

**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 BLOOMINGTON, INC.

35-1720796

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> 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 type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</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	
<b>c</b> 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.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>c</b> 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
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .		13057	15,421,785.		15,421,785.	4.83
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		43791	45,002,038.	33,117,196.	11,884,842.	3.73
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .		4064	3,383,351.	2,857,598.	525,753.	.16
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .		60912	63,807,174.	35,974,794.	27,832,380.	8.72
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	28	122439	1,296,272.	742.	1,295,530.	.41
<b>f</b> Health professions education (from Worksheet 5) . . . . .	3	3539	430,299.	4,400.	425,899.	.13
<b>g</b> Subsidized health services (from Worksheet 6). . . . .	2	14109	22,012,528.	15,749,063.	6,263,465.	1.96
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8). . . . .	3	27800	411,065.		411,065.	.13
<b>j</b> Total. Other Benefits . . . . .	36	167887	24,150,164.	15,754,205.	8,395,959.	2.63
<b>k</b> Total. Add lines 7d and 7j. . . . .	36	228799	87,957,338.	51,728,999.	36,228,339.	11.35

**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	775				
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	150				
7 Community health improvement advocacy	1	365	7,842.		7,842.	
8 Workforce development	1	15	1,465.		1,465.	
9 Other						
10 Total	4	1305	9,307.		9,307.	

**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? . . . . .		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) . . . . .	5	73,819,258.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	92,505,159.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-18,685,901.
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 S IN SURGERY CTR LLC	OUTPATIENT SURGERY	45.00000		55.00000
2 S IN RADIOLOG ASSOC	RADIOLOGICAL SERVICES	50.00000		50.00000
3 BLOOMINGTON ENDO CTR	GASTROINTESTINAL TREATMENT	51.00000		49.00000
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				





**Part V Facility Information (continued)**

Financial Assistance Policy		INDIANA UNIVERSITY HEALTH BLOOMINGTON	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>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 checked="" type="checkbox"/> Asset level			
c	<input checked="" type="checkbox"/> Medical indigency			
d	<input type="checkbox"/> Insurance status			
e	<input 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 type="checkbox"/> The policy was posted on the hospital facility's website			
b	<input type="checkbox"/> The policy was attached to billing invoices			
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f	<input checked="" type="checkbox"/> The policy was available on request			
g	<input checked="" type="checkbox"/> Other (describe in Part VI)			

**Billing and Collections**

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)** INDIANA UNIVERSITY HEALTH BLOOMINGTON

**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**

		Yes	No
<b>19</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

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

<b>20</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
<b>21</b>	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? . . . . .		X
If "Yes," explain in Part VI.			
<b>22</b>	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? . . . . .		X
If "Yes," explain in Part VI.			

**Part V Facility Information** *(continued)*

**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
<b>1</b> IUH BLOOMINGTON HOSP COMM HEALTH SVCS 333 EAST MILLER DRIVE BLOOMINGTON IN 47401	COMMUNITY HEALTH SERVICES
<b>2</b> IUH BLOOMINGTON HOSP HOME MEDICAL EQUIP 1355 WEST BLOOMFIELD ROAD, SUITE 4 BLOOMINGTON IN 47403	DURABLE MEDICAL EQUIPMENT SUPL
<b>3</b> IUH BLOOMINGTON HOSP HOME HEALTH SVCS. 333 EAST MILLER DRIVE BLOOMINGTON IN 47401	HOME HEALTH AGENCY
<b>4</b> IUH BLOOMINGTON HOSPITAL HOSPICE 619 WEST FIRST STREET BLOOMINGTON IN 47403	HOSPICE
<b>5</b> IUH BLOOMINGTON HOSP CTR OCCUP HEALTH 3443 WEST THIRD STREET BLOOMINGTON IN 47404	OCCUPATIONAL HEALTH PROGRAM
<b>6</b> IUH BLOOMINGTON HOSP PROMPTCARE WEST 3443 WEST THIRD STREET BLOOMINGTON IN 47404	URGENT CARE CENTER
<b>7</b> IUH BLOOMINGTON HOSP PROMPTCARE EAST 326 SOUTH WOODCREST DRIVE BLOOMINGTON IN 47401	URGENT CARE CLINIC
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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 3C

INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL MAKES PARTIAL FINANCIAL ASSISTANCE DETERMINATIONS BASED UPON PATIENTS' LIQUID ASSET AND INCOME LEVELS. THE HOSPITAL CALCULATES A PATIENT'S TOTAL AVAILABLE FUNDS BY ADDING ANNUAL INCOME AND LIQUID ASSETS, AND THEN SUBTRACTING 200% OF THE FEDERAL POVERTY GUIDELINES FOR THE FAMILY SIZE. THE DIFFERENCE BETWEEN THE BILLED CHARGES AND THE TOTAL AVAILABLE FUNDS TO PAY THE HOSPITAL IS ADJUSTED OFF TO FINANCIAL ASSISTANCE. ALL PATIENTS QUALIFYING FOR FINANCIAL ASSISTANCE RECEIVE A FINANCIAL ASSISTANCE DISCOUNT THAT IS AT LEAST AS LARGE AS THE AVERAGE OF THE THREE LARGEST NEGOTIATED COMMERCIAL DISCOUNT RATES.

PART I, LINE 6A

INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL REPORTS ITS COMMUNITY BENEFIT INVESTMENTS AND INITIATIVE HIGHLIGHTS IN TWO SEPARATE REPORTS. FIRST, THE HOSPITAL PREPARES A SEPARATE COMMUNITY BENEFIT REPORT THAT ONLY REFLECTS COMMUNITY BENEFIT ACTIVITIES OCCURRING UNDER ITS TAX

**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.

IDENTIFICATION NUMBER. IN ADDITION, THE INDIANA UNIVERSITY HEALTH STATEWIDE SYSTEM PUBLISHES AN ANNUAL COMMUNITY BENEFIT REPORT THAT ENCOMPASSES THE COMMUNITY BENEFIT ACTIVITIES OF ALL OF ITS STATEWIDE FACILITIES.

PART I, LINE 7G

IN ACCORDANCE WITH THE INSTRUCTIONS, INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL IDENTIFIED SUBSIDIZED HEALTH SERVICES AS SERVICES THAT WERE PROVIDED AT A FINANCIAL LOSS AND WOULD NO LONGER BE OFFERED IN THE COMMUNITY IF THE HOSPITAL DISCONTINUED THE SERVICE. THE HOSPITAL DID NOT INCLUDE ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC AS SUBSIDIZED HEALTH SERVICES.

PART I, LINE 7, COLUMN (F)

IN CALCULATING THE PERCENTAGE OF TOTAL EXPENSE REPORTED IN COLUMN (F), TOTAL EXPENSES AS REPORTED ON FORM 990, PART IX, LINE 25, COLUMN (A) WERE REDUCED BY \$19,101,109, THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON THAT

**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.

PART I, LINE 7

INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL USED A HOSPITAL-WIDE COST-TO-CHARGE RATIO TO CALCULATE THE COST OF PROVIDING SERVICES TO CHARITY CARE PATIENTS. DEPARTMENT-SPECIFIC COST-TO-CHARGE RATIOS FROM THE HOSPITAL'S MEDICARE COST REPORT WERE USED TO CALCULATE THE COST OF MEDICAID SERVICES, HEALTHY INDIANA PLAN SERVICES, AND SUBSIDIZED HEALTH SERVICES. ACTUAL DIRECT COSTS PLUS AN INDIRECT COST FACTOR FROM THE MEDICARE COST REPORT WAS USED TO CALCULATE THE COST OF COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, AND CONTRIBUTIONS TO COMMUNITY GROUPS.

PART II

INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL PROVIDES FINANCIAL AND IN-KIND SUPPORT TO COMMUNITY AGENCIES AND PROGRAMS THAT BENEFIT THE WELL-BEING OF THE COMMUNITY. THIS COMMUNITY SUPPORT IS PROVIDED TO SUCH

**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.

PROGRAMS AS THE MONROE COUNTY EMERGENCY MANAGEMENT DISASTER PREPAREDNESS EFFORTS.

