

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2012

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 ARNETT, INC.**
Employer identification number: **26-3162145**

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) as a factor in determining 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 as a factor in determining 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 used factors other than FPG in determining 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, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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	

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)		21335	11,380,897.		11,380,897.	3.23
b Medicaid (from Worksheet 3, column a)		67395	39,041,584.	27,015,721.	12,025,863.	3.41
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		88730	50,422,481.	27,015,721.	23,406,760.	6.64
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	12	7232	94,883.		94,883.	.03
f Health professions education (from Worksheet 5)	4	874	944,714.	4,550.	940,164.	.27
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	12257	308,345.		308,345.	.09
j Total. Other Benefits	22	20363	1,347,942.	4,550.	1,343,392.	.39
k Total. Add lines 7d and 7j.	22	109093	51,770,423.	27,020,271.	24,750,152.	7.03

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 Economic development						
3 Community support	1	438	23,339.		23,339.	.01
4 Environmental improvements	1	27	3,951.		3,951.	
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1		360.		360.	
8 Workforce development						
9 Other						
10 Total	3	465	27,650.		27,650.	.01

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	9,157,560.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	63,209,558.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	86,040,032.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-22,830,474.
8 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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, and primary website address

1 IU HEALTH ARNETT HOSPITAL
 5165 MCCARTY LANE
 LAFAYETTE IN 47905
 WWW.IUHEALTH.ORG/ARNETT/

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group IU HEALTH ARNETT HOSPITAL

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 8c.

Part V Facility Information (continued)

Financial Assistance Policy IU HEALTH ARNETT HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> 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.	X	
11	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>6</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
12	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)		
13	Explained the method for applying for financial assistance?	X	
14	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 checked="" 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

15	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	
16	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)		
17	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)		

Part V Facility Information (continued) IU HEALTH ARNETT HOSPITAL

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 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?
If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

	Yes	No
19	X	

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP- eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

20		X

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

21		X

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? 25

Name and address	Type of Facility (describe)
1 IU HEALTH ARNETT - NORTH 2600 GREENBUSH STREET LAFAYETTE IN 47904	PHYSICIAN OFFICE URGENT CARE CENTER
2 IU HEALTH ARNETT IMAGING CENTER 2403 LOY DR LAFAYETTE IN 47909	DIAGNOSTIC CENTER
3 IU HEALTH ARNETT CANCER CARE CENTER 420 N 26TH STREET LAFAYETTE IN 47904	PHYSICIAN OFFICE
4 IU HEALTH ARNETT - FERRY 2600 FERRY STREET LAFAYETTE IN 47904	PHYSICIAN OFFICE
5 IU HEALTH ARNETT - SALEM 1500 SALEM STREET LAFAYETTE IN 47904	PHYSICIAN OFFICE
6 IU HEALTH ARNETT CARDIOLOGY 1116 N 16TH STREET LAFAYETTE IN 47904	PHYSICIAN OFFICE
7 IU HEALTH ARNETT HORIZON ONCOLOGY 1345 UNITY PL STE 345 LAFAYETTE IN 47905	PHYSICIAN OFFICE
8 IU HEALTH ARNETT PHYSICIANS - WEST LAFAY 2995 SALISBURY STREET WEST LAFAYETTE IN 47906	PHYSICIAN OFFICE URGENT CARE CENTER
9 IU HEALTH ARNETT GYNECOLOGY 904 SOUTH ST LAFAYETTE IN 47901	PHYSICIAN OFFICE
10 IU HEALTH ARNETT PHYSICIANS - FRANKFORT 550 S HOKE AVE FRANKFORT IN 46041	PHYSICIAN OFFICE

