

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization INDIANA UNIVERSITY HEALTH, INC.	Employer identification number 35-1955872
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
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) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>650.0000</u> %	X	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria 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, to determine 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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)		33860	95,677,685.		95,677,685.	3.47
b Medicaid (from Worksheet 3, column a)		374487	629,830,691.	460,830,969.	168,999,722.	6.13
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		408347	725,508,376.	460,830,969.	264,677,407.	9.60
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	53	172727	13,382,567.	143,099.	13,239,468.	.48
f Health professions education (from Worksheet 5)	8	8178	67,934,155.	14,103,919.	53,830,236.	1.95
g Subsidized health services (from Worksheet 6)	6	5	5,577,963.	604.	5,577,359.	.20
h Research (from Worksheet 7)	2	1748	17,367,206.		17,367,206.	.63
i Cash and in-kind contributions for community benefit (from Worksheet 8)	16	100623	3,547,996.	50,157.	3,497,839.	.13
j Total. Other Benefits	85	283281	107,809,887.	14,297,779.	93,512,108.	3.39
k Total. Add lines 7d and 7j.	85	691628	833,318,263.	475,128,748.	358,189,515.	12.99

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	2	4	58,500.		58,500.	
2 Economic development	3	34000	83,413.		83,413.	
3 Community support	4	1156	122,400.	100.	122,300.	
4 Environmental improvements	1		1,310.		1,310.	
5 Leadership development and training for community members	1		8,253.		8,253.	
6 Coalition building	4	23162	495,268.	13,813.	481,455.	.02
7 Community health improvement advocacy	2		81,225.		81,225.	
8 Workforce development						
9 Other						
10 Total	17	58322	850,369.	13,913.	836,456.	.02

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- Enter the amount of the organization's bad debt expense
- Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy
- Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

	Yes	No
1		X
2		
3		
5		
6		
7		
9a	X	
9b	X	

Section B. Medicare

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

Section C. Collection Practices

- Did the organization have a written debt collection policy during the tax year?
- 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

Part IV Management Companies and Joint Ventures (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 CHW, LLC	ACUTE CARE HOSPITAL	76.88442		23.11558
2 CHN, LLC	ACUTE CARE HOSPITAL	63.80952		36.19048
3 BSC, LLC	AMBULATORY SURGERY CENTER	25.71429		49.57983
4 EHSC, LLC	AMBULATORY SURGERY CENTER	25.75245		49.50500
5 SSSC, LLC	AMBULATORY SURGERY CENTER	29.58000		42.00000
6 IEC, LLC	AMBULATORY SURGERY CENTER	26.01000		49.00000
7 ROCS, LLC	AMBULATORY SURGERY CENTER	30.07694		41.02560
8 BOSCO, LLC	AMBULATORY SURGERY CENTER	27.81744		45.45600
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 6

Name and address

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1 IU HEALTH METHODIST HOSPITAL 1701 N. SENATE BLVD. INDIANAPOLIS IN 46202	X	X	X	X		X	X		
2 RILEY HOSP. FOR CHILDREN AT IU HEALTH 705 RILEY HOSPITAL DRIVE INDIANAPOLIS IN 46202	X	X	X	X		X	X		
3 IU HEALTH UNIVERSITY HOSPITAL 550 NORTH UNIVERSITY BLVD INDIANAPOLIS IN 46202	X	X		X		X	X		
4 IU HEALTH SAXONY HOSPITAL 13000 E. 136TH ST. FISHERS IN 46037	X						X		CARDIOVASCULAR, ORTHOPEDIC, AND SPINE SPECIALITIES
5 IU HEALTH WEST HOSPITAL 1111 N. RONALD REAGAN PKWY. AVON IN 46123	X						X		
6 IU HEALTH NORTH HOSPITAL 11700 N. MERIDIAN ST. CARMEL IN 46032	X	X	X				X		
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: IU HEALTH METHODIST HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: RILEY HOSP. FOR CHILDREN AT IU HEALTH

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: IU HEALTH UNIVERSITY HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: IU HEALTH SAXONY HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: IU HEALTH WEST HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: IU HEALTH NORTH HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 6

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued) IU HEALTH METHODIST HOSPITAL

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>6</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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 actions the hospital facility may take upon non-payment?	X	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) RILEY HOSP. FOR CHILDREN AT IU HEALTH

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>6</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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 actions the hospital facility may take upon non-payment?	X	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) IU HEALTH UNIVERSITY HOSPITAL

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>6</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input checked="" type="checkbox"/> State regulation		
h <input checked="" type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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 actions the hospital facility may take upon non-payment?	X	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) IU HEALTH SAXONY HOSPITAL

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>6</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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 actions the hospital facility may take upon non-payment?	X	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) IU HEALTH WEST HOSPITAL

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>6</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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 actions the hospital facility may take upon non-payment?	X	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) IU HEALTH NORTH HOSPITAL

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>6</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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 actions the hospital facility may take upon non-payment?	X	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) IU HEALTH METHODIST HOSPITAL

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) RILEY HOSP. FOR CHILDREN AT IU HEALTH

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) IU HEALTH UNIVERSITY HOSPITAL

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) IU HEALTH SAXONY HOSPITAL

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) IU HEALTH WEST HOSPITAL

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) IU HEALTH NORTH HOSPITAL

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	X	
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued)**Section C. 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? 63

Name and address	Type of Facility (describe)
1 BALL OUTPATIENT SURGERY CENTER 2525 W. UNIVERSITY, STE. 200 MUNCIE IN 47303	AMBULATORY SURGERY
2 BELTWAY ENDOSCOPY CENTER - SPRINGMILL 200 W. 103RD ST., STE. 2400 INDIANAPOLIS IN 46290	AMBULATORY SURGERY
3 BELTWAY SURGERY CENTERS 151 N. PENNSYLVANIA PKWY. INDIANAPOLIS IN 46280	AMBULATORY SURGERY
4 BELTWAY SURGERY CENTERS - SPRINGMILL 200 W. 103RD ST. INDIANAPOLIS IN 46280	AMBULATORY SURGERY
5 EAGLE HIGHLANDS SURGERY CENTER 6850 PARKDALE PLACE INDIANAPOLIS IN 46254	AMBULATORY SURGERY
6 INDIANA ENDOSCOPY CENTERS 10967 ALLISONVILLE RD., STE. 100 FISHERS IN 46038	AMBULATORY SURGERY
7 INDIANA ENDOSCOPY CENTERS 1115 RONALD REAGAN PKWY., STE. 347 AVON IN 46123	AMBULATORY SURGERY
8 INDIANA ENDOSCOPY CENTERS 1801 N. SENATE BLVD., STE. 401 INDIANAPOLIS IN 46202	AMBULATORY SURGERY
9 RILEY OUTPATIENT SURGERY CENTER 702 BARNHILL DR., STE. 0201 INDIANAPOLIS IN 46202	AMBULATORY SURGERY
10 SENATE STREET SURGERY CENTER 1801 N. SENATE BLVD. INDIANAPOLIS IN 46202	AMBULATORY SURGERY

