

**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 WEST HOSPITAL, INC.	Employer identification number 35 1814660
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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)		4,518	3,898,240	0	3,898,240	1.48
b Medicaid (from Worksheet 3, column a)		15,728	53,834,876	40,762,156	13,072,720	4.98
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	20,246	57,733,116	40,762,156	16,970,960	6.46
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	7	2,239	2,271,290	0	2,271,290	0.86
f Health professions education (from Worksheet 5)	1	139	334,202	0	334,202	0.13
g Subsidized health services (from Worksheet 6)	1	513	2,195,152	1,211,792	983,360	0.37
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	19,884	172,810	0	172,810	0.07
j Total. Other Benefits	11	22,775	4,973,454	1,211,792	3,761,662	1.43
k Total. Add lines 7d and 7j	11	43,021	62,706,570	41,973,948	20,732,622	7.90

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50192T

Schedule H (Form 990) 2022

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	0	0	0	0	0	0.00
2 Economic development	0	0	0	0	0	0.00
3 Community support	0	0	0	0	0	0.00
4 Environmental improvements	0	0	0	0	0	0.00
5 Leadership development and training for community members	0	0	0	0	0	0.00
6 Coalition building	0	0	0	0	0	0.00
7 Community health improvement advocacy	0	0	0	0	0	0.00
8 Workforce development	0	0	0	0	0	0.00
9 Other	0	0	0	0	0	0.00
10 Total	0	0	0	0	0	0.00

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	1,789,323
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	43,235,073
6	Enter Medicare allowable costs of care relating to payments on line 5	6	57,343,897
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(14,108,824)
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	✓
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	✓

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
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Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? 1

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

1 IU HEALTH WEST HOSPITAL
 1111 N RONALD REAGAN PKWY, AVON, IN 46123
[HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-WEST-HOSPITAL](https://iuhealth.org/find-locations/iu-health-west-hospital) STATE LICENSE NO. : 23-003776-1

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Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓	✓		✓			✓			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: IU HEALTH WEST 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>HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a	If "Yes," (list url): <u>HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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

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

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

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	<p>IU HEALTH WEST 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 WEST 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.SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE 8.SOCIAL DETERMINANTS OF HEALTH

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: IU HEALTH WEST HOSPITAL</p> <p>DESCRIPTION: IN CONDUCTING EACH ITS MOST RECENT CHNA, IU HEALTH WEST HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES IT SERVES BY HOSTING SIX COMMUNITY FOCUS GROUPS AND THREE 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 WEST HOSPITAL THE DEFINED COMMUNITY PER THE MOST RECENT CHNA IS HENDRICKS AND MARION COUNTIES, INDIANA. THE HOSPITAL RESIDES IN HENDRICKS COUNTY.</p> <p>HENDRICKS COUNTY - COMMUNITY MEETINGS AND INTERVIEW</p> <p>TWO COMMUNITY MEETINGS WERE HELD IN MAY 2021 TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN HENDRICKS 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 THE NEED FOR SOCIAL ASSOCIATIONS, ALCOHOL ABUSE AND DRUNK DRIVING, MENTAL HEALTH AND ACCESS TO SERVICES, COSTS OF CARE, TEEN SUICIDE, CHILD ABUSE AND ACES, HOUSING, ELDERLY NEEDS, HEALTH INSURANCE, OBESITY, PHYSICAL INACTIVITY, DIABETES, TRANSPORTATION, SEXUAL ABUSE AND CRISIS SERVICES, DOMESTIC VIOLENCE, ISOLATION IN HISPANIC (OR LATINO) AND NON-ENGLISH SPEAKING COMMUNITIES AND SEX EDUCATION AND CONTRACEPTIVES.</p> <p>FROM THIS PROCESS, PARTICIPANTS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR HENDRICKS COUNTY: *ACCESS TO BEHAVIORAL AND MENTAL HEALTH SERVICES *SUBSTANCE ABUSE, INCLUDING ALCOHOL *SOCIAL ISOLATION *CHILD ABUSE AND TEEN SUICIDE/SELF-HARM *OBESITY AND RELATED CHRONIC DISEASES *HOUSING ACCESS AND AFFORDABILITY *TRANSPORTATION</p> <p>IN DISCUSSING THE IMPACTS OF THE COVID-19 PANDEMIC, RESIDENTS IDENTIFIED ISSUES REGARDING INCREASING VIOLENCE AND DOMESTIC VIOLENCE, INABILITY TO ACCESS HEALTH AND SOCIAL SERVICES, INCREASING STRESS ON CAREGIVERS, INCREASED COMMUNITY TOGETHERNESS, INCREASING TELEHEALTH SERVICES AND FOOD INSECURITY.</p> <p>A SURVEY WAS ALSO ISSUED TO INTERNAL PROVIDERS AT IU HEALTH THAT SERVE HENDRICKS COUNTY, ASKING THEM TO IDENTIFY PRIORITY NEEDS AMONG THE PATIENTS THEY SERVE. THE FOLLOWING ISSUES WERE IDENTIFIED AS THE MOST SIGNIFICANT: *SUBSTANCE ABUSE ACCESS TO TREATMENT *MENTAL HEALTH AND ACCESS TO MENTAL HEALTH SERVICES *OBESITY AND EDUCATION ON HEALTHY EATING</p> <p>THE SURVEY ALSO ASKED ABOUT THE IMPACTS OF THE COVID-19 PANDEMIC. ISSUES MOST OFTEN SELECTED AS SIGNIFICANT IMPACTS INCLUDE: *SOCIAL ISOLATION AND LONELINESS *LACK OF ACCESS TO HEALTHCARE SERVICES</p> <p>AN ADDITIONAL INTERVIEW WAS CONDUCTED WITH A REPRESENTATIVE OF THE LOCAL PUBLIC HEALTH DEPARTMENT TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN HENDRICKS COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT: *MENTAL HEALTH IS THE GREATEST HEALTH NEED IN HENDRICKS COUNTY, AND ACCESS TO MENTAL HEALTH SERVICES AND INTEGRATION INTO PRIMARY CARE IS NEEDED FOR COMPLETE HEALTHCARE *OBESITY IS AN ISSUE, INFLUENCED BY A LACK OF PHYSICAL ACTIVITY AND PLACES TO EXERCISE *SMOKING AND TOBACCO USAGE IS STILL A NEED, INCLUDING THE USE OF E-CIGARETTES *ALCOHOL ABUSE IS A SIGNIFICANT CONCERN *ACCESS TO AFFORDABLE HOUSING IS DIFFICULT FOR MANY *TRANSPORTATION IS A BARRIER, WITH FEW PUBLIC OPTIONS *INSURANCE AND COSTS OF CARE ARE TWO OF THE LARGEST BARRIERS TO ACCESSING HEALTHCARE *ELDERLY NEEDS ARE SIGNIFICANT, PARTICULARLY TRANSPORTATION TO MEDICAL CARE FROM RURAL AREAS</p> <p>IN REGARD TO THE COVID-19 PANDEMIC, A WIDE ARRAY OF IMPACTS WAS NOTED, INCLUDING: ALCOHOL ABUSE HAS LIKELY INCREASED MENTAL HEALTH NEEDS HAVE INCREASED GREATLY DUE TO STRESS AND IMPACTS OF ISOLATION MARION COUNTY - COMMUNITY MEETINGS AND INTERVIEWS</p> <p>IN COLLABORATION WITH OTHER LOCAL HEALTH SYSTEMS - ASCENSION ST. VINCENT AND COMMUNITY HEALTH NETWORK - FOUR COMMUNITY MEETINGS WERE HELD IN MAY 2021 TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN MARION COUNTY. SECONDARY DATA AND A PRELIMINARY LIST OF COMMUNITY HEALTH NEED PRIORITIES WAS PRESENTED AT ALL MEETINGS. EACH GROUP WAS THEN ASKED QUESTIONS ABOUT THE PRELIMINARY LIST, INCLUDING THEIR REACTIONS, ADDITIONS TO THE PROPOSED NEEDS, THOUGHTS REGARDING THE CAUSES OF THE NEEDS, IMPACTS OF THE COVID-19 PANDEMIC AND OTHERS.</p>

