

**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 NORTH HOSPITAL, INC.	Employer identification number 35 1932442
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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	✓	
b 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</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input 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</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input 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?	✓	

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)		2,551	2,061,865	0	2,061,865	0.66
b Medicaid (from Worksheet 3, column a)		11,004	52,338,619	37,463,461	14,875,158	4.75
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0	0	0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	13,555	54,400,484	37,463,461	16,937,023	5.41
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	8	9,680	610,382	91	610,291	0.19
f Health professions education (from Worksheet 5)	1	84	423,820	0	423,820	0.14
g Subsidized health services (from Worksheet 6)	0	0	0	0	0	0.00
h Research (from Worksheet 7)	0	0	0	0	0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	74,757	70,817	0	70,817	0.02
j Total. Other Benefits	11	84,521	1,105,019	91	1,104,928	0.35
k Total. Add lines 7d and 7j	11	98,076	55,505,503	37,463,552	18,041,951	5.76

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	0	0	0	0	0	0.00
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	0	0	0	0	0	0.00
6 Coalition building	1	356,651	1,548	0	1,548	0.00
7 Community health improvement advocacy	0	0	0	0	0	0.00
8 Workforce development	0	0	0	0	0	0.00
9 Other	0	0	0	0	0	0.00
10 Total	1	356,651	1,548	0	1,548	0.00

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** Yes No
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** 1,836,646
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit **3**
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 51,022,610
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 71,536,742
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** (20,514,132)
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year? **9a** Yes No
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** Yes No

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				
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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 IU HEALTH NORTH HOSPITAL
 11700 N. MERIDIAN ST., CARMEL, IN 46032
[HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-NORTH-HOSPITAL](https://iuhealth.org/find-locations/iu-health-north-hospital) STATE LICENSE NO. : 23-004171-1

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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
✓	✓	✓	✓			✓			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		✓
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</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: IU HEALTH NORTH HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
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> <u> </u> <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: IU HEALTH NORTH HOSPITAL

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	✓	
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: IU HEALTH NORTH HOSPITAL

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a	<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
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	<p>IU HEALTH NORTH HOSPITAL'S 2021 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT INCLUDES A PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY. THE CHNA REPORT IDENTIFIED THE FOLLOWING NEEDS AS PRIORITIES FOR IU HEALTH NORTH:</p> <ol style="list-style-type: none"> 1.ACCESS TO HEALTHCARE SERVICES 2.AGING POPULATION AND NEEDS OF SENIORS 3.BEHAVIORAL HEALTH 4.CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT 5.HEALTH EDUCATION AND NAVIGATION 6.MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING 7.SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE 8.SOCIAL DETERMINANTS OF HEALTH

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 NORTH HOSPITAL</p> <p>DESCRIPTION: IN CONDUCTING ITS MOST RECENT CHNA, IU HEALTH NORTH HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES IT SERVES BY HOSTING SIX COMMUNITY FOCUS GROUPS AND FIVE INTERVIEWS. THESE EVENTS ENGAGED PUBLIC HEALTH OFFICIALS AND COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE SERVICES AND/OR REFLECT COMMUNITY MEMBERS WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, OR OF A MINORITY SUBPOPULATION TO DISCUSS THE HEALTH NEEDS OF THE SERVICE AREA AND WHAT ROLE IU HEALTH COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS.</p> <p>IU HEALTH NORTH HOSPITAL THE DEFINED COMMUNITY PER THE MOST RECENT CHNA IS BOONE, HAMILTON, AND MARION COUNTIES, INDIANA. THE HOSPITAL RESIDES IN HAMILTON COUNTY.</p> <p>BOONE 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 BOONE 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 EXCESSIVE DRINKING, INCOME INEQUALITY, LACK OF SOCIAL ASSOCIATIONS AND SEXUALLY TRANSMITTED INFECTIONS *PHYSICAL INACTIVITY IS A SIGNIFICANT NEED, AND RECENT INFRASTRUCTURE PROJECTS HAVE SOUGHT TO INCREASE EXERCISE *MENTAL HEALTH IS A SIGNIFICANT CONCERN AND AN INCREASING NEED DURING THE COVID-19 PANDEMIC AFFORDABLE HOUSING OPTIONS ARE LIMITED, AND ALLOWING SENIORS TO AGE IN PLACE THROUGH SAFE HOUSING IS A NEED *ELDERLY NEEDS ARE SIGNIFICANT IN SEVERAL AREAS, INCLUDING MENTAL HEALTH, TRANSPORTATION AND HOUSING EXCESSIVE DRINKING, SEXUALLY TRANSMITTED INFECTIONS, PHYSICAL INACTIVITY, SENIOR CARE AND HOUSING WERE IDENTIFIED AS PRIORITY NEEDS *MORE HEALTH EDUCATION IS NEEDED WITH PROGRAMS THAT TARGET YOUTH FOR SUBSTANCE ABUSE AND STIS</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 IN MAY 2021 TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN HAMILTON COUNTY. 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 COVID-19, 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> <p>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</p>

