

**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 NORTH HOSPITAL, INC.	Employer identification number 35 1932442
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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)		1,780	1,626,423		1,626,423	0.67
b Medicaid (from Worksheet 3, column a)		6,518	34,060,465	22,206,981	11,853,484	4.87
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	8,298	35,686,888	22,206,981	13,479,907	5.54
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	8	4,266	516,635	9,955	506,680	0.21
f Health professions education (from Worksheet 5)	3	256	461,033		461,033	0.19
g Subsidized health services (from Worksheet 6)					0	0.00
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	94,214	87,577	26,377	61,200	0.03
j Total. Other Benefits	13	98,736	1,065,245	36,332	1,028,913	0.42
k Total. Add lines 7d and 7j	13	107,034	36,752,133	22,243,313	14,508,820	5.96

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support	1	4,950	54,591		54,591	0.02
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	1	4,950	54,591	0	54,591	0.02

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	3,039,817
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	41,454,845
6	Enter Medicare allowable costs of care relating to payments on line 5	6	58,612,397
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(17,157,552)
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
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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 NORTH HOSPITAL
 11700 N. MERIDIAN ST., CARMEL, IN 46032
[HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-NORTH-HOSPITAL](https://iuhealth.org/find-locations/iu-health-north-hospital) STATE LICENSE NO. : 20-004171-1

2

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		✓
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		✓
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		✓
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		✓
7	Did the hospital facility make its CHNA report widely available to the public?	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a	If "Yes," (list url): <u>https://iuhealth.org/in-the-community</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 NORTH HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>3 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 NORTH HOSPITAL

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	✓	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	✓	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

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

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	✓
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	✓

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 NORTH HOSPITAL'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 NORTH:</p> <ul style="list-style-type: none"> - ACCESS TO HEALTH CARE SERVICES - DRUG AND SUBSTANCE ABUSE - FOOD INSECURITY - HEALTH CARE AND SOCIAL SERVICES FOR SENIORS - MENTAL HEALTH - OBESITY AND DIABETES - 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: IU HEALTH NORTH HOSPITAL</p> <p>DESCRIPTION: IN CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") IU HEALTH NORTH HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES IT SERVES. PRIMARY DATA WERE GATHERED IN THREE DIFFERENT METHODOLOGIES FOR THIS ASSESSMENT: COMMUNITY MEETINGS, KEY STAKEHOLDER INTERVIEWS, AND A COMMUNITY SURVEY.</p> <p>FOR PURPOSES OF THIS CHNA, IU HEALTH NORTH HOSPITAL'S COMMUNITY IS DEFINED AS HAMILTON AND MARION COUNTIES, INDIANA. THESE TWO COUNTIES ACCOUNTED FOR 68 PERCENT OF THE HOSPITAL'S INPATIENT CASES IN 2016.</p> <p>COMMUNITY MEETINGS - HAMILTON COUNTY</p> <p>ON APRIL 17, 2018, A MEETING OF COMMUNITY REPRESENTATIVES WAS HELD AT THE HAMILTON COUNTY 4H FAIRGROUNDS IN NOBLESVILLE, THE COUNTY SEAT OF HAMILTON COUNTY. THE MEETING WAS ATTENDED BY 38 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, MAYORS/LOCAL POLICYMAKERS, FAITH-BASED ORGANIZATIONS, PARKS AND RECREATION DEPARTMENTS, AND SCHOOLS.</p> <p>THROUGH THIS MEETING, IU HEALTH SOUGHT A BREADTH OF PERSPECTIVES ON THE COMMUNITY'S HEALTH NEEDS. THE SPECIFIC ORGANIZATIONS REPRESENTED AT THE MEETING ARE LISTED BELOW.</p> <ul style="list-style-type: none"> - ASPIRE INDIANA - CENTRAL INDIANA COUNCIL ON AGING (CICOA) - CHAUCIE'S PLACE - COMMUNITY HEALTH NETWORK - NORTH - DEPARTMENT OF CHILD SERVICES - FISHERS CITY COUNCIL - FISHERS FIRE & EMERGENCY SERVICES - GOOD SAMARITAN NETWORK - HAND, INC. - HOPE FAMILY CARE CENTER - HAMILTON COUNTY COUNCIL ON ALCOHOL AND OTHER DRUGS - HAMILTON COUNTY HEALTH DEPARTMENT - HAMILTON COUNTY HARVEST FOOD BANK - HAMILTON COUNTY YOUTH ASSISTANCE PROGRAM - HAMILTON HEIGHTS SCHOOL CORPORATION - HAMILTON SOUTHEASTERN SCHOOLS - IU HEALTH - IU HEALTH INDY SUBURBAN REGION/IU HEALTH NORTH HOSPITAL AND IU HEALTH SAXONY HOSPITAL - NOBLESVILLE CHAMBER OF COMMERCE - NOBLESVILLE TOWN COUNCIL - NOBLESVILLE SCHOOLS - PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY - PREVAIL, INC. - PRIMELIFE ENRICHMENT, INC. - RIVERVIEW HEALTH - RIVERVIEW HEALTH PHYSICIANS - SHEPHERD'S CENTER OF HAMILTON COUNTY - ST. FRANCIS - ST. VINCENT CARMEL/FISHERS - STONES 3 RESOURCES - TRINITY FREE CLINIC - WESTFIELD WASHINGTON SCHOOL <p>THE MEETING BEGAN WITH A PRESENTATION THAT DISCUSSED THE GOALS AND STATUS OF THE CHNA PROCESS AND THE PURPOSE OF THE COMMUNITY MEETING. THEN, SECONDARY DATA WERE PRESENTED.</p> <p>DUE TO THE SIZE OF THE GROUP, PARTICIPANTS WERE THEN SPLIT INTO THREE GROUPS. THE SAME LIST WAS PROVIDED TO EACH GROUP OF POTENTIAL UNMET HEALTH NEEDS FOR THE INDIVIDUALS TO DISCUSS AND VOTE ON TO INDICATE WHAT THEY CONSIDERED TO BE THE MOST SIGNIFICANT HEALTH NEEDS FOR HAMILTON COUNTY. THOSE HEALTH NEEDS WERE:</p> <ul style="list-style-type: none"> - TRANSPORTATION - HOUSING - EMPLOYMENT - JOB TRAINING - FOOD INSECURITY - NUTRITIONAL EDUCATION - SOCIAL SUPPORT - ACCESS TO HEALTH SERVICES - COST OF MEDICATION - INSURANCE COVERAGE/ENROLLMENT - VIOLENCE/CRIME - CHRONIC DISEASE MANAGEMENT <p>DURING THE MEETING, A RANGE OF OTHER TOPICS WAS DISCUSSED, INCLUDING:</p> <ul style="list-style-type: none"> - INDIVIDUALS WITH A MENTAL HEALTH DIAGNOSIS - INDIVIDUALS WITH A HISTORY OF SUBSTANCE ABUSE/MISUSE - INDIVIDUALS WITH CHRONIC CONDITIONS - CHILDREN AND SENIORS AS PRIORITY POPULATIONS - NUTRITIONAL EDUCATION - EMPLOYMENT - LIMITED SUPPLY OF HEALTH CARE PROFESSIONALS

