

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2013

Open to Public Inspection

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

INDIANA UNIVERSITY HEALTH LAPORTE HOSPITAL

Employer identification number

35-1125434

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 checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" 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)		9114	4,592,337.		4,592,337.	2.52
b Medicaid (from Worksheet 3, column a)			31,261,844.	33,495,468.	-2,233,624.	
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		9114	35,854,181.	33,495,468.	2,358,713.	1.30
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	31	13844	966,017.	65,846.	900,171.	.49
f Health professions education (from Worksheet 5)	3	214	1,318,908.		1,318,908.	.72
g Subsidized health services (from Worksheet 6)	2		813,176.	482,164.	331,012.	.18
h Research (from Worksheet 7)			515,366.		515,366.	.28
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,535,475.		1,535,475.	.84
j Total. Other Benefits	36	14058	5,148,942.	548,010.	4,600,932.	2.51
k Total. Add lines 7d and 7j.	36	23172	41,003,123.	34,043,478.	6,959,645.	3.81

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		9,135.		9,135.	.01
2 Economic development	2		16,218.		16,218.	.01
3 Community support	1	4	345.		345.	
4 Environmental improvements						
5 Leadership development and training for community members	2	4	11,920.		11,920.	.01
6 Coalition building						
7 Community health improvement advocacy	1	6010	1,216.		1,216.	
8 Workforce development	1	211	48,044.		48,044.	.03
9 Other						
10 Total	9	6229	86,878.		86,878.	.06

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)	45,669,835.
6 Enter Medicare allowable costs of care relating to payments on line 5	64,006,604.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-18,336,769.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	X	
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	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

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 IU HEALTH LAPORTE HOSPITAL P.O. BOX 250, 1007 LINCOLNWAY LAPORTE IN 46350 HTTP://IUHEALTH.ORG/LAPORTE/ 13-005006-1	X	X		X			X			A
2 IU HEALTH STARKE HOSPITAL 102 EAST CULVER ROAD KNOX IN 46534 HTTP://IUHEALTH.ORG/STARKE/ 13-005091-1	X	X					X			A
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group A

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

	Yes	No
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9. If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.IUHEALTH.ORG/GETSTRONG</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy *A*

		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>1</u> <u>0</u> <u>0</u> % If "No," explain in Section C 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>4</u> <u>0</u> <u>0</u> % If "No," explain in Section C the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input 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 checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		

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 individual'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 Section C)		
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 individual'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 Section C)		

Part V Facility Information (continued) A

- 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 individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
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:	X	
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 Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

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	<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 Section C)			
21	During the tax year, did the hospital facility charge any FAP-eligible individual 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 Section C.			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 Section C.			X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PART V, SECTION B, LINE 3 (FACILITY REPORTING GROUP A)

COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. IU HEALTH UNDERSTANDS THAT THE HEALTH OF INDIVIDUALS AND COMMUNITIES ARE SHAPED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS, ALONG WITH HEALTH BEHAVIORS AND ADDITIONAL INFLUENCES. TO GAIN A BETTER UNDERSTANDING OF THE MOST CRITICAL HEALTH NEEDS IN INDIANA, INDIANA UNIVERSITY HEALTH CONDUCTED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO ASSESS HEALTH NEEDS IN THE COMMUNITIES SERVED BY EACH OF THE IU HEALTH HOSPITALS ACROSS INDIANA. IU HEALTH REVIEWED THE INFORMATION GATHERED FROM COMMUNITY LEADER FOCUS GROUPS, COMMUNITY INPUT SURVEYS AND STATISTICAL DATA. THE NEEDS IDENTIFIED WERE ANALYZED AND RANKED WITH THE HANLON METHOD TO DETERMINE THE PREVALENCE AND SEVERITY OF THE NEED AND THE RANKINGS WERE USED TO DETERMINE WHICH COMMUNITY HEALTH NEEDS WERE MOST CRITICAL. ADDITIONALLY, THE EFFECTIVENESS OF AN INTERVENTION FOR EACH NEED AND THE HOSPITAL'S ABILITY TO IMPACT POSITIVE CHANGE WAS EVALUATED.