Return Reference - Identifier	Explanation
	<p>DEPARTMENTS TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN HAMILTON COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT:</p> <ul style="list-style-type: none"> *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 LEAD TO UNMET NEED FOR SEVERAL IMMIGRANT COMMUNITIES DUE TO LANGUAGE BARRIERS AND OTHERS *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>IN REGARD TO THE COVID-19 PANDEMIC, A WIDE ARRAY OF IMPACTS WAS NOTED INCLUDING:</p> <ul style="list-style-type: none"> *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 WORSENED 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>MARION COUNTY - COMMUNITY MEETINGS AND INTERVIEWS</p> <p>IN COLLABORATION WITH OTHER LOCAL HEALTH SYSTEMS - ASCENSION ST. VINCENT AND COMMUNITY HEALTH NETWORK - FOUR COMMUNITY MEETINGS WERE HELD IN MAY 2021 TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN MARION COUNTY. SECONDARY DATA AND A PRELIMINARY LIST OF COMMUNITY HEALTH NEED PRIORITIES WAS PRESENTED AT ALL 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 COVID-19, 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>

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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 NORTH HOSPITAL (CONT.)</p> <p>DESCRIPTION: 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 INTO 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: *RACIAL AND ETHNIC HEALTH DISPARITIES *ACCESS TO MENTAL AND BEHAVIORAL HEALTHCARE SERVICES *FOOD INSECURITY AND ACCESS TO AFFORDABLE, HEALTHY FOOD *ACCESS TO SAFE AND AFFORDABLE HOUSING *MENTAL HEALTH *POVERTY AND ASSOCIATED COMMUNITY NEED</p> <p>A SURVEY WAS ALSO ISSUED TO INTERNAL PROVIDERS AT THE ACADEMIC MEDICAL CENTER, ASKING THEM TO IDENTIFY PRIORITY NEEDS AMONG THE PATIENTS THEY SERVE. AMONG 12 RESPONSES, THE FOLLOWING ISSUES WERE IDENTIFIED AS THE MOST SIGNIFICANT: *FOOD INSECURITY AND NUTRITION *HEALTH DISPARITIES, PARTICULARLY FOR RACIAL AND ETHNIC MINORITY POPULATIONS *MENTAL HEALTH *POVERTY AND INCOME INEQUALITY</p> <p>THE SURVEY ALSO ASKED ABOUT THE IMPACTS OF THE COVID-19 PANDEMIC. ISSUES MOST OFTEN SELECTED AS SIGNIFICANT IMPACTS INCLUDE: *SOCIAL ISOLATION AND LONELINESS *HEALTH DISPARITIES *DIGITAL DIVIDE (LACK OF INTERNET OR DEVICE ACCESS) *ECONOMIC DISPARITIES *HOUSING (INABILITY TO STAY SHELTERED, PAY RENT OR MORTGAGE)</p> <p>TWO ADDITIONAL INTERVIEWS WERE CONDUCTED WITH REPRESENTATIVES OF A LOCAL PUBLIC HEALTH DEPARTMENT AND HEALTH EQUITY ORGANIZATION TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN MARION COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT: *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 IMPACTING ACCESS TO PRENATAL CARE AND OTHER NEEDED SERVICES *HIV IS STILL A CONCERN, WITH SOME HOPE THAT THE DISEASE CAN BE ERADICATED WITHIN THE NEXT DECADE THROUGH MODERN MEDICINE AND AVAILABLE TOOLS SUCH AS PREP (PRE-EXPOSURE PROPHYLAXIS) *TOBACCO AND VAPING ARE ISSUES, WITH A LOW CIGARETTE TAX IN INDIANA PERPETUATING THE ISSUE *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) *FOOD INSECURITY IS SIGNIFICANT AND FOOD PANTRIES MAY HAVE IRREGULAR HOURS AND FACE HUGE DEMAND *EDUCATION NEEDS BETTER FUNDING, INCLUDING ADEQUATE TEACHER COMPENSATION *MORE COMMUNITY COLLABORATION IS NEEDED, WITH HEALTH SYSTEMS AND SOCIAL SERVICE PROVIDERS SITTING AT THE SAME TABLE TO TALK ABOUT COMMUNITY IMPROVEMENT AND PLANNED INTERVENTIONS</p> <p>IN REGARD TO THE COVID-19 PANDEMIC, A WIDE ARRAY OF IMPACTS WERE NOTED, INCLUDING: *TESTING WAS A LARGE CHALLENGE THROUGHOUT THE BEGINNING OF THE PANDEMIC, DUE TO INADEQUATE FEDERAL RESOURCES AND OTHER LIMITS *THE PANDEMIC HIGHLIGHTED THE IMPACT OF SOCIAL DETERMINANTS OF HEALTH, AS HOMELESS POPULATIONS FACED HUGE CONCERNS DUE TO 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 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</p>