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Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 IU HEALTH BARIATRIC & MED. WEIGHT LOSS 6640 INTECH BLVD., STE. 300 INDIANAPOLIS IN 46278	BARIATRIC AND MEDICAL WEIGHT LOSS
2 IU MEL & BREN SIMON CANCER CENTER 1030 W. MICHIGAN ST. INDIANAPOLIS IN 46202	CANCER CARE
3 HEART PARTNERS OF INDIANA 10967 ALLISONVILLE RD., STE. 240 FISHERS IN 46038	CARDIOVASCULAR
4 HEART PARTNERS OF INDIANA 11725 ILLINOIS ST., STE. LL050 CARMEL IN 46032	CARDIOVASCULAR
5 HEART PARTNERS OF INDIANA 1210B MEDICAL ARTS BLVD., STE. 144 ANDERSON IN 46011	CARDIOVASCULAR
6 HEART PARTNERS OF INDIANA 13100 E 136TH ST., STE. 300 FISHERS IN 46037	CARDIOVASCULAR
7 HEART PARTNERS OF INDIANA 1801 N. SENATE BLVD., STE. 240 INDIANAPOLIS IN 46202	CARDIOVASCULAR
8 HEART PARTNERS OF INDIANA 7231 SHADELAND STATION, STE. 100 INDIANAPOLIS IN 46250	CARDIOVASCULAR
9 HEART PARTNERS OF INDIANA 8075 N. SHADELAND AVE., STE. 350 INDIANAPOLIS IN 46250	CARDIOVASCULAR
10 IU HEALTH CARDIOVASCULAR SURGEONS 1701 N. SENATE BLVD., STE. 755 INDIANAPOLIS IN 46202	CARDIOVASCULAR

Schedule H (Form 990) 2011

Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 IU HEALTH CARDIOVASCULAR SURGEONS 707 W. 2ND ST. BLOOMINGTON IN 47401	CARDIOVASCULAR
2 IU HEALTH CARDIOVASCULAR SURGEONS 637 S. WALKER ST., STE. 2 BLOOMINGTON IN 47403	CARDIOVASCULAR
3 METHODIST CARDIOLOGY PHYSICIANS 11725 N. ILLINOIS ST., STE. 265 CARMEL IN 46032	CARDIOVASCULAR
4 METHODIST CARDIOLOGY PHYSICIANS 1801 N. SENATE BLVD., STE. 310 INDIANAPOLIS IN 46202	CARDIOVASCULAR
5 METHODIST CARDIOLOGY PHYSICIANS 18077 RIVER RD., STE. 104 NOBLESVILLE IN 46060	CARDIOVASCULAR
6 METHODIST CARDIOLOGY PHYSICIANS 6920 PARKDALE PL., STE. 107 INDIANAPOLIS IN 46254	CARDIOVASCULAR
7 EAST WASHINGTON TIMESHARE 9670 E. WASHINGTON ST., STE. 110 INDIANAPOLIS IN 46229	DIAGNOSTIC AND OTHER MEDICAL
8 GEORGETOWN TIMESHARE 4880 CENTURY PLAZA RD., STE. 170 INDIANAPOLIS IN 46254	DIAGNOSTIC AND OTHER MEDICAL
9 IU HEALTH GEORGETOWN MEDICAL PLAZA 4880 CENTURY PLAZA RD. INDIANAPOLIS IN 46254	DIAGNOSTIC AND OTHER MEDICAL
10 IU HEALTH METHODIST MEDICAL PLAZA BBURG. 1375 N. GREEN ST., STE. 200 BROWNSBURGH IN 46207	DIAGNOSTIC AND OTHER MEDICAL

Schedule H (Form 990) 2011

Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 IU HEALTH METHODIST MEDICAL PLAZA EHG. 6850 PARKDALE PL. INDIANAPOLIS IN 46254	DIAGNOSTIC AND OTHER MEDICAL
2 IU HEALTH METHODIST MEDICAL PLAZA EAST 9660 E. WASHINGTON ST. INDIANAPOLIS IN 46229	DIAGNOSTIC AND OTHER MEDICAL
3 IU HEALTH METHODIST MEDICAL PLAZA NORTH 151 PENNSYLVANIA PKWY. CARMEL IN 46280	DIAGNOSTIC AND OTHER MEDICAL
4 IU HEALTH METHODIST MEDICAL PLAZA SOUTH 8820 S. MERIDIAN ST. INDIANAPOLIS IN 46217	DIAGNOSTIC AND OTHER MEDICAL
5 IU HEALTH METHODIST MEDICAL TOWER 1633 N. CAPITOL AVE. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER MEDICAL
6 IU HEALTH SPRING MILL OUTPATIENT CENTER 200 W. 103RD ST., STE. 1200 INDIANAPOLIS IN 46290	DIAGNOSTIC AND OTHER MEDICAL
7 METHODIST MEDICAL PLAZA - GLENDALE 2620 KESSLER BLVD. E. INDIANAPOLIS IN 46220	DIAGNOSTIC AND OTHER MEDICAL
8 NORTH MERIDIAN TIMESHARE 201 PENNSYLVANIA PKWY., STE. 305 INDIANAPOLIS IN 46280	DIAGNOSTIC AND OTHER MEDICAL
9 SOUTH 31 TIMESHARE 8820 S. MERIDIAN ST., STE. 230 INDIANAPOLIS IN 46217	DIAGNOSTIC AND OTHER MEDICAL
10 IU HEALTH DIALYSIS 2140 N. CAPITOL AVE. INDIANAPOLIS IN 46202	DIALYSIS

Schedule H (Form 990) 2011

Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 IU HEALTH HOME DIALYSIS CENTER 8830 N. MERIDIAN ST. INDIANAPOLIS IN 46260	DIALYSIS
2 IU HEALTH CHARIS EATING DISORDER CLINIC 6640 INTECH BLVD., STE. 195 INDIANAPOLIS IN 46278	EATING DISORDERS
3 IU HEALTH HOME CARE 1411 W. COUNTY LINE RD. GREENWOOD IN 46142	HOME HEALTH CARE
4 IU HEALTH HOME CARE 1828 N. ILLINOIS ST. INDIANAPOLIS IN 46202	HOME HEALTH CARE
5 IU HEALTH HOME CARE 202 S. WEST ST. TIPTON IN 46072	HOME HEALTH CARE
6 IU HEALTH HOME CARE 702 N. ILLINOIS ST. INDIANAPOLIS IN 46204	HOME HEALTH CARE
7 CAPITAL NEUROLOGY 201 PENNSYLVANIA PKWY. STE. 300 INDIANAPOLIS IN 46280	NEUROLOGY
8 EAST RETAIL PHARMACY 9650 E. WASHINGTON ST. INDIANAPOLIS IN 46229	PHARMACY
9 GEORGETOWN RETAIL PHARMACY 4880 CENTURY PLAZA RD., STE. 150 INDIANAPOLIS IN 46254	PHARMACY
10 SOUTH RETAIL PHARMACY 8820 S. MERIDIAN ST., STE. 105 INDIANAPOLIS IN 46217	PHARMACY

Schedule H (Form 990) 2011

Part V Facility Information (continued)**Section C. 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? _____