PART V, SECTION B, LINE 7 (FACILITY REPORTING GROUP A)

IU HEALTH LAPORTE HOSPITAL ADDRESSED THE MOST CRITICAL NEEDS IN 2013 AND WE ARE CONTINUING TO WORK ON ALL THE NEEDS THAT WERE ADDRESSED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT.

Part V Facility Information (continued)**Section D. 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? 14

Name and address	Type of Facility (describe)
1 IU HEALTH LAKESHORE SURGICARE, LLC 3111 VILLAGE POINTE CHESTERTON IN 46304	SURGICENTER
2 MICHIANA HEMATOLOGY ONCOLOGY 1668 S US 421 WESTVILLE IN 46391	LABORATORY
3 HEART AND VASCULAR INSTITUTE 901 LINCOLNWAY LAPORTE IN 46350	CARDIAC REHABILITATION
4 LIFEWORKS 3777 N FRONTAGE ROAD MICHIGAN CITY IN 46360	PHYSICAL THERAPY, DIAGNOSTIC IMAGING, CVL DIAGNOSTICS
5 REHAB AT THE CROSSING 1203 WASHINGTON STREET LAPORTE IN 46350	PHYSICAL THERAPY SERVICES
6 VNA HOMECARE 901 S WOODLAND AVE MICHIGAN CITY IN 46360	HOME HEALTH
7 LIFEPLEX DIAGNOSTIC IMAGING 2855 MILLER DRIVE PLYMOUTH IN 46563	DIAGNOSTIC IMAGING
8 COMMUNITY HEALTH AND DENTAL CENTERS 400 TEEGARDEN STREET LAPORTE IN 46350	COMMUNITY HEALTH CENTER
9 SPORTS MEDICINE AT SAGAMORE 600 LEGACY PLAZA LAPORTE IN 46350	REHAB AND PHYSICAL THERAPY
10 LEGACY BUILDING 1300 STATE STREET LAPORTE IN 46350	NEURO SLEEP

Schedule H (Form 990) 2013

Part V Facility Information *(continued)*

Section D. 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 NEW CARLISLE WELLNESS & REHAB 8988 E US HWY 20 NEW CARLISLE IN 46552	PHYSICAL THERAPY
2 FOUNDERS SQUARE 15105 STATE STREET LAPORTE IN 46350	PEDIATRIC REHAB, LABORATORY
3 WESTVILLE WELLNESS & REHAB 156 N FLYNN ROAD LAPORTE IN 46350	PHYSICAL THERAPY SERVICES
4 VNA HAMLET 5955 W 600 N HAMLET IN 46532	VNA SERVICES
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 6A - COMMUNITY BENEFIT REPORT - RELATED ORGANIZATION

INDIANA UNIVERSITY HEALTH LAPORTE HOSPITAL'S (IUHLH) COMMUNITY BENEFIT REPORT IS INCLUDED IN INDIANA UNIVERSITY HEALTH, INC.'S ANNUAL BENEFIT REPORT DISTRIBUTED TO NUMEROUS COMMUNITY MEMBERS.

PART I, LINE 7, COLUMN (F) - BAD DEBT EXPENSE

\$23,847,398 IS THE AMOUNT OF BAD DEBT EXPENSE THAT WAS EXCLUDED FROM THE CALCULATION OF COMMUNITY BENEFIT EXPENSE PERCENTAGE REPORTED ON PART I, LINE 7, COLUMN F.

PART I, LINE 7 - COSTING METHODOLOGY

THE COST TO CHARGE RATIO THAT WAS CALCULATED IN PART I, LINE 7, WAS USED IN CALCULATING THE EXPENSE AT COST FOR THE APPROPRIATE CATEGORIES.

