENT PATIENTS STRUGGLING WITH SUBSTANCE USE DISORDER THROUGH SUPPORT TO AID IN RECOVERY. IU HEALTH CONTINUES TO SERVE PATIENTS WITH A NEED FOR THIS SERVICE THROUGH THE VIRTUAL BEHAVIORAL HEALTH TEAM. ·DEVELOP HOSPITAL AND COMMUNITY INFRASTRUCTURE FOR CRISIS CARE TO SUPPORT COMMUNITY MEMBERS WITH BEHAVIORAL HEALTH CONCERNS. IN 2023, IU HEALTH AWARDED ONE COMMUNITY-BASED ORGANIZATION FUNDING TO HOST #WOW TALK TEEN CAFE'S TO ADDRESS THE YOUTH MENTAL HEALTH CRISIS HAPPENING IN OUR REGION. ·FURTHER IMPLEMENT EMERGENCY DEPARTMENT (ED) VIRTUAL CARE PROGRAM (PROVIDES PATIENTS VIRTUAL ACCESS TO BEHAVIORAL HEALTH SERVICES). VIRTUAL INTEGRATED BEHAVIORAL HEALTH (VIBH) EXPANDED BEHAVIORAL HEALTH ACCESS TO PATIENTS AND PROVIDERS ACROSS THE STATE. VIBH PROVIDED URGENT PSYCHIATRIC ASSESSMENT FOR PATIENTS EXPERIENCING BEHAVIORAL HEALTH CRISES, SUCH AS SUICIDAL IDEATION, HOMICIDAL IDEATION, PSYCHOSIS, AND SUBSTANCE ABUSE DISORDERS. A TEAM OF BEHAVIORAL HEALTH PROFESSIONALS PROVIDED CONSULTATION THROUGH IPAD CARTS LOCATED IN EMERGENCY DEPARTMENTS, URGENT CARE, AND AMBULATORY CARE LOCATIONS. IN 2023, THERE WERE OVER 11,000 VISITS OF WHICH 1,942 VISITS INCLUDED PATIENTS SEEKING CARE AT IU HEALTH ARNETT, FRANKFORT, AND WHITE MEMORIAL EMERGENCY DEPARTMENTS AND IU HEALTH PHYSICIANS AMBULATORY CLINICS. VIBH ALSO PROVIDED BRIEF BEHAVIORAL HEALTH THERAPY AND CONSULTATION FOR MEDICATION MANAGEMENT TO PRIMARY CARE PATIENTS AGED 18 AND OLDER EXPERIENCING DEPRESSION, ANXIETY, AND OTHER MOOD DISORDERS. A TEAM OF BEHAVIORAL HEALTH PROFESSIONALS PROVIDED PROBLEM SOLVING TREATMENT, COGNITIVE BEHAVIORAL THERAPY, AND OTHER EVIDENCE-BASED INTERVENTIONS. IN 2023, THERE WERE OVER 6,000 VISITS OF WHICH 2,248 WERE PROVIDED TO PATIENTS SEEKING HELP THROUGH IU HEALTH PHYSICIANS AMBULATORY CLINICS.

Return Reference - Identifier	Explanation
	·PROVIDE COMPREHENSIVE SUICIDE PREVENTION THROUGH THE ZERO SUICIDE INITIATIVE. FOLLOWING A YEAR OF PAUSE, IU HEALTH'S ZERO SUICIDE PROGRAM RELAUNCHED UNDER A NEW MODEL IN NOVEMBER 2023. THE PROGRAM IS NOW LIVE IN ALL 92 IU HEALTH PRIMARY CARE PRACTICES AROUND THE STATE (INCLUDING THOSE LOCATED IN IU HEALTH WHITE MEMORIAL HOSPITAL'S DEFINED COMMUNITY), AS WELL AS IN THE BLOOMINGTON EMERGENCY DEPARTMENT. AFTER GOING LIVE, SIX PATIENTS WERE ENROLLED IN THE PROGRAM BY THE END OF 2023 (2 IU HEALTH PHYSICIANS, 2 SOUTH CENTRAL REGION, 2 WEST CENTRAL REGION (THIS REGION INCLUDES IU HEALTH WHITE MEMORIAL HOSPITAL). THERE WERE 316,162 PATIENTS SCREENED FOR SUICIDAL IDEATION, AND IU HEALTH TEAM MEMBERS COMPLETED 10,353 TRAININGS ON SUICIDE PREVENTION OVER THE COURSE OF 2023. VIRTUAL INTEGRATED BEHAVIORAL HEALTH (VIBH) EXPANDED BEHAVIORAL HEALTH ACCESS TO PATIENTS AND PROVIDERS ACROSS THE STATE. VIBH PROVIDED URGENT PSYCHIATRIC ASSESSMENT FOR PATIENTS EXPERIENCING BEHAVIORAL HEALTH CRISES, SUCH AS SUICIDAL IDEATION, HOMICIDAL IDEATION, PSYCHOSIS, AND SUBSTANCE ABUSE DISORDERS. A TEAM OF BEHAVIORAL HEALTH PROFESSIONALS PROVIDED CONSULTATION THROUGH IPAD CARTS LOCATED IN EMERGENCY DEPARTMENTS, URGENT CARE, AND AMBULATORY CARE LOCATIONS. IN 2023, THERE WERE OVER 11,000 VISITS OF WHICH 1,093 VISITS INCLUDED PATIENTS SEEKING CARE AT IU HEALTH METHODIST AND RILEY EMERGENCY DEPARTMENTS AND IU HEALTH PHYSICIANS AMBULATORY CLINICS. VIBH ALSO PROVIDED BRIEF BEHAVIORAL HEALTH THERAPY AND CONSULTATION FOR MEDICATION MANAGEMENT TO PRIMARY CARE PATIENTS AGED 18 AND OLDER EXPERIENCING DEPRESSION, ANXIETY, AND OTHER MOOD DISORDERS. A TEAM OF BEHAVIORAL HEALTH PROFESSIONALS PROVIDED PROBLEM SOLVING TREATMENT, COGNITIVE BEHAVIORAL THERAPY, AND OTHER EVIDENCE-BASED INTERVENTIONS. IN 2023, THERE WERE OVER 6,000 VISITS OF WHICH 2,248 WERE PROVIDED TO PATIENTS SEEKING HELP THROUGH IU HEALTH PHYSICIANS AMBULATORY CLINICS. THE VIRTUAL PEER RECOVERY COACH PROGRAM WAS DISCONTINUED IN FEBRUARY 2023 AS IU HEALTH CONTINUES TO ASSESS AND EVOLVE ITS BEHAVIORAL HEALTH SERVICES BASED ON THE NEEDS OF PATIENTS AND THE COMMUNITIES IT SERVES. SINCE 2018, THIS PROGRAM HAD SERVED 15 IU HEALTH AND TWO NON-IU HEALTH EMERGENCY DEPARTMENT PATIENTS STRUGGLING WITH SUBSTANCE USE DISORDER THROUGH SUPPORT TO AID IN RECOVERY. IU HEALTH CONTINUES TO SERVE PATIENTS WITH A NEED FOR THIS SERVICE THROUGH THE VIRTUAL BEHAVIORAL HEALTH TEAM.
