

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

INDIANA UNIVERSITY HEALTH ARNETT, INC.

Employer identification number

26-3162145

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)		10978	11,435,043.		11,435,043.	3.38
b Medicaid (from Worksheet 3, column a)		13788	39,026,846.	23,441,007.	15,585,839.	4.60
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		24766	50,461,889.	23,441,007.	27,020,882.	7.98
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	25	53776	332,942.	9,747.	323,195.	.10
f Health professions education (from Worksheet 5)	5	609	1,372,669.	2,700.	1,369,969.	.40
g Subsidized health services (from Worksheet 6)	2	393	3,340.		3,340.	
h Research (from Worksheet 7)	2	197	84,564.		84,564.	.02
i Cash and in-kind contributions for community benefit (from Worksheet 8)	10	55752	153,526.		153,526.	.05
j Total Other Benefits	44	110727	1,947,041.	12,447.	1,934,594.	.57
k Total . Add lines 7d and 7j.	44	135493	52,408,930.	23,453,454.	28,955,476.	8.55

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						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	4	48122	231,447.		231,447.	.07
8 Workforce development	1	15	7,354.		7,354.	
9 Other						
10 Total	5	48137	238,801.		238,801.	.07

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	X
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	8,794,034.
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	65,212,299.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	76,772,274.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-11,559,975.
8 Describe in Part VI the extent to which any shortfall reported in 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	X
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	X

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				
4				
5				
6				
7				
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9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

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

	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
1 IU HEALTH ARNETT HOSPITAL 5165 MCCARTY LANE LAFAYETTE IN 47905 HTTP://IUHEALTH.ORG/ARNETT/ 14-011506-1	X	X		X		X	X			
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

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

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM COMMUNITY

IU HEALTH ARNETT OPERATES ONE HOSPITAL LOCATION LICENSED AS A SINGLE HOSPITAL BY THE INDIANA STATE DEPARTMENT OF HEALTH.

IU HEALTH ARNETT IS LOCATED IN LAFAYETTE, TIPPECANOE COUNTY, INDIANA.

IN CONDUCTING ITS MOST RECENT CHNA, IU HEALTH ARNETT TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES IT SERVES BY HOSTING SEVERAL COMMUNITY CONVERSATION FOCUS GROUPS. THESE FOCUS GROUPS INCLUDED PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS TO DISCUSS THE HEALTHCARE NEEDS OF THE SERVICE AREA AND WHAT ROLE IU HEALTH ARNETT COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS.

TO OBTAIN A MORE COMPLETE PICTURE OF THE FACTORS THAT PLAY INTO THE TIPPECANOE COUNTY COMMUNITY'S HEALTH, INPUT FROM LOCAL HEALTH LEADERS WAS GATHERED THROUGH TWO SEPARATE FOCUS GROUP SESSIONS. THE FIRST LIVE GROUP SESSION LASTED TWO HOURS AND WAS HELD AT IU HEALTH ARNETT HOSPITAL AND THE SECOND SESSION WAS HELD VIA CONFERENCE CALL. IU HEALTH ARNETT FACILITATORS MAILED LETTERS AND MADE FOLLOW-UP TELEPHONE CALLS INVITING PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS TO ATTEND THE FOCUS GROUP DISCUSSION, PAYING SPECIAL ATTENTION TO INCLUDING ORGANIZATIONS THAT REPRESENT THE INTEREST OF LOW-INCOME, MINORITY, AND UNINSURED INDIVIDUALS. THE GOAL OF SOLICITING THESE LEADERS' FEEDBACK WAS TO GATHER INSIGHTS INTO THE QUANTITATIVE DATA THAT MAY NOT BE EASILY IDENTIFIED FROM THE SECONDARY STATISTICAL DATA ALONE.

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

KATHY MURRAY

- HEALTH AND HUMAN SCIENCES EDUCATOR, PURDUE EXTENSION OF TIPPECANOE COUNTY

- MS. MURRAY IS A REPRESENTATIVE OF EDUCATION. AS AN EDUCATOR FOR PURDUE EXTENSION, SHE IS FOCUSED ON IMPROVING EDUCATIONAL OPPORTUNITIES FOR YOUNG ADULTS.

LAURA CARSON

- FINANCE & COMMUNITY IMPACT DIRECTOR, UNITED WAY OF GREATER LAFAYETTE

- MS. CARSON IS A REPRESENTATIVE OF HEALTHY LIVING. AS A DIRECTOR FOR UNITED WAY, SHE WORKS FOR AN ORGANIZATION THAT BELIEVES IN HELPING PEOPLE LEARN MORE, EARN MORE, AND LEAD SAFE AND HEALTHY LIVES, AND CREATES PROGRAMS TO ASSIST IN THOSE GOALS, ESPECIALLY FOR THE UNDERSERVED POPULATIONS.

MICHAEL D. BOHLIN

- LOCAL HEALTH OFFICER, TIPPECANOE COUNTY HEALTH DEPARTMENT

- DR. BOHLIN IS A PUBLIC HEALTH EXPERT. AS A LOCAL HEALTH OFFICER, HE IS KNOWLEDGEABLE IN PUBLIC HEALTH NEEDS IN THE COMMUNITY, INCLUDING IN LOW INCOME AND UNDERSERVED POPULATIONS.

RON CRIPE

- LOCAL HEALTH ADMINISTRATOR, TIPPECANOE COUNTY HEALTH DEPARTMENT

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

- MR. CRIPE IS A PUBLIC HEALTH EXPERT. AS A LOCAL HEALTH ADMINISTRATOR, HE IS KNOWLEDGEABLE IN PUBLIC HEALTH NEEDS IN THE COMMUNITY, INCLUDING IN LOW INCOME AND UNDERSERVED POPULATIONS.

JAMES TAYLOR

- EXECUTIVE DIRECTOR, UNITED WAY OF GREATER LAFAYETTE

- MR. TAYLOR IS A REPRESENTATIVE OF HEALTHY LIVING. AS EXECUTIVE DIRECTOR UNITED WAY, HE WORKS FOR AN ORGANIZATION THAT BELIEVES IN HELPING PEOPLE LEARN MORE, EARN MORE, AND LEAD SAFE AND HEALTHY LIVES, AND CREATES PROGRAMS TO ASSIST IN THOSE GOALS, ESPECIALLY FOR THE UNDERSERVED POPULATIONS.

DAVID BYERS

- TIPPECANOE COUNTY COMMISSIONER

- MR. BYERS IS A REPRESENTATIVE OF HEALTHY LIVING. AS COUNTY COMMISSIONER, HE IS KNOWLEDGEABLE IN THE COMMUNITY'S NEEDS AND RESOURCES AVAILABLE TO ADDRESS THOSE NEEDS.

TOM MURTAUGH

- TIPPECANOE COUNTY COMMISSIONER

- MR. MURTAUGH IS A REPRESENTATIVE OF HEALTHY LIVING. AS COUNTY COMMISSIONER, HE IS KNOWLEDGEABLE IN THE COMMUNITY'S NEEDS AND RESOURCES AVAILABLE TO ADDRESS THOSE NEEDS.

RABBI AUDREY POLLACK

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

- RABBI OF TEMPLE ISRAEL, WEST LAFAYETTE

- RABBI POLLACK IS A REPRESENTATIVE OF COMMUNITY NEEDS. AS A RABBI IN THE COMMUNITY, SHE IS WELL-INFORMED OF THE COMMUNITY'S VARIOUS NEEDS AND ISSUES.

JENNIFER FLORA

- CEO, MENTAL HEALTH AMERICA OF TIPPECANOE COUNTY

- MS. FLORA IS A REPRESENTATIVE OF MENTAL HEALTH ISSUES AND COMMUNITY AWARENESS. AS CEO, SHE IS WELL-VERSED IN THE AREAS SURROUNDING MENTAL HEALTH AND HOW IT IS AFFECTING THE COMMUNITY.

AADRON RAUSCH

- DIRECTOR OF STRATEGIC ENGAGEMENT, IU HEALTH ARNETT

- MR. RAUSCH IS A REPRESENTATIVE OF HEALTHY LIVING AND COMMUNITY AWARENESS AND NEEDS. AS DIRECTOR OF STRATEGIC ENGAGEMENT, SHE IS KNOWLEDGEABLE IN THE COMMUNITY MARKET AND THE NEEDS WITHIN THE COMMUNITY.

SUE BERGSTROM

- NURSE, LAFAYETTE SCHOOL CORPORATION

- MS. BERGSTROM IS A REPRESENTATIVE OF CHILDREN'S HEALTH. AS A SCHOOL NURSE IN THE COMMUNITY, SHE IS FAMILIAR WITH SCHOOL-AGE CHILDREN'S HEALTH ISSUES AND NEEDS.

VERONICA JALOMO

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

- BOARD MEMBER, HANNA COMMUNITY CENTER

- MS. JALOMO IS A REPRESENTATIVE OF CHILDREN'S HEALTH. AS A CHILD CARE PROVIDER IN THE COMMUNITY, MS. JALOMO IS FAMILIAR WITH CHILDREN'S HEALTH ISSUES AND NEEDS.

