

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization INDIANA UNIVERSITY HEALTH, INC.	Employer identification number 35 1955872
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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	✓	
1b If "Yes," was it a written policy?	✓	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	✓	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		✓
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"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	✓	
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?		✓
6a Did the organization prepare a community benefit report during the tax year?	✓	
b If "Yes," did the organization make it available to the public?	✓	

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	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)	0	36,746	53,492,433	0	53,492,433	1.14
b Medicaid (from Worksheet 3, column a)	0	142,733	1,425,990,820	846,577,743	579,413,077	12.39
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	179,479	1,479,483,253	846,577,743	632,905,510	13.53
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	14	116,165	27,681,886	3,866,548	23,815,338	0.51
f Health professions education (from Worksheet 5)	5	5,624	80,553,366	20,690,048	59,863,318	1.28
g Subsidized health services (from Worksheet 6)	2	21,915	38,764,691	27,263,351	11,501,340	0.25
h Research (from Worksheet 7)	1	166,452	83,110		83,110	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4	79,174	5,853,255	983,915	4,869,340	0.10
j Total. Other Benefits	26	389,330	152,936,308	52,803,862	100,132,446	2.14
k Total. Add lines 7d and 7j	26	568,809	1,632,419,561	899,381,605	733,037,956	15.67

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	0	0	0	0.00
2 Economic development	1	1	250,000	0	250,000	0.01
3 Community support	0	0	0	0	0	0.00
4 Environmental improvements	0	0	0	0	0	0.00
5 Leadership development and training for community members	1	1	25,000	0	25,000	0.00
6 Coalition building	2	356,650	3,300	0	3,300	0.00
7 Community health improvement advocacy	0	0	0	0	0	0.00
8 Workforce development	1	2,617	55,354	0	55,354	0.00
9 Other	0	0	0	0	0	0.00
10 Total	5	359,269	333,654	0	333,654	0.01

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	✓
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	15,869,263
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	0
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	336,851,194
6	Enter Medicare allowable costs of care relating to payments on line 5	6	446,420,469
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(109,569,275)
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: <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	✓
9b	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 BELTWAY SURGERY CENTERS, LLC	AMBULATORY SURGERY CENTER	25.91		48.81
2 SENATE STREET SURGERY CENTER, LLC	AMBULATORY SURGERY CENTER	26.21		48.61
3 INDIANA ENDOSCOPY CENTERS, LLC	AMBULATORY SURGERY CENTER	26.01		24.60
4 ROC SURGERY, LLC	AMBULATORY SURGERY CENTER	29.70		41.77
5 BALL OUTPATIENT SURGERY CENTER, LLC	AMBULATORY SURGERY CENTER	28.18		32.58
6 IU HEALTH SW FORT WAYNE ASC, LLC	AMBULATORY SURGERY CENTER	29.55		45.16
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):

1 INDIANA UNIVERSITY HEALTH
 1701 N. SENATE BLVD., INDIANAPOLIS, IN 46202
 HTTPS://IUHEALTH.ORG/ STATE LICENSE NO. : 23-005051-1

2

3

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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
✓	✓	✓	✓		✓	✓		SEE PART V, SECTION C FOR ADDITIONAL INFORMATION	

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: INDIANA UNIVERSITY HEALTH

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?		✓
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		✓
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	✓	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	✓	
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		✓
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		✓
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	✓	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a	If "Yes," (list url): <u>HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/COMMUNITY-BENEFIT</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: INDIANA UNIVERSITY HEALTH

		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:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>3 0 0</u> % and FPG family income limit for eligibility for discounted care of <u> </u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" 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?	✓	
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):	✓	
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	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
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"/> 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	<input checked="" 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"/> 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	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: INDIANA UNIVERSITY HEALTH

		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?	✓	
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"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged:		✓
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"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<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"/> 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	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
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:	✓	
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)		

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: INDIANA UNIVERSITY HEALTH

		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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	✓

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
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>IU HEALTH'S 2021 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORTS INCLUDE PRIORITIZED DESCRIPTIONS OF SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY. THE CHNA REPORTS IDENTIFIED THE FOLLOWING NEEDS TO BE ADDRESSED:</p> <ul style="list-style-type: none"> - ACCESS TO HEALTH CARE SERVICES - CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT - DRUG AND SUBSTANCE ABUSE - FOOD INSECURITY AND HEALTHY EATING - HEALTH EDUCATION AND NAVIGATION - MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING - MENTAL HEALTH - OBESITY, DIABETES AND PHYSICAL INACTIVITY - SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE - SOCIAL DETERMINANTS OF HEALTH - AGING POPULATION AND NEEDS OF SENIORS

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, AND RILEY HOSPITAL FOR CHILDREN</p> <p>DESCRIPTION: IU HEALTH OPERATES FOUR HOSPITAL LOCATIONS THAT ARE LICENSED AS A SINGLE HOSPITAL BY THE INDIANA STATE DEPARTMENT OF HEALTH. THESE HOSPITAL LOCATIONS ARE AS FOLLOWS:</p> <p>-IU HEALTH METHODIST HOSPITAL -IU HEALTH UNIVERSITY HOSPITAL -RILEY HOSPITAL FOR CHILDREN AT IU HEALTH -IU HEALTH SAXONY HOSPITAL</p> <p>IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, AND RILEY HOSPITAL FOR CHILDREN ARE LOCATED IN INDIANAPOLIS, MARION COUNTY, INDIANA AND ARE REFERRED TO AS THE IU HEALTH ACADEMIC HEALTH CENTER. IU HEALTH SAXONY HOSPITAL IS LOCATED IN FISHERS, HAMILTON COUNTY, INDIANA. ALTHOUGH LICENSED AS A SINGLE HOSPITAL, EACH OF THESE FACILITIES SERVE DIFFERENT, ALTHOUGH SOMETIMES OVERLAPPING, PORTIONS OF THE COMMUNITY WHICH PRESENT THEIR OWN UNIQUE HEALTH NEEDS. IN ORDER TO TAKE INTO ACCOUNT ALL OF THESE UNIQUE HEALTH NEEDS, IU HEALTH CONDUCTED SEPARATE COMMUNITY HEALTH NEEDS ASSESSMENTS ("CHNAS") FOR EACH OF ITS FOUR HOSPITAL LOCATIONS.</p> <p>IN CONDUCTING EACH OF ITS MOST RECENT CHNAS FROM JANUARY 2021 THROUGH DECEMBER 2021, IU HEALTH TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES IT SERVES BY HOSTING FOUR COMMUNITY FOCUS GROUPS AND CONDUCTING INTERVIEWS. THESE FOCUS GROUPS 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.</p> <p>IU HEALTH ACADEMIC HEALTH CENTER THE DEFINED COMMUNITY PER THE MOST RECENT CHNA IS MARION COUNTY, WHERE THE HOSPITAL RESIDES.</p> <p>MARION COUNTY - COMMUNITY MEETINGS AND INTERVIEWS</p> <p>IN COLLABORATION WITH OTHER LOCAL HEALTH SYSTEMS - ASCENSION ST. VINCENT (INDIANAPOLIS) AND COMMUNITY HEALTH NETWORK - FOUR VIRTUAL, COMMUNITY MEETINGS WERE HELD MAY 25-27, 2021, TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN MARION COUNTY. IN TOTAL, THE MEETINGS WERE ATTENDED BY 53 COMMUNITY ORGANIZATIONS THAT PROVIDE SERVICES AND/OR REFLECT COMMUNITY RESIDENTS WHO ARE UNDER OR UNINSURED; WITH UNDOCUMENTED STATUS; OLDER; LIMITED ENGLISH PROFICIENT; LOW-INCOME; USE OR INJECT DRUGS; EXPERIENCE HOMELESSNESS; BLACK, INDIGENOUS, AND PEOPLE OF COLOR; LGBTQ; AND POPULATIONS IMPACTED GREATLY BY NON-MEDICAL BARRIERS OF HEALTH SUCH AS POVERTY, FOOD ACCESS AND AFFORDABLE HOUSING.</p> <p>*ALLEN CHAPEL AME CHURCH *ANTHEM MEDICAID *BROADWAY UNITED METHODIST CHURCH *CITY-COUNTY COUNCIL STAFF *CITY OF INDIANAPOLIS, DIVISION OF COMMUNITY NUTRITION AND FOOD POLICY *COALITION FOR OUR IMMIGRANT NEIGHBORS *CONCERNED CLERGY OF INDIANAPOLIS *CONNECTIONS IN HEALTH, INDIANA CLINICAL AND TRANSLATIONAL SCIENCES INSTITUTE (CTSI), INDIANA UNIVERSITY SCHOOL OF MEDICINE *COVERING KIDS & FAMILIES OF INDIANA *CROSSROADS AME CHURCH/COMMON GROUNDS INSTITUTE *FIRST BAPTIST CHURCH NORTH INDIANAPOLIS *GENNESARET FREE CLINIC *GLEANERS FOOD BANK OF INDIANA *HABITAT FOR HUMANITY OF GREATER INDIANAPOLIS *HEALTH BY DESIGN *HORIZON HOUSE *IMMIGRANT WELCOME CENTER * INDIANA LEGAL SERVICES *INDIANA NATIVE AMERICAN INDIAN AFFAIRS COMMISSION *INDIANA PUBLIC HEALTH ASSOCIATION *INDIANA DEPARTMENT OF HEALTH *INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH *INDIANAPOLIS CITY COUNCIL *INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSHIP *INDIANAPOLIS URBAN LEAGUE *INDY GO *INDY HUNGER NETWORK *JUMP IN FOR HEALTHY KIDS *MARIAN UNIVERSITY/COLLEGE OF OSTEOPATHIC MEDICINE *MARION COUNTY PUBLIC HEALTH DEPARTMENT *MANAGED HEALTH SERVICES (MHS) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC *NINE13SPORTS *NURSE FAMILY PARTNERSHIP OF GOODWILL OF CENTRAL AND SOUTHERN INDIANA *PATHWAY TO RECOVERY *PLAYWORKS *RAPHAEL HEALTH CENTER, INC. *RICHARD M. FAIRBANKS FOUNDATION *THE JULIAN CENTER *UNITED STATES CONGRESS, REPRESENTATIVE ANDRE CARSON (STAFF) *UNIVERSITY OF INDIANAPOLIS *YMCA OF GREATER INDIANAPOLIS/TOP 10 COALITION</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, AND RILEY HOSPITAL FOR CHILDREN(CONTINUED)</p> <p>DESCRIPTION: SECONDARY DATA AND A PRELIMINARY LIST OF COMMUNITY HEALTH NEED PRIORITIES WERE PRESENTED AT THE MEETINGS. EACH GROUP WAS THEN ASKED QUESTIONS ABOUT THE PRELIMINARY LIST, INCLUDING THEIR REACTIONS, ADDITIONS TO THE PROPOSED NEEDS, THOUGHTS REGARDING THE CAUSES OF THE NEEDS, IMPACTS OF THE COVID-19 PANDEMIC AND OTHERS.</p> <p>AFTER THIS DISCUSSION, PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO MAKE ADDITIONAL COMMENTS BEFORE BEING ASKED TO VOTE ON WHAT THEY BELIEVED WERE THE MOST SIGNIFICANT NEEDS IN THE COUNTY. PARTICIPANTS WERE ASKED TO CHOOSE THREE TO FIVE SIGNIFICANT HEALTH NEEDS VIA AN ONLINE POLL DURING AND AFTER THE MEETING.</p> <p>PRELIMINARY NEEDS IDENTIFIED INCLUDE A WIDE-ARRAY OF TOPICS, INCLUDING THE COVID-19 PANDEMIC, FOOD INSECURITY, MATERNAL AND CHILD HEALTH, RACIAL AND ETHNIC DISPARITIES, MENTAL HEALTH AND ACCESS TO MENTAL HEALTH PROVIDERS, OBESITY AND PHYSICAL INACTIVITY, POVERTY, EDUCATIONAL ACHIEVEMENT, HOUSING, CRIME AND COMMUNITY SAFETY, PUBLIC HEALTH FUNDING AND OTHERS.</p> <p>IN ADDITION TO THESE TOPICS, PARTICIPANTS FOCUSED DISCUSSION AROUND SUBSTANCE ABUSE AND TREATMENT, TRANSPORTATION BARRIERS, CULTURALLY APPROPRIATE CARE AND SERVICES (INCLUDING LANGUAGE BARRIERS), AFFORDABILITY OF HEALTHY FOOD, SMOKING AND TOBACCO USE, ACCESS TO AND COST OF PRIMARY CARE, HEALTH INSURANCE, PREVENTIVE HEALTH SERVICES, LACK OF PROVIDERS WITHIN HIGH-NEED AREAS, CHILDCARE, CHRONIC CONDITIONS (INCLUDING DIABETES AND HYPERTENSION), NAVIGATING EXISTING RESOURCES, DENTAL HEALTH NEEDS, CHILD HEALTH, JOB OPPORTUNITIES AND TRAININGS, TECHNOLOGY BARRIERS AND DIGITAL-DIVIDE, POST INCARCERATION RESOURCES AND SOCIAL CONNECTEDNESS.</p> <p>FOR THOSE UNABLE TO ATTEND COMMUNITY MEETINGS, A SEPARATE SURVEY WAS DISTRIBUTED TO RECEIVE THEIR INPUT ON THE MOST SIGNIFICANT NEEDS. THESE FINDINGS WERE COMBINED WITH THOSE OF THE COMMUNITY MEETING PARTICIPANTS.</p> <p>FROM THIS PROCESS, PARTICIPANTS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR MARION COUNTY:</p> <ul style="list-style-type: none"> *RACIAL AND ETHNIC HEALTH DISPARITIES *OBESITY CONTINUES TO BE AN ISSUE, AS WELL AS DIABETES, WITH RATES INCREASING FOR ADULTS. *INFANT AND MATERNAL MORTALITY ARE SIGNIFICANT ISSUES, WITH SOCIAL DETERMINANTS OF HEALTH IMPACTING ACCESS TO PRENATAL CARE AND OTHER NEEDED SERVICES. *HIV (HUMAN IMMUNODEFICIENCY VIRUS) IS STILL A CONCERN, WITH SOME HOPE THAT THE DISEASE CAN BE ERADICATED WITHIN THE NEXT DECADE THROUGH MODERN MEDICINE AND PREVENTION STRATEGIES SUCH AS PREP (PRE-EXPOSURE PROPHYLAXIS). *TOBACCO AND VAPING ARE ISSUES, WITH A LOW CIGARETTE TAX IN INDIANA HELPING PERPETUATE ITS USE. *ENVIRONMENTAL HEALTH - INCLUDING OLD HOUSING AND AIR POLLUTION - IS LEADING TO POOR HEALTH, INCLUDING LEAD POISONING, ARSENIC POISONING AND PEDIATRIC ASTHMA. THE NEED FOR SAFE AND STABLE HOUSING IS SIGNIFICANT. *HEALTH LITERACY IS A NEED, PARTICULARLY AFFECTING HISPANIC (OR LATINO) POPULATIONS DUE TO LANGUAGE BARRIERS. EDUCATION DISPARITIES AROUND HEALTH ARE ALSO LEADING TO GENERATIONAL PERSISTENCE OF HEALTH DISPARITIES FOR RACIAL AND ETHNIC MINORITY POPULATIONS. *ACCESS TO MENTAL AND BEHAVIORAL HEALTH SERVICES *FOOD INSECURITY AND ACCESS TO AFFORDABLE, HEALTHY FOOD *ACCESS TO SAFE AND AFFORDABLE HOUSING *MENTAL HEALTH *POVERTY AND ASSOCIATED COMMUNITY NEED <p>A SURVEY WAS ALSO ISSUED TO INTERNAL PROVIDERS AT IU HEALTH METHODIST HOSPITAL, ASKING THEM TO IDENTIFY PRIORITY NEEDS AMONG THE PATIENTS THEY SERVE. AMONG 12 RESPONSES, THE FOLLOWING ISSUES WERE IDENTIFIED AS THE MOST SIGNIFICANT:</p> <ul style="list-style-type: none"> *FOOD INSECURITY AND NUTRITION *HEALTH DISPARITIES, PARTICULARLY FOR RACIAL AND ETHNIC MINORITY POPULATIONS *MENTAL HEALTH *POVERTY AND INCOME INEQUALITY <p>THE SURVEY ALSO ASKED ABOUT THE IMPACTS OF THE COVID-19 PANDEMIC. ISSUES MOST OFTEN SELECTED AS SIGNIFICANT IMPACTS INCLUDE:</p> <ul style="list-style-type: none"> *SOCIAL ISOLATION AND LONELINESS *HEALTH DISPARITIES *DIGITAL DIVIDE (LACK OF INTERNET OR DEVICE ACCESS) *ECONOMIC DISPARITIES *HOUSING (INABILITY TO STAY SHELTERED OR PAY RENT/MORTGAGE) <p>TWO ADDITIONAL INTERVIEWS WERE CONDUCTED IN MAY 2021 WITH REPRESENTATIVES OF THE COUNTY PUBLIC HEALTH DEPARTMENT AND MINORITY HEALTH ORGANIZATION TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN MARION COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT:</p> <ul style="list-style-type: none"> *POVERTY IS A SIGNIFICANT ISSUE AND IMPACTS ALMOST ALL AREAS OF WELLBEING, INCLUDING HOUSING, ACCESSING HEALTH SERVICES, NUTRITION, STRESS AND MENTAL HEALTH, CHRONIC DISEASE, TRANSPORTATION AND OTHERS. THE NEED FOR A LIVING WAGE FOR ALL RESIDENTS IS SIGNIFICANT. *HEALTH DISPARITIES ARE SIGNIFICANT, INCLUDING LARGE DISPARITIES IN SOCIAL DETERMINANTS OF HEALTH FOR RACIAL AND ETHNIC MINORITY POPULATIONS. *HEALTH INSURANCE IS A SIGNIFICANT BARRIER TO OPTIMAL HEALTH, WITH RESTRICTIONS IN COVERAGE LEADING TO A LACK OF PREVENTIVE HEALTH. *MENTAL HEALTH IS A SIGNIFICANT ISSUE, WITH DEPRESSION AND ANXIETY BOTH WIDESPREAD. SELF-MEDICATION THROUGH SUBSTANCE ABUSE IS COMMON. *OBESITY CONTINUES TO BE AN ISSUE, AS WELL AS DIABETES, WITH RATES INCREASING FOR ADULTS. *INFANT AND MATERNAL MORTALITY ARE SIGNIFICANT ISSUES, WITH SOCIAL DETERMINANTS OF HEALTH