Schedule H (Form 990) 2012

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 ARNETT OCCUPATIONAL HLTH SRVCS 810 S 6TH ST STE A MONTICELLO IN 47960	PHYSICIAN OFFICE
2 IU HEALTH ARNETT PHYSICIANS 1 WALTER SCHOLER DR LAFAYETTE IN 47909	PHYSICIAN OFFICE URGENT CARE CENTER
3 IU HEALTH ARNETT PAIN MEDICINE 415 N 26TH STREET LAFAYETTE IN 47904	PHYSICIAN OFFICE
4 IU HEALTH ARNETT NEPHROLOGY 915 MEZZANINE LAFAYETTE IN 47905	PHYSICIAN OFFICE
5 IU HEALTH ARNETT OBSTETRICS & GYNECOLOGY 938 MEZZANINE LAFAYETTE IN 47905	PHYSICIAN OFFICE
6 IU HEALTH ARNETT FAMILY MEDICINE - FERRY 2800 FERRY STREET LAFAYETTE IN 47904	PHYSICIAN OFFICE
7 IU HEALTH ARNETT PHYSICIANS - CARROLL 104 S HOWARD DR FLORA IN 46929	PHYSICIAN OFFICE
8 IU HEALTH ARNETT PHYSICIANS - MONTICELLO 720 S 6TH ST MONTICELLO IN 47960	PHYSICIAN OFFICE
9 IU HEALTH ARNETT PHYSICIANS - DELPHI 651 ARMORY RD DELPHI IN 46923	PHYSICIAN OFFICE
10 IU HEALTH ARNETT PHYSICIANS - OTTERBEIN 407 N MEADOW ST OTTERBEIN IN 47970	PHYSICIAN OFFICE

Schedule H (Form 990) 2012

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 ARNETT PHYSICIANS - ROSSVILLE 14 S PLANK ST ROSSVILLE IN 46065	PHYSICIAN OFFICE
2 IU HEALTH ARNETT REHABILITATION 2601 FERRY STREET LAFAYETTE IN 47904	REHABILITATION CLINIC
3 IU HEALTH ARNETT PHYSICIANS - FLORA 203 DIVISION ST FLORA IN 46929	PHYSICIAN OFFICE
4 IU HEALTH ARNETT OCCUPATIONAL HLTH SRVCS 3746 ROME DRIVE LAFAYETTE IN 46905	OCCUPATIONAL THERAPY
5 IU HEALTH ARNETT SLEEP LAB CASCADE CTR 3900 MCCARTHY LN STE 101 LAFAYETTE IN 47905	DIAGNOSTIC CENTER
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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

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 ARNETT, INC.'S ("IU HEALTH ARNETT") COMMUNITY BENEFITS AND INVESTMENTS ARE INCLUDED IN THE INDIANA UNIVERSITY HEALTH ("IU HEALTH") COMMUNITY BENEFIT REPORT WHICH IS MADE AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT WWW.IUHEALTH.ORG/GETSTRONG. 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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

LINE 7G - SUBSIDIZED HEALTH SERVICES

INDIANA UNIVERSITY HEALTH ARNETT, INC. DOES NOT INCLUDE ANY COSTS

ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES.

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 \$28,635,272.

THE BAD DEBT EXPENSE OF \$9,157,560 ON SCHEDULE H, PART III, LINE 2 IS REPORTED AT COST.

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

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

14.69%.

SCHEDULE H, PART II - COMMUNITY BUILDING ACTIVITIES

PROMOTION OF HEALTH IN COMMUNITIES SERVED

IU HEALTH ARNETT PARTICIPATED IN A VARIETY OF COMMUNITY-BUILDING

ACTIVITIES THAT ADDRESS THE UNDERLYING QUALITY OF LIFE IN THE COMMUNITIES

IT SERVES. IU HEALTH AS A STATEWIDE HEALTHCARE SYSTEM INVESTED IN

ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE COLLABORATED WITH

LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND

ADVOCATED FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE

POPULATIONS.

