

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2021**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> INDIANA UNIVERSITY HEALTH PAOLI, INC.	<b>Employer identification number</b> 35 2090919
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	✓	
<b>1b</b> If "Yes," was it a written policy? . . . . .	✓	
<b>2</b> 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 type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	✓	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		✓
<b>c</b> 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.		
<b>4</b> 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"? . . . . .	✓	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		✓
<b>c</b> 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? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	✓	
<b>b</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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .		1,411	614,385	0	614,385	2.07
<b>b</b> Medicaid (from Worksheet 3, column a)		4,812	8,056,987	8,056,987	0	0.00
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			0	0	0	0.00
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs	0	6,223	8,671,372	8,056,987	614,385	2.07
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	5	381	456,178	1,794	454,384	1.53
<b>f</b> Health professions education (from Worksheet 5) . . . . .	1	16	29,728	0	29,728	0.10
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	1	0	1,730,082	1,430,861	299,221	1.01
<b>h</b> Research (from Worksheet 7) . . . . .	0	0	0	0	0	0.00
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	1	3	91	0	91	0.00
<b>j Total.</b> Other Benefits . . . . .	8	400	2,216,079	1,432,655	783,424	2.64
<b>k Total.</b> Add lines 7d and 7j . . . . .	8	6,623	10,887,451	9,489,642	1,397,809	4.70

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	0	0	0	0	0	0.00
2 Economic development	0	0	0	0	0	0.00
3 Community support	0	0	0	0	0	0.00
4 Environmental improvements	0	0	0	0	0	0.00
5 Leadership development and training for community members	0	0	0	0	0	0.00
6 Coalition building	0	0	0	0	0	0.00
7 Community health improvement advocacy	0	0	0	0	0	0.00
8 Workforce development	0	0	0	0	0	0.00
9 Other	0	0	0	0	0	0.00
10 <b>Total</b>	0	0	0	0	0	0.00

**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	932,725	
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	8,563,070
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	8,622,081
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	(59,011)
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				
3				
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12				
13				

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest—see instructions)  
 How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 INDIANA UNIVERSITY HEALTH PAOLI, INC.  
 560 W. LONGEST STREET, PAOLI, IN 47454  
[HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-PAOLI-HOSPITAL](https://iuhealth.org/find-locations/iu-health-paoli-hospital) STATE LICENSE NO. : 22-005065-1

2

3

4

5

6

7

8

9

10

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 INDIANA UNIVERSITY HEALTH PAOLI, INC.

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		✓
<b>2</b>	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 . . . . .		✓
<b>3</b>	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):			
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
<b>5</b>	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 . . . . .	✓	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		✓
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		✓
<b>7</b>	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):			
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	✓	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	✓	
<b>a</b>	If "Yes," (list url): <u>HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/COMMUNITY-BENEFIT</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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.		
<b>12a</b>	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)? . . . . .		✓
<b>12b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group INDIANA UNIVERSITY HEALTH PAOLI, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	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:	✓	
<b>a</b>	<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>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	✓	
<b>15</b>	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):	✓	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):	✓	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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 INDIANA UNIVERSITY HEALTH PAOLI, INC.

	Yes	No
<b>17</b> 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? . . . . .	✓	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <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>b</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)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group INDIANA UNIVERSITY HEALTH PAOLI, INC.

		Yes	No
<b>22</b>	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.		
<b>a</b>	<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>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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? . . . . .	<b>23</b>	✓
	If "Yes," explain in Section C.		
<b>24</b>	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? . . . . .	<b>24</b>	✓
	If "Yes," explain in Section C.		

**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 PAOLI'S 2021 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT INCLUDES A PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY. THE CHNA REPORT IDENTIFIED THE FOLLOWING NEEDS AS PRIORITIES FOR IU HEALTH PAOLI:</p> <ol style="list-style-type: none"> <li>1. ACCESS TO HEALTHCARE SERVICES</li> <li>2. BEHAVIORAL HEALTH</li> <li>3. CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT</li> <li>4. MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING</li> <li>5. SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE</li> <li>6. SOCIAL DETERMINANTS OF HEALTH</li> </ol>