CAROL LANCASTER DENO

- NURSE, WEST LAFAYETTE COMMUNITY SCHOOL CORPORATION

- MS. LANCASTER DENO IS A REPRESENTATIVE OF CHILDREN'S HEALTH. AS A SCHOOL NURSE IN THE COMMUNITY, SHE IS FAMILIAR WITH CHILDREN'S HEALTH ISSUES AND NEEDS.

UPON ARRIVAL TO THE FOCUS GROUP, PARTICIPANTS WERE ASKED TO LIST THEIR BELIEVED FIVE PRIORITIZED HEALTH NEEDS FOR THE IU HEALTH ARNETT COMMUNITY. THESE RESPONSES WERE COLLECTED AND AGGREGATED INTO A COMPREHENSIVE LIST OF IDENTIFIED NEEDS TO BE FURTHER DISCUSSED LATER IN THE SESSION AND RANKED FOR SEVERITY OF NEED WITHIN THE COMMUNITY. IU HEALTH ARNETT FACILITATORS THEN PROVIDED PARTICIPANTS WITH A PRESENTATION FEATURING THE MISSION OF IU HEALTH, CURRENT OUTREACH PRIORITIES, AND LOCAL HEALTH DATA, INCLUDING DEMOGRAPHICS, INSURANCE INFORMATION, POVERTY RATES, COUNTY HEALTH RANKINGS, CAUSES OF DEATH, PHYSICAL ACTIVITY, CHRONIC CONDITIONS, PREVENTIVE BEHAVIORS, AND COMMUNITY NEEDS INDEX.

UPON COMPLETION OF THE DATA PRESENTATION, IU HEALTH ARNETT FACILITATED A DISCUSSION ON THE COMPREHENSIVE LIST OF IDENTIFIED NEEDS FROM EARLIER IN THE SESSION. THE OBJECTIVE OF THIS METHOD WAS INTENDED TO INSPIRE CANDID

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

DISCUSSIONS PRIOR TO A SECOND IDENTIFICATION OF FIVE PRIORITIZED HEALTH NEEDS BY EACH PARTICIPANT. THE VOTES ON THE FIVE PRIORITIZED HEALTH NEEDS WERE TALLIED AND FINAL INPUT FROM THE GROUP WAS ENCOURAGED DURING THIS PROCESS IN ORDER TO VALIDATE THE PREVIOUSLY IDENTIFIED NEEDS. FOLLOWING ADDITIONAL DISCUSSION, PARTICIPANTS WERE ALSO ASKED TO ADDRESS WHAT THEY THOUGHT THE ROLE OF IU HEALTH ARNETT COULD BE IN MEETING THE LOCAL HEALTH NEEDS.

IU HEALTH ARNETT ALSO SOLICITED RESPONSES FROM THE GENERAL PUBLIC REGARDING THE HEALTH OF THE IU HEALTH ARNETT COMMUNITY THROUGH AN ONLINE SURVEY. THE SURVEY CONSISTED OF APPROXIMATELY 15 MULTIPLE CHOICE AND OPEN-ENDED QUESTIONS THAT ASSESSED THE COMMUNITY MEMBERS' FEEDBACK REGARDING HEALTHCARE ISSUES AND BARRIERS TO ACCESS.

A LINK WAS MADE AVAILABLE ON THE HOSPITAL'S WEB SITE VIA AN ELECTRONIC SURVEY TOOL FROM APRIL 2012 THROUGH JUNE 2012. A PAPER VERSION WAS DISTRIBUTED TO LOCAL COMMUNITY CENTERS, HEALTH CLINICS, COMMUNITY HEALTH FAIRS AND EVENTS, AS WELL AS WITHIN SOME HOSPITAL PATIENT WAITING AREAS. ADDITIONALLY, AN ESTIMATED 25,000 SURVEYS WERE E-MAILED, DIRECT-MAILED, OR SENT VIA NEWSLETTER. IN ADDITION TO DISSEMINATING DIRECTLY TO THE GENERAL PUBLIC OF THE COMMUNITY, THE SURVEY WAS ALSO SENT VIA E-MAIL TO PARTICIPANTS IN THE NEEDS ASSESSMENT FOCUS GROUPS TO PROVIDE AN OPPORTUNITY FOR THESE COMMUNITY LEADERS TO PASS ON TO THEIR LOCAL COMMUNITY MEMBERS.

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

RESPONDENT DEMOGRAPHICS

9 RESPONDENTS PARTICIPATED IN THE SURVEY. ALL OF THE PARTICIPANTS WERE FROM THE PSA (TIPPECANOE COUNTY). ALL BUT ONE PARTICIPANT (89%) WAS CAUCASIAN (WHITE), AND THE MAJORITY OF RESPONDENTS WERE 18-40 (77%) YEARS OF AGE, WITH ONLY TWO RESPONDENTS ABOVE THE AGE OF 60.

THE EDUCATIONAL ATTAINMENT OF THE SAMPLE WAS RELATIVELY HIGH FOR THE NINE INDIVIDUALS WHO REPORTED IT, WITH MORE THAN 66% OF RESPONDENTS INDICATING THEY HAD COMPLETED EITHER A COLLEGE UNDERGRADUATE (44%) OR GRADUATE DEGREE (22%). ONE RESPONDENT INDICATED COMPLETING VOCATIONAL OR TECHNICAL SCHOOLING, AND ANOTHER RESPONDENT REPORTED COMPLETING SOME HIGH SCHOOL OR A HIGH SCHOOL DEGREE/GED ONLY.

A MAJORITY OF SURVEY PARTICIPANTS REPORTED A HOUSEHOLD INCOME OF OVER \$44,701 (78%), WITH THE MAJORITY OF PARTICIPANTS INDICATING AN INCOME OF \$44,701-\$67,050 (56%). ONLY TWO RESPONDENTS (22%) REPORTED A HOUSEHOLD INCOME LOWER THAN \$44,701.

SURVEY RESPONDENTS WERE ALSO ASKED TO REPORT THEIR INSURANCE STATUS. OF THE NINE RESPONDENTS WHO REPORTED THEIR INSURANCE STATUS, THE MAJORITY HAD COMMERCIAL/PRIVATE INSURANCE (67%). TWO INDIVIDUALS ALSO REPORTED EITHER BEING UNINSURED OR SELF-PAY (22%), AND ONE RESPONDENT WAS COVERED BY MEDICAID.

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

SCHEDULE H, PART V, SECTION B, LINE 7A - CHNA WEBSITE

A COPY OF IU HEALTH'S CHNA IS AVAILABLE ON ITS WEBSITE AT THE FOLLOWING URL:

[HTTP://IUHEALTH.ORG/ABOUT-IU-HEALTH/IN-THE-COMMUNITY/](http://iuhealth.org/about-iu-health/in-the-community/)

SCHEDULE H, PART V, SECTION B, LINE 10A - IMPLEMENTATION STRATEGY WEBSITE

A COPY OF IU HEALTH'S CHNA IMPLEMENTATION STRATEGY IS AVAILABLE ON ITS WEBSITE AT THE FOLLOWING URL:

[HTTP://IUHEALTH.ORG/ABOUT-IU-HEALTH/IN-THE-COMMUNITY/](http://iuhealth.org/about-iu-health/in-the-community/)

SCHEDULE H - PART V, SECTION B, LINE 11 - ADDRESSING IDENTIFIED NEEDS

IU HEALTH ARNETT PRIORITIZED AND DETERMINED WHICH OF THE COMMUNITY HEALTH NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA WERE MOST CRITICAL FOR IT TO ADDRESS BY USING THE HANLON METHOD OF PRIORITIZATION. THIS METHOD PRIORITIZES IDENTIFIED NEEDS BASED UPON THE PREVALENCE AND SEVERITY OF THE NEED AND THE EFFECTIVENESS OF INTERVENTIONS AVAILABLE TO ADDRESS THE NEEDS.

BASED UPON THE HANLON METHOD OF PRIORITIZATION, IU HEALTH ARNETT SELECTED THE FOLLOWING THREE NEEDS TO BE ADDRESSED:

- OBESITY PREVENTION
- ACCESS TO HEALTHCARE

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

- K-12 EDUCATION

OBESITY PREVENTION

TO IMPROVE THE LIFESTYLE OF INDIANA RESIDENTS, IU HEALTH HAS UTILIZED BEST PRACTICE METHODS TO ATTACK OBESITY IN OUR COMMUNITIES. IU HEALTH IS WORKING TO IMPROVE ACCESS TO NUTRITIOUS FOODS AND PHYSICAL ACTIVITY IN LOW-INCOME NEIGHBORHOODS, IN ADDITION TO PROVIDING TRADITIONAL HEALTH EDUCATION AND PUBLIC ADVOCACY EFFORTS. WITH THESE INITIATIVES, IU HEALTH STRIVES TO PREVENT CHRONIC DISEASES SUCH AS OBESITY AND DIABETES AND INCREASE THE AWARENESS OF THE IMPORTANCE OF MAKING HEALTHY CHOICES, SINCE THIRTY-SIX PERCENT OF HOOSIER ADULTS ARE OVERWEIGHT AND 29.5% ARE OBESE, COSTING THE NATIONS BILLIONS OF DOLLARS EACH YEAR TO TREAT THESE CHRONIC HEALTH CONDITIONS.

