

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" on 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

Employer identification number

INDIANA UNIVERSITY HEALTH LAPORTE HOSPITAL

35-1125434

**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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input 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**

	(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) . . . . .		655	2,675,615.		2,675,615.	1.54
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		4172	28,238,413.	28,986,234.		
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .		4827	30,914,028.	28,986,234.	2,675,615.	1.54
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	66	96515	2,901,271.	31,098.	2,870,173.	1.65
<b>f</b> Health professions education (from Worksheet 5) . . . . .	7	1173	872,200.		872,200.	.50
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	3	269	1,019,941.		1,019,941.	.59
<b>h</b> Research (from Worksheet 7) . . . . .	2		283,298.		283,298.	.16
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	20	36327	527,962.		527,962.	.30
<b>j</b> Total. Other Benefits . . . . .	98	134284	5,604,672.	31,098.	5,573,574.	3.20
<b>k</b> Total. Add lines 7d and 7j. . . . .	98	139111	36,518,700.	29,017,332.	8,249,189.	4.74

**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	1		60,350.		60,350.	.03
2 Economic development	4		5,771.		5,771.	
3 Community support	3	636	39,071.		39,071.	.02
4 Environmental improvements						
5 Leadership development and training for community members	1		2,358.		2,358.	
6 Coalition building	1	2	2,813.		2,813.	
7 Community health improvement advocacy	2		6,856.		6,856.	
8 Workforce development	1	1752	15,429.		15,429.	
9 Other						
10 Total	13	2390	132,648.		132,648.	.05

**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? . . . . .	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. . . . .		
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 . . . . .		
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	42,700,078.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	56,121,702.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-13,421,624.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information**

Section A. Hospital Facilities (list in order of size, from largest to smallest - see instructions) How many hospital facilities did the organization operate during the tax year? <u>2</u> Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<u>1</u> IU HEALTH LAPORTE HOSPITAL P.O. BOX 250, 1007 LINCOLNWAY LAPORTE IN 46350 HTTP://IUHEALTH.ORG/LAPORTE/ 13-005006-1	X	X		X			X			A
<u>2</u> IU HEALTH STARKE HOSPITAL 102 EAST CULVER ROAD KNOX IN 46534 HTTP://IUHEALTH.ORG/STARKE/ 13-005091-1	X	X					X			A
<u>3</u>										
<u>4</u>										
<u>5</u>										
<u>6</u>										
<u>7</u>										
<u>8</u>										
<u>9</u>										
<u>10</u>										

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 A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12c.

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group A

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients? . . . . .	X	
15	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.LAPORTEHEALTH.COM</u>		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group A

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

**Policy Relating to Emergency Medical Care**

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

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

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

**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.

PART V, SECTION B, LINE 5 (FACILITY REPORTING GROUP A)

COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. IU HEALTH UNDERSTANDS THAT THE HEALTH OF INDIVIDUALS AND COMMUNITIES IS SHAPED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS, ALONG WITH HEALTH BEHAVIORS AND ADDITIONAL INFLUENCES. TO GAIN A BETTER UNDERSTAND OF THE MOST CRITICAL HEALTH NEEDS IN INDIANA, INDIANA UNIVERSITY HEALTH CONDUCTED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO ASSESS HEALTH NEEDS IN THE COMMUNITIES SERVED BY EACH OF THE IU HEALTH HOSPITALS ACROSS INDIANA. IU HEALTH REVIEWED THE INFORMATION GATHERED FROM COMMUNITY LEADER FOCUS GROUPS, COMMUNITY 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 AND THE RANKINGS WERE USED TO DETERMINE WHICH COMMUNITY HEALTH NEEDS WERE MOST CRITICAL. ADDITIONALLY, THE EFFECTIVENESS OF AN INTERVENTION FOR EACH NEED AND THE HOSPITALS' ABILITY TO IMPACT POSITIVE CHANGE WAS EVALUATED.

THE COMMUNITY HEALTH NEEDS ASSESSMENT TEAM INCLUDED:

- JOYCE HERTKO, PH.D., DIRECTOR OF COMMUNITY OUTREACH & ENGAGEMENT
- STEPHANIE BERRY, MS, SENIOR PROJECT MANAGER, COMMUNITY OUTREACH & ENGAGEMENT
- ANYAH LAND, MPH, PROJECT MANAGER, COMMUNITY OUTREACH AND ENGAGEMENT
- AMBER BLACKMON, MPH, ASTERS OF PUBLIC HEALTH INTERN, COMMUNITY OUTREACH & ENGAGEMENT
- MOLLY WITT, HEALTH PROMOTION INTERN, COMMUNITY OUTREACH & ENGAGEMENT
- MARIA FRUTH, EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER, 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.