Return Reference - Identifier	Explanation
	<p>AFTER DISCUSSING THE NEEDS IDENTIFIED, EACH PARTICIPANT WAS ASKED THROUGH A VOTING PROCESS TO IDENTIFY THE TWO THEY CONSIDER TO BE MOST SIGNIFICANT. FROM THIS PROCESS, THE GROUPS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR HAMILTON COUNTY:</p> <ul style="list-style-type: none"> - TRANSPORTATION - HOUSING - ACCESS TO HEALTH SERVICES - CHRONIC DISEASE MANAGEMENT - COST OF MEDICATION - INSURANCE COVERAGE/ENROLLMENT - SOCIAL SUPPORT <p>INTERVIEWS - HAMILTON COUNTY</p> <p>AN INTERVIEW ALSO WAS CONDUCTED WITH A REPRESENTATIVE OF THE HAMILTON 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>ACCORDING TO THE INTERVIEWEE, MANY IN INDIANA INCORRECTLY BELIEVE THAT SINCE HAMILTON COUNTY IS AFFLUENT, THERE IS LITTLE NEED TO FOCUS ON IMPROVING COMMUNITY HEALTH. THE COUNTY DOES HAVE NEEDS AND HAS POCKETS OF VULNERABLE POPULATIONS THAT NEED CONTINUED ATTENTION. THE COUNTY ALSO NEEDS MORE PUBLIC HEALTH FUNDING TO PROVIDE ADEQUATE PROGRAMS AND SERVICES.</p> <p>THE INTERVIEWEE CONFIRMED THAT THE THREE TOP NEEDS IDENTIFIED BY COMMUNITY MEETING PARTICIPANTS WERE SIGNIFICANT, ADDING THAT ALL THREE HAVE BEEN CHRONIC ISSUES IN THE COUNTY. THESE THREE NEEDS WERE:</p> <ul style="list-style-type: none"> - TRANSPORTATION - ACCESS TO HEALTH SERVICES - HOUSING <p>MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES ARE PARTICULARLY DIFFICULT TO ACCESS IN THE COUNTY. ONLY ONE REAL TREATMENT CENTER AND NO INPATIENT FACILITIES EXIST, REQUIRING RESIDENTS TO TRAVEL LONG DISTANCES TO SERVICES OUTSIDE OF THE COUNTY.</p> <p>PRIMARY CARE ALSO IS DIFFICULT TO ACCESS FOR PATIENTS WITH CERTAIN TYPES OF INSURANCE COVERAGE. MANY PROVIDERS ARE NOT ACCEPTING NEW PATIENTS WITH MEDICARE OR MEDICAID. THIS ISSUE BECAME MORE PROBLEMATIC A FEW YEARS AGO AFTER A COMMUNITY CLINIC CLOSED.</p> <p>REGARDING POPULATIONS AT RISK, INDIVIDUALS WITH A MENTAL HEALTH DIAGNOSIS, THE UNINSURED OR UNDERINSURED, CHILDREN, AND SENIORS ARE MOST AT RISK. SENIORS FACE ISSUES INCLUDING A LACK OF TRANSPORTATION, DIFFICULTIES ACCESSING MENTAL HEALTH SERVICES, AND ISOLATION.</p> <p>A LACK OF SPECIALIZED PROVIDERS FOR PAIN MANAGEMENT, PHYSICAL THERAPY, AND RELATED PAIN MANAGEMENT SERVICES IS CONTRIBUTING TO AN OVER-PRESCRIBING OF OPIATES.</p> <p>THE NEED FOR HEALTH EDUCATION IN THE COMMUNITY IS SIGNIFICANT. HEALTH DEPARTMENT AND OTHER COMMUNITY RESOURCES ARE LIMITED. EDUCATION IS NEEDED PARTICULARLY REGARDING RISKS ASSOCIATED WITH SUBSTANCE ABUSE AND SEXUALLY-TRANSMITTED DISEASES.</p> <p>MANY UNINSURED ARE USING EMERGENCY ROOMS FOR PRIMARY CARE SINCE THEY DO NOT KNOW WHERE ELSE TO GO. A SERVICE THAT COULD CONNECT THESE RESIDENTS TO PROVIDERS ACCEPTING LOW INCOME AND MEDICAID PATIENTS IS NEEDED.</p> <p>MEDICATION ASSISTANCE FOR SENIORS ALSO IS AN ISSUE. MANY SENIORS ARE CONFUSED BY THE ARRAY OF MEDICATIONS THEY HAVE BEEN PRESCRIBED, LEADING TO A LACK OF MEDICATION ADHERENCE AND COMPLIANCE.</p> <p>COMMUNITY MEETINGS - MARION COUNTY</p> <p>BETWEEN MAY 7 AND 9, 2018, THREE MEETINGS OF COMMUNITY REPRESENTATIVES WERE HELD IN INDIANAPOLIS, THE COUNTY SEAT OF MARION COUNTY. IN TOTAL, THE MEETINGS WERE ATTENDED BY 42 COMMUNITY MEMBERS INVITED BY IU HEALTH IN PARTNERSHIP WITH COMMUNITY HEALTH NETWORK BECAUSE THEY REPRESENT IMPORTANT COMMUNITY ORGANIZATIONS AND SECTORS SUCH AS: LOCAL HEALTH DEPARTMENTS, POLICE/FIRE DEPARTMENTS, NON-PROFIT ORGANIZATIONS, LOCAL BUSINESS, HEALTH CARE PROVIDERS, MAYORS/LOCAL POLICYMAKERS, FAITH-BASED ORGANIZATIONS, PARKS AND RECREATION DEPARTMENTS, AND SCHOOLS.</p> <p>THROUGH THESE 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"> - ADULT AND CHILD HEALTH - ALL SENIOR CITIZENS CONNECT - CENTRAL INDIANA COUNCIL ON AGING (CICOA) - CITY OF INDIANAPOLIS - COBURN PLACE - COMMUNITY HEALTH NETWORK - GENNESARET FREE CLINICS - GLEANERS FOOD BANK - HEALTH BY DESIGN - IU HEALTH METHODIST HOSPITAL - IU HEALTH UNIVERSITY HOSPITAL - INDIANA YOUTH INSTITUTE

Return Reference - Identifier	Explanation
	<ul style="list-style-type: none"> - INDIANAPOLIS FIRE DEPARTMENT - INDIANAPOLIS METROPOLITAN POLICE DEPARTMENT - INDY HUNGER NETWORK - INDIANAPOLIS PARKS AND RECREATION - IRVINGTON DEVELOPMENT ORGANIZATION - JUMP IN FOR HEALTHY KIDS - LAWRENCE COMMUNITY GARDENS - MARION COUNTY PUBLIC HEALTH DEPARTMENT - NEW BEGINNINGS CHURCH - PARAMOUNT SCHOOLS OF EXCELLENCE - PROGRESS HOUSE - PURDUE EXTENSION - THE POLIS CENTER - UNIVERSITY OF INDIANAPOLIS <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 MARION COUNTY, THOSE INDICATORS WERE (IN ALPHABETICAL ORDER):</p> <ul style="list-style-type: none"> - AIR POLLUTION - COMMUNICABLE DISEASES AND STDS - CRIME - MENTAL HEALTH AND SUPPLY OF MENTAL HEALTH PROVIDERS - OBESITY AND LACK OF PHYSICAL ACTIVITY - POVERTY AND HIGH 'COMMUNITY NEED INDEX' - SMOKING AND TOBACCO USE

