

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **INDIANA UNIVERSITY HEALTH TIPTON HOSPITAL, INC** Employer identification number **26-2772226**

**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	
b 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG to determine eligibility for providing discounted 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>1,025</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	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b 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.

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)			1,106,601.		1,106,601.	2.95%
b Medicaid (from Worksheet 3, column a)			2,984,939.	572,542.	2,412,397.	6.44%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			4,091,540.	572,542.	3,518,998.	9.39%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)			226,790.	60.	226,730.	.61%
f Health professions education (from Worksheet 5)			199,841.	0.	199,841.	.53%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			72.	0.	72.	.00%
j Total Other Benefits			426,703.	60.	426,643.	1.14%
k Total. Add lines 7d and 7j			4,518,243.	572,602.	3,945,641.	10.53%





**INDIANA UNIVERSITY HEALTH TIPTON  
HOSPITAL, INC**

**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 TIPTON HOSPITAL

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

	Yes	No
<b>Community Health Needs Assessment</b> (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	1	
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
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 ____		
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?	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
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	
<b>Financial Assistance Policy</b>		
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?	9	X
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

**INDIANA UNIVERSITY HEALTH TIPTON  
HOSPITAL, INC**

**Part V Facility Information** (continued) **IU HEALTH TIPTON HOSPITAL**

	10	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted</i> care? ..... If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>450</u> % If "No," explain in Part VI the criteria the hospital facility used.	10	X	
<b>11</b> Explained the basis for calculating amounts charged to patients? ..... If "Yes," indicate the factors used in determining such amounts (check all that apply):	11	X	
a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input 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 checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)			
<b>12</b> Explained the method for applying for financial assistance? .....	12	X	
<b>13</b> 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):	13	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 type="checkbox"/> Other (describe in Part VI)			

**Billing and Collections**

<b>14</b> 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? .....	14	X	
<b>15</b> 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 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)			
<b>16</b> 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:	16		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)			
<b>17</b> 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 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 hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: THE ORGANIZATION PROVIDES DISCOUNTED CARE FOR  
INDIVIDUALS ON A GRADUATED SCHEDULE BASED THE FEDERAL POVERTY GUIDELINES.

PART I, LINE 6A: IU HEALTH TIPTON HOSPITAL, INC.'S COMMUNITY BENEFIT  
REPORT IS INCLUDED AS PART OF INDIANA UNIVERSITY HEALTH INC.'S (IU HEALTH)  
COMMUNITY BENEFIT REPORT, WHICH IS MADE AVAILABLE TO THE PUBLIC ON IU  
HEALTH'S WEBSITE. THE COMMUNITY BENEFIT REPORT IS ALSO MAILED TO VARIOUS  
ORGANIZATIONS THROUGHOUT THE STATE OF INDIANA.

PART I, LINE 7G: IU HEALTH TIPTON HOSPITAL DOES NOT INCLUDE ANY COSTS  
ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES.

PART I, LN 7 COL(F): THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX,  
LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE  
PERCENTAGE IN COLUMN (F) IS \$3,516,141.

PART III, LINE 4: THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS 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 COLLECTIONS INDICATORS. PERIODICALLY, MANAGEMENT

**Part VI Supplemental Information**

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 COLLECTIONS 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, IU HEALTH FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTIONS AGENCIES. PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTIONS AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF IU HEALTH TIPTON HOSPITAL AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES OF IU HEALTH TIPTON HOSPITAL.

THE BAD DEBT EXPENSE REPORTED ON LINE 2 IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. IU HEALTH TIPTON HOSPITAL 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 TIPTON HOSPITAL 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.