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	<p>IMPACTING ACCESS TO PRENATAL CARE AND OTHER NEEDED SERVICES.</p> <p>*HIV (HUMAN IMMUNODEFICIENCY VIRUS) IS STILL A CONCERN, WITH SOME HOPE THAT THE DISEASE CAN BE ERADICATED WITHIN THE NEXT DECADE THROUGH MODERN MEDICINE AND PREVENTION STRATEGIES SUCH AS PREP (PRE-EXPOSURE PROPHYLAXIS).</p> <p>*TOBACCO AND VAPING ARE ISSUES, WITH A LOW CIGARETTE TAX IN INDIANA HELPING PERPETUATE ITS USE. ENVIRONMENTAL HEALTH - INCLUDING OLD HOUSING AND AIR POLLUTION - IS LEADING TO POOR HEALTH, INCLUDING LEAD POISONING, ARSENIC POISONING AND PEDIATRIC ASTHMA. THE NEED FOR SAFE AND STABLE HOUSING IS SIGNIFICANT.</p> <p>*HEALTH LITERACY IS A NEED, PARTICULARLY AFFECTING HISPANIC (OR LATINO) POPULATIONS DUE TO LANGUAGE BARRIERS. EDUCATION DISPARITIES AROUND HEALTH ARE ALSO LEADING TO GENERATIONAL PERSISTENCE OF HEALTH DISPARITIES FOR RACIAL AND ETHNIC MINORITY POPULATIONS.</p> <p>*FOOD INSECURITY IS SIGNIFICANT, AND FOOD PANTRIES MAY HAVE IRREGULAR HOURS AND FACE HUGE DEMAND.</p> <p>*EDUCATION NEEDS BETTER FUNDING, INCLUDING ADEQUATE TEACHER COMPENSATION.</p> <p>*MORE COMMUNITY COLLABORATION IS NEEDED WITH HEALTH SYSTEMS AND SOCIAL SERVICE PROVIDERS TO IDENTIFY COMMUNITY IMPROVEMENT AND PLANNED INTERVENTIONS.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: IU HEALTH SAXONY HOSPITAL</p> <p>DESCRIPTION: IN REGARD TO THE COVID-19 PANDEMIC, A WIDE ARRAY OF IMPACTS WAS NOTED, INCLUDING: TESTING WAS A LARGE CHALLENGE AT THE BEGINNING OF THE COVID-19 PANDEMIC, DUE TO INADEQUATE FEDERAL RESOURCES AND OTHER LIMITS. *THE COVID-19 PANDEMIC HIGHLIGHTED THE IMPACT OF SOCIAL DETERMINANTS OF HEALTH, AS PEOPLE EXPERIENCING HOMELESSNESS FACED HUGE CONCERNS DUE TO THE INABILITY TO SOCIALLY DISTANCE IN SHELTERS AND ACCESS CARE. HOTELS WERE TURNED INTO ISOLATION AREAS FOR PATIENTS WITH COVID-19. RACIAL AND ETHNIC DISPARITIES IN TESTING, TREATMENT AND OUTCOMES WERE HIGHLIGHTED BY THE COVID-19 PANDEMIC. ELDERLY BLACK RESIDENTS WERE PARTICULARLY AFFECTED. *CARE WAS DELAYED FOR A LOT OF INDIVIDUALS DUE TO FEAR OF GOING TO A PROVIDER AND BEING EXPOSED TO THE VIRUS, LEADING TO UNMET NEEDS AND EMERGENCY SITUATIONS. *COMMUNITY COLLABORATION AMONG PROVIDERS LED TO A BETTER RESPONSE, INCLUDING HEALTH SYSTEMS OFFERING TESTING AND OTHER AID TO PUBLIC HEALTH ORGANIZATIONS. MORE COLLABORATION AND COORDINATION WILL BE NEEDED IN THE FUTURE. *VACCINATION DISPARITIES ARE EVIDENT, WITH BLACK POPULATIONS DISPROPORTIONATELY UNABLE TO ACCESS THE VACCINE IF DESIRED. *THE NEED FOR BETTER HEALTH INFORMATION SHARING (INCLUDING THE IDENTIFICATION OF HEALTH DISPARITIES) BETWEEN ORGANIZATIONS.</p> <p>IU HEALTH SAXONY HOSPITAL THE DEFINED COMMUNITY PER THE MOST RECENT CHNA IS MARION, HAMILTON, HANCOCK AND MADISON COUNTIES. THE HOSPITAL RESIDES IN HAMILTON COUNTY.</p> <p>MARION COUNTY - COMMUNITY MEETINGS AND INTERVIEWS (SEE ABOVE INFORMATION)</p> <p>HAMILTON COUNTY - COMMUNITY MEETINGS AND INTERVIEWS</p> <p>IN COLLABORATION WITH OTHER LOCAL HEALTH SYSTEMS - ASCENSION ST. VINCENT, COMMUNITY HEALTH NETWORK AND RIVERVIEW HEALTH - TWO COMMUNITY MEETINGS WERE HELD ON MAY 20 (MORNING AND AFTERNOON), 2021, TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN HAMILTON COUNTY. THE MEETINGS WERE ATTENDED BY 82 COMMUNITY ORGANIZATIONS THAT PROVIDE SERVICES AND/OR REFLECT COMMUNITY RESIDENTS WHO ARE UNDER OR UNINSURED; WITH UNDOCUMENTED STATUS; OLDER; LIMITED ENGLISH PROFICIENT; LOW-INCOME; USE OR INJECT DRUGS; EXPERIENCE HOMELESSNESS; BLACK, INDIGENOUS, AND PEOPLE OF COLOR; LGBTQ; AND POPULATIONS IMPACTED GREATLY BY NON-MEDICAL BARRIERS OF HEALTH SUCH AS POVERTY, FOOD ACCESS AND AFFORDABLE HOUSING.</p> <ul style="list-style-type: none"> *ALLEN CHAPEL AME CHURCH *ANTHEM MEDICAID *ASCENSION ST. VINCENT *ASPIRE INDIANA HEALTH *BREATHE EASY HAMILTON COUNTY *BROADWAY UNITED METHODIST CHURCH *CARMEL CLAY SCHOOLS *CENTRAL INDIANA COUNCIL ON AGING (CICOA) *CITY-COUNTY COUNCIL STAFF CITY OF INDIANAPOLIS *CITY OF INDIANAPOLIS, DIVISION OF COMMUNITY NUTRITION AND FOOD POLICY *CITY OF NOBLESVILLE *COALITION FOR OUR IMMIGRANT NEIGHBORS *COMMUNITY HEALTH NETWORK *CONCERNED CLERGY OF INDIANAPOLIS *CONNECTIONS IN HEALTH, INDIANA CLINICAL AND TRANSLATIONAL SCIENCES INSTITUTE (CTSI), INDIANA UNIVERSITY SCHOOL OF MEDICINE *COVERING KIDS & FAMILIES OF INDIANA *CROSSROADS AME CHURCH/COMMON GROUNDS INSTITUTE *FIRST BAPTIST CHURCH NORTH INDIANAPOLIS *FISHERS HEALTH DEPARTMENT *GENNESARET FREE CLINIC *GLEANERS FOOD BANK OF INDIANA *GOOD SAMARITAN NETWORK OF HAMILTON COUNTY *HABITAT FOR HUMANITY OF GREATER INDIANAPOLIS *HAMILTON COUNTY COMMUNITY FOUNDATION *HAMILTON COUNTY COUNCIL ON ALCOHOL AND OTHER DRUGS *HAMILTON COUNTY GOVERNMENT *HAMILTON COUNTY HARVEST FOOD BANK *HAMILTON COUNTY HEAD START *HAMILTON COUNTY HEALTH DEPARTMENT *HAMILTON COUNTY MEALS ON WHEELS *HANCOCK COUNTY HEALTH DEPARTMENT *HANCOCK REGIONAL HOSPITAL HAND, INC. *HEALTH BY DESIGN *HEART AND SOUL FREE CLINIC *HOPE FAMILY CARE CENTER *HORIZON HOUSE *IMMIGRANT WELCOME CENTER *INDIANA LEGAL SERVICES *INDIANA NATIVE AMERICAN INDIAN AFFAIRS COMMISSION *INDIANA PUBLIC HEALTH ASSOCIATION *INDIANA DEPARTMENT OF HEALTH *INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH *INDIANAPOLIS CITY COUNCIL INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSHIP *INDIANAPOLIS URBAN LEAGUE *INDY GO *INDY HUNGER NETWORK *IU HEALTH

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	<p>*IU HEALTH INDY SUBURBAN REGION *IU HEALTH METHODIST HOSPITAL *IU HEALTH NORTH HOSPITAL *IU HEALTH SAXONY HOSPITAL *IU HEALTH UNIVERSITY HOSPITAL *JUMP IN FOR HEALTHY KIDS *MADISON COUNTY HEALTH DEPARTMENT *MARIAN UNIVERSITY/COLLEGE OF OSTEOPATHIC MEDICINE *MARION COUNTY PUBLIC HEALTH DEPARTMENT *MANAGED HEALTH SERVICES (MHS) *NEIGHBORHOOD CHRISTIAN LEGAL CLINIC *NINE13SPORTS *NOBLESVILLE CHAMBER OF COMMERCE *NOBLESVILLE SCHOOLS *NOBLESVILLE TOWN COUNCIL *NURSE FAMILY PARTNERSHIP OF GOODWILL OF CENTRAL AND SOUTHERN INDIANA *PATHWAY TO RECOVERY *PLAYWORKS PREVAIL, INC. *PRIME LIFE ENRICHMENT PURDUE EXTENSION *RAPHAEL HEALTH CENTER, INC. *RICHARD M. FAIRBANKS FOUNDATION *RIVERVIEW HEALTH *SHEPHERD'S CENTER OF HAMILTON COUNTY *SHERIDAN COMMUNITY SCHOOLS *ST. ELIZABETH SETON PARISH *THE JULIAN CENTER *THE VILLAGES HEALTH FAMILIES *TRINITY FREE CLINIC *UNITED STATES CONGRESS, REPRESENTATIVE ANDRE CARSON (STAFF) *UNIVERSITY OF INDIANAPOLIS *YMCA OF GREATER INDIANAPOLIS/TOP 10 COALITION</p> <p>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 OF THE NEEDS, IMPACTS OF THE COVID-19 PANDEMIC AND OTHERS.</p> <p>AFTER THIS DISCUSSION, PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO MAKE ADDITIONAL COMMENTS BEFORE BEING ASKED TO VOTE ON WHAT THEY BELIEVED WERE THE MOST SIGNIFICANT NEEDS IN THE COUNTY. PARTICIPANTS WERE ASKED TO CHOOSE THREE TO FIVE SIGNIFICANT HEALTH NEEDS VIA AN ONLINE POLL DURING AND AFTER THE MEETING.</p> <p>PRELIMINARY NEEDS IDENTIFIED INCLUDE SEVERAL TOPICS, INCLUDING THE COVID-19 PANDEMIC, ALCOHOL ABUSE, IMMUNIZATION RATES, ELDERLY NEEDS, SMOKING AND TOBACCO USE, ACCESS TO MENTAL HEALTH SERVICES AND STATEWIDE ISSUES, SUCH AS HEALTH DISPARITIES AND OBESITY.</p> <p>IN ADDITION TO THESE TOPICS, PARTICIPANTS FOCUSED DISCUSSION ON SUBSTANCE ABUSE AND OVERDOSES, MENTAL HEALTH CONCERNS, ACCESS TO CARE DISPARITIES FOR VARIOUS SEGMENTS OF THE POPULATION, AGING IN PLACE RESOURCES, TRANSPORTATION, LIMITED CLINICAL HOURS OF PROVIDERS, LIMITED MENTAL HEALTH PROVIDERS, A CONTINUUM OF CARE BETWEEN VARIOUS HEALTH SERVICES AND FOOD INSECURITY.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: IU HEALTH SAXONY HOSPITAL (CONTINUED)</p> <p>DESCRIPTION: FROM THIS PROCESS, PARTICIPANTS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR HAMILTON COUNTY: *ACCESS TO AND SUPPLY OF MENTAL HEALTH PROVIDERS, PARTICULARLY FOR LOW-INCOME POPULATIONS NEEDS OF A GROWING SENIOR POPULATION, INCLUDING AGING IN PLACE AND COGNITIVE CARE *MENTAL HEALTH *ALCOHOL USE AND EXCESSIVE DRINKING *ACCESS TO CARE DISPARITIES, PARTICULARLY FOR LOW-INCOME POPULATIONS</p> <p>A SURVEY WAS ALSO ISSUED TO INTERNAL PROVIDERS AT IU HEALTH THAT SERVE HAMILTON COUNTY, ASKING THEM TO IDENTIFY PRIORITY NEEDS AMONG THE PATIENTS THEY SERVE. THE FOLLOWING ISSUES WERE IDENTIFIED AS THE MOST SIGNIFICANT: *HEALTHCARE AND SERVICES FOR ELDERLY RESIDENTS *MENTAL HEALTH *SUBSTANCE ABUSE *ACCESS TO HEALTHCARE SERVICES *OBESITY ACCESS TO BEHAVIORAL HEALTH SERVICES, INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE</p> <p>THE SURVEY ALSO ASKED ABOUT THE IMPACTS OF THE COVID-19 PANDEMIC. ISSUES MOST OFTEN SELECTED AS SIGNIFICANT IMPACTS INCLUDE: *LOSS OF HEALTH INSURANCE *SOCIAL ISOLATION AND LONELINESS *HEALTH DISPARITIES</p> <p>TWO ADDITIONAL INTERVIEWS WERE CONDUCTED WITH REPRESENTATIVES OF LOCAL PUBLIC HEALTH DEPARTMENTS TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN HAMILTON COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT: *ACCESS TO BEHAVIORAL HEALTH SERVICES - BOTH MENTAL HEALTH AND SUBSTANCE ABUSE - IS A SIGNIFICANT NEED, WITH FEW PROVIDERS IN THE AREA AND PRIMARY CARE PHYSICIANS NOT OFTEN INTEGRATING BEHAVIORAL HEALTH CHECKS INTO CARE (A LARGE INCREASE IN POPULATION HAS LED TO AN UNDERSUPPLY OF PROVIDERS) *MENTAL HEALTH CONCERNS ARE WIDESPREAD, INCLUDING AN INCREASE IN CHILD MENTAL HEALTH NEEDS (YOUTH STRUGGLE WITH HIGH EXPECTATIONS AND STRESS IN SCHOOL) *SUBSTANCE ABUSE AND OVERDOSES ARE SIGNIFICANT CONCERNS, WITH OPIOID USAGE BEING WIDESPREAD (ALCOHOL ABUSE IS ALSO COMMON) *TRANSPORTATION IS A BARRIER IN THE COMMUNITY, WITH LIMITED PUBLIC OPTIONS AND ROUTES *INSURANCE BARRIERS ARE SIGNIFICANT, WITH UNINSURED POPULATIONS HAVING FEW OPTIONS AND PROVIDERS NOT ACCEPTING CERTAIN PLANS, SUCH AS MEDICAID (WHILE FREE AND LOW-COST CLINICS EXIST, THEY CANNOT KEEP UP WITH DEMAND) *FOOD INSECURITY AND ACCESS TO HEALTHY FOOD IS CHALLENGING FOR SOME GROUPS, EXACERBATED BY POVERTY AND TRANSPORTATION (LOW-INCOME HOUSING IS ALSO LIMITED) *THE WORKING POOR OFTEN ARE VULNERABLE AS THEY DO NOT QUALIFY FOR MANY PROGRAMS BUT STILL LIVE PAYCHECK TO PAYCHECK (WHILE HAMILTON COUNTY COMPARES WELL FOR POVERTY, THE NEEDS OF LOW-INCOME POPULATIONS ARE OFTEN OVERLOOKED DUE TO THIS, CREATING POCKETS OF NEED) * PREVENTION IS NOT A PRIORITY FOR MOST, AND MORE PROGRAMS AND ACCESS TO PREVENTIVE HEALTH ARE NEEDED *SEXUALLY TRANSMITTED INFECTIONS ARE AN ISSUE, PARTICULARLY CHLAMYDIA *CULTURAL DIFFERENCES LED TO UNMET NEEDS FOR SEVERAL IMMIGRANT COMMUNITIES INCLUDING LANGUAGE BARRIERS *LGBTQ+ POPULATIONS ARE ALSO UNDERSERVED, OFTEN FEELING UNCOMFORTABLE GOING TO AVAILABLE PROVIDERS *PUBLIC HEALTH FUNDING IS LIMITED, AND SERVICE LEVELS ARE IMPACTED DUE TO FINANCIAL CONSTRAINTS *TIME IS A BIG BARRIER TO OPTIMAL HEALTH, AS PARENTS ARE OFTEN TOO BUSY WITH WORK AND CHILDREN TO PURSUE HEALTHY LIVING MEASURES *MORE COLLABORATION IS NEEDED BETWEEN HEALTH SYSTEMS, HEALTH DEPARTMENTS, PROVIDERS AND SOCIAL SERVICE ORGANIZATIONS</p> <p>IN REGARD TO THE COVID-19 PANDEMIC, A WIDE ARRAY OF IMPACTS WAS NOTED, INCLUDING: *A LACK OF RESOURCES AT LOCAL HEALTH DEPARTMENTS - BOTH FUNDING AND STAFF - LED TO DIFFICULTIES THROUGHOUT THE PANDEMIC, AND MANY OTHER SERVICES WERE FOREGONE TO FOCUS ON THE PANDEMIC (A NEED FOR A MORE ROBUST PUBLIC HEALTH INFRASTRUCTURE IS HIGHLIGHTED) *THE POLITICIZATION OF PUBLIC HEALTH WAS WIDESPREAD, AND MANY GUIDELINES AND MEASURES WERE MET WITH CRITICISM *MENTAL HEALTH ISSUES WORSENERD DUE TO ISOLATION, WITH CHILDREN AT PARTICULAR RISK *STI RATES ROSE SUBSTANTIALLY *THE PANDEMIC HIGHLIGHTED THE NEED FOR ACCURATE HEALTH INFORMATION, AND PROVIDERS NEED TO FOCUS ON MAINTAINING COMMUNICATION AFTER COVID-19</p> <p>HANCOCK COUNTY - INTERVIEW</p> <p>AN INTERVIEW WAS CONDUCTED WITH REPRESENTATIVES OF A LOCAL PUBLIC HEALTH DEPARTMENT TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN HANCOCK COUNTY. PARTICIPANTS WERE ASKED TO COMMENT ON A LIST OF UNFAVORABLE HEALTH INDICATORS, ADD OTHER NEEDS TO SIGNIFICANT INDICATORS AND DISCUSS BARRIERS AND RESOURCES. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT: *PARTICIPANTS WERE NOT SURPRISED ABOUT THE UNFAVORABLE SECONDARY DATA INDICATORS, INCLUDING DRUNK-DRIVING DEATHS, TRANSPORTATION, STIS, LACK OF SOCIAL ASSOCIATIONS, OBESITY AND ACCESS TO MENTAL HEALTH PROVIDERS (IN PARTICULAR, A LACK OF MENTAL HEALTH PROVIDERS HAS BEEN A CONSISTENT ISSUE) *WHILE THERE ARE AREAS TO EXERCISE, THE BUILT ENVIRONMENT MAKES THEM DIFFICULT TO ACCESS, INCLUDING A LACK OF SIDEWALKS AND A HIGH NUMBER OF CYCLING ACCIDENTS</p>