IN ORDER TO PROVIDE EDUCATIONAL INFORMATION AND PROMOTE HEALTH AND SAFETY TO THE LOCAL COMMUNITIES IT SERVES, IU HEALTH ARNETT HOSTED ITS THIRD ANNUAL HEALTH AND SAFETY FAIR ON MAY 1, 2014. MORE THAN 800 ADULTS AND CHILDREN IN THE COMMUNITY ATTENDED TO LEARN MORE ABOUT HEALTHY EATING, FALLS PREVENTION, CAR SEAT SAFETY, SLEEP EDUCATION AND BIKE SAFETY. IN TOTAL, 42 EDUCATION BOOTHS PROVIDED HEALTH AND WELL-BEING EDUCATION TO FAMILIES.

IN CONJUNCTION WITH THE 2014 IU HEALTH DAY OF SERVICE, IU HEALTH ARNETT COLLABORATED WITH THE LAFAYETTE PARKS & RECREATION DEPARTMENT. MORE THAN

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

40 IU HEALTH ARNETT TEAM MEMBERS VOLUNTEERED THEIR TIME TO IMPROVE WALKING TRAILS, LANDSCAPE, PLACE SIGNAGE AND CONDUCT GENERAL CLEANUP AT ARMSTRONG PARK IN TIPPECANOE COUNTY. HELPING TO IMPROVE LOCAL PARKS IS A SIMPLE WAY FOR IU HEALTH ARNETT HOSPITAL TO ENCOURAGE THE LOCAL COMMUNITY TO GET OUT AND BE ACTIVE.

WITH SUPPORT FROM THE YMCA AND LAFAYETTE PARKS & RECREATION DEPARTMENT, A FREE WALKING PROGRAM WAS ESTABLISHED. HEALTH AND FITNESS EXPERTS COLLABORATED TO MOTIVATE THE GROUP AS WELL AS PROVIDE A FUN AND SAFE WAY TO INCREASE PHYSICAL ACTIVITY.

ACCESS TO HEALTHCARE

ONE OF THE FIRST STEPS TO IMPROVED HEALTH OUTCOMES IS HAVING ACCESS TO HEALTHCARE RESOURCES. TO SHOW ITS COMMITMENT TO PROVIDING AFFORDABLE HEALTHCARE ACCESS, IU HEALTH ARNETT TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH ARNETT IS ALSO WORKING TO RAISE AWARENESS AND WORK TO IDENTIFY INDIVIDUALS WITHIN OUR COMMUNITIES THAT HAVE BARRIERS TO CARE AND CONNECT THESE INDIVIDUALS WITH BETTER ACCESS AND CONSISTENCY OF HEALTHCARE RESOURCES TO MEET THEIR NEEDS.

K-12 EDUCATION

EDUCATION PLAYS A CRUCIAL ROLE IN HEALTH OUTCOMES. LEVEL OF EDUCATION HAS AN IMPACT NOT ONLY ON PERSONAL HEALTH, BUT IT HAS MULTIGENERATIONAL

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

IMPLICATIONS AS WELL. CHILDREN WITH A SOLID EDUCATIONAL FOUNDATION AND PARENTS WHO ARE INVOLVED IN THEIR EDUCATION ARE MORE LIKELY TO EMBRACE HEALTHY LIFESTYLES AND HABITS AND SUCCEED GENERALLY IN LIFE. ADDITIONALLY, RESEARCH FROM THE NATIONAL CENTER FOR PUBLIC POLICY AND HIGHER EDUCATION SHOWS THAT GREATER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH HEALTH-PROMOTING BEHAVIORS, SUCH AS INCREASED CONSUMPTION OF FRUITS AND VEGETABLES AND OTHER ASPECTS OF HEALTHY EATING; ENGAGING IN PHYSICAL ACTIVITY AND REFRAINING FROM SMOKING.

KINDERGARTEN COUNTDOWN IS A FREE, FOUR-WEEK SUMMER CAMP, SPONSORED BY IU HEALTH ARNETT. THE PROGRAM IS DESIGNED TO PREPARE CHILDREN WITH LITTLE TO NO PRESCHOOL EXPERIENCE FOR THEIR NEW ROLES AS KINDERGARTEN STUDENTS. THE CAMP IS TAUGHT BY LICENSED, EXPERIENCED TEACHERS AND TAKES PLACE IN A SCHOOL SETTING.

AS PART OF ITS COMMITMENT TO EDUCATION AND THE COMMUNITY, IU HEALTH ARNETT CONTINUES TO PROVIDE VOLUNTEERS FOR THE READ TO SUCCEED PROGRAM. THIS PROGRAM IS A PARTNERSHIP BETWEEN THREE PUBLIC SCHOOL CORPORATIONS, THE GREATER LAFAYETTE COMMERCE AND THE UNITED WAY OF GREATER LAFAYETTE. THE PROGRAM'S GOAL IS TO ENSURE THAT EVERY STUDENT LEAVES THIRD GRADE READING AT GRADE LEVEL OR BETTER. THIS AGE IS THE POINT WHERE STUDENTS SHIFT FROM LEARNING TO READ TO READING TO LEARN. THE PROGRAM WAS DEVELOPED TO HELP CHILDREN IN THE COMMUNITY SUCCEED. IU HEALTH ARNETT ENCOURAGES TEAM MEMBERS TO VOLUNTEER THROUGHOUT THE SCHOOL YEAR. NEARLY 15 SCHOOLS IN THE LAFAYETTE AREA PARTICIPATED IN 2014, AND MORE THAN

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

4,000 LOCAL CHILDREN BENEFITED.

ALSO, BASED UPON THE HANLON METHOD OF PRIORITIZATION, THE FOLLOWING IDENTIFIED COMMUNITY HEALTH NEEDS WERE NOT AMONGST THE NEEDS CHOSEN TO BE ADDRESSED:

- MENTAL HEALTH
- SENIOR HEALTH
- SUBSTANCE ABUSE PREVENTION

THE IDENTIFIED COMMUNITY NEED OF MENTAL HEALTH WAS REVIEWED AND AFTER COMPLETING A GAP ANALYSIS, IT WAS DETERMINED THAT THERE ARE A NUMBER OF LOCAL ORGANIZATIONS WORKING TO ADDRESS THIS COMMUNITY NEED SUCH AS THE LAFAYETTE TRANSITIONAL HOUSING CORPORATION, MENTAL HEALTH AMERICA LAFAYETTE, WABASH VALLEY ALLIANCE AND SYCAMORE SPRINGS.

THE IDENTIFIED COMMUNITY NEED OF SENIOR HEALTH WAS REVIEWED AND AFTER COMPLETING A GAP ANALYSIS, IT WAS DETERMINED THAT THERE ARE A NUMBER OF LOCAL ORGANIZATIONS WORKING TO ADDRESS THIS COMMUNITY NEED SUCH AS THE AREA IV COUNCIL ON AGING, COMMUNITY ACTION PROGRAMS, AND HEALTHY ACTIVE TIPPECANOE PROGRAMS. THESE PROGRAMS INCLUDE SENIOR FAIRS AND HEALTH FAIRS.

SUBSTANCE ABUSE PREVENTION IS CLOSELY LINKED WITH MENTAL HEALTH; THEREFORE TIPPECANOE COUNTY SHARES THE SAME LACK OF RESOURCES TO TREAT

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

SUBSTANCE ABUSE AS THEY DO MENTAL HEALTH IN THE COMMUNITY. AFTER COMPLETING A GAP ANALYSIS, IT WAS DETERMINED THAT THERE ARE A NUMBER OF LOCAL ORGANIZATIONS WORKING TO ADDRESS THIS COMMUNITY NEED SUCH AS THE LAFAYETTE TRANSITIONAL HOUSING CORPORATION, MENTAL HEALTH AMERICA LAFAYETTE, WABASH VALLEY ALLIANCE, SYCAMORE SPRINGS, AND THE TOBACCO FREE PARTNERSHIP OF TIPPECANOE COUNTY.

SCHEDULE H, PART V, SECTION B, LINE 13B - INCOME LEVEL OTHER THAN FPG IN ADDITION TO FPG, IU HEALTH ARNETT MAY TAKE INTO CONSIDERATION A PATIENT'S INCOME AND/OR ABILITY TO PAY IN CALCULATION OF A FINANCIAL ASSISTANCE AWARD.

SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER FAP FACTORS IU HEALTH ARNETT TAKES INTO CONSIDERATION SEVERAL OTHER FACTORS IN DETERMINING PATIENT ELIGIBILITY FOR FINANCIAL ASSISTANCE. THESE FACTORS INCLUDE THE FOLLOWING:

1. ALTERNATE SOURCES OF ASSISTANCE

WHEN TECHNICALLY FEASIBLE, A PATIENT WILL BE REQUIRED TO EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH ARNETT'S FINANCIAL ASSISTANCE PROGRAM.

PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE INSURANCE POLICY, INCLUDING, BUT NOT LIMITED TO, HEALTH, AUTOMOBILE, AND

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

HOMEOWNER'S, MUST EXHAUST ALL INSURANCE BENEFITS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH ARNETT'S FINANCIAL ASSISTANCE PROGRAM. THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. PATIENTS MAY BE ASKED TO SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THEIR INSURANCE PROVIDER AT THE REQUEST OF IU HEALTH ARNETT.

ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH ARNETT 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 TO WHICH IU HEALTH ARNETT IS ENTITLED. SAID PATIENTS MAY BE ASKED TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

2. PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY

PATIENTS WHO ARE DEEMED TO BE PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE WILL RECEIVE A FINANCIAL ADJUSTMENT TO THEIR FINAL STATEMENT BALANCE BASED ON THE PATIENT'S INDIVIDUAL SCORING CRITERIA.

PATIENTS ARE CONSIDERED TO BE PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THE FINANCIAL NEED HAS BEEN DETERMINED BY THE FOLLOWING THIRD PARTIES: ESKENAZI HEALTH, FORMERLY WISHARD MEMORIAL HOSPITAL, PROJECT HEALTH, INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES, MEDICAID, OUT-OF-STATE MEDICAID, HEALTHY INDIANA PLAN, OR VOLUNTEERS IN

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

MEDICINE.

PATIENTS ARE ALSO CONSIDERED TO BE PRESUMPTIVELY ELIGIBLE IF THEY ARE PENDING MEDICAID APPROVAL OR HAVE A HOSPITAL BILL WITH A MAXIMUM BALANCE TO BE DETERMINED BY THE FINANCIAL ASSISTANCE COMMITTEE AND WHO MEET CERTAIN RISK SEGMENTATION SCORING CRITERIA.

3. ADDITIONAL CONSIDERATIONS

FINANCIAL ASSISTANCE MAY BE GRANTED TO A DECEASED PATIENT'S ACCOUNT IF SAID PATIENT IS FOUND TO HAVE NO ESTATE. ADDITIONALLY, IU HEALTH ARNETT WILL DENY OR REVOKE FINANCIAL ASSISTANCE FOR ANY PATIENT OR GUARANTOR WHO FALSIFIES ANY PORTION OF A FINANCIAL ASSISTANCE APPLICATION.

SCHEDULE H, PART V, SECTION B, LINE 16A - FAP WEBSITE

A COPY OF IU HEALTH ARNETT'S FAP IS AVAILABLE ON THE FOLLOWING WEBSITE:

[HTTP://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSISTANCE/](http://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSISTANCE/)

SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION WEBSITE

A COPY OF IU HEALTH ARNETT'S FAP APPLICATION IS AVAILABLE ON THE FOLLOWING WEBSITE:

[HTTP://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSISTANCE/](http://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSISTANCE/)

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

TANCE/

SCHEDULE H, PART V, SECTION B, LINE 16I - OTHER MEASURES TO PUBLICIZE

IU HEALTH ARNETT TAKES SEVERAL OTHER MEASURES TO PUBLICIZE ITS FAP WITHIN THE COMMUNITY. THESE MEASURES INCLUDE THE FOLLOWING:

1. SIGNS ARE POSTED 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.
2. IU HEALTH ARNETT INCLUDES A PLAIN LANGUAGE DESCRIPTION OF ITS FAP WITH ALL PATIENT BILLS AND STATEMENTS OF SERVICES.
3. IU HEALTH REVENUE CYCLE SERVICES REPRESENTATIVES ARE AVAILABLE VIA TELEPHONE MONDAY THROUGH FRIDAY, EXCLUDING MAJOR HOLIDAYS, FROM 8 A.M. TO 7 P.M. (EASTERN TIME) TO ADDRESS QUESTIONS RELATED TO FINANCIAL ASSISTANCE.
4. IU HEALTH REVENUE CYCLE SERVICES EDUCATES ITS PATIENT FACING TEAM MEMBERS OF ITS FAP AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

Part V Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

SCHEDULE H, PART V, SECTION B, LINE 22D - OTHER DETERMINATION OF CHARGES

IU HEALTH ARNETT LIMITS THE AMOUNTS CHARGED FOR EMERGENCY OR OTHER MEDICALLY NECESSARY SERVICES PROVIDED TO INDIVIDUALS ELIGIBLE FOR ASSISTANCE UNDER ITS FAP TO NOT MORE THAN AMOUNTS GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERAGE FOR SUCH CARE.

THE BASIS FOR CALCULATING THE AMOUNT CHARGED TO ALL PATIENTS, INCLUDING THOSE WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE, IS DERIVED THROUGH THE USE OF A CHARGEMASTER OR PHYSICIAN FEE SCHEDULE AND ARE UNIFORMLY APPLIED. ALL ADDITIONAL DISCOUNTS REQUIRED BY INSURANCE CONTRACT OR IU HEALTH ARNETT'S FAP ARE APPLIED TO THE CHARGEMASTER OR PHYSICIAN FEE SCHEDULE CALCULATED AMOUNT.

IU HEALTH ARNETT DOES NOT USE GROSS CHARGES IN THE CALCULATION OF THE AMOUNT TO CHARGE A FINANCIAL ASSISTANCE ELIGIBLE PATIENT.

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? 29

Name and address	Type of Facility (describe)
1 DSI LAFAYETTE DIALYSIS 915 MEZZANINE DR. LAFAYETTE IN 47905	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH ARNETT CARDIOLOGY 1116 N. 16TH ST., STE. A LAFAYETTE IN 47904	DIAGNOSTIC AND OTHER OUTPATIENT
3 IU HEALTH ARNETT FAMILY MEDICINE 2800 FERRY ST. LAFAYETTE IN 47904	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH ARNETT GYNECOLOGY 904 SOUTH ST. LAFAYETTE IN 47901	DIAGNOSTIC AND OTHER OUTPATIENT
5 IU HEALTH ARNETT HOSP. CANCER CARE CTR. 420 N. 26TH ST. LAFAYETTE IN 47904	DIAGNOSTIC AND OTHER OUTPATIENT
6 IU HEALTH ARNETT HOSP. OUTPAT. SURG CTR. 1327 S. 500 E. LAFAYETTE IN 47905	DIAGNOSTIC AND OTHER OUTPATIENT
7 IU HEALTH ARNETT HOSPITAL SLEEP CENTER 3900 MCCARTY LANE, STE. 101 LAFAYETTE IN 47905	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH ARNETT MEDICAL OFFICE - DELPHI 651 ARMORY ROAD DELPHI IN 46923	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH ARNETT MED. OFFICE - FRANKFORT 550 S. HOKE AVE. FRANKFORT IN 46041	DIAGNOSTIC AND OTHER OUTPATIENT
10 IU HEALTH ARNETT MED. OFFICE-MONTICELLO 810 S. 6TH ST., STE. A MONTICELLO IN 47960	DIAGNOSTIC AND OTHER OUTPATIENT

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 IU HEALTH ARNETT MED. OFFICE - OTTERBEIN 407 N. MEADOW ST. OTTERBEIN IN 47970	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH ARNETT MED. OFFICES -FERRY ST. 2600 FERRY ST. LAFAYETTE IN 47904	DIAGNOSTIC AND OTHER OUTPATIENT
3 IUH ARNETT MED. OFFICES - GREENBUSH ST. 2600 GREENBUSH ST. LAFAYETTE IN 47905	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEATHLH ARNETT MED. OFF. - LAFAYETTE 1 WALTER SCHOLER DR. LAFAYETTE IN 47909	DIAGNOSTIC AND OTHER OUTPATIENT
5 IUH ARNETT MED. OFFICES - W. LAFAYETTE 253 SAGAMORE PKWY. W. WEST LAFAYETTE IN 47906	DIAGNOSTIC AND OTHER OUTPATIENT
6 IU HEALTH ARNETT NEPHROLOGY 915 MEZZANINE DR. LAFAYETTE IN 47905	DIAGNOSTIC AND OTHER OUTPATIENT
7 IUH ARNETT OBSETRICS AND GYNECOLOGY 938 MEZZANINE DR. LAFAYETTE IN 47905	DIAGNOSTIC AND OTHER OUTPATIENT
8 IUH ARNETT OCCUPATIONAL HEALTH SERVICES 2600 GREENBUSH ST. LAFAYETTE IN 47905	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH ARNETT PHYSICIANS - DELPHI 651 ARMORY RD DELPHI IN 46923	DIAGNOSTIC AND OTHER OUTPATIENT
10 IU HEALTH ARNETT PHYSICIANS - FRANKFORT 550 S. HOKE AVE. FRANKFORT IN 46041	DIAGNOSTIC AND OTHER OUTPATIENT

Schedule H (Form 990) 2014

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? _____

Name and address	Type of Facility (describe)
1 IU HEALTH ARNETT PHYSICIANS - MONTICELLO 810 S. 6TH ST., STE. A MONTICELLO IN 47960	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH ARNETT PHYSICIANS - OTTERBEIN 407 N. MEADOW ST. OTTERBEIN IN 47970	DIAGNOSITC AND OTHER OUTPATIENT
3 IUH ARNETT OUTPATIENT SURGERY CENTER 1327 VETERANS MEMORIAL PKWY. E. LAFAYETTE IN 47905	DIAGNOSITC AND OTHER OUTPATIENT
4 IU HEALTH ARNETT PAIN MEDICINE 415 N. 26TH ST., STE. 202 LAFAYETTE IN 47904	DIAGNOSITC AND OTHER OUTPATIENT
5 IU HEATHLH ARNETT URGENT CARE - LAFAYETTE 1 WALTER SHCOLER DR. LAFAYETTE IN 47909	DIAGNOSITC AND OTHER OUTPATIENT
6 IUH ARNETT URGEN CARE - W. LAFAYETTE 253 SAGAMORE PKWY. W. WEST LAFAYETTE IN 47906	DIAGNOSTIC AND OTHER OUTPATIENT
7 WELLBOUND OF LAFAYETTE 2 EXECUTIVE DR., STE. B LAFAYETTE IN 47905	DIAGNOSTIC AND OTHER OUTPATIENT
8 ARNETT RETAIL PHARMACY 2600 GREENBUSH ST. LAFAYETTE IN 47904	PHARMACY
9 IU HEALTH ARNETT MCCARTY PHARMACY 5165 MCCARTY LN., RM. AG320 LAFAYETTE IN 47905	PHARMACY
10	

Schedule H (Form 990) 2014

Part VI Supplemental Information

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- 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.

SCHEDULE H, PART I, LINE 3C - FINANCIAL ASSISTANCE

N/A

SCHEDULE H, PART I, LINE 6A - C.B. REPORT PREPARED BY A RELATED ORG.

IU HEALTH ARNETT'S COMMUNITY BENEFITS AND INVESTMENTS ARE INCLUDED IN THE IU HEALTH COMMUNITY BENEFIT REPORT WHICH IS MADE AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT WWW.IUHEALTH.ORG/GETSTRONG. THE COMMUNITY BENEFIT REPORT IS ALSO DISTRIBUTED TO NUMEROUS KEY ORGANIZATIONS THROUGHOUT THE STATE OF INDIANA TO BROADLY SHARE IU HEALTH'S COMMUNITY BENEFIT EFFORTS AND INVESTMENTS STATEWIDE, AND IS AVAILABLE BY REQUEST THROUGH THE INDIANA STATE DEPARTMENT OF HEALTH OR IU HEALTH.

SCHEDULE H, PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES

INDIANA UNIVERSITY HEALTH ARNETT, INC. DOES NOT INCLUDE ANY COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES.

Part VI Supplemental Information

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SCHEDULE H, PART I, LINE 7, COLUMN (F) - BAD DEBT EXPENSE

THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25,
COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF
TOTAL EXPENSE IS \$32,271,686.

THE BAD DEBT EXPENSE OF \$8,794,034 ON SCHEDULE H, PART III, LINE 2 IS
REPORTED AT COST.

SCHEDULE H, PART I, LINE 7 - TOTAL COMMUNITY BENEFIT EXPENSE

PERCENTAGE OF TOTAL EXPENSES LISTED ON SCHEDULE H, PART I, LINE 7, COLUMN
(F) IS CALCULATED BASED ON NET COMMUNITY BENEFIT EXPENSE. THE PERCENTAGE
OF TOTAL EXPENSES CALCULATED BASED ON TOTAL COMMUNITY BENEFIT EXPENSE IS
12.77%.

SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED

IU HEALTH ARNETT PARTICIPATED IN A VARIETY OF COMMUNITY-BUILDING
ACTIVITIES THAT ADDRESS THE UNDERLYING QUALITY OF LIFE IN THE COMMUNITIES
IT SERVES. IU HEALTH, AS A STATEWIDE HEALTHCARE SYSTEM, INVESTED IN

Part VI Supplemental Information

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ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, COLLABORATED WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES AND ADVOCATED FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS.

IU HEALTH CONTRIBUTED NEARLY \$2 MILLION TO COMMUNITY-BUILDING ACTIVITIES IN 2014, SERVING OVER 52,600 PEOPLE STATEWIDE. LOCALLY, IU HEALTH ARNETT INVESTED OVER \$238,000 IN COMMUNITY-BUILDING ACTIVITIES BY PROVIDING INVESTMENTS AND RESOURCES TO LOCAL COMMUNITY INITIATIVES THAT ADDRESSED ECONOMIC DEVELOPMENT, COMMUNITY HEALTH IMPROVEMENT AND WORKFORCE DEVELOPMENT. SOME EXAMPLES OF OUTREACH ACTIVITIES INCLUDE PARTICIPATING IN OUR LOCAL UNITED WAY'S READ-TO-SUCCEED CHILD-MENTORING PROGRAM AND GET STRONG WALKING GROUPS.

ADDITIONALLY, THROUGH THE IU HEALTH TEAM MEMBER COMMUNITY BENEFIT SERVICE PROGRAM, STRENGTH THAT CARES, TEAM MEMBERS ACROSS THE STATE MADE A DIFFERENCE IN THE LIVES OF THOUSANDS OF HOOSIERS. ON A LOCAL LEVEL, THROUGHOUT 2014, THE IU HEALTH ARNETT TEAM MEMBERS CONTRIBUTED AS

Part VI Supplemental Information

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FOLLOWS :

" MORE THAN 40 IU HEALTH ARNETT TEAM MEMBERS VOLUNTEERED THEIR TIME WITH THE LOCAL PARKS DEPARTMENT TO IMPROVE WALKING TRAILS AND BY PAINTING, LANDSCAPING, INSTALLING PLAYGROUND SURFACE MATERIAL AND PROVIDING GENERAL CLEAN UP AT ARMSTRONG PARK IN TIPPECANOE COUNTY FOR THE ANNUAL IU HEALTH DAY OF SERVICE.

" THROUGHOUT 2014, IU HEALTH ARNETT TEAM MEMBERS VOLUNTEERED AT LOCAL SCHOOLS THROUGH UNITED WAY'S READ-TO-SUCCEED PROGRAM. TEAM MEMBERS DONATED MORE THAN 220 VOLUNTEER HOURS THROUGHOUT THE YEAR, IMPROVING READING SKILLS FOR AT LEAST 250 CHILDREN IN THE CLASSROOMS THEY SERVED.

SCHEDULE H, PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY
THE AMOUNT REPORTED ON LINE 2 AS BAD DEBT IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY.

Part VI Supplemental Information

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SCHEDULE H, PART III, LINE 4 - BAD DEBT EXPENSE

IU HEALTH ARNETT IS INCLUDED IN THE CONSOLIDATED AUDIT REPORT PREPARED FOR IU HEALTH.

THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS, FOR ALL PAYORS, IS RECOGNIZED WHEN SERVICES ARE PROVIDED BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION BUSINESS AND ECONOMIC CONDITIONS, CHANGES AND TRENDS IN HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS. PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON ACCOUNTS RECEIVABLE PAYOR COMPOSITION AND AGING, THE SIGNIFICANCE OF INDIVIDUAL PAYORS TO OUTSTANDING ACCOUNTS RECEIVABLE BALANCES, AND HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, AS ADJUSTED FOR COLLECTION INDICATORS. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTED ACCOUNTS AND THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN ADDITION, IU HEALTH FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES. PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING

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THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF IU HEALTH AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET FINANCIAL ASSISTANCE POLICIES OF IU HEALTH.

SCHEDULE H, PART III, LINE 8 - MEDICARE SHORTFALL

THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7 IS CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM IU HEALTH ARNETT'S MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH ARNETT'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 ARNETT'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL

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REPORTED ON SCHEDULE H, PART III, LINE 7.

IU HEALTH ARNETT'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 ARNETT ACCEPTS ALL MEDICARE PATIENTS KNOWING THAT THERE MAY BE SHORTFALLS; THEREFORE IT HAS TAKEN THE POSITION THAT THE 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.

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SCHEDULE H, PART III, LINE 9B - WRITTEN DEBT COLLECT. POLICY AND FIN. ASSI
 IU HEALTH ARNETT'S FAP AND BAD DEBT REFERRAL POLICY DESCRIBE THE
 COLLECTION PRACTICES APPLICABLE TO PATIENTS, INCLUDING THOSE WHO MAY
 QUALIFY FOR FINANCIAL ASSISTANCE.

1. FINANCIAL ASSISTANCE APPLICATION

PATIENTS OR THEIR GUARANTORS WISHING TO APPLY FOR FINANCIAL ASSISTANCE
 MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION WITHIN TWENTY-ONE (21)
 DAYS OF RECEIVING THEIR FIRST BILLING STATEMENT FROM IU HEALTH ARNETT.
 INDIVIDUALS OTHER THAN THE PATIENT, SUCH AS THE PATIENT'S PHYSICIAN,
 FAMILY MEMBERS, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES OR
 HOSPITAL PERSONNEL MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION TO BE
 MAILED TO A PATIENT'S PRIMARY MAILING ADDRESS FREE OF CHARGE. IU HEALTH
 ARNETT KEEPS ALL APPLICATIONS AND SUPPORTING DOCUMENTATION CONFIDENTIAL.

2. ELIGIBILITY DETERMINATION

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Provide the following information.

