

**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 TIPTON HOSPITAL, INC.	Employer identification number 26 2772226
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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 care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	✓	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		✓
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	✓	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		✓
6a Did the organization prepare a community benefit report during the tax year?	✓	
b If "Yes," did the organization make it available to the public?	✓	

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)		663	472,352	0	472,352	1.03
b Medicaid (from Worksheet 3, column a)		2,778	9,981,111	5,681,208	4,299,903	9.40
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	3,441	10,453,463	5,681,208	4,772,255	10.43
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	4	234	523,671	0	523,671	1.14
f Health professions education (from Worksheet 5)	2	68	691,667	0	691,667	1.51
g Subsidized health services (from Worksheet 6)	1	386	1,116,991	988,853	128,138	0.28
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	2,721	169,662	0	169,662	0.37
j Total. Other Benefits	9	3,409	2,501,991	988,853	1,513,138	3.31
k Total. Add lines 7d and 7j	9	6,850	12,955,454	6,670,061	6,285,393	13.73

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	1	0	1,003	0	1,003	0.00
5 Leadership development and training for community members	0	0	0	0	0	0.00
6 Coalition building	1	1	808	0	808	0.00
7 Community health improvement advocacy	1	20	386	0	386	0.00
8 Workforce development	0	0	0	0	0	0.00
9 Other	0	0	0	0	0	0.00
10 Total	3	21	2,197	0	2,197	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**
- 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** 340,710
- 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** 13,682,839
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 13,572,352
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** 110,487
- 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** ✓
- 9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b**

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
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9				
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11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)
 How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):

1 IU HEALTH TIPTON HOSPITAL
 1000 S. MAIN ST., TIPTON, IN 46072
[HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-TIPTON-HOSPITAL](https://iuhealth.org/find-locations/iu-health-tipton-hospital) STATE LICENSE NO. : 23-005049-1

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1	✓	✓			✓		✓			
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: IU HEALTH TIPTON 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/COMMUNITY-BENEFIT</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: IU HEALTH TIPTON 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> %		
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 TIPTON 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 TIPTON 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
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>IU HEALTH TIPTON 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 TIPTON HOSPITAL:</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.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 TIPTON HOSPITAL</p> <p>DESCRIPTION: IN CONDUCTING EACH ITS MOST RECENT CHNA, IU HEALTH TIPTON HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES IT SERVES BY HOSTING FOUR COMMUNITY FOCUS GROUPS AND FOUR 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 TIPTON HOSPITAL THE DEFINED COMMUNITY PER THE MOST RECENT CHNA IS HAMILTON AND TIPTON COUNTIES, INDIANA. THE HOSPITAL RESIDES IN TIPTON COUNTY.