

**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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization **INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC.**

Employer identification number  
**35-0867958**

**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 . . . . .	X	
<b>1b</b> If "Yes," was it a written policy? . . . . .	X	
<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 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		
<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 <i>free</i> 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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> 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 checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<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"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>5c</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? . . . . .		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>6b</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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .		18545	13,766,335.		13,766,335.	4.48
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		17700	46,231,490.	56,548,127.	-10,316,637.	-3.36
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .		36245	59,997,825.	56,548,127.	3,449,698.	1.12
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	42	48953	720,889.	20,220.	700,669.	.23
<b>f</b> Health professions education (from Worksheet 5) . . . . .	6	2112	11,268,745.	2,899,444.	8,369,301.	2.73
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .	1	318	919,212.	189,058.	730,154.	.24
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	11	22389	126,138.	800.	125,338.	.04
<b>j</b> <b>Total</b> Other Benefits . . . . .	60	73772	13,034,984.	3,109,522.	9,925,462.	3.24
<b>k</b> <b>Total</b> . Add lines 7d and 7j. . . . .	60	110017	73,032,809.	59,657,649.	13,375,160.	4.36

**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	2	362	96,757.	450.	96,307.	.03
3 Community support	1	285	6,500.		6,500.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	802	18,391.		18,391.	.01
7 Community health improvement advocacy	4	440	7,518.		7,518.	
8 Workforce development	2	1448	609,684.		609,684.	.20
9 Other						
10 Total	10	3337	738,850.	450.	738,400.	.24

**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	3,434,860.
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	112,965,410.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	115,730,108.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-2,764,698.
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				
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10				
11				
12				
13				



**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 BALL MEMORIAL 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 BALL MEMORIAL HOSPITAL

		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:	X	
<b>a</b>	<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>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 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? . . . . .	X	
<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):	X	
<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>	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	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
<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"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input 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"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<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 non-payment? . . . . .	X	
<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"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<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 BALL MEMORIAL HOSPITAL

		Yes	No
<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:		X
<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"/> Actions that require a legal or judicial process		
<b>d</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"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<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:		X
<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)		

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

<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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</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		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<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? . . . . . If "Yes," explain in Section C.		X
<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? . . . . . 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

IN CONDUCTING EACH OF ITS MOST RECENT CHNA, IU HEALTH BALL MEMORIAL HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY 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 COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS.

TO OBTAIN A MORE COMPLETE PICTURE OF THE FACTORS THAT PLAY INTO IU HEALTH BALL MEMORIAL HOSPITAL'S COMMUNITY'S HEALTH, INPUT FROM PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS IN DELAWARE COUNTY WAS GATHERED THROUGH THREE SEPARATE FOCUS GROUP SESSIONS. THE FIRST WAS A ONE AND A HALF HOUR LIVE GROUP SESSION AT IU HEALTH BALL MEMORIAL HOSPITAL, AND THE OTHER TWO WERE HELD VIA A PHONE CONFERENCE CALL FOR THOSE WHO WERE NOT ABLE TO MEET IN PERSON. IU HEALTH BALL MEMORIAL HOSPITAL 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. ATTENDEES WHO PARTICIPATED IN THE FOCUS GROUP INCLUDED:

DR. ERIC KING

**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.

- SUPERINTENDENT, MUNCIE COMMUNITY SCHOOLS

- DR. KING IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING CHILDREN'S HEALTH AND EDUCATION. AS SUPERINTENDENT, HE IS KNOWLEDGEABLE IN CHILDREN'S HEALTH AND WELL-BEING, AS WELL AS THE COMMUNITY SURROUNDING THEM.

CECILIA WILLIAMS

- DELAWARE COUNTY COORDINATOR, TOBACCO FREE COALITION OF DELAWARE COUNTY

- MS. WILLIAMS IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING TOBACCO EDUCATION AND PREVENTION. AS AN EMPLOYEE OF THE TOBACCO FREE COALITION, SHE IS KNOWLEDGEABLE IN THE EFFECTS OF SMOKING AND THE WAYS TO EDUCATE THE COMMUNITY OF ITS CONSEQUENCES.

AUSTIN GERBER

- INTERN, TOBACCO FREE COALITION OF DELAWARE COUNTY

- MS. GERBER IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING TOBACCO EDUCATION AND PREVENTION. AS AN EMPLOYEE OF THE TOBACCO FREE COALITION, SHE IS KNOWLEDGEABLE IN THE EFFECTS OF SMOKING AND THE WAYS TO EDUCATE THE COMMUNITY OF ITS CONSEQUENCES.

JOHN DISHER

- ADMINISTRATOR, MARKETING, PR, AND COMMUNITY BENEFIT, IU HEALTH BALL MEMORIAL HOSPITAL

- MR. DISHER IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING

**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.

GENERAL COMMUNITY HEALTH. AS A COMMUNITY BENEFIT AND EDUCATION COORDINATOR AT IU HEALTH BALL MEMORIAL HOSPITAL, HE IS WELL-VERSED IN THE COMMUNITY'S NEEDS AND HOW THEY ARE BEING ADDRESSED.

SCOTT SMALSTIG

- VICE PRESIDENT, MERIDIAN SERVICES

- MR. SMALSTIG IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING BEHAVIORAL HEALTH. AS A VP OF MERIDIAN SERVICES, HE IS FAMILIAR WITH BEHAVIORAL AND MENTAL HEALTH ISSUES IN BOTH ADOLESCENTS AND ADULTS, AS WELL AS THE RESOURCES IN THE COMMUNITY TO ASSIST THEM.

MOLLY FLODDER

- TEAMWORK FOR QUALITY LIVING

- MS. FLODDER IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING UNDERSERVED/LOW INCOME POPULATIONS. AS AN EMPLOYEE OF TEAMWORK, SHE UNDERSTANDS THE UNDERSERVED COMMUNITY AND THEIR NEEDS. TEAMWORK'S MISSION IS TO PROVIDE OPPORTUNITIES FOR IMPOVERISHED POPULATIONS TO BECOME SELF-SUFFICIENT.

KEVIN WOODGET

- PASTOR, CHURCH OF THE LIVING GOD; MEMBER, HEALTH COALITION OF DELAWARE COUNTY

- PASTOR WOODGET IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS MINORITY HEALTH ISSUES IN DELAWARE COUNTY. AS A CHURCH PASTOR AND MEMBER OF THE HEALTH COALITION OF DELAWARE COUNTY, HE IS KNOWLEDGEABLE ABOUT THE

**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.

MANY FACTORS AFFECTING HEALTH IN THE LOCAL COMMUNITY.

JULIE HANKINS

- EXECUTIVE DIRECTOR, CANCER SERVICES OF EAST CENTRAL INDIANA

("ECI")

- MS. HANKINS IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING HEALTH AND FINANCIAL ISSUES RELATED TO CANCER DIAGNOSIS AND TREATMENT. AS EXECUTIVE DIRECTOR OF CANCER SERVICES OF ECI, SHE IS KNOWLEDGEABLE ABOUT THE MANY SUPPORT NEEDS OF PERSONS WITH CANCER.

CHERYL MATTHEWS

- DIRECTOR OF EDUCATION AND CLIENT SERVICES, CANCER SERVICES OF ECI

- MS. MATTHEWS IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS HEALTH EDUCATION FOR ADULTS AND CHILDREN, AS WELL AS ISSUES RELATED TO CANCER DIAGNOSIS AND TREATMENT. AS DIRECTOR OF EDUCATION AND CLIENT SERVICES, SHE IS FAMILIAR WITH HEALTH EDUCATION NEEDS OF PATIENTS AND THEIR FAMILIES.

LARRY STRANGE

- COORDINATOR, MUNCIE ACTION PLAN

- MR. STRANGE IS REPRESENTATIVE OF A COMMUNITY COALITION COMPOSED OF CONCERNED CITIZENS ACTIVELY SEEKING TO IMPROVE MUNCIE THROUGH FIVE KEY INITIATIVES THAT INCLUDE THE LINKING OF LEARNING, HEALTH, AND PROSPERITY.

**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.

JUDY MAYS

- PROGRAM COORDINATOR, MINORITY TOBACCO FREE COALITION
- MS. MAYS IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS TOBACCO USE AMONG MINORITY POPULATIONS. AS PROGRAM COORDINATOR AND A HEALTH EDUCATOR FOR THE MINORITY TOBACCO FREE COALITION, SHE IS KNOWLEDGEABLE ABOUT THE EFFECTS OF TOBACCO USE, PREVENTION, AND CESSATION IN THE COMMUNITY.

HEIDI MILLER

- OPEN DOOR HEALTH SERVICES
- MS. MILLER IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING THE PROVISION OF HEALTH AND DENTAL SERVICES FOR THE UNDER AND UNINSURED POPULATIONS OF THE COMMUNITY. AS AN EMPLOYEE OF OPEN DOOR HEALTH SERVICES, SHE IS KNOWLEDGEABLE ABOUT THE POPULATIONS SERVED BY THE FEDERALLY QUALIFIED HEALTH CENTER.

DR. MELANIE SCHREINER, M.D.

- MEDICAL DIRECTOR, GATEWAY HEALTH CLINIC; PHYSICIAN, IU HEALTH BALL MEMORIAL HOSPITAL
- DR. SCHRINER IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE RELATED TO HEALTHCARE SERVICES FOR THE UNINSURED. AS A FAMILY MEDICINE PHYSICIAN AND MEDICAL DIRECTOR OF THE GATEWAY CLINIC, SHE IS WELL-VERSED ON THE HEALTHCARE NEEDS OF THE UNINSURED.

ANDREA BRUNO

**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.

- EXECUTIVE DIRECTOR, GATEWAY HEALTH CLINIC

- MS. BRUNO IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING THE PROVISION OF HEALTH AND DENTAL SERVICES FOR THE UNINSURED POPULATIONS OF THE COMMUNITY. AS EXECUTIVE DIRECTOR OF GATEWAY HEALTH CLINIC, SHE IS KNOWLEDGEABLE ABOUT PROVIDING HEALTH CARE TO THE UNINSURED.