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: INDIANA UNIVERSITY HEALTH PAOLI, INC.</p> <p>DESCRIPTION: IN CONDUCTING EACH ITS MOST RECENT CHNA, IU HEALTH PAOLI HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES IT SERVES BY HOSTING TWO COMMUNITY FOCUS GROUPS. THESE EVENTS ENGAGED PUBLIC HEALTH OFFICIALS AND COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE SERVICES AND/OR REFLECT COMMUNITY MEMBERS WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, OR OF A MINORITY SUBPOPULATION TO DISCUSS THE HEALTH NEEDS OF THE SERVICE AREA AND WHAT ROLE IU HEALTH COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS.</p> <p>IU HEALTH PAOLI HOSPITAL THE DEFINED COMMUNITY PER THE MOST RECENT CHNA IS ORANGE COUNTY, INDIANA, WHERE THE HOSPITAL RESIDES.</p> <p>ORANGE COUNTY - COMMUNITY MEETINGS</p> <p>IU HEALTH PAOLI HOSPITAL OBTAINED COMMUNITY INPUT THROUGH FOCUS GROUPS OF COMMUNITY STAKEHOLDERS. TWO COMMUNITY MEETINGS WERE HELD IN 2021 TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN ORANGE COUNTY - APRIL 20 AND MAY 4. EACH GROUP WAS ASKED QUESTIONS REGARDING THEIR DEFINITION OF QUALITY OF LIFE, BARRIERS TO HAVING A HIGH-QUALITY LIFE, THE MOST IMPORTANT HEALTH NEEDS IN ORANGE COUNTY, WHAT THEY WOULD LIKE DECISION MAKERS TO KNOW AND THE IMPACTS OF THE COVID-19 PANDEMIC.</p> <p>IN REGARD TO DEFINITIONS OF QUALITY OF LIFE, PARTICIPANTS FOCUSED DISCUSSION ON TIMELY ACCESS TO CARE, PROVIDING FOR CHILDREN, KNOWING AVAILABLE RESOURCES, GOOD MENTAL AND PHYSICAL HEALTH, ACCESS TO ALL BASIC NECESSITIES (FOOD, HOUSING, ETC.), TRANSPORTATION, AREAS TO RECREATE, COMMUNITY EVENTS AND RELATIONSHIPS AND EDUCATIONAL OPPORTUNITIES THROUGHOUT LIFE.</p> <p>DESCRIBING BARRIERS TO ACHIEVING A HIGH-QUALITY LIFE, ISSUES AROUND TECHNOLOGY AND INTERNET BARRIERS, LACK OF TRANSPORTATION, ISOLATION, LACK OF SENSE OF COMMUNITY AND CONNECTIONS, POVERTY, UNEMPLOYMENT, LACK OF CHILDCARE, IN FLEXIBLE EDUCATION OPPORTUNITIES AND STRESS WERE DISCUSSED.</p> <p>THROUGH THESE DISCUSSIONS, PARTICIPANTS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR ORANGE COUNTY: *MENTAL HEALTH, INCLUDING A LACK OF PROVIDERS AND STIGMA *SUBSTANCE ABUSE, INCLUDING DRUGS, ALCOHOL AND TOBACCO *TRANSPORTATION *OBESITY AND CHRONIC DISEASE *SOCIAL DETERMINANTS OF HEALTH, INCLUDING POVERTY, HOUSING AND FOOD INSECURITY *ACCESS TO HEALTHCARE, INCLUDING TELEHEALTH</p> <p>IN REGARD TO THE COVID-19 PANDEMIC AND ITS IMPACTS, RESIDENTS HIGHLIGHTED ISSUES AROUND THE PANDEMIC IMPACTING ALREADY LIMITED TRANSPORTATION OPTIONS, ISOLATION AND LIMITING SOCIAL CONNECTIONS AND DIFFICULTIES ACCESSING ONLINE RESOURCES.</p> <p>COMMUNITY MEETING AND SURVEY PARTICIPANTS</p> <p>INDIVIDUALS FROM A WIDE VARIETY OF ORGANIZATIONS AND COMMUNITIES PARTICIPATED IN COMMUNITY MEETINGS AND SURVEYS. PARTICIPANTS INCLUDED REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS:</p> <p>*ANTHEM CARE SOURCE *FRENCH LICK RESORT *HOOSIER UPLANDS *IU HEALTH *IU HEALTH PAOLI HOSPITAL *IU HEALTH SOUTH CENTRAL REGION *LIFESTREAM SERVICES *NURSE FAMILY PARTNERSHIP *OB MED-SURGEON HEALTH SPECIALTIES *ORANGE COUNTY HEALTH DEPARTMENT *POSITIVE LINK *PURDUE EXTENSION *UNITED WAY OF ORANGE COUNTY *WIC FAMILY SERVICES *YMCA OF ORANGE COUNTY</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)</p>	<p><a href="https://iuhealth.org/in-the-community/community-benefit">HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/COMMUNITY-BENEFIT</a></p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH PAOLI, INC.</p> <p>DESCRIPTION: IN CONJUNCTION WITH THE CHNA, IU HEALTH PAOLI HOSPITAL'S BOARD ADOPTED AN IMPLEMENTATION STRATEGY IN APRIL 2022 RELATED TO THE 2021 CHNA. IU HEALTH PAOLI 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 PAOLI HOSPITAL WILL ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS BETWEEN 2022 AND 2024:</p> <ul style="list-style-type: none"> <li>-ACCESS TO HEALTHCARE SERVICES</li> <li>-BEHAVIORAL HEALTH*</li> <li>-CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT*</li> <li>-MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING</li> <li>-SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE</li> <li>-SOCIAL DETERMINANTS OF HEALTH*</li> </ul> <p>*IU HEALTH USES THE TERM BEHAVIORAL HEALTH TO REFER TO MENTAL HEALTH AND DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL) *CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT INCLUDES NEEDS SUCH AS OBESITY, DIABETES, AND PHYSICAL INACTIVITY *SOCIAL DETERMINANTS OF HEALTH INCLUDES NEEDS SUCH AS FOOD INSECURITY AND HEALTHY EATING</p> <p>IU HEALTH PAOLI WILL ADDRESS ALL COMMUNITY HEALTH NEEDS BASED ON THEIR 2021 COMMUNITY HEALTH NEEDS ASSESSMENT. THERE WERE NO IDENTIFIED NEEDS THAT WILL NOT BE ADDRESSED. IN ADDITION, DURING 2021 IU HEALTH PAOLI CONTINUED TO ADDRESS THE NEEDS IDENTIFIED IN THE 2018 CHNA, THROUGH THE IMPLEMENTATION STRATEGY ADOPTED IN APRIL 2019 RELATED TO THE 2018 CHNA.</p> <p>IU HEALTH PAOLI HOSPITAL WILL ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS BETWEEN 2019 AND 2021:</p> <ul style="list-style-type: none"> <li>-ACCESS TO HEALTHCARE SERVICES</li> <li>-OBESITY, DIABETICS AND PHYSICAL INACTIVITY</li> <li>-BEHAVIORAL HEALTH</li> <li>-SOCIAL DETERMINANTS OF HEALTH</li> </ul> <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 SERVICES IU HEALTH PAOLI HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF ACCESS TO HEALTHCARE SERVICES INCLUDES THE FOLLOWING:</p> <p>RECRUIT PROVIDERS BY WORKING WITH EXISTING AREA PRIMARY CARE PROVIDERS ON THE RECRUITMENT EFFORTS. THE FAMILY INTERNAL MEDICINE AND WALK-IN CLINIC ACHIEVED GREAT SUCCESS AND THERE WAS A CONTINUOUS INCREASE IN THE NUMBER OF PATIENTS SEEN. IN THE BEGINNING OF 2021, THE CLINIC WAS FULLY STAFFED WITH TWO PHYSICIANS AND TWO NURSE PRACTITIONERS, HOWEVER BY YEAR END, THE CLINIC LOST BOTH PHYSICIANS AND IS ACTIVELY SEEKING NEW PHYSICIAN CANDIDATES. THE CLINIC CONTRIBUTED GREATLY TO THE COMMUNITY'S NEEDS BY SEEING NON-EMERGENT PATIENTS THROUGH THE WALK-IN CLINIC AND BY PROVIDING COVID-19 TESTING AS A REGULAR SERVICE. THE CLINIC EVEN FLEXED OPERATIONS TO SEVEN DAYS A WEEK WHEN NECESSARY, DURING THE COVID-19 CASE SURGES. CONTINUED EFFORTS ON RECRUITMENT OF AN OBSTETRICIAN-GYNECOLOGIST (OB) PROVIDER RESULTED IN ONE PROVIDER BEING ADDED TO THE FAMILY &amp; INTERNAL MEDICINE (FIM) CLINIC IN FRENCH LICK WHO IS ALSO COVERING OB C-SECTION CALL FOR IU HEALTH PAOLI HOSPITAL 180 DAYS OF THE YEAR WITH LOCUM COVERAGE THE OTHER 185. EFFORTS WERE MADE TO ASSIST PHYSICIANS AT SOUTHERN INDIANA COMMUNITY HEALTH CARE IN BECOMING C-SECTION COMPETENT/CERTIFIED.</p> <p>CONTINUE TO PROVIDE HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) TO SELF-PAY PATIENTS AND APPLICATION ASSISTANCE TO PATIENTS AND COMMUNITY MEMBERS. IU HEALTH PAOLI HOSPITAL EMPLOYED A CERTIFIED INDIANA NAVIGATOR AS PART OF THE SYSTEM PATIENT ACCESS TEAM THAT DEVOTED A SET NUMBER OF HOURS TO SEE PATIENTS/CLIENTS UPON ADMISSION OR FOR WALK-IN APPOINTMENTS TO ASSIST IN APPLYING/OBTAINING HEALTH INSURANCE. THIS TEAM MEMBER SERVED 427 PATIENTS IN 2021. HPE IS ALSO AVAILABLE AS A TOOL TO MAKE HEALTHCARE MORE AFFORDABLE AND PROVIDE PAYMENT OPTIONS FOR THOSE COMMUNITY MEMBERS THAT MIGHT STILL HAVE SELF-PAY AS THEIR ONLY ROUTE FOR OBTAINING PREVENTATIVE AND EMERGENT CARE.</p> <p>MAINTAIN AND RECRUIT HEALTHCARE SPECIALISTS TO PRACTICE IN HOSPITAL-BASED VISITING SPECIALIST CLINICS (VSC). THE VSC STARTED 2021 WITH 12 PROVIDERS AND ENDED THE YEAR WITH 15 PROVIDERS IN NINE DIFFERENT SPECIALTIES. THE PROVIDERS DEDICATED TIME IN THE VSC RANGES FROM ONCE PER MONTH TO SOME THAT VISIT ON A WEEKLY BASIS. THE SPECIALTIES ADDED IN 2021 INCLUDED ENT, ORTHOPEDICS, AND SLEEP MEDICINE. RECRUITMENT OF ADDITIONAL PROVIDERS IS PLANNED TO CONTINUE INTO 2022.</p> <p>PROVIDE SUPPORT IN RECRUITING A SUBSTANCE ABUSE MEDICAL SPECIALIST TO PROVIDE SERVICES TO LOCAL COMMUNITY. CONTINUED PARTNERSHIP IN 2021 WITH OTHER COMMUNITY PROVIDERS AND PARTNERS TO FILL THIS NEED. STRONG RELIANCE ON PEER RECOVERY SERVICES FOR PATIENTS SEEN WITH SUBSTANCE ABUSE DIAGNOSIS IN THE IU HEALTH PAOLI HOSPITAL EMERGENCY DEPARTMENT (ED).</p> <p>PROVIDE BEHAVIORAL HEALTH SERVICES AND TREATMENT TO STUDENTS. VIRTUAL BEHAVIORAL HEALTH HUBS WERE SET UP IN THE LOCAL ORLEANS JUNIOR AND SENIOR HIGH SCHOOL IN SEPTEMBER OF 2019. DUE TO LIMITED CAPACITY IN THE BEHAVIORAL HEALTH VIRTUAL HUB, THE ORLEANS SCHOOL PROGRAM TRANSITIONED TO SOUTHERN INDIANA PHYSICIANS (SIP) RILEY IN LATE 2020. THERE WERE 42 HOURS OF SESSIONS PROVIDED TO 5 STUDENTS, 3 OF WHICH WERE STILL PARTICIPATING IN SESSIONS IN DECEMBER OF 2021.</p>