Return Reference - Identifier	Explanation
	<p>AFTER THIS DISCUSSION, PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO MAKE ADDITIONAL COMMENTS BEFORE BEING ASKED TO VOTE ON WHAT THEY BELIEVED WERE THE MOST SIGNIFICANT NEEDS IN THE COUNTY. PARTICIPANTS WERE ASKED TO CHOOSE THREE TO FIVE SIGNIFICANT HEALTH NEEDS VIA AN ONLINE POLL DURING AND AFTER THE MEETING.</p> <p>PRELIMINARY NEEDS IDENTIFIED INCLUDE A WIDE-ARRAY OF TOPICS, INCLUDING COVID-19, FOOD INSECURITY, MATERNAL AND CHILD HEALTH, RACIAL AND ETHNIC DISPARITIES, MENTAL HEALTH AND ACCESS TO MENTAL HEALTH PROVIDERS, OBESITY AND PHYSICAL INACTIVITY, POVERTY, EDUCATIONAL ACHIEVEMENT, HOUSING, CRIME AND COMMUNITY SAFETY, PUBLIC HEALTH FUNDING AND OTHERS.</p> <p>IN ADDITION TO THESE TOPICS, PARTICIPANTS FOCUSED DISCUSSION AROUND SUBSTANCE ABUSE AND TREATMENT, TRANSPORTATION BARRIERS, CULTURALLY APPROPRIATE CARE AND SERVICES (INCLUDING LANGUAGE BARRIERS), AFFORDABILITY OF HEALTHY FOOD, SMOKING AND TOBACCO USE, ACCESS TO AND COST OF PRIMARY CARE, HEALTH INSURANCE, PREVENTIVE HEALTH SERVICES, LACK OF PROVIDERS WITHIN HIGH-NEED AREAS, CHILDCARE, CHRONIC CONDITIONS (INCLUDING DIABETES AND HYPERTENSION), NAVIGATING EXISTING RESOURCES, DENTAL HEALTH NEEDS, CHILD HEALTH, JOB OPPORTUNITIES AND TRAININGS, TECHNOLOGY BARRIERS AND DIGITAL-DIVIDE, POST-INCARCERATION RESOURCES AND SOCIAL CONNECTEDNESS.</p> <p>FOR THOSE UNABLE TO ATTEND COMMUNITY MEETINGS, A SEPARATE SURVEY WAS DISTRIBUTED TO RECEIVE THEIR INPUT INTO THE MOST SIGNIFICANT NEEDS. THESE FINDINGS WERE COMBINED WITH THOSE OF THE COMMUNITY MEETING PARTICIPANTS.</p> <p>FROM THIS PROCESS, PARTICIPANTS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR MARION COUNTY:</p> <ul style="list-style-type: none"> *RACIAL AND ETHNIC HEALTH DISPARITIES *ACCESS TO MENTAL AND BEHAVIORAL HEALTHCARE SERVICES *FOOD INSECURITY AND ACCESS TO AFFORDABLE, HEALTHY FOOD *ACCESS TO SAFE AND AFFORDABLE HOUSING *MENTAL HEALTH *POVERTY AND ASSOCIATED COMMUNITY NEED <p>A SURVEY WAS ALSO ISSUED TO INTERNAL PROVIDERS AT THE ACADEMIC MEDICAL CENTER, ASKING THEM TO IDENTIFY PRIORITY NEEDS AMONG THE PATIENTS THEY SERVE. AMONG 12 RESPONSES, THE FOLLOWING ISSUES WERE IDENTIFIED AS THE MOST SIGNIFICANT:</p> <ul style="list-style-type: none"> *FOOD INSECURITY AND NUTRITION *HEALTH DISPARITIES, PARTICULARLY FOR RACIAL AND ETHNIC MINORITY POPULATIONS *MENTAL HEALTH *POVERTY AND INCOME INEQUALITY <p>THE SURVEY ALSO ASKED ABOUT THE IMPACTS OF THE COVID-19 PANDEMIC. ISSUES MOST OFTEN SELECTED AS SIGNIFICANT IMPACTS INCLUDE:</p> <ul style="list-style-type: none"> *SOCIAL ISOLATION AND LONELINESS *HEALTH DISPARITIES *DIGITAL DIVIDE (LACK OF INTERNET OR DEVICE ACCESS) *ECONOMIC DISPARITIES *HOUSING (INABILITY TO STAY SHELTERED, PAY RENT OR MORTGAGE)

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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 WEST HOSPITAL (CONTINUED)</p> <p>DESCRIPTION: TWO ADDITIONAL INTERVIEWS WERE CONDUCTED WITH REPRESENTATIVES OF A LOCAL PUBLIC HEALTH DEPARTMENT AND HEALTH EQUITY ORGANIZATION TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN MARION COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT: *POVERTY IS A SIGNIFICANT ISSUE AND IMPACTS ALMOST ALL AREAS OF WELLBEING, INCLUDING HOUSING, ACCESSING HEALTH SERVICES, NUTRITION, STRESS AND MENTAL HEALTH, CHRONIC DISEASE, TRANSPORTATION AND OTHERS (THE NEED FOR A LIVING WAGE FOR ALL RESIDENTS IS SIGNIFICANT) *HEALTH DISPARITIES ARE SIGNIFICANT, INCLUDING LARGE DISPARITIES IN SOCIAL DETERMINANTS OF HEALTH FOR RACIAL AND ETHNIC MINORITY POPULATIONS *HEALTH INSURANCE IS A SIGNIFICANT BARRIER TO OPTIMAL HEALTH, WITH RESTRICTIONS IN COVERAGE LEADING TO A LACK OF PREVENTIVE HEALTH *MENTAL HEALTH IS A SIGNIFICANT ISSUE, WITH DEPRESSION AND ANXIETY BOTH WIDESPREAD (SELF-MEDICATION THROUGH SUBSTANCE ABUSE IS COMMON) *OBESITY CONTINUES TO BE AN ISSUE, AS WELL AS DIABETES, WITH RATES INCREASING FOR ADULTS *INFANT AND MATERNAL MORTALITY ARE SIGNIFICANT ISSUES, WITH SOCIAL DETERMINANTS OF HEALTH IMPACTING ACCESS TO PRENATAL CARE AND OTHER NEEDED SERVICES *HIV IS STILL A CONCERN, WITH SOME HOPE THAT THE DISEASE CAN BE ERADICATED WITHIN THE NEXT DECADE THROUGH MODERN MEDICINE AND AVAILABLE TOOLS SUCH AS PREP (PRE-EXPOSURE PROPHYLAXIS) *TOBACCO AND VAPING ARE ISSUES, WITH A LOW CIGARETTE TAX IN INDIANA PERPETUATING THE ISSUE *ENVIRONMENTAL HEALTH - INCLUDING OLD HOUSING AND AIR POLLUTION - IS LEADING TO POOR HEALTH, INCLUDING LEAD POISONING, ARSENIC POISONING AND PEDIATRIC ASTHMA (THE NEED FOR SAFE AND STABLE HOUSING IS SIGNIFICANT) *HEALTH LITERACY IS A NEED, PARTICULARLY AFFECTING HISPANIC (OR LATINO) POPULATIONS DUE TO LANGUAGE BARRIERS (EDUCATION DISPARITIES AROUND HEALTH ARE ALSO LEADING TO GENERATIONAL PERSISTENCE OF HEALTH DISPARITIES FOR RACIAL AND ETHNIC MINORITY POPULATIONS) *FOOD INSECURITY IS SIGNIFICANT AND FOOD PANTRIES MAY HAVE IRREGULAR HOURS AND FACE HUGE DEMAND *EDUCATION NEEDS BETTER FUNDING, INCLUDING ADEQUATE TEACHER COMPENSATION *MORE COMMUNITY COLLABORATION IS NEEDED, WITH HEALTH SYSTEMS AND SOCIAL SERVICE PROVIDERS SITTING AT THE SAME TABLE TO TALK ABOUT COMMUNITY IMPROVEMENT AND PLANNED INTERVENTIONS</p> <p>IN REGARD TO THE COVID-19 PANDEMIC, A WIDE ARRAY OF IMPACTS WERE NOTED, INCLUDING: *TESTING WAS A LARGE CHALLENGE THROUGHOUT THE BEGINNING OF THE PANDEMIC, DUE TO INADEQUATE FEDERAL RESOURCES AND OTHER LIMITS *THE PANDEMIC HIGHLIGHTED THE IMPACT OF SOCIAL DETERMINANTS OF HEALTH, AS HOMELESS POPULATIONS FACED HUGE CONCERNS DUE TO INABILITY TO SOCIALLY DISTANCE IN SHELTERS AND ACCESS CARE (HOTELS WERE TURNED INTO ISOLATION AREAS FOR PATIENTS WITH COVID-19) *RACIAL AND ETHNIC DISPARITIES IN TESTING, TREATMENT AND OUTCOMES WERE HIGHLIGHTED BY THE PANDEMIC (ELDERLY BLACK RESIDENTS WERE PARTICULARLY AFFECTED) *CARE WAS DELAYED FOR A LOT OF INDIVIDUALS DUE TO FEAR OF GOING TO A PROVIDER AND BEING EXPOSED TO THE VIRUS, LEADING TO UNMET NEEDS AND EMERGENCY SITUATIONS *COMMUNITY COLLABORATION AMONG PROVIDERS LED TO A BETTER RESPONSE, INCLUDING HEALTH SYSTEMS OFFERING TESTING AND OTHER AID TO PUBLIC HEALTH ORGANIZATIONS (MORE COLLABORATION AND COORDINATION WILL BE NEEDED IN THE FUTURE) *VACCINATION DISPARITIES ARE EVIDENT, WITH BLACK POPULATIONS DISPROPORTIONATELY UNABLE TO ACCESS THE VACCINE IF DESIRED *THE NEED FOR BETTER HEALTH INFORMATION SHARING (INCLUDING THE IDENTIFICATION OF HEALTH DISPARITIES) BETWEEN ORGANIZATIONS</p> <p>COMMUNITY MEETING AND SURVEY PARTICIPANTS</p> <p>INDIVIDUALS FROM A WIDE VARIETY OF ORGANIZATIONS AND COMMUNITIES PARTICIPATED IN THE INTERVIEW PROCESS, COMMUNITY MEETINGS AND SURVEYS. PARTICIPANTS INCLUDED REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS:</p> <ul style="list-style-type: none"> *ALLEN CHAPEL AME CHURCH *ANTHEM *ANTHEM MEDICAID *ASCENSION ST. VINCENT *ASPIRE INDIANA *HEALTH AVON EDUCATION FOUNDATION *AVON COMMUNITY SCHOOL CORPORATION *BROADWAY UNITED METHODIST CHURCH *BROWNSBURG EDUCATION FOUNDATION *CARE TO CHANGE COUNSELING *CENTRAL INDIANA COUNCIL ON AGING (CICOA) *CITY OF INDIANAPOLIS *CITY-COUNTY COUNCIL STAFF *CITY OF INDIANAPOLIS, DIVISION OF COMMUNITY NUTRITION AND FOOD POLICY *COALITION FOR OUR IMMIGRANT NEIGHBORS *COBURN PLACE *COMMUNITY ACTION OF GREATER INDIANA *COMMUNITY HEALTH NETWORK *CONCERNED CLERGY OF INDIANAPOLIS *CONNECTIONS IN HEALTH, INDIANA CLINICAL AND TRANSLATIONAL SCIENCES INSTITUTE (CTSI), INDIANA UNIVERSITY SCHOOL OF MEDICINE *COVERING KIDS & FAMILIES OF INDIANA *CROSSROADS AME CHURCH/Common Grounds Institute *CUMMINS BEHAVIORAL HEALTH SYSTEMS *FIRST BAPTIST CHURCH NORTH INDIANAPOLIS *GENNESARET FREE CLINIC *GLEANERS FOOD BANK OF INDIANA *HABITAT FOR HUMANITY OF GREATER INDIANAPOLIS

