

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

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

▶ Attach to Form 990.

▶ 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

- 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- 1b If "Yes," was it a written policy?
- 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.
 Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities
 Generally tailored to individual hospital facilities
- 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.
- a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
 100% 150% 200% Other _____ %
- 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:
 200% 250% 300% 350% 400% Other _____ %
- c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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"?
- 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
 b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
 c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a Did the organization prepare a community benefit report during the tax year?
 b If "Yes," did the organization make it available to the public?
- Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

	Yes	No
1a	X	
1b	X	
2		
3a	X	
3b	X	
3c		
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	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)		10865	5,439,528.		5,439,528.	3.15
b Medicaid (from Worksheet 3, column a)		6006	25,983,073.	21,076,607.	4,906,466.	2.84
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		16871	31,422,601.	21,076,607.	10,345,994.	5.99
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	29	57492	442,652.	34,384.	408,268.	.24
f Health professions education (from Worksheet 5)	3	38	782,515.		782,515.	.45
g Subsidized health services (from Worksheet 6)	3	38	1,189,478.		1,189,478.	.69
h Research (from Worksheet 7)	1		294,591.		294,591.	.17
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	36	57568	2,709,236.	34,384.	2,674,852.	1.55
k Total. Add lines 7d and 7j.	36	74439	34,131,837.	21,110,991.	13,020,846.	7.54

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	100	18,379.		18,379.	.01
3 Community support	2	1	47,538.		47,538.	.03
4 Environmental improvements	1	360	582.		582.	
5 Leadership development and training for community members	1	4	3,600.		3,600.	
6 Coalition building	1	385	9,089.		9,089.	
7 Community health improvement advocacy	2		5,111.		5,111.	
8 Workforce development	1	105	26,291.		26,291.	.02
9 Other						
10 Total	11	955	110,590.		110,590.	.06

Part III Bad Debt, Medicare, & Collection Practices

		Yes	No
Section A. Bad Debt Expense			
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
	6,426,465.		
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.		
	4,585,629.		
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)		
	42,255,139.		
6	Enter Medicare allowable costs of care relating to payments on line 5		
	56,906,196.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)		
	-14,651,057.		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		
Section C. Collection Practices			
9a	Did the organization have a written debt collection policy during the tax year?	X	
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	X	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
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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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	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 letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

2

Community Health Needs Assessment

- 1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year?
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)?
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 13
5 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...
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities?
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?
7 Did the hospital facility make its CHNA report widely available to the public?
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA?
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 13
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA...
12a 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)?
12b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

Table with 3 columns: Question ID, Yes, No. Contains 'X' marks for 'Yes' or 'No' responses to various questions.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group A

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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 FAP was widely available on a website (list url): <u>WWW.IUHEALTH.ORG/LAPORTE</u>		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	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(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group A

		Yes	No
19	Did the hospital facility or other authorized 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(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	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 checked="" type="checkbox"/> Other (describe in Section C)		
23	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
24	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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 5 (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.

THE COMMUNITY HEALTH NEEDS ASSESSMENT TEAM WAS:

ROBIN EGGERS, MBA - DIRECTOR OF COMMUNITY OUTREACH AND ENGAGEMENT IUHLH.

STEPHANIE BERRY, MS - MANAGER, SYSTEM COORDINATION AT IUHLH.

SARAH MOORE, MPH PROJECT MANAGER, COMMUNITY BENEFIT AT IUHLH.

APRIL POTEET - COMMUNITY OUTREACH ASSOCIATE AT IUHLH.

CAROLINE HODGKINS, MPH - COMMUNITY OUTREACH AT IUHLH

THE FOCUS GROUP CONSISTED OF:

BERT SAPPENFIELD - DIRECTOR OF MARKETING AT GOLDEN LIVING CENTER.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MARIA FRUTH - EXECUTIVE VP AT LAPORTE FOUNDATION.

KAYDE DARNELL - DIRECTOR OF OAK WOODS MANOR.

JAN ROBERTS - SOCIAL WORK AT THE SALVATION ARMY.

ROSE FLINCHUM - CLINICAL NURSE WITH IUHLH.

THOR THORDARSON - CEO OF IUHLH.

ROBERT BOKLUND - DIRECTOR OF SWANSON CENTER.