IU HEALTH CONTRIBUTED NEARLY \$2 MILLION TO COMMUNITY-BUILDING ACTIVITIES

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

IN 2012, SERVING OVER 52,600 PEOPLE STATEWIDE. LOCALLY, IU HEALTH ARNETT HOSPITAL INVESTED OVER \$27,000 IN COMMUNITY-BUILDING ACTIVITIES BY PROVIDING INVESTMENTS AND RESOURCES TO LOCAL COMMUNITY INITIATIVES THAT ADDRESSED ECONOMIC DEVELOPMENT, COMMUNITY HEALTH IMPROVEMENT AND WORKFORCE DEVELOPMENT. A FEW EXAMPLES OF OUTREACH ACTIVITIES: 1) PARTICIPATING IN OUR LOCAL UNITED WAY'S READ TO SUCCEED CHILD MENTORING PROGRAM AND 2) HABITAT FOR HUMANITY.

ADDITIONALLY, THROUGH IU HEALTH'S TEAM MEMBER COMMUNITY BENEFIT SERVICE PROGRAM, STRENGTH THAT CARES, TEAM MEMBERS ACROSS THE STATE MADE A DIFFERENCE IN THE LIVES OF THOUSANDS OF HOOSIERS. IN 2012, TEAM MEMBERS:

- BUILT 25 HABITAT FOR HUMANITY HOME PANELS THROUGHOUT INDIANA. THREE OF THOSE HOMES WERE GIVEN TO VICTIMS OF THE HENRYVILLE, IND., TORNADO.
- IMPACTED THE LIVES OF JUST OVER 400 AT-RISK CHILDREN BY SERVING AS CAMP OR READING BUDDIES IN IU HEALTH'S KINDERGARTEN COUNTDOWN PROGRAM TO PREPARE AT-RISK CHILDREN FOR THEIR FIRST DAY OF KINDERGARTEN.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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SCHEDULE H, PART III - BAD DEBT, MEDICARE, & COLLECTION PRACTICES

LINE 4 - BAD DEBT EXPENSE

INDIANA UNIVERSITY HEALTH ARNETT, INC. ("IU HEALTH ARNETT") IS INCLUDED IN THE CONSOLIDATED AUDIT REPORT PREPARED FOR INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH").

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, THE IU HEALTH SYSTEM FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT

Part VI Supplemental Information

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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 THE IU HEALTH SYSTEM AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES OF THE IU HEALTH SYSTEM.

THE BAD DEBT EXPENSE REPORTED ON LINE 2 IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. IU HEALTH ARNETT 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 ARNETT 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 VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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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 ARNETT, INC.'S ("IU HEALTH ARNETT") MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH ARNETT'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 ARNETT'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.

IU HEALTH ARNETT'S MEDICARE SHORTFALL IS ATTRIBUTABLE TO REIMBURSEMENTS THAT ARE LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO

Part VI Supplemental Information

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MEDICARE BENEFICIARIES AND DOES NOT INCLUDE ANY AMOUNTS THAT RESULT FROM INEFFICIENCIES OR POOR MANAGEMENT. IU HEALTH ARNETT 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 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, FINANCIAL ASSISTANCE SCREENING FOR ALTERNATIVE SOURCES OF BALANCE RESOLUTION ARE COMPLETED. THOSE RESOLUTIONS MAY INCLUDE: A DISCOUNT ON CHARGES; MEDICAID

Part VI Supplemental Information

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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 ARNETT, INC. ("IU HEALTH ARNETT"), IU HEALTH ARNETT WILL WAIVE CHARGES AND TREAT THE COSTS OF SERVICES AS CHARITY CARE.

SCHEDULE H, PART VI - SUPPLEMENT INFORMATION

LINE 2 - NEEDS ASSESSMENT

COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. INDIANA UNIVERSITY HEALTH ARNETT, INC. ("IU HEALTH ARNETT") 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 ARNETT ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY UTILIZING THE DETAILED COMMUNITY NEEDS ASSESSMENTS UNDERTAKEN BY ORGANIZATIONS SUCH AS THE TIPPECANOE COUNTY HEALTH DEPARTMENT, THE

Part VI Supplemental Information

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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 ARNETT, INC. ("IU HEALTH ARNETT") GOES TO GREAT LENGTHS TO ENSURE PATIENTS KNOW THAT IU HEALTH ARNETT TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH ARNETT SHARES FINANCIAL ASSISTANCE INFORMATION 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 ARNETT'S COMMITMENT TO ITS MISSION. IU HEALTH ARNETT'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 UNINSURED, OR REQUESTS

Part VI Supplemental Information

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ASSISTANCE INFORMATION. THE PATIENT IS ALSO PROVIDED WITH AN ADMISSIONS PACKET THAT PROVIDES INFORMATION REGARDING IU HEALTH ARNETT'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.