JOSHUA WILLIAMS

- ADMINISTRATOR, DELAWARE COUNTY HEALTH DEPARTMENT

- MR. WILLIAMS IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE RELATED TO PUBLIC HEALTH. AS AN ADMINISTRATOR OF THE LOCAL COUNTY HEALTH DEPARTMENT, HE IS KNOWLEDGEABLE ABOUT A BROAD RANGE OF PUBLIC HEALTH NEEDS, INCLUDING WELLNESS INITIATIVES AND DISEASE PREVENTION.

TAMARA WHITE

- COMMUNITY HEALTH COORDINATOR, DELAWARE COUNTY HEALTH DEPARTMENT

- MS. WHITE IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING HEALTH PROMOTION AND DISEASE PREVENTION ISSUES, INCLUDING CHRONIC DISEASE, HIV/STI, OTHER INFECTIOUS DISEASES, INJURY, ADOLESCENT HEALTH, REPRODUCTIVE HEALTH, IMMUNIZATIONS, TOBACCO USE, PRIMARY CARE, AND MENTAL HEALTH.

CHRISTIANA MANN

- ENVIRONMENTAL COORDINATOR, DELAWARE COUNTY HEALTH DEPARTMENT

- MS. MANN IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE RELATED TO COMMUNITY HEALTH INITIATIVES. AS THE ENVIRONMENTAL COORDINATOR FOR THE

**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.

LOCAL COUNTY HEALTH DEPARTMENT, SHE IS WELL-VERSED IN ENVIRONMENTAL FACTORS THAT PROMOTE HUMAN HEALTH AND WELL-BEING, AS WELL AS THOSE FACTORS THAT FOSTER A SAFE AND HEALTHY ENVIRONMENT.

MAUDE JENNINGS

- VOLUNTEER, WHITELEY COMMUNITY COUNCIL

- MS. JENNINGS IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING THE EDUCATION AND HEALTH INITIATIVES WITHIN THE MINORITY COMMUNITY. AS A MEMBER OF THE WHITELEY COMMUNITY COUNCIL, SHE UNDERSTANDS MANY OF THE EDUCATION AND HEALTH NEEDS OF THE WHITELEY NEIGHBORHOOD.

MARY DOLLISON

- VOLUNTEER, ROY C. BULEY CENTER; MEMBER, WHITELEY COMMUNITY COUNCIL

- MS. DOLLISON IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING THE EDUCATION AND WELLNESS INITIATIVES WITHIN THE MINORITY COMMUNITY. AS A VOLUNTEER AT THE ROY C. BULEY CENTER AND MEMBER OF THE WHITELEY COMMUNITY COUNCIL, SHE IS WELL-VERSED IN EDUCATION AND DEVELOPMENT PROGRAMS FOR YOUTH, AND PROVIDES LEADERSHIP FOR WHITLEY NEIGHBORHOOD IMPROVEMENTS.

REBECCA CLOCK

- DIRECTOR, CHRISTIAN MINISTRIES OF DELAWARE COUNTY

- MS. CLOCK IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE RELATED TO HUNGER ISSUES WITHIN THE AREA. AS AN EMPLOYEE OF CHRISTIAN MINISTRIES OF DELAWARE COUNTY, SHE IS KNOWLEDGEABLE ABOUT RESOURCES IN THE COMMUNITY

**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.

THAT ASSIST PERSONS IN NEED OF FOOD AND SHELTER.

GARY CHENAULT

- PRESIDENT/CEO, UNITED WAY OF DELAWARE COUNTY

- MR. CHENAULT IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE RELATED TO NUMEROUS COMMUNITY SOCIAL SERVICE PROGRAMS FOCUSED ON THE AREAS OF EDUCATION, INCOME, AND HEALTH. AS PRESIDENT AND CEO OF THE UNITED WAY OF DELAWARE COUNTY, HE IS FAMILIAR WITH MANY OF THE CORE HEALTH, EDUCATION, AND FINANCIAL NEEDS OF AT-RISK POPULATIONS IN THE AREA.

UPON ARRIVAL TO THE FOCUS GROUP, PARTICIPANTS WERE ASKED TO LIST FIVE HEALTH NEEDS, WHICH SHOULD BE PRIORITIZED IN THEIR OPINION, FOR THE DELAWARE COUNTY COMMUNITY SERVED BY IU HEALTH BALL MEMORIAL HOSPITAL. 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 BALL MEMORIAL HOSPITAL FACILITATORS THEN PROVIDED PARTICIPANTS WITH A PRESENTATION FEATURING THE MISSION OF IU HEALTH BALL MEMORIAL HOSPITAL, 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 BALL MEMORIAL HOSPITAL FACILITATED A DISCUSSION ON THE COMPREHENSIVE LIST OF IDENTIFIED

**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.

NEEDS FROM EARLIER IN THE SESSION. THE OBJECTIVE OF THIS METHOD WAS INTENDED TO INSPIRE CANDID 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 THE IU HEALTH BALL MEMORIAL HOSPITAL COULD BE IN MEETING THE LOCAL HEALTH NEEDS.

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

A COPY OF IU HEALTH BALL MEMORIAL HOSPITAL'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 BALL MEMORIAL HOSPITAL'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 BALL MEMORIAL HOSPITAL 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

**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.

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 BALL MEMORIAL HOSPITAL SELECTED THE FOLLOWING FIVE NEEDS TO BE ADDRESSED:

- OBESITY PREVENTION
- ACCESS TO HEALTHCARE
- INFANT HEALTH FACTORS
- TOBACCO USE PREVENTION
- MENTAL HEALTH/BEHAVIORAL HEALTH

OBESITY PREVENTION

TO IMPROVE THE LIFESTYLE OF INDIANA RESIDENTS, IU HEALTH BALL MEMORIAL HOSPITAL HAS UTILIZED INNOVATIVE AND BEST PRACTICE METHODS TO ATTACK OBESITY IN ITS COMMUNITIES. THE HEALTHCARE SYSTEM 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 BALL MEMORIAL HOSPITAL STRIVES TO PREVENT CHRONIC DISEASES SUCH AS OBESITY AND DIABETES, AND INCREASE THE AWARENESS OF THE IMPORTANCE OF MAKING HEALTHY CHOICES, SINCE INDIANA RANKS EIGHTH IN OBESITY IN THE NATION. SOME WAYS THAT IU HEALTH BALL MEMORIAL HOSPITAL ADDRESSES OBESITY PREVENTION

**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.

INCLUDE:

- THE HOSPITAL PARTNERS WITH THE YMCA OF MUNCIE TO OFFER ACTIVE AFTERSCHOOL AT EIGHT AREA ELEMENTARY SCHOOLS AND ONE COMMUNITY CENTER. ELEMENTARY-AGED CHILDREN ARE TAUGHT THE BASICS OF HEALTHY LIFESTYLE BEHAVIORS, INCLUDING PROPER NUTRITION AND WAYS TO STAY ACTIVE THROUGH RECREATION. THE PROGRAM IMPACTED 300 INDIVIDUALS IN 2014.

- FAMILIES AT THE FARMERS MARKET IS A PROGRAM CREATED BY IU HEALTH BALL MEMORIAL HOSPITAL TO TEACH LOW-INCOME FAMILIES ABOUT THE BENEFITS OF INCORPORATING FRUITS AND VEGETABLES INTO FAMILY MEALS. IT INCLUDES EDUCATIONAL COMPONENTS AS WELL AS VOUCHERS GOOD FOR THE PURCHASE OF FRESH PRODUCE AT A LOCAL FARMERS MARKET. A TOTAL OF 37 AREA FAMILIES PARTICIPATED.

- IU HEALTH BALL MEMORIAL HOSPITAL OFFERED A COMMUNITY WALKING GROUP CALLED "WALK WITH A DOC" WHICH PAIRED AREA PHYSICIANS WITH WALKERS DURING WALKS ON THE LOCAL CARDINAL GREENWAY RAIL-TO-TRAIL SYSTEM. ADDITIONALLY, THE HOSPITAL OPERATED A COMMUNITY CYCLING CLUB, AND CONTRIBUTED RESOURCES FOR THE OPERATION OF WALK INDIANA, A YEARLONG EFFORT TO PROVIDE GROUP WALKING OPPORTUNITIES TO AREA RESIDENTS. THERE WERE 700 PARTICIPANTS IN 2014.

**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.

## 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 BALL MEMORIAL HOSPITAL TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH BALL MEMORIAL HOSPITAL IS ALSO WORKING TO RAISE AWARENESS AND IDENTIFY INDIVIDUALS WITHIN ITS COMMUNITIES THAT HAVE BARRIERS TO CARE AND CONNECT THESE INDIVIDUALS WITH BETTER ACCESS AND CONSISTENCY OF HEALTHCARE RESOURCES TO MEET THEIR NEEDS. SOME WAYS THAT IU HEALTH BALL MEMORIAL HOSPITAL ADDRESSES ACCESS TO HEALTHCARE INCLUDE:

- IU HEALTH BALL MEMORIAL HOSPITAL OPERATES TWO FUNCTIONING FAMILY MEDICINE AND INTERNAL MEDICINE CLINICS WHERE RESIDENT PHYSICIANS PROVIDE MEDICAL CARE FOR NEARLY 25,000 PATIENT VISITS EACH YEAR.