KUMUD AGGAWAI - PRINCIPAL WITH SWANSON CENTER.

MARCIA BREWER - RN WITH IUHLH.

SANDY GLEIM - EXECUTIVE DIRECTOR OF HEALTHY COMMUNITIES.

MIKE ARNETT - TREASURER OF LAPORTE ROTARY CLUB.

MIKE SEITZ - PRESIDENT OF LAPORTE CHAMBER OF COMMERCE.

SANDY BEHRENS - DIRECTOR AT IUHLH.

ANITA IVANKOVIG - CNO AT IUHLH.

JEAN HAYES - ASSOCIATE PROFESSOR OF NURSING AT PURDUE NORTH CENTRAL.

DAWN BIELA - COUNCIL ON AGING DIRECTOR.

PART V, SECTION B, LINE 11 (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 CHNA. IU LAPORTE HOSPITAL IMPLEMENTS THE NEEDS BASED ON THE PREVALENCE AND SEVERITY OF THE NEED, AND THE RANKING THAT IT WAS GIVEN. ADDITIONALLY, THE EFFECTIVENESS OF AN INTERVENTION FOR EACH NEED AND THE HOSPITAL'S ABILITY TO IMPACT POSITIVE CHANGE WAS EVALUATED. THE FOCUS GROUP IDENTIFIED THE FOLLOWING FIVE NEEDS AS PRIORITIES FOR IU HEALTH LAPORTE: 1. ACCESS TO HEALTHCARE. 2. PREVENTIVE HEALTHCARE AND WELLNESS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

3. MENTAL HEALTH. 4. TOBACCO USE AND SUBSTANCE ABUSE. 5. CHRONIC DISEASE MANAGEMENT. THESE PRIORITIZED NEEDS ARE DISCUSSED IN MORE DETAIL BELOW.