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: IU HEALTH NORTH HOSPITAL (CONT.)</p> <p>DESCRIPTION: 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 BY EACH GROUP, SUCH AS:</p> <ul style="list-style-type: none"> - HIGH SCHOOL GRADUATION RATES - BUILT ENVIRONMENT - ACCESS TO PRIMARY CARE - HOMELESSNESS - ACCESS TO HEALTHY FOOD/FOOD INSECURITY - NEEDS OF THE GROWING SENIOR COMMUNITY - SUBSTANCE ABUSE - DENTAL CARE - DISPARITIES IN ACCESS TO BASIC, AFFORDABLE NEEDS - EDUCATION - EDUCATION ON COMMUNICABLE DISEASES - NUTRITION AND COOKING EDUCATION - TEEN PREGNANCY <p>DURING THE MEETINGS, A RANGE OF OTHER TOPICS WAS DISCUSSED, INCLUDING:</p> <ul style="list-style-type: none"> - ABILITY TO ADDRESS TOPICS SUCH AS CRIME, POVERTY, AND AIR POLLUTION - AGING POPULATION - TEEN PREGNANCY - WATER - PARKS - FUNDING - WALKABILITY - SOCIAL DETERMINANTS OF HEALTH - DISPARITIES - COLLABORATION WITH COMMUNITY ORGANIZATIONS - GOVERNMENT AFFAIRS DEPARTMENT - INDIVIDUALS WITH DISABILITIES AND THEIR HEALTH NEEDS - EFFECTS ON CHILDREN OF OPIOID ABUSE <p>AFTER DISCUSSING THE NEEDS IDENTIFIED THROUGH SECONDARY DATA AND ADDING OTHERS TO THE LIST, PARTICIPANTS IN EACH MEETING WERE ASKED THROUGH A VOTING PROCESS TO IDENTIFY "THREE TO FIVE" THEY CONSIDER TO BE MOST SIGNIFICANT. FOOD INSECURITY, SUBSTANCE ABUSE, MENTAL HEALTH, SOCIAL DETERMINANTS OF HEALTH, AND OBESITY WERE FREQUENTLY IDENTIFIED THROUGH THE COMMUNITY MEETING PROCESS FOR MARION COUNTY.</p> <p>INTERVIEWS - MARION COUNTY</p> <p>AN INTERVIEW ALSO WAS CONDUCTED WITH TWO REPRESENTATIVES OF THE MARION COUNTY PUBLIC HEALTH DEPARTMENT. THE INTERVIEWS WERE CONDUCTED TO ASSURE THAT APPROPRIATE AND ADDITIONAL INPUT WAS RECEIVED FROM GOVERNMENTAL PUBLIC HEALTH OFFICIALS. THE RESULTS OF THE COMMUNITY MEETINGS WERE DISCUSSED AND INSIGHTS WERE SOUGHT REGARDING SIGNIFICANT COMMUNITY HEALTH NEEDS, REASON(S) SUCH NEEDS ARE PRESENT, AND HOW THEY CAN BE ADDRESSED.</p> <p>THE INTERVIEWS WERE 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 INTERVIEWEES CONFIRMED THAT THE NEEDS IDENTIFIED BY THE COMMUNITY MEETING PARTICIPANTS WERE SIGNIFICANT. THESE NEEDS WERE:</p> <ul style="list-style-type: none"> - ACCESS TO HEALTHY FOOD (FOOD INSECURITY) AND ITS RELATION TO OBESITY - POVERTY - MENTAL HEALTH - DISPARITIES IN ACCESS TO BASIC NEEDS (HOUSING, TRANSPORTATION, ETC.) - SUBSTANCE ABUSE <p>POVERTY HAS INCREASED SIGNIFICANTLY SINCE 2005, FROM ONE OUT OF EVERY FIVE HOUSEHOLDS TO ONE OUT OF EVERY THREE WITH CHILDREN IN POVERTY. THIS INCREASED POVERTY LEVEL HAS CREATED A LARGE ISSUE WITH FOOD INSECURITY.</p> <p>WHILE UNEMPLOYMENT RATES ARE LOW, WAGES ARE AN ISSUE FOR MANY IN THE COMMUNITY. THE MINIMUM WAGE IS NOT A LIVING WAGE AND MANY PEOPLE WHO HAVE LOW PAYING JOBS STILL STRUGGLE WITH FOOD INSECURITY AND OTHER ISSUES.</p> <p>MENTAL HEALTH STATUS AND ACCESS TO MENTAL HEALTH CARE IS A SIGNIFICANT ISSUE, WITH A PARTICULAR FOCUS ON THE LACK OF PROVIDERS, AND ISSUES SURROUNDING SUICIDE AMONG CHILDREN. SINCE MANY PROVIDERS RECEIVE LITTLE IN REIMBURSEMENT FROM INSURANCE FOR MENTAL HEALTH TREATMENT, FINDING PROVIDERS AND HOSPITALS WITH A FOCUS ON MENTAL HEALTH IS DIFFICULT.</p> <p>THERE IS A NEED FOR NAVIGATORS THAT COULD HELP RESIDENTS FIND NEEDED SERVICES AND SIGN UP FOR STATE INSURANCE PLANS.</p> <p>SUBSTANCE ABUSE IS A SIGNIFICANT ISSUE, AS EVIDENCED BY DRUG OVERDOSE DEATHS. ADDITIONALLY, WHILE THERE WERE 500 AMBULANCE TRIPS FOR DRUG OVERDOSES IN 2013, THIS NUMBER IS OVER 2,000 IN RECENT YEARS.</p> <p>COMMUNICABLE DISEASE LINKED TO SUBSTANCE ABUSE IS ALSO AN ISSUE, AS RATES OF HEPATITIS C AND HIV HAVE INCREASED IN PART DUE TO INTRAVENOUS DRUG USE.</p>