PART II - COMMUNITY BUILDING ACTIVITIES

IUHLH PROVIDES SEVERAL KEY ACTIVITIES WITHIN THIS CATEGORY, MOST NOTABLY, PROJECT SEARCH. IUHLH PARTICIPATES IN PROJECT SEARCH OF INDIANA, WHICH IS A TRANSITION PROGRAM FOR HIGH SCHOOL STUDENTS WITH DISABILITIES THAT

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PROVIDES SKILLS, TRAINING AND WORK EXPERIENCE. IUHLH IS THE FIRST AND PRESENTLY THE ONLY EMPLOYER IN LAPORTE COUNTY TO PARTICIPATE IN THE NATIONWIDE PROGRAM. THE PROJECT SEARCH PARTNERSHIP WITH IUHLH ENABLES STUDENTS WITH DISABILITIES TO NOT ONLY DEVELOP AN UNDERSTANDING OF THE REAL WORLD OF WORK, BUT TO ALSO DEVELOP THE SKILLS NECESSARY TO SUCCESFULLY PURSUE FUTURE EMPLOYMENT OPPORTUNITIES.

PART III, LINE 2 & 3 - METHODOLOGY USED TO DETERMINE BAD DEBT EXPENSE
THE BAD DEBT EXPENSE OF \$6,922,057 ON SCHEDULE H, PART III, LINE 2 IS REPORTED AT COST.

THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY WAS CALCULATED BY USING THE GROSS PATIENT CHARGES WRITTEN OFF PURSUANT TO CHARITY CARE POLICIES MULTIPLIED BY THE RATIO OF PATIENT CARE COST TO CHARGES.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE

THE FOOTNOTE ON ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS APPEARS ON PAGES 19-21 OF THE 2013 CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF INDIANA UNIVERSITY HEALTH, INC. AND SUBSIDIARIES (SEE ATTACHED AFS).

PART III, LINE 8 - MEDICARE COSTING METHODOLOGY

THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7 IS CALCULATED IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING ALLOWABLE COST PER MEDICARE COST REPORT. ALLOWABLE COST FOR MEDICARE COST REPORT PURPOSES ARE NOT REFLECTIVE OF ALL COST ASSOCIATED WITH IUHLH'S PARTICIPATING IN MEDICARE PROGRAMS. AS AN EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIANS SERVICES, COST OF MEDICARE PARTS C & D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COST ASSOCIATED WITH IUHLH'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 8. IUHLH'S MEDICARE SHORTFALL IS ATTRIBUTABLE TO REIMBURSEMENTS THAT ARE LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES

Part VI Supplemental Information

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AND DOES NOT INCLUDE ANY AMOUNT THAT RESULTS FROM INEFFICIENCIES OR POOR MANAGEMENT. IUHLH ACCEPTS ALL MEDICARE PATIENTS KNOWING THAT THERE MAY BE SHORTFALLS; THEREFORE IT HAS TAKEN THE POSITION THAT THE SHORTFALL SHOULD BE COUNTED AS PART OF THE COMMUNITY BENEFIT. ADDITIONALLY, IT IS IMPLIED IN THE INTERNAL REVENUE SERVICE REVENUE RULING 69-545 THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NON PROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL BENEFIT, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY.

PART III, LINE 9B - COLLECTION PRACTICES

PROCEDURE ON COLLECTION PRACTICES (EXCERPT FROM FINANCIAL ASSISTANCE POLICY FOR IUHLH):

1. PATIENTS MUST REQUEST ASSISTANCE, COMPLETE, AND SIGN A FINANCIAL ASSISTANCE APPLICATION.
2. UPON RECEIPT OF THE FINANCIAL ASSISTANCE APPLICATION, THE FINANCIAL COUNSELOR WILL FIRST DETERMINE IF THE GUARANTOR QUALIFIES FOR FINANCIAL

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ASSISTANCE. IF THE GUARANTOR QUALIFIES FOR FINANCIAL ASSISTANCE, THEY WILL BE NOTIFIED AND THE ACCOUNT ADJUSTED PER THE WRITE OFF/ADJUSTMENT.

3. IF THE GUARANTOR DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE BUT QUALIFIES FOR LIMITED MEANS, A REDUCTION IN LIABILITY WILL BE MADE TO THE ACCOUNT AND THE GUARANTOR WILL BE NOTIFIED VIA MAIL. AT THE GUARANTOR'S REQUEST, PAYMENT ARRANGEMENTS WILL BE MADE FOR THE REMAINING BALANCE.