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	<ul style="list-style-type: none"> *HEALTH BY DESIGN *HENDRICKS COUNTY COMMUNITY FOUNDATION *HENDRICKS COUNTY ECONOMIC DEVELOPMENT PARTNERSHIP *HENDRICKS COUNTY HEALTH DEPARTMENT *HENDRICKS COUNTY HEALTH PARTNERSHIP *HENDRICKS COUNTY SENIOR SERVICES *HENDRICKS COUNTY TRAUMA RESOURCE CENTER *HENDRICKS REGIONAL HEALTH *HOPE HEALTHCARE SERVICES *HORIZON HOUSE *IMMIGRANT WELCOME CENTER *INDIANA DEPARTMENT OF HEALTH *INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION *INDIANA LEGAL SERVICES *INDIANA NATIVE AMERICAN INDIAN AFFAIRS COMMISSION *INDIANA PUBLIC HEALTH ASSOCIATION *INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH *INDIANAPOLIS CITY COUNCIL *INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSHIP *INDIANAPOLIS URBAN LEAGUE *INDY GO *INDY HUNGER NETWORK *IU HEALTH *IU HEALTH INDY SUBURBAN REGION *IU HEALTH METHODIST HOSPITAL *IU HEALTH UNIVERSITY HOSPITAL *IU HEALTH WEST HOSPITAL *JUMP IN FOR HEALTHY KIDS *MANAGED HEALTH SERVICES (MHS) *MARION COUNTY PUBLIC HEALTH DEPARTMENT *MARIAN UNIVERSITY/COLLEGE OF OSTEOPATHIC MEDICINE *MENTAL HEALTH AMERICA OF HENDRICKS COUNTY *MSD OF WAYNE TOWNSHIP *NEIGHBORHOOD CHRISTIAN LEGAL CLINIC *NEW STRENGTH COUNSELLING *NINE13SPORTS *NURSE FAMILY PARTNERSHIP OF GOODWILL OF CENTRAL AND SOUTHERN INDIANA *PATHWAY TO RECOVERY *PLAINFIELD SCHOOLS *PLAYWORKS *PREVAIL, INC. *PRIME LIFE ENRICHMENT *PURDUE EXTENSION *RAPHAEL HEALTH CENTER, INC. *RICHARD M. FAIRBANKS FOUNDATION *SHELTERING WINGS *SUSIE'S PLACE *THE JULIAN CENTER *THE WILLOW CENTER *UNITED STATES CONGRESS, REPRESENTATIVE ANDRE CARSON (STAFF) *UNIVERSITY OF INDIANAPOLIS *UNITED WAY OF CENTRAL INDIANA *WAYNE TOWNSHIP EDUCATION FOUNDATION *YMCA OF GREATER INDIANAPOLIS/TOP 10 COALITION