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	<p>ACCESS THE VACCINE IF DESIRED *THE NEED FOR BETTER HEALTH INFORMATION SHARING (INCLUDING THE IDENTIFICATION OF HEALTH DISPARITIES) BETWEEN ORGANIZATIONS</p> <p>COMMUNITY MEETING AND SURVEY PARTICIPANTS</p> <p>INDIVIDUALS FROM A WIDE VARIETY OF ORGANIZATIONS AND COMMUNITIES PARTICIPATED IN THE INTERVIEW PROCESS, COMMUNITY MEETINGS AND SURVEYS. PARTICIPANTS INCLUDED REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS:</p> <p>*ASCENSION ST. VINCENT *ALLEN CHAPEL AME CHURCH *ANTHEM MEDICAID *ASPIRE INDIANA HEALTH *BOONE COUNTY HEALTH DEPARTMENT *BREATHE EASY HAMILTON COUNTY *BROADWAY UNITED METHODIST CHURCH *CARMEL CLAY SCHOOLS *CENTRAL INDIANA COUNCIL ON AGING (CICOA) *CITY OF INDIANAPOLIS *CITY-COUNTY COUNCIL STAFF *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 (CTS), 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 *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 *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 *MARION 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</p>

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	*THE VILLAGES HEALTH FAMILIES *TRINITY FREE CLINIC *UNITED STATES CONGRESS, REPRESENTATIVE ANDRE CARSON (STAFF) *UNIVERSITY OF INDIANAPOLIS *YMCA OF GREATER INDIANAPOLIS/TOP 10 COALITION
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/COMMUNITY-BENEFIT