A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS PRINTED ON THE BACK OF EACH PATIENT STATEMENT. THE FINANCIAL ASSISTANCE APPLICATION IS MAILED TO ALL UNINSURED IU HEALTH ARNETT 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.

Part VI Supplemental Information

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

THE IU HEALTH ARNETT FINANCIAL ASSISTANCE POLICY PROVIDES THE FOLLOWING SUPPORT 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

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

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SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 4 - COMMUNITY INFORMATION

INDIANA UNIVERSITY HEALTH ARNETT, INC. ("IU HEALTH ARNETT") IS PRIMARILY LOCATED IN TIPPECANOE COUNTY BUT ALSO HAS MEDICAL OFFICES AND SERVES PATIENTS IN BENTON, CARROLL, CLINTON, AND WHITE COUNTIES.

TIPPECANOE COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF BATTLE GROUND, CLARKS HILL, DAYTON, LAFAYETTE, ROMNEY, WEST LAFAYETTE AND WEST POINT. BASED ON THE MOST RECENT CENSUS BUREAU (2012) STATISTICS, TIPPECANOE COUNTY'S POPULATION IS 177,513 PERSONS WITH APPROXIMATELY 49% BEING FEMALE AND 51% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 86.6% WHITE, 7.8% HISPANIC OR LATINO, 6.5% ASIAN, 4.6% BLACK, 0.4% AMERICAN INDIAN OR ALASKA NATIVE, AND 1.9% PERSONS REPORTING TWO OR MORE RACES.

TIPPECANOE COUNTY HAS RELATIVELY MODERATE LEVELS OF EDUCATIONAL ATTAINMENT. THE LEVEL OF EDUCATION MOST OF THE POPULATION HAS ACHIEVED IS A HIGH SCHOOL DEGREE (90.5%). AS OF 2011, 35.8% OF THE POPULATION HAD A

Part VI Supplemental Information

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BACHELOR'S DEGREE OR HIGHER.

SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 5 - PROMOTION OF COMMUNITY HEALTH

INDIANA UNIVERSITY HEALTH ARNETT, INC. ("IU HEALTH ARNETT") IS AN AFFILIATE OF INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH"), A TAX-EXEMPT HOSPITAL, WHOSE BOARD OF DIRECTORS IS COMPOSED OF MEMBERS, OF WHICH SUBSTANTIALLY ALL ARE INDEPENDENT COMMUNITY MEMBERS. IU HEALTH ARNETT ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY. ADDITIONALLY, IU HEALTH ARNETT INVESTS IN THE COMMUNITY TO IMPROVE THE QUALITY OF THE HEALTH OF THE COMMUNITY MEMBERS. IU HEALTH ARNETT IS COMMITTED TO PROVIDING OUR YOUTH WITH A PREEMINENT FACILITY TO LEARN FROM TOP PHYSICIANS AND OTHER CLINICAL STAFF. SEVERAL COMMUNITY BENEFIT HIGHLIGHTS ARE DESCRIBED BELOW.

IU HEALTH ARNETT HOSPITAL HOSTED A HEALTH AND SAFETY FAIR ATTENDED BY

Part VI Supplemental Information

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APPROXIMATELY 400 LOCAL RESIDENTS. PARTICIPANTS TOOK ADVANTAGE OF FREE BIKE HELMET GIVEAWAYS, AND APPROXIMATELY 100 PEOPLE RECEIVED FREE CHILD IDENTIFICATION BANDS. EIGHTY PEOPLE BENEFITED FROM COMPLIMENTARY BLOOD PRESSURE AND CHOLESTEROL SCREENINGS WITH 33 PEOPLE IDENTIFIED AS HIGH RISK AND REFERRED FOR FURTHER EVALUATION.