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: IU HEALTH WHITE MEMORIAL HOSPITAL (CONTINUED) DESCRIPTION: MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING ·PROVIDE SUPPORT AND EXPERTISE TO THE FETAL INFANT MORTALITY REVIEW TEAM. THE FETAL INFANT MORTALITY REVIEW TEAM NO LONGER REVIEWS CASES FROM WHITE COUNTY. ·SUPPORT THE WHITE/CARROLL COUNTY SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM. IN 2023, THE WHITE COUNTY WIC PROGRAM SERVED APPROXIMATELY 1,186 CLIENTS. DURING WORLD BREASTFEEDING WEEK, THEY HOSTED AN EVENT AND DISTRIBUTED EDUCATIONAL INFORMATION AND IU HEALTH DRAWSTRING BAGS TO APPROXIMATELY 38 PEOPLE. ·PROVIDE INCREASED ACCESS TO LOCAL HEALTHCARE SERVICES. IU HEALTH WHITE MEMORIAL SERVED 449 OBGYN PATIENTS IN 2023. IU HEALTH SUPPORTS THE WHITE COUNTY MOBILE INTEGRATED HEALTH PROGRAM DELIVERED BY THE MONTICELLO FIRE DEPARTMENT. IN 2022, THE MIH PROGRAM RECEIVED ADDITIONAL FUNDING TO ADD A MATERNAL HEALTH SPECIALIST TO THEIR TEAM WITH THEIR PROGRAM BEING NAMED PROJECT SPROUT. IN 2023, PROJECT SPROUT PARTNERED WITH THE WHITE COUNTY WIC PROGRAM TO PROVIDE 10 CAR SEAT CHECKS, INCLUDING 3 NEW SEATS THAT WERE DISTRIBUTED. IU HEALTH PROVIDED HOT/COLD PACKS FOR THE 30 WHITE COUNTY MOTHERS THAT ATTENDED THE COMMUNITY BABY SHOWER. ·DISTRIBUTE SAFE SLEEP EDUCATION IN THE COMMUNITY. PROJECT SPROUT OFFERS SAFE SLEEP EDUCATION TO PROGRAM PARTICIPANTS. SOCIAL DETERMINANTS OF HEALTH ·PROVIDE FISCAL SUPPORT TO ORGANIZATIONS ADDRESSING SOCIAL DETERMINANTS OF HEALTH. IN 2023, THE IU HEALTH COMMUNITY OUTREACH AND ENGAGEMENT COMMITTEE PROVIDED FUNDING TO SPONSOR THE WHITE COUNTY UNITED WAY TO SUPPORT THE ANNUAL WHITE COUNTY YOUTH SUMMIT. IU HEALTH ALSO WAS REPRESENTED BY BEING A FACILITATOR FOR CONVERSATIONS WITH THE YOUTH. ·ESTABLISH STRATEGIC COLLABORATIVE RELATIONSHIPS WITH LOCAL COMMUNITY-BASED ORGANIZATIONS ADDRESSING SOCIAL DETERMINANTS OF HEALTH. IU HEALTH HAS COORDINATED SERVICE PROJECTS WITH LOCAL ORGANIZATIONS TO PROVIDE BLANKETS FOR PEOPLE IN NEED AS WELL AS HOSTING FOOD DONATION DRIVES TO SUPPORT THE LOCAL FOOD PANTRY. ·SUPPORT CAREER PATHWAY DEVELOPMENT PROGRAM. DURING 2023, IU HEALTH TEAM MEMBERS VISITED MULTIPLE LOCATIONS SPEAKING TO MORE THAN 100 INDIVIDUALS ABOUT HEALTHCARE CAREER PATHWAYS. ·SUPPORT THE BRIDGING THE GAP. THE BRIDGING THE GAP PROGRAM WAS PAUSED DUE TO SYSTEM LEVEL INITIATIVES AROUND LANGUAGE SERVICES, BUT EXPECTED TO BE A PRIORITY IN 2024. SIGNIFICANT NEEDS HOSPITAL WILL NOT ADDRESS IU HEALTH WHITE MEMORIAL HOSPITAL ADDRESSED ALL THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2021 COMMUNITY HEALTH NEEDS ASSESSMENT.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE	FACILITY NAME: IU HEALTH WHITE MEMORIAL HOSPITAL DESCRIPTION: IN ADDITION TO FPG, IU HEALTH WHITE MEMORIAL HOSPITAL MAY TAKE INTO CONSIDERATION A PATIENT'S INCOME AND/OR ABILITY TO PAY IN CALCULATION OF A FINANCIAL ASSISTANCE AWARD.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE	FACILITY NAME: IU HEALTH WHITE MEMORIAL HOSPITAL DESCRIPTION: IU HEALTH WHITE MEMORIAL HOSPITAL TAKES INTO CONSIDERATION SEVERAL OTHER FACTORS IN DETERMINING PATIENT ELIGIBILITY FOR FINANCIAL ASSISTANCE. THESE FACTORS INCLUDE THE FOLLOWING: 1. ELIGIBILITY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP IN ORDER TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY, A PATIENT OR GUARANTOR MUST: - SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION WITH ALL SUPPORTING DOCUMENTATION AND BE APPROVED IN ACCORDANCE WITH THIS POLICY; - BE AN INDIANA RESIDENT AS DEFINED IN THIS POLICY; AND - IF UNINSURED, CONSULT WITH A MEMBER OF IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT TO DETERMINE IF HEALTH CARE COVERAGE MAY BE OBTAINED FROM A GOVERNMENT INSURANCE OR ASSISTANCE PRODUCT, THE HEALTH INSURANCE MARKETPLACE, OR FROM ANY OTHER SOURCE OF COVERAGE. FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP IS ONLY AVAILABLE FOR ENCOUNTERS WHERE CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY. 2. FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP THE FPL INCOME THRESHOLD UNDER THIS SECTION IS AS FOLLOWS: -IF ONE OR MORE ADULTS AND ZERO DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 200%. -IF TWO OR MORE ADULTS AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 250%. -IF ONE ADULT AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 300%. IN SOME INSTANCES, AN ADULT WILL ALSO QUALIFY AS A DEPENDENT. WHEN THIS OCCURS, IU HEALTH WILL TREAT THE ADULT AS A DEPENDENT FOR PURPOSES OF THE FPL CALCULATION. IU HEALTH WILL UTILIZE THE MOST RECENT FPL DATA AVAILABLE AND WILL APPLY THE FPL DATA TO A PATIENT OR GUARANTOR'S ACCOUNT BALANCE BASED UPON THE CALENDAR DATE A COMPLETED FINANCIAL ASSISTANCE APPLICATION WAS RECEIVED, NOT A PATIENT'S DATE OF SERVICE. AN UNINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF GROSS CHARGES IF APPROVED. AN UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF PATIENT RESPONSIBILITY IF APPROVED. 3. FINANCIAL ASSISTANCE DUE TO PERSONAL HARDSHIP AN UNINSURED OR UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS ABOVE THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE IF THE PATIENT'S OUTSTANDING PATIENT RESPONSIBILITY EXCEEDS 20% OF THE PATIENT'S OR THEIR GUARANTOR'S ANNUAL HOUSEHOLD INCOME. -IF APPROVED, THE PATIENT'S BALANCE WILL BE REDUCED TO 20% OF THE PATIENT OR GUARANTOR'S ANNUAL HOUSEHOLD INCOME OR THE AMOUNTS GENERALLY BILLED, WHICHEVER IS LESS. -IU HEALTH WILL WORK WITH THE PATIENT OR GUARANTOR TO IDENTIFY A REASONABLE PAYMENT PLAN ON THE REMAINDER OF THE BALANCE. 4. ELIGIBILITY PERIOD IF APPROVED FOR FINANCIAL ASSISTANCE BY IU HEALTH, THE PATIENT WILL BE GUARANTEED FINANCIAL ASSISTANCE FOR TREATMENT RELATED TO THE UNDERLYING CONDITION, FOR WHICH THE PATIENT WAS ORIGINALLY SCREENED AND APPROVED, THROUGH THE REMAINDER OF THE CALENDAR YEAR. AS A CONDITION OF EXTENDING THE ON-GOING FINANCIAL ASSISTANCE, THE PATIENT MUST COMPLY WITH REQUESTS FROM IU HEALTH TO VERIFY THAT THE PATIENT CONTINUES TO MEET THE CONDITIONS FOR QUALIFICATION. 5. APPEALS AND ASSISTANCE GRANTED BY THE FINANCIAL ASSISTANCE COMMITTEE THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW AND MAKE DETERMINATIONS ON ALL REQUESTS FOR APPEALS RELATED TO FINANCIAL ASSISTANCE. IF A PATIENT OR GUARANTOR SEEKS TO APPEAL A FINANCIAL ASSISTANCE DETERMINATION, A WRITTEN REQUEST MUST BE SUBMITTED, ALONG WITH THE SUPPORTING DOCUMENTATION. THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW REQUESTS FOR AND MAY GRANT ADDITIONAL FINANCIAL ASSISTANCE, INCLUDING BUT NOT LIMITED TO, THE FOLLOWING: -ASSISTANCE TO PATIENTS WHO ARE SEEKING TREATMENT THAT CAN ONLY BE PROVIDED IN INDIANA BY IU HEALTH OR WHO WOULD BENEFIT FROM CONTINUED MEDICAL SERVICES FROM IU HEALTH FOR CONTINUITY OF CARE; -CARE APPROVED BY THE IU HEALTH CHIEF MEDICAL OFFICER (CMO) OR THE CHIEF EXECUTIVE OFFICER (CEO) OR CMO OF AN IU HEALTH FACILITY OR REGION, INCLUDING MEDICALLY NECESSARY NON-ELECTIVE SERVICES FOR WHICH NO PAYMENT SOURCE CAN BE IDENTIFIED; -CARE PROVIDED WHEN IT IS KNOWN NO PAYMENT SOURCE EXISTS; -INTERNATIONAL HUMANITARIAN AID; AND -OTHER CARE IDENTIFIED BY THE FINANCIAL ASSISTANCE COMMITTEE THAT FULFILLS THE IU HEALTH MISSION.

