



Annual Nonprofit Hospital Community Benefit Statement

State Form 50654 (10-01)
 Indiana State Department of Health
 Indiana Code 16-21-9

I. Identification of Nonprofit Hospital

Hospital Name: CLARIAN HEALTH PARTNERS INC D/B/A METHODIST, IU, RILEY HOSPITAL

City of Hospital: Indianapolis

Name of Charity Benefit Rep: Don Deutsch

Telephone Number: (317) 962-6110 x____

Year of Statement: 2008

Eligibility Statement Has the CEO identified your hospital as a "Nonprofit Hospital"? Yes No

II. Documentation of Previously Filed Information

Name of Document	Date Filed With ISDH	Any Changes
Community Benefit Plan	06/11/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Original long-range hospital objectives for charity care	06/11/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hospital Mission Statement	06/11/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
List of Communities Served	06/11/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Needs Assessment	06/11/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Copy of Charity Care Policy	06/11/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Statement of Public Notice	06/11/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No

III. Identification of New Objectives (optional)

Original Long Range Objective is to meet the medical Care needs of all persons who need our services, regardless of ability to pay.



IV. Allocation of Dollars and Person Served Under Adopted Charity Policy

List Last Three Years	2006	2007	2008
Person Served in twelve-month period	49313	26,625	20,582
Charity Care Allocation	44,621,837	58,928,366	78,074,000

V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

Health Professionals Education Programs	\$53,860,081
2.) Research Program (Community Health and Clinical	\$4,084,157
3.) Community Building Activities and Financial Contributi	\$9,226,325
4.) Community and Subsidized Health Services	\$11,109,768
5.) Uncompensated Care Program	\$89,987,000

Will hospital file additional paper document to provide more details or descriptions of projects that were funded to support community services?

Yes No

If applicable, address of hospital web site that contains information on community benefits.

VI. Identification of Additional Non-Hospital Charity Costs

Organization Providing Charity Care	Street Address	Net Costs of Charity Care
		\$0
		\$0

Comments

Note that for allocation of dollars and persons served : 2006 data was reported for downtown hospitals only. 2007 includes downtown, West and North. 2008 reported for Clarian Statewide: Clarian Health, Clarian West, Clarian North, Goshen Medical, LaPorte, Bedford Regional and Clarian Arnett.