ADDITIONALLY, CHILD PASSENGER SAFETY TECHNICIANS AT IU HEALTH ARNETT HOSPITAL IN LAFAYETTE OFFERED FREE INSPECTIONS OF INFANT AND CHILD CAR SEATS. DURING THE 30-MINUTE CHECKUPS, TECHNICIANS ENSURED THAT SEATS WERE APPROPRIATE AND CORRECTLY INSTALLED FOR THEIR CHILD'S AGE, SIZE AND WEIGHT, MAKING RECOMMENDATIONS FOR POOR-FITTING SEATS. IU HEALTH ARNETT HOSPITAL COMPLETED 1,039 FREE CAR SEAT CHECKS IN 2012. THIS RESULTED IN APPROXIMATELY 520 HOURS OF TEAM MEMBERS' TIME TO HELP ENSURE CHILDREN ARE PROPERLY SECURED WHEN TRAVELING IN CARS.

IN JUNE 2012, IU HEALTH ARNETT DONATED \$2,500 TO THE AMERICAN CANCER SOCIETY'S ("ACS") RELAY FOR LIFE IN TIPPECANOE COUNTY. TEAM IU HEALTH

Part VI Supplemental Information

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ARNETT INCLUDED APPROXIMATELY 100 MEMBERS AND RAISED MORE THAN \$500. IU

HEALTH ARNETT'S DONATION OF \$2,500 WAS USED TO CARRY OUT THE ACS' MISSION

OF ELIMINATING CANCER AS A MAJOR HEALTH PROBLEM.

THE HOSPITAL ALSO DONATED MORE THAN \$100,000 TO NON-PROFIT COMMUNITY ORGANIZATIONS IN 2012. SOME OF THE GROUPS INCLUDED THE LAFAYETTE MEDICAL EDUCATION FOUNDATION, THE UNITED WAY OF GREATER LAFAYETTE, THE INDIANA BLOOD CENTER BONE MARROW REGISTRY, AND THE AMERICAN HEART ASSOCIATION.

SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 6 - AFFILIATED HEALTH CARE SYSTEM

INDIANA UNIVERSITY HEALTH ARNETT, INC. IS PART OF THE INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH") STATEWIDE HEALTHCARE SYSTEM WHICH CONTINUES TO BROADEN ITS REACH AND POSITIVE IMPACT THROUGHOUT THE STATE OF INDIANA. 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

Part VI Supplemental Information

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TREATMENTS AND THERAPIES. IU HEALTH IS COMPRISED OF HOSPITALS, PHYSICIANS AND ALLIED SERVICES DEDICATED TO PROVIDING PREEMINENT CARE THROUGHOUT INDIANA AND BEYOND.

IU HEALTH ARNETT IS A PART OF THE IU HEALTH STATEWIDE HEALTHCARE SYSTEM WHICH CONTINUES TO BROADEN ITS REACH AND POSITIVE IMPACT THROUGHOUT THE STATE OF INDIANA. IU HEALTH IS INDIANA'S MOST COMPREHENSIVE ACADEMIC MEDICAL CENTER AND 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, 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 MORGAN, IU HEALTH WHITE, AND IU HEALTH GOSHEN HOSPITAL.

ALTHOUGH EACH IU HEALTH HOSPITAL PREPARES AND SUBMITS ITS OWN COMMUNITY

Part VI Supplemental Information

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BENEFITS PLAN RELATIVE TO THE LOCAL COMMUNITY, IU HEALTH ARNETT CONSIDERS ITS COMMUNITY BENEFIT PLAN AS PART OF AN OVERALL VISION FOR STRENGTHENING INDIANA'S OVERALL HEALTH. A COMPREHENSIVE 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 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 FOR 2012.