Return Reference - Identifier	Explanation
	ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL. 6. PRESUMPTIVE ELIGIBILITY NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION. IU HEALTH WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY: -MEDICAID (ANY STATE) -INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES -HEALTHY INDIANA PLAN -PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) -A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. IU HEALTH WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES: -IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. -IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. -IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH. 7. EXHAUSTION OF ALTERNATE SOURCES OF ASSISTANCE PATIENTS MUST EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY INCLUDING, BUT NOT LIMITED TO, MEDICAID. PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE HEALTH INSURANCE POLICY MUST EXHAUST ALL INSURANCE BENEFITS. -THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. -IU HEALTH MAY REQUEST PATIENTS SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THE APPROPRIATE INSURANCE PROVIDER BEFORE AWARDING FINANCIAL ASSISTANCE. ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH FACILITY AS A RESULT OF AN INJURY PROXIMATELY CAUSED BY A THIRD PARTY, AND LATER RECEIVE A MONETARY SETTLEMENT OR AWARD FROM SAID THIRD PARTY, MAY RECEIVE FINANCIAL ASSISTANCE FOR ANY OUTSTANDING BALANCE NOT COVERED BY THE SETTLEMENT OR AWARD. IN THE EVENT FINANCIAL ASSISTANCE HAS ALREADY BEEN GRANTED IN THE ABOVE CIRCUMSTANCES, IU HEALTH RESERVES THE RIGHT TO REVERSE THE FINANCIAL ASSISTANCE DETERMINATION IN AN AMOUNT EQUAL TO THE AMOUNT IU HEALTH WOULD BE ENTITLED TO RECEIVE HAD NO FINANCIAL ASSISTANCE BEEN AWARDED. 8. PATIENT ASSETS THERE ARE SITUATIONS WHERE A PATIENT OR THEIR GUARANTOR MAY HAVE SIGNIFICANT INCOME OR ASSETS AVAILABLE TO PAY FOR HEALTHCARE SERVICES SUCH AS A LEGAL SETTLEMENT. THE FINANCIAL ASSISTANCE COMMITTEE MAY EVALUATE THE INCOME OR ASSETS IN DETERMINING FINANCIAL HARDSHIP. IU HEALTH MAY REQUIRE A LIST OF ALL PROPERTY OWNED BY THE PATIENT OR GUARANTOR AND ADJUST A FINANCIAL ASSISTANCE DETERMINATION AS A RESULT.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	FACILITY NAME: IU HEALTH WHITE MEMORIAL HOSPITAL DESCRIPTION: IU HEALTH WHITE MEMORIAL HOSPITAL TAKES SEVERAL OTHER MEASURES TO BROADLY PUBLICIZE ITS FAP WITHIN THE COMMUNITY. THESE MEASURES INCLUDE THE FOLLOWING: 1.POST THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION ON ITS WEBSITE. 2.PROVIDE PATIENTS WITH A PLAIN LANGUAGE SUMMARY OF THIS POLICY DURING REGISTRATION AND/OR DISCHARGE. 3.POST CONSPICUOUS DISPLAYS 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. 4.INCLUDE A CONSPICUOUS WRITTEN NOTICE ON ALL PATIENT POST-DISCHARGE BILLING STATEMENTS NOTIFYING THE PATIENT ABOUT THIS POLICY AND THE TELEPHONE NUMBER OF THE CUSTOMER SERVICE DEPARTMENT WHICH CAN ASSIST PATIENTS WITH QUESTIONS REGARDING THIS POLICY. 5.MAKE AVAILABLE CUSTOMER SERVICE REPRESENTATIVES VIA TELEPHONE DURING NORMAL BUSINESS HOURS. 6.MAIL COPIES OF THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND A FINANCIAL ASSISTANCE APPLICATION TO PATIENTS OR THEIR GUARANTOR FREE OF CHARGE UPON REQUEST. 7.BROADLY COMMUNICATE THIS POLICY AS A PART OF ITS GENERAL OUTREACH EFFORTS. 8.EDUCATE PATIENT-FACING TEAM MEMBERS ON THIS POLICY AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

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? 3

Name and address	Type of facility (describe)
1 IU HEALTH WHITE MEMORIAL HOSPITAL REHABILITATION 720 S. 6TH ST. MONTICELLO, IN 47960	REHABILITATION SERVICES
2 IU HEALTH WHITE MEMORIAL HOSPITAL RADIOLOGY 720 S. 6TH ST. MONTICELLO, IN 47960	RADIOLOGY
3 IU HEALTH WHITE MEMORIAL HOSPITAL LAB 720 S. 6TH ST. MONTICELLO, IN 47960	LAB
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; 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 needs assessments 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - CRITERIA USED FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE	IU HEALTH WHITE MEMORIAL HOSPITAL USES SEVERAL FACTORS OTHER THAN FEDERAL POVERTY GUIDELINES ("FPG") IN DETERMINING ELIGIBILITY FOR FREE CARE UNDER ITS FAP. THESE FACTORS INCLUDE THE FOLLOWING: 1. ELIGIBILITY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP IN ORDER TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY, A PATIENT OR GUARANTOR MUST: - SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION WITH ALL SUPPORTING DOCUMENTATION AND BE APPROVED IN ACCORDANCE WITH THIS POLICY; - BE AN INDIANA RESIDENT AS DEFINED IN THIS POLICY; AND - IF UNINSURED, CONSULT WITH A MEMBER OF IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT TO DETERMINE IF HEALTH CARE COVERAGE MAY BE OBTAINED FROM A GOVERNMENT INSURANCE OR ASSISTANCE PRODUCT, THE HEALTH INSURANCE MARKETPLACE, OR FROM ANY OTHER SOURCE OF COVERAGE. FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP IS ONLY AVAILABLE FOR ENCOUNTERS WHERE CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY. 2. FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP THE FPL INCOME THRESHOLD UNDER THIS SECTION IS AS FOLLOWS: -IF ONE OR MORE ADULTS AND ZERO DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 200%. -IF TWO OR MORE ADULTS AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 250%. -IF ONE ADULT AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 300%. IN SOME INSTANCES, AN ADULT WILL ALSO QUALIFY AS A DEPENDENT. WHEN THIS OCCURS, IU HEALTH WHITE MEMORIAL HOSPITAL WILL TREAT THE ADULT AS A DEPENDENT FOR PURPOSES OF THE FPL CALCULATION. IU HEALTH WHITE MEMORIAL HOSPITAL WILL UTILIZE THE MOST RECENT FPL DATA AVAILABLE AND WILL APPLY THE FPL DATA TO A PATIENT OR GUARANTOR'S ACCOUNT BALANCE BASED UPON THE CALENDAR DATE A COMPLETED FINANCIAL ASSISTANCE APPLICATION WAS RECEIVED, NOT A PATIENT'S DATE OF SERVICE. AN UNINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF GROSS CHARGES IF APPROVED. AN UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF PATIENT RESPONSIBILITY IF APPROVED. 