PART III, LINE 8: THE EXCESS MEDICARE REIMBURSEMENT REPORTED ON SCHEDULE H, PART III, LINE 7 IS CALCULATED IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM IU HEALTH TIPTON HOSPITAL'S MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH TIPTON

**Part VI** Supplemental Information

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

PART III, LINE 9B: IF A PATIENT CANNOT SATISFY STANDARD PAYMENT EXPECTATIONS, A FINANCIAL ASSISTANCE SCREENING PROCESS FOR ALTERNATIVE SOURCES OF BALANCE RESOLUTION IS COMPLETED. THOSE RESOURCES 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 IU HEALTH TIPTON HOSPITAL, IU HEALTH TIPTON HOSPITAL WILL WAIVE CHARGES AND TREAT THE COST OF SERVICES AS CHARITY CARE.

PART VI, LINE 2: THE HEALTH OF INDIVIDUALS AND COMMUNITIES IS INFLUENCED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS BEYOND HOSPITAL WALLS. AFTER ANALYZING COMMUNITY NEEDS ASSESSMENTS FROM VARIOUS ORGANIZATIONS INCLUDING: THE COUNTY HEALTH DEPARTMENTS, INDIANA STATE DEPARTMENT OF HEALTH, CENTERS FOR DISEASE CONTROL AND PREVENTION AND UNITED WAY OF CENTRAL INDIANA, INDIANA UNIVERSITY HEALTH IDENTIFIED AND COMMITTED TO THE FOLLOWING COMMUNITY HEALTH OUTREACH PRIORITIES.

- OBESITY PREVENTION
- ACCESS TO AFFORDABLE HEALTHCARE
- INJURY PREVENTION

**Part VI** Supplemental Information

PART VI, LINE 3: IU HEALTH TIPTON HOSPITAL TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. HELPING PATIENTS UNDERSTAND THE FINANCIAL RESPONSIBILITIES ACCOMPANYING THEIR CARE IS PART OF IU HEALTH TIPTON HOSPITAL'S COMMITMENT TO ITS MISSION. IU HEALTH TIPTON HOSPITAL'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. IU HEALTH TIPTON HOSPITAL SHARES FINANCIAL ASSISTANCE INFORMATION WITH PATIENTS DURING THE ADMISSIONS AND BILLING PROCESSES.

DURING THE ADMISSIONS PROCESS, OPPORTUNITIES FOR FINANCIAL ASSISTANCE ARE DISCUSSED WITH PATIENTS IF THE PATIENT SELF-PAYS OR REQUESTS ASSISTANCE. THE PATIENT IS ALSO PROVIDED WITH AN ADMISSION PACKET WHICH STATES THAT IU HEALTH TIPTON HOSPITAL HAS FINANCIAL COUNSELORS AT THE HOSPITAL DEDICATED TO ASSISTING FINANCIAL CONCERNS OR QUESTIONS. FINANCIAL COUNSELORS CAN HELP PATIENTS UNDERSTAND THEIR BILLS, EXPLAIN WHAT THEY CAN EXPECT DURING THE BILLING PROCESS, ACCEPT PAYMENT, APPLY FOR FINANCIAL ASSISTANCE (IF NEEDED), UPDATE THEIR INSURANCE OR PAYOR INFORMATION, AND UPDATE THEIR ADDRESS OR OTHER DEMOGRAPHIC INFORMATION.

THE FINANCIAL ASSISTANCE POLICY, INCLUDING THE APPLICATION TO PARTICIPATE IN THE CHARITY CARE PROGRAM IS MAILED TO ALL UNINSURED IU HEALTH TIPTON HOSPITAL PATIENTS/GUARANTORS AT THE CONCLUSION OF THEIR TREATMENT ALONG WITH A SUMMARY OF THE INCURRED CHARGES. ALSO INCLUDED 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.