1. ACCESS TO HEALTHCARE WAS CONSIDERED THE TOP NEED BY BOTH FOCUS GROUPS, AND ENCOMPASSED THE SAME CONCERNS OF COST OF HEALTHCARE AND COORDINATED CARE SERVICES. LEADERS BELIEVED IT IS NOT ONLY THE MORE IMPOVERISHED OF THE POPULATION WHO SUFFER, BUT THE INDIVIDUALS WHO ARE RIGHT ABOVE THE POVERTY LINE WHO ARE NOT ELIGIBLE FOR HEALTHCARE FINANCIAL AID. ADDITIONALLY, THERE IS A LACK OF INSURANCE OPTIONS AND DEDUCTIBLES ARE TOO HIGH FOR THE INDIVIDUALS TO AFFORD. MANY PROVIDERS IN LA PORTE WILL NOT ACCEPT MEDICARE AND MEDICAID, THEREFORE FURTHER LIMITING THE COMMUNITY. HOWEVER, LA PORTE IS FORTUNATE TO HAVE THE LA PORTE HOSPITAL CLINIC, WHICH SERVES THEIR COUNTY ON A SLIDING SCALE BASIS, AND OFFERS EXTENDED SERVICES. 2. PREVENTIVE HEALTHCARE AND WELLNESS WAS RANKED AS THE COMMUNITY'S SECOND GREATEST NEED. LEADERS BELIEVED MANY INDIVIDUALS WITHIN LA PORTE COUNTY ARE NOT AWARE OF THE BASICS OF A HEALTHY LIFESTYLE, AND AWARENESS OF THIS IS VITAL TO PREVENTING DISEASE IN THEIR COMMUNITY. SMOKING WAS ALSO IN THE DISEASE PREVENTION CATEGORY, AND IS STILL PROMINENT WITHIN THE COMMUNITY. THE TWO FOCUS GROUPS DID VARY SLIGHTLY IN TERMS OF WHAT DISEASE PREVENTION CONSISTED OF, BUT ALL AGREED AWARENESS AND EDUCATION IS KEY TO PREVENTING CHRONIC DISEASE. 3. MENTAL HEALTH WAS DISCUSSED IN GREAT DETAIL AND THOUGHT TO BE THE THIRD NEED WITHIN THE LA PORTE COMMUNITY. CURRENTLY, THERE IS NOT AN INPATIENT CARE FACILITY FOR CHILDREN, AND BUDGET CUTS ARE BEING CONDUCTED WITHIN OUTPATIENT FACILITIES FOR BOTH ADULTS AND CHILDREN. INSURANCE COVERAGE IS A LARGE BARRIER AS WELL, DUE TO THE FACT THAT THE MAJORITY OF INSURANCE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMPANIES ONLY PERMIT INPATIENT TREATMENT FOR FIVE DAYS, WHICH IS NOT NEARLY ENOUGH - STATISTICS SHOW MOST INDIVIDUALS NEED ABOUT A MONTH FOR ANY REAL RECOVERY. THERE ARE ALSO NOT ENOUGH PSYCHOLOGISTS WITHIN LA PORTE, AND THERE IS MINIMAL FOLLOW-UP ON PATIENTS ONCE THEY LEAVE THE HOSPITAL. LA PORTE DOES, HOWEVER, HAVE THE SWANSON CENTER, WHICH HAS BEEN A VITAL RESOURCE FOR THE COMMUNITY. THE SWANSON CENTER HAS WRAPAROUND SERVICES AND PROVIDES TO BOTH ADULTS AND CHILDREN. HOWEVER, LEADERS MENTIONED THAT THEY HAVE A HARD TIME MEETING THE DEMAND FOR ALL THE MENTAL HEALTH CONCERNS, ESPECIALLY WITH THE GROWING RATES OF SUBSTANCE ABUSE THAT COEXIST WITH MENTAL HEALTH. 4. TOBACCO USE AND SUBSTANCE ABUSE WERE DISCUSSED IN GREAT DETAIL AND CONSIDERED THE FOURTH HIGHEST NEED. LA PORTE COUNTY HAS ONE OF THE HIGHEST RATES OF DRUGS AND ALCOHOL USE, AND LEADERS ARE CONCERNED FOR THEIR COUNTY'S WELL-BEING DUE TO THE EFFECTS ON INDIVIDUALS, EMPLOYMENT, AND ASSISTANCE PROGRAMS. MORE INTENSE DRUG USE, SUCH AS HEROIN AND METHAMPHETAMINE, RATES HAVE GROWN OVER THE PAST FEW YEARS, AND THERE ARE NOT EXISTING RESOURCES TO REALLY ADDRESS THOSE CONCERNS IN LA PORTE COUNTY. THE CLOSEST FACILITIES ARE IN SOUTH BEND AND GARY, INDIANA. IT WAS ALSO NOTED THAT ALCOHOLICS ANONYMOUS IS NOT BELIEVED TO EVEN BE OPERATING WITHIN LA PORTE COUNTY, THEREFORE LIMITING RESOURCES EVEN FURTHER. ESSENTIALLY, LA PORTE COUNTY HAS MINIMAL RESOURCES TO ADDRESS THEIR GROWING SUBSTANCE ABUSE PROBLEMS. LEADERS BELIEVED COUNSELING AND DETOXIFICATION PROGRAMS COULD BE A GREAT ASSET TO THEIR COMMUNITY. 5. CHRONIC DISEASE MANAGEMENT WAS ADDRESSED IN BOTH FOCUS GROUPS AS WELL. ONE GROUP ADDRESSED THE FACT THAT PREVENTION IS A HIGHER PRIORITY TO ADDRESS BECAUSE THEY DO NOT WANT INDIVIDUALS TO REACH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE CHRONIC DISEASE MANAGEMENT STAGE; HOWEVER, IT IS CURRENTLY NEEDED WITHIN THE COMMUNITY IN TERMS OF OBESITY, DIABETES, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), HEART DISEASE, ETC. OF GREATEST CONCERN ARE THE GROWING RATES IN CHILDREN WHEN IT COMES TO OBESITY AND DIABETES, AND THAT THE CHILDREN OF LA PORTE COUNTY ARE NOT ENGAGING IN ENOUGH PHYSICAL ACTIVITY. WHILE THERE IS A NEW PUSH ON PHYSICAL EDUCATION, LEADERS ADDRESSED THE FACT THAT THEY NEED POLICY CHANGE FOR ISSUES SUCH AS FOOD LABELING AND EDUCATION FUNDING.

PART V, SECTION B, LINE 22D (FACILITY REPORTING GROUP A)
IU HEALTH LAPORTE HOSPITAL INTENDS TO BE IN COMPLIANCE WITH THE 501(R) REGULATIONS REGARDING THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE BY THE EFFECTIVE DATE.

