

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization

INDIANA UNIVERSITY HEALTH MORGAN, INC.

Employer identification number

27-3533027

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			369,017.		369,017.	2.67
b Medicaid (from Worksheet 3, column a)			2,165,247.	6,465,841.		
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			2,534,264.	6,465,841.	369,017.	2.67
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits						
k Total. Add lines 7d and 7j.			2,534,264.	6,465,841.	369,017.	2.67

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

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

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	1,508,135.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	2,843,970.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,335,835.
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				

[illegible]

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 MORGAN HOSPITAL

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): _____

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): _____		
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 MORGAN HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 X	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

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

Part V Facility Information (continued)Name of hospital facility or letter of facility reporting group IU HEALTH MORGAN HOSPITAL

- 19** Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?
- If "Yes," check all actions in which the hospital facility or a third party engaged:

	Yes	No
19		X
a		
b		
c		
d		

- a** ☐ Reporting to credit agency(ies)
- b** ☐ Selling an individual's debt to another party
- c** ☐ Actions that require a legal or judicial process
- d** ☐ 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** ☒ Notified individuals of the financial assistance policy on admission
- b