- IU HEALTH BALL MEMORIAL HOSPITAL OFFERS FREE SCREENINGS FOR UNINSURED AND UNDERINSURED INDIVIDUALS. CERVICAL, BREAST AND SKIN CANCER SCREENINGS ARE OFFERED AT HOSPITAL FACILITIES AND HEALTH PROFESSIONALS ROUTINELY PARTICIPATE IN COMMUNITY PROGRAMS BY OFFERING FREE DIABETES RISK ASSESSMENTS, AS WELL AS BLOOD PRESSURE, HEART FAILURE AND ORTHOPEDIC SCREENINGS. IN ADDITION, THE HOSPITAL OFFERS LOW-COST LUNG CANCER SCREENING FOR HIGH-RISK PATIENTS. OVER 1,200 INDIVIDUALS PARTICIPATED IN 2014

**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.

INFANT HEALTH FACTORS

IU HEALTH BALL MEMORIAL HOSPITAL OFFERS SERVICES RELATED TO PRECONCEPTION, PRENATAL CARE, OBSTETRICS, MOTHER/BABY CARE, NEONATAL INTENSIVE CARE AND PEDIATRICS. THE HOSPITAL OFFERS ONE OF THE FEW PERINATAL CENTERS IN INDIANA, CARING FOR PREGNANT WOMEN WITH MATERNAL AND/OR FETAL COMPLICATIONS AND THOSE WHO ARE AT HIGH RISK OF DEVELOPING COMPLICATIONS.

IU HEALTH BALL MEMORIAL HOSPITAL ALSO PARTICIPATES IN COMMUNITY INITIATIVES AIMED AT REDUCING INFANT MORTALITY RATES IN DELAWARE COUNTY. MATERNAL EXPOSURE TO HEALTH RISKS SUCH AS TOBACCO USE, NUTRITION AND PRESCRIPTION DRUG ABUSE, AS WELL AS SAFE SLEEP PRACTICES AND OTHER FACTORS IN THE HOME CAN PLAY A ROLE IN INFANT MORTALITY. IN RESPONSE, THE HOSPITAL IS ACTIVELY ENGAGED WITH A NUMBER OF INITIATIVES INCLUDING:

- IU HEALTH BALL MEMORIAL HOSPITAL OFFERS EDUCATION TO ALL MOTHERS AND PARENTS DELIVERING BABIES AT THE HOSPITAL REGARDING 'THE PERIOD OF PURPLE CRYING. "

- MEMBERS OF THE HOSPITAL STAFF TAKE AN ACTIVE ROLE WITH THE LOCAL PREVENT CHILD ABUSE COUNCIL OF DELAWARE COUNTY TO EDUCATE THE PUBLIC ABOUT INFANT ADDICTIONS AND ABUSE AS A RESULT OF PRESCRIPTION DRUGS UTILIZED BY MOTHERS DURING PREGNANCY.

**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.

- THE HOSPITAL IS A PARTICIPANT IN FIMR, A MULTICOUNTY FETAL INFANT MORTALITY REVIEW PROGRAM DESIGNED TO REVIEW CAUSATION FACTORS OF INFANT MORTALITY.

- IU HEALTH BALL MEMORIAL HOSPITAL PARTICIPATES IN A COMMUNITY ACTION TEAM THAT HAS DEVELOPED INTERVENTIONS FOR PREGNANT WOMEN TO SUPPORT HEALTHY HABITS DURING PREGNANCY.

TOBACCO USE PREVENTION

IU HEALTH BALL MEMORIAL HOSPITAL RECOGNIZES THAT ONE OF THE MOST IMPORTANT AND EFFECTIVE WAYS OF MAINTAINING GOOD HEALTH IS TO REFRAIN FROM THE USE OF TOBACCO PRODUCTS. CIGARETTE SMOKING IS IDENTIFIED AS A CAUSE OF VARIOUS CANCERS, CARDIOVASCULAR DISEASE AND RESPIRATORY CONDITIONS, AS WELL AS LOW BIRTHWEIGHT AND OTHER ADVERSE HEALTH OUTCOMES.

- IU HEALTH BALL MEMORIAL HOSPITAL PROVIDES EDUCATION TO PATIENTS ABOUT THE HARMFUL EFFECTS OF TOBACCO USE AND PROMOTES THE FREE CESSATION SERVICE, 1-800-QUIT NOW, OFFERED BY THE INDIANA TOBACCO QUITLINE.

- IU HEALTH BALL MEMORIAL HOSPITAL IS A MEMBER OF THE TOBACCO FREE COALITION OF DELAWARE COUNTY. IN 2014, THE COALITION, WITH THE HELP OF IU HEALTH TEAM MEMBER VOLUNTEERS, SURVEYED PARTICIPANTS AT THE DELAWARE COUNTY FAIR AS PART OF A PROPOSAL TO MAKE THE FAIRGROUNDS SMOKE-FREE.

**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.

- HOSPITAL STAFF PARTICIPATED IN A LOCAL HEALTH FAIR AND DISTRIBUTED 1-800 QUIT NOW INFORMATION AS WELL AS SCREENING INFORMATION ABOUT LUNG CANCER.

MENTAL HEALTH/BEHAVIORAL HEALTH

BEHAVIORAL HEALTH COVERS A RANGE OF CONDITIONS FROM DEPRESSION, ANXIETY AND OTHER PSYCHOLOGICAL DISORDERS TO ISSUES RELATED TO SUBSTANCE ABUSE AND ALCOHOL ADDICTION. MANY INDIANA COMMUNITIES REPORT A NEED TO IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES AND REDUCE THE STIGMA OFTEN ASSOCIATED WITH MENTAL HEALTH AND ADDICTIONS. THE IU HEALTH BEHAVIORAL HEALTH PROGRAM INCLUDES A WIDE RANGE OF SERVICES DESIGNED TO SUPPORT PATIENTS WITH BEHAVIORAL, PSYCHIATRIC AND PSYCHOLOGICAL NEEDS. MULTIDISCIPLINARY TEAMS AT IU HEALTH BALL MEMORIAL HOSPITAL WORK TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF EVERY PATIENT. SOME EXAMPLES OF HOW IU HEALTH BALL MEMORIAL HOSPITAL SUPPORTS BEHAVIORAL HEALTH INCLUDE:

- CLINICIANS FROM IU HEALTH BALL MEMORIAL HOSPITAL PROVIDED STRESS MANAGEMENT CONSULTATIONS DURING A LOCAL HEALTH FAIR FOR GOVERNMENT EMPLOYEES.

- THE IU HEALTH BALL MEMORIAL HOSPITAL FAMILY MEDICINE RESIDENCY RECEIVED A GRANT TO BEGIN SCREENING, BRIEF INTERVENTION, AND REFERRAL TO

**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.

TREATMENT (SBIRT) SCREENINGS IN 2015 FOR ALCOHOL ABUSE.

- THE IU HEALTH BALL MEMORIAL HOSPITAL FAMILY MEDICINE RESIDENCY RECEIVED A GRANT FOR SUPPORT OF IMPROVED BEHAVIORAL HEALTH ASSESSMENT AND TREATMENT PLANNING FOR PATIENTS WITH COMORBID BEHAVIORAL AND MEDICAL HEALTH NEEDS. THE GRANT WILL BEGIN IN 2015.

- IU HEALTH BALL MEMORIAL HOSPITAL OFFERED A COMMUNITY EDUCATION PROGRAM RELATED TO MENTAL HEALTH IN 2014.

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

- POVERTY
- HEALTH LITERACY

POVERTY

THIS NEED IS CURRENTLY BEING MET AND ADDRESSED IN OUR COMMUNITY THROUGH ORGANIZATIONS SUCH AS TEAMWORK FOR QUALITY LIVING AND MUNCIE ACTION PLAN.

IN ADDITION, THE HIGH QUALITY CARE AND ASSISTANCE IU HEALTH BALL MEMORIAL HOSPITAL PROVIDES TO PATIENTS AND COMMUNITY MEMBERS THAT ARE UNABLE TO PAY ALSO HELPS TO SERVE INDIVIDUALS IN NEED.

**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.

## HEALTH LITERACY

HEALTH LITERACY IS A BROAD AREA THAT IU HEALTH BALL MEMORIAL HOSPITAL ATTEMPTS TO IMPROVE IN INPATIENT AND OUTPATIENT SETTINGS THROUGH PATIENT EDUCATION AND CASE MANAGEMENT; HOWEVER THERE WERE OTHER NEEDS WHICH WERE OF A HIGHER COMMUNITY HEALTH PRIORITY ACCORDING TO THE RESULTS VIA THE HANLON METHOD.

AFTER COMPLETING A GAP ANALYSIS, IU HEALTH BALL MEMORIAL HOSPITAL DETERMINED THAT THE SEVERITY OF AND LACK OF RESOURCES AVAILABLE TO ADDRESS THE FIVE NEEDS CHOSEN TO BE ADDRESSED OUTWEIGHED THE SEVERITY OF AND RESOURCES AVAILABLE TO ADDRESS THE NEEDS NOT CHOSEN.

SCHEDULE H, PART V, SECTION B, LINE 13B - INCOME LEVEL OTHER THAN FPG  
IN ADDITION TO FPG, IU HEALTH BALL MEMORIAL HOSPITAL 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 BALL MEMORIAL HOSPITAL TAKES INTO CONSIDERATION SEVERAL OTHER FACTORS IN DETERMINING PATIENT ELIGIBILITY FOR FINANCIAL ASSISTANCE.  
THESE FACTORS INCLUDE THE FOLLOWING:

1. ALTERNATE SOURCES OF 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.

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 BALL MEMORIAL HOSPITAL FINANCIAL ASSISTANCE PROGRAM.

PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE INSURANCE POLICY, INCLUDING, BUT NOT LIMITED TO, HEALTH, AUTOMOBILE, AND HOMEOWNER'S, MUST EXHAUST ALL INSURANCE BENEFITS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH BALL MEMORIAL HOSPITAL'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 BALL MEMORIAL HOSPITAL.

ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH BALL MEMORIAL HOSPITAL 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 BALL MEMORIAL HOSPITAL 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

**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.

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  
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 BALL  
MEMORIAL HOSPITAL WILL DENY OR REVOKE FINANCIAL ASSISTANCE FOR ANY  
PATIENT OR GUARANTOR WHO FALSIFIES ANY PORTION OF A FINANCIAL ASSISTANCE  
APPLICATION.

**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 16A - FAP WEBSITE

A COPY OF IU HEALTH BALL MEMORIAL HOSPITAL'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 BALL MEMORIAL HOSPITAL'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/)

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

IU HEALTH BALL MEMORIAL HOSPITAL GOES TO GREAT LENGTHS TO ENSURE PATIENTS KNOW THAT IT TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. ALTHOUGH A COMPLETE COPY OF THE FINANCIAL ASSISTANCE POLICY IS NOT ATTACHED TO EACH PATIENT STATEMENT, A PLAIN LANGUAGE SUMMARY IS INCLUDED INSTEAD. ADDITIONALLY, ON THE BACK OF EACH PATIENT STATEMENT IS A TELEPHONE NUMBER THAT ALLOWS PATIENTS TO ASK ANY QUESTIONS ABOUT THE POLICY AND REQUEST 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.

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

IU HEALTH BALL MEMORIAL HOSPITAL 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 BALL MEMORIAL HOSPITAL'S FAP ARE APPLIED TO THE CHARGEMASTER OR PHYSICIAN FEE SCHEDULE CALCULATED AMOUNT.

IU HEALTH BALL MEMORIAL HOSPITAL 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? 14

Name and address	Type of Facility (describe)
<b>1</b> BALL CANCER CENTER 2200 FOREST RIDGE RD., STE. 120 NEW CASTLE IN 47362	DIAGNOSTIC AND OTHER OUTPATIENT
<b>2</b> BALL MEMORIAL HOSPITAL SLEEP LAB 6000 W. KILGORE AVE. MUNCIE IN 47304	DIAGNOSTIC AND OTHER OUTPATIENT
<b>3</b> BREAST CENTER SERVICE 2598 W. WHITE RIVER MUNCIE IN 47303	DIAGNOSTIC AND OTHER OUTPATIENT
<b>4</b> CANCER CENTER AT JAY COUNTY HOSPITAL 510 W. VOTAW ST., STE. A PORTLAND IN 47371	DIAGNOSTIC AND OTHER OUTPATIENT
<b>5</b> IUH BALL MEM. HOSP. RADIOLOGY @ YORKTOWN 1420 S. PILGRM BLVD. YORKTOWN IN 47396	DIAGNOSTIC AND OTHER OUTPATIENT
<b>6</b> IUH BALL MEM. HOSP. REHABILITATION SVCS. 3600 W. BETHEL AVE. MUNCIE IN 47303	DIAGNOSTIC AND OTHER OUTPATIENT
<b>7</b> BMH PEDIATRIC REHABILITATION CENTER 205 N. TILLOTSON AVE. MUNCIE IN 47304	DIAGNOSTIC AND OTHER OUTPATIENT
<b>8</b> PAIN MGMT. CTR. & FAM. HEALTHCARE PHARM 5501 W. BETHEL AVE. MUNCIE IN 47304	DIAGNOSTIC AND OTHER OUTPATIENT
<b>9</b> WOUND HEALING CENTER & BARIATRIC CENTER 2901 W. JACKSON ST. MUNCIE IN 47303	DIAGNOSTIC AND OTHER OUTPATIENT
<b>10</b> BALL STATE HEALTHCENTER PHARMACY 1500 NEELY AVE. MUNCIE IN 47303	PHARMACY

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)
<b>1</b> BLACKFORD COMMUNITY HEALTHCARE PHARMACY 400 PILGRIM BLVD. HARTFORD CITY IN 47348	PHARMACY
<b>2</b> PAVILION COMMUNITY PHARMACY 2401 W. UNIVERSITY AVE., OMP 1635 MUNCIE IN 47303	PHARMACY
<b>3</b> SOUTHWAY HEALTHCARE PHARMACY 3813 S. MADISON ST. MUNCIE IN 47302	PHARMACY
<b>4</b> YORKTOWN HEALTHCARE PHARMACY 1420 S. PILGRIM BLVD. YORKTOWN IN 47396	PHARMACY
<b>5</b>  	
<b>6</b>  	
<b>7</b>  	
<b>8</b>  	
<b>9</b>  	
<b>10</b>  	

**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.

SCHEDULE H, PART I, LINE 3C - OTHER FACTORS USED IN DETERMINING ELIG.

ELIGIBILITY FOR FINANCIAL ASSISTANCE IS DETERMINED BASED UPON A PATIENT'S

HOUSEHOLD INCOME AND NUMBER OF MEMBERS IN THE HOUSEHOLD. A PATIENT IS

ELIGIBLE FOR FINANCIAL ASSISTANCE, WHEN THE PATIENT'S:

- HOUSEHOLD INCOME IS EQUAL TO OR LESS THAN 200% OF THE FEDERAL  
POVERTY GUIDELINES ("FPG"); OR

- HOUSEHOLD INCOME IS GREATER THAN 400% OF THE FPG, THE PATIENT IS AN  
UNINSURED PATIENT, AND QUALIFIES BASED ON AN ESTABLISHED SLIDING SCALE.

PATIENTS IN THE FOLLOWING CATEGORIES ARE PRESUMED TO BE ELIGIBLE FOR

FINANCIAL ASSISTANCE, WITHOUT A DETERMINATION OF HOUSEHOLD INCOME:

- PATIENTS WHOSE FINANCIAL NEED HAS BEEN DETERMINED BY THE FOLLOWING  
THIRD PARTIES: WISHARD, PROJECT HEALTH, CHILDREN'S SPECIAL HEALTH CARE  
SERVICES, MEDICAID, OR OUT-OF-STATE MEDICAID;

- PATIENTS WHO ARE PENDING MEDICAID APPROVAL;

- HOMELESS PATIENTS; AND

**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.

- PATIENTS WHO HAVE A HOSPITAL BILL WITH A MAXIMUM BALANCE TO BE DETERMINED BY THE EXECUTIVE DIRECTOR OF REVENUE CYCLE SERVICES AND WHO MEET CREDIT SCORING AND ASSET DETERMINATION CRITERIA.

ADDITIONAL REQUIREMENTS FOR ELIGIBILITY INCLUDE:

- FOR PATIENTS/GUARANTORS WHO ARE OTHERWISE ELIGIBLE FOR FINANCIAL ASSISTANCE AND WHOSE HOSPITAL AND/OR PHYSICIAN LIABILITY IS GREATER THAN \$60,000, IU HEALTH BALL MEMORIAL HOSPITAL MAY REVIEW AVAILABLE ASSETS IN DETERMINING ELIGIBILITY AND AMOUNT OF FINANCIAL ASSISTANCE PROVIDED. THIS DOLLAR THRESHOLD MAY BE INCREASED ANNUALLY BASED ON IU HEALTH BALL MEMORIAL HOSPITAL PRICE INCREASES AND AT THE DISCRETION OF REVENUE CYCLE LEADERSHIP.

- FINANCIAL ASSISTANCE MAY BE GRANTED TO PATIENTS/GUARANTORS WHO QUALIFY FOR GOVERNMENT PROGRAMS WHEN FUNDING HAS BEEN DELAYED. IF LATER GOVERNMENT ASSISTANCE IS APPROVED, THE FINANCIAL ASSISTANCE AWARDED WILL BE REVERSED. THIS INCLUDES, BUT IS NOT LIMITED TO, WHEN A PATIENT'S ACCOUNT IS PENDING MEDICAID APPROVAL.

**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.

- FINANCIAL ASSISTANCE MAY BE GRANTED TO A DECEASED PATIENT WHOSE ESTATE HAS BEEN DETERMINED TO BE WITHOUT VALUABLE ASSETS.

- FINANCIAL ASSISTANCE WILL NOT BE GRANTED TO NON-CONSOLIDATED PATIENT STATEMENTS PATIENTS THAT HAVE A PHYSICIAN BILL WITH A BALANCE LESS THAN \$240.00

- IU HEALTH BALL MEMORIAL HOSPITAL WILL DENY FINANCIAL ASSISTANCE FOR ANY PATIENT/GUARANTOR WHO FALSIFIES ANY PORTION OF AN APPLICATION.

- ALL THIRD PARTY RESOURCES AND NON-HOSPITAL FINANCIAL AID PROGRAMS, INCLUDING PUBLIC ASSISTANCE AVAILABLE THROUGH MEDICAID, MUST BE EXHAUSTED BEFORE FINANCIAL ASSISTANCE WILL BE AWARDED.

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

IU HEALTH BALL MEMORIAL HOSPITAL'S COMMUNITY BENEFIT AND OTHER INVESTMENTS, ENCOMPASSING ITS TOTAL COMMUNITY INVESTMENT, ARE INCLUDED IN THE IU HEALTH COMMUNITY BENEFIT REPORT WHICH IS PREPARED ON BEHALF OF AND INCLUDES IU HEALTH AND ITS RELATED HOSPITAL ENTITIES IN THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM").

**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.

THE IU HEALTH COMMUNITY BENEFIT REPORT IS MADE AVAILABLE TO THE PUBLIC ON  
IU HEALTH'S WEBSITE AT [HTTP://IUHEALTH.ORG/COMMUNITYBENEFIT/](http://IUHEALTH.ORG/COMMUNITYBENEFIT/). THE IU  
HEALTH COMMUNITY BENEFIT REPORT IS ALSO DISTRIBUTED TO NUMEROUS KEY  
ORGANIZATIONS THROUGHOUT THE STATE OF INDIANA IN ORDER TO BROADLY SHARE  
THE IU HEALTH STATEWIDE SYSTEM'S COMMUNITY BENEFIT EFFORTS. IT IS ALSO  
AVAILABLE BY REQUEST THROUGH THE INDIANA STATE DEPARTMENT OF HEALTH OR IU  
HEALTH.

SCHEDULE H, PART I, LINE 7, 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 ON LINE 7, COLUMN (F) IS \$18,977,126.

THE BAD DEBT EXPENSE OF \$3,434,860 ON SCHEDULE H, PART III, LINE 2 IS  
REPORTED AT COST.

**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.
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- 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.

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

SCHEDULE H, PART I, LINE 7, COLUMN (F), PERCENT OF TOTAL EXPENSE, IS

BASED ON COLUMN (E) NET COMMUNITY BENEFIT EXPENSE. THE PERCENT OF TOTAL

EXPENSE BASED ON COLUMN (C) TOTAL COMMUNITY BENEFIT EXPENSE, WHICH DOES

NOT INCLUDE DIRECT OFFSETTING REVENUE, IS 19.79%.