Return Reference - Identifier	Explanation
	<p>DESPITE GREAT PROGRESS AND POLICY AROUND THE ISSUE, SMOKING IS STILL AN ISSUE THAT MANY ARE NO LONGER PAYING ATTENTION TO BECAUSE OF A MISBELIEF THAT THE ISSUE IS SOLVED. THE RECENT RISE OF E-CIGARETTES ALSO MAY CONTRIBUTE TO INCREASED SMOKING DUE TO ATTRACTING TEENAGERS.</p> <p>TRANSPORTATION IS A BARRIER TO CARE. WHILE THE CITY HAS OPTIONS, THE BUS SYSTEM IS INEFFICIENT AND CAN TAKE A LONG TIME.</p> <p>CANCER IS ALSO AN ISSUE, WITH LARGE DISPARITIES IN INCIDENCE RATES AMONG DIFFERENT DEMOGRAPHIC GROUPS. IN PARTICULAR THE INCIDENCE RATES OF LUNG, COLON, AND PROSTATE CANCERS ARE SIGNIFICANT NEEDS IN THE COMMUNITY.</p> <p>THE INTERVIEWEES ALSO IDENTIFIED SEVERAL OTHER SIGNIFICANT ISSUES IN THE COMMUNITY, INCLUDING:</p> <ul style="list-style-type: none"> - DENTAL CARE AND ACCESS TO DENTAL CARE PROVIDERS - VIOLENCE AND HOMICIDE - INFANT MORTALITY, ESPECIALLY WITH THE DISPARITIES PRESENT AMONG DIFFERENT RACIAL GROUPS - CHILDHOOD OBESITY - CHRONIC DISEASES, PARTICULARLY DIABETES <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 NORTH HOSPITAL COMMUNITY, SURVEYS WERE RECEIVED FROM 864 COMMUNITY HOUSEHOLDS. ACCORDING TO THE RESPONSES, THESE HOUSEHOLDS INCLUDED 1,638 ADULTS.</p> <p>THE COMMUNITY SURVEY INDICATES THAT OBESITY, CHRONIC DISEASES, SUBSTANCE USE OR ABUSE, AND MENTAL HEALTH REPRESENT TOP CONCERNS IN THE COMMUNITY SERVED BY IU HEALTH NORTH 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>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH NORTH HOSPITAL</p> <p>DESCRIPTION: IN CONJUNCTION WITH THE CHNA, IU HEALTH NORTH HOSPITAL'S BOARD ADOPTED AN IMPLEMENTATION STRATEGY IN APRIL 2019 RELATED TO THE 2018 CHNA. IU HEALTH NORTH HOSPITAL PRIORITIZED AND DETERMINED WHICH OF THE COMMUNITY HEALTH NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA WERE MOST CRITICAL FOR IT TO ADDRESS.</p> <p>IU HEALTH NORTH HOSPITAL WILL ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS BETWEEN 2019 AND 2021:</p> <ul style="list-style-type: none"> - ACCESS TO HEALTHCARE SERVICES - DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL) - FOOD INSECURITY - HEALTHCARE AND SOCIAL SERVICES FOR SENIORS - MENTAL HEALTH - OBESITY AND DIABETES - SOCIAL DETERMINANTS OF HEALTH <p>IU HEALTH USES THE TERM "BEHAVIORAL HEALTH" TO REFER TO MENTAL HEALTH AND DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL).</p> <p>ACCESS TO HEALTHCARE</p> <p>IU HEALTH NORTH HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF ACCESS TO HEALTHCARE INCLUDES THE FOLLOWING:</p> <ul style="list-style-type: none"> -PROVIDE FUNDING FOR TRINITY FREE CLINIC (TFC) TO SUPPORT THE MEDICAL AND DENTAL NEEDS OF HAMILTON COUNTY RESIDENTS WHO ARE UNINSURED AND UNDERINSURED. -IN 2020, IU HEALTH NORTH PROVIDED SUPPORT TO TFC, WHICH HELPED THE CLINIC TO PURCHASE EQUIPMENT FOR THEIR NEW MOBILE MEDICAL UNIT THAT TRAVELS TO UNDERSERVED HAMILTON COUNTY COMMUNITIES TO PROVIDE HEALTHCARE SERVICES. -IN COLLABORATION WITH THE IU HEALTH FOUNDATION, IU HEALTH NORTH ALSO SUPPORTED TFC'S COVID-19 RELIEF EFFORTS TO PURCHASE TWO TEMPERATURE SCAN KIOSKS AND AN ELECTROSTATIC CLEANER TO SANITIZE THE FACILITY, WHICH HELPED TO MITIGATE THE SPREAD OF THE DISEASE AMONG PATIENTS, STAFF AND VOLUNTEERS. -ENCOURAGE IU HEALTH TEAM MEMBERS TO ASSIST IN STAFFING THE TRINITY FREE CLINIC. -IN 2020, A TOTAL OF SIX IU HEALTH PROVIDERS, PHARMACISTS, NURSES AND LANGUAGE INTERPRETERS VOLUNTEERED AT TFC FOR OVER 31 HOURS. -PROVIDE FUNDING FOR THE HEART & SOUL CLINIC'S OPERATIONS IN WESTFIELD TO SUPPORT MEDICAL AND DENTAL NEEDS OF HAMILTON COUNTY RESIDENTS WHO ARE UNINSURED AND UNDERINSURED. -IU HEALTH NORTH PROVIDED SUPPORT TO THE HEART & SOUL CLINIC TO EXPAND THEIR LANGUAGE SERVICES PROGRAM, WHICH HELPED 212 NON-ENGLISH SPEAKING PATIENTS RECEIVE MEDICAL AND DENTAL CARE IN 2020. OF THE 486 TOTAL PATIENTS SERVED IN 2020, 90 PERCENT WERE CLASSIFIED AS LOW OR VERY-LOW INCOME. -IN 2020, THE HEART & SOUL CLINIC RECEIVED ADDITIONAL SUPPORT FROM IU HEALTH NORTH TO PURCHASE A SECURITY MONITORING SYSTEM THAT HELPED MITIGATE HEALTH AND SAFETY RISKS FOR PATIENTS, STAFF AND VOLUNTEERS DUE TO THE LARGE INCREASE IN DROP-BY VISITS RESULTING FROM THE COVID-19 PANDEMIC. -INVEST IN THE PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY (PHHC) TO ENCOURAGE COLLABORATION AMONG AREA HEALTH AGENCIES AND ORGANIZATIONS. -IU HEALTH NORTH PROVIDED SUPPORT TO PHHC IN 2020, WHICH WAS USED TO ASSIST THEIR OVERALL OPERATIONS AND STRATEGIC PLAN TO IMPROVE THE HEALTH OF HAMILTON COUNTY. -DEVELOP PROGRAMS AND STRATEGIES IN COLLABORATION WITH PHHC TO IMPROVE THE OVERALL HEALTH OF HAMILTON COUNTY RESIDENTS AND EMPLOYEES. -PARTICIPATE IN PHHC COMMITTEES RELATED TO PERTINENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PRIORITIES. -PROVIDE AN INDIVIDUAL SOLUTIONS COORDINATOR TO HELP PATIENTS REGISTER FOR HEALTH INSURANCE THROUGH HEALTHY INDIANA PLAN (HIP) 2.0 OR OTHER MARKETPLACE INSURANCE. -IN 2020, THE INDIVIDUAL SOLUTIONS COORDINATORS ASSISTED APPROXIMATELY 93 INDIVIDUALS IN HEALTH INSURANCE ENROLLMENT. -PROVIDE PHYSICIAN-LED HEALTH SEMINARS TO SENIORS AT PRIMELIFE ENRICHMENT, INC. -PROVIDE FUNDING TO THE SHEPHERD'S CENTER OF HAMILTON COUNTY IN SUPPORT OF ITS REACHING RESOURCES PROGRAM, WHICH ALLOWS SENIORS TO AGE AS INDEPENDENTLY AND GRACEFULLY AS POSSIBLE. -PROVIDE 24/7 PEER COUNSELING VIA TELEMEDICINE FOR PATIENTS WHO PRESENT IN THE EMERGENCY DEPARTMENT (ED) WITH SUBSTANCE ABUSE ISSUES. -PROVIDE TELEMEDICINE VISITS WITH TRAINED BEHAVIORAL HEALTH CLINICIANS TO PATIENTS WHO PRESENT IN THE EMERGENCY DEPARTMENT (ED) WITH BEHAVIORAL HEALTH NEEDS. -PROVIDE FUNDING FOR ASPIRE INDIANA TO ADDRESS SPECIFIC BEHAVIORAL HEALTH NEEDS IN HAMILTON COUNTY. -IN 2020, IU HEALTH NORTH PROVIDED COVID-19 RELIEF SUPPORT TO ASPIRE INDIANA. WITH SUPPORT, ASPIRE PURCHASED TWO TEMPERATURE SCAN KIOSKS, WHICH HELPED THEM CONTINUE TO PROVIDE IN-PERSON PATIENT VISITS AND MITIGATE THE SPREAD OF THE DISEASE. -COLLABORATE WITH THE MAX CHALLENGE OF FISHERS TO PROVIDE 100 HAMILTON COUNTY RESIDENTS WITH A FREE 10-WEEK PROGRAM TO IMPROVE THEIR OVERALL HEALTH THROUGH FITNESS AND NUTRITION. -PROVIDE THREE HEALTH SCREENINGS DURING THE 10-WEEK PERIOD TO MEASURE CHANGES IN CHOLESTEROL, TRIGLYCERIDES, GLUCOSE, A1C, BLOOD PRESSURE, WEIGHT AND BODY MASS INDEX (BMI). -IN 2020, IU HEALTH NORTH PROVIDED FUNDING TO THE INDIANA WOMEN IN NEED FOUNDATION'S SURVIVOR SUPPORT PROGRAM, WHICH PROVIDES GRANTS TO INDIVIDUALS LIVING WITH BREAST CANCER. FROM THE 2020 FUNDING, 15 INDIVIDUALS IN CENTRAL INDIANA RECEIVED A GRANT THAT HELPED THEM PAY FOR SUPPORT SERVICES, SUCH AS MEALS, MEDICATIONS AND WELLNESS SERVICES THAT ASSIST IN THE FINANCIAL AND EMOTIONAL CHALLENGES THAT COINCIDE WITH BREAST CANCER DIAGNOSES. NOTE: THIS STRATEGY DID NOT APPEAR IN THE APRIL 2019 IMPLEMENTATION STRATEGY BUT WAS UNDERTAKEN IN 2020 AS IT MEETS SIGNIFICANT COMMUNITY HEALTH NEEDS IN RELATION TO ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH AND FOOD INSECURITY.