4. IF THE GUARANTOR DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE OR LIMITED MEANS ASSISTANCE AND HAS BEEN DETERMINED TO BE UNINSURED, A DISCOUNT WILL BE MADE TO THE ACCOUNT AND THE GUARANTOR WILL BE NOTIFIED VIA MAIL. AT THE GUARANTOR'S REQUEST, PAYMENT ARRANGEMENTS WILL BE MADE ON THE REMAINING BALANCE.

5. FOR GUARANTORS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE OR LIMITED MEANS EXCEEDING THE HOUSEHOLD INCOME THRESHOLD REFER TO THE OVER 400% FPL POLICY.

6. ACCOUNTS THAT ARE TO BE CONSIDERED WILL CONTINUE TO AGE THROUGH OUR COLLECTION PROCESS, INCLUDING REFERRAL TO AN OUTSIDE REPORTING COLLECTION AGENCY UNLESS A FINANCIAL COUNSELOR DETERMINES GROUNDS FOR A SUSPENSION. REFER TO THE FINANCIAL ASSISTANCE SUSPENSION POLICY.

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7. PATIENT COMPLAINTS/DISSATISFACTION MAY BE TURNED OVER TO OUR RECONSIDERATION TEAM (FINANCIAL COUNSELORS) FOR THE DETERMINATION OF A POSSIBLE RECONSIDERATION. REFER TO THE FINANCIAL ASSISTANCE RECONSIDERATION POLICY.

PART VI, LINE 2 - NEEDS ASSESSMENT

IU HEALTH SYSTEM COLLABORATED WITH OTHER ORGANIZATIONS AND AGENCIES IN CONDUCTING THE NEEDS ASSESSMENT FOR THE IU HEALTH LA PORTE HOSPITAL COMMUNITY. THESE COLLABORATING ORGANIZATIONS ARE LISTED ON PAGE 9 OF THE CHNA. TO GATHER QUALITATIVE DATA FOR ITS CHNA, THE APPROACH CONSISTED OF A MULTI-COMPONENT APPROACH TO IDENTIFY AND VERIFY COMMUNITY HEALTH NEEDS FOR THE SERVICE AREA. WE HOSTED MULTIPLE ONE AND A HALF TO TWO HOUR COMMUNITY CONVERSATION FOCUS GROUPS WITH PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS IN ATTENDANCE TO DISCUSS THE HEALTHCARE NEEDS FOR THE SERVICE AREA AND WHAT ROLE IU HEALTH LA PORTE COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS. IN ADDITION, WE SURVEYED THE COMMUNITY AT LARGE THROUGH THE HOSPITAL'S WEBSITE, WITH SPECIAL EMPHASIS TO GARNER INPUT FROM LOW INCOME, UNINSURED OR MINORITY GROUPS. REFER TO PAGES 30 & 31 OF

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THE CHNA FOR LIST OF PARTICIPANTS.

THE 2012 IUHEALTH LAPORTE CHNA HAS BEEN A GUIDE FOR OUR COMMUNITY

OUTREACH ACTIVITIES. FOCUS HAS BEEN INITIATED ON THE FOUR MAIN

OBJECTIVES:

1.) DEVELOP A COMPREHENSIVE PROFILE OF HEALTH STATUS, QUALITY OF CARE, AND CARE MANAGEMENT INDICATORS OVERALL AND BY COUNTY FOR THOSE RESIDING WITHIN THE IU HEALTH LAPORTE SERVICE AREA, SPECIFICALLY WITHIN THE PRIMARY SERVICE AREA (PSA) OF LA PORTE COUNTY, INDIANA, 2.) IDENTIFY THE PRIORITY HEALTH NEEDS (PUBLIC HEALTH AND HEALTHCARE) WITHIN THE IUHEALTH LAPORTE PSA, FOR EXAMPLE, BREAST AND COLON CANCERS WHERE IDENTIFIED AS THE TOP PRIORITY INITIATIVES. AN ACTION PLAN WAS DEVELOPED TO INCREASE SCREENING OFFERINGS. WITHIN TWO MONTHS FROM THE LAUNCH OF THE ONCOLOGY/MAMMO/COLON SCREENING PROJECT, 20 MAMMOGRAPHIES AND 3 COLONOSCOPIES HAVE BEEN COMPLETED. TWO PATIENTS WERE WITHOUT INSURANCE AND THE HOSPITAL FOUNDATION PROVIDED VOUCHERS SO THE PATIENTS COULD OBTAIN MAMMOGRAMS. 3.) SERVE AS A FOUNDATION FOR DEVELOPING SUBSEQUENT DETAILED RECOMMENDATIONS ON IMPLEMENTATION STRATEGIES THAT CAN BE