Name and address	Type of Facility (describe)
1 IU HEALTH FISHERS RADIOLOGY 10995 ALLISONVILLE RD., STE. 100B FISHERS IN 46038	RADIOLOGY
2 IU HEALTH BALL MEMORIAL HOSPITAL LAB 2401 W. UNIVERSITY AVE. MUNCIE IN 47303	REFERENCE LABORATORY
3 IU HEALTH REHABILITATION 6820 PARKDALE PL., STE. 120 INDIANAPOLIS IN 46254	REHABILITATION
4 IU HEALTH ARNETT SLEEP APNEA ED. CENTER 3900 MCCARTY LN. STE. 102 LAFAYETTE IN 47909	SLEEP DISORDERS
5 IU HEALTH BALL MEMORIAL SLEEP APNEA ED. 6000 W. KILGORE AVE., STE. A MUNCIE IN 47304	SLEEP DISORDERS
6 IU HEALTH BEDFORD SLEEP APNEA ED. CENTER 1502 CLINIC DR. BEDFORD IN 47421	SLEEP DISORDERS
7 IU HEALTH HOWARD SLEEP APNEA ED. CENTER 829 N. DIXON RD. KOKOMO IN 46901	SLEEP DISORDERS
8 IU HEALTH SLEEP APNEA ED. CTR. AT INDPLS 714 N. SENATE AVE. STE. 120 INDIANAPOLIS IN 46202	SLEEP DISORDERS
9 IU HEALTH SLEEP LAB 714 N. SENATE AVE. STE. 120 INDIANAPOLIS IN 46202	SLEEP DISORDERS
10 SLEEP APNEA ED. CTR. AT IU HEALTH NORTH 11590 N. MERIDIAN ST., STE. 410 CARMEL IN 46032	SLEEP DISORDERS

Schedule H (Form 990) 2011

Part V Facility Information *(continued)*

Section C. 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? _____

Name and address	Type of Facility (describe)
1 SLEEP APNEA ED. CTR. AT IU HEALTH WEST 1111 N. RONALD REAGAN PKWY. #371 AVON IN 46123	SLEEP DISORDERS
2 SLEEP DISORDERS CTR. AT IU HEALTH NORTH 11590 N. MERIDIAN ST., STE. 410 INDIANAPOLIS IN 46032	SLEEP DISORDERS
3 IU HEALTH SPORTS PERFORMANCE 1402 CHASE CT. CARMEL IN 46032	SPORTS PERFORMANCE
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

LINE 3C

N/A

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

LINE 6A - COMMUNITY BENEFIT REPORT PREPARED BY RELATED ORGANIZATION

INDIANA UNIVERSITY HEALTH, INC.'S ("IU HEALTH") COMMUNITY BENEFITS AND INVESTMENTS ARE INCLUDED IN THE IU HEALTH COMMUNITY BENEFIT REPORT WHICH IS MADE AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT WWW.IUHEALTH.ORG. THE COMMUNITY BENEFIT REPORT IS ALSO DISTRIBUTED TO NUMEROUS KEY ORGANIZATIONS THROUGHOUT THE STATE OF INDIANA TO BROADLY SHARE IU HEALTH'S COMMUNITY BENEFIT EFFORTS AND INVESTMENTS STATEWIDE, AND IS AVAILABLE BY REQUEST THROUGH THE INDIANA STATE DEPARTMENT OF HEALTH OR IU HEALTH.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

LINE 7, COLUMN (F) - 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 IS \$87,516,332.

THE BAD DEBT EXPENSE OF \$35,524,226 ON SCHEDULE H, PART III, LINE 2 IS REPORTED AT COST.

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

LINE 7 - TOTAL COMMUNITY BENEFIT EXPENSE

PERCENTAGE OF TOTAL EXPENSES LISTED ON SCHEDULE H, PART I, LINE 7, COLUMN (F) IS CALCULATED BASED ON NET COMMUNITY BENEFIT EXPENSE. THE PERCENTAGE OF TOTAL EXPENSES CALCULATED BASED ON TOTAL COMMUNITY BENEFIT EXPENSE IS 30.24%.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 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 hospitals 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.

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

LINE 7G - SUBSIDIZED HEALTH SERVICES

INDIANA UNIVERSITY HEALTH, INC. DOES NOT INCLUDE ANY COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES.

SCHEDULE H, PART II - COMMUNITY BUILDING ACTIVITIES

PROMOTION OF HEALTH IN COMMUNITIES SERVED

INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH") LEADERS PARTICIPATE IN A WIDE ARRAY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE UNDERLYING QUALITY OF LIFE IN THE COMMUNITIES IU HEALTH SERVES. IU HEALTH INVESTS IN ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, COLLABORATES WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCATES FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS.

IN 2011, IU HEALTH SPENT OVER 1.2 MILLION DOLLARS, SERVING MORE THAN 77,000 INDIVIDUALS AS A STATEWIDE ORGANIZATION, AND NEARLY 800,000 DOLLARS LOCALLY AT OUR SIX INDIANAPOLIS AREA AND SUBURBAN HOSPITALS ON

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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.
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- 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 hospitals 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.

COMMUNITY-BUILDING ACTIVITIES. THESE INVESTMENTS AND SUPPORT PROVIDED RESOURCES TO LOCAL COMMUNITY INITIATIVES THAT ADDRESSED ECONOMIC DEVELOPMENT, COMMUNITY HEALTH IMPROVEMENT, AND WORKFORCE DEVELOPMENT. OUTREACH ACTIVITIES INCLUDED JOB FAIRS AND INTERVIEW SEMINARS; PARTICIPATION IN AN ECONOMIC DEVELOPMENT COUNCIL AND CHAMBER OF COMMERCE; AND COLLABORATIVE PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH.

COALITION BUILDING

IU HEALTH COLLABORATES WITH ORGANIZATIONS THROUGHOUT INDIANA TO ADVANCE IMPORTANT CAUSES CONNECTED TO ITS MISSION. IN 2011, IT WAS INVOLVED IN DIVERSE COALITIONS, INCLUDING MID-NORTH QUALITY OF LIFE PLAN COALITION, HEALTH BY DESIGN, UNITED WAY, AND NEAR NORTH DEVELOPMENT CORPORATION.

ADDITIONALLY, IU HEALTH SUPPORTED SEVERAL WORKING GROUPS COMMITTED TO PREVENTING DOMESTIC VIOLENCE; JOINED FORCES WITH LOCAL PARTNERS TO ADVANCE INJURY PREVENTION ACTIVITIES; AND SUPPORTED AGENCIES AND COMMUNITY GROUPS TO FIGHT OBESITY, AS OBESITY'S HEALTH EFFECTS INCLUDE AN

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 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.

INCREASED RISK FOR A RANGE OF PROBLEMS, SUCH AS DIABETES, HEART DISEASE,
OSTEOARTHRITIS, STROKE, AND HIGH BLOOD PRESSURE.

HABITAT FOR HUMANITY

HABITAT FOR HUMANITY OF GREATER INDIANAPOLIS IS COMMITTED TO ELIMINATING
POVERTY BY PROVIDING SIMPLE, DECENT HOUSING AND MAKING HOME OWNERSHIP
AVAILABLE TO LOW-INCOME FAMILIES, MOST OF WHOM HAVE CHILDREN AND LIVE IN
UNSAFE, OVERCROWDED OR SUBSTANDARD CONDITIONS. IU HEALTH SUPPORTS HABITAT
FOR HUMANITY'S EFFORTS FINANCIALLY AND BY PROVIDING HUNDREDS OF
VOLUNTEERS TO HELP BUILD A HOME FOR A FAMILY IN NEED, AS IU HEALTH
RECOGNIZES THAT POVERTY IS RECOGNIZED AS PERHAPS THE SINGLE MOST
IMPORTANT RISK FACTOR FOR PREMATURE DEATH AND DISABILITY.
ADDITIONALLY, IU HEALTH WEST HOSPITAL COLLABORATED WITH HABITAT IN 2011
TO CONDUCT A "PANEL BUILD" ON THE HOSPITAL CAMPUS. A PANEL BUILD
INVOLVES ALL OF THE MATERIALS NEEDED TO CONSTRUCT EVERY WALL, FLOOR AND
CEILING PANEL FOR THE HOME, WHICH ARE BUILT INDIVIDUALLY, LOADED ONTO A
TRUCK, AND TAKEN TO THE HOME SITE WHERE THE PIECES ARE PUT TOGETHER LIKE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 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.