Return Reference - Identifier	Explanation
	<p>BEHAVIORAL HEALTH (INCLUDES DRUG & SUBSTANCE ABUSE AND MENTAL HEALTH)</p> <p>IU HEALTH NORTH HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF BEHAVIORAL HEALTH INCLUDES THE FOLLOWING:</p> <ul style="list-style-type: none"> -INVEST IN THE PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY (PHHC) TO ENCOURAGE COLLABORATION AMONG AREA HEALTH AGENCIES AND ORGANIZATIONS. -DEVELOP PROGRAMS AND STRATEGIES TO IMPROVE THE OVERALL HEALTH OF HAMILTON COUNTY RESIDENTS AND EMPLOYEES. -PARTICIPATE IN PHHC COMMITTEES RELATED TO PERTINENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PRIORITIES. -PROVIDE FUNDING TO THE SHEPHERD'S CENTER OF HAMILTON COUNTY IN SUPPORT OF ITS REACHING RESOURCES PROGRAM, WHICH ALLOWS SENIORS TO AGE AS INDEPENDENTLY AND GRACEFULLY AS POSSIBLE. -PROVIDE 24/7 PEER COUNSELING VIA TELEMEDICINE FOR PATIENTS WHO PRESENT IN THE EMERGENCY DEPARTMENT (ED) WITH SUBSTANCE ABUSE ISSUES. -IN 2020, APPROXIMATELY 82 PERCENT OF PATIENTS WHO WERE OFFERED PEER RECOVERY COUNSELING ACCEPTED THE SERVICE AND WERE OPEN TO DISCUSSING WAYS TO TREAT THEIR SUBSTANCE ABUSE DISORDER. THE PEER RECOVERY COUNSELORS SPENT 1,152 TOTAL MINUTES COACHING PATIENTS WITH SUBSTANCE ABUSE DISORDERS IN 2020. -PROVIDE TELEMEDICINE VISITS WITH TRAINED BEHAVIORAL HEALTH CLINICIANS TO PATIENTS WHO PRESENT IN THE EMERGENCY DEPARTMENT (ED) WITH BEHAVIORAL HEALTH NEEDS. -IN 2020, APPROXIMATELY 152 PATIENTS WERE REFERRED FROM THE ED TO BEHAVIORAL HEALTH SERVICES FOR FOLLOW-UP OR REFERRAL TO AN INPATIENT FACILITY. -PROVIDE ANNUAL FUNDING TO THE INDIANA CENTER FOR PREVENTION OF YOUTH ABUSE & SUICIDE (ICPYAS). -IN 2020, IU HEALTH NORTH PROVIDED SUPPORT TO ICPYAS AND APPROXIMATELY 75 CENTRAL INDIANA SCHOOLS HOSTED THE CHILD LURES PROGRAM. 220 ADULTS COMPLETED THE QPR SUICIDE PREVENTION TRAINING IN 2020. -IN COLLABORATION WITH THE IU HEALTH FOUNDATION, IU HEALTH NORTH ALSO SUPPORTED ICPYAS' COVID-19 RELIEF EFFORTS TO PURCHASE LICENSURE THAT ALLOWED THEM TO HOST VIRTUAL CHILD ABUSE AND SUICIDE PREVENTION PROGRAMMING. IN ADDITION, THE SUPPORT COVERED THE COST TO PROVIDE SIX VIRTUAL SUICIDE PREVENTION TRAININGS IN 2020, WHICH WERE FREE FOR THE COMMUNITY TO ATTEND. -COLLABORATE WITH THE INDIANA CENTER FOR PREVENTION OF YOUTH ABUSE & SUICIDE TO PROVIDE TRAINING FOR THE COMMUNITY AND IU HEALTH TEAM MEMBERS ON THE RECOGNITION AND PREVENTION OF CHILD SEXUAL ABUSE. -IN 2020, APPROXIMATELY 276 ADULTS COMPLETED THE STEWARDS OF CHILDREN CHILD SEXUAL ABUSE TRAINING, INCLUDING 17 IU HEALTH TEAM MEMBERS. 25 PUBLIC STEWARDS OF CHILDREN TRAININGS AND TWO IU HEALTH TRAININGS WERE OFFERED IN 2020. -PROVIDE FUNDING FOR ASPIRE INDIANA TO ADDRESS SPECIFIC BEHAVIORAL HEALTH NEEDS IN HAMILTON COUNTY. -PROVIDE EXECUTIVE SUPPORT FOR BREATHE EASY HAMILTON COUNTY INITIATIVES. -IN 2020, AN IU HEALTH NORTH MEDICAL DIRECTOR COLLABORATED WITH BREATHE EASY TO CREATE A PUBLICLY ACCESSIBLE VIDEO REGARDING THE DANGERS OF COVID-19 IN RELATION TO SMOKING AND VAPING. -IN 2020, IU HEALTH NORTH PROVIDED SUPPORT FOR THE CHERISH CHILD ADVOCACY CENTER TO ASSIST IN THEIR COVID-19 RELIEF EFFORTS. THE SUPPORT WENT TOWARD ROUTINE PROFESSIONAL DISINFECTION OF THE FACILITY, PERSONAL PROTECTIVE EQUIPMENT FOR CLIENTS, STAFF AND VOLUNTEERS, FACILITY UPDATES THAT ACCOMMODATE SOCIAL DISTANCING, TOUCHLESS TECHNOLOGIES AND SUPPLIES TO KEEP THE FACILITY CLEAN AND SAFE FOR THOSE SEEKING OUT ABUSE PREVENTION AND INTERVENTION SERVICES AT THE FACILITY. NOTE: THIS STRATEGY DID NOT APPEAR IN THE APRIL 2019 IMPLEMENTATION STRATEGY BUT WAS UNDERTAKEN IN 2020 AS IT MEETS SIGNIFICANT COMMUNITY HEALTH NEEDS IN RELATION TO BEHAVIORAL HEALTH.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH NORTH HOSPITAL</p> <p>DESCRIPTION: FOOD INSECURITY</p> <p>IU HEALTH NORTH HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF FOOD INSECURITY INCLUDES THE FOLLOWING:</p> <ul style="list-style-type: none"> -INVEST IN THE PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY (PHHC) TO ENCOURAGE COLLABORATION AMONG AREA HEALTH AGENCIES AND ORGANIZATIONS. -DEVELOP PROGRAMS AND STRATEGIES TO IMPROVE THE OVERALL HEALTH OF HAMILTON COUNTY RESIDENTS AND EMPLOYEES. -PARTICIPATE IN PHHC COMMITTEES RELATED TO PERTINENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PRIORITIES. -SUPPORT LOCAL FARMERS' MARKETS THAT PROVIDE ACCESS TO HEALTHY FRUITS AND VEGETABLES. -IN 2020, IU HEALTH NORTH PROVIDED FUNDING FOR THE CARMEL FARMERS MARKET (SUMMER AND WINTER) AND THE ZIONSVILLE FARMERS MARKET. -IN PARTNERSHIP WITH THE IU HEALTH FOUNDATION, IU HEALTH NORTH SUPPORTED THE GOOD SAMARITAN NETWORK'S 2020 HOLIDAY ASSISTANCE PROGRAM, WHICH