</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 DEPARTMENTS TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN HAMILTON COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT: *ACCESS TO BEHAVIORAL HEALTH SERVICES - BOTH MENTAL HEALTH AND SUBSTANCE ABUSE - IS A SIGNIFICANT NEED, WITH FEW PROVIDERS IN THE AREA AND PRIMARY CARE PHYSICIANS NOT OFTEN INTEGRATING BEHAVIORAL HEALTH CHECKS INTO CARE (A LARGE INCREASE IN POPULATION HAS LED TO AN UNDERSUPPLY OF PROVIDERS) *MENTAL HEALTH CONCERNS ARE WIDESPREAD, INCLUDING AN INCREASE IN CHILD MENTAL HEALTH NEEDS (YOUTH STRUGGLE WITH HIGH EXPECTATIONS AND STRESS IN SCHOOL) *SUBSTANCE ABUSE AND OVERDOSES ARE SIGNIFICANT CONCERNS, WITH OPIOID USAGE BEING WIDESPREAD (ALCOHOL ABUSE IS ALSO COMMON) *TRANSPORTATION IS A BARRIER IN THE COMMUNITY WITH LIMITED PUBLIC OPTIONS AND ROUTES *INSURANCE BARRIERS ARE SIGNIFICANT, WITH UNINSURED POPULATIONS HAVING FEW OPTIONS AND PROVIDERS NOT ACCEPTING CERTAIN PLANS, SUCH AS MEDICAID (WHILE FREE AND LOW-COST CLINICS EXIST, THEY CANNOT KEEP UP WITH DEMAND) *FOOD INSECURITY AND ACCESS TO HEALTHY FOOD IS CHALLENGING FOR SOME GROUPS, EXACERBATED BY POVERTY AND TRANSPORTATION (LOW-INCOME HOUSING IS ALSO LIMITED) *THE WORKING POOR OFTEN ARE VULNERABLE AS THEY DO NOT QUALIFY FOR MANY PROGRAMS BUT STILL LIVE PAYCHECK TO PAYCHECK (WHILE HAMILTON COUNTY COMPARES WELL FOR POVERTY, THE NEEDS OF LOW-INCOME POPULATIONS ARE OFTEN OVERLOOKED DUE TO THIS, CREATING POCKETS OF NEED) *PREVENTION IS NOT A PRIORITY FOR MOST AND MORE PROGRAMS AND ACCESS TO PREVENTIVE HEALTH</p>

Return Reference - Identifier	Explanation
	<p>ARE NEEDED</p> <ul style="list-style-type: none"> *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 WORSENERD DUE TO ISOLATION, WITH CHILDREN AT PARTICULAR RISK *STI RATES ROSE SUBSTANTIALLY *THE PANDEMIC HIGHLIGHTED THE NEED FOR ACCURATE HEALTH INFORMATION, AND PROVIDERS NEED TO FOCUS ON MAINTAINING COMMUNICATION AFTER COVID-19 <p>TIPTON COUNTY - COMMUNITY MEETINGS AND INTERVIEWS</p> <p>TWO COMMUNITY MEETINGS WERE HELD IN APRIL 2021 TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN TIPTON COUNTY. SECONDARY DATA WAS PRESENTED, AND EACH GROUP WAS ASKED TO DISCUSS THEIR REACTIONS TO THE DATA, NEEDS IDENTIFIED FROM THE DATA, 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 SELECT WHAT THEY BELIEVED WERE THE MOST SIGNIFICANT NEEDS IN THE COUNTY.</p> <p>PARTICIPANTS FOCUSED DISCUSSION ON ELDERLY NEEDS, SEDENTARY LIFESTYLES, MENTAL HEALTH CONCERNS AND STIGMA, TECHNOLOGY BARRIERS AND BROADBAND ACCESS, ENSURING PROGRAMS ARE ACCESSIBLE TO HISPANIC (OR LATINO) POPULATIONS, AFFORDABLE HOUSING, NEED FOR LOCAL LEADERSHIP TO COLLABORATE ON ISSUES, PEDIATRIC HEALTHCARE, FINANCIAL BARRIERS TO HEALTHCARE, YOUTH PROGRAMMING (PARTICULARLY FOR EXERCISE) AND A LACK OF BUILT ENVIRONMENT THAT PROMOTES HEALTH (SIDEWALKS, SAFE WALKING AREAS, ETC.).</p> <p>FROM THIS PROCESS, PARTICIPANTS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR TIPTON COUNTY:</p> <ul style="list-style-type: none"> *MENTAL HEALTH *TECHNOLOGY BARRIERS, ACCESS TO BROADBAND AND THE DIGITAL DIVIDE *ELDERLY NEEDS AND HEALTH CONCERNS *PHYSICAL INACTIVITY AND SEDENTARY LIFESTYLES *PEDIATRIC HEALTH <p>IN DISCUSSING THE IMPACTS OF THE COVID-19 PANDEMIC ON HEALTH, PARTICIPANTS FOCUSED ON FOOD INSECURITY, ISOLATION AND ITS IMPACTS ON MENTAL HEALTH (INCLUDING FOR ELDERLY AND CHILDREN), FINANCIAL CHALLENGES ON LOCAL BUSINESSES AND COMMUNITY DIVIDES ON TOPICS SUCH AS REGULATIONS AND SOCIAL ISSUES.</p> <p>AN ADDITIONAL COMMUNITY SURVEY WAS ISSUED TO STAKEHOLDERS UNABLE TO ATTEND COMMUNITY MEETINGS, ASKING THEM TO IDENTIFY PRIORITY NEEDS. AMONG SEVEN RESPONSES, THE FOLLOWING ISSUES WERE IDENTIFIED AS THE MOST SIGNIFICANT BY RESPONDENTS:</p> <ul style="list-style-type: none"> *MENTAL HEALTH AND ACCESS TO MENTAL HEALTH SERVICES *SUBSTANCE ABUSE *ELDERLY HEALTH NEEDS AND CARE *PHYSICAL INACTIVITY, SEDENTARY LIFESTYLES AND ACCESS TO EXERCISE OPPORTUNITIES <p>THE SURVEY ALSO ASKED ABOUT THE IMPACTS OF THE COVID-19 PANDEMIC. ISSUES SELECTED AS SIGNIFICANT IMPACTS BY BOTH RESPONDENTS INCLUDE:</p> <ul style="list-style-type: none"> *SOCIAL ISOLATION AND LONELINESS *UNEMPLOYMENT OR UNDEREMPLOYMENT *LOSS OF HEALTH INSURANCE *FOOD ACCESS AND AFFORDABILITY

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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 TIPTON HOSPITAL (CONTINUED)</p> <p>DESCRIPTION: TWO ADDITIONAL INTERVIEWS WERE CONDUCTED WITH REPRESENTATIVES OF A LOCAL PUBLIC HEALTH DEPARTMENT AND HEALTH ASSOCIATIONS TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN TIPTON COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT: *HEALTH EDUCATION IS NEEDED FOR MANY TO IMPROVE HEALTH (RESIDENTS DO NOT UNDERSTAND HOW TO ACCESS HEALTHCARE AND OFTEN USE EXPENSIVE OPTIONS UNKNOWINGLY, SUCH AS EMERGENCY DEPARTMENTS; MORE EDUCATION FOR YOUTH IS NEEDED SO LATER LIFE CHOICES ARE HEALTHY) *CHRONIC DISEASE AND EDUCATION SURROUNDING CONDITIONS ARE SIGNIFICANT