FOUNDATION IN SUPPORT OF IU HEALTH

- LIZ SAWAYA, DEVELOPMENT MANAGER, LA PORTE HOSPITAL FOUNDATION
- ANGIE LEFFLER, MARKET RESEARCH ANALYST, INDIANA UNIVERSITY HEALTH

THE FOCUS GROUP CONSISTED OF:

- ELEATHER BAKER, CORPORATE STRATEGY DIRECTOR, HEALTHLINC
- LINDA BECHINSKI, NURSING CHAIR, MICHIGAN CITY SCHOOL CORPORATION
- CINDY BERCHEM, CEO, LA PORTE CITY YMCA
- STEVE BERNTH, EXECUTIVE DIRECTOR, YOUTH SERVICE BUREAU
- STEPHANIE BERRY, SENIOR PROJECT MANAGER, IU HEALTH COMMUNITY OUTREACH & ENGAGEMENT

- KAREN BIERNACKI, CEO, FAMILY ADVOCATES
- TAYLOR BRUTTO, HEAD ADMINISTRATOR, THE SALVATION ARMY
- MATT BURDEN, CEO, SWANSON CENTER
- CARRIE CANNON, CURRICULUM, NEW PRAIRIE SCHOOL SYSTEM
- DEBORAH CHUBB, DIRECTOR, IMAGINATION STATION CHILD DEVELOPMENT CENTER
- CHERYL DAURER, EXECUTIVE DIRECTOR, LA PORTE COUNTY MEALS ON WHEELS
- BRIAN DONNELLY, CSO, IU HEALTH LA PORTE HOSPITAL
- MANDI EGGERT, PATIENT CARE EXPERIENCE SPECIALIST, FRANCISCAN ST.

ANTHONY HEALTH CENTER

- MARIA FOSTER, DIRECTOR, PURDUE NORTH CENTRAL
- MARK FRANCESCONI, SUPERINTENDENT, LA PORTE COMMUNITY SCHOOL

CORPORATION

- MARIA FRUTH, EX. VICE PRESIDENT/COO, LA PORTE HOSPITAL FOUNDATION
- DEEDEE GRASSER, SOCIAL WORKER, IU HEALTH LA PORTE COMMUNITY HEALTH

**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.

## CENTER

- JENNY HEATH, ADMINISTRATOR, BARKER WOODS ENRICHMENT CENTER
- KAY HILL, DIRECTOR, STEPPING STONE SHELTER FOR WOMEN, INC.
- KATE HILL-JOHNSON, PROGRAM DIRECTOR, FRANCISCAN ALLIANCE
- GAIL JOHNSON, EXECUTIVE DIRECTOR, DUNEBROOK INC.
- MONICA KOMASINSKI, DIRECTOR, LEADERSHIP LA PORTE COUNTY
- ANAYH LAND, PROJECT MANAGER, IU HEALTH COMMUNITY OUTREACH & ENGAGEMENT
- TONY MANCUSO, ADMINISTRATOR, LA PORTE COUNTY HEALTH DEPARTMENT
- ANDREW MCGUIRE, DIRECTOR, LA PORTE COUNTY EMS
- MAYOR RON MEER, MAYOR, MICHIGAN CITY
- MAYOR BLAIR MILO, MAYOR, CITY OF LA PORTE
- JIM MUSIAL, EXECUTIVE DIRECTOR, CITIZENS CONCERNED SAND CASTLE SHELTER
- JILL NYGREN, VP OF SERVICE LINE EXCELLENCE, FRANCISCAN ST. ANTHONY

## HEALTH CENTER

- FONDA OWENS, DIRECTOR, LA PORTE COUNTY PUBLIC LIBRARY
- KRIS PATE, EXECUTIVE DIRECTOR, UNITED WAY OF LA PORTE COUNTY
- CARL SCOTT (REP), DIRECTOR, PARENTS AND FRIENDS
- RICK SORIA, DIRECTOR, IVY TECH MICHIGAN CITY
- MAGGIE SPARTZ, PRESIDENT, UNITY FOUNDATION
- CLAIRE SIEMER, COMMUNITY BENEFIT COORD., IU HEALTH LA PORTE HOSPITAL
- CURTISS STRIETELMEIER, DIRECTOR, WESTVILLE SCHOOLS
- NORMA THOMAS, DIRECTOR, HOUSING AUTHORITY

**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.

PART V, SECTION B, LINE 11 (FACILITY REPORTING GROUP A)

THIS COMMUNITY HEALTH NEEDS ASSESSMENT OF LA PORTE COUNTY ASSESSED PRIORITY COMMUNITY HEALTH NEEDS USING QUANTITATIVE DATA FROM NUMEROUS SOURCES AND SURVEY RESPONSES FROM LA PORTE COUNTY, PLUS QUALITATIVE INFORMATION DERIVED FROM A FOCUS GROUP. THE FOCUS GROUP INCLUDED REPRESENTATIVES FROM THE COUNTY PUBLIC HEALTH AGENCY PLUS INDIVIDUALS FROM GROUPS THAT ARE TYPICALLY UNDERSERVED FOR HEALTH CARE, INCLUDING A SOCIAL WORKER AT THE IU HEALTH LA PORTE COMMUNITY HEALTH CENTER, PERSONNEL FROM COMMUNITY HEALTH GROUPS SUCH AS HEALTHLINC AND THE WOMEN'S CARE CENTER AND REPRESENTATIVES FROM CHARITABLE ORGANIZATIONS SUCH AS SALVATION ARMY, MEALS ON WHEELS AND SANDCASTLE SHELTER (SERVING PEOPLE WHO ARE HOMELESS). REPRESENTATIVES OF CITY GOVERNMENT AND SCHOOLS WERE ALSO INCLUDED, IN ADDITION TO COMMUNITY ADVOCACY GROUPS SUCH AS THE SWANSON CENTER.

TO SET PRIORITIES AFTER RECEIVING AND COMPILING QUALITATIVE AND QUANTITATIVE DATA, IU HEALTH LA PORTE USED THE HANLON METHOD. THE TOP FOUR IDENTIFIED NEEDS AFTER THIS PROCESS ARE:

- ACCESS TO HEALTHCARE.
- NUTRITION-HEALTHY WEIGHT.
- BEHAVIORAL HEALTH.
- CHRONIC DISEASE.