A PUZZLE. IN ADDITION TO CREATING THE BUILDING BLOCKS OF THE HOME FOR A FAMILY IN NEED, THE PROJECT PROVIDED AN EXCELLENT OPPORTUNITY FOR HOSPITAL VOLUNTEERS TO COLLABORATE WITH VOLUNTEERS FROM COMMUNITY PARTNER ORGANIZATIONS TO CONTINUE BUILDING VALUABLE RELATIONSHIPS. VOLUNTEERS FROM DAY NURSERY ASSOCIATION, BEN DAVIS HIGH SCHOOL AND THE AVON-WASHINGTON TOWNSHIP FIRE DEPARTMENT ALL WORKED ALONGSIDE VOLUNTEERS AND FAMILIES FROM IU HEALTH WEST HOSPITAL TO MAKE THE PANEL BUILD A SUCCESS.

DURING IU HEALTH'S THIRD ANNUAL DAY OF SERVICE, 1,611 EMPLOYEES JOINED THE FIGHT AGAINST CHILDHOOD OBESITY BY INCREASING ACCESS TO ACTIVE PLACES TO PLAY AND FRESH NUTRITIOUS FOODS FOR LOW-INCOME SCHOOL CHILDREN ACROSS INDIANA. COMMUNITY ASSETS LEFT BEHIND AS A RESULT OF THE EVENT INCLUDED: 3 NEW SCHOOL PLAYGROUNDS, 12 IMPROVED SCHOOL PLAYGROUNDS, AND 5 SCHOOL GARDENS. OVER 65,000 HOOSIERS WERE POSITIVELY IMPACTED BY THE CONSTRUCTION OF NEW PLAYGROUNDS AND SAFETY IMPROVEMENTS MADE; CREATING SECURE & CONVENIENT PLACES FOR COMMUNITY MEMBERS TO PLAY AND BE ACTIVE.

Part VI Supplemental Information

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SCHEDULE H, PART III - BAD DEBT, MEDICARE, & COLLECTION PRACTICES

LINE 4 - BAD DEBT EXPENSE

THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, CHANGES AND TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON ACCOUNTS RECEIVABLE PAYOR COMPOSITION AND AGING, AND HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, AS ADJUSTED FOR COLLECTION INDICATORS. THE RESULTS OF THE REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS AND THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN ADDITION, INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH") FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES. PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF IU HEALTH AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE

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MEET CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES OF IU HEALTH.

THE BAD DEBT EXPENSE REPORTED ON LINE 2 IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. IU HEALTH PROVIDES HEALTH CARE SERVICES THROUGH VARIOUS PROGRAMS THAT ARE DESIGNED, AMONG OTHER MATTERS, TO ENHANCE THE HEALTH OF THE COMMUNITY AND IMPROVE THE HEALTH OF LOW-INCOME PATIENTS. IN ADDITION, IU HEALTH PROVIDES SERVICES INTENDED TO BENEFIT THE POOR AND UNDERSERVED, INCLUDING THOSE PERSONS WHO CANNOT AFFORD HEALTH INSURANCE BECAUSE OF INADEQUATE RESOURCES OR ARE UNINSURED OR UNDERINSURED.

SCHEDULE H, PART III - BAD DEBT, MEDICARE, & COLLECTION PRACTICES

LINE 8 - MEDICARE SHORTFALL

THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7 IS CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM INDIANA UNIVERSITY HEALTH, INC.'S ("IU HEALTH") MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH'S

Part VI Supplemental Information

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PARTICIPATION IN MEDICARE PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIAN SERVICES, THE COSTS OF MEDICARE PARTS C AND D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.

IU HEALTH'S MEDICARE SHORTFALL IS ATTRIBUTABLE TO REIMBURSEMENTS THAT ARE LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES AND DOES NOT INCLUDE ANY AMOUNTS THAT RESULT FROM INEFFICIENCIES OR POOR MANAGEMENT. IU HEALTH ACCEPTS ALL MEDICARE PATIENTS KNOWING THAT THERE MAY BE SHORTFALLS; THEREFORE IT HAS TAKEN THE POSITION THAT THE SHORTFALL SHOULD BE COUNTED AS PART OF ITS COMMUNITY BENEFIT. ADDITIONALLY, IT IS IMPLIED IN INTERNAL REVENUE SERVICE REVENUE RULING 69-545 THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN

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INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE
COMMUNITY.

SCHEDULE H, PART III - BAD DEBT, MEDICARE, & COLLECTION PRACTICES
LINE 9B - WRITTEN DEBT COLLECTION POLICY AND FINANCIAL ASSISTANCE
IF A PATIENT CANNOT SATISFY STANDARD PAYMENT EXPECTATIONS, A FINANCIAL
ASSISTANCE SCREENING PROCESS FOR ALTERNATIVE SOURCES OF BALANCE
RESOLUTION IS COMPLETED. THOSE RESOLUTIONS MAY INCLUDE: A DISCOUNT ON
CHARGES; MEDICAID ENROLLMENT, INTEREST-FREE LOAN OR APPLICATION FOR
CHARITY CARE. IF A PATIENT DOES NOT APPLY FOR CHARITY CARE BUT MEETS THE
CHARITY CARE GUIDELINES ESTABLISHED BY INDIANA UNIVERSITY HEALTH, INC.
("IU HEALTH"), IU HEALTH WILL WAIVE CHARGES AND TREAT THE COST OF
SERVICES AS CHARITY CARE.

SCHEDULE H, PART VI - SUPPLEMENT INFORMATION

Part VI Supplemental Information

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LINE 2 - NEEDS ASSESSMENT

COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH") UNDERSTANDS THAT THE HEALTH OF INDIVIDUALS AND COMMUNITIES ARE SHAPED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS, ALONG WITH HEALTH BEHAVIORS AND ADDITIONAL INFLUENCES.

IU HEALTH ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY UTILIZING THE DETAILED COMMUNITY NEEDS ASSESSMENTS UNDERTAKEN BY ORGANIZATIONS SUCH AS THE MARION COUNTY HEALTH DEPARTMENT, THE INDIANA STATE DEPARTMENT OF HEALTH, THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE UNITED WAY OF CENTRAL INDIANA.

SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH") GOES TO GREAT LENGTHS TO ENSURE PATIENTS KNOW THAT IU HEALTH TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH SHARES FINANCIAL ASSISTANCE INFORMATION

Part VI Supplemental Information

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WITH PATIENTS DURING THE ADMISSION PROCESS, BILLING PROCESS AND ONLINE.