NEEDS, PARTICULARLY TO MANAGE CONDITIONS SUCH AS DIABETES *MENTAL HEALTH, THE STIGMA AROUND MENTAL HEALTH AND ACCESSING MENTAL HEALTH SERVICES ARE ALL SIGNIFICANT NEEDS IN THE COMMUNITY *TECHNOLOGY BARRIERS AND ACCESS TO BROADBAND SIGNIFICANTLY IMPACT THE ABILITY TO ACCESS HEALTHCARE SERVICES *AFFORDABLE HOUSING IS DIFFICULT TO ACCESS, AND HOMELESSNESS IS A NEED *NAVIGATING AVAILABLE RESOURCES IS DIFFICULT, AS FEW KNOW WHAT IS AVAILABLE AND WHO TO CONTACT FOR SERVICES *MIGRANT POPULATIONS ARE UNDERSERVED, AS MANY DO NOT ENGAGE WITH THE HEALTH SYSTEM DUE TO FEARS AND SAFETY CONCERNS *ELDERLY POPULATIONS ARE ALSO VULNERABLE, PARTICULARLY DUE TO TECHNOLOGY BARRIERS AND AGING IN PLACE CONCERNS *ACCESS TO WORKFORCE DEVELOPMENT OPPORTUNITIES AND TRAINING IS NEEDED *MATERNITY CARE IS DIFFICULT TO ACCESS, PARTICULARLY FOR DELIVERIES (MORE TRAINING IS NEEDED AT LOCAL HOSPITALS TO HANDLE EMERGENCY DELIVERY SITUATIONS)</p> <p>IN REGARD TO THE COVID-19 PANDEMIC, THE FOLLOWING WAS NOTED: *ELDERLY WERE PARTICULARLY AFFECTED DUE TO FEARS AROUND THE VIRUS, LEADING TO STAYING AT HOME AND ISOLATION *MENTAL HEALTH ISSUES HAVE INCREASED DRAMATICALLY AMID A LOT OF UNCERTAINTY ABOUT THE FUTURE AND WHAT THE NEW NORMAL MAY BE (MANY ALSO ARE FEARFUL OF THE VACCINE AND NEED MORE EDUCATION AND DATA ABOUT ITS EFFICACY)</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> <ul style="list-style-type: none"> *ANTHEM *AREA FIVE AGENCY ON AGING *ASCENSION ST. VINCENT *ASPIRE INDIANA HEALTH *BOYS AND GIRLS CLUB OF TIPTON COUNTY *BREATHE EASY HAMILTON COUNTY *CARMEL CLAY SCHOOLS *CENTRAL INDIANA COUNCIL ON AGING (CICOA) *CITY OF NOBLESVILLE *COMMUNITY HEALTH NETWORK *ENCORE LIFESTYLE AND ENRICHMENT CENTER *FISHERS HEALTH DEPARTMENT *FOUR COUNTY *GOOD SAMARITAN NETWORK OF HAMILTON COUNTY *GOOD SHEPHERD FOOD PANTRY *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. *HEART AND SOUL FREE CLINIC *HOPE FAMILY CARE CENTER *INDIANA RURAL HEALTH ASSOCIATION *IU HEALTH *IU HEALTH INDY SUBURBAN REGION *IU HEALTH NORTH HOSPITAL *IU HEALTH TIPTON HOSPITAL *NOBLESVILLE CHAMBER OF COMMERCE *NOBLESVILLE SCHOOLS *NOBLESVILLE TOWN COUNCIL *PREVAIL, INC. *PRIME LIFE ENRICHMENT *PURDUE EXTENSION *RIVERVIEW HEALTH *SHEPHERD'S CENTER OF HAMILTON COUNTY *SHERIDAN COMMUNITY SCHOOLS *ST. ELIZABETH SETON PARISH *THE VILLAGES HEALTH FAMILIES *TIPTON CHAMBER OF COMMERCE *TIPTON COMMUNITY SCHOOL CORPORATION *TIPTON COUNTY DOMESTIC VIOLENCE VICTIM ADVOCATE *TIPTON COUNTY FOUNDATION *TIPTON COUNTY HEALTH DEPARTMENT *TIPTON FIRE DEPARTMENT *TRI-CENTRAL SCHOOL CORPORATION

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	*TRINITY FREE CLINIC
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 TIPTON HOSPITAL</p> <p>DESCRIPTION: ALONG WITH THE CHNA, IU HEALTH TIPTON HOSPITAL'S BOARD ADOPTED AN IMPLEMENTATION STRATEGY IN APRIL 2022 IN RESPONSE TO THE 2021 CHNA. IU HEALTH TIPTON 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.</p> <p>THE 2022-2024 IMPLEMENTATION STRATEGY OUTLINES HOW IU HEALTH TIPTON HOSPITAL PLANS TO ADDRESS SIGNIFICANT NEEDS INCLUDING INITIATIVES, STRATEGIES, INTERNAL/EXTERNAL COLLABORATORS, ANTICIPATED IMPACT, AND HOSPITAL RESOURCES.</p> <p>SIGNIFICANT NEEDS HOSPITAL WILL ADDRESS</p> <p>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; AND SOCIAL DETERMINANTS OF HEALTH.</p> <p>ACCESS TO HEALTHCARE SERVICES</p> <ul style="list-style-type: none"> - PROVIDE VACCINE CLINICS IN THE COMMUNITY. - IU HEALTH TIPTON HOSPITAL DID NOT HOLD ANY VACCINE CLINICS IN 2022. THE TIPTON COUNTY HEALTH DEPARTMENT PROVIDED VACCINE CLINICS TO THE COMMUNITY IN 2022. GOING FORWARD, THE HOSPITAL PLANS TO PARTNER WITH THE HEALTH DEPARTMENT AND/OR OTHER ORGANIZATIONS TO PROVIDE FLU VACCINES AT ESTABLISHED EVENTS AND CLINICS IN THE COMMUNITY. - SUPPORT COMMUNITY MEMBERS ACCESSING HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY. - IU HEALTH TIPTON HOSPITAL PROVIDES FINANCIAL ASSISTANCE TO PATIENTS EACH YEAR. ADDITIONALLY, IU HEALTH PATIENT FINANCIAL COUNSELORS ARE CERTIFIED INDIANA NAVIGATORS. THEY CAN ASSIST PATIENTS WITH INFORMATION AND HELP THEM WITH APPLICATIONS FOR VARIOUS HEALTH COVERAGE PROGRAMS. <p>AGING POPULATION AND NEEDS OF SENIORS</p> <ul style="list-style-type: none"> - SUPPORT THE ENCORE TRANSPORTATION PROGRAM (COMMUNITY TRANSPORTATION PROGRAM FOR SENIORS TO ACCESS NECESSARY SERVICES AND APPOINTMENTS). - IU HEALTH TIPTON HOSPITAL PROVIDED A GRANT TO HELP