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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 NORTH HOSPITAL</p> <p>DESCRIPTION: ALONG WITH THE CHNA, IU HEALTH NORTH HOSPITAL'S BOARD ADOPTED AN IMPLEMENTATION STRATEGY IN APRIL 2022 IN RESPONSE TO THE 2021 CHNA. IU HEALTH NORTH HOSPITAL, ALONG WITH COMMUNITY PARTNERS, PRIORITIZED AND DETERMINED WHICH OF THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA COULD BE ADEQUATELY ADDRESSED BY CURRENT OR FUTURE INITIATIVES, PROGRAMS, RESOURCES, AND COLLABORATIONS. THE 2022-2024 IMPLEMENTATION STRATEGY OUTLINES HOW IU HEALTH NORTH HOSPITAL PLANS TO ADDRESS THE SIGNIFICANT NEEDS INCLUDING INITIATIVES, STRATEGIES, INTERNAL/EXTERNAL COLLABORATORS, ANTICIPATED IMPACT, AND HOSPITAL RESOURCES.</p> <p>SIGNIFICANT NEEDS HOSPITAL WILL ADDRESS BELOW IS THE PROGRESS OF THE IMPLEMENTATION STRATEGY BY SIGNIFICANT NEED AND ITS RESPECTIVE INITIATIVE(S). THE HOSPITAL IS ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024: ACCESS TO HEALTHCARE SERVICES; AGING POPULATION AND NEEDS OF SENIORS; 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 *SUPPORT THE TRINITY FREE CLINIC (FREE MEDICAL CLINIC PROVIDING HEALTHCARE SERVICES IN THE COMMUNITY). - IN 2022, IU HEALTH NORTH HOSPITAL 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. ADDITIONALLY, NINE IU HEALTH EMPLOYEES STAFFED THE CLINIC FOR OVER 64 HOURS, FURTHER INCREASING ACCESS TO QUALITY HEALTHCARE. *SUPPORT HEART & SOUL CLINIC'S OPERATIONS (FREE MEDICAL CLINIC PROVIDING HEALTHCARE SERVICES IN THE COMMUNITY). - IU HEALTH NORTH HOSPITAL 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. ADDITIONALLY, FIVE IU HEALTH EMPLOYEES STAFFED THE CLINIC FOR OVER 200 HOURS, FURTHER INCREASING ACCESS TO AFFORDABLE, QUALITY HEALTHCARE. *SUPPORT COMMUNITY MEMBERS ACCESSING HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY. - IN 2022, IU HEALTH NORTH HOSPITAL SUPPORTED SEVERAL LOCAL FREE/LOW-COST CLINICS IN ORDER TO IMPROVE HEALTH ACCESS AMONG LOW-INCOME AND UN/UNDERINSURED COMMUNITY MEMBERS IN HAMILTON COUNTY. IU HEALTH NORTH HOSPITAL PROVIDED GRANTS TO 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 NORTH HOSPITAL 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 IN ORDER 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.</p> <p>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 NORTH HOSPITAL PROVIDED A GRANT TO SUPPORT THE GROWTH OF SCHC'S GERIATRIC COUNSELING PROGRAM. DURING THE GRANT YEAR, 344 COUNSELING SESSIONS WERE COMPLETED. 28 PERCENT OF CLIENTS WERE CLASSIFIED AS EXTREMELY LOW INCOME (UNDER THE FEDERAL POVERTY LINE) AND 44 PERCENT WERE CLASSIFIED AS LOW INCOME (BETWEEN THE POVERTY LINE AND 185 PERCENT 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 PERCENT 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.</p> <p>BEHAVIORAL HEALTH ·SUPPORT INDIANA CENTER FOR PREVENTION OF YOUTH ABUSE AND SUICIDE (ICPYAS). - IU HEALTH NORTH HOSPITAL PROVIDED A GRANT TO SUPPORT FREE COMMUNITY YOUTH ABUSE AND SUICIDE TRAININGS THROUGHOUT HAMILTON COUNTY. NEARLY 15,000 STUDENTS ACROSS SIXTEEN 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 PERCENT 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 TRAININGS. 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 NORTH HOSPITAL PROVIDED FUNDING TO SUBURBAN NORTH CLUB, WHICH IS A HAMILTON COUNTY NON-PROFIT THAT OFFERS RESOURCES AND SUPPORT FOR INDIVIDUALS UNDERGOING ADDICTION RECOVERY AND RELATED BEHAVIORAL HEALTH CONDITIONS. IN 2022,</p>