PROVIDED MEALS FOR LOW-INCOME FAMILIES IN HAMILTON COUNTY. IN 2020, 6,015 HOUSEHOLDS WERE PROVIDED MEALS THROUGH THE PROGRAM. NOTE: THIS STRATEGY DID NOT APPEAR IN THE APRIL 2019 IMPLEMENTATION STRATEGY BUT WAS UNDERTAKEN IN 2020 AS IT MEETS SIGNIFICANT COMMUNITY HEALTH NEEDS IN RELATION TO FOOD INSECURITY. <p>HEALTHCARE AND SOCIAL SERVICES FOR SENIORS</p> <p>IU HEALTH NORTH HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF HEALTHCARE AND SOCIAL SERVICES FOR SENIORS INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> -PROVIDE FUNDING FOR TRINITY FREE CLINIC TO SUPPORT THE MEDICAL AND DENTAL NEEDS OF HAMILTON COUNTY RESIDENTS WHO ARE UNINSURED AND UNDERINSURED. -ENCOURAGE IU HEALTH TEAM MEMBERS TO ASSIST IN STAFFING THE MEDICAL CLINIC. -PROVIDE FUNDING FOR THE HEART & SOUL CLINIC'S OPERATIONS IN WESTFIELD TO SUPPORT MEDICAL AND DENTAL NEEDS OF HAMILTON COUNTY RESIDENTS WHO ARE UNINSURED AND UNDERINSURED. -INVEST IN THE PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY (PHHC) TO ENCOURAGE COLLABORATION AMONG AREA HEALTH AGENCIES AND ORGANIZATIONS. -DEVELOP PROGRAMS AND STRATEGIES TO IMPROVE THE OVERALL HEALTH OF HAMILTON COUNTY RESIDENTS AND EMPLOYEES. -PARTICIPATE IN PHHC COMMITTEES RELATED TO PERTINENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PRIORITIES. -PROVIDE AN INDIVIDUAL SOLUTIONS COORDINATOR TO HELP PATIENTS REGISTER FOR HEALTH INSURANCE THROUGH HEALTHY INDIANA PLAN (HIP) 2.0 OR OTHER MARKETPLACE INSURANCE. -PROVIDE PHYSICIAN-LED HEALTH SEMINARS TO SENIORS AT PRIMELIFE ENRICHMENT, INC. -IN 2020, ONE IN-PERSON SEMINAR WAS HOSTED AT PRIMELIFE ENRICHMENT PRIOR TO COVID-19 CENTER CLOSURES. THERE WERE APPROXIMATELY 50 SENIOR CITIZENS IN ATTENDANCE AT THE SEMINAR. PRE AND POST SURVEYS WERE GIVEN OUT BEFORE AND AFTER THE HEALTH SEMINAR TO DETERMINE THE ATTENDEES' INCREASE IN KNOWLEDGE FROM THE PRESENTATION. APPROXIMATELY 90 PERCENT OF THE SENIOR CITIZENS WHO COMPLETED THE SURVEY REPORTED THAT THEY HAD AN INCREASE IN KNOWLEDGE RELATED TO CARDIOVASCULAR HEALTH, WHICH WAS THE TOPIC OF THE SEMINAR. -TO TAKE TEMPORARY PLACE OF THE IN-PERSON SEMINARS AFTER THE CENTER CLOSURE, IU HEALTH NORTH SENT MONTHLY GERIATRIC HEALTH EDUCATION ARTICLES TO BE DISTRIBUTED TO SENIORS VIA THE PRIMELIFE ENRICHMENT NEWSLETTERS AND COMMUNICATIONS. -PROVIDE FUNDING TO THE SHEPHERD'S CENTER OF HAMILTON COUNTY IN SUPPORT OF ITS REACHING RESOURCES PROGRAM, WHICH ALLOWS SENIORS TO AGE AS INDEPENDENTLY AND GRACEFULLY AS POSSIBLE. -DUE TO THE SHEPHERD'S CENTER'S FOCUS ON THE PANDEMIC IN 2020, IU HEALTH NORTH SUPPORTED THEIR COVID-19 RELIEF EFFORTS. IN PARTNERSHIP WITH THE IU HEALTH FOUNDATION, IU HEALTH NORTH SUPPORTED THE SHEPHERD'S CENTER'S CRISIS RESPONSE PLAN, WHICH PROVIDED WEEKLY FOOD, PRESCRIPTION AND NECESSITY DELIVERIES TO THE DOORSTEPS OF IN-NEED SENIORS. EACH DELIVERY RECIPIENT HAD AN INCOME THAT WAS 50 PERCENT OR BELOW THE AREA MEDIAN INCOME. BETWEEN AUGUST AND DECEMBER 2020, 557 CARE PACKAGES WERE DELIVERED TO 386 SENIORS. -COLLABORATE WITH THE MAX CHALLENGE OF FISHERS TO PROVIDE 100 HAMILTON COUNTY RESIDENTS WITH A FREE 10-WEEK PROGRAM TO IMPROVE THEIR OVERALL HEALTH THROUGH FITNESS AND NUTRITION. -PROVIDE THREE HEALTH SCREENINGS DURING THE 10-WEEK PERIOD TO MEASURE CHANGES IN CHOLESTEROL, TRIGLYCERIDES, GLUCOSE, A1C, BLOOD PRESSURE, WEIGHT AND BODY MASS INDEX (BMI). <p>OBESITY AND DIABETES</p> <p>IU HEALTH NORTH HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF OBESITY AND DIABETES INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> -COLLABORATE WITH THE MAX CHALLENGE OF FISHERS TO PROVIDE 100 HAMILTON COUNTY RESIDENTS WITH A FREE 10-WEEK PROGRAM TO IMPROVE THEIR OVERALL HEALTH THROUGH FITNESS AND NUTRITION. -IN 2020, 51 PERCENT OF THE PARTICIPANTS IN THE HAMILTON COUNTY FRESH & FIT CHALLENGE COMPLETED THE PROGRAM. THE PROGRAM WAS EXTENDED FIVE ADDITIONAL WEEKS TO ACCOMMODATE FITNESS CENTER CLOSURES DUE TO THE COVID-19 PANDEMIC. PARTICIPANTS EXPERIENCED A VARIETY OF HEALTH BENEFITS THROUGHOUT THE PROGRAM, SUCH AS IMPROVEMENTS IN THEIR WEIGHT, CHOLESTEROL, A1C, GLUCOSE AND BLOOD PRESSURE LEVELS. FOR EXAMPLE, 89 PERCENT OF THE 2020 PARTICIPANTS WITH UNHEALTHY A1C LEVELS (ABOVE 5.7) WERE ABLE TO LOWER THEIR LEVELS BY THE END OF THE PROGRAM, AND THE AVERAGE AMOUNT OF WEIGHT LOST UPON COMPLETION WAS 12.9 POUNDS PER PERSON. -PROVIDE THREE HEALTH SCREENINGS DURING THE 10-WEEK PERIOD TO MEASURE CHANGES IN CHOLESTEROL, TRIGLYCERIDES, GLUCOSE, A1C, BLOOD PRESSURE, WEIGHT AND BODY MASS INDEX (BMI). -IN 2020, ONLY TWO HEALTH SCREENINGS WERE HELD, AS THE SECOND OUT OF THE THREE WAS CANCELLED DUE TO THE COVID-19 PANDEMIC AND HOSPITAL VISITOR RESTRICTIONS.