HELPING PATIENTS UNDERSTAND THAT FINANCIAL SUPPORT FOR THEIR CARE IS A PART OF IU HEALTH'S COMMITMENT TO ITS MISSION. IU HEALTH'S FINANCIAL ASSISTANCE POLICY EXISTS TO SERVE THOSE IN NEED BY PROVIDING FINANCIAL RELIEF TO PATIENTS WHO ASK FOR ASSISTANCE AFTER CARE HAS BEEN PROVIDED.

DURING THE ADMISSIONS PROCESS, OPPORTUNITIES FOR FINANCIAL ASSISTANCE ARE DISCUSSED WITH PATIENTS WHO ARE IDENTIFIED AS A SELF-PAY PATIENT, OR REQUESTS ASSISTANCE INFORMATION. THE PATIENT IS ALSO PROVIDED WITH AN ADMISSIONS PACKET THAT PROVIDES INFORMATION REGARDING IU HEALTH'S FINANCIAL ASSISTANCE PROGRAM. FINANCIAL COUNSELORS ARE ONSITE TO ASSIST FINANCIAL CONCERNS OR QUESTIONS DURING THE PATIENT'S STAY. PATIENT FINANCIAL SERVICES - CUSTOMER SERVICE REPRESENTATIVES CAN HELP PATIENTS APPLY FOR FINANCIAL ASSISTANCE, UNDERSTAND THEIR BILLS, EXPLAIN WHAT THEY CAN EXPECT DURING THE BILLING PROCESS, ACCEPT PAYMENT (IF NEEDED), UPDATE THEIR INSURANCE OR PAYOR INFORMATION, AND UPDATE THEIR ADDRESS OR OTHER DEMOGRAPHICS.

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A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS PRINTED ON THE BACK OF EACH PATIENT STATEMENT, WHILE THE FINANCIAL ASSISTANCE APPLICATION IS MAILED TO ALL UNINSURED IU HEALTH PATIENTS AT THE CONCLUSION OF THEIR TREATMENT ALONG WITH A SUMMARY OF THE INCURRED CHARGES. ADDITIONALLY, ON THE BACK OF EACH PATIENT STATEMENT IS A PHONE NUMBER THAT WILL ALLOW PATIENTS THE ABILITY TO REQUEST FINANCIAL ASSISTANCE. UNINSURED PATIENTS ARE ALSO MADE AWARE OF THIS PROCESS AT THE TIME OF REGISTRATION.

THE IU HEALTH WEBSITE (IUHEALTH.ORG) HAS A PAGE DEDICATED TO FINANCIAL ASSISTANCE AND OFFERS AN ONLINE APPLICATION AND PHONE NUMBERS FOR CUSTOMER SERVICE REPRESENTATIVES TO ASSIST WITH THE APPLICATION PROCESS.

IU HEALTH HAS AN EXPANSIVE FINANCIAL ASSISTANCE PROGRAM, WHICH ALIGNS WITH IU HEALTH'S POLICY AND UTILIZES THE FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY, MAKING ACCESS TO QUALITY CARE WITHIN A PATIENT'S REACH.

THE IU HEALTH FINANCIAL ASSISTANCE POLICY PROVIDES THE FOLLOWING SUPPORT

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TO PATIENTS THAT QUALIFY.

- FREE CARE FOR THOSE EARNING UP TO 200 PERCENT OF FEDERAL POVERTY GUIDELINES;
- DISCOUNTED CARE ON A SLIDING SCALE FOR FAMILIES EARNING FROM 200 TO 400 PERCENT OF FEDERAL POVERTY GUIDELINES; AND
- DISCOUNTED CARE ON A SLIDING SCALE FOR UNINSURED FAMILIES EARNING FROM 400 TO 650 PERCENT OF FEDERAL POVERTY GUIDELINES, AND
- FINANCIAL ASSISTANCE TO PATIENTS WHOSE HEALTH INSURANCE COVERAGE, IF ANY, DOES NOT PROVIDE FULL COVERAGE FOR ALL OF THEIR MEDICAL EXPENSES AND WHOSE MEDICAL EXPENSES WOULD MAKE THEM INDIGENT IF THEY WERE FORCED TO PAY FULL CHARGES.

PATIENTS ARE GUIDED THROUGH THEIR COURSE OF CARE WITH PARTICULAR SENSITIVITY, REVIEWING CHANGING CIRCUMSTANCES AND ALLOWING FOR FINANCIAL ASSISTANCE AT ANY POINT DURING THE RELATIONSHIP AND BILLING PROCESS WITH THE PATIENT. FOR THOSE INPATIENTS THAT MAY QUALIFY FOR THE MEDICAID PROGRAM AND HAVE NOT APPLIED, IU HEALTH FINANCIAL COUNSELORS WILL ASSIST

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PATIENTS WITH THE MEDICAID APPLICATION. IF A PATIENT DOES NOT APPLY FOR FINANCIAL ASSISTANCE, BUT MEETS THE FINANCIAL ASSISTANCE GUIDELINES ESTABLISHED BY IU HEALTH, IU HEALTH WILL WAIVE CHARGES AND TREAT THE COST OF SERVICES AS FINANCIAL ASSISTANCE.

SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 4 - COMMUNITY INFORMATION

INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH"), WHICH INCLUDES IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR CHILDREN AT IU HEALTH, IU HEALTH WEST HOSPITAL, IU HEALTH NORTH HOSPITAL, AND IU HEALTH SAXONY HOSPITAL, SERVES A LARGE GEOGRAPHIC AREA IN CENTRAL INDIANA. EACH INDIVIDUAL HOSPITAL SERVES A UNIQUE SUBSECTION OF THE COMMUNITY AND DETAILS FOR EACH ARE INCLUDED BELOW.

IU HEALTH METHODIST HOSPITAL

- SERVICE AREA COUNTIES: MARION, HENDRICKS, JOHNSON, MORGAN, HAMILTON, MADISON, HANCOCK, SHELBY, AND BOONE

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- 75% OF THE IU HEALTH METHODIST INPATIENT DISCHARGE POPULATION
RESIDES IN MARION (66%), HENDRICKS (4%), JOHNSON (3%), AND MORGAN (2%)
COUNTIES

- 29% OF COMMUNITY DISCHARGES WERE FOR PATIENTS WITH MEDICAID, 25%
WERE FOR PATIENTS WITH MEDICARE, AND 17% WERE FOR UNINSURED/SELF-PAY
PATIENTS

IU HEALTH UNIVERSITY HOSPITAL

- SERVICE AREA COUNTIES: MARION, HENDRICKS, HAMILTON, JOHNSON,
MORGAN, DELAWARE, ALLEN, MADISON, VIGO, TIPPECANOE, ST. JOSEPH, MONROE,
BARTHOLOMEW, LAKE, ELKHART, HANCOCK, GRANT, HOWARD, VANDERBURGH, WAYNE,
JACKSON, HENRY, AND PUTNAM

- 32% OF THE IU HEALTH UNIVERSITY TOTAL INPATIENT DISCHARGE
POPULATION RESIDES IN MARION COUNTY; THE OTHER 68% IS DISTRIBUTED FAIRLY
EVENLY ACROSS 91 OTHER COUNTIES IN THE STATE OF INDIANA

