

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **INDIANA UNIVERSITY HEALTH PAOLI, INC.**
Employer identification number: **35-2090919**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input 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	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

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)		3463	2,411,856.	145,797.	2,266,059.	9.64
b Medicaid (from Worksheet 3, column a)		6352	4,490,722.	3,069,300.	1,421,422.	6.05
c Costs of other means-tested government programs (from Worksheet 3, column b)		831	445,758.	222,986.	222,772.	.95
d Total Financial Assistance and Means-Tested Government Programs		10646	7,348,336.	3,438,083.	3,910,253.	16.64
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	17	21417	87,754.	375.	87,379.	.37
f Health professions education (from Worksheet 5)	3	46	4,925.		4,925.	.02
g Subsidized health services (from Worksheet 6)	2	1804	1,555,260.	1,123,228.	432,032.	1.84
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7	2420	116,411.	19,708.	96,703.	.41
j Total. Other Benefits	29	25687	1,764,350.	1,143,311.	621,039.	2.64
k Total. Add lines 7d and 7j.	29	36333	9,112,686.	4,581,394.	4,531,292.	19.28

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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

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	7,297,986.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	7,230,680.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	67,306.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information (continued)

Financial Assistance Policy INDIANA UNIVERSITY HEALTH PAOLI, 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?	9	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.	10	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.	11	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):	12	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?	13	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):	14	X
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
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?	15	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:	17	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 PAOLI, 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 3C

THE 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 PAOLI 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 IDENTIFICATION NUMBER. IN ADDITION, THE INDIANA UNIVERSITY HEALTH

Part VI Supplemental Information

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STATEWIDE SYSTEM PUBLISHES AN ANNUAL COMMUNITY BENEFIT REPORT THAT ENCOMPASSES THE COMMUNITY BENEFIT ACTIVITIES OF ALL OF ITS STATEWIDE FACILITIES.

PART I, LINE 7G

N/A - INDIANA UNIVERSITY HEALTH PAOLI HOSPITAL DID NOT INCLUDE ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC AS SUBSIDIZED HEALTH SERVICES.

PART I, LINE 7, COLUMN (F)

WHEN COMPUTING THE DENOMINATOR TO USE IN THE "PERCENT OF TOTAL EXPENSE" CALCULATION, INDIANA UNIVERSITY HEALTH PAOLI HOSPITAL REMOVED \$1,574,268 OF BAD DEBT EXPENSE FROM THE TOTAL EXPENSE REPORTED ON FORM 990, PART IX, LINE 25, COLUMN (A).

PART I, LINE 7

INDIANA UNIVERSITY HEALTH PAOLI HOSPITAL USED THE HOSPITAL-WIDE COST-TO-CHARGE RATIO FROM WORKSHEET 2 TO CALCULATE THE COST OF PROVIDING

Part VI Supplemental Information

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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.

THE MATERIAL SHIFT BETWEEN BAD DEBT AND CHARITY IS THE RESULT OF UTILIZING PROGRAMS AVAILABLE TO SCREEN PATIENTS FOR THEIR PROPENSITY TO PAY MEDICAL BILLS ALONG WITH PROGRAMS THAT RUN INFORMATION ON THE PATIENT'S ABILITY TO MEET CERTAIN THRESHOLDS FOR CHARITY CARE. IN ADDITION, WE HAVE ALSO INCREASED AWARENESS OF FINANCIAL ASSISTANCE POLICIES AND METHODS FOR OBTAINING FINANCIAL ASSISTANCE.

Part VI Supplemental Information

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PART III, LINE 2

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

DEBT:

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

PART III, LINE 3

RATIONALE FOR INCLUDING BAD DEBT AS COMMUNITY BENEFIT:

IU HEALTH PAOLI HOSPITAL PROVIDES HEALTH CARE SERVICES THROUGH VARIOUS
PROGRAMS THAT ARE DESIGNED, AMONG OTHER MATTERS, TO ENHANCE THE HEALTH OF
THE COMMUNITY AND IMPROVE THE HEALTH OF LOW-INCOME PATIENTS. IN
ADDITION, 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 4

BELOW IS THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT

Part VI Supplemental Information

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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 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

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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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 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 FINANCIAL ASSISTANCE IF DEEMED TO OTHERWISE MEET FINANCIAL ASSISTANCE POLICIES OF THE INDIANA UNIVERSITY HEALTH SYSTEM.

Part VI Supplemental Information

Complete this part to provide the following 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 8

DEPARTMENT-SPECIFIC COST-TO-CHARGE RATIOS FROM THE HOSPITAL'S MEDICARE COST REPORT WERE USED TO CALCULATE THE COST OF MEDICARE SERVICES. IN ACCORDANCE WITH THE SCHEDULE H INSTRUCTIONS, THE INDIANA UNIVERSITY HEALTH PAOLI HOSPITAL ONLY INCLUDED THE ALLOWABLE COSTS AND MEDICARE REIMBURSEMENTS THAT WERE REPORTED IN THE HOSPITAL'S MEDICARE COST REPORT. THEREFORE, THIS FIGURE EXCLUDED SUBSTANTIAL MEDICARE SHORTFALLS THAT RESULTED FROM PROVIDING AMBULANCE (\$533,787), CLINICAL LABORATORY (\$23,152), AND MAMMOGRAPHY (\$276) SERVICES. THE HOSPITAL BELIEVES THAT ITS ENTIRE MEDICARE 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 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

Part VI Supplemental Information

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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, SEC B, LINE 11

THE 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 VI Supplemental Information

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PART V, SEC 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, LINE 2 - NEEDS ASSESSMENT

IU HEALTH PAOLI HOSPITAL ASSESSES THE NEEDS OF THE COMMUNITIES IT SERVES IN A VARIETY OF WAYS. IN COLLABORATION WITH INDIANA UNIVERSITY, THE HOSPITAL CONDUCTED A NEEDS ASSESSMENT IN 2007. THE HOSPITAL ACTED ON THE FINDINGS OF THIS NEEDS ASSESSMENT AND INCREASED ITS SUPPORT OF THE JUBILEE CLINIC, A LOCAL PRIMARY CARE CLINIC FOR LOW INCOME INDIVIDUALS. IN 2009, AN INFORMAL NEEDS ASSESSMENT WAS CONDUCTED AS PART OF A COMMUNITY WELLNESS PROGRAM (WOW PROGRAM). PARTICIPANTS IN THE PROGRAM COMPLETED SURVEYS REGARDING LOCAL HEALTH ISSUES. THE HOSPITAL ALSO MEETS

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REGULARLY WITH LOCAL PRIMARY CARE PHYSICIANS TO DISCUSS THE PROVISION OF HEALTH CARE IN THE COUNTY AND IF THE PHYSICIANS ARE SEEING ANY NEW ISSUES OR A CHANGE IN HEALTH CARE NEEDS OF THE COMMUNITY. THE HOSPITAL DETERMINES WHEN TO RECRUIT ADDITIONAL PHYSICIANS TO THE COUNTY OR IF NEW SERVICES ARE NEEDED AT THE FACILITY. DURING 2012, THE HOSPITAL BEGAN WORK ON THE COMMUNITY HEALTH NEEDS ASSESSMENT WORKING WITH LOCAL OFFICIALS WITHIN THE COMMUNITIES THAT THE HOSPITAL SERVICES.

PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE FACILITY SPONSORS AND ATTENDS LOCAL EVENTS PROMOTING FEDERAL, STATE, LOCAL GOVERNMENT AND THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. LOCAL EVENTS INCLUDE COUNTY FAIR, TEDDY BEAR PICNIC, CHRISTMAS FAIR AND SPECIAL REQUESTED EVENTS. THE HOSPITAL ALSO PROMOTES THE HEALTHY INDIANA PLAN (HIP) AND THE INDIANA MEDICAID PROGRAM AT LOCAL EVENTS. THE FACILITY'S STAFF ASSISTS INDIVIDUALS WITH THE APPLICATION PROCESS AS NEEDED. DURING THE BILLING PROCESS PATIENTS ARE NOTIFIED OF THE ASSISTANCE PROGRAMS FOR WHICH THEY QUALIFY. FINANCIAL ASSISTANCE SCREENING BEGINS AT THE TIME OF

Part VI Supplemental Information

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REGISTRATION FOLLOWED UP BY WRITTEN COMMUNICATION AND PHONE CALLS.

HOSPITAL STAFF ALSO ASSISTS PATIENTS WITH APPLICATIONS FOR FOOD STAMPS,
HEATING, ELECTRICAL, AND PHARMACY ASSISTANCE PROGRAMS.

PART VI, LINE 4 - COMMUNITY INFORMATION

IU HEALTH PAOLI HOSPITAL PRIMARILY SERVES THE RESIDENTS OF ORANGE COUNTY,
INDIANA. ORANGE COUNTY, WITH A POPULATION OF 19,840 PEOPLE (BASED ON THE
2010 CENSUS), IS CLASSIFIED AS A MEDICALLY UNDERSERVED AREA DUE TO THE
LIMITED NUMBER OF PHYSICIANS PRACTICING IN THE COUNTY. THE FACILITY ALSO
SERVES THE SURROUNDING COUNTIES OF WASHINGTON AND CRAWFORD INDIANA.

POPULATION ESTIMATES FOR 2010:

ORANGE COUNTY - 19,840

CRAWFORD COUNTY - 10,713

WASHINGTON COUNTY - 28,262

PERCENTAGE POPULATION UNDER AGE 5:

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ORANGE COUNTY - 5.8%

CRAWFORD COUNTY - 5.7%

WASHINGTON COUNTY - 5.8%

PERCENTAGE POPULATION 65 OR OLDER:

ORANGE COUNTY - 16.0%

CRAWFORD COUNTY - 15.3%

WASHINGTON COUNTY - 13.7%

PER CAPITA INCOME 2010:

ORANGE COUNTY \$19,119

CRAWFORD COUNTY \$18,598

WASHINGTON COUNTY \$19,278

PERCENTAGE OF POPULATION BELOW POVERTY LEVEL 2010:

ORANGE COUNTY 20.2%

CRAWFORD COUNTY 18.7%

Part VI Supplemental Information

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WASHINGTON COUNTY 16.9%

UNEMPLOYMENT RATE 2011:

ORANGE COUNTY 10.0%

CRAWFORD COUNTY 10.4%

WASHINGTON COUNTY 9.4%

PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

THE COMMUNITY OUTREACH PROVIDES A BROAD RANGE OF EARLY DETECTION, PREVENTION, AND EDUCATION PROGRAMS AT NO OR LOW COST THROUGHOUT THE HOSPITAL SERVICE AREA. THE SERVICES INCLUDE HEALTH SCREENS FOR HEART DISEASE, MAMMOGRAM PROMOTION AND EDUCATION, TOBACCO CESSATION CLASSES, WORKSITE PROGRAMS FOR CPR, FIRST AID AND AED CERTIFICATIONS, DISEASE PREVENTION CERTIFICATIONS, DIABETIC SUPPORT GROUP, SCHOOL PROGRAMS INCLUDING HOSPITAL TOURS, HEALTH CARE EDUCATION AND EMPLOYMENT OPPORTUNITIES, POISON PREVENTION, HAND-WASHING EDUCATION, PEDESTRIAN SAFETY AND CHILD SAFETY. THE FACILITY ALSO OFFERS A VISITING SPECIALIST

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CLINIC TO THE AREA OFFERING RESIDENTS LOCAL ACCESS TO CARDIAC, EAR NOSE
AND THROAT, AND ORTHOPEDIC CARE.

PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM ROLES

INDIANA UNIVERSITY HEALTH PAOLI, INC. IS AN AFFILIATE OF INDIANA
UNIVERSITY HEALTH BLOOMINGTON, INC. AND INDIANA UNIVERSITY HEALTH, INC.
IU HEALTH PAOLI HOSPITAL OPERATES AS A 25 BED CRITICAL ACCESS HOSPITAL
PROVIDING INPATIENT, OUTPATIENT, SURGICAL AND OUTPATIENT CLINICAL
SERVICES TO THE RESIDENTS OF ORANGE COUNTY, INDIANA AND THE SURROUNDING
AREA. IU HEALTH BLOOMINGTON HOSPITAL IS A REGIONAL HOSPITAL OFFERING A
FULL RANGE OF INPATIENT, OUTPATIENT AND SURGICAL SERVICES TO THE
RESIDENTS OF SOUTHERN INDIANA. INDIANA UNIVERSITY HEALTH, INC. PROVIDES
STATEWIDE HEALTH CARE SERVICES TO THE RESIDENTS OF INDIANA.