OBESITY PREVENTION

TO IMPROVE THE LIFESTYLE OF INDIANA RESIDENTS, IU HEALTH HAS UTILIZED

Part VI Supplemental Information

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BEST PRACTICE METHODS TO ATTACK OBESITY IN OUR COMMUNITIES. IU HEALTH IS WORKING TO IMPROVE ACCESS TO NUTRITIOUS FOODS AND PHYSICAL ACTIVITY IN 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 NATIONS 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. GARDEN ON THE GO® REPORTED 18,998 TRANSACTIONS TO THOUSANDS OF COMMUNITY MEMBERS IN UNDERSERVED NEIGHBORHOODS ACROSS MARION COUNTY IN 2012. FOR JUST \$7, GARDEN ON THE GO® SHOPPERS CAN PURCHASE ONE POUND OF GREEN BEANS, ONE POUND OF BANANAS, ONE POUND OF TOMATOES, THREE POUNDS OF POTATOES, A BUNCH OF GREENS, A HEAD OF LETTUCE, A COUPLE OF APPLES AND A COUPLE OF ORANGES. IN 2012,

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GARDEN ON THE GO® RECEIVED THE INDIANA STATE HEALTH COMMISSIONER AWARD FOR EXCELLENCE IN PUBLIC HEALTH. THE AWARD IS GIVEN TO PROGRAMS THAT CONTRIBUTE TO PROMOTING, PROTECTING AND PROVIDING FOR THE HEALTH OF THE PEOPLE OF INDIANA.

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 2012, 1,000 PEOPLE BENEFITED FROM INDY URBAN ACRES PRODUCE. THE AMOUNT OF FRUITS AND VEGETABLES GENERATED BY THE FARM AND DONATED TO GLEANERS TOTALED 35,619 POUNDS. TO LEARN ABOUT GARDENING AND THE IMPORTANCE OF GOOD NUTRITION, 1,000 CHILDREN FROM THE INDY PARKS SUMMER PROGRAM VISITED INDY URBAN ACRES IN 2012. THE FOOD PANTRY AT IPS #14 SERVES 40-50 FAMILIES EACH WEEK. THE PRODUCE FROM INDY URBAN ACRES HELPS PROVIDE FRESH FRUITS AND VEGETABLES AND EXPAND THE PANTRY'S FOOD SUPPLY, MAKING IT POSSIBLE TO BETTER SERVE EVERYONE WHO VISITS EACH WEEK. FOOD PANTRY PATRONS ENJOY SHARING THEIR RECIPES OF DISHES THAT USE FRESH PRODUCE.

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POWER OVER POUNDS: IU HEALTH ARNETT PROVIDES A PROGRAM CALLED POWER OVER POUNDS TO THEIR COMMUNITY TO HELP PARENTS AND CAREGIVERS MAKE BETTER NUTRITIONAL CHOICES AND MOTIVATE THEIR CHILDREN (AGES 5-15) TO ENGAGE IN HEALTHIER BEHAVIORS. EACH SESSION IS FOUR WEEKS LONG AND IS FREE TO ALL PARTICIPANTS. POWER OVER POUNDS IS DESIGNED TO HELP FAMILIES OVERCOME SOME OF THE BARRIERS THAT EXIST IN OUR SOCIETY REGARDING HEALTHY BEHAVIORS.

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 WORKING 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.

IN 2012 IU HEALTH PARTNERED WITH CICOA AGING & IN-HOME SOLUTIONS AND OTHER AREA AGENCIES ON AGING TO CONDUCT SAFE AT HOME, A HALF-DAY EVENT TO ASSIST OLDER ADULTS IN MAKING THEIR HOMES SAFE AND ACCESSIBLE FOR DAILY LIVING. PROGRAM HIGHLIGHTS AND IMPACT INCLUDE: 1) FIVE HUNDRED IU HEALTH AND OTHER COMMUNITY VOLUNTEERS MADE SIMPLE HOME MODIFICATIONS, SUCH AS INSTALLING BATHROOM GRAB BARS, BUILDING RAMPS AND REPAIRING

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STAIRS TO HELP DECREASE RISK OF ACCIDENTS IN THE HOME. 2) DURING THE
OCTOBER EVENT, 128 SENIORS IN SEVEN IU HEALTH COMMUNITIES ACROSS INDIANA
BENEFITED FROM SAFE AT HOME.