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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 WEST HOSPITAL</p> <p>DESCRIPTION: ALONG WITH THE CHNA, IU HEALTH WEST HOSPITAL'S BOARD ADOPTED AN IMPLEMENTATION STRATEGY IN APRIL 2022 IN RESPONSE TO THE 2021 CHNA. IU HEALTH WEST HOSPITAL, ALONG WITH COMMUNITY PARTNERS, PRIORITIZED AND DETERMINED WHICH OF THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA COULD BE ADEQUATELY ADDRESSED BY CURRENT OR FUTURE INITIATIVES, PROGRAMS, RESOURCES, AND COLLABORATIONS. THE 2022-2024 IMPLEMENTATION STRATEGY OUTLINES HOW IU HEALTH WEST HOSPITAL PLANS TO ADDRESS SIGNIFICANT NEEDS INCLUDING INITIATIVES, STRATEGIES, INTERNAL/EXTERNAL COLLABORATORS, ANTICIPATED IMPACT, AND HOSPITAL RESOURCES.</p> <p>SIGNIFICANT NEEDS HOSPITAL WILL ADDRESS BELOW IS THE PROGRESS OF THE IMPLEMENTATION STRATEGY BY SIGNIFICANT NEED AND ITS RESPECTIVE INITIATIVE(S). THE HOSPITAL IS ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024:</p> <ul style="list-style-type: none"> - ACCESS TO HEALTHCARE SERVICES; - AGING POPULATION AND NEEDS OF SENIORS; - BEHAVIORAL HEALTH; - CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT; - MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING; - SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE; AND - SOCIAL DETERMINANTS OF HEALTH. <p>ACCESS TO HEALTHCARE SERVICES</p> <ul style="list-style-type: none"> - PROVIDE OPERATIONAL FUNDING TO SUPPORT HOPE HEALTHCARE SERVICES. - IN 2022, IU HEALTH WEST HOSPITAL PROVIDED ASSISTANCE TO HOPE HEALTHCARE SERVICES TO SUPPORT HEALTHCARE SERVICES FOR UN- AND UNDER - INSURED PATIENTS IN HENDRICKS COUNTY AND THE SURROUNDING AREAS. HOPE HEALTHCARE SAW A TOTAL OF 574 PATIENTS FOR SERVICES INCLUDING MEDICAL, DENTAL, MENTAL HEALTH AND PHYSICAL THERAPY. - PROVIDE FREE VACCINES TO VULNERABLE POPULATIONS. - IN 2022, IU HEALTH WEST ADMINISTERED 123 FLU VACCINES AND 222 COVID-19 VACCINES TO THE HENDRICKS COUNTY AREA THROUGH THE EXECUTION OF FOUR COMMUNITY POP-UP CLINICS. - ENSURE ALL INDIVIDUALS CAN ACCESS HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY. - IU HEALTH INDIVIDUAL SOLUTIONS COORDINATORS PROVIDE INFORMATION ON MEDICAL FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS AND EDUCATE THEM ON HOW QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THE IU HEALTH FINANCIAL ASSISTANCE POLICY. <p>AGING POPULATION AND NEEDS OF SENIORS</p> <ul style="list-style-type: none"> - PROVIDE SENIOR-FOCUSED PROGRAMMING IN THE COMMUNITY THROUGH A SENIOR HEALTH FAIR. - IU HEALTH WEST HOSPITAL PARTICIPATES IN THE SENIOR EXPO AT THE HENDRICKS COUNTY SENIOR CENTER IN DANVILLE. THE EXPO IS A HEALTH FAIR THAT IU HEALTH WEST HOSPITAL ATTENDS AND PROVIDES A VARIETY OF FREE SERVICES INCLUDING VACCINES, CHOLESTEROL SCREENINGS, BALANCE SCREENINGS AND STROKE EDUCATION. IN 2022, THERE WERE 49 FLU SHOTS AND 59 COVID-19 BOOSTERS ADMINISTERED, IN ADDITION, 46 CHOLESTEROL SCREENINGS AND 27 BALANCE SCREENINGS WERE CONDUCTED. 130 SENIORS ATTENDED THE EVENT. <p>BEHAVIORAL HEALTH</p> <ul style="list-style-type: none"> - PROVIDE FUNDING TO SUPPORT THE EFFORTS OF SHELTERING WINGS IN THEIR MISSION TO PROVIDE RESOURCES AND SHELTER TO THOSE AFFECTED BY DOMESTIC VIOLENCE AND SUPPORT THEIR EDUCATIONAL OUTREACH EFFORTS WITHIN THE COMMUNITY. - IN 2022, IU HEALTH WEST HOSPITAL PROVIDED FUNDING TO SHELTERING WINGS. WITH THIS SUPPORT, SHELTERING WINGS WAS ABLE TO PROVIDE SAFE HOUSING FOR 224 RESIDENTS, ANSWER 1,511 HELP LINE CALLS, AND HELP 26 VICTIMS THROUGH THEIR MOBILE ADVOCACY PROGRAM. THE MOBILE ADVOCACY PROGRAM ALLOWED THE SHELTER TO CONNECT WOMEN AND MEN WITH RESOURCES AT A NEUTRAL LOCATION SUCH AS A PUBLIC LIBRARY, CAFE OR CHURCH INSTEAD OF THE VICTIMS HAVING TO VISIT THE SHELTER FOR SERVICES. - PROVIDE FUNDING TO SUPPORT COUNSELING FOR SUSIE'S PLACE CLIENTS. - IU HEALTH WEST HOSPITAL PROVIDED SUPPORT TO SUSIE'S PLACE, WHICH IN 2022, CONDUCTED 299 FORENSIC INTERVIEWS IN HENDRICKS COUNTY. THE FUNDING PRIMARILY SUPPORTS THE FAMILY ADVOCATE ROLE; THE FAMILY ADVOCATE PROVIDES SOCIAL SERVICES TO VICTIMS AND FAMILIES THROUGHOUT THE PROCESS OF ABUSE, INVESTIGATION AND AFTERMATH. THE FAMILY ADVOCATE MADE 401 THERAPY REFERRALS. - CONTINUE SUPPORTING THE ACADEMIC HEALTH CENTER'S SUCCESSFUL ADDICTIONS AND PAIN MANAGEMENT PROGRAM IN THE IU HEALTH WEST HOSPITAL SERVICE AREA. - IU HEALTH WEST HOSPITAL IMPLEMENTS THE 24/7 PEER COUNSELING TELEMEDICINE FOR PATIENTS IN THE EMERGENCY DEPARTMENT (ED). CLINICIANS ASSESS PATIENTS WITH BEHAVIORAL HEALTH CONCERNS IN THE ED AND REFER THEM TO VIRTUAL PEER RECOVERY COUNSELING WHEN NECESSARY. PATIENTS ARE PLACED IN APPROPRIATE TREATMENTS PROGRAMS IF VIRTUAL SERVICES ARE NOT RECOMMENDED. - FUND THE SMART (SELF-MANAGEMENT AND RECOVERY TRAINING) PROGRAM. - IN 2022 ADDICTION AND RECOVERY COUNSELORS AT IU HEALTH WEST HOSPITAL STARTED BEGAN HOSTING THE SMART STEP PROGRAM IN THE COMMUNITY. TWICE A MONTH, COMMUNITY MEMBERS STRUGGLING WITH SUBSTANCE USE DISORDER (SUD) CAN ATTEND THE FREE PROGRAM TO GAIN THE TOOLS AND SUPPORT NEEDED TO ACHIEVE AND MAINTAIN ABSTINENCE FROM DRUGS. - SUPPORT MENTAL HEALTH AMERICA OF HENDRICKS COUNTY (MHAHC) IN THEIR IMPLEMENTATION OF THE OPEN DOOR SOCIAL CLUB PROGRAM. - THE OPEN DOOR SOCIAL CLUB IS A FREE PROGRAM THAT PROVIDES PEER SUPPORT WHILE TEACHING DAILY LIVING ACTIVITIES, COMPUTER LITERACY AND HEALTHY COPING SKILLS. THE OPEN DOOR SOCIAL CLUB AIMS TO REDUCE HOSPITALIZATIONS, INCARCERATIONS AND COSTLY ALTERNATIVE TREATMENTS WHILE IMPROVING MENTAL AND PHYSICAL HEALTH ALONG WITH SOCIAL WELL-BEING. THE CLUB ACCEPTS VETERANS AND PATIENTS RECEIVING BEHAVIORAL HEALTH TREATMENT. SINCE THE CLUB OPENED ON APRIL 30, 2022, THEY HAVE HAD MORE THAN 100 PARTICIPANTS ENROLL. CLUB MEMBERS ALSO HAVE ACCESS TO A COMPUTER LAB, MUSIC AND ART EXPRESSION AREAS, EDUCATIONAL CLASSES, A LIBRARY AND A FOOD PANTRY. REFERRAL AND OUTREACH SERVICES ARE ALSO PROVIDED AS NEEDED. CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT

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	<p>- PROVIDE HENDRICKS COUNTY RESIDENTS WITH A FREE 10-WEEK PROGRAM TO IMPROVE THEIR OVERALL HEALTH THROUGH FITNESS AND NUTRITION.</p> <p>- IN 2022, 45 HENDRICKS COUNTY COMMUNITY MEMBERS COMPLETED THE FRESH & FIT PROGRAM. 78 PERCENT OF PARTICIPANTS LOWERED THEIR CHOLESTEROL, 80 PERCENT LOWERED THEIR BLOOD SUGAR AND 79 PERCENT OF THOSE WITH INITIAL A1C LEVELS AT OR ABOVE 5.7 LOWERED THEIR MEASUREMENTS AT THE COMPLETION OF THE PROGRAM. IN ADDITION, A TOTAL OF 505.2 POUNDS (AVERAGE OF 11.5 POUNDS PER PERSON) WERE LOST BETWEEN PRE-PROGRAM AND POST-PROGRAM. ON POST-PROGRAM ASSESSMENTS, OVER 94 PERCENT OF PARTICIPANTS REPORTED THAT THEY PLAN TO FURTHER IMPLEMENT HEALTHY HABITS BY CONTINUING A FITNESS AND NUTRITION REGIMEN INTO THE FUTURE.</p> <p>- FURTHER IMPLEMENT IU HEALTH SERVES DAYS OF SERVICE (VOLUNTEER EVENT ENGAGING IU HEALTH TEAM MEMBERS IN ACTIVITIES THAT BENEFIT THE COMMUNITY.</p> <p>- IU HEALTH WEST HOSPITAL PARTICIPATED IN THE ANNUAL DAYS OF SERVICE WITH A TOTAL OF SEVEN PROJECTS. THESE PROJECTS WERE A MIXTURE OF ON-SITE, TAKE-HOME AND IN THE COMMUNITY. PROJECTS FOR 2022 INCLUDED TEAM MEMBERS PAINTING BLASTOFF PLAYGROUND AT WILLIAMS PARK IN BROWNSBURG AND THE DUGOUTS AT BROWNSBURG WEST MIDDLE SCHOOL, ASSEMBLING CEDAR BIRD FEEDERS THAT WERE DONATED TO BROWNSBURG SCHOOLS, PICKING UP TRASH AROUND THE HOSPITAL CAMPUS, AND WORKING THE FARMERS MARKET BOOTH BY PROMOTING THE FREE FLU SHOT CLINIC INSIDE THE ADJACENT BUILDING. TEAM MEMBERS ALSO DECORATED 100 CANVAS TOTE BAGS WITH UPLIFTING PICTURES AND QUOTES. TEAM MEMBERS ALSO WROTE NOTES OF ENCOURAGEMENT TO PUT IN THE BAGS. TOTE BAGS WERE THEN FILLED WITH WINTER READY ITEMS SUCH AS GLOVES, HATS, SCARVES AND SOCKS AND THEN DONATED TO FAMILY PROMISE OF HENDRICKS COUNTY. FAMILY PROMISE HELPS INDIVIDUALS THAT HAVE STRUGGLED WITH HOMELESSNESS. 126 TEAM MEMBERS PUT IN A COMBINED 251 HOURS OF VOLUNTEER WORK DURING THE DAYS OF SERVICE.</p> <p>- CONTINUE SUPPORT OF THE B&O TRAIL EXPANSION THROUGH HENDRICKS COUNTY.</p> <p>- IU HEALTH WEST HOSPITAL CONTINUES THEIR PROMISE TO SUPPORT THE STATE GRANT TO FUND THE TEN-MILE TRAIL EXPANSION THROUGH HENDRICKS COUNTY. ONCE COMPLETED THE TRAIL WILL ALLOW A BICYCLIST TO RIDE FROM DOWNTOWN INDIANAPOLIS THROUGH HENDRICKS COUNTY. CURRENTLY, SIX MILES HAS BEEN BUILT. THE END GOAL OF THE TRAIL IS TO SPAN 60 MILES TO THE STATE LINE, INCLUDE A WILDLIFE CORRIDOR AND INCORPORATE EQUESTRIAN TRAILS.</p> <p>MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING.</p> <p>- PROVIDE FREE CHILD SAFETY SEAT EDUCATION.</p> <p>- IU HEALTH WEST HOSPITAL HAS FUNDS SET ASIDE FOR CHILD SAFETY SEAT EDUCATION. CURRENTLY, IU HEALTH WEST HOSPITAL OFFERS CHILDBIRTH EDUCATION CLASSES AS PART OF THE IU HEALTH SYSTEM.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH WEST HOSPITAL (CONTINUED)</p> <p>DESCRIPTION: SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE</p> <ul style="list-style-type: none"> - SUPPORT THE HENDRICKS COUNTY HEALTH PARTNERSHIP (HCHP) TO EXPAND OUTREACH EFFORTS AND PROMOTE TOBACCO CESSATION RESOURCES IN THE COMMUNITY. - IN 2022, AVON HIGH SCHOOL STARTED HOSTING YOUTH VAPING SUMMITS. STUDENTS AND PARENTS OF STUDENTS THAT WERE SMOKING OR VAPING COULD ATTEND AND LEARN ABOUT THE RISKS ASSOCIATED WITH TOBACCO USE. COUNSELORS OF ADDICTION CONDUCTED THE PRESENTATIONS AND PROVIDED RESOURCES AT THE CONCLUSION. EACH SUMMIT HAD AROUND 30 PARTICIPANTS IN ATTENDANCE. - 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 WEST HOSPITAL), THERE WERE 11 REFERRALS TO THE CTTP (64% OF PATIENTS SCHEDULED COUNSELING WITH A TTS BECAUSE OF THE REFERRAL; 54% OF PATIENTS COMPLETED THE SESSION). A TOTAL OF 449 PATIENTS, INCLUDING 41 IN THE CTTP, ENROLLED IN CLICKOTINE. <p>SOCIAL DETERMINANTS OF HEALTH</p> <ul style="list-style-type: none"> - PROVIDE EDUCATIONAL PROGRAMMING FOR CHILDREN THROUGH KINDERGARTEN COUNTDOWN (A SUMMER PROGRAM DESIGNED FOR KINDERGARTENERS IN FAMILIES WITH LOWER INCOMES TO GET THEM PREPARED FOR THE FALL SEMESTER. - IN 2022, IU HEALTH WEST HOSPITAL PROVIDED FUNDING TO AVON COMMUNITY SCHOOLS TO RUN THEIR KINDERGARTEN COUNTDOWN PROGRAM. THIS PROGRAM PROVIDED A THREE-WEEK SUMMER CAMP FOR STUDENTS IDENTIFIED AS ACADEMICALLY LOW AND NEEDING ADDITIONAL SUPPORT BEFORE STARTING KINDERGARTEN. THE FUNDING WENT TOWARDS TEACHER SALARIES, STUDENT MEALS, CURRICULUM AND BOOKS. 23 STUDENTS COMPLETED THE PROGRAM. - PROVIDE VOUCHERS TO RESIDENTS TO PURCHASE HEALTHY PRODUCE AT FARMERS MARKETS AND FUND LOCAL FOOD PANTRIES (FOOD INSECURITY). - SUPPORT WOMEN, INFANTS, AND CHILDREN (WIC) AND SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) ACCEPTANCE AT ALL COUNTY FARMERS' MARKETS. - FUND DOUBLE UP BUCKS PROGRAM TO INCREASE THE VALUE OF VOUCHERS FOR PARTICIPANTS. - IU HEALTH WEST HOSPITAL FUNDED THE DOUBLE UP BUCKS PROGRAM IN 2022 TO PROVIDE MORE FARMERS MARKET SPENDABLE DOLLARS TO THOSE IN NEED. WIC WAS GIVEN 100 PACKETS OF FARMERS' MARKET NUTRITION PROGRAM (FMNP) CHECKS. EACH PACKET CONTAINED THREE CHECKS FOR EIGHT DOLLARS EACH. DOUBLE UP PRODUCE CHECKS WERE DISTRIBUTED, EACH OF THESE PACKETS CONTAINED FIVE CHECKS FOR FIVE DOLLARS EACH. FMNP CHECKS WERE GIVEN TO SENIOR SERVICES. EACH PACKET CONTAINED FOUR DOUBLE UP CHECKS VALUED AT FIVE DOLLARS EACH. - IU HEALTH WEST HOSPITAL PROVIDES A FOOD PANTRY GRANT TO THE HENDRICKS COUNTY FOOD PANTRY COALITION TO HELP ADDRESS THE FOOD DISPARITY NEEDS WITHIN THE COMMUNITY. THE FUNDS WERE USED TO STOCK 18 LOCAL FOOD PANTRIES. <p>SIGNIFICANT NEEDS HOSPITAL WILL NOT ADDRESS IU HEALTH WEST HOSPITAL IS NOT ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024:</p> <p>HEALTH EDUCATION AND NAVIGATION HEALTH EDUCATION AND NAVIGATION REFERS TO SERVICES AND RESOURCES THAT ARE AVAILABLE IN THE COMMUNITY, BUT PEOPLE DO NOT KNOW HOW TO GET CONNECTED TO THEM (E.G., HOW TO OBTAIN HEALTH INSURANCE, UNDERSTANDING INSURANCE BENEFITS, NAVIGATING THE HEALTHCARE SYSTEM, LANGUAGE BARRIERS AND HEALTH LITERACY). IU HEALTH WEST HOSPITAL PERCEIVES THIS HEALTH NEED AS BEING ADDRESSED UNDER MANY INITIATIVES THAT FALL UNDER THE SIGNIFICANT NEEDS THAT THE HOSPITAL IS CURRENTLY ADDRESSING. IU HEALTH WEST 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 WEST HOSPITAL</p> <p>DESCRIPTION: IN ADDITION TO FPG, IU HEALTH WEST HOSPITAL MAY TAKE INTO CONSIDERATION A PATIENT'S INCOME AND/OR ABILITY TO PAY IN CALCULATION OF A FINANCIAL ASSISTANCE AWARD.</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 WEST HOSPITAL</p> <p>DESCRIPTION: IU HEALTH WEST 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 WEST HOSPITAL</p> <p>DESCRIPTION: IU HEALTH WEST HOSPITAL TAKES SEVERAL OTHER MEASURES TO PUBLICIZE ITS FAP WITHIN THE COMMUNITY. THESE MEASURES INCLUDE THE FOLLOWING:</p> <ol style="list-style-type: none"> 1.POST THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION ON ITS WEBSITE. 2.PROVIDE PATIENTS WITH A PLAIN LANGUAGE SUMMARY OF THIS POLICY DURING REGISTRATION AND/OR DISCHARGE. 3.POST CONSPICUOUS DISPLAYS IN APPROPRIATE ACUTE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS AND REGISTRATION AREAS DESCRIBING THE AVAILABLE ASSISTANCE AND DIRECTING ELIGIBLE PATIENTS TO THE FINANCIAL ASSISTANCE APPLICATION. 4.INCLUDE A CONSPICUOUS WRITTEN NOTICE ON ALL PATIENT POST-DISCHARGE BILLING STATEMENTS NOTIFYING THE PATIENT ABOUT THIS POLICY AND THE TELEPHONE NUMBER OF THE CUSTOMER SERVICE DEPARTMENT WHICH CAN ASSIST PATIENTS WITH QUESTIONS REGARDING THIS POLICY. 5.MAKE AVAILABLE CUSTOMER SERVICE REPRESENTATIVES VIA TELEPHONE DURING NORMAL BUSINESS HOURS. 6.MAIL COPIES OF THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND A FINANCIAL ASSISTANCE APPLICATION TO PATIENTS OR THEIR GUARANTOR FREE OF CHARGE UPON REQUEST. 7.BROADLY COMMUNICATE THIS POLICY AS A PART OF ITS GENERAL OUTREACH EFFORTS. 8.EDUCATE PATIENT-FACING TEAM MEMBERS ON THIS POLICY AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of facility (describe)
1 IU HEALTH WEST HOSPITAL LAB 1111 N RONALD REAGAN PKWY, A1110 AVON, IN 46123	LAB
2 IU HEALTH WEST HOSPITAL REHABILITATION SERVICES 1115 N RONALD REAGAN PKWY, SUITE MG100 AVON, IN 46123	REHABILITATION SERVICES
3 IU HEALTH WEST CANCER CENTER 1111 N RONALD REAGAN PKWY, B1600 AVON, IN 46123	SPECIALTY CARE
4 IU HEALTH WEST RETAIL PHARMACY 1111 N RONALD REAGAN PKWY, M105 AVON, IN 46123	PHARMACY
5	
6	
7	
8	
9	
10	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART I, LINE 3C - CRITERIA USED FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE</p>	<p>IU HEALTH USES SEVERAL FACTORS OTHER THAN FEDERAL POVERTY GUIDELINES ("FPG") IN DETERMINING ELIGIBILITY FOR FREE CARE UNDER ITS FAP. THESE FACTORS INCLUDE THE FOLLOWING:</p> <p>1. ELIGIBILITY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP</p> <p>IN ORDER TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY, A PATIENT OR GUARANTOR MUST:</p> <ul style="list-style-type: none"> - SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION WITH ALL SUPPORTING DOCUMENTATION AND BE APPROVED IN ACCORDANCE WITH THIS POLICY; - BE AN INDIANA RESIDENT AS DEFINED IN THIS POLICY; AND - IF UNINSURED, CONSULT WITH A MEMBER OF IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT TO DETERMINE IF HEALTH CARE COVERAGE MAY BE OBTAINED FROM A GOVERNMENT INSURANCE OR ASSISTANCE PRODUCT, THE HEALTH INSURANCE MARKETPLACE, OR FROM ANY OTHER SOURCE OF COVERAGE. <p>FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP IS ONLY AVAILABLE FOR ENCOUNTERS WHERE CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY.</p> <p>2. FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP</p> <p>THE FPL INCOME THRESHOLD UNDER THIS SECTION IS AS FOLLOWS:</p> <ul style="list-style-type: none"> -IF ONE OR MORE ADULTS AND ZERO DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 200%. -IF TWO OR MORE ADULTS AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 250%. -IF ONE ADULT AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 300%. <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>