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

INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC. DOES NOT INCLUDE

ANY COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH

SERVICES.

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

IU HEALTH BALL MEMORIAL HOSPITAL IS A SUBSIDIARY OF IU HEALTH. IU HEALTH

PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS

THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES IT SERVES. IU HEALTH

AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA INVEST IN

ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, COLLABORATE WITH

LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND

**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.

ADVOCATE FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS.

THIS INCLUDES MAKING CONTRIBUTIONS TO COMMUNITY-BUILDING ACTIVITIES BY PROVIDING INVESTMENTS AND RESOURCES TO LOCAL COMMUNITY INITIATIVES THAT ADDRESSED ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT AND WORKFORCE DEVELOPMENT.

SEVERAL EXAMPLES INCLUDE THE SUPPORT OF IU HEALTH BALL MEMORIAL HOSPITAL FOR THE FOLLOWING ORGANIZATIONS AND INITIATIVES THAT FOCUS ON SOME OF THE ROOT CAUSES OF HEALTH ISSUES, SUCH AS LACK OF EDUCATION, EMPLOYMENT AND POVERTY:

- UNITED WAY
- TOBACCO FREE COALITION OF DELAWARE COUNTY
- MUNCIE ACTION PLAN
- MUNCIE B5 HEALTH AND WELLNESS TASK FORCE
- HOSTING OF MEDICAL EXPLORER PROGRAM FOR YOUTH
- CAREER FAIRS AT INDIANA COLLEGES AND UNIVERSITIES
- WHITELY NEIGHBORHOOD ASSOCIATION

**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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- 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.

- MUNCIE-DELAWARE COUNTY CHAMBER OF COMMERCE
- ECONOMIC DEVELOPMENT ALLIANCE

ADDITIONALLY, THROUGH THE IU HEALTH STATEWIDE SYSTEM'S TEAM MEMBER COMMUNITY BENEFIT SERVICE PROGRAM, "STRENGTH THAT CARES", TEAM MEMBERS ACROSS THE STATE MAKE A DIFFERENCE IN THE LIVES OF THOUSANDS OF HOOSIERS EVERY YEAR. FOR EXAMPLE, IN 2014, IU HEALTH BALL MEMORIAL HOSPITAL TEAM MEMBER VOLUNTEERS SERVED AS CLASSROOM HELPERS DURING A THREE-WEEK, PRE-KINDERGARTEN SUMMER CAMP FOR AT-RISK CHILDREN.

SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO EST. BAD DEBT EXP. THE BAD DEBT EXPENSE OF \$3,434,860 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 4 - BAD DEBT EXPENSE THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS, FOR ALL PAYORS, IS RECOGNIZED WHEN SERVICES ARE PROVIDED BASED UPON MANAGEMENT'S ASSESSMENT

**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.
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- 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.

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 THE REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS AND THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN ADDITION, IU HEALTH BALL MEMORIAL HOSPITAL FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES. PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF IU HEALTH BALL MEMORIAL HOSPITAL AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET FINANCIAL ASSISTANCE POLICIES OF IU HEALTH BALL MEMORIAL HOSPITAL.

**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.

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 THE IU HEALTH BALL MEMORIAL HOSPITAL MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH BALL MEMORIAL HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIAN SERVICES, THE COSTS OF MEDICARE PARTS C AND D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH BALL MEMORIAL HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.

IU HEALTH BALL MEMORIAL HOSPITAL'S MEDICARE SHORTFALL IS ATTRIBUTABLE TO REIMBURSEMENTS THAT ARE LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES AND DOES NOT INCLUDE ANY AMOUNTS THAT RESULT FROM INEFFICIENCIES OR POOR MANAGEMENT. IU HEALTH BALL MEMORIAL

**Part VI Supplemental Information**

Provide the following information.

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HOSPITAL 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.

SCHEDULE H, PART III, LINE 9B - WRITTEN DEBT COLLECTION POLICY  
IU HEALTH BALL MEMORIAL HOSPITAL 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

**Part VI Supplemental Information**

Provide the following information.

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- 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.

MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION WITHIN TWENTY-ONE (21) DAYS OF RECEIVING THEIR FIRST BILLING STATEMENT FROM IU HEALTH BALL MEMORIAL HOSPITAL. 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 BALL MEMORIAL HOSPITAL KEEPS ALL APPLICATIONS AND SUPPORTING DOCUMENTATION CONFIDENTIAL.

2. ELIGIBILITY DETERMINATION

IU HEALTH BALL MEMORIAL HOSPITAL 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

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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.

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

IU HEALTH BALL MEMORIAL HOSPITAL 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 BALL MEMORIAL HOSPITAL, AND ITS CONTRACTED THIRD PARTIES, WILL ENGAGE IN FAIR, RESPECTFUL AND TRANSPARENT COLLECTIONS ACTIVITIES.

**Part VI Supplemental Information**

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- 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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- 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.

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 BALL MEMORIAL HOSPITAL MAY ALSO SUSPEND COLLECTION ACTIVITY ON AN ACCOUNT WHILE AN APPLICATION IS BEING PROCESSED AND CONSIDERED.

IU HEALTH BALL MEMORIAL HOSPITAL 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.

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,

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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.

IU HEALTH BALL MEMORIAL HOSPITAL 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 ASSESSMENT

COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. IU HEALTH BALL MEMORIAL HOSPITAL 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 BALL MEMORIAL ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY UTILIZING THE DETAILED COMMUNITY NEEDS ASSESSMENTS UNDERTAKEN BY ORGANIZATIONS SUCH AS THE DELAWARE COUNTY HEALTH DEPARTMENT, THE INDIANA STATE DEPARTMENT OF HEALTH, THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE UNITED WAY OF DELAWARE COUNTY.

AFTER COMPLETION OF THE CHNA, IU HEALTH BALL MEMORIAL HOSPITAL REVIEWS THE INFORMATION GATHERED FROM COMMUNITY LEADER FOCUS GROUPS, COMMUNITY

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INPUT SURVEYS AND STATISTICAL DATA. THE NEEDS IDENTIFIED WERE ANALYZED AND RANKED WITH THE HANLON METHOD TO DETERMINE THE PREVALENCE AND SEVERITY OF THE NEED. THE RANKINGS WERE USED TO DETERMINE WHICH COMMUNITY HEALTH NEEDS WERE MOST CRITICAL. IN ADDITION, THE EFFECTIVENESS OF AN INTERVENTION FOR EACH NEED AND THE HOSPITAL'S ABILITY TO IMPACT POSITIVE CHANGE WAS EVALUATED. THE COMPLETE CHNA CAN FOUND AT [IUHEALTH.ORG/ABOUT-IU-HEALTH/IN-THE-COMMUNITY](http://IUHEALTH.ORG/ABOUT-IU-HEALTH/IN-THE-COMMUNITY)

SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSIST. IU HEALTH BALL MEMORIAL HOSPITAL GOES TO GREAT LENGTHS TO ENSURE PATIENTS KNOW THAT IT TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH BALL MEMORIAL HOSPITAL SHARES FINANCIAL ASSISTANCE INFORMATION WITH PATIENTS DURING THE ADMISSION PROCESS, BILLING PROCESS, AND ONLINE. HELPING PATIENTS UNDERSTAND THAT FINANCIAL SUPPORT FOR THEIR CARE IS AVAILABLE IS A PART OF IU HEALTH BALL MEMORIAL HOSPITAL'S COMMITMENT TO ITS MISSION. IU HEALTH'S FINANCIAL ASSISTANCE POLICY EXISTS TO SERVE THOSE IN NEED BY PROVIDING FINANCIAL RELIEF TO PATIENTS WHO ASK FOR ASSISTANCE AFTER CARE HAS BEEN PROVIDED.

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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.

DURING THE ADMISSIONS PROCESS, OPPORTUNITIES FOR FINANCIAL ASSISTANCE ARE DISCUSSED WITH PATIENTS WHO ARE IDENTIFIED AS SELF-PAY (UNINSURED) OR IF THEY REQUEST ASSISTANCE INFORMATION. THE PATIENT IS ALSO PROVIDED WITH AN ADMISSIONS PACKET THAT OUTLINES INFORMATION REGARDING IU HEALTH BALL MEMORIAL HOSPITAL'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.

A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS PRINTED ON THE BACK OF EACH PATIENT STATEMENT, WHILE THE FINANCIAL ASSISTANCE APPLICATION IS MAILED TO ALL IU HEALTH BALL MEMORIAL HOSPITAL PATIENTS WITH A PATIENT BALANCE DUE AFTER INSURANCE. ADDITIONALLY, ON THE BACK OF

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EACH PATIENT STATEMENT IS A TELEPHONE NUMBER THAT ALLOWS PATIENTS THE ABILITY TO REQUEST FINANCIAL ASSISTANCE. UNINSURED PATIENTS ARE ALSO MADE AWARE OF THIS PROCESS AT THE TIME OF REGISTRATION.

THE IU HEALTH WEBSITE HAS A PAGE ([HTTP://IUHEALTH.ORG/HELPWITHBILLS](http://iuhealth.org/helpwithbills)) DEDICATED TO FINANCIAL ASSISTANCE AND OFFERS AN ONLINE APPLICATION AND TELEPHONE NUMBERS FOR CUSTOMER SERVICE REPRESENTATIVES TO ASSIST WITH THE APPLICATION PROCESS.

IU HEALTH BALL MEMORIAL HOSPITAL HAS AN EXPANSIVE FINANCIAL ASSISTANCE POLICY WHICH UTILIZES THE FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY. THE GOAL IS TO MAKE ACCESS TO QUALITY CARE WITHIN A PATIENT'S REACH.

