

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

INDIANA UNIVERSITY HEALTH, INC.

Employer identification number

35 1955872

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.	✓	
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: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	✓	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)	0	33,384	60,721,713	0	60,721,713	1.23
b Medicaid (from Worksheet 3, column a)	0	143,136	1,459,709,462	960,299,353	499,410,109	10.15
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0	0	0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	176,520	1,520,431,175	960,299,353	560,131,822	11.39
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	11	129,486	36,826,715	8,306,528	28,520,187	0.58
f Health professions education (from Worksheet 5)	4	5,856	81,741,463	20,910,771	60,830,692	1.24
g Subsidized health services (from Worksheet 6)	2	40,314	28,460,836	18,903,743	9,557,093	0.19
h Research (from Worksheet 7)	0	0	0	0	0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4	123,072	7,552,952	1,553,166	5,999,786	0.12
j Total. Other Benefits	21	298,728	154,581,966	49,674,208	104,907,758	2.13
k Total. Add lines 7d and 7j	21	475,248	1,675,013,141	1,009,973,561	665,039,580	13.52

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50192T

Schedule H (Form 990) 2023

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	0	0	0	0	0	0.00
2 Economic development	1	1	1,750,000	0	1,750,000	0.04
3 Community support	1	0	150,000	0	150,000	0.00
4 Environmental improvements	0	0	0	0	0	0.00
5 Leadership development and training for community members	0	0	0	0	0	0.00
6 Coalition building	1	4	4,874	0	4,874	0.00
7 Community health improvement advocacy	0	0	0	0	0	0.00
8 Workforce development	2	4,725	94,417	0	94,417	0.00
9 Other	0	0	0	0	0	0.00
10 Total	5	4,730	1,999,291	0	1,999,291	0.04

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?	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	2	39,077,222	
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,	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	344,777,845
6 Enter Medicare allowable costs of care relating to payments on line 5	6	423,392,186
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(78,614,341)
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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 BELTWAY SURGERY CENTERS, LLC	AMBULATORY SURGERY CENTER	25.91		48.81
2 SENATE STREET SURGERY CENTER, LLC	AMBULATORY SURGERY CENTER	26.21		48.61
3 INDIANA ENDOSCOPY CENTERS, LLC	AMBULATORY SURGERY CENTER	26.01		24.60
4 ROC SURGERY, LLC	AMBULATORY SURGERY CENTER	29.70		41.77
5 BALL OUTPATIENT SURGERY CENTER, LLC	AMBULATORY SURGERY CENTER	28.18		32.58
6 IU HEALTH SW FORT WAYNE ASC, LLC	AMBULATORY SURGERY CENTER	29.55		45.16
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? 1

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):

1 INDIANA UNIVERSITY HEALTH
 1701 N. SENATE BLVD., INDIANAPOLIS, IN 46202
[HTTPS://IUHEALTH.ORG/](https://iuhealth.org/) STATE LICENSE NO. : 23-005051-1

	Licensed hospital	General medical	Children's hospital	Teaching hospital	Critical access	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<u>1</u>	✓	✓	✓	✓		✓	✓		SEE PART V, SECTION C FOR ADDITIONAL INFORMATION	
<u>2</u>										
<u>3</u>										
<u>4</u>										
<u>5</u>										
<u>6</u>										
<u>7</u>										
<u>8</u>										
<u>9</u>										
<u>10</u>										

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: INDIANA UNIVERSITY HEALTHLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
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?	1	✓
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? If "Yes," provide details of the acquisition in Section C	2	✓
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)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	3	✓
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 significant 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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
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, 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	5	✓
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	✓
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	✓
7 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):	7	✓
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	✓
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	✓
a If "Yes," (list url): <u>HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/COMMUNITY-BENEFIT</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
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)?	12a	✓
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: INDIANA UNIVERSITY HEALTH

	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:	13 ✓	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>3</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u> </u> <u> </u> <u>0</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 ✓	
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):	15 ✓	
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 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 ✓	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: INDIANA UNIVERSITY HEALTH

	Yes	No
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 nonpayment?	17 ✓	
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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?	19	✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
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?	21 ✓	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: INDIANA UNIVERSITY HEALTH

	Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
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.	23	✓
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.	24	✓

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Supplemental Information. 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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	IU HEALTH'S 2021 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORTS INCLUDE PRIORITIZED DESCRIPTIONS OF SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY. THE CHNA REPORTS IDENTIFIED THE FOLLOWING NEEDS TO BE ADDRESSED: - ACCESS TO HEALTH CARE SERVICES - CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT - DRUG AND SUBSTANCE ABUSE - FOOD INSECURITY AND HEALTHY EATING - HEALTH EDUCATION AND NAVIGATION - MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING - MENTAL HEALTH - OBESITY, DIABETES AND PHYSICAL INACTIVITY - SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE - SOCIAL DETERMINANTS OF HEALTH - AGING POPULATION AND NEEDS OF SENIORS

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	<p>FACILITY NAME: IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, AND RILEY HOSPITAL FOR CHILDREN</p> <p>DESCRIPTION: IU HEALTH OPERATES FOUR HOSPITAL LOCATIONS THAT ARE LICENSED AS A SINGLE HOSPITAL BY THE INDIANA STATE DEPARTMENT OF HEALTH. THESE HOSPITAL LOCATIONS ARE AS FOLLOWS:</p> <ul style="list-style-type: none"> -IU HEALTH METHODIST HOSPITAL -IU HEALTH UNIVERSITY HOSPITAL -RILEY HOSPITAL FOR CHILDREN AT IU HEALTH -IU HEALTH SAXONY HOSPITAL <p>IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, AND RILEY HOSPITAL FOR CHILDREN ARE LOCATED IN INDIANAPOLIS, MARION COUNTY, INDIANA AND ARE REFERRED TO AS THE IU HEALTH ACADEMIC HEALTH CENTER. IU HEALTH SAXONY HOSPITAL IS LOCATED IN FISHERS, HAMILTON COUNTY, INDIANA. ALTHOUGH LICENSED AS A SINGLE HOSPITAL, EACH OF THESE FACILITIES SERVE DIFFERENT, ALTHOUGH SOMETIMES OVERLAPPING, PORTIONS OF THE COMMUNITY WHICH PRESENT THEIR OWN UNIQUE HEALTH NEEDS. IN ORDER TO TAKE INTO ACCOUNT ALL OF THESE UNIQUE HEALTH NEEDS, IU HEALTH CONDUCTED SEPARATE COMMUNITY HEALTH NEEDS ASSESSMENTS ("CHNAS") FOR EACH OF ITS FOUR HOSPITAL LOCATIONS.</p> <p>IN CONDUCTING EACH OF ITS MOST RECENT CHNAS FROM JANUARY 2021 THROUGH DECEMBER 2021, IU HEALTH TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES IT SERVES BY HOSTING FOUR COMMUNITY FOCUS GROUPS AND CONDUCTING INTERVIEWS. THESE FOCUS GROUPS ENGAGED PUBLIC HEALTH OFFICIALS AND COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE SERVICES AND/OR REFLECT COMMUNITY MEMBERS WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, OR OF A MINORITY SUBPOPULATION TO DISCUSS THE HEALTH NEEDS OF THE SERVICE AREA AND WHAT ROLE IU HEALTH COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS.</p> <p>IU HEALTH ACADEMIC HEALTH CENTER THE DEFINED COMMUNITY PER THE MOST RECENT CHNA IS MARION COUNTY, WHERE THE HOSPITAL RESIDES.</p> <p>MARION COUNTY - COMMUNITY MEETINGS AND INTERVIEWS</p> <p>IN COLLABORATION WITH OTHER LOCAL HEALTH SYSTEMS - ASCENSION ST. VINCENT (INDIANAPOLIS) AND COMMUNITY HEALTH NETWORK - FOUR VIRTUAL, COMMUNITY MEETINGS WERE HELD MAY 25-27, 2021, TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN MARION COUNTY. IN TOTAL, THE MEETINGS WERE ATTENDED BY 53 COMMUNITY ORGANIZATIONS THAT PROVIDE SERVICES AND/OR REFLECT COMMUNITY RESIDENTS WHO ARE UNDER OR UNINSURED; WITH UNDOCUMENTED STATUS; OLDER; LIMITED ENGLISH PROFICIENT; LOW-INCOME; USE OR INJECT DRUGS; EXPERIENCE HOMELESSNESS; BLACK, INDIGENOUS, AND PEOPLE OF COLOR; LGBTQ; AND POPULATIONS IMPACTED GREATLY BY NON-MEDICAL BARRIERS OF HEALTH SUCH AS POVERTY, FOOD ACCESS AND AFFORDABLE HOUSING.</p> <ul style="list-style-type: none"> *ALLEN CHAPEL AME CHURCH *ANTHEM MEDICAID *BROADWAY UNITED METHODIST CHURCH *CITY-COUNTY COUNCIL STAFF *CITY OF INDIANAPOLIS, DIVISION OF COMMUNITY NUTRITION AND FOOD POLICY *COALITION FOR OUR IMMIGRANT NEIGHBORS *CONCERNED CLERGY OF INDIANAPOLIS *CONNECTIONS IN HEALTH, INDIANA CLINICAL AND TRANSLATIONAL SCIENCES INSTITUTE (CTSI), INDIANA UNIVERSITY SCHOOL OF MEDICINE *COVERING KIDS & FAMILIES OF INDIANA *CROSSROADS AME CHURCH/COMMON GROUNDS INSTITUTE *FIRST BAPTIST CHURCH NORTH INDIANAPOLIS *GENNESARET FREE CLINIC *GLEANERS FOOD BANK OF INDIANA *HABITAT FOR HUMANITY OF GREATER INDIANAPOLIS *HEALTH BY DESIGN *HORIZON HOUSE *IMMIGRANT WELCOME CENTER *INDIANA LEGAL SERVICES *INDIANA NATIVE AMERICAN INDIAN AFFAIRS COMMISSION *INDIANA PUBLIC HEALTH ASSOCIATION *INDIANA DEPARTMENT OF HEALTH *INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH *INDIANAPOLIS CITY COUNCIL *INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSHIP *INDIANAPOLIS URBAN LEAGUE *INDY GO *INDY HUNGER NETWORK *JUMP IN FOR HEALTHY KIDS *MARIAN UNIVERSITY/COLLEGE OF OSTEOPATHIC MEDICINE *MARION COUNTY PUBLIC HEALTH DEPARTMENT *MANAGED HEALTH SERVICES (MHS) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC *NINE13SPORTS *NURSE FAMILY PARTNERSHIP OF GOODWILL OF CENTRAL AND SOUTHERN INDIANA *PATHWAY TO RECOVERY *PLAYWORKS *RAPHAEL HEALTH CENTER, INC. *RICHARD M. FAIRBANKS FOUNDATION *THE JULIAN CENTER *UNITED STATES CONGRESS, REPRESENTATIVE ANDRE CARSON (STAFF) *UNIVERSITY OF INDIANAPOLIS *YMCA OF GREATER INDIANAPOLIS/TOP 10 COALITION

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, AND RILEY HOSPITAL FOR CHILDREN(CONTINUED)</p> <p>DESCRIPTION: SECONDARY DATA AND A PRELIMINARY LIST OF COMMUNITY HEALTH NEED PRIORITIES WERE PRESENTED AT THE MEETINGS. EACH GROUP WAS THEN ASKED QUESTIONS ABOUT THE PRELIMINARY LIST, INCLUDING THEIR REACTIONS, ADDITIONS TO THE PROPOSED NEEDS, THOUGHTS REGARDING THE CAUSES OF THE NEEDS, IMPACTS OF THE COVID-19 PANDEMIC AND OTHERS.</p> <p>AFTER THIS DISCUSSION, PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO MAKE ADDITIONAL COMMENTS BEFORE BEING ASKED TO VOTE ON WHAT THEY BELIEVED WERE THE MOST SIGNIFICANT NEEDS IN THE COUNTY. PARTICIPANTS WERE ASKED TO CHOOSE THREE TO FIVE SIGNIFICANT HEALTH NEEDS VIA AN ONLINE POLL DURING AND AFTER THE MEETING.</p> <p>PRELIMINARY NEEDS IDENTIFIED INCLUDE A WIDE-ARRAY OF TOPICS, INCLUDING THE COVID-19 PANDEMIC, FOOD INSECURITY, MATERNAL AND CHILD HEALTH, RACIAL AND ETHNIC DISPARITIES, MENTAL HEALTH AND ACCESS TO MENTAL HEALTH PROVIDERS, OBESITY AND PHYSICAL INACTIVITY, POVERTY, EDUCATIONAL ACHIEVEMENT, HOUSING, CRIME AND COMMUNITY SAFETY, PUBLIC HEALTH FUNDING AND OTHERS.</p> <p>IN ADDITION TO THESE TOPICS, PARTICIPANTS FOCUSED DISCUSSION AROUND SUBSTANCE ABUSE AND TREATMENT, TRANSPORTATION BARRIERS, CULTURALLY APPROPRIATE CARE AND SERVICES (INCLUDING LANGUAGE BARRIERS), AFFORDABILITY OF HEALTHY FOOD, SMOKING AND TOBACCO USE, ACCESS TO AND COST OF PRIMARY CARE, HEALTH INSURANCE, PREVENTIVE HEALTH SERVICES, LACK OF PROVIDERS WITHIN HIGH-NEED AREAS, CHILDCARE, CHRONIC CONDITIONS (INCLUDING DIABETES AND HYPERTENSION), NAVIGATING EXISTING RESOURCES, DENTAL HEALTH NEEDS, CHILD HEALTH, JOB OPPORTUNITIES AND TRAININGS, TECHNOLOGY BARRIERS AND DIGITAL-DIVIDE, POST INCARCERATION RESOURCES AND SOCIAL CONNECTEDNESS.</p> <p>FOR THOSE UNABLE TO ATTEND COMMUNITY MEETINGS, A SEPARATE SURVEY WAS DISTRIBUTED TO RECEIVE THEIR INPUT ON THE MOST SIGNIFICANT NEEDS. THESE FINDINGS WERE COMBINED WITH THOSE OF THE COMMUNITY MEETING PARTICIPANTS.</p> <p>FROM THIS PROCESS, PARTICIPANTS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR MARION COUNTY:</p> <ul style="list-style-type: none"> *RACIAL AND ETHNIC HEALTH DISPARITIES *OBESITY CONTINUES TO BE AN ISSUE, AS WELL AS DIABETES, WITH RATES INCREASING FOR ADULTS. *INFANT AND MATERNAL MORTALITY ARE SIGNIFICANT ISSUES, WITH SOCIAL DETERMINANTS OF HEALTH IMPACTING ACCESS TO PRENATAL CARE AND OTHER NEEDED SERVICES. *HIV (HUMAN IMMUNODEFICIENCY VIRUS) IS STILL A CONCERN, WITH SOME HOPE THAT THE DISEASE CAN BE ERADICATED WITHIN THE NEXT DECADE THROUGH MODERN MEDICINE AND PREVENTION STRATEGIES SUCH AS PREP (PRE-EXPOSURE PROPHYLAXIS). *TOBACCO AND VAPING ARE ISSUES, WITH A LOW CIGARETTE TAX IN INDIANA HELPING PERPETUATE ITS USE. *ENVIRONMENTAL HEALTH - INCLUDING OLD HOUSING AND AIR POLLUTION - IS LEADING TO POOR HEALTH, INCLUDING LEAD POISONING, ARSENIC POISONING AND PEDIATRIC ASTHMA. THE NEED FOR SAFE AND STABLE HOUSING IS SIGNIFICANT. *HEALTH LITERACY IS A NEED, PARTICULARLY AFFECTING HISPANIC (OR LATINO) POPULATIONS DUE TO LANGUAGE BARRIERS. EDUCATION DISPARITIES AROUND HEALTH ARE ALSO LEADING TO GENERATIONAL PERSISTENCE OF HEALTH DISPARITIES FOR RACIAL AND ETHNIC MINORITY POPULATIONS. *ACCESS TO MENTAL AND BEHAVIORAL HEALTH SERVICES *FOOD INSECURITY AND ACCESS TO AFFORDABLE, HEALTHY FOOD *ACCESS TO SAFE AND AFFORDABLE HOUSING *MENTAL HEALTH *POVERTY AND ASSOCIATED COMMUNITY NEED <p>A SURVEY WAS ALSO ISSUED TO INTERNAL PROVIDERS AT IU HEALTH METHODIST HOSPITAL, ASKING THEM TO IDENTIFY PRIORITY NEEDS AMONG THE PATIENTS THEY SERVE. AMONG 12 RESPONSES, THE FOLLOWING ISSUES WERE IDENTIFIED AS THE MOST SIGNIFICANT:</p> <ul style="list-style-type: none"> *FOOD INSECURITY AND NUTRITION *HEALTH DISPARITIES, PARTICULARLY FOR RACIAL AND ETHNIC MINORITY POPULATIONS *MENTAL HEALTH *POVERTY AND INCOME INEQUALITY <p>THE SURVEY ALSO ASKED ABOUT THE IMPACTS OF THE COVID-19 PANDEMIC. ISSUES MOST OFTEN SELECTED AS SIGNIFICANT IMPACTS INCLUDE:</p> <ul style="list-style-type: none"> *SOCIAL ISOLATION AND LONELINESS *HEALTH DISPARITIES *DIGITAL DIVIDE (LACK OF INTERNET OR DEVICE ACCESS) *ECONOMIC DISPARITIES *HOUSING (INABILITY TO STAY SHELTERED OR PAY RENT/MORTGAGE) <p>TWO ADDITIONAL INTERVIEWS WERE CONDUCTED IN MAY 2021 WITH REPRESENTATIVES OF THE COUNTY PUBLIC HEALTH DEPARTMENT AND MINORITY HEALTH ORGANIZATION TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN MARION COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT:</p> <ul style="list-style-type: none"> *POVERTY IS A SIGNIFICANT ISSUE AND IMPACTS ALMOST ALL AREAS OF WELLBEING, INCLUDING HOUSING, ACCESSING HEALTH SERVICES, NUTRITION, STRESS AND MENTAL HEALTH, CHRONIC DISEASE, TRANSPORTATION AND OTHERS. THE NEED FOR A LIVING WAGE FOR ALL RESIDENTS IS SIGNIFICANT. *HEALTH DISPARITIES ARE SIGNIFICANT, INCLUDING LARGE DISPARITIES IN SOCIAL DETERMINANTS OF HEALTH FOR RACIAL AND ETHNIC MINORITY POPULATIONS. *HEALTH INSURANCE IS A SIGNIFICANT BARRIER TO OPTIMAL HEALTH, WITH RESTRICTIONS IN COVERAGE LEADING TO A LACK OF PREVENTIVE HEALTH. *MENTAL HEALTH IS A SIGNIFICANT ISSUE, WITH DEPRESSION AND ANXIETY BOTH WIDESPREAD. SELF-MEDICATION THROUGH SUBSTANCE ABUSE IS COMMON. *OBESITY CONTINUES TO BE AN ISSUE, AS WELL AS DIABETES, WITH RATES INCREASING FOR ADULTS. *INFANT AND MATERNAL MORTALITY ARE SIGNIFICANT ISSUES, WITH SOCIAL DETERMINANTS OF HEALTH

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	<p>IMPACTING ACCESS TO PRENATAL CARE AND OTHER NEEDED SERVICES.</p> <p>*HIV (HUMAN IMMUNODEFICIENCY VIRUS) IS STILL A CONCERN, WITH SOME HOPE THAT THE DISEASE CAN BE ERADICATED WITHIN THE NEXT DECADE THROUGH MODERN MEDICINE AND PREVENTION STRATEGIES SUCH AS PREP (PRE-EXPOSURE PROPHYLAXIS).</p> <p>*TOBACCO AND VAPING ARE ISSUES, WITH A LOW CIGARETTE TAX IN INDIANA HELPING PERPETUATE ITS USE. ENVIRONMENTAL HEALTH - INCLUDING OLD HOUSING AND AIR POLLUTION - IS LEADING TO POOR HEALTH, INCLUDING LEAD POISONING, ARSENIC POISONING AND PEDIATRIC ASTHMA. THE NEED FOR SAFE AND STABLE HOUSING IS SIGNIFICANT.</p> <p>*HEALTH LITERACY IS A NEED, PARTICULARLY AFFECTING HISPANIC (OR LATINO) POPULATIONS DUE TO LANGUAGE BARRIERS. EDUCATION DISPARITIES AROUND HEALTH ARE ALSO LEADING TO GENERATIONAL PERSISTENCE OF HEALTH DISPARITIES FOR RACIAL AND ETHNIC MINORITY POPULATIONS.</p> <p>*FOOD INSECURITY IS SIGNIFICANT, AND FOOD PANTRIES MAY HAVE IRREGULAR HOURS AND FACE HUGE DEMAND.</p> <p>*EDUCATION NEEDS BETTER FUNDING, INCLUDING ADEQUATE TEACHER COMPENSATION.</p> <p>*MORE COMMUNITY COLLABORATION IS NEEDED WITH HEALTH SYSTEMS AND SOCIAL SERVICE PROVIDERS TO IDENTIFY COMMUNITY IMPROVEMENT AND PLANNED INTERVENTIONS.</p>

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SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	<p>FACILITY NAME: IU HEALTH SAXONY HOSPITAL</p> <p>DESCRIPTION: IN REGARD TO THE COVID-19 PANDEMIC, A WIDE ARRAY OF IMPACTS WAS NOTED, INCLUDING: TESTING WAS A LARGE CHALLENGE AT THE BEGINNING OF THE COVID-19 PANDEMIC, DUE TO INADEQUATE FEDERAL RESOURCES AND OTHER LIMITS. *THE COVID-19 PANDEMIC HIGHLIGHTED THE IMPACT OF SOCIAL DETERMINANTS OF HEALTH, AS PEOPLE EXPERIENCING HOMELESSNESS FACED HUGE CONCERNS DUE TO THE INABILITY TO SOCIALLY DISTANCE IN SHELTERS AND ACCESS CARE. HOTELS WERE TURNED INTO ISOLATION AREAS FOR PATIENTS WITH COVID-19. RACIAL AND ETHNIC DISPARITIES IN TESTING, TREATMENT AND OUTCOMES WERE HIGHLIGHTED BY THE COVID-19 PANDEMIC. ELDERLY BLACK RESIDENTS WERE PARTICULARLY AFFECTED. *CARE WAS DELAYED FOR A LOT OF INDIVIDUALS DUE TO FEAR OF GOING TO A PROVIDER AND BEING EXPOSED TO THE VIRUS, LEADING TO UNMET NEEDS AND EMERGENCY SITUATIONS. *COMMUNITY COLLABORATION AMONG PROVIDERS LED TO A BETTER RESPONSE, INCLUDING HEALTH SYSTEMS OFFERING TESTING AND OTHER AID TO PUBLIC HEALTH ORGANIZATIONS. MORE COLLABORATION AND COORDINATION WILL BE NEEDED IN THE FUTURE. *VACCINATION DISPARITIES ARE EVIDENT, WITH BLACK POPULATIONS DISPROPORTIONATELY UNABLE TO ACCESS THE VACCINE IF DESIRED. *THE NEED FOR BETTER HEALTH INFORMATION SHARING (INCLUDING THE IDENTIFICATION OF HEALTH DISPARITIES) BETWEEN ORGANIZATIONS.</p> <p>IU HEALTH SAXONY HOSPITAL THE DEFINED COMMUNITY PER THE MOST RECENT CHNA IS MARION, HAMILTON, HANCOCK AND MADISON COUNTIES. THE HOSPITAL RESIDES IN HAMILTON COUNTY.</p> <p>MARION COUNTY - COMMUNITY MEETINGS AND INTERVIEWS (SEE ABOVE INFORMATION)</p> <p>HAMILTON COUNTY - COMMUNITY MEETINGS AND INTERVIEWS</p> <p>IN COLLABORATION WITH OTHER LOCAL HEALTH SYSTEMS - ASCENSION ST. VINCENT, COMMUNITY HEALTH NETWORK AND RIVERVIEW HEALTH - TWO COMMUNITY MEETINGS WERE HELD ON MAY 20 (MORNING AND AFTERNOON), 2021, TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN HAMILTON COUNTY. THE MEETINGS WERE ATTENDED BY 82 COMMUNITY ORGANIZATIONS THAT PROVIDE SERVICES AND/OR REFLECT COMMUNITY RESIDENTS WHO ARE UNDER OR UNINSURED; WITH UNDOCUMENTED STATUS; OLDER; LIMITED ENGLISH PROFICIENT; LOW-INCOME; USE OR INJECT DRUGS; EXPERIENCE HOMELESSNESS; BLACK, INDIGENOUS, AND PEOPLE OF COLOR; LGBTQ; AND POPULATIONS IMPACTED GREATLY BY NON-MEDICAL BARRIERS OF HEALTH SUCH AS POVERTY, FOOD ACCESS AND AFFORDABLE HOUSING.</p> <p>*ALLEN CHAPEL AME CHURCH *ANTHEM MEDICAID *ASCENSION ST. VINCENT *ASPIRE INDIANA HEALTH *BREATHE EASY HAMILTON COUNTY *BROADWAY UNITED METHODIST CHURCH *CARMEL CLAY SCHOOLS *CENTRAL INDIANA COUNCIL ON AGING (CICOA) *CITY-COUNTY COUNCIL STAFF CITY OF INDIANAPOLIS *CITY OF INDIANAPOLIS, DIVISION OF COMMUNITY NUTRITION AND FOOD POLICY *CITY OF NOBLESVILLE *COALITION FOR OUR IMMIGRANT NEIGHBORS *COMMUNITY HEALTH NETWORK *CONCERNED CLERGY OF INDIANAPOLIS *CONNECTIONS IN HEALTH, INDIANA CLINICAL AND TRANSLATIONAL SCIENCES INSTITUTE (CTSI), INDIANA UNIVERSITY SCHOOL OF MEDICINE *COVERING KIDS & FAMILIES OF INDIANA *CROSSROADS AME CHURCH/COMMON GROUNDS INSTITUTE *FIRST BAPTIST CHURCH NORTH INDIANAPOLIS *FISHERS HEALTH DEPARTMENT *GENNESARET FREE CLINIC *GLEANERS FOOD BANK OF INDIANA *GOOD SAMARITAN NETWORK OF HAMILTON COUNTY *HABITAT FOR HUMANITY OF GREATER INDIANAPOLIS *HAMILTON COUNTY COMMUNITY FOUNDATION *HAMILTON COUNTY COUNCIL ON ALCOHOL AND OTHER DRUGS *HAMILTON COUNTY GOVERNMENT *HAMILTON COUNTY HARVEST FOOD BANK *HAMILTON COUNTY HEAD START *HAMILTON COUNTY HEALTH DEPARTMENT *HAMILTON COUNTY MEALS ON WHEELS *HANCOCK COUNTY HEALTH DEPARTMENT *HANCOCK REGIONAL HOSPITAL HAND, INC. *HEALTH BY DESIGN *HEART AND SOUL FREE CLINIC *HOPE FAMILY CARE CENTER *HORIZON HOUSE *IMMIGRANT WELCOME CENTER *INDIANA LEGAL SERVICES *INDIANA NATIVE AMERICAN INDIAN AFFAIRS COMMISSION *INDIANA PUBLIC HEALTH ASSOCIATION *INDIANA DEPARTMENT OF HEALTH *INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH *INDIANAPOLIS CITY COUNCIL INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSHIP *INDIANAPOLIS URBAN LEAGUE *INDY GO *INDY HUNGER NETWORK *IU HEALTH</p>