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SCHEDULE H, PART I, LINE 6A - C.B. REPORT PREPARED BY A RELATED ORG.	<p>IU HEALTH WEST HOSPITAL'S COMMUNITY BENEFIT AND OTHER INVESTMENTS, ENCOMPASSING ITS TOTAL COMMUNITY INVESTMENT, ARE INCLUDED IN THE IU HEALTH COMMUNITY BENEFIT REPORT WHICH IS PREPARED ON BEHALF OF AND INCLUDES IU HEALTH AND ITS RELATED HOSPITAL ENTITIES IN THE STATE OF INDIANA.</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 7 - TOTAL COMMUNITY BENEFIT EXPENSE	SCHEDULE H, PART I, LINE 7, COLUMN (F), PERCENT OF TOTAL EXPENSE, IS BASED ON COLUMN (E) NET COMMUNITY BENEFIT EXPENSE. THE PERCENT OF TOTAL EXPENSE BASED ON COLUMN (C) TOTAL COMMUNITY BENEFIT EXPENSE, WHICH DOES NOT INCLUDE DIRECT OFFSETTING REVENUE, IS 23.88%.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	9,536,252
SCHEDULE H, PART I, LINE 7F - BAD DEBT EXPENSE	THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSE ON LINE 7, COLUMN (F) IS \$9,536,252.
SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED	IU HEALTH WEST 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 WEST HOSPITAL AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM") INVESTMENTS INCLUDE ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, ENVIRONMENTAL IMPROVEMENT PROJECTS, WORKFORCE DEVELOPMENT OPPORTUNITIES, COLLABORATION WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES AND ADVOCATING FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS. SEVERAL INITIATIVES MEET THE DEFINITION OF COMMUNITY BENEFIT AND HAVE BEEN REPORTED AS SUCH.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	THE AMOUNT REPORTED ON LINE 2 AS BAD DEBT IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY.
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>

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<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>IU HEALTH'S CONSOLIDATED FINANCIAL STATEMENTS, FOOTNOTE 5, ADDRESSES BAD DEBT EXPENSE AS FOLLOWS:</p> <p>THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT REQUIRE COLLATERAL OR OTHER SECURITY FROM ITS PATIENTS, SUBSTANTIALLY ALL OF WHOM ARE RESIDENTS OF THE STATE, FOR THE DELIVERY OF HEALTH CARE SERVICES. HOWEVER, CONSISTENT WITH INDUSTRY PRACTICE, THE INDIANA UNIVERSITY HEALTH SYSTEM ROUTINELY OBTAINS ASSIGNMENT OF (OR IS OTHERWISE ENTITLED TO RECEIVE) PATIENTS' BENEFITS PAYABLE UNDER THEIR HEALTH INSURANCE PROGRAMS, PLANS, OR POLICIES (E.G., MEDICARE, MEDICAID, MANAGED CARE PAYERS, AND COMMERCIAL INSURANCE POLICIES).</p> <p>THE INDIANA UNIVERSITY HEALTH SYSTEM USES A PORTFOLIO APPROACH TO ACCOUNT FOR CATEGORIES OF PATIENT CONTRACTS AS A COLLECTIVE GROUP, RATHER THAN RECOGNIZING REVENUE ON AN INDIVIDUAL CONTRACT BASIS. THE PORTFOLIOS CONSIST OF MAJOR PAYER CLASSES FOR INPATIENT REVENUE AND OUTPATIENT REVENUE. BASED ON THE HISTORICAL COLLECTION TRENDS AND OTHER ANALYSIS, THE INDIANA UNIVERSITY HEALTH SYSTEM BELIEVES THAT REVENUE RECOGNIZED BY UTILIZING THE PORTFOLIO APPROACH APPROXIMATES THE REVENUE THAT WOULD HAVE BEEN RECOGNIZED IF AN INDIVIDUAL CONTRACT APPROACH WERE USED.</p> <p>IN SUPPORT OF ITS MISSION, THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES CARE TO UNINSURED AND UNDERINSURED PATIENTS. THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES CHARITY CARE TO PATIENTS WHO LACK THE FINANCIAL RESOURCES TO PAY FOR THEIR MEDICAL CARE. FINANCIAL ASSISTANCE IS AVAILABLE TO QUALIFYING UNINSURED AND UNDERINSURED PATIENTS RECEIVING CARE AT AN INDIANA UNIVERSITY HEALTH SYSTEM HOSPITAL LOCATION. UNDER ITS FINANCIAL ASSISTANCE POLICY, THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES MEDICALLY NECESSARY CARE TO UNINSURED PATIENTS. FINANCIAL ASSISTANCE UP TO THE FULL AMOUNT OF PATIENT FINANCIAL RESPONSIBILITY IS AVAILABLE FOR UNINSURED AND UNDERINSURED PATIENTS RECEIVING CARE VIA THE EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL. THE FEDERAL POVERTY LEVEL (FPL) THRESHOLDS ARE USED WHEN DETERMINING THE LEVEL OF FINANCIAL ASSISTANCE BASED ON HOUSEHOLD MAKEUP. HOUSEHOLDS WITHOUT DEPENDENTS ARE ELIGIBLE FOR ASSISTANCE IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 200% FPL, TWO ADULTS AND AT LEAST ONE DEPENDENT ARE ELIGIBLE IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 250% FPL, AND HOUSEHOLDS WITH ONE ADULT AND AT LEAST ONE DEPENDENT ARE ELIGIBLE IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 300% FPL. INDIVIDUALS WITH MEDICAL BILLS TOTALING MORE THAN 20% OF ANNUAL HOUSEHOLD INCOME, REGARDLESS OF FPL, QUALIFY FOR CATASTROPHIC ASSISTANCE AND ARE ELIGIBLE FOR A REDUCTION IN PATIENT FINANCIAL RESPONSIBILITY TO 20% OF ANNUAL HOUSEHOLD INCOME. SINCE THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT PURSUE COLLECTION OF THESE AMOUNTS, THE DISCOUNTED AMOUNTS ARE NOT REPORTED AS PATIENT SERVICE REVENUE. THE INDIANA UNIVERSITY HEALTH SYSTEM USES PRESUMPTIVE ELIGIBILITY SCREENING PROCEDURES FOR SOME FORMS OF FINANCIAL ASSISTANCE AND RECOGNIZES NET PATIENT SERVICE REVENUE ON SERVICES PROVIDED TO SELF-PAY PATIENTS AT THE DISCOUNTED RATE AT THE TIME SERVICES ARE RENDERED. THE ESTIMATED COST OF CHARITY CARE, USING THE CONSOLIDATED COST TO CHARGE RATIO, WAS \$88,213,000 AND \$133,584,000 IN 2022 AND 2021, RESPECTIVELY.</p>
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 IS CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM THE IU HEALTH WEST HOSPITAL MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH WEST HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIAN SERVICES, THE COSTS OF MEDICARE PARTS C AND D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH WEST'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.</p> <p>IU HEALTH WEST HOSPITAL'S MEDICARE SHORTFALL IS ATTRIBUTABLE TO REIMBURSEMENTS THAT ARE LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES AND DOES NOT INCLUDE ANY AMOUNTS THAT RESULT FROM INEFFICIENCIES OR POOR MANAGEMENT. IU HEALTH WEST 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 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>