SUPPORT THE ENCORE TRANSPORTATION PROGRAM. FUNDS ARE NEEDED ANNUALLY TO HELP WITH OPERATION EXPENSES, HELPING WITH FUNDING ASSURES SENIORS HAVE ACCESS TO MEDICAL APPOINTMENTS, GROCERIES, BANKING AND OTHER BASIC LIVING NEEDS. IN 2022 THE CENTER PROVIDED 7,040 RIDES, WELCOMED APPROXIMATELY 70 NEW MEMBERS AND HAD A COMBINED PARTICIPATION OF OVER 4,000 TO ALL OF THEIR PROGRAMS FOR THE YEAR. THE PROGRAM PROVIDED A TOTAL OF 810 RIDES TO APPOINTMENTS AT THE HOSPITAL IN 2022. - SUPPORT SENIOR-FOCUSED PROGRAMS AT LOCAL EVENTS IN THE COMMUNITY. - IU HEALTH TIPTON HOSPITAL PROVIDED A GRANT TO THE ENCORE CENTER TO PURCHASE TICKETS FOR THEIR MEMBERS TO TAKE A TRIP TO A SHOW AT BEEF & BOARDS DINNER THEATRE. AROUND 20 SENIORS WERE ABLE TO ATTEND THAT OTHERWISE WOULD NOT HAVE EITHER HAD THE FUNDS TO GO OR THE TRANSPORTATION. THE MEMBERS ATTENDING COMMENTED THAT IT HELPED THEIR MENTAL HEALTH BEING ABLE TO ATTEND TRIPS LIKE THIS. MANY SENIORS DON'T HAVE OR FIND IT DIFFICULT TO PROVIDE THEIR OWN TRANSPORTATION OR COULDN'T TAKE THE COST OF THIS OUT OF THEIR BUDGET, OUR GRANT PROVIDES THIS TRIP TO THEM FREE AND PROVIDES THE TRANSPORTATION. - IN DECEMBER WE ALSO DONATED CLEANING KITS TO THE CENTER TO PROVIDE THEIR MEMBERS. THE KITS WERE PART OF OUR ANNUAL DAYS OF SERVICE PROJECT AND CONTAINED DISH SOAP, FURNITURE POLISH, SPONGES, WINDOW CLEANER, CLEANING CLOTH, ETC. THE MEMBERS GATHERED FOR A CHRISTMAS EVENT AND RECEIVED THE BAGS AS PART OF THEIR GIFT. PROVIDING THESE BAGS HELPED PROVIDE THE BASIC CLEANING ITEMS FOR FREE. <p>BEHAVIORAL HEALTH</p> <ul style="list-style-type: none"> - FURTHER IMPLEMENT VIRTUAL CARE PEER RECOVERY COACHING PROGRAM (PROVIDES PATIENTS WITH SUBSTANCE USE CONCERNS WITH VIRTUAL BEHAVIORAL HEALTH SERVICES). - THE VIRTUAL CARE PEER RECOVERY COACHING PROGRAM IS CURRENTLY IMPLEMENTED AT IU HEALTH TIPTON 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 EMERGENCY DEPARTMENT (ED) VIRTUAL CARE PROGRAM (PROVIDES PATIENTS VIRTUAL ACCESS TO BEHAVIORAL HEALTH SERVICES). - IN 2022, BEHAVIORAL HEALTH SERVICES WERE PROVIDED TO PATIENTS IN CRISIS VIA THE EMERGENCY DEPARTMENT VIRTUAL CARE PROGRAM. <p>CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT</p> <ul style="list-style-type: none"> - SUPPORT COMMUNITY SMOKING CESSATION PROGRAM (EDUCATE AND REDUCE THE USE OF TOBACCO PRODUCTS IN COMMUNITY MEMBERS INTERESTED IN QUITTING SMOKING). - THE HOSPITAL TEAM MEMBER THAT LED THIS PROGRAM RETIRED IN 2022 AND A REPLACEMENT HAS NOT TAKEN OVER THIS PROGRAM AT THIS TIME. PATIENTS EXPRESSING AN INTEREST IN QUITTING SMOKING THROUGH OUR LOCAL PHYSICIAN OFFICES ARE EVALUATED ON AN INDIVIDUAL BASIS FOR THE BEST TREATMENT PLAN. PHYSICIANS WILL PRESCRIBE NICOTINE REPLACEMENT PATCHES/GUM OR CHANTIX (IF INSURANCE ALLOWS); OTHERS NEEDING FURTHER HELP WILL BE PROVIDED ADDITIONAL TOBACCO RESOURCES INCLUDING THE CENTRALIZED TOBACCO TREATMENT PROGRAM. - FURTHER IMPLEMENT IU HEALTH SERVES DAYS OF SERVICE (VOLUNTEER EVENT ENGAGING IU HEALTH TEAM MEMBERS IN ACTIVITIES THAT BENEFIT THE COMMUNITY). - IU HEALTH TIPTON HOSPITAL PARTICIPATED IN THE ANNUAL DAYS OF SERVICE WITH A TOTAL OF SIX PROJECTS. THESE PROJECTS WERE A MIXTURE OF ON-SITE, TAKE-HOME AND IN THE COMMUNITY. PROJECTS FOR 2022 INCLUDED 300 HYGIENE KITS THAT WERE ASSEMBLED AND DONATED TO THE SCHOOL SYSTEMS TO PROVIDE STUDENTS IN NEED THROUGHOUT THE YEAR, PROVIDING THE FUNDS FOR 10 FAMILIES TO DO THEIR LAUNDRY FOR FREE DURING OUR LAUNDRY LIFT EVENING AT THE LOCAL LAUNDRY MAT, SEALED OVER 200 WOODEN FENCE PICKETS (PREVIOUSLY DESIGNED BY TEAM MEMBERS) AT THE LOCAL PARK TO KEEP THEM PROTECTED FROM THE WEATHER, ASSEMBLED AND DONATED 150 HOUSEHOLD CLEANING KITS TO FAMILIES IN NEED THROUGH COMMUNITY PARTNERS, ASSEMBLED AND DONATED 200 CHRISTMAS STOCKINGS TO LOCAL NURSING HOME RESIDENTS AND SENIORS, HAND MADE