3. FINANCIAL ASSISTANCE DUE TO PERSONAL HARDSHIP AN UNINSURED OR UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS ABOVE THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE IF THE PATIENT'S OUTSTANDING PATIENT RESPONSIBILITY EXCEEDS 20% OF THE PATIENT'S OR THEIR GUARANTOR'S ANNUAL HOUSEHOLD INCOME. -IF APPROVED, THE PATIENT'S BALANCE WILL BE REDUCED TO 20% OF THE PATIENT OR GUARANTOR'S ANNUAL HOUSEHOLD INCOME OR THE AMOUNTS GENERALLY BILLED, WHICHEVER IS LESS. -IU HEALTH WHITE MEMORIAL HOSPITAL WILL WORK WITH THE PATIENT OR GUARANTOR TO IDENTIFY A REASONABLE PAYMENT PLAN ON THE REMAINDER OF THE BALANCE. 4. ELIGIBILITY PERIOD IF APPROVED FOR FINANCIAL ASSISTANCE BY IU HEALTH WHITE MEMORIAL HOSPITAL, THE PATIENT WILL BE GUARANTEED FINANCIAL ASSISTANCE FOR TREATMENT RELATED TO THE UNDERLYING CONDITION, FOR WHICH THE PATIENT WAS ORIGINALLY SCREENED AND APPROVED, THROUGH THE REMAINDER OF THE CALENDAR YEAR. AS A CONDITION OF EXTENDING THE ON-GOING FINANCIAL ASSISTANCE, THE PATIENT MUST COMPLY WITH REQUESTS FROM IU HEALTH WHITE MEMORIAL HOSPITAL TO VERIFY THAT THE PATIENT CONTINUES TO MEET THE CONDITIONS FOR QUALIFICATION. 5. APPEALS AND ASSISTANCE GRANTED BY THE FINANCIAL ASSISTANCE COMMITTEE THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW AND MAKE DETERMINATIONS ON ALL REQUESTS FOR APPEALS RELATED TO FINANCIAL ASSISTANCE. IF A PATIENT OR GUARANTOR SEEKS TO APPEAL A FINANCIAL ASSISTANCE DETERMINATION, A WRITTEN REQUEST MUST BE SUBMITTED, ALONG WITH THE SUPPORTING DOCUMENTATION. THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW REQUESTS FOR AND MAY GRANT ADDITIONAL FINANCIAL ASSISTANCE, INCLUDING BUT NOT LIMITED TO, THE FOLLOWING: -ASSISTANCE TO PATIENTS WHO ARE SEEKING TREATMENT THAT CAN ONLY BE PROVIDED IN INDIANA BY IU HEALTH OR WHO WOULD BENEFIT FROM CONTINUED MEDICAL SERVICES FROM IU HEALTH FOR

Return Reference - Identifier	Explanation
	CONTINUITY OF CARE; -CARE APPROVED BY THE IU HEALTH CHIEF MEDICAL OFFICER (CMO) OR THE CHIEF EXECUTIVE OFFICER (CEO) OR CMO OF AN IU HEALTH FACILITY OR REGION, INCLUDING MEDICALLY NECESSARY NON-ELECTIVE SERVICES FOR WHICH NO PAYMENT SOURCE CAN BE IDENTIFIED; -CARE PROVIDED WHEN IT IS KNOWN NO PAYMENT SOURCE EXISTS; -INTERNATIONAL HUMANITARIAN AID; AND -OTHER CARE IDENTIFIED BY THE FINANCIAL ASSISTANCE COMMITTEE THAT FULFILLS THE IU HEALTH MISSION. ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL. 6. PRESUMPTIVE ELIGIBILITY NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION. IU HEALTH WHITE MEMORIAL HOSPITAL WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY: -MEDICAID (ANY STATE) -INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES -HEALTHY INDIANA PLAN -PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) -A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. IU HEALTH WHITE MEMORIAL HOSPITAL WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES: -IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. -IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. -IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH. 7. EXHAUSTION OF ALTERNATE SOURCES OF ASSISTANCE PATIENTS MUST EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY INCLUDING, BUT NOT LIMITED TO, MEDICAID. PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE HEALTH INSURANCE POLICY MUST EXHAUST ALL INSURANCE BENEFITS. -THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. -IU HEALTH MAY REQUEST PATIENTS SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THE APPROPRIATE INSURANCE PROVIDER BEFORE AWARDING FINANCIAL ASSISTANCE. ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH FACILITY AS A RESULT OF AN INJURY PROXIMATELY CAUSED BY A THIRD PARTY, AND LATER RECEIVE A MONETARY SETTLEMENT OR AWARD FROM SAID THIRD PARTY, MAY RECEIVE FINANCIAL ASSISTANCE FOR ANY OUTSTANDING BALANCE NOT COVERED BY THE SETTLEMENT OR AWARD. IN THE EVENT FINANCIAL ASSISTANCE HAS ALREADY BEEN GRANTED IN THE ABOVE CIRCUMSTANCES, IU HEALTH RESERVES THE RIGHT TO REVERSE THE FINANCIAL ASSISTANCE DETERMINATION IN AN AMOUNT EQUAL TO THE AMOUNT IU HEALTH WOULD BE ENTITLED TO RECEIVE HAD NO FINANCIAL ASSISTANCE BEEN AWARDED. 8. PATIENT ASSETS THERE ARE SITUATIONS WHERE A PATIENT OR THEIR GUARANTOR MAY HAVE SIGNIFICANT INCOME OR ASSETS AVAILABLE TO PAY FOR HEALTHCARE SERVICES SUCH AS A LEGAL SETTLEMENT. THE FINANCIAL ASSISTANCE COMMITTEE MAY EVALUATE THE INCOME OR ASSETS IN DETERMINING FINANCIAL HARDSHIP.
SCHEDULE H, PART I, LINE 6A - C.B REPORT PREPARED BY A RELATED ORG	IU HEALTH WHITE MEMORIAL 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. THE IU HEALTH COMMUNITY BENEFIT REPORT IS MADE AVAILABLE TO THE PUBLIC ON IU HEALTH'S WEBSITE AT HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY. 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.
SCHEDULE H, PART I, LINE 7C - 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 22.98%%.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	3,604,654
SCHEDULE H, PART I, LINE 7F - PERCENT OF TOTAL 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 $3,604,654.
SCHEDULE H, PART I, LINE 7G - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC	IU HEALTH WHITE INCLUDES COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES, BUT IS NOT ABLE TO SEGREGATE THE COSTS ASSOCIATED WITH PHYSICIAN CLINICS.