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IU HEALTH ARNETT INFORMS 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. IF A PATIENT OR GUARANTOR IS GRANTED LESS THAN FULL ASSISTANCE AND THE PATIENT OR GUARANTOR PROVIDES ADDITIONAL INFORMATION FOR RECONSIDERATION, REVENUE CYCLE SERVICES MAY AMEND A PRIOR FINANCIAL ASSISTANCE DETERMINATION. IF A PATIENT OR GUARANTOR SEEKS TO APPEAL THE FINANCIAL ASSISTANCE DETERMINATION FURTHER, A WRITTEN REQUEST MAY BE SUBMITTED, ALONG WITH THE SUPPORTING DOCUMENTATION, TO THE FINANCIAL ASSISTANCE COMMITTEE FOR ADDITIONAL REVIEW/RECONSIDERATION. ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL. A PATIENT'S FINANCIAL ASSISTANCE APPLICATION AND ELIGIBILITY DETERMINATION WILL REMAIN IN EFFECT FOR THREE-HUNDRED-SIXTY-FIVE (365) DAYS FROM THE DATE OF RECEIPT OF A COMPLETED APPLICATION.

3. EXTRAORDINARY COLLECTION ACTIONS

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IU HEALTH ARNETT ONLY IMPLEMENTS ITS "BAD DEBT REFERRAL POLICY" OR OTHER EXTRAORDINARY COLLECTION ACTION AFTER IT HAS MADE REASONABLE EFFORTS TO DETERMINE WHETHER THE PATIENT ACCOUNT IS ELIGIBLE FOR ASSISTANCE UNDER ITS FAP. WHEN IT IS NECESSARY TO ENGAGE IN SUCH ACTION, IU HEALTH ARNETT, AND ITS CONTRACTED THIRD PARTIES, WILL ENGAGE IN FAIR, RESPECTFUL AND TRANSPARENT COLLECTIONS ACTIVITIES.

PATIENTS OR GUARANTORS WHO HAVE NOT APPLIED FOR FINANCIAL ASSISTANCE AND WHOSE ACCOUNTS HAVE BEEN ENGAGED IN EXTRAORDINARY COLLECTION ACTIONS MAY REQUEST FINANCIAL ASSISTANCE, COMPLETE AN APPLICATION WITH REQUESTED DOCUMENTATION, AND BE CONSIDERED FOR A REDUCTION IN THEIR BILL IF IT IS WITHIN THE TWO-HUNDRED-FORTY (240) DAYS OF RECEIVING THEIR FIRST BILLING STATEMENT. IU HEALTH ARNETT MAY ALSO SUSPEND COLLECTION ACTIVITY ON AN ACCOUNT WHILE AN APPLICATION IS BEING PROCESSED AND CONSIDERED.

IU HEALTH ARNETT AND ITS COLLECTION AGENCIES WILL NOT PROVIDE ASSISTANCE AFTER AN ACCOUNT HAS ENTERED INTO LEGAL PROCEEDINGS WITHOUT FIRST OBTAINING WRITTEN CONSENT FROM ITS FINANCIAL ASSISTANCE COMMITTEE.

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THE AWARD OF FINANCIAL ASSISTANCE MAY BE SUBJECT TO SUCCESSFUL COMPLETION OF A PAYMENT PLAN. IN THE EVENT A PATIENT OR GUARANTOR WHO IS RECEIVING FINANCIAL ASSISTANCE FAILS TO COMPLETE THE TERMS OF THEIR PAYMENT PLAN, IU HEALTH ARNETT RESERVES THE RIGHT TO SUBMIT THE UNADJUSTED ACCOUNT BALANCE, LESS ANY AMOUNT PREVIOUSLY PAID BY THE PATIENT, TO AN EXTRAORDINARY COLLECTION ACTION.

SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMNET
COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. IU HEALTH ARNETT UNDERSTANDS THAT THE HEALTH OF INDIVIDUALS AND COMMUNITIES ARE SHAPED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS, ALONG WITH HEALTH BEHAVIORS AND ADDITIONAL INFLUENCES.

IU HEALTH ARNETT ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY UTILIZING THE DETAILED COMMUNITY NEEDS ASSESSMENTS UNDERTAKEN BY ORGANIZATIONS SUCH AS THE TIPPECANOE COUNTY HEALTH DEPARTMENT, THE

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INDIANA STATE DEPARTMENT OF HEALTH, THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE UNITED WAY OF CENTRAL INDIANA.

AFTER COMPLETION OF THE CHNA, IU HEALTH ARNETT REVIEWED THE INFORMATION GATHERED FROM COMMUNITY LEADER FOCUS GROUPS, COMMUNITY INPUT SURVEYS AND STATISTICAL DATA. THE NEEDS IDENTIFIED WERE ANALYZED AND RANKED USING THE HANLON METHOD OF PRIORITIZATION TO DETERMINE THE PREVALENCE AND SEVERITY OF COMMUNITY HEALTH NEEDS AND WHICH ONES WERE MOST CRITICAL. ADDITIONALLY, THE EFFECTIVENESS OF AN INTERVENTION FOR EACH NEED AND IU HEALTH'S ABILITY TO IMPACT POSITIVE CHANGE WAS EVALUATED.

SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIIBILITY FOR ASSIST
IU HEALTH ARNETT 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 ARNETT HAS ADOPTED A FINANCIAL ASSISTANCE POLICY THAT PROVIDES FINANCIAL ASSISTANCE TO ELIGIBLE PATIENTS RECEIVING EMERGENCY OR MEDICALLY-NECESSARY SERVICES. THIS POLICY WAS DEVELOPED AND IS UTILIZED TO DETERMINE A PATIENT'S FINANCIAL ABILITY TO

Part VI Supplemental Information

Provide the following information.

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- 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.

PAY FOR SERVICES.

IU HEALTH ARNETT GOES TO GREAT LENGTHS TO PUBLICIZE ITS FINANCIAL ASSISTANCE POLICY AND ENSURE THAT PATIENTS KNOW THEY WILL BE TREATED REGARDLESS OF THEIR ABILITY TO PAY.

IU HEALTH ARNETT SHARES FINANCIAL ASSISTANCE INFORMATION WITH PATIENTS THROUGHOUT THEIR ENTIRE EPISODE OF CARE AND BEYOND INCLUDING THE ADMISSIONS PROCESS, BILLING PROCESS, AND ONLINE.

1. ADMISSIONS PROCESS

IU HEALTH ARNETT EDUCATES ALL PATIENT FACING TEAM MEMBERS ON ITS FINANCIAL ASSISTANCE POLICY AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

DURING THE ADMISSIONS PROCESS, OPPORTUNITIES FOR FINANCIAL ASSISTANCE ARE DISCUSSED WITH PATIENTS WHO ARE IDENTIFIED AS SELF-PAY (UNINSURED) OR IF

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THEY REQUEST ASSISTANCE INFORMATION. THE PATIENT IS ALSO PROVIDED WITH AN ADMISSIONS PACKET THAT OUTLINES INFORMATION REGARDING IU HEALTH ARNETT'S FINANCIAL ASSISTANCE PROGRAM. FINANCIAL COUNSELORS ARE ONSITE TO ASSIST WITH FINANCIAL CONCERNS OR QUESTIONS DURING THE PATIENT'S STAY. PATIENT FINANCIAL SERVICES CUSTOMER SERVICE REPRESENTATIVES ARE ALSO AVAILABLE AFTER THE PATIENT'S STAY TO HELP PATIENTS APPLY FOR FINANCIAL ASSISTANCE, UNDERSTAND THEIR BILLS, EXPLAIN WHAT THEY CAN EXPECT DURING THE BILLING PROCESS, ACCEPT PAYMENT (IF NEEDED), UPDATE THEIR INSURANCE OR PAYOR INFORMATION, AND UPDATE THEIR ADDRESS OR OTHER DEMOGRAPHIC INFORMATION.

2. BILLING PROCESS

IU HEALTH ARNETT INCLUDES A PLAIN LANGUAGE SUMMARY OF ITS FINANCIAL ASSISTANCE POLICY WITH ALL PATIENT BILLS AND STATEMENTS OF SERVICES. THE PLAIN LANGUAGE SUMMARY INCLUDES CONTACT INFORMATION ALLOWING PATIENTS THE ABILITY TO REQUEST FINANCIAL ASSISTANCE. ADDITIONALLY, A FINANCIAL ASSISTANCE APPLICATION IS MAILED TO ALL IU HEALTH ARNETT PATIENTS WITH A

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PATIENT BALANCE DUE AFTER INSURANCE.

IU HEALTH REVENUE CYCLE SERVICES REPRESENTATIVES ARE AVAILABLE VIA TELEPHONE MONDAY THROUGH FRIDAY, EXCLUDING MAJOR HOLIDAYS, FROM 8 A.M. TO 7 P.M. (EASTERN TIME) TO ADDRESS QUESTIONS RELATED TO FINANCIAL ASSISTANCE. CUSTOMER SERVICE TEAM MEMBERS WILL ALSO MAIL PAPER APPLICATIONS TO A PATIENT AT THEIR REQUEST.

3. ONLINE

IU HEALTH ARNETT'S FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATION IS AVAILABLE ON ITS WEBSITE AT [HTTP://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSISTANCE/](http://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSISTANCE/). THE WEBSITE ALSO INCLUDES CONTACT INFORMATION FOR CUSTOMER SERVICE REPRESENTATIVES TO ASSIST WITH THE APPLICATION PROCESS.