AT IU HEALTH TIPTON HOSPITAL, CHARITY CARE IS AVAILABLE TO ALL PATIENTS

**Part VI Supplemental Information**

LIVING AT OR BELOW 150 PERCENT OF THE FEDERAL POVERTY GUIDELINES. ANY PATIENT OF LIMITED MEANS MAY APPLY FOR SUPPORT OR IS PROVIDED SUPPORT FOR THE COST OF THEIR CARE, WITH ADJUSTMENTS TO BILLS. THE IU HEALTH TIPTON HOSPITAL FINANCIAL ASSISTANCE COMMITTEE MEETS REGULARLY TO REVIEW CAUSES OF NEED AND TO CONSIDER UNIQUE CIRCUMSTANCES. PATIENTS ARE GUIDED THROUGH THEIR COURSE OF CARE WITH PARTICULAR SENSITIVITY, REVIEWING CHANGING CIRCUMSTANCES AND ALLOWING FOR FINANCIAL ASSISTANCE AT ANY POINT DURING THE COURSE OF TREATMENT. FOR THOSE INPATIENTS THAT MAY QUALIFY FOR THE MEDICAID PROGRAM AND HAVE NOT APPLIED, IU HEALTH TIPTON HOSPITAL EMPLOYEES WILL ASSIST PATIENTS WITH MEDICAID APPLICATION.

PART VI, LINE 4: IU HEALTH TIPTON HOSPITAL SERVES THE GEOGRAPHIC AREA INCLUDING TIPTON COUNTY, INDIANA AND THE IMMEDIATE SURROUNDING AREA. IU HEALTH TIPTON HOSPITAL MONITORS AND CLASSIFIES ITS INPATIENT CASES BY AGE, GENDER, AND RACE. OVERALL, 59.15% AND 40.85% OF ALL IU HEALTH TIPTON HOSPITAL INPATIENTS WERE FEMALE AND MALE, RESPECTIVELY. IN ADDITION, THE RACE OF IU HEALTH TIPTON HOSPITAL INPATIENTS WAS WHITE (98.89%), HISPANIC (0.89%), OTHER (0.15%), AND BLACK (.07%). ADDITIONALLY, 71.61% OF THE INPATIENT CASES IN 2011 WERE COVERED BY GOVERNMENT SPONSORED HEALTH CARE PLANS (MEDICARE (68.79%), MEDICAID (2.67%), AND OTHER (0.15%)).

PART VI, LINE 6: INDIANA UNIVERSITY HEALTH CONTINUES TO BROADEN ITS REACH AND POSITIVE IMPACT THROUGHOUT THE STATE OF INDIANA. INDIANA UNIVERSITY 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

**Part VI Supplemental Information**

INDIANA AND BEYOND.

A COLLABORATIVE PARTNERSHIP WITH INDIANA UNIVERSITY 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.

IU HEALTH 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 SAXONY HOSPITAL, IU HEALTH BALL MEMORIAL, 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, IU HEALTH GOSHEN HOSPITAL, IU HEALTH ARNETT HOSPITAL, IU HEALTH MORGAN HOSPITAL, AND IU HEALTH WHITE HOSPITAL.

ALTHOUGH EACH IU HEALTH 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 THREE-PRONG COMMUNITY 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

**Part VI Supplemental Information**

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:**

AMONG LEADING CONCERNS FACING HOOSIERS IS THE ALARMING INCREASE IN OBESITY. ACCORDING TO AN ANNUAL REPORT FROM THE TRUST FOR AMERICA'S HEALTH AND THE ROBERT WOOD JOHNSON FOUNDATION, INDIANA IS RANKED THE 16TH MOST OBESE STATE IN THE UNITED STATES. NEARLY 30 PERCENT OF HOOSIER CHILDREN AND 65 PERCENT OF ADULTS ARE OVERWEIGHT OR OBESE. THIS MEANS THAT ONE IN FOUR INDIANA RESIDENTS, OR ROUGHLY 1.7 MILLION, ARE AT RISK FOR DEVELOPING CHRONIC DISEASES LIKE HEART DISEASE AND TYPE 2 DIABETES; CONDITIONS THAT CAN BE PREVENTED.

TO HELP COMBAT THIS EPIDEMIC, IU HEALTH CREATED MORE OPPORTUNITIES FOR PHYSICAL ACTIVITY AND BROUGHT NUTRITIOUS FOODS TO HIGH-POVERTY, LOW-ACCESS COMMUNITIES.

- IU HEALTH PERFORMED OVER 5,000 DIABETES RISK ASSESSMENTS TO IDENTIFY HOOSIERS AT RISK FOR DEVELOPING TYPE 2 DIABETES. OVER 2,000 INDIVIDUALS WERE REFERRED FOR FOLLOW-UP CARE AT LOCAL IU HEALTH DIABETES CENTERS.

- IU HEALTH EMPLOYEES WORKED TO IMPROVE ACCESS TO HEALTHY FOOD AND SAFE PLACES FOR PHYSICAL ACTIVITY DURING ITS 2011 DAY OF COMMUNITY SERVICE. MORE THAN 1,000 EMPLOYEES BUILT THREE COMMUNITY GARDENS, ENHANCED 13 COMMUNITY PARKS AND BUILT A 2,500 SQUARE FOOT KABOOM! PLAYGROUND IN COMMUNITIES ACROSS INDIANA.

**ACCESS TO AFFORDABLE HEALTHCARE:**

**Part VI Supplemental Information**

IN RECENT YEARS, THE PERCENTAGE OF UNINSURED INDIVIDUALS UNDER 65 IN INDIANA HAS INCREASED FROM 10 TO 13 PERCENT. ON ANY GIVEN DAY, MORE THAN 550,000 HOOSIERS ARE WITHOUT HEALTH INSURANCE. IN ACCORDANCE WITH ITS MISSION, IU HEALTH DELIVERS PATIENT CARE TO THOSE WHO NEED IT MOST, REGARDLESS OF THEIR ABILITY TO PAY. IN 2011, IU HEALTH PROVIDED FREE OR REDUCED-COST CARE TO LOW-INCOME INDIVIDUALS AND INCREASED ACCESS TO AFFORDABLE HEALTHCARE, SPECIFICALLY FOR UNDERSERVED POPULATIONS.

INJURY PREVENTION:

ACCIDENTS AND UNINTENTIONAL INJURIES ARE THE LEADING CAUSE OF DEATH FOR INDIVIDUALS AGE 1-44. TO KEEP COMMUNITIES SAFE, IU HEALTH PROVIDED EDUCATION AND PROGRAMMING TO RESIDENTS ACROSS INDIANA ON PROPER CHILD PASSENGER SAFETY, BICYCLE AND PEDESTRIAN SAFETY AND FALLS PREVENTION.

- AT THE RILEY SAFETY STORE IN TIPTON, CHILD PASSENGER SAFETY TECHNICIANS INSPECTED INFANT AND CHILD CAR SEATS AT NO COST. DURING THE 45-MINUTE CHECKUPS, TECHNICIANS ENSURED THAT SEATS WERE CORRECTLY INSTALLED AND APPROPRIATE FOR THE CHILD'S AGE, SIZE AND WEIGHT. THROUGHOUT THE YEAR, SPECIAL EVENTS PROVIDED FREE CAR SEATS TO FAMILIES IN NEED.

- THE RILEY HOSPITAL FOR CHILDREN SAFETY STORE AT IU HEALTH TIPTON HOSPITAL ALSO OFFERS LOW-COST INJURY PREVENTION PRODUCTS AND SAFETY INFORMATION FOR FAMILIES AND CHILDREN, INCLUDING BIKE HELMETS, CABINET LOCKS, OUTLET COVERS, LIFE JACKETS AND WINDOW CORD WRAPS.

ADDITIONALLY, IU HEALTH TIPTON HOSPITAL OFFERED AN EDUCATIONAL PROGRAM ON NUTRITION AND COLON CANCER AWARENESS. A CANCER PREVENTION SPECIALIST WITH IU HEALTH METHODIST HOSPITAL CANCER CENTER EDUCATED THE GROUP ON RISK FACTORS AND THE VALUE OF EARLY DETECTION.

- THE IU HEALTH DIGESTIVE DISEASE CENTER PROVIDED FREE STOOL TESTING KITS

**Part VI Supplemental Information**

FOR COLORECTAL CANCER TO QUALIFYING PARTICIPANTS TO AID IN EARLY  
DETECTION.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

IN