

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

Employer identification number

INDIANA UNIVERSITY HEALTH BEDFORD, INC.

23-7042323

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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	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?		
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)		1683	1,619,839.		1,619,839.	3.08
b Medicaid (from Worksheet 3, column a)		3113	7,967,146.	4,819,665.	3,147,481.	5.98
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		4796	9,586,985.	4,819,665.	4,767,320.	9.06
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	5355	244,461.	2,815.	241,646.	.46
f Health professions education (from Worksheet 5)	2	185	9,687.		9,687.	.02
g Subsidized health services (from Worksheet 6)	2		336,506.		336,506.	.19
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4	108	6,717.		6,717.	.01
j Total Other Benefits	24	5648	597,371.	2,815.	594,556.	.68
k Total. Add lines 7d and 7j.	24	10444	10,184,356.	4,822,480.	5,361,876.	9.74

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	1	105	24,397.		24,397.	.05
3 Community support	1	19	14,216.		14,216.	.03
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	1	6	1,565.		1,565.	
9 Other						
10 Total	3	130	40,178.		40,178.	.08

Part III Bad Debt, Medicare, & Collection Practices

		Yes	No
Section A. Bad Debt Expense			
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	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.		
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.		
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)		
6	Enter Medicare allowable costs of care relating to payments on line 5		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)		
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?	X	
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	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 (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 BEDFORD, INC.

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. Contains questions 1 through 8c regarding Community Health Needs Assessment (CHNA).

Part V Facility Information (continued)

Financial Assistance Policy IU HEALTH BEDFORD, INC.		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 free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>1</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 discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>2</u> <u>0</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 type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input 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)		
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 checked="" 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 BEDFORD, INC.

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? _____

Name and address	Type of Facility (describe)
1	
2	
3	
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; 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.

PART I, LINE 6A

IU HEALTH BEDFORD'S COMMUNITY BENEFIT INFORMATION IS INCLUDED IN IU HEALTH'S (PARENT COMPANY) COMMUNITY BENEFIT REPORT.

PART I, LINE 7, COLUMN (F)

BAD DEBT EXPENSE OF \$2,216,584 WAS EXCLUDED FROM TOTAL EXPENSES IN THE CALCULATION OF THE PERCENT OF TOTAL EXPENSE.

PART I, LINE 7

WE USED THE COST TO CHARGE RATIO AS OUR COSTING METHODOLOGY.

PART II - COMMUNITY BUILDING ACTIVITIES

WE SUPPORT COMMUNITY BUILDING ACTIVITIES BY INVOLVEMENT WITH THE ECONOMIC DEVELOPMENT COMMITTEE, THE LOCAL CHAMBER OF COMMERCE AND THE INDIANA STATE DEPARTMENT OF HEALTH LICENSURE COUNCIL. WE ALSO OFFER CAREER EDUCATION AND JOB SHADOWING FOR LOCAL STUDENTS.

Part VI Supplemental Information

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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.

PART III, LINE 4

HISTORICALLY, WE BOOK A RESERVE FOR BAD DEBT BASED ON A MATRIX OF OUR ACCOUNTS RECEIVABLE; WHEN AN ACCOUNT IS WRITTEN OFF AS BAD DEBT IT IS BOOKED AGAINST THAT RESERVE. WE USED THE COST TO CHARGE RATIO AS OUR COSTING METHODOLOGY.

PART III, LINE 8

MEDICARE SHORTFALLS AND SURPLUS

MANY OF OUR MEDICARE BENEFICIARIES ARE POOR AND WOULD HAVE QUALIFIED FOR THE HOSPITAL'S CHARITY CARE PROGRAM IN ADDITION TO MEDICARE. IF THESE PATIENTS HAD BEEN TREATED AS CHARITY CARE, THE COST OF MEDICAL CARE WOULD HAVE BEEN A COMMUNITY BENEFIT. OUR MEDICARE COST REPORT IS USED TO DETERMINE MEDICARE SURPLUS OR SHORTFALL. WE HAD A SMALL SURPLUS THIS YEAR.

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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- 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.

PART III, LINE 9B

DEBT COLLECTION POLICY

THE FIRST STATEMENT LISTS DETAIL BY REVENUE CODE, THE TOTAL BALANCE DUE AND THE DISCOUNTED AMOUNT DUE IF PAID WITHIN 30 DAYS OF STATEMENT DATE. THE FIRST STATEMENT FOR UNINSURED PATIENTS WILL ALSO REFLECT THE UNINSURED DISCOUNT, ACCORDING TO POLICY. STATEMENTS WILL BE AGED BY THE LAST PAYMENT DATE ON THE ACCOUNT. PATIENTS WITH MEDICARE WILL RECEIVE 3 STATEMENTS AFTER THE INITIAL DETAIL STATEMENT. NON-MEDICARE PATIENTS WILL RECEIVE 2 ADDITIONAL STATEMENTS AFTER THE INITIAL DETAIL STATEMENT. ACCOUNTS NOT PAID IN FULL THAT RECEIVE THE 4TH STATEMENT FOR MEDICARE PATIENTS, 3RD STATEMENT NON-MEDICARE WILL BE REFERRED TO A COLLECTION AGENCY. WHEN A PATIENT ESTABLISHES A PAYMENT PLAN, THE STATEMENT PROCESS IS CHANGED TO A MONTHLY REMINDER OF PAYMENT NOW DUE. A 10 DAY EXTENSION FROM THE DUE DATE WILL BE GRANTED TO ALLOW FOR MAILING AND PROCESSING TIME, BEFORE A PAYMENT IS CONSIDERED DELINQUENT. MULTIPLE MISSED PAYMENTS WILL RESULT IN THE ACCOUNT BEING REFERRED TO A COLLECTION AGENCY. WE HAVE A SEPARATE FINANCIAL ASSISTANCE POLICY.