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<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>IU HEALTH WEST HOSPITAL'S FAP AND WRITTEN DEBT COLLECTION POLICY DESCRIBE THE COLLECTION PRACTICES APPLICABLE TO PATIENTS, INCLUDING THOSE WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE.</p> <p>1. FINANCIAL ASSISTANCE APPLICATION</p> <p>FINANCIAL ASSISTANCE APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION:</p> <ul style="list-style-type: none"> -ALL SOURCES OF INCOME FOR THE LAST THREE (3) MONTHS. -MOST RECENT THREE (3) MONTHS OF PAY STUBS OR SUPPLEMENTAL SECURITY INCOME VIA SOCIAL SECURITY. -MOST RECENT THREE (3) STATEMENTS FROM CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, STOCKS, BONDS AND MONEY MARKET ACCOUNTS. -MOST RECENT STATE AND FEDERAL INCOME TAX FORMS INCLUDING SCHEDULES C, D, E, AND F. IN THE EVENT THE PATIENT OR GUARANTOR'S INCOME DOES NOT WARRANT THE FILING OF A FEDERAL TAX STATEMENT, THE INDIVIDUAL MAY SUBMIT A NOTARIZED AFFIDAVIT ATTESTING TO THE FOREGOING. -MOST RECENT W-2 STATEMENT. -FOR PATIENTS OR MEMBERS OF THE HOUSEHOLD WHO ARE CURRENTLY UNEMPLOYED, WAGE INQUIRY FROM WORKONE. -IF APPLICABLE, DIVORCE/DISSOLUTION DECREES AND CHILD CUSTODY ORDER. <p>PATIENTS OR THEIR GUARANTORS WISHING TO APPLY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP ARE ENCOURAGED TO SUBMIT AN APPLICATION WITHIN NINETY (90) DAYS OF DISCHARGE. PATIENTS OR THEIR GUARANTORS MAY SUBMIT AN APPLICATION UP TO TWO-HUNDRED AND FORTY (240) DAYS FROM THE DATE OF THEIR INITIAL POST-DISCHARGE BILLING STATEMENT FROM IU HEALTH, HOWEVER, ACCOUNTS MAY BE SUBJECT TO EXTRAORDINARY COLLECTION ACTIONS (ECA) AS SOON AS ONE-HUNDRED AND TWENTY (120) DAYS AFTER RECEIPT OF THE INITIAL POST-DISCHARGE BILLING STATEMENT.</p> <p>PATIENTS OR THEIR GUARANTORS SUBMITTING AN INCOMPLETE FINANCIAL ASSISTANCE APPLICATION WILL RECEIVE WRITTEN NOTIFICATION OF THE APPLICATION'S DEFICIENCY UPON DISCOVERY BY IU HEALTH. THE APPLICATION WILL BE PENDED FOR A PERIOD OF FORTY-FIVE (45) DAYS FROM THE DATE THE NOTIFICATION IS MAILED. IU HEALTH WILL SUSPEND ANY ECA UNTIL THE APPLICATION IS COMPLETE OR THE EXPIRATION OF THE FORTY-FIVE (45) DAY PERIOD.</p> <p>PATIENTS WITH LIMITED ENGLISH PROFICIENCY MAY REQUEST A COPY OF THIS POLICY, A FINANCIAL ASSISTANCE APPLICATION, AND A PLAIN LANGUAGE SUMMARY IN ONE OF THE BELOW LANGUAGES:</p> <ul style="list-style-type: none"> -ARABIC; -BURMESE; -BURMESE - FALAM; -BURMESE - HAKHA CHIN; -MANDARIN/CHINESE; OR -SPANISH <p>THE PATIENT, AND/OR THEIR REPRESENTATIVE, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, LEGAL COUNSEL, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES OR HOSPITAL PERSONNEL MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION BE MAILED TO A PATIENT'S PRIMARY MAILING ADDRESS FREE OF CHARGE.</p> <p>IU HEALTH MAINTAINS THE CONFIDENTIALITY OF ALL FINANCIAL ASSISTANCE APPLICATIONS AND SUPPORTING DOCUMENTATION.</p> <p>IU HEALTH WILL DENY OR REVOKE FINANCIAL ASSISTANCE FOR ANY PATIENT OR GUARANTOR WHO FALSIFIES ANY PORTION OF A FINANCIAL ASSISTANCE APPLICATION.</p> <p>2. FINANCIAL ASSISTANCE DETERMINATIONS</p> <p>IU HEALTH WILL INFORM PATIENTS OR GUARANTORS OF THE RESULTS OF THEIR APPLICATION BY PROVIDING THE PATIENT OR GUARANTOR WITH A FINANCIAL ASSISTANCE DETERMINATION WITHIN NINETY (90) DAYS OF RECEIVING A COMPLETED APPLICATION AND ALL REQUESTED DOCUMENTATION.</p> <p>A PATIENT'S FINANCIAL ASSISTANCE APPLICATION AND FINANCIAL ASSISTANCE DETERMINATION ARE SPECIFIC TO EACH DATE(S) OF SERVICE AND APPROVED RELATED ENCOUNTERS.</p> <p>IF A PATIENT OR GUARANTOR IS GRANTED LESS THAN FULL CHARITY ASSISTANCE AND THE PATIENT OR GUARANTOR PROVIDES ADDITIONAL INFORMATION FOR RECONSIDERATION, REVENUE CYCLE SERVICES MAY AMEND A PRIOR FINANCIAL ASSISTANCE DETERMINATION.</p> <p>3. EXTRAORDINARY COLLECTION ACTIONS</p> <p>IU HEALTH MAY REFER DELINQUENT PATIENT ACCOUNTS TO A THIRD-PARTY COLLECTION AGENCY AFTER UTILIZING REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY FOR ASSISTANCE UNDER THIS POLICY. REASONABLE EFFORTS INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> -IU HEALTH WILL NOTIFY THE PATIENT OF THIS POLICY AT LEAST THIRTY (30) DAYS PRIOR TO INITIATING AN ECA. -IU HEALTH WILL NOT INITIATE AN ECA FOR AT LEAST ONE-HUNDRED AND TWENTY (120) DAYS AFTER THE PATIENT'S INITIAL POST-DISCHARGE BILLING STATEMENT. -IU HEALTH WILL REVIEW ALL FINANCIAL ASSISTANCE APPLICATIONS RECEIVED UP TO AND INCLUDING TWO-HUNDRED AND FORTY (240) DAYS AFTER THE PATIENT'S INITIAL POST-DISCHARGE BILLING STATEMENT. IU HEALTH WILL CEASE ANY ECAS IT HAS INITIATED UPON RECEIPT OF A FINANCIAL ASSISTANCE APPLICATION UNTIL A FINANCIAL ASSISTANCE DETERMINATION IS MADE UNDER THIS POLICY. -IF AN APPLICATION IS APPROVED, IU HEALTH WILL ISSUE A REVISED STATEMENT, ISSUE REFUNDS, AND MAKE REASONABLE EFFORTS TO REVERSE ECAS AS NECESSARY. <p>IU HEALTH AND ITS THIRD-PARTY COLLECTION AGENCIES MAY INITIATE AN ECA AGAINST A PATIENT OR THEIR GUARANTOR IN ACCORDANCE WITH THIS POLICY AND 26 C.F.R. § 1.501(R). ECAS MAY INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> -SELLING A PATIENT OR THEIR GUARANTOR'S OUTSTANDING FINANCIAL RESPONSIBILITY TO A THIRD PARTY. -REPORTING ADVERSE INFORMATION ABOUT THE PATIENT OR THEIR GUARANTOR TO CONSUMER CREDIT