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	<p> *IU HEALTH INDY SUBURBAN REGION *IU HEALTH METHODIST HOSPITAL *IU HEALTH NORTH HOSPITAL *IU HEALTH SAXONY HOSPITAL *IU HEALTH UNIVERSITY HOSPITAL *JUMP IN FOR HEALTHY KIDS *MADISON COUNTY HEALTH DEPARTMENT *MARIAN UNIVERSITY/COLLEGE OF OSTEOPATHIC MEDICINE *MARION COUNTY PUBLIC HEALTH DEPARTMENT *MANAGED HEALTH SERVICES (MHS) *NEIGHBORHOOD CHRISTIAN LEGAL CLINIC *NINE13SPORTS *NOBLESVILLE CHAMBER OF COMMERCE *NOBLESVILLE SCHOOLS *NOBLESVILLE TOWN COUNCIL *NURSE FAMILY PARTNERSHIP OF GOODWILL OF CENTRAL AND SOUTHERN INDIANA *PATHWAY TO RECOVERY *PLAYWORKS PREVAIL, INC. *PRIME LIFE ENRICHMENT PURDUE EXTENSION *RAPHAEL HEALTH CENTER, INC. *RICHARD M. FAIRBANKS FOUNDATION *RIVERVIEW HEALTH *SHEPHERD'S CENTER OF HAMILTON COUNTY *SHERIDAN COMMUNITY SCHOOLS *ST. ELIZABETH SETON PARISH *THE JULIAN CENTER *THE VILLAGES HEALTH FAMILIES *TRINITY FREE CLINIC *UNITED STATES CONGRESS, REPRESENTATIVE ANDRE CARSON (STAFF) *UNIVERSITY OF INDIANAPOLIS *YMCA OF GREATER INDIANAPOLIS/TOP 10 COALITION </p> <p>SECONDARY DATA AND A PRELIMINARY LIST OF COMMUNITY HEALTH NEED PRIORITIES WAS PRESENTED AT BOTH MEETINGS. EACH GROUP WAS THEN ASKED QUESTIONS ABOUT THE PRELIMINARY LIST, INCLUDING THEIR REACTIONS, ADDITIONS TO THE PROPOSED NEEDS, THOUGHTS REGARDING THE CAUSES OF THE NEEDS, IMPACTS OF THE COVID-19 PANDEMIC AND OTHERS.</p> <p>AFTER THIS DISCUSSION, PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO MAKE ADDITIONAL COMMENTS BEFORE BEING ASKED TO VOTE ON WHAT THEY BELIEVED WERE THE MOST SIGNIFICANT NEEDS IN THE COUNTY. PARTICIPANTS WERE ASKED TO CHOOSE THREE TO FIVE SIGNIFICANT HEALTH NEEDS VIA AN ONLINE POLL DURING AND AFTER THE MEETING.</p> <p>PRELIMINARY NEEDS IDENTIFIED INCLUDE SEVERAL TOPICS, INCLUDING THE COVID-19 PANDEMIC, ALCOHOL ABUSE, IMMUNIZATION RATES, ELDERLY NEEDS, SMOKING AND TOBACCO USE, ACCESS TO MENTAL HEALTH SERVICES AND STATEWIDE ISSUES, SUCH AS HEALTH DISPARITIES AND OBESITY.</p> <p>IN ADDITION TO THESE TOPICS, PARTICIPANTS FOCUSED DISCUSSION ON SUBSTANCE ABUSE AND OVERDOSES, MENTAL HEALTH CONCERNS, ACCESS TO CARE DISPARITIES FOR VARIOUS SEGMENTS OF THE POPULATION, AGING IN PLACE RESOURCES, TRANSPORTATION, LIMITED CLINICAL HOURS OF PROVIDERS, LIMITED MENTAL HEALTH PROVIDERS, A CONTINUUM OF CARE BETWEEN VARIOUS HEALTH SERVICES AND FOOD INSECURITY.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: IU HEALTH SAXONY HOSPITAL (CONTINUED)</p> <p>DESCRIPTION: FROM THIS PROCESS, PARTICIPANTS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR HAMILTON COUNTY: *ACCESS TO AND SUPPLY OF MENTAL HEALTH PROVIDERS, PARTICULARLY FOR LOW-INCOME POPULATIONS NEEDS OF A GROWING SENIOR POPULATION, INCLUDING AGING IN PLACE AND COGNITIVE CARE *MENTAL HEALTH *ALCOHOL USE AND EXCESSIVE DRINKING *ACCESS TO CARE DISPARITIES, PARTICULARLY FOR LOW-INCOME POPULATIONS</p> <p>A SURVEY WAS ALSO ISSUED TO INTERNAL PROVIDERS AT IU HEALTH THAT SERVE HAMILTON COUNTY, ASKING THEM TO IDENTIFY PRIORITY NEEDS AMONG THE PATIENTS THEY SERVE. THE FOLLOWING ISSUES WERE IDENTIFIED AS THE MOST SIGNIFICANT: *HEALTHCARE AND SERVICES FOR ELDERLY RESIDENTS *MENTAL HEALTH *SUBSTANCE ABUSE *ACCESS TO HEALTHCARE SERVICES *OBESITY ACCESS TO BEHAVIORAL HEALTH SERVICES, INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE</p> <p>THE SURVEY ALSO ASKED ABOUT THE IMPACTS OF THE COVID-19 PANDEMIC. ISSUES MOST OFTEN SELECTED AS SIGNIFICANT IMPACTS INCLUDE: *LOSS OF HEALTH INSURANCE *SOCIAL ISOLATION AND LONELINESS *HEALTH DISPARITIES</p> <p>TWO ADDITIONAL INTERVIEWS WERE CONDUCTED WITH REPRESENTATIVES OF LOCAL PUBLIC HEALTH DEPARTMENTS TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN HAMILTON COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT: *ACCESS TO BEHAVIORAL HEALTH SERVICES - BOTH MENTAL HEALTH AND SUBSTANCE ABUSE - IS A SIGNIFICANT NEED, WITH FEW PROVIDERS IN THE AREA AND PRIMARY CARE PHYSICIANS NOT OFTEN INTEGRATING BEHAVIORAL HEALTH CHECKS INTO CARE (A LARGE INCREASE IN POPULATION HAS LED TO AN UNDERSUPPLY OF PROVIDERS) *MENTAL HEALTH CONCERNS ARE WIDESPREAD, INCLUDING AN INCREASE IN CHILD MENTAL HEALTH NEEDS (YOUTH STRUGGLE WITH HIGH EXPECTATIONS AND STRESS IN SCHOOL) *SUBSTANCE ABUSE AND OVERDOSES ARE SIGNIFICANT CONCERNS, WITH OPIOID USAGE BEING WIDESPREAD (ALCOHOL ABUSE IS ALSO COMMON) *TRANSPORTATION IS A BARRIER IN THE COMMUNITY, WITH LIMITED PUBLIC OPTIONS AND ROUTES *INSURANCE BARRIERS ARE SIGNIFICANT, WITH UNINSURED POPULATIONS HAVING FEW OPTIONS AND PROVIDERS NOT ACCEPTING CERTAIN PLANS, SUCH AS MEDICAID (WHILE FREE AND LOW-COST CLINICS EXIST, THEY CANNOT KEEP UP WITH DEMAND) *FOOD INSECURITY AND ACCESS TO HEALTHY FOOD IS CHALLENGING FOR SOME GROUPS, EXACERBATED BY POVERTY AND TRANSPORTATION (LOW-INCOME HOUSING IS ALSO LIMITED) *THE WORKING POOR OFTEN ARE VULNERABLE AS THEY DO NOT QUALIFY FOR MANY PROGRAMS BUT STILL LIVE PAYCHECK TO PAYCHECK (WHILE HAMILTON COUNTY COMPARES WELL FOR POVERTY, THE NEEDS OF LOW-INCOME POPULATIONS ARE OFTEN OVERLOOKED DUE TO THIS, CREATING POCKETS OF NEED) * PREVENTION IS NOT A PRIORITY FOR MOST, AND MORE PROGRAMS AND ACCESS TO PREVENTIVE HEALTH ARE NEEDED *SEXUALLY TRANSMITTED INFECTIONS ARE AN ISSUE, PARTICULARLY CHLAMYDIA *CULTURAL DIFFERENCES LED TO UNMET NEEDS FOR SEVERAL IMMIGRANT COMMUNITIES INCLUDING LANGUAGE BARRIERS *LGBTQ+ POPULATIONS ARE ALSO UNDERSERVED, OFTEN FEELING UNCOMFORTABLE GOING TO AVAILABLE PROVIDERS *PUBLIC HEALTH FUNDING IS LIMITED, AND SERVICE LEVELS ARE IMPACTED DUE TO FINANCIAL CONSTRAINTS *TIME IS A BIG BARRIER TO OPTIMAL HEALTH, AS PARENTS ARE OFTEN TOO BUSY WITH WORK AND CHILDREN TO PURSUE HEALTHY LIVING MEASURES *MORE COLLABORATION IS NEEDED BETWEEN HEALTH SYSTEMS, HEALTH DEPARTMENTS, PROVIDERS AND SOCIAL SERVICE ORGANIZATIONS</p> <p>IN REGARD TO THE COVID-19 PANDEMIC, A WIDE ARRAY OF IMPACTS WAS NOTED, INCLUDING: *A LACK OF RESOURCES AT LOCAL HEALTH DEPARTMENTS - BOTH FUNDING AND STAFF - LED TO DIFFICULTIES THROUGHOUT THE PANDEMIC, AND MANY OTHER SERVICES WERE FOREGONE TO FOCUS ON THE PANDEMIC (A NEED FOR A MORE ROBUST PUBLIC HEALTH INFRASTRUCTURE IS HIGHLIGHTED) *THE POLITICIZATION OF PUBLIC HEALTH WAS WIDESPREAD, AND MANY GUIDELINES AND MEASURES WERE MET WITH CRITICISM *MENTAL HEALTH ISSUES WORSENERED DUE TO ISOLATION, WITH CHILDREN AT PARTICULAR RISK *STI RATES ROSE SUBSTANTIALLY *THE PANDEMIC HIGHLIGHTED THE NEED FOR ACCURATE HEALTH INFORMATION, AND PROVIDERS NEED TO FOCUS ON MAINTAINING COMMUNICATION AFTER COVID-19</p> <p>HANCOCK COUNTY - INTERVIEW</p> <p>AN INTERVIEW WAS CONDUCTED WITH REPRESENTATIVES OF A LOCAL PUBLIC HEALTH DEPARTMENT TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN HANCOCK COUNTY. PARTICIPANTS WERE ASKED TO COMMENT ON A LIST OF UNFAVORABLE HEALTH INDICATORS, ADD OTHER NEEDS TO SIGNIFICANT INDICATORS AND DISCUSS BARRIERS AND RESOURCES. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT: *PARTICIPANTS WERE NOT SURPRISED ABOUT THE UNFAVORABLE SECONDARY DATA INDICATORS, INCLUDING DRUNK-DRIVING DEATHS, TRANSPORTATION, STIS, LACK OF SOCIAL ASSOCIATIONS, OBESITY AND ACCESS TO MENTAL HEALTH PROVIDERS (IN PARTICULAR, A LACK OF MENTAL HEALTH PROVIDERS HAS BEEN A CONSISTENT ISSUE) *WHILE THERE ARE AREAS TO EXERCISE, THE BUILT ENVIRONMENT MAKES THEM DIFFICULT TO ACCESS, INCLUDING A LACK OF SIDEWALKS AND A HIGH NUMBER OF CYCLING ACCIDENTS</p>

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	<p>*COST OF HEALTHCARE IS A SIGNIFICANT ISSUE, AS WELL AS THE COST TO ACCESS EXERCISE OPPORTUNITIES</p> <p>*MENTAL HEALTH, OBESITY AND PHYSICAL INACTIVITY, SUBSTANCE ABUSE, STIS AND COST OF HEALTHCARE SERVICES WERE IDENTIFIED AS PRIORITY AREAS</p> <p>*A LACK OF KNOWLEDGE OF AVAILABLE RESOURCES IS A BARRIER, AS WELL AS INTRINSIC MOTIVATION TO IMPROVE ONE'S HEALTH (NAVIGATION RESOURCES ARE NEEDED)</p> <p>*TRANSPORTATION IS A SIGNIFICANT BARRIER IN THE COMMUNITY, WITH LIMITED ACCESS TO PUBLIC OPTIONS AND MOST TRAVELING OUTSIDE THE COUNTY FOR WORK</p> <p>*MENTAL HEALTH STIGMA, WHILE IMPROVING, IS STILL A BARRIER</p> <p>*HEALTH EDUCATION, PARTICULARLY FOR YOUTH, IS A SIGNIFICANT NEED AND COULD IMPROVE MANY HEALTH ISSUES, SUCH AS OBESITY, MENTAL HEALTH, SUBSTANCE ABUSE AND CHRONIC DISEASE</p> <p>MADISON COUNTY - COMMUNITY MEETING AND INTERVIEWS</p> <p>IN COLLABORATION WITH LOCAL HEALTH SYSTEMS - ASCENSION ST. VINCENT AND COMMUNITY HEALTH NETWORK - A COMMUNITY MEETING WAS HELD IN JUNE 10, 2021, TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN MADISON COUNTY. SECONDARY DATA AND A PRELIMINARY LIST OF COMMUNITY HEALTH NEED PRIORITIES WAS PRESENTED AT THE MEETING. EACH GROUP WAS THEN ASKED QUESTIONS ABOUT THE PRELIMINARY LIST, INCLUDING THEIR REACTIONS, ADDITIONS TO THE PROPOSED NEEDS, THOUGHTS REGARDING THE CAUSES OF THE NEEDS, IMPACTS OF THE COVID-19 PANDEMIC AND OTHERS.</p> <p>AFTER THIS DISCUSSION, PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO MAKE ADDITIONAL COMMENTS BEFORE BEING ASKED TO VOTE ON WHAT THEY BELIEVED WERE THE MOST SIGNIFICANT NEEDS IN THE COUNTY. PARTICIPANTS WERE ASKED TO CHOOSE THREE TO FIVE SIGNIFICANT HEALTH NEEDS VIA AN ONLINE POLL DURING AND AFTER THE MEETING.</p> <p>PRELIMINARY NEEDS IDENTIFIED INCLUDE COVID-19, FOOD INSECURITY, MATERNAL AND CHILD HEALTH, MENTAL HEALTH AND SUICIDE, ELDERLY NEEDS, OBESITY AND PHYSICAL INACTIVITY, TOBACCO USE, POVERTY, EDUCATIONAL OPPORTUNITIES, HOUSING, RACIAL AND ETHNIC HEALTH DISPARITIES STATEWIDE, AIR POLLUTION AND SUBSTANCE ABUSE.</p> <p>IN ADDITION TO THESE TOPICS, PARTICIPANTS FOCUSED DISCUSSION ON ACCESS TO AFFORDABLE HEALTHY FOODS AND NUTRITION KNOWLEDGE, ACCESS TO BEHAVIORAL HEALTH PROVIDERS (INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE), VAPING, HOMELESSNESS, CHILD ABUSE AND TRAUMA, TRANSPORTATION, WALKABILITY, CHILDCARE, CHRONIC DISEASE AND HEALTH EDUCATION NEEDS. FROM THIS PROCESS, PARTICIPANTS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR MADISON COUNTY: MENTAL HEALTH AND SUICIDE ACCESS TO HEALTHY FOOD, NUTRITION AND KNOWLEDGE OF HEALTHY EATING PRACTICES SUBSTANCE ABUSE TRANSPORTATION AND WALKABILITY POVERTY RACIAL AND ETHNIC HEALTH DISPARITIES</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: IU HEALTH SAXONY HOSPITAL (CONTINUED)</p> <p>DESCRIPTION: AN ADDITIONAL INTERVIEW WAS CONDUCTED WITH A REPRESENTATIVE OF A LOCAL PUBLIC HEALTH DEPARTMENT TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN MADISON COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT:</p> <p>*OBESITY IS A SIGNIFICANT ISSUE, WITH FOOD INSECURITY AND A LACK OF GROCERY STORES CONTRIBUTING</p> <p>*SMOKING IS STILL AN ISSUE, LARGELY TIED INTO MADISON COUNTY'S CULTURE AND IDENTITY AS AN OLDER, FACTORY AREA</p> <p>*LOW BIRTHWEIGHT IS A SIGNIFICANT ISSUE (WHILE A PROBLEM FOR ALL MOTHERS, CLEAR RACIAL DISPARITIES EXIST FOR BLACK INFANTS AND RELATEDLY, PRENATAL CARE IS AN ISSUE)</p> <p>*MORE HEALTH EDUCATION IS NEEDED, PARTICULARLY FOR YOUTH</p> <p>*PROVIDERS AND SOCIAL SERVICE ORGANIZATIONS NEED BETTER COLLABORATION AND EFFORTS TO GO INTO THE COMMUNITY RATHER THAN EXPECT RESIDENTS TO COME TO THEM (COORDINATION IS OFTEN LACKING)</p> <p>*TRANSPORTATION IS A SIGNIFICANT BARRIER, WITH FEW PUBLIC TRANSPORTATION OPTIONS OUTSIDE OF ANDERSON</p> <p>*HEALTH INEQUITIES AND DISPARITIES ARE PREVALENT, PARTICULARLY FOR BLACK AND HISPANIC (OR LATINO) RESIDENTS (CULTURAL AND LANGUAGE BARRIERS ARE PRESENT FOR HISPANIC POPULATIONS)</p> <p>*ACCESS TO MENTAL HEALTH CARE IS DIFFICULT DESPITE AN ADEQUATE NUMBER OF PROVIDERS DUE TO OTHER BARRIERS AND A LACK OF CONTINUUM OF CARE</p> <p>*NAVIGATION OF RESOURCES IS DIFFICULT, WITH RESIDENTS OFTEN UNSURE OF WHERE TO GO TO MEET NEEDS</p> <p>IN REGARD TO THE COVID-19 PANDEMIC, SEVERAL IMPACTS WERE NOTED, INCLUDING:</p> <p>*DISPARITIES IN VACCINE COVERAGE AND UPTAKE ARE CLEAR, PARTICULARLY AMONG BLACK RESIDENTS</p> <p>*ALL SERVICES FROM THE HEALTH DEPARTMENT NEEDED TO FOCUS ON THE PANDEMIC, MEANING A TEMPORARY HALT OF OTHERS WAS NECESSARY</p> <p>*SOME BUSINESS CLOSURES AND ISSUES WITH UNEMPLOYMENT RESULTED</p> <p>*MORE FOCUS IS NEEDED ON PUBLIC INFORMATION DISSEMINATION AS MANY LOOK TO THE LOCAL HEALTH DEPARTMENTS FOR GUIDANCE (DEPARTMENTS NEED TO MAKE SURE THEY ARE SEEN IN THE COMMUNITY AND MAINTAIN COMMUNICATION WITH ALL PARTNERS)</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)</p>	<p>HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/COMMUNITY-BENEFIT</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL</p> <p>DESCRIPTION: IU HEALTH INC. INCLUDES IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR CHILDREN AT IU HEALTH, AND IU HEALTH SAXONY HOSPITAL. THE FIRST THREE HOSPITALS MAKE UP THE ACADEMIC HEALTH CENTER (AHC).</p> <p>ALONG WITH THE CHNA FOR EACH HOSPITAL LISTED ABOVE, IU HEALTH INC.'S BOARD ADOPTED AN IMPLEMENTATION STRATEGY IN APRIL 2022 FOR EACH HOSPITAL IN RESPONSE TO THE 2021 CHNAS (THE MOST RECENTLY CONDUCTED CHNA). THE 2022-2024 IMPLEMENTATION STRATEGY OUTLINES HOW EACH HOSPITAL PLANS TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN ITS RESPECTIVE CHNA, INCLUDING INITIATIVES, STRATEGIES, INTERNAL/EXTERNAL COLLABORATORS, ANTICIPATED IMPACT, AND HOSPITAL RESOURCES.</p> <p>IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL - SIGNIFICANT NEEDS HOSPITAL WILL ADDRESS BELOW IS THE PROGRESS OF THE HOSPITALS' IMPLEMENTATION STRATEGY BY SIGNIFICANT NEED AND ITS RESPECTIVE INITIATIVE(S). THE HOSPITALS ARE ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024: ACCESS TO HEALTHCARE SERVICES; BEHAVIORAL HEALTH; CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT; SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE; AND SOCIAL DETERMINANTS OF HEALTH.</p> <p>ACCESS TO HEALTHCARE SERVICES *PROVIDE VACCINE CLINICS IN UNDER-RESOURCED COMMUNITIES. IN 2023, IU HEALTH JOINED 91 COMMUNITY EVENTS HOSTED BY 82 DIFFERENT COMMUNITY ORGANIZATIONS TO PROVIDE 160 UPDATED COVID-19 VACCINES, 33 FLU SHOTS, AND OVER 3,500 SCREENINGS FOR BLOOD PRESSURE, CHOLESTEROL, AND SOCIAL NEEDS TO COMMUNITY MEMBERS. IU HEALTH WORKED WITH COMMUNITY-BASED ORGANIZATIONS, SOMETIMES ON MULTIPLE EVENTS, TO PROMOTE AND PROVIDE SCREENINGS AND VACCINES TO COMMUNITY MEMBERS WHO ARE UNDERSERVED BY HEALTHCARE RESOURCES, UNDER/UNINSURED, FROM DIFFERENT RACIAL AND ETHNIC GROUPS, AND LOW-INCOME. *SUPPORT COMMUNITY MEMBERS ACCESSING HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH METHODIST AND UNIVERSITY HOSPITAL PROVIDES FINANCIAL ASSISTANCE TO PATIENTS EACH YEAR THAT INCLUDES DISCOUNTS, FULL CHARITY, AND PERSONAL HARDSHIP REDUCTIONS. IU HEALTH PATIENT FINANCIAL COUNSELORS ARE CERTIFIED INDIANA NAVIGATORS. THEY CAN ASSIST PATIENTS AND FAMILIES WITH INFORMATION AND HELP THEM WITH APPLICATIONS FOR VARIOUS HEALTH COVERAGE PROGRAMS. IN 2023, THE COUNSELORS SERVED 264 PEOPLE AT IU HEALTH UNIVERSITY HOSPITAL AND 1,286 PEOPLE AT IU HEALTH METHODIST HOSPITAL. *SUPPORT COMMUNITY-BASED ORGANIZATIONS THAT HELP COMMUNITY MEMBERS WITH LOWER INCOMES ACCESS HEALTHCARE SERVICES. IN 2023, THE COMMUNITY BENEFIT GRANT PROGRAM PROVIDED FUNDING TO GENNESARET FREE CLINIC TO PROVIDE ACCESS TO HEALTHCARE SERVICES. ADDITIONAL FUNDING WENT TO INDIANAPOLIS URBAN LEAGUE AND NEW DIRECTION CHURCH TO PROVIDE HEALTH EDUCATION TO COMMUNITY MEMBERS IN MARION COUNTY. THE INDIANA YOUTH GROUP WAS PROVIDED FUNDING TO PURCHASE THREE AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS). ALL THESE ORGANIZATIONS PROVIDE SUPPORT TO CHILDREN OR ADULTS WHO ARE UNDER/UNINSURED, FROM DIFFERENT RACIAL AND ETHNIC GROUPS, OR LOW-INCOME.</p> <p>BEHAVIORAL HEALTH *FURTHER DEVELOP AND IMPLEMENT BEHAVIORAL HEALTH SERVICES INTO VARIED CLINICAL SETTINGS. FOLLOWING A YEAR OF PAUSE, IU HEALTH'S ZERO SUICIDE PROGRAM RELAUNCHED UNDER A NEW MODEL IN NOVEMBER 2023. THE PROGRAM IS NOW LIVE IN ALL 92 IU HEALTH PRIMARY CARE PRACTICES AROUND THE STATE, AS WELL AS IN THE BLOOMINGTON EMERGENCY DEPARTMENT. AFTER GOING LIVE, SIX PATIENTS WERE ENROLLED IN THE PROGRAM BY THE END OF 2023 (2 IU HEALTH PHYSICIANS, 2 SOUTH CENTRAL REGION, 2 WEST CENTRAL REGION). THERE WERE 316,162 PATIENTS SCREENED FOR SUICIDAL IDEATION, AND IU HEALTH TEAM MEMBERS COMPLETED 10,353 TRAININGS ON SUICIDE PREVENTION OVER THE COURSE OF 2023. VIRTUAL INTEGRATED BEHAVIORAL HEALTH (VIBH) EXPANDED BEHAVIORAL HEALTH ACCESS TO PATIENTS AND PROVIDERS ACROSS THE STATE. VIBH PROVIDED URGENT PSYCHIATRIC ASSESSMENT FOR PATIENTS EXPERIENCING BEHAVIORAL HEALTH CRISES, SUCH AS SUICIDAL IDEATION, HOMICIDAL IDEATION, PSYCHOSIS, AND SUBSTANCE ABUSE DISORDERS. A TEAM OF BEHAVIORAL HEALTH PROFESSIONALS PROVIDED CONSULTATION THROUGH IPAD CARTS LOCATED IN EMERGENCY DEPARTMENTS, URGENT CARE, AND AMBULATORY CARE LOCATIONS. IN 2023, THERE WERE OVER 11,000 VISITS OF WHICH 1,093 VISITS INCLUDED PATIENTS SEEKING CARE AT IU HEALTH METHODIST AND RILEY EMERGENCY DEPARTMENTS AND IU HEALTH PHYSICIANS AMBULATORY CLINICS. VIBH ALSO PROVIDED BRIEF BEHAVIORAL HEALTH THERAPY AND CONSULTATION FOR MEDICATION MANAGEMENT TO PRIMARY CARE PATIENTS AGED 18 AND OLDER EXPERIENCING DEPRESSION, ANXIETY, AND OTHER MOOD DISORDERS. A TEAM OF BEHAVIORAL HEALTH PROFESSIONALS PROVIDED PROBLEM SOLVING TREATMENT, COGNITIVE BEHAVIORAL THERAPY, AND OTHER EVIDENCE-BASED INTERVENTIONS. IN 2023, THERE WERE OVER 6,000 VISITS OF WHICH 2,248 WERE PROVIDED TO PATIENTS SEEKING HELP THROUGH IU HEALTH PHYSICIANS AMBULATORY CLINICS. THE VIRTUAL PEER RECOVERY COACH PROGRAM WAS DISCONTINUED IN FEBRUARY 2023 AS IU HEALTH CONTINUES TO ASSESS AND EVOLVE ITS BEHAVIORAL HEALTH SERVICES BASED ON THE NEEDS OF PATIENTS AND THE COMMUNITIES IT SERVES. SINCE 2018, THIS PROGRAM HAD SERVED 15 IU HEALTH AND TWO NON-IU HEALTH EMERGENCY DEPARTMENT PATIENTS STRUGGLING WITH SUBSTANCE USE DISORDER THROUGH SUPPORT TO AID IN RECOVERY. IU HEALTH CONTINUES TO SERVE PATIENTS WITH A NEED FOR THIS SERVICE THROUGH THE VIRTUAL BEHAVIORAL HEALTH TEAM. *SUPPORT COMMUNITY-BASED ORGANIZATIONS THAT HELP COMMUNITY MEMBERS ACCESS BEHAVIORAL HEALTH SERVICES. IN 2023, THE COMMUNITY BENEFIT GRANT PROGRAM AWARDED FUNDING TO COMMUNITY-BASED ORGANIZATIONS INCLUDING REACH FOR YOUTH AND CENTRAL INDIANA COMMUNITY FOUNDATION (CICF) TO PROVIDE BEHAVIORAL HEALTH SERVICES TO COMMUNITY MEMBERS IN MARION COUNTY. THESE ORGANIZATIONS PROVIDE SERVICES TO CHILDREN OR ADULTS WHO ARE UNDER/UNINSURED, FROM DIFFERENT RACIAL AND ETHNIC GROUPS, OR LOW-INCOME.</p> <p>CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT *PLAN AND IMPLEMENT CARDIOVASCULAR HEALTH INITIATIVE THAT FOCUSES ON REDUCING HYPERTENSION, INCLUDING HEALTH DISPARITIES IN HYPERTENSION. THE INDIANAPOLIS HEALTH EQUITY, ACCESS, OUTREACH AND TREATMENT (IHEART) COLLABORATIVE SCREENING INITIATIVE HAS ASSESSED 500 PATRONS FOR BLOOD PRESSURE WITHIN THE IHEART PROGRAM, TOTALING 2,049 SCREENINGS OVERALL. IN ADDITION, 486 INDIVIDUALS FROM THE IHEART ZIP CODES WERE SCREENED FOR SOCIAL</p>

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	<p>DETERMINANTS OF HEALTH (SDOH), WITH A TOTAL OF 1,154 SCREENINGS COMPLETED BY DECEMBER 2023. A TOTAL OF 486 INDIVIDUALS ENROLLED IN THE CHECK-IT PROGRAM WITH AN AVERAGE DECREASE OF 6MMHG IN SYSTOLIC BLOOD PRESSURE AND 4MMHG IN DIASTOLIC BLOOD PRESSURE. ABOUT 20% OF CHECK-IT ENROLLEES ARE FROM IHEART ZIP CODES. FURTHERMORE, 267 BLOOD PRESSURE SCREENINGS WERE CONDUCTED AT BARBERSHOP SETTINGS, WITH ABOUT 83% OF PATRONS IDENTIFIED AS AT RISK (WITH READINGS ABOVE 130/80 MMHG). OF THOSE AT RISK, 64% WERE UNAWARE OF THEIR BLOOD PRESSURE RISK PRIOR TO THE SCREENING. PATRONS WITH RETURN VISITS AND SCREENINGS AT THE BARBERSHOP SAW A 5MMHG SYSTOLIC BLOOD PRESSURE AND 9MMHG DIASTOLIC BLOOD PRESSURE AVERAGE REDUCTION IN THEIR BLOOD PRESSURES.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL (CONTINUED)</p> <p>DESCRIPTION: SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE *FURTHER IMPLEMENT THE CENTRALIZED TOBACCO TREATMENT PROGRAM (CTTP) (PROVIDES PATIENTS ACCESS TO EVIDENCE-BASED TOBACCO TREATMENT). THE CTTP PROGRAM IS FREE TO IU HEALTH PRIMARY CARE PATIENTS. ONCE A PATIENT'S LEVEL OF CARE IS ASSESSED, THEY ARE PROVIDED EVIDENCE-BASED TOBACCO CESSATION TREATMENT WITH A TRAINED TOBACCO TREATMENT SPECIALIST (TTSS). PATIENTS HAD ACCESS TO CLICKOTINE, A DIGITAL CESSATION APP, AND SUPPORT FROM AN ADVANCE PRACTICE PROVIDER (APP) TO EVALUATE AND PRESCRIBE MEDICATION ASSISTED THERAPY (MAT) FOR NICOTINE REPLACEMENT. EDUCATION AND SUPPORT WERE PROVIDED TO PCP OFFICES WHICH HELPED TO EXPAND SERVICES. CROSS-FUNCTIONAL TEAMS WORKED TOGETHER INCLUDING THE WEST CENTRAL REGION TTSS FOR CASE CONFERENCING AND TRAINING. THE GOAL TO INCREASE ACCESS TO SPECIALTY CARE PATIENTS IS ON HOLD UNTIL BUDGET ALLOWS FOR ADDITIONAL STAFFING. THE 2023 FOCUS WAS ON IMPROVING INTERNAL EFFICIENCIES TO MAXIMIZE RESOURCES AND IMPROVE PATIENT EXPERIENCE INCLUDING DATA COLLECTION AND REPORTING ENHANCEMENTS. AN ADDITIONAL FOCUS WAS ON IMPROVING ACCESS AND PATIENT EXPERIENCE WITH MEDICATION MANAGEMENT. CTTP IMPROVED PATIENT TOBACCO TREATMENT MEDICATION SUPPORT BY INTEGRATING SYSTEMS AND PROCESSES WITH A DEDICATED APP RESOURCE. THEY IMPROVED DOCUMENTATION TO ACCURATELY REPORT MAT, DEMONSTRATING 70% OF PATIENTS USED NRT/MEDICATION TO QUIT. THERE WAS A 30% INCREASE IN SCHEDULED MEDICATION MANAGEMENT APPOINTMENTS COMPARED TO 2022. THE TEAM FOCUSED ON CARE CONTINUATION, CARE COORDINATION (TTS/APP), SCHEDULING PATIENT FOLLOW-UP APPOINTMENTS, AND MONITORING ADHERENCE OR COMPLICATIONS. THESE TACTICS ALSO IMPROVED THE ENGAGEMENT RATE - 78% OF SCHEDULED MEDICATION MANAGEMENT APPOINTMENTS WERE COMPLETED. THE ABOVE FOCUS ON IMPROVING PATIENT EXPERIENCE RESULTED IN STRONG AND CONSISTENT QUIT RATES OF 31% OF ACTIVE PATIENTS AND HARM REDUCTION (PATIENTS WHO REDUCED USE OF TOBACCO) OF 54% (JULY 2022-DECEMBER 2023). THE TEAM RECEIVED FREQUENT TESTIMONIALS OF LIVES CHANGED AND GRATITUDE FOR A SUPPORTIVE, COMPASSIONATE PARTNER. IN 2023, CTTP RECEIVED 1,149 REFERRALS, SCHEDULED 75% OF THEM AND COMPLETED AT LEAST ONE SESSION WITH 82% OF THOSE SCHEDULED. ADDITIONALLY, 44% OF PATIENTS SEEN COMPLETED 2 OR MORE SESSIONS. OVER THE PROGRAM'S LIFE, CTTP HAS RECEIVED 2,678 PATIENT REFERRALS (THIS INFORMATION CANNOT BE SEPARATED BY HOSPITAL OR REGION AT THIS TIME). *SUPPORT COMMUNITY-BASED ORGANIZATIONS THAT HELP COMMUNITY MEMBERS QUIT SMOKING. IN 2023, THE COMMUNITY BENEFIT GRANT PROGRAM PROVIDED FUNDING TO THE IU HEALTH SIMON CANCER CENTER TO SUPPORT THE RETHINK TOBACCO INDIANA INITIATIVE INCLUDING TRAINING FOR TOBACCO TREATMENT SPECIALISTS (TTS). *MONITOR STATE TOBACCO RELATED POLICIES. THE IU HEALTH OFFICE OF GOVERNMENT AND EXTERNAL AFFAIRS MONITORED STATE TOBACCO RELATED POLICIES INTRODUCED IN THE 2023 SESSION OF THE INDIANA GENERAL ASSEMBLY THOUGH SIGNIFICANT PROGRESS WAS NOT MADE WITH LEGISLATION.</p> <p>SOCIAL DETERMINANTS OF HEALTH *IMPLEMENT MEDICAL-LEGAL PARTNERSHIP (MLP) (COLLABORATIVE INTERVENTION BETWEEN HOSPITAL AND LEGAL AID PROFESSIONALS TO ASSIST PATIENTS AND THEIR FAMILIES). IN 2023, IU HEALTH PARTICIPATED IN A FREE LEGAL CLINIC. MULTIPLE IU HEALTH STAFF PARTICIPATED IN THE PLANNING AND TRAINING FOR THIS EVENT. TEN PEOPLE WERE HELPED AT THE CLINIC. CASE TYPES INCLUDED IDENTITY THEFT, DRIVER'S LICENSE ISSUES, EVICTION, FRAUD, FOOD STAMPS, SOCIAL SECURITY AND DISABILITY ASSISTANCE. *LAUNCH THE MOSAIC CENTER FOR WORK, LIFE AND LEARNING AS PART OF THE HEALTH DISTRICT INITIATIVE. THE MOSAIC CENTER FOR WORK, LIFE + LEARNING ENGAGED MORE THAN 600 INDIVIDUALS IN A WIDE RANGE OF PROGRAMS AND SERVICES INCLUDING INTEGRATED COACHING, THE IU HEALTH HIGH SCHOOL FELLOWSHIP AND MEDICAL ASSISTANT CERTIFICATION PROGRAMS, AND A SERIES OF WORKSHOPS/WEBINARS ON TOPICS RELATED TO WORKFORCE READINESS AND FINANCIAL STABILITY. THE CENTER ENROLLED 143 INDIVIDUALS IN OUR FULL SUITE OF SERVICES, HELPING MEMBERS TO ACHIEVE 13 JOB PLACEMENTS, SIX JOB ADVANCEMENTS, AND FIVE WAGE INCREASES. AN ADDITIONAL 29 ACCESSED BARRIER-BUSTER FUNDS, WHILE 49 WERE REFERRED TO PARTNERS FOR SERVICES, INCLUDING ONE NEW HOMEOWNER. THE TEAM DESIGNED AND LAUNCHED A NEW STERILE PROCESSING WORK-BASED LEARNING PROGRAM IN PARTNERSHIP WITH WAYNE TOWNSHIP ADULT EDUCATION, HIRING FOUR NEW IU HEALTH TRAINEES AND CULTIVATING A NEW PIPELINE OF QUALIFIED INDIVIDUALS ENTERING THE WORKFORCE. IN ADDITION, WE REACHED A MAJOR MILESTONE AND SECURED SPACE FOR THE PHYSICAL MOSAIC CENTER DEVELOPMENT IN WESLEY PLACE, A MIXED-USE FACILITY INCLUSIVE OF AFFORDABLE HOUSING AND LOCATED WITHIN THE HEALTH DISTRICT. WE ANTICIPATE A LATE 2024 GRAND OPENING. *HOST THE CRISPUS ATTUCKS CAREER DEVELOPMENT PROGRAM AS PART OF THE HEALTH DISTRICT INITIATIVE. THE IU HEALTH HIGH SCHOOL FELLOWSHIP (PREVIOUSLY THE CRISPUS ATTUCKS CAREER DEVELOPMENT PROGRAM), A PROGRAM OF THE MOSAIC CENTER, CONCLUDED THE YEAR WITH EIGHTY (80) HIGH SCHOOL FELLOWS FROM CRISPUS ATTUCKS HIGH SCHOOL CONTINUING TO PROGRESS THROUGH THE PROGRAM CURRICULUM AND EXPERIENCES. FORTY-SEVEN (47) COMPLETED INTERNSHIPS DURING THE SUMMER AND 18 SENIORS RECEIVED CNA CERTIFICATIONS AND ARE EXPLORING POST-SECONDARY PLANS THAT INCLUDE CONTINUING THEIR EDUCATION AND AN INTEREST IN HEALTHCARE. EACH HAS QUALIFIED FOR SEAMLESS ADMISSION TO INDIANA UNIVERSITY-INDIANAPOLIS AND ARE PREPARING FOR GRADUATION IN MAY. CURRENTLY, 15 SENIORS IN COHORT 1 BEGAN MEDICAL ASSISTANT EXTERNSHIPS IN JANUARY AND THREE ARE COMPLETING THEIR STUDIES TOWARD AN ACADEMIC HONORS DIPLOMA. OUR 26 JUNIOR FELLOWS (COHORT 2) WILL COMPLETE CNA CLINICAL EXPERIENCES THIS SPRING, WHILE OUR 34 SOPHOMORES (COHORT 3) BEGIN PREPARATION FOR THEIR FIRST SUMMER INTERNSHIPS WITH IU HEALTH. ACROSS ALL THREE OF OUR COHORTS, WE SEE HIGH FAMILY ENGAGEMENT AND PARTICIPATION IN CENTER FOR LEADERSHIP DEVELOPMENT (CLD) PROGRAMMING. *SUPPORT AFFORDABLE HOUSING INITIATIVES AS PART OF THE HEALTH DISTRICT INITIATIVE. IU HEALTH INVESTED STAFF TIME (THROUGH EDUCATION, ADVOCACY, AND STRATEGIC PARTNERSHIPS) IN THE DEVELOPMENT OF HOUSING INITIATIVES TO BRING AFFORDABLE AND DIVERSE HOUSING OPTIONS TO IU HEALTH EMPLOYEES AND COMMUNITY RESIDENTS. EFFORTS FOCUSED ON RESIDENTIAL/COMMERCIAL DEVELOPMENTS. *SUPPORT COMMUNITY-BASED ORGANIZATIONS HELPING COMMUNITY MEMBERS WHO ARE FOOD INSECURE. IN 2023, THE COMMUNITY BENEFIT GRANT PROGRAM AWARDED FUNDING TO COMMUNITY-BASED ORGANIZATIONS INCLUDING BRIGHTWOOD COMMUNITY CENTER, IVY ENDOWMENT, INC., GLEANERS, MACKIDA LOVELA & TRIP, MEET ME UNDER THE BRIDGE, THE EMERGING PEARLS FOUNDATION, AND LIGHT OF THE WORLD CHRISTIAN CHURCH TO PROVIDE FOOD TO INDIVIDUALS AND FAMILIES. ALL THESE ORGANIZATIONS PROVIDE SERVICES TO CHILDREN OR ADULTS WHO ARE UNDER/UNINSURED, FROM DIFFERENT RACIAL AND ETHNIC GROUPS, AND/OR LOW-INCOME.</p>

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	<p>*SCREEN AND CONNECT PATIENTS TO RESOURCES THAT ADDRESS SOCIAL NEEDS. STAFF EFFORT HAS BEEN SPENT IDENTIFYING AND INCORPORATING A SOCIAL DETERMINANTS OF HEALTH ASSESSMENT TOOL INTO PATIENT WORKFLOWS AND COMMUNITY OUTREACH. IN 2023, THE PROTOCOL FOR RESPONDING TO AND ASSESSING PATIENTS' ASSETS, RISKS, AND EXPERIENCES (PRAPARE) WAS LAUNCHED IN 14 PRIMARY CARE CLINICS ACROSS THE STATE (EIGHT (8) OF WHICH WERE IN MARION COUNTY). PRAPARE TARGETS 18+ YEAR OLD MEDICAID, DUAL-ELIGIBLE MEDICARE/MEDICAID, AND UNINSURED IU HEALTH PATIENTS. THE PRAPARE SCREENER WILL LAUNCH IN ALL IU HEALTH PRIMARY CARE PRACTICES ACROSS INDIANA IN 2024. WHILE SCREENING INPATIENT SOCIAL NEEDS IS REGULATED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES, SCREENING FOR SOCIAL NEEDS IN THE OUTPATIENT SPACE IS NOT. IU HEALTH IS COMMITTED TO PRIORITIZING SOCIAL NEEDS SCREENING IN BOTH THE INPATIENT AND THE OUTPATIENT SPACES. THE PRAPARE SCREENER HELPS IU HEALTH TEAM MEMBERS IDENTIFY PATIENT SOCIAL NEEDS, AT WHICH POINT THE PATIENTS ARE OFTENTIMES CONNECTED TO THE FINDHELP PLATFORM. WORK HAS BEEN DONE TO INCREASE PATIENT AND STAFF UTILIZATION OF IU HEALTH'S FINDHELP.ORG PLATFORM, WHICH PROVIDES ACCESS TO FREE AND REDUCED-COST PROGRAMS THAT MEET A VARIETY OF SOCIAL NEEDS. IN 2023, THERE WERE 804 PATIENT/COMMUNITY USERS IN MARION COUNTY WHO COMPLETED 2,485 SEARCHES FOR RESOURCES. THAT SAME YEAR SAW 2,528 IU HEALTH TEAM MEMBER USERS IN MARION COUNTY COMPLETE 18,035 SEARCHES. THE TOP NEEDS RESEARCHED ON IU HEALTH'S FINDHELP.ORG BY ALL SEARCHERS WERE FOOD, HOUSING, HELP TO PAY UTILITIES, AND TRANSPORTATION FOR HEALTHCARE.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL (CONTINUED)</p> <p>DESCRIPTION: *LAUNCH INTEGRATED SOCIAL WORK INITIATIVE IN IU HEALTH CLINICAL SETTINGS. INTEGRATED SOCIAL WORK (ISW) VIRTUALLY ASSISTS PROVIDERS AND PATIENTS WITH URGENT COMPLEX SITUATIONS SUCH AS ABUSE AND NEGLECT CONCERNS, DOMESTIC VIOLENCE, HOUSING INSECURITY AND SOCIAL BARRIERS TO CARE. THIS TEAM OF LICENSED SOCIAL WORKERS IS SKILLED IN ASSESSING AND IDENTIFYING SOCIAL DETERMINANTS OF HEALTH (SDOH), PROVIDING RESOURCES AND MAKING RECOMMENDATIONS THAT ARE UNIQUE TO THE PATIENT AND THEIR CIRCUMSTANCES. ISW PROVIDES URGENT MEDICAL SOCIAL WORK SERVICES THROUGH AN IPAD CART TO ALL PRIMARY CARE AND PEDIATRIC PRIMARY CARE CLINICS THROUGHOUT THE SYSTEM. THE SDOH SCREENER PRAPARE WAS LAUNCHED VIA TWISTLE IN 14 PRIMARY CARE CLINICS IN 2023. ISW PROVIDES RESOURCES AND SUPPORT TO PATIENTS WITH URGENT NEEDS IDENTIFIED IN THE SCREENER. THERE WERE 4,853 REFERRALS MADE TO ISW THAT INCLUDED PATIENTS SEEN AT IU HEALTH METHODIST AND IU HEALTH UNIVERSITY HOSPITALS.</p> <p>*FURTHER IMPLEMENT THE CONGREGATION CARE NETWORK (CCN) (A PROGRAM THAT CONNECTS PATIENTS TO A CONGREGATION AND COMMUNITY VOLUNTEERS TO PROVIDE COMPANIONSHIP AND OTHER RESOURCES). CCN PARTNERS WITH CONGREGATIONS TO ADDRESS SOCIAL ISOLATION IN THE COMMUNITY. CCN WORKS WITH INDIVIDUALS OF ALL FAITHS, INCLUDING THOSE WHO DO NOT HAVE A FAITH COMMUNITY. CONGREGATION VOLUNTEERS, CALLED CONNECTORS, ATTEND TRAINING TO LEARN THE PROCESS AND HOW TO ENGAGE WITH OUR PATIENTS. PATIENTS ENROLLED IN THE PROGRAM WILL JOURNEY WITH A CONNECTOR FROM THEIR COMMUNITY. THE CONNECTOR CONNECTS WITH THE PATIENT FOR AN HOUR FOR 12 WEEKS. DURING THIS TIME, THE CONNECTOR WILL LISTEN TO THE PATIENT'S NEEDS AND CONCERNS, CONNECT PATIENTS TO COMMUNITY RESOURCES, AND HELP PATIENTS NAVIGATE THE HEALTHCARE SYSTEM. IF CONNECTORS NOTICE A PATIENT HAS SOCIAL WORK NEEDS, THEY CAN REFER THE PATIENT TO A CCN LCSW WHO ASSISTS THE PATIENT TO GET THE CARE THEY NEED. IN 2023 FOR THE ACADEMIC HEALTH CENTER, THERE WERE 86 PATIENTS ENROLLED IN CCN. 13 OF THE PATIENTS ENROLLED IN THE INPATIENT SPACES ARE STILL ACTIVE IN THE PROGRAM, AND 16 OF THESE PATIENTS COMPLETED OR RE-ENROLLED IN CCN AFTER THEIR 12-WEEK PERIOD. WE ALSO HAD 74 PATIENTS ENROLLED FROM THE DUNLAP AND ADULT AMBULATORY CARE CENTER OUTPATIENT CLINICS. 23 OF THE OUTPATIENT CLINIC REFERRALS ARE STILL ACTIVE IN CCN, AND 22 OF THE OUTPATIENT CLINIC REFERRALS COMPLETED OR RE-ENROLLED IN THE PROGRAM. ADDITIONALLY, IN 2023, 262 CONNECTORS WERE TRAINED TO ENGAGE WITH OUR PATIENTS.</p> <p>*ADVANCE COMMUNITY COLLABORATIONS AND INTERVENTIONS WITH SUPPORT FROM THE IU HEALTH FOUNDATION COMMUNITY IMPACT INVESTMENT FUND (CII). INFORMATION ABOUT THE 2023 CII FUNDING OPPORTUNITY WAS WIDELY SHARED IN MARION COUNTY; MULTIPLE PROJECT AND PARTNERSHIP IDEAS WERE REVIEWED THAT WOULD IMPACT MARION COUNTY. THE FOLLOWING COMMUNITY PARTNERS RECEIVED FUNDING FOR 2023 IN MARION COUNTY: MARTIN UNIVERSITY, RECYCLEFORCE, COMMUNITY ACTION OF GREATER INDIANAPOLIS, INTENDED INDIANA INC., FATHERS AND FAMILIES RESEARCH CENTER, OUTREACH INC., AND THE ARC OF INDIANA FOUNDATION. THE AWARDS FOCUSED ON SEVERAL TOPICS INCLUDING INCREASING HEALTH EDUCATION IN THE COMMUNITY; WORKFORCE, TECHNICAL, AND HEALTHY LIVING SUPPORT FOR NEURODIVERSE PERSON AND THOSE WITH DISABILITIES; AFFORDABLE HOUSING FOR PEOPLE WITH LOW INCOMES; INCREASING POST-INCARCERATION EMPLOYMENT; AND TO PROVIDE COACHING AND SUPPORTIVE SERVICES TO YOUTH.</p> <p>*COLLABORATE WITH COMMUNITY-BASED ORGANIZATIONS TO COMPLETE EMPLOYEE VOLUNTEER SERVICE PROJECTS THAT ADDRESS CHNA-DEFINED HEALTH PRIORITIES. WITH 822 VOLUNTEERS AND 43 UNIQUE PROJECTS TO CHOOSE FROM, TEAM MEMBERS TRACKED AROUND 1,639 HOURS AND WORKED WITH 10 COMMUNITY ORGANIZATIONS IN CENTRAL INDIANA. THE PROJECTS FOCUSED ON PRIORITY COMMUNITY HEALTH NEEDS INCLUDING SOCIAL DETERMINANTS OF HEALTH (NEIGHBORHOOD IMPROVEMENTS, FOOD INSECURITY, AND EDUCATION), ACCESS TO HEALTHCARE, ACCESSIBILITY.</p> <p>IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL - SIGNIFICANT NEEDS NOT BEING ADDRESSED IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL ARE NOT ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024: HEALTH EDUCATION AND NAVIGATION AND MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING.</p> <p>HEALTH EDUCATION AND NAVIGATION. HEALTH EDUCATION AND NAVIGATION REFERS TO SERVICES AND RESOURCES THAT ARE AVAILABLE IN THE COMMUNITY, BUT PEOPLE DO NOT KNOW HOW TO GET CONNECTED TO THEM (E.G., HOW TO OBTAIN HEALTH INSURANCE, UNDERSTANDING INSURANCE BENEFITS, NAVIGATING THE HEALTHCARE SYSTEM, LANGUAGE BARRIERS AND HEALTH LITERACY). IU HEALTH METHODIST HOSPITAL PERCEIVES THIS HEALTH NEED AS BEING ADDRESSED UNDER MANY INITIATIVES IN ACCESS TO HEALTHCARE SERVICES. IU HEALTH METHODIST HOSPITAL WILL MONITOR THIS NEED TO SEE IF THERE ARE CHANGES OR OPPORTUNITIES IN THE FUTURE TO ADDRESS IT FURTHER.</p> <p>MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING. IU HEALTH METHODIST HOSPITAL IS LOCATED IN DOWNTOWN INDIANAPOLIS AND IS PART OF THE DOWNTOWN IU HEALTH CAMPUS THAT ALSO INCLUDES IU HEALTH UNIVERSITY HOSPITAL AND RILEY HOSPITAL FOR CHILDREN AT IU HEALTH. THE LATTER HOSPITAL OPENED THE RILEY HOSPITAL FOR CHILDREN MATERNITY TOWER IN NOVEMBER 2021. THE NEW FACILITY CENTRALIZES ALL MATERNITY AND NEWBORN HEALTH SERVICES OFFERED AT THE THREE DOWNTOWN HOSPITALS. FOR THIS REASON, THE HEALTH NEED WILL BE ADDRESSED EXCLUSIVELY BY RILEY HOSPITAL FOR CHILDREN AT IU HEALTH.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: RILEY HOSPITAL FOR CHILDREN AT INDIANA UNIVERSITY HEALTH</p> <p>DESCRIPTION: RILEY HOSPITAL FOR CHILDREN AT IU HEALTH - NEEDS BEING ADDRESSED BELOW IS THE PROGRESS OF THE HOSPITAL'S IMPLEMENTATION STRATEGY BY SIGNIFICANT NEED AND ITS RESPECTIVE INITIATIVE(S). RILEY HOSPITAL FOR CHILDREN AT IU HEALTH IS ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024: ACCESS TO HEALTHCARE SERVICES; BEHAVIORAL HEALTH; CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT; MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING; SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE; AND SOCIAL DETERMINANTS OF HEALTH.</p> <p>ACCESS TO HEALTHCARE SERVICES *PROVIDE VACCINE CLINICS IN UNDER-RESOURCED COMMUNITIES. IN 2023, IU HEALTH JOINED 91 COMMUNITY EVENTS HOSTED BY 82 DIFFERENT COMMUNITY ORGANIZATIONS TO PROVIDE 160 UPDATED COVID-19 VACCINES, 33 FLU SHOTS, AND OVER 3,500 SCREENINGS FOR BLOOD PRESSURE, CHOLESTEROL, AND SOCIAL NEEDS TO COMMUNITY MEMBERS, INCLUDING CHILDREN. IU HEALTH WORKED WITH COMMUNITY-BASED ORGANIZATIONS, SOMETIMES ON MULTIPLE EVENTS, TO PROMOTE AND PROVIDE SCREENINGS AND VACCINES TO COMMUNITY MEMBERS WHO ARE UNDERSERVED BY HEALTHCARE RESOURCES, UNDER/UNINSURED, FROM DIFFERENT RACIAL AND ETHNIC GROUPS, AND LOW-INCOME. *SUPPORT COMMUNITY MEMBERS ACCESSING HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITAL PROVIDES FINANCIAL ASSISTANCE TO PATIENTS EACH YEAR THAT INCLUDES DISCOUNTS, FULL CHARITY, AND PERSONAL HARDSHIP REDUCTIONS. IU HEALTH PATIENT FINANCIAL COUNSELORS ARE CERTIFIED INDIANA NAVIGATORS. THEY CAN ASSIST PATIENTS AND FAMILIES WITH INFORMATION AND HELP THEM WITH APPLICATIONS FOR VARIOUS HEALTH COVERAGE PROGRAMS. IN 2023, THE COUNSELORS SERVED 866 PEOPLE AT RILEY HOSPITAL FOR CHILDREN. *SUPPORT COMMUNITY-BASED ORGANIZATIONS THAT HELP CHILDREN AND FAMILIES WITH LOWER INCOMES ACCESS HEALTHCARE SERVICES. IN 2023, THE COMMUNITY BENEFIT GRANT PROGRAM PROVIDED FUNDING TO GENNESARET FREE CLINIC TO PROVIDE ACCESS TO HEALTHCARE SERVICES. ADDITIONAL FUNDING WENT TO INDIANAPOLIS URBAN LEAGUE AND NEW DIRECTION CHURCH TO PROVIDE HEALTH EDUCATION TO COMMUNITY MEMBERS IN MARION COUNTY. THE INDIANA YOUTH GROUP WAS PROVIDED FUNDING TO PURCHASE THREE AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS). ALL THESE ORGANIZATIONS PROVIDE SUPPORT TO CHILDREN OR ADULTS WHO ARE UNDER/UNINSURED, FROM DIFFERENT RACIAL AND ETHNIC GROUPS, OR LOW-INCOME.</p> <p>BEHAVIORAL HEALTH *FURTHER DEVELOP AND IMPLEMENT BEHAVIORAL HEALTH SERVICES INTO VARIED CLINICAL SETTINGS. THE HOSPITAL CONVENED OVER 200 COMMUNITY STAKEHOLDERS FROM AROUND THE STATE OF INDIANA TO DEVELOP A COMPREHENSIVE PEDIATRIC FOCUSED BEHAVIORAL HEALTH PLAN. THE PLAN FOCUSES ON TWO ENABLING STRATEGIES (WORKFORCE DEVELOPMENT AND AWARENESS/ADVOCACY) AND FOUR CORE STRATEGIES (PREVENTION/EARLY INTERVENTION, OUTPATIENT ACCESS, CRISIS CARE, AND ACUTE CARE). AS PART OF OUR ADVOCACY EFFORTS IN 2023, RILEY PRODUCED THE DOCUMENTARY "RACING TO RESPOND" AND PREMIERED THE FILM IN 6 COMMUNITIES ACROSS THE STATE, BRINGING INCREASED AWARENESS TO CHALLENGES THE STATE IS FACING REGARDING YOUTH MENTAL HEALTH. RILEY ALSO CONTINUES TO EXPAND BEHAVIORAL HEALTH RESOURCES WITHIN PRIMARY CARE SETTINGS, NOW WITH INTEGRATED SERVICES IN EIGHT CLINICS. RILEY CONTINUES TO WORK WITH STATE PARTNERS, INCLUDING THE INDIANA DEPARTMENT OF EDUCATION TO DEVELOP EVIDENCE-BASED TRAINING TO SUPPORT EDUCATORS AND SCHOOL COUNSELORS. IN ADDITION TO WORK WITH EXTERNAL PARTNERS, RILEY IS EXPANDING AND ENHANCING A BEHAVIORAL HEALTH CRISIS ASSESSMENT CENTER IN THE RILEY EMERGENCY DEPARTMENT AND IS CURRENTLY EVALUATING THE ADDITION AND EXPANSION OF OTHER SERVICES WITHIN THE HOSPITAL TO BETTER SUPPORT YOUTH AND FAMILIES NEEDING MORE INTENSIVE TREATMENTS. IN 2023, THE EMERGENCY DEPARTMENT COMPLETED 1,344 BEHAVIORAL HEALTH ASSESSMENTS AND 18,132 OUTPATIENT VISITS.</p> <p>CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT *CONTINUE TO SUPPORT JUMP IN FOR HEALTHY KIDS (A COMMUNITY WIDE, MULTI-SECTOR EFFORT TO GIVE CHILDREN AND FAMILIES OPPORTUNITIES TO MAKE HEALTHY CHOICES). IN 2023, THE ORGANIZATION RECEIVED A COMMUNITY BENEFIT GRANT TO SUPPORT THREE FOCUS AREAS FOR SYSTEMS CHANGE IN CENTRAL INDIANA: EARLY CHILDHOOD EDUCATION, SCHOOLS AND HEALTHY FOOD ACCESS. WORK WILL BE DONE TO EMBED NUTRITION AND PHYSICAL ACTIVITY BEST PRACTICES INTO THE POLICIES, CULTURE AND DAY-TO-DAY CHILDREN'S BEHAVIOR. ALSO, WORK WILL BE DONE TO INCREASE ACCESS TO HEALTHY, AFFORDABLE FOOD, AS FOOD IS THE PRIMARY FACTOR CONTRIBUTING TO A HEALTHY WEIGHT.</p> <p>MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING *CONTRIBUTE LEADERSHIP AND EXPERTISE TO MATERNAL, CHILD AND FETAL MORTALITY REVIEW COMMITTEES IN MARION COUNTY AND THE STATE. IN 2022, THERE WERE TWELVE TEAM MEMBERS WHO PARTICIPATED IN THE INDIANAPOLIS HEALTH BABIES FETAL INFANT MORTALITY REVIEW PROGRAM. IN 2022, ABOUT 16 TEAM MEMBERS PARTICIPATED IN INDIANA'S PERINATAL QUALITY IMPROVEMENT COLLABORATIVE'S TASK FORCES AND SUBCOMMITTEES WHICH MET A TOTAL OF 53 TIMES IN 2022. SOME TEAM MEMBERS PARTICIPATED IN MULTIPLE TASK FORCES. *CONTINUE AND EXPAND HOME-MONITORING PROGRAM FOR PEDIATRIC PATIENTS AND FAMILIES. IN 2023, THE RILEY PEDIATRIC CARDIOLOGY HOME MONITORING PROGRAM FOR HIGH-RISK INFANTS MONITORED 31 PATIENTS. THE PROGRAM TRANSITIONED FROM A PHYSICAL IPAD TO THE APP THAT IS INSTALLED ON THE CAREGIVERS' PHONES. THIS ELIMINATES THE POTENTIAL COST OF LOST OR DAMAGED DEVICES AND MAY IMPROVE COMPLIANCE WITH THE REPORTING. *IMPLEMENT WE CARE PLUS (PROGRAM CONNECTING WOMEN AND NEW MOTHERS TO RESOURCES TO ADDRESS SOCIAL NEEDS AND MATERNAL HEALTH). IN 2023, IU HEALTH EXPANDED THE COMMUNITY HEALTH WORKFORCE TO SERVE MATERNAL PATIENTS AND INFANTS STATEWIDE. IN ADDITION TO THE EIGHT WE CARE CLINIC SITES WITHIN THE INDIANAPOLIS METROPOLITAN AREA, SERVICES LAUNCHED IN BLOOMINGTON IN Q4 2023 WITH RECRUITMENT OF 3.0 CHWS TO SUPPORT LAFAYETTE AND MUNCIE CONCLUDING IN Q1 2024. OVERALL, 380 PATIENTS (~63% BLACK) ENROLLED IN THE WE CARE PROGRAM AND BENEFITTED FROM EDUCATION, RESOURCES, EMOTIONAL SUPPORT, AND IMPROVED HEALTH OUTCOMES. THE MOST FREQUENTLY DISTRIBUTED SUPPLIES INCLUDED DIAPERS, CLOTHING (FOR MOM AND BABY), AND FORMULA. OF THE PATIENTS WHO DELIVERED IN 2023, 167 BABIES WERE BORN, AND THE RATE OF LOW BIRTH WEIGHT WAS 9%, WHICH IS LOWER THAN THE MARION COUNTY AVERAGE (10%) AND BLACK MARION COUNTY AVERAGE (14.4%). SINCE WE CARE LAUNCHED IN AUGUST 2021, PATIENTS HAVE REPORTED DECREASED TOBACCO USE, IMPROVED MENTAL HEALTH, AND HIGHER RATES OF BREASTFEEDING AT DISCHARGE (85.8%) COMPARED TO STATEWIDE DATA FROM 2021 (OVERALL = 81.4%;</p>

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	<p>BLACK POPULATION = 73.9%).</p> <p>*IMPLEMENT CRADLE INDIANAPOLIS (COLLABORATIVE EFFORT BETWEEN PARTNERS WORKING ACROSS SECTORS TO REDUCE INFANT MORTALITY). CRADLE INDY IS AN INITIATIVE FOCUSED ON REDUCING THE INFANT MORTALITY RATE BY HELPING MARION COUNTY BABIES REACH THEIR FIRST BIRTHDAYS. IT IS DEDICATED TO EMPOWERING PARENTS AND HONORING THOSE WITH LIVED EXPERIENCES OF INFANT MORTALITY. THAT IS WHY IT'S IMPORTANT TO WORK TOGETHER, CONNECTING ORGANIZATIONS AND INDIVIDUALS TO MAKE A TANGIBLE DIFFERENCE IN THE LIVES OF MARION COUNTY FAMILIES. THE INFANT MORTALITY CRISIS DISPROPORTIONATELY AFFECTS NON-HISPANIC BLACK BABIES, WHICH IS WHY WE CENTER THE BLACK COMMUNITY IN OUR WORK. THE 2021 INFANT MORTALITY RATE FOR NON-HISPANIC BLACK BABIES IN INDIANA WAS 13.2 - A FIGURE TWICE THE OVERALL STATE INFANT MORTALITY RATE OF 6.7. CRADLE INDY AIMS TO CREATE A NETWORK OF PEOPLE, PARENTS, PROFESSIONALS, AND ORGANIZATIONS WORKING ACROSS MULTIPLE SECTORS UTILIZING A COLLECTIVE IMPACT FRAMEWORK TO REDUCE INFANT MORTALITY IN INDIANAPOLIS/MARION COUNTY. TO THIS END, CRADLE INDY CONDUCTED SIX STRATEGIC PLANNING SESSIONS WITH ENGAGED COMMUNITY STAKEHOLDERS TO ASSESS THE CURRENT INFANT HEALTH LANDSCAPE AND HOW THIS COLLECTIVE COULD BENEFIT IT. COUPLED WITH COMMUNITY OUTREACH AND SURVEYS CONDUCTED IN THE TARGET ZIP CODES, CRADLE INDY HAS DEVELOPED A COMPREHENSIVE PLAN TO HELP INDIANAPOLIS HAVE THE HEALTHIEST MOMS, BABIES, AND COMMUNITIES. ULTIMATELY, CRADLE INDY WANTS TO STRENGTHEN THE JOURNEY TO A HEALTHY FIRST BIRTHDAY FOR INDIANAPOLIS/MARION COUNTY BABIES BY SUPPORTING EFFORTS FOR WOMEN AND INFANTS THROUGH PRECONCEPTION TO YEAR ONE.</p> <p>*MAINTAIN LEVEL IV IN THE INDIANA DEPARTMENT OF HEALTH INDIANA PERINATAL LEVELS OF CARE PROGRAM. THE INDIANA DEPARTMENT OF HEALTH HAS CERTIFIED RILEY HOSPITAL FOR CHILDREN AT OB LEVEL IV AND NEO IV. RILEY PROVIDES TRAINING (E.G., SPINNING BABIES WORKSHOP FREE OF CHARGE TO OTHER HOSPITALS), QUALITY ASSURANCE REVIEW, TRANSPORT OF MOTHER AND NEWBORN, AND OTHER SUPPORT SERVICES AS NECESSARY TO 12 AFFILIATE DELIVERING HOSPITALS. RILEY PROVIDES CONTINUING MEDICAL EDUCATION WEBINARS TO THE OTHER AFFILIATES. ALMOST SEVENTY HOURS OF OUTREACH/SIMULATION EDUCATION WAS PROVIDED TO 238 LEARNERS IN EIGHT HOSPITALS WITH A FOCUS ON ACUTELY ILL AND MEDICALLY COMPLEX MOTHERS AND INFANTS.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: RILEY HOSPITAL FOR CHILDREN AT INDIANA UNIVERSITY HEALTH (CONTINUED)</p> <p>DESCRIPTION: *MAINTAIN THE PEDIATRIC COMMUNITY OUTREACH MOBILE EDUCATION (PCOME) TEAM AND ENHANCE ITS EFFORTS TO SUPPORT COMMUNITY HOSPITALS' EMERGENCY READINESS TO TREAT ILL AND INJURED CHILDREN. THE PCOME TEAM CONDUCTED IN SITU SIMULATION VISITS AT THIRTEEN DIFFERENT COMMUNITY HOSPITAL EMERGENCY DEPARTMENTS IN THE STATE. THIS ITERATION AIMED TO IMPROVE THE QUALITY OF PEDIATRIC ACUTE CARE PROVIDED IN A SIMULATED SETTING AND SHARED GUIDELINES AND RESOURCES WITH THESE HOSPITALS. ABOUT 480 PROVIDERS WERE INCLUDED IN THIS ITERATION. THE GOAL OF EXPANDING THE SITES TO A TOTAL OF 20 SITES WAS NOT ACCOMPLISHED GIVEN THE LACK OF FUNDING OR A MECHANISM TO SUSTAIN THIS WORK AND EXPAND IT FURTHER.</p> <p>SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE *FURTHER IMPLEMENT THE CENTRALIZED TOBACCO TREATMENT PROGRAM (CTTP) (PROVIDES PATIENTS ACCESS TO EVIDENCE-BASED TOBACCO TREATMENT). THE CTTP PROGRAM IS FREE TO IU HEALTH PRIMARY CARE PATIENTS. ONCE A PATIENT'S LEVEL OF CARE IS ASSESSED, THEY ARE PROVIDED EVIDENCE-BASED TOBACCO CESSATION TREATMENT WITH A TRAINED TOBACCO TREATMENT SPECIALIST (TTSS). PATIENTS HAD ACCESS TO CLICKOTINE, A DIGITAL CESSATION APP, AND SUPPORT FROM AN ADVANCE PRACTICE PROVIDER (APP) TO EVALUATE AND PRESCRIBE MEDICATION ASSISTED THERAPY (MAT) FOR NICOTINE REPLACEMENT. EDUCATION AND SUPPORT WERE PROVIDED TO PCP OFFICES WHICH HELPED TO EXPAND SERVICES. CROSS-FUNCTIONAL TEAMS WORKED TOGETHER INCLUDING THE WEST CENTRAL REGION TTSS FOR CASE CONFERRING AND TRAINING. THE GOAL TO INCREASE ACCESS TO SPECIALTY CARE PATIENTS IS ON HOLD UNTIL BUDGET ALLOWS FOR ADDITIONAL STAFFING. THE 2023 FOCUS WAS ON IMPROVING INTERNAL EFFICIENCIES TO MAXIMIZE RESOURCES AND IMPROVE PATIENT EXPERIENCE INCLUDING DATA COLLECTION AND REPORTING ENHANCEMENTS. AN ADDITIONAL FOCUS WAS ON IMPROVING ACCESS AND PATIENT EXPERIENCE WITH MEDICATION MANAGEMENT. CTTP IMPROVED PATIENT TOBACCO TREATMENT MEDICATION SUPPORT BY INTEGRATING SYSTEMS AND PROCESSES WITH A DEDICATED APP RESOURCE. THEY IMPROVED DOCUMENTATION TO ACCURATELY REPORT MAT, DEMONSTRATING 70% OF PATIENTS USED NRT/MEDICATION TO QUIT. THERE WAS A 30% INCREASE IN SCHEDULED MEDICATION MANAGEMENT APPOINTMENTS COMPARED TO 2022. THE TEAM FOCUSED ON CARE CONTINUATION, CARE COORDINATION (TTS/APP), SCHEDULING PATIENT FOLLOW-UP APPOINTMENTS, AND MONITORING ADHERENCE OR COMPLICATIONS. THESE TACTICS ALSO IMPROVED THE ENGAGEMENT RATE - 78% OF SCHEDULED MEDICATION MANAGEMENT APPOINTMENTS WERE COMPLETED. THE ABOVE FOCUS ON IMPROVING PATIENT EXPERIENCE RESULTED IN STRONG AND CONSISTENT QUIT RATES OF 31% OF ACTIVE PATIENTS AND HARM REDUCTION (PATIENTS WHO REDUCED USE OF TOBACCO) OF 54% (JULY 2022-DECEMBER 2023). THE TEAM RECEIVED FREQUENT TESTIMONIALS OF LIVES CHANGED AND GRATITUDE FOR A SUPPORTIVE, COMPASSIONATE PARTNER. IN 2023, CTTP RECEIVED 1,149 REFERRALS, SCHEDULED 75% OF THEM AND COMPLETED AT LEAST ONE SESSION WITH 82% OF THOSE SCHEDULED. ADDITIONALLY, 44% OF PATIENTS SEEN COMPLETED 2 OR MORE SESSIONS. OVER THE PROGRAM'S LIFE, CTTP HAS RECEIVED 2,678 PATIENT REFERRALS (THIS INFORMATION CANNOT BE SEPARATED BY HOSPITAL OR REGION AT THIS TIME). *SUPPORT COMMUNITY-BASED ORGANIZATIONS THAT HELP YOUTH QUIT SMOKING. IN 2023, THE COMMUNITY BENEFIT GRANT PROGRAM PROVIDED FUNDING TO THE IU HEALTH SIMON CANCER CENTER TO SUPPORT THE RETHINK TOBACCO INDIANA INITIATIVE INCLUDING TRAINING FOR TOBACCO TREATMENT SPECIALISTS (TTS) WHO HAVE PREVIOUSLY REPRESENTED COMMUNITY-BASED ORGANIZATIONS SERVING CHILDREN AND THEIR FAMILIES.</p> <p>SOCIAL DETERMINANTS OF HEALTH *IMPLEMENT MEDICAL-LEGAL PARTNERSHIP (MLP) (COLLABORATIVE INTERVENTION BETWEEN HOSPITAL AND LEGAL AID PROFESSIONALS TO ASSIST PATIENTS AND THEIR FAMILIES). THE MLP RECEIVED 61 REFERRALS FROM IU MLP IU-RILEY. THE MLP SUBSEQUENTLY COMPLETED INTAKE INTERVIEWS AND OPENED 37 NEW CASES. THE NUMBER OF REQUESTING PATIENTS WHO DECLINED OR DID NOT RESPOND TO THE MLP'S CONTACT WITH THEM WAS 24. OF THE CASES THAT WERE WORKED ON IN 2023, THE CASE TYPES INCLUDED: PUBLIC HOUSING; SOCIAL SECURITY DISABILITY; PRIVATE LANDLORD/TENANT; SUPPLEMENTAL SECURITY INCOME; UNEMPLOYMENT COMPENSATION; CHILD SUPPORT; MINOR GUARDIANSHIP; FAMILY; AND PUBLIC BENEFITS. IN 2023, 32 CASES WERE CLOSED. *HOST THE CRISPUS ATTACKS CAREER DEVELOPMENT PROGRAM AS PART OF THE HEALTH DISTRICT INITIATIVE. THE IU HEALTH HIGH SCHOOL FELLOWSHIP (PREVIOUSLY THE CRISPUS ATTACKS CAREER DEVELOPMENT PROGRAM), A PROGRAM OF THE MOSAIC CENTER, CONCLUDED THE YEAR WITH EIGHTY (80) HIGH SCHOOL FELLOWS FROM CRISPUS ATTACKS HIGH SCHOOL CONTINUING TO PROGRESS THROUGH THE PROGRAM CURRICULUM AND EXPERIENCES. FORTY-SEVEN (47) COMPLETED INTERNSHIPS DURING THE SUMMER AND 18 SENIORS RECEIVED CNA CERTIFICATIONS AND ARE EXPLORING POST-SECONDARY PLANS THAT INCLUDE CONTINUING THEIR EDUCATION AND AN INTEREST IN HEALTHCARE. EACH HAS QUALIFIED FOR SEAMLESS ADMISSION TO INDIANA UNIVERSITY-INDIANAPOLIS AND ARE PREPARING FOR GRADUATION IN MAY. CURRENTLY, 15 SENIORS IN COHORT 1 BEGAN MEDICAL ASSISTANT EXTERNSHIPS IN JANUARY AND THREE ARE COMPLETING THEIR STUDIES TOWARD AN ACADEMIC HONORS DIPLOMA. OUR 26 JUNIOR FELLOWS (COHORT 2) WILL COMPLETE CNA CLINICAL EXPERIENCES THIS SPRING, WHILE OUR 34 SOPHOMORES (COHORT 3) BEGIN PREPARATION FOR THEIR FIRST SUMMER INTERNSHIPS WITH IU HEALTH. ACROSS ALL THREE OF OUR COHORTS, WE SEE HIGH FAMILY ENGAGEMENT AND PARTICIPATION IN CENTER FOR LEADERSHIP DEVELOPMENT (CLD) PROGRAMMING. *MAINTAIN THE MEDICAL PHYSICIAN ENGINEERS, SCIENTISTS, AND CLINICIANS PREPARATORY PROGRAM (MPESC-PREP). THIS PROGRAM SEEKS TO INCREASE AND DIVERSIFY THE PHYSICIAN-SCIENTIST WORKFORCE BY RECRUITING DIVERSE HIGH SCHOOL AND COLLEGE STUDENTS INTO STEM OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT AND MENTORSHIP WITH THE END GOAL OF PREPARING FUTURE PHYSICIAN-SCIENTISTS, PHYSICIAN-ENGINEERS, BIOMEDICAL RESEARCHERS AND CLINICAL CARE PROVIDERS. HIGH SCHOOL STUDENTS ARE SELECTED FROM PUBLIC SCHOOLS IN THE GREATER INDIANAPOLIS AREA. UNDERGRADUATE STUDENTS ARE SELECTED FROM THREE PARTNER COLLEGES/UNIVERSITIES. MANY STUDENTS ARE PLACED WITH FACULTY MENTORS IN LABORATORIES, PRIMARILY AT THE HERMAN B WELLS CENTER FOR PEDIATRIC RESEARCH. THE CENTER BRINGS NEW DISCOVERIES OF CARE TO PATIENTS AND FAMILIES AT RILEY. *SUPPORT COMMUNITY-BASED ORGANIZATIONS, INCLUDING THE ON-SITE RILEY FOOD PANTRY, TO HELP PATIENTS AND OTHER COMMUNITY MEMBERS WHO ARE FOOD INSECURE. THE RILEY FOOD PANTRY WAS DISCONTINUED AS OTHER MEANS WERE EXPLORED TO OFFER FOOD TO PATIENTS AND FAMILIES. IN 2023, THE COMMUNITY BENEFIT GRANT PROGRAM AWARDED FUNDING TO COMMUNITY-BASED ORGANIZATIONS INCLUDING BRIGHTWOOD COMMUNITY CENTER, IVY ENDOWMENT, INC., GLEANERS, MACKIDA LOVELA & TRIP, MEET ME UNDER THE BRIDGE, THE EMERGING PEARLS FOUNDATION, AND LIGHT OF THE WORLD CHRISTIAN CHURCH TO PROVIDE FOOD TO INDIVIDUALS AND FAMILIES. ALL THESE ORGANIZATIONS</p>

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	<p>PROVIDE SERVICES TO CHILDREN OR ADULTS WHO ARE UNDER/UNINSURED, FROM DIFFERENT RACIAL AND ETHNIC GROUPS, AND/OR LOW-INCOME.</p> <p>*LAUNCH INTEGRATED SOCIAL WORK INITIATIVE IN IU HEALTH CLINICAL SETTINGS. INTEGRATED SOCIAL WORK (ISW) VIRTUALLY ASSISTS PROVIDERS AND PATIENTS WITH URGENT COMPLEX SITUATIONS SUCH AS ABUSE AND NEGLECT CONCERNS, DOMESTIC VIOLENCE, HOUSING INSECURITY AND SOCIAL BARRIERS TO CARE. THIS TEAM OF LICENSED SOCIAL WORKERS IS SKILLED IN ASSESSING AND IDENTIFYING SOCIAL DETERMINANTS OF HEALTH (SDOH), PROVIDING RESOURCES AND MAKING RECOMMENDATIONS THAT ARE UNIQUE TO THE PATIENT AND THEIR CIRCUMSTANCES. ISW PROVIDES URGENT MEDICAL SOCIAL WORK SERVICES THROUGH AN IPAD CART TO ALL PRIMARY CARE AND PEDIATRIC PRIMARY CARE CLINICS THROUGHOUT THE SYSTEM. THE SDOH SCREENER PRAPARE WAS LAUNCHED VIA TWISTLE IN 14 PRIMARY CARE CLINICS IN 2023. ISW PROVIDES RESOURCES AND SUPPORT TO PATIENTS WITH URGENT NEEDS IDENTIFIED IN THE SCREENER. THERE WERE 4,853 REFERRALS MADE TO ISW THAT INCLUDED PATIENTS SEEN AT RILEY HOSPITAL FOR CHILDREN.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: RILEY HOSPITAL FOR CHILDREN AT INDIANA UNIVERSITY HEALTH (CONTINUED)</p> <p>DESCRIPTION: *ADVANCE COMMUNITY COLLABORATIONS AND INTERVENTIONS WITH SUPPORT FROM THE IU HEALTH FOUNDATION COMMUNITY IMPACT INVESTMENT FUND (CII). INFORMATION ABOUT THE 2023 CII FUNDING OPPORTUNITY WAS WIDELY SHARED IN MARION COUNTY; MULTIPLE PROJECT AND PARTNERSHIP IDEAS WERE REVIEWED THAT WOULD IMPACT MARION COUNTY. THE FOLLOWING COMMUNITY PARTNERS RECEIVED FUNDING FOR 2023 IN MARION COUNTY: MARTIN UNIVERSITY, RECYCLEFORCE, COMMUNITY ACTION OF GREATER INDIANAPOLIS, INTENDED INDIANA INC., FATHERS AND FAMILIES RESEARCH CENTER, OUTREACH INC., AND THE ARC OF INDIANA FOUNDATION. THE AWARDS FOCUSED ON SEVERAL TOPICS INCLUDING INCREASING HEALTH EDUCATION IN THE COMMUNITY; WORKFORCE, TECHNICAL, AND HEALTHY LIVING SUPPORT FOR NEURODIVERSE PERSON AND THOSE WITH DISABILITIES; AFFORDABLE HOUSING FOR PEOPLE WITH LOW INCOMES; HELPING FATHERS DEVELOP LIFE AND WORKFORCE SKILLS TO INCREASE ECONOMIC STABILITY; AND TO PROVIDE COACHING AND SUPPORTIVE SERVICES TO YOUTH. *COLLABORATE WITH COMMUNITY-BASED ORGANIZATIONS TO COMPLETE EMPLOYEE VOLUNTEER SERVICE PROJECTS THAT ADDRESS CHNA-DEFINED HEALTH PRIORITIES. WITH 822 VOLUNTEERS AND 43 UNIQUE PROJECTS TO CHOOSE FROM, TEAM MEMBERS TRACKED AROUND 1,639 HOURS AND WORKED WITH 10 COMMUNITY ORGANIZATIONS IN CENTRAL INDIANA. THE PROJECTS FOCUSED ON PRIORITY COMMUNITY HEALTH NEEDS INCLUDING SOCIAL DETERMINANTS OF HEALTH (NEIGHBORHOOD IMPROVEMENTS, FOOD INSECURITY, AND EDUCATION), ACCESS TO HEALTHCARE, ACCESSIBILITY.</p> <p>RILEY HOSPITAL FOR CHILDREN AT IU HEALTH - NEEDS NOT BEING ADDRESSED RILEY HOSPITAL FOR CHILDREN AT IU HEALTH IS NOT ADDRESSING THE SIGNIFICANT NEED, HEALTH EDUCATION AND NAVIGATION. HEALTH EDUCATION AND NAVIGATION REFERS TO SERVICES AND RESOURCES THAT ARE AVAILABLE IN THE COMMUNITY, BUT PEOPLE DO NOT KNOW HOW TO GET CONNECTED TO THEM (E.G., HOW TO OBTAIN HEALTH INSURANCE, UNDERSTANDING INSURANCE BENEFITS, NAVIGATING THE HEALTHCARE SYSTEM, LANGUAGE BARRIERS AND HEALTH LITERACY). RILEY HOSPITAL FOR CHILDREN AT IU HEALTH PERCEIVES THIS HEALTH NEED AS BEING ADDRESSED UNDER MANY INITIATIVES IN ACCESS TO HEALTHCARE SERVICES. RILEY HOSPITAL FOR CHILDREN AT IU HEALTH WILL MONITOR THIS NEED TO SEE IF THERE ARE CHANGES OR OPPORTUNITIES IN THE FUTURE TO ADDRESS IT FURTHER.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH SAXONY HOSPITAL</p> <p>DESCRIPTION: IU HEALTH SAXONY HOSPITAL - NEEDS BEING ADDRESSED BELOW IS THE PROGRESS OF THE HOSPITAL'S IMPLEMENTATION STRATEGY BY SIGNIFICANT NEED AND ITS RESPECTIVE INITIATIVE(S). IU HEALTH SAXONY HOSPITAL IS ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024: ACCESS TO HEALTHCARE SERVICES; AGING POPULATION AND NEEDS OF SENIORS; BEHAVIORAL HEALTH; CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT; SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE; AND SOCIAL DETERMINANTS OF HEALTH.</p> <p>ACCESS TO HEALTHCARE SERVICES .SUPPORT THE TRINITY FREE CLINIC (FREE MEDICAL CLINIC PROVIDING HEALTHCARE SERVICES TO UNINSURED AND LOW-INCOME INDIVIDUALS IN THE COMMUNITY). - IN 2023, IU HEALTH SAXONY HOSPITAL PROVIDED A GRANT TO TRINITY FREE CLINIC TO PILOT A PROGRAM THAT WILL TRAIN INDIVIDUALS IN BOTH MEDICAL INTERPRETATION AND PATIENT SERVICES. THE FUNDING WILL LEAD TO THE DELIVERY OF CULTURALLY INCLUSIVE CARE AND ENSURE REGULATORY COMPLIANCE. THE PROGRAM WILL CREATE MUCH-NEEDED JOBS FOR OVER 40 INDIVIDUALS PER CALENDAR YEAR AND WILL ALLOW FOR OVER 8,000 NON-ENGLISH SPEAKING PATIENTS TO RECEIVE QUALITY CARE IN THEIR NATIVE LANGUAGE. ADDITIONALLY, TEN IU HEALTH EMPLOYEES STAFFED THE CLINIC FOR OVER 570 HOURS, FURTHER INCREASING ACCESS TO LOW-COST, QUALITY HEALTHCARE. .SUPPORT HEART & SOUL CLINIC'S OPERATIONS (FREE MEDICAL CLINIC PROVIDING HEALTHCARE SERVICES TO UNINSURED AND LOW-INCOME INDIVIDUALS IN THE COMMUNITY). - IU HEALTH SAXONY HOSPITAL PROVIDED A GRANT TO INCREASE LANGUAGE SERVICES AND ACCESS TO QUALITY HEALTHCARE AT HEART & SOUL CLINIC. FUNDING WAS USED TO EXPAND THE LANGUAGE LINE AT THE CLINIC, WHICH REDUCES ACCESS BARRIERS AND PROVIDES TRANSLATION SERVICES TO ENSURE CULTURALLY INCLUSIVE CARE. OVER 450 OF HEART & SOUL CLINIC'S 2023 PATIENTS WERE NON-ENGLISH SPEAKING AND USED THE LANGUAGE LINE. 90 PERCENT OF THESE PATIENTS LIVE BELOW THE POVERTY LEVEL. ADDITIONALLY, FOUR IU HEALTH EMPLOYEES STAFFED THE CLINIC FOR OVER 270 HOURS, FURTHER INCREASING ACCESS TO AFFORDABLE, QUALITY HEALTHCARE. .SUPPORT COMMUNITY MEMBERS ACCESSING HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITAL PROVIDES FINANCIAL ASSISTANCE TO PATIENTS EACH YEAR THAT INCLUDES DISCOUNTS, FULL CHARITY, AND PERSONAL HARDSHIP REDUCTIONS. IU HEALTH PATIENT FINANCIAL COUNSELORS ARE CERTIFIED INDIANA NAVIGATORS. THEY CAN ASSIST PATIENTS AND FAMILIES WITH INFORMATION AND HELP THEM WITH APPLICATIONS FOR VARIOUS HEALTH COVERAGE PROGRAMS. IN 2023, THE COUNSELORS SERVED 74 PEOPLE AT IU HEALTH SAXONY HOSPITAL. .PROVIDE VACCINE CLINICS IN THE COMMUNITY. - IN 2023, IU HEALTH SAXONY HOSPITAL COMMUNITY OUTREACH AND CLINICAL STAFF HOSTED FOUR FLU AND COVID-19 VACCINE CLINICS IN HAMILTON COUNTY, RESULTING IN OVER 360 VACCINES. CLINICS WERE HELD IN VULNERABLE, UNDERSERVED, AND VACCINE-HESITANT COMMUNITIES TO INCREASE VACCINE ACCESS, TRUST, AND AWARENESS AMONG AT-RISK POPULATIONS.</p> <p>AGING POPULATION AND NEEDS OF SENIORS .SUPPORT THE SHEPHERD'S CENTER OF HAMILTON COUNTY'S (SCHC) GERIATRIC COUNSELING PROGRAM (OFFERS VIRTUAL, OUTPATIENT AND HOME-BASED THERAPY TO IMPROVE MENTAL WELL-BEING AMONG SENIORS). - IN 2023, IU HEALTH SAXONY HOSPITAL PROVIDED REFERRALS FOR IN-NEED PATIENTS TO THE COUNSELING PROGRAM AS WELL AS A GRANT TO SUPPORT EXPANSION OF THE PROGRAM. AS A RESULT, OVER 700 COUNSELING SESSIONS WERE COMPLETED. 98 PERCENT OF PATIENTS MADE PROGRESS ON THEIR TREATMENT GOALS AND DEMONSTRATED AN IMPROVEMENT IN THEIR SYMPTOMS, QUALITY OF LIFE, AND ISOLATION LEVELS. .OFFER PROGRAMMING AT THE PRIMELIFE ENRICHMENT (PLE) SENIOR CENTER. - IU HEALTH HOSTED FOUR HEALTH EDUCATION PRESENTATIONS PERTAINING TO GERIATRIC CARE SUCH AS DIABETES, MEDICATION MANAGEMENT AND MENTAL HEALTH. 88 PERCENT OF ATTENDEES WHO COMPLETED POST-PROGRAM SURVEYS REPORTED THAT THEY HAD AN INCREASE IN KNOWLEDGE AFTER THE PRESENTATIONS. IN ADDITION, AN A1C SCREENING EVENT AND A FLU VACCINE CLINIC WERE HOSTED AT PLE, RESULTING IN 71 VACCINATIONS AND 24 INDIVIDUALS SCREENED FOR DIABETES. IU HEALTH SAXONY HOSPITAL ALSO PROVIDED A GRANT TO EXPAND PLE'S TRANSPORTATION PROGRAM TO SUPPORT SENIORS AND OLDER ADULTS WHO NEED RELIABLE TRANSPORTATION TO PERTINENT DESTINATIONS INCLUDING MEDICAL APPOINTMENTS AND PHARMACIES.</p> <p>BEHAVIORAL HEALTH .SUPPORT INDIANA CENTER FOR PREVENTION OF YOUTH ABUSE AND SUICIDE (ICPYAS). - IU HEALTH SAXONY HOSPITAL PROVIDED A GRANT TO EXPAND FREE COMMUNITY YOUTH ABUSE AND SUICIDE TRAININGS THROUGHOUT HAMILTON COUNTY. AS A RESULT, PROGRAMS AND RESOURCES TO PREVENT CHILD ABUSE AND YOUTH SUICIDE WERE PROVIDED TO OVER 50,000 STUDENTS ACROSS SIXTEEN HAMILTON COUNTY SCHOOLS. STUDENTS WERE ABLE TO COMPLETE PROGRAMS SUCH AS THE CHILD AND TEEN LURES BODY SAFETY EDUCATION PROGRAM, WHICH EMPOWERS YOUTH TO REMAIN SAFE AND SEEK HELP IN SCENARIOS THAT COULD LEAD TO HARM. THE STEWARDS OF CHILDREN, NETSMARTZ, QPR AND SIGNS OF SUICIDE PROGRAMS EXPANDED AS WELL. .SUPPORT HAMILTON COUNTY ORGANIZATIONS THAT PROVIDE SERVICES FOR RESIDENTS WHO ARE VICTIMS OF CRIME, ABUSE AND TRAUMA OR EXPERIENCE GENERAL BEHAVIORAL HEALTH CHALLENGES. - IN 2023, IU HEALTH SAXONY HOSPITAL PROVIDED FUNDING TO SUBURBAN NORTH CLUB TO INSTALL HANDICAP ACCESSIBLE ENTRANCES TO INCREASE ACCESSIBILITY TO THE FACILITY'S FREE BEHAVIORAL HEALTH AND ADDICTION RECOVERY SERVICES. THE FUNDING WAS ALSO USED TO PURCHASE AUDIO AND VISUAL EQUIPMENT TO EFFECTIVELY REACH MORE INDIVIDUALS IN NEED OF BEHAVIORAL HEALTH AND RECOVERY SERVICES. THESE SERVICES ARE NOW ATTENDED BY NEARLY 50,000 INDIVIDUALS THROUGHOUT THE YEAR. ADDITIONALLY, IU HEALTH SAXONY HOSPITAL PROVIDED FUNDING TO THE HAMILTON COUNTY VETERANS CORPORATION TO SUPPORT THE PILOT YEAR OF THE HAMILTON COUNTY VETERANS AND MILITARY RESOURCE FAIR. AT THE EVENT, OVER 200 VETERANS WERE CONNECTED WITH RESOURCES AND 65 INDIVIDUALS WERE ABLE TO SUCCESSFULLY ENROLL IN VETERANS AFFAIRS BENEFITS. .SUPPORT ASPIRE INDIANA HEALTH (PROVIDES PRIMARY MEDICAL AND BEHAVIORAL HEALTHCARE AND ADDRESSES NON-MEDICAL BARRIERS TO HEALTH). - IN 2023, IU HEALTH SAXONY HOSPITAL PROVIDED A GRANT TO FACILITATE COMPLETION OF CERTIFIED SEXUAL ABUSE YOUTH CLINICIAN TRAININGS FOR ASPIRE STAFF. THE FUNDING LED TO THE COMPLETION OF THREE MASTER'S LEVEL AND THREE BACHELOR'S LEVEL TRAININGS, WHICH RESULTED IN EXPANDED SERVICES TO APPROXIMATELY 48 YOUTH. .FURTHER IMPLEMENT THE VIRTUAL CARE PEER RECOVERY COACHING PROGRAM (PROVIDES PATIENTS WHO HAVE SUBSTANCE USE CONCERNS WITH VIRTUAL BEHAVIORAL HEALTH SERVICES). THE VIRTUAL PEER RECOVERY COACH PROGRAM WAS DISCONTINUED IN FEBRUARY 2023 AS IU HEALTH CONTINUES TO</p>

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	<p>ASSESS AND EVOLVE ITS BEHAVIORAL HEALTH SERVICES BASED ON THE NEEDS OF PATIENTS AND THE COMMUNITIES IT SERVES. SINCE 2018, THIS PROGRAM HAD SERVED 15 IU HEALTH AND TWO NON-IU HEALTH EMERGENCY DEPARTMENT PATIENTS STRUGGLING WITH SUBSTANCE USE DISORDER THROUGH SUPPORT TO AID IN RECOVERY. IU HEALTH CONTINUES TO SERVE PATIENTS WITH A NEED FOR THIS SERVICE THROUGH THE VIRTUAL BEHAVIORAL HEALTH TEAM.</p> <p>·FURTHER IMPLEMENT THE EMERGENCY DEPARTMENT (ED) VIRTUAL CARE PROGRAM (PROVIDES PATIENTS VIRTUAL ACCESS TO BEHAVIORAL HEALTH SERVICES). VIRTUAL INTEGRATED BEHAVIORAL HEALTH (VIBH) PROVIDED URGENT PSYCHIATRIC ASSESSMENT FOR PATIENTS EXPERIENCING BEHAVIORAL HEALTH CRISES, SUCH AS SUICIDAL IDEATION, HOMICIDAL IDEATION, PSYCHOSIS, AND SUBSTANCE ABUSE DISORDERS. A TEAM OF BEHAVIORAL HEALTH PROFESSIONALS PROVIDED CONSULTATION THROUGH IPAD CARTS LOCATED IN EMERGENCY DEPARTMENTS, URGENT CARES, AND AMBULATORY CARE LOCATIONS. IN 2023, THERE WERE OVER 11,000 VISITS OF WHICH 1,136 VISITS INCLUDED PATIENTS SEEKING CARE IN THE EMERGENCY DEPARTMENTS IN THE INDY SUBURBAN REGION (WHICH INCLUDES IU HEALTH SAXONY HOSPITAL). THIS PROGRAM IS FINANCIALLY SUPPORTED BY THE PARENT HOSPITAL, IU HEALTH INC., BUT IS OFFERED TO AND IMPACTS PATIENTS IN THIS HOSPITAL'S DEFINED COMMUNITY.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH SAXONY HOSPITAL (CONTINUED)</p> <p>DESCRIPTION: CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT -IMPLEMENT FRESH & FIT (A FREE 10-WEEK FITNESS AND NUTRITION PROGRAM TO IMPROVE OVERALL PHYSICAL AND MENTAL HEALTH). - IN 2023, 41 HAMILTON COUNTY COMMUNITY MEMBERS COMPLETED THE FRESH & FIT PROGRAM, FREE OF COST. UPON PROGRAM COMPLETION, 66 PERCENT OF PARTICIPANTS REDUCED THEIR BLOOD PRESSURE LEVELS, 81 PERCENT LOWERED THEIR CHOLESTEROL, 69 PERCENT LOWERED THEIR BLOOD SUGAR AND 85 PERCENT OF PARTICIPANTS WITH INITIAL A1C LEVELS AT OR ABOVE 5.7 LOWERED THEIR MEASUREMENTS. IN ADDITION, A TOTAL OF 320.6 POUNDS (AVERAGE OF 9.4 POUNDS PER PERSON) WERE LOST BETWEEN PRE-PROGRAM AND POST-PROGRAM. ON POST-PROGRAM ASSESSMENTS, 100 PERCENT OF PARTICIPANTS REPORTED THAT THEY PLAN TO CONTINUE IMPLEMENTING HEALTHY HABITS BY MAINTAINING A FITNESS AND NUTRITION REGIMEN FOR THE LONG-TERM.</p> <p>-SUPPORT MUDSOCK YOUTH ATHLETICS (LOCAL COMMUNITY-BASED ORGANIZATION PROVIDING OUT-OF-SCHOOL RECREATIONAL OPPORTUNITIES FOR YOUTH). - IN 2023, IU HEALTH SAXONY PROVIDED A GRANT TO MUDSOCK YOUTH ATHLETICS TO SUPPORT THEIR PLAYER-IN-NEED PROGRAM, WHICH OFFERS SCHOLARSHIPS TO LOW-INCOME FAMILIES TO ENROLL THEIR CHILDREN IN RECREATIONAL SPORTS AT A FREE OR REDUCED COST. IN ADDITION, IU HEALTH SAXONY STAFF ASSEMBLED OVER 700 FIRST-AID KITS THAT WERE DONATED TO MUDSOCK YOUTH ATHLETICS' COACHES TO ENSURE SAFETY AT SPORTING EVENTS AND PRACTICES.</p> <p>-SUPPORT ASPIRE INDIANA HEALTH (PROVIDES PRIMARY MEDICAL AND BEHAVIORAL HEALTHCARE AND ADDRESSES NON-MEDICAL BARRIERS TO HEALTH). - IN 2023, IU HEALTH SAXONY HOSPITAL SUPPORTED THE SECOND YEAR OF ASPIRE'S HYPERTENSION MONITORING PROGRAM FOR INDIVIDUALS AT RISK FOR CARDIOVASCULAR HEALTH CONDITIONS. THE GRANT WAS USED TO PURCHASE AT-HOME BLOOD PRESSURE EQUIPMENT, WHICH INCREASED THE NUMBER OF PATIENTS WHO WERE ABLE TO HAVE THEIR BLOOD PRESSURE LEVELS MONITORED REMOTELY BY TRAINED STAFF.</p> <p>-IN 2023, IU HEALTH SAXONY HOSPITAL PROVIDED A GRANT TO THE INDIANA WOMEN IN NEED FOUNDATION'S (IWIN) SURVIVOR SUPPORT PROGRAM, WHICH ALLOCATES FINANCIAL ASSISTANCE TO LOW-INCOME INDIVIDUALS UNDERGOING CANCER TREATMENT. 100 PERCENT OF THE RECIPIENTS THAT RETURNED IWIN'S POST-EVALUATION SURVEY REPORTED THAT THE FINANCIAL SUPPORT RELIEVED ANXIETY AND ALLOWED THEM TO REMAIN ENGAGED IN THEIR TREATMENT.</p> <p>SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE -SUPPORT THE TOBACCO FREE HAMILTON COUNTY ALLIANCE (TFHC). - IN 2023, IU HEALTH SAXONY HOSPITAL SUPPORTED BREATHE THE EASY HAMILTON COUNTY BY SERVING ON A MONTHLY COMMITTEE TO DETERMINE SOLUTIONS PERTAINING TO TOBACCO AND VAPING CESSATION. IN ADDITION, IU HEALTH SAXONY HOSPITAL WROTE LETTERS OF SUPPORT FOR THE ALLIANCE TO FACILITATE FUNDING FROM THE INDIANA TOBACCO PREVENTION & CESSATION PROGRAM. HOSPITAL STAFF ALSO ASSEMBLED TOBACCO AND VAPING CESSATION QUIT KITS TO DONATE TO LOCAL FREE CLINICS AND COMMUNITY EVENTS.</p> <p>-FURTHER IMPLEMENT THE CENTRALIZED TOBACCO TREATMENT PROGRAM (CTTP) (PROVIDES PATIENTS ACCESS TO EVIDENCE-BASED TOBACCO TREATMENT). THE CTTP PROGRAM IS FREE TO IU HEALTH PRIMARY CARE PATIENTS. ONCE A PATIENT'S LEVEL OF CARE IS ASSESSED, THEY ARE PROVIDED EVIDENCE-BASED TOBACCO CESSATION TREATMENT WITH A TRAINED TOBACCO TREATMENT SPECIALIST (TTSS). PATIENTS HAD ACCESS TO CLICKOTINE, A DIGITAL CESSATION APP, AND SUPPORT FROM AN ADVANCE PRACTICE PROVIDER (APP) TO EVALUATE AND PRESCRIBE MEDICATION ASSISTED THERAPY (MAT) FOR NICOTINE REPLACEMENT. EDUCATION AND SUPPORT WERE PROVIDED TO PCP OFFICES WHICH HELPED TO EXPAND SERVICES. CROSS-FUNCTIONAL TEAMS WORKED TOGETHER INCLUDING THE WEST CENTRAL REGION TTSS FOR CASE CONFERRING AND TRAINING. THE GOAL TO INCREASE ACCESS TO SPECIALTY CARE PATIENTS IS ON HOLD UNTIL THE BUDGET ALLOWS FOR ADDITIONAL STAFFING. THE 2023 FOCUS WAS ON IMPROVING INTERNAL EFFICIENCIES TO MAXIMIZE RESOURCES AND IMPROVE PATIENT EXPERIENCE INCLUDING DATA COLLECTION AND REPORTING ENHANCEMENTS. AN ADDITIONAL FOCUS WAS ON IMPROVING ACCESS AND PATIENT EXPERIENCE WITH MEDICATION MANAGEMENT. CTTP IMPROVED PATIENT TOBACCO TREATMENT MEDICATION SUPPORT BY INTEGRATING SYSTEMS AND PROCESSES WITH A DEDICATED APP RESOURCE. THEY IMPROVED DOCUMENTATION TO ACCURATELY REPORT MAT, DEMONSTRATING 70% OF PATIENTS USED NRT/MEDICATION TO QUIT. THERE WAS A 30% INCREASE IN SCHEDULED MEDICATION MANAGEMENT APPOINTMENTS COMPARED TO 2022. THE TEAM FOCUSED ON CARE CONTINUATION, CARE COORDINATION (TTS/APP), SCHEDULING PATIENT FOLLOW-UP APPOINTMENTS, AND MONITORING ADHERENCE OR COMPLICATIONS. THESE TACTICS ALSO IMPROVED THE ENGAGEMENT RATE - 78% OF SCHEDULED MEDICATION MANAGEMENT APPOINTMENTS WERE COMPLETED. THE ABOVE FOCUS ON IMPROVING PATIENT EXPERIENCE RESULTED IN STRONG AND CONSISTENT QUIT RATES OF 31% OF ACTIVE PATIENTS AND HARM REDUCTION (PATIENTS WHO REDUCED USE OF TOBACCO) OF 54% (JULY 2022-DECEMBER 2023). THE TEAM RECEIVED FREQUENT TESTIMONIALS OF LIVES CHANGED AND GRATITUDE FOR A SUPPORTIVE, COMPASSIONATE PARTNER. IN 2023, CTTP RECEIVED 1,149 REFERRALS, SCHEDULED 75% OF THEM AND COMPLETED AT LEAST ONE SESSION WITH 82% OF THOSE SCHEDULED. ADDITIONALLY, 44% OF PATIENTS SEEN COMPLETED 2 OR MORE SESSIONS. OVER THE PROGRAM'S LIFE, CTTP HAS RECEIVED 2,678 PATIENT REFERRALS (THIS INFORMATION CANNOT BE SEPARATED BY HOSPITAL OR REGION AT THIS TIME).</p> <p>SOCIAL DETERMINANTS OF HEALTH -SUPPORT ACCESS TO HEALTHY FOOD AND BASIC SUSTENANCE FOR FAMILIES WHO ARE LOW-INCOME AND STRUGGLING TO MEET BASIC NEEDS. - IU HEALTH SAXONY HOSPITAL PROVIDED A GRANT TO TETER ORGANIC FARM TO REFURBISH AND EXPAND THEIR GROWING SPACE, WHICH WILL PROVIDE 10,000 MORE FRESH PRODUCE SERVINGS TO LOW-INCOME INDIVIDUALS IN HAMILTON COUNTY EACH YEAR. IU HEALTH SAXONY HOSPITAL ALSO ASSEMBLED OVER 200 SNACK PACKS THAT WERE DONATED TO HAMILTON COUNTY HARVEST FOOD BANK, WHICH DISTRIBUTES FOOD TO EACH OF THE FOOD PANTRIES IN THE COUNTY.</p> <p>-IU HEALTH SAXONY HOSPITAL PROVIDED A GRANT TO THE GREATER INDIANAPOLIS HABITAT FOR HUMANITY TO BUILD A DUPLEX FOR TWO UNDERSERVED FAMILIES IN HAMILTON COUNTY. IU HEALTH STAFF PARTICIPATED IN THE HOME BUILD FOR OVER 56 HOURS.</p> <p>IU HEALTH SAXONY HOSPITAL - NEEDS NOT BEING ADDRESSED IU HEALTH SAXONY HOSPITAL IS NOT ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024: HEALTH EDUCATION AND NAVIGATION AND MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING.</p> <p>HEALTH EDUCATION AND NAVIGATION. HEALTH EDUCATION AND NAVIGATION REFERS TO SERVICES AND RESOURCES THAT ARE AVAILABLE IN THE COMMUNITY, BUT PEOPLE DO NOT KNOW HOW TO GET</p>

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	<p>CONNECTED TO THEM (E.G., HOW TO OBTAIN HEALTH INSURANCE, UNDERSTANDING INSURANCE BENEFITS, NAVIGATING THE HEALTHCARE SYSTEM, LANGUAGE BARRIERS AND HEALTH LITERACY). IU HEALTH SAXONY HOSPITAL PERCEIVES THIS HEALTH NEED AS BEING ADDRESSED UNDER MANY INITIATIVES IN ACCESS TO HEALTHCARE SERVICES. IU HEALTH SAXONY HOSPITAL WILL MONITOR THIS NEED TO SEE IF THERE ARE CHANGES OR OPPORTUNITIES IN THE FUTURE TO ADDRESS IT FURTHER.</p> <p>MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING. IU HEALTH SAXONY HOSPITAL DOES NOT HAVE A MATERNITY UNIT, WHICH PREVENTS THE IMPLEMENTATION OF SIGNIFICANT EFFORTS SURROUNDING MATERNAL AND INFANT HEALTH. ADDITIONALLY, THERE IS LIMITED INFRASTRUCTURE TO SUPPORT MATERNAL AND INFANT HEALTH, WHICH ARE SERVICES OFFERED AT A DIFFERENT IU HEALTH HOSPITAL IN THE SAME COUNTY.</p>
SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH</p> <p>DESCRIPTION: IN ADDITION TO FPG, IU HEALTH MAY TAKE INTO CONSIDERATION A PATIENT'S INCOME AND/OR ABILITY TO PAY IN THE CALCULATION OF A FINANCIAL ASSISTANCE AWARD.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH</p> <p>DESCRIPTION: IU HEALTH TAKES INTO CONSIDERATION SEVERAL OTHER FACTORS IN DETERMINING PATIENT ELIGIBILITY FOR FINANCIAL ASSISTANCE. THESE FACTORS INCLUDE THE FOLLOWING:</p> <p>1. ELIGIBILITY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP</p> <p>IN ORDER TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY, A PATIENT OR GUARANTOR MUST:</p> <ul style="list-style-type: none"> - SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION WITH ALL SUPPORTING DOCUMENTATION AND BE APPROVED IN ACCORDANCE WITH THIS POLICY; - BE AN INDIANA RESIDENT AS DEFINED IN THIS POLICY; AND - IF UNINSURED, CONSULT WITH A MEMBER OF IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT TO DETERMINE IF HEALTH CARE COVERAGE MAY BE OBTAINED FROM A GOVERNMENT INSURANCE OR ASSISTANCE PRODUCT, THE HEALTH INSURANCE MARKETPLACE, OR FROM ANY OTHER SOURCE OF COVERAGE. <p>FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP IS ONLY AVAILABLE FOR ENCOUNTERS WHERE CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY.</p> <p>2. FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP</p> <p>THE FPL INCOME THRESHOLD UNDER THIS SECTION IS AS FOLLOWS:</p> <ul style="list-style-type: none"> -IF ONE OR MORE ADULTS AND ZERO DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 200%. -IF TWO OR MORE ADULTS AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 250%. -IF ONE ADULT AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 300%. <p>IN SOME INSTANCES, AN ADULT WILL ALSO QUALIFY AS A DEPENDENT. WHEN THIS OCCURS, IU HEALTH WILL TREAT THE ADULT AS A DEPENDENT FOR PURPOSES OF THE FPL CALCULATION.</p> <p>IU HEALTH WILL UTILIZE THE MOST RECENT FPL DATA AVAILABLE AND WILL APPLY THE FPL DATA TO A PATIENT OR GUARANTOR'S ACCOUNT BALANCE BASED UPON THE CALENDAR DATE A COMPLETED FINANCIAL ASSISTANCE APPLICATION WAS RECEIVED, NOT A PATIENT'S DATE OF SERVICE.</p> <p>AN UNINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF GROSS CHARGES IF APPROVED.</p> <p>AN UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF PATIENT RESPONSIBILITY IF APPROVED.</p> <p>3. FINANCIAL ASSISTANCE DUE TO PERSONAL HARDSHIP</p> <p>AN UNINSURED OR UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS ABOVE THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE IF THE PATIENT'S OUTSTANDING PATIENT RESPONSIBILITY EXCEEDS 20% OF THE PATIENT'S OR THEIR GUARANTOR'S ANNUAL HOUSEHOLD INCOME.</p> <ul style="list-style-type: none"> -IF APPROVED, THE PATIENT'S BALANCE WILL BE REDUCED TO 20% OF THE PATIENT OR GUARANTOR'S ANNUAL HOUSEHOLD INCOME OR THE AMOUNTS GENERALLY BILLED, WHICHEVER IS LESS. -IU HEALTH WILL WORK WITH THE PATIENT OR GUARANTOR TO IDENTIFY A REASONABLE PAYMENT PLAN ON THE REMAINDER OF THE BALANCE. <p>4. ELIGIBILITY PERIOD</p> <p>IF APPROVED FOR FINANCIAL ASSISTANCE BY IU HEALTH, THE PATIENT WILL BE GUARANTEED FINANCIAL ASSISTANCE FOR TREATMENT RELATED TO THE UNDERLYING CONDITION, FOR WHICH THE PATIENT WAS ORIGINALLY SCREENED AND APPROVED, THROUGH THE REMAINDER OF THE CALENDAR YEAR.</p> <p>AS A CONDITION OF EXTENDING THE ON-GOING FINANCIAL ASSISTANCE, THE PATIENT MUST COMPLY WITH REQUESTS FROM IU HEALTH TO VERIFY THAT THE PATIENT CONTINUES TO MEET THE CONDITIONS FOR QUALIFICATION.</p> <p>5. APPEALS AND ASSISTANCE GRANTED BY THE FINANCIAL ASSISTANCE COMMITTEE</p> <p>THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW AND MAKE DETERMINATIONS ON ALL REQUESTS FOR APPEALS RELATED TO FINANCIAL ASSISTANCE. IF A PATIENT OR GUARANTOR SEEKS TO APPEAL A FINANCIAL ASSISTANCE DETERMINATION, A WRITTEN REQUEST MUST BE SUBMITTED, ALONG WITH THE SUPPORTING DOCUMENTATION.</p> <p>THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW REQUESTS FOR AND MAY GRANT ADDITIONAL FINANCIAL ASSISTANCE, INCLUDING BUT NOT LIMITED TO, THE FOLLOWING:</p> <ul style="list-style-type: none"> -ASSISTANCE TO PATIENTS WHO ARE SEEKING TREATMENT THAT CAN ONLY BE PROVIDED IN INDIANA BY IU HEALTH OR WHO WOULD BENEFIT FROM CONTINUED MEDICAL SERVICES FROM IU HEALTH FOR CONTINUITY OF CARE; -CARE APPROVED BY THE IU HEALTH CHIEF MEDICAL OFFICER (CMO) OR THE CHIEF EXECUTIVE OFFICER (CEO) OR CMO OF AN IU HEALTH FACILITY OR REGION, INCLUDING MEDICALLY NECESSARY NON-ELECTIVE SERVICES FOR WHICH NO PAYMENT SOURCE CAN BE IDENTIFIED; -CARE PROVIDED WHEN IT IS KNOWN NO PAYMENT SOURCE EXISTS; -INTERNATIONAL HUMANITARIAN AID; AND -OTHER CARE IDENTIFIED BY THE FINANCIAL ASSISTANCE COMMITTEE THAT FULFILLS THE IU HEALTH MISSION.

Return Reference - Identifier	Explanation
	<p>ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL.</p> <p>6. PRESUMPTIVE ELIGIBILITY</p> <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>IU HEALTH WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY:</p> <ul style="list-style-type: none"> -MEDICAID (ANY STATE) -INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES -HEALTHY INDIANA PLAN -PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) -A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. <p>IU HEALTH WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE.</p> <p>FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES:</p> <ul style="list-style-type: none"> -IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. -IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. -IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH. <p>7. EXHAUSTION OF ALTERNATE SOURCES OF ASSISTANCE</p> <p>PATIENTS MUST EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY INCLUDING, BUT NOT LIMITED TO, MEDICAID.</p> <p>PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE HEALTH INSURANCE POLICY MUST EXHAUST ALL INSURANCE BENEFITS.</p> <ul style="list-style-type: none"> -THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. -IU HEALTH MAY REQUEST PATIENTS SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THE APPROPRIATE INSURANCE PROVIDER BEFORE AWARDED FINANCIAL ASSISTANCE. <p>ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH FACILITY AS A RESULT OF AN INJURY PROXIMATELY CAUSED BY A THIRD PARTY, AND LATER RECEIVE A MONETARY SETTLEMENT OR AWARD FROM SAID THIRD PARTY, MAY RECEIVE FINANCIAL ASSISTANCE FOR ANY OUTSTANDING BALANCE NOT COVERED BY THE SETTLEMENT OR AWARD.</p> <p>IN THE EVENT FINANCIAL ASSISTANCE HAS ALREADY BEEN GRANTED IN THE ABOVE CIRCUMSTANCES, IU HEALTH RESERVES THE RIGHT TO REVERSE THE FINANCIAL ASSISTANCE DETERMINATION IN AN AMOUNT EQUAL TO THE AMOUNT IU HEALTH WOULD BE ENTITLED TO RECEIVE HAD NO FINANCIAL ASSISTANCE BEEN AWARDED.</p> <p>8. PATIENT ASSETS</p> <p>THERE ARE SITUATIONS WHERE A PATIENT OR THEIR GUARANTOR MAY HAVE SIGNIFICANT INCOME OR ASSETS AVAILABLE TO PAY FOR HEALTHCARE SERVICES SUCH AS A LEGAL SETTLEMENT. THE FINANCIAL ASSISTANCE COMMITTEE MAY EVALUATE THE INCOME OR ASSETS IN DETERMINING FINANCIAL HARDSHIP.</p> <p>IU HEALTH MAY REQUIRE A LIST OF ALL PROPERTY OWNED BY THE PATIENT OR GUARANTOR AND ADJUST A FINANCIAL ASSISTANCE DETERMINATION AS A RESULT.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH</p> <p>DESCRIPTION: IU HEALTH TAKES SEVERAL OTHER MEASURES TO BROADLY PUBLICIZE ITS FAP WITHIN THE COMMUNITY. THESE MEASURES INCLUDE THE FOLLOWING:</p> <ol style="list-style-type: none"> 1.POST THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION ON ITS WEBSITE. 2.PROVIDE PATIENTS WITH A PLAIN LANGUAGE SUMMARY OF THIS POLICY DURING REGISTRATION AND/OR DISCHARGE. 3.POST CONSPICUOUS DISPLAYS IN APPROPRIATE ACUTE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS AND REGISTRATION AREAS DESCRIBING THE AVAILABLE ASSISTANCE AND DIRECTING ELIGIBLE PATIENTS TO THE FINANCIAL ASSISTANCE APPLICATION. 4.INCLUDE A CONSPICUOUS WRITTEN NOTICE ON ALL PATIENT POST-DISCHARGE BILLING STATEMENTS NOTIFYING THE PATIENT ABOUT THIS POLICY AND THE TELEPHONE NUMBER OF THE CUSTOMER SERVICE DEPARTMENT WHICH CAN ASSIST PATIENTS WITH QUESTIONS REGARDING THIS POLICY. 5.MAKE AVAILABLE CUSTOMER SERVICE REPRESENTATIVES VIA TELEPHONE DURING NORMAL BUSINESS HOURS. 6.MAIL COPIES OF THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND A FINANCIAL ASSISTANCE APPLICATION TO PATIENTS OR THEIR GUARANTOR FREE OF CHARGE UPON REQUEST. 7.BROADLY COMMUNICATE THIS POLICY AS A PART OF ITS GENERAL OUTREACH EFFORTS. 8.EDUCATE PATIENT-FACING TEAM MEMBERS ON THIS POLICY AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

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? 188

Name and address	Type of facility (describe)
1 IU HEALTH SIMON CANCER CTR 1030 W. MICHIGAN ST. INDIANAPOLIS, IN 46202	SPECIALTY CARE
2 IU HEALTH NEUROLOGY 13000 E. 136 ST., SUITE 3300 FISHERS, IN 46037	SPECIALTY CARE
3 IU HEALTH NEUROSURGERY 2525 W. UNIVERSITY AVE., SUITE 401 MUNCIE, IN 47303	SPECIALTY CARE
4 IU HEALTH NEUROSURGERY, ORTHOPEDICS, AND RHEUMATOLOGY 201 PENNSYLVANIA PKWY., SUITE 100 CARMEL, IN 46280	SPECIALTY CARE
5 IU HEALTH EAST WASHINGTON SURGERY CENTER 9660 E. WASHINGTON ST., STE. 200 INDIANAPOLIS, IN 46229	SURGERY CENTER
6 IU HEALTH MERIDIAN SOUTH SURGERY CENTER 8820 S. MERIDIAN ST. INDIANAPOLIS, IN 46217	SURGERY CENTER
7 IU HEALTH BELTWAY SURGERY CENTER 151 PENNSYLVANIA PKWY. CARMEL, IN 46280	SURGERY CENTER
8 IU HEALTH SPRING MILL SURGERY CENTER 10300 N. ILLINOIS ST., STE. 1300 CARMEL, IN 46290	SURGERY CENTER
9 IU HEALTH EAGLE HIGHLANDS SURGERY CENTER 6850 PARKDALE PL. INDIANAPOLIS, IN 46254	SURGERY CENTER
10 SENATE STREET SURGERY CENTER 1801 N. SENATE BLVD., SUITE D145 INDIANAPOLIS, IN 46202	SURGERY CENTER

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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? 188

Name and address	Type of facility (describe)
1 INDIANA ENDOSCOPY CENTERS 1115 N. RONALD REAGAN PKWY., STE. 3 AVON, IN 46123	SURGERY CENTER
2 INDIANA ENDOSCOPY CENTERS 1801 N. SENATE BLVD., STE. 710 INDIANAPOLIS, IN 46202	SURGERY CENTER
3 GLEN LEHMAN ENDOSCOPY SUITE 550 N. UNIVERSITY BLVD., STE. 4100 INDIANAPOLIS, IN 46202	SURGERY CENTER
4 IU HEALTH SAXONY SURGERY CENTER 13100 E. 136TH ST. FISHERS, IN 46037	SURGERY CENTER
5 IU HEALTH MERIDIAN SOUTH SURGERY CENTER 8820 S MERIDIAN ST INDIANAPOLIS, IN 46217	SURGERY CENTER
6 BLOOD & BONE MARROW STEM CELL TRANSPLANT & IMMUNE CELL THERAPY PROGRAM 1030 W. MICHIGAN ST., 2ND FLOOR INDIANAPOLIS, IN 46202	SPECIALTY CARE
7 ICU SURVIVOR CENTER 1801 N. SENATE BLVD., STE. 230 INDIANAPOLIS, IN 46202	SPECIALTY CARE
8 IU HEALTH ADVANCED HEART & LUNG CARE 1801 N. SENATE BLVD. STE. 2000 INDIANAPOLIS, IN 46202	SPECIALTY CARE
9 IU HEALTH PAIN CENTER 888 AUTO MALL RD. BLOOMINGTON, IN 47401	SPECIALTY CARE
10 IU HEALTH CARDIOLOGY 10101 ERNST RD., SUITE 1400 ROANOKE, IN 46783	SPECIALTY CARE

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH CARDIOPULMONARY REHAB 10101 ERNST RD., SUITE 1600 ROANOKE, IN 46783	SPECIALTY CARE
2 IU HEALTH CARDIOVASCULAR SURGERY 2651 E DISCOVERY PKWY BLOOMINGTON, IN 47408	SPECIALTY CARE
3 IU HEALTH CENTER FOR LIMB LOSS 355 W. 15TH ST., SUITE 3800 INDIANAPOLIS, IN 46202	SPECIALTY CARE
4 IU HEALTH CENTRAL INDIANA CANCER CENTERS 10212 LANTERN RD. FISHERS, IN 46038	SPECIALTY CARE
5 IU HEALTH CENTRAL INDIANA CANCER CENTERS 6845 RAMA DR. INDIANAPOLIS, IN 46219	SPECIALTY CARE
6 IU HEALTH CENTRAL INDIANA CANCER CENTERS 1701 N. SENATE BLVD., C6 INDIANAPOLIS, IN 46202	SPECIALTY CARE
7 IU HEALTH PALLIATIVE CARE 1633 N. CAPITOL AVE., STE. 301 INDIANAPOLIS, IN 46202	SPECIALTY CARE
8 IU HEALTH HIP & KNEE CENTER 13000 E. 136TH ST., SUITE 2000 FISHERS, IN 46037	SPECIALTY CARE
9 IU HEALTH INFUSION 10101 ERNST RD., SUITE 1500 ROANOKE, IN 46783	SPECIALTY CARE
10 IU HEALTH LIFECARE 1633 N. CAPITOL AVE., STE. 300 INDIANAPOLIS, IN 46202	SPECIALTY CARE

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH OBSTETRICS & GYNECOLOGY 17160 DRAGONFLY DR., SUITE 400 NOBLESVILLE, IN 46060	SPECIALTY CARE
2 IU HEALTH OBSTETRICS & GYNECOLOGY 2901 W. JACKSON ST. MUNCIE, IN 47304	SPECIALTY CARE
3 IU HEALTH ORTHOPEDICS 7230 ENGLE RD., SUITE 100 FORT WAYNE, IN 46804	SPECIALTY CARE
4 IU HEALTH NEUROSCIENCE CENTER 362 W. 15TH ST. INDIANAPOLIS, IN 46202	SPECIALTY CARE
5 IU HEALTH ORTHOPEDICS & SPORTS MEDICINE 2598 W. WHITE RIVER BLVD. MUNCIE, IN 47303	SPECIALTY CARE
6 IU HEALTH ORTHOPEDICS & SPORTS MEDICINE 9660 E. WASHINGTON ST., SUITE 100 INDIANAPOLIS, IN 46229	SPECIALTY CARE
7 IU HEALTH OTOLARYNGOLOGY HEAD & NECK SURGERY 1115 N. RONALD REAGAN PKWY., SUITE AVON, IN 46123	SPECIALTY CARE
8 IU HEALTH PHYSICAL MEDICINE & REHABILITATION 362 W. 15TH ST., SUITE 3800 INDIANAPOLIS, IN 46202	SPECIALTY CARE
9 IU HEALTH PHYSICAL MEDICINE & REHABILITATION 1300 E. 136TH ST., SUITE 3600 FISHERS, IN 46037	SPECIALTY CARE
10 IU HEALTH POSITIVE LINK 333 E. MILLER DR. BLOOMINGTON, IN 47401	SPECIALTY CARE

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH POSITIVE LINK 642 W HOSPITAL RD PAOLI, IN 47454	SPECIALTY CARE
2 IU HEALTH POSITIVE LINK 100 EXECUTIVE DR, SUITE J LAFAYETTE, IN 47905	SPECIALTY CARE
3 IU HEALTH POSITIVE LINK 100 S 7TH ST, LOWER LEVEL TERRE HAUTE, IN 47807	SPECIALTY CARE
4 IU HEALTH POSITIVE LINK 6000 W KILGORE AVE MUNCIE, IN 47304	SPECIALTY CARE
5 IU HEALTH PRECISION GENOMICS PROGRAM 1030 W. MICHIGAN ST., STE. 3307 INDIANAPOLIS, IN 46202	SPECIALTY CARE
6 IU HEALTH PRECISION MEDICINE CLINIC 550 N UNIVERSITY BLVD, SUITE 2180 INDIANAPOLIS, IN 46202	SPECIALTY CARE
7 IU HEALTH REPRODUCTIVE ENDOCRINOLOGY & FERTILITY 550 N UNIVERSITY BLVD, SUITE 2403 INDIANAPOLIS, IN 46202	SPECIALTY CARE
8 IU HEALTH SLEEP APNEA EDUCATION CENTER 3750 LANDMARK DR, SUITE C LAFAYETTE, IN 47905	SPECIALTY CARE
9 IU HEALTH SLEEP APNEA EDUCATION CENTER 6004 W. KILGORE AVE. MUNCIE, IN 47304	SPECIALTY CARE
10 IU HEALTH SLEEP APNEA EDUCATION CENTER 2920 MCINTIRE DR, SUITE 150B BLOOMINGTON, IN 47403	SPECIALTY CARE

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH SLEEP APNEA EDUCATION CENTER 1411 W. COUNTY LINE RD., STE. C GREENWOOD, IN 46142	SPECIALTY CARE
2 IU HEALTH SLEEP APNEA EDUCATION CENTER 714 N. SENATE AVE., STE. 110 INDIANAPOLIS, IN 46202	SPECIALTY CARE
3 IU HEALTH SLEEP APNEA EDUCATION CENTER 1115 N. RONALD REAGAN PKWY., STE. 3 AVON, IN 46123	SPECIALTY CARE
4 IU HEALTH SLEEP APNEA EDUCATION CENTER 13100 E. 136TH ST., STE. 3200B FISHERS, IN 46037	SPECIALTY CARE
5 IU HEALTH SLEEP LAB 3750 LANDMARK DR., SUITE A LAFAYETTE, IN 47905	SPECIALTY CARE
6 IU HEALTH SLEEP DISORDERS CENTER 6004 W. KILGORE AVE. MUNCIE, IN 47304	SPECIALTY CARE
7 IU HEALTH SLEEP DISORDERS CENTER 1504 CLINIC DR. BEDFORD, IN 47421	SPECIALTY CARE
8 IU HEALTH SLEEP DISORDERS CENTER 1411 W. COUNTY LINE RD., STE. C GREENWOOD, IN 46142	SPECIALTY CARE
9 IU HEALTH SLEEP DISORDERS CENTER 2920 MCINTIRE DR BLOOMINGTON, IN 47403	SPECIALTY CARE
10 IU HEALTH SLEEP DISORDERS CENTER 714 N. SENATE AVE., STE. 110 INDIANAPOLIS, IN 46202	SPECIALTY CARE

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH SLEEP DISORDERS CENTER 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	SPECIALTY CARE
2 IU HEALTH SLEEP DISORDERS CENTER 720 S. 6TH ST. MONTICELLO, IN 47960	SPECIALTY CARE
3 IU HEALTH SLEEP MEDICINE 1300 S. JACKSON ST. FRANKFORT, IN 46041	SPECIALTY CARE
4 IU HEALTH SLEEP DISORDERS CENTER 500 W. VOTAW ST. PORTLAND, IN 47371	SPECIALTY CARE
5 IU HEALTH SLEEP DISORDERS CENTER 642 W. HOSPITAL RD. PAOLI, IN 47454	SPECIALTY CARE
6 IU HEALTH SLEEP DISORDERS CENTER 1000 S. MAIN ST. TIPTON, IN 46072	SPECIALTY CARE
7 IU HEALTH SLEEP DISORDERS CENTER 1115 N. RONALD REAGAN PKWY., STE. 3 AVON, IN 46123	SPECIALTY CARE
8 IU HEALTH SLEEP DISORDERS CENTER 11725 N. ILLINOIS ST., SUITE 485 CARMEL, IN 46032	SPECIALTY CARE
9 IU HEALTH SLEEP DISORDERS CENTER 11590 N. MERIDIAN ST., SUITE 300 CARMEL, IN 46032	SPECIALTY CARE
10 IU HEALTH SLEEP DISORDERS CENTER 13100 E. 136TH ST., STE. 3200 FISHERS, IN 46037	SPECIALTY CARE

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH VOICE CENTER 11725 N ILLINOIS ST, SUITE 275 CARMEL, IN 46032	SPECIALTY CARE
2 IU HEALTH WOUND CARE 1701 N. SENATE BLVD., AG053 INDIANAPOLIS, IN 46202	SPECIALTY CARE
3 IU HEALTH UNIVERSITY HOSPITAL INTERVENTIONAL & ADVANCED PAIN THERAPIES 550 N. UNIVERSITY BLVD., STE. 2007 INDIANAPOLIS, IN 46202	SPECIALTY CARE
4 CONNECTED CARE-IU HEALTH SAXONY HOSPITAL 13000 E. 136TH ST., SUITE 3400 FISHERS, IN 46037	PRIMARY CARE
5 ADULT AMBULATORY CARE CENTER 550 N. UNIVERSITY BLVD., STE. 3500 INDIANAPOLIS, IN 46202	PRIMARY CARE
6 IU HEALTH CONNECTED CARE-INDIANAPOLIS 7140 E. WASHINGTON ST., SUITE 100 INDIANAPOLIS, IN 46219	PRIMARY CARE
7 IU HEALTH FAMILY & INTERNAL MEDICINE 560 W. LONGEST ST. PAOLI, IN 47454	PRIMARY CARE
8 IU HEALTH PRIMARY CARE 4870 E. JACKSON ST. MUNCIE, IN 47303	PRIMARY CARE
9 IU HEALTH PRIMARY CARE 14520 W. DAVIS DR. DALEVILLE, IN 47334	PRIMARY CARE
10 IU HEALTH PRIMARY CARE 10101 ERNST RD, SUITE 1200 ROANOKE, IN 46783	PRIMARY CARE

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH PRIMARY CARE 9650 E WASHINGTON ST, SUITE 100 INDIANAPOLIS, IN 46229	PRIMARY CARE
2 IU HEALTH PRIMARY CARE - ALBANY 349 W 1ST ST ALBANY, IN 47320	PRIMARY CARE
3 IU HEALTH PRIMARY CARE - FAMILY MEDICINE W/OBSTETRICS 2901 W JACKSON ST MUNCIE, IN 47304	PRIMARY CARE
4 IU HEALTH PRIMARY CARE - INTERNAL MEDICINE 2901 W JACKSON ST MUNCIE, IN 47304	PRIMARY CARE
5 IU HEALTH PRIMARY CARE - YORKTOWN 1420 S. PILGRIM BLVD. YORKTOWN, IN 47396	PRIMARY CARE
6 IU HEALTH PRIMARY CARE CENTRAL INDIANAPOLIS - FAMILY MEDICINE RESIDENCY 1040 WISHARD BLVD INDIANAPOLIS, IN 46202	PRIMARY CARE
7 IU HEALTH PRIMARY CARE FORT WAYNE - NORTH 10215 AUBURN PARK DR. FORT WAYNE, IN 46825	PRIMARY CARE
8 IU HEALTH PRIMARY CARE FORT WAYNE - SOUTHEAST 256 E. PETTIT AVE. FORT WAYNE, IN 46806	PRIMARY CARE
9 IU HEALTH MORGAN WALK-IN 2209 JOHN R. WOODEN DR., DOOR 7 MARTINSVILLE, IN 46151	PRIMARY CARE
10 IU HEALTH PRIMARY CARE FORT WAYNE - HOPE DRIVE 13000 E. 136TH ST., SUITE 3300 FISHERS, IN 46037	PRIMARY CARE

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH ADULT PHYSICAL THERAPY & REHABILITATION SERVICES 13000 E. 136TH ST., SUITE 2100 FISHERS, IN 46037	REHABILITATION SERVICES
2 IU HEALTH PHYSICAL THERAPY & REHABILITATION 6866 W. STONEGATE DR., SUITE 106 ZIONSVILLE, IN 46077	REHABILITATION SERVICES
3 IU HEALTH PHYSICAL THERAPY & REHABILITATION 404 E. WASHINGTON ST., STE. B INDIANAPOLIS, IN 46204	REHABILITATION SERVICES
4 IU HEALTH ADULT SPEECH-LANGUAGE PATHOLOGY 550 N. UNIVERSITY BLVD. INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
5 IU HEALTH REHABILITATION & SPORTS MEDICINE 2900 16TH ST BEDFORD, IN 47421	REHABILITATION SERVICES
6 IU HEALTH REHABILITATION & SPORTS MEDICINE CENTER EAST 328 S. WOODCREST DR. BLOOMINGTON, IN 47401	REHABILITATION SERVICES
7 IU HEALTH REHABILITATION & SPORTS MEDICINE CENTER SPENCER 926 IN-46, 200 SPENCER, IN 47460	REHABILITATION SERVICES
8 IU HEALTH REHABILITATION & SPORTS MEDICINE CENTER WEST 2499 W. COTA DR. BLOOMINGTON, IN 47403	REHABILITATION SERVICES
9 IU HEALTH PHYSICAL THERAPY & REHABILITATION 4935 W. ARLINGTON RD. BLOOMINGTON, IN 47404	REHABILITATION SERVICES
10 IU HEALTH PHYSICAL THERAPY & REHABILITATION 1801 N. SENATE BLVD., STE. 240 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH OCCUPATIONAL THERAPY SERVICES 1801 N. SENATE BLVD., STE. 530 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
2 NEUROREHABILITATION AND ROBOTICS 355 W. 16TH ST., STE. 1078 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
3 IU HEALTH OCCUPATIONAL SERVICES 2804 16TH ST. BEDFORD, IN 47421	REHABILITATION SERVICES
4 IU HEALTH MORGAN REHABILITATION 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	REHABILITATION SERVICES
5 IU HEALTH PHYSICAL THERAPY & REHABILITATION 550 N. UNIVERSITY BLVD., RM. 4175 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
6 IU HEALTH ADULT PHYSICAL THERAPY & REHABILITATION SERVICES 1801 N. SENAE BLVD., STE. 1438 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
7 IU HEALTH REHABILITATION SERVICES 1300 S. JACKSON ST. FRANKFORT, IN 46141	REHABILITATION SERVICES
8 IU HEALTH PHYSICAL THERAPY & REHABILITATION 2705 W NORTH STREET MUNCIE, IN 47303	REHABILITATION SERVICES
9 IU HEALTH PHYSICAL THERAPY & REHABILITATION 7411 N. KEYSTONE AVE., SUITE B INDIANAPOLIS, IN 46240	REHABILITATION SERVICES
10 IU HEALTH PHYSICAL THERAPY & REHABILITATION 6820 PARKDALE PL., STE. 120 INDIANAPOLIS, IN 46254	REHABILITATION SERVICES

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH PHYSICAL THERAPY & REHABILITATION 1010 S. MAIN ST., SUITE 110 TIPTON, IN 46072	REHABILITATION SERVICES
2 IU HEALTH PHYSICAL THERAPY & REHABILITATION 9670 E. WASHINGTON ST., STE. 115 INDIANAPOLIS, IN 46229	REHABILITATION SERVICES
3 IU HEALTH PHYSICAL THERAPY & REHABILITATION 8820 S. MERIDIAN ST., SUITE 215 INDIANAPOLIS, IN 46217	REHABILITATION SERVICES
4 IU HEALTH PHYSICAL THERAPY & REHABILITATION 2476 E. 116TH ST., G-100 CARMEL, IN 46032	REHABILITATION SERVICES
5 IU HEALTH PHYSICAL THERAPY & REHABILITATION 410 PILGRIM BLVD. HARTFORD CITY, IN 47348	REHABILITATION SERVICES
6 IU HEALTH PEDIATRIC PHYSICAL THERAPY & REHABILITATION 6820 PARKDALE PL., STE. 109 INDIANAPOLIS, IN 46254	REHABILITATION SERVICES
7 IU HEALTH PHYSICAL THERAPY & REHABILITATION 14645 HAZEL DELL RD. NOBLESVILLE, IN 46062	REHABILITATION SERVICES
8 IU HEALTH URGENT CARE - BLOOMINGTON 326 S. WOODCREST DR. BLOOMINGTON, IN 47401	URGENT CARE
9 IU HEALTH URGENT CARE - GREENWOOD 996 S. SR 135, SUITE P GREENWOOD, IN 46143	URGENT CARE
10 IU HEALTH URGENT CARE - AVON 10853 E. US HWY 36 AVON, IN 46123	URGENT CARE

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH URGENT CARE - BROAD RIPPLE 1036 BROAD RIPPLE AVE. INDIANAPOLIS, IN 46220	URGENT CARE
2 IU HEALTH URGENT CARE - DOWNTOWN INDPLS. 222 W. WASHINGTON ST. INDIANAPOLIS, IN 46204	URGENT CARE
3 IU HEALTH URGENT CARE - BROWNSBURG 90 E. GARNER RD., STE. A BROWNSBURG, IN 46112	URGENT CARE
4 IU HEALTH URGENT CARE - NOBLESVILLE 14645 HAZEL DELL ROAD, SUITE 120 NOBLESVILLE, IN 46062	URGENT CARE
5 IU HEALTH URGENT CARE - LAFAYETTE 1 WALTER SCHOLER DR. LAFAYETTE, IN 47909	URGENT CARE
6 IU HEALTH URGENT CARE - FORT WAYNE NORTH 9821 LIMA RD., STE. 103 FORT WAYNE, IN 46818	URGENT CARE
7 IU HEALTH URGENT CARE - WEST LAFAYETTE 253 SAGAMORE PKWY. W. WEST LAFAYETTE, IN 47906	URGENT CARE
8 IU HEALTH URGENT CARE FORT WAYNE - HOPE DRIVE 7411 HOPE DRIVE, SUITE A FORT WAYNE, IN 46815	URGENT CARE
9 IU HEALTH RADIOLOGY 9660 E. WASHINGTON ST. INDIANAPOLIS, IN 46229	RADIOLOGY
10 IU HEALTH CANCER RADIATION CENTER 9149 STATE RD. 37 BEDFORD, IN 47421	RADIOLOGY

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH RADIOLOGY 820 SAMUEL MOORE PKWY. MOORESVILLE, IN 46158	RADIOLOGY
2 IU HEALTH RADIOLOGY 6850 PARKDALE PL. INDIANAPOLIS, IN 46254	RADIOLOGY
3 IU HEALTH RADIOLOGY 362 W. 15TH ST., SUITE 4200 INDIANAPOLIS, IN 46202	RADIOLOGY
4 IU HEALTH MORGAN RADIOLOGY 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	RADIOLOGY
5 IU HEALTH RADIOLOGY 550 N. UNIVERSITY BLVD., UN 0663 INDIANAPOLIS, IN 46202	RADIOLOGY
6 IU HEALTH RADIOLOGY 404 E. WASHINGTON ST., STE. B INDIANAPOLIS, IN 46204	RADIOLOGY
7 IU HEALTH RADIOLOGY 1801 N. SENATE BLVD., RM. A 1157A INDIANAPOLIS, IN 46202	RADIOLOGY
8 IU HEALTH RADIOLOGY 2625 E 62ND ST, SUITE 2010 INDIANAPOLIS, IN 46220	RADIOLOGY
9 IU HEALTH RADIOLOGY 7411 HOPE DR., SUITE B FORT WAYNE, IN 46815	RADIOLOGY
10 IU HEALTH RADIOLOGY 151 PENNSYLVANIA PKWY, SUITE 160 INDIANAPOLIS, IN 46280	RADIOLOGY

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH RADIOLOGY 720 ESKENAZI INDIANAPOLIS, IN 46202	RADIOLOGY
2 IU HEALTH RADIOLOGY 3401 E RAYMOND INDIANAPOLIS, IN 46203	RADIOLOGY
3 IU HEALTH RADIOLOGY 10101 ERNST RD, SUITE 1100 ROANOKE, IN 46783	RADIOLOGY
4 IU HEALTH RADIOLOGY 4880 CENTURY PLAZA RD., STE. 155 INDIANAPOLIS, IN 46254	RADIOLOGY
5 IU HEALTH RADIOLOGY 2598 W. WHITE RIVER BLVD. MUNCIE, IN 47303	RADIOLOGY
6 IU HEALTH RADIOLOGY 1111 N. RONALD REAGAN PKWY. AVON, IN 46123	RADIOLOGY
7 IU HEALTH RADIOLOGY 8830 S. MERIDIAN ST. INDIANAPOLIS, IN 46217	RADIOLOGY
8 IU HEALTH RADIOLOGY 1000 S. MAIN ST. TIPTON, IN 46072	RADIOLOGY
9 IU HEALTH RADIOLOGY 1375 N. GREEN ST., STE. 200 BROWNSBURG, IN 46112	RADIOLOGY
10 IU HEALTH RADIOLOGY 11700 N. MERIDIAN ST. CARMEL, IN 46032	RADIOLOGY

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH RADIOLOGY 13000 E. 136TH ST. FISHERS, IN 46037	RADIOLOGY
2 IU HEALTH RADIOLOGY 1701 N. SENATE BLVD., ROOM A 1157A INDIANAPOLIS, IN 46202	RADIOLOGY
3 IU HEALTH UNIVERSITY RETAIL PHARMACY 550 N. UNIVERSITY BLVD., UH1425 INDIANAPOLIS, IN 46202	PHARMACY
4 IU HEALTH METHODIST RETAIL PHARMACY 1801 N. SENATE BLVD., STE. 105 INDIANAPOLIS, IN 46202	PHARMACY
5 RILEY RETAIL PHARMACY AT IU HEALTH 705 RILEY HOSPITAL DR., ROC 1201 INDIANAPOLIS, IN 46202	PHARMACY
6 IU HEALTH PHARMACY - JACKSON 2901 W JACKSON ST, SUITE B MUNCIE, IN 47304	PHARMACY
7 IU HEALTH SAXONY RETAIL PHARMACY 13100 E. 136TH ST., STE. 1000 FISHERS, IN 46037	PHARMACY
8 IU HEALTH ADVANCED THERAPIES PHARMACY 390 AIRTECH PKWY, SUITE 106A PLAINFIELD, IN 46168	PHARMACY-MAIL ORDER/SPECIALTY SERVICES
9 IU HEALTH HOME CARE 950 N. MERIDIAN ST., STE. 700 INDIANAPOLIS, IN 46204	HOME HEALTH
10 IU HEALTH EXPRESSIONS HOME MEDICAL EQUIP 11725 N. ILLINOIS ST., SUITE 485 CARMEL, IN 46032	HOME HEALTH

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH HOSPICE 950 N. MERIDIAN ST., STE. 700 INDIANAPOLIS, IN 46204	HOSPICE
2 IU HEALTH DIAGNOSTIC CENTER ARLINGTON LAB 4935 W. ARLINGTON RD. BLOOMINGTON, IN 47404	LAB
3 IU HEALTH BALL MEMORIAL HOSPITAL LAB 2401 UNIVERSITY AVE. MUNCIE, IN 47303	LAB
4 IU HEALTH BETHEL LAB 5501 W. BETHEL AVE. MUNCIE, IN 46304	LAB
5 IU HEALTH GEORGETOWN MEDICAL PLAZA LAB 4880 CENTURY PLAZA RD., STE. 125 INDIANAPOLIS, IN 46254	LAB
6 IU HEALTH JAY HOSPITAL OUTPATIENT LAB 500 W. VOTAW ST. PORTLAND, IN 47371	LAB
7 IU HEALTH LANDMARK OUTPATIENT LAB 550. LANDMARK AVE. BLOOMINGTON, IN 47403	LAB
8 IU HEALTH MOORESVILLE LAB 820 SAMUEL MOORE PKWY. MOORESVILLE, IN 46158	LAB
9 IU HEALTH MORGAN LAB 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	LAB
10 IU HEALTH PATHOLOGY LAB 350 W. 11TH ST. INDIANAPOLIS, IN 46202	LAB

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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? 188

Name and address	Type of facility (describe)
1 IU HEALTH SAXONY HOSPITAL LAB 13000 E. 136TH ST. FISHERS, IN 46037	LAB
2 IU HEALTH SIP BEDFORD LAB 2900 W. 16TH ST. BEDFORD, IN 47421	LAB
3 IUH BLOOMINGTON HOSPITAL MAIN CAMPUS LAB 2651 E DISCOVERY PKWY, 1ST FLOOR BLOOMINGTON, IN 47408	LAB
4 IUH JOE & SHELLY SCHWARZ CANCER CTR LAB 11700 N. MERIDIAN ST. CARMEL, IN 46032	LAB
5 IUH METHODIST MED PLAZA BROWNSBURG LAB 1375 N. GREEN ST. BROWNSBURG, IN 46112	LAB
6 IUH METHODIST MED PLAZA EAGLE HIGHLANDS 6850 PARKDALE PL. INDIANAPOLIS, IN 46254	LAB
7 IUH METHODIST MEDICAL PLAZA EAST LAB 9660 E. WASHINGTON ST. INDIANAPOLIS, IN 46229	LAB
8 IUH METHODIST MEDICAL PLAZA NORTH LAB 151 PENNSYLVANIA PKWY. CARMEL, IN 46280	LAB
9 IUH METHODIST MEDICAL PLAZA SOUTH LAB 8820 S. MERIDIAN ST. INDIANAPOLIS, IN 46217	LAB
10 IUH METHODIST PROFESSIONAL CENTER LAB 1801 N. SENATE BLVD. INDIANAPOLIS, IN 46202	LAB

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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? 188

Name and address	Type of facility (describe)
1 UNIV HOSP AMBULATORY OUTPATIENT CNTR LAB 550 N. UNIVERSITY BLVD., RM. 1005 INDIANAPOLIS, IN 46202	LAB
2 IUH ADDICTION TREATMENT & RECOVERY CNTR 727 W. 2ND ST. BLOOMINGTON, IN 47403	BEHAVIORAL HEALTH
3 IUH ADDICTION TREATMENT & RECOVERY CNTR 1758 W 100 S PORTLAND, IN 47371	BEHAVIORAL HEALTH
4 IUH ADDICTION TREATMENT & RECOVERY CNTR 210 N. TILLOTSON AVE. MUNCIE, IN 47304	BEHAVIORAL HEALTH
5 IUH ADDICTION TREATMENT & RECOVERY CNTR 1730 N CAPITOL AVE, SUITE C3 INDIANAPOLIS, IN 46202	BEHAVIORAL HEALTH
6 IUH ADDICTION TREATMENT & RECOVERY CNTR 1115 N RONALD REAGAN PKWY, SUITE 36 AVON, IN 46123	BEHAVIORAL HEALTH
7 IU HEALTH MORGAN 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	DIAGNOSTIC & OTHER OUTPATIENT
8 IU HEALTH OLCOTT CENTER 2651 E DISCOVERY PKWY BLOOMINGTON, IN 47408	DIAGNOSTIC & OTHER OUTPATIENT
9	
10	

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Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - CRITERIA USED FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE	<p>IU HEALTH USES SEVERAL FACTORS OTHER THAN FEDERAL POVERTY GUIDELINES ("FPG") IN DETERMINING ELIGIBILITY FOR FREE CARE UNDER ITS FAP. THESE FACTORS INCLUDE THE FOLLOWING:</p> <p>1. ELIGIBILITY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP</p> <p>IN ORDER TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY, A PATIENT OR GUARANTOR MUST:</p> <ul style="list-style-type: none"> - SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION WITH ALL SUPPORTING DOCUMENTATION AND BE APPROVED IN ACCORDANCE WITH THIS POLICY; - BE AN INDIANA RESIDENT AS DEFINED IN THIS POLICY; AND - IF UNINSURED, CONSULT WITH A MEMBER OF IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT TO DETERMINE IF HEALTH CARE COVERAGE MAY BE OBTAINED FROM A GOVERNMENT INSURANCE OR ASSISTANCE PRODUCT, THE HEALTH INSURANCE MARKETPLACE, OR FROM ANY OTHER SOURCE OF COVERAGE. <p>FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP IS ONLY AVAILABLE FOR ENCOUNTERS WHERE CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY.</p> <p>2. FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP</p> <p>THE FPL INCOME THRESHOLD UNDER THIS SECTION IS AS FOLLOWS:</p> <ul style="list-style-type: none"> -IF ONE OR MORE ADULTS AND ZERO DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 200%. -IF TWO OR MORE ADULTS AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 250%. -IF ONE ADULT AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 300%. <p>IN SOME INSTANCES, AN ADULT WILL ALSO QUALIFY AS A DEPENDENT. WHEN THIS OCCURS, IU HEALTH WILL TREAT THE ADULT AS A DEPENDENT FOR PURPOSES OF THE FPL CALCULATION.</p> <p>IU HEALTH WILL UTILIZE THE MOST RECENT FPL DATA AVAILABLE AND WILL APPLY THE FPL DATA TO A PATIENT OR GUARANTOR'S ACCOUNT BALANCE BASED UPON THE CALENDAR DATE A COMPLETED FINANCIAL ASSISTANCE APPLICATION WAS RECEIVED, NOT A PATIENT'S DATE OF SERVICE.</p> <p>AN UNINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF GROSS CHARGES IF APPROVED.</p> <p>AN UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF PATIENT RESPONSIBILITY IF APPROVED.</p> <p>3. FINANCIAL ASSISTANCE DUE TO PERSONAL HARDSHIP</p> <p>AN UNINSURED OR UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS ABOVE THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE IF THE PATIENT'S OUTSTANDING PATIENT RESPONSIBILITY EXCEEDS 20% OF THE PATIENT'S OR THEIR GUARANTOR'S ANNUAL HOUSEHOLD INCOME.</p> <ul style="list-style-type: none"> -IF APPROVED, THE PATIENT'S BALANCE WILL BE REDUCED TO 20% OF THE PATIENT OR GUARANTOR'S ANNUAL HOUSEHOLD INCOME OR THE AMOUNTS GENERALLY BILLED, WHICHEVER IS LESS. -IU HEALTH WILL WORK WITH THE PATIENT OR GUARANTOR TO IDENTIFY A REASONABLE PAYMENT PLAN ON THE REMAINDER OF THE BALANCE. <p>4. ELIGIBILITY PERIOD</p> <p>IF APPROVED FOR FINANCIAL ASSISTANCE BY IU HEALTH, THE PATIENT WILL BE GUARANTEED FINANCIAL ASSISTANCE FOR TREATMENT RELATED TO THE UNDERLYING CONDITION, FOR WHICH THE PATIENT WAS ORIGINALLY SCREENED AND APPROVED, THROUGH THE REMAINDER OF THE CALENDAR YEAR.</p> <p>AS A CONDITION OF EXTENDING THE ON-GOING FINANCIAL ASSISTANCE, THE PATIENT MUST COMPLY WITH REQUESTS FROM IU HEALTH TO VERIFY THAT THE PATIENT CONTINUES TO MEET THE CONDITIONS FOR</p>

Return Reference - Identifier	Explanation
	<p>QUALIFICATION.</p> <p>5. APPEALS AND ASSISTANCE GRANTED BY THE FINANCIAL ASSISTANCE COMMITTEE</p> <p>THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW AND MAKE DETERMINATIONS ON ALL REQUESTS FOR APPEALS RELATED TO FINANCIAL ASSISTANCE. IF A PATIENT OR GUARANTOR SEEKS TO APPEAL A FINANCIAL ASSISTANCE DETERMINATION, A WRITTEN REQUEST MUST BE SUBMITTED, ALONG WITH THE SUPPORTING DOCUMENTATION.</p> <p>THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW REQUESTS FOR AND MAY GRANT ADDITIONAL FINANCIAL ASSISTANCE, INCLUDING BUT NOT LIMITED TO, THE FOLLOWING:</p> <ul style="list-style-type: none"> -ASSISTANCE TO PATIENTS WHO ARE SEEKING TREATMENT THAT CAN ONLY BE PROVIDED IN INDIANA BY IU HEALTH OR WHO WOULD BENEFIT FROM CONTINUED MEDICAL SERVICES FROM IU HEALTH FOR CONTINUITY OF CARE; -CARE APPROVED BY THE IU HEALTH CHIEF MEDICAL OFFICER (CMO) OR THE CHIEF EXECUTIVE OFFICER (CEO) OR CMO OF AN IU HEALTH FACILITY OR REGION, INCLUDING MEDICALLY NECESSARY NON-ELECTIVE SERVICES FOR WHICH NO PAYMENT SOURCE CAN BE IDENTIFIED; -CARE PROVIDED WHEN IT IS KNOWN NO PAYMENT SOURCE EXISTS; -INTERNATIONAL HUMANITARIAN AID; AND -OTHER CARE IDENTIFIED BY THE FINANCIAL ASSISTANCE COMMITTEE THAT FULFILLS THE IU HEALTH MISSION. <p>ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL.</p> <p>6. PRESUMPTIVE ELIGIBILITY</p> <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>IU HEALTH WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY:</p> <ul style="list-style-type: none"> -MEDICAID (ANY STATE) -INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES -HEALTHY INDIANA PLAN -PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) -A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. <p>IU HEALTH WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE.</p> <p>FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES:</p> <ul style="list-style-type: none"> -IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. -IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. -IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH. <p>7. EXHAUSTION OF ALTERNATE SOURCES OF ASSISTANCE</p> <p>PATIENTS MUST EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY INCLUDING, BUT NOT LIMITED TO, MEDICAID.</p> <p>PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE HEALTH INSURANCE POLICY MUST EXHAUST ALL INSURANCE BENEFITS.</p> <ul style="list-style-type: none"> -THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. -IU HEALTH MAY REQUEST PATIENTS SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THE APPROPRIATE INSURANCE PROVIDER BEFORE AWARDED FINANCIAL ASSISTANCE. <p>ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH FACILITY AS A RESULT OF AN INJURY PROXIMATELY CAUSED BY A THIRD PARTY, AND LATER RECEIVE A MONETARY SETTLEMENT OR AWARD FROM SAID THIRD PARTY, MAY RECEIVE FINANCIAL ASSISTANCE FOR ANY OUTSTANDING BALANCE NOT COVERED BY THE SETTLEMENT OR AWARD.</p> <p>IN THE EVENT FINANCIAL ASSISTANCE HAS ALREADY BEEN GRANTED IN THE ABOVE CIRCUMSTANCES, IU HEALTH RESERVES THE RIGHT TO REVERSE THE FINANCIAL ASSISTANCE DETERMINATION IN AN AMOUNT EQUAL TO THE AMOUNT IU HEALTH WOULD BE ENTITLED TO RECEIVE HAD NO FINANCIAL ASSISTANCE BEEN AWARDED.</p> <p>8. PATIENT ASSETS</p> <p>THERE ARE SITUATIONS WHERE A PATIENT OR THEIR GUARANTOR MAY HAVE SIGNIFICANT INCOME OR ASSETS AVAILABLE TO PAY FOR HEALTHCARE SERVICES SUCH AS A LEGAL SETTLEMENT. THE FINANCIAL ASSISTANCE COMMITTEE MAY EVALUATE THE INCOME OR ASSETS IN DETERMINING FINANCIAL HARDSHIP.</p> <p>IU HEALTH MAY REQUIRE A LIST OF ALL PROPERTY OWNED BY THE PATIENT OR GUARANTOR AND ADJUST A FINANCIAL ASSISTANCE DETERMINATION AS A RESULT.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G	IU HEALTH, INC. INCLUDES COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES BUT IS NOT ABLE TO SEGREGATE THE COSTS ASSOCIATED WITH PHYSICIAN CLINICS.
SCHEDULE H, PART I, LINE 7C - TOTAL COMMUNITY BENEFIT EXPENSE	SCHEDULE H, PART I, LINE 7, COLUMN (F), PERCENT OF TOTAL EXPENSE, IS BASED ON COLUMN (E) NET COMMUNITY BENEFIT EXPENSE. THE PERCENT OF TOTAL EXPENSE BASED ON COLUMN (C) TOTAL COMMUNITY BENEFIT EXPENSE, WHICH EXCLUDES DIRECT OFFSETTING REVENUE, IS 34.06%.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	105,807,919
SCHEDULE H, PART I, LINE 7F - PERCENT OF TOTAL EXPENSE	<p>THE AMOUNT OF BAD DEBT EXPENSE SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSE ON LINE 7, COLUMN (F) IS \$105,807,919. THIS AMOUNT INCLUDES THE BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX, LINE 25, COLUMN (A), AND IU HEALTH'S PORTION OF THE BAD DEBT ATTRIBUTABLE TO THE JOINT VENTURES REPORTED ON SCHEDULE H, PART IV.</p> <p>BAD DEBT EXPENSE IS REPORTED AT COST BASED ON THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.</p>
SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED	<p>IU HEALTH INC. SUPPORTS AND/OR PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE NON-MEDICAL, ROOT CAUSES OF HEALTH PROBLEMS IN THE COMMUNITIES IT SERVES. IU HEALTH INC. AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM") INVESTMENTS INCLUDE ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, WORKFORCE DEVELOPMENT OPPORTUNITIES, COLLABORATE WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCATE FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS. SOME ACTIVITIES MEET THE DEFINITION OF COMMUNITY BENEFIT AND HAVE BEEN REPORTED AS SUCH.</p> <p>IU HEALTH INC. SUPPORTED SEVERAL DIFFERENT TYPES OF COMMUNITY BUILDING ACTIVITIES TO PROMOTE THE HEALTH OF THE COMMUNITY. THESE ACTIVITIES INCLUDE:</p> <p>ECONOMIC DEVELOPMENT: DUE TO THE RELATIONSHIP BETWEEN HEALTH, SAFETY AND ECONOMIC GROWTH, IU HEALTH INC. HAS LONG SEEN THE VALUE IN SUPPORTING SUSTAINABLE ECONOMIC GROWTH AND QUALITY OF PLACE IN INDIANAPOLIS AND THE SURROUNDING METROPOLITAN AREA. IU HEALTH INC. PROVIDED IN-KIND AND FINANCIAL SUPPORT TO THE INDIANAPOLIS CHAMBER OF COMMERCE'S ACCELERATE INDY FOR ALL, THE ECONOMIC DEVELOPMENT STRATEGY. THE PILLARS OF THE STRATEGY INCLUDE EDUCATED AND TALENTED WORKERS; INNOVATIVE AND ENTERPRISING BUSINESS; ATTRACTIVE AND CONNECTED PLACES; AND A VIBRANT AND INVITING IMAGE.</p> <p>WORKFORCE DEVELOPMENT: SEEKING OPPORTUNITIES TO COLLABORATE WITH EDUCATIONAL INSTITUTES TO PROMOTE THE HEALTH SCIENCES PROFESSIONS, IU HEALTH INC. HAS SEVERAL DEPARTMENTS THAT DID COMMUNITY EDUCATION AND OUTREACH TO ENCOURAGE STUDENTS TO EXPLORE AND CONSIDER HEALTHCARE CAREERS. AS THE HEALTHCARE INDUSTRY FACES WORKFORCE SHORTAGES, THIS PRESENTS AN OPPORTUNITY TO INSPIRE STUDENTS, ESPECIALLY RACIAL AND ETHNIC MINORITY STUDENTS, TO GO TO COLLEGE OR SEEK OTHER POST-SECONDARY EDUCATION ALTERNATIVES.</p> <p>COALITION BUILDING: IU HEALTH TEAM MEMBERS PARTICIPATE ON THE GOVERNING BOARDS OF NONPROFIT ORGANIZATIONS THAT SEEK TO INCREASE ACCESS TO HEALTHCARE SERVICES, HEALTH EQUITY, AND ADVANCING PUBLIC HEALTH. ADDITIONALLY, IU HEALTH TEAM MEMBERS PARTICIPATE IN LOCAL COALITIONS SUCH AS THE TOP 10 COALITION AND HEALTH EQUITY ACTION TEAM TO SHARE RESOURCES AND INFORMATION AS WELL AS IMPROVE COMMUNITY AND PARTNER CAPACITY TO ADDRESS HEALTH NEEDS AND ADVANCE HEALTH EQUITY IN THE COMMUNITY.</p> <p>LEADERSHIP DEVELOPMENT/TRAINING FOR COMMUNITY MEMBERS: IU HEALTH CAN BE TRACED BACK TO ITS TWO FOUNDING ORGANIZATIONS: THE UNITED METHODIST CHURCH AND INDIANA UNIVERSITY. TODAY, THESE TWO ORGANIZATIONS EACH COMPRISE HALF OF THE GOVERNING BODIES OF IU HEALTH. THIS CASH DONATION SUPPORTS THE VALUES OF BOTH ORGANIZATION AND THEIR COMMITMENT TO THE COMMUNITY.</p>
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	THE AMOUNT REPORTED ON LINE 2 AS BAD DEBT IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY</p>	<p>IU HEALTH WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY:</p> <ol style="list-style-type: none"> 1.MEDICAID (ANY STATE) 2.INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES 3.HEALTHY INDIANA PLAN 4.PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) 5.A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>IU HEALTH WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE.</p> <p>FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES: A)IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. B)IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. C)IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH.</p> <p>DUE TO THIS COMPREHENSIVE METHODOLOGY, IU HEALTH DOES NOT BELIEVE ANY AMOUNT OF BAD DEBT IS ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY AND NO PORTION OF BAD DEBT IS INCLUDED AS COMMUNITY BENEFIT.</p>
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>IU HEALTH'S CONSOLIDATED FINANCIAL STATEMENTS, FOOTNOTE 5, ADDRESSES BAD DEBT EXPENSE AS FOLLOWS:</p> <p>THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT REQUIRE COLLATERAL OR OTHER SECURITY FROM ITS PATIENTS, SUBSTANTIALLY ALL OF WHOM ARE RESIDENTS OF THE STATE, FOR THE DELIVERY OF HEALTH CARE SERVICES. HOWEVER, CONSISTENT WITH INDUSTRY PRACTICE, THE INDIANA UNIVERSITY HEALTH SYSTEM ROUTINELY OBTAINS ASSIGNMENT OF (OR IS OTHERWISE ENTITLED TO RECEIVE) PATIENTS' BENEFITS PAYABLE UNDER THEIR HEALTH INSURANCE PROGRAMS, PLANS, OR POLICIES (E.G., MEDICARE, MEDICAID, MANAGED CARE PAYERS, AND COMMERCIAL INSURANCE POLICIES).</p> <p>THE INDIANA UNIVERSITY HEALTH SYSTEM USES A PORTFOLIO APPROACH TO ACCOUNT FOR CATEGORIES OF PATIENT CONTRACTS AS A COLLECTIVE GROUP, RATHER THAN RECOGNIZING REVENUE ON AN INDIVIDUAL CONTRACT BASIS. THE PORTFOLIOS CONSIST OF MAJOR PAYER CLASSES FOR INPATIENT REVENUE AND OUTPATIENT REVENUE. BASED ON THE HISTORICAL COLLECTION TRENDS AND OTHER ANALYSIS, THE INDIANA UNIVERSITY HEALTH SYSTEM BELIEVES THAT REVENUE RECOGNIZED BY UTILIZING THE PORTFOLIO APPROACH APPROXIMATES THE REVENUE THAT WOULD HAVE BEEN RECOGNIZED IF AN INDIVIDUAL CONTRACT APPROACH WERE USED.</p> <p>IN SUPPORT OF ITS MISSION, THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES CARE TO UNINSURED AND UNDERINSURED PATIENTS. THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES CHARITY CARE TO PATIENTS WHO LACK THE FINANCIAL RESOURCES TO PAY FOR THEIR MEDICAL CARE. FINANCIAL ASSISTANCE IS AVAILABLE TO QUALIFYING UNINSURED AND UNDERINSURED PATIENTS RECEIVING CARE AT AN INDIANA UNIVERSITY HEALTH SYSTEM HOSPITAL LOCATION. UNDER ITS FINANCIAL ASSISTANCE POLICY, THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES MEDICALLY NECESSARY CARE TO UNINSURED PATIENTS. FINANCIAL ASSISTANCE UP TO THE FULL AMOUNT OF PATIENT FINANCIAL RESPONSIBILITY IS AVAILABLE FOR UNINSURED AND UNDERINSURED PATIENTS RECEIVING CARE VIA THE EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL. THE FEDERAL POVERTY LEVEL (FPL) THRESHOLDS ARE USED WHEN DETERMINING THE LEVEL OF FINANCIAL ASSISTANCE BASED ON HOUSEHOLD MAKEUP. HOUSEHOLDS WITHOUT DEPENDENTS ARE ELIGIBLE FOR ASSISTANCE IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 200% FPL, TWO ADULTS AND AT LEAST ONE DEPENDENT ARE ELIGIBLE IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 250% FPL, AND HOUSEHOLDS WITH ONE ADULT AND AT LEAST ONE DEPENDENT ARE ELIGIBLE IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 300% FPL. INDIVIDUALS WITH MEDICAL BILLS TOTALING MORE THAN 20% OF ANNUAL HOUSEHOLD INCOME, REGARDLESS OF FPL, QUALIFY FOR CATASTROPHIC ASSISTANCE AND ARE ELIGIBLE FOR A REDUCTION IN PATIENT FINANCIAL RESPONSIBILITY TO 20% OF ANNUAL HOUSEHOLD INCOME. SINCE THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT PURSUE COLLECTION OF THESE AMOUNTS, THE DISCOUNTED AMOUNTS ARE NOT REPORTED AS PATIENT SERVICE REVENUE. THE INDIANA UNIVERSITY HEALTH SYSTEM USES PRESUMPTIVE ELIGIBILITY SCREENING PROCEDURES FOR SOME FORMS OF FINANCIAL ASSISTANCE AND RECOGNIZES NET PATIENT SERVICE REVENUE ON SERVICES PROVIDED TO SELF-PAY PATIENTS AT THE DISCOUNTED RATE AT THE TIME SERVICES ARE RENDERED. THE ESTIMATED COST OF CHARITY CARE, USING THE CONSOLIDATED COST TO CHARGE RATIO, WAS \$95,909,000 AND \$88,213,000 IN 2023 AND 2022, RESPECTIVELY.</p>

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SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	<p>THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 IS CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM THE IU HEALTH MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH'S PARTICIPATION IN MEDICARE PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIAN SERVICES, THE COSTS OF MEDICARE PARTS C AND D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.</p> <p>IU HEALTH'S MEDICARE SHORTFALL IS ATTRIBUTABLE TO REIMBURSEMENTS THAT ARE LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES AND DOES NOT INCLUDE ANY AMOUNTS THAT RESULT FROM INEFFICIENCIES OR POOR MANAGEMENT. IU HEALTH ACCEPTS ALL MEDICARE PATIENTS KNOWING THAT THERE MAY BE SHORTFALLS; THEREFORE IT HAS TAKEN THE POSITION THAT ANY SHORTFALL SHOULD BE COUNTED AS PART OF ITS COMMUNITY BENEFIT. ADDITIONALLY, IT IS IMPLIED IN 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 NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>IU HEALTH'S FAP AND WRITTEN DEBT COLLECTION POLICY DESCRIBE THE COLLECTION PRACTICES APPLICABLE TO PATIENTS, INCLUDING THOSE WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE.</p> <p>1. FINANCIAL ASSISTANCE APPLICATION</p> <p>FINANCIAL ASSISTANCE APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION:</p> <ul style="list-style-type: none"> -ALL SOURCES OF INCOME FOR THE LAST THREE (3) MONTHS. -MOST RECENT THREE (3) MONTHS OF PAY STUBS OR SUPPLEMENTAL SECURITY INCOME VIA SOCIAL SECURITY. -MOST RECENT THREE (3) STATEMENTS FROM CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, STOCKS, BONDS AND MONEY MARKET ACCOUNTS. -MOST RECENT STATE AND FEDERAL INCOME TAX FORMS INCLUDING SCHEDULES C, D, E, AND F. IN THE EVENT THE PATIENT OR GUARANTOR'S INCOME DOES NOT WARRANT THE FILING OF A FEDERAL TAX STATEMENT, THE INDIVIDUAL MAY SUBMIT A NOTARIZED AFFIDAVIT ATTESTING TO THE FOREGOING. -MOST RECENT W-2 STATEMENT. -FOR PATIENTS OR MEMBERS OF THE HOUSEHOLD WHO ARE CURRENTLY UNEMPLOYED, WAGE INQUIRY FROM WORKONE. -IF APPLICABLE, DIVORCE/DISSOLUTION DECREES AND CHILD CUSTODY ORDER. <p>PATIENTS OR THEIR GUARANTORS WISHING TO APPLY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP ARE ENCOURAGED TO SUBMIT AN APPLICATION WITHIN NINETY (90) DAYS OF DISCHARGE. PATIENTS OR THEIR GUARANTORS MAY SUBMIT AN APPLICATION UP TO TWO-HUNDRED AND FORTY (240) DAYS FROM THE DATE OF THEIR INITIAL POST-DISCHARGE BILLING STATEMENT FROM IU HEALTH, HOWEVER, ACCOUNTS MAY BE SUBJECT TO EXTRAORDINARY COLLECTION ACTIONS (ECA) AS SOON AS ONE-HUNDRED AND TWENTY (120) DAYS AFTER RECEIPT OF THE INITIAL POST-DISCHARGE BILLING STATEMENT.</p> <p>PATIENTS OR THEIR GUARANTORS SUBMITTING AN INCOMPLETE FINANCIAL ASSISTANCE APPLICATION WILL RECEIVE WRITTEN NOTIFICATION OF THE APPLICATION'S DEFICIENCY UPON DISCOVERY BY IU HEALTH. THE APPLICATION WILL BE PENDED FOR A PERIOD OF FORTY-FIVE (45) DAYS FROM THE DATE THE NOTIFICATION IS MAILED. IU HEALTH WILL SUSPEND ANY ECA UNTIL THE APPLICATION IS COMPLETE OR THE EXPIRATION OF THE FORTY-FIVE (45) DAY PERIOD.</p> <p>PATIENTS WITH LIMITED ENGLISH PROFICIENCY MAY REQUEST A COPY OF THIS POLICY, A FINANCIAL ASSISTANCE APPLICATION, AND A PLAIN LANGUAGE SUMMARY IN ONE OF THE BELOW LANGUAGES:</p> <ul style="list-style-type: none"> -ARABIC; -BURMESE; -BURMESE - FALAM; -BURMESE - HAKHA CHIN; -MANDARIN/CHINESE; OR -SPANISH <p>THE PATIENT, AND/OR THEIR REPRESENTATIVE, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, LEGAL COUNSEL, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES OR HOSPITAL PERSONNEL MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION BE MAILED TO A PATIENT'S PRIMARY MAILING ADDRESS FREE OF CHARGE.</p> <p>IU HEALTH MAINTAINS THE CONFIDENTIALITY OF ALL FINANCIAL ASSISTANCE APPLICATIONS AND SUPPORTING DOCUMENTATION.</p> <p>IU HEALTH WILL DENY OR REVOKE FINANCIAL ASSISTANCE FOR ANY PATIENT OR GUARANTOR WHO FALSIFIES ANY PORTION OF A FINANCIAL ASSISTANCE APPLICATION.</p> <p>2. FINANCIAL ASSISTANCE DETERMINATIONS</p> <p>IU HEALTH WILL INFORM PATIENTS OR GUARANTORS OF THE RESULTS OF THEIR APPLICATION BY PROVIDING THE PATIENT OR GUARANTOR WITH A FINANCIAL ASSISTANCE DETERMINATION WITHIN NINETY (90) DAYS OF RECEIVING A COMPLETED APPLICATION AND ALL REQUESTED DOCUMENTATION.</p> <p>A PATIENT'S FINANCIAL ASSISTANCE APPLICATION AND FINANCIAL ASSISTANCE DETERMINATION ARE SPECIFIC TO EACH DATE(S) OF SERVICE AND APPROVED RELATED ENCOUNTERS.</p> <p>IF A PATIENT OR GUARANTOR IS GRANTED LESS THAN FULL CHARITY ASSISTANCE AND THE PATIENT OR GUARANTOR PROVIDES ADDITIONAL INFORMATION FOR RECONSIDERATION, REVENUE CYCLE SERVICES MAY AMEND A PRIOR FINANCIAL ASSISTANCE DETERMINATION.</p> <p>3. EXTRAORDINARY COLLECTION ACTIONS</p> <p>IU HEALTH MAY REFER DELINQUENT PATIENT ACCOUNTS TO A THIRD-PARTY COLLECTION AGENCY AFTER UTILIZING REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY FOR ASSISTANCE UNDER THIS POLICY. REASONABLE EFFORTS INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> -IU HEALTH WILL NOTIFY THE PATIENT OF THIS POLICY AT LEAST THIRTY (30) DAYS PRIOR TO INITIATING AN ECA. -IU HEALTH WILL NOT INITIATE AN ECA FOR AT LEAST ONE-HUNDRED AND TWENTY (120) DAYS AFTER THE PATIENT'S INITIAL POST-DISCHARGE BILLING STATEMENT. -IU HEALTH WILL REVIEW ALL FINANCIAL ASSISTANCE APPLICATIONS RECEIVED UP TO AND INCLUDING TWO-HUNDRED AND FORTY (240) DAYS AFTER THE PATIENT'S INITIAL POST-DISCHARGE BILLING STATEMENT. IU HEALTH WILL CEASE ANY ECAS IT HAS INITIATED UPON RECEIPT OF A FINANCIAL ASSISTANCE APPLICATION UNTIL A FINANCIAL ASSISTANCE DETERMINATION IS MADE UNDER THIS POLICY. -IF AN APPLICATION IS APPROVED, IU HEALTH WILL ISSUE A REVISED STATEMENT, ISSUE REFUNDS, AND MAKE REASONABLE EFFORTS TO REVERSE ECAS AS NECESSARY. <p>IU HEALTH AND ITS THIRD-PARTY COLLECTION AGENCIES MAY INITIATE AN ECA AGAINST A PATIENT OR THEIR GUARANTOR IN ACCORDANCE WITH THIS POLICY AND 26 C.F.R. § 1.501(R). ECAS MAY INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> -SELLING A PATIENT OR THEIR GUARANTOR'S OUTSTANDING FINANCIAL RESPONSIBILITY TO A THIRD PARTY. -REPORTING ADVERSE INFORMATION ABOUT THE PATIENT OR THEIR GUARANTOR TO CONSUMER CREDIT

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	<p>REPORTING AGENCIES OR CREDIT BUREAUS. -DEFERRING OR DENYING, OR REQUIRING A PAYMENT BEFORE PROVIDING, MEDICALLY NECESSARY CARE BECAUSE OF A PATIENT OR THEIR GUARANTOR'S NONPAYMENT OF ONE OR MORE BILLS FOR PREVIOUSLY PROVIDED CARE COVERED UNDER THIS POLICY. -ACTIONS REQUIRING A LEGAL OR JUDICIAL PROCESS, INCLUDING BUT NOT LIMITED TO PLACING A LIEN ON A PATIENT'S OR THEIR GUARANTOR'S PROPERTY, FORECLOSING ON A PATIENT'S OR THEIR GUARANTOR'S REAL PROPERTY, ATTACHING OR SEIZING A PATIENT'S OR THEIR GUARANTOR'S BANK ACCOUNT OR OTHER PERSONAL PROPERTY, COMMENCING A CIVIL ACTION AGAINST A PATIENT OR THEIR GUARANTOR, CAUSING A PATIENT OR GUARANTOR'S ARREST, CAUSING A PATIENT AND/OR GUARANTOR TO BE SUBJECT TO A WRIT OF BODY ATTACHMENT, AND GARNISHING A PATIENT OR GUARANTOR'S WAGES</p> <p>WHEN IT IS NECESSARY TO ENGAGE IN SUCH ACTION, IU HEALTH AND ITS THIRD PARTY COLLECTION AGENCIES, WILL ENGAGE IN FAIR, RESPECTFUL AND TRANSPARENT COLLECTIONS ACTIVITIES.</p> <p>4. REFUNDS</p> <p>PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY WHO REMITTED PAYMENT TO IU HEALTH IN EXCESS OF THEIR PATIENT RESPONSIBILITY WILL BE ALERTED TO THE OVERPAYMENT AS PROMPTLY AFTER DISCOVERY AS IS REASONABLE GIVEN THE NATURE OF THE OVERPAYMENT.</p> <p>PATIENTS WITH AN OUTSTANDING ACCOUNT BALANCE DUE ON A SEPARATE ACCOUNT WILL HAVE THEIR REFUND APPLIED TO THE OUTSTANDING BALANCE.</p> <p>PATIENTS WITHOUT AN OUTSTANDING ACCOUNT BALANCE DESCRIBED ABOVE WILL BE ISSUED A REFUND CHECK FOR THEIR OVERPAYMENT AS SOON AS TECHNICALLY FEASIBLE.</p>
<p>SCHEDULE H, PART V, SECTION A - LINE 1 - NAME, ADDRESS, AND WEBSITE</p>	<p>IU HEALTH OPERATES SEVERAL HOSPITAL LOCATIONS UNDER A SINGLE HOSPITAL LICENSE ISSUED BY THE INDIANA STATE DEPARTMENT OF HEALTH. THE NAMES, ADDRESSES, AND PRIMARY WEBSITE ADDRESSES FOR EACH OF THESE LOCATIONS ARE AS FOLLOWS:</p> <p>IU HEALTH METHODIST HOSPITAL 1701 N. SENATE BLVD. INDIANAPOLIS, IN 46202 HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-METHODIST-HOSPITAL</p> <p>IU HEALTH UNIVERSITY HOSPITAL 550 UNIVERSITY BLVD. INDIANAPOLIS, IN 46202 HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-UNIVERSITY-HOSPITAL</p> <p>RILEY HOSPITAL FOR CHILDREN AT IU HEALTH 705 RILEY HOSPITAL DR. INDIANAPOLIS, IN 46202 HTTPS://WWW.RILEYCHILDRENS.ORG/</p> <p>IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, AND RILEY HOSPITAL FOR CHILDREN AT IU HEALTH ARE COLLECTIVELY REFERRED TO AS THE IU HEALTH ACADEMIC HEALTH CENTER.</p> <p>IU HEALTH SAXONY HOSPITAL 13000 E. 136TH ST. FISHERS, IN 46037 HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-SAXONY-HOSPITAL</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>THOUGH IU HEALTH INC. BELIEVES ITS CHNA PROCESS IS COMPREHENSIVE, THE CHNA IS DONE ON A TRIENNIAL BASIS. BETWEEN CHNA CYCLES, IU HEALTH INC. GATHERS DATA AND INFORMATION TO MONITOR THE MOST CURRENT NEEDS OF THE COMMUNITY. ADDITIONAL SOURCES OF DATA AND INFORMATION INCLUDE:</p> <ul style="list-style-type: none"> •IU HEALTH DATA ANALYTICS AND INFORMATION SERVICE TEAMS; •SECONDARY DATA SOURCES FROM FEDERAL, STATE, AND LOCAL ENTITIES WITH A FOCUS ON HEALTH BEHAVIORS, HEALTH OUTCOMES, AND SOCIAL DETERMINANTS OF HEALTH; •OBTAINING COMMUNITY ORGANIZATION AND GOVERNMENTAL AGENCY PERSPECTIVES; PRIORITY POPULATION PERSPECTIVES; AND OTHER HEALTHCARE AND HOSPITAL PERSPECTIVES; •REPORTS THAT SHARE FINDINGS AND RECOMMENDATIONS ON CERTAIN POPULATIONS WITHIN THE COMMUNITY AND/OR HEALTH BEHAVIORS, HEALTH OUTCOMES, OR SOCIAL DETERMINANTS OF HEALTH; •EVIDENCE INFORMED SOURCES; AND •TEAM MEMBER PARTICIPATION IN PARTNERING EFFORTS (E.G., COALITIONS, ADVISORY COMMITTEES, TASK FORCES, ETC.). <p>THE REGULAR REVIEW OF THESE SOURCES OF DATA AND INFORMATION RARELY IMPACT WHAT THE SIGNIFICANT NEEDS ARE BETWEEN CHNA CYCLES. HOWEVER, IT DOES HELP INFLUENCE THE TYPES OR LEVEL OF INTERVENTIONS TO ADDRESS THE SIGNIFICANT NEEDS; PRIORITIZE RESOURCES TO THOSE GROUPS OR NEIGHBORHOODS EXPERIENCING HEALTH DISPARITIES IN THE COMMUNITY; IDENTIFY FUNDING OPPORTUNITIES TO SUPPORT INTERVENTIONS; AND STRENGTHEN OR MOBILIZE PARTNERSHIPS TO IMPROVE HEALTH.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	<p>IU HEALTH TAKES SEVERAL MEASURES TO INFORM ITS PATIENTS OF THE FAP AND FAP-ELIGIBILITY. THESE MEASURES INCLUDE THE FOLLOWING:</p> <ol style="list-style-type: none"> 1.POST THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION ON ITS WEBSITE. 2.PROVIDE PATIENTS WITH A PLAIN LANGUAGE SUMMARY OF THIS POLICY DURING REGISTRATION AND/OR DISCHARGE. 3.POST CONSPICUOUS DISPLAYS IN APPROPRIATE ACUTE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS AND REGISTRATION AREAS DESCRIBING THE AVAILABLE ASSISTANCE AND DIRECTING ELIGIBLE PATIENTS TO THE FINANCIAL ASSISTANCE APPLICATION. 4.INCLUDE A CONSPICUOUS WRITTEN NOTICE ON ALL PATIENT POST-DISCHARGE BILLING STATEMENTS NOTIFYING THE PATIENT ABOUT THIS POLICY AND THE TELEPHONE NUMBER OF THE CUSTOMER SERVICE DEPARTMENT WHICH CAN ASSIST PATIENTS WITH QUESTIONS REGARDING THIS POLICY. 5.MAKE AVAILABLE CUSTOMER SERVICE REPRESENTATIVES VIA TELEPHONE DURING NORMAL BUSINESS HOURS. 6.MAIL COPIES OF THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND A FINANCIAL ASSISTANCE APPLICATION TO PATIENTS OR THEIR GUARANTOR FREE OF CHARGE UPON REQUEST. 7.BROADLY COMMUNICATE THIS POLICY AS A PART OF ITS GENERAL OUTREACH EFFORTS. 8.EDUCATE PATIENT-FACING TEAM MEMBERS ON THIS POLICY AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	<p>IU HEALTH SERVES A LARGE GEOGRAPHIC AREA IN CENTRAL INDIANA. IN COMPLETING CHNAS FOR ITS IU HEALTH ACADEMIC HEALTH CENTER AND IU HEALTH SAXONY HOSPITAL LOCATIONS, IU HEALTH DEFINED "COMMUNITY" AS THE COUNTY OF RESIDENCE FOR EACH HOSPITAL LOCATION. EACH INDIVIDUAL HOSPITAL LOCATION SERVES A UNIQUE SUBSECTION OF THE COMMUNITY FOR WHICH DETAILS ARE INCLUDED BELOW:</p> <p>IU HEALTH ACADEMIC HEALTH CENTER</p> <p>THE COMMUNITY FOR IU HEALTH ACADEMIC HEALTH CENTER'S PRIMARY SERVICE AREA IS DEFINED AS MARION COUNTY, THE COMMUNITY WHERE IU HEALTH ACADEMIC HEALTH CENTER IS LOCATED. THE SECONDARY SERVICE AREA IS COMPRISED OF ALL OTHER COUNTIES WITHIN THE STATE OF INDIANA.</p> <p>MARION COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF BEECH GROVE, INDIANAPOLIS, LAWRENCE, SOUTHPORT, AND SPEEDWAY, PLUS PORTIONS OF PLAINFIELD, WHICH EXTENDS INTO HENDRICKS COUNTY. BASED ON THE CENSUS BUREAU DATA ESTIMATES FOR 2023, THE MOST RECENT DATA AVAILABLE, MARION COUNTY'S POPULATION WAS 968,460 AND 51.5% WERE FEMALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 61.9% WHITE NON-HISPANIC, 30.0% BLACK NON-HISPANIC, 11.6% HISPANIC OR LATINO, 4.4% ASIAN, 0.5% AMERICAN INDIAN OR ALASKA NATIVE, AND 3.3% PERSONS REPORTING TWO OR MORE RACES. A VERY SMALL PERCENTAGE OF THE POPULATION IS ETHNIC GROUPS OTHER THAN THOSE LISTED ABOVE.</p> <p>IU HEALTH SAXONY HOSPITAL</p> <p>THE COMMUNITY FOR IU HEALTH SAXONY HOSPITAL'S PRIMARY SERVICE AREA IS DEFINED AS HAMILTON COUNTY, THE COUNTY WHERE IU HEALTH SAXONY HOSPITAL IS LOCATED, PLUS MARION, MADISON, AND HANCOCK COUNTIES. APPROXIMATELY 67% OF INPATIENT DISCHARGES ORIGINATE FROM THE PRIMARY SERVICE AREA.</p> <p>HAMILTON COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF ARCADIA, ATLANTA, CARMEL, CICERO, FISHERS, NOBLESVILLE, SHERIDAN, AND WESTFIELD. BASED ON CENSUS BUREAU ESTIMATES FOR 2023, THE MOST RECENT DATA AVAILABLE, HAMILTON COUNTY'S POPULATION WAS 371,645. JUST OVER HALF (50.6%) WERE FEMALE AND 49.4% WERE MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 85.0% WHITE NON-HISPANIC, 5.1% BLACK, 4.9% HISPANIC OR LATINO, 7.3% ASIAN, 0.2% AMERICAN INDIAN OR ALASKA NATIVE, AND 2.4% TWO OR MORE RACES. A VERY SMALL PERCENTAGE OF THE POPULATION IS ETHNIC GROUPS OTHER THAN THOSE LISTED ABOVE.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>IU HEALTH'S BOARD OF DIRECTORS ARE MOSTLY COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN IU HEALTH'S PRIMARY SERVICE AREAS.</p> <p>IU HEALTH EXTENDS MEDICAL PRIVILEGES TO ALL PHYSICIANS WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENT TO ITS MEDICAL STAFF. IU HEALTH DOES NOT DENY APPOINTMENTS BASED ON GENDER, RACE, CREED, OR NATIONAL ORIGIN.</p> <p>IU HEALTH IN CONJUNCTION WITH THE IU SCHOOL OF MEDICINE, TRAINS OVER 1,000 RESIDENTS AND FELLOWS IN AN EXCEPTIONAL ENVIRONMENT, BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE.</p> <p>IU HEALTH AND THE IU SCHOOL OF MEDICINE RECENTLY INVESTED TOGETHER IN A RESEARCH COLLABORATION TO ENHANCE JOINT CAPABILITIES IN FUNDAMENTAL SCIENTIFIC INVESTIGATION, TRANSLATIONAL RESEARCH AND CLINICAL TRIALS. THE GOAL IS TO FUND TRANSFORMATIVE PROPOSALS THAT WILL FUNDAMENTALLY CHANGE OUR UNDERSTANDING OF THESE DISEASES AND LEAD TO IMPORTANT NEW THERAPIES FOR PATIENTS. THE THREE INITIAL TARGET RESEARCH AREAS OF CANCER, NEUROSCIENCE AND CARDIOVASCULAR REPRESENT RESEARCH STRENGTHS AT IU SCHOOL OF MEDICINE, KEY STRATEGIC SERVICE LINES FOR IU HEALTH, AND IMPORTANT MEDICAL NEEDS IN A TIME OF AN AGING POPULATION AND RISING HEALTHCARE COSTS.</p> <p>IU HEALTH IS BUILDING A NEW HOSPITAL IN DOWNTOWN INDIANAPOLIS (MARION COUNTY) TO COMBINE ADULT SERVICES INTO ONE LOCATION WITH INPATIENT AND OBSERVATION BEDS, A FULL-SERVICE OUTPATIENT CENTER AND A MEDICAL EDUCATION BUILDING AND ON-SITE FACULTY OFFICES. THIS NEW FACILITY WILL CONSOLIDATE IU HEALTH METHODIST AND IU HEALTH UNIVERSITY HOSPITAL(S). THE HOSPITAL'S DEVELOPMENT WILL ALSO INCLUDE A HEALTH DISTRICT TO SUPPORT THE HEALTH AND WELL-BEING OF THE COMMUNITY AROUND THE NEW HOSPITAL THAT HAS EXPERIENCED THE REDUCTION, AND EVEN ELIMINATION, OF SOCIAL AND ECONOMIC RESOURCES THAT IMPACT HEALTH. STRATEGIES WILL INCLUDE EFFORTS TO INCREASE ACCESS TO AFFORDABLE HOUSING, QUALITY EDUCATION, HEALTHCARE WORKFORCE DEVELOPMENT, AND SAFE NEIGHBORHOODS.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>INDIANA UNIVERSITY HEALTH INC. IS PART OF INDIANA UNIVERSITY HEALTH ("IU HEALTH" OR "THE HEALTHCARE SYSTEM"), WHICH IS INDIANA'S MOST COMPREHENSIVE HEALTHCARE SYSTEM. A UNIQUE PARTNERSHIP WITH THE INDIANA UNIVERSITY SCHOOL OF MEDICINE ("IU SCHOOL OF MEDICINE"), ONE OF THE NATION'S LEADING MEDICAL SCHOOLS, GIVES PATIENTS ACCESS TO INNOVATIVE TREATMENTS AND THERAPIES. THE HEALTHCARE SYSTEM IS COMPRISED OF HOSPITALS, PHYSICIANS AND ALLIED SERVICES DEDICATED TO PROVIDING PREEMINENT PATIENT CARE AND COMMUNITY HEALTH IMPROVEMENT THROUGHOUT INDIANA.</p> <p>IU HEALTH'S AFFILIATE HOSPITALS ARE DIVIDED INTO SIX REGIONS THAT SERVE COMMUNITIES IN NORTHWEST, NORTHEAST, CENTRAL AND SOUTHERN INDIANA. THE 16 HOSPITALS IN THE HEALTHCARE SYSTEM INCLUDE IU HEALTH INC. (I.E., THE IU HEALTH ACADEMIC HEALTH CENTER CONSISTS OF IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR CHILDREN AT IU HEALTH AND IU HEALTH SAXONY HOSPITAL); IU HEALTH ARNETT; IU HEALTH BALL; IU HEALTH BEDFORD HOSPITAL; IU HEALTH BLOOMINGTON HOSPITAL; IU HEALTH FRANKFORT; IU HEALTH JAY; IU HEALTH NORTH HOSPITAL; IU HEALTH PAOLI HOSPITAL; IU HEALTH TIPTON HOSPITAL; IU HEALTH WEST HOSPITAL; AND IU HEALTH WHITE MEMORIAL HOSPITAL.</p> <p>EACH AFFILIATE HOSPITAL IN THE HEALTHCARE SYSTEM, ALONG WITH COMMUNITY PARTNERS, CONDUCTS AND ADOPTS ITS OWN COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY. IU HEALTH CONSIDERS THE SUM OF THESE CHNAS AND THE IMPLEMENTATION STRATEGIES PART OF A SYSTEM WIDE VISION OF MAKING INDIANA ONE OF THE HEALTHIEST STATES IN THE NATION. THE HEALTHCARE SYSTEM AND ITS AFFILIATE HOSPITALS ARE KEENLY AWARE OF THE POSITIVE IMPACT IT CAN HAVE ON IMPROVING THE HEALTH OF COMMUNITIES THROUGHOUT THE STATE OF INDIANA BY INVESTING IN LOCAL, COMMUNITY-BASED INITIATIVES AS WELL AS SYSTEM LEVEL STRATEGIES.</p> <p>THE HEALTHCARE SYSTEM INCLUDES AN ACADEMIC HEALTH CENTER (I.E., IU HEALTH INC.), A REGIONAL ACADEMIC HEALTH CENTER (I.E., IU HEALTH BLOOMINGTON HOSPITAL) AND SEVERAL AFFILIATE HOSPITALS (IU HEALTH ARNETT AND IU HEALTH BALL) THAT WORK IN PARTNERSHIP WITH THE IU SCHOOL OF MEDICINE TO TRAIN PHYSICIANS, BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE THROUGHOUT IU HEALTH. EACH YEAR, MORE THAN 1,000 RESIDENTS AND FELLOWS RECEIVE TRAINING IN AFFILIATE HOSPITALS. RESEARCH CONDUCTED BY IU SCHOOL OF MEDICINE FACULTY GIVES IU HEALTH PHYSICIANS AND PATIENTS ACCESS TO THE MOST LEADING-EDGE AND COMPREHENSIVE TREATMENT OPTIONS.</p> <p>TO FURTHER PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY IU HEALTH, THE SYSTEM-LEVEL COMMUNITY HEALTH DIVISION PARTNERS WITH STATE AND LOCAL COMMUNITY-BASED ORGANIZATIONS, COMMUNITY COALITIONS AND GOVERNMENTAL AGENCIES TO FOCUS ON INNOVATIVE MODELS OF CARE; COMMUNITY ALLIANCES AND PARTNERSHIPS; ANCHOR INSTITUTION AND ADVOCACY STRATEGIES; AND SOCIAL DETERMINANTS OF HEALTH. ALL AFFILIATE HOSPITALS IN THE HEALTHCARE SYSTEM IDENTIFY AND ADDRESS SIGNIFICANT NEEDS UNIQUE TO THE COMMUNITIES THEY SERVE. HOWEVER, SOME NEEDS ARE COMMON IN COMMUNITIES SERVED BY MULTIPLE OR ALL AFFILIATE HOSPITALS IN THE HEALTHCARE SYSTEM AND ALIGN WITH SYSTEM PRIORITY AREAS, WARRANTING A SYSTEM LEVEL STRATEGY.</p> <p>THE COMMUNITY HEALTH DIVISION, ALONG WITH ADDITIONAL INTERNAL PARTNERS SUCH AS THE OFFICE OF HEALTH EQUITY RESEARCH AND EVALUATION (HERE) AND THE IU HEALTH FOUNDATION, PLANS AND PROVIDES TECHNICAL ASSISTANCE FOR SYSTEM-LEVEL STRATEGIES THAT ADDRESS THESE COMMON NEEDS INCLUDING HEALTH EQUITY, TOBACCO AND NICOTINE CESSATION, BEHAVIORAL AND SUBSTANCE USE DISORDERS, INFANT AND MATERNAL HEALTH, HYPERTENSION, AND SOCIAL DETERMINANTS OF HEALTH. FOR EXAMPLE, THE COMMUNITY HEALTH DIVISION IS COORDINATING EFFORTS TO SELECT AND TRAIN COMMUNITY HEALTH WORKERS WHO ARE PLACED THROUGHOUT THE SYSTEM IN OUTPATIENT AND INPATIENT SITES AND DO OUTREACH THROUGH THE WECARE AND IHEART INITIATIVES. THESE VALUED TEAM MEMBERS ARE FROM THE COMMUNITIES BEING SERVED BY IU HEALTH AND HAVE AN INTIMATE UNDERSTANDING OF THE NEEDS OF RESIDENTS. EACH AFFILIATE HOSPITAL WORKS COLLABORATIVELY WITH THE COMMUNITY HEALTH DIVISION TO ALIGN AND ACTIVATE LOCAL RESOURCES TO SUPPORT LOCAL AND SYSTEM STRATEGIES. THIS BENEFITS THE COMMUNITY EACH AFFILIATE HOSPITAL SERVES AND WORKS TOWARDS A STATEWIDE IMPACT (SYSTEM-LEVEL) ON HEALTH OUTCOMES.</p> <p>AS PART OF THE COMMUNITY HEALTH DIVISION, THE COMMUNITY OUTREACH AND ENGAGEMENT PROGRAM'S IU HEALTH SERVES INITIATIVE, A SYSTEM-LEVEL TEAM MEMBER VOLUNTEER PROGRAM, SEEKS TO POSITIVELY IMPACT THE HEALTH OF COMMUNITIES IU HEALTH AFFILIATE HOSPITALS SERVE AND FOSTER A CULTURE OF ENGAGEMENT AND SOCIAL RESPONSIBILITY. EACH AFFILIATE HOSPITAL COORDINATES THE DIFFERENT INITIATIVES OF THE PROGRAM, INCLUDING DAYS OF SERVICE. THIS IS THE LARGEST VOLUNTEER EVENT OF THE YEAR, CONSISTING OF PROJECTS DESIGNED TO ENGAGE EACH AFFILIATE HOSPITALS' TEAM MEMBERS IN ACTIVITIES THAT ADDRESS LOCAL, SIGNIFICANT NEEDS.</p> <p>THE \$200 MILLION COMMUNITY IMPACT AND INVESTMENT (CII) FUND WAS ESTABLISHED IN 2018 BY IU HEALTH TO FINANCIALLY SUPPORT HIGH-IMPACT COMMUNITY INVESTING. THE FOCUS OF THESE EFFORTS WILL ADDRESS KEY SOCIAL AND ENVIRONMENTAL FACTORS THAT IMPACT HISTORICALLY MARGINALIZED AND MINORITIZED POPULATIONS IN THE COMMUNITIES IU HEALTH SERVES. THROUGH THE GRANTS PROVIDED BY THIS CII FUND, IU HEALTH CAN STRATEGICALLY AND INTENTIONALLY ADDRESS THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL FACTORS THAT IMPACT THE HEALTH OF AFFILIATE HOSPITALS' SURROUNDING COMMUNITIES. EACH AFFILIATE HOSPITAL AND ITS TEAM MEMBERS ARE ELIGIBLE TO PURSUE THIS GRANT OPPORTUNITY WITH A COMMUNITY ORGANIZATION.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>IN</p>