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SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED	IU HEALTH WHITE MEMORIAL HOSPITAL SUPPORTS AND/OR PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE NON-MEDICAL, ROOT CAUSES OF HEALTH PROBLEMS IN THE COMMUNITIES IT SERVES. IU HEALTH WHITE MEMORIAL HOSPITAL AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM") INVESTMENTS INCLUDE ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, WORKFORCE DEVELOPMENT OPPORTUNITIES, COLLABORATE WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCATE FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS. SOME OF THESE ACTIVITIES MEET THE DEFINITION OF COMMUNITY BENEFIT AND HAVE BEEN REPORTED AS SUCH. IN 2023, IU HEALTH WHITE MEMORIAL HOSPITAL SUPPORTED THE FOLLOWING COMMUNITY BUILDING ACTIVITIES TO PROMOTE THE HEALTH OF THE COMMUNITY: COMMUNITY SUPPORT: IU HEALTH WHITE MEMORIAL HOSPITAL ADMINISTRATORS PROVIDED FIVE $1,000 SCHOLARSHIPS TO LOCAL HIGH SCHOOL STUDENTS TOTALLY TO $5,000. COALITION BUILDING: IU HEALTH WHITE MEMORIAL HOSPITAL STAFF PROVIDED HOSPITAL REPRESENTATION AND EXPERTISE BY PARTICIPATING IN THE LOCAL UNITED COUNCIL ON OPIOIDS, WHITE COUNTY CCB MEETING THROUGH FSSA, AND THE WHITE COUNTY HEALTH 4 ALL COALITION AND GENERAL COMMUNITY MEETINGS.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	METHODOLOGY USED TO EST. BAD DEBT EXP. 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 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	IU HEALTH WHITE MEMORIAL HOSPITAL WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY: 1.MEDICAID (ANY STATE) 2.INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES 3.HEALTHY INDIANA PLAN 4.PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) 5.A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION. IU HEALTH WHITE MEMORIAL HOSPITAL WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES: A)IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. B)IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. C)IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH. DUE TO THIS COMPREHENSIVE METHODOLOGY, IU HEALTH WHITE MEMORIAL HOSPITAL DOES NOT BELIEVE ANY AMOUNT OF BAD DEBT IS ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY AND NO PORTION OF BAD DEBT IS INCLUDED AS COMMUNITY BENEFIT.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	IU HEALTH'S CONSOLIDATED FINANCIAL STATEMENTS, FOOTNOTE 5, ADDRESSES BAD DEBT EXPENSE AS FOLLOWS: THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT REQUIRE COLLATERAL OR OTHER SECURITY FROM ITS PATIENTS, SUBSTANTIALLY ALL OF WHOM ARE RESIDENTS OF THE STATE, FOR THE DELIVERY OF HEALTH CARE SERVICES. HOWEVER, CONSISTENT WITH INDUSTRY PRACTICE, THE INDIANA UNIVERSITY HEALTH SYSTEM ROUTINELY OBTAINS ASSIGNMENT OF (OR IS OTHERWISE ENTITLED TO RECEIVE) PATIENTS' BENEFITS PAYABLE UNDER THEIR HEALTH INSURANCE PROGRAMS, PLANS, OR POLICIES (E.G., MEDICARE, MEDICAID, MANAGED CARE PAYERS, AND COMMERCIAL INSURANCE POLICIES). THE INDIANA UNIVERSITY HEALTH SYSTEM USES A PORTFOLIO APPROACH TO ACCOUNT FOR CATEGORIES OF PATIENT CONTRACTS AS A COLLECTIVE GROUP, RATHER THAN RECOGNIZING REVENUE ON AN INDIVIDUAL CONTRACT BASIS. THE PORTFOLIOS CONSIST OF MAJOR PAYER CLASSES FOR INPATIENT REVENUE AND OUTPATIENT REVENUE. BASED ON THE HISTORICAL COLLECTION TRENDS AND OTHER ANALYSIS, THE INDIANA UNIVERSITY HEALTH SYSTEM BELIEVES THAT REVENUE RECOGNIZED BY UTILIZING THE PORTFOLIO APPROACH APPROXIMATES THE REVENUE THAT WOULD HAVE BEEN RECOGNIZED IF AN INDIVIDUAL CONTRACT APPROACH WERE USED. IN SUPPORT OF ITS MISSION, THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES CARE TO UNINSURED AND UNDERINSURED PATIENTS. THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES CHARITY CARE TO PATIENTS WHO LACK THE FINANCIAL RESOURCES TO PAY FOR THEIR MEDICAL CARE. FINANCIAL ASSISTANCE IS AVAILABLE TO QUALIFYING UNINSURED AND UNDERINSURED PATIENTS RECEIVING CARE AT AN INDIANA UNIVERSITY HEALTH SYSTEM HOSPITAL LOCATION. UNDER ITS FINANCIAL ASSISTANCE POLICY, THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES MEDICALLY NECESSARY CARE TO UNINSURED PATIENTS. FINANCIAL ASSISTANCE UP TO THE FULL AMOUNT OF PATIENT FINANCIAL RESPONSIBILITY IS AVAILABLE FOR UNINSURED AND UNDERINSURED PATIENTS RECEIVING CARE VIA THE EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL. THE FEDERAL POVERTY LEVEL (FPL) THRESHOLDS ARE USED WHEN A PATIENT APPLIES FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP. IN DETERMINING THE LEVEL OF FINANCIAL ASSISTANCE BASED ON HOUSEHOLD MAKEUP, SINGLE PERSON HOUSEHOLDS WITHOUT DEPENDENTS ARE ELIGIBLE FOR ASSISTANCE IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 200% FPL, TWO ADULTS AND AT LEAST ONE DEPENDENT ARE ELIGIBLE IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 250% FPL, AND HOUSEHOLDS WITH ONE ADULT AND AT LEAST ONE DEPENDENT ARE ELIGIBLE IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 300% FPL. QUALIFYING INDIVIDUALS WITH MEDICAL BILLS TOTALING MORE THAN 20% OF ANNUAL HOUSEHOLD INCOME, REGARDLESS OF FPL, QUALIFY FOR CATASTROPHIC ASSISTANCE AND ARE ELIGIBLE FOR A REDUCTION IN PATIENT FINANCIAL RESPONSIBILITY TO 5% OF ANNUAL HOUSEHOLD INCOME OR AMOUNTS GENERALLY BILLED, WHICHEVER IS LESS. SINCE THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT PURSUE COLLECTION OF THESE AMOUNTS, THE DISCOUNTED AMOUNTS ARE NOT REPORTED AS PATIENT SERVICE REVENUE. THE INDIANA UNIVERSITY HEALTH SYSTEM USES PRESUMPTIVE ELIGIBILITY SCREENING PROCEDURES FOR SOME FORMS OF FINANCIAL ASSISTANCE AND RECOGNIZES NET PATIENT SERVICE REVENUE ON SERVICES PROVIDED TO SELF-PAY PATIENTS AT THE DISCOUNTED RATE AT THE TIME SERVICES ARE RENDERED. THE ESTIMATED COST OF CHARITY CARE, USING THE CONSOLIDATED COST TO CHARGE RATIO, WAS $95,909,000 AND $88,213,000 IN 2023 AND 2022, RESPECTIVELY.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	IU HEALTH WHITE MEMORIAL HOSPITAL DID NOT HAVE A MEDICARE SHORTFALL FOR 2022. IU HEALTH WHITE MEMORIAL 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 WHITE MEMORIAL HOSPITAL ACCEPTS ALL MEDICARE PATIENTS KNOWING THAT THERE MAY BE SHORTFALLS; THEREFORE IT HAS TAKEN THE POSITION THAT ANY SHORTFALL SHOULD BE COUNTED AS PART OF ITS COMMUNITY BENEFIT. ADDITIONALLY, IT IS IMPLIED IN INTERNAL REVENUE SERVICE REVENUE RULING 69-545 THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. 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 WHITE MEMORIAL HOSPITAL MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH WHITE MEMORIAL 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. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH WHITE MEMORIAL HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY REDUCE THE MEDICARE SURPLUS REPORTED ON SCHEDULE H, PART III, LINE 7.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	IU HEALTH WHITE MEMORIAL HOSPITAL'S FAP AND WRITTEN DEBT COLLECTION POLICY DESCRIBE THE COLLECTION PRACTICES APPLICABLE TO PATIENTS, INCLUDING THOSE WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE. 1. FINANCIAL ASSISTANCE APPLICATION FINANCIAL ASSISTANCE APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION: -ALL SOURCES OF INCOME FOR THE LAST THREE (3) MONTHS. -MOST RECENT THREE (3) MONTHS OF PAY STUBS OR SUPPLEMENTAL SECURITY INCOME VIA SOCIAL SECURITY. -MOST RECENT THREE (3) STATEMENTS FROM CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, STOCKS, BONDS AND MONEY MARKET ACCOUNTS. -MOST RECENT STATE AND FEDERAL INCOME TAX FORMS INCLUDING SCHEDULES C, D, E, AND F. IN THE EVENT THE PATIENT OR GUARANTOR'S INCOME DOES NOT WARRANT THE FILING OF A FEDERAL TAX STATEMENT, THE INDIVIDUAL MAY SUBMIT A NOTARIZED AFFIDAVIT ATTESTING TO THE FOREGOING. -MOST RECENT W-2 STATEMENT. -FOR PATIENTS OR MEMBERS OF THE HOUSEHOLD WHO ARE CURRENTLY UNEMPLOYED, WAGE INQUIRY FROM WORKONE. -IF APPLICABLE, DIVORCE/DISSOLUTION DECREES AND CHILD CUSTODY ORDER. PATIENTS OR THEIR GUARANTORS WISHING TO APPLY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP ARE ENCOURAGED TO SUBMIT AN APPLICATION WITHIN NINETY (90) DAYS OF DISCHARGE. PATIENTS OR THEIR GUARANTORS MAY SUBMIT AN APPLICATION UP TO TWO-HUNDRED AND FORTY (240) DAYS FROM THE DATE OF THEIR INITIAL POST-DISCHARGE BILLING STATEMENT FROM IU HEALTH, HOWEVER, ACCOUNTS MAY BE SUBJECT TO EXTRAORDINARY COLLECTION ACTIONS (ECA) AS SOON AS ONE-HUNDRED AND TWENTY (120) DAYS AFTER RECEIPT OF THE INITIAL POST-DISCHARGE BILLING STATEMENT. PATIENTS OR THEIR GUARANTORS SUBMITTING AN INCOMPLETE FINANCIAL ASSISTANCE APPLICATION WILL RECEIVE WRITTEN NOTIFICATION OF THE APPLICATION'S DEFICIENCY UPON DISCOVERY BY IU HEALTH. THE APPLICATION WILL BE PENDED FOR A PERIOD OF FORTY-FIVE (45) DAYS FROM THE DATE THE NOTIFICATION IS MAILED. IU HEALTH WILL SUSPEND ANY ECA UNTIL THE APPLICATION IS COMPLETE OR THE EXPIRATION OF THE FORTY-FIVE (45) DAY PERIOD. PATIENTS WITH LIMITED ENGLISH PROFICIENCY MAY REQUEST A COPY OF THIS POLICY, A FINANCIAL ASSISTANCE APPLICATION, AND A PLAIN LANGUAGE SUMMARY IN ONE OF THE BELOW LANGUAGES: -ARABIC; -BURMESE; -BURMESE - FALAM; -BURMESE - HAKHA CHIN; -MANDARIN/CHINESE; OR -SPANISH THE PATIENT, AND/OR THEIR REPRESENTATIVE, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, LEGAL COUNSEL, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES OR HOSPITAL PERSONNEL MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION BE MAILED TO A PATIENT'S PRIMARY MAILING ADDRESS FREE OF CHARGE. IU HEALTH MAINTAINS THE CONFIDENTIALITY OF ALL FINANCIAL ASSISTANCE APPLICATIONS AND SUPPORTING DOCUMENTATION. IU HEALTH WILL DENY OR REVOKE FINANCIAL ASSISTANCE FOR ANY PATIENT OR GUARANTOR WHO FALSIFIES ANY PORTION OF A FINANCIAL ASSISTANCE APPLICATION. 2. FINANCIAL ASSISTANCE DETERMINATIONS IU HEALTH WILL INFORM 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. A PATIENT'S FINANCIAL ASSISTANCE APPLICATION AND FINANCIAL ASSISTANCE DETERMINATION ARE SPECIFIC TO EACH DATE(S) OF SERVICE AND APPROVED RELATED ENCOUNTERS. IF A PATIENT OR GUARANTOR IS GRANTED LESS THAN FULL CHARITY ASSISTANCE AND THE PATIENT OR GUARANTOR PROVIDES ADDITIONAL INFORMATION FOR RECONSIDERATION, REVENUE CYCLE SERVICES MAY AMEND A PRIOR FINANCIAL ASSISTANCE DETERMINATION. 3. EXTRAORDINARY COLLECTION ACTIONS IU HEALTH MAY REFER DELINQUENT PATIENT ACCOUNTS TO A THIRD-PARTY COLLECTION AGENCY AFTER UTILIZING REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY FOR ASSISTANCE UNDER THIS POLICY. REASONABLE EFFORTS INCLUDE THE FOLLOWING: -IU HEALTH WILL NOTIFY THE PATIENT OF THIS POLICY AT LEAST THIRTY (30) DAYS PRIOR TO INITIATING AN ECA. -IU HEALTH WILL NOT INITIATE AN ECA FOR AT LEAST ONE-HUNDRED AND TWENTY (120) DAYS AFTER THE PATIENT'S INITIAL POST-DISCHARGE BILLING STATEMENT. -IU HEALTH WILL REVIEW ALL FINANCIAL ASSISTANCE APPLICATIONS RECEIVED UP TO AND INCLUDING TWO-HUNDRED AND FORTY (240) DAYS AFTER THE PATIENT'S INITIAL POST-DISCHARGE BILLING STATEMENT. IU HEALTH WILL CEASE ANY ECAS IT HAS INITIATED UPON RECEIPT OF A FINANCIAL ASSISTANCE APPLICATION UNTIL A FINANCIAL ASSISTANCE DETERMINATION IS MADE UNDER THIS POLICY. -IF AN APPLICATION IS APPROVED, IU HEALTH WILL ISSUE A REVISED STATEMENT, ISSUE REFUNDS, AND MAKE REASONABLE EFFORTS TO REVERSE ECAS AS NECESSARY. IU HEALTH AND ITS THIRD-PARTY COLLECTION AGENCIES MAY INITIATE AN ECA AGAINST A PATIENT OR THEIR GUARANTOR IN ACCORDANCE WITH THIS POLICY AND 26 C.F.R. § 1.501(R). ECAS MAY INCLUDE THE FOLLOWING: -SELLING A PATIENT OR THEIR GUARANTOR'S OUTSTANDING FINANCIAL RESPONSIBILITY TO A THIRD PARTY.

Return Reference - Identifier	Explanation
	-REPORTING ADVERSE INFORMATION ABOUT THE PATIENT OR THEIR GUARANTOR TO CONSUMER CREDIT REPORTING AGENCIES OR CREDIT BUREAUS. -DEFERRING OR DENYING, OR REQUIRING A PAYMENT BEFORE PROVIDING, MEDICALLY NECESSARY CARE BECAUSE OF A PATIENT OR THEIR GUARANTOR'S NONPAYMENT OF ONE OR MORE BILLS FOR PREVIOUSLY PROVIDED CARE COVERED UNDER THIS POLICY. -ACTIONS REQUIRING A LEGAL OR JUDICIAL PROCESS, INCLUDING BUT NOT LIMITED TO PLACING A LIEN ON A PATIENT'S OR THEIR GUARANTOR'S PROPERTY, FORECLOSING ON A PATIENT'S OR THEIR GUARANTOR'S REAL PROPERTY, ATTACHING OR SEIZING A PATIENT'S OR THEIR GUARANTOR'S BANK ACCOUNT OR OTHER PERSONAL PROPERTY, COMMENCING A CIVIL ACTION AGAINST A PATIENT OR THEIR GUARANTOR, CAUSING A PATIENT OR GUARANTOR'S ARREST, CAUSING A PATIENT AND/OR GUARANTOR TO BE SUBJECT TO A WRIT OF BODY ATTACHMENT, AND GARNISHING A PATIENT OR GUARANTOR'S WAGES WHEN IT IS NECESSARY TO ENGAGE IN SUCH ACTION, IU HEALTH AND ITS THIRD PARTY COLLECTION AGENCIES, WILL ENGAGE IN FAIR, RESPECTFUL AND TRANSPARENT COLLECTIONS ACTIVITIES. 4. REFUNDS PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY WHO REMITTED PAYMENT TO IU HEALTH IN EXCESS OF THEIR PATIENT RESPONSIBILITY WILL BE ALERTED TO THE OVERPAYMENT AS PROMPTLY AFTER DISCOVERY AS IS REASONABLE GIVEN THE NATURE OF THE OVERPAYMENT. PATIENTS WITH AN OUTSTANDING ACCOUNT BALANCE DUE ON A SEPARATE ACCOUNT WILL HAVE THEIR REFUND APPLIED TO THE OUTSTANDING BALANCE. PATIENTS WITHOUT AN OUTSTANDING ACCOUNT BALANCE DESCRIBED ABOVE WILL BE ISSUED A REFUND CHECK FOR THEIR OVERPAYMENT AS SOON AS TECHNICALLY FEASIBLE.