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SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION

IU HEALTH ARNETT IS PRIMARILY LOCATED IN TIPPECANOE COUNTY BUT ALSO HAS MEDICAL OFFICES AND SERVES PATIENTS IN BENTON, CARROLL, CLINTON, AND WHITE COUNTIES.

TIPPECANOE COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF BATTLE GROUND, CLARKS HILL, DAYTON, LAFAYETTE, ROMNEY, WEST LAFAYETTE AND WEST POINT. BASED ON THE MOST RECENT CENSUS BUREAU (2012) STATISTICS, TIPPECANOE COUNTY'S POPULATION IS 180,184 PERSONS WITH APPROXIMATELY 49% BEING FEMALE AND 51% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 86.1% WHITE, 7.9% HISPANIC OR LATINO, 6.8% ASIAN, 4.7% BLACK, 0.4% AMERICAN INDIAN OR ALASKA NATIVE, AND 1.9% PERSONS REPORTING TWO OR MORE RACES.

TIPPECANOE COUNTY HAS RELATIVELY MODERATE LEVELS OF EDUCATIONAL ATTAINMENT. THE LEVEL OF EDUCATION MOST OF THE POPULATION HAS ACHIEVED IS A HIGH SCHOOL DEGREE (90.6%). AS OF 2014, 35.7% OF THE POPULATION HAD A BACHELOR'S DEGREE OR HIGHER.

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IU HEALTH ARNETT HOSPITAL HAS A VARIED MIX OF PAY FOR INPATIENT SERVICES WITH 51% MEDICARE, 32% COMMERCIAL, 11% MEDICAID, 5% SELF-PAY AND 1% GOVERNMENT OR OTHER. OUTPATIENT SERVICES FOLLOW A SIMILAR PATTERN WITH 43% COMMERCIAL, 32% MEDICARE, 13% MEDICAID, 8% SELF-PAY AND 4% OTHER.

DISCHARGE INFORMATION FOR THE HOSPITAL SHOWS THE MAJORITY OF PATIENTS COMING FROM TIPPECANOE COUNTY AT 57.9%, CLINTON - 8%, CARROLL - 7.5%, WHITE - 7.1% AND OTHER 19.5%.

SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

IU HEALTH ARNETT IS AN AFFILIATE OF IU HEALTH, A TAX-EXEMPT HOSPITAL, WHOSE BOARD OF DIRECTORS IS COMPOSED OF MEMBERS, OF WHICH SUBSTANTIALLY ALL ARE INDEPENDENT COMMUNITY MEMBERS. ADDITIONALLY, IU HEALTH ARNETT INVESTS IN THE COMMUNITY TO IMPROVE THE QUALITY OF THE HEALTH OF THE COMMUNITY MEMBERS. SEVERAL COMMUNITY BENEFIT HIGHLIGHTS ARE DESCRIBED BELOW.

IN ORDER TO PROVIDE EDUCATIONAL INFORMATION AND PROMOTE HEALTH AND SAFETY

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TO THE LOCAL COMMUNITIES IT SERVES, IU HEALTH ARNETT HOSTED ITS THIRD ANNUAL HEALTH & SAFETY FAIR ON MAY 1, 2014. OVER 800 PEOPLE ATTENDED THE HEALTH & SAFETY FAIR, WHICH FOCUSED ON PROVIDING EDUCATION TO CHILDREN AND THEIR FAMILIES ABOUT THEIR HEALTH AND WELL-BEING BY LEARNING ABOUT VARIOUS TOPICS SUCH AS HEALTHY EATING, FALLS PREVENTION, CAR SEAT SAFETY, SLEEP EDUCATION AND BIKE SAFETY. DOZENS OF COMMUNITY ORGANIZATIONS PROVIDED EDUCATIONAL BOOTHS INCLUDING THE TIPPECANOE COUNTY LIBRARY, WHICH HAD ITS MOBILE LIBRARY ON SITE AND THE IU HEALTH ARNETT FOUNDATION, WHICH HOSTED BIKE HELMET FITTINGS AND DISTRIBUTED 277 BIKE HELMETS TO CHILDREN THROUGHOUT THE DAY. STRESS TESTS, BLOOD PRESSURE, CHOLESTEROL AND BMI SCREENINGS WERE ALSO AVAILABLE ON SITE.

NEW IN 2014, WAS THE ADDITION OF THE COMMUNITY 5K RUN/WALK EVENT. OVER 100 RUNNERS PARTICIPATED IN THE EVENT, WHICH TOOK THE PARTICIPANTS AROUND THE HOSPITAL AND THE SURROUNDING COUNTRYSIDE.

DEVELOPED IN 2013, A FREE WALKING PROGRAM WAS ESTABLISHED TO IMPROVE THE HEALTH OF THE COMMUNITY. WITH SUPPORT FROM THE YMCA AND LAFAYETTE PARKS

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& RECREATION DEPARTMENT, HEALTH AND FITNESS EXPERTS WERE PROVIDED TO MOTIVATE THE GROUP TO "GET STRONG" BY PROVIDING A FUN AND SAFE WAY TO INCREASE PHYSICAL ACTIVITY. THE PARTICIPANTS' GOAL WAS TO DEDICATE 30 MINUTES OF ACTIVITY THAT COULD HELP ACHIEVE NUMEROUS HEALTH BENEFITS, SUCH AS IMPROVED BLOOD PRESSURE AND CHOLESTEROL LEVELS. IN 2014, 51 PEOPLE REGISTERED FOR THE GROUP. OVER THE COURSE OF THE FOUR-MONTH PROGRAM, 77 PERCENT OF PARTICIPANTS INCREASED THEIR LEVEL OF ACTIVITY AFTER JOINING THE GROUP. ONCE A MONTH, EACH OF THE SUPPORTED WALKING SITES HOSTED A GATHERING WITH A GUEST SPEAKER WHO DEMONSTRATED MORE WAYS TO HELP PARTICIPANTS GET STRONG. EACH WEEK, INDIVIDUALS HAD THE OPTION OF HAVING THEIR BODY MASS INDEX (BMI) AND BLOOD PRESSURE SCREENED AS A WAY TO TRACK HOW THE WALKING WAS IMPACTING THEIR HEALTH.

THE HOSPITAL ALSO DONATED MORE THAN \$526,000 TO NON-PROFIT COMMUNITY ORGANIZATIONS IN 2014. SOME OF THE GROUPS INCLUDED THE RIGGS COMMUNITY HEALTH CENTER, LAFAYETTE MEDICAL EDUCATION FOUNDATION, THE UNITED WAY OF GREATER LAFAYETTE AND THE AMERICAN HEART ASSOCIATION.

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SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEMS

IU HEALTH ARNETT IS A PART OF THE IU HEALTH STATEWIDE HEALTHCARE SYSTEM WHICH CONTINUES TO BROADEN ITS REACH AND POSITIVE IMPACT THROUGHOUT THE STATE OF INDIANA. IU HEALTH IS INDIANA'S MOST COMPREHENSIVE ACADEMIC MEDICAL CENTER, WHICH ENCOMPASSES IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR CHILDREN AT IU HEALTH AND IU HEALTH SAXONY HOSPITAL. OTHER ENTITIES WITHIN THE IU HEALTH SYSTEM ARE IU HEALTH WEST HOSPITAL, IU HEALTH NORTH HOSPITAL, IU HEALTH WHITE HOSPITAL, IU HEALTH BALL MEMORIAL HOSPITAL, IU HEALTH BLACKFORD HOSPITAL, IU HEALTH BLOOMINGTON HOSPITAL, IU HEALTH PAOLI HOSPITAL, IU HEALTH BEDFORD HOSPITAL, IU HEALTH TIPTON HOSPITAL, IU HEALTH LA PORTE HOSPITAL, IU HEALTH STARKE HOSPITAL, IU HEALTH MORGAN HOSPITAL AND IU HEALTH GOSHEN HOSPITAL.

ALTHOUGH EACH IU HEALTH HOSPITAL PREPARES AND SUBMITS ITS OWN COMMUNITY BENEFITS PLAN RELATIVE TO THE LOCAL COMMUNITY, IU HEALTH CONSIDERS ITS COMMUNITY BENEFIT PLAN AS PART OF AN OVERALL VISION FOR STRENGTHENING INDIANA'S OVERALL HEALTH. A COMPREHENSIVE COMMUNITY OUTREACH STRATEGY AND

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COMMUNITY BENEFIT PLAN IS IN PLACE THAT ENCOMPASSES THE ACADEMIC MEDICAL CENTER DOWNTOWN INDIANAPOLIS, SUBURBAN INDIANAPOLIS AND STATEWIDE ENTITIES AROUND PRIORITY AREAS THAT FOCUS ON HEALTH IMPROVEMENT EFFORTS STATEWIDE. IU HEALTH IS KEENLY AWARE OF THE POSITIVE IMPACT IT CAN HAVE ON THE COMMUNITIES OF NEED IN THE STATE OF INDIANA BY FOCUSING ON THE MOST PRESSING NEEDS IN A SYSTEMATIC AND STRATEGIC WAY. AFTER TAKING A CAREFUL LOOK INTO IU HEALTH'S COMMUNITIES WE SERVE, AND BY UTILIZING THE DETAILED COMMUNITY NEEDS ASSESSMENTS UNDERTAKEN BY PUBLIC HEALTH OFFICIALS AND COMMUNITY PARTNERS, IU HEALTH IDENTIFIED THE FOLLOWING COMMUNITY HEALTH NEEDS FOR 2014.

OBESITY PREVENTION

TO IMPROVE THE LIFESTYLE OF INDIANA RESIDENTS, IU HEALTH HAS UTILIZED BEST PRACTICE METHODS TO ATTACK OBESITY IN OUR COMMUNITIES. IU HEALTH IS WORKING TO IMPROVE ACCESS TO NUTRITIOUS FOODS AND PHYSICAL ACTIVITY IN LOW-INCOME NEIGHBORHOODS, IN ADDITION TO PROVIDING TRADITIONAL HEALTH EDUCATION AND PUBLIC ADVOCACY EFFORTS. WITH THESE INITIATIVES, IU HEALTH STRIVES TO PREVENT CHRONIC DISEASES SUCH AS OBESITY AND DIABETES AND

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INCREASE THE AWARENESS OF THE IMPORTANCE OF MAKING HEALTHY CHOICES, SINCE 36% OF HOOSIER ADULTS ARE OVERWEIGHT AND 29.5% ARE OBESE, COSTING THE NATIONS BILLIONS OF DOLLARS EACH YEAR TO TREAT THESE CHRONIC HEALTH CONDITIONS.

GET STRONG WALKING GROUP

AS PART OF IU HEALTH ARNETT'S MISSION TO REDUCE AREA OBESITY RATES, THE FREE GET WALKING GROUPS WERE LAUNCHED IN 2013. IU HEALTH ARNETT HOSTED ONE WALKING GROUPS EVERY MONDAY FROM JUNE THROUGH SEPTEMBER. THE GROUPS MET AT ARMSTRONG PARK IN LAFAYETTE. THE WALKING GROUPS WERE DEVELOPED TO EDUCATE COMMUNITY MEMBERS ON THE BENEFITS OF WALKING, IN AN ENCOURAGING ATMOSPHERE. THE PROGRAM WAS SUPPORTED BY THE LAFAYETTE PARKS & RECREATION DEPARTMENT AS WELL AS THE LAFAYETTE YMCA WHO PROVIDED CERTIFIED WALKING INSTRUCTORS. IU HEALTH ARNETT PHYSICIANS AND WELLNESS COORDINATORS VOLUNTEERED THEIR TIME TO PROVIDE ADDITIONAL RESOURCES AND HEALTH SCREENINGS TO PARTICIPANTS. FIFTY-ONE INDIVIDUALS PARTICIPATED THROUGHOUT THE COURSE OF THE PROGRAM, WITH NINE IMPROVING THEIR BODY MASS INDEX

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RATES AND THREE SHOWING REDUCED BLOOD PRESSURE AFTER COMPLETION OF THE PROGRAM.

DAY OF SERVICE

IN CONJUNCTION WITH THE 2014 IU HEALTH DAY OF SERVICE, IU HEALTH ARNETT COLLABORATED LOCALLY WITH THE LAFAYETTE PARKS & RECREATION DEPARTMENT. MORE THAN 40 IU HEALTH ARNETT EMPLOYEES VOLUNTEERED THEIR TIME TO IMPROVE WALKING TRAILS, LANDSCAPE, PLACE SIGNAGE AND GENERAL CLEANUP AT BOTH ARMSTRONG AND TRAILHEAD PARKS IN TIPPECANOE COUNTY. HELPING TO IMPROVE LOCAL PARKS IS A SIMPLE WAY FOR IU HEALTH ARNETT TO ENCOURAGE THE LOCAL COMMUNITY TO GET OUT AND BE ACTIVE.

ACCESS TO AFFORDABLE HEALTHCARE

ONE OF THE FIRST STEPS TO IMPROVED HEALTH OUTCOMES IS HAVING ACCESS TO HEALTHCARE RESOURCES. TO SHOW ITS COMMITMENT TO PROVIDING AFFORDABLE HEALTHCARE ACCESS, IU HEALTH ARNETT TREATS ALL PATIENTS REGARDLESS OF

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THEIR ABILITY TO PAY. IU HEALTH ARNETT IS ALSO WORKING TO RAISE AWARENESS AND WORKING TO IDENTIFY INDIVIDUALS WITHIN OUR COMMUNITIES THAT HAVE BARRIERS TO CARE AND CONNECT THESE INDIVIDUALS WITH BETTER ACCESS AND CONSISTENCY OF HEALTHCARE RESOURCES TO MEET THEIR NEEDS.

K-12 EDUCATION

EDUCATION PLAYS A CRUCIAL ROLE IN HEALTH OUTCOMES. LEVEL OF EDUCATION HAS AN IMPACT NOT ONLY ON PERSONAL HEALTH, BUT IT HAS MULTIGENERATIONAL IMPLICATIONS AS WELL. CHILDREN WITH A SOLID EDUCATIONAL FOUNDATION AND PARENTS WHO ARE INVOLVED IN THEIR EDUCATION ARE MORE LIKELY TO EMBRACE HEALTHY LIFESTYLES AND HABITS AND SUCCEED GENERALLY IN LIFE.

ADDITIONALLY, RESEARCH FROM THE NATIONAL CENTER FOR PUBLIC POLICY AND HIGHER EDUCATION SHOWS THAT GREATER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH HEALTH-PROMOTING BEHAVIORS, SUCH AS INCREASED CONSUMPTION OF FRUITS AND VEGETABLES AND OTHER ASPECTS OF HEALTHY EATING; ENGAGING IN PHYSICAL ACTIVITY AND REFRAINING FROM SMOKING.

REALIZING THAT EDUCATIONAL DISPARITIES APPEAR EARLY, IU HEALTH IS COMMITTED TO ENHANCING CHILDHOOD EDUCATION TO IMPROVE HEALTH AND LIFELONG

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QUALITY OF LIFE.

KINDERGARTEN COUNTDOWN

KINDERGARTEN COUNTDOWN IS A FREE, FOUR-WEEK SUMMER CAMP, SPONSORED BY IU HEALTH ARNETT. THE UNITED WAY OF GREATER LAFAYETTE AND IU HEALTH ARNETT PILOTED THIS PROGRAM AT MILLER ELEMENTARY DURING THE SUMMER OF 2011.

KINDERGARTEN COUNTDOWN IS DESIGNED TO PREPARE CHILDREN WITH LITTLE TO NO PRESCHOOL EXPERIENCE FOR THEIR NEW ROLES AS KINDERGARTEN STUDENTS. THE CAMP IS TAUGHT BY LICENSED, EXPERIENCED TEACHERS AND TAKES PLACE IN A SCHOOL SETTING. STUDENTS ATTEND SCHOOL FOR HALF A DAY TO ADJUST TO THE ROUTINES AND PROCEDURES OF KINDERGARTEN TO HELP THEM TRANSITION INTO SCHOOL.

IU HEALTH ARNETT SUPPORTS KINDERGARTEN COUNTDOWN AS A COMMUNITY INITIATIVE TO STRENGTHEN K-12 EDUCATION. SINCE LAUNCHING THE PROGRAM, IU HEALTH ARNETT HAS PROVIDED VOLUNTEERS, SCHOOL SUPPLIES AND BOOKS TO APPROXIMATELY 240 AREA CHILDREN WHO PARTICIPATE IN THE PROGRAM EACH

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and 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 CHNAs 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.

YEAR.

READ TO SUCCEED

AS PART OF ITS COMMITMENT TO EDUCATION AND THE COMMUNITY, IU HEALTH ARNETT CONTINUES TO PROVIDE VOLUNTEERS FOR THE READ TO SUCCEED PROGRAM. THIS PROGRAM IS A PARTNERSHIP BETWEEN THREE PUBLIC SCHOOL CORPORATIONS, GREATER LAFAYETTE COMMERCE AND THE UNITED WAY OF GREATER LAFAYETTE. THE PROGRAM'S GOAL IS TO ENSURE THAT EVERY THIRD-GRADER LEAVES THIRD GRADE READING AT GRADE LEVEL OR BETTER. THIS AGE IS THE POINT WHEN STUDENTS SHIFT FROM LEARNING TO READ TOWARD READING TO LEARN. WITHOUT THESE SKILLS, STUDENTS GET FURTHER BEHIND EACH YEAR, AND THEY ARE DRAMATICALLY MORE LIKELY TO DROP OUT OF SCHOOL. THIS PROGRAM WAS DEVELOPED TO HELP CHILDREN IN THE COMMUNITY SUCCEED. IU HEALTH ARNETT ENCOURAGES EMPLOYEES TO VOLUNTEER FOR THIS PROGRAM WEEKLY THROUGHOUT THE SCHOOL YEAR. NEARLY 15 SCHOOLS IN THE LAFAYETTE AREA PARTICIPATED IN 2014, AND MORE THAN 4,000 LOCAL CHILDREN BENEFITED FROM THE PROGRAM.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and 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 CHNAs reported in Part V, Section B.
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STATE FILING OF COMMUNITY BENEFIT REPORT

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