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	<p>OVER 300 CHRISTMAS ORNAMENTS FOR A FREE COMMUNITY ORNAMENT TREE DURING OUR HOLIDAY EVENT IN DECEMBER. ALL OF THESE PROJECTS HAD A TOTAL OF 37 TEAM MEMBERS VOLUNTEERING THEIR TIME FOR A TOTAL OF 114 HOURS SERVED.</p> <ul style="list-style-type: none"> - IMPLEMENT FRESH & FIT (A FREE 10-WEEK FITNESS AND NUTRITION PROGRAM TO IMPROVE OVERALL PHYSICAL AND MENTAL HEALTH). - THE FRESH + FIT PROGRAM WAS SUCCESSFULLY ROLLED OUT TO THE TIPTON COMMUNITY IN 2022. FRESH + FIT IS A TEN-WEEK PROGRAM DESIGNED TO IMPROVE THE HEALTH OF INDIVIDUALS AND FAMILIES BY GUIDING THEM TO BUILD HEALTHY LIFESTYLES THROUGH FITNESS AND NUTRITION. A TOTAL OF 19 PARTICIPANTS STARTED THE PROGRAM AND ENDED UP COMPLETING THE PROGRAM, A 58% COMPLETION RATE. WHILE OUR NUMBERS WERE HIGH FOR TIPTON, THEY ARE RIGHT ABOUT WHERE WE HAD ANTICIPATED THEM BEING. THIS WAS A MANAGEABLE NUMBER FOR THE FIRST YEAR OFFERING IT TO OUR COMMUNITY. IN OUR LITTLE GROUP THERE WAS A TOTAL OF 151.8 POUNDS LOST AND 72% IMPROVEMENT IN BLOOD PRESSURE, OTHER MEASUREMENTS WERE ALSO IMPROVED. - PROVIDE COMMUNITY SCREENINGS AND EDUCATION INITIATIVES. - WE HAD OUR ANNUAL PROSTATE CANCER SCREENINGS SCHEDULED FOR SEPTEMBER, UNFORTUNATELY EVEN WITH NORMAL PROMOTIONS OF THE SCREENING WE DID NOT HAVE ENOUGH INTEREST FROM THE COMMUNITY TO COMPLETE THIS EVENT IN 2022. WE HAVE FOUND THAT STAND ALONE SCREENING EVENTS ARE NOT SUCCESSFUL IN OUR COMMUNITY. OUR PLAN IS TO WORK ON COMBINING SCREENINGS WITH EXISTING EVENTS AND MEETINGS THAT WE ARE ALREADY PLANNING TO ATTEND IN THE FUTURE. - 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 TIPTON HOSPITAL), THERE WERE 11 REFERRALS TO THE CTTP (66% 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>MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING</p> <ul style="list-style-type: none"> - FURTHER IMPLEMENT CAR SEAT PROGRAM (EDUCATION ON PROPERLY FITTING CHILD SAFETY SEATS). - IU HEALTH TIPTON HOSPITAL CURRENTLY HAS ONE CAR SEAT TECHNICIAN. THE TECHNICIAN CONDUCTED 23 CAR SEAT FITTINGS THROUGHOUT THE YEAR FREE OF CHARGE. SHE ALSO ATTENDED A FAMILY RESOURCE AND SAFETY FAIR AND OFFERED GENERAL EDUCATION ON CAR SEAT SAFETY, EXPIRATION DATES AND INFORMATION ON HOW THEY CAN RECEIVE ASSISTANCE THROUGH THE LOCAL PROGRAM.
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH TIPTON HOSPITAL (CONTINUE)</p> <p>DESCRIPTION: SOCIAL DETERMINANTS OF HEALTH</p> <ul style="list-style-type: none"> - SUPPORT LOCAL, COMMUNITY PROGRAMS THAT SERVE FAMILIES WITH LOWER INCOMES. - TEAM MEMBERS PARTICIPATED IN A NEW PROGRAM CALLED LAUNDRY LIFT. COMMUNITY ORGANIZATIONS CAN SIGN UP FOR A MONTH TO SUPPORT THE PROGRAM BY HAVING VOLUNTEERS AT THE LAUNDRY MAT ONE DAY A MONTH DURING SET TIMES AND PROVIDING THE QUARTERS, DETERGENT AND FABRIC SOFTENER SO FAMILIES CAN DO THEIR LAUNDRY THAT DAY FOR FREE. THE HOSPITAL SPONSORED TWO DAYS DURING THE YEAR ASSISTING A TOTAL OF 20 FAMILIES. - SUPPORT MY CLOSET - TIPTON COMMUNITY SCHOOL CORPORATION (TCSC) (CLOTHING PANTRY FOR TCSC STUDENTS IN NEED OF BASIC CLOTHING ITEMS). - IN 2022, IU HEALTH TIPTON PROVIDED A GRANT TO THE PROGRAM "MY CLOSET" AT TIPTON COMMUNITY SCHOOL CORPORATION. THIS PROGRAM SUPPORTS ALL STUDENTS IN NEED IN GRADES PRE-SCHOOL THROUGH GRADE TWELVE. FAMILIES DO NOT HAVE TO SHOW A FINANCIAL NEED, JUST SIMPLY ASK TO VISIT THE CLOSET. STUDENTS ARE TAKEN IN ONE AT A TIME TO HELP WITH CONFIDENTIALITY AND ARE ABLE TO SHOP FOR A COMPLETE OUTFIT (SHIRTS, SHOES, UNDER GARMENTS, SOCKS, COATS, GLOVES, HATS) ONE TIME EACH SEMESTER. A LOCAL SALON ALSO OFFERS VOUCHERS FOR A FREE HAIRCUT. THE PROGRAM DIRECTOR WORKS DIRECTLY WITH THE FAMILIES, IF SHE SEES A NEED, THEN EXCEPTIONS ARE MADE SO THE STUDENT HAS WHAT THEY NEED. FROM JUNE 2022 - JANUARY 4, 2023, THERE WERE A TOTAL OF 122 STUDENT VISITS TO THE CLOSET. SIXTY-SEVEN STUDENTS RECEIVED WINTER COATS, 37 STUDENTS RECEIVED VOUCHERS FOR SHOES AND 21 STUDENTS RECEIVED SHOES ON-SITE. <p>SIGNIFICANT NEEDS HOSPITAL WILL NOT ADDRESS</p> <p>IU HEALTH TIPTON HOSPITAL IS UNABLE TO ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2021 COMMUNITY HEALTH NEEDS ASSESSMENT.</p> <p>HEALTH EDUCATION AND NAVIGATION</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 TIPTON HOSPITAL PERCEIVES THIS HEALTH NEED AS BEING ADDRESSED UNDER MANY INITIATIVES IN ACCESS TO HEALTHCARE SERVICES. IU HEALTH TIPTON HOSPITAL WILL MONITOR THIS NEED TO SEE IF THERE ARE CHANGES OR OPPORTUNITIES IN THE FUTURE TO ADDRESS IT FURTHER.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE</p>	<p>FACILITY NAME: IU HEALTH TIPTON HOSPITAL</p> <p>DESCRIPTION: IN ADDITION TO FPG, IU HEALTH TIPTON HOSPITAL MAY TAKE INTO CONSIDERATION A PATIENT'S INCOME AND/OR ABILITY TO PAY IN CALCULATION OF A FINANCIAL ASSISTANCE AWARD.</p>