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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- 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.

PART V, SECTION B, LINE 12H

CREDIT SCORING

PART VI, LINE 2 - NEEDS ASSESSMENT

OUR NEEDS ASSESSMENT COVERING 2011-2012 WAS DONE BY CORPORATE. THEY COLLABORATED WITH THE FOLLOWING ORGANIZATIONS AND AGENCIES: BEDFORD PARKS DEPARTMENT, BEDFORD PUBLIC LIBRARY, DWA HEALTHCARE COMMUNICATIONS GROUP, GIRLS CLUB OF BEDFORD, IU HEALTH BEDFORD HOSPITAL, KEACH AND GROVE INSURANCE AGENCY, OFFICE OF THE MAYOR-MITCHELL, INDIANA, PARKVIEW INTERMEDIATE SCHOOL, VERITE HEALTHCARE CONSULTING, LLC AND THE GENERAL PUBLIC THROUGH AN ONLINE SURVEY. THE KEY CONCLUSIONS WERE THAT LAWRENCE COUNTY HAS EXPERIENCED NO MEASURABLE POPULATION GROWTH SINCE 2000. PROJECTIONS INDICATING A POPULATION THAT WILL BE BOTH DECREASING AND AGING ARE TROUBLING IF ACCURATE. BETWEEN 2000 AND 2007 LAWRENCE COUNTY'S MEDIAN HOUSEHOLD INCOME DECLINED. EMPLOYMENT DECREASED 3.8% BETWEEN 2001-2007. THE PERCENT OF CHILDREN IN POVERTY INCREASED FROM 13.3% IN 2002 TO 18.0% IN 2007. HOUSING COSTS ALSO PRESENTED A CHALLENGE FOR MANY

Part V 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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IN THE COMMUNITY. RENTERS MUST WORK 77 HOURS PER WEEK IN LAWRENCE COUNTY TO AFFORD A TWO-BEDROOM UNIT AT THE FAIR MARKET RENT. ENGLISH REMAINS THE PRIMARY LANGUAGE SPOKEN BY RESIDENTS IN LAWRENCE COUNTY. THE CHILD ABUSE AND NEGLECT RATE FOR CHILDREN UNDER 17 INCREASED FROM 8.2% IN 2002 TO 9.6% IN 2007.

PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE
 PATIENTS ARE EDUCATED AND INFORMED OF THE FINANCIAL ASSISTANCE POLICY AT TIME OF SERVICE, THROUGH PHONE CALLS FROM THE PATIENT FINANCIAL STAFF, PAMPHLETS AND COMMUNITY OUTREACH EVENTS. WE GIVE THE PATIENT A FINANCIAL ASSISTANCE APPLICATION TO FILL OUT WHICH CONTAINS DEMOGRAPHIC AND FINANCIAL INFORMATION. IF THE APPLICATION IS NOT RETURNED, WE DO A CREDIT SCORING AND IF THEIR CREDIT IS 600 OR BELOW, THE ACCOUNT IS WRITTEN OFF. WE HAVE A SEPARATE POLICY FOR BAD DEBT COLLECTION THAT IS FOLLOWED ONCE THE DETERMINATION IS MADE THAT THE PATIENT IS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE.

Schedule H (Form 990) 2012

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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PART VI, LINE 4 - COMMUNITY INFORMATION

IU HEALTH BEDFORD SERVES LAWRENCE, ORANGE, MARTIN, GREENE AND JACKSON COUNTIES. ALL COUNTIES REPRESENT 97% CAUCASIAN INDIVIDUALS. THE AVERAGE MEDIAN HOUSEHOLD INCOME WAS \$43,195.

PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

WE HAVE COMMUNITY HEALTH FAIRS WHERE WE DO DIABETIC AND CHOLESTEROL SCREENINGS AT A REDUCED COST. WE ALSO HAVE PAP AND MAMMOGRAM CLINICS.

PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM ROLES

IU HEALTH BEDFORD, INC. IS AN AFFILIATE OF INDIANA UNIVERSITY HEALTH, WHICH INCLUDES METHODIST HOSPITAL, INDIANA UNIVERSITY HOSPITAL AND RILEY HOSPITAL FOR CHILDREN. OTHER INDIANA UNIVERSITY HEALTH AFFILIATES INCLUDE:

IU HEATH LA PORTE HOSPITAL, INC.

IU HEALTH STARKE HOSPITAL

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.

IU HEALTH ARNETT, INC.

REHABILITATION HOSPITAL OF INDIANA

IU HEALTH WEST HOSPITAL

GOSHEN HEALTH SYSTEM

IU HEALTH BLACKFORD HOSPITAL

IU HEALTH TIPTON HOSPITAL

IU HEALTH BALL MEMORIAL HOSPITAL

IU HEALTH NORTH HOSPITAL

IU HEALTH METHODIST HOSPITAL, RILEY

IU HEALTH BLOOMINGTON, INC.

MIDWEST PROTON RADIOTHERAPY INSTITUTE

IU HEALTH PAOLI, INC.

THE IMMEDIATE ADVANTAGES OF BEING AN AFFILIATE OF INDIANA UNIVERSITY HEALTH INCLUDE CENTRALIZED SERVICES WHICH RESULTS IN A REDUCTION OF DUPLICATED SERVICES AND LOWERS HEALTH CARE COSTS FOR OUR PATIENTS.

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.
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PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA