

**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 JAY, INC.	Employer identification number 82 2736786
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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)		1,196	1,339,690		1,339,690	3.42
b Medicaid (from Worksheet 3, column a)		3,658	11,290,286	4,781,307	6,508,979	16.61
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	4,854	12,629,976	4,781,307	7,848,669	20.03
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	15	3,219	633,237		633,237	1.62
f Health professions education (from Worksheet 5)	2	5	29,545		29,545	0.08
g Subsidized health services (from Worksheet 6)	1	19,471	12,754,937	11,352,497	1,402,440	3.58
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1	10	197		197	0.00
j Total. Other Benefits	19	22,705	13,417,916	11,352,497	2,065,419	5.27
k Total. Add lines 7d and 7j	19	27,559	26,047,892	16,133,804	9,914,088	25.31

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	1		510		510	0.00
3 Community support	1	76	637		637	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	2	76	1,147	0	1,147	0.00

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 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** 1,900,379
- 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.

	Yes	No
1		✓
2		
3		
4		
5		
6		
7		
8		
9a	✓	
9b	✓	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 11,033,929
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 11,083,903
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** (49,974)
- 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:
 Cost accounting system Cost to charge ratio 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				
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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 JAY
 500 W VOTAW ST., PORTLAND, IN 47371
[HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-JAY-HOSPITAL](https://iuhealth.org/find-locations/iu-health-jay-hospital) STATE LICENSE NO. : 20-005029-1

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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 JAY

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 JAY

		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 0 0</u> % and FPG family income limit for eligibility for discounted care of <u> </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 JAY

	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 checked="" 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 JAY

		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	✓

Part V, Section C

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 JAY'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 JAY:</p> <ul style="list-style-type: none"> - ACCESS TO HEALTH CARE SERVICES - DRUG AND SUBSTANCE ABUSE - FOOD INSECURITY AND HEALTHY EATING - MENTAL HEALTH - OBESITY, DIABETES, AND LACK OF PHYSICAL ACTIVITY - SMOKING AND TOBACCO USAGE - SOCIAL DETERMINANTS OF HEALTH

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:</p> <p>DESCRIPTION: IN CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") IU HEALTH JAY HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES IT SERVES. PRIMARY DATA WERE GATHERED IN THREE WAYS: COMMUNITY MEETINGS, KEY STAKEHOLDER INTERVIEWS, AND A COMMUNITY SURVEY.</p> <p>FOR PURPOSES OF THIS CHNA, IU HEALTH JAY HOSPITAL'S COMMUNITY IS DEFINED AS JAY COUNTY, INDIANA.</p> <p>COMMUNITY MEETINGS - JAY COUNTY</p> <p>ON MAY 23, 2018, TWO MEETINGS OF COMMUNITY REPRESENTATIVES WERE HELD AT THE IU HEALTH JAY HOSPITAL IN PORTLAND, THE COUNTY SEAT OF JAY COUNTY. THE MEETINGS WERE ATTENDED BY 28 COMMUNITY MEMBERS INVITED BY IU HEALTH BECAUSE THEY REPRESENT IMPORTANT COMMUNITY ORGANIZATIONS AND SECTORS SUCH AS: LOCAL HEALTH DEPARTMENTS, POLICE/FIRE DEPARTMENTS, NON-PROFIT ORGANIZATIONS, LOCAL BUSINESS, HEALTH CARE PROVIDERS, LOCAL POLICYMAKERS, FAITH-BASED ORGANIZATIONS, AND SCHOOLS.</p> <p>THROUGH THE MEETINGS, IU HEALTH SOUGHT A BREADTH OF PERSPECTIVES ON THE COMMUNITY'S HEALTH NEEDS. THE SPECIFIC ORGANIZATIONS REPRESENTED AT THE MEETINGS ARE LISTED BELOW.</p> <ul style="list-style-type: none"> - COMMUNITY & FAMILY SERVICES - CROWN POINTE SENIOR LIVING - FIRST MERCHANTS BANK - FORT RECOVERY INDUSTRIES - GENEVA TOWN COUNCIL - IU HEALTH JAY HOSPITAL - JAY-RANDOLPH DEVELOPMENTAL SERVICES, INC. - JAY COUNTY CHAMBER - JAY COUNTY CHILD SERVICES - JAY COUNTY COMMUNITY DEVELOPMENT - JAY COUNTY COUNCIL - JAY COUNTY HEALTH DEPARTMENT - JAY COUNTY MINISTERIAL ASSOCIATION - JAY COUNTY TOURISM - JAY SCHOOLS - JOHN JAY CENTER FOR LEARNING - LIFE STREAM - MERIDIAN HEALTH SERVICES - PENNVILLE TOWN COUNCIL - PERSIMMON RIDGE REHAB - PORTLAND FIRE DEPARTMENT - PORTLAND FOUNDATION - PORTLAND POLICE DEPARTMENT - SWISS VILLAGE, INC. - UNITED WAY OF JAY <p>THE MEETING BEGAN WITH A PRESENTATION THAT DISCUSSED THE GOALS AND STATUS OF THE CHNA PROCESS AND THE PURPOSE OF THE COMMUNITY MEETINGS. THEN, SECONDARY DATA WERE PRESENTED, ALONG WITH A SUMMARY OF THE MOST UNFAVORABLE COMMUNITY HEALTH INDICATORS. FOR THE COMMUNITY SERVED BY IU HEALTH JAY HOSPITAL, THOSE INDICATORS WERE (IN ALPHABETICAL ORDER):</p> <ul style="list-style-type: none"> - ADULT SMOKING AND SMOKING DURING PREGNANCY - AIR POLLUTION - DIABETES MORTALITY RATE - FOOD ENVIRONMENT - INFANT MORTALITY RATES - LOW EDUCATIONAL ATTAINMENT LEVELS - OBESITY, PHYSICAL INACTIVITY, AND ACCESS TO EXERCISE OPPORTUNITIES - POVERTY RATES - UNDERSUPPLY OF PRIMARY CARE PHYSICIANS AND MENTAL HEALTH PROFESSIONALS <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, PREVENTATIVE CARE FOR CHILDREN, LOW HEALTH LITERACY, LACK OF PARENTING SKILL, PRESCRIPTION MEDICATION COST BARRIERS, CANCER, MENTAL HEALTH, CHILDHOOD OBESITY, FAITH AND SPIRITUALITY, SENIOR PROGRAMMING, AND BREASTFEEDING INITIATIVES.</p> <p>DURING THE MEETINGS, A RANGE OF OTHER TOPICS WERE DISCUSSED, INCLUDING:</p> <ul style="list-style-type: none"> - NEONATAL ABSTINENCE SYNDROME - GENERATIONAL POVERTY - SINGLE PARENT FAMILIES - RESPONSIBILITY AND ACCOUNTABILITY - QUALITY OF JOB APPLICANTS - LACK OF OPTIONS FOR HEALTHY FOOD <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" THEY CONSIDER TO BE MOST SIGNIFICANT. FROM THIS PROCESS, THE GROUPS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR THE COMMUNITY SERVED BY IU HEALTH JAY HOSPITAL:</p> <ul style="list-style-type: none"> - SUBSTANCE ABUSE - MENTAL HEALTH

Return Reference - Identifier	Explanation
	<p>- UNDERSUPPLY OF PRIMARY CARE PHYSICIANS AND MENTAL HEALTH PROFESSIONALS - PHYSICAL INACTIVITY - PARENTING SKILLS</p> <p>INTERVIEWS - JAY COUNTY</p> <p>AN INTERVIEW ALSO WAS CONDUCTED WITH A REPRESENTATIVE OF THE JAY COUNTY HEALTH DEPARTMENT. THE INTERVIEW WAS CONDUCTED TO ASSURE THAT APPROPRIATE AND ADDITIONAL INPUT WAS RECEIVED FROM A GOVERNMENTAL PUBLIC HEALTH OFFICIAL. THE INDIVIDUAL THAT WAS INTERVIEWED PARTICIPATED IN THE COMMUNITY MEETING. ACCORDINGLY, THE RESULTS OF THE COMMUNITY MEETING WERE DISCUSSED AND INSIGHTS WERE SOUGHT REGARDING SIGNIFICANT COMMUNITY HEALTH NEEDS, WHY SUCH NEEDS ARE PRESENT, AND HOW THEY CAN BE ADDRESSED.</p> <p>THE INTERVIEW WAS GUIDED BY A STRUCTURED PROTOCOL THAT FOCUSED ON OPINIONS REGARDING SIGNIFICANT COMMUNITY HEALTH NEEDS, DESCRIBING WHY SUCH NEEDS ARE PRESENT, AND SEEKING IDEAS FOR HOW TO ADDRESS THEM.</p> <p>THE INTERVIEWEE IDENTIFIED THE FOLLOWING THREE NEEDS AS THE MOST SIGNIFICANT, WITH EACH OF THESE NEEDS HAVING ALSO BEEN PRIORITIZED BY THE COMMUNITY MEETING PARTICIPANTS AS SIGNIFICANT:</p> <p>- SUBSTANCE ABUSE - MENTAL HEALTH - PHYSICAL INACTIVITY</p> <p>POVERTY AND DRUG ABUSE WERE THOUGHT TO BE SIGNIFICANT ISSUES IN THE COMMUNITY, AND CONTRIBUTING FACTORS IN THE NEED FOR IMPROVED PARENTING EDUCATION AND SKILLS DEVELOPMENT.</p> <p>FEW OPTIONS AND PROVIDERS ARE AVAILABLE FOR SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT, AND THERE IS ALSO LITTLE INFORMATION ABOUT WHERE TO GO OUTSIDE OF THE COUNTY FOR TREATMENT. THE NEED FOR INCREASED ACCESS TO REHABILITATION THAT IS CLOSER TO HOME AND AFFORDABLE WAS IDENTIFIED AS A PRIORITY.</p> <p>OBESITY WAS IDENTIFIED AS A SIGNIFICANT CONCERN, WITH PHYSICAL INACTIVITY A PRIMARY CONTRIBUTOR TO OBESITY AND RELATED CHRONIC CONDITIONS. WHILE THERE WAS THOUGHT TO BE AN ADEQUATE AMOUNT OF OUTDOOR SPACE FOR RECREATION, MORE EDUCATION FOR YOUNGER RESIDENTS ABOUT HEALTHY LIVING WAS IDENTIFIED AS A NEED TO ENSURE THAT MOTIVATION FOR PHYSICAL ACTIVITY REMAINS INTO ADULTHOOD.</p> <p>POOR DIET WAS ALSO THOUGHT TO BE AN ISSUE IN THE COMMUNITY, PARTICULARLY WITH THE MAJORITY OF RESTAURANT OPTIONS IN THE COMMUNITY BEING FAST FOOD.</p> <p>INVOLVEMENT AND COLLABORATION WITHIN THE BUSINESS COMMUNITY FOR HEALTHY LIVING INITIATIVES WAS IDENTIFIED AS A PROGRAMMATIC NEED. IF ORGANIZATIONS CAME TOGETHER FOR PHYSICAL FITNESS GOALS AND INSURANCE INCENTIVES FOR HEALTHY EATING AND EXERCISE, THERE COULD BE A LARGE REDUCTION OF OBESITY IN THE COMMUNITY.</p> <p>SMOKING WAS ALSO THOUGHT TO STILL BE AN ISSUE DESPITE PROGRESS BEING MADE, AND MORE SMOKING CESSATION EFFORTS WERE THOUGHT TO BE NEEDED.</p> <p>THE NEED FOR A CENTRAL RESOURCE THAT COULD DIRECT RESIDENTS TO ANY RESOURCE NEEDED IN THE COMMUNITY - WHETHER HEALTH OR BASIC LIVING NEEDS - WAS IDENTIFIED AS A NEEDED SERVICE.</p> <p>POVERTY WAS IDENTIFIED AS AN ISSUE, AND WHILE JOBS WERE THOUGHT TO BE AVAILABLE, SOME RESIDENTS WERE NOT PURSUING THESE OPPORTUNITIES DUE TO PERSONAL MOTIVATION, LOW PAY, OR MENTAL HEALTH REASONS.</p> <p>TRANSPORTATION WAS ALSO IDENTIFIED AS AN ISSUE IN BOTH ACCESSING HEALTHCARE SERVICES AND FOR EMPLOYMENT PURPOSES.</p> <p>COMMUNITY SURVEY</p> <p>TO INFORM THE CHNA, A COMMUNITY SURVEY WAS CONDUCTED BY THE INDIANA HOSPITAL COLLABORATIVE.</p> <p>ACROSS INDIANA, 9,161 COMPLETED QUESTIONNAIRES WERE RECEIVED BY ALL PARTICIPATING HOSPITALS IN THE INDIANA HOSPITAL COLLABORATIVE, FOR AN OVERALL RESPONSE RATE OF 11.6 PERCENT; 5,030 QUESTIONNAIRES WERE RECEIVED FROM THE 17 INDIANA COUNTIES SERVED BY ONE OR MORE IU HEALTH HOSPITALS.</p> <p>FOR THE IU HEALTH JAY HOSPITAL, SURVEYS WERE RECEIVED FROM 296 COMMUNITY HOUSEHOLDS. ACCORDING TO THE RESPONSES, THESE HOUSEHOLDS INCLUDED 565 ADULTS.</p> <p>THE COMMUNITY SURVEY INDICATES THAT SUBSTANCE USE OR ABUSE, OBESITY, CHRONIC DISEASES, AND POVERTY REPRESENT TOP CONCERNS IN THE COMMUNITY SERVED BY IU HEALTH JAY 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 JAY</p> <p>DESCRIPTION: IN CONJUNCTION WITH THE CHNA, IU JAY'S BOARD ADOPTED AN IMPLEMENTATION STRATEGY IN APRIL 2019 RELATED TO THE 2018 CHNA. IU HEALTH JAY PRIORITIZED AND DETERMINED WHICH OF THE COMMUNITY HEALTH NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA WERE CRITICAL FOR IT TO ADDRESS. IU HEALTH JAY WILL ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS BETWEEN 2019 AND 2021: -ACCESS TO HEALTHCARE SERVICES -DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL) -MENTAL HEALTH -OBESITY, DIABETES, AND PHYSICAL INACTIVITY -SMOKING AND TOBACCO USAGE -SOCIAL DETERMINANTS OF HEALTH</p> <p>ACCESS TO HEALTHCARE</p> <p>IU HEALTH JAY'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEEDS OF ACCESS TO HEALTHCARE INCLUDES THE FOLLOWING:</p> <p>-RECRUIT NEW PRIMARY CARE AND MENTAL HEALTH MEDICAL DOCTORS TO PRACTICE IN EAST CENTRAL INDIANA. -UTILIZE IU HEALTH'S INTERNAL RECRUITMENT RESOURCES -LEVERAGE IU HEALTH'S BALL MEMORIAL RESIDENCY PROGRAMS FOR POTENTIAL RECRUITS. -MAINTAIN AND UPDATE FACILITIES' PLAN AND INITIATIVES TO SUPPORT INCOMING PRACTICES. - IN 2020, SIX NEW PRIMARY CARE PROVIDERS JOINED THE IU HEALTH EAST CENTRAL REGION. (THREE PHYSICIANS, TWO FNPS, ONE WHNP.) TWO OF THE NEW PROVIDERS ARE LOCATED IN JAY COUNTY, TWO ARE BASED IN GRANT COUNTY, AND TWO IN DELAWARE COUNTY, WHERE THE PROVIDER FOOTPRINT WAS EXPANDED WITH THE ADDITION OF AN EXISTING PHYSICIAN PRACTICE INTO THE IU HEALTH PHYSICIAN NETWORK. ADDITIONALLY, VIRTUAL VISITS WERE EXPANDED SO THAT ALL PRIMARY CARE PROVIDERS HAVE THE CAPABILITY TO PROVIDE VIRTUAL VISITS TO THEIR PATIENTS AS INSURANCE ALLOWS. IN JAY COUNTY, A NEW PROGRAM FOCUSED SOLELY ON WOMEN'S HEALTH AND PRENATAL AND POSTNATAL CARE WAS ESTABLISHED. THESE NEW PRIMARY CARE PROVIDERS, LOCATIONS AND SERVICES ALLOW FOR INCREASED ACCESS AND EXPERTISE FOR EAST CENTRAL INDIANA PATIENTS.</p> <p>BEHAVIORAL HEALTH (INCLUDING DRUG & SUBSTANCE ABUSE AND MENTAL HEALTH)</p> <p>IU HEALTH JAY'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF BEHAVIORAL HEALTH INCLUDES THE FOLLOWING:</p> <p>-PROVIDE PERINATAL COORDINATOR TO FACILITATE AND COLLABORATE WITHIN THE HOSPITAL AND WITH OUTSIDE PHYSICIAN OFFICES AND COMMUNITY AGENCIES TO ENHANCE EFFORTS TO DECREASE INFANT MORTALITY IN THE IU HEALTH EAST CENTRAL REGION.</p> <p>-IN 2019 AND 2020 THE IU HEALTH ECR PERINATAL COORDINATOR FACILITATED THE DEVELOPMENT OF 36 COLLABORATORS TO ENHANCE EFFORTS TO DECREASE INFANT MORTALITY AND IMPROVE THE HEALTH OF NEWBORNS AND WOMEN. ACCESS TO COMMUNITY RESOURCES HAS INCREASED DUE TO ECR EFFORTS THAT INCLUDE: PROMOTION OF BABY AND ME TOBACCO FREE PROGRAM; IMPLEMENTATION OF A TOBACCO TREATMENT PILOT PROGRAM IN 5 ECR PHYSICIAN OFFICE SETTINGS DESIGNED TO PROVIDE CLIENT CONSULTATIONS AND REFERRALS TO 1-800 QUIT NOW, BABY AND ME TOBACCO FREE PROGRAM, AND PHARMACOTHERAPY OPTIONS. IN 2020 IUH JAY RECEIVED AN ISDH OB NAVIGATION GRANT WHICH HAS PROVIDED FOR OB NAVIGATION FOR CLIENTS IN JAY BLACKFORD CO. INITIATED TO PROVIDE CONTINUUM OF CARE THROUGHOUT PREGNANCY. PHYSICIAN PRACTICES IN THE REGION RECEIVED SAFE SLEEP EDUCATION AND RESOURCES, AND A PARTNERSHIP WITH IU HEALTH BALL LACTATION SERVICES RESULTED IN THE DEVELOPMENT OF TELEMEDICINE LACTATION SERVICES AT IU HEALTH JAY HOSPITAL. IMPROVED OB CARE WAS ADDRESSED WITH POST-PARTUM HEMORRHAGE AND OB HYPERTENSION INITIATIVES, PLUS ACCESS TO CARE THROUGH EMERGENCY ROOM VISITS AND LABOR AND DELIVERY COLLABORATION. RELATIONSHIPS WERE ESTABLISHED WITH THE ECR COMMUNITY OUTREACH DEPARTMENT, AND THE IU HEALTH SYSTEM TOBACCO COLLABORATIVE. EXTERNALLY, COLLABORATIONS WERE DEVELOPED WITH THE TOBACCO FREE DELAWARE COUNTY COALITION, OPEN DOOR HEALTH SERVICES, BABY AND ME TOBACCO FREE PROGRAM, INDIANA STATE DEPARTMENT OF HEALTH, (ISDH), INDIANA PERINATAL QUALITY IMPROVEMENT COLLABORATION (IPQIC), AND MERIDIAN HEALTH SERVICES PROGRAMS FOR MATERNAL TREATMENT, PEDS REHAB AND PHYSICIAN PRACTICES. -IU HEALTH JAY SUBMITTED AND RECEIVED AN ISDH GRANT WHICH SUPPORTS A NEW OB NAVIGATION PROGRAM CALLED HEALTHY BEGINNINGS. LAUNCHED IN 2020, THE HEALTHY BEGINNINGS PROGRAM IS A COMPREHENSIVE WOMEN'S HEALTH MODEL THAT FOCUSES ON ACCESS TO CARE AND IMPROVING MATERNAL/INFANT HEALTH OUTCOMES BY UTILIZING CARE COORDINATION, OUTPATIENT SERVICES, AND COMMUNITY COLLABORATION. THE GOAL OF THE PROGRAM IS TO KEEP PRENATAL AND POSTNATAL CARE LOCAL TO PREGNANT WOMEN IN THEIR OWN COMMUNITIES WITH DELIVERY OCCURRING AT IUH BALL MEMORIAL HOSPITAL.</p> <p>-PROVIDE STRUCTURED THERAPEUTIC RECOVERY PROGRAM.</p> <p>-APPLY FOR GRANT FUNDING TO EXPAND VIRTUAL IOP TO SERVE OTHER EAST CENTRAL REGION FACILITIES.</p> <p>-ASSIST IN THE ESTABLISHMENT OF A COMMUNITY NETWORK OF EXISTING SUBSTANCE USE DISORDERS (SUD) RELATED CONCERNS. -THE IU HEALTH BALL ADDICTION TREATMENT AND RECOVERY CENTER OPENED IN 2019 AND NOW OFFERS AN INTENSIVE OUTPATIENT PROGRAM (IOP) - WHICH INCLUDES GROUP THERAPY RECREATION THERAPY AND INDIVIDUAL AND FAMILY COUNSELING SERVICES AND PEER RECOVERY COACHING. MEDICATION ASSISTED TREATMENT (MAT) IS ALSO OFFERED AS WELL AS AN INDIVIDUAL OUTPATIENT PROGRAM AND IOP AFTERCARE PROGRAM. BETWEEN JULY 2019 AND DECEMBER 2019, THE CENTER PROVIDED 67 ASSESSMENTS AND HAD 44 PERSONS ENROLLED IN IOP AND/OR INDIVIDUAL TRACK. THOSE NUMBERS INCREASED TO 130 AND 107, RESPECTIVELY IN 2020. PATIENTS WHO HAVE COMPLETED THE IOP</p>

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	<p>DEMONSTRATE A 35% INCREASE IN SOBRIETY AND PREGNANT WOMEN HAVE DEMONSTRATED A 100% SOBRIETY RATE.</p> <p>-IN SEPTEMBER OF 2020 A VIRTUAL IOP WAS LAUNCHED AT IU HEALTH JAY HOSPITAL WITH SUPPORT FROM THE CARA FIRST RESPONDERS GRANT. THIS ALLOWED THE EMPLOYMENT OF 2 PART TIME PEER RECOVERY COACHES. THEY ARE EMPLOYED BY THE JAY OUTPATIENT BEHAVIORAL HEALTH CLINIC AND SERVE AS CO-FACILITATORS OF THE IOP TO PATIENTS PRESENTING ON SITE AT THAT LOCATION. BOTH LOCATIONS RECEIVE THE IOP SERVICES, WITH PATIENT SETTINGS IN TWO DIFFERENT LOCATIONS. NUMEROUS COMMUNITY PARTNERS ARE ENGAGED FOR REFERRALS AND RESOURCES INCLUDING NA, AA, BRIANA'S HOPE, A BETTER LIFE, CELEBRATE RECOVERY, SMART RECOVERY, PLUS FAITH-BASED PARTNERSHIPS AND COMMUNITY RESOURCE PARTNERS. REFERRAL PARTNERS INCLUDE IU HEALTH BALL EMERGENCY DEPARTMENT AND FAMILY MEDICINE RESIDENCY, VOLUNTEERS OF AMERICA FRESH START IN WINCHESTER AND DELAWARE COUNTY CORRECTIONS.</p> <p>-PROVIDE ACCESS TO PEER RECOVERY COACHES, ADVANCED PRACTICE NURSING AND PSYCHIATRY FOR EMERGENCY DEPARTMENT (ED) PATIENTS WHO NEED HELP WITH SUBSTANCE USE DISORDERS (SUD) RELATED CONCERNS.</p> <p>-IN 2019, 161 PATIENTS WERE ADMITTED INTO THE IU HEALTH BLACKFORD AND JAY EMERGENCY ROOMS WITH AN SUD DIAGNOSIS; IN 2020 THAT NUMBER INCREASED TO 190. PATIENTS ARE IDENTIFIED BY ADMINISTERING AN UNCOPE SCREENING; OR THE PATIENT REPORTS PREVIOUS SUBSTANCE USE/TREATMENT; OR BEDSIDE STAFF IDENTIFIES SUBSTANCE MISUSE IS THE CAUSE FOR ED VISIT. 52 EPISODES OF TREATMENT FOR 47 PATIENTS WERE SERVED BY THE VIRTUAL PEER RECOVERY PROGRAM IN 2019; AND 37 EPISODES OF TREATMENT FOR 32 PATIENTS IN 2020. THE HUB EMPLOYEES A TOTAL OF 7 COACHES. THERE IS ALWAYS A COACH AVAILABLE 24/7. AVERAGE RESPONSE TIME, ONCE A CONSULT IS REQUESTED IS APPROX. 5 MINS. THE HUB RECEIVES A CALL FROM ECR EVERY 8-10 DAYS. COLLABORATORS INCLUDE SCS/VIRTUAL CARE, BHC, ED MANAGEMENT AND STAFF. FUNDING IS THROUGH FSSA AND ISDH.</p> <p>-PROVIDE PRESCRIPTION MEDICATION DISPOSAL KIOSKS AT IU HEALTH EAST CENTRAL REGION FACILITIES.</p> <p>-DRUG TAKE-BACK KIOSKS HAVE BEEN INSTALLED AT FOUR EAST CENTRAL INDIANA LOCATIONS: PAVILION PHARMACY AT IU HEALTH BALL MEMORIAL HOSPITAL IN MUNCIE; IU HEALTH YORKTOWN PHARMACY, YORKTOWN; IU HEALTH BLACKFORD PHARMACY, HARTFORD CITY; AND IU HEALTH JAY HOSPITAL, PORTLAND. THE KIOSKS ARE OPEN TO THE PUBLIC AND AVAILABLE DURING BUSINESS HOURS. IN 2020, 897 POUNDS OF MEDS WERE COLLECTED FROM THE FOUR LOCATIONS AND DESTROYED. CURRENTLY, NO OTHER COMMUNITY PARTNERS ARE ACTIVELY PROMOTING THIS PROGRAM.</p> <p>OBESITY, DIABETICS AND PHYSICAL INACTIVITY</p> <p>IU HEALTH JAY'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF OBESITY, DIABETES, AND PHYSICAL INACTIVITY INCLUDE THE FOLLOWING:</p> <p>-ORGANIZE WORKGROUPS AND DEVELOP PARTNER TOOLS FOR AUDIENCE ENGAGEMENT.</p> <p>-COLLABORATORS DEPLOYED THE CDC CHANGE TOOL PROCESS IN 2020 TO IDENTIFY COMMUNITY STRENGTHS AND OPPORTUNITIES BY SURVEYING 13 LOCAL ORGANIZATIONS FROM THE SECTORS OF COMMUNITY INSTITUTIONS AND ORGANIZATIONS; HEALTHCARE, SCHOOLS, WORKSITE AND COMMUNITY AT LARGE. ORGANIZING AND SURVEY PARTNERS INCLUDED THE HEALTHY COMMUNITY ALLIANCE OF EAST CENTRAL INDIANA, IU HEALTH JAY HOSPITAL, THE JAY COUNTY DRUG PREVENTION COALITION, JAY COUNTY HEALTH DEPARTMENT, FIRST BANK OF BERNE, MERIDIAN HEALTH SERVICES, JAY YOUTH SERVICE BUREAU, JAY COMMUNITY SCHOOLS, THE ROCK CHURCH, THE JAY COMMUNITY CENTER, BRIANNA'S HOPE, HEAD START, JAY COUNTY LIBRARY, PURDUE EXTENSION AND FCC CORP.</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 JAY (CONT.)</p> <p>DESCRIPTION: -SUPPORT COMMUNICATION, ORGANIZATION AND FACILITATION OF LOCAL COLLABORATION TO ADVANCE NEW FOOD POLICY, FOOD WASTE REDUCTION, AND FOOD ACCESS. -THE EAST CENTRAL INDIANA FOOD COUNCIL IS A VOLUNTEER-RUN ORGANIZATION LED BY LOCAL ACTIVISTS INTERESTED IN ADDRESSING COMMUNITY ISSUES AROUND FOOD ACCESS AND NUTRITION. IT RECEIVES SUPPORT FROM THE IU HEALTH-DRIVEN HEALTHY COMMUNITY ALLIANCE INITIATIVE. THE GROUP HAS STRATEGICALLY GROWN FROM A DELAWARE COUNTY FOCUS TO INCLUDE PARTICIPANTS FROM BLACKFORD AND JAY COUNTIES. THE COUNCIL IS COMPOSED OF MULTIPLE COMMUNITY COLLABORATORS REPRESENTING BALL STATE UNIVERSITY, THE MUNCIE FOOD HUB, IU HEALTH, PURDUE EXTENSION, SECOND HARVEST FOOD BANK, GRACE BAPTIST CHURCH, THE SOUP KITCHEN OF MUNCIE, BLOOD-N-FIRE MINISTRIES, COMMUNITY AND FAMILY SERVICES FOOD PANTRIES IN HARTFORD CITY, MONTPELIER AND PORTLAND AND THE CHILDREN'S BUREAU; AS WELL AS LOCAL FARMERS AND FARMERS MARKET ORGANIZERS. IN 2019 THE GROUP OFFERED GUIDANCE TO AREA SCHOOLS AND FARMERS REGARDING THE PROCESS OF BRINGING LOCAL FARM PRODUCTS TO SCHOOLS, WITH THE OUTCOME OF A NEW ONLINE RESOURCE FOR ACCESSING MANDATORY FORMS AND POLICIES AND CONNECTIONS MADE BETWEEN SCHOOLS AND FARMERS. IN RESPONSE TO COVID-19, THE GROUP HELD A SPECIAL PHILANTHROPY SESSION IN 2020 WHERE FUNDERS TALKED DIRECTLY WITH FOOD SUPPORT ORGANIZATIONS DIRECTLY ABOUT THEIR NEEDS. THE RESULT WAS THAT GROUPS RECEIVED FUNDING FOR INITIATIVES SUCH AS ADDITIONAL EQUIPMENT; AND THE MUNCIE FOOD HUB PARTNERED WITH IU HEALTH TO OFFER FREE PRODUCE FOR 15 WEEKS DELIVERED TO 10 DIFFERENT LOCATIONS IN DELAWARE, BLACKFORD AND JAY COUNTIES. SITES INCLUDED FOOD PANTRIES, CHILDCARE CENTERS, COMMUNITY CENTERS AND HEALTHCARE ORGANIZATIONS WHERE VULNERABLE POPULATIONS WERE ABLE TO BE REACHED. -FACILITATE ORGANIZATION RECRUITMENT AND ENGAGEMENT USING COLLECTIVE IMPACT MODEL AROUND IMPROVED NUTRITION, INCREASED PHYSICAL ACTIVITY AND TOBACCO CESSATION. -BUILD AND MAINTAIN HEALTHY COMMUNITY ALLIANCE (HCA) WEBSITE AND OTHER COMMUNICATION TOOLS TO SUPPORT PARTNER ENGAGEMENT.</p> <p>-THE HEALTHY COMMUNITY ALLIANCE OF EAST CENTRAL INDIANA (HCA) CURRENTLY ENGAGES 149 COLLABORATING ORGANIZATIONS IN 3 ECR COUNTIES- DELAWARE, BLACKFORD AND JAY. IN 2019 AND 2020, 10 NEW PARTNERS WERE ADDED TO THE NETWORK- CROSSROADS FINANCIAL CREDIT UNION, JAY COUNTY DEVELOPMENT CORPORATION, JAY COUNTY DRUG PREVENTION COALITION, JAY COMMUNITY SCHOOLS, HOME HEALTH ANGELS, UNITED WAY OF JAY COUNTY, ALEXANDRIA CARE CENTER, JOHN JAY CENTER FOR LEARNING, UNITED DAY CARE CENTER OF DELAWARE COUNTY, COMMUNITY PARTNERS CHILDREN'S BUREAU. THE HCA MAKES MULTIPLE RESOURCES AVAILABLE TO COLLABORATORS, INCLUDING FACILITATED WORKGROUP SESSIONS IN EACH COUNTY, MATERIALS SUCH AS TOBACCO CESSATION TOOLKITS AND HEALTHY LIFESTYLE TOOLKITS; AND ONLINE RESOURCES SUCH AS E-NEWSLETTER, MEDIA MESSAGING AND ACCESS TO COMMUNITY HEALTH DATA FOR EACH OF THE THREE COUNTIES. THESE RESOURCES ARE PROVIDED TO ALL COLLABORATING ORGANIZATIONS FREE OF CHARGE. IN 2020 THE HCA BEGAN OFFERING WEBINAR PROGRAMMING TO ENGAGE PARTNERS IN ACCESSING RESOURCES AND PROGRAMMING IN ALL THREE COUNTIES. THE CDC CHANGE TOOL SURVEY PROCESS WAS CONDUCTED IN BOTH DELAWARE AND JAY COUNTIES IN 2020 BY HCA PARTNER ORGANIZATIONS WITH HCA PARTNER SUPPORT. IN BLACKFORD COUNTY, HCA EFFORTS LED TO PROGRAMMING AND CURRICULUM CHANGES AT THE BLACKFORD COMMUNITY SCHOOL SYSTEM. A 2019 SURVEY FOUND THAT 105 OF HCA PARTNER ORGANIZATIONS ARE CURRENTLY UTILIZING AT LEAST ONE OF THESE PROVIDED RESOURCES TO INFLUENCE CHANGE AMONGST THEIR AUDIENCES. THE HEALTHY COMMUNITY ALLIANCE IS ORGANIZED AND FACILITATED BY IU HEALTH EAST CENTRAL REGION HOSPITALS AND RECEIVES RESOURCES FROM IU HEALTH BALL MEMORIAL HOSPITAL FOR PARTNER MATERIALS AND SUPPORT.</p> <p>SMOKING AND TOBACCO USAGE</p> <p>IU HEALTH JAY'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF SMOKING AND TOBACCO USAGE INCLUDE THE FOLLOWING:</p> <p>-ORGANIZE WORKGROUPS AND DEVELOP PARTNER TOOLS FOR AUDIENCE ENGAGEMENT. -FACILITATE ORGANIZATION RECRUITMENT AND ENGAGEMENT USING THE COLLECTIVE IMPACT MODEL AROUND IMPROVED NUTRITION, INCREASED PHYSICAL ACTIVITY AND TOBACCO CESSATION. -BUILD AND MAINTAIN HEALTHY COMMUNITY ALLIANCE (HCA) WEBSITE AND OTHER COMMUNICATION TOOLS TO SUPPORT PARTNER ENGAGEMENT.</p> <p>-THE HEALTHY COMMUNITY ALLIANCE OF EAST CENTRAL INDIANA (HCA) CURRENTLY ENGAGES 149 COLLABORATING ORGANIZATIONS IN 3 ECR COUNTIES- DELAWARE, BLACKFORD AND JAY. IN 2019 AND 2020, 10 NEW PARTNERS WERE ADDED TO THE NETWORK- CROSSROADS FINANCIAL CREDIT UNION, JAY COUNTY DEVELOPMENT CORPORATION, JAY COUNTY DRUG PREVENTION COALITION, JAY COMMUNITY SCHOOLS, HOME HEALTH ANGELS, UNITED WAY OF JAY COUNTY, ALEXANDRIA CARE CENTER, JOHN JAY CENTER FOR LEARNING, UNITED DAY CARE CENTER OF DELAWARE COUNTY, COMMUNITY PARTNERS CHILDREN'S BUREAU. THE HCA MAKES MULTIPLE RESOURCES AVAILABLE TO COLLABORATORS, INCLUDING FACILITATED WORKGROUP SESSIONS IN EACH COUNTY, MATERIALS SUCH AS TOBACCO CESSATION TOOLKITS AND HEALTHY LIFESTYLE TOOLKITS; AND ONLINE RESOURCES SUCH AS E-NEWSLETTER, MEDIA MESSAGING AND ACCESS TO COMMUNITY HEALTH DATA FOR EACH OF THE THREE COUNTIES. THESE RESOURCES ARE PROVIDED TO ALL COLLABORATING ORGANIZATIONS FREE OF CHARGE. IN 2020 THE HCA BEGAN OFFERING WEBINAR PROGRAMMING TO ENGAGE PARTNERS IN ACCESSING RESOURCES AND PROGRAMMING IN ALL THREE COUNTIES. THE CDC CHANGE TOOL SURVEY PROCESS WAS CONDUCTED IN BOTH DELAWARE AND JAY COUNTIES IN 2020 BY HCA PARTNER ORGANIZATIONS WITH HCA PARTNER SUPPORT. IN BLACKFORD COUNTY, HCA EFFORTS LED TO PROGRAMMING AND CURRICULUM CHANGES AT THE BLACKFORD COMMUNITY SCHOOL SYSTEM. A 2019 SURVEY FOUND THAT 105 OF HCA PARTNER ORGANIZATIONS ARE CURRENTLY UTILIZING AT LEAST ONE OF THESE PROVIDED RESOURCES TO INFLUENCE CHANGE AMONGST THEIR AUDIENCES.</p> <p>THE HEALTHY COMMUNITY ALLIANCE IS ORGANIZED AND FACILITATED BY IU HEALTH EAST CENTRAL REGION HOSPITALS AND RECEIVES RESOURCES FROM IU HEALTH BALL MEMORIAL HOSPITAL FOR PARTNER MATERIALS AND SUPPORT.</p> <p>-EDUCATE STAFF REGARDING "ASK, ADVICE, REFER" PROCESS TO REFER PATIENTS AND FAMILY MEMBERS</p>

Return Reference - Identifier	Explanation
	<p>TO THE INDIANA TOBACCO QUITLINE.</p> <p>-IN 2019, THE INDIANA TOBACCO QUIT LINE RECEIVED 226 REFERRALS FROM DELAWARE COUNTY, 28 FROM BLACKFORD, AND 32 FROM JAY. IN 2020, NUMBERS DECLINED IN THE FACE OF THE PANDEMIC. THE INDIANA TOBACCO QUIT LINE RECEIVED 152 REFERRALS; 103 FROM DELAWARE COUNTY, 20 FROM BLACKFORD, AND 29 FROM JAY. A PROCESS IS NOT CURRENTLY IN PLACE TO DETERMINE THE SOURCE OF REFERRALS.</p> <p>-PROVIDE PERINATAL COORDINATOR TO FACILITATE AND COLLABORATE WITHIN THE HOSPITAL AND WITH OUTSIDE PHYSICIAN OFFICES AND COMMUNITY AGENCIES TO ENHANCE EFFORTS TO DECREASE INFANT MORTALITY IN THE IU HEALTH EAST CENTRAL REGION.</p> <p>-IN 2019 AND 2020 THE IU HEALTH ECR PERINATAL COORDINATOR FACILITATED THE DEVELOPMENT OF 36 COLLABORATORS TO ENHANCE EFFORTS TO DECREASE INFANT MORTALITY AND IMPROVE THE HEALTH OF NEWBORNS AND WOMEN. ACCESS TO COMMUNITY RESOURCES HAS INCREASED DUE TO ECR EFFORTS THAT INCLUDE: PROMOTION OF BABY AND ME TOBACCO FREE PROGRAM; IMPLEMENTATION OF A TOBACCO TREATMENT PILOT PROGRAM IN 5 ECR PHYSICIAN OFFICE SETTINGS DESIGNED TO PROVIDE CLIENT CONSULTATIONS AND REFERRALS TO 1-800 QUIT NOW, BABY AND ME TOBACCO FREE PROGRAM, AND PHARMACOTHERAPY OPTIONS. IN 2020 IUH JAY RECEIVED AN ISDH OB NAVIGATION GRANT WHICH HAS PROVIDED FOR OB NAVIGATION FOR CLIENTS IN JAY BLACKFORD CO. INITIATED TO PROVIDE CONTINUUM OF CARE THROUGHOUT PREGNANCY. PHYSICIAN PRACTICES IN THE REGION RECEIVED SAFE SLEEP EDUCATION AND RESOURCES, AND A PARTNERSHIP WITH IU HEALTH BALL LACTATION SERVICES RESULTED IN THE DEVELOPMENT OF TELEMEDICINE LACTATION SERVICES AT IU HEALTH JAY HOSPITAL. IMPROVED OB CARE WAS ADDRESSED WITH POST-PARTUM HEMORRHAGE AND OB HYPERTENSION INITIATIVES, PLUS ACCESS TO CARE THROUGH EMERGENCY ROOM VISITS AND LABOR AND DELIVERY COLLABORATION. RELATIONSHIPS WERE ESTABLISHED WITH THE ECR COMMUNITY OUTREACH DEPARTMENT, AND THE IU HEALTH SYSTEM TOBACCO COLLABORATIVE. EXTERNALLY, COLLABORATIONS WERE DEVELOPED WITH THE TOBACCO FREE DELAWARE COUNTY COALITION, OPEN DOOR HEALTH SERVICES, BABY AND ME TOBACCO FREE PROGRAM, INDIANA STATE DEPARTMENT OF HEALTH, (ISDH), INDIANA PERINATAL QUALITY IMPROVEMENT COLLABORATION (IPQIC), AND MERIDIAN HEALTH SERVICES PROGRAMS FOR MATERNAL TREATMENT, PEDS REHAB AND PHYSICIAN PRACTICES.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME:</p> <p>DESCRIPTION: -IU HEALTH JAY SUBMITTED AND RECEIVED AN ISDH GRANT WHICH SUPPORTS A NEW OB NAVIGATION PROGRAM CALLED HEALTHY BEGINNINGS. LAUNCHED IN 2020, THE HEALTHY BEGINNINGS PROGRAM IS A COMPREHENSIVE WOMEN'S HEALTH MODEL THAT FOCUSES ON ACCESS TO CARE AND IMPROVING MATERNAL/INFANT HEALTH OUTCOMES BY UTILIZING CARE COORDINATION, OUTPATIENT SERVICES, AND COMMUNITY COLLABORATION. THE GOAL OF THE PROGRAM IS TO KEEP PRENATAL AND POSTNATAL CARE LOCAL TO PREGNANT WOMEN IN THEIR OWN COMMUNITIES WITH DELIVERY OCCURRING AT IUH BALL MEMORIAL HOSPITAL.</p> <p>IU HEALTH JAY WILL ADDRESS ALL COMMUNITY HEALTH NEEDS BASED ON THEIR 2018 COMMUNITY HEALTH NEEDS ASSESSMENT. THERE WERE NO IDENTIFIED NEEDS THAT WILL NOT BE ADDRESSED.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR DISCOUNTED CARE</p>	<p>FACILITY NAME: IU HEALTH JAY</p> <p>DESCRIPTION: INCOME LEVEL OTHER THAN FPG IN ADDITION TO FPG, IU HEALTH JAY 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 JAY</p> <p>DESCRIPTION: IU HEALTH JAY 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 WILL TREAT THE ADULT AS A DEPENDENT FOR PURPOSES OF THE FPL CALCULATION.</p> <p>IU HEALTH WILL UTILIZE THE MOST RECENT FPL DATA AVAILABLE AND WILL APPLY THE FPL DATA TO A PATIENT OR GUARANTOR'S ACCOUNT BALANCE BASED UPON THE CALENDAR DATE A COMPLETED FINANCIAL ASSISTANCE APPLICATION WAS RECEIVED, NOT A PATIENT'S DATE OF SERVICE.</p> <p>AN UNINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF GROSS CHARGES IF APPROVED.</p> <p>AN UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF PATIENT RESPONSIBILITY IF APPROVED.</p> <p>3. FINANCIAL ASSISTANCE DUE TO PERSONAL HARDSHIP</p> <p>AN UNINSURED OR UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS ABOVE THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE IF THE PATIENT'S OUTSTANDING PATIENT RESPONSIBILITY EXCEEDS 20% OF THE PATIENT'S OR THEIR GUARANTOR'S ANNUAL HOUSEHOLD INCOME. -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 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 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:</p> <p>DESCRIPTION: IU HEALTH JAY TAKES SEVERAL OTHER MEASURES TO 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? 7

Name and address	Type of Facility (describe)
1 IU HEALTH JAY FAMILY FIRST 500 WEST VOTAW ST., ENTRANCE B PORTLAND, IN 47371	PRIMARY CARE
2 IU HEALTH JAY FAMILY MEDICINE 430 WEST VOTAW ST. PORTLAND, IN 47371	PRIMARY CARE
3 IU HEALTH JAY FAMILY PRACTICE 428 WEST VOTAW STREET, ENTRANCE 1 PORTLAND, IN 47371	PRIMARY CARE
4 IU HEALTH JAY GENERAL SURGERY 510 WEST VOTAW STREET, SUITE B PORTLAND, IN 47371	SPECIALTY CARE
5 IU HEALTH JAY MULTI-SPECIALTY 510 WEST VOTAW STREET, ENTRANCE C PORTLAND, IN 47371	SPECIALTY CARE
6 IU HEALTH JAY REHAB 1756 W 100 S PORTLAND, IN 47371	REHABILITATION SERVICES
7 IU HEALTH JAY HOSPITAL BEHAVIORAL HEALTH 1759 W 100 S PORTLAND, IN 47371	BEHAVIORAL HEALTH
8 	
9 	
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 JAY USES SEVERAL FACTORS OTHER THAN FEDERAL POVERTY GUIDELINES ("FPGS") IN DETERMINING ELIGIBILITY FOR FREE CARE UNDER ITS FAP. THESE FACTORS INCLUDE THE FOLLOWING:</p> <p>1. ELIGIBILITY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP</p> <p>IN ORDER TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY, A PATIENT OR GUARANTOR MUST:</p> <ul style="list-style-type: none"> - SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION WITH ALL SUPPORTING DOCUMENTATION AND BE APPROVED IN ACCORDANCE WITH THIS POLICY; - BE AN INDIANA RESIDENT AS DEFINED IN THIS POLICY; AND - IF UNINSURED, CONSULT WITH A MEMBER OF IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT TO DETERMINE IF HEALTH CARE COVERAGE MAY BE OBTAINED FROM A GOVERNMENT INSURANCE OR ASSISTANCE PRODUCT, THE HEALTH INSURANCE MARKETPLACE, OR FROM ANY OTHER SOURCE OF COVERAGE. <p>FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP IS ONLY AVAILABLE FOR ENCOUNTERS WHERE CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY.</p> <p>2. FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP</p> <p>THE FPL INCOME THRESHOLD UNDER THIS SECTION IS AS FOLLOWS:</p> <ul style="list-style-type: none"> -IF ONE OR MORE ADULTS AND ZERO DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 200%. -IF TWO OR MORE ADULTS AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 250%. -IF ONE ADULT AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 300%. <p>IN SOME INSTANCES, AN ADULT WILL ALSO QUALIFY AS A DEPENDENT. WHEN THIS OCCURS, IU HEALTH WILL TREAT THE ADULT AS A DEPENDENT FOR PURPOSES OF THE FPL CALCULATION.</p> <p>IU HEALTH WILL UTILIZE THE MOST RECENT FPL DATA AVAILABLE AND WILL APPLY THE FPL DATA TO A PATIENT OR GUARANTOR'S ACCOUNT BALANCE BASED UPON THE CALENDAR DATE A COMPLETED FINANCIAL ASSISTANCE APPLICATION WAS RECEIVED, NOT A PATIENT'S DATE OF SERVICE.</p> <p>AN UNINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF GROSS CHARGES IF APPROVED.</p> <p>AN UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF PATIENT RESPONSIBILITY IF APPROVED.</p> <p>3. FINANCIAL ASSISTANCE DUE TO PERSONAL HARDSHIP</p> <p>AN UNINSURED OR UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS ABOVE THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE IF THE PATIENT'S OUTSTANDING PATIENT RESPONSIBILITY EXCEEDS 20% OF THE PATIENT'S OR THEIR GUARANTOR'S ANNUAL HOUSEHOLD INCOME.</p> <ul style="list-style-type: none"> -IF APPROVED, THE PATIENT'S BALANCE WILL BE REDUCED TO 20% OF THE PATIENT OR GUARANTOR'S ANNUAL HOUSEHOLD INCOME OR THE AMOUNTS GENERALLY BILLED, WHICHEVER IS LESS. -IU HEALTH WILL WORK WITH THE PATIENT OR GUARANTOR TO IDENTIFY A REASONABLE PAYMENT PLAN ON THE REMAINDER OF THE BALANCE. <p>4. ELIGIBILITY PERIOD</p> <p>IF APPROVED FOR FINANCIAL ASSISTANCE BY IU HEALTH, THE PATIENT WILL BE GUARANTEED FINANCIAL ASSISTANCE FOR TREATMENT RELATED TO THE UNDERLYING CONDITION, FOR WHICH THE PATIENT WAS ORIGINALLY SCREENED AND APPROVED, THROUGH THE REMAINDER OF THE CALENDAR YEAR.</p> <p>AS A CONDITION OF EXTENDING THE ON-GOING FINANCIAL ASSISTANCE, THE PATIENT MUST COMPLY WITH REQUESTS FROM IU HEALTH TO VERIFY THAT THE PATIENT CONTINUES TO MEET THE CONDITIONS FOR</p>

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

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SCHEDULE H, PART I, LINE 6A - C.B. REPORT PREPARED BY A RELATED ORG.	IU HEALTH JAY HOSPITAL'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 ("IU HEALTH STATEWIDE SYSTEM"). 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 JAY HOSPITAL 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 DOES NOT INCLUDE DIRECT OFFSETTING REVENUE, IS 66.49%.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	2,549,133
SCHEDULE H, PART I, LINE 7F - PERCENTAGE OF TOTAL EXPENSE	<p>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 \$2,549,133.</p> <p>BAD DEBT EXPENSE IS REPORTED AT COST BASED ON THE COST-TO-CHARGE RATIO. DELIVERED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.</p>
SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED	<p>IU HEALTH JAY IS A SUBSIDIARY OF IU HEALTH, IU HEALTH PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN COMMUNITIES IT SERVES. IU HEALTH 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. THIS INCLUDES MAKING CONTRIBUTIONS TO COMMUNITY-BUILDING ACTIVITIES BY PROVIDING INVESTMENTS AND RESOURCES TO LOCAL COMMUNITY INITIATIVES THAT ADDRESSED ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT AND WORKFORCE DEVELOPMENT.</p> <p>ADDITIONALLY, THROUGH THE IU HEALTH STATEWIDE SYSTEM'S TEAM MEMBER COMMUNITY BENEFIT SERVICE PROGRAM, TEAM MEMBERS ACROSS THE STATE MAKE A DIFFERENCE IN THE LIVES OF THOUSANDS OF HOOSIERS EVERY YEAR.</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.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	<p>IU HEALTH WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY:</p> <ol style="list-style-type: none"> 1.MEDICAID (ANY STATE) 2.INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES 3.HEALTHY INDIANA PLAN 4.PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) 5.A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>IU HEALTH WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE.</p> <p>FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES: A)IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. B)IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. C)IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH.</p> <p>DUE TO THIS COMPREHENSIVE METHODOLOGY, IU HEALTH DOES NOT BELIEVE ANY AMOUNT OF BAD DEBT IS ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY AND NO PORTION OF BAD DEBT IS INCLUDED AS COMMUNITY BENEFIT.</p>

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<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>IU HEALTH'S CONSOLIDATED FINANCIAL STATEMENTS, FOOTNOTE 4, ADDRESSES BAD DEBT EXPENSE AS FOLLOWS:</p> <p>THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT REQUIRE COLLATERAL OR OTHER SECURITY FROM ITS PATIENTS, SUBSTANTIALLY ALL OF WHOM ARE RESIDENTS OF THE STATE, FOR THE DELIVERY OF HEALTH CARE SERVICES. HOWEVER, CONSISTENT WITH INDUSTRY PRACTICE, THE INDIANA UNIVERSITY HEALTH SYSTEM ROUTINELY OBTAINS ASSIGNMENT OF (OR IS OTHERWISE ENTITLED TO RECEIVE) PATIENTS' BENEFITS PAYABLE UNDER THEIR HEALTH INSURANCE PROGRAMS, PLANS, OR POLICIES (E.G., MEDICARE, MEDICAID, MANAGED CARE PAYERS, AND COMMERCIAL INSURANCE POLICIES).</p> <p>THE INDIANA UNIVERSITY HEALTH SYSTEM USES A PORTFOLIO APPROACH TO ACCOUNT FOR CATEGORIES OF PATIENT CONTRACTS AS A COLLECTIVE GROUP, RATHER THAN RECOGNIZING REVENUE ON AN INDIVIDUAL CONTRACT BASIS. THE PORTFOLIOS CONSIST OF MAJOR PAYER CLASSES FOR INPATIENT REVENUE AND OUTPATIENT REVENUE. BASED ON THE HISTORICAL COLLECTION TRENDS AND OTHER ANALYSIS, THE INDIANA UNIVERSITY HEALTH SYSTEM BELIEVES THAT REVENUE RECOGNIZED BY UTILIZING THE PORTFOLIO APPROACH APPROXIMATES THE REVENUE THAT WOULD HAVE BEEN RECOGNIZED IF AN INDIVIDUAL CONTRACT APPROACH WERE USED.</p> <p>IN SUPPORT OF ITS MISSION, THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES CARE TO UNINSURED AND UNDERINSURED PATIENTS. THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES CHARITY CARE TO PATIENTS WHO LACK 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>
<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 JAY HAS A MEDICARE SHORTFALL FOR 2020. IU HEALTH JAY'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 OF POOR MANAGEMENT IN 2020. IU HEALTH JAY 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 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 2020 FORM 990 INSTRUCTIONS, USING THE "ALLOWABLE COSTS" FROM THE IU HEALTH JAY MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH JAY'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 JAY'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 JAY'S FAP AND WRITTEN DEBT COLLECTION POLICY DESCRIBE THE COLLECTION PRACTICES APPLICABLE TO PATIENTS, INCLUDING THOSE WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE.</p> <p>1. FINANCIAL ASSISTANCE APPLICATION</p> <p>FINANCIAL ASSISTANCE APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION:</p> <ul style="list-style-type: none"> -ALL SOURCES OF INCOME FOR THE LAST THREE (3) MONTHS. -MOST RECENT THREE (3) MONTHS OF PAY STUBS OR SUPPLEMENTAL SECURITY INCOME VIA SOCIAL SECURITY. -MOST RECENT THREE (3) STATEMENTS FROM CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, STOCKS, BONDS AND MONEY MARKET ACCOUNTS. -MOST RECENT STATE AND FEDERAL INCOME TAX FORMS INCLUDING SCHEDULES C, D, E, AND F. IN THE EVENT THE PATIENT OR GUARANTOR'S INCOME DOES NOT WARRANT THE FILING OF A FEDERAL TAX STATEMENT, THE INDIVIDUAL MAY SUBMIT A NOTARIZED AFFIDAVIT ATTESTING TO THE FOREGOING. -MOST RECENT W-2 STATEMENT. -FOR PATIENTS OR MEMBERS OF THE HOUSEHOLD WHO ARE CURRENTLY UNEMPLOYED, WAGE INQUIRY FROM WORKONE. -IF APPLICABLE, DIVORCE/DISSOLUTION DECREES AND CHILD CUSTODY ORDER. <p>PATIENTS OR THEIR GUARANTORS WISHING TO APPLY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP ARE ENCOURAGED TO SUBMIT AN APPLICATION WITHIN NINETY (90) DAYS OF DISCHARGE. PATIENTS OR THEIR GUARANTORS MAY SUBMIT AN APPLICATION UP TO TWO-HUNDRED AND FORTY (240) DAYS FROM THE DATE OF THEIR INITIAL POST-DISCHARGE BILLING STATEMENT FROM IU HEALTH, HOWEVER, ACCOUNTS MAY BE SUBJECT TO EXTRAORDINARY COLLECTION ACTIONS (ECA) AS SOON AS ONE-HUNDRED AND TWENTY (120) DAYS AFTER RECEIPT OF THE INITIAL POST-DISCHARGE BILLING STATEMENT.</p> <p>PATIENTS OR THEIR GUARANTORS SUBMITTING AN INCOMPLETE FINANCIAL ASSISTANCE APPLICATION WILL RECEIVE WRITTEN NOTIFICATION OF THE APPLICATION'S DEFICIENCY UPON DISCOVERY BY IU HEALTH. THE APPLICATION WILL BE PENDED FOR A PERIOD OF FORTY-FIVE (45) DAYS FROM THE DATE THE NOTIFICATION IS MAILED. IU HEALTH WILL SUSPEND ANY ECA UNTIL THE APPLICATION IS COMPLETE OR THE EXPIRATION OF THE FORTY-FIVE (45) DAY PERIOD.</p> <p>PATIENTS WITH LIMITED ENGLISH PROFICIENCY MAY REQUEST A COPY OF THIS POLICY, A FINANCIAL ASSISTANCE APPLICATION, AND A PLAIN LANGUAGE SUMMARY IN ONE OF THE BELOW LANGUAGES:</p> <ul style="list-style-type: none"> -ARABIC; -BURMESE; -BURMESE - FALAM; -BURMESE - HAKHA CHIN; -MANDARIN/CHINESE; OR -SPANISH <p>THE PATIENT, AND/OR THEIR REPRESENTATIVE, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, LEGAL COUNSEL, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES OR HOSPITAL PERSONNEL MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION BE MAILED TO A PATIENT'S PRIMARY MAILING ADDRESS FREE OF CHARGE.</p> <p>IU HEALTH MAINTAINS THE CONFIDENTIALITY OF ALL FINANCIAL ASSISTANCE APPLICATIONS AND SUPPORTING DOCUMENTATION.</p> <p>IU HEALTH WILL DENY OR REVOKE FINANCIAL ASSISTANCE FOR ANY PATIENT OR GUARANTOR WHO FALSIFIES ANY PORTION OF A FINANCIAL ASSISTANCE APPLICATION.</p> <p>2. FINANCIAL ASSISTANCE DETERMINATIONS</p> <p>IU HEALTH WILL INFORM PATIENTS OR GUARANTORS OF THE RESULTS OF THEIR APPLICATION BY PROVIDING THE PATIENT OR GUARANTOR WITH A FINANCIAL ASSISTANCE DETERMINATION WITHIN NINETY (90) DAYS OF RECEIVING A COMPLETED APPLICATION AND ALL REQUESTED DOCUMENTATION.</p> <p>A PATIENT'S FINANCIAL ASSISTANCE APPLICATION AND FINANCIAL ASSISTANCE DETERMINATION ARE SPECIFIC TO EACH DATE(S) OF SERVICE AND APPROVED RELATED ENCOUNTERS.</p> <p>IF A PATIENT OR GUARANTOR IS GRANTED LESS THAN FULL CHARITY ASSISTANCE AND THE PATIENT OR GUARANTOR PROVIDES ADDITIONAL INFORMATION FOR RECONSIDERATION, REVENUE CYCLE SERVICES MAY AMEND A PRIOR FINANCIAL ASSISTANCE DETERMINATION.</p> <p>3. EXTRAORDINARY COLLECTION ACTIONS</p> <p>IU HEALTH MAY REFER DELINQUENT PATIENT ACCOUNTS TO A THIRD-PARTY COLLECTION AGENCY AFTER UTILIZING REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY FOR ASSISTANCE UNDER THIS POLICY. REASONABLE EFFORTS INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> -IU HEALTH WILL NOTIFY THE PATIENT OF THIS POLICY AT LEAST THIRTY (30) DAYS PRIOR TO INITIATING AN ECA. -IU HEALTH WILL NOT INITIATE AN ECA FOR AT LEAST ONE-HUNDRED AND TWENTY (120) DAYS AFTER THE PATIENT'S INITIAL POST-DISCHARGE BILLING STATEMENT. -IU HEALTH WILL REVIEW ALL FINANCIAL ASSISTANCE APPLICATIONS RECEIVED UP TO AND INCLUDING TWO-HUNDRED AND FORTY (240) DAYS AFTER THE PATIENT'S INITIAL POST-DISCHARGE BILLING STATEMENT. IU HEALTH WILL CEASE ANY ECAS IT HAS INITIATED UPON RECEIPT OF A FINANCIAL ASSISTANCE APPLICATION UNTIL A FINANCIAL ASSISTANCE DETERMINATION IS MADE UNDER THIS POLICY. -IF AN APPLICATION IS APPROVED, IU HEALTH WILL ISSUE A REVISED STATEMENT, ISSUE REFUNDS, AND MAKE REASONABLE EFFORTS TO REVERSE ECAS AS NECESSARY. <p>IU HEALTH AND ITS THIRD-PARTY COLLECTION AGENCIES MAY INITIATE AN ECA AGAINST A PATIENT OR THEIR GUARANTOR IN ACCORDANCE WITH THIS POLICY AND 26 C.F.R. § 1.501(R). ECAS MAY INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> -SELLING A PATIENT OR THEIR GUARANTOR'S OUTSTANDING FINANCIAL RESPONSIBILITY TO A THIRD PARTY. -REPORTING ADVERSE INFORMATION ABOUT THE PATIENT OR THEIR GUARANTOR TO CONSUMER CREDIT

Return Reference - Identifier	Explanation
	<p>REPORTING AGENCIES OR CREDIT BUREAUS. -DEFERRING OR DENYING, OR REQUIRING A PAYMENT BEFORE PROVIDING, MEDICALLY NECESSARY CARE BECAUSE OF A PATIENT OR THEIR GUARANTOR'S NONPAYMENT OF ONE OR MORE BILLS FOR PREVIOUSLY PROVIDED CARE COVERED UNDER THIS POLICY. -ACTIONS REQUIRING A LEGAL OR JUDICIAL PROCESS, INCLUDING BUT NOT LIMITED TO PLACING A LIEN ON A PATIENT'S OR THEIR GUARANTOR'S PROPERTY, FORECLOSING ON A PATIENT'S OR THEIR GUARANTOR'S REAL PROPERTY, ATTACHING OR SEIZING A PATIENT'S OR THEIR GUARANTOR'S BANK ACCOUNT OR OTHER PERSONAL PROPERTY, COMMENCING A CIVIL ACTION AGAINST A PATIENT OR THEIR GUARANTOR, CAUSING A PATIENT OR GUARANTOR'S ARREST, CAUSING A PATIENT AND/OR GUARANTOR TO BE SUBJECT TO A WRIT OF BODY ATTACHMENT, AND GARNISHING A PATIENT OR GUARANTOR'S WAGES</p> <p>WHEN IT IS NECESSARY TO ENGAGE IN SUCH ACTION, IU HEALTH AND ITS THIRD PARTY COLLECTION AGENCIES, WILL ENGAGE IN FAIR, RESPECTFUL AND TRANSPARENT COLLECTIONS ACTIVITIES.</p> <p>4. REFUNDS</p> <p>PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY WHO REMITTED PAYMENT TO IU HEALTH IN EXCESS OF THEIR PATIENT RESPONSIBILITY WILL BE ALERTED TO THE OVERPAYMENT AS PROMPTLY AFTER DISCOVERY AS IS REASONABLE GIVEN THE NATURE OF THE OVERPAYMENT.</p> <p>PATIENTS WITH AN OUTSTANDING ACCOUNT BALANCE DUE ON A SEPARATE ACCOUNT WILL HAVE THEIR REFUND APPLIED TO THE OUTSTANDING BALANCE.</p> <p>PATIENTS WITHOUT AN OUTSTANDING ACCOUNT BALANCE DESCRIBED ABOVE WILL BE ISSUED A REFUND CHECK FOR THEIR OVERPAYMENT AS SOON AS TECHNICALLY FEASIBLE.</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. IU HEALTH JAY UNDERSTANDS THAT THE HEALTH OF INDIVIDUALS AND COMMUNITIES ARE SHAPED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS, ALONG WITH HEALTH BEHAVIORS AND ADDITIONAL INFLUENCES.</p> <p>IU HEALTH JAY ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). FOR THE 2018 CHNA, IU HEALTH JAY 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 JAY REVIEWED SECONDARY DATA, FINDINGS FROM OTHER COMMUNITY HEALTH ASSESSMENTS OF AREAS SERVED BY THE HOSPITAL, INPUT OBTAINED FROM INDIVIDUALS WHO PARTICIPATED.</p> <p>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 JAY 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.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>IU HEALTH JAY IS COMMITTED TO SERVING THE HEALTHCARE NEEDS OF ALL OF ITS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH SERVICES. TO ASSIST IN MEETING THOSE NEEDS, IU HEALTH JAY HAS ESTABLISHED A FAP TO PROVIDE FINANCIAL ASSISTANCE TO UNINSURED PATIENTS. IU HEALTH JAY IS COMMITTED TO ENSURING ITS PATIENTS ARE COMPLIANT WITH ALL PROVISIONS OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT. TO THAT END, IU HEALTH JAY WILL MAKE A GOOD FAITH EFFORT TO LOCATE AND OBTAIN HEALTH INSURANCE COVERAGE FOR PATIENTS PRIOR TO CONSIDERING PATIENTS FOR COVERAGE UNDER THE FAP.</p> <p>IU HEALTH JAY 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.

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<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>IU HEALTH JAY IS LOCATED IN JAY COUNTY, INDIANA, A COUNTY LOCATED IN EAST-CENTRAL INDIANA. JAY COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF PORTLAND, DUNKIRK, BRYANT, REDKEY, PENNVILLE, AND SALAMONIA.</p> <p>BASED ON THE MOST RECENT CENSUS BUREAU (2020) STATISTICS, JAY COUNTY'S POPULATION IS 20,478 PERSONS WITH APPROXIMATELY 50% BEING FEMALE AND 50% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 94.6% WHITE, 3.2% HISPANIC OR LATINO, 0.5% BLACK, 0.4% ASIAN, 0.2% AMERICAN INDIAN OR ALASKA NATIVE, AND 1.2% PERSONS REPORTING TWO OR MORE RACES.</p> <p>JAY COUNTY HAS RELATIVELY LOW LEVELS OF EDUCATIONAL ATTAINMENT. THE LEVEL OF EDUCATION MOST OF THE POPULATION HAS ACHIEVED IS A HIGH SCHOOL DEGREE (88%). AS OF 2020, 11.4% OF THE POPULATION HAD A BACHELOR'S DEGREE OR HIGHER.</p>
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>IU HEALTH JAY HOSPITAL'S PROMOTION OF COMMUNITY HEALTH INCLUDED THE FOLLOWING HIGHLIGHTS:</p> <p>IU HEALTH JAY HOSPITAL PARTICIPATES IN AND HOLDS VARIOUS COMMUNITY EVENTS THROUGHOUT THE YEAR AS WELL AS PARTNERING WITH NUMEROUS ORGANIZATIONS TO PROMOTE HEALTH AND WELLNESS IN THE COMMUNITY. DUE TO COVID, MANY EVENTS PREVIOUSLY HELD WERE CANCELLED IN 2020. EXAMPLES INCLUDE A COMMUNITY HEALTH FAIR IN WHICH LOCAL ORGANIZATIONS ALONG WITH HOSPITAL DEPARTMENTS SET-UP BOOTHS TO EDUCATE ATTENDEES ON HEALTH AND WELLNESS. ALSO PUT ON HOLD FOR 2020 WERE FREE VETERANS LUNCHEONS ON MEMORIAL AND VETERANS DAY AND PROVIDING FREE BLOOD PRESSURE CHECKS AT THE ANNUAL AG DAY BREAKFAST CONDUCTED BY THE LOCAL PURDUE EXTENSION OFFICE. TO ENCOURAGE YOUNG ADULTS TO PURSUE A CAREER IN HEALTH CARE, HIGH SCHOOL STUDENTS ENROLLED IN THE JAY COUNTY HIGH SCHOOL HEALTH OCCUPATIONS CLASS ARE INVITED TO "JOB SHADOW" THROUGHOUT VARIOUS DEPARTMENTS AT THE HOSPITAL, THIS WAS ALSO CURTAILED IN 2020.</p> <p>SOME COMMUNITY EVENTS WERE STILL HELD IN 2020, INCLUDING REDUCED COST BLOOD TEST SCREENINGS OFFERED ALL YEAR LONG TO COMMUNITY MEMBERS. IU HEALTH OPERATES DRUG TAKE-BACK KIOSKS AT FOUR EAST CENTRAL INDIANA PHARMACY LOCATIONS INCLUDING IU HEALTH JAY: THE KIOSKS ARE OPEN TO THE PUBLIC AND AVAILABLE DURING BUSINESS HOURS. IN 2020, 897 POUNDS OF PRESCRIPTION MEDICATIONS WERE RECOVERED.</p> <p>IU HEALTH JAY HOSPITAL PARTICIPATES AS A SUPPORTING PARTNER IN A THREE-COUNTY HEALTH COALITION FOCUSED ON OBESITY PREVENTION AND TOBACCO CESSATION AS A MEANS TO REDUCE THE IMPACT OF CHRONIC DISEASE INCLUDING CANCER AND HEART DISEASE. MORE THAN 150 ORGANIZATIONS ARE PARTNERS IN THE "HEALTHY COMMUNITY ALLIANCE OF EAST CENTRAL INDIANA" COALITION AND EACH PLEDGES TO INFLUENCE AUDIENCES TO MAKE POSITIVE CHOICES REGARDING IMPROVED NUTRITION, INCREASED PHYSICAL ACTIVITY OR TOBACCO CESSATION. COALITION PARTNERS REPORT A COLLECTIVE TOTAL AUDIENCE SIZE OF MORE THAN 50,000 PEOPLE.</p> <p>IU HEALTH PARTNERED WITH THE MUNCIE FOOD HUB TO OFFER FREE, LOCALLY GROWN PRODUCE FOR 15 WEEKS DELIVERED TO 10 DIFFERENT LOCATIONS IN DELAWARE, BLACKFORD AND JAY COUNTIES. SITES INCLUDED FOOD PANTRIES, CHILDCARE CENTERS, COMMUNITY CENTERS AND HEALTHCARE ORGANIZATIONS WHERE VULNERABLE POPULATIONS WERE ABLE TO BE REACHED. ALSO IN 2020, IU HEALTH EAST CENTRAL REGION HOSPITALS PARTNERED WITH OPEN DOOR HEALTH SERVICES TO OFFER MOBILE FLU SHOT CLINICS AT FOOD DISTRIBUTION EVENTS IN JAY COUNTY.</p>

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<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>IU HEALTH JAY IS PART OF THE IU HEALTH STATEWIDE SYSTEM. THE IU HEALTH STATEWIDE SYSTEM IS INDIANA'S MOST COMPREHENSIVE HEALTHCARE SYSTEM. WITH HOSPITALS, PHYSICIAN OFFICES AND ALLIED SERVICES, IU HEALTH PROVIDES ACCESS TO A FULL RANGE OF SPECIALTY AND PRIMARY CARE SERVICES FOR ADULTS AND CHILDREN. A UNIQUE PARTNERSHIP WITH INDIANA UNIVERSITY SCHOOL OF MEDICINE - ONE OF THE NATION'S LEADING MEDICAL SCHOOLS - GIVES PATIENTS ACCESS TO GROUNDBREAKING RESEARCH AND INNOVATIVE TREATMENTS TO COMPLEMENT HIGH-QUALITY CARE.</p> <p>NATIONAL RECOGNITION</p> <ul style="list-style-type: none"> -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>IU HEALTH STATEWIDE SYSTEM</p> <p>HOSPITALS IN THE SYSTEM INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> -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>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</p> <p>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</p> <p>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>

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	<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 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</p> <p>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 INC. 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 INC. TEAM MEMBERS IN ACTIVITIES THAT ADDRESS LOCAL, IDENTIFIED COMMUNITY HEALTH PRIORITIES.</p> <p>COMMUNITY IMPACT INVESTMENT (CII) FUND</p> <p>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>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>IN</p>