Return Reference - Identifier	Explanation
	<p>APPROXIMATELY 57 FREE SUPPORT GROUPS AND ACTIVITIES FOR THOSE IN-NEED WERE HOSTED PER WEEK. SESSIONS WERE ATTENDED BY NEARLY 50,000 INDIVIDUALS THROUGHOUT THE YEAR.</p> <ul style="list-style-type: none"> ·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. THE PROGRAM DATA IS MANAGED AND OVERSEEN BY THE IU HEALTH BEHAVIORAL HEALTH TEAM. ·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. THE PROGRAM DATA IS MANAGED AND OVERSEEN BY THE IU HEALTH BEHAVIORAL HEALTH TEAM.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH NORTH HOSPITAL (CONTINUE)</p> <p>DESCRIPTION: 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 PERCENT OF PARTICIPANTS REDUCED THEIR BLOOD PRESSURE LEVELS, 75 PERCENT LOWERED THEIR CHOLESTEROL, 64 PERCENT LOWERED THEIR BLOOD SUGAR AND 71 PERCENT 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 PERCENT OF PARTICIPANTS REPORTED THAT THEY PLAN TO FURTHER IMPLEMENT HEALTHY HABITS BY CONTINUING A FITNESS AND NUTRITION REGIMEN INTO THE FUTURE. ·PROVIDE RESOURCES TO SUPPORT INDIVIDUALS LIVING AND COPING WITH CANCER. - IN 2022, IU HEALTH NORTH HOSPITAL SCHWARZ CANCER CENTER OFFERED A SERIES OF FREE INTEGRATIVE HEALTH CLASSES AND SUPPORT GROUPS EACH MONTH FOR INDIVIDUALS LIVING WITH CANCER, AS WELL AS THEIR CAREGIVERS. RESOURCES WERE OPEN TO THE COMMUNITY AND INCLUDED COOKING FOR HEALTH CLASSES, GENTLE EXERCISES, SUPPORT GROUPS FOR SPECIFIC CANCER DIAGNOSES, ART THERAPY AND MORE. IN ADDITION, IU HEALTH NORTH HOSPITAL PROVIDED A GRANT TO THE INDIANA WOMEN IN NEED FOUNDATION'S (IWIN) SURVIVOR SUPPORT PROGRAM, WHICH ALLOCATES FINANCIAL ASSISTANCE TO LOW-INCOME INDIVIDUALS UNDERGOING CANCER TREATMENT. 100 PERCENT OF THE RECIPIENTS THAT RETURNED IWIN'S POST-EVALUATION SURVEY REPORTED THAT THE FINANCIAL SUPPORT RELIEVED ANXIETY AND ALLOWED THEM TO REMAIN ENGAGED IN THEIR TREATMENT.</p> <p>MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING *SUPPORT THE HOPE FAMILY CARE CENTER (PROVIDES FREE MEDICAL, DENTAL AND COUNSELING SERVICES TO RESIDENTS OF HAMILTON COUNTY). - IU HEALTH NORTH HOSPITAL PROVIDED A GRANT TO EXPAND HOPE FAMILY CARE CENTER'S WOMEN'S HEALTH SERVICES THAT ARE OFFERED TO UNDER/UNINSURED INDIVIDUALS IN HAMILTON COUNTY. IN 2022, 146 PATIENTS RECEIVED FREE WOMEN'S HEALTH SERVICES, INCLUDING LAB WORK, MEDICAL SUPPLIES, AND PRESCRIPTION ASSISTANCE. AN ADDITIONAL 29 PATIENTS RECEIVED FREE MAMMOGRAMS AND/OR PAP SMEARS. OVER 80 PERCENT OF THESE PATIENTS WERE AT OR UNDER THE FEDERAL POVERTY LINE. ·OFFER FREE EDUCATION AND RESOURCES THAT REDUCE INFANT MORTALITY AND PROMOTE WELL-BEING FOR CHILDREN AND FAMILIES. - THE IU HEALTH NORTH CHILDBIRTH EDUCATION TEAM OFFERED A SERIES OF FREE RESOURCES EACH MONTH FOR FAMILIES AND INDIVIDUALS WITH A GOAL OF EFFECTIVELY PREPARING PARENTS/GUARDIANS TO CREATE AND MAINTAIN HEALTHY LIFESTYLES FOR THEIR CHILDREN. PROGRAMMING INCLUDED FREE LACTATION CONSULT VISITS, BREASTFEEDING SUPPORT GROUPS, INFANT CARE EDUCATION, BIRTH PREPARATION CLASSES, CHILD/INFANT CPR, CAR SEAT SAFETY CLASSES AND MORE.</p> <p>SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE ·SUPPORT THE TOBACCO FREE HAMILTON COUNTY ALLIANCE (TFHC). - IN 2022, IU HEALTH NORTH HOSPITAL 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 NORTH 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). - 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 INDY SUBURBAN REGION (INCLUDING IU HEALTH NORTH HOSPITAL), 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.</p> <p>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 NORTH HOSPITAL 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 NORTH HOSPITAL PROVIDED A GRANT TO TETER ORGANIC FARM, WHICH IS A FRESH FOOD PRODUCER IN HAMILTON COUNTY THAT DONATES 100 PERCENT OF ITS PRODUCE TO LOCAL FOOD BANKS AND LOW-INCOME INDIVIDUALS. FUNDING SUPPORTED THE CREATION OF FOURTEEN ADDITIONAL PRODUCE BEDS, WHICH RESULTED IN 3,202 DONATED SERVINGS TO APPROXIMATELY 800 FOOD INSECURE INDIVIDUALS IN THE COUNTY. IN ADDITION, IU HEALTH NORTH INDIVIDUAL SOLUTIONS COORDINATORS ASSISTED INDIVIDUALS AND FAMILIES WHO ARE LOW-INCOME WITH ENROLLMENT IN SUPPLEMENTAL NUTRITION INCENTIVE PROGRAMS (SNAP) AND TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) IN ORDER TO INCREASE THE NUMBER OF IN-NEED COMMUNITY MEMBERS WHO RECEIVE SUPPORT.</p> <p>SIGNIFICANT NEEDS HOSPITAL WILL NOT ADDRESS IU HEALTH NORTH HOSPITAL IS NOT ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024:</p> <p>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 NORTH HOSPITAL PERCEIVES THIS HEALTH NEED AS BEING ADDRESSED UNDER MANY INITIATIVES THAT FALL UNDER THE SIGNIFICANT NEEDS THAT THE HOSPITAL IS CURRENTLY ADDRESSING. IU HEALTH NORTH HOSPITAL WILL MONITOR THIS NEED TO</p>