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	<p>OBESITY, DIABETES AND PHYSICAL ACTIVITY  IU HEALTH PAOLI HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF OBESITY, DIABETES AND PHYSICAL ACTIVITY INCLUDES THE FOLLOWING:</p> <p>PROVIDING A BREASTFEEDING SUPPORT GROUP TO NURSING MOTHERS.  THIS STRATEGY WAS NOT ABLE TO BE PROVIDED IN 2021 DUE TO NUMEROUS COVID-19 RESTRICTIONS AND SURGES. ALTHOUGH THE SERVICE WAS NOT PROVIDED IN A SUPPORT GROUP FORMAT, RNS THAT WORK ON THE OB UNIT AT IU HEALTH PAOLI HOSPITAL PROVIDED AMPLE BREASTFEEDING EDUCATION TO THEIR PATIENTS IN ADDITION TO THE PATIENT'S OB PROVIDER (SICHC IS THE OB PROVIDER THAT MOST OF OUR DELIVERY PATIENTS USE).</p> <p>PROVIDE SUPPORT GROUP FOR COMMUNITY MEMBERS WITH DIABETES.  SINCE THE COVID-19 PANDEMIC BEGAN, MOST IN PERSON SUPPORT GROUPS HAVE BEEN DISCONTINUED. THIS WAS ALSO TRUE FOR 2021, ESPECIALLY SINCE PATIENTS WITH DIABETES OFTEN HAVE OTHER COMORBIDITIES THAT COULD CONTRIBUTE TO SEVERE ILLNESS IF THEY CONTRACTED COVID-19. PATIENTS IN ORANGE-COUNTY DO HAVE THE ABILITY FOR THEIR PRIMARY CARE PHYSICIAN TO ORDER DIABETES EDUCATION, WHICH PATIENTS CAN RECEIVE VIRTUALLY. ALSO IN 2021, EFFORTS BEGAN TO EXTEND IN-PERSON DIABETES EDUCATION AND NUTRITION CONSULTATIONS TO IU HEALTH PAOLI HOSPITAL. THIS SERVICE WILL BE OFFERED VIA THE FIM CLINIC AS SOON AS A QUALIFIED CANDIDATE IS FOUND.</p> <p>COLLABORATE WITH THE OTHER INDIANA UNIVERSITY SOUTH CENTRAL REGION HOSPITALS AND COMMUNITY ORGANIZATIONS TO HOST A DAY OF SERVICE EVENT FOCUSED ON HEALTHY WEIGHT, PHYSICAL ACTIVITY, GOOD NUTRITION, AND PROMOTION OF POSITIVE BEHAVIORAL HEALTH.  OUR IU HEALTH PAOLI HOSPITAL 2021 DAY OF SERVICE WAS HELD ON SEPT. 10TH. THE DAY OF SERVICE WAS HELD IN PARTNERSHIP WITH THE PAOLI PARKS DEPARTMENT AS WE FOCUSED ON PHYSICAL ACTIVITY AND MENTAL HEALTH. IU HEALTH PAOLI HOSPITAL TEAM MEMBERS REPAIRED AND PAINTED PICNIC TABLES, PLANTED FLOWER BULBS, PICKED UP TRASH, AND SPREAD MULCH ON THE PLAYGROUNDS. THESE ACTIVITIES, SPREAD OVER TWO COMMUNITY PARKS, WERE DONE TO HELP BEAUTIFY THE PARK AREAS AND ENCOURAGE RESIDENTS TO INCLUDE THE PARKS IN THEIR DAILY ACTIVITIES: EXERCISE, PLAY TIME, AND FOR MENTAL HEALTH BREAKS. WE HAD APPROXIMATELY 18 VOLUNTEERS, INCLUDING MANY IU SCHOOL OF NURSING STUDENTS.</p> <p>BEHAVIORAL HEALTH (INCLUDES DRUG &amp; SUBSTANCE ABUSE AND MENTAL HEALTH)  IU HEALTH PAOLI HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF BEHAVIORAL HEALTH INCLUDES THE FOLLOWING:</p> <p>PROVIDE SUPPORT IN RECRUITING A SUBSTANCE ABUSE MEDICAL SPECIALIST TO PROVIDE SERVICES TO LOCAL COMMUNITY.  2021 SAW CONTINUED PARTICIPATION AND SUPPORT IN RECRUITING ACTIVITIES WITH SICHC TO BRING PROVIDERS TO THIS AREA. PEER RECOVERY COACHING SERVICES PROVIDES SUPPORT TO IU HEALTH PAOLI HOSPITAL ED.</p> <p>PROVIDE A DRUG TAKE-BACK BIN FOR PATIENTS AND COMMUNITY MEMBERS TO TURN IN UNUSED OR EXPIRED DRUGS.  THE BIN LOCATED IN IU HEALTH PAOLI HOSPITAL COLLECTED 92.9 LBS. OF UNUSED, UNWANTED, AND EXPIRED MEDICATIONS IN 2021. SEEING AN INCREASE OF THE COLLECTIONS FROM 2020 WAS DUE IN PART TO HAVING RE-OPENED VISITOR OPPORTUNITIES IN 2021 AS WE LEARNED AND BEGAN TO BETTER DEAL WITH THE COVID-19 VIRUS AND INCREASED COMMUNITY AWARENESS OF THIS SERVICE.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH PAOLI HOSPITAL (CONT.)</p> <p>DESCRIPTION: PAIN RESOURCE NURSE (RN) AND COMMITTEE ADDRESS FREQUENT AND REPEAT PATIENT EMERGENCY DEPARTMENT (ED) VISITS AND WORK TO DECREASE UNNECESSARY VISITS BY ASSISTING PATIENTS IN FINDING NEEDED RESOURCES. DUE TO STAFFING RESTRICTIONS, THIS SERVICE WAS NOT ABLE TO BE PERFORMED BY THE DESIGNATED RN AS IN THE PAST. ALL RNS HAVE ASSUMED THIS SCREENING AND ASSISTANCE, WHEN APPROPRIATE FOR OUR PATIENT POPULATION. ALSO, VIRTUAL PEER RECOVERY SERVICES HAS BECOME AN IMPORTANT PARTNER WITH KEEPING THE NUMBER OF REPEAT EMERGENCY DEPARTMENT VISITS LOW AND ASSISTING PATIENTS IN FINDING THE RESOURCES THAT THEY NEED IN THE COMMUNITY.</p> <p>PROVIDE PEER RECOVERY COACHING SERVICES VIA THE VIRTUAL BH HUB TO PATIENTS STRUGGLING WITH SUBSTANCE ABUSE ISSUES. IN 2021, THE PEER RECOVERY COACHING SERVICE HAD 42 EPISODES OF TREATMENT, 34 NEW PATIENTS, AND 11 REPEAT PATIENTS. 73.81% OF PATIENTS REFERRED TO PEER RECOVERY ACCEPTED TREATMENT WITH 77.99% OF PATIENTS COMPLETING SUCCESSFUL FOLLOW-UPS. A TOTAL OF 11,000 MINUTES WERE SPENT WITH PATIENT TREATMENT AND 3 NALOXONE KITS WERE DISTRIBUTED. AGES 18-24 WERE 7.14% TREATMENT GROUP, 24-44 WERE 76.19%, AND 45-64 WERE 16.67%. SUBSTANCES REPORTED AS DRUGS OF ABUSE WERE ALCOHOL AT 38.10%, METH 30.95%, OPIOIDS 16.67%, AND POLYSUBSTANCE ABUSE WAS 14.29%. 2021 SAW A LARGE INCREASE IN THE NUMBER OF SESSIONS COMPLETED AND THE TOTAL OF MINUTES SPENT IN PATIENT TREATMENT.</p> <p>SCREEN PERINATAL PATIENTS AND HAVE TRAINED PMAD REGISTERED NURSES CONSULT WITH PATIENTS AND OFFER SUPPORT GROUP AND WARM-LINE SERVICES, IF NEEDED. IN 2021 THERE WERE 79 BIRTHS WITH 100% BEING SCREENED FOR PMAD. NO ACTIVE SUPPORT GROUP DURING 2021 DUE TO COVID-19 RESTRICTIONS. WARM LINE IS STILL AVAILABLE.</p> <p>PROVIDE BEHAVIORAL HEALTH SERVICES AND TREATMENT TO STUDENTS. THIS PROGRAM IS NOT ACTIVE AT THIS TIME, PLEASE SEE EXPLANATION LISTED ABOVE IN THE ACCESS TO CARE STRATEGIES.</p> <p>PROVIDE PATIENTS WITH A BEHAVIORAL HEALTH DIAGNOSIS WITH VIRTUAL PSYCHIATRIC ASSESSMENTS BY IU HEALTH VIRTUAL VISITS CARE TEAM. FOR 2021 THERE WERE 222 CALLS TO THE VIRTUAL HUB, 187 ASSESSMENTS COMPLETED FOR 146 PATIENTS, AND 49 REPEAT PATIENTS. 20.32% OF THE PATIENTS WERE 17 AND UNDER, 20.86 WERE 18-24, 29.41 % 25-44, 17.65 45-64, AND 11.76 WERE 65 AND OLDER. THE AVERAGE TIME IN MINUTES FROM PATIENT CHECK IN TO PSYCH ASSESSMENT WAS 165.8 MINUTES. THE NUMBER ONE DIAGNOSIS FOR SCREENING WAS SUICIDAL IDEATION AT 36.05% OF TOTAL BEHAVIORAL HEALTH DIAGNOSES CHARTED.</p> <p>SOCIAL DETERMINANTS OF HEALTH IU HEALTH PAOLI HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF SOCIAL DETERMINANTS OF HEALTH INCLUDE THE FOLLOWING:</p> <p>PROVIDE OPPORTUNITIES FOR JOB SHADOWING IN VARIOUS AREAS OF THE HOSPITAL. ALL JOB SHADOWS AND OBSERVATION OPPORTUNITIES WERE PUT ON HOLD DURING 2021 DUE TO COVID-19 RESTRICTIONS AND SURGE RESPONSES. THIS WAS A REGIONAL DECISION, AND THESE OPPORTUNITIES ARE EXPECTED TO RESUME IN 2022. THROUGH A PARTNERSHIP WITH HOOSIER UPLANDS, A HEALTHCARE CAREER EXPO WAS HELD IN DEC. 2021 AND WAS AVAILABLE TO STUDENTS IN FIVE AREA COUNTIES. THERE WERE GUEST SPEAKERS FROM DIFFERENT HEALTH CARE FIELDS, COLLEGE REPRESENTATIVES, AND HUMAN RESOURCE REPRESENTATIVES FROM IU HEALTH THAT GAVE PRESENTATIONS TO THE STUDENTS AND THEN HAD BOOTH SPACE, SO THE STUDENTS COME TALK ONE ON ONE OR JUST COLLECT SPECIFIC INFORMATION.</p> <p>PROVIDE INTERNSHIPS TO COLLEGE STUDENTS WHO ARE SEEKING DESIGNATED HEALTHCARE DEGREES. IN 2021 IU HEALTH PAOLI HOSPITAL TEAM MEMBERS CONTINUED THEIR SUPPORT OF SECONDARY EDUCATION BY CONTRIBUTING 807 HOURS TO THE EDUCATION AND PRECEPTING OF CLINICAL STUDENTS IN NURSING, RADIOLOGY, MEDICINE, AND PHLEBOTOMY.</p> <p>IU HEALTH PAOLI HOSPITAL ADDRESSED ALL COMMUNITY HEALTH NEEDS BASED ON THEIR 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THERE WERE NO IDENTIFIED NEEDS THAT WERE NOT ADDRESSED.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH PAOLI, INC.</p> <p>DESCRIPTION: IN ADDITION TO FPG, IU HEALTH PAOLI MAY TAKE INTO CONSIDERATION A PATIENT'S INCOME AND/OR ABILITY TO PAY IN CALCULATION OF A FINANCIAL ASSISTANCE AWARD.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH PAOLI, INC.</p> <p>DESCRIPTION: IU HEALTH PAOLI 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 PAOLI WILL TREAT THE ADULT AS A DEPENDENT FOR PURPOSES OF THE FPL CALCULATION.</p> <p>IU HEALTH PAOLI 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 PAOLI, 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 PAOLI 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 PAOLI 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"> <li>-MEDICAID (ANY STATE)</li> <li>-INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES</li> <li>-HEALTHY INDIANA PLAN</li> <li>-PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE)</li> <li>-A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD.</li> </ul> <p>IU HEALTH PAOLI 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"> <li>-IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY.</li> <li>-IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE.</li> <li>-IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH.</li> </ul> <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"> <li>-THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY.</li> <li>-IU HEALTH MAY REQUEST PATIENTS SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THE APPROPRIATE INSURANCE PROVIDER BEFORE AWARDED FINANCIAL ASSISTANCE.</li> </ul> <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 PAOLI 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	<a href="https://iuhealth.org/pay-a-bill/financial-assistance">HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="https://iuhealth.org/pay-a-bill/financial-assistance">HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://iuhealth.org/pay-a-bill/financial-assistance">HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE</a>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH PAOLI, INC.</p> <p>DESCRIPTION: IU HEALTH PAOLI TAKES SEVERAL OTHER MEASURES TO BROADLY PUBLICIZE ITS FAP WITHIN THE COMMUNITY. THESE MEASURES INCLUDE THE FOLLOWING:</p> <ol style="list-style-type: none"> <li>1.POST THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION ON ITS WEBSITE.</li> <li>2.PROVIDE PATIENTS WITH A PLAIN LANGUAGE SUMMARY OF THIS POLICY DURING REGISTRATION AND/OR DISCHARGE.</li> <li>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.</li> <li>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.</li> <li>5.MAKE AVAILABLE CUSTOMER SERVICE REPRESENTATIVES VIA TELEPHONE DURING NORMAL BUSINESS HOURS.</li> <li>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.</li> <li>7.BROADLY COMMUNICATE THIS POLICY AS A PART OF ITS GENERAL OUTREACH EFFORTS.</li> <li>8.EDUCATE PATIENT-FACING TEAM MEMBERS ON THIS POLICY AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.</li> </ol>

**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? 4

Name and address	Type of Facility (describe)
<b>1</b> IU HEALTH PAOLI HOSPITAL REHABILITATION 642 W. HOSPITAL RD. PAOLI, IN 47454	REHABILITATION SERVICES
<b>2</b> IUH PAOLI HOSPITAL OBGYN 642 W. HOSPITAL RD. PAOLI, IN 47454	SPECIALTY CARE
<b>3</b> IU HEALTH PAOLI HOSPITAL SURGERY DEPT. 642 W. HOSPITAL RD. PAOLI, IN 47454	SPECIALTY CARE
<b>4</b> IU HEALTH PAOLI WALK-IN 560 W. LONGEST STREET PAOLI, IN 47454	PRIMARY CARE
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

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 PAOLI USES SEVERAL FACTORS OTHER THAN FEDERAL POVERTY GUIDELINES ("FPG") IN DETERMINING ELIGIBILITY FOR FREE CARE UNDER ITS FAP. THESE FACTORS INCLUDE THE FOLLOWING:</p> <p>1. ELIGIBILITY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP  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"> <li>- SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION WITH ALL SUPPORTING DOCUMENTATION AND BE APPROVED IN ACCORDANCE WITH THIS POLICY;</li> <li>- BE AN INDIANA RESIDENT AS DEFINED IN THIS POLICY; AND</li> <li>- 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.</li> </ul> <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  THE FPL INCOME THRESHOLD UNDER THIS SECTION IS AS FOLLOWS:</p> <ul style="list-style-type: none"> <li>-IF ONE OR MORE ADULTS AND ZERO DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 200%.</li> <li>-IF TWO OR MORE ADULTS AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 250%.</li> <li>-IF ONE ADULT AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 300%.</li> </ul> <p>IN SOME INSTANCES, AN ADULT WILL ALSO QUALIFY AS A DEPENDENT. WHEN THIS OCCURS, IU HEALTH PAOLI WILL TREAT THE ADULT AS A DEPENDENT FOR PURPOSES OF THE FPL CALCULATION.  IU HEALTH PAOLI 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.  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.  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  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  IF APPROVED FOR FINANCIAL ASSISTANCE BY IU HEALTH PAOLI, 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.  AS A CONDITION OF EXTENDING THE ON-GOING FINANCIAL ASSISTANCE, THE PATIENT MUST COMPLY WITH REQUESTS FROM IU HEALTH PAOLI TO VERIFY THAT THE PATIENT CONTINUES TO MEET THE CONDITIONS FOR QUALIFICATION.</p> <p>5. APPEALS AND ASSISTANCE GRANTED BY THE FINANCIAL ASSISTANCE COMMITTEE  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.  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"> <li>-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;</li> <li>-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</li> </ul>

Return Reference - Identifier	Explanation
	<p>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.  ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL.</p> <p>6. PRESUMPTIVE ELIGIBILITY  NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.  IU HEALTH PAOLI 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:  -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.  IU HEALTH PAOLI 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.  FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES:  -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> <p>7. EXHAUSTION OF ALTERNATE SOURCES OF ASSISTANCE  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.  PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE HEALTH INSURANCE POLICY MUST EXHAUST ALL INSURANCE BENEFITS.  -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.  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.  IN THE EVENT FINANCIAL ASSISTANCE HAS ALREADY BEEN GRANTED IN THE ABOVE CIRCUMSTANCES, IU HEALTH PAOLI 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  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. IU HEALTH PAOLI MAY REQUIRE A LIST OF ALL PROPERTY OWNED BY THE PATIENT OR GUARANTOR AND ADJUST A FINANCIAL ASSISTANCE DETERMINATION AS A RESULT.</p>
<p>SCHEDULE H, PART I,  LINE 6A - C.B. REPORT  PREPARED BY A RELATED  ORG.</p>	<p>IU HEALTH PAOLI'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 <a href="https://iuhealth.org/in-the-community">HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY</a>. 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 6A - NAME OF  RELATED ORGANIZATION  THAT PREPARED  COMMUNITY BENEFIT  REPORT</p>	<p>INDIANA UNIVERSITY HEALTH, INC.</p>
<p>SCHEDULE H, PART I,  LINE 7 - 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 DOES NOT INCLUDE DIRECT OFFSETTING REVENUE, IS 36.65%.</p>
<p>SCHEDULE H, PART I,  LINE 7, COL (F) - BAD  DEBT EXPENSE  EXCLUDED FROM  FINANCIAL ASSISTANCE  CALCULATION</p>	<p>2,883,774</p>
<p>SCHEDULE H, PART I,  LINE 7F - BAD DEBT  EXPENSE</p>	<p>THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSE ON LINE 7, COLUMN (F) IS \$2,883,774.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED	IU HEALTH PAOLI HOSPITAL SUPPORTS AND/OR PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE NON-MEDICAL, ROOT CAUSES OF HEALTH PROBLEMS IN THE COMMUNITIES IT SERVES. IU HEALTH PAOLI HOSPITAL AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM") INVESTMENTS INCLUDE ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, WORKFORCE DEVELOPMENT OPPORTUNITIES, COLLABORATE WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCATE FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS. SOME ACTIVITIES MEET THE DEFINITION OF COMMUNITY BENEFIT AND HAVE BEEN REPORTED AS SUCH.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	THE BAD DEBT EXPENSE REPORTED ON SCHEDULE H, PART III, LINE 2 IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	<p>IU HEALTH PAOLI 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"> <li>1.MEDICAID (ANY STATE)</li> <li>2.INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES</li> <li>3.HEALTHY INDIANA PLAN</li> <li>4.PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE)</li> <li>5.A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD.</li> </ol> <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>IU HEALTH PAOLI 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> <ol style="list-style-type: none"> <li>A)IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY.</li> <li>B)IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE.</li> <li>C)IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH.</li> </ol> <p>DUE TO THIS COMPREHENSIVE METHODOLOGY, IU HEALTH PAOLI 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>
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	<p>IU HEALTH'S CONSOLIDATED FINANCIAL STATEMENTS, FOOTNOTE 5, ADDRESSES BAD DEBT EXPENSE AS FOLLOWS:</p> <p>THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT REQUIRE COLLATERAL OR OTHER SECURITY FROM ITS PATIENTS, SUBSTANTIALLY ALL OF WHOM ARE RESIDENTS OF THE STATE, FOR THE DELIVERY OF HEALTH CARE SERVICES. HOWEVER, CONSISTENT WITH INDUSTRY PRACTICE, THE INDIANA UNIVERSITY HEALTH SYSTEM ROUTINELY OBTAINS ASSIGNMENT OF (OR IS OTHERWISE ENTITLED TO RECEIVE) PATIENTS' BENEFITS PAYABLE UNDER THEIR HEALTH INSURANCE PROGRAMS, PLANS, OR POLICIES (E.G., MEDICARE, MEDICAID, MANAGED CARE PAYERS, AND COMMERCIAL INSURANCE POLICIES).</p> <p>THE INDIANA UNIVERSITY HEALTH SYSTEM USES A PORTFOLIO APPROACH TO ACCOUNT FOR CATEGORIES OF PATIENT CONTRACTS AS A COLLECTIVE GROUP, RATHER THAN RECOGNIZING REVENUE ON AN INDIVIDUAL CONTRACT BASIS. THE PORTFOLIOS CONSIST OF MAJOR PAYER CLASSES FOR INPATIENT REVENUE AND OUTPATIENT REVENUE. BASED ON THE HISTORICAL COLLECTION TRENDS AND OTHER ANALYSIS, THE INDIANA UNIVERSITY HEALTH SYSTEM BELIEVES THAT REVENUE RECOGNIZED BY UTILIZING THE PORTFOLIO APPROACH APPROXIMATES THE REVENUE THAT WOULD HAVE BEEN RECOGNIZED IF AN INDIVIDUAL CONTRACT APPROACH WERE USED.</p> <p>IN SUPPORT OF ITS MISSION, THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES CARE TO UNINSURED AND UNDERINSURED PATIENTS. THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES CHARITY CARE TO PATIENTS WHO LACK 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 \$133,584,000 AND \$90,358,000 IN 2021 AND 2020, 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 THE IU HEALTH PAOLI MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH PAOLI'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 PAOLI'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.</p> <p>IU HEALTH PAOLI'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 PAOLI 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 PAOLI'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 FINANCIAL ASSISTANCE APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION:</p> <ul style="list-style-type: none"> <li>-ALL SOURCES OF INCOME FOR THE LAST THREE (3) MONTHS.</li> <li>-MOST RECENT THREE (3) MONTHS OF PAY STUBS OR SUPPLEMENTAL SECURITY INCOME VIA SOCIAL SECURITY.</li> <li>-MOST RECENT THREE (3) STATEMENTS FROM CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, STOCKS, BONDS AND MONEY MARKET ACCOUNTS.</li> <li>-MOST RECENT STATE AND FEDERAL INCOME TAX FORMS INCLUDING SCHEDULES C, D, E, AND F.</li> </ul> <p>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.</p> <ul style="list-style-type: none"> <li>-MOST RECENT W-2 STATEMENT.</li> <li>-FOR PATIENTS OR MEMBERS OF THE HOUSEHOLD WHO ARE CURRENTLY UNEMPLOYED, WAGE INQUIRY FROM WORKONE.</li> <li>-IF APPLICABLE, DIVORCE/DISSOLUTION DECREES AND CHILD CUSTODY ORDER.</li> </ul> <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"> <li>-ARABIC;</li> <li>-BURMESE;</li> <li>-BURMESE - FALAM;</li> <li>-BURMESE - HAKHA CHIN;</li> <li>-MANDARIN/CHINESE; OR</li> <li>-SPANISH</li> </ul> <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 PAOLI MAINTAINS THE CONFIDENTIALITY OF ALL FINANCIAL ASSISTANCE APPLICATIONS AND SUPPORTING DOCUMENTATION.</p> <p>IU HEALTH PAOLI 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 IU HEALTH PAOLI 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. 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 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"> <li>-IU HEALTH WILL NOTIFY THE PATIENT OF THIS POLICY AT LEAST THIRTY (30) DAYS PRIOR TO INITIATING AN ECA.</li> <li>-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.</li> <li>-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.</li> <li>-IF AN APPLICATION IS APPROVED, IU HEALTH WILL ISSUE A REVISED STATEMENT, ISSUE REFUNDS, AND MAKE REASONABLE EFFORTS TO REVERSE ECAS AS NECESSARY.</li> <li>-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: <ul style="list-style-type: none"> <li>-SELLING A PATIENT OR THEIR GUARANTOR'S OUTSTANDING FINANCIAL RESPONSIBILITY TO A THIRD PARTY.</li> <li>-REPORTING ADVERSE INFORMATION ABOUT THE PATIENT OR THEIR GUARANTOR TO CONSUMER CREDIT REPORTING AGENCIES OR CREDIT BUREAUS.</li> <li>-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.</li> <li>-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</li> </ul> </li> </ul>

Return Reference - Identifier	Explanation
	<p>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. 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 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. PATIENTS WITH AN OUTSTANDING ACCOUNT BALANCE DUE ON A SEPARATE ACCOUNT WILL HAVE THEIR REFUND APPLIED TO THE OUTSTANDING BALANCE. 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>EACH IU HEALTH HOSPITAL IS DEDICATED TO THE COMMUNITY IT SERVES. EACH HOSPITAL CONDUCTS A CHNA TO UNDERSTAND CURRENT COMMUNITY HEALTH NEEDS AND TO INFORM STRATEGIES DESIGNED TO IMPROVE COMMUNITY HEALTH, INCLUDING INITIATIVES DESIGNED TO ADDRESS SOCIAL DETERMINANTS OF HEALTH. THE CHNAS ARE CONDUCTED USING WIDELY ACCEPTED METHODOLOGIES TO IDENTIFY THE SIGNIFICANT NEEDS OF A SPECIFIC COMMUNITY. THE ASSESSMENTS ALSO ARE CONDUCTED TO COMPLY WITH FEDERAL LAWS AND REGULATORY REQUIREMENTS THAT APPLY TO TAX-EXEMPT HOSPITALS.</p> <p>IU HEALTH PAOLI ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR ITS HOSPITAL LOCATION. FOR THE 2021 CHNA, IU HEALTH PAOLI OBTAINED COMMUNITY INPUT THROUGH FOCUS GROUPS OF COMMUNITY STAKEHOLDERS, ADDITIONAL SURVEYS ISSUED TO STAKEHOLDERS WHO WERE UNABLE TO ATTEND COMMUNITY MEETINGS, A SURVEY ISSUED TO INTERNAL PROVIDERS FROM IU HEALTH PAOLI AND KEY INFORMANT INTERVIEWS WITH THOSE POSSESSING PUBLIC HEALTH EXPERTISE.</p> <p>AFTER COMPLETION OF THE CHNA, IU HEALTH PAOLI REVIEWED SECONDARY DATA, FINDINGS FROM OTHER COMMUNITY HEALTH ASSESSMENTS OF AREAS SERVED BY THE HOSPITAL, INPUT OBTAINED FROM INDIVIDUALS WHO PARTICIPATED IN COMMUNITY MEETINGS, AND INPUT OBTAINED FROM KEY STAKEHOLDERS. 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 PAOLI 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 PAOLI HAS ESTABLISHED A FAP TO PROVIDE FINANCIAL ASSISTANCE TO UNINSURED PATIENTS. IU HEALTH PAOLI IS COMMITTED TO ENSURING ITS PATIENTS ARE COMPLIANT WITH ALL PROVISIONS OF THE PATIENT PROTECTION &amp; AFFORDABLE CARE ACT. TO THAT END, IU HEALTH PAOLI 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 PAOLI 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"> <li>1. POST THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION ON ITS WEBSITE.</li> <li>2. PROVIDE PATIENTS WITH A PLAIN LANGUAGE SUMMARY OF THIS POLICY DURING REGISTRATION AND/OR DISCHARGE.</li> <li>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.</li> <li>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.</li> <li>5. MAKE AVAILABLE CUSTOMER SERVICE REPRESENTATIVES VIA TELEPHONE DURING NORMAL BUSINESS HOURS.</li> <li>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.</li> <li>7. BROADLY COMMUNICATE THIS POLICY AS A PART OF ITS GENERAL OUTREACH EFFORTS.</li> <li>8. EDUCATE PATIENT-FACING TEAM MEMBERS ON THIS POLICY AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.</li> </ol>
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>IU HEALTH PAOLI IS LOCATED IN ORANGE COUNTY, INDIANA, A COUNTY LOCATED IN SOUTH CENTRAL INDIANA. ORANGE COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF FRENCH LICK, ORLEANS, PAOLI, AND WEST BADEN SPRINGS.</p> <p>BASED ON THE MOST RECENT CENSUS BUREAU (2021) STATISTICS, ORANGE COUNTY'S POPULATION IS 19,830 PERSONS WITH APPROXIMATELY 49.7% BEING FEMALE AND 50.3% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 94.4% WHITE, 1.7% BLACK, 1.8% HISPANIC OR LATINO, 0.4% ASIAN, 0.5% AMERICAN INDIAN OR ALASKA NATIVE, AND 1.4% PERSONS REPORTING TWO OR MORE RACES.</p> <p>ORANGE COUNTY HAS RELATIVELY LOW LEVELS OF EDUCATIONAL ATTAINMENT AS COMPARED TO OTHER INDIANA COUNTIES. ROUGHLY, 12.9% OF THE POPULATION HAS A BACHELOR'S DEGREE OR GRADUATE/PROFESSIONAL DEGREE, WHILE 83.5% OF THE POPULATION HAS OBTAINED A HIGH SCHOOL DEGREE.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>IU HEALTH PAOLI 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>IU HEALTH AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA, INCLUDING IU HEALTH PAOLI HOSPITAL, EXTENDS MEDICAL PRIVILEGES TO ALL PHYSICIANS WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENTS 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> <p>DURING 2021, IU HEALTH PAOLI HOSPITAL'S PROMOTION OF COMMUNITY HEALTH INCLUDED THE FOLLOWING HIGHLIGHTS:</p> <p>IU HEALTH PAOLI HOSPITAL PARTNERS WITH THE LOCAL SCHOOL SYSTEMS AND COMMUNITY PARTNERS TO PROVIDE PREVENTIVE HEALTH EDUCATIONAL PROGRAMS.</p> <p>-IU HEALTH PAOLI HOSPITAL HAS A PERMANENT FITTING STATION, AS DESIGNATED BY THE STATE, FOR CARE SEAT SAFETY INSPECTIONS AND HAS FOUR CERTIFIED CPSTS (CHILD PASSENGER SAFETY TECHNICIAN). ONE COMMUNITY EVENT WAS HELD IN 2021 (DUE TO COVID RESTRICTIONS AND STAFFING NEEDS) AND 10 HOURS PER MONTH ARE DEVOTED TO INSPECTION APPOINTMENTS, AVAILABLE FOR FREE TO PARENTS AND CAREGIVERS. TECHNICIANS INSPECT, EDUCATE, AND ASSIST THOSE COMMUNITY MEMBERS WITH THEIR CAR SEAT QUESTIONS AND PROBLEMS. QUARTERLY COMMUNITY CAR SEAT INSPECTIONS WILL BEGIN IN 2022 TO ENSURE THAT THE CHILDREN IN OUR COMMUNITY ARE SAFELY TRAVELING IN VEHICLES. WE CAN ALSO REPLACE OR GIVE OUT A CAR SEAT IF NEEDED ONCE INSPECTION AND EDUCATION ARE COMPLETED. THE CAR SEATS AVAILABLE RANGE FROM NEWBORN TO BOOSTER SEATS TO COVER ALL CHILDREN THAT ARE REQUIRED BY INDIANA LAW TO BE IN AN APPROPRIATE CAR SEAT.</p> <p>-OUR COMMUNITY HEALTH PROGRAM DONATED 25 SAFE SLEEP KITS TO THE HOPE RESOURCE CENTER SO THAT ANYONE IN NEED OF A SAFE PLACE FOR THEIR INFANT UNDER 1 YEAR OF AGE TO SLEEP CAN EASILY ACCESS THIS ITEM. THE SAFE SLEEP KITS WERE GIVEN TO THOSE WHO COMPLETE A SHORT EDUCATIONAL PRESENTATION AND INCLUDE A PACK AND PLAY CRIB, CRIB SHEET, SLEEP SAC, AND ADDITIONAL EDUCATIONAL MATERIALS FOR THE PARENTS OR CAREGIVERS. THIS SERVICE IS ALSO AVAILABLE TO ANY NEW MOM OR CAREGIVER OF A NEWBORN DELIVERED AT IU HEALTH PAOLI HOSPITAL.</p> <p>-IU HEALTH PAOLI HOSPITAL IS THE LEAD AGENCY FOR THE ORANGE COUNTY HEALTH COALITION. THE COALITION IS A PLACE FOR COMMUNITY PARTNERS TO GATHER, NETWORK AND ADDRESS COMMUNITY HEALTH NEEDS TOGETHER. MANY OF THE COALITION MEMBERS PARTICIPATED IN OUR STAKEHOLDER FOCUS GROUPS FOR OUR 2021 CHNA.</p> <p>-IN 2021, IU HEALTH PAOLI HOSPITAL SERVED AS A MASS COVID-19 VACCINE CLINIC THAT NOT ONLY SERVED AS A 1A LOCATION FOR HEALTHCARE WORKERS IN FIVE COUNTIES, BUT ALSO ANSWERED THE CALL WHEN THE VACCINES WERE OPENED TO THE PUBLIC, AND FOLLOWING THE GUIDELINES SET FORTH BY THE STATE, GAVE ALMOST 22,000 VACCINES. THE CLINIC WAS OPEN TO THE PUBLIC BEGINNING IN JAN. 2021 AND OPERATED ON A LARGE SCALE (6 DAYS PER WEEK) UNTIL MAY OF 2021. VACCINES ARE NOW OFFERED AS A CLINIC SERVICE AND FOR ALL PATIENTS THAT ARE ADMITTED TO THE MEDICAL/SURGICAL UNIT OR IN THE EMERGENCY DEPARTMENT.</p> <p>-IU HEALTH PAOLI HOSPITAL ALSO HAD TEAM MEMBERS THAT VOLUNTEERED TO ADMINISTER COVID-19 VACCINES FOR THE ORANGE COUNTY HEALTH DEPARTMENT DURING THEIR LARGE MOBILE CLINICS. MANY TEAM MEMBERS WORKED EXTRA HOURS TO ASSIST WITH IU HEALTH PAOLI HOSPITAL'S MOBILE CLINICS THAT WENT TO PAOLI COMMUNITY SCHOOLS, SPRINGS VALLEY COMMUNITY SCHOOLS, AND MITCHELL COMMUNITY SCHOOLS.</p>

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<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>INDIANA UNIVERSITY HEALTH PAOLI HOSPITAL IS PART OF INDIANA UNIVERSITY HEALTH ("IU HEALTH" OR "THE HEALTHCARE SYSTEM"), WHICH IS INDIANA'S MOST COMPREHENSIVE HEALTHCARE SYSTEM. A UNIQUE PARTNERSHIP WITH THE INDIANA UNIVERSITY SCHOOL OF MEDICINE ("IU SCHOOL OF MEDICINE"), ONE OF THE NATION'S LEADING MEDICAL SCHOOLS, GIVES PATIENTS ACCESS TO INNOVATIVE TREATMENTS AND THERAPIES. THE HEALTHCARE SYSTEM IS COMPRISED OF HOSPITALS, PHYSICIANS AND ALLIED SERVICES DEDICATED TO PROVIDING PREEMINENT CARE THROUGHOUT INDIANA AND BEYOND.</p> <p>IU HEALTH'S AFFILIATE HOSPITALS ARE DIVIDED INTO FIVE REGIONS THAT SERVE COMMUNITIES IN NORTHWEST, NORTHEAST, CENTRAL AND SOUTHERN INDIANA. THE 16 HOSPITALS IN THE HEALTHCARE SYSTEM INCLUDE IU HEALTH INC. (I.E., THE IU HEALTH ACADEMIC HEALTH CENTER CONSISTS OF IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR CHILDREN AT IU HEALTH AND IU HEALTH SAXONY HOSPITAL); IU HEALTH ARNETT; IU HEALTH BALL; IU HEALTH BEDFORD HOSPITAL; IU HEALTH BLACKFORD HOSPITAL; IU HEALTH BLOOMINGTON HOSPITAL; IU HEALTH FRANKFORT; IU HEALTH JAY; IU HEALTH NORTH HOSPITAL; IU HEALTH PAOLI HOSPITAL; IU HEALTH TIPTON HOSPITAL; IU HEALTH WEST HOSPITAL; AND IU HEALTH WHITE MEMORIAL HOSPITAL.</p> <p>EACH AFFILIATE HOSPITAL IN THE HEALTHCARE SYSTEM CONDUCTS AND ADOPTS ITS OWN COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY. IU HEALTH CONSIDERS THE SUM OF THESE CHNAS AND THE IMPLEMENTATION STRATEGIES PART OF A SYSTEM WIDE GOAL OF MAKING INDIANA ONE OF THE HEALTHIEST STATES IN THE NATION. THE AFFILIATE 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 HEALTHCARE 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>THE HEALTHCARE SYSTEM INCLUDES AN ACADEMIC HEALTH CENTER (I.E., IU HEALTH INC.), A REGIONAL ACADEMIC HEALTH CENTER (I.E., IU HEALTH BLOOMINGTON HOSPITAL) AND SEVERAL AFFILIATE HOSPITALS THAT WORK IN PARTNERSHIP WITH THE IU SCHOOL OF MEDICINE TO TRAIN PHYSICIANS, BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE THROUGHOUT IU HEALTH. EACH YEAR, MORE THAN 1,000 RESIDENTS AND FELLOWS RECEIVE TRAINING IN AFFILIATE HOSPITALS. RESEARCH CONDUCTED BY IU SCHOOL OF MEDICINE FACULTY GIVES IU HEALTH PHYSICIANS AND PATIENTS ACCESS TO THE MOST LEADING-EDGE AND COMPREHENSIVE TREATMENT OPTIONS.</p> <p>TO FURTHER PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY IU HEALTH, THE SYSTEM-LEVEL COMMUNITY HEALTH DIVISION TEAM PARTNERS WITH STATE AND LOCAL COMMUNITY-BASED ORGANIZATIONS, COMMUNITY COALITIONS AND GOVERNMENTAL AGENCIES TO FOCUS ON CLINICAL CARE, COMMUNITY INVESTMENT AND ADVOCACY STRATEGY THAT SEEKS TO IMPROVE THE HEALTH OF COMMUNITIES. ALL AFFILIATE HOSPITALS IN THE HEALTHCARE SYSTEM IDENTIFIES AND ADDRESSES SIGNIFICANT HEALTH NEEDS UNIQUE TO THE COMMUNITY THEY SERVE. SOME OF THESE HEALTH NEEDS ARE COMMON IN COMMUNITIES SERVED BY MULTIPLE AFFILIATE HOSPITALS IN THE HEALTHCARE SYSTEM AND ALIGN WITH SYSTEM PRIORITY AREAS, WARRANTING A SYSTEM LEVEL STRATEGY. THE COMMUNITY HEALTH DIVISION PLANS AND PROVIDES TECHNICAL ASSISTANCE FOR SYSTEM-LEVEL STRATEGIES THAT ADDRESS THESE COMMON HEALTH NEEDS INCLUDING HEALTH INEQUITIES, TOBACCO, BEHAVIORAL HEALTH ACCESS, INFANT AND MATERNAL HEALTH AND SOCIAL NEEDS. EACH AFFILIATE HOSPITAL WORKS COLLABORATIVELY WITH THE COMMUNITY HEALTH DIVISION TEAM TO OPERATIONALIZE SYSTEM-LEVEL STRATEGIES THROUGH THE IMPLEMENTATION OF SPECIFIC ACTIVITIES THAT ALIGN AND ACTIVATE LOCAL RESOURCES TOO. THIS BENEFITS THE COMMUNITY EACH AFFILIATE HOSPITAL SERVES AND WORKS TOWARDS A STATEWIDE IMPACT (SYSTEM-LEVEL) ON HEALTH OUTCOMES.</p> <p>AS PART OF THE COMMUNITY HEALTH DIVISION, IU HEALTH SERVES, A SYSTEM-LEVEL TEAM MEMBER VOLUNTEER PROGRAM, SEEKS TO POSITIVELY IMPACT THE HEALTH OF COMMUNITIES IU HEALTH AFFILIATE HOSPITALS SERVE AND FOSTER A CULTURE OF ENGAGEMENT AND SOCIAL RESPONSIBILITY. IU HEALTH PAOLI HOSPITAL COORDINATES THE DIFFERENT INITIATIVES OF THE PROGRAM, INCLUDING DAYS OF SERVICE. THIS IS THE LARGEST VOLUNTEER EVENT OF THE YEAR, CONSISTING OF PROJECTS DESIGNED TO ENGAGE IU HEALTH PAOLI HOSPITAL TEAM MEMBERS IN ACTIVITIES THAT ADDRESS LOCAL, IDENTIFIED COMMUNITY HEALTH PRIORITIES.</p> <p>THE COMMUNITY IMPACT AND INVESTMENT (CII) FUND IS A \$100 MILLION BOARD DESIGNATED FUND THAT IS MANAGED 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 AFFILIATE HOSPITAL HAS A SIGNIFICANT IMPACT ON AND IS 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 THEIR SURROUNDING COMMUNITIES. EACH IU HEALTH AFFILIATE HOSPITAL AND ITS TEAM MEMBERS ARE ELIGIBLE TO PURSUE THIS GRANT OPPORTUNITY WITH A COMMUNITY ORGANIZATION OR AGENCY.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>IN</p>