- 44% OF IU HEALTH UNIVERSITY COMMUNITY DISCHARGES WERE FOR PATIENTS
WITH COMMERCIAL INSURANCE, 31% WERE FOR PATIENTS WITH MEDICARE, 14% WERE

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FOR PATIENTS WITH MEDICAID, AND 5% WERE FOR UNINSURED OR SELF-PAY PATIENTS

RILEY HOSPITAL FOR CHILDREN AT IU HEALTH

- SERVICE AREA COUNTIES: MARION, JOHNSON, LAKE, HENDRICKS, HAMILTON, MORGAN, MADISON, DELAWARE, ST. JOSEPH, TIPPECANOE, ALLEN, ELKHART, BARTHOLOMEW, VANDERBURGH, VIGO, HANCOCK, WAYNE, MONROE, JACKSON, SHELBY, AND LA PORTE

- 33% OF THE RILEY HOSPITAL FOR CHILDREN AT IU HEALTH TOTAL INPATIENT DISCHARGE POPULATION RESIDES IN MARION COUNTY; THE OTHER 67% IS DISTRIBUTED FAIRLY EVENLY ACROSS 89 OTHER COUNTIES IN THE STATE OF INDIANA.

- 57% OF IU HEALTH RILEY COMMUNITY DISCHARGES WERE FOR PATIENTS WITH MEDICAID, 35% WERE FOR PATIENTS WITH COMMERCIAL INSURANCE, 1% WERE FOR PATIENTS WITH MEDICARE, AND 4% WERE FOR SELF-PAY PATIENTS

IU HEALTH WEST HOSPITAL

Part VI Supplemental Information

Complete this part to provide the following information.

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- 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.

- SERVICE AREA COUNTIES: MARION, HENDRICKS, PUTNAM, MORGAN, JOHNSON,
BOONE, AND MONTGOMERY

- APPROXIMATELY 75% OF THE IU HEALTH WEST INPATIENT DISCHARGE
POPULATION RESIDES IN MARION (65%) AND HENDRICKS (11%) COUNTIES

- 12% OF COMMUNITY DISCHARGES WERE FOR PATIENTS WITH MEDICAID, 31%
WERE FOR PATIENTS WITH MEDICARE, AND 8% WERE FOR UNINSURED/SELF-PAY
PATIENTS

IU HEALTH NORTH HOSPITAL

- SERVICE AREA COUNTIES: MARION, HAMILTON, BOONE, HENDRICKS, HANCOCK,
MADISON, AND TIPTON

- 78% OF THE IU HEALTH NORTH INPATIENT DISCHARGE POPULATION RESIDES
IN MARION (35%), HAMILTON (32%), BOONE (6%), AND HENDRICKS (5%) COUNTIES

- 8% OF COMMUNITY DISCHARGES WERE FOR PATIENTS WITH MEDICAID, 15%
WERE FOR PATIENTS WITH MEDICARE, AND 4% WERE FOR UNINSURED/SELF-PAY
PATIENTS

Part VI Supplemental Information

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IU HEALTH SAXONY HOSPITAL

- SERVICE AREA COUNTIES: MARION, HAMILTON, BOONE, HENDRICKS, HANCOCK, MADISON, AND TIPTON

- 78% OF THE IU HEALTH NORTH INPATIENT DISCHARGE POPULATION RESIDES IN MARION (35%), HAMILTON (32%), BOONE (6%), AND HENDRICKS (5%) COUNTIES (IU HEALTH SAXONY INPATIENT DISCHARGE POPULATION DATA WAS NOT AVAILABLE AT THE TIME OF THIS REPORT)

- 8% OF COMMUNITY DISCHARGES WERE FOR PATIENTS WITH MEDICAID, 15% WERE FOR PATIENTS WITH MEDICARE, AND 4% WERE FOR UNINSURED/SELF-PAY PATIENTS

SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 5 - PROMOTION OF COMMUNITY HEALTH

AS AN ACADEMIC MEDICAL CENTER, INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH") AND INDIANA UNIVERSITY SCHOOL OF MEDICINE WORK TOGETHER TO TRAIN PHYSICIANS IN AN EXCEPTIONAL ENVIRONMENT, BLENDING BREAKTHROUGH RESEARCH

Part VI Supplemental Information

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AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE. IN 2011, MORE THAN 1,000 RESIDENTS AND FELLOWS RECEIVED TRAINING IN IU HEALTH HOSPITALS.

IU HEALTH IS COMMITTED TO IMPROVING THE HEALTH AND SAFETY OF THE COMMUNITIES IT SERVES ACROSS INDIANA. FROM BIKE HELMET FITTINGS TO CANCER SUPPORT GROUPS TO DIABETES MANAGEMENT, WE BRING OUR UNIQUE AND STATE-OF-THE-ART RESOURCES BEYOND THE HOSPITAL DOORS AND ONTO THE FRONT STEPS OF INDIANA COMMUNITIES.

WITH MORE THAN \$17 MILLION INVESTED IN HIGH-QUALITY AND IMPACTFUL INITIATIVES TO ADDRESS COMMUNITY HEALTH NEEDS; IU HEALTH IS HELPING INDIANA RESIDENTS IMPROVE THEIR HEALTH AND THEIR QUALITY OF LIFE. IN 2011, IU HEALTH IMPACTED OVER 400,000 PEOPLE STATEWIDE THROUGH PRESENTATIONS, HEALTH RISK SCREENINGS, HEALTH EDUCATION PROGRAMS, AND ADDITIONAL EDUCATIONAL OPPORTUNITIES MADE AVAILABLE TO THE COMMUNITY, ESPECIALLY TO OUR COMMUNITY MEMBERS IN THE GREATEST NEED OF SUCH SERVICES.

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SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 6 - AFFILIATED HEALTH CARE SYSTEM

INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH") IS INDIANA'S MOST COMPREHENSIVE HEALTHCARE SYSTEM. A UNIQUE PARTNERSHIP WITH INDIANA UNIVERSITY SCHOOL OF MEDICINE, ONE OF THE NATION'S LEADING MEDICAL SCHOOLS, GIVES PATIENTS ACCESS TO INNOVATIVE TREATMENTS AND THERAPIES. IU HEALTH IS COMPRISED OF HOSPITALS, PHYSICIANS AND ALLIED SERVICES DEDICATED TO PROVIDING PREEMINENT CARE THROUGHOUT INDIANA AND BEYOND.

A COLLABORATIVE PARTNERSHIP WITH IU HEALTH AND INDIANA UNIVERSITY SCHOOL OF MEDICINE, IU HEALTH PHYSICIANS IS COMPRISED OF MORE THAN 500 BOARD-CERTIFIED OR BOARD-ELIGIBLE PHYSICIANS, 70 LOCATIONS STATEWIDE AND MORE THAN 1,000 STAFF, INCLUDING 170 ADVANCED PRACTICE PROVIDERS.

NATIONAL RECOGNITION:

- EIGHT CLINICAL PROGRAMS RANKED AMONG THE TOP 50 NATIONAL PROGRAMS IN U.S. NEWS & WORLD REPORT'S 2010-11 EDITION OF AMERICA'S BEST

Part VI Supplemental Information

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HOSPITALS.

- TEN SPECIALTY PROGRAMS AT RILEY HOSPITAL FOR CHILDREN AT IU HEALTH
RANKED AMONG THE TOP 30 CHILDREN'S HOSPITALS IN THE NATION.