IU HEALTH LA PORTE HOSPITAL ALREADY HAS SERVICES THAT ADDRESS SOME OF THESE NEEDS, INCLUDING FREE SCREENINGS, CLASSES TO FURTHER DIABETES

**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.

EDUCATION AND SUBSTANCE ABUSE SUPPORT GROUPS. ADDITIONAL SERVICES WILL BE DEVELOPED AS APPROPRIATE IN RESPONSE TO THIS ASSESSMENT.

1. ACCESS TO CARE WAS CONSIDERED A NEED BY BOTH FOCUS GROUPS AND ENCOMPASSED THE SAME CONCERNS OF COST OF HEALTHCARE AND COORDINATED CARE SERVICES. LEADERS BELIEVED IT IS NOT ONLY THE MORE IMPOVERISHED OF THE POPULATION WHO SUFFER, BUT THE INDIVIDUALS WHO ARE RIGHT ABOVE THE POVERTY LINE WHO ARE NOT ELIGIBLE FOR HEALTHCARE FINANCIAL AID ALSO FACE BARRIERS TO CARE. TRANSPORTATION WAS IDENTIFIED AS A BARRIER AS WELL.

ADDITIONALLY, THERE IS A LACK OF INSURANCE OPTIONS AND DEDUCTIBLES ARE TOO HIGH FOR THE INDIVIDUALS TO AFFORD. HOWEVER LA PORTE IS FORTUNATE TO HAVE THE COMMUNITY HEALTH CENTER AND DENTAL CLINIC WHICH SERVES THEIR COUNTY ON A SLIDING SCALE BASIS AND OFFERS EXTENDED SERVICES.

EDUCATION FOR THE COMMUNITY AS A WAY TO IMPROVE HEALTH AND ACCESS TO HEALTH CARE WAS DISCUSSED IN A VARIETY OF WAYS. A FOCUS GROUP PARTICIPANT OBSERVED THAT IF INDIVIDUALS COULD UNDERSTAND HEALTH AND THE HEALTHCARE SYSTEM MORE, THEY WOULD BE ABLE TO TALK ABOUT WHAT THEIR NEEDS ARE IN A MORE INFORMED MANNER, THEREFORE MAKING IT EASIER FOR THEM TO GAIN PROPER ACCESS TO HEALTHCARE. ANOTHER LEADER MENTIONED THAT IT WOULD BE GREAT TO BE ABLE TO TEACH MORE NUTRITIONAL AND WELLNESS PROGRAMS WITHIN THE SCHOOLS.

2. BEHAVIORAL HEALTH WAS DISCUSSED IN GREAT DETAIL. SUBSTANCE ABUSE WAS

**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.

CONSIDERED A TOP NEED BY COMMUNITY LEADERS. LA PORTE COUNTY HAS ONE OF THE HIGHEST RATES OF DRUGS AND ALCOHOL USE AND LEADERS ARE CONCERNED FOR THEIR COUNTY'S WELL-BEING DUE TO THE EFFECTS ON INDIVIDUALS, EMPLOYMENT AND ASSISTANCE PROGRAMS. RATES OF USE OF MORE INTENSE DRUGS, SUCH AS HEROIN AND METHAMPHETAMINES, HAVE GROWN OVER THE PAST FEW YEARS. THE CLOSEST FACILITIES FOR DRUG TREATMENT ARE IN SOUTH BEND AND GARY, INDIANA. IT WAS ALSO NOTED THAT ALCOHOLICS ANONYMOUS DOES NOT OPERATE A PROGRAM IN LA PORTE COUNTY. FOCUS GROUP MEMBERS INDICATED THAT LA PORTE COUNTY HAS MINIMAL RESOURCES TO ADDRESS GROWING SUBSTANCE ABUSE PROBLEMS. LEADERS BELIEVED COUNSELING AND DETOXIFICATION PROGRAMS COULD BE A GREAT ASSET TO THEIR COMMUNITY.

IN ADDITION TO A LACK OF TREATMENT OPTIONS FOR SUBSTANCE ABUSE, LA PORTE COUNTY ALSO HAS NO MENTAL HEALTH INPATIENT CARE FACILITY FOR CHILDREN AND BUDGET CUTS ARE BEING CONDUCTED WITHIN OUTPATIENT FACILITIES FOR BOTH ADULTS AND CHILDREN. INSURANCE COVERAGE IS A LARGE BARRIER AS WELL, DUE TO THE FACT THAT THE MAJORITY OF INSURANCE COMPANIES ONLY PERMIT INPATIENT TREATMENT FOR FIVE DAYS, WHICH IS NOT NEARLY ENOUGH. STATISTICS SHOW MOST INDIVIDUALS NEED ABOUT A MONTH FOR ANY REAL RECOVERY. THERE ARE ALSO NOT ENOUGH PSYCHOLOGISTS WITHIN LA PORTE AND THERE IS MINIMAL FOLLOW-UP ON PATIENTS ONCE THEY LEAVE THE HOSPITAL. LA PORTE DOES, HOWEVER, HAVE THE SWANSON CENTER, WHICH HAS BEEN A VITAL RESOURCE FOR THE COMMUNITY. THE SWANSON CENTER HAS WRAPAROUND SERVICES AND PROVIDES TO BOTH ADULTS AND CHILDREN. HOWEVER, LEADERS MENTIONED THAT THIS CENTER HAS A HARD TIME MEETING THE DEMAND FOR ALL THE MENTAL HEALTH CONCERNS,

**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.

ESPECIALLY WITH THE GROWING RATES OF SUBSTANCE ABUSE THAT COEXISTS WITH MENTAL HEALTH.