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? 13

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 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 MICHIGAN CITY IN 46360	HOME HEALTH
7 LIFEPLEX DIAGNOSTIC IMAGING 2855 MILLER DRIVE PLYMOUTH IN 46563	DIAGNOSTIC IMAGING
8 SPORTS MEDICINE AT SAGAMORE 600 LEGACY PLACE LAPORTE IN 46350	REHAB AND PHYSICAL THERAPY
9 LEGACY BUILDING 1300 STATE STREET LAPORTE IN 46350	NEURO SLEEP
10 NEW CARLISLE WELLNESS AND REHAB 8988 E US HIGHWAY 20 NEW CARLISLE IN 46552	PHYSICAL THERAPY

Schedule H (Form 990) 2014

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	WESTVILLE WELLNESS AND REHAB 156 N FLYNN ROAD LAPORTE IN 46350	PHYSICAL THERAPY SERVICES
2	FOUNDERS SQUARE 15105 STATE STREET LAPORTE IN 46350	PEDIATRIC REHAB, LABORATORY
3	VNA HAMLET 5955 W 600 N HAMLET IN 46532	VNA SERVICES
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

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- 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 (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

\$19,485,216 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

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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 SUCCESSFULLY PURSUE FUTURE EMPLOYMENT OPPORTUNITIES.

HEALTHCARE CAREER CAMP (FORMERLY VOLUNTEEN) IS AN INDIANA UNIVERSITY HEALTH LAPORTE HOSPITAL PROGRAM THAT ALLOWS JUNIORS AND SENIORS IN HIGH SCHOOL TO EXPERIENCE SEVERAL FACETS OF THE HEALTHCARE FIELD. THE WEEK-LONG CAMP INCLUDES: PRESENTATIONS AND DISCUSSIONS WITH IU HEALTH PHYSICIANS; CPR CERTIFICATION; HANDS-ON LAB EXPERIENCES; AND CLINICAL DEPARTMENT TOURS.

IN 2014, IUHLH PAID FEES FOR FOUR COLLEAGUES TO ATTEND LEADERSHIP LAPORTE COUNTY'S ADULT CLASS. THE NINE-MONTH PROGRAM IS A FORUM FOR THE DEVELOPMENT OF COMMUNITY LEADERS. STUDENTS BUILD LEADERSHIP SKILLS, NETWORK WITH COMMUNITY LEADERS, AND LEARN ABOUT LAPORTE COUNTY. THE

Part VI Supplemental Information

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MISSION OF LEADERSHIP LAPORTE COUNTY IS: TO INSPIRE, DEVELOP, CULTIVATE
AND CONNECT EMERGING AND EXISTING LEADERS TO SERVE THEIR DIVERSE
COMMUNITIES.

IUHLH ALSO PARTICIPATES IN VARIOUS COALITION BUILDING ACTIVITIES THROUGH
THE CENTER FOR SPIRITUAL CARE. THE CENTER FOR SPIRITUAL CARE HAS
REPRESENTATION IN THE MINISTERIAL ALLIANCE, WHICH BUILDS AND PRESERVES
RELATIONSHIPS WITH LOCAL CLERGY AND PROMOTES THE PHYSICAL, EMOTIONAL, AND
SPIRITUAL HEALTH OF OUR COMMUNITY BY PROVIDING COLLABORATIVE SERVICES
THAT SERVE THOSE MOST VULNERABLE IN OUR COMMUNITY. THE DIRECTOR OF THE
CENTER FOR SPIRITUAL CARE SERVED AS THE NATIONAL DAY OF PRAYER LEADER,
WHICH IS A COLLABORATIVE EFFORT BETWEEN THE BOY SCOUTS OF AMERICA AND THE
SALVATION ARMY THAT PROMOTE PROGRAMS THAT SUPPORT SERVICE TO THOSE MOST
VULNERABLE IN OUR COMMUNITY. THE DIRECTOR ALSO SERVED ON THE MARTIN
LUTHER KING JR. COMMUNITY CELEBRATION COMMITTEE, WHERE A MULTITUDE OF
ISSUES ARE LIFTED UP, PARTICULARLY AS IT PERTAINS TO OUR AFRICAN-AMERICAN
COMMUNITIES IN TERMS OF ACCESS TO SERVICES, CARE, EDUCATION AND HEALTHY
CHOICES. A COMMUNITY GOOD FRIDAY SERVICE WAS HELD IN THE HOSPITAL CHAPEL.