Return Reference - Identifier	Explanation
	<p>REPORTING AGENCIES OR CREDIT BUREAUS. -DEFERRING OR DENYING, OR REQUIRING A PAYMENT BEFORE PROVIDING, MEDICALLY NECESSARY CARE BECAUSE OF A PATIENT OR THEIR GUARANTOR'S NONPAYMENT OF ONE OR MORE BILLS FOR PREVIOUSLY PROVIDED CARE COVERED UNDER THIS POLICY. -ACTIONS REQUIRING A LEGAL OR JUDICIAL PROCESS, INCLUDING BUT NOT LIMITED TO PLACING A LIEN ON A PATIENT'S OR THEIR GUARANTOR'S PROPERTY, FORECLOSING ON A PATIENT'S OR THEIR GUARANTOR'S REAL PROPERTY, ATTACHING OR SEIZING A PATIENT'S OR THEIR GUARANTOR'S BANK ACCOUNT OR OTHER PERSONAL PROPERTY, COMMENCING A CIVIL ACTION AGAINST A PATIENT OR THEIR GUARANTOR, CAUSING A PATIENT OR GUARANTOR'S ARREST, CAUSING A PATIENT AND/OR GUARANTOR TO BE SUBJECT TO A WRIT OF BODY ATTACHMENT, AND GARNISHING A PATIENT OR GUARANTOR'S WAGES</p> <p>WHEN IT IS NECESSARY TO ENGAGE IN SUCH ACTION, IU HEALTH AND ITS THIRD PARTY COLLECTION AGENCIES, WILL ENGAGE IN FAIR, RESPECTFUL AND TRANSPARENT COLLECTIONS ACTIVITIES.</p> <p>4. REFUNDS</p> <p>PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY WHO REMITTED PAYMENT TO IU HEALTH IN EXCESS OF THEIR PATIENT RESPONSIBILITY WILL BE ALERTED TO THE OVERPAYMENT AS PROMPTLY AFTER DISCOVERY AS IS REASONABLE GIVEN THE NATURE OF THE OVERPAYMENT.</p> <p>PATIENTS WITH AN OUTSTANDING ACCOUNT BALANCE DUE ON A SEPARATE ACCOUNT WILL HAVE THEIR REFUND APPLIED TO THE OUTSTANDING BALANCE.</p> <p>PATIENTS WITHOUT AN OUTSTANDING ACCOUNT BALANCE DESCRIBED ABOVE WILL BE ISSUED A REFUND CHECK FOR THEIR OVERPAYMENT AS SOON AS TECHNICALLY FEASIBLE.</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>THOUGH IU HEALTH WEST HOSPITAL BELIEVES ITS CHNA PROCESS IS COMPREHENSIVE, THE CHNA IS DONE ON A TRIENNIAL BASIS. BETWEEN CHNA CYCLES, IU HEALTH WEST HOSPITAL GATHERS DATA AND INFORMATION TO MONITOR THE MOST CURRENT NEEDS OF THE COMMUNITY. ADDITIONAL SOURCES OF DATA AND INFORMATION INCLUDE:</p> <p>*IU HEALTH DATA ANALYTICS AND INFORMATION SERVICE TEAMS; *SECONDARY DATA SOURCES FROM FEDERAL, STATE, AND LOCAL ENTITIES WITH A FOCUS ON HEALTH BEHAVIORS, HEALTH OUTCOMES, AND SOCIAL DETERMINANTS OF HEALTH; *OBTAINING COMMUNITY ORGANIZATION AND GOVERNMENTAL AGENCY PERSPECTIVES; PRIORITY POPULATION PERSPECTIVES; AND OTHER HEALTHCARE AND HOSPITAL PERSPECTIVES; *REPORTS THAT SHARE FINDINGS AND RECOMMENDATIONS ON CERTAIN POPULATIONS WITHIN THE COMMUNITY AND/OR HEALTH BEHAVIORS, HEALTH OUTCOMES, OR SOCIAL DETERMINANTS OF HEALTH; *EVIDENCE INFORMED SOURCES; AND *TEAM MEMBER PARTICIPATION IN PARTNERING EFFORTS (E.G., COALITIONS, ADVISORY COMMITTEES, TASK FORCES, ETC.).</p> <p>THE REGULAR REVIEW OF THESE SOURCES OF DATA AND INFORMATION RARELY IMPACT WHAT THE SIGNIFICANT NEEDS ARE BETWEEN CHNA CYCLES. HOWEVER, IT DOES HELP INFLUENCE THE TYPES OR LEVEL OF INTERVENTIONS TO ADDRESS THE SIGNIFICANT NEEDS; PRIORITIZE RESOURCES TO THOSE GROUPS OR NEIGHBORHOODS EXPERIENCING HEALTH DISPARITIES IN THE COMMUNITY; IDENTIFY FUNDING OPPORTUNITIES TO SUPPORT INTERVENTIONS; AND STRENGTHEN OR MOBILIZE PARTNERSHIPS TO IMPROVE HEALTH.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>IU HEALTH WEST 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 WEST HOSPITAL HAS ESTABLISHED A FAP TO PROVIDE FINANCIAL ASSISTANCE TO UNINSURED PATIENTS. IU HEALTH WEST HOSPITAL IS COMMITTED TO ENSURING ITS PATIENTS ARE COMPLIANT WITH ALL PROVISIONS OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT. TO THAT END, IU HEALTH WEST 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 WEST 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.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>IU HEALTH WEST HOSPITAL IS LOCATED IN HENDRICKS COUNTY, INDIANA, A COUNTY LOCATED IN CENTRAL INDIANA.</p> <p>BASED ON THE MOST RECENT CENSUS BUREAU (2022) STATISTICS, HENDRICKS COUNTY'S POPULATION IS 182,534 PERSONS WITH APPROXIMATELY 49.7% BEING FEMALE AND 50.3% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 78.7% WHITE, 10.8% BLACK, 5.0% HISPANIC OR LATINO, 3.6% ASIAN, 0.3% AMERICAN INDIAN OR ALASKA NATIVE, 0.1% NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER AND 2.3% PERSONS REPORTING TWO OR MORE RACES.</p> <p>HENDRICKS COUNTY HAS RELATIVELY MODERATE LEVELS OF EDUCATIONAL ATTAINMENT. AMONG ADULTS 25 AND ABOVE, 95.1% COMPLETED THEIR EDUCATION WITH A HIGH SCHOOL DIPLOMA OR EQUIVALENT. 39.5% OF THE POPULATION HAD A BACHELOR'S DEGREE OR HIGHER.</p>
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>IU HEALTH WEST HOSPITAL IS A SUBSIDIARY OF INDIANA UNIVERSITY HEALTH, INC., A TAX-EXEMPT HEALTHCARE ORGANIZATION, WHOSE BOARD OF DIRECTORS IS COMPOSED OF MEMBERS, OF WHICH SUBSTANTIALLY ALL ARE INDEPENDENT COMMUNITY MEMBERS.</p> <p>IU HEALTH AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA, INCLUDING IU HEALTH WEST HOSPITAL, EXTENDS MEDICAL PRIVILEGES TO ALL PHYSICIANS WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENT TO ITS MEDICAL STAFF. IU HEALTH DOES NOT DENY APPOINTMENTS BASED ON GENDER, RACE, CREED OR NATIONAL ORIGIN.</p> <p>IU HEALTH, IN CONJUNCTION WITH THE IU SCHOOL OF MEDICINE, TRAINS THE NEXT GENERATION OF PHYSICIANS IN AN EXCEPTIONAL ENVIRONMENT, BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE.</p> <p>DURING 2022, IU HEALTH WEST HOSPITAL'S PROMOTION OF COMMUNITY HEALTH INCLUDED THE FOLLOWING HIGHLIGHTS:</p> <p>IN 2022, IU HEALTH WEST HOSPITAL MAINTAINED A STRONG PRESENCE ACROSS THE HENDRICKS COUNTY AREA AND SUPPORTED NUMEROUS NOT-FOR-PROFIT AGENCIES INCLUDING LOCAL PARKS DEPARTMENTS, HEALTH PARTNERSHIPS, MEDICAL AND DENTAL CLINICS THAT PROVIDE CARE TO THE UN- AND UNDER-INSURED, BEHAVIORAL HEALTH AGENCIES AND ORGANIZATIONS THAT PROVIDE HEALTH AND SOCIAL SERVICES TO THOSE WHO ARE IN NEED.</p>

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