3. NUTRITION/HEALTHY WEIGHT WAS A COMMUNITY NEED IDENTIFIED BY LEADERS AS ONE THAT IS PRESENT IN BOTH ADULTS AND CHILDREN. THE SERVICE AREA LACKS HEALTH EDUCATION, NUTRITION AWARENESS AND RECREATIONAL AREAS THAT PROMOTE PHYSICAL ACTIVITY SUCH AS WALKING TRAILS AND GREENWAYS. FOCUS GROUP PARTICIPANTS FELT THAT INCENTIVE PROGRAMS MAY SPARK THE COMMUNITY'S INTEREST IN ENGAGING IN INCREASED HEALTHY BEHAVIORS.

4. CHRONIC DISEASE WAS CONSIDERED A TOP COMMUNITY NEED BY BOTH FOCUS GROUPS. LOCAL DATA REVEALED HIGH PERCENTAGES OF POOR OR FAIR HEALTH DAYS AND HIGHER MORTALITY RATING THAN STATEWIDE AVERAGES. LEADERSHIP RECOGNIZES THE DIFFICULTY TO REVERSE CHRONIC DISEASES, THEREFORE EMPHASIS WILL BE PLACED ON PREVENTION AND ACCESS. HEART DISEASE, CANCER, DIABETES AND COPD ARE THE HIGHEST IN PREVALENCE AND WILL BE THE AREAS OF FOCUS.

PART V, SECTION B, LINE 22D (FACILITY REPORTING GROUP A)

IU HEALTH LA PORTE HOSPITAL INTENDS TO BE IN COMPLIANCE WITH THE 501 REGULATIONS REGARDING THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE BY THE EFFECTIVE DATE.

**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? 13

Name and address	Type of Facility (describe)
1 IU HEALTH LAKESHORE SURGICARE LLC 3111 VILLAGE POINTE CHESTERTON IN 46304	SURGICENTER
2 MICHIANA HEMATOLOGY ONCOLOGY 1668 US 421 WESTVILLE IN 46391	LABORATORY
3 HEART AND VASCULAR INSTITUTE 901 LINCOLNWAY LAPORTE IN 46350	CARDIAC REHABILITATION
4 LIFEWORKS 3777 N FRONTAGE ROAD MICHIGAN CITY IN 46360	PHYSICAL THERAPY, DIAGNOSTIC IMAGING, CVL DIAGNOSTICS
5 REHAB AT THE CROSSING 1203 WASHINGTON STREET LAPORTE IN 46350	PHYSICAL THERAPY SERVICES
6 VNA HOMECARE 901 S WOODLAND MICHIGAN CITY IN 46360	HOME HEALTH
7 LIFEPLEX DIAGNOSTIC IMAGING 2855 MILLER DRIVE PLYMOUTH IN 46563	DIAGNOSTIC IMAGING
8 SPORTS MEDICINE AT SAGAMORE 600 LEGACY PLACE LAPORTE IN 46350	REHAB AND PHYSICAL THERAPY
9 LEGACY BUILDING 1300 STATE STREET LAPORTE IN 46350	NEURO SLEEP
10 NEW CARLISLE WELLNESS AND REHAB 8988 E US HIGHWAY 20 NEW CARLISLE IN 46552	PHYSICAL THERAPY

Schedule H (Form 990) 2015

**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> WESTVILLE WELLNESS AND REHAB 156 N FLYNN ROAD LAPORTE IN 46350	PHYSICAL THERAPY SERVICES
<b>2</b> FOUNDERS SQUARE 15105 STATE STREET LAPORTE IN 46350	PEDIATRIC REHAB, LABORATORY
<b>3</b> VNA HAMLET 5955 W 600 N HAMLET IN 46532	VNA SERVICES
<b>4</b>  	
<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.

PART I, LINE 6A - COMMUNITY BENEFIT REPORT - RELATED ORGANIZATION

IU HEALTH LA PORTE HOSPITAL COMMUNITY BENEFIT REPORT IS INCLUDED IN INDIANA UNIVERSITY HEALTH, INC.'S ANNUAL BENEFIT REPORT DISTRIBUTED TO NUMEROUS COMMUNITY MEMBERS. A NEW WEBSITE, WWW.TEN2030.ORG, WAS LAUNCHED IN DECEMBER 2015 FOR THE PUBLIC TO VIEW COMMUNITY BENEFIT ASSESSMENTS, REPORTS AND IMPLEMENTATION PLANS.

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

\$20,146,154 IS THE AMOUNT OF BAD DEBT EXPENSE THAT WAS EXCLUDED FROM THE CALCULATION OF COMMUNITY BENEFIT EXPENSE PERCENTAGE REPORTED ON PART I, LINE 7, COLUMN F.

PART I, LINE 7 - COSTING METHODOLOGY

THE COST TO CHARGE RATIO THAT WAS CALCULATED IN PART I, LINE 7, WAS USED IN CALCULATING THE EXPENSE AT COST FOR THE APPROPRIATE CATEGORIES.