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	THOUGH IU HEALTH WHITE MEMORIAL HOSPITAL BELIEVES ITS CHNA PROCESS IS COMPREHENSIVE, THE CHNA IS DONE ON A TRIENNIAL BASIS. BETWEEN CHNA CYCLES, IU HEALTH WHITE MEMORIAL HOSPITAL GATHERS DATA AND INFORMATION TO MONITOR THE MOST CURRENT NEEDS OF THE COMMUNITY. ADDITIONAL SOURCES OF DATA AND INFORMATION INCLUDE: •IU HEALTH DATA ANALYTICS AND INFORMATION SERVICE TEAMS; •SECONDARY DATA SOURCES FROM FEDERAL, STATE, AND LOCAL ENTITIES WITH A FOCUS ON HEALTH BEHAVIORS, HEALTH OUTCOMES, AND SOCIAL DETERMINANTS OF HEALTH; •OBTAINING COMMUNITY ORGANIZATION AND GOVERNMENTAL AGENCY PERSPECTIVES; PRIORITY POPULATION PERSPECTIVES; AND OTHER HEALTHCARE AND HOSPITAL PERSPECTIVES; •REPORTS THAT SHARE FINDINGS AND RECOMMENDATIONS ON CERTAIN POPULATIONS WITHIN THE COMMUNITY AND/OR HEALTH BEHAVIORS, HEALTH OUTCOMES, OR SOCIAL DETERMINANTS OF HEALTH; •EVIDENCE INFORMED SOURCES; AND •TEAM MEMBER PARTICIPATION IN PARTNERING EFFORTS (E.G., COALITIONS, ADVISORY COMMITTEES, TASK FORCES, ETC.). THE REGULAR REVIEW OF THESE SOURCES OF DATA AND INFORMATION RARELY IMPACT WHAT THE SIGNIFICANT NEEDS ARE BETWEEN CHNA CYCLES. HOWEVER, IT DOES HELP INFLUENCE THE TYPES OR LEVEL OF INTERVENTIONS TO ADDRESS THE SIGNIFICANT NEEDS; PRIORITIZE RESOURCES TO THOSE GROUPS OR NEIGHBORHOODS EXPERIENCING HEALTH DISPARITIES IN THE COMMUNITY; IDENTIFY FUNDING OPPORTUNITIES TO SUPPORT INTERVENTIONS; AND STRENGTHEN OR MOBILIZE PARTNERSHIPS TO IMPROVE HEALTH.
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	IU HEALTH WHITE MEMORIAL HOSPITAL TAKES SEVERAL MEASURES TO INFORM ITS PATIENTS OF THE FAP AND FAP-ELIGIBILITY. THESE MEASURES INCLUDE THE FOLLOWING: 1.POST THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION ON ITS WEBSITE. 2.PROVIDE PATIENTS WITH A PLAIN LANGUAGE SUMMARY OF THIS POLICY DURING REGISTRATION AND/OR DISCHARGE. 3.POST CONSPICUOUS DISPLAYS 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. 4.INCLUDE A CONSPICUOUS WRITTEN NOTICE ON ALL PATIENT POST-DISCHARGE BILLING STATEMENTS NOTIFYING THE PATIENT ABOUT THIS POLICY AND THE TELEPHONE NUMBER OF THE CUSTOMER SERVICE DEPARTMENT WHICH CAN ASSIST PATIENTS WITH QUESTIONS REGARDING THIS POLICY. 5.MAKE AVAILABLE CUSTOMER SERVICE REPRESENTATIVES VIA TELEPHONE DURING NORMAL BUSINESS HOURS. 6.MAIL COPIES OF THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND A FINANCIAL ASSISTANCE APPLICATION TO PATIENTS OR THEIR GUARANTOR FREE OF CHARGE UPON REQUEST. 7.BROADLY COMMUNICATE THIS POLICY AS A PART OF ITS GENERAL OUTREACH EFFORTS. 8.EDUCATE PATIENT-FACING TEAM MEMBERS ON THIS POLICY AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	IU HEALTH WHITE MEMORIAL HOSPITAL IS LOCATED IN WHITE COUNTY, INDIANA, A COUNTY LOCATED IN CENTRAL NORTHWEST INDIANA. WHITE COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF BROOKSTON, BURNETTSVILLE, CHALMERS, MONON, MONTICELLO, REYNOLDS, AND WOLCOTT. BASED ON THE MOST RECENT CENSUS BUREAU (2023) STATISTICS, WHITE COUNTY'S POPULATION IS 24,917. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 86.3% WHITE, 10.9% HISPANIC OR LATINO, 1.5% BLACK, OR 0.8% AMERICAN INDIAN OR ALASKA NATIVE, 0.7% ASIAN, AND 1.5% PERSONS REPORTING TWO OR MORE RACES. WHITE COUNTY HAS MODEST LEVELS OF EDUCATIONAL ATTAINMENT. AMONG RESIDENTS AGES 25 AND UP, 90.3% ENDED THEIR FORMAL EDUCATION WITH A HIGH SCHOOL DIPLOMA OR EQUIVALENT. AMONG RESIDENTS AGES 25 AND UP, 18.3% EARNED A BACHELOR'S DEGREE OR HIGHER.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	IU HEALTH WHITE MEMORIAL HOSPITAL IS A SUBSIDIARY OF IU HEALTH, A TAX-EXEMPT HEALTHCARE ORGANIZATION, WHOSE BOARD OF DIRECTORS IS COMPOSED OF MEMBERS, OF WHICH THE MAJORITY ARE INDEPENDENT COMMUNITY MEMBERS. IU HEALTH AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA, INCLUDING IU HEALTH WHITE MEMORIAL HOSPITAL, EXTEND MEDICAL PRIVILEGES TO ALL PHYSICIANS WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENTS TO ITS MEDICAL STAFF. IU HEALTH DOES NOT DENY APPOINTMENTS BASED ON GENDER, RACE, CREED OR NATIONAL ORIGIN. IU HEALTH, IN CONJUNCTION WITH THE IU SCHOOL OF MEDICINE, TRAINS THE NEXT GENERATION OF PHYSICIANS IN AN EXCEPTIONAL ENVIRONMENT. BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE. IN ADDRESSING THE IDENTIFIED COMMUNITY PRIORITIES, IU HEALTH WHITE MEMORIAL HOSPITAL HAS PARTNERED WITH A NUMBER OF HIGH QUALITY, ENGAGED COMMUNITY ORGANIZATIONS AND INITIATIVES TO HELP MAKE HEALTH AND WELLNESS IMPROVEMENT A REALITY. AS PART OF ITS COMMITMENT TO COMMUNITY HEALTH IMPROVEMENT, IU HEALTH WHITE MEMORIAL HOSPITAL TEAM MEMBERS PARTICIPATED IN THE WHITE COUNTY HEALTH 4 ALL COALITION, ASSISTING WITH THE APPLICATION FOR ITS OWN 501C3 DELEGATION. THEY ALSO ACTIVELY PARTICIPATED IN THE UNITED COUNCIL ON OPIOIDS, WITH REPRESENTATION ON THE PREVENTION, TREATMENT AND RECOVERY TASK FORCES.