Return Reference - Identifier	Explanation
	<p>-COLLABORATE WITH THE HAMILTON COUNTY OR FISHERS PARKS & RECREATION TO MAKE IMPROVEMENTS TO LOCAL PARKS, THUS ENCOURAGING GREATER PHYSICAL ACTIVITY IN THE PARKS BY HAMILTON COUNTY RESIDENTS AND VISITORS.</p> <p>-DURING THE IU HEALTH ANNUAL DAYS OF SERVICE IN 2020, IU HEALTH NORTH AND SAXONY HOSPITAL TEAM MEMBERS VOLUNTEERED IN AT-A-DISTANCE AND REMOTE PROJECTS THROUGHOUT THE MONTH OF SEPTEMBER. VOLUNTEERS COMPLETED PROJECTS AT COOL CREEK PARK, COXHALL GARDENS, POTTER'S BRIDGE PARK AND RIVER ROAD PARK TO MAKE VARIOUS UPDATES, ADDITIONS AND IMPROVEMENTS TO BENEFIT THE PARKS AND, ULTIMATELY, LEAD TO AN INCREASE IN PHYSICAL ACTIVITY. AT THE PARKS, VOLUNTEERS PLANTED TREES AND NATIVE FLOWER SPECIES, SPREAD MULCH, INSERTED RIVER ROCK, PAINTED PARK FACILITIES, PICKED UP GARBAGE AND PROVIDED GENERAL MAINTENANCE TO UPKEEP THE PARKS' APPEARANCE.</p> <p>-CONTINUE SUPPORT OF MULTIPLE LOCAL FARMERS' MARKETS, INCLUDING FISHERS, SAXONY, CARMEL AND ZIONSVILLE.</p> <p>SOCIAL DETERMINANTS OF HEALTH</p> <p>IU HEALTH NORTH HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF SOCIAL DETERMINANTS OF HEALTH INCLUDES THE FOLLOWING:</p> <p>-PROVIDE FUNDING FOR TRINITY FREE CLINIC TO SUPPORT THE MEDICAL AND DENTAL NEEDS OF HAMILTON COUNTY RESIDENTS WHO ARE UNINSURED AND UNDERINSURED.</p> <p>-ENCOURAGE IU HEALTH TEAM MEMBERS TO ASSIST IN STAFFING THE MEDICAL CLINIC.</p> <p>-COLLABORATE WITH THE HAMILTON COUNTY OR FISHERS PARKS & RECREATION TO MAKE IMPROVEMENTS TO LOCAL PARKS, THUS ENCOURAGING GREATER PHYSICAL ACTIVITY IN THE PARKS BY HAMILTON COUNTY RESIDENTS AND VISITORS.</p> <p>IU NORTH HOSPITAL WILL ADDRESS ALL COMMUNITY HEALTH NEEDS BASED ON THEIR 2018 COMMUNITY HEALTH NEEDS ASSESSMENT. THERE WERE NO IDENTIFIED NEEDS THAT WOULD NOT BE ADDRESSED.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR DISCOUNTED CARE</p>	<p>FACILITY NAME: IU HEALTH NORTH HOSPITAL</p> <p>DESCRIPTION: IN ADDITION TO FPG, IU HEALTH NORTH HOSPITAL 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 NORTH HOSPITAL</p> <p>DESCRIPTION: IU HEALTH NORTH HOSPITAL 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: IU HEALTH NORTH HOSPITAL</p> <p>DESCRIPTION: IU HEALTH NORTH HOSPITAL 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? 1

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
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 NORTH HOSPITAL 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</p>

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

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART I, LINE 6A - C.B. REPORT PREPARED BY A RELATED ORG.</p>	<p>IU HEALTH NORTH 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.</p> <p>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.</p>
<p>SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G</p>	<p>IU HEALTH NORTH HOSPITAL DOES NOT INCLUDE ANY COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES.</p>
<p>SCHEDULE H, PART I, LINE 7C - TOTAL COMMUNITY BENEFIT EXPENSE</p>	<p>SCHEDULE H, PART I, LINE 7, COLUMN (F), PERCENT OF TOTAL EXPENSE, IS BASED ON COLUMN (E) NET COMMUNITY BENEFIT EXPENSE. THE PERCENT OF TOTAL EXPENSE BASED ON COLUMN (C) TOTAL COMMUNITY BENEFIT EXPENSE, WHICH EXCLUDES DIRECT OFFSETTING REVENUE, IS 15.10%.</p>
<p>SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION</p>	<p>13,444,567</p>
<p>SCHEDULE H, PART I, LINE 7F - PERCENT OF TOTAL EXPENSE</p>	<p>THE AMOUNT OF BAD DEBT EXPENSE SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSE ON LINE 7, COLUMN (F) IS \$13,444,567.</p> <p>BAD DEBT EXPENSE IS REPORTED AT COST BASED ON THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.</p>
<p>SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED</p>	<p>IU HEALTH NORTH HOSPITAL PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES IT SERVES. IU HEALTH NORTH AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM") INVEST IN ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, COLLABORATE WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCATE FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS.</p> <p>THIS INCLUDES MAKING CONTRIBUTIONS TO COMMUNITY-BUILDING ACTIVITIES BY PROVIDING INVESTMENTS AND RESOURCES TO LOCAL COMMUNITY INITIATIVES. SEVERAL EXAMPLES INCLUDE IU HEALTH NORTH'S SUPPORT OF THE FOLLOWING ORGANIZATIONS' EFFORTS THAT FOCUS ON SOME OF THE ROOT CAUSES OF HEALTH ISSUES, SUCH AS ACCESS TO HEALTHCARE, LACK OF EDUCATION, INSUFFICIENT ACCESS TO RESOURCES, EMPLOYMENT AND POVERTY:</p> <ul style="list-style-type: none"> -ASPIRE INDIANA, INC. -HEART AND SOUL CLINIC -INDIANA CENTER FOR THE PREVENTION OF YOUTH ABUSE AND SUICIDE -PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY -SHEPHERD'S CENTER OF HAMILTON COUNTY -TRINITY FREE CLINIC <p>ADDITIONALLY, THROUGH THE IU HEALTH STATEWIDE SYSTEM'S TEAM MEMBER VOLUNTEER PROGRAM, IU HEALTH SERVES, TEAM MEMBERS ACROSS THE STATE POSITIVELY IMPACT THE HEALTH OF THE COMMUNITY AND FOSTER A CULTURE OF ENGAGEMENT AND SOCIAL RESPONSIBILITY. IN 2020, MORE THAN 1,400 TEAM MEMBERS THROUGHOUT THE STATEWIDE SYSTEM DEDICATED TIME TO SUPPORT OVER 49 PROJECTS TO POSITIVELY IMPACT THE COMMUNITY.</p>
<p>SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT</p>	<p>THE AMOUNT REPORTED ON LINE 2 AS BAD DEBT IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY</p>	<p>IU HEALTH WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY:</p> <ol style="list-style-type: none"> 1.MEDICAID (ANY STATE) 2.INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES 3.HEALTHY INDIANA PLAN 4.PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) 5.A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>IU HEALTH WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE.</p> <p>FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES: A)IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. B)IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. C)IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH.</p> <p>DUE TO THIS COMPREHENSIVE METHODOLOGY, IU HEALTH DOES NOT BELIEVE ANY AMOUNT OF BAD DEBT IS ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY AND NO PORTION OF BAD DEBT IS INCLUDED AS COMMUNITY BENEFIT.</p>
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>IU HEALTH'S CONSOLIDATED FINANCIAL STATEMENTS, FOOTNOTE 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>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 IS CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM IU HEALTH NORTH HOSPITAL'S MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH NORTH HOSPITAL'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 NORTH'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.</p> <p>IU HEALTH NORTH HOSPITAL'S MEDICARE SHORTFALL IS ATTRIBUTABLE TO REIMBURSEMENTS THAT ARE LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES AND DOES NOT INCLUDE ANY AMOUNTS THAT RESULT FROM INEFFICIENCIES OR POOR MANAGEMENT. IU HEALTH NORTH HOSPITAL ACCEPTS ALL MEDICARE PATIENTS KNOWING THAT THERE MAY BE SHORTFALLS; THEREFORE IT HAS TAKEN THE POSITION THAT ANY SHORTFALL SHOULD BE COUNTED AS PART OF ITS COMMUNITY BENEFIT. ADDITIONALLY, IT IS IMPLIED IN INTERNAL REVENUE SERVICE REVENUE RULING 69-545 THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>IU HEALTH NORTH HOSPITAL'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 NORTH HOSPITAL 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 NORTH HOSPITAL ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR EACH OF ITS HOSPITAL LOCATIONS. FOR THE 2018 CHNAS, INDIANA UNIVERSITY HEALTH CONDUCTED THE COMMUNITY SURVEY DATA COLLECTION IN COLLABORATION WITH INDIANA UNIVERSITY, UNIVERSITY OF EVANSVILLE, AND AN INDIANA HOSPITAL COLLABORATIVE, INCLUDING COMMUNITY HEALTH NETWORK, FRANCISCAN ALLIANCE, ST. VINCENT HEALTH, AND OTHER HOSPITAL PARTNERS.</p> <p>AFTER COMPLETION OF THE CHNA, IU HEALTH NORTH HOSPITAL REVIEWED SECONDARY DATA, FINDINGS FROM OTHER COMMUNITY HEALTH ASSESSMENTS OF AREAS SERVED BY THE HOSPITAL, INPUT OBTAINED FROM INDIVIDUALS WHO PARTICIPATED IN COMMUNITY MEETINGS, INPUT OBTAINED FROM KEY STAKEHOLDERS, AND A COMMUNITY SURVEY TO IDENTIFY AND ANALYZE THE NEEDS IDENTIFIED BY EACH SOURCE. THE TOP HEALTH NEEDS OF THE IU HEALTH COMMUNITIES 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>IU HEALTH BELIEVES ITS CHNA PROCESS IS COMPREHENSIVE AND ADDITIONAL ASSESSMENTS ARE NOT REQUIRED.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>IU HEALTH NORTH HOSPITAL 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 NORTH HOSPITAL HAS ESTABLISHED A FAP TO PROVIDE FINANCIAL ASSISTANCE TO UNINSURED PATIENTS. IU HEALTH NORTH HOSPITAL IS COMMITTED TO ENSURING ITS PATIENTS ARE COMPLIANT WITH ALL PROVISIONS OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT. TO THAT END, IU HEALTH NORTH HOSPITAL 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 NORTH HOSPITAL 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.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>IU HEALTH NORTH HOSPITAL IS IN HAMILTON COUNTY, INDIANA, A COUNTY LOCATED IN CENTRAL INDIANA. ITS SERVICE AREA COUNTIES INCLUDE MARION, HAMILTON, BOONE, HENDRICKS, HANCOCK, MADISON, AND TIPTON COUNTIES.</p> <p>HAMILTON COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF ARCADIA, ATLANTA, CARMEL, CICERO, FISHERS, NOBLESVILLE, SHERIDAN, AND WESTFIELD. BASED ON THE MOST RECENT CENSUS BUREAU (2020) STATISTICS, HAMILTON COUNTY'S POPULATION IS 347,467 PERSONS WITH APPROXIMATELY 51.2% BEING FEMALE AND 48.8% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 82.8% WHITE, 4.5% BLACK, 4.3% HISPANIC OR LATINO, 6.5% ASIAN, 0.2% AMERICAN INDIAN OR ALASKA NATIVE, AND 2.1% PERSONS REPORTING TWO OR MORE RACES.</p> <p>HAMILTON COUNTY HAS RELATIVELY HIGH LEVELS OF EDUCATIONAL ATTAINMENT. AMONG RESIDENTS AGES 25 AND UP, 96.8% COMPLETED THEIR EDUCATION WITH A HIGH SCHOOL DIPLOMA OR EQUIVALENT. AMONG RESIDENT AGES 25 AND UP, 59.3% EARNED A BACHELOR'S DEGREE OR HIGHER.</p>
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>IU HEALTH NORTH HOSPITAL IS A SUBSIDIARY OF INDIANA UNIVERSITY HEALTH, INC., A TAX-EXEMPT HEALTHCARE ORGANIZATION, WHOSE BOARD OF DIRECTORS IS COMPOSED OF MEMBERS OF WHICH SUBSTANTIALLY ALL ARE INDEPENDENT COMMUNITY MEMBERS.</p> <p>DURING 2020, IU HEALTH NORTH HOSPITAL'S PROMOTION OF COMMUNITY HEALTH INCLUDED THE FOLLOWING HIGHLIGHTS:</p> <p>IN 2020, IU HEALTH NORTH HOSPITAL MAINTAINED A STRONG PRESENCE ACROSS THE NORTHERN INDIANAPOLIS SUBURBS IN HAMILTON COUNTY AND SUPPORTED NUMEROUS NOT-FOR-PROFIT AGENCIES INCLUDING LOCAL PARKS DEPARTMENTS, MEDICAL AND DENTAL CLINICS THAT PROVIDE CARE TO THE UN- AND UNDER-INSURED, BEHAVIORAL HEALTH AGENCIES AND ORGANIZATIONS THAT PROVIDE HEALTH AND SOCIAL SERVICES TO SENIORS WHO ARE IN NEED. AS PART OF THESE EFFORTS, IU HEALTH NORTH HOSPITAL ALSO CONTINUED ITS PARTICIPATION IN THE PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY IN CONJUNCTION WITH RIVERVIEW HEALTH, ASPIRE INDIANA HEALTH, GOOD SAMARITAN NETWORK AND SEVERAL OTHER HEALTH-RELATED AGENCIES IN THE COUNTY. THIS GROUP SEEKS TO TRANSFORM COMMUNITIES BY INFLUENCING AND LEADING HEALTH INNOVATION THROUGH COMMUNITY COLLABORATIONS.</p> <p>IU HEALTH NORTH HOSPITAL PROVIDED A 10-WEEK FITNESS AND NUTRITION PROGRAM, FRESH & FIT, TO 100 HAMILTON COUNTY RESIDENTS HELPING THEM TO IMPROVE THEIR OVERALL HEALTH BY LOWERING CHOLESTEROL, BLOOD PRESSURE, BLOOD SUGAR, A1C AND WEIGHT. PARTICIPANTS IN FRESH & FIT ALSO REPORT ADDITIONAL BENEFITS OF THE PROGRAM INCLUDING INCREASED ENERGY, IMPROVED MENTAL WELL-BEING, REDUCED JOINT PAIN AND A REDUCTION IN MEDICATIONS. FRESH & FIT WAS EXTENDED OUT AN ADDITIONAL FIVE WEEKS IN 2020 TO ACCOMMODATE FITNESS CENTER CLOSURES DURING THE CORONAVIRUS PANDEMIC.</p> <p>IU HEALTH NORTH HOSPITAL IS A SUBSIDIARY OF IU HEALTH. IU HEALTH AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA EXTEND MEDICAL PRIVILEGES TO ALL PHYSICIANS WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENT TO ITS MEDICAL STAFF. IU HEALTH DOES NOT DENY APPOINTMENTS BASED ON GENDER, RACE, CREED OR NATIONAL ORIGIN.</p> <p>IU HEALTH, IN CONJUNCTION WITH THE IU SCHOOL OF MEDICINE, TRAINS THE NEXT GENERATION OF PHYSICIANS IN AN EXCEPTIONAL ENVIRONMENT. BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE.</p>

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

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