IU HEALTH BLOOMINGTON HOSPITAL ALSO IMPROVES THE HEALTH OF ITS COMMUNITY THROUGH COLLABORATIONS AND PARTNERSHIPS SUCH AS THE ACTIVE LIVING COALITION AND THE ACTIVE AGING COALITION. THE ACTIVE LIVING COALITION IS COMPRISED OF INDIVIDUALS AND ORGANIZATIONS REPRESENTING COMMUNITY SECTORS OF HEALTH CARE, EDUCATION, CITY GOVERNMENT, COUNTY GOVERNMENT, BUSINESS, AND SERVICE ORGANIZATIONS WHO ARE ADDRESSING THE PUBLIC HEALTH ISSUE OF PHYSICAL INACTIVITY. THE COALITION STRIVES TO INCREASE THE NUMBER OF PEOPLE WHO ENGAGE IN A HEALTHY, PHYSICALLY ACTIVE LIFESTYLE THROUGH COLLABORATIVE EFFORTS ON COMMUNITY EVENTS, RESEARCH, NETWORKING AND PROGRAMMING THAT LEADS TO INCREASED PHYSICAL ACTIVITY OPPORTUNITIES FOR ALL WHO RESIDE IN MONROE COUNTY. THIS PROGRAM IS OFFERED AT NO CHARGE TO THE PARTICIPANTS WHO ARE REFERRED BY THEIR HEALTHCARE PRACTITIONER.

THE ACTIVE AGING COALITION IS A GRASSROOTS NETWORKING ORGANIZATION CONSISTING OF SENIORS AND THE BUSINESSES AND NON-PROFIT ORGANIZATIONS WHO

**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.

SERVE THEM. THE GOAL OF THE COALITION IS TO IDENTIFY SPECIFIC AREAS OF  
NEED IMPACTING SENIORS AND CREATE FOCUS GROUPS TO WORK ON THESE AREAS.

FINALLY, IU HEALTH BLOOMINGTON HOSPITAL IMPROVES LONG-TERM ACCESS TO  
HEALTHCARE IN THE COMMUNITY BY WORKING WITH EDUCATIONAL INSTITUTIONS TO  
HOST CAREER DAYS AND PLACE STUDENTS IN JOB SHADOWING OPPORTUNITIES IN ITS  
FACILITY.

PART III, LINE 4

BELOW IS THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT  
DESCRIBES HOW THE ORGANIZATION DETERMINES THE PROVISION FOR UNCOLLECTIBLE  
PATIENT ACCOUNTS:

ACCOUNTS RECEIVABLE AND ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS

"THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT REQUIRE COLLATERAL OR  
OTHER SECURITY FOR THE DELIVERY OF HEALTH CARE SERVICES FROM ITS  
PATIENTS, SUBSTANTIALLY ALL OF WHOM ARE RESIDENTS OF THE STATE OF

**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.

INDIANA. HOWEVER, ASSIGNMENT OF BENEFIT PAYMENTS PAYABLE UNDER PATIENTS' HEALTH INSURANCE PROGRAMS AND PLANS (E.G., MEDICARE, MEDICAID, HEALTH MAINTENANCE ORGANIZATIONS, AND COMMERCIAL INSURANCE POLICIES) IS ROUTINELY OBTAINED, CONSISTENT WITH INDUSTRY PRACTICE.

THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS, FOR ALL PAYORS, IS RECOGNIZED WHEN SERVICES ARE PROVIDED BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION 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, THE SIGNIFICANCE OF INDIVIDUAL PAYORS TO OUTSTANDING ACCOUNTS RECEIVABLE BALANCES, AND HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, AS ADJUSTED FOR COLLECTION INDICATORS. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS AND THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN ADDITION, THE INDIANA

**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.

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

METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 2 AS BAD

DEBT:

INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL CONSIDERS AN ACCOUNT AS BAD DEBT WHEN IT HAS UNSUCCESSFULLY EXHAUSTED ITS INTERNAL COLLECTIONS EFFORTS.

RATIONALE FOR INCLUDING BAD DEBT AS COMMUNITY BENEFIT:

IU HEALTH BLOOMINGTON HOSPITAL PROVIDES HEALTH CARE SERVICES THROUGH

**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, 19d, 20d, 21, and 22.

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, THE HOSPITAL PROVIDES SERVICES INTENDED TO BENEFIT THE POOR AND UNDERSERVED, INCLUDING THOSE PERSONS WHO CANNOT AFFORD HEALTH INSURANCE BECAUSE OF INADEQUATE RESOURCES AND ARE UNINSURED OR UNDERINSURED.

PART III, LINE 8

DEPARTMENT-SPECIFIC COST-TO-CHARGE RATIOS FROM THE HOSPITAL'S MEDICARE COST REPORT WERE USED TO CALCULATE THE COST OF MEDICARE SERVICES. THE MEDICARE COSTS OF SERVICES INCLUDED IN PART I AS "SUBSIDIZED HEALTH SERVICES" WERE THEN REMOVED TO ENSURE THAT COSTS WERE NOT DOUBLE COUNTED ON SCHEDULE H. IN ACCORDANCE WITH THE SCHEDULE H INSTRUCTIONS, IU HEALTH BLOOMINGTON HOSPITAL ONLY INCLUDED THE ALLOWABLE COSTS AND NET MEDICARE COLLECTIONS THAT WERE REPORTED IN THE HOSPITAL'S MEDICARE COST REPORT. THEREFORE, THIS FIGURE EXCLUDED SUBSTANTIAL MEDICARE SHORTFALLS THAT RESULTED FROM PROVIDING AMBULANCE, CLINICAL LABORATORY, THERAPY, AND MEDICARE PART C SERVICES. THE HOSPITAL BELIEVES THAT ITS ENTIRE MEDICARE

**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.

SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT. IN ACCORDANCE WITH ITS MISSION, THE HOSPITAL PROVIDES NECESSARY HEALTHCARE SERVICES TO ALL PATIENTS REGARDLESS OF THEIR INSURANCE STATUS OR ABILITY TO PAY. SERVICES ARE PROVIDED TO MEDICARE PATIENTS EVEN THOUGH THE HOSPITAL UNDERSTANDS THAT THE RESULTING REIMBURSEMENT WILL NOT BE ENOUGH TO COVER THE FULL COST OF PROVIDING THESE SERVICES. MEDICARE BENEFICIARIES BENEFIT FROM THE HOSPITAL PROVIDING THESE SERVICES AT A FINANCIAL LOSS, AND THE HOSPITAL FEELS THAT THIS BENEFIT SHOULD BE INCLUDED IN REPORTS PROVIDED TO THE COMMUNITY.

PART III, LINE 9B

ACCOUNTS THAT ARE APPROVED FOR FINANCIAL ASSISTANCE ARE IMMEDIATELY WRITTEN-OFF AND ALL COLLECTION EFFORTS ARE CEASED.

PART V, SECTION B, LINE 11

INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL MAKES PARTIAL FINANCIAL ASSISTANCE DETERMINATIONS BASED UPON PATIENTS' LIQUID ASSET AND INCOME

**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.

LEVELS. THE HOSPITAL CALCULATES A PATIENT'S TOTAL AVAILABLE FUNDS BY ADDING ANNUAL INCOME AND LIQUID ASSETS, AND THEN SUBTRACTING 200% OF THE FEDERAL POVERTY GUIDELINES FOR THE FAMILY SIZE. THE DIFFERENCE BETWEEN THE BILLED CHARGES AND THE TOTAL AVAILABLE FUNDS TO PAY THE HOSPITAL IS ADJUSTED OFF TO FINANCIAL ASSISTANCE. ALL PATIENTS QUALIFYING FOR FINANCIAL ASSISTANCE RECEIVE A FINANCIAL ASSISTANCE DISCOUNT THAT IS AT LEAST AS LARGE AS THE AVERAGE OF THE THREE LARGEST NEGOTIATED COMMERCIAL DISCOUNT RATES.

PART V, SECTION B, LINE 14G

THE HOSPITAL INCLUDED A SUMMARY OF THE FINANCIAL ASSISTANCE APPLICATION PROCESS ON ALL BILLS SENT TO PATIENTS. THIS PROCESS SUMMARY WAS ALSO POSTED IN HOSPITAL REGISTRATION AREAS. THESE NOTIFICATIONS CONTAINED THE TELEPHONE NUMBERS OF INDIVIDUALS TO CONTACT TO LEARN MORE ABOUT THE FINANCIAL ASSISTANCE PROCESS AND TO OBTAIN A COPY OF THE FINANCIAL ASSISTANCE APPLICATION.

**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 VI, LINE 2 - NEEDS ASSESSMENT

INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL UTILIZES A VARIETY OF TOOLS TO ASSESS THE HEALTH CARE NEEDS OF ITS SERVICE AREA. THESE TECHNIQUES INCLUDE ANALYZING DATA FROM ADMISSION AND DIAGNOSIS CODES, REVIEWING EMERGENCY DEPARTMENT STATISTICS, AND PARTNERING WITH LOCAL AGENCIES SUCH AS THE HEALTH DEPARTMENT, UNITED WAY, INDIANA UNIVERSITY, AND CITY OF BLOOMINGTON PARKS AND RECREATION. THE HOSPITAL USES THE RESULTS OF ITS NEEDS ASSESSMENT TO TARGET ITS COMMUNITY BENEFIT ACTIVITIES.

## PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL EMPLOYS AN INDIVIDUAL SOLUTIONS TEAM OF CASE WORKERS AND FINANCIAL ASSISTANCE REPRESENTATIVES TO EDUCATE PATIENTS ABOUT GOVERNMENTAL ASSISTANCE PROGRAMS AND THE HOSPITAL'S INTERNAL FINANCIAL ASSISTANCE PROGRAM. UNINSURED PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE, AND, IF ELIGIBLE, THE INDIVIDUAL SOLUTIONS TEAM REACHES OUT TO THE PATIENTS WITH EDUCATION ON

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; 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.

THE APPROPRIATE ASSISTANCE PROGRAM. THIS EDUCATION TAKES PLACE VIA ROOM VISITS TO UNINSURED INPATIENT PATIENTS AND DISCUSSIONS IN THE EMERGENCY DEPARTMENT WITH UNINSURED OUTPATIENT PATIENTS. THE INDIVIDUAL SOLUTIONS TEAM ALSO SCREENS MEDICARE PATIENTS FOR THEIR ABILITY TO QUALIFY FOR FINANCIAL ASSISTANCE EITHER THROUGH MEDICAID OR THE HOSPITAL'S CHARITY CARE POLICY. THE INDIVIDUAL SOLUTIONS TEAM ASSISTS PATIENTS IN COMPLETING THE MEDICAID, HEALTHY INDIANA PLAN, AND CHARITY CARE APPLICATION PAPERWORK AND SERVES AS THEIR ADVOCATES THROUGHOUT THE APPLICATION PROCESS. THIS ADVOCACY CAN EXTEND AS FAR AS ATTENDING A COURTROOM HEARING IN SUPPORT OF A PATIENT'S MEDICAID ELIGIBILITY APPEAL IF HIS OR HER APPLICATION IS ORIGINALLY DENIED BY THE STATE. THE HOSPITAL ALSO NOTIFIES PATIENTS OF FINANCIAL ASSISTANCE PROGRAMS AT OTHER POINTS DURING THE REVENUE CYCLE. FOR EXAMPLE, HOSPITAL STAFF ALERT PATIENTS TO FINANCIAL ASSISTANCE PROGRAMS DURING PRE-HOSPITALIZATION CHARGE ESTIMATE REQUESTS AND POST-HOSPITALIZATION BILLING INQUIRIES. THE HOSPITAL GOES TO EXTRAORDINARY MEASURES TO EDUCATE AND ASSIST PATIENTS REGARDING THE FINANCIAL ASSISTANCE PROGRAMS THAT ARE POTENTIALLY

**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.

AVAILABLE TO THEM.

INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL HAS ALSO FUNDED AN EXTENSIVE OUTREACH PROGRAM TO RAISE AWARENESS OF AND ENROLLMENT IN INDIANA'S STATE SPONSORED HEALTH INSURANCE PROGRAM (THE HEALTHY INDIANA PLAN). THE HOSPITAL UTILIZES THE KNOWLEDGE AND EXPERTISE OF ITS INDIVIDUAL SOLUTIONS TEAM TO PROMOTE THE HEALTHY INDIANA PLAN (HIP) WITHIN OUR SERVICE AREA. THE HOSPITAL PROMOTES THIS PROGRAM THROUGH DIRECT MAILINGS, NEWSPAPER ADVERTISEMENTS, HIP ENROLLMENT EVENTS, AND OTHER EVENTS WITHIN THE COMMUNITY. THE INDIVIDUAL SOLUTIONS TEAM MEMBERS MEET WITH PATIENTS THAT NEED ASSISTANCE COMPLETING HEALTHY INDIANA PLAN APPLICATIONS AND ARE AVAILABLE TO ANSWER ANY QUESTIONS THAT MAY ARISE DURING THE APPLICATION PROCESS. THIS TREMENDOUS OUTREACH INITIATIVE DEMONSTRATES THE HOSPITAL'S COMMITMENT TO EDUCATING ITS PATIENT BASE ABOUT THE FINANCIAL ASSISTANCE PROGRAMS THAT ARE AVAILABLE WITHIN THE COMMUNITY.