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UTILIZED BY HEALTHCARE PROVIDERS, COMMUNITIES, AND POLICY MAKERS IN ORDER TO IMPROVE THE HEALTH STATUS OF THE IU HEALTH LA PORTE COMMUNITY AND 4.) SUPPLY PUBLIC ACCESS TO THE CHNA RESULTS IN ORDER TO INFORM THE COMMUNITY AND PROVIDE ASSISTANCE TO THOSE INVESTED IN THE TRANSFORMATION TO THE COMMUNITY'S HEALTHCARE NETWORK. WE ARE CURRENTLY WORKING ON A NEW FULL NEEDS ASSESSMENT. OUR GOAL IS TO CONTINUE TO DEVELOP UPON OUR FULL NEEDS ASSESSMENT IDEAS FROM 2012 AND THEN THE MINI NEEDS ASSESSMENT FROM 2013 IDEAS INCLUDING HOW TO MEASURE THEM MORE EFFICIENTLY MOVING FORWARD AND ALSO IDENTIFY IF THERE ARE ANY NEW NEEDS OF THE COMMUNITY AND HOW WE CAN BEST ADDRESS THESE ITEMS.

PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE BROCHURES ARE DISTRIBUTED THROUGH FINANCIAL COUNSELORS WHO ARE AVAILABLE FOR THOSE IN NEED OF FINANCIAL ASSISTANCE. THE HOSPITAL HAS A COMMUNITY HEALTH CENTER WHICH PROVIDES EDUCATION AND ASSISTANCE VIA "COVERING KIDS AND FAMILIES" ALONG WITH MANY OTHER PROGRAMS AND EVENTS.

IUHLH PROMOTES AWARENESS OF IU HEALTH'S FINANCIAL ASSISTANCE AND

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COMMUNITY HEALTH CENTER THROUGH POSTERS, FLYERS AND PROVIDED HEALTHCARE EXCHANGE NAVIGATORS TO ASSIST OUR COMMUNITY WITH THE MARKETPLACE.

PART VI, LINE 4 - COMMUNITY INFORMATION

LAPORTE COUNTY: POPULATION: 111,097 WHITE: 83.8% BLACK: 10.7% THERE ARE 6,769 HISPANICS AND IT'S PROJECTED TO GROW TO 7,709 BY 2019. ACCORDING TO THE US CENSUS SMALL HEALTH INSURANCE ESTIMATES, 20.8% OF THE ADULT POPULATION AND 7.7% OF CHILDREN ARE UNINSURED. 14% COULD NOT SEE A DOCTOR DUE TO COSTS.

LAPORTE COUNTY WAS RANKED 69 OUT OF 92 IN 2013 ACCORDING TO WWW.COUNTYHEALTHRANKINGS.COM, OBESITY IS A MAJOR RISK FACTOR FOR CV DISEASE, CERTAIN TYPES FOR CANCER AND TYPE 2 DIABETES. LAPORTE COUNTY'S OBESITY RATE IS 31.0% AND DIAGNOSED DIABETES IS 10.8% (ACCORDING TO THE CDC).