- SIX HOSPITALS DESIGNATED AS MAGNET® HOSPITAL SYSTEMS BY THE
AMERICAN NURSES CREDENTIALING CENTER RECOGNIZING EXCELLENCE IN NURSING
CARE.

- NAMED TO THE 2012-2013 U.S. NEWS & WORLD REPORT'S BEST HOSPITALS
HONOR ROLL, THEIR HIGHEST DISTINCTION.

EDUCATION AND RESEARCH:

AS AN ACADEMIC HEALTH CENTER, IU HEALTH WORKS IN PARTNERSHIP WITH INDIANA
UNIVERSITY SCHOOL OF MEDICINE TO TRAIN PHYSICIANS, BLENDING BREAKTHROUGH
RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE.

RESEARCH CONDUCTED BY INDIANA UNIVERSITY SCHOOL OF MEDICINE FACULTY GIVES

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IU HEALTH PHYSICIANS AND PATIENTS ACCESS TO THE MOST LEADING-EDGE AND COMPREHENSIVE TREATMENT OPTIONS.

THE IU HEALTH STATEWIDE HEALTHCARE SYSTEM CONSISTS OF IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR CHILDREN AT IU HEALTH, IU HEALTH WEST HOSPITAL, IU HEALTH NORTH HOSPITAL, IU HEALTH BALL MEMORIAL HOSPITAL, IU HEALTH BLACKFORD HOSPITAL, IU HEALTH BLOOMINGTON HOSPITAL, IU HEALTH PAOLI HOSPITAL, IU HEALTH BEDFORD HOSPITAL, IU HEALTH TIPTON HOSPITAL, IU HEALTH LA PORTE HOSPITAL, IU HEALTH STARKE HOSPITAL, AND IU HEALTH GOSHEN HOSPITAL. IN JULY OF 2011, IU HEALTH MORGAN HOSPITAL AND IU HEALTH WHITE HOSPITAL ALSO BECAME A MEMBER OF IU HEALTH. IN DECEMBER OF 2011, IU HEALTH OPENED ITS NEWEST LOCATION, IU HEALTH SAXONY HOSPITAL IN FISHERS, INDIANA.

ALTHOUGH EACH IU HEALTH HEALTHCARE SYSTEM HOSPITAL PREPARES AND SUBMITS ITS OWN COMMUNITY BENEFITS PLAN RELATIVE TO THE LOCAL COMMUNITY, IU HEALTH CONSIDERS ITS COMMUNITY BENEFIT PLAN AS PART OF AN OVERALL VISION FOR STRENGTHENING INDIANA'S OVERALL HEALTH. A COMPREHENSIVE COMMUNITY

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OUTREACH STRATEGY AND COMMUNITY BENEFIT PLAN IS IN PLACE THAT ENCOMPASSES THE ACADEMIC MEDICAL CENTER DOWNTOWN INDIANAPOLIS, SUBURBAN INDIANAPOLIS AND STATEWIDE ENTITIES AROUND PRIORITY AREAS THAT FOCUS ON HEALTH IMPROVEMENT EFFORTS STATEWIDE.

IU HEALTH IS KEENLY AWARE OF THE POSITIVE IMPACT IT CAN HAVE ON THE COMMUNITIES OF NEED IN THE STATE OF INDIANA BY FOCUSING ON THE MOST PRESSING NEEDS IN A SYSTEMATIC AND STRATEGIC WAY. AFTER TAKING A CAREFUL LOOK INTO IU HEALTH'S COMMUNITIES WE SERVE, AND BY UTILIZING THE DETAILED COMMUNITY NEEDS ASSESSMENTS UNDERTAKEN BY PUBLIC HEALTH OFFICIALS AND COMMUNITY PARTNERS, IU HEALTH IDENTIFIED THE FOLLOWING COMMUNITY HEALTH NEEDS.

OBESITY PREVENTION

TO IMPROVE THE LIFESTYLE OF INDIANA RESIDENTS, IU HEALTH HAS UTILIZED BEST PRACTICE METHODS TO ATTACK OBESITY IN OUR COMMUNITIES. IU HEALTH IS WORKING TO IMPROVE ACCESS TO NUTRITIOUS FOODS AND PHYSICAL ACTIVITY IN

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LOW-INCOME NEIGHBORHOODS, IN ADDITION TO PROVIDING TRADITIONAL HEALTH EDUCATION AND PUBLIC ADVOCACY EFFORTS. WITH THESE INITIATIVES, IU HEALTH STRIVES TO PREVENT CHRONIC DISEASES SUCH AS OBESITY AND DIABETES AND INCREASE THE AWARENESS OF THE IMPORTANCE OF MAKING HEALTHY CHOICES, SINCE THIRTY-SIX PERCENT OF HOOSIER ADULTS ARE OVERWEIGHT AND 29.5% ARE OBESE, COSTING THE NATION BILLIONS OF DOLLARS EACH YEAR TO TREAT THESE CHRONIC HEALTH CONDITIONS.

GARDEN ON THE GO: YEAR-ROUND MOBILE PRODUCE DELIVERY PROGRAM, THAT AIMS TO INCREASE ACCESS TO AFFORDABLE, FRESH FRUITS & VEGETABLES FOR THE CITY'S MOST DISADVANTAGED NEIGHBORS. BY THE END OF DECEMBER 2011, GARDEN ON THE GO SERVED THOUSANDS OF INDIANAPOLIS COMMUNITY MEMBERS, REACHING A TOTAL OF 8281 RESIDENTS!

INDY URBAN ACRES: 8-ACRE ORGANIC URBAN FARM THAT SUPPLIES LOW-INCOME HOOSIERS WITH HEALTHY FRUITS AND VEGETABLES. PRODUCE GROWN AT THIS SITE IS GIVEN TO GLEANERS FOOD BANK. IN JUST TWO MONTHS OF HARVEST, MORE THAN 1400 POUNDS OF PRODUCE WAS GROWN ON .5 ACRES AND DELIVERED TO GLEANERS

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FOOD BANK.

RILEY SCHOOL GARDENS: IN AN EFFORT TO INCREASE ACCESS TO NUTRITIOUS FOODS AND REDUCE THE INCIDENCE OF OBESITY AMONG YOUTH, RILEY HOSPITAL FOR CHILDREN AT INDIANA UNIVERSITY HEALTH PARTNERED WITH KEEP INDIANAPOLIS BEAUTIFUL (KIB) AND INDIANAPOLIS PUBLIC SCHOOLS (IPS) TO ESTABLISH SCHOOL GARDENS AT 10 IPS SCHOOLS THROUGHOUT THE CITY.

IU HEALTH BUCKS: IU HEALTH BUCKS IS AN INCENTIVE PROGRAM DESIGNED TO INCREASE PRODUCE CONSUMPTION AMONG UNDERSERVED POPULATIONS USING STATE-ISSUED FARMERS MARKET VOUCHERS. PARTICIPANTS WHO SPENT THEIR STATE-ISSUED VOUCHERS AT THE NORTH UNITED METHODIST CHURCH FARMERS' MARKET IN INDIANAPOLIS RECEIVED ADDITIONAL IU HEALTH "MARKET MONEY" TO SPEND ON PRODUCE. 233 LOW-INCOME FAMILIES PARTICIPATED IN THE PILOT PROGRAM, SPENDING \$3,500 ON HEALTHY, LOCAL PRODUCE.