Part VI Supplemental Information

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SERVING AS ONE OF THE HOST SITES FOR THE COMMUNITY SERVICE PROMOTES AMONG OUR COMMUNITY LEADERS THE IMPORTANCE OF THE INTERSECTION BETWEEN PHYSICAL, SPIRITUAL AND EMOTIONAL HEALTH IN OUR COMMUNITY. THE CENTER FOR SPIRITUAL CARE WAS ALSO REPRESENTED AT THE PRAYER FOR THE CITY EVENT, WHERE COMMUNITY LEADERS, POLITICIANS, AND BUSINESS PEOPLE CONVERGE TO PRAY FOR THE NEEDS OF OUR COMMUNITY AND TO RAISE AWARENESS. OUR HOSPITAL AND ITS MISSION, TO BE ONE OF THE TOP TEN HEALTHIEST COMMUNITIES IN INDIANA BY 2030, WERE AMONG THE AREAS SPECIFICALLY LIFTED UP.

PART III, LINES 2 & 3 - METHODOLOGY USED TO DETERMINE BAD DEBT EXPENSE
THE BAD DEBT EXPENSE OF \$19,485,216 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

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PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE

THE FOOTNOTE ON ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS APPEARS ON PAGES 19-21 OF THE 2014 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 7. IUHLH'S MEDICARE SHORTFALL IS ATTRIBUTABLE TO REIMBURSEMENTS THAT ARE LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES

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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.

THE MEDICARE ALLOWABLE COSTS REPORTED ON SCHEDULE H, PART III, LINE 6 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.

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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 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.

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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.

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 LAPORTE 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

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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 LAPORTE 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 THE CHNA FOR LIST OF PARTICIPANTS.

THE 2013 IU HEALTH LAPORTE CHNA HAS BEEN A GUIDE FOR OUR COMMUNITY OUTREACH ACTIVITIES. FOCUS HAS BEEN INITIATED ON THE FOUR MAIN OBJECTIVES:

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 LAPORTE COUNTY, INDIANA, 2.) IDENTIFY THE PRIORITY HEALTH NEEDS (PUBLIC HEALTH AND HEALTHCARE) WITHIN THE IU HEALTH LAPORTE PSA, FOR EXAMPLE, BREAST AND COLON CANCERS WERE IDENTIFIED AS THE

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TOP PRIORITY INITIATIVES. A PILOT PROGRAM WAS CONDUCTED AT ONE OF OUR LOCAL PRIMARY CARE OFFICES. FEMALE PATIENTS AGES 45-75 WHO WERE DUE FOR MAMMOGRAMS AND/OR COLONOSCOPIES WERE CONTACTED AND SCHEDULED SCREENINGS. BETWEEN MAY 2014 AND MARCH 2015, 900 CHARTS WERE REVIEWED; 135 MAMMOGRAMS AND 23 COLONOSCOPIES WERE COMPLETED. MANY REQUIRED FURTHER FOLLOW-UP OR TREATMENT. FOR THOSE PATIENTS WHO NEEDED MAMMOGRAMS AND DID NOT HAVE INSURANCE, THE HOSPITAL FOUNDATION PROVIDED VOUCHERS. THIS PLAN IS A GOOD EXAMPLE OF INCREASING AWARENESS AND EARLY DETECTION. 3.) SERVE AS A FOUNDATION FOR DEVELOPING SUBSEQUENT DETAILED RECOMMENDATIONS ON IMPLEMENTATION STRATEGIES THAT CAN BE UTILIZED BY HEALTHCARE PROVIDERS, COMMUNITIES, AND POLICY MAKERS IN ORDER TO IMPROVE THE HEALTH STATUS OF THE IU HEALTH LAPORTE 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 2014 AND THEN THE MINI NEEDS ASSESSMENT FROM 2014 IDEAS INCLUDING HOW TO MEASURE THEM MORE EFFICIENTLY MOVING FORWARD AND ALSO IDENTIFY IF THERE ARE ANY

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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 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: 2015 POPULATION: 111,288 WHITE: 83.1% BLACK: 11.2% THERE ARE 6,768 HISPANICS AND IT'S PROJECTED TO GROW TO 7,417 BY 2020. ACCORDING TO THE US CENSUS SMALL HEALTH INSURANCE ESTIMATES, 21% OF THE ADULT POPULATION AND 8% OF CHILDREN ARE UNINSURED. 15% COULD NOT SEE A DOCTOR DUE TO COSTS.