**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 VI, LINE 4 - COMMUNITY INFORMATION

INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL IS LOCATED IN MONROE COUNTY AND SERVES AS A REGIONAL REFERRAL CENTER FOR ITS TEN COUNTY SERVICE AREA. MONROE COUNTY IS LOCATED IN SOUTH CENTRAL INDIANA AND HAS A POPULATION OF 137,974 (BASED ON 2010 CENSUS). THE OTHER NINE COUNTIES IN THE HOSPITAL'S SERVICE AREA ARE COMPRISED OF PRIMARILY RURAL COMMUNITIES. BLOOMINGTON IS THE LARGEST TOWN IN MONROE COUNTY WITH A POPULATION OF 69,247. THE LARGEST ETHNIC POPULATION IN MONROE COUNTY IS WHITE (87.8%), FOLLOWED BY THE ASIAN (5.2%), BLACK (3.3%), TWO OR MORE RACE GROUPS (2.5%) AND AMERICAN INDIAN/ALASKA NATIVE (0.3%). HISPANICS MAKE UP 2.9% OF THE POPULATION, WITH NON-HISPANICS EQUALING 97.1%. MONROE COUNTY HAS A LOWER-THAN-AVERAGE MEDIAN HOUSEHOLD INCOME OF \$36,061 AND A HIGHER-THAN-AVERAGE POVERTY RATE OF 21.9 PERCENT. LACK OF INCOME SERVES AS A BARRIER TO ACCESSING NUTRITIOUS FOOD, PHYSICAL ACTIVITIES AND TRANSPORTATION TO SUCH RESOURCES. THIS SITUATION IS EXACERBATED IN THE MORE RURAL AREAS OF MONROE COUNTY WHERE THERE ARE FEW PUBLIC TRANSPORTATION OPTIONS. HOWEVER, THE COUNTY IS RESOURCE-RICH WITH A

**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.

VIBRANT HEALTH CARE AND SOCIAL ASSISTANCE NETWORK, EXTENSIVE PARKS AND RECREATION PROGRAMS AND FACILITIES AND HOME TO INDIANA UNIVERSITY'S MAIN CAMPUS.

PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL IS INVOLVED IN MULTIPLE INITIATIVES TO INCREASE ACCESS TO CARE WITHIN ITS COMMUNITY. THE HOSPITAL CURRENTLY OPERATES TWO PRIMARY CARE OFFICES THAT HELP ADDRESS THE PRIMARY CARE SHORTAGE AND ACCESS TO CARE ISSUES PRESENT IN THE COMMUNITY. THE HOSPITAL RECENTLY BEGAN PLANS FOR A THIRD PRIMARY CARE FACILITY TO PROVIDE FOR THE HEALTHCARE NEEDS OF MONROE COUNTY. THE HOSPITAL ALSO FINANCIALLY SUPPORTS THE LOCAL VOLUNTEERS IN MEDICINE UNINSURED CLINIC BY PROVIDING FREE TESTING SERVICES, STAFF SUPPORT, AND BOARD LEADERSHIP. FURTHERMORE, THE HOSPITAL PROVIDES SUPPORT TO COMMUNITY MEMBERS UNDERGOING CANCER TREATMENT BY PROVIDING AN EDUCATIONAL RESOURCE AND SUPPORT CENTER (OLCOTT CENTER) THAT IS FREE OF CHARGE TO THE COMMUNITY. FINALLY, THE HOSPITAL SERVES AS THE SPONSORING AGENCY FOR THE

**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.

WIC PROGRAM OF MONROE AND GREENE COUNTIES, THE MONROE COUNTY PUBLIC HEALTH CLINIC, AND THE POSITIVE LINK HIV AND AIDS AWARENESS AND CARE COORDINATION PROGRAM.

PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM ROLES

INDIANA UNIVERSITY HEALTH IS A COMPREHENSIVE HEALTHCARE SYSTEM COMPRISED OF NUMEROUS HOSPITALS, PHYSICIANS PRACTICES, AND OTHER HEALTHCARE FACILITIES ACROSS THE STATE. BY COORDINATING CARE ACROSS A FULL CONTINUUM OF SERVICES, THE SYSTEM IS ABLE TO PROVIDE PREEMINENT CARE TO THE RESIDENTS OF INDIANA. ALTHOUGH EACH HOSPITAL IN THE SYSTEM PREPARES ITS OWN COMMUNITY BENEFIT PLAN RELATIVE TO ITS RESPECTIVE COMMUNITY, IU HEALTH CONSIDERS ITS COMMUNITY BENEFIT PLAN AS AN IMPORTANT PART OF AN OVERALL VISION FOR STRENGTHENING THE STATE'S HEALTHCARE SAFETY NET.

PART VI, LINE 7

**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.

STATE FILING OF COMMUNITY BENEFIT REPORT

IN