**Part VI Supplemental Information**

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**PART II - COMMUNITY BUILDING ACTIVITIES**

IU HEALTH LA PORTE PROVIDES SEVERAL KEY ACTIVITIES WITHIN THIS CATEGORY SUCH AS PHYSICAL IMPROVEMENTS TO PARKS VIA DONATION TO GLEDC, LP URBAN ENTERPRISE ASSOCIATION FOR PLAZA 618, COMMUNITY SUPPORT FOR NWI WORKFORCE, SCHOOLS, CHURCHES, ROTARY, UNITED WAY, ETC. IU HEALTH LA PORTE ALSO PARTICIPATES IN PROJECT SEARCH OF INDIANA, WHICH IS A TRANSITION PROGRAM FOR HIGH SCHOOL STUDENTS WITH DISABILITIES THAT PROVIDES SKILLS, TRAINING AND WORK EXPERIENCE.

HEALTHCARE CAREER CAMP IS AN IU HEALTH LA PORTE HOSPITAL PROGRAM THAT ALLOWS JUNIORS AND SENIORS IN HIGH SCHOOL TO EXPERIENCE SEVERAL FACETS OF THE HEALTHCARE FIELD. THE WEEK-LONG CAMP INCLUDES: PRESENTATIONS AND DISCUSSIONS WITH IU HEALTH PHYSICIANS, CPR CERTIFICATION, HANDS-ON LAB EXPERIENCES, AND CLINICAL DEPARTMENT TOURS.

IU HEALTH LA PORTE ALSO PARTICIPATES IN VARIOUS COALITION BUILDING ACTIVITIES THROUGH THE CENTER FOR SPIRITUAL CARE. THE CENTER HAS REPRESENTATION IN THE MINISTERIAL ALLIANCE, WHICH BUILDS AND PRESERVES RELATIONSHIPS WITH LOCAL CLERGY AND PROMOTES PHYSICAL, EMOTIONAL, AND

**Part VI Supplemental Information**

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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SPIRITUAL HEALTH OF OUR COMMUNITY BY PROVIDING COLLABORATIVE SERVICES  
THAT SERVE THOSE MOST VULNERABLE IN OUR COMMUNITY.

PART III, LINES 2 & 3 - METHODOLOGY USED TO DETERMINE BAD DEBT EXPENSE  
THE BAD DEBT EXPENSE OF \$4,575,452 ON SCHEDULE H, PART III, LINE 2 IS  
REPORTED AT COST.

THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO  
PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY  
WAS CALCULATED BY USING THE GROSS PATIENT CHARGES WRITTEN OFF PURSUANT TO  
FINANCIAL ASSISTANCE POLICIES MULTIPLIED BY THE RATIO OF PATIENT CARE  
COST TO CHARGES.

PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE  
THE FOOTNOTE ON ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS APPEARS ON PAGE  
19-20 OF THE 2015 CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF INDIANA  
UNIVERSITY HEALTH, INC. AND SUBSIDIARIES (SEE ATTACHED AFS).

**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.
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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.

PART III, LINE 8 - MEDICARE COSTING METHODOLOGY

THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7, IS CALCULATED IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING ALLOWABLE COST PER MEDICARE COST REPORT. ALLOWABLE COST FOR MEDICARE COST REPORT PURPOSES ARE NOT REFLECTIVE OF ALL COST ASSOCIATED WITH IUHLH'S PARTICIPATING IN MEDICARE PROGRAMS. AS AN EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIANS SERVICES, COST OF MEDICARE PARTS C & D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COST ASSOCIATED WITH IUHLH'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7. IUHLH'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 AMOUNT THAT RESULTS FROM INEFFICIENCIES OR POOR MANAGEMENT. IUHLH 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 THE COMMUNITY BENEFIT. ADDITIONALLY, IT IS IMPLIED IN THE INTERNAL REVENUE SERVICE RULING 69-545, WHICH ESTABLISHED

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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.

THE COMMUNITY BENEFIT STANDARD FOR NON-PROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL BENEFIT, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY.

THE MEDICARE ALLOWABLE COSTS REPORTED ON SCHEDULE H, PART III, LINE 6 IS CALCULATED IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING ALLOWABLE COST PER MEDICARE COST REPORT. ALLOWABLE COST FOR MEDICARE COST REPORT PURPOSES ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IUHLH'S PARTICIPATING IN MEDICARE PROGRAMS.

PART III, LINE 9B - COLLECTION PRACTICES

PROCEDURE ON COLLECTION PRACTICES (EXCERPT FROM FINANCIAL ASSISTANCE APPLICATION):

- 1) PATIENTS MUST REQUEST ASSISTANCE, COMPLETE, AND SIGN A FINANCIAL ASSISTANCE APPLICATION.
- 2) UPON RECEIPT OF THE FINANCIAL ASSISTANCE APPLICATION, THE FINANCIAL COUNSELOR WILL FIRST DETERMINE IF THE GUARANTOR QUALIFIES FOR FINANCIAL

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ASSISTANCE. IF THE GUARANTOR QUALIFIES FOR FINANCIAL ASSISTANCE, THEY WILL BE NOTIFIED AND THE ACCOUNT ADJUSTED PER THE WRITE OFF/ADJUSTMENT.

3) IF THE GUARANTOR DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE BUT QUALIFIES FOR LIMITED MEANS, A REDUCTION IN LIABILITY WILL BE MADE TO THE ACCOUNT AND THE GUARANTOR WILL BE NOTIFIED VIA MAIL. AT THE GUARANTOR'S REQUEST, PAYMENT ARRANGEMENTS WILL BE MADE FOR THE REMAINING BALANCE.