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	<p>*COST OF HEALTHCARE IS A SIGNIFICANT ISSUE, AS WELL AS THE COST TO ACCESS EXERCISE OPPORTUNITIES</p> <p>*MENTAL HEALTH, OBESITY AND PHYSICAL INACTIVITY, SUBSTANCE ABUSE, STIS AND COST OF HEALTHCARE SERVICES WERE IDENTIFIED AS PRIORITY AREAS</p> <p>*A LACK OF KNOWLEDGE OF AVAILABLE RESOURCES IS A BARRIER, AS WELL AS INTRINSIC MOTIVATION TO IMPROVE ONE'S HEALTH (NAVIGATION RESOURCES ARE NEEDED)</p> <p>*TRANSPORTATION IS A SIGNIFICANT BARRIER IN THE COMMUNITY, WITH LIMITED ACCESS TO PUBLIC OPTIONS AND MOST TRAVELING OUTSIDE THE COUNTY FOR WORK</p> <p>*MENTAL HEALTH STIGMA, WHILE IMPROVING, IS STILL A BARRIER</p> <p>*HEALTH EDUCATION, PARTICULARLY FOR YOUTH, IS A SIGNIFICANT NEED AND COULD IMPROVE MANY HEALTH ISSUES, SUCH AS OBESITY, MENTAL HEALTH, SUBSTANCE ABUSE AND CHRONIC DISEASE</p> <p>MADISON COUNTY - COMMUNITY MEETING AND INTERVIEWS</p> <p>IN COLLABORATION WITH LOCAL HEALTH SYSTEMS - ASCENSION ST. VINCENT AND COMMUNITY HEALTH NETWORK - A COMMUNITY MEETING WAS HELD IN JUNE 10, 2021, TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN MADISON COUNTY. SECONDARY DATA AND A PRELIMINARY LIST OF COMMUNITY HEALTH NEED PRIORITIES WAS PRESENTED AT THE MEETING. EACH GROUP WAS THEN ASKED QUESTIONS ABOUT THE PRELIMINARY LIST, INCLUDING THEIR REACTIONS, ADDITIONS TO THE PROPOSED NEEDS, THOUGHTS REGARDING THE CAUSES OF THE NEEDS, IMPACTS OF THE COVID-19 PANDEMIC AND OTHERS.</p> <p>AFTER THIS DISCUSSION, PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO MAKE ADDITIONAL COMMENTS BEFORE BEING ASKED TO VOTE ON WHAT THEY BELIEVED WERE THE MOST SIGNIFICANT NEEDS IN THE COUNTY. PARTICIPANTS WERE ASKED TO CHOOSE THREE TO FIVE SIGNIFICANT HEALTH NEEDS VIA AN ONLINE POLL DURING AND AFTER THE MEETING.</p> <p>PRELIMINARY NEEDS IDENTIFIED INCLUDE COVID-19, FOOD INSECURITY, MATERNAL AND CHILD HEALTH, MENTAL HEALTH AND SUICIDE, ELDERLY NEEDS, OBESITY AND PHYSICAL INACTIVITY, TOBACCO USE, POVERTY, EDUCATIONAL OPPORTUNITIES, HOUSING, RACIAL AND ETHNIC HEALTH DISPARITIES STATEWIDE, AIR POLLUTION AND SUBSTANCE ABUSE.</p> <p>IN ADDITION TO THESE TOPICS, PARTICIPANTS FOCUSED DISCUSSION ON ACCESS TO AFFORDABLE HEALTHY FOODS AND NUTRITION KNOWLEDGE, ACCESS TO BEHAVIORAL HEALTH PROVIDERS (INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE), VAPING, HOMELESSNESS, CHILD ABUSE AND TRAUMA, TRANSPORTATION, WALKABILITY, CHILDCARE, CHRONIC DISEASE AND HEALTH EDUCATION NEEDS. FROM THIS PROCESS, PARTICIPANTS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR MADISON COUNTY: MENTAL HEALTH AND SUICIDE ACCESS TO HEALTHY FOOD, NUTRITION AND KNOWLEDGE OF HEALTHY EATING PRACTICES SUBSTANCE ABUSE TRANSPORTATION AND WALKABILITY POVERTY RACIAL AND ETHNIC HEALTH DISPARITIES</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: IU HEALTH SAXONY HOSPITAL (CONTINUED)</p> <p>DESCRIPTION: AN ADDITIONAL INTERVIEW WAS CONDUCTED WITH A REPRESENTATIVE OF A LOCAL PUBLIC HEALTH DEPARTMENT TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN MADISON COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT:</p> <p>*OBESITY IS A SIGNIFICANT ISSUE, WITH FOOD INSECURITY AND A LACK OF GROCERY STORES CONTRIBUTING</p> <p>*SMOKING IS STILL AN ISSUE, LARGELY TIED INTO MADISON COUNTY'S CULTURE AND IDENTITY AS AN OLDER, FACTORY AREA</p> <p>*LOW BIRTHWEIGHT IS A SIGNIFICANT ISSUE (WHILE A PROBLEM FOR ALL MOTHERS, CLEAR RACIAL DISPARITIES EXIST FOR BLACK INFANTS AND RELATEDLY, PRENATAL CARE IS AN ISSUE)</p> <p>*MORE HEALTH EDUCATION IS NEEDED, PARTICULARLY FOR YOUTH</p> <p>*PROVIDERS AND SOCIAL SERVICE ORGANIZATIONS NEED BETTER COLLABORATION AND EFFORTS TO GO INTO THE COMMUNITY RATHER THAN EXPECT RESIDENTS TO COME TO THEM (COORDINATION IS OFTEN LACKING)</p> <p>*TRANSPORTATION IS A SIGNIFICANT BARRIER, WITH FEW PUBLIC TRANSPORTATION OPTIONS OUTSIDE OF ANDERSON</p> <p>*HEALTH INEQUITIES AND DISPARITIES ARE PREVALENT, PARTICULARLY FOR BLACK AND HISPANIC (OR LATINO) RESIDENTS (CULTURAL AND LANGUAGE BARRIERS ARE PRESENT FOR HISPANIC POPULATIONS)</p> <p>*ACCESS TO MENTAL HEALTH CARE IS DIFFICULT DESPITE AN ADEQUATE NUMBER OF PROVIDERS DUE TO OTHER BARRIERS AND A LACK OF CONTINUUM OF CARE</p> <p>*NAVIGATION OF RESOURCES IS DIFFICULT, WITH RESIDENTS OFTEN UNSURE OF WHERE TO GO TO MEET NEEDS</p> <p>IN REGARD TO THE COVID-19 PANDEMIC, SEVERAL IMPACTS WERE NOTED, INCLUDING:</p> <p>*DISPARITIES IN VACCINE COVERAGE AND UPTAKE ARE CLEAR, PARTICULARLY AMONG BLACK RESIDENTS</p> <p>*ALL SERVICES FROM THE HEALTH DEPARTMENT NEEDED TO FOCUS ON THE PANDEMIC, MEANING A TEMPORARY HALT OF OTHERS WAS NECESSARY</p> <p>*SOME BUSINESS CLOSURES AND ISSUES WITH UNEMPLOYMENT RESULTED</p> <p>*MORE FOCUS IS NEEDED ON PUBLIC INFORMATION DISSEMINATION AS MANY LOOK TO THE LOCAL HEALTH DEPARTMENTS FOR GUIDANCE (DEPARTMENTS NEED TO MAKE SURE THEY ARE SEEN IN THE COMMUNITY AND MAINTAIN COMMUNICATION WITH ALL PARTNERS)</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)</p>	<p>HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/COMMUNITY-BENEFIT</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL</p> <p>DESCRIPTION: IU HEALTH INC. INCLUDES IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR CHILDREN AT IU HEALTH, AND IU HEALTH SAXONY HOSPITAL. THE FIRST THREE HOSPITALS MAKE UP THE ACADEMIC HEALTH CENTER (AHC).</p> <p>ALONG WITH THE CHNA FOR EACH HOSPITAL LISTED ABOVE, IU HEALTH INC.'S BOARD ADOPTED AN IMPLEMENTATION STRATEGY IN APRIL 2022 FOR EACH HOSPITAL IN RESPONSE TO THE 2021 CHNAS (THE MOST RECENTLY CONDUCTED CHNA). THE 2022-2024 IMPLEMENTATION STRATEGY OUTLINES HOW EACH HOSPITAL PLANS TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN ITS RESPECTIVE CHNA, INCLUDING INITIATIVES, STRATEGIES, INTERNAL/EXTERNAL COLLABORATORS, ANTICIPATED IMPACT, AND HOSPITAL RESOURCES.</p> <p>IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL - SIGNIFICANT NEEDS HOSPITAL WILL ADDRESS BELOW IS THE PROGRESS OF THE HOSPITALS' IMPLEMENTATION STRATEGY BY SIGNIFICANT NEED AND ITS RESPECTIVE INITIATIVE(S). THE HOSPITALS ARE ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024: ACCESS TO HEALTHCARE SERVICES; BEHAVIORAL HEALTH; CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT; SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE; AND SOCIAL DETERMINANTS OF HEALTH.</p> <p>ACCESS TO HEALTHCARE SERVICES *PROVIDE VACCINE CLINICS IN UNDER-RESOURCED COMMUNITIES. IN 2022, THROUGH 20 COMMUNITY OUTREACH EVENTS, 7 OF WHICH INCLUDED VACCINES CLINICS, IU HEALTH PROVIDED VACCINES AND SCREENINGS 1,537 TIMES TO COMMUNITY MEMBERS INCLUDING 203 VACCINES (FLU = 92, COVID BOOSTER = 111). IU HEALTH WORKED WITH 10 COMMUNITY-BASED ORGANIZATIONS, SOMETIMES ON MULTIPLE EVENTS, TO PROMOTE AND PROVIDE SCREENINGS AND VACCINES TO COMMUNITY MEMBERS WHO ARE UNDERSERVED BY HEALTHCARE RESOURCES, UNDER/UNINSURED, FROM DIFFERENT RACIAL AND ETHNIC GROUPS, AND LOW-INCOME. *SUPPORT COMMUNITY MEMBERS ACCESSING HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH METHODIST AND UNIVERSITY HOSPITAL PROVIDES FINANCIAL ASSISTANCE TO PATIENTS EACH YEAR. ADDITIONALLY, IU HEALTH PATIENT FINANCIAL COUNSELORS ARE CERTIFIED INDIANA NAVIGATORS. THEY CAN ASSIST PATIENTS WITH INFORMATION AND HELP THEM WITH APPLICATIONS FOR VARIOUS HEALTH COVERAGE PROGRAMS. *SUPPORT COMMUNITY-BASED ORGANIZATIONS THAT HELP COMMUNITY MEMBERS WITH LOWER INCOMES ACCESS HEALTHCARE SERVICES. IN 2022, THE COMMUNITY BENEFIT GRANT PROGRAM AWARDED FUNDING TO COMMUNITY-BASED ORGANIZATIONS INCLUDING COVERING KIDS AND FAMILIES OF INDIANA, GENNESARET FREE CLINIC, LIFESMART YOUTH, AND RAPHAEL HEALTH CENTER TO PROVIDE ACCESS TO HEALTHCARE SERVICES AND HELP COMMUNITY MEMBERS FIND HEALTHCARE COVERAGE. ADDITIONAL FUNDING WENT TO THE NATIONAL COALITION OF 100 BLACK WOMEN INDIANAPOLIS, INDY PRIDE, INDIANAPOLIS URBAN LEAGUE, AND THE LINKS TO PROVIDE HEALTH EDUCATION TO COMMUNITY MEMBERS IN MARION COUNTY. ALL THESE ORGANIZATIONS PROVIDE SERVICES TO CHILDREN AND ADULTS WHO ARE UNDER/UNINSURED, FROM DIFFERENT RACIAL AND ETHNIC GROUPS, AND/OR LOW-INCOME.</p> <p>BEHAVIORAL HEALTH *FURTHER DEVELOP AND IMPLEMENT BEHAVIORAL HEALTH SERVICES INTO VARIED CLINICAL SETTINGS. IN 2022, IU HEALTH'S ZERO SUICIDE PROGRAM LAUNCHED IN ALL 15 EMERGENCY DEPARTMENTS. AS A RESULT, 214,982 PATIENTS WERE SCREENED FOR SUICIDAL IDEATION. OF THOSE SCREENED, 236 WERE REFERRED TO A ZERO SUICIDE THERAPIST TO RECEIVE SERVICES. ANOTHER 54 PATIENTS RECEIVED REFERRALS TO PARTNER ORGANIZATIONS IN THE COMMUNITY. A ZERO SUICIDE PATIENT AND FAMILY ADVISORY COUNCIL WAS ALSO CREATED IN 2022 TO HELP GUIDE PROGRAM DEVELOPMENT AND HAD 5 ACTIVE PARTICIPANTS THROUGHOUT THE YEAR. IU HEALTH TEAM MEMBERS COMPLETED A TOTAL OF 19,078 TRAININGS ON SUICIDAL IDEATION IN 2022. IN NOVEMBER 2022, THE ZERO SUICIDE PROGRAM WAS PUT ON PAUSE DUE TO CHALLENGES RELATED TO STAFF TURNOVER AND LACK OF ENGAGEMENT. SERVICES ARE ANTICIPATED TO RELAUNCH TO EDS IN 2023 AND BE EXPANDED TO THE PRIMARY CARE SETTING DURING THE SAME TIME FRAME. NO REFERRALS WERE RECEIVED FROM METHODIST/UNIVERSITY. IU HEALTH'S STIGMA REDUCTION CAMPAIGN HOSTED A TOTAL OF 6 LUNCH AND LEARN EVENTS IN 2022. THESE EVENTS AIMED TO EDUCATE IU HEALTH TEAM MEMBERS ABOUT A RANGE OF TOPICS RELATED TO SUBSTANCE USE DISORDER AND BEHAVIORAL HEALTH STIGMA. TRAININGS INCLUDED FOCUS ON SUICIDAL IDEATION, NALOXONE, AND THE SCIENCE BEHIND ADDICTION. IN TOTAL, THESE TRAININGS HAD OVER 400 PARTICIPANTS. IN ADDITION TO LUNCH LEARNS, THE ANTI-STIGMA CAMPAIGN ALSO PUBLISHED 6 ARTICLES FOR TEAM MEMBER EDUCATION THROUGHOUT THE YEAR, WHICH CENTERED AROUND TOPICS SUCH AS SUBSTANCE USE DISORDER IN RURAL COMMUNITIES AND ALCOHOL USE DURING THE HOLIDAY SEASON. THE VIRTUAL CARE PEER RECOVERY COACHING PROGRAM AND ED VIRTUAL CARE PROGRAM ARE CURRENTLY IMPLEMENTED AT IU HEALTH METHODIST AND UNIVERSITY HOSPITAL, AND PATIENTS ARE REFERRED TO THE PROGRAM THROUGH HOSPITAL CLINICIANS. THE PROGRAM DATA IS MANAGED AND OVERSEEN BY THE IU HEALTH BEHAVIORAL HEALTH TEAM. *SUPPORT COMMUNITY-BASED ORGANIZATIONS THAT HELP COMMUNITY MEMBERS ACCESS BEHAVIORAL HEALTH SERVICES. IN 2022, THE COMMUNITY BENEFIT GRANT PROGRAM AWARDED FUNDING TO COMMUNITY-BASED ORGANIZATIONS INCLUDING REACH FOR YOUTH, VOLUNTEERS FOR AMERICAN FRESH START RECOVERY CENTER, ALLEN CHAPEL A.M.E. CHURCH, INDIANA LATINO INSTITUTE, AND MT. CARMEL CHURCH TO PROVIDE BEHAVIORAL HEALTH SERVICES TO COMMUNITY MEMBERS IN MARION COUNTY. ALL THESE ORGANIZATIONS PROVIDE SERVICES TO CHILDREN AND ADULTS WHO ARE UNDER/UNINSURED, FROM DIFFERENT RACIAL AND ETHNIC GROUPS, AND/OR LOW-INCOME.</p> <p>CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT *PLAN AND IMPLEMENT CARDIOVASCULAR HEALTH INITIATIVE THAT FOCUSES ON REDUCING HYPERTENSION, INCLUDING HEALTH DISPARITIES IN HYPERTENSION. IN 2022, IU HEALTH'S OFFICE OF HEALTH EQUITY RESEARCH & ENGAGEMENT (HERE) WORKED ON A FUNDING PROPOSAL THAT FOCUSES ON REDUCING HEALTH INEQUITIES BY PARTNERING WITH COMMUNITY ORGANIZATIONS TO ADDRESS CVD HEALTH DETERMINANTS IN THREE INDIANAPOLIS COMMUNITIES. IU HEALTH, ALONG WITH PARTNERS, WILL COORDINATE AND CONDUCT COMMUNITY-BASED INTERVENTIONS TO CONNECT INDIVIDUALS TO CVD RESOURCES, INCLUDING EDUCATION AND TREATMENT. IU HEALTH HERE WILL KNOW THE STATUS OF FUNDING IN 2023 AND START IMPLEMENTATION OF THE INITIATIVE IF SUCCESSFUL IN SECURING FUNDING. SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE *FURTHER IMPLEMENT THE CENTRALIZED TOBACCO TREATMENT PROGRAM (CTTP) (PROVIDES PATIENTS</p>

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	<p>ACCESS TO EVIDENCE-BASED TOBACCO TREATMENT). BETWEEN JULY 2021 TO MARCH 2022, TRAINING TOOK PLACE IN ALL ADULT PRIMARY CARE CLINICS IN THE IU HEALTH SYSTEM ON THE CTPP PROGRAM, INCLUDING THE AVAILABILITY OF SERVICES AND HOW TO MAKE REFERRALS INTO THE FREE PROGRAM FOR PATIENTS. CTPP FOCUSES ON EVIDENCE-BASED TOBACCO CESSATION TREATMENT TO ASSIST PATIENTS WHO ARE TRYING TO QUIT SMOKING INCLUDING REFERRALS TO TRAINED TOBACCO TREATMENT SPECIALIST (TTP - UMASS CENTER FOR TOBACCO TREATMENT RESEARCH AND TRAINING PROGRAM), ACCESS TO CLICKOTINE, AND USING ADVANCE PRACTICE PROVIDERS (APP) TO EVALUATE AND PRESCRIBE MEDICATION ASSISTED THERAPY (MAT) FOR NICOTINE REPLACEMENT. THE APP COORDINATES MAT COMMUNICATIONS WITH THE PRIMARY CARE PROVIDERS. ALL OTHER OUTPATIENT CLINIC PROVIDERS/LEADERS WERE SENT EDUCATIONAL INFORMATION ABOUT ELECTRONIC MEDICAL RECORD CHANGES WHICH INCLUDED SCREENING FOR ALL TOBACCO PRODUCTS AND TO CONTINUE TO REFER PATIENTS FOR TREATMENT THROUGH THE INDIANA TOBACCO QUIT LINE. IN 2022, FOR THE ACADEMIC HEALTH CENTER, THERE WERE 656 REFERRALS TO THE CTPP (75% OF PATIENTS SCHEDULED COUNSELING WITH A TTP BECAUSE OF THE REFERRAL; 52% OF PATIENTS COMPLETED THE SESSION). A TOTAL OF 449 PEOPLE, INCLUDING 41 IN THE CTPP, ENROLLED IN CLICKOTINE. ALSO, IN 2022, IU HEALTH OFFERED TWO TTP TRAINING COURSES WITH A TOTAL OF 42 PARTICIPANTS (12 WERE NON-IU HEALTH EMPLOYEES).</p> <p>*SUPPORT COMMUNITY-BASED ORGANIZATIONS THAT HELP COMMUNITY MEMBERS QUIT SMOKING. IN 2022, THE COMMUNITY BENEFIT GRANT PROGRAM AWARDED FUNDING TO THE MARION COUNTY PUBLIC HEALTH DEPARTMENT AND SMOKE FREE INDY'S IMPLEMENTATION OF TOBACCO FREE PARENTS - QUITTING FOR TWO, A NEW TOBACCO SUPPORT PROGRAM FOR NEW OR EXPECTING FAMILIES IN THE INDIANAPOLIS COMMUNITY.</p> <p>*MONITOR STATE TOBACCO RELATED POLICIES. THE OFFICE OF GOVERNMENT AFFAIRS STAFF MONITORED STATE TOBACCO RELATED POLICIES INTRODUCED IN THE 2022 SESSION OF THE INDIANA GENERAL ASSEMBLY THOUGH SIGNIFICANT PROGRESS WAS NOT MADE WITH LEGISLATION.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL (CONTINUED)</p> <p>DESCRIPTION: SOCIAL DETERMINANTS OF HEALTH</p> <p>*IMPLEMENT MEDICAL-LEGAL PARTNERSHIP (MLP) (COLLABORATIVE INTERVENTION BETWEEN HOSPITAL AND LEGAL AID PROFESSIONALS TO ASSIST PATIENTS AND THEIR FAMILIES). IN 2022, THE IU UNIVERSITY-METHODIST MLP CONDUCTED ELEVEN INTAKE INTERVIEWS FOR SERVICE. OF THOSE CASES, TEN WERE SELECTED/ELIGIBLE FOR SERVICE (91%). AT THE END OF THIS YEAR, THE MLP CLOSED ELEVEN CASES. OF THOSE CASES, ALL ELEVEN WERE PROVIDED LEGAL ADVICE OR REPRESENTATION (100%). CASE TYPES INCLUDED DIVORCE/SEPARATION/ANNULMENT; PRIVATE LANDLORD TENANT; AND SOCIAL SECURITY DISABILITY.</p> <p>*LAUNCH THE MOSAIC CENTER FOR WORK, LIFE AND LEARNING AS PART OF THE HEALTH DISTRICT INITIATIVE. DURING 2022 SIGNIFICANT PROGRESS WAS MADE TO LAUNCH THE WORK OF THE MOSAIC CENTER WITH A "MOSAIC" OF SERVICES TO SUPPORT INDIANAPOLIS YOUTH AND ADULTS IN LEARNING NEW SKILLS, FURTHER THEIR EDUCATION, AND CHART PATHWAYS TO MEANINGFUL CAREERS AT IU HEALTH, OTHER HEALTHCARE SETTINGS OR BEYOND IN THE HEALTHCARE FIELD. EIGHT TEAM MEMBERS WERE HIRED AND ONBOARDED TO SUPPORT IMPLEMENTATION AND PROGRAMMING AND MOVED INTO TEMPORARY OFFICE SPACE. THE TEAM SPENT A SIGNIFICANT AMOUNT OF TIME LEARNING AND ADAPTING OUR INITIAL INTEGRATED COACHING MODEL INCLUDING THE DEVELOPMENT OF STANDARD OPERATING PROCEDURES AND TOOLS. THE TEAM HOSTED THREE QUARTERLY MEETINGS OF PARTNERS TO STREAMLINE COMMUNICATION AND STRENGTHEN RELATIONSHIPS TO MEET THE NEEDS OF CENTER MEMBERS. THE TEAM SERVED 209 ADULTS AND YOUTH INCLUDING THE TWO COHORTS OF THE HIGH SCHOOL FELLOWSHIP PROGRAM, 74 MEDICAL ASSISTANT CERTIFICATION PROGRAM PARTICIPANTS, 51 INDIVIDUALS EARNING JOB SHADOW OR EMPLOYMENT OFFERS AT HIRING FAIRS AND 24 NEW INTEGRATED COACHING MEMBERS.</p> <p>*HOST THE CRISPUS ATTUCKS CAREER DEVELOPMENT PROGRAM AS PART OF THE HEALTH DISTRICT INITIATIVE. THE IU HEALTH HIGH SCHOOL FELLOWSHIP AT CRISPUS ATTUCKS HIGH SCHOOL WELCOMED 45 NEW FELLOWS TO THE PROGRAM THIS SPRING OUT OF 72 APPLICATIONS. DUE TO ATTRITION, THE PROGRAM INCLUDES 23 JUNIORS IN COHORT 1 (88% RETENTION) AND 40 SOPHOMORES IN COHORT 2 (89% RETENTION). AN OVERVIEW OF THE STUDENT DEMOGRAPHICS IS AS FOLLOWS: COHORT 1 - 43% BLACK, 57% HISPANIC/LATINO, 87% FEMALE, 78% QUALIFY FOR FREE OR REDUCED LUNCH; COHORT 2 - 60% BLACK, 33% HISPANIC/LATINO, 83% FEMALE, 83% QUALIFY FOR FREE OR REDUCED LUNCH. THE PROJECT TEAM ENGAGED IN AN EXTENSIVE PROGRAM REVIEW WITH A FOCUS ON INCORPORATING STUDENT AND PARENT FEEDBACK, IDENTIFYING KEY AREAS FOR ENGAGEMENT, AND SUPPORTING STUDENTS' EXPLORATION, EXPOSURE, AND EMPLOYMENT IN A DIVERSE RANGE OF HEALTHCARE CAREERS. SUBSEQUENTLY, PROGRAMMATIC ELEMENTS HAVE BEEN ENHANCED TO PROVIDE HIGH-TOUCH, WRAP-AROUND SERVICES TO ENSURE STUDENTS AND PARENTS ARE ENGAGED AND SUPPORTED INCLUDING A CODE OF CONDUCT, PARENT NIGHTS, A COVID VACCINATION CLINIC, AND AN INTRODUCTION TO COMMUNITY PARTNERS. THE INDIANA CLINICAL AND TRANSLATIONAL SCIENCES INSTITUTE AND CENTER FOR LEADERSHIP DEVELOPMENT CONTINUED TO BE KEY PARTNERS IN SOCIAL ENRICHMENT PROGRAMMING WHILE BURGEONING PARTNERSHIPS WITH IVY TECH AND EMPLOY INDY ARE UNDERWAY TO PROVIDE STUDENTS WITH COACHING AND CAREER READINESS SKILLS.</p> <p>*SUPPORT AFFORDABLE HOUSING INITIATIVES AS PART OF THE HEALTH DISTRICT INITIATIVE. IU HEALTH INVESTED STAFF TIME (THROUGH EDUCATION, ADVOCACY, AND STRATEGIC PARTNERSHIPS) IN THE DEVELOPMENT OF HOUSING INITIATIVES TO BRING AFFORDABLE AND DIVERSE HOUSING OPTIONS TO IU HEALTH EMPLOYEES AND COMMUNITY RESIDENTS. EFFORTS FOCUSED ON THREE RESIDENTIAL/COMMERCIAL DEVELOPMENTS INCLUDING WESLEY PLACE (244 UNITS), HALL PLACE (350 UNITS), AND EXCELSIOR (80 UNITS).</p> <p>*SUPPORT COMMUNITY-BASED ORGANIZATIONS HELPING COMMUNITY MEMBERS WHO ARE FOOD INSECURE. IN 2022, THE COMMUNITY BENEFIT GRANT PROGRAM AWARDED FUNDING TO COMMUNITY-BASED ORGANIZATIONS INCLUDING COMMUNITY ALLIANCE OF THE FAR EASTSIDE (CAFE), IVY ENDOWMENT, INC., GLEANERS, AND LIGHT OF THE WORLD TO PROVIDE FOOD TO INDIVIDUALS AND FAMILIES. ALL THESE ORGANIZATIONS PROVIDE SERVICES TO CHILDREN AND ADULTS WHO ARE UNDER/UNINSURED, FROM DIFFERENT RACIAL AND ETHNIC GROUPS, AND/OR LOW-INCOME.</p> <p>*SCREEN AND CONNECT PATIENTS TO RESOURCES THAT ADDRESS SOCIAL NEEDS. STAFF EFFORT HAS BEEN SPENT IDENTIFYING AND INCORPORATING A SOCIAL DETERMINANTS OF HEALTH ASSESSMENT TOOL INTO PATIENT WORKFLOWS AND COMMUNITY OUTREACH. THE PROTOCOL FOR RESPONDING TO AND ASSESSING PATIENTS' ASSETS, RISKS, AND EXPERIENCES (PRAPARE) WILL BE THE SCREENING TOOL USED BY IU HEALTH. WORK HAS BEEN DONE TO ENSURE FINDHELP.ORG IS AVAILABLE TO ALL PATIENT-FACING STAFF. IN 2022, THERE WERE 4,879 PATIENT/COMMUNITY USERS (457 WERE FROM MARION COUNTY) AND 6,748 TEAM MEMBER USERS (2,165 WERE FROM IU HEALTH HOSPITALS IN MARION COUNTY). THE TOP NEEDS SEARCHED WERE FOOD, PAYING FOR UTILITIES, HOUSING, AND ACCESS TO HEALTHCARE/BEHAVIORAL HEALTH SERVICES.</p> <p>*LAUNCH INTEGRATED SOCIAL WORK INITIATIVE IN IU HEALTH CLINICAL SETTINGS. 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, 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 CLINICS THROUGHOUT THE SYSTEM. BETWEEN MARCH 2022 AND DECEMBER OF 2022, IN PERSON TRAINING TOOK PLACE IN ALL ADULT AND PEDIATRIC PRIMARY CARE CLINICS. ISW PERFORMED 335 URGENT CONSULTATIONS ACROSS THE SYSTEM BETWEEN MARCH AND DECEMBER OF 2022.</p> <p>*FURTHER IMPLEMENT THE CONGREGATION CARE NETWORK (CCN) (A PROGRAM THAT CONNECTS PATIENTS TO A CONGREGATION AND COMMUNITY VOLUNTEERS TO PROVIDE COMPANIONSHIP AND OTHER RESOURCES). CCN PARTNERS WITH CONGREGATIONS TO ADDRESS SOCIAL ISOLATION IN THE COMMUNITY. CCN WORKS WITH INDIVIDUALS OF ALL FAITHS, INCLUDING THOSE WHO DO NOT HAVE A FAITH COMMUNITY. CONGREGATION VOLUNTEERS, CALLED CONNECTORS, ATTEND TRAINING TO LEARN THE PROCESS AND HOW TO ENGAGE WITH OUR PATIENTS. PATIENTS ENROLLED IN THE PROGRAM WILL JOURNEY WITH A CONNECTOR FROM THEIR COMMUNITY. THE CONNECTOR CONNECTS WITH THE PATIENT FOR AN HOUR FOR 12 WEEKS. DURING THIS TIME, THE CONNECTOR WILL LISTEN TO THE PATIENT'S NEEDS AND CONCERNS, CONNECT PATIENTS TO COMMUNITY RESOURCES, AND HELP PATIENTS NAVIGATE THE HEALTHCARE SYSTEM. IF CONNECTORS NOTICE A PATIENT HAS SOCIAL WORK NEEDS, THEY CAN REFER THE PATIENT TO A CCN LCSW WHO ASSISTS THE PATIENT TO GET THE CARE THEY NEED. IN 2022 FOR THE ACADEMIC HEALTH CENTER, THERE WERE 129 PATIENTS ENROLLED IN CCN. THIRTY-FIVE OF THESE PATIENTS COMPLETED OR RE-ENROLLED IN CCN AFTER THEIR 12-WEEK PERIOD. ADDITIONALLY, IN 2022, 67 CONNECTORS WERE TRAINED TO ENGAGE WITH OUR PATIENTS.</p>