Return Reference - Identifier	Explanation
	SEE IF THERE ARE CHANGES OR OPPORTUNITIES IN THE FUTURE TO ADDRESS IT FURTHER.
SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE	FACILITY NAME: IU HEALTH NORTH HOSPITAL DESCRIPTION: IN ADDITION TO FPG, IU HEALTH NORTH HOSPITAL MAY TAKE INTO CONSIDERATION A PATIENT'S INCOME AND/OR ABILITY TO PAY IN CALCULATION OF A FINANCIAL ASSISTANCE AWARD.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE</p>	<p>FACILITY NAME: IU HEALTH NORTH HOSPITAL</p> <p>DESCRIPTION: IU HEALTH NORTH HOSPITAL 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: IU HEALTH NORTH HOSPITAL</p> <p>DESCRIPTION: IU HEALTH NORTH HOSPITAL TAKES SEVERAL OTHER MEASURES TO 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? 4

Name and address	Type of facility (describe)
1 IU HEALTH NORTH HOSPITAL LAB 11700 N MERIDIAN ST CARMEL, IN 46032	LAB
2 IU HEALTH NORTH METABOLIC & BARIATRIC SURGERY 11725 N ILLIONIS ST CARMEL, IN 46032	SPECIALTY CARE
3 IU HEALTH NORTH REHAB SERVICES 11700 N MERIDIAN ST, SUITE K177 CARMEL, IN 46032	SPECIALTY CARE
4 IU HEALTH NORTH RETAIL PHARMACY 11700 N MERIDIAN ST, B106 CARMEL, IN 46032	PHARMACY
5	
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:</p> <ul style="list-style-type: none"> - 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>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:</p> <ul style="list-style-type: none"> -IF ONE OR MORE ADULTS AND ZERO DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 200%. -IF TWO OR MORE ADULTS AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 250%. -IF ONE ADULT AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 300%. IN SOME INSTANCES, AN ADULT WILL ALSO QUALIFY AS A DEPENDENT. WHEN THIS OCCURS, IU HEALTH NORTH WILL TREAT THE ADULT AS A DEPENDENT FOR PURPOSES OF THE FPL CALCULATION. <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.</p> <ul style="list-style-type: none"> -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>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>