4) IF THE GUARANTOR DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE OR LIMITED MEANS ASSISTANCE AND HAS BEEN DETERMINED TO BE UNINSURED, A DISCOUNT WILL BE MADE TO THE ACCOUNT AND THE GUARANTOR WILL BE NOTIFIED VIA MAIL. AT THE GUARANTOR'S REQUEST, PAYMENT ARRANGEMENTS WILL BE MADE ON THE REMAINING BALANCE.

5) FOR GUARANTORS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE OR LIMITED MEANS EXCEEDING THE HOUSEHOLD INCOME THRESHOLD REFER TO THE OVER 400% FPL POLICY.

6) ACCOUNTS THAT ARE TO BE CONSIDERED WILL CONTINUE TO AGE THROUGH OUR COLLECTION PROCESS, INCLUDING REFERRAL TO AN OUTSIDE REPORTING COLLECTION AGENCY UNLESS A FINANCIAL COUNSELOR DETERMINES GROUNDS FOR A SUSPENSION. REFER TO THE FINANCIAL ASSISTANCE SUSPENSION POLICY.

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7) PATIENT COMPLAINTS/DISSATISFACTION MAY BE TURNED OVER TO OUR RECONSIDERATION TEAM (FINANCIAL COUNSELORS) FOR THE DETERMINATION OF A POSSIBLE RECONSIDERATION. REFER TO THE FINANCIAL ASSISTANCE RECONSIDERATION POLICY.

PART VI, LINE 2 - NEEDS ASSESSMENT

IU HEALTH SYSTEM COLLABORATED WITH OTHER ORGANIZATIONS AND AGENCIES IN CONDUCTING THE NEEDS ASSESSMENT FOR THE IU HEALTH LA PORTE HOSPITAL COMMUNITY. THESE COLLABORATING ORGANIZATIONS ARE LISTED ON PAGES 5 AND 6 OF THE CHNA. IN ORDER TO IDENTIFY THE COMMUNITY'S LEADING HEALTH NEEDS, BOTH QUANTITATIVE AND QUALITATIVE DATA WERE UTILIZED. QUANTITATIVE ANALYSES ASSESSED THE HEALTH NEEDS OF THE POPULATION THROUGH DATA ABSTRACTION AND ANALYSIS AND QUALITATIVE ANALYSES WERE CONDUCTED BY GATHERING INPUT FROM COMMUNITY MEMBERS THROUGH A SURVEY AND THROUGH A STRUCTURED INTERVIEW WITH PUBLIC HEALTH EXPERTS AND COMMUNITY LEADERS IN LA PORTE COUNTY. WHILE QUANTITATIVE DATA CAN PROVIDE INSIGHTS INTO AN AREA, THESE DATA NEED TO BE SUPPLEMENTED WITH QUALITATIVE INFORMATION TO DEVELOP A FULL PICTURE OF A COMMUNITY'S HEALTH AND HEALTH NEEDS. FOR THIS

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CHNA, QUALITATIVE DATA WERE GATHERED FROM RESPONSES COLLECTED ONLINE TO THE PRIOR COMMUNITY HEALTH NEEDS ASSESSMENT, THROUGH SURVEYS OF MEMBERS OF THE PUBLIC AND IN A FOCUS GROUP WITH HEALTH LEADERS AND PUBLIC HEALTH EXPERTS. THE QUANTITATIVE, SECONDARY DATA SOURCES IDENTIFIED HEALTH NEEDS FOR WHICH INDIANA OR LA PORTE COUNTY IS ABOVE OR BELOW AVERAGE IN COMPARISON WITH OTHER REGIONS. QUALITATIVE INFORMATION FROM SURVEY RESULTS, WHICH INCLUDED RESPONSES FROM UNDER-SERVED OR UNDERREPRESENTED GROUPS, SUPPLEMENTED THE SECONDARY DATA. SURVEY RESULTS AND SECONDARY DATA FINDINGS WERE SHARED WITH A FOCUS GROUP OF COMMUNITY HEALTH LEADERS. THIS GROUP PRIORITIZED LEADING HEALTH NEEDS. THE PRIORITIES FROM THE FOCUS GROUPS, PLUS SURVEY RESULTS AND HEALTH INDICATOR DATA WERE COMPILED AND IU HEALTH LA PORTE HOSPITAL REPRESENTATIVES USED THE HANLON METHOD TO IDENTIFY THE TOP FOUR NEEDS. THE HANLON METHOD SEEKS RATINGS FROM 0 TO 10 ON THREE CRITERIA: SIZE OF THE HEALTH PROBLEM BASED ON THE PERCENTAGE OF THE POPULATION AFFECTED, SERIOUSNESS OR MAGNITUDE OF THE HEALTH PROBLEM AND THE EFFECTIVENESS OF POTENTIAL INTERVENTIONS. WITH THE RATINGS COMPILED, ANALYSTS IDENTIFY SPECIFIC HEALTH PROBLEMS THAT CAN FEASIBLY BE ADDRESSED BY THE COMMUNITY SERVED. FROM THAT LIST, PRIORITY SCORES ARE

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CALCULATED, WHERE THE SERIOUSNESS OF THE PROBLEM IS GIVEN THE MOST WEIGHT. RANKS ARE ASSIGNED BASED ON THE PRIORITY SCORES.

THE 2013 IUH LA PORTE HOSPITAL CHNA HAS BEEN A GUIDE FOR OUR COMMUNITY OUTREACH ACTIVITIES. FOCUS HAS BEEN INITIATED ON THE THREE MAIN OBJECTIVES:

1. IDENTIFY THE PRIORITY HEALTH NEEDS (PUBLIC HEALTH AND HEALTHCARE) WITHIN THE IU HEALTH LA PORTE PSA.
2. SERVE AS A FOUNDATION FOR DEVELOPING IMPLEMENTATION STRATEGIES THAT CAN BE UTILIZED BY HEALTHCARE PROVIDERS, COMMUNITIES AND POLICY MAKERS IN ORDER TO IMPROVE THE HEALTH STATUS OF PEOPLE IN THE IU HEALTH LA PORTE COMMUNITY.
3. SUPPLY PUBLIC ACCESS TO THE CHNA RESULTS IN ORDER TO INFORM THE COMMUNITY AND PROVIDE ASSISTANCE TO THOSE INVESTED IN THE TRANSFORMATION TO THE COMMUNITY'S HEALTHCARE NETWORK.

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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.

PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

BROCHURES ARE DISTRIBUTED THROUGH FINANCIAL COUNSELORS WHO ARE AVAILABLE FOR THOSE IN NEED FOR FINANCIAL ASSISTANCE. THE HOSPITAL HAS A COMMUNITY HEALTH CENTER WHICH PROVIDES EDUCATION AND ASSISTANCE VIA COVERING KIDS AND FAMILIES ALONG WITH MANY OTHER PROGRAMS AND EVENTS.

IUHLH PROMOTES AWARENESS OF IU HEALTH'S FINANCIAL ASSISTANCE AND COMMUNITY HEALTH CENTER THROUGH POSTERS, FLYERS AND PROVIDED HEALTHCARE EXCHANGE NAVIGATORS TO ASSIST OUR COMMUNITY WITH THE MARKETPLACE.

PART VI, LINE 4 - COMMUNITY INFORMATION

LA PORTE COUNTY: 2015 POPULATION: 111,444; WHITE: 80.1%; BLACK: 11.1% AND THERE ARE 6,798 HISPANICS (6.1%). ACCORDING TO THE US CENSUS SMALL HEALTH INSURANCE ESTIMATES, 16.1% OF THE ADULT POPULATION AND 6.7% OF CHILDREN ARE UNINSURED. 14.7% COULD NOT SEE A DOCTOR DUE TO COSTS.

LA PORTE COUNTY WAS RANKED 73 OUT OF 92 IN 2016 ACCORDING TO WWW.COUNTYHEALTHRANKINGS.ORG. OBESITY IS A MAJOR RISK FACTOR FOR CV

**Part VI Supplemental Information**

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DISEASE, CERTAIN TYPES OF CANCER AND TYPE 2 DIABETES. LA PORTE COUNTY'S OBESITY RATE IS 34% AND DIAGNOSED DIABETES IS 11% (ACCORDING TO THE CDC).

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION, IU HEALTH LA PORTE'S PAYER MIX IS 20.5% MEDICAID, WHICH IS HIGHER THAN THE STATE'S AVERAGE OF 15.6%. IU HEALTH LA PORTE'S SELF-PAY IS 2.6% WHICH IS CONSISTENT WITH THE STATE'S AVERAGE OF 2.8%. THE MEDIAN HOUSEHOLD INCOME IN LA PORTE COUNTY IS \$46,243, BELOW THE STATE AVERAGE OF \$49,384 (SOURCE: US CENSUS/SAIPE). AS REPORTED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, LA PORTE COUNTY IS DESIGNATED AS A MEDICALLY UNDERSERVED AREA/POPULATION. ACCORDING TO THE SMALL AREA INCOME AND POVERTY ESTIMATES, 29.6% OF THE CHILDREN IN LA PORTE COUNTY ARE IN POVERTY, ABOVE THE 21% STATE AVERAGE.

THERE IS ONE OTHER ACUTE CARE HOSPITAL IN THE COUNTY, FRANCISCAN ST. ANTHONY HEALTH WHICH IS A PART OF THE FRANCISCAN ALLIANCE SYSTEM. THE HOSPITAL IS LOCATED APPROXIMATELY 12 MILES FROM IU HEALTH LA PORTE AND

**Part VI Supplemental Information**

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HAS 150 STAFFED INPATIENT BEDS.

STARKE COUNTY: 2015 POPULATION: 23,074; WHITE: 94.5%; BLACK: 0.4% AND  
THERE ARE 784 HISPANICS (3.4%). ACCORDING TO THE US CENSUS SMALL HEALTH  
INSURANCE ESTIMATES, 17.6% OF THE ADULT POPULATION AND 8.1% OF THE  
CHILDREN ARE UNINSURED. 19.3% COULD NOT SEE A DOCTOR DUE TO COSTS.

STARKE COUNTY WAS RANKED 90 OUT OF 92 IN 2016 ACCORDING TO  
WWW.COUNTYHEALTHRANKINGS.ORG. SMOKING, OBESITY AND INACTIVITY ARE AREAS  
IN NEED OF HEALTH STATUS IMPROVEMENT. 23% OF ADULTS SMOKE, 36% ARE OBESE,  
AND 34% LACK PHYSICAL ACTIVITY.