WALK INDIANA: IU HEALTH BALL MEMORIAL HOSPITAL CONTRIBUTES RESOURCES FOR THE IMPLEMENTATION OF A UNIQUE NON-COMPETITIVE WALKING MARATHON HELD IN

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MUNCIE, INDIANA. THE PROGRAM EMPHASIZES WALKING AS A LIFESTYLE CHOICE TO ENHANCE HEALTH AND FITNESS. COMMUNITY WALKING GROUPS WERE OFFERED DURING SPRING AND SUMMER MONTHS TO HELP COMMUNITY MEMBERS PREPARE FOR THE MAIN EVENT HELD IN SEPTEMBER. IU HEALTH BALL MEMORIAL STAFF MEMBERS PROVIDED FREE BLOOD PRESSURE SCREENINGS AND HEALTH INFORMATION AT EACH TRAINING SESSION. NEARLY 500 INDIVIDUALS PARTICIPATED IN THE WALK INDIANA EVENT IN SEPTEMBER, 2011.

ACCESS TO AFFORDABLE HEALTHCARE

ONE OF THE FIRST STEPS TO IMPROVED HEALTH OUTCOMES IS HAVING ACCESS TO HEALTHCARE RESOURCES. TO SHOW ITS COMMITMENT TO PROVIDING AFFORDABLE HEALTHCARE ACCESS, IU HEALTH TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH IS ALSO WORKING TO RAISE AWARENESS AND WORK TO IDENTIFY INDIVIDUALS WITHIN OUR COMMUNITIES THAT HAVE BARRIERS TO CARE AND CONNECT THESE INDIVIDUALS WITH BETTER ACCESS AND CONSISTENCY OF HEALTHCARE RESOURCES TO MEET THEIR NEEDS.

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INJURY PREVENTION

IU HEALTH STRIVES TO CREATE SAFE COMMUNITIES BY HELPING TO REDUCE PREVENTABLE INJURIES SUCH AS BICYCLE, MOTOR VEHICLE, AND FALL RELATED INJURIES, AS INJURIES ARE THE LEADING CAUSE OF DEATH FOR PEOPLE 1 - 44 YEARS OLD. THE CDC REPORTS 160,000 PEOPLE DIE AND 50 MILLION PEOPLE ARE INJURED EACH YEAR, COSTING OVER \$80 BILLION IN MEDICAL COSTS. IU HEALTH WORKS TO PROVIDE THE NECESSARY TOOLS, SUCH AS HELMETS AND EDUCATION TO COMMUNITIES OF NEED TO PREVENT INJURIES FOR YOUTH AND ADULTS. ADDITIONALLY, IU HEALTH SUPPORTS THE ADVOCACY OF POLICIES, SUCH AS THE TEXTING WHILE DRIVING BAN, TO HELP PROVIDE INFRASTRUCTURE TO INSTILL THE AWARENESS OF INJURY PREVENTION IN OUR COMMUNITIES.

BICYCLE HELMET SAFETY CAMPAIGN: OUTFITTED 4,042 CHILDREN STATEWIDE (AGES 6-14) WITH FREE, PROPERLY FITTED BICYCLE HELMETS AND PROVIDED BICYCLE SAFETY EDUCATION. THIS INITIATIVE RESULTED IN A 37% INCREASE IN HELMET USAGE POST-ACTIVATION.

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IU HEALTH CHILD PASSENGER SAFETY CAMPAIGN: ON NATIONAL SEAT CHECK
SATURDAY, IU HEALTH LAUNCHED A STATEWIDE CAMPAIGN TO DECREASE THE
INCIDENCE OF CHILDREN TRAVELING UNRESTRAINED OR RESTRAINED INCORRECTLY.
CPS TECHNICIANS DISTRIBUTED 122 FREE CAR SEATS AND FOUND THAT 85% OF THE
205 CAR SEATS INSPECTED WERE INSTALLED IMPROPERLY.

CICOA AGING AND IN-HOME SOLUTIONS: SAFE AT HOME EVENT - TARGETED
HOMEOWNERS OVER THE AGE OF 65 OR PERSONS OF ANY AGE WITH A DISABILITY TO
MAKE THEIR HOMES SAFE AND ACCESSIBLE FOR DAILY LIVING. VOLUNTEERS MADE
SAFETY MODIFICATIONS TO 22 HOMES INCLUDING SECURING GRAB BARS IN
BATHROOMS, INSTALLING HANDRAILS AND BANISTERS ON STEPS, REPAIRING STEPS,
AND INSTALLING COMFORT HEIGHT TOILETS.

K-12 EDUCATION

IN 2011, IU HEALTH PARTNERED WITH THE UNITED WAY TO IMPLEMENT A
KINDERGARTEN READINESS PROGRAM FOR AT-RISK CHILDREN CALLED KINDERGARTEN
COUNTDOWN. IU HEALTH'S SIGNIFICANT INVESTMENT IN THIS PROGRAM ALLOWED

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

HUNDREDS OF SOON-TO-BE STUDENTS TO RECEIVE NECESSARY VACCINATIONS AND SCREENINGS AS WELL AS ATTEND A 4-WEEK SUMMER CAMP TO ENHANCE THEIR SCHOOL READINESS. WITH IU HEALTH'S SUPPORT, THE PROGRAM WAS EXPANDED ACROSS THE IPS DISTRICT AND INTO 10 ADDITIONAL IU HEALTH COMMUNITIES, INCLUDING IU HEALTH BALL MEMORIAL HOSPITAL.

COMMUNITY REVITALIZATION

DURING IU HEALTH'S THIRD ANNUAL DAY OF SERVICE, 1,611 EMPLOYEES JOINED THE FIGHT AGAINST CHILDHOOD OBESITY BY INCREASING ACCESS TO ACTIVE PLACES TO PLAY AND FRESH NUTRITIOUS FOODS FOR LOW-INCOME SCHOOL CHILDREN ACROSS INDIANA. COMMUNITY ASSETS LEFT BEHIND AS A RESULT OF THE EVENT INCLUDED: 3 NEW SCHOOL PLAYGROUNDS, 12 IMPROVED SCHOOL PLAYGROUNDS, AND 5 SCHOOL GARDENS. OVER 65,000 HOOSIERS WERE POSITIVELY IMPACTED BY THE CONSTRUCTION OF NEW PLAYGROUNDS AND SAFETY IMPROVEMENTS MADE; CREATING SECURE & CONVENIENT PLACES FOR COMMUNITY MEMBERS TO PLAY AND BE ACTIVE.

ADDITIONALLY, IU HEALTH RECOGNIZES THAT IT CAN EXTEND ITS IMPACT FARTHER

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BY STRATEGICALLY SUPPORTING THE EFFORTS OF COMMUNITY PARTNERS WHO SHARE
IU HEALTH'S MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF OUR
NEIGHBORS AND OUR NEIGHBORHOODS. IN 2011, IU HEALTH DIRECTLY INVESTED IN
PARTNERS TO CARRY OUT SUCH DIVERSE ACTIVITIES AS DELIVERING LOW-COST
MEDICAL SERVICES, RAISING FUNDING FOR RESEARCH, AND PROVIDING HEALTH
EDUCATION.

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STATE FILING OF COMMUNITY BENEFIT REPORT

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