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 TIPTON HOSPITAL</p> <p>DESCRIPTION: IU HEALTH TIPTON 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 TIPTON HOSPITAL</p> <p>DESCRIPTION: IU HEALTH TIPTON HOSPITAL TAKES SEVERAL OTHER MEASURES TO BROADLY PUBLICIZE ITS FAP WITHIN THE COMMUNITY. THESE MEASURES INCLUDE THE FOLLOWING:</p> <ol style="list-style-type: none"> 1.POST THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION ON ITS WEBSITE. 2.PROVIDE PATIENTS WITH A PLAIN LANGUAGE SUMMARY OF THIS POLICY DURING REGISTRATION AND/OR DISCHARGE. 3.POST CONSPICUOUS DISPLAYS IN APPROPRIATE ACUTE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS AND REGISTRATION AREAS DESCRIBING THE AVAILABLE ASSISTANCE AND DIRECTING ELIGIBLE PATIENTS TO THE FINANCIAL ASSISTANCE APPLICATION. 4.INCLUDE A CONSPICUOUS WRITTEN NOTICE ON ALL PATIENT POST-DISCHARGE BILLING STATEMENTS NOTIFYING THE PATIENT ABOUT THIS POLICY AND THE TELEPHONE NUMBER OF THE CUSTOMER SERVICE DEPARTMENT WHICH CAN ASSIST PATIENTS WITH QUESTIONS REGARDING THIS POLICY. 5.MAKE AVAILABLE CUSTOMER SERVICE REPRESENTATIVES VIA TELEPHONE DURING NORMAL BUSINESS HOURS. 6.MAIL COPIES OF THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND A FINANCIAL ASSISTANCE APPLICATION TO PATIENTS OR THEIR GUARANTOR FREE OF CHARGE UPON REQUEST. 7.BROADLY COMMUNICATE THIS POLICY AS A PART OF ITS GENERAL OUTREACH EFFORTS. 8.EDUCATE PATIENT-FACING TEAM MEMBERS ON THIS POLICY AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of facility (describe)
1 IU HEALTH TIPTON HOSPITAL LAB 1000 S MAIN ST TIPTON, IN 46072	LAB
2 IU HEALTH TIPTON HOSPITAL HEMATOLOGY-ONCOLOGY 1000 S MAIN ST, SUITE B TIPTON, IN 46072	SPECIALTY CARE
3	
4	
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%. <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.</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</p>

Return Reference - Identifier	Explanation
	<p>QUALIFICATION.</p> <p>5. APPEALS AND ASSISTANCE GRANTED BY THE FINANCIAL ASSISTANCE COMMITTEE</p> <p>THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW AND MAKE DETERMINATIONS ON ALL REQUESTS FOR APPEALS RELATED TO FINANCIAL ASSISTANCE. IF A PATIENT OR GUARANTOR SEEKS TO APPEAL A FINANCIAL ASSISTANCE DETERMINATION, A WRITTEN REQUEST MUST BE SUBMITTED, ALONG WITH THE SUPPORTING DOCUMENTATION.</p> <p>THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW REQUESTS FOR AND MAY GRANT ADDITIONAL FINANCIAL ASSISTANCE, INCLUDING BUT NOT LIMITED TO, THE FOLLOWING:</p> <ul style="list-style-type: none"> -ASSISTANCE TO PATIENTS WHO ARE SEEKING TREATMENT THAT CAN ONLY BE PROVIDED IN INDIANA BY IU HEALTH OR WHO WOULD BENEFIT FROM CONTINUED MEDICAL SERVICES FROM IU HEALTH FOR CONTINUITY OF CARE; -CARE APPROVED BY THE IU HEALTH CHIEF MEDICAL OFFICER (CMO) OR THE CHIEF EXECUTIVE OFFICER (CEO) OR CMO OF AN IU HEALTH FACILITY OR REGION, INCLUDING MEDICALLY NECESSARY NON-ELECTIVE SERVICES FOR WHICH NO PAYMENT SOURCE CAN BE IDENTIFIED; -CARE PROVIDED WHEN IT IS KNOWN NO PAYMENT SOURCE EXISTS; -INTERNATIONAL HUMANITARIAN AID; AND -OTHER CARE IDENTIFIED BY THE FINANCIAL ASSISTANCE COMMITTEE THAT FULFILLS THE IU HEALTH MISSION. <p>ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL.</p> <p>6. PRESUMPTIVE ELIGIBILITY</p> <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>IU HEALTH WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY:</p> <ul style="list-style-type: none"> -MEDICAID (ANY STATE) -INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES -HEALTHY INDIANA PLAN -PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) -A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. <p>IU HEALTH WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE.</p> <p>FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES:</p> <ul style="list-style-type: none"> -IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. -IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. -IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH. <p>7. EXHAUSTION OF ALTERNATE SOURCES OF ASSISTANCE</p> <p>PATIENTS MUST EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY INCLUDING, BUT NOT LIMITED TO, MEDICAID.</p> <p>PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE HEALTH INSURANCE POLICY MUST EXHAUST ALL INSURANCE BENEFITS.</p> <ul style="list-style-type: none"> -THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. -IU HEALTH MAY REQUEST PATIENTS SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THE APPROPRIATE INSURANCE PROVIDER BEFORE AWARDED FINANCIAL ASSISTANCE. <p>ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH FACILITY AS A RESULT OF AN INJURY PROXIMATELY CAUSED BY A THIRD PARTY, AND LATER RECEIVE A MONETARY SETTLEMENT OR AWARD FROM SAID THIRD PARTY, MAY RECEIVE FINANCIAL ASSISTANCE FOR ANY OUTSTANDING BALANCE NOT COVERED BY THE SETTLEMENT OR AWARD.