THE IU HEALTH BALL MEMORIAL HOSPITAL FINANCIAL ASSISTANCE POLICY PROVIDES THE FOLLOWING SUPPORT TO PATIENTS THAT QUALIFY:

- FREE CARE FOR THOSE EARNING UP TO 200 PERCENT OF FEDERAL POVERTY

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## GUIDELINES;

- DISCOUNTED CARE ON A SLIDING SCALE FOR FAMILIES EARNING FROM 200 TO 400 PERCENT OF FEDERAL POVERTY GUIDELINES; AND
- FINANCIAL ASSISTANCE TO PATIENTS WHOSE HEALTH INSURANCE COVERAGE, IF ANY, DOES NOT PROVIDE FULL COVERAGE FOR ALL OF THEIR MEDICAL EXPENSES AND WHOSE MEDICAL EXPENSES WOULD MAKE THEM INDIGENT IF THEY WERE FORCED TO PAY FULL CHARGES.

PATIENTS ARE GUIDED THROUGH THEIR COURSE OF CARE WITH PARTICULAR SENSITIVITY, REVIEWING CHANGING CIRCUMSTANCES AND ALLOWING FOR FINANCIAL ASSISTANCE AT ANY POINT DURING THE RELATIONSHIP AND BILLING PROCESS. FOR THOSE INPATIENTS THAT MAY QUALIFY FOR THE MEDICAID PROGRAM AND HAVE NOT APPLIED, IU HEALTH BALL MEMORIAL HOSPITAL FINANCIAL COUNSELORS WILL ASSIST PATIENTS WITH THE MEDICAID APPLICATION. IF A PATIENT DOES NOT APPLY FOR FINANCIAL ASSISTANCE, BUT MEETS THE FINANCIAL ASSISTANCE GUIDELINES ESTABLISHED BY IU HEALTH BALL MEMORIAL HOSPITAL, IU HEALTH BALL MEMORIAL HOSPITAL WILL WAIVE CHARGES AND TREAT THE COST OF SERVICES AS FINANCIAL ASSISTANCE.

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## SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION

IU HEALTH BALL MEMORIAL HOSPITAL IS LOCATED IN DELAWARE COUNTY, INDIANA, A COUNTY LOCATED IN CENTRAL INDIANA. ITS SERVICE AREA COUNTIES INCLUDED DELAWARE, RANDOLPH, JAY, HENRY, BLACKFORD, GRANT, AND MADISON COUNTIES.

DELAWARE COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF MUNCIE, EATON, GASTON, SELMA, ALBANY, DALEVILLE, AND YORKTOWN. BASED ON THE MOST RECENT CENSUS BUREAU (2012) STATISTICS, DELAWARE COUNTY'S POPULATION IS 117,074 PERSONS WITH APPROXIMATELY 52% BEING FEMALE AND 48% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 87.4% WHITE, 2.0% HISPANIC OR LATINO, 7.1% BLACK, 1.1% ASIAN, 0.3% AMERICAN INDIAN OR ALASKA NATIVE, AND 2.1% PERSONS REPORTING TWO OR MORE RACES.

DELAWARE COUNTY HAS RELATIVELY LOW LEVELS OF EDUCATIONAL ATTAINMENT. THE LEVEL OF EDUCATION MOST OF THE POPULATION HAS ACHIEVED IS A HIGH SCHOOL DEGREE (86.9%). AS OF 2014, 22.5% OF THE POPULATION HAD A BACHELOR'S DEGREE OR HIGHER.

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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.

IU HEALTH BALL MEMORIAL HOSPITAL HAS A VARIED MIX OF PAY FOR INPATIENT SERVICES WITH 49.7% MEDICARE, 21.2% COMMERCIAL, 20.4% MEDICAID, AND 8.7% WERE FOR UNINSURED/SELF-PAY PATIENTS. OUTPATIENT SERVICES FOLLOW A SIMILAR PATTERN WITH 38.6% COMMERCIAL, 31.6% MEDICARE, 21.6% MEDICAID AND 8.2% SELF-PAY.

DISCHARGE INFORMATION FOR THE HOSPITAL SHOWS THE MAJORITY OF PATIENTS COMING DELAWARE COUNTY AT 66.4%, HENRY - 5.9%, RANDOLPH - 5.7%, JAY - 5.7%, BLACKFORD - 5.1%, GRANT - 2.8%, MADISON - 1.9% AND 6.5% OTHER.

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

IU HEALTH BALL MEMORIAL HOSPITAL INVESTS IN ITS COMMUNITY TO IMPROVE THE QUALITY OF LIFE OF ITS COMMUNITY MEMBERS. SEVERAL COMMUNITY BENEFIT HIGHLIGHTS ARE DESCRIBED BELOW.

CLINICAL RESEARCH:

IU HEALTH BALL MEMORIAL HOSPITAL OPERATES A DEPARTMENT OF RESEARCH TO

**Part VI Supplemental Information**

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PERFORM CLINICAL STUDIES FOR THE PURPOSE OF THE QUALITY AND COST-EFFECTIVENESS OF MEDICAL CARE. IN 2014, 318 PERSONS WERE ENROLLED IN 57 CLINICAL TRIALS AT IU HEALTH BALL MEMORIAL HOSPITAL.

ACCESS TO HEALTHCARE:

TO SHOW ITS COMMITMENT TO PROVIDING AFFORDABLE HEALTHCARE ACCESS, IU HEALTH TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH IS ALSO WORKING TO RAISE AWARENESS AND IDENTIFY INDIVIDUALS WITHIN ITS COMMUNITIES THAT HAVE BARRIERS TO CARE AND CONNECT THESE INDIVIDUALS WITH BETTER ACCESS AND CONSISTENCY OF HEALTHCARE RESOURCES TO MEET THEIR NEEDS. SOME WAYS THAT IU HEALTH BALL MEMORIAL HOSPITAL ADDRESSES ACCESS TO HEALTHCARE INCLUDE:

- CERVICAL CANCER, BREAST CANCER AND SKIN CANCER SCREENINGS ARE OFFERED AT HOSPITAL FACILITIES
- HEALTH PROFESSIONALS ROUTINELY PARTICIPATE IN COMMUNITY PROGRAMS AND OFFER FREE DIABETES, RISK ASSESSMENTS, AS WELL AS BLOOD PRESSURE,

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HEART FAILURE AND ORTHOPEDIC SCREENINGS.

- IU HEALTH FAMILY MEDICINE WAS AWARDED A GRANT FOR SUPPORT OF A NEW PEDIATRIC COMPLEXITY CLINIC TO BEGIN IN 2015

OBESITY PREVENTION:

TO IMPROVE THE LIFESTYLE OF INDIANA RESIDENTS, IU HEALTH HAS UTILIZED INNOVATIVE AND BEST PRACTICE METHODS TO ATTACK OBESITY IN ITS COMMUNITIES. THE HEALTHCARE SYSTEM 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 INDIANA RANKS NINTH IN OBESITY IN THE NATION. SOME WAYS THAT IU HEALTH BALL MEMORIAL HOSPITAL ADDRESSES OBESITY PREVENTION INCLUDE:

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- THE HOSPITAL PARTNERS WITH YMCA OF MUNCIE TO OFFER ACTIVE AFTERSCHOOL AT EIGHT AREA ELEMENTARY SCHOOLS. THE CHILDREN ARE TAUGHT THE BASICS OF HEALTHY LIFESTYLE BEHAVIORS, INCLUDING PROPER NUTRITION AND WAYS TO STAY ACTIVE THROUGH RECREATION. THE PROGRAM IMPACTED 300 INDIVIDUALS IN 2014

- "FAMILIES AT THE FARMERS MARKET" IS A PROGRAM CREATED BY IU HEALTH BALL MEMORIAL HOSPITAL TO TEACH LOW-INCOME FAMILIES ABOUT THE BENEFITS OF INCORPORATING FRUITS AND VEGETABLES INTO FAMILY MEALS. THE PROGRAM INCLUDES AN EDUCATIONAL COMPONENT AS WELL AS VOUCHERS GOOD FOR THE PURCHASE OF FRESH PRODUCE AT A LOCAL FARMERS MARKET. A TOTAL OF 37 AREA FAMILIES PARTICIPATED.

- A COMMUNITY WALKING GROUP CALLED "WALK WITH A DOC, " WHICH PAIRED AREA PHYSICIANS WITH WALKERS DURING WALKS ON THE LOCAL CARDINAL GREENWAY RAIL-TO-TRAIL SYSTEM.

BEHAVIORAL HEALTH:

BEHAVIORAL HEALTH COVERS A RANGE OF CONDITIONS FROM DEPRESSION, ANXIETY

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AND OTHER PSYCHOLOGICAL DISORDERS TO ISSUES RELATED TO SUBSTANCE ABUSE  
AND ALCOHOL ADDICTION. MANY INDIANA COMMUNITIES REPORT A NEED TO IMPROVE  
ACCESS TO BEHAVIORAL HEALTH SERVICES AND REDUCE THE STIGMA OFTEN  
ASSOCIATED WITH MENTAL HEALTH AND ADDICTIONS. THE IU HEALTH BEHAVIORAL  
HEALTH PROGRAM INCLUDES A WIDE RANGE OF SERVICES DESIGNED TO SUPPORT  
PATIENTS WITH BEHAVIORAL, PSYCHIATRIC AND PSYCHOLOGICAL NEEDS.  
MULTIDISCIPLINARY TEAMS AT IU HEALTH WORK TO IMPROVE THE OVERALL HEALTH  
AND WELL-BEING OF EVERY PATIENT. SOME EXAMPLES OF HOW IU HEALTH BALL  
MEMORIAL HOSPITAL SUPPORTS BEHAVIORAL HEALTH INCLUDE:

- PROVIDED A DONATION TO MERIDIAN HEALTH SERVICES, A LOCAL BEHAVIORAL  
HEALTH PROVIDER
- AWARDED A GRANT TO LOCAL PROVIDER, OPEN DOOR HEALTH SERVICES, TO  
SUPPORT A PROGRAM THAT IMPROVES THE HEALTH OF ITS COMMUNITY IN THE AREA  
OF MENTAL AND BEHAVIORAL HEALTH
- CLINICIANS FROM IU HEALTH BALL MEMORIAL HOSPITAL PROVIDED STRESS  
MANAGEMENT CONSULTATIONS DURING A LOCAL HEALTH FAIR FOR GOVERNMENT  
EMPLOYEES