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	<p>*ADVANCE COMMUNITY COLLABORATIONS AND INTERVENTIONS WITH SUPPORT FROM THE IU HEALTH FOUNDATION COMMUNITY IMPACT INVESTMENT FUND (CII). INFORMATION ABOUT THE 2022 CII FUNDING OPPORTUNITY WAS WIDELY SHARED IN MARION COUNTY; MULTIPLE PROJECT AND PARTNERSHIP IDEAS WERE REVIEWED THAT WOULD IMPACT MARION COUNTY. THE FOLLOWING COMMUNITY PARTNERS RECEIVED FUNDING FOR 2022 IN MARION COUNTY: GLEANERS FOOD BANK/AMERICAN HEART ASSOCIATION/PURDUE UNIVERSITY CENTER FOR HEALTH EQUITY & INNOVATION; CENTER FOR INTERFAITH COOPERATION/IU HEALTH CONGREGATIONAL CARE NETWORK; PEACE LEARNING CENTER; INDIANAPOLIS FOUNDATION HOUSING TO RECOVERY; INDIANAPOLIS PUBLIC TRANSPORTATION FOUNDATION; AND ASPIRE HIGHER FOUNDATION. THE AWARDS FOCUSED ON ADDRESSING FOOD INSECURITY, HEALTH DISPARITIES, SOCIAL ISOLATION, HOUSING FOR PEOPLE EXPERIENCING HOMELESSNESS AND SUBSTANCE USE DISORDERS, TRANSPORTATION FOR PEOPLE WITH DISABILITIES, AND COMMUNITY AND SOCIAL CONTEXT.</p> <p>*COLLABORATE WITH COMMUNITY-BASED ORGANIZATIONS TO COMPLETE EMPLOYEE VOLUNTEER SERVICE PROJECTS THAT ADDRESS CHNA-DEFINED HEALTH PRIORITIES. WITH OVER 850 VOLUNTEERS AND 13 UNIQUE PROJECTS TO CHOOSE FROM, TEAM MEMBERS TRACKED AROUND 3,050 HOURS AND WORKED WITH SEVERAL COMMUNITY ORGANIZATIONS IN CENTRAL INDIANA. THE PROJECTS FOCUSED ON PRIORITY COMMUNITY HEALTH NEEDS INCLUDING SOCIAL DETERMINANTS OF HEALTH (NEIGHBORHOOD IMPROVEMENTS, FOOD INSECURITY, AND EDUCATION), ACCESS TO HEALTHCARE, ACCESSIBILITY.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: RILEY HOSPITAL FOR CHILDREN AT INDIANA UNIVERSITY HEALTH</p> <p>DESCRIPTION: RILEY HOSPITAL FOR CHILDREN AT IU HEALTH - NEEDS BEING ADDRESSED BELOW IS THE PROGRESS OF THE HOSPITAL'S IMPLEMENTATION STRATEGY BY SIGNIFICANT NEED AND ITS RESPECTIVE INITIATIVE(S). RILEY HOSPITAL FOR CHILDREN AT IU HEALTH IS ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024: ACCESS TO HEALTHCARE SERVICES; BEHAVIORAL HEALTH; CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT; MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING; SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE; AND SOCIAL DETERMINANTS OF HEALTH.</p> <p>ACCESS TO HEALTHCARE SERVICES *PROVIDE VACCINE CLINICS IN UNDER-RESOURCED COMMUNITIES. IN 2022, THROUGH 20 COMMUNITY OUTREACH EVENTS, 7 OF WHICH INCLUDED VACCINES CLINICS, IU HEALTH PROVIDED VACCINES AND SCREENINGS 1,537 TIMES TO COMMUNITY MEMBERS INCLUDING 203 VACCINES (FLU = 92, COVID BOOSTER = 111). IU HEALTH WORKED WITH 10 COMMUNITY-BASED ORGANIZATIONS, SOMETIMES ON MULTIPLE EVENTS, TO PROMOTE AND PROVIDE SCREENINGS AND VACCINES TO COMMUNITY MEMBERS WHO ARE UNDERSERVED BY HEALTHCARE RESOURCES, UNDER/UNINSURED, FROM DIFFERENT RACIAL AND ETHNIC GROUPS, AND LOW-INCOME. *SUPPORT COMMUNITY MEMBERS ACCESSING HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY. RILEY HOSPITAL FOR CHILDREN PROVIDES FINANCIAL ASSISTANCE TO PATIENTS EACH YEAR. ADDITIONALLY, IU HEALTH PATIENT FINANCIAL COUNSELORS ARE CERTIFIED INDIANA NAVIGATORS. THEY CAN ASSIST PATIENTS WITH INFORMATION AND HELP THEM WITH APPLICATIONS FOR VARIOUS HEALTH COVERAGE PROGRAMS. *SUPPORT COMMUNITY-BASED ORGANIZATIONS THAT HELP CHILDREN AND FAMILIES WITH LOWER INCOMES ACCESS HEALTHCARE SERVICES. IN 2022, THE COMMUNITY BENEFIT GRANT PROGRAM AWARDED FUNDING TO COMMUNITY-BASED ORGANIZATIONS INCLUDING COVERING KIDS AND FAMILIES OF INDIANA, GENNESARET FREE CLINIC, LIFESMART YOUTH, AND RAPHAEL HEALTH CENTER TO PROVIDE ACCESS TO HEALTHCARE SERVICES AND HELP COMMUNITY MEMBERS FIND HEALTHCARE COVERAGE. ADDITIONAL FUNDING WENT TO THE NATIONAL COALITION OF 100 BLACK WOMEN INDIANAPOLIS, INDY PRIDE, INDIANAPOLIS URBAN LEAGUE, AND THE LINKS TO PROVIDE HEALTH EDUCATION TO COMMUNITY MEMBERS. ALL THESE ORGANIZATIONS PROVIDE SERVICES TO CHILDREN AND ADULTS WHO ARE UNDER/UNINSURED, FROM DIFFERENT RACIAL AND ETHNIC GROUPS, AND/OR LOW-INCOME.</p> <p>BEHAVIORAL HEALTH *FURTHER DEVELOP AND IMPLEMENT BEHAVIORAL HEALTH SERVICES INTO VARIED CLINICAL SETTINGS. THE HOSPITAL COMMITTED TO CREATING A STATEWIDE PEDIATRIC BEHAVIORAL HEALTH STRATEGIC PLAN, WHICH WILL BE INTRODUCED AND LAUNCHED IN 2023. IN 2022, WORK WAS DONE TO IDENTIFY CURRENT SERVICES AND PROGRAM; IDENTIFY GAPS; PRIORITIZE EXISTING SERVICES AND NEW MODELS OF CARE; AND REVIEW AND IDENTIFY POLICY AND LEGISLATIVE EFFORT TO SUPPORT THE STRATEGIC PLAN. CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT *CONTINUE TO SUPPORT JUMP IN FOR HEALTHY KIDS (A COMMUNITY WIDE, MULTI-SECTOR EFFORT TO GIVE CHILDREN AND FAMILIES OPPORTUNITIES TO MAKE HEALTHY CHOICES). IN 2022, THE ORGANIZATION RECEIVED A COMMUNITY BENEFIT GRANT TO SUPPORT THREE FOCUS AREAS FOR SYSTEMS CHANGE IN CENTRAL INDIANA: EARLY CHILDHOOD EDUCATION, SCHOOLS AND HEALTHY FOOD ACCESS. WORK WILL BE DONE TO EMBED NUTRITION AND PHYSICAL ACTIVITY BEST PRACTICES INTO THE POLICIES, CULTURE AND DAY-TO-DAY CHILDREN'S BEHAVIOR. ALSO, WORK WILL BE DONE TO INCREASE ACCESS TO HEALTHY, AFFORDABLE FOOD, AS FOOD IS THE PRIMARY FACTOR CONTRIBUTING TO A HEALTHY WEIGHT.</p> <p>MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING *CONTRIBUTE LEADERSHIP AND EXPERTISE TO MATERNAL, CHILD AND FETAL MORTALITY REVIEW COMMITTEES IN MARION COUNTY AND THE STATE. IN 2022, THERE WERE NINE TEAM MEMBERS WHO PARTICIPATED IN THE INDIANAPOLIS HEALTH BABIES FETAL INFANT MORTALITY REVIEW PROGRAM. IN 2022, ABOUT 20 TEAM MEMBERS PARTICIPATED IN INDIANA'S PERINATAL QUALITY IMPROVEMENT COLLABORATIVE'S SEVEN TASK FORCES WHICH MET A TOTAL OF 48 TIMES IN 2022. SOME TEAM MEMBERS PARTICIPATE ON MULTIPLE TASK FORCE. *CONTINUE AND EXPAND HOME-MONITORING PROGRAM FOR PEDIATRIC PATIENTS AND FAMILIES. THE HOSPITAL CONTINUES TO PROVIDE A SINGLE VENTRICLE HOME MONITORING PROGRAM, ALLOWING FAMILIES TO TAKE THEIR BABIES HOME, WHILE STILL PROVIDING PERSONALIZED, SPECIALIZED MEDICAL ATTENTION. *IMPLEMENT WE CARE PLUS (PROGRAM CONNECTING WOMEN AND NEW MOTHERS TO RESOURCES TO ADDRESS SOCIAL NEEDS AND MATERNAL HEALTH). IN 2022, IU HEALTH CONTINUED SERVING WOMEN AND INFANTS THROUGH THE WECARE PROGRAM, WHICH EXPANDED TO 8 SITES ACROSS THE INDIANAPOLIS METROPOLITAN AREA. WECARE, COMMUNITY HEALTH WORKERS (CHW) OFFER PERINATAL SUPPORT TO ADDRESS PATIENTS' UNMET SOCIAL SERVICES NEEDS SUCH ACCESS TO HEALTHY FOOD, TRANSPORTATION TO MEDICAL APPOINTMENTS, NEWBORN ESSENTIALS LIKE DIAPERS AND BOTTLES, AND MORE. ADDITIONALLY, CHWS PROVIDE EDUCATION ON SAFE SLEEP PRACTICES, BREASTFEEDING, AND CONTRACEPTION. APPROXIMATELY 160 WOMEN (46% BLACK) ENROLLED IN WECARE AND 102 BABIES WERE BORN. MATERNAL OUTCOMES INCLUDED FEWER MEALS SKIPPED, REDUCED ANXIETY, AND INCREASED INTENT TO BREASTFEED; INFANT OUTCOMES INCLUDED HEALTHY BIRTH WEIGHTS. *IMPLEMENT CRADLE INDIANAPOLIS (COLLABORATIVE EFFORT BETWEEN PARTNERS WORKING ACROSS SECTORS TO REDUCE INFANT MORTALITY). IN OCTOBER 2022, THE DIRECTOR FOR THE PROGRAM WAS HIRED, PROVIDED ONBOARDING, AND MET WITH INTERNAL AND EXTERNAL STAKEHOLDERS. *MAINTAIN LEVEL IV IN THE INDIANA DEPARTMENT OF HEALTH INDIANA PERINATAL LEVELS OF CARE PROGRAM. THE INDIANA DEPARTMENT OF HEALTH HAS CERTIFIED RILEY HOSPITAL FOR CHILDREN AT OB LEVEL IV AND NEO IV. *MAINTAIN THE PEDIATRIC COMMUNITY OUTREACH MOBILE EDUCATION (PCOME) TEAM AND ENHANCE ITS EFFORTS TO SUPPORT COMMUNITY HOSPITALS' EMERGENCY READINESS TO TREAT ILL AND INJURED CHILDREN. THE PCOME TEAM CONDUCTED IN SITU SIMULATION VISITS AT FIVE DIFFERENT COMMUNITY HOSPITAL EMERGENCY DEPARTMENTS IN THE STATE. THIS ITERATION AIMED TO IMPROVE THE QUALITY OF PEDIATRIC ACUTE CARE PROVIDED IN A SIMULATED SETTING AND SHARED GUIDELINES AND RESOURCES WITH THESE HOSPITALS. ABOUT 100 PROVIDERS WERE INCLUDED IN THIS ITERATION. THE GOAL OF EXPANDING THE SITES TO A TOTAL OF 20 SITES WAS NOT ACCOMPLISHED GIVEN THE LACK OF FUNDING OR MECHANISM TO SUSTAIN THIS WORK AND EXPAND IT FURTHER.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: RILEY HOSPITAL FOR CHILDREN AT INDIANA UNIVERSITY HEALTH (CONTINUE)</p> <p>DESCRIPTION: SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE *FURTHER IMPLEMENT THE CENTRALIZED TOBACCO TREATMENT PROGRAM (CTTP) (PROVIDES PATIENTS ACCESS TO EVIDENCE-BASED TOBACCO TREATMENT). BETWEEN JULY 2021 TO MARCH 2022, TRAINING TOOK PLACE IN ALL ADULT PRIMARY CARE CLINICS IN THE IU HEALTH SYSTEM ON THE CTTP PROGRAM, INCLUDING THE AVAILABILITY OF SERVICES AND HOW TO MAKE REFERRALS INTO THE FREE PROGRAM FOR PATIENTS. IN 2022, FOR THE ACADEMIC HEALTH CENTER, THERE WERE 656 REFERRALS TO THE CTTP (75% OF PATIENTS SCHEDULED COUNSELING WITH A TTS BECAUSE OF THE REFERRAL; 52% OF PATIENTS COMPLETED THE SESSION). A TOTAL OF 449 PATIENTS, INCLUDING 41 IN THE CTTP, ENROLLED IN CLICKOTINE. ALSO, IN 2022, IU HEALTH OFFERED TWO TTS TRAINING COURSES WITH A TOTAL OF 42 PARTICIPANTS (12 WERE NON-IU HEALTH EMPLOYEES). *SUPPORT COMMUNITY-BASED ORGANIZATIONS THAT HELP YOUTH QUIT SMOKING. IN 2022, THE COMMUNITY BENEFIT GRANT PROGRAM AWARDED FUNDING TO THE MARION COUNTY PUBLIC HEALTH DEPARTMENT AND SMOKE FREE INDY'S IMPLEMENTATION OF TOBACCO FREE PARENTS - QUITTING FOR TWO, A NEW TOBACCO SUPPORT PROGRAM FOR NEW OR EXPECTING FAMILIES IN THE INDIANAPOLIS COMMUNITY.</p> <p>SOCIAL DETERMINANTS OF HEALTH *IMPLEMENT MEDICAL-LEGAL PARTNERSHIP (MLP) (COLLABORATIVE INTERVENTION BETWEEN HOSPITAL AND LEGAL AID PROFESSIONALS TO ASSIST PATIENTS AND THEIR FAMILIES). IN 2022, THE IU HEALTH RILEY MLP CONDUCTED EIGHT INTAKE INTERVIEWS FOR SERVICE. OF THOSE CASES, ALL EIGHT WERE SELECTED/ELIGIBLE FOR SERVICE (100%). AT THE END OF THIS YEAR, THE MLP CLOSED EIGHT (8) CASES. OF THOSE CASES, EIGHT (8) WERE PROVIDED LEGAL ADVICE OR REPRESENTATION (100%). CASE TYPES INCLUDED PUBLIC HOUSING; MINOR GUARDIANSHIP/CONSERVATORSHIP; PRIVATE LANDLORD TENANT; AND SOCIAL SECURITY DISABILITY. *HOST THE CRISPUS ATTUCKS CAREER DEVELOPMENT PROGRAM AS PART OF THE HEALTH DISTRICT INITIATIVE. THE IU HEALTH HIGH SCHOOL FELLOWSHIP AT CRISPUS ATTUCKS HIGH SCHOOL WELCOMED 45 NEW FELLOWS TO THE PROGRAM THIS SPRING OUT OF 72 APPLICATIONS. DUE TO ATTRITION, THE PROGRAM INCLUDES 23 JUNIORS IN COHORT 1 (88% RETENTION) AND 40 SOPHOMORES IN COHORT 2 (89% RETENTION). AN OVERVIEW OF THE STUDENT DEMOGRAPHICS IS AS FOLLOWS: COHORT 1 - 43% BLACK, 57% HISPANIC/LATINO, 87% FEMALE, 78% QUALIFY FOR FREE OR REDUCED LUNCH; COHORT 2 - 60% BLACK, 33% HISPANIC/LATINO, 83% FEMALE, 83% QUALIFY FOR FREE OR REDUCED LUNCH. THE PROJECT TEAM ENGAGED IN AN EXTENSIVE PROGRAM REVIEW WITH A FOCUS ON INCORPORATING STUDENT AND PARENT FEEDBACK, IDENTIFYING KEY AREAS FOR ENGAGEMENT, AND SUPPORTING STUDENTS' EXPLORATION, EXPOSURE, AND EMPLOYMENT IN A DIVERSE RANGE OF HEALTHCARE CAREERS. SUBSEQUENTLY, PROGRAMMATIC ELEMENTS HAVE BEEN ENHANCED TO PROVIDE HIGH-TOUCH, WRAP-AROUND SERVICES TO ENSURE STUDENTS AND PARENTS ARE ENGAGED AND SUPPORTED INCLUDING A CODE OF CONDUCT, PARENT NIGHTS, A COVID VACCINATION CLINIC, AND AN INTRODUCTION TO COMMUNITY PARTNERS. THE INDIANA CLINICAL AND TRANSLATIONAL SCIENCES INSTITUTE AND CENTER FOR LEADERSHIP DEVELOPMENT CONTINUED TO BE KEY PARTNERS IN SOCIAL ENRICHMENT PROGRAMMING WHILE BURGEONING PARTNERSHIPS WITH IVY TECH AND EMPLOY INDY ARE UNDERWAY TO PROVIDE STUDENTS WITH COACHING AND CAREER READINESS SKILLS. *MAINTAIN THE MEDICAL PHYSICIAN ENGINEERS, SCIENTISTS, AND CLINICIANS PREPARATORY PROGRAM (MPESC-PREP). THIS PROGRAM SEEKS TO INCREASE AND DIVERSIFY THE PHYSICIAN-SCIENTIST WORKFORCE BY RECRUITING DIVERSE HIGH SCHOOL AND COLLEGE STUDENTS INTO STEM OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT AND MENTORSHIP WITH THE END GOAL OF PREPARING FUTURE PHYSICIAN-SCIENTISTS, PHYSICIAN-ENGINEERS, BIOMEDICAL RESEARCHERS AND CLINICAL CARE PROVIDERS. HIGH SCHOOL STUDENTS ARE SELECTED FROM PUBLIC SCHOOLS IN THE GREATER INDIANAPOLIS AREA. UNDERGRADUATE STUDENTS ARE SELECTED FROM THREE PARTNER COLLEGES/UNIVERSITIES. MANY STUDENTS ARE PLACED WITH FACULTY MENTORS IN LABORATORIES, PRIMARILY AT THE HERMAN B WELLS CENTER FOR PEDIATRIC RESEARCH. THE CENTER BRINGS NEW DISCOVERIES OF CARE TO PATIENTS AND FAMILIES AT RILEY. *SUPPORT COMMUNITY-BASED ORGANIZATIONS, INCLUDING THE ON-SITE RILEY FOOD PANTRY, TO HELP PATIENTS AND OTHER COMMUNITY MEMBERS WHO ARE FOOD INSECURE. SUPPORT COMMUNITY-BASED ORGANIZATIONS HELPING COMMUNITY MEMBERS WHO ARE FOOD INSECURE. IN 2022, THE COMMUNITY BENEFIT GRANT PROGRAM AWARDED FUNDING TO COMMUNITY-BASED ORGANIZATIONS INCLUDING COMMUNITY ALLIANCE OF THE FAR EASTSIDE (CAFE), IVY ENDOWMENT, INC., GLEANERS, AND LIGHT OF THE WORLD TO PROVIDE FOOD TO INDIVIDUALS AND FAMILIES. ALL THESE ORGANIZATIONS PROVIDE SERVICES TO CHILDREN AND ADULTS WHO ARE UNDER/UNINSURED, FROM DIFFERENT RACIAL AND ETHNIC GROUPS, AND/OR LOW-INCOME. ALSO, THE RILEY FOOD PANTRY STARTED NOT ONLY OFFERING FOOD TO TEAM MEMBERS IN NEED, BUT PATIENTS AND THEIR FAMILIES. *LAUNCH INTEGRATED SOCIAL WORK INITIATIVE IN IU HEALTH CLINICAL SETTINGS. 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, PROVIDING RESOURCES AND MAKING RECOMMENDATIONS THAT ARE UNIQUE TO THE PATIENT AND THEIR CIRCUMSTANCES. ISW PROVIDES URGENT MEDICAL SOCIAL WORK SERVICES THRU AN IPAD CART TO ALL PRIMARY CARE CLINICS THROUGHOUT THE SYSTEM. BETWEEN MARCH 2022 AND DECEMBER OF 2022, IN PERSON TRAINING TOOK PLACE IN ALL ADULT AND PEDIATRIC PRIMARY CARE CLINICS. ISW PERFORMED 335 URGENT CONSULTATIONS ACROSS THE SYSTEM BETWEEN MARCH AND DECEMBER OF 2022. *ADVANCE COMMUNITY COLLABORATIONS AND INTERVENTIONS WITH SUPPORT FROM THE IU HEALTH FOUNDATION COMMUNITY IMPACT INVESTMENT FUND (CII). INFORMATION ABOUT THE 2022 CII FUNDING OPPORTUNITY WAS WIDELY SHARED IN MARION COUNTY; MULTIPLE PROJECT AND PARTNERSHIP IDEAS WERE REVIEWED THAT WOULD IMPACT MARION COUNTY. THE FOLLOWING COMMUNITY PARTNERS RECEIVED FUNDING FOR 2022 IN MARION COUNTY: GLEANERS FOOD BANK/AMERICAN HEART ASSOCIATION/PURDUE UNIVERSITY CENTER FOR HEALTH EQUITY & INNOVATION; CENTER FOR INTERFAITH COOPERATION/IU HEALTH CONGREGATIONAL CARE NETWORK; PEACE LEARNING CENTER; INDIANAPOLIS FOUNDATION HOUSING TO RECOVERY; INDIANAPOLIS PUBLIC TRANSPORTATION FOUNDATION; AND ASPIRE HIGHER FOUNDATION. THE AWARDS FOCUSED ON ADDRESSING FOOD INSECURITY, HEALTH DISPARITIES, SOCIAL ISOLATION, HOUSING FOR PEOPLE EXPERIENCING HOMELESSNESS AND SUBSTANCE USE DISORDERS, TRANSPORTATION FOR PEOPLE WITH DISABILITIES, AND COMMUNITY AND SOCIAL CONTEXT. *COLLABORATE WITH COMMUNITY-BASED ORGANIZATIONS TO COMPLETE EMPLOYEE VOLUNTEER SERVICE PROJECTS THAT ADDRESS CHNA-DEFINED HEALTH PRIORITIES. WITH OVER 850 VOLUNTEERS</p>

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	<p>AND 13 UNIQUE PROJECTS TO CHOOSE FROM, TEAM MEMBERS TRACKED AROUND 3,050 HOURS AND WORKED WITH SEVERAL COMMUNITY ORGANIZATIONS IN CENTRAL INDIANA. THE PROJECTS FOCUSED ON PRIORITY COMMUNITY HEALTH NEEDS INCLUDING SOCIAL DETERMINANTS OF HEALTH (NEIGHBORHOOD IMPROVEMENTS, FOOD INSECURITY, AND EDUCATION), ACCESS TO HEALTHCARE, ACCESSIBILITY.</p> <p>RILEY HOSPITAL FOR CHILDREN AT IU HEALTH - NEEDS NOT BEING ADDRESSED RILEY HOSPITAL FOR CHILDREN AT IU HEALTH IS NOT ADDRESSING THE SIGNIFICANT NEED, HEALTH EDUCATION AND NAVIGATION. HEALTH EDUCATION AND NAVIGATION REFERS TO SERVICES AND RESOURCES THAT ARE AVAILABLE IN THE COMMUNITY, BUT PEOPLE DO NOT KNOW HOW TO GET CONNECTED TO THEM (E.G., HOW TO OBTAIN HEALTH INSURANCE, UNDERSTANDING INSURANCE BENEFITS, NAVIGATING THE HEALTHCARE SYSTEM, LANGUAGE BARRIERS AND HEALTH LITERACY). RILEY HOSPITAL FOR CHILDREN AT IU HEALTH PERCEIVES THIS HEALTH NEED AS BEING ADDRESSED UNDER MANY INITIATIVES IN ACCESS TO HEALTHCARE SERVICES. RILEY HOSPITAL FOR CHILDREN AT IU HEALTH WILL MONITOR THIS NEED TO SEE IF THERE ARE CHANGES OR OPPORTUNITIES IN THE FUTURE TO ADDRESS IT FURTHER.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH SAXONY HOSPITAL</p> <p>DESCRIPTION: IU HEALTH SAXONY HOSPITAL - NEEDS BEING ADDRESSED BELOW IS THE PROGRESS OF THE HOSPITAL'S IMPLEMENTATION STRATEGY BY SIGNIFICANT NEED AND ITS RESPECTIVE INITIATIVE(S). IU HEALTH SAXONY HOSPITAL IS ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024: ACCESS TO HEALTHCARE SERVICES; AGING POPULATION AND NEEDS OF SENIORS; BEHAVIORAL HEALTH; CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT; SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE; AND SOCIAL DETERMINANTS OF HEALTH. ACCESS TO HEALTHCARE SERVICES * SUPPORT THE TRINITY FREE CLINIC (FREE MEDICAL CLINIC PROVIDING HEALTHCARE SERVICES IN THE COMMUNITY). IN 2022, IU HEALTH SAXONY PROVIDED A GRANT TO REDUCE LANGUAGE BARRIERS AT TRINITY FREE CLINIC. GRANT DOLLARS WERE USED TO PURCHASE VIRTUAL INTERPRETING SERVICES TO ALLOW CLINIC STAFF AND VOLUNTEERS TO PROVIDE INFORMED CONSENT, COMPLETE PATIENT INTAKE FORMS AND PROVIDE QUALITY MEDICAL VISITS TO UN/UNDERINSURED NON-ENGLISH SPEAKING PATIENTS. OVER 2,000 PATIENTS USED THE LANGUAGE SERVICES. * SUPPORT HEART & SOUL CLINIC'S OPERATIONS (FREE MEDICAL CLINIC PROVIDING HEALTHCARE SERVICES IN THE COMMUNITY). - IU HEALTH SAXONY PROVIDED A GRANT TO INCREASE LANGUAGE SERVICES AND ACCESS TO QUALITY HEALTHCARE AT HEART & SOUL CLINIC. GRANT DOLLARS WERE USED FOR THE CONTINUATION OF LANGUAGE LINE SERVICES AS WELL AS FOR HIRING SPANISH-SPEAKING STAFF TO COMMUNICATE WITH PATIENTS. THERE WERE OVER 1,100 PATIENT VISITS IN 2022. APPROXIMATELY 70 PERCENT OF THESE PATIENTS WERE NON-ENGLISH-SPEAKING AND USED THE LANGUAGE LINE SERVICES. * SUPPORT COMMUNITY MEMBERS ACCESSING HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY. IN 2022, IU HEALTH SAXONY SUPPORTED SEVERAL LOCAL FREE/LOW-COST CLINICS TO IMPROVE HEALTH ACCESS AMONG LOW-INCOME AND UN/UNDERINSURED COMMUNITY MEMBERS IN HAMILTON COUNTY. IU HEALTH SAXONY SUPPORTED TRINITY FREE CLINIC, HEART & SOUL CLINIC AND HOPE FAMILY CARE CENTER TO ENSURE THAT INDIVIDUALS COULD ACCESS HEALTHCARE REGARDLESS OF FINANCIAL CONSTRAINTS. IN 2022, TRINITY FREE CLINIC PROVIDED OVER 15,000 LOW-COST PATIENT VISITS, HEART & SOUL CLINIC PROVIDED 1,155 LOW-COST PATIENT VISITS, AND 175 PATIENTS RECEIVED FREE WOMEN'S HEALTH SERVICES AT HOPE FAMILY CARE CENTER. * PROVIDE VACCINE CLINICS IN THE COMMUNITY. IN 2022, IU HEALTH SAXONY COMMUNITY OUTREACH AND STAFF HOSTED TEN FLU/COVID-19 VACCINE CLINICS IN HAMILTON COUNTY, RESULTING IN 610 FLU VACCINES AND 325 COVID-19 VACCINES. SEVERAL OF THE CLINICS WERE HELD IN UNDERSERVED COMMUNITIES, SUCH AS FOOD PANTRIES AND RURAL LOCATIONS TO INCREASE VACCINE ACCESS AMONG HARD-TO-REACH POPULATIONS. IN ADDITION, MANY OF THE CLINICS WERE OFFERED SPECIFICALLY TO SENIORS AND OLDER ADULTS TO HELP PROTECT THE POPULATIONS WHO ARE THE MOST AT-RISK. AGING POPULATION AND NEEDS OF SENIORS * SUPPORT THE SHEPHERD'S CENTER OF HAMILTON COUNTY'S (SCHC) GERIATRIC COUNSELING PROGRAM (OFFERS VIRTUAL, OUTPATIENT AND HOME-BASED THERAPY TO IMPROVE MENTAL WELL-BEING AMONG SENIORS). IN 2022, IU HEALTH SAXONY PROVIDED A GRANT TO SUPPORT THE GROWTH OF SCHC'S GERIATRIC COUNSELING PROGRAM. DURING THE GRANT YEAR, 344 COUNSELING SESSIONS WERE COMPLETED. 28% OF CLIENTS WERE CLASSIFIED AS EXTREMELY LOW INCOME (UNDER THE FEDERAL POVERTY LINE) AND 44% WERE CLASSIFIED AS LOW INCOME (BETWEEN THE POVERTY LINE AND 185% OF THE POVERTY LINE). AFTER INVOLVEMENT IN THE PROGRAM FOR 90 DAYS, CLIENTS REPORTED THAT THEY HAD IMPROVED BEHAVIORAL HEALTH SYMPTOMS, DECREASED FEELINGS OF ISOLATION, AND OVERALL BETTER QUALITY OF LIFE. * OFFER PROGRAMMING AT THE PRIMELIFE ENRICHMENT (PLE) SENIOR CENTER. COMMUNITY OUTREACH AND STAFF HOSTED THREE HEALTH EDUCATION PRESENTATIONS PERTAINING TO GERIATRIC TOPICS, SUCH AS MEMORY CARE, ONCOLOGY, AND STROKE AWARENESS. 100% OF ATTENDEES WHO COMPLETED POST-PROGRAM SURVEYS REPORTED THAT THEY HAD AN INCREASE IN KNOWLEDGE AFTER THE PRESENTATIONS. IN ADDITION, BLOOD PRESSURE SCREENINGS AND TWO FLU/COVID-19 VACCINE CLINICS WERE HOSTED AT PLE, RESULTING IN 158 INDIVIDUALS VACCINATED AND NINETEEN INDIVIDUALS SCREENED FOR HYPERTENSION. BEHAVIORAL HEALTH · SUPPORT INDIANA CENTER FOR PREVENTION OF YOUTH ABUSE AND SUICIDE (ICPYAS). - IU HEALTH SAXONY PROVIDED A GRANT TO SUPPORT FREE COMMUNITY YOUTH ABUSE AND SUICIDE TRAININGS THROUGHOUT HAMILTON COUNTY. NEARLY 15,000 STUDENTS ACROSS 16 HAMILTON COUNTY SCHOOLS COMPLETED THE CHILD LURES BODY SAFETY EDUCATION PROGRAM. 1,091 OF THESE STUDENTS WERE ABLE TO RECEIVE ADDITIONAL BEHAVIORAL HEALTH SUPPORT FOLLOWING THE PRESENTATION. IN ADDITION, 177 ADULTS COMPLETED THE STEWARDS OF CHILDREN CHILD SEXUAL ABUSE PREVENTION TRAINING. 90% OF ATTENDEES WHO COMPLETED THE POST-PROGRAM EVALUATION STATED THAT THEY ARE "VERY LIKELY TO TAKE PROTECTIVE ACTION NECESSARY AFTER TRAINING." 238 INDIVIDUALS COMPLETED QPR SUICIDE PREVENTION TRAINING. THOSE WHO COMPLETED PROGRAM EVALUATION REPORTED THAT THE TRAINING INCREASED THEIR KNOWLEDGE ABOUT SUICIDE PREVENTION ON AN AVERAGE OF 4.7 ON A SCALE OF 5. · SUPPORT HAMILTON COUNTY ORGANIZATIONS THAT PROVIDE SERVICES FOR RESIDENTS WHO ARE VICTIMS OF CRIME, ABUSE AND TRAUMA OR EXPERIENCE GENERAL BEHAVIORAL HEALTH CHALLENGES. - IN 2022, IU HEALTH SAXONY PROVIDED FUNDING TO PREVAIL OF CENTRAL INDIANA TO PROVIDE SAFE AND STABLE HOUSING FOR INDIVIDUALS WHO HAVE EXPERIENCED CRIME OR ABUSE. 85% OF INDIVIDUALS WHO COMPLETED EVALUATIONS AFTER RECEIVING SUPPORT INDICATED THAT THEY ARE NOW AWARE OF MORE WAYS TO PLAN FOR THEIR PHYSICAL AND EMOTIONAL SAFETY. ADDITIONALLY, 85% OF INDIVIDUALS INDICATED THAT THEY ARE NOW AWARE OF MORE OPTIONS AND RESOURCES AVAILABLE FOR HOW TO DEAL WITH THE CIRCUMSTANCES THAT INITIALLY BROUGHT THEM TO PREVAIL. · FURTHER IMPLEMENT THE VIRTUAL CARE PEER RECOVERY COACHING PROGRAM (PROVIDES PATIENTS WHO HAVE SUBSTANCE USE CONCERNS WITH VIRTUAL BEHAVIORAL HEALTH SERVICES). - THE VIRTUAL CARE PEER RECOVERY COACHING PROGRAM IS CURRENTLY IMPLEMENTED AT IU HEALTH NORTH HOSPITAL, AND PATIENTS ARE REFERRED TO THE PROGRAM THROUGH HOSPITAL CLINICIANS. · FURTHER IMPLEMENT THE EMERGENCY DEPARTMENT (ED) VIRTUAL CARE PROGRAM (PROVIDES PATIENTS VIRTUAL ACCESS TO BEHAVIORAL HEALTH SERVICES). - THE ED VIRTUAL CARE PROGRAM IS CURRENTLY IMPLEMENTED AT IU HEALTH NORTH HOSPITAL, AND PATIENTS ARE REFERRED TO THE PROGRAM THROUGH HOSPITAL CLINICIANS. CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT · IMPLEMENT FRESH & FIT (A FREE 10-WEEK FITNESS AND NUTRITION PROGRAM TO IMPROVE OVERALL PHYSICAL AND MENTAL HEALTH). - IN 2022, 70 HAMILTON COUNTY COMMUNITY MEMBERS COMPLETED THE FRESH & FIT PROGRAM, FREE OF COST. UPON PROGRAM COMPLETION, 77% OF PARTICIPANTS REDUCED THEIR BLOOD PRESSURE LEVELS, 75% OF THOSE WITH INITIAL A1C MEASURES AT OR ABOVE 5.7 LOWERED THEIR MEASUREMENTS. IN ADDITION, A TOTAL OF 948.1 POUNDS (AVERAGE OF 13.7 POUNDS PER PERSON) WERE LOST BETWEEN PRE-PROGRAM AND POST-PROGRAM. ON POST-PROGRAM ASSESSMENTS, OVER 94% OF PARTICIPANTS REPORTED THAT THEY PLAN TO FURTHER IMPLEMENT HEALTHY HABITS BY CONTINUING A FITNESS AND NUTRITION REGIMEN INTO THE FUTURE. · SUPPORT MUDSOCK YOUTH ATHLETICS (LOCAL COMMUNITY-BASED ORGANIZATION PROVIDING OUT-OF-SCHOOL RECREATIONAL OPPORTUNITIES FOR YOUTH). - IN 2022, IU HEALTH SAXONY PROVIDED A GRANT TO MUDSOCK YOUTH ATHLETICS TO SUPPORT THEIR PLAYER-IN-NEED PROGRAM, WHICH OFFERS SCHOLARSHIPS TO LOW-INCOME FAMILIES TO ENROLL THEIR CHILDREN IN RECREATIONAL SPORTS AT A</p>