</p> <p>IN THE EVENT FINANCIAL ASSISTANCE HAS ALREADY BEEN GRANTED IN THE ABOVE CIRCUMSTANCES, IU HEALTH RESERVES THE RIGHT TO REVERSE THE FINANCIAL ASSISTANCE DETERMINATION IN AN AMOUNT EQUAL TO THE AMOUNT IU HEALTH WOULD BE ENTITLED TO RECEIVE HAD NO FINANCIAL ASSISTANCE BEEN AWARDED.</p> <p>8. PATIENT ASSETS</p> <p>THERE ARE SITUATIONS WHERE A PATIENT OR THEIR GUARANTOR MAY HAVE SIGNIFICANT INCOME OR ASSETS AVAILABLE TO PAY FOR HEALTHCARE SERVICES SUCH AS A LEGAL SETTLEMENT. THE FINANCIAL ASSISTANCE COMMITTEE MAY EVALUATE THE INCOME OR ASSETS IN DETERMINING FINANCIAL HARDSHIP.</p> <p>IU HEALTH MAY REQUIRE A LIST OF ALL PROPERTY OWNED BY THE PATIENT OR GUARANTOR AND ADJUST A FINANCIAL ASSISTANCE DETERMINATION AS A RESULT.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 6A - C.B. REPORT PREPARED BY A RELATED ORG.	<p>IU HEALTH TIPTON 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/COMMUNITY-BENEFIT. 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>
SCHEDULE H, PART I, LINE 6A - NAME OF RELATED ORGANIZATION THAT PREPARED COMMUNITY BENEFIT REPORT	INDIANA UNIVERSITY HEALTH, INC.
SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G	IU HEALTH TIPTON INCLUDES COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES BUT IS NOT ABLE TO SEGREGATE THE COSTS ASSOCIATED WITH PHYSICIAN CLINICS.
SCHEDULE H, PART I, LINE 7 - TOTAL COMMUNITY BENEFIT EXPENSE	SCHEDULE H, PART I, LINE 7, COLUMN (F), PERCENT OF TOTAL EXPENSE, IS BASED ON COLUMN (E) NET COMMUNITY BENEFIT EXPENSE. THE PERCENT OF TOTAL EXPENSE BASED ON COLUMN (C) TOTAL COMMUNITY BENEFIT EXPENSE, WHICH DOES NOT INCLUDE DIRECT OFFSETTING REVENUE, IS 28.31%.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	1,214,042
SCHEDULE H, PART I, LINE 7F - BAD DEBT EXPENSE	BAD DEBT EXPENSE IS REPORTED ON A COST BASED ON THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE-COST-TO CHARGES. THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSE ON LINE 7, COLUMN (F) IS \$1,214,042.
SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED	IU HEALTH TIPTON 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 TIPTON HOSPITAL AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM") INVESTMENTS INCLUDE ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, WORKFORCE DEVELOPMENT OPPORTUNITIES, COLLABORATE WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCATE FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS. SOME ACTIVITIES MEET THE DEFINITION OF COMMUNITY BENEFIT AND HAVE BEEN REPORTED AS SUCH.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	THE BAD DEBT EXPENSE REPORTED ON SCHEDULE H, PART III, LINE 2 IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	<p>IU HEALTH WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY:</p> <ol style="list-style-type: none"> 1.MEDICAID (ANY STATE) 2.INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES 3.HEALTHY INDIANA PLAN 4.PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) 5.A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>IU HEALTH WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE.</p> <p>FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES: A)IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. B)IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. C)IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH.</p> <p>DUE TO THIS COMPREHENSIVE METHODOLOGY, IU HEALTH DOES NOT BELIEVE ANY AMOUNT OF BAD DEBT IS ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY AND NO PORTION OF BAD DEBT IS INCLUDED AS COMMUNITY BENEFIT.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>IU HEALTH TIPTON HOSPITAL IS A SUBSIDIARY IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF IU HEALTH.</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>IU HEALTH TIPTON HOSPITAL DID NOT HAVE A MEDICARE SHORTFALL IN 2022.</p> <p>IU HEALTH TIPTON 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> <p>THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 IS CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM THE IU HEALTH MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH'S PARTICIPATION IN MEDICARE PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIAN SERVICES, THE COSTS OF MEDICARE PARTS C AND D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH TIPTON HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY REDUCE THE MEDICARE SURPLUS REPORTED ON SCHEDULE H, PART III, LINE 7.</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>THOUGH IU HEALTH TIPTON HOSPITAL BELIEVES ITS CHNA PROCESS IS COMPREHENSIVE, THE CHNA IS DONE ON A TRIENNIAL BASIS. BETWEEN CHNA CYCLES, IU HEALTH TIPTON HOSPITAL GATHERS DATA AND INFORMATION TO MONITOR THE MOST CURRENT NEEDS OF THE COMMUNITY. ADDITIONAL SOURCES OF DATA AND INFORMATION INCLUDE:</p> <ul style="list-style-type: none"> *IU HEALTH DATA ANALYTICS AND INFORMATION SERVICE TEAMS; *SECONDARY DATA SOURCES FROM FEDERAL, STATE, AND LOCAL ENTITIES WITH A FOCUS ON HEALTH BEHAVIORS, HEALTH OUTCOMES, AND SOCIAL DETERMINANTS OF HEALTH; *OBTAINING COMMUNITY ORGANIZATION AND GOVERNMENTAL AGENCY PERSPECTIVES; PRIORITY POPULATION PERSPECTIVES; AND OTHER HEALTHCARE AND HOSPITAL PERSPECTIVES; *REPORTS THAT SHARE FINDINGS AND RECOMMENDATIONS ON CERTAIN POPULATIONS WITHIN THE COMMUNITY AND/OR HEALTH BEHAVIORS, HEALTH OUTCOMES, OR SOCIAL DETERMINANTS OF HEALTH; *EVIDENCE INFORMED SOURCES; AND *TEAM MEMBER PARTICIPATION IN PARTNERING EFFORTS (E.G., COALITIONS, ADVISORY COMMITTEES, TASK FORCES, ETC.). <p>THE REGULAR REVIEW OF THESE SOURCES OF DATA AND INFORMATION RARELY IMPACT WHAT THE SIGNIFICANT NEEDS ARE BETWEEN CHNA CYCLES. HOWEVER, IT DOES HELP INFLUENCE THE TYPES OR LEVEL OF INTERVENTIONS TO ADDRESS THE SIGNIFICANT NEEDS; PRIORITIZE RESOURCES TO THOSE GROUPS OR NEIGHBORHOODS EXPERIENCING HEALTH DISPARITIES IN THE COMMUNITY; IDENTIFY FUNDING OPPORTUNITIES TO SUPPORT INTERVENTIONS; AND STRENGTHEN OR MOBILIZE PARTNERSHIPS TO IMPROVE HEALTH.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>IU HEALTH TIPTON 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 TIPTON HOSPITAL HAS ESTABLISHED A FAP TO PROVIDE FINANCIAL ASSISTANCE TO UNINSURED PATIENTS. IU HEALTH TIPTON HOSPITAL IS COMMITTED TO ENSURING ITS PATIENTS ARE COMPLIANT WITH ALL PROVISIONS OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT. TO THAT END, IU HEALTH TIPTON 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 TIPTON 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.
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>IU HEALTH TIPTON HOSPITAL IS LOCATED IN TIPTON COUNTY, INDIANA, A COUNTY LOCATED IN CENTRAL INDIANA.</p> <p>TIPTON COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF TIPTON, ELWOOD, WINDFALL CITY, KEMPTON, AND SHARPSVILLE. BASED ON THE MOST RECENT CENSUS BUREAU (2022) STATISTICS, TIPTON COUNTY'S POPULATION IS 15,361, WITH APPROXIMATELY 49.8% BEING FEMALE AND 50.2% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 96.7% WHITE, 3.1% HISPANIC, 0.8% BLACK, 0.9% ASIAN, 0.3% AMERICAN INDIAN OR ALASKA NATIVE, AND 1.3% PERSONS REPORTING TWO OR MORE RACES.</p> <p>TIPTON COUNTY HAS RELATIVELY MODERATE LEVELS OF EDUCATIONAL ATTAINMENT. AMONG RESIDENTS AGES 25 AND UP, 90.6% COMPLETED THEIR EDUCATION WITH A HIGH SCHOOL DIPLOMA OR EQUIVALENT. 25.9% HAD A BACHELOR'S DEGREE OR HIGHER. ABOUT 9.2% ENDED THEIR FORMAL EDUCATION BEFORE FINISHING HIGH SCHOOL.</p>
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>IU HEALTH TIPTON 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 TIPTON HOSPITAL, EXTEND MEDICAL PRIVILEGES TO ALL PHYSICIANS WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENTS TO ITS MEDICAL STAFF. IU HEALTH DOES NOT DENY APPOINTMENTS BASED ON GENDER, RACE, CREED OR NATIONAL ORIGIN.</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 TIPTON HOSPITAL'S PROMOTION OF COMMUNITY HEALTH INCLUDED THE FOLLOWING HIGHLIGHTS:</p> <p>IU HEALTH TIPTON HOSPITAL CONTINUED ITS SUPPORT OF THE TRANSPORTATION PROGRAM OPERATED BY THE LOCAL SENIOR CENTER THROUGH GRANT FUNDING. THE TRANSPORTATION PROGRAM PROVIDES NECESSARY RIDES TO HEALTHCARE APPOINTMENTS, PHARMACY, GROCERY STORE, BANKING, AND OTHER DESTINATIONS FOR BASIC LIVING NEEDS. THE HOSPITAL ALSO HELPED SUPPORT THROUGH GRANT FUNDING A TRIP TO BEEF & BOARDS FOR THOSE MEMBERS INTERESTED IN ATTENDING. THE SENIORS ATTENDING RECEIVED THE TICKETS FOR FREE AS WELL AS TRANSPORTATION TO AND FROM THE EVENT. THEY WERE ALL VERY GRACIOUS OF THE OPPORTUNITY TO SAFELY BE TOGETHER AND ATTEND SUCH A NICE EVENT DURING THE HOLIDAY SEASON.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>INDIANA UNIVERSITY HEALTH TIPTON 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>