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL IS PART OF INDIANA UNIVERSITY HEALTH (“IU HEALTH” OR “THE HEALTHCARE SYSTEM”), WHICH 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. THE HEALTHCARE SYSTEM IS COMPRISED OF HOSPITALS, PHYSICIANS AND ALLIED SERVICES DEDICATED TO PROVIDING PREEMINENT PATIENT CARE AND COMMUNITY HEALTH IMPROVEMENT THROUGHOUT INDIANA. IU HEALTH'S AFFILIATE HOSPITALS ARE DIVIDED INTO SIX REGIONS THAT SERVE COMMUNITIES IN NORTHWEST, NORTHEAST, CENTRAL AND SOUTHERN INDIANA. THE 16 HOSPITALS IN THE HEALTHCARE SYSTEM INCLUDE IU HEALTH INC. (I.E., THE IU HEALTH ACADEMIC HEALTH CENTER CONSISTS OF IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR CHILDREN AT IU HEALTH AND IU HEALTH SAXONY HOSPITAL); IU HEALTH ARNETT; IU HEALTH BALL; IU HEALTH BEDFORD HOSPITAL; IU HEALTH BLOOMINGTON HOSPITAL; IU HEALTH FRANKFORT; IU HEALTH JAY; IU HEALTH NORTH HOSPITAL; IU HEALTH PAOLI HOSPITAL; IU HEALTH TIPTON HOSPITAL; IU HEALTH WEST HOSPITAL; AND IU HEALTH WHITE MEMORIAL HOSPITAL. EACH AFFILIATE HOSPITAL IN THE HEALTHCARE SYSTEM, ALONG WITH COMMUNITY PARTNERS, CONDUCTS AND ADOPTS ITS OWN COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY. IU HEALTH CONSIDERS THE SUM OF THESE CHNAS AND THE IMPLEMENTATION STRATEGIES PART OF A SYSTEM WIDE VISION OF MAKING INDIANA ONE OF THE HEALTHIEST STATES IN THE NATION. THE HEALTHCARE SYSTEM AND ITS AFFILIATE HOSPITALS ARE KEENLY AWARE OF THE POSITIVE IMPACT IT CAN HAVE ON IMPROVING THE HEALTH OF COMMUNITIES THROUGHOUT THE STATE OF INDIANA BY INVESTING IN LOCAL, COMMUNITY-BASED INITIATIVES AS WELL AS SYSTEM LEVEL STRATEGIES. THE HEALTHCARE SYSTEM INCLUDES AN ACADEMIC HEALTH CENTER (I.E., IU HEALTH INC.), A REGIONAL ACADEMIC HEALTH CENTER (I.E., IU HEALTH BLOOMINGTON HOSPITAL) AND SEVERAL AFFILIATE HOSPITALS (IU HEALTH ARNETT AND IU HEALTH BALL) THAT WORK IN PARTNERSHIP WITH THE IU SCHOOL OF MEDICINE TO TRAIN PHYSICIANS, BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE THROUGHOUT IU HEALTH. EACH YEAR, MORE THAN 1,000 RESIDENTS AND FELLOWS RECEIVE TRAINING IN AFFILIATE HOSPITALS. RESEARCH CONDUCTED BY IU SCHOOL OF MEDICINE FACULTY GIVES IU HEALTH PHYSICIANS AND PATIENTS ACCESS TO THE MOST LEADING-EDGE AND COMPREHENSIVE TREATMENT OPTIONS. TO FURTHER PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY IU HEALTH, THE SYSTEM-LEVEL COMMUNITY HEALTH DIVISION PARTNERS WITH STATE AND LOCAL COMMUNITY-BASED ORGANIZATIONS, COMMUNITY COALITIONS AND GOVERNMENTAL AGENCIES TO FOCUS ON INNOVATIVE MODELS OF CARE; COMMUNITY ALLIANCES AND PARTNERSHIPS; ANCHOR INSTITUTION AND ADVOCACY STRATEGIES; AND SOCIAL DETERMINANTS OF HEALTH. ALL AFFILIATE HOSPITALS IN THE HEALTHCARE SYSTEM IDENTIFY AND ADDRESS SIGNIFICANT NEEDS UNIQUE TO THE COMMUNITIES THEY SERVE. HOWEVER, SOME NEEDS ARE COMMON IN COMMUNITIES SERVED BY MULTIPLE OR ALL AFFILIATE HOSPITALS IN THE HEALTHCARE SYSTEM AND ALIGN WITH SYSTEM PRIORITY AREAS, WARRANTING A SYSTEM LEVEL STRATEGY. THE COMMUNITY HEALTH DIVISION, ALONG WITH ADDITIONAL INTERNAL PARTNERS SUCH AS THE OFFICE OF HEALTH EQUITY RESEARCH AND EVALUATION (HERE) AND THE IU HEALTH FOUNDATION, PLANS AND PROVIDES TECHNICAL ASSISTANCE FOR SYSTEM-LEVEL STRATEGIES THAT ADDRESS THESE COMMON NEEDS INCLUDING HEALTH EQUITY, TOBACCO AND NICOTINE CESSATION, BEHAVIORAL AND SUBSTANCE USE DISORDERS, INFANT AND MATERNAL HEALTH, HYPERTENSION, AND SOCIAL DETERMINANTS OF HEALTH. FOR EXAMPLE, THE COMMUNITY HEALTH DIVISION IS COORDINATING EFFORTS TO SELECT AND TRAIN COMMUNITY HEALTH WORKERS WHO ARE PLACED THROUGHOUT THE SYSTEM IN OUTPATIENT AND INPATIENT SITES AND DO OUTREACH THROUGH THE WECARE AND IHEART INITIATIVES. THESE VALUED TEAM MEMBERS ARE FROM THE COMMUNITIES BEING SERVED BY IU HEALTH AND HAVE AN INTIMATE UNDERSTANDING OF THE NEEDS OF RESIDENTS. EACH AFFILIATE HOSPITAL WORKS COLLABORATIVELY WITH THE COMMUNITY HEALTH DIVISION TO ALIGN AND ACTIVATE LOCAL RESOURCES TO SUPPORT LOCAL AND SYSTEM STRATEGIES. THIS BENEFITS THE COMMUNITY EACH AFFILIATE HOSPITAL SERVES AND WORKS TOWARDS A STATEWIDE IMPACT (SYSTEM-LEVEL) ON HEALTH OUTCOMES. AS PART OF THE COMMUNITY HEALTH DIVISION, THE COMMUNITY OUTREACH AND ENGAGEMENT PROGRAM’S IU HEALTH SERVES INITIATIVE, A SYSTEM-LEVEL TEAM MEMBER VOLUNTEER PROGRAM, SEEKS TO POSITIVELY IMPACT THE HEALTH OF COMMUNITIES IU HEALTH AFFILIATE HOSPITALS SERVE AND FOSTER A CULTURE OF ENGAGEMENT AND SOCIAL RESPONSIBILITY. EACH AFFILIATE HOSPITAL COORDINATES THE DIFFERENT INITIATIVES OF THE PROGRAM, INCLUDING DAYS OF SERVICE. THIS IS THE LARGEST VOLUNTEER EVENT OF THE YEAR, CONSISTING OF PROJECTS DESIGNED TO ENGAGE EACH AFFILIATE HOSPITALS’ TEAM MEMBERS IN ACTIVITIES THAT ADDRESS LOCAL, SIGNIFICANT NEEDS. THE $200 MILLION COMMUNITY IMPACT AND INVESTMENT (CII) FUND WAS ESTABLISHED IN 2018 BY IU HEALTH TO FINANCIALLY SUPPORT HIGH-IMPACT COMMUNITY INVESTING. THE FOCUS OF THESE EFFORTS WILL ADDRESS KEY SOCIAL AND ENVIRONMENTAL FACTORS THAT IMPACT HISTORICALLY MARGINALIZED AND MINORITIZED POPULATIONS IN THE COMMUNITIES IU HEALTH SERVES. THROUGH THE GRANTS PROVIDED BY THIS CII FUND, IU HEALTH CAN STRATEGICALLY AND INTENTIONALLY ADDRESS THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL FACTORS THAT IMPACT THE HEALTH OF AFFILIATE HOSPITALS’ SURROUNDING COMMUNITIES. EACH AFFILIATE HOSPITAL AND ITS TEAM MEMBERS ARE ELIGIBLE TO PURSUE THIS GRANT OPPORTUNITY WITH A COMMUNITY ORGANIZATION.
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	IN