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- OFFERED A COMMUNITY EDUCATION PROGRAM RELATED TO MENTAL HEALTH IN  
2014

SMOKING/TOBACCO:

IU HEALTH RECOGNIZES THAT ONE OF THE MOST IMPORTANT AND EFFECTIVE WAYS OF MAINTAINING GOOD HEALTH IS TO ABSTAIN FROM TOBACCO PRODUCTS. CIGARETTE SMOKING IS IDENTIFIED AS A CAUSE OF VARIOUS CANCERS, CARDIOVASCULAR DISEASE AND RESPIRATORY CONDITIONS, AS WELL AS LOW BIRTHWEIGHT AND OTHER ADVERSE HEALTH OUTCOMES. SOME EXAMPLES OF HOW IU HEALTH BALL MEMORIAL HOSPITAL SUPPORTS THE CESSATION OF TOBACCO INCLUDE:

- PROVIDE EDUCATION TO PATIENTS ABOUT THE HARMFUL EFFECTS OF TOBACCO USE AND PROMOTES THE FREE CESSATION SERVICE, 1-800-QUIT-NOW, OFFERED BY THE INDIANA TOBACCO OUTLINE

- IU HEALTH BALL MEMORIAL HOSPITAL IS A MEMBER OF THE TOBACCO FREE COALITION OF DELAWARE COUNTY. IN 2014, THE COALITION, WITH THE HELP OF THE IU HEALTH TEAM MEMBER VOLUNTEERS, SURVEYED PARTICIPANTS AT THE DELAWARE COUNTY FAIR AS PART OF A PROPOSAL TO MAKE THE FAIRGROUNDS SMOKE

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FREE

- HOSPITAL STAFF PARTICIPATED IN A LOCAL HEALTH FAIR AND DISTRIBUTED  
1-800-QUIT-NOW INFORMATION AS WELL AS SCREENING INFORMATION ABOUT LUNG  
CANCER

INFANT HEALTH FACTORS:

IU HEALTH BALL MEMORIAL HOSPITAL OFFERS SERVICES RELATED TO  
PRECONCEPTION, PRENATAL CARE, OBSTETRICS, MOTHER/BABY CARE, NEONATAL  
INTENSIVE CARE AND PEDIATRICS. THE HOSPITAL OFFERS ONE OF THE FEW  
PERINATAL CENTERS IN INDIANA, CARING FOR PREGNANT WOMEN WITH MATERNAL  
AND/OR FETAL COMPLICATIONS AND THOSE WHO ARE AT HIGH RISK OF DEVELOPING  
COMPLICATIONS.

IU HEALTH ALSO PARTICIPATES IN COMMUNITY INITIATIVES AIMED AT REDUCING  
INFANT MORTALITY RATES IN DELAWARE COUNTY, WHICH MEASURE THE NUMBER OF  
DEATHS AMONG CHILDREN LESS THAN ONE YEAR OF AGE PER 1,000 LIVE BIRTHS.  
MATERNAL EXPOSURE TO HEALTH RISKS SUCH AS TOBACCO USE, NUTRITION AND

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PRESCRIPTION DRUG ABUSE, AS WELL AS SAFE SLEEP PRACTICES AND OTHER FACTORS IN THE HOME CAN PLAY A ROLE IN INFANT MORTALITY. IN RESPONSE, THE HOSPITAL IS ACTIVELY ENGAGED WITH A NUMBER OF INITIATIVES INCLUDING:

- OFFER EDUCATION TO ALL MOTHERS AND PARENTS DELIVERING BABIES AT THE HOSPITAL REGARDING THE "PERIOD OF PURPLE CRYING."
- MEMBERS OF THE HOSPITAL STAFF TAKE AN ACTIVE ROLE WITH THE LOCAL PREVENT CHILD ABUSE COUNCIL OF DELAWARE COUNTY TO EDUCATE THE PUBLIC ABOUT INFANT ADDICTIONS AND ABUSE AS A RESULT OF PRESCRIPTION DRUGS UTILIZED BY MOTHERS DURING PREGNANCY.
- PARTICIPANT, FIMR, A MULTICOUNTY FETAL INFANT MORTALITY REVIEW PROGRAM DESIGNED TO REVIEW CAUSATION FACTORS OF INFANT MORTALITY
- THE HOSPITAL PARTICIPATES IN A COMMUNITY ACTION TEAM THAT AS DEVELOPED INTERVENTIONS FOR PREGNANT WOMEN TO SUPPORT HEALTHY HABITS DURING PREGNANCY

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

IU HEALTH BALL MEMORIAL HOSPITAL IS PART OF THE IU HEALTH STATEWIDE SYSTEM. THE IU HEALTH STATEWIDE SYSTEM IS INDIANA'S MOST COMPREHENSIVE HEALTHCARE SYSTEM. A UNIQUE PARTNERSHIP WITH THE INDIANA UNIVERSITY SCHOOL OF MEDICINE ("IU SCHOOL OF MEDICINE"), ONE OF THE NATION'S LEADING MEDICAL SCHOOLS, GIVES PATIENTS ACCESS TO INNOVATIVE TREATMENTS AND THERAPIES. IU HEALTH IS COMPRISED OF HOSPITALS, PHYSICIANS AND ALLIED SERVICES DEDICATED TO PROVIDING PREEMINENT CARE THROUGHOUT INDIANA AND BEYOND.

NATIONAL RECOGNITION

- NAMED TO 2013-2014 U.S. NEWS & WORLD REPORT'S BEST HOSPITAL HONOR ROLL, THEIR HIGHEST DISTINCTION
- ELEVEN ADULT CLINICAL PROGRAMS RANKED AMONG THE TOP 50 NATIONAL PROGRAMS IN U.S. NEWS & WORLD REPORT
- TEN PEDIATRIC CLINICAL PROGRAMS RANKED AMONG THE TOP 50 NATIONAL PROGRAM SIN U.S. NEWS & WORLD REPORT

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- NAMED A LEVEL III TRAUMA CENTER

- AWARDED THE AMERICAN HEART ASSOCIATION "GET WITH THE

GUIDELINES-STROKE" GOLD-PLUS ACHIEVEMENT AWARD

- THE PERINATAL CENTER RECEIVED AN ULTRASOUND PRACTICE ACCREDITATION

BY THE AMERICAN INSTITUTE OF ULTRASOUND MEDICINE.

EDUCATION AND RESEARCH

IU HEALTH BALL MEMORIAL HOSPITAL OPERATES THE LARGEST GRADUATE MEDICAL TEACHING CENTER IN INDIANA (OUTSIDE OF INDIANAPOLIS) AND IS AN AFFILIATE OF THE INDIANA UNIVERSITY SCHOOL OF MEDICINE. THE HOSPITAL OPERATES A FAMILY MEDICINE RESIDENCY, INTERNAL MEDICINE RESIDENCY AND TRANSITIONAL MEDICINE RESIDENCY. THE GRADUATE MEDICAL EDUCATION (GME) PROGRAM ADVANCES RESEARCH BY ENCOURAGING RESIDENT PHYSICIANS TO PERFORM INDEPENDENT RESEARCH PROJECTS AS PART OF AN ANNUAL SYMPOSIUM. THE HOSPITAL ALSO SERVES AS A CLINICAL TRAINING FACILITY FOR NURSING, PHARMACY, PHYSICAL THERAPY AND OTHER DISCIPLINES.

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COLLABORATIVE STRATEGIC RESEARCH INITIATIVE

CONCEIVED BY IU HEALTH AND THE IU SCHOOL OF MEDICINE IN 2012, THE STRATEGIC RESEARCH INITIATIVE AIMS TO ENHANCE THE INSTITUTIONS' JOINT CAPABILITIES IN FUNDAMENTAL SCIENTIFIC INVESTIGATION, TRANSLATIONAL RESEARCH AND CLINICAL TRIALS TARGETING INNOVATIVE TREATMENTS FOR DISEASE. THE TWO ORGANIZATIONS COMMITTED TO INVEST \$150 MILLION OVER FIVE YEARS TO THIS NEW RESEARCH COLLABORATION.

ESTABLISHED IN 2013, THE CENTER FOR INNOVATION AND IMPLEMENTATION SCIENCE IS PARTIALLY SUPPORTED BY THE STRATEGIC RESEARCH INITIATIVE. THE NEW CENTER, LAUNCHED BY THE IU SCHOOL OF MEDICINE AND THE INDIANA CLINICAL AND TRANSLATIONAL SCIENCES INSTITUTE, FOCUSES ON INCREASING EFFICACY AND REDUCING COSTS AT IU HEALTH. WITH OVERSIGHT OF FOUR SPECIALIZED RESEARCH AND DISCOVERY UNITS MANAGED BY IU SCHOOL OF MEDICINE RESEARCHERS, THE CENTER WILL ADDRESS PROBLEMS WITH THE POTENTIAL TO REDUCE COSTS OR GENERATE NEW REVENUE ESTIMATED AT \$5 MILLION PER YEAR OR MORE.