K-12 EDUCATION

EDUCATION PLAYS A CRUCIAL ROLE IN HEALTH OUTCOMES. LEVEL OF EDUCATION HAS
AN IMPACT NOT ONLY ON PERSONAL HEALTH, BUT IT HAS MULTIGENERATIONAL
IMPLICATIONS AS WELL. CHILDREN WITH A SOLID EDUCATIONAL FOUNDATION AND
PARENTS WHO ARE INVOLVED IN THEIR EDUCATION ARE MORE LIKELY TO EMBRACE
HEALTHY LIFESTYLES AND HABITS AND SUCCEED GENERALLY IN LIFE.
ADDITIONALLY, RESEARCH FROM THE NATIONAL CENTER FOR PUBLIC POLICY AND
HIGHER EDUCATION SHOWS THAT GREATER EDUCATIONAL ATTAINMENT IS ASSOCIATED
WITH HEALTH-PROMOTING BEHAVIORS, SUCH AS INCREASED CONSUMPTION OF FRUITS
AND VEGETABLES AND OTHER ASPECTS OF HEALTHY EATING; ENGAGING IN PHYSICAL
ACTIVITY AND REFRAINING FROM SMOKING.

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- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

REALIZING THAT EDUCATIONAL DISPARITIES APPEAR EARLY, IU HEALTH IS
COMMITTED TO ENHANCING CHILDHOOD EDUCATION TO IMPROVE HEALTH AND LIFELONG
QUALITY OF LIFE.

KINDERGARTEN COUNTDOWN

AS ONE OF IU HEALTH ARNETT AND IU HEALTH'S SIGNATURE PROGRAMS AND A
COLLABORATION WITH UNITED WAY, KINDERGARTEN COUNTDOWN HELPS HUNDREDS OF
SOON-TO-BE KINDERGARTNERS IMPROVE THEIR READINESS FOR SCHOOL. IN ADDITION
TO PROVIDING HEALTH SCREENINGS AND VACCINATIONS TO STUDENTS, THE PROGRAM
OFFERS ASSISTANCE TO PARENTS IN REGISTERING THEIR KINDERGARTNERS FOR
SCHOOL. KINDERGARTEN COUNTDOWN SUMMER CAMPS ARE DESIGNED TO PROVIDE
AT-RISK YOUNGSTERS THE BASIC SKILLS THEY NEED TO SUCCEED IN THEIR FIRST
YEAR OF SCHOOL. WITH SUPPORT FROM IU HEALTH, KINDERGARTEN COUNTDOWN HAS
EXPANDED TO 10 COMMUNITIES ACROSS INDIANA. PROGRAM HIGHLIGHTS AND IMPACT
INCLUDE: 1) KINDERGARTEN COUNTDOWN IMPROVED THE SCHOOL READINESS OF 400
CHILDREN IN 2012 AND 2) CAMPERS ACHIEVED A 19 PERCENT INCREASE IN GET

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

READY TO READ SCORES FROM BASELINE TESTING CONDUCTED AT THE BEGINNING OF
CAMP.

COMMUNITY REVITALIZATION

AS AN OPPORTUNITY TO GIVE BACK TO THE COMMUNITY, MORE THAN 2,200 IU
HEALTH TEAM MEMBER VOLUNTEERS ACROSS THE STATE BUILT HABITAT FOR HUMANITY
HOME PANELS DURING THE SYSTEM-WIDE "DAY OF SERVICE" IN MAY 2012. AS A
RESULT, 25 HOMES WERE BUILT, IMPACTING THE LIVES OF 100 PEOPLE IN
INDIANA. FOUR OF THE HOMES WERE GIVEN TO VICTIMS OF THE DEVASTATING 2012
TORNADO IN HENRYVILLE, IND.

ADDITIONALLY, IU HEALTH RECOGNIZES THAT IT CAN EXTEND ITS IMPACT FARTHER
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 2012, 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.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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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