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION, IU HEALTH STARKE'S PAYER  
MIX IS 19.6% MEDICAID, WHICH IS HIGHER THAN THE STATE'S AVERAGE OF 15.6%.  
SELF-PAY IS 1%, BELOW THE STATE'S AVERAGE OF 2.8%. THE MEDIAN HOUSEHOLD  
INCOME IN STARKE COUNTY IS \$43,740 BELOW THE STATE AVERAGE OF \$49,384  
(SOURCE: US CENSUS/SAIPE). AS REPORTED BY THE DEPARTMENT OF HEALTH AND  
HUMAN SERVICES, STARKE COUNTY IS DESIGNATED AS A MEDICALLY UNDERSERVED

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AREA AS WELL AS A HEALTH PROFESSIONAL SHORTAGE AREA IN PRIMARY CARE, DENTAL HEALTH, AND MENTAL HEALTH. ACCORDING TO THE SMALL AREA INCOME AND POVERTY ESTIMATES, 29.5% OF CHILDREN IN STARKE COUNTY ARE IN POVERTY, ABOVE THE STATE AVERAGE OF 21%.

THERE ARE NO OTHER ACUTE CARE HOSPITALS OR AMBULATORY SURGERY CENTERS IN STARKE COUNTY. IUHSH IS 23 MILES FROM IU HEALTH LA PORTE HOSPITAL AND THE NEAREST FACILITY IS ST. JOSEPH REGIONAL MEDICAL CENTER LOCATED IN PLYMOUTH WHICH IS 15 MILES AWAY.

PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

IU HEALTH LA PORTE IS GOVERNED BY A BOARD OF DIRECTORS COMPRISED OF LOCAL COMMUNITY MEMBERS AND MEDICAL STAFF. THE BOARD OF DIRECTORS APPROVED THE COMMUNITY HEALTH NEEDS AND THE STRATEGIES TO ADDRESS THOSE NEEDS.

THE HOSPITAL AND ITS FOUNDATION COLLABORATE WITH OTHER FUNDERS SUCH AS THE KOMEN FOUNDATION AND IBCAT TO BRING FREE MAMMOGRAMS (SCREENING AND COMPREHENSIVE) TO THE COMMUNITY.

**Part VI Supplemental Information**

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THE WELLNESS DEPARTMENT OF IU HEALTH LA PORTE HOSPITAL DEVELOPS AND DELIVERS FREE HEALTH SCREENINGS AND HEALTH EDUCATION ON SITE AND DIFFERENT LOCATIONS THROUGHOUT THE COMMUNITY. AMONG OTHER PROGRAMS DELIVERED FROM OUR WELLNESS DEPARTMENT IS OUR LIL' FISH CLUB. THE GOAL OF THE CLUB IS TO GIVE CHILDREN THE TOOLS TO MAKE POSITIVE HEALTH AND LIFESTYLE DECISIONS. THE PROGRAM CURRENTLY TARGETS A TOTAL OF 1,125 4TH GRADE STUDENTS AT 18 DIFFERENT SCHOOLS IN LA PORTE AND STARKE COUNTY. THE LIL' FISH CLUB PROMOTES HEALTH BEHAVIORS AND INCREASES THE AWARENESS OF HEALTH ISSUES THROUGH A SERIES OF MONTHLY EDUCATIONAL MODULES. THE PROGRAM STARTS IN OCTOBER WITH AN INITIAL HEALTH ASSESSMENT TO DETERMINE THE GENERAL HEALTH KNOWLEDGE AND BEHAVIORS OF THE STUDENTS. A POST ASSESSMENT IS GIVEN AT THE END OF THE PROGRAM IN MAY TO SEE HOW MUCH THE STUDENTS HAVE RETAINED AND WHERE THERE MAY BE ROOM FOR IMPROVEMENT.

THE IU HEALTH MOBILE HEALTH CLINIC IS A TRAVELLING VEHICLE THAT PROVIDES CONVENIENT HEALTHCARE SERVICES AND EDUCATION AT VARIOUS LOCATIONS THROUGHOUT OUR SERVICE AREA, BRINGING PREVENTATIVE SCREENINGS AND HEALTH

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INFORMATION TO OUR COMMUNITIES. THE IU HEALTH MOBILE ALLOWS US TO EXPAND OUR SCREENING SERVICES TO ADDRESS UNMET HEALTHCARE NEEDS WITHIN THE COMMUNITY. WE CURRENTLY OFFER THE FOLLOWING SCREENINGS FREE OF CHARGE: BLOOD PRESSURE, GLUCOSE, BONE DENSITY, COLORECTAL, CERVICAL AND SKIN CANCER, AND CLINICAL BREAST EXAMS. EDUCATION TOPICS INCLUDE, BUT ARE NOT LIMITED TO: EXERCISE, DIABETES, HEALTHY EATING AND SMOKING CESSATION.

PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM

IUHLH HAS BEEN AFFILIATED WITH INDIANA UNIVERSITY HEALTH, INC. (IUH) SINCE 1998. THIS PARTNERSHIP ENABLES IUHLH TO OPERATE AUTONOMOUSLY THROUGH A LOCAL BOARD. THROUGH THE IUH NAME, OUR COMMUNITY HEALTH RESOURCE CENTER, HEADQUARTERS, CAN TAP INTO MANY DATABASES FOR THE PUBLIC. RESEARCH CAN BE DONE FREE OF CHARGE THROUGH NUMEROUS MEMBERSHIP SITES BY COMMUNITY MEMBERS LOOKING TO GATHER HEALTH INFORMATION.

PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA