

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization INDIANA UNIVERSITY HEALTH BLOOMINGTON INC	Employer identification number 35 1720796
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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	✓	
b 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 <i>free care</i> ? 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 <i>discounted care</i> ? 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?	✓	

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)		8,083	9,057,093		9,057,093	1.53
b Medicaid (from Worksheet 3, column a)		23,744	111,328,196	98,174,492	13,153,704	2.22
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	31,827	120,385,289	98,174,492	22,210,797	3.76
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	13	11,047	3,683,191	578,572	3,104,619	0.52
f Health professions education (from Worksheet 5)	4	2,401	956,851	312,216	644,635	0.11
g Subsidized health services (from Worksheet 6)	2	15,893	28,002,376	22,061,059	5,941,317	1.00
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	142	1,254,713	1,144,107	110,606	0.02
j Total. Other Benefits	22	29,483	33,897,131	24,095,954	9,801,177	1.66
k Total. Add lines 7d and 7j	22	61,310	154,282,420	122,270,446	32,011,974	5.41

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	0.00
2 Economic development					0	0.00
3 Community support	1		20,339		20,339	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building	1	494	6,469		6,469	0.00
7 Community health improvement advocacy	1	8	68		68	0.00
8 Workforce development	1	71	8,852		8,852	0.00
9 Other					0	0.00
10 Total	4	573	35,728	0	35,728	0.01

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	✓
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	9,395,539
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
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	94,031,780
6	Enter Medicare allowable costs of care relating to payments on line 5	6	108,810,715
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(14,778,935)
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	✓
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	✓

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	SIRA IMAGING CENTER, LLC	DIAG. AND OTHER OUTPATIENT	50.00		50.00
2	SOUTHERN INDIANA SURGERY CENTER, LLC	AMBULATORY SURGERY CENTER	50.00		50.00
3	BROWN COUNTY MEDICAL COOPERATIVE, LLC	PHYSICIAN OFFICE SPACE	50.00		50.00
4					
5					
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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 IU HEALTH BLOOMINGTON HOSPITAL
 601 WEST SECOND STREET, BLOOMINGTON, IN 47403
[HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-BLOOMINGTON-HOSPITAL](https://iuhealth.org/find-locations/iu-health-bloomington-hospital) STATE LICENSE NO. : 20-005047-1

2

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Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓	✓					✓			

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 IU HEALTH BLOOMINGTON HOSPITAL

Line 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?		✓
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		✓
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):			
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>18</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	✓	
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		✓
6b	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		✓
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):			
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	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
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?		
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)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group IU HEALTH BLOOMINGTON HOSPITAL

		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:	✓	
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?	✓	
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):	✓	
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):	✓	
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)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group IU HEALTH BLOOMINGTON HOSPITAL

		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?	✓	
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?		✓
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?	✓	
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 IU HEALTH BLOOMINGTON HOSPITAL

		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	✓

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
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>IU HEALTH BLOOMINGTON'S 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT INCLUDES A PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY. THE CHNA REPORT IDENTIFIED THE FOLLOWING SEVEN NEEDS AS PRIORITIES FOR IU HEALTH BLOOMINGTON:</p> <ul style="list-style-type: none"> - ACCESS TO HEALTH CARE SERVICES - CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT - DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL) * - MENTAL HEALTH * - OBESITY, DIABETES, AND PHYSICAL INACTIVITY - SENIOR HEALTH - SOCIAL DETERMINANTS OF HEALTH <p>* IU HEALTH USES THE TERM BEHAVIORAL HEALTH TO REFER TO MENTAL HEALTH AND DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL).</p>

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 BLOOMINGTON HOSPITAL</p> <p>DESCRIPTION: IN CONDUCTING ITS MOST RECENT CHNA, IU HEALTH BLOOMINGTON'S APPROACH TO GATHERING QUALITATIVE DATA CONSISTED OF A MULTI-COMPONENT APPROACH TO IDENTIFY AND VERIFY COMMUNITY HEALTH NEEDS FOR THE IU HEALTH BLOOMINGTON SERVICE AREA. THIS INCLUDED THE FOLLOWING COMPONENTS:</p> <ol style="list-style-type: none"> 1. COMMUNITY MEETINGS 2. KEY STAKEHOLDERS INTERVIEWS 3. COMMUNITY SURVEY <p>COMMUNITY MEETINGS (MONROE & OWEN COUNTIES) TO OBTAIN A MORE COMPLETE PICTURE OF THE FACTORS THAT PLAY INTO THE MONROE AND OWEN COUNTY COMMUNITY HEALTH, INPUT FROM LOCAL LEADERS WITH A STAKE IN THE COMMUNITY'S HEALTH WERE INVITED TO ATTEND A COMMUNITY HEALTH SUB-COMMITTEE MEETING ON MAY 8, 2018 HELD AT IU HEALTH BLOOMINGTON.</p> <p>ORGANIZATIONS WHO PARTICIPATED IN THE FOCUS GROUPS ARE AS FOLLOWS:</p> <ul style="list-style-type: none"> - BLOOMINGTON ECONOMIC DEVELOPMENT CENTER - BLOOMINGTON HEALTH FOUNDATION - BLOOMINGTON NORTH HIGH SCHOOL - MONROE COUNTY HEALTH DEPARTMENT - LOCAL COUNCIL OF WOMEN - UNITED WAY OF MONROE COUNTY - SLOTEGRAFF AND NIEHOFF <p>THE MEETING BEGAN WITH A PRESENTATION THAT DISCUSSED THE GOALS AND STATUS OF THE CHNA PROCESS AND THE PURPOSE OF THE COMMUNITY MEETING. THEN, SECONDARY DATA WERE PRESENTED, ALONG WITH A SUMMARY OF THE MOST UNFAVORABLE COMMUNITY HEALTH INDICATORS. FOR THE COMMUNITY SERVED BY IU HEALTH BLOOMINGTON HOSPITAL, THOSE INDICATORS WERE (IN ALPHABETICAL ORDER):</p> <ul style="list-style-type: none"> - CARDIOVASCULAR DISEASES AND RELATED MORTALITY - DRUG AND SUBSTANCE ABUSE - MOTOR VEHICLE ACCIDENTS AND DRUNK DRIVING - PHYSICALLY AND MENTALLY UNHEALTHY DAYS - POVERTY AND UN-EMPLOYMENT - SEVERE HOUSING PROBLEMS - SMOKING, INCLUDING DURING PREGNANCY - SUPPLY OF PRIMARY CARE PHYSICIANS AND MENTAL HEALTH PROVIDERS <p>MEETING PARTICIPANTS THEN WERE ASKED TO DISCUSS WHETHER THE IDENTIFIED, UNFAVORABLE INDICATORS ACCURATELY IDENTIFIED THE MOST SIGNIFICANT COMMUNITY HEALTH ISSUES AND WERE ENCOURAGED TO ADD ISSUES THAT THEY BELIEVED WERE SIGNIFICANT. SEVERAL ISSUES WERE ADDED, SUCH AS: CHILDHOOD POVERTY, TRANSPORTATION NEEDS, INFANT MORTALITY, SEXUALLY TRANSMITTED DISEASES, OBESITY, PATIENT COMPLIANCE, AND CHRONIC DISEASE. IN ADDITION, THE GROUP DECIDED IT WOULD BE BEST TO SPLIT POVERTY AND UN-EMPLOYMENT INTO TWO DISTINCT NEEDS. AFTER DISCUSSING THE NEEDS IDENTIFIED THROUGH SECONDARY DATA AND ADDING OTHERS TO THE LIST, EACH PARTICIPANT WAS ASKED THROUGH A VOTING PROCESS TO IDENTIFY THREE TO FIVE NEEDS THEY CONSIDER TO BE THE MOST SIGNIFICANT. FROM THIS PROCESS, THE GROUP IDENTIFIED THESE FIVE NEEDS AS BEING THE MOST SIGNIFICANT IN THE COMMUNITY SERVED BY IU HEALTH BLOOMINGTON HOSPITAL:</p> <ul style="list-style-type: none"> - DRUG AND SUBSTANCE ABUSE - CHRONIC DISEASE - SMOKING, INCLUDING DURING PREGNANCY - OBESITY - PHYSICALLY AND MENTALLY UNHEALTHY DAYS <p>IN ADDITION TO THE SUB-COMMITTEE MEETING, TWO OPEN FOCUS GROUPS WERE CONDUCTED AT LOCAL SCHOOLS IN MONROE COUNTY AND A THIRD OPEN FOCUS GROUP WAS CONDUCTED AT THE OWEN COUNTY YMCA. A MEMBER OF THE OWEN COUNTY HEALTH BOARD ATTENDED THE OWEN COUNTY YMCA FOCUS GROUP. IN TOTAL, 18 INDIVIDUALS PARTICIPATED IN THESE FOCUS GROUPS. INDIVIDUAL INTERVIEWS WERE CONDUCTED WITH PEOPLE EXPERIENCING OR RECENTLY EXPERIENCING HOMELESSNESS AND THE BLOOMINGTON COMMISSION ON AGING. THE TOP HEALTH ISSUES IDENTIFIED WERE:</p> <ul style="list-style-type: none"> - HOMELESSNESS - LACK OF MENTAL HEALTHCARE PROVIDERS - TRANSPORTATION TO HEALTHCARE APPOINTMENTS FOR THOSE WITHOUT VEHICLES - FOOD INSECURITIES - SUBSTANCE ABUSE - CHILDREN AND INFANTS IN NEED - HOUSING - HEALTHCARE <p>DURING THE MEETINGS, A RANGE OF OTHER TOPICS WERE DISCUSSED INCLUDING:</p> <ul style="list-style-type: none"> - RESOURCE ACCESS - SUBSTANCE USE - FOOD INSECURITY - IMPORTANCE OF SIDE-WALKS FOR COMMUNITY BUILDING, - TRANSPORTATION, AND RECREATION - HEALTHCARE - BASIC NEEDS - HOMELESSNESS - CHILDHOOD CONDITIONS

Return Reference - Identifier	Explanation
	<ul style="list-style-type: none"> - UNDERSTANDING SELF - SENSE OF BELONGING TO COMMUNITY - TRANSPORTATION - SOCIAL CONNECTIONS - INSURANCE - HIGH COST OF HOUSING - CARE OF OLDER ADULTS IN THE COMMUNITY - MENTAL HEALTH <p>AFTER COMPARING, THE DATA GATHERED FROM THE MEETINGS AND INTERVIEWS, THE FOLLOWING FIVE NEEDS WERE NOTED AS THE MOST SIGNIFICANT FOR THE COMMUNITY SERVED BY IU HEALTH BLOOMINGTON HOSPITAL:</p> <ul style="list-style-type: none"> - DRUG AND SUBSTANCE ABUSE - CHRONIC DISEASE - SMOKING, INCLUDING DURING PREGNANCY - OBESITY - MENTAL HEALTH <p>COMMUNITY MEETING (LAWRENCE COUNTY)</p> <p>TO OBTAIN A MORE COMPLETE PICTURE OF THE FACTORS THAT PLAY INTO THE LAWRENCE COMMUNITY HEALTH, INPUT FROM LOCAL LEADERS WITH A STAKE IN THE COMMUNITY'S HEALTH WERE INVITED TO ATTEND A COMMUNITY HEALTH SUB-COMMITTEE MEETING ON APRIL 10, 2018 HELD AT IU HEALTH BEDFORD. ORGANIZATIONS WHO PARTICIPATED IN THE FOCUS GROUPS ARE AS FOLLOWS:</p> <ul style="list-style-type: none"> - BEDFORD PUBLIC LIBRARY - BEDFORD CHAMBER OF COMMERCE - CITY OF BEDFORD - CITY OF BEDFORD PARKS AND RECREATION - PURDUE EXTENSION - STONE CITY PRODUCTS <p>THE MEETING BEGAN WITH A PRESENTATION THAT DISCUSSED THE GOALS AND STATUS OF THE CHNA PROCESS AND THE PURPOSE OF THE COMMUNITY MEETING. THEN, SECONDARY DATA WERE PRESENTED, ALONG WITH A SUMMARY OF THE MOST UNFAVORABLE COMMUNITY HEALTH INDICATORS. FOR THE COMMUNITY SERVED BY IU HEALTH BLOOMINGTON HOSPITAL, THOSE INDICATORS WERE (IN ALPHABETICAL ORDER):</p> <ul style="list-style-type: none"> - CHRONIC DISEASE MANAGEMENT AND MORTALITY - LOW BIRTHWEIGHT AND TEEN BIRTH RATES - MENTAL ILLNESS AND SUPPLY OF MENTAL HEALTH PROVIDERS - MORTALITY FROM MOTOR VEHICLE ACCIDENTS AND OTHER INJURIES - OBESITY AND PHYSICAL INACTIVITY - SMOKING AND SMOKING DURING PREGNANCY - UNEMPLOYMENT AND ECONOMIC FACTORS <p>MEETING PARTICIPANTS THEN WERE ASKED TO DISCUSS WHETHER THE IDENTIFIED, UNFAVORABLE INDICATORS ACCURATELY IDENTIFIED THE MOST SIGNIFICANT COMMUNITY HEALTH ISSUES AND WERE ENCOURAGED TO ADD ISSUES THAT THEY BELIEVED WERE SIGNIFICANT. SEVERAL ISSUES WERE ADDED, SUCH AS: SUBSTANCE ABUSE AND TREATMENT, ACCESS TO AND PRICING OF HEALTHCARE, COLLABORATION IN THE COMMUNITY ON HEALTH NEEDS, AND HEALTHY FOOD ACCESS AND KNOWLEDGE. DURING THE MEETINGS, A RANGE OF OTHER TOPICS WERE DISCUSSED INCLUDING:</p> <ul style="list-style-type: none"> - HOSPITAL ADMISSION THAT ARE PREVENTABLE - SKILLS GAP IN LOCAL AREA COMPARED TO JOB OPPORTUNITIES - MENTAL HEALTH STIGMA - SMOKING POLICIES - LIMITED RESOURCES IN THE COMMUNITY - LACK OF AWARENESS OF EXISTING PROGRAMS/RESOURCES - POPULATION PATTERNS IN THE WORLD AND IN RURAL COMMUNITIES <p>AFTER DISCUSSING THE NEEDS IDENTIFIED THROUGH SECONDARY DATA AND ADDING OTHERS TO THE LIST, EACH PARTICIPANT WAS ASKED THROUGH A VOTING PROCESS TO IDENTIFY THREE TO FIVE NEEDS THEY CONSIDER THE MOST SIGNIFICANT. FROM THIS PROCESS, THE GROUP IDENTIFIED FIVE NEEDS AS BEING THE MOST SIGNIFICANT IN THE LAWRENCE COUNTY COMMUNITY:</p> <ul style="list-style-type: none"> - SUBSTANCE ABUSE AND TREATMENT - OBESITY AND PHYSICAL INACTIVITY - ACCESS TO AND PRICING OF HEALTHCARE - UNEMPLOYMENT AND ECONOMIC FACTORS/WORKFORCE TRAINING AND EDUCATION - MENTAL ILLNESS AND SUPPLY OF MENTAL HEALTH PROVIDERS <p>KEY STAKEHOLDER INTERVIEWS (MONROE AND LAWRENCE COUNTIES)</p> <p>IU HEALTH BLOOMINGTON ALSO CONDUCTED KEY STAKEHOLDER INTERVIEWS WITH REPRESENTATIVES OF THE MONROE AND LAWRENCE COUNTY HEALTH DEPARTMENTS. AN INTERVIEW WAS NOT CONDUCTED WITH THE OWEN COUNTY HEALTH DEPARTMENT; HOWEVER, A MEMBER OF THE OWEN COUNTY HEALTH BOARD ATTENDED THE OWEN COUNTY YMCA FOCUS GROUP. THE INTERVIEWS WERE CONDUCTED TO ASSURE THAT APPROPRIATE AND ADDITIONAL INPUT WAS RECEIVED FROM THE GOVERNMENTAL PUBLIC HEALTH OFFICIALS.</p> <p>ACCORDINGLY, THE RESULTS OF THE COMMUNITY MEETINGS WERE DISCUSSED AND INSIGHTS WERE SOUGHT REGARDING SIGNIFICANT COMMUNITY HEALTH NEEDS, WHY SUCH NEEDS ARE PRESENT, AND HOW THEY CAN BE ADDRESSED. THE INTERVIEWS WERE GUIDED BY A STRUCTURAL PROTOCOL THAT FOCUSED ON OPINIONS REGARDING SIGNIFICANT COMMUNITY HEALTH NEEDS, DESCRIBING WHY SUCH NEEDS ARE PRESENT, AND SEEKING IDEAS FOR HOW TO ADDRESS THEM. MONROE COUNTY DURING THE APRIL 5, 2018 FOCUS GROUP MEETING, THE INTERVIEWEE CONFIRMED THAT THE NEEDS IDENTIFIED THROUGH THE COMMUNITY MEETINGS WERE ALL ISSUES, INCLUDING:</p>

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	<ul style="list-style-type: none"> - DRUG AND SUBSTANCE ABUSE - CHRONIC DISEASE - SMOKING, INCLUDING PREGNANCY - OBESITY - PHYSICAL INACTIVITY <p>OVERALL, SERVICES FOR MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT WERE CONSIDERED SOME OF THE MOST SIGNIFICANT NEEDS. SUBSTANCE ABUSE CONTINUES TO BE A MAJOR ISSUE AND SEEMS TO HAVE INCREASED IN RECENT YEARS DESPITE MANY EFFORTS TO CURB THE EPIDEMIC. WHILE OBESITY HAS IMPROVED IN RECENT TIMES IN MONROE COUNTY, IT IS STILL AN ISSUE AND LEADING TO CHRONIC DISEASES SUCH AS HEART DISEASE AND DIABETES. EARLY CHILDHOOD TRAUMA AND EARLY ADULT TRAUMA WERE IDENTIFIED AS CONTRIBUTING FACTORS FOR MANY OF THESE ISSUES AS IT WAS THOUGHT THAT MANY WHO EXPERIENCE TRAUMATIC EVENTS DO NOT LEARN COPING SKILLS TO CARRY ON LATER INTO LIFE. ACCESS TO HEALTH CARE AND HEALTH SERVICES IS A NEED. ALTHOUGH MONROE COUNTY HAS AN ABUNDANCE OF RESOURCES, IT IS OFTEN DIFFICULT TO GET ECONOMICALLY DISADVANTAGED POPULATIONS TO AFFORDABLE PROVIDERS. BASIC NEEDS INSECURITY IS AN ISSUE FOR CERTAIN RESIDENTS, AND AFFECTS MANY ASPECTS OF HEALTH.</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 BLOOMINGTON HOSPITAL</p> <p>DESCRIPTION: ENCOURAGING VACCINATIONS IN THE COMMUNITY IS AN IMPORTANT NEED, AS CONDITIONS LIKE MUMPS, MEASLES AND OTHERS SEEM TO HAVE BEEN REVITALIZED. PUBLIC HEALTH FUNDING IS A MAJOR NEED, AS FUNDING OPPORTUNITIES ARE TYPICALLY FOR NEW PROGRAMS WHILE PREVIOUSLY ESTABLISHED PROGRAMS HAVE DIFFICULTY MAINTAINING THEIR EFFECTIVENESS WITHOUT CONTINUED FUNDING. LAWRENCE COUNTY DURING THE APRIL 10, 2018 MEETING, THE INTERVIEWEE CONFIRMED THAT THE TOP NEEDS IDENTIFIED BY THE COMMUNITY MEETING GROUP WERE SOME OF THE MOST SIGNIFICANT. THESE NEEDS WERE:</p> <ul style="list-style-type: none"> - SUBSTANCE ABUSE AND TREATMENT - OBESITY AND PHYSICAL INACTIVITY - ACCESS TO AND PRICING OF HEALTHCARE - UNEMPLOYMENT AND ECONOMIC FACTORS/WORKFORCE TRAINING - MENTAL ILLNESS AND SUPPLY OF MENTAL HEALTH PROVIDERS <p>FACTORS THAT INFLUENCE MANY OF THE HEALTH NEEDS INCLUDE FINANCIAL ISSUES, INFORMATION DISSEMINATION AND AVAILABILITY, AND TRANSPORTATION OPTIONS. ACCESS TO AFFORDABLE HEALTH INSURANCE WAS IDENTIFIED AS AN ISSUE, WITH THE CHALLENGES OF NAVIGATING THE BUREAUCRACY OF HEALTH INSURANCE DIFFICULT FOR MANY RESIDENTS. SUBSTANCE ABUSE WAS IDENTIFIED AS A SIGNIFICANT ISSUE WITH MANY CONTRIBUTING FACTORS, INCLUDING THE NEED FOR OTHER ACTIVITIES AND EMPLOYMENT OPPORTUNITIES FOR YOUNG RESIDENTS. THE NEED FOR A HEALTH EDUCATOR WAS IDENTIFIED AS SIGNIFICANT, WITH IMMUNIZATION EDUCATION AND SUBSTANCE ABUSE EDUCATION HIGHLIGHTED AS PARTICULARLY IMPORTANT. AN INCREASE IN COMMUNICABLE DISEASE, PARTICULARLY WITH HEPATITIS, HAS BEEN NOTED IN THE COMMUNITY AND TIED TO THE SUBSTANCE ABUSE PREVALENCE. THERE IS CONCERN AMONG RESIDENTS ABOUT ADEQUATE ACCESS TO HEALTHCARE, AND SOME RESIDENTS FEAR THAT DUE TO CONSOLIDATION IN HEALTHCARE THAT INPATIENT UNITS MAY BE ON THE DECLINE AS PROVIDER OPTIONS IN THE COMMUNITY. COMMUNITY SURVEYS: FOR THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT, INDIANA UNIVERSITY HEALTH CONDUCTED THE COMMUNITY SURVEY DATA COLLECTION IN COLLABORATION WITH INDIANA UNIVERSITY, UNIVERSITY OF EVANSVILLE AND AN INDIANA HOSPITAL COLLABORATIVE, INCLUDING COMMUNITY HEALTH NETWORK, FRANCISCAN ALLIANCE, ST. VINCENT HEALTH AND OTHER HOSPITAL PARTNERS. THE SURVEY WAS CONDUCTED IN TWO PHASES, WITH PHASE 1 CONDUCTED AS A PAPER SURVEY MAILED TO AN ADDRESS-BASED SAMPLE, AND PHASE 2 ADMINISTERED BY SOME OF THE HOSPITALS TO A CONVENIENCE SAMPLE THEY SELECTED. IU HEALTH PARTICIPATED IN PHASE 1. A QUESTIONNAIRE WAS DEVELOPED, WITH INPUT PROVIDED BY THE INDIANA HOSPITAL SYSTEMS, AND INCLUDED A NUMBER OF QUESTIONS ABOUT GENERAL HEALTH STATUS, ACCESS AND UTILIZATION OF SERVICES, PERSONAL BEHAVIORS, SOCIAL DETERMINANTS OF HEALTH, AND ALSO RESPONDENT DEMOGRAPHIC INFORMATION (E.G., ZIP CODE, INCOME LEVEL, EMPLOYMENT STATUS, RACE AND ETHNICITY, HOUSEHOLD SIZE, GENDER, AND AGE). THE SURVEY WAS MAILED TO APPROXIMATELY 82,000 HOUSEHOLDS, AND THE "FIELD PERIOD" WAS APRIL 2, 2018 THROUGH JUNE 29, 2018. THE PROCESS INCLUDED TWO MAILINGS TO EACH ADDRESS; A POSTCARD MAILING ALSO TOOK PLACE TO ENCOURAGE RESPONSES. OVERALL, 9,161 COMPLETED THE QUESTIONNAIRES WERE RECEIVED BY ALL OF THE PARTICIPATING HOSPITALS, FOR AN OVERALL RESPONSE RATE OF 11.6%, 5,030 QUESTIONNAIRES WERE RECEIVED FROM THE 17 INDIANA COUNTIES SERVED BY ONE OF MORE IU HEALTH HOSPITAL. A DATASET WAS THEN CREATED FROM THE IU HEALTH SURVEY RESPONSES, AND THE RESPONSES WERE ADJUSTED FOR TWO FACTORS; THE NUMBER OF ADULTS IN EACH HOUSEHOLD AND A POST-STRATIFICATION ADJUSTMENT DESIGNED TO MAKE THE RESULTS MORE REPRESENTATIVE OF THE POPULATION IN EACH COMMUNITY. FOR IU HEALTH BLOOMINGTON HOSPITAL, SURVEYS WERE RECEIVED FROM 855 COMMUNITY HOUSEHOLDS. THE COMMUNITY SURVEY INDICATES THAT SUBSTANCE USE OR ABUSE, OBESITY, POVERTY, AND MENTAL HEALTH REPRESENT TOP CONCERNS IN THE COMMUNITY SERVED BY IU HEALTH BLOOMINGTON HOSPITAL.</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 BLOOMINGTON HOSPITAL</p> <p>DESCRIPTION: IN CONJUNCTION WITH THE CHNA, IU HEALTH BLOOMINGTON'S BOARD ADOPTED AN IMPLEMENTATION STRATEGY IN APRIL 2019 RELATING TO THE 2018 CHNA. IU HEALTH BLOOMINGTON PRIORITIZED AND DETERMINED WHICH OF THE COMMUNITY HEALTH NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA WAS MOST CRITICAL FOR IT TO ADDRESS.</p> <p>IU HEALTH BLOOMINGTON WILL ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS BETWEEN 2019 AND 2021:</p> <ul style="list-style-type: none"> -ACCESS TO HEALTHCARE SERVICES -CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT -DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL) * -OBESITY, DIABETES AND PHYSICAL INACTIVITY -MENTAL HEALTH* -SENIOR HEALTH -SOCIAL DETERMINANTS OF HEALTH <p>*IU HEALTH USES THE TERM BEHAVIORAL HEALTH TO REFER TO MENTAL HEALTH AND DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL).</p> <p>ACCESS TO HEALTHCARE</p> <ul style="list-style-type: none"> - MEDICAL NEIGHBORHOOD AND TEAM-BASED CARE APPROACH TO HEALTHCARE. STAFF WHO PARTICIPATED IN WORK TO DEFINE AND DEVELOP A SCORING TOOL TO MEASURE WORK DEVELOPING THE MEDICAL NEIGHBORHOOD LEARNED THE IMPORTANCE OF THINKING OUTSIDE THE HOSPITAL AND CLINIC WALLS TO DEVELOP SUPPORT FOR CLIENTS AND PATIENTS WITHIN THE COMMUNITY. MEMBERS OF COMMUNITY HEALTH AND MEMBERS OF THE REGIONAL ACADEMIC HEALTH CENTER PLANNING GROUPS SUPPORTED THIS WORK. COMMUNITY PARTNERS TOTAL FIVE (WHEELER MISSION, REDEEMER CONGREGATION, PURDUE EXTENSION, BOYS AND GIRLS CLUB AND MONROE COUNTY EMS). WORK CONTINUES TO DECREASE OUR MEDIAN LAG TIME TO PRIMARY CARE PROVIDER APPOINTMENT. CARE MAPS WERE DESIGNED TO GUIDE CLINICAL TEAMS IN CARE FOR CHRONIC CONDITIONS SUCH AS COPD, HYPERTENSION AND DIABETES. THIS MAP SUPPORTS REFERRAL TO ANCILLARY SERVICES SUCH AS PHARMACY, DIETITIANS AND HEALTH EDUCATORS. THE SCR WORKED ON THE REDESIGN OF PRIMARY CARE, SETTING EACH CLINIC UP WITH NEEDED SUPPORT TO PROVIDE STATE OF THE ART CARE AND INCREASE ACCESS TO SERVICES. COMMUNITY HEALTH PARTNERED IN THESE INITIATIVES AND ORIENTED NEW PRIMARY CARE PROVIDERS TO THE AVAILABLE SERVICES. - COMMUNITY ACCESS PORTAL WAS SUPPORTED BY IU HEALTH THROUGH FINDHELP.ORG OR IUHEALTHCONNECT.ORG. THE SCR LED THE EFFORTS OF THE SYSTEM TO ROLL THIS OUT TO COMMUNITY PARTNERS ENGAGING THEM IN UPLOADING INFORMATION ABOUT THEIR FREE OR REDUCED COST PROGRAMS AND SERVICES TO SUPPORT THOSE IN NEED. IUHEALTHCONNECT.ORG WAS A HELPFUL SITE FOR TEAM MEMBERS AND COMMUNITY MEMBERS TO FIND THE APPROPRIATE HEALTHCARE RESOURCES. COMMUNITY HEALTH PARTNERED WITH THE IU SCHOOL OF PUBLIC HEALTH TO ANALYZE THE GREATEST NEEDS OF PATIENTS AND TO DETERMINE IF THEY RECEIVED THE APPROPRIATE SERVICES. - FAITH BASED PARTNERSHIP BETWEEN IU HEALTH AND BLOOMINGTON CHURCHES. IN 2020, COMMUNITY HEALTH PROVIDED SUPPORT FOR A DRIVE THROUGH FLU CLINIC IN OCTOBER VACCINATING 88 PEOPLE AT REDEEMER CHURCH. THIS WAS OPEN TO THE COMMUNITY AND HELPED REACH THOSE IN THAT AREA OF TOWN WHO WERE UNABLE TO COME TO THE IU HEALTH SITE. <p>BEHAVIORAL HEALTH: SENIOR HEALTH</p> <ul style="list-style-type: none"> - ALZHEIMER'S RESOURCE SERVICES (ARS) HAS 12 FORMAL PARTNERSHIPS IN LAWRENCE COUNTY ADDING TO THE SUPPORT THE COUNTY RECEIVES FOR THOSE LIVING WITH OR CARING FOR A LOVED ONE WITH SOME FORM OF DEMENTIA. PROVIDING EARLY DIAGNOSIS AND CONNECTION TO RESOURCES IS KEY. IT IS ALSO IMPORTANT TO HELP A PERSON WITH DEMENTIA REMAIN CONNECTED AND ENGAGED IN THEIR COMMUNITY FOR AS LONG AS POSSIBLE. FOR THIS REASON, THE DEMENTIA FRIENDLY TRAINING WAS DEVELOPED AND OFFERED IN THE COMMUNITY. DUE A TRAIN THE TRAINER MODEL IMPLEMENTED IN 2019, AT THIS POINT, THERE ARE 80 TRAINERS. MONROE COUNTY IS WELL SUPPORTED IN TERMS OF THESE SERVICES. 2020 SLOWED DOWN IN-PERSON INTERACTION WITH THIS POPULATION. ARS RECEIVED AN HRSA GRANT THAT LED TO THE OPENING OF NEW SERVICES IN LAWRENCE AND ORANGE COUNTIES. MUCH OF THE WORK WAS DONE VIRTUALLY INCLUDING DEMENTIA FRIENDLY TRAINING OF THE COMMUNITY AND PARTNERS IN 2020. - A PARTNERSHIP EXISTS TO SUPPORT THE MEMORY CLINIC WITHIN THE IU HEALTH SOUTHERN INDIANA PHYSICIANS NEUROLOGY OFFICE IN BLOOMINGTON. ON WEDNESDAY MORNINGS, THE STAFF FROM THE ALZHEIMER'S RESOURCE SERVICES ATTENDS THE CLINIC. THE PROVIDER SCHEDULES NEW PATIENTS ON THIS DAY, SO THE MAJORITY ARE RECEIVING A DIAGNOSIS OF SOME FORM OF DEMENTIA. FOLLOWING THE APPOINTMENT WITH THE PROVIDER, A MEETING WITH THE ARS STAFF FOLLOWS THE DEBRIEFING, AND THEN A REFERRAL TO COMMUNITY SERVICES AND SUPPORT. THIS PROVIDES WRAP AROUND CARE FOR THE PATIENT AND FAMILY AND ENABLES THE PROVIDER TO MOVE TO THE NEXT PATIENT. THIS NOT ONLY ADDS A LAYER OF SUPPORT FOR THE FAMILIES BUT SUPPORTS ACCESS TO CARE. IN 2020, THERE WERE 75 PATIENTS AND THE SATISFACTION SCORES FOR THIS SERVICE WERE AT 100 PERCENT BOTH YEARS. <p>BEHAVIORAL HEALTH: SUBSTANCE USE DISORDER</p> <ul style="list-style-type: none"> - FAMILY VITALITY PROGRAM IS NOW IN ITS SECOND YEAR, REFERRING AT RISK PREGNANT WOMEN TO CARE. PARTNERSHIPS EXIST WITH CENTERSTONE, INDIANA CENTER FOR RECOVERY, FRESH START AND IU HEALTH BEHAVIORAL HEALTH ABLE TO ENROLL PREGNANT WOMEN INTO RECOVERY OR TREATMENT PROGRAMS. WITHIN THE IU HEALTH BLOOMINGTON HOSPITAL, THE WOMEN AND CHILDREN'S DEPARTMENT HAVE PROVIDED EDUCATION AND SUPPORT TO NEW PARENTS. SAFE SLEEP EDUCATION, CAR SEAT RESOURCES, EAT, SLEEP AND CONSOLE ARE A FEW OF THE RESOURCES OUR CLIENTS RECEIVE. OTHER SUPPORTS PROVIDED BY THIS PROGRAM INCLUDE 4 NEW PROCESSES BUILT IN OUR OB/GYN OFFICES THAT CONNECT A CLIENT AT RISK TO CARE BY FOLLOWING EARLY IDENTIFICATION AND REFERRAL PROCESS TO CENTERSTONE OR TO CARE BY A PROVIDER WHO WILL PRESCRIBE AND FOLLOW AN MAT PRESCRIPTION. ANOTHER PROCESS IDENTIFIED ALERTS OUR PEDIATRIC OFFICE WHEN A BABY BORN WITH

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	<p>NEONATAL ABSTINENCE SYNDROME. ONCE DISCHARGED, A CALL IS INITIATED TO SCHEDULE THE PEDIATRIC VISITS. IF THESE VISITS ARE NOT ATTENDED, THE PEDIATRIC STAFF WILL FOLLOW UP WITH THE PARENTS. WORK CONTINUES TO ENSURE THESE FAMILIES KEEP UP WITH THEIR PEDIATRIC APPOINTMENTS. IN 2020, THE COVID-19 PANDEMIC BROUGHT MORE ATTENTION TO THIS PROGRAM FROM REFERRAL SOURCES AND INCREASED PARTICIPANT REFERRALS. THE ADDITIONAL HRSA GRANT FUNDING ALLOWED THIS PROGRAM TO REACH MORE RURAL AREAS SUCH AS LAWRENCE AND ORANGE COUNTIES.</p> <p>- A DRUG TAKE BACK PROGRAM IS LOCATED IN THE IU HEALTH BLOOMINGTON HOSPITAL LOBBY AND IS AVAILABLE 24/7. COMMUNITY PARTNERS INCLUDE CENTERSTONE, LAW ENFORCEMENT AND EMS. IN MONROE COUNTY IN 2020, THERE WERE 692.5 POUNDS OF MEDICATION TURNED IN THROUGH THIS PROGRAM.</p> <p>- BEHAVIORAL HEALTH ACCESS FOR POSITIVE LINK CLIENTS IS AN ACTIVE PROGRAM. THE PARTNERSHIP WITH VOLUNTEERS OF AMERICA ENDED IN 2020 AS THEY WERE UNABLE TO HIRE THE NEEDED TEAM MEMBERS. CHRONIC DISEASE: OBESITY AND DIABETES</p> <p>- THE IU HEALTH DIABETES AND MEDICAL NUTRITION CENTER SERVED 211 CLIENTS IN AN OUTPATIENT SETTING IN 2019 AND 975 PATIENTS WITH 281 BEING SEEN VIRTUALLY IN 2020. THE COMPARISON OF PRE-EDUCATION AND POST EDUCATION A1C TESTING SHOWS AN AVERAGE DECREASE OF 1.15-1.2 PERCENT IN A1C LEVELS IN 2019-2020. THE IMPACT: FOR EVERY 1 PERCENT REDUCTION IN A1C THERE IS A 37 PERCENT DECREASE IN MICROVASCULAR DISEASE. THIS WOULD INCLUDE RISKS TO EYES, KIDNEY AND OTHER NERVE ISSUES. IU HEALTH SOUTHERN INDIANA PRIMARY CARE PARTNERS DEVELOPED A CARE MAP FOR TYPE 2 DIABETES IN PRIMARY CARE. THE PATHWAY WAS PUT INTO PLACE IN 2020 AND INCREASED ACCESS TO DIETICIANS AND CERTIFIED DIABETES EDUCATORS PROVIDING EVIDENCE-BASED EDUCATION AND CARE. IU HEALTH BLOOMINGTON HOSPITAL PROVIDED A CERTIFIED DIABETIC EDUCATOR TO ITS ENDOCRINOLOGY PRACTICE THAT WAS AVAILABLE TWO-DAYS PER WEEK TO SUPPORT THE MOST COMPLICATED PATIENTS. THROUGH THIS WORK, THOSE PATIENTS IN CARE SAW AN AVERAGE DECREASE OF 1.9 PERCENT IN THEIR A1C.</p> <p>- PREDIABETES SCREENINGS HAVE BEEN HELD PREVIOUSLY FOR PEOPLE AND REFERRALS TO CARE DUE TO HIGH RISK LEVELS OF A1C. COLLABORATIONS WITH COMMUNITY PARTNERS FOR THIS SERVICE HAVE TOTALED SEVEN. THE SCREENINGS HAVE BEEN HELD IN THE COMMUNITY REACHING THOSE MOST AT RISK. THERE HAS BEEN NO CHARGE TO OUR CLIENTS FOR THIS SERVICE. THESE IN PERSON SCREENINGS WERE CANCELLED IN 2020 DUE TO THE COVID-19 PANDEMIC.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH BLOOMINGTON HOSPITAL (CONTINUED)</p> <p>DESCRIPTION: - GETTING ONBOARD ACTIVE LIVING PROGRAM (GOAL) COMMUNITY PARTNERS HAVE GROWN TO TEN ENABLING THIS PROGRAM TO CONTINUE TO BE OFFERED AT NO CHARGE TO OUR FAMILIES. GOAL UNIVERSITY SERVED 1,200 ELEMENTARY SCHOOL CHILDREN ACROSS THE STATE IN 45 AFTER SCHOOL-BASED PROGRAMS THROUGH A PARTNERSHIP WITH IUPUI SCHOOL OF NURSING, PURDUE TIMMY FOUNDATION AND IU SCHOOL OF NURSING AND SCHOOL OF PUBLIC HEALTH. THERE WERE 1,000 COLLEGE STUDENTS INVOLVED EQUAL 1,000 AND THE CURRICULUM PROVIDED PRACTICAL INFORMATION ABOUT ACTIVITY, SELF-ESTEEM AND NUTRITION. STUDENTS IN ALL PROGRAMS REPORT AN INCREASE IN FRUITS AND VEGETABLES CONSUMED, DECREASE IN SCREEN TIME AND INCREASED ACTIVITY LEVELS. GOAL CHANGED TO VIRTUAL GROUPS IN 2020. THE REFERRAL PROCESS CONTINUED WITH INITIAL EDUCATION BY THE DIETITIAN AND GROUP MEETINGS/CLASSES HAPPENING THROUGH ZOOM. VIDEOS WERE FILMED AND SENT TO FAMILIES TO LEARN HOW TO COOK FROM THEIR PANTRY AND HOW TO MAKE THREE INGREDIENT PANCAKES AND MORE.</p> <p>- MONROE COUNTY TOBACCO COALITION MET 11 TIMES IN 2020 WITH AN AVERAGE OF 6 MEMBERS ATTENDING WHEN ABLE TO MEET IN PERSON. FOR THIS INITIATIVE THE VIRTUAL OPTION THAT COVID-19 PROVIDED REALLY HELPED TO GROW THE PARTICIPATION WITH AN AVERAGE OF 12 VIRTUAL PARTICIPANTS.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR DISCOUNTED CARE</p>	<p>FACILITY NAME: IU HEALTH BLOOMINGTON HOSPITAL</p> <p>DESCRIPTION: IN ADDITION TO FPG, IU HEALTH BLOOMINGTON MAY TAKE INTO CONSIDERATION A PATIENT'S INCOME AND/OR ABILITY TO PAY IN 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: IU HEALTH BLOOMINGTON HOSPITAL</p> <p>DESCRIPTION: IU HEALTH BLOOMINGTON 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: - 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> <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: -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> <p>IN SOME INSTANCES, AN ADULT WILL ALSO QUALIFY AS A DEPENDENT. WHEN THIS OCCURS, IU HEALTH BLOOMINGTON WILL TREAT THE ADULT AS A DEPENDENT FOR PURPOSES OF THE FPL CALCULATION.</p> <p>IU HEALTH BLOOMINGTON 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. -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> <p>4. ELIGIBILITY PERIOD</p> <p>IF APPROVED FOR FINANCIAL ASSISTANCE BY IU HEALTH BLOOMINGTON, 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: -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>

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 BLOOMINGTON 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: IU HEALTH BLOOMINGTON HOSPITAL</p> <p>DESCRIPTION: IU HEALTH BLOOMINGTON 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? 99

Name and address	Type of Facility (describe)
1 BLOOMINGTON ENDOSCOPY CENTER 550 LANDMARK AVE. BLOOMINGTON, IN 47402	AMBULATORY SURGERY
2 SOUTHERN INDIANA SURGERY CENTER 2800 REX GROSSMAN BLVD. BLOOMINGTON, IN 47403	AMBULATORY SURGERY
3 IU HEALTH ANTICOAGULATOIN CLINIC 727 W 2ND STREET, FIRST FLOOR BLOOMINGTON, IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH BEHAVIORAL HEALTH 727 W 2ND STREET, FIRST FLOOR BLOOMINGTON, IN 47404	SPECIALTY CARE
5 IU HEALTH PAIN CENTER 888 AUTO MALL RD. BLOOMINGTON, IN 47401	SPECIALTY CARE
6 IU HEALTH WOUND CENTER 2920 MCINTIRE DR. BLOOMINGTON, IN 47404	SPECIALTY CARE
7 SIRA IMAGING CENTER 500 S. LANDMARK AVE. BLOOMINGTON, IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
8 BROWN COUNTY MEDICAL COOPERATIVE 103 WILLOW ST. NASHVILLE, IN 47448	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH CANCER RADIATION CENTER 9149 SR 37, RR11 BOX 493 BEDFORD, IN 47421	SPECIALTY CARE
10 IU HEALTH DIABETES CENTER 727 W 2ND STREET, FIRST FLOOR 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? 99

Name and address	Type of Facility (describe)
1 IU HEALTH REHABILITATION AND SPORT 2499 W. COTA DR. BLOOMINGTON, IN 47403	SPECIALTY CARE
2 IU HEALTH CHILDREN'S THERAPY CENTER 4935 W. ARLINGTON ROAD SUITE B & C BLOOMINGTON, IN 47404	SPECIALTY CARE
3 IU HEALTH CANCER CENTER INFUSION THERAPY 508 W. 2ND STREET BLOOMINGTON, IN 47403	SPECIALTY CARE
4 IU HEALTH REHABILITATION AND SPORT EAST 328 S. WOODCREST DR. BLOOMINGTON, IN 47401	SPECIALTY CARE
5 IU HEALTH CANCER RADIATION CENTER 2620 W. COTA DR. BLOOMINGTON, IN 47404	SPECIALTY CARE
6 IU HEALTH REHABILITATION AND SPORT 926 W. SR46, SUITE 200 SPENCER, IN 47460	SPECIALTY CARE
7 IUH BLOOM ADDICTION TREATMENT AND RECOV 727 W 2ND STREET, SUITE 202 BLOOMINGTON, IN 47403	SPECIALTY CARE
8 IU HEALTH ONCOLOGY AND HEMATOLOGY CLINIC 514 W 2ND STREET BLOOMINGTON, IN 47403	SPECIALTY CARE
9 IU HEALTH BLOOMINGTON WALK-IN 550 S. LANDMARK AVE. BLOOMINGTON, IN 47403	PRIMARY CARE
10 IU HEALTH BLOOMINGTON RETAIL PHARMACY 601 W. 2ND STREET BLOOMINGTON, IN 47403	PHARMACY

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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? 99

Name and address	Type of Facility (describe)
1 SOUTHERN INDIANA PHYSICIANS CARDIOLOGY 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	SPECIALTY CARE
2 SIP EAR, NOSE & THROAT 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	SPECIALTY CARE
3 SIP FAMILY & INTERNAL MEDICINE 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	PRIMARY CARE
4 SIP FOOT & ANKLE 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	SPECIALTY CARE
5 SIP GENERAL SURGERY 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	DIAGNOSTIC AND OTHER OUTPATIENT
6 SIP MEDICAL ONCOLOGY AND HEMATOLOGY 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	DIAGNOSTIC AND OTHER OUTPATIENT
7 SIP NUEROLOGY 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	SPECIALTY CARE
8 SIP ORTHOPEDICS & SPORTS MEDICINE 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	SPECIALTY CARE
9 SIP PULMONOLOGY 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	SPECIALTY CARE
10 SIP RILEY PHYSICIANS PEDIATRICS 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	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? 99

Name and address	Type of Facility (describe)
1 SOTHERN INDIANA PHYSICIANS UROLOGY 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	SPECIALTY CARE
2 U SIP WOMEN'S HEALTH 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	SPECIALTY CARE
3 SIP FAMILY & INTERNAL MEDICINE 3 E. MAIN STREET GOSPORT, IN 47433	PRIMARY CARE
4 SIP FAMILY & INTERNAL MEDICINE 103 W. WILLOW STREET, SUITE A NASHVILLE, IN 47448	PRIMARY CARE
5 SIP FAMILY & INTERNAL MEDICINE 5921 W. STATE ROAD 46 BLOOMINGTON, IN 47404	PRIMARY CARE
6 SIP RILEY PHYSICIANS PEDIATRICS 4935 W. ARLINGTON ROAD BLOOMINGTON, IN 47404	SPECIALTY CARE
7 SOUTHERN INDIANA PHYSICIANS FOOT & ANKLE 583 S. CLARIZZ BLVD BLOOMINGTON, IN 47401	SPECIALTY CARE
8 SOUTHERN INDIANA PHYSICIANS NUEROLOGY 583 S. CLARIZZ BLVD BLOOMINGTON, IN 47401	SPECIALTY CARE
9 SIP RILEY PHYSICIANS PEDIATRICS 651 S. CLARIZZ BLVD BLOOMINGTON, IN 47401	SPECIALTY CARE
10 SIP FAMILY & INTERNAL MEDICINE 995 S. CLARIZZ BLVD BLOOMINGTON, IN 47401	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? 99

Name and address	Type of Facility (describe)
1 SOUTHERN INDIANA PHYSICIANS CARDIOLOGY 926 W. SR46, SUITE 100 SPENCER, IN 47460	SPECIALTY CARE
2 SIP FAMILY & INTERNAL MEDICINE 926 W. SR46, SUITE 100 SPENCER, IN 47460	PRIMARY CARE
3 SOUTHERN INDIANA PHYSICIANS NEPHROLOGY 926 W. SR46, SUITE 100 SPENCER, IN 47460	SPECIALTY CARE
4 SIP PALLIATIVE CARE 514 W 2ND STREET BLOOMINGTON, IN 47403	SPECIALTY CARE
5 SIP WOMEN'S HEALTH 1010 W. 2ND STREET BLOOMINGTON, IN 47403	SPECIALTY CARE
6 IU HEALTH SIP NEUROSURGERY 719 W. 2ND STREET BLOOMINGTON, IN 47403	SPECIALTY CARE
7 SIP MEDICAL ONCOLOGY AND HEMATOLOGY 601 W. 2ND STREET BLOOMINGTON, IN 47403	SPECIALTY CARE
8 IUH SIP RILEY PHYSICIANS NEONATOLOGY 601 W. 2ND STREET BLOOMINGTON, IN 47403	SPECIALTY CARE
9 IU HEALTH SIP CARDIOTHORACIC SURGERY 601 W. 2ND STREET BLOOMINGTON, IN 47403	SPECIALTY CARE
10 SIP FAMILY & INTERNAL MEDICINE 642 S. WALKER STREET BLOOMINGTON, IN 47403	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? 99

Name and address	Type of Facility (describe)
1 SIP WOMEN'S HEALTH 642 S. WALKER STREET BLOOMINGTON, IN 47403	SPECIALTY CARE
2 SIP RILEY PHYSICIANS PEDIATRICS 350 S. LANDMARK AVE. BLOOMINGTON, IN 47403	SPECIALTY CARE
3 SIP ORTHOPEDICS & SPORTS MEDICINE 1375 N. WELLNESS WAY BLOOMINGTON, IN 47404	SPECIALTY CARE
4 SOUTHERN INDIANA PHYSICIANS RHEUMATOLOGY 1000 W. 1ST STREET BLOOMINGTON, IN 47403	SPECIALTY CARE
5 SOUTHERN INDIANA PHYSICIANS CARDIOLOGY 1312 W. ARCH HAVEN AVE., SUITE A BLOOMINGTON, IN 47403	SPECIALTY CARE
6 SOUTHERN INDIANA PHYSICIANS CARDIOLOGY 550 S. LANDMARK AVE. BLOOMINGTON, IN 47403	SPECIALTY CARE
7 SIP ENDOCRINOLOGY 550 S. LANDMARK AVE. BLOOMINGTON, IN 47403	SPECIALTY CARE
8 SIP FAMILY & INTERNAL MEDICINE 550 S. LANDMARK AVE. BLOOMINGTON, IN 47403	PRIMARY CARE
9 SIP GASTROENTEROLOGY 550 S. LANDMARK AVE. BLOOMINGTON, IN 47403	SPECIALTY CARE
10 SIP INFECTIOUS DISEASE 550 S. LANDMARK AVE. 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? 99

Name and address	Type of Facility (describe)
1 SIP LONG TERM CARE 550 S. LANDMARK AVE. BLOOMINGTON, IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
2 SOUTHERN INDIANA PHYSICIANS PULMONOLOGY 550 S. LANDMARK AVE. BLOOMINGTON, IN 47403	SPECIALTY CARE
3 SOUTHERN INDIANA PHYSICIANS NEPHROLOGY 550 S. LANDMARK AVE. BLOOMINGTON, IN 47403	SPECIALTY CARE
4 SIP VASCULAR SURGERY 550 S. LANDMARK AVE. BLOOMINGTON, IN 47403	SPECIALTY CARE
5 SOUTHERN INDIANA PHYSICIANS CARDIOLOGY 1302 S. ROGERS STREET BLOOMINGTON, IN 47403	SPECIALTY CARE
6 SIP FAMILY & INTERNAL MEDICINE 1302 S. ROGERS STREET BLOOMINGTON, IN 47403	PRIMARY CARE
7 SIP FAMILY & INTERNAL MEDICINE 1520 S. LIBERTY DRIVE BLOOMINGTON, IN 47403	PRIMARY CARE
8 SOTHERN INDIANA PHYSICIANS UROLOGY 1520 S. LIBERTY DRIVE BLOOMINGTON, IN 47403	SPECIALTY CARE
9 SOTHERN INDIANA PHYSICIANS PRIMARY CARE 2605 E. CREEK'S EDGE DRIVE BLOOMINGTON, IN 47401	PRIMARY CARE
10 SOUTHERN INDIANA PHYSICIANS RHEUMATOLOGY 2605 E. CREEK'S EDGE DRIVE BLOOMINGTON, IN 47401	SPECIALTY CARE

Schedule H (Form 990) 2020

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? 99

Name and address	Type of Facility (describe)
1 SIP ORTHOPEDICS & SPORTS MEDICINE 2605 E. CREEK'S EDGE DRIVE BLOOMINGTON, IN 47401	SPECIALTY CARE
2 SIP WOMEN'S HEALTH 2920 MCINTIRE DR. BLOOMINGTON, IN 47404	SPECIALTY CARE
3 SIP EAR, NOSE & THROAT 2920 MCINTIRE DR. BLOOMINGTON, IN 47404	SPECIALTY CARE
4 SIP EAR, NOSE & THROAT 1206 N. 1000 W, SUITE B LINTON, IN 47441	SPECIALTY CARE
5 SOUTHERN INDIANA PHYSICIANS CARDIOLOGY 1206 N. 1000 W, SUITE B LINTON, IN 47441	SPECIALTY CARE
6 IU HEALTH SIP MITCHELL CLINIC 105 TEKE BURTON DRIVE MITCHELL, IN 47446	PRIMARY CARE
7 SIP FAMILY & INTERNAL MEDICINE 105 TEKE BURTON DRIVE MITCHELL, IN 47446	PRIMARY CARE
8 SIP FAMILY & INTERNAL MEDICINE 8695 W. JACK CARNES WAY FRENCH LICK, IN 47432	PRIMARY CARE
9 SOUTHERN INDIANA PHYSICIANS CARDIOLOGY 2900 W. 16TH STREET BEDFORD, IN 47421	SPECIALTY CARE
10 IU HEALTH SIP LAB 2900 W. 16TH STREET BEDFORD, IN 47421	DIAGNOSTIC AND OTHER OUTPATIENT

Schedule H (Form 990) 2020

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? 99

Name and address	Type of Facility (describe)
1 IU HEALTH SIP EAR, NOSE & THROAT 2900 W. 16TH STREET BEDFORD, IN 47421	SPECIALTY CARE
2 IU HEALTH SIP FAMILY & INTERNAL MEDICINE 2900 W. 16TH STREET BEDFORD, IN 47421	PRIMARY CARE
3 IU HEALTH SIP FAMILY & INTERNAL MEDICINE 2900 W. 16TH STREET BEDFORD, IN 47421	PRIMARY CARE
4 IU HEALTH SIP FOOT & ANKLE 2900 W. 16TH STREET BEDFORD, IN 47421	SPECIALTY CARE
5 IU HEALTH SIP GASTROENTEROLOGY 2900 W. 16TH STREET BEDFORD, IN 47421	PRIMARY CARE
6 IU HEALTH SIP LONG TERM CARE 2900 W. 16TH STREET BEDFORD, IN 47421	DIAGNOSTIC AND OTHER OUTPATIENT
7 IUH SIP MEDICAL ONCOLOGY AND HEMATOLOGY 2900 W. 16TH STREET BEDFORD, IN 47421	SPECIALTY CARE
8 IU HEALTH SIP NEPHROLOGY 2900 W. 16TH STREET BEDFORD, IN 47421	SPECIALTY CARE
9 IU HEALTH SIP NEUROLOGY OUTPATIENT 2900 W. 16TH STREET BEDFORD, IN 47421	SPECIALTY CARE
10 IUH SIP ORTHOPEDICS & SPORTS MEDICINE 2900 W. 16TH STREET BEDFORD, IN 47421	SPECIALTY CARE

Schedule H (Form 990) 2020

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? 99

Name and address	Type of Facility (describe)
1 IU HEALTH SIP SURGERY 2900 W. 16TH STREET BEDFORD, IN 47421	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH SIP UROLOGY 2900 W. 16TH STREET BEDFORD, IN 47421	SPECIALTY CARE
3 IU HEALTH SIP WOMEN'S HEALTH 2900 W. 16TH STREET BEDFORD, IN 47421	SPECIALTY CARE
4 SIP RILEY PHYSICIANS PEDIATRICS 1614 25TH STREET BEDFORD, IN 47421	SPECIALTY CARE
5 SOUTHERN INDIANA PHYSICIANS CARDIOLOGY 642 W. HOSPITAL ROAD PAOLI, IN 47454	SPECIALTY CARE
6 SIP FOOT & ANKLE 642 W. HOSPITAL ROAD PAOLI, IN 47454	SPECIALTY CARE
7 SIP GASTROENTEROLOGY 642 W. HOSPITAL ROAD PAOLI, IN 47454	SPECIALTY CARE
8 SIP MEDICAL ONCOLOGY AND HEMATOLOGY 642 W. HOSPITAL ROAD PAOLI, IN 47454	SPECIALTY CARE
9 IU HEALTH SIP FAMILY & INTERNAL MEDICINE 560 LONGEST STREET PAOLI, IN 47454	PRIMARY CARE
10 	

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
<p>SCHEDULE H, PART I, LINE 3C - CRITERIA USED FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE</p>	<p>IU HEALTH BLOOMINGTON 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: - 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> <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: -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> <p>IN SOME INSTANCES, AN ADULT WILL ALSO QUALIFY AS A DEPENDENT. WHEN THIS OCCURS, IU HEALTH BLOOMINGTON WILL TREAT THE ADULT AS A DEPENDENT FOR PURPOSES OF THE FPL CALCULATION.</p> <p>IU HEALTH BLOOMINGTON 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. -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> <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 BLOOMINGTON 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 6A - C.B. REPORT PREPARED BY A RELATED ORG.	IU HEALTH BLOOMINGTON'S COMMUNITY BENEFIT AND OTHER INVESTMENTS, ENCOMPASSING ITS TOTAL COMMUNITY INVESTMENT, ARE INCLUDED IN THE IU HEALTH COMMUNITY BENEFIT REPORT WHICH IS PREPARED ON BEHALF OF AND INCLUDES IU HEALTH AND ITS RELATED HOSPITAL ENTITIES IN THE STATE OF INDIANA. THE IU HEALTH COMMUNITY BENEFIT REPORT IS MADE AVAILABLE TO THE PUBLIC ON IU HEALTH'S WEBSITE AT HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/COMMUNITY-BENEFIT . THE IU HEALTH COMMUNITY BENEFIT REPORT IS ALSO DISTRIBUTED TO NUMEROUS KEY ORGANIZATIONS THROUGHOUT THE STATE OF INDIANA IN ORDER TO BROADLY SHARE THE IU HEALTH STATEWIDE SYSTEM'S COMMUNITY BENEFIT EFFORTS. IT IS ALSO AVAILABLE BY REQUEST THROUGH THE INDIANA STATE DEPARTMENT OF HEALTH OR IU HEALTH.
SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G	IU HEALTH BLOOMINGTON DOES NOT INCLUDE ANY COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES.
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 25.62%.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	33,531,546
SCHEDULE H, PART I, LINE 7F - PERCENT OF TOTAL EXPENSE	THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSE ON LINE 7, COLUMN (F) IS 33,531,546.
SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED	<p>IU HEALTH BLOOMINGTON PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES IT SERVES. IU HEALTH BLOOMINGTON AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM") INVEST IN ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, COLLABORATE WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCATE FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS.</p> <p>THIS INCLUDES MAKING CONTRIBUTIONS TO COMMUNITY-BUILDING ACTIVITIES BY PROVIDING INVESTMENTS AND RESOURCES TO LOCAL COMMUNITY INITIATIVES. SEVERAL EXAMPLES INCLUDE IU HEALTH BLOOMINGTON'S SUPPORT OF THE FOLLOWING ORGANIZATIONS' EFFORTS THAT FOCUS ON SOME OF THE ROOT CAUSES OF HEALTH ISSUES, SUCH AS ACCESS TO HEALTHCARE, LACK OF EDUCATION, INSUFFICIENT ACCESS TO RESOURCES, EMPLOYMENT AND POVERTY:</p> <ul style="list-style-type: none"> -MONROE COUNTY PUBLIC HEALTH CLINIC -MONROE COUNTY COMMUNITY SCHOOL SYSTEM -MONROE COUNTY OPIOID COMMISSION -EARLY LEARNING INDIANA -UNITED WAY <p>ADDITIONALLY, THROUGH THE IU HEALTH STATEWIDE SYSTEM'S TEAM MEMBER VOLUNTEER PROGRAM, IU HEALTH SERVES, TEAM MEMBERS ACROSS THE STATE POSITIVELY IMPACT THE HEALTH OF THE COMMUNITY AND FOSTER A CULTURE OF ENGAGEMENT AND SOCIAL RESPONSIBILITY. IN 2020, MORE THAN 1,400 TEAM MEMBERS THROUGHOUT THE STATEWIDE SYSTEM DEDICATED TIME TO SUPPORT OVER 49 PROJECTS TO POSITIVELY IMPACT 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 BLOOMINGTON 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 BLOOMINGTON 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 BLOOMINGTON 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 BLOOMINGTON IS A SUBSIDIARY IN THE CONSOLIDATED FINANCIAL STATEMENTS OF IU HEALTH. IU HEALTH'S BAD DEBT EXPENSE FOOTNOTE IS 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 FINANCIAL RESOURCES AND ARE DEEMED TO BE MEDICALLY INDIGENT. 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 FOR THIS TYPE OF FINANCIAL ASSISTANCE ARE 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 \$90,358,000 AND \$96,693,000 IN 2020 AND 2019, RESPECTIVELY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>IU HEALTH BLOOMINGTON'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 BLOOMINGTON 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> <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 BLOOMINGTON MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH BLOOMINGTON'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 BLOOMINGTON'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.</p>

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<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 BLOOMINGTON'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 BLOOMINGTON, 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 BLOOMINGTON. THE APPLICATION WILL BE PENDED FOR A PERIOD OF FORTY-FIVE (45) DAYS FROM THE DATE THE NOTIFICATION IS MAILED. IU HEALTH BLOOMINGTON 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 BLOOMINGTON MAINTAINS THE CONFIDENTIALITY OF ALL FINANCIAL ASSISTANCE APPLICATIONS AND SUPPORTING DOCUMENTATION.</p> <p>IU HEALTH BLOOMINGTON 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 BLOOMINGTON 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 BLOOMINGTON 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 BLOOMINGTON WILL NOTIFY THE PATIENT OF THIS POLICY AT LEAST THIRTY (30) DAYS PRIOR TO INITIATING AN ECA. -IU HEALTH BLOOMINGTON 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 BLOOMINGTON 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.

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	<p>-REPORTING ADVERSE INFORMATION ABOUT THE PATIENT OR THEIR GUARANTOR TO CONSUMER CREDIT 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 VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. IU HEALTH BLOOMINGTON UNDERSTANDS THAT THE HEALTH OF INDIVIDUALS AND COMMUNITIES ARE SHAPED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS, ALONG WITH HEALTH BEHAVIORS AND ADDITIONAL INFLUENCES. IU HEALTH BLOOMINGTON ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). FOR THE 2018 CHNA, IU HEALTH BLOOMINGTON CONDUCTED THE COMMUNITY SURVEY DATA COLLECTION IN COLLABORATION WITH INDIANA UNIVERSITY, UNIVERSITY OF EVANSVILLE AND AN INDIANA HOSPITAL COLLABORATIVE, INCLUDING COMMUNITY HEALTH NETWORK, FRANCISCAN ALLIANCE, ST. VINCENT HEALTH AND OTHER HOSPITAL PARTNERS.</p> <p>AFTER COMPLETION OF THE CHNA, IU HEALTH BLOOMINGTON REVIEWED SECONDARY DATA, FINDINGS FROM OTHER COMMUNITY HEALTH ASSESSMENTS OF AREAS SERVED BY THE HOSPITAL, INPUT OBTAINED FROM INDIVIDUALS WHO PARTICIPATED IN COMMUNITY MEETINGS, INPUT OBTAINED FROM KEY STAKEHOLDERS, AND A COMMUNITY SURVEY TO IDENTIFY AND ANALYZE THE NEEDS IDENTIFIED BY EACH SOURCE. THE TOP HEALTH NEEDS OF THE IU HEALTH BLOOMINGTON COMMUNITY ARE THOSE THAT ARE SUPPORTED BY MULTIPLE DATA SOURCES. ADDITIONALLY, THE EFFECTIVENESS OF AN INTERVENTION FOR EACH NEED AND IU HEALTH'S ABILITY TO IMPACT POSITIVE CHANGE WAS EVALUATED. IU HEALTH BLOOMINGTON BELIEVES ITS CHNA PROCESS IS COMPREHENSIVE AND ADDITIONAL ASSESSMENTS ARE NOT REQUIRED.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>IU HEALTH BLOOMINGTON 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.
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>IU HEALTH BLOOMINGTON HOSPITAL IS LOCATED IN MONROE COUNTY, A COUNTY LOCATED IN SOUTH CENTRAL INDIANA. MONROE COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF BLOOMINGTON, ELLETTSVILLE AND UNIONVILLE. BASED ON THE MOST RECENT CENSUS BUREAU (2020) STATISTICS, MONROE COUNTY'S POPULATION IS 139,718 AND APPROXIMATELY 50.3% WERE FEMALE AND 49.7% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 86% WHITE, 3.7% BLACK, 7.3% ASIAN, 0.3% AMERICAN INDIAN OR ALASKA NATIVE AND 2.6% PERSONS REPORTING TWO OR MORE RACES. IN THE COUNTY, IN ADDITION TO THE ABOVE CATEGORIZATIONS, 3.6% REPORTED HISPANIC OR LATINO HERITAGE. MONROE COUNTY HAS RELATIVELY HIGH LEVELS OF EDUCATIONAL ATTAINMENT, AS COMPARED TO OTHER INDIANA COUNTIES. ALMOST HALF (45.7%) OF THE POPULATION HAS A BACHELOR'S DEGREE OR GRADUATE/PROFESSIONAL DEGREE, WHILE 92.7% OF THE POPULATION HAS OBTAINED A HIGH SCHOOL DEGREE.</p>

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<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>IU HEALTH BLOOMINGTON IS A SUBSIDIARY OF INDIANA UNIVERSITY HEALTH, INC., A TAX-EXEMPT HEALTHCARE ORGANIZATION, WHOSE BOARD OF DIRECTORS IS COMPOSED OF MEMBERS, OF WHICH SUBSTANTIALLY ALL ARE INDEPENDENT COMMUNITY MEMBERS.</p> <p>IU HEALTH BLOOMINGTON COMMUNITY HEALTH OFFERS A WIDE VARIETY OF PROGRAMS AND SERVICES TO THE COMMUNITY. FROM WORK WITH THE LOCAL SCHOOL SYSTEMS, TO PROGRAMS THAT HELP THOSE LIVING WITH HIV/AIDS AND ALZHEIMER'S DISEASE, OUR GOAL IS TO HELP OUR COMMUNITY LIVE HEALTHIER.</p>

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<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>IU HEALTH BLOOMINGTON IS PART OF THE IU HEALTH STATEWIDE SYSTEM ("THE 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 SYSTEM IS COMPRISED OF HOSPITALS, PHYSICIANS AND ALLIED SERVICES DEDICATED TO PROVIDING PREEMINENT CARE THROUGHOUT INDIANA AND BEYOND.</p> <p>NATIONAL RECOGNITION -EIGHT HOSPITALS DESIGNATED AS MAGNET® BY THE AMERICAN NURSES CREDENTIALING CENTER RECOGNIZING EXCELLENCE IN NURSING CARE. -U.S. NEWS & WORLD REPORT - ANNUAL RANKINGS -IU HEALTH MEDICAL CENTER IS NATIONALLY RANKED FOR THE 23RD YEAR IN A ROW. IU HEALTH MEDICAL CENTER IS NATIONALLY RANKED IN 3 ADULT SPECIALTIES AND 10 PEDIATRIC SPECIALTIES AND RATED HIGH PERFORMING IN 5 ADULT SPECIALTIES AND 6 PROCEDURES AND CONDITIONS. -IU HEALTH HAS FIVE HOSPITALS THAT ARE CONSIDERED HIGH PERFORMING IN CERTAIN PROCEDURES AND CONDITIONS: IU HEALTH BALL, IU HEALTH ARNETT, IU HEALTH NORTH, IU HEALTH WEST, AND IU HEALTH BLOOMINGTON HOSPITALS. -RILEY HOSPITAL FOR CHILDREN AT IU HEALTH IS NATIONALLY RANKED IN 10 PEDIATRIC SPECIALTIES.</p> <p>IU HEALTH STATEWIDE SYSTEM HOSPITALS IN THE SYSTEM INCLUDE THE FOLLOWING: -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 BLACKFORD -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 -IU HEALTH WHITE MEMORIAL HOSPITAL</p> <p>THE SYSTEM IS DIVIDED INTO FIVE REGIONS THAT SERVE COMMUNITIES IN NORTHWEST, NORTHEAST, CENTRAL, AND SOUTHERN INDIANA. IU HEALTH INC. HAS SIGNIFICANT STATEWIDE REACH AS A: 1) TEACHING HOSPITAL, 2) RESEARCH ACTIVITIES WITH THE IU SCHOOL OF MEDICINE AND OTHER NATIONAL COLLABORATIONS, 3) RILEY'S NETWORK OF LOCATIONS THROUGHOUT THE STATE DUE TO ITS PEDIATRIC EXPERTISE, AND 4) RILEY'S TRAUMA DEPARTMENT IS THE ONLY LEVEL I PEDIATRIC TRAUMA CENTER IN INDIANA.</p> <p>ALTHOUGH EACH HOSPITAL IN THE SYSTEM CONDUCTS AND ADOPTS ITS OWN CHNA AND IMPLEMENTATION STRATEGY, THE SYSTEM CONSIDERS THE SUM OF THESE PLANS PART OF A SYSTEM WIDE GOAL OF MAKING INDIANA ONE OF THE HEALTHIEST STATES IN THE NATION. THE HOSPITALS ARE GUIDED BY A SYSTEM WIDE MISSION TO IMPROVE THE HEALTH OF OUR PATIENTS AND COMMUNITY THROUGH INNOVATION, AND EXCELLENCE IN CARE, EDUCATION, RESEARCH, AND SERVICE. THE SYSTEM IS KEENLY AWARE OF THE POSITIVE IMPACT IT CAN HAVE ON IMPROVING THE HEALTH OF COMMUNITIES THROUGHOUT THE STATE OF INDIANA BY ALIGNING RESOURCES IN A SYSTEM-LEVEL AND STRATEGIC WAY.</p> <p>EDUCATION AND RESEARCH THE SYSTEM INCLUDES THE ACADEMIC HEALTH CENTER THAT WORKS IN PARTNERSHIP WITH THE IU SCHOOL OF MEDICINE TO TRAIN PHYSICIANS, BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE. EACH YEAR, MORE THAN 1,000 RESIDENTS AND FELLOWS RECEIVE TRAINING IN IU HEALTH 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>IN 2017, IU HEALTH AND THE IU SCHOOL OF MEDICINE ANNOUNCED THAT THEY WOULD INVEST \$50 MILLION OVER SIX YEARS IN THE STRATEGIC RESEARCH INITIATIVE (SRI), A NEW RESEARCH COLLABORATION THAT HAS ENHANCED THE INSTITUTIONS' JOINT CAPABILITIES IN FUNDAMENTAL SCIENTIFIC INVESTIGATION, TRANSLATIONAL RESEARCH AND CLINICAL TRIALS. THE INITIAL FOCUS IS ON PROJECTS IN THE FIELDS OF NEUROSCIENCE, CANCER AND CARDIOVASCULAR DISEASE WITH THE GOAL TO FUND TRANSFORMATIVE PROPOSALS THAT WILL FUNDAMENTALLY CHANGE THE UNDERSTANDING OF THESE DISEASES AND LEAD TO IMPORTANT NEW THERAPIES FOR PATIENTS.</p> <p>THE THREE TARGET RESEARCH AREAS 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. ONE OF THE MOST SIGNIFICANT OUTCOMES OF THIS INITIATIVE INCLUDES THE INDIANA UNIVERSITY MELVIN AND BREN SIMON CANCER CENTER RECEIVING THE NATIONAL CANCER INSTITUTE'S (NCI)-DESIGNATED STATUS OF "COMPREHENSIVE." THIS DESIGNATION WAS ACHIEVED IN AUGUST 2019 MAKING THE CENTER THE ONLY NCI-DESIGNATED COMPREHENSIVE CANCER CENTER IN INDIANA AND ONE OF JUST 51 IN THE NATION.</p> <p>COMMUNITY HEALTH TO FURTHER PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY THE SYSTEM, THE SYSTEM-LEVEL COMMUNITY HEALTH TEAM BUILDS THE CAPABILITIES AND COMPETENCIES TO IMPACT TEAM MEMBERS, RISK LIVES, AND PATIENTS THROUGHOUT THE SYSTEM. ADDITIONALLY, THE TEAM PARTNERS WITH STATE AND LOCAL COMMUNITY-BASED ORGANIZATIONS, COMMUNITY COALITIONS, AND GOVERNMENTAL AGENCIES TO PURSUE A SYSTEM-LEVEL ADVOCACY/COLLABORATION STRATEGY THAT SEEKS TO IMPROVE THE HEALTH OF COMMUNITIES.</p> <p>ALL HOSPITALS IN THE SYSTEM IDENTIFY AND ADDRESS SIGNIFICANT HEALTH NEEDS UNIQUE TO THE COMMUNITY IT SERVES. HOWEVER, BECAUSE SOME OF THESE HEALTH NEEDS ARE COMMON IN COMMUNITIES SERVED BY MULTIPLE HOSPITALS IN THE SYSTEM, THEY WARRANT A SYSTEM LEVEL</p>

Return Reference - Identifier	Explanation
	<p>STRATEGY. COMMUNITY HEALTH PLANS AND PROVIDES TECHNICAL ASSISTANCE FOR SYSTEM-LEVEL STRATEGIES THAT ADDRESS THESE COMMON HEALTH NEEDS INCLUDING HEALTH EQUITY, TOBACCO TREATMENT, BEHAVIORAL HEALTH ACCESS, AND SOCIAL NEEDS. EACH HOSPITAL WORKS COLLABORATIVELY WITH THE COMMUNITY HEALTH TEAM TO OPERATIONALIZE SYSTEM-LEVEL STRATEGIES THROUGH THE IMPLEMENTATION OF SPECIFIC ACTIVITIES THAT ALIGN AND ACTIVATE LOCAL RESOURCES. THIS BENEFITS THE COMMUNITY EACH HOSPITAL SERVES AND WORKS TOWARDS A STATEWIDE IMPACT (SYSTEM-LEVEL) ON HEALTH OUTCOMES.</p> <p>IU HEALTH SERVES IU HEALTH SERVES, A SYSTEM-LEVEL TEAM MEMBER VOLUNTEER PROGRAM, SEEKS TO POSITIVELY IMPACT THE HEALTH OF COMMUNITIES THE IU HEALTH STATEWIDE SYSTEM SERVES AND FOSTERS A CULTURE OF ENGAGEMENT AND SOCIAL RESPONSIBILITY. IU HEALTH BLOOMINGTON 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 IU HEALTH BLOOMINGTON TEAM MEMBERS IN ACTIVITIES THAT ADDRESS LOCAL, IDENTIFIED COMMUNITY HEALTH PRIORITIES.</p> <p>COMMUNITY IMPACT INVESTMENT (CII) FUND THE CII FUND IS A \$100 MILLION BOARD DESIGNATED FUND TO BE MANAGED AND OVERSEEN BY THE IU HEALTH FOUNDATION TO FINANCIALLY SUPPORT HIGH IMPACT COMMUNITY INVESTING DESIGNED TO ADDRESS SOCIAL DETERMINANTS OF HEALTH IN COMMUNITIES IU HEALTH SERVES. EACH IU HEALTH HOSPITAL HAS A SIGNIFICANT IMPACT ON AND ARE DEEPLY INVESTED IN THEIR LOCAL COMMUNITIES. 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 OUR SURROUNDING COMMUNITIES. EACH IU HEALTH HOSPITAL AND ITS TEAM MEMBERS ARE ELIGIBLE FOR THIS GRANT OPPORTUNITY.</p>
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	IN