Return Reference - Identifier	Explanation
	<p>FREE OR REDUCED COST. IN ADDITION, IU HEALTH SAXONY STAFF ASSEMBLED OVER 800 FIRST-AID KITS THAT WERE DONATED TO MUDDOCK YOUTH ATHLETICS' COACHES TO ENSURE SAFETY AT SPORTING EVENTS AND PRACTICES.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH SAXONY HOSPITAL (CONTINUED)</p> <p>DESCRIPTION: SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE · SUPPORT THE TOBACCO FREE HAMILTON COUNTY ALLIANCE (TFHC). - IN 2022, IU HEALTH SAXONY SUPPORTED THE TFHC COMMUNITY CONVERSATION PANEL ALONG WITH TRINITY FREE CLINIC AND THE HAMILTON COUNTY HEALTH DEPARTMENT. THE GOAL OF THIS EVENT WAS TO INCREASE KNOWLEDGE SURROUNDING THE DANGERS AND ECONOMIC IMPACT OF TOBACCO, NICOTINE, AND SMOKELESS TOBACCO PRODUCTS. IN ADDITION, IU HEALTH SAXONY COMMUNITY OUTREACH SERVED ON A MONTHLY COMMITTEE WITH BREATHE EASY HAMILTON COUNTY TO DISCUSS ISSUES AND SOLUTIONS PERTAINING TO TOBACCO AND CESSATION. · FURTHER IMPLEMENT THE CENTRALIZED TOBACCO TREATMENT PROGRAM (CTTP) (PROVIDES PATIENTS ACCESS TO EVIDENCE-BASED TOBACCO TREATMENT). - THE CENTRALIZED TOBACCO TREATMENT PROGRAM (CTTP) PROGRAM IS CURRENTLY IMPLEMENTED AT IU HEALTH SAXONY HOSPITAL, AND PATIENTS ARE REFERRED TO THE PROGRAM THROUGH CLINICIANS. THE PROGRAM DATA IS MANAGED AND OVERSEEN BY THE IU HEALTH TOBACCO COLLABORATIVE TEAM. IN 2022, FOR THE INDY SUBURBAN REGION (WHICH INCLUDES IU HEALTH SAXONY), THERE WERE 11 REFERRALS TO THE CTTP (64% OF PATIENTS SCHEDULED COUNSELING WITH A TTS BECAUSE OF THE REFERRAL; 55% OF PATIENTS COMPLETED THE SESSION). A TOTAL OF 449 PATIENTS, INCLUDING 41 IN THE CTTP, ENROLLED IN CLICKOTINE. SOCIAL DETERMINANTS OF HEALTH · SUPPORT ASPIRE INDIANA HEALTH (PROVIDES PRIMARY MEDICAL AND BEHAVIORAL HEALTHCARE AND ADDRESSES NON-MEDICAL BARRIERS TO HEALTH) - IN 2022, IU HEALTH SAXONY PROVIDED A GRANT TO SUPPORT ASPIRE INDIANA HEALTH'S SOCIAL DETERMINANTS OF HEALTH CERTIFICATIONS PROGRAM THAT OFFERS EMPLOYMENT SERVICES, HOUSING ASSISTANCE AND LEGAL SERVICES FOR INDIVIDUALS AT-RISK FOR HOMELESSNESS. 252 INDIVIDUALS RECEIVED ASSISTANCE, INCLUDING CAREER COUNSELING, JOB SEARCH AND PLACEMENT, AND OPPORTUNITIES TO COMPLETE JOB CERTIFICATIONS NECESSARY TO OBTAIN OCCUPATIONS THAT PROVIDE SUSTAINABLE INCOME. · SUPPORT ACCESS TO HEALTHY FOOD AND BASIC SUSTENANCE FOR FAMILIES WHO ARE LOW-INCOME AND STRUGGLING TO MEET BASIC NEEDS. - IU HEALTH SAXONY PROVIDED FUNDING TO THE FISHERS FARMERS MARKET TO IMPLEMENT THE FRESH BUCKS PROGRAM, WHICH ALLOWS SUPPLEMENTAL NUTRITION INCENTIVE PROGRAM (SNAP) RECIPIENTS TO PURCHASE FRESH, NUTRITIOUS FOODS FREE OF COST. COMMUNITY MEMBERS WITH SNAP WERE ABLE TO OBTAIN 500 DOLLARS' WORTH OF MARKET PRODUCE AT NO COST. IN ADDITION, IU HEALTH SAXONY INDIVIDUAL SOLUTIONS COORDINATORS ASSISTED INDIVIDUALS AND FAMILIES WHO ARE LOW-INCOME WITH ENROLLMENT IN SNAP AND TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) TO INCREASE THE NUMBER OF IN-NEED COMMUNITY MEMBERS WHO RECEIVE SUPPORT. IU HEALTH SAXONY HOSPITAL - NEEDS NOT BEING ADDRESSED IU HEALTH SAXONY HOSPITAL IS NOT ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024: HEALTH EDUCATION AND NAVIGATION AND MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING. HEALTH EDUCATION AND NAVIGATION. HEALTH EDUCATION AND NAVIGATION REFERS TO SERVICES AND RESOURCES THAT ARE AVAILABLE IN THE COMMUNITY, BUT PEOPLE DO NOT KNOW HOW TO GET CONNECTED TO THEM (E.G., HOW TO OBTAIN HEALTH INSURANCE, UNDERSTANDING INSURANCE BENEFITS, NAVIGATING THE HEALTHCARE SYSTEM, LANGUAGE BARRIERS AND HEALTH LITERACY). IU HEALTH SAXONY HOSPITAL PERCEIVES THIS HEALTH NEED AS BEING ADDRESSED UNDER MANY INITIATIVES IN ACCESS TO HEALTHCARE SERVICES. IU HEALTH SAXONY HOSPITAL WILL MONITOR THIS NEED TO SEE IF THERE ARE CHANGES OR OPPORTUNITIES IN THE FUTURE TO ADDRESS IT FURTHER. MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING. IU HEALTH SAXONY HOSPITAL DOES NOT HAVE A MATERNITY UNIT, WHICH PREVENTS THE IMPLEMENTATION OF SIGNIFICANT EFFORTS SURROUNDING MATERNAL AND INFANT HEALTH. ADDITIONALLY, THERE IS LIMITED INFRASTRUCTURE TO SUPPORT MATERNAL AND INFANT HEALTH, WHICH ARE SERVICES OFFERED AT A DIFFERENT IU HEALTH HOSPITAL IN THE SAME COUNTY.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL (CONTINUED)</p> <p>DESCRIPTION: IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL - SIGNIFICANT NEEDS NOT BEING ADDRESSED</p> <p>IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL ARE NOT ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024: HEALTH EDUCATION AND NAVIGATION AND MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING.</p> <p>HEALTH EDUCATION AND NAVIGATION.</p> <p>HEALTH EDUCATION AND NAVIGATION REFERS TO SERVICES AND RESOURCES THAT ARE AVAILABLE IN THE COMMUNITY, BUT PEOPLE DO NOT KNOW HOW TO GET CONNECTED TO THEM (E.G., HOW TO OBTAIN HEALTH INSURANCE, UNDERSTANDING INSURANCE BENEFITS, NAVIGATING THE HEALTHCARE SYSTEM, LANGUAGE BARRIERS AND HEALTH LITERACY). IU HEALTH METHODIST HOSPITAL PERCEIVES THIS HEALTH NEED AS BEING ADDRESSED UNDER MANY INITIATIVES IN ACCESS TO HEALTHCARE SERVICES. IU HEALTH METHODIST HOSPITAL WILL MONITOR THIS NEED TO SEE IF THERE ARE CHANGES OR OPPORTUNITIES IN THE FUTURE TO ADDRESS IT FURTHER.</p> <p>MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING.</p> <p>IU HEALTH METHODIST HOSPITAL IS LOCATED IN DOWNTOWN INDIANAPOLIS AND IS PART OF THE DOWNTOWN IU HEALTH CAMPUS THAT ALSO INCLUDES IU HEALTH UNIVERSITY HOSPITAL AND RILEY HOSPITAL FOR CHILDREN AT IU HEALTH. THE LATTER HOSPITAL OPENED THE RILEY HOSPITAL FOR CHILDREN MATERNITY TOWER IN NOVEMBER 2021. THE NEW FACILITY CENTRALIZES ALL MATERNITY AND NEWBORN HEALTH SERVICES OFFERED AT THE THREE DOWNTOWN HOSPITALS.</p> <p>FOR THIS REASON, THE HEALTH NEED WILL BE ADDRESSED EXCLUSIVELY BY RILEY HOSPITAL FOR CHILDREN AT IU HEALTH.</p>

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

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH</p> <p>DESCRIPTION: IU HEALTH TAKES INTO CONSIDERATION SEVERAL OTHER FACTORS IN DETERMINING PATIENT ELIGIBILITY FOR FINANCIAL ASSISTANCE. THESE FACTORS INCLUDE THE FOLLOWING:</p> <p>1. ELIGIBILITY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP</p> <p>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.</p> <p>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.</p> <p>2. FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP</p> <p>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%.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>3. FINANCIAL ASSISTANCE DUE TO PERSONAL HARDSHIP</p> <p>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.</p> <p>4. ELIGIBILITY PERIOD</p> <p>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.</p> <p>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.</p> <p>5. APPEALS AND ASSISTANCE GRANTED BY THE FINANCIAL ASSISTANCE COMMITTEE</p> <p>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.</p> <p>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.</p>

Return Reference - Identifier	Explanation
	<p>ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL.</p> <p>6. PRESUMPTIVE ELIGIBILITY</p> <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>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:</p> <ul style="list-style-type: none"> -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. <p>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.</p> <p>FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES:</p> <ul style="list-style-type: none"> -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. <p>7. EXHAUSTION OF ALTERNATE SOURCES OF ASSISTANCE</p> <p>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.</p> <p>PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE HEALTH INSURANCE POLICY MUST EXHAUST ALL INSURANCE BENEFITS.</p> <ul style="list-style-type: none"> -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 AWARDED FINANCIAL ASSISTANCE. <p>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.</p> <p>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.</p> <p>8. PATIENT ASSETS</p> <p>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.</p> <p>IU HEALTH MAY REQUIRE A LIST OF ALL PROPERTY OWNED BY THE PATIENT OR GUARANTOR AND ADJUST A FINANCIAL ASSISTANCE DETERMINATION AS A RESULT.</p>
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
<p>SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH</p> <p>DESCRIPTION: IU HEALTH TAKES SEVERAL OTHER MEASURES TO BROADLY PUBLICIZE ITS FAP WITHIN THE COMMUNITY. THESE MEASURES INCLUDE THE FOLLOWING:</p> <ol style="list-style-type: none"> 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? 215

Name and address	Type of facility (describe)
1 IU HEALTH SIMON CANCER CTR 1030 W. MICHIGAN ST. INDIANAPOLIS, IN 46202	SPECIALTY CARE
2 IU HEALTH NEUROLOGY 13000 E. 136 ST., SUITE 3300 FISHERS, IN 46037	SPECIALTY CARE
3 IU HEALTH NEUROSURGERY 2525 W. UNIVERSITY AVE., SUITE 401 MUNCIE, IN 47303	SPECIALTY CARE
4 IU HEALTH NEUROSURGERY, ORTHOPEDICS, AND RHEUMATOLOGY 201 PENNSYLVANIA PKWY., SUITE 100 CARMEL, IN 46280	SPECIALTY CARE
5 IU HEALTH EAST WASHINGTON SURGERY CENTER 9660 E. WASHINGTON ST., STE. 200 INDIANAPOLIS, IN 46229	AMBULATORY SURGERY
6 IU HEALTH MERIDIAN SOUTH SURGERY CENTER 8820 S. MERIDIAN ST. INDIANAPOLIS, IN 46217	AMBULATORY SURGERY
7 IU HEALTH BELTWAY SURGERY CENTER 151 PENNSYLVANIA PKWY. CARMEL, IN 46280	AMBULATORY SURGERY
8 IU HEALTH SPRING MILL SURGERY CENTER 10300 N. ILLINOIS ST., STE. 1300 CARMEL, IN 46290	AMBULATORY SURGERY
9 IU HEALTH BALL MEM OUTPATIENT SURG. CTR 2401 W. UNIVERSITY AVE. MUNCIE, IN 47303	AMBULATORY SURGERY
10 IU HEALTH EAGLE HIGHLANDS SURGERY CENTER 6850 PARKDALE PL. INDIANAPOLIS, IN 46254	AMBULATORY SURGERY

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 SENATE STREET SURGERY CENTER 1801 N. SENATE BLVD., SUITE D145 INDIANAPOLIS, IN 46202	AMBULATORY SURGERY
2 INDIANA ENDOSCOPY CENTERS 1115 N. RONALD REAGAN PKWY., STE. 3 AVON, IN 46123	AMBULATORY SURGERY
3 INDIANA ENDOSCOPY CENTERS 1801 N. SENATE BLVD., STE. 710 INDIANAPOLIS, IN 46202	AMBULATORY SURGERY
4 GLEN LEHMAN ENDOSCOPY SUITE 550 N. UNIVERSITY BLVD., STE. 4100 INDIANAPOLIS, IN 46202	AMBULATORY SURGERY
5 RILEY OUTPATIENT SURGERY CENTER 575 RILEY HOSPITAL DR. INDIANAPOLIS, IN 46202	AMBULATORY SURGERY
6 IU HEALTH SAXONY SURGERY CENTER 13100 E. 136TH ST. FISHERS, IN 46037	AMBULATORY SURGERY
7 IU HEALTH MERIDIAN SOUTH SURGERY CENTER 8820 S MERIDIAN ST INDIANAPOLIS, IN 46217	AMBULATORY SURGERY
8 BLOOD & BONE MARROW STEM CELL TRANSPLANT & IMMUNE CELL THERAPY PROGRAM 1030 W. MICHIGAN ST., 2ND FLOOR INDIANAPOLIS, IN 46202	SPECIALTY CARE
9 ICU SURVIVOR CENTER 1801 N. SENATE BLVD., STE. 230 INDIANAPOLIS, IN 46202	SPECIALTY CARE
10 IU HEALTH ADVANCED HEART & LUNG CARE 1801 N. SENATE BLVD. STE. 2000 INDIANAPOLIS, IN 46202	SPECIALTY CARE

Schedule H (Form 990) 2022

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? 215

Name and address	Type of facility (describe)
1 IU HEALTH PAIN CENTER 888 AUTO MALL RD. BLOOMINGTON, IN 47401	SPECIALTY CARE
2 IU HEALTH CARDIOLOGY 10101 ERNST RD., SUITE 1400 ROANOKE, IN 46783	SPECIALTY CARE
3 IU HEALTH CARDIOPULMONARY REHAB 10101 ERNST RD., SUITE 1600 ROANOKE, IN 46783	SPECIALTY CARE
4 IU HEALTH CARDIOVASCULAR SURGERY 2651 E DISCOVERY PKWY BLOOMINGTON, IN 47408	SPECIALTY CARE
5 IU HEALTH CENTER FOR LIMB LOSS 362 W. 15TH ST., SUITE 3800 INDIANAPOLIS, IN 46202	SPECIALTY CARE
6 IU HEALTH CENTRAL INDIANA CANCER CENTERS 10212 LANTERN RD. FISHERS, IN 46038	SPECIALTY CARE
7 IU HEALTH CENTRAL INDIANA CANCER CENTERS 6845 RAMA DR. INDIANAPOLIS, IN 46219	SPECIALTY CARE
8 IU HEALTH CENTRAL INDIANA CANCER CENTERS 1701 N. SENATE BLVD., C6 INDIANAPOLIS, IN 46202	SPECIALTY CARE
9 IU HEALTH PALLIATIVE CARE 1633 N. CAPITOL AVE., STE. 301 INDIANAPOLIS, IN 46202	SPECIALTY CARE
10 IU HEALTH HIP & KNEE CENTER 13000 E. 136TH ST., SUITE 2000 FISHERS, IN 46037	SPECIALTY CARE

Schedule H (Form 990) 2022

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? 215

Name and address	Type of facility (describe)
1 IU HEALTH INFUSION 10101 ERNST RD., SUITE 1500 ROANOKE, IN 46783	SPECIALTY CARE
2 IU HEALTH LIFECARE 1633 N. CAPITOL AVE., STE. 300 INDIANAPOLIS, IN 46202	SPECIALTY CARE
3 IU HEALTH OBSTETRICS & GYNECOLOGY 17160 DRAGONFLY DR., SUITE 400 NOBLESVILLE, IN 46060	SPECIALTY CARE
4 IU HEALTH OBSTETRICS & GYNECOLOGY 2901 W. JACKSON ST. MUNCIE, IN 47304	SPECIALTY CARE
5 IU HEALTH OBSTETRICS & GYNECOLOGY 1542 S. BLOOMINGTON ST. GREENCASTLE, IN 46135	SPECIALTY CARE
6 IU HEALTH ORTHOPEDICS 7230 ENGLE RD., SUITE 100 FORT WAYNE, IN 46804	SPECIALTY CARE
7 IU HEALTH NEUROSCIENCE CENTER 362 W. 15TH ST. INDIANAPOLIS, IN 46202	SPECIALTY CARE
8 IU HEALTH ORTHOPEDICS & SPORTS MEDICINE 2598 W. WHITE RIVER BLVD. MUNCIE, IN 47303	SPECIALTY CARE
9 IU HEALTH ORTHOPEDICS & SPORTS MEDICINE 2605 E. CREEK'S EDGE DR. BLOOMINGTON, IN 47401	SPECIALTY CARE
10 IU HEALTH ORTHOPEDICS & SPORTS MEDICINE 9660 E. WASHINGTON ST., SUITE 100 INDIANAPOLIS, IN 46229	SPECIALTY CARE

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH OTOLARYNGOLOGY HEAD & NECK SURGERY 1115 N. RONALD REAGAN PKWY., SUITE AVON, IN 46123	SPECIALTY CARE
2 IU HEALTH PHYSICAL MEDICINE & REHABILITATION 362 W. 15TH ST., SUITE 3800 INDIANAPOLIS, IN 46202	SPECIALTY CARE
3 IU HEALTH PHYSICAL MEDICINE & REHABILITATION 1300 E. 136TH ST., SUITE 3600 FISHERS, IN 46037	SPECIALTY CARE
4 IU HEALTH POSITIVE LINK 333 E. MILLER DR. BLOOMINGTON, IN 47401	SPECIALTY CARE
5 IU HEALTH POSITIVE LINK 642 W HOSPITAL RD PAOLI, IN 47454	SPECIALTY CARE
6 IU HEALTH POSITIVE LINK 100 EXECUTIVE DR, SUITE J LAFAYETTE, IN 47905	SPECIALTY CARE
7 IU HEALTH POSITIVE LINK 100 S 7TH ST, LOWER LEVEL TERRE HAUTE, IN 47807	SPECIALTY CARE
8 IU HEALTH POSITIVE LINK 6000 W KILGORE AVE MUNCIE, IN 47304	SPECIALTY CARE
9 IU HEALTH PRECISION GENOMICS PROGRAM 1030 W. MICHIGAN ST., STE. 3307 INDIANAPOLIS, IN 46202	SPECIALTY CARE
10 IU HEALTH PRECISION MEDICINE CLINIC 550 N UNIVERSITY BLVD, SUITE 2180 INDIANAPOLIS, IN 46202	SPECIALTY CARE

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH REPRODUCTIVE ENDOCRINOLOGY & FERTILITY 550 N UNIVERSITY BLVD, SUITE 2403 INDIANAPOLIS, IN 46202	SPECIALTY CARE
2 IU HEALTH SLEEP APNEA EDUCATION CENTER 3750 LANDMARK DR, SUITE C LAFAYETTE, IN 47905	SPECIALTY CARE
3 IU HEALTH SLEEP APNEA EDUCATION CENTER 6004 W. KILGORE AVE. MUNCIE, IN 47304	SPECIALTY CARE
4 IU HEALTH SLEEP APNEA EDUCATION CENTER 2920 MCINTIRE DR, SUITE 150B BLOOMINGTON, IN 47403	SPECIALTY CARE
5 IU HEALTH SLEEP APNEA EDUCATION CENTER 1411 W. COUNTY LINE RD., STE. C GREENWOOD, IN 46142	SPECIALTY CARE
6 IU HEALTH SLEEP APNEA EDUCATION CENTER 714 N. SENATE AVE., STE. 110 INDIANAPOLIS, IN 46202	SPECIALTY CARE
7 IU HEALTH SLEEP APNEA EDUCATION CENTER 1115 N. RONALD REAGAN PKWY., STE. 3 AVON, IN 46123	SPECIALTY CARE
8 IU HEALTH SLEEP APNEA EDUCATION CENTER 13100 E. 136TH ST., STE. 3200B FISHERS, IN 46037	SPECIALTY CARE
9 IU HEALTH SLEEP LAB 3750 LANDMARK DR., SUITE A LAFAYETTE, IN 47905	SPECIALTY CARE
10 IU HEALTH SLEEP DISORDERS CENTER 6004 W. KILGORE AVE. MUNCIE, IN 47304	SPECIALTY CARE

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH SLEEP DISORDERS CENTER 1504 CLINIC DR. BEDFORD, IN 47421	SPECIALTY CARE
2 IU HEALTH SLEEP DISORDERS CENTER 1411 W. COUNTY LINE RD., STE. C GREENWOOD, IN 46142	SPECIALTY CARE
3 IU HEALTH SLEEP DISORDERS CENTER 2920 MCINTIRE DR BLOOMINGTON, IN 47403	SPECIALTY CARE
4 IU HEALTH SLEEP DISORDERS CENTER 714 N. SENATE AVE., STE. 110 INDIANAPOLIS, IN 46202	SPECIALTY CARE
5 IU HEALTH SLEEP DISORDERS CENTER 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	SPECIALTY CARE
6 IU HEALTH SLEEP DISORDERS CENTER 720 S. 6TH ST. MONTICELLO, IN 47960	SPECIALTY CARE
7 IU HEALTH SLEEP MEDICINE 1300 S. JACKSON ST. FRANKFORT, IN 46041	SPECIALTY CARE
8 IU HEALTH SLEEP DISORDERS CENTER 500 W. VOTAW ST. PORTLAND, IN 47371	SPECIALTY CARE
9 IU HEALTH SLEEP DISORDERS CENTER 642 W. HOSPITAL RD. PAOLI, IN 47454	SPECIALTY CARE
10 IU HEALTH SLEEP DISORDERS CENTER 1000 S. MAIN ST. TIPTON, IN 46072	SPECIALTY CARE

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH SLEEP DISORDERS CENTER 1115 N. RONALD REAGAN PKWY., STE. 3 AVON, IN 46123	SPECIALTY CARE
2 IU HEALTH SLEEP DISORDERS CENTER 11725 N. ILLINOIS ST., SUITE 485 CARMEL, IN 46032	SPECIALTY CARE
3 IU HEALTH SLEEP DISORDERS CENTER 11590 N. MERIDIAN ST., SUITE 300 CARMEL, IN 46032	SPECIALTY CARE
4 IU HEALTH SLEEP DISORDERS CENTER 13100 E. 136TH ST., STE. 3200 FISHERS, IN 46037	SPECIALTY CARE
5 IU HEALTH VOICE CENTER 11725 N ILLINOIS ST, SUITE 275 CARMEL, IN 46032	SPECIALTY CARE
6 IU HEALTH WOUND CARE 1701 N. SENATE BLVD., AG053 INDIANAPOLIS, IN 46202	SPECIALTY CARE
7 IU HEALTH UNIVERSITY HOSPITAL INTERVENTIONAL & ADVANCED PAIN THERAPIES 550 N. UNIVERSITY BLVD., STE. 2007 INDIANAPOLIS, IN 46202	SPECIALTY CARE
8 CONNECTED CARE-IU HEALTH SAXONY HOSPITAL 13000 E. 136TH ST., SUITE 3400 FISHERS, IN 46037	PRIMARY CARE
9 ADULT AMBULATORY CARE CENTER 550 N. UNIVERSITY BLVD., STE. 3500 INDIANAPOLIS, IN 46202	PRIMARY CARE
10 IU HEALTH CONNECTED CARE-INDIANAPOLIS 7140 E. WASHINGTON ST., SUITE 100 INDIANAPOLIS, IN 46219	PRIMARY CARE

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH FAMILY & INTERNAL MEDICINE 560 W. LONGEST ST. PAOLI, IN 47454	PRIMARY CARE
2 IU HEALTH PRIMARY CARE 4870 E. JACKSON ST. MUNCIE, IN 47303	PRIMARY CARE
3 IU HEALTH PRIMARY CARE 14520 W. DAVIS DR. DALEVILLE, IN 47334	PRIMARY CARE
4 IU HEALTH PRIMARY CARE 10101 ERNST RD, SUITE 1200 ROANOKE, IN 46783	PRIMARY CARE
5 IU HEALTH PRIMARY CARE 9650 E WASHINGTON ST, SUITE 100 INDIANAPOLIS, IN 46229	PRIMARY CARE
6 IU HEALTH PRIMARY CARE - ALBANY 349 W 1ST ST ALBANY, IN 47320	PRIMARY CARE
7 IU HEALTH PRIMARY CARE - FAMILY MEDICINE W/OBSTETRICS 2901 W JACKSON ST MUNCIE, IN 47304	PRIMARY CARE
8 IU HEALTH PRIMARY CARE - INTERNAL MEDICINE 2901 W JACKSON ST MUNCIE, IN 47304	PRIMARY CARE
9 IU HEALTH PRIMARY CARE - YORKTOWN 1420 S. PILGRIM BLVD. YORKTOWN, IN 47396	PRIMARY CARE
10 IU HEALTH PRIMARY CARE CENTRAL INDIANAPOLIS - FAMILY MEDICINE RESIDENCY 1040 WISHARD BLVD INDIANAPOLIS, IN 46202	PRIMARY CARE