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION, IU HEALTH LAPORTE'S INPATIENT PAYER MIX IS 20% MEDICAID WHICH IS HIGHER THAN THE STATE'S

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AVERAGE OF 18.6% WHEREAS IU HEALTH LAPORTE'S SELF-PAY IS 4.5%, SLIGHTLY LOWER THAN THE STATE'S AVERAGE OF 5.4%. THE AVERAGE INCOME IN LAPORTE COUNTY IS \$57,778, LOWER THAN THE STATE AVERAGE OF 61,175 (SOURCE: NIELSEN IXPRESS). AS REPORTED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, LAPORTE COUNTY IS DESIGNATED AS A MEDICALLY UNDERSERVED AREA/POPULATION. ACCORDING TO THE INDIANA YOUTH INSTITUTE, 26.8% OF THE CHILDREN IN LAPORTE COUNTY ARE IN POVERTY, ABOVE THE 22.6% STATE AVERAGE.

THERE IS ONE OTHER ACUTE CARE HOSPITAL IN THE COUNTY, FRANCISCAN SAINT ANTHONY HEALTH WHICH IS A PART OF THE FRANCISCAN ALLIANCE SYSTEM. THE HOSPITAL IS LOCATED APPROXIMATELY 12 MILES FROM IU HEALTH LA PORTE AND HAS 310 BEDS.

STARKE COUNTY: POPULATION 23,134; WHITE 95.6%, BLACK 0.9%. THERE ARE 987 HISPANICS AND THIS POPULATION IS PROJECTED TO GROW TO 1,286 BY 2019, AN INCREASE OF 30%. STARKE COUNTY WAS RANKED 88 OUT OF 92 FOR HEALTH OUTCOMES IN 2014 ACCORDING TO WWW.COUNTYHEALTHRANKINGS.COM. THE COUNTY

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WAS NEXT TO THE LAST FOR HEALTH FACTORS (I.E., BEHAVIORS, CLINICAL CARE, SOCIAL & ECONOMIC VARIABLES). OBESITY IS A MAJOR RISK FACTOR FOR CV DISEASE, CERTAIN TYPES OF CANCER AND TYPE II DIABETES. STARKE COUNTY'S OBESITY RATE IS 35% AND DIAGNOSED DIABETES IS 10.5% (ACCORDING TO CDC).

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION, IU HEALTH STARKE HOSPITAL'S (IUHSH) INPATIENT PAYER MIX IS 10.2% MEDICAID WHICH IS LOWER THAN THE STATE'S AVERAGE OF 18.6% AND SELF-PAY IS THE SAME AS THE STATE (5.4%). IUHSH'S MEDICARE IS HIGH AT 63.9% COMPARED TO STATE AVERAGE OF 46.7%. THE AVERAGE INCOME IN STARKE COUNTY IS \$50,431, LOWER THAN THE STATE AVERAGE OF \$61,175 (SOURCE: NIELSEN IXPRESS).

AS REPORTED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, STARKE COUNTY IS DESIGNATED AS A MEDICALLY UNDERSERVED AND HEALTH PROFESSIONAL SHORTAGE AREA/POPULATION. ACCORDING TO THE INDIANA YOUTH INSTITUTE, 25.9% OF THE CHILDREN IN STARKE COUNTY ARE IN POVERTY, ABOVE THE STATE AVERAGE OF 22.6%.

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THERE ARE NO OTHER ACUTE CARE HOSPITALS OR AMBULATORY SURGERY CENTERS IN THE COUNTY. IUHSH IS 23 MILES FROM IU HEALTH LAPORTE HOSPITAL AND THE NEAREST COMPETITOR IS ST. JOSEPH REGIONAL MEDICAL CENTER LOCATED IN PLYMOUTH WHICH IS 15 MILES AWAY.

PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

IU HEALTH LAPORTE HOSPITAL IS GOVERNED BY A BOARD OF DIRECTORS COMPRISED OF LOCAL COMMUNITY MEMBERS AND MEDICAL STAFF. THE BOARD OF DIRECTORS APPROVED THE COMMUNITY HEALTH NEEDS AND THE STRATEGIES TO ADDRESS THOSE NEEDS.

IU HEALTH LAPORTE HOSPITAL RUNS AND SUPPORTS FINANCIALLY A COMMUNITY HEALTH CENTER (PRIMARY CARE, OB, AND A DENTAL CLINIC) FOR THE UNINSURED OR UNDERINSURED IN THE COMMUNITY. THE CLINIC IS ALSO SUPPORTED BY A GRANT FROM THE STATE OF INDIANA AND ACCEPTS MEDICAID AND MEDICARE PATIENTS.