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IU HEALTH STATEWIDE SYSTEM

IU HEALTH IS A PART OF THE IU HEALTH STATEWIDE SYSTEM WHICH CONTINUES TO BROADEN ITS REACH AND POSITIVE IMPACT THROUGHOUT THE STATE OF INDIANA. IU HEALTH IS INDIANA'S MOST COMPREHENSIVE ACADEMIC HEALTH CENTER AND CONSISTS OF IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR CHILDREN AT IU HEALTH, AND IU HEALTH SAXONY HOSPITAL. OTHER HOSPITALS IN THE IU HEALTH STATEWIDE SYSTEM INCLUDE THE FOLLOWING:

- IU HEALTH ARNETT HOSPITAL
- IU HEALTH BALL MEMORIAL HOSPITAL
- IU HEALTH BEDFORD HOSPITAL
- IU HEALTH BLACKFORD HOSPITAL
- IU HEALTH BLOOMINGTON HOSPITAL
- IU HEALTH GOSHEN HOSPITAL
- IU HEALTH LA PORTE HOSPITAL
- IU HEALTH MORGAN HOSPITAL

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- IU HEALTH NORTH HOSPITAL
- IU HEALTH PAOLI HOSPITAL
- IU HEALTH STARKE HOSPITAL
- IU HEALTH TIPTON HOSPITAL
- IU HEALTH WEST HOSPITAL
- IU HEALTH WHITE MEMORIAL HOSPITAL

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

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OUR COMMUNITY HEALTH PRIORITIES AS A SYSTEM INCLUDE:

IU HEALTH DAY OF SERVICE

THE ANNUAL IU HEALTH DAY OF SERVICE IS A HIGH-IMPACT, ONE-DAY EVENT AIMED AT ENGAGING IU HEALTH TEAM MEMBERS IN ACTIVITIES THAT ADDRESS AN IDENTIFIED COMMUNITY NEED. TACKLING THE ISSUE OF OBESITY IN THE COMMUNITIES IU HEALTH SERVES, THE SIXTH ANNUAL DAY OF SERVICE IN 2014 FOCUSED ON LEAVING BEHIND KEY PHYSICAL ASSETS TO HELP MEET A STATEWIDE NEED FOR MORE VENUES FOR PHYSICAL ACTIVITY AND RECREATION.

DURING THE 2014 DAY OF SERVICE:

- MORE THAN 6,700 VOLUNTEER HOURS WERE DEDICATED BY IU HEALTH TEAM MEMBERS
- IU HEALTH TEAM MEMBERS GAVE THEIR TIME TO IMPROVE WALKING TRAILS AND PARK ASSETS, WHICH SERVE MORE THAN 63,000 RESIDENTS ACROSS THE STATE.

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- OVER A DOZEN COMMUNITY PARKS WERE ENHANCED.
- A NEW COMMUNITY-ENVISIONED POCKET PARK WAS CREATED.
- A COMMUNITY GARDEN WAS IMPROVED WITH EDUCATIONAL INFORMATION.
- THIRD GRADE CLASSES AT THREE SCHOOLS WERE PROVIDED WITH FREE BIKES, HELMETS, AND LOCKS. ADDITIONALLY, THE STUDENTS WERE LED THROUGH A BICYCLE SAFETY COURSE.
- 125,000 POUNDS OF DEBRIS WERE REMOVED FROM 107 ABANDONED PROPERTIES; 98 TONS OF MULCH, 7 TREES, AND 3,424 FLOWERS WERE PLANTED TO BOOST AESTHETIC APPEAL.

#### KINDERGARTEN COUNTDOWN

AS ONE OF IU HEALTH'S SIGNATURE PROGRAMS AND COLLABORATION WITH UNITED WAY, KINDERGARTEN COUNTDOWN HELPS HUNDREDS OF SOON-TO-BE KINDERGARTNERS IMPROVE THEIR READINESS FOR SCHOOL. IN ADDITION TO PROVIDING HEALTH SCREENINGS AND VACCINATIONS TO STUDENTS, THE PROGRAM OFFERS ASSISTANCE TO PARENTS IN REGISTERING THEIR KINDERGARTNERS FOR SCHOOL. KINDERGARTEN COUNTDOWN SUMMER CAMPS ARE DESIGNED TO PROVIDE AT-RISK YOUNGSTERS THE

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BASIC SKILLS THEY NEED TO SUCCEED IN THEIR FIRST YEAR OF SCHOOL. FROM "GET READY TO READ" PRE- AND POST-TESTS, CAMPERS IN THE IU HEALTH CAMPS ACHIEVED A 21 PERCENT AVERAGE INCREASE IN SCORES FROM THE BEGINNING OF THE FOUR-WEEK CAMP TO THE END. THE PROGRAM ALSO CREATES POSITIVE IMPACT BY INCREASING AWARENESS OF KINDERGARTEN READINESS, IMPROVING PARENT ENGAGEMENT AND STRENGTHENING RELATIONSHIPS BETWEEN VOLUNTEERS AND TEAM MEMBERS AT HOSPITALS, SCHOOLS AND COMMUNITY ORGANIZATIONS.

IU HEALTH RECOGNIZES THAT IN SOME CASES WE DON'T HAVE ALL THE EXPERTISE OR RESOURCES TO ADDRESS THE NEEDS OF THE COMMUNITY AND OTHER ORGANIZATIONS ARE BETTER SUITED TO TACKLE SOME OF THE SPECIFIC NEEDS OF THE COMMUNITY. IU HEALTH, THEREFORE, PROVIDED FINANCIAL SUPPORT TO LIKE-MINDED NON-PROFIT ORGANIZATIONS THAT ARE WORKING TO IMPROVE THE HEALTH OF THE COMMUNITY IN OUR IDENTIFIED PRIORITIES OF NEED.

METHODIST RESEARCH INSTITUTE ("MRI")

THE BIOREPOSITORY AT MRI, UNDER IRB APPROVAL, COLLECTS HUMAN BIOLOGICAL

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MATERIALS (BLOOD, BONE, TISSUE, URINE) VITAL FOR MEDICAL RESEARCH TO PROVIDE THE BEST WAY TO STUDY A VARIETY OF DISEASES AND THEIR POTENTIAL TREATMENTS. BASIC SCIENCE RESEARCHERS AT MRI PUBLISH THE RESULTS OF THEIR INNOVATIVE GRANT-SUPPORTED RESEARCH IN PRESTIGIOUS PEER-REVIEWED JOURNALS. THEIR WORK HAS BEEN RECOGNIZED BOTH NATIONALLY AND INTERNATIONALLY AS THEY PARTICIPATE IN SYSTEM-WIDE COLLABORATIVE EFFORTS WITHIN IU HEALTH AS WELL AS WITH THE IU SCHOOL OF MEDICINE

COMMUNITY HEALTH INITIATIVES

WITH INVESTMENTS IN HIGH-QUALITY AND IMPACTFUL INITIATIVES TO ADDRESS COMMUNITY HEALTH NEEDS STATEWIDE; IU HEALTH IS HELPING INDIANA RESIDENTS IMPROVE THEIR HEALTH AND THEIR QUALITY OF LIFE. IN 2014, IU HEALTH IMPACTED MANY PEOPLE STATEWIDE THROUGH PRESENTATIONS, HEALTH RISK SCREENINGS, HEALTH EDUCATION PROGRAMS, AND ADDITIONAL HEALTH EDUCATIONAL OPPORTUNITIES MADE AVAILABLE TO THE COMMUNITY, ESPECIALLY TO OUR COMMUNITY MEMBERS IN THE GREATEST NEED OF SUCH SERVICES.

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EXAMPLES OF THE TYPES OF PROGRAMMING AND INVESTMENT WE MAKE IN THE FIVE

COMMUNITY OUTREACH AREAS INCLUDE:

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 TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH IS ALSO WORKING TO RAISE AWARENESS AND WORKS 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.

SOME WAYS THAT THESE IU HEALTH HOSPITALS ADDRESS ACCESS TO HEALTHCARE

INCLUDE:

- CERVICAL CANCER, BREAST CANCER AND SKIN CANCER SCREENINGS ARE OFFERED AT HOSPITAL FACILITIES

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- HEALTH PROFESSIONALS ROUTINELY PARTICIPATE IN COMMUNITY PROGRAMS AND OFFER FREE DIABETES, RISK ASSESSMENTS, AS WELL AS BLOOD PRESSURE, HEART FAILURE AND ORTHOPEDIC SCREENINGS

- IU HEALTH FAMILY MEDICINE WAS AWARDED A GRANT FOR SUPPORT OF A NEW PEDIATRIC COMPLEXITY CLINIC TO BEGIN IN 2015 OBESITY PREVENTION

TO IMPROVE THE LIFESTYLE OF INDIANA RESIDENTS, IU HEALTH HAS UTILIZED INNOVATIVE AND 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 INDIANA RANKS 9TH IN OBESITY IN THE NATION.

SOME WAYS THAT THESE IU HEALTH HOSPITALS ADDRESS OBESITY PREVENTION

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INCLUDE :

- FAMILIES AT THE FARMERS MARKET
- "WALK WITH A DOC" PROGRAM
- GARDEN ON THE GO® PROGRAM

BEHAVIORAL HEALTH

BEHAVIORAL HEALTH COVERS A RANGE OF CONDITIONS FROM DEPRESSION, ANXIETY AND OTHER PSYCHOLOGICAL DISORDERS TO ISSUES RELATED TO SUBSTANCE ABUSE AND ALCOHOL ADDICTION. MANY INDIANA COMMUNITIES REPORT A NEED TO IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES AND REDUCE THE STIGMA OFTEN ASSOCIATED WITH MENTAL HEALTH AND ADDICTIONS. THE IU HEALTH BEHAVIORAL HEALTH PROGRAM INCLUDES A WIDE RANGE OF SERVICES DESIGNED TO SUPPORT PATIENTS WITH BEHAVIORAL, PSYCHIATRIC AND PSYCHOLOGICAL NEEDS. MULTIDISCIPLINARY TEAMS AT IU HEALTH WORK TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF EVERY PATIENT.

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SOME EXAMPLES OF HOW IU HEALTH SUPPORTS BEHAVIORAL HEALTH INCLUDE

FINANCIAL CONTRIBUTIONS TO THE FOLLOWING ORGANIZATIONS:

- MERIDIAN HEALTH SERVICES
- ONE DOOR HEALTH SERVICES
- COBURN PLACE
- HORIZON HOUSE

PREK-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

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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 QUALITY OF LIFE.

SOME WAYS THAT THESE IU HEALTH HOSPITALS ADDRESS IMPROVING PREK-12 EDUCATION INCLUDE:

- KINDERGARTEN COUNTDOWN
- HOOSIER ROAD ELEMENTARY CARE PROJECT
- EARLY LEARNING INDIANA
- GEORGE AND VERONICA PHALEN LEADERSHIP ACADEMY
- VISION ACADEMY OF CENTRAL INDIANA

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STATE FILING OF COMMUNITY BENEFIT REPORT

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