Return Reference - Identifier	Explanation
	<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
<p>SCHEDULE H, PART I, LINE 6A - C.B. REPORT PREPARED BY A RELATED ORG.</p>	<p>IU HEALTH NORTH HOSPITAL'S COMMUNITY BENEFIT AND OTHER INVESTMENTS, ENCOMPASSING ITS TOTAL COMMUNITY INVESTMENT, ARE INCLUDED IN THE IU HEALTH COMMUNITY BENEFIT REPORT WHICH IS PREPARED ON BEHALF OF AND INCLUDES IU HEALTH AND ITS RELATED HOSPITAL ENTITIES IN THE STATE OF INDIANA.</p> <p>THE IU HEALTH COMMUNITY BENEFIT REPORT IS MADE AVAILABLE TO THE PUBLIC ON IU HEALTH'S WEBSITE AT HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY. THE IU HEALTH COMMUNITY BENEFIT REPORT IS ALSO DISTRIBUTED TO NUMEROUS KEY ORGANIZATIONS THROUGHOUT THE STATE OF INDIANA IN ORDER TO BROADLY SHARE THE IU HEALTH STATEWIDE SYSTEM'S COMMUNITY BENEFIT EFFORTS. IT IS ALSO AVAILABLE BY REQUEST THROUGH THE INDIANA STATE DEPARTMENT OF HEALTH OR IU HEALTH.</p>
<p>SCHEDULE H, PART I, LINE 6A - NAME OF RELATED ORGANIZATION THAT PREPARED COMMUNITY BENEFIT REPORT</p>	<p>INDIANA UNIVERSITY HEALTH, INC.</p>
<p>SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G</p>	<p>IU HEALTH NORTH INCLUDES COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES BUT IS NOT ABLE TO SEGREGATE THE COSTS ASSOCIATED WITH PHYSICIAN CLINICS.</p>
<p>SCHEDULE H, PART I, LINE 7C - TOTAL COMMUNITY BENEFIT EXPENSE</p>	<p>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 17.72%.</p>
<p>SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION</p>	<p>8,692,124</p>
<p>SCHEDULE H, PART I, LINE 7F - PERCENT OF TOTAL EXPENSE</p>	<p>THE AMOUNT OF BAD DEBT EXPENSE SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSE ON LINE 7, COLUMN (F) IS \$8,692,124.</p>
<p>SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED</p>	<p>IU HEALTH NORTH HOSPITAL SUPPORTS AND/OR PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE NON-MEDICAL, ROOT CAUSES OF HEALTH PROBLEMS IN THE COMMUNITIES IT SERVES. IU HEALTH NORTH HOSPITAL AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM") INVESTMENTS INCLUDE ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, ENVIRONMENTAL IMPROVEMENT PROJECTS, WORKFORCE DEVELOPMENT OPPORTUNITIES, COLLABORATION WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES AND ADVOCATING FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS. SEVERAL INITIATIVES MEET THE DEFINITION OF COMMUNITY BENEFIT AND HAVE BEEN REPORTED AS SUCH.</p>
<p>SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT</p>	<p>THE AMOUNT REPORTED ON LINE 2 AS BAD DEBT IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY.</p>
<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:</p> <ol style="list-style-type: none"> 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>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>

Return Reference - Identifier	Explanation
<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>
<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 IU HEALTH NORTH HOSPITAL'S MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH NORTH HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIAN SERVICES, THE COSTS OF MEDICARE PARTS C AND D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH NORTH'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.</p> <p>IU HEALTH NORTH HOSPITAL'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 NORTH HOSPITAL ACCEPTS ALL MEDICARE PATIENTS KNOWING THAT THERE MAY BE SHORTFALLS; THEREFORE IT HAS TAKEN THE POSITION THAT ANY SHORTFALL SHOULD BE COUNTED AS PART OF ITS COMMUNITY BENEFIT. ADDITIONALLY, IT IS IMPLIED IN INTERNAL REVENUE SERVICE REVENUE RULING 69-545 THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY.</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 NORTH HOSPITAL'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

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	<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 VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>THOUGH IU HEALTH NORTH HOSPITAL BELIEVES ITS CHNA PROCESS IS COMPREHENSIVE, THE CHNA IS DONE ON A TRIENNIAL BASIS. BETWEEN CHNA CYCLES, IU HEALTH NORTH HOSPITAL GATHERS DATA AND INFORMATION TO MONITOR THE MOST CURRENT NEEDS OF THE COMMUNITY. ADDITIONAL SOURCES OF DATA AND INFORMATION INCLUDE:</p> <p>*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> <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>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>IU HEALTH NORTH HOSPITAL IS COMMITTED TO SERVING THE HEALTHCARE NEEDS OF ALL OF ITS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH SERVICES. TO ASSIST IN MEETING THOSE NEEDS, IU HEALTH NORTH HOSPITAL HAS ESTABLISHED A FAP TO PROVIDE FINANCIAL ASSISTANCE TO UNINSURED PATIENTS. IU HEALTH NORTH HOSPITAL IS COMMITTED TO ENSURING ITS PATIENTS ARE COMPLIANT WITH ALL PROVISIONS OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT. TO THAT END, IU HEALTH NORTH HOSPITAL WILL MAKE A GOOD FAITH EFFORT TO LOCATE AND OBTAIN HEALTH INSURANCE COVERAGE FOR PATIENTS PRIOR TO CONSIDERING PATIENTS FOR COVERAGE UNDER THE FAP.</p> <p>IU HEALTH NORTH HOSPITAL 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.