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH PRIMARY CARE FORT WAYNE - HOPE DRIVE 7411 HOPE DRIVE, SUITE C FORT WAYNE, IN 46815	PRIMARY CARE
2 IU HEALTH PRIMARY CARE FORT WAYNE - NORTH 10215 AUBURN PARK DR. FORT WAYNE, IN 46825	PRIMARY CARE
3 IU HEALTH PRIMARY CARE FORT WAYNE - SOUTHEAST 256 E. PETTIT AVE. FORT WAYNE, IN 46806	PRIMARY CARE
4 IU HEALTH MORGAN WALK-IN 2209 JOHN R. WOODEN DR., DOOR 7 MARTINSVILLE, IN 46151	PRIMARY CARE
5 IU HEALTH PRIMARY CARE FORT WAYNE - HOPE DRIVE 13000 E. 136TH ST., SUITE 3300 FISHERS, IN 46037	PRIMARY CARE
6 IU HEALTH ADULT PHYSICAL THERAPY & REHABILITATION SERVICES 13000 E. 136TH ST., SUITE 2100 FISHERS, IN 46037	REHABILITATION SERVICES
7 IU HEALTH PHYSICAL THERAPY & REHABILITATION 6866 W. STONEGATE DR., SUITE 106 ZIONSVILLE, IN 46077	REHABILITATION SERVICES
8 IU HEALTH PHYSICAL THERAPY & REHABILITATION 404 E. WASHINGTON ST., STE. B INDIANAPOLIS, IN 46204	REHABILITATION SERVICES
9 IU HEALTH ADULT SPEECH-LANGUAGE PATHOLOGY 550 N. UNIVERSITY BLVD. INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
10 IU HEALTH REHABILITATION & SPORTS MEDICINE 2900 16TH ST BEDFORD, IN 47421	REHABILITATION SERVICES

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH REHABILITATION & SPORTS MEDICINE CENTER EAST 328 S. WOODCREST DR. BLOOMINGTON, IN 47401	REHABILITATION SERVICES
2 IU HEALTH REHABILITATION & SPORTS MEDICINE CENTER SPENCER 926 IN-46, 200 SPENCER, IN 47460	REHABILITATION SERVICES
3 IU HEALTH REHABILITATION & SPORTS MEDICINE CENTER WEST 2499 W. COTA DR. BLOOMINGTON, IN 47403	REHABILITATION SERVICES
4 IU HEALTH PHYSICAL THERAPY & REHABILITATION 4935 W. ARLINGTON RD. BLOOMINGTON, IN 47404	REHABILITATION SERVICES
5 IU HEALTH PHYSICAL THERAPY & REHABILITATION 1801 N. SENATE BLVD., STE. 240 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
6 IU HEALTH OCCUPATIONAL THERAPY SERVICES 1801 N. SENATE BLVD., STE. 530 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
7 NEUROREHABILITATION AND ROBOTICS 355 W. 16TH ST., STE. 1078 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
8 IU HEALTH OCCUPATIONAL SERVICES 2804 16TH ST. BEDFORD, IN 47421	REHABILITATION SERVICES
9 IU HEALTH MORGAN REHABILITATION 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	REHABILITATION SERVICES
10 IU HEALTH PHYSICAL THERAPY & REHABILITATION 550 N. UNIVERSITY BLVD., RM. 4175 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH ADULT PHYSICAL THERAPY & REHABILITATION SERVICES 1801 N. SENAE BLVD., STE. 1438 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
2 IU HEALTH REHABILITATION SERVICES 1300 S. JACKSON ST. FRANKFORT, IN 46141	REHABILITATION SERVICES
3 IU HEALTH PHYSICAL THERAPY & REHABILITATION 2705 W NORTH STREET MUNCIE, IN 47303	REHABILITATION SERVICES
4 IU HEALTH PHYSICAL THERAPY & REHABILITATION 7411 N. KEYSTONE AVE., SUITE B INDIANAPOLIS, IN 46240	REHABILITATION SERVICES
5 IU HEALTH PHYSICAL THERAPY & REHABILITATION 6820 PARKDALE PL., STE. 120 INDIANAPOLIS, IN 46254	REHABILITATION SERVICES
6 IU HEALTH PHYSICAL THERAPY & REHABILITATION 1010 S. MAIN ST., SUITE 110 TIPTON, IN 46072	REHABILITATION SERVICES
7 IU HEALTH PHYSICAL THERAPY & REHABILITATION 9670 E. WASHINGTON ST., STE. 115 INDIANAPOLIS, IN 46229	REHABILITATION SERVICES
8 IU HEALTH PHYSICAL THERAPY & REHABILITATION 8820 S. MERIDIAN ST., SUITE 215 INDIANAPOLIS, IN 46217	REHABILITATION SERVICES
9 IU HEALTH PHYSICAL THERAPY & REHABILITATION 2476 E. 116TH ST., G-100 CARMEL, IN 46032	REHABILITATION SERVICES
10 IU HEALTH PHYSICAL THERAPY & REHABILITATION 410 PILGRIM BLVD. HARTFORD CITY, IN 47348	REHABILITATION SERVICES

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH PEDIATRIC PHYSICAL THERAPY & REHABILITATION 6820 PARKDALE PL., STE. 109 INDIANAPOLIS, IN 46254	REHABILITATION SERVICES
2 IU HEALTH PHYSICAL THERAPY & REHABILITATION 14645 HAZEL DELL RD. NOBLESVILLE, IN 46062	REHABILITATION SERVICES
3 IU HEALTH URGENT CARE - BLOOMINGTON 326 S. WOODCREST DR. BLOOMINGTON, IN 47401	URGENT CARE
4 IU HEALTH URGENT CARE - GREENWOOD 996 S. SR 135, SUITE P GREENWOOD, IN 46143	URGENT CARE
5 IU HEALTH URGENT CARE - AVON 10853 E. US HWY 36 AVON, IN 46123	URGENT CARE
6 IU HEALTH URGENT CARE - BROAD RIPPLE 1036 BROAD RIPPLE AVE. INDIANAPOLIS, IN 46220	URGENT CARE
7 IU HEALTH URGENT CARE - DOWNTOWN INDPLS. 222 W. WASHINGTON ST. INDIANAPOLIS, IN 46204	URGENT CARE
8 IU HEALTH URGENT CARE - BROWNSBURG 90 E. GARNER RD., STE. A BROWNSBURG, IN 46112	URGENT CARE
9 IU HEALTH URGENT CARE - NOBLESVILLE 14645 HAZEL DELL ROAD, SUITE 120 NOBLESVILLE, IN 46062	URGENT CARE
10 IU HEALTH URGENT CARE - LAFAYETTE 1 WALTER SCHOLER DR. LAFAYETTE, IN 47909	URGENT CARE

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH URGENT CARE - FORT WAYNE NORTH 9821 LIMA RD., STE. 103 FORT WAYNE, IN 46818	URGENT CARE
2 IU HEALTH URGENT CARE - WEST LAFAYETTE 253 SAGAMORE PKWY. W. WEST LAFAYETTE, IN 47906	URGENT CARE
3 IU HEALTH URGENT CARE FORT WAYNE - HOPE DRIVE 7411 HOPE DRIVE, SUITE A FORT WAYNE, IN 46815	URGENT CARE
4 IU HEALTH RADIOLOGY 9660 E. WASHINGTON ST. INDIANAPOLIS, IN 46229	RADIOLOGY
5 IU HEALTH CANCER RADIATION CENTER 9149 STATE RD. 37 BEDFORD, IN 47421	RADIOLOGY
6 IU HEALTH RADIOLOGY 820 SAMUEL MOORE PKWY. MOORESVILLE, IN 46158	RADIOLOGY
7 IU HEALTH RADIOLOGY 6850 PARKDALE PL. INDIANAPOLIS, IN 46254	RADIOLOGY
8 IU HEALTH RADIOLOGY 362 W. 15TH ST., SUITE 4200 INDIANAPOLIS, IN 46202	RADIOLOGY
9 IU HEALTH MORGAN RADIOLOGY 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	RADIOLOGY
10 IU HEALTH RADIOLOGY 550 N. UNIVERSITY BLVD., UN 0663 INDIANAPOLIS, IN 46202	RADIOLOGY

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH RADIOLOGY 404 E. WASHINGTON ST., STE. B INDIANAPOLIS, IN 46204	RADIOLOGY
2 IU HEALTH RADIOLOGY 1801 N. SENATE BLVD., RM. A 1157A INDIANAPOLIS, IN 46202	RADIOLOGY
3 IU HEALTH RADIOLOGY 2625 E 62ND ST, SUITE 2010 INDIANAPOLIS, IN 46220	RADIOLOGY
4 IU HEALTH RADIOLOGY 7411 HOPE DR., SUITE B FORT WAYNE, IN 46815	RADIOLOGY
5 IU HEALTH RADIOLOGY 151 PENNSYLVANIA PKWY, SUITE 160 INDIANAPOLIS, IN 46280	RADIOLOGY
6 IU HEALTH RADIOLOGY 720 ESKENAZI INDIANAPOLIS, IN 46202	RADIOLOGY
7 IU HEALTH RADIOLOGY 3401 E RAYMOND INDIANAPOLIS, IN 46203	RADIOLOGY
8 IU HEALTH RADIOLOGY 10101 ERNST RD, SUITE 1100 ROANOKE, IN 46783	RADIOLOGY
9 IU HEALTH RADIOLOGY 4880 CENTURY PLAZA RD., STE. 155 INDIANAPOLIS, IN 46254	RADIOLOGY
10 IU HEALTH RADIOLOGY 2598 W. WHITE RIVER BLVD. MUNCIE, IN 47303	RADIOLOGY

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH RADIOLOGY 1111 N. RONALD REAGAN PKWY. AVON, IN 46123	RADIOLOGY
2 IU HEALTH RADIOLOGY 8830 S. MERIDIAN ST. INDIANAPOLIS, IN 46217	RADIOLOGY
3 IU HEALTH RADIOLOGY 1000 S. MAIN ST. TIPTON, IN 46072	RADIOLOGY
4 IU HEALTH RADIOLOGY 1375 N. GREEN ST., STE. 200 BROWNSBURG, IN 46112	RADIOLOGY
5 IU HEALTH RADIOLOGY 11700 N. MERIDIAN ST. CARMEL, IN 46032	RADIOLOGY
6 IU HEALTH RADIOLOGY 13000 E. 136TH ST. FISHERS, IN 46037	RADIOLOGY
7 IU HEALTH RADIOLOGY 1701 N. SENATE BLVD., ROOM A 1157A INDIANAPOLIS, IN 46202	RADIOLOGY
8 IU HEALTH UNIVERSITY RETAIL PHARMACY 550 N. UNIVERSITY BLVD., UH1425 INDIANAPOLIS, IN 46202	PHARMACY
9 IU HEALTH METHODIST RETAIL PHARMACY 1801 N. SENATE BLVD., STE. 105 INDIANAPOLIS, IN 46202	PHARMACY
10 RILEY RETAIL PHARMACY AT IU HEALTH 705 RILEY HOSPITAL DR., ROC 1201 INDIANAPOLIS, IN 46202	PHARMACY

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH ARNETT RETAIL PHARMACY 5165 MCCARTY LN, ENTRANCE 4 LAFAYETTE, IN 47905	PHARMACY
2 IU HEALTH BLACKFORD PHARMACY 400 PILGRIM BLVD. HARTFORD CITY, IN 47348	PHARMACY
3 IU HEALTH BLOOMINGTON RETAIL PHARMACY 2651 E. DISCOVERY PKWY, SUITE A2032 BLOOMINGTON, IN 47408	PHARMACY
4 IU HEALTH PHARMACY - JACKSON 2901 W JACKSON ST, SUITE B MUNCIE, IN 47304	PHARMACY
5 IU HEALTH FAMILY PHARMACY 5501 W. BETHEL AVE. MUNCIE, IN 47304	PHARMACY
6 IU HEALTH NORTH RETAIL PHARMACY 11700 N. MERIDIAN ST., STE. B106 CARMEL, IN 46032	PHARMACY
7 IU HEALTH WEST RETAIL PHARMACY 1111 N. RONALD REAGAN PKWY., M105 AVON, IN 46123	PHARMACY
8 IU HEALTH YORKTOWN PHARMACY 1420 S. PILGRIM BLVD. YORKTOWN, IN 47396	PHARMACY
9 IU HEALTH PAVILION COMMUNITY PHARMACY 2401 W. UNIVERSITY AVE., OMP 1635 MUNCIE, IN 47303	PHARMACY
10 IU HEALTH SAXONY RETAIL PHARMACY 13100 E. 136TH ST., STE. 1000 FISHERS, IN 46037	PHARMACY

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH ADVANCED THERAPIES PHARMACY 390 AIRTECH PKWY, SUITE 106A PLAINFIELD, IN 46168	PHARMACY-MAIL ORDER/SPECIALTY SERVICES
2 IU HEALTH HOME CARE 950 N. MERIDIAN ST., STE. 700 INDIANAPOLIS, IN 46204	HOME HEALTH
3 IU HEALTH EXPRESSIONS HOME MEDICAL EQUIP 11725 N. ILLINOIS ST., SUITE 485 CARMEL, IN 46032	HOME HEALTH
4 IU HEALTH HOSPICE 950 N. MERIDIAN ST., STE. 700 INDIANAPOLIS, IN 46204	HOSPICE
5 IU HEALTH DIAGNOSTIC CENTER ARLINGTON LAB 4935 W. ARLINGTON RD. BLOOMINGTON, IN 47404	LAB
6 IU HEALTH ARNETT CANCER CARE LAB 420 N. 26TH ST. LAFAYETTE, IN 47904	LAB
7 IU HEALTH ARNETT 2600 FERRY ST. LAB 2600 FERRY ST. LAFAYETTE, IN 47904	LAB
8 IU HEALTH ARNETT GREENBUSH LAB 2600 GREENBUSH ST. LAFAYETTE, IN 47904	LAB
9 IU HEALTH ARNETT HOSPITAL LAB 5165 MCCARTY LN. LAFAYETTE, IN 47905	LAB
10 IU HEALTH ARNETT SOUTHSIDE LAB 1 WALTER SCHOLER DR. LAFAYETTE, IN 47909	LAB

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH ARNETT WESTSIDE LAB 253 SAGAMORE PKWY. W. WEST LAFAYETTE, IN 47906	LAB
2 IU HEALTH BALL MEMORIAL HOSPITAL LAB 2401 UNIVERSITY AVE. MUNCIE, IN 47303	LAB
3 IU HEALTH BEDFORD HOSPITAL LAB 2900 W. 16TH ST. BEDFORD, IN 47421	LAB
4 IU HEALTH BETHEL LAB 5501 W. BETHEL AVE. MUNCIE, IN 46304	LAB
5 IU HEALTH BLACKFORD HOSPITAL LAB 410 PILGRIM BLVD. HARTFORD CITY, IN 47348	LAB
6 IU HEALTH FRANKFORT LAB 1300 S. JACKSON ST. FRANKFORT, IN 46041	LAB
7 IU HEALTH GEORGETOWN MEDICAL PLAZA LAB 4880 CENTURY PLAZA RD., STE. 125 INDIANAPOLIS, IN 46254	LAB
8 IU HEALTH JAY HOSPITAL OUTPATIENT LAB 500 W. VOTAW ST. PORTLAND, IN 47371	LAB
9 IU HEALTH LANDMARK OUTPATIENT LAB 550. LANDMARK AVE. BLOOMINGTON, IN 47403	LAB
10 IU HEALTH MOORESVILLE LAB 820 SAMUEL MOORE PKWY. MOORESVILLE, IN 46158	LAB

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IU HEALTH MORGAN LAB 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	LAB
2 IU HEALTH NORTH HOSPITAL LAB 11700 N. MERIDIAN ST. CARMEL, IN 46032	LAB
3 IU HEALTH PAOLI HOSPITAL LAB 642 W. HOSPITAL RD. PAOLI, IN 47454	LAB
4 IU HEALTH PATHOLOGY LAB 350 W. 11TH ST. INDIANAPOLIS, IN 46202	LAB
5 IU HEALTH SAXONY HOSPITAL LAB 13000 E. 136TH ST. FISHERS, IN 46037	LAB
6 IU HEALTH SIP BEDFORD LAB 2900 W. 16TH ST. BEDFORD, IN 47421	LAB
7 IU HEALTH TIPTON HOSPITAL LAB 1000 S. MAIN ST. TIPTON, IN 46072	LAB
8 IU HEALTH WEST HOSPITAL LAB 1111 RONALD REAGAN PKWY., SUITE A11 AVON, IN 46123	LAB
9 IU HEALTH WHITE MEMORIAL HOSPITAL LAB 720 S. 6TH ST. MONTICELLO, IN 47960	LAB
10 IUH BLOOMINGTON HOSPITAL MAIN CAMPUS LAB 2651 E DISCOVERY PKWY, 1ST FLOOR BLOOMINGTON, IN 47408	LAB

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 215

Name and address	Type of facility (describe)
1 IUH JOE & SHELLY SCHWARZ CANCER CTR LAB 11700 N. MERIDIAN ST. CARMEL, IN 46032	LAB
2 IUH METHODIST MED PLAZA BROWNSBURG LAB 1375 N. GREEN ST. BROWNSBURG, IN 46112	LAB
3 IUH METHODIST MED PLAZA EAGLE HIGHLANDS 6850 PARKDALE PL. INDIANAPOLIS, IN 46254	LAB
4 IUH METHODIST MEDICAL PLAZA EAST LAB 9660 E. WASHINGTON ST. INDIANAPOLIS, IN 46229	LAB
5 IUH METHODIST MEDICAL PLAZA NORTH LAB 151 PENNSYLVANIA PKWY. CARMEL, IN 46280	LAB
6 IUH METHODIST MEDICAL PLAZA SOUTH LAB 8820 S. MERIDIAN ST. INDIANAPOLIS, IN 46217	LAB
7 IUH METHODIST PROFESSIONAL CENTER LAB 1801 N. SENATE BLVD. INDIANAPOLIS, IN 46202	LAB
8 UNIV HOSP AMBULATORY OUTPATIENT CNTR LAB 550 N. UNIVERSITY BLVD., RM. 1005 INDIANAPOLIS, IN 46202	LAB
9 IUH ADDICTION TREATMENT & RECOVERY CNTR 727 W. 2ND ST. BLOOMINGTON, IN 47403	BEHAVIORAL HEALTH
10 IUH ADDICTION TREATMENT & RECOVERY CNTR 1758 W 100 S PORTLAND, IN 47371	BEHAVIORAL HEALTH

Schedule H (Form 990) 2022

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? 215

Name and address	Type of facility (describe)
1 IUH ADDICTION TREATMENT & RECOVERY CNTR 210 N. TILLOTSON AVE. MUNCIE, IN 47304	BEHAVIORAL HEALTH
2 IUH ADDICTION TREATMENT & RECOVERY CNTR 1730 N CAPITOL AVE, SUITE C3 INDIANAPOLIS, IN 46202	BEHAVIORAL HEALTH
3 IUH ADDICTION TREATMENT & RECOVERY CNTR 1115 N RONALD REAGAN PKWY, SUITE 36 AVON, IN 46123	BEHAVIORAL HEALTH
4 IU HEALTH MORGAN 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	DIAGNOSTIC & OTHER OUTPATIENT
5 IU HEALTH OLCOTT CENTER 2651 E DISCOVERY PKWY BLOOMINGTON, IN 47408	DIAGNOSTIC & OTHER OUTPATIENT
6 	
7 	
8 	
9 	
10 	

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
<p>SCHEDULE H, PART I, LINE 3C - CRITERIA USED FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE</p>	<p>IU HEALTH USES SEVERAL FACTORS OTHER THAN FEDERAL POVERTY GUIDELINES ("FPG") IN DETERMINING ELIGIBILITY FOR FREE CARE UNDER ITS FAP. THESE FACTORS INCLUDE THE FOLLOWING:</p> <p>1. ELIGIBILITY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP</p> <p>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.</p> <p>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.</p> <p>2. FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP</p> <p>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%.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>3. FINANCIAL ASSISTANCE DUE TO PERSONAL HARDSHIP</p> <p>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.</p> <p>4. ELIGIBILITY PERIOD</p> <p>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.</p> <p>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</p>