THE HOSPITAL AND ITS FOUNDATION COLLABORATE WITH OTHER FUNDERS SUCH AS

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THE KOMEN FOUNDATION AND IBCAT TO BRING FREE MAMMOGRAMS (SCREENING AND COMPREHENSIVE) TO THE COMMUNITY.

THE WELLNESS DEPARTMENT OF IU HEALTH LAPORTE HOSPITAL DEVELOPS AND DELIVERS FREE HEALTH SCREENINGS AND HEALTH EDUCATION ON SITE AND DIFFERENT LOCATIONS THROUGHOUT THE COMMUNITY. AMONG OTHER PROGRAMS DELIVERED FROM OUR WELLNESS DEPARTMENT IS OUR LIL' FISH CLUB. THE GOAL OF THE LIL' F.I.S.H CLUB (TM) IS TO GIVE CHILDREN THE TOOLS TO MAKE POSITIVE HEALTH AND LIFESTYLE DECISIONS. THE PROGRAM CURRENTLY TARGETS A TOTAL OF 1,125 4TH GRADE STUDENTS AT 18 DIFFERENT SCHOOLS IN LA PORTE AND STARKE COUNTY. THE LIL' F.I.S.H. CLUB (TM) PROMOTES HEALTHY BEHAVIORS AND INCREASES THE AWARENESS OF HEALTH ISSUES THROUGH A SERIES OF MONTHLY EDUCATIONAL MODULES. THE PROGRAM STARTS IN OCTOBER WITH AN INITIAL HEALTH ASSESSMENT TO DETERMINE THE GENERAL HEALTH KNOWLEDGE AND BEHAVIORS OF THE STUDENTS. A POST ASSESSMENT IS GIVEN AT THE END OF THE PROGRAM IN MAY TO SEE HOW MUCH THE STUDENTS HAVE RETAINED AND WHERE THERE MAY BE ROOM FOR IMPROVEMENT.

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THE IU HEALTH MOBILE HEALTH CLINIC IS A TRAVELLING VEHICLE THAT PROVIDES CONVENIENT HEALTHCARE SERVICES AND EDUCATION AT VARIOUS LOCATIONS THROUGHOUT OUR SERVICE AREA, BRINGING PREVENTATIVE SCREENINGS AND HEALTHY INFORMATION TO OUR COMMUNITIES. THE IU HEALTH MOBILE ALLOWS US TO EXPAND OUR SCREENING SERVICES TO ADDRESS UNMET HEALTHCARE NEEDS WITHIN THE COMMUNITY. WE CURRENTLY OFFER THE FOLLOWING SCREENINGS FREE OF CHARGE: BLOOD PRESSURE; GLUCOSE; BONE DENSITY; COLORECTAL, CERVICAL AND SKIN CANCER; AND CLINICAL BREAST EXAMS. EDUCATION TOPICS INCLUDE, BUT ARE NOT LIMITED TO: EXERCISE, DIABETES, HEALTHY EATING AND SMOKING CESSATION.

PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM

IUHLH HAS BEEN AFFILIATED WITH INDIANA UNIVERSITY HEALTH, INC. (IUH) SINCE 1998. THIS PARTNERSHIP ENABLES IUHLH TO OPERATE AUTONOMOUSLY THROUGH A LOCAL BOARD WHILE RECEIVING THE NEEDED CAPITAL THROUGH IUH.

THIS PARTNERSHIP HAS PROVEN SUCCESSFUL THROUGH SEVERAL DIFFERENT PROGRAMS. THROUGH THE IU HEALTH NAME, OUR COMMUNITY HEALTH RESOURCE CENTER, HEALTHQUARTERS, CAN TAP INTO MANY DATABASES FOR THE PUBLIC.

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RESEARCH CAN BE DONE FREE OF CHARGE THROUGH NUMEROUS MEMBERSHIP SITES BY
COMMUNITY MEMBERS LOOKING TO GATHER HEALTH INFORMATION.

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