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<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>IU HEALTH NORTH HOSPITAL IS IN HAMILTON COUNTY, INDIANA, A COUNTY LOCATED IN CENTRAL INDIANA. ITS SERVICE AREA COUNTIES INCLUDE MARION, HAMILTON, BOONE, HENDRICKS, HANCOCK, MADISON, AND TIPTON COUNTIES.</p> <p>HAMILTON COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF ARCADIA, ATLANTA, CARMEL, CICERO, FISHERS, NOBLESVILLE, SHERIDAN, AND WESTFIELD. BASED ON THE MOST RECENT CENSUS BUREAU (2022) STATISTICS, HAMILTON COUNTY'S POPULATION IS 364,921 PERSONS WITH APPROXIMATELY 50.7% BEING FEMALE AND 49.3% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 85.5% WHITE, 4.9% BLACK, 4.6% HISPANIC OR LATINO, 7%% ASIAN, 0.2% AMERICAN INDIAN OR ALASKA NATIVE, AND 2.3% PERSONS REPORTING TWO OR MORE RACES.</p> <p>HAMILTON COUNTY HAS RELATIVELY HIGH LEVELS OF EDUCATIONAL ATTAINMENT. AMONG RESIDENTS AGES 25 AND UP, 97.2% COMPLETED THEIR EDUCATION WITH A HIGH SCHOOL DIPLOMA OR EQUIVALENT. AMONG RESIDENT AGES 25 AND UP, 59.4% EARNED A BACHELOR'S DEGREE OR HIGHER.</p>
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>IU HEALTH NORTH HOSPITAL IS A SUBSIDIARY OF INDIANA UNIVERSITY HEALTH, INC., A TAX-EXEMPT HEALTHCARE ORGANIZATION, WHOSE BOARD OF DIRECTORS IS COMPOSED OF MEMBERS OF WHICH SUBSTANTIALLY ALL ARE INDEPENDENT COMMUNITY MEMBERS.</p> <p>IU HEALTH AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA, INCLUDING IU HEALTH NORTH HOSPITAL, EXTENDS MEDICAL PRIVILEGES TO ALL PHYSICIANS WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENT TO ITS MEDICAL STAFF. IU HEALTH DOES NOT DENY APPOINTMENTS BASED ON 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>DURING 2022, IU HEALTH NORTH HOSPITAL'S PROMOTION OF COMMUNITY HEALTH INCLUDED THE FOLLOWING HIGHLIGHTS:</p> <p>IN 2022, IU HEALTH NORTH HOSPITAL MAINTAINED A STRONG PRESENCE ACROSS THE NORTHERN INDIANAPOLIS SUBURBS IN HAMILTON COUNTY AND SUPPORTED NUMEROUS NOT-FOR-PROFIT AGENCIES INCLUDING LOCAL PARKS DEPARTMENTS, MEDICAL AND DENTAL CLINICS THAT PROVIDE CARE TO THE UN- AND UNDER-INSURED, BEHAVIORAL HEALTH ORGANIZATIONS THAT PROVIDE HEALTH AND SOCIAL SERVICES TO INDIVIDUALS IN NEED, AND SENIOR ORGANIZATIONS THAT PROVIDE FREE RESOURCES AND COUNSELING TO OLDER ADULTS.</p>

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<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>INDIANA UNIVERSITY HEALTH NORTH HOSPITAL IS PART OF INDIANA UNIVERSITY HEALTH ("IU HEALTH" OR "THE HEALTHCARE SYSTEM"), WHICH IS INDIANA'S MOST COMPREHENSIVE HEALTHCARE SYSTEM. A UNIQUE PARTNERSHIP WITH THE INDIANA UNIVERSITY SCHOOL OF MEDICINE ("IU SCHOOL OF MEDICINE"), ONE OF THE NATION'S LEADING MEDICAL SCHOOLS, GIVES PATIENTS ACCESS TO INNOVATIVE TREATMENTS AND THERAPIES. THE HEALTHCARE SYSTEM IS COMPRISED OF HOSPITALS, PHYSICIANS AND ALLIED SERVICES DEDICATED TO PROVIDING PREEMINENT PATIENT CARE AND COMMUNITY HEALTH IMPROVEMENT THROUGHOUT INDIANA.</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>