Return Reference - Identifier	Explanation
	<p>QUALIFICATION.</p> <p>5. APPEALS AND ASSISTANCE GRANTED BY THE FINANCIAL ASSISTANCE COMMITTEE</p> <p>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.</p> <p>THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW REQUESTS FOR AND MAY GRANT ADDITIONAL FINANCIAL ASSISTANCE, INCLUDING BUT NOT LIMITED TO, THE FOLLOWING:</p> <ul style="list-style-type: none"> -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. <p>ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL.</p> <p>6. PRESUMPTIVE ELIGIBILITY</p> <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>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:</p> <ul style="list-style-type: none"> -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. <p>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.</p> <p>FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES:</p> <ul style="list-style-type: none"> -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. <p>7. EXHAUSTION OF ALTERNATE SOURCES OF ASSISTANCE</p> <p>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.</p> <p>PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE HEALTH INSURANCE POLICY MUST EXHAUST ALL INSURANCE BENEFITS.</p> <ul style="list-style-type: none"> -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 AWARDED FINANCIAL ASSISTANCE. <p>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.</p> <p>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.</p> <p>8. PATIENT ASSETS</p> <p>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.</p> <p>IU HEALTH MAY REQUIRE A LIST OF ALL PROPERTY OWNED BY THE PATIENT OR GUARANTOR AND ADJUST A FINANCIAL ASSISTANCE DETERMINATION AS A RESULT.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G	IU HEALTH, INC. INCLUDES COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES BUT IS NOT ABLE TO SEGREGATE THE COSTS ASSOCIATED WITH PHYSICIAN CLINICS.
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 EXCLUDES DIRECT OFFSETTING REVENUE, IS 34.92%.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	42,583,810
SCHEDULE H, PART I, LINE 7F - PERCENT OF TOTAL EXPENSE	<p>THE AMOUNT OF BAD DEBT EXPENSE SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSE ON LINE 7, COLUMN (F) IS \$42,583,810 THIS AMOUNT INCLUDES THE BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX, LINE 25, COLUMN (A), AND IU HEALTH'S PORTION OF THE BAD DEBT ATTRIBUTABLE TO THE JOINT VENTURES REPORTED ON SCHEDULE H, PART IV.</p> <p>BAD DEBT EXPENSE IS REPORTED AT COST BASED ON THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.</p>
SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED	<p>IU HEALTH INC. 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 INC. 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 ACTIVITIES MEET THE DEFINITION OF COMMUNITY BENEFIT AND HAVE BEEN REPORTED AS SUCH.</p> <p>IU HEALTH INC. SUPPORTED SEVERAL DIFFERENT TYPES OF COMMUNITY BUILDING ACTIVITIES TO PROMOTE THE HEALTH OF THE COMMUNITY. THESE ACTIVITIES INCLUDE:</p> <p>ECONOMIC DEVELOPMENT: DUE TO THE RELATIONSHIP BETWEEN HEALTH, SAFETY AND ECONOMIC GROWTH, IU HEALTH INC. HAS LONG SEEN THE VALUE IN SUPPORTING SUSTAINABLE ECONOMIC GROWTH AND QUALITY OF PLACE IN INDIANAPOLIS AND THE SURROUNDING METROPOLITAN AREA. IU HEALTH INC. PROVIDED IN-KIND AND FINANCIAL SUPPORT TO THE INDIANAPOLIS CHAMBER OF COMMERCE'S ACCELERATE INDY FOR ALL, THE ECONOMIC DEVELOPMENT STRATEGY. THE PILLARS OF THE STRATEGY INCLUDE EDUCATED AND TALENTED WORKERS; INNOVATIVE AND ENTERPRISING BUSINESS; ATTRACTIVE AND CONNECTED PLACES; AND A VIBRANT AND INVITING IMAGE.</p> <p>WORKFORCE DEVELOPMENT: SEEKING OPPORTUNITIES TO COLLABORATE WITH EDUCATIONAL INSTITUTES TO PROMOTE THE HEALTH SCIENCES PROFESSIONS, IU HEALTH INC. HAS SEVERAL DEPARTMENTS THAT DID COMMUNITY EDUCATION AND OUTREACH TO ENCOURAGE STUDENTS TO EXPLORE AND CONSIDER HEALTHCARE CAREERS. AS THE HEALTHCARE INDUSTRY FACES WORKFORCE SHORTAGES, THIS PRESENTS AN OPPORTUNITY TO INSPIRE STUDENTS, ESPECIALLY RACIAL AND ETHNIC MINORITY STUDENTS, TO GO TO COLLEGE OR SEEK OTHER POST-SECONDARY EDUCATION ALTERNATIVES.</p> <p>COALITION BUILDING: IU HEALTH TEAM MEMBERS PARTICIPATE ON THE GOVERNING BOARDS OF NONPROFIT ORGANIZATIONS THAT SEEK TO INCREASE ACCESS TO HEALTHCARE SERVICES, HEALTH EQUITY, AND ADVANCING PUBLIC HEALTH. ADDITIONALLY, IU HEALTH TEAM MEMBERS PARTICIPATE IN LOCAL COALITIONS SUCH AS THE TOP 10 COALITION AND HEALTH EQUITY ACTION TEAM TO SHARE RESOURCES AND INFORMATION AS WELL AS IMPROVE COMMUNITY AND PARTNER CAPACITY TO ADDRESS HEALTH NEEDS AND ADVANCE HEALTH EQUITY IN THE COMMUNITY.</p> <p>LEADERSHIP DEVELOPMENT/TRAINING FOR COMMUNITY MEMBERS: IU HEALTH CAN BE TRACED BACK TO ITS TWO FOUNDING ORGANIZATIONS: THE UNITED METHODIST CHURCH AND INDIANA UNIVERSITY. TODAY, THESE TWO ORGANIZATIONS EACH COMPRISE HALF OF THE GOVERNING BODIES OF IU HEALTH. THIS CASH DONATION SUPPORTS THE VALUES OF BOTH ORGANIZATION AND THEIR COMMITMENT TO THE COMMUNITY.</p>
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	THE AMOUNT REPORTED ON LINE 2 AS BAD DEBT IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY</p>	<p>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:</p> <ol style="list-style-type: none"> 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. <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>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.</p> <p>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.</p> <p>DUE TO THIS COMPREHENSIVE METHODOLOGY, IU HEALTH 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.</p>
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>IU HEALTH'S CONSOLIDATED FINANCIAL STATEMENTS, FOOTNOTE 5, ADDRESSES BAD DEBT EXPENSE AS FOLLOWS:</p> <p>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).</p> <p>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.</p> <p>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 DETERMINING THE LEVEL OF FINANCIAL ASSISTANCE BASED ON HOUSEHOLD MAKEUP. 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. 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 20% OF ANNUAL HOUSEHOLD INCOME. 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 \$88,213,000 AND \$133,584,000 IN 2022 AND 2021, RESPECTIVELY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 IS CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM THE IU HEALTH MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH'S PARTICIPATION IN MEDICARE PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIAN SERVICES, THE COSTS OF MEDICARE PARTS C AND D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.</p> <p>IU HEALTH'S MEDICARE SHORTFALL IS ATTRIBUTABLE TO REIMBURSEMENTS THAT ARE LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES AND DOES NOT INCLUDE ANY AMOUNTS THAT RESULT FROM INEFFICIENCIES OR POOR MANAGEMENT. IU HEALTH 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.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>IU HEALTH'S FAP AND WRITTEN DEBT COLLECTION POLICY DESCRIBE THE COLLECTION PRACTICES APPLICABLE TO PATIENTS, INCLUDING THOSE WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE.</p> <p>1. FINANCIAL ASSISTANCE APPLICATION</p> <p>FINANCIAL ASSISTANCE APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION:</p> <ul style="list-style-type: none"> -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. <p>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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> -ARABIC; -BURMESE; -BURMESE - FALAM; -BURMESE - HAKHA CHIN; -MANDARIN/CHINESE; OR -SPANISH <p>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.</p> <p>IU HEALTH MAINTAINS THE CONFIDENTIALITY OF ALL FINANCIAL ASSISTANCE APPLICATIONS AND SUPPORTING DOCUMENTATION.</p> <p>IU HEALTH WILL DENY OR REVOKE FINANCIAL ASSISTANCE FOR ANY PATIENT OR GUARANTOR WHO FALSIFIES ANY PORTION OF A FINANCIAL ASSISTANCE APPLICATION.</p> <p>2. FINANCIAL ASSISTANCE DETERMINATIONS</p> <p>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.</p> <p>A PATIENT'S FINANCIAL ASSISTANCE APPLICATION AND FINANCIAL ASSISTANCE DETERMINATION ARE SPECIFIC TO EACH DATE(S) OF SERVICE AND APPROVED RELATED ENCOUNTERS.</p> <p>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.</p> <p>3. EXTRAORDINARY COLLECTION ACTIONS</p> <p>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:</p> <ul style="list-style-type: none"> -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. <p>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:</p> <ul style="list-style-type: none"> -SELLING A PATIENT OR THEIR GUARANTOR'S OUTSTANDING FINANCIAL RESPONSIBILITY TO A THIRD PARTY. -REPORTING ADVERSE INFORMATION ABOUT THE PATIENT OR THEIR GUARANTOR TO CONSUMER CREDIT

Return Reference - Identifier	Explanation
	<p>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</p> <p>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.</p> <p>4. REFUNDS</p> <p>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.</p> <p>PATIENTS WITH AN OUTSTANDING ACCOUNT BALANCE DUE ON A SEPARATE ACCOUNT WILL HAVE THEIR REFUND APPLIED TO THE OUTSTANDING BALANCE.</p> <p>PATIENTS WITHOUT AN OUTSTANDING ACCOUNT BALANCE DESCRIBED ABOVE WILL BE ISSUED A REFUND CHECK FOR THEIR OVERPAYMENT AS SOON AS TECHNICALLY FEASIBLE.</p>
<p>SCHEDULE H, PART V, SECTION A - LINE 1 - NAME, ADDRESS, AND WEBSITE</p>	<p>IU HEALTH OPERATES SEVERAL HOSPITAL LOCATIONS UNDER A SINGLE HOSPITAL LICENSE ISSUED BY THE INDIANA STATE DEPARTMENT OF HEALTH. THE NAMES, ADDRESSES, AND PRIMARY WEBSITE ADDRESSES FOR EACH OF THESE LOCATIONS ARE AS FOLLOWS:</p> <p>IU HEALTH METHODIST HOSPITAL 1701 N. SENATE BLVD. INDIANAPOLIS, IN 46202 HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-METHODIST-HOSPITAL</p> <p>IU HEALTH UNIVERSITY HOSPITAL 550 UNIVERSITY BLVD. INDIANAPOLIS, IN 46202 HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-UNIVERSITY-HOSPITAL</p> <p>RILEY HOSPITAL FOR CHILDREN AT IU HEALTH 705 RILEY HOSPITAL DR. INDIANAPOLIS, IN 46202 HTTPS://WWW.RILEYCHILDRENS.ORG/</p> <p>IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, AND RILEY HOSPITAL FOR CHILDREN AT IU HEALTH ARE COLLECTIVELY REFERRED TO AS THE IU HEALTH ACADEMIC HEALTH CENTER.</p> <p>IU HEALTH SAXONY HOSPITAL 13000 E. 136TH ST. FISHERS, IN 46037 HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-SAXONY-HOSPITAL</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>THOUGH IU HEALTH INC. BELIEVES ITS CHNA PROCESS IS COMPREHENSIVE, THE CHNA IS DONE ON A TRIENNIAL BASIS. BETWEEN CHNA CYCLES, IU HEALTH INC. GATHERS DATA AND INFORMATION TO MONITOR THE MOST CURRENT NEEDS OF THE COMMUNITY. ADDITIONAL SOURCES OF DATA AND INFORMATION INCLUDE:</p> <ul style="list-style-type: none"> *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.). <p>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.</p>

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<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>IU HEALTH TAKES SEVERAL MEASURES TO INFORM ITS PATIENTS OF THE FAP AND FAP-ELIGIBILITY. THESE MEASURES INCLUDE THE FOLLOWING:</p> <ol style="list-style-type: none"> 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.
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>IU HEALTH SERVES A LARGE GEOGRAPHIC AREA IN CENTRAL INDIANA. IN COMPLETING CHNAS FOR ITS IU HEALTH ACADEMIC HEALTH CENTER AND IU HEALTH SAXONY HOSPITAL LOCATIONS, IU HEALTH DEFINED "COMMUNITY" AS THE COUNTY OF RESIDENCE FOR EACH HOSPITAL LOCATION. EACH INDIVIDUAL HOSPITAL LOCATION SERVES A UNIQUE SUBSECTION OF THE COMMUNITY FOR WHICH DETAILS ARE INCLUDED BELOW:</p> <p>IU HEALTH ACADEMIC HEALTH CENTER</p> <p>THE COMMUNITY FOR IU HEALTH ACADEMIC HEALTH CENTER'S PRIMARY SERVICE AREA IS DEFINED AS MARION COUNTY, THE COUNTY WHERE IU HEALTH ACADEMIC HEALTH CENTER IS LOCATED. THE SECONDARY SERVICE AREA IS COMPRISED OF ALL OTHER COUNTIES WITHIN THE STATE OF INDIANA.</p> <p>MARION COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF BEECH GROVE, INDIANAPOLIS, LAWRENCE, SOUTHPORT, AND SPEEDWAY, PLUS PORTIONS OF PLAINFIELD, WHICH EXTENDS INTO HENDRICKS COUNTY. BASED ON THE CENSUS BUREAU DATA ESTIMATES FOR 2022, THE MOST RECENT DATA AVAILABLE, MARION COUNTY'S POPULATION WAS 969,466 AND 51.6% WERE FEMALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 62.4% WHITE NON-HISPANIC, 29.6% BLACK NON-HISPANIC, 11.3% HISPANIC OR LATINO, 4.2% ASIAN, 0.5% AMERICAN INDIAN OR ALASKA NATIVE, AND 3.2% PERSONS REPORTING TWO OR MORE RACES. A VERY SMALL PERCENTAGE OF THE POPULATION IS ETHNIC GROUPS OTHER THAN THOSE LISTED ABOVE.</p> <p>IU HEALTH SAXONY HOSPITAL</p> <p>THE COMMUNITY FOR IU HEALTH SAXONY HOSPITAL'S PRIMARY SERVICE AREA IS DEFINED AS HAMILTON COUNTY, THE COUNTY WHERE IU HEALTH SAXONY HOSPITAL IS LOCATED, PLUS MARION, MADISON, AND HANCOCK COUNTIES. APPROXIMATELY 67% OF INPATIENT DISCHARGES ORIGINATE FROM THE PRIMARY SERVICE AREA.</p> <p>HAMILTON COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF ARCADIA, ATLANTA, CARMEL, CICERO, FISHERS, NOBLESVILLE, SHERIDAN, AND WESTFIELD. BASED ON CENSUS BUREAU ESTIMATES FOR 2022, THE MOST RECENT DATA AVAILABLE, HAMILTON COUNTY'S POPULATION WAS 364,921. JUST OVER HALF (50.7%) OF THE COUNTY'S POPULATION IS FEMALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 85.5% WHITE NON-HISPANIC, 4.9% BLACK, 4.6% HISPANIC OR LATINO, 7% ASIAN, 0.2% AMERICAN INDIAN OR ALASKA NATIVE, AND 2.3% TWO OR MORE RACES. A VERY SMALL PERCENTAGE OF THE POPULATION IS ETHNIC GROUPS OTHER THAN THOSE LISTED ABOVE.</p>

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<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>A MAJORITY OF IU HEALTH'S BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN IU HEALTH'S PRIMARY SERVICE AREAS.</p> <p>IU HEALTH EXTENDS MEDICAL PRIVILEGES TO ALL PHYSICIANS WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENT TO ITS MEDICAL STAFF. IU HEALTH DOES NOT DENY APPOINTMENT ON THE BASIS OF GENDER, RACE, CREED, OR NATIONAL ORIGIN.</p> <p>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.</p> <p>IU HEALTH'S FIVE-YEAR STRATEGY WAS UPDATED DURING 2019. IU HEALTH'S VISION IS TO MAKE INDIANA ONE OF THE HEALTHIEST STATES IN THE NATION BY PROVIDING THE BEST CARE, DESIGNED FOR OUR PATIENTS, AND THE FIVE YEAR STRATEGY WAS DESIGNED TO HELP IU HEALTH REALIZE THIS VISION. THE ELEMENTS OF IU HEALTH'S STRATEGY</p> <p>COMMUNITY HEALTH:</p> <p>AS THE LARGEST HEALTH SYSTEM IN THE STATE, AND IN PARTNERSHIP WITH THE STATE'S LARGEST MEDICAL SCHOOL - INDIANA UNIVERSITY SCHOOL OF MEDICINE - IU HEALTH HAS A SPECIAL OBLIGATION TO BE PART OF THE SOLUTION TO INDIANA'S SERIOUS HEALTH ISSUES. FOR COMMUNITY HEALTH, IU HEALTH'S FOCUS IS ON TACKLING FOUR OF THE MOST PRESSING HEALTH ISSUES IMPACTING INDIANA COMMUNITIES: HIGH RATES OF SMOKING, OBESITY, INFANT AND MATERNAL MORTALITY, AND POOR MENTAL HEALTH.</p> <p>SOME OF OUR EFFORTS IN THIS AREA INCLUDE: *EXPANDING ACCESS TO BEHAVIORAL HEALTH SERVICES ACROSS OUR SYSTEM *THE CREATION OF A \$100M COMMUNITY IMPACT INVESTMENT FUND TO SUPPORT PROJECTS THAT ADDRESS SERIOUS HEALTH ISSUES.</p> <p>POPULATION HEALTH:</p> <p>THIS IS THE CARE IU HEALTH PROVIDES PATIENTS FOR WHOM IU HEALTH HAS ACCEPTED SOME FINANCIAL RISK. FOR THESE PATIENTS, IU HEALTH IS REIMBURSED ON HOW WELL IU HEALTH IMPROVES PATIENT OUTCOMES AND MANAGE THE COST OF THEIR CARE, INSTEAD OF ON HOW MANY SERVICES IU HEALTH PROVIDES.</p> <p>FOR EXAMPLE, IU HEALTH MANAGES MORE THAN 60,000 MEDICARE PATIENTS IN OUR NEXT GENERATION ACCOUNTABLE CARE ORGANIZATION. FOR TWO YEARS NOW, WE HAVE REDUCED THE COSTS OF CARE FOR THOSE PATIENTS, WHILE ALSO IMPROVING A RANGE OF QUALITY METRICS. THIS HAS RESULTED IN BETTER CARE OUTCOMES, AS WELL AS SAVINGS FOR IU HEALTH AND THE MEDICARE ADVANTAGE PROGRAM.</p> <p>DESTINATION HEALTH:</p> <p>IU HEALTH TAKES CARE OF PATIENTS WITH THE MOST COMPLEX ILLNESSES AND TAKES ON THE TOUGHEST CASES THAT OTHER SYSTEMS ACROSS THE STATE DO NOT HAVE THE EXPERTISE OR THE RESOURCES TO HANDLE.</p> <p>IMPACT:</p> <p>THIS IS A NEW COMPONENT OF IU HEALTH'S STRATEGY AND REFLECTS EFFORTS TO EXPAND THE IMPACT IU HEALTH HAS ON PATIENTS AND COMMUNITIES ACROSS INDIANA. THIS INCLUDES PROVIDING EXCEPTIONAL CARE TO MORE PEOPLE AT IU HEALTH FACILITIES. IU HEALTH ALSO WANTS TO CREATE PARTNERSHIPS THAT WILL EXTEND IU HEALTH SERVICES TO MORE PEOPLE ACROSS INDIANA.</p> <p>THIS INCLUDES PROVIDING OUR EXCEPTIONAL CARE TO MORE PEOPLE AT OUR FACILITIES. WE ALSO WANT TO CREATE PARTNERSHIPS THAT WILL ENABLE US TO EXTEND OUR SERVICES TO MORE PEOPLE ACROSS OUR STATE. FOR EXAMPLE, WE HAVE A STRONG PARTNERSHIP WITH UNION HOSPITAL IN TERRE HAUTE, WHICH USES OUR CERNER ELECTRONIC MEDICAL RECORD SYSTEM, INCLUDING OUR CARE GUIDELINES AND ORDER SETS, TO BRING IU HEALTH CALIBER CARE TO UNION HOSPITAL PATIENTS.</p> <p>DIVERSITY AND INCLUSION: THE MISSION OF IU HEALTH'S OFFICE FOR DIVERSITY AND INCLUSION IS TO DRIVE A CULTURE OF ACCEPTANCE, INCLUSION, MUTUAL TRUST AND RESPECT IN ORDER TO BETTER SUPPORT THE PATIENTS AND COMMUNITIES THAT IU HEALTH SERVES. THE OFFICE FOCUSES ON INTERPERSONAL, INSTITUTIONAL AND SOCIETAL ACTION TO TRANSFORM INTERNAL AND EXTERNAL COMMUNITIES INTO A PLACE WHERE ALL WILL THRIVE AND GROW.</p>

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<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>INDIANA UNIVERSITY HEALTH INC. 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.</p> <p>IU HEALTH'S AFFILIATE HOSPITALS ARE DIVIDED INTO FIVE 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 BLACKFORD 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.</p> <p>EACH AFFILIATE HOSPITAL IN THE HEALTHCARE SYSTEM, ALONG WITH COMMUNITY STAKEHOLDERS, 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 ACTIVITIES.</p> <p>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 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.</p> <p>TO FURTHER PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY IU HEALTH, THE SYSTEM-LEVEL COMMUNITY HEALTH DIVISION TEAM 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. THESE NEEDS ARE IDENTIFIED THROUGH THE CHNA PROCESS. SOME OF THESE NEEDS ARE COMMON IN COMMUNITIES SERVED BY MULTIPLE 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 STAKEHOLDERS SUCH AS THE OFFICE OF HEALTH EQUITY RESEARCH AND EVALUATION, PLANS AND PROVIDES TECHNICAL ASSISTANCE FOR SYSTEM-LEVEL STRATEGIES THAT ADDRESS THESE COMMON NEEDS INCLUDING HEALTH EQUITY, TOBACCO, BEHAVIORAL HEALTH ACCESS, INFANT AND MATERNAL HEALTH, HYPERTENSION, AND SOCIAL DETERMINANTS OF HEALTH. EACH AFFILIATE HOSPITAL WORKS COLLABORATIVELY WITH THE COMMUNITY HEALTH DIVISION TO ALIGN AND ACTIVATE LOCAL RESOURCES TO SUPPORT THESE STRATEGIES. THIS BENEFITS THE COMMUNITY EACH AFFILIATE HOSPITAL SERVES AND WORKS TOWARDS A STATEWIDE IMPACT (SYSTEM-LEVEL) ON HEALTH OUTCOMES.</p> <p>AS PART OF THE COMMUNITY HEALTH DIVISION, COMMUNITY OUTREACH AND ENGAGEMENT PROGRAM'S IU HEALTH SERVES, 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.</p> <p>THE COMMUNITY IMPACT AND INVESTMENT (CII) FUND IS A \$200 MILLION DOLLAR BOARD DESIGNATED FUND THAT IS MANAGED BY THE IU HEALTH FOUNDATION TO FINANCIALLY SUPPORT HIGH IMPACT COMMUNITY INVESTING. THE FOCUS OF THESE EFFORTS WILL ADDRESS SOCIAL DETERMINANTS OF HEALTH AND HEALTH DISPARITIES THAT IMPACT 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 OR AGENCY.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>IN</p>