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.
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- 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.

LAPORTE COUNTY WAS RANKED 72 OUT OF 92 IN 2014 ACCORDING TO WWW.COUNTYHEALTHRANKINGS.COM, OBESITY IS A MAJOR RISK FACTOR FOR CV DISEASE, CERTAIN TYPES OF CANCER AND TYPE 2 DIABETES. LAPORTE COUNTY'S OBESITY RATE IS 32% AND DIAGNOSED DIABETES IS 10% (ACCORDING TO THE CDC).

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION, IU HEALTH LAPORTE'S INPATIENT PAYER MIX IS 16% MEDICAID WHICH IS CONSISTENT TO THE STATE'S AVERAGE OF 15.9%, WHEREAS IU HEALTH LAPORTE'S SELF-PAY IS 1.6%, LOWER THAN THE STATE'S AVERAGE OF 4.5%. THE AVERAGE HOUSEHOLD INCOME IN LAPORTE COUNTY IS \$59,739, LOWER THAN THE STATE AVERAGE OF \$64,249 (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 SMALL AREA INCOME AND POVERTY ESTIMATES, 27% OF THE CHILDREN IN LAPORTE COUNTY ARE IN POVERTY, ABOVE THE 22% STATE AVERAGE.

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

STARKE COUNTY: POPULATION 23,157; WHITE 97.82%, BLACK 0.5%. THERE ARE 857 HISPANICS AND THIS POPULATION IS PROJECTED TO GROW TO 962 BY 2020, AN INCREASE OF 11%. STARKE COUNTY WAS RANKED 88 OUT OF 92 FOR HEALTH OUTCOMES IN 2014 ACCORDING TO WWW.COUNTYHEALTHRANKINGS.COM. THE COUNTY WAS NEXT TO THE LAST FOR HEALTH FACTORS (I.E., BEHAVIORS, CLINICAL CARE, SOCIAL AND ECONOMIC VARIABLES). OBESITY IS A MAJOR RISK FACTOR FOR CV DISEASE, CERTAIN TYPES OF CANCER AND TYPE 2 DIABETES. STARKE COUNTY'S OBESITY RATE IS 35% AND DIAGNOSED DIABETES IS 12% (ACCORDING TO CDC).

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION, IU HEALTH STARKE HOSPITAL'S (IUHSH) INPATIENT PAYER MIX IS 9.5% MEDICAID WHICH IS LOWER THAN THE STATE'S AVERAGE OF 15.9% AND SELF-PAY IS LOWER AS WELL (1.5% VS. 4.5% RESPECTIVELY). HOWEVER, IUHSH'S MEDICARE IS HIGH AT 63.5% COMPARED

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TO STATE AVERAGE OF 46.7%. THE AVERAGE HOUSEHOLD INCOME IN STARKE COUNTY IS \$52,413, LOWER THAN THE STATE AVERAGE OF \$64,249 (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 SMALL AREA INCOME AND POVERTY ESTIMATES, 26% OF THE CHILDREN IN STARKE COUNTY ARE IN POVERTY, ABOVE THE STATE AVERAGE OF 22%.

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

Part VI Supplemental Information

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APPROVED THE COMMUNITY HEALTH NEEDS AND THE STRATEGIES TO ADDRESS THOSE NEEDS.

THE HOSPITAL AND ITS FOUNDATION COLLABORATE WITH OTHER FUNDERS SUCH AS 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' FISH CLUB IS TO GIVE CHILDREN THE TOOLS TO MAKE POSITIVE HEALTH AND LIFESTYLE DECISIONS. THE PROGRAM CURRENTLY TARGETS A TOTAL OF 1,125 4TH GRAD STUDENTS AT 18 DIFFERENT SCHOOLS IN LAPORTE AND STARKE COUNTY. THE LIL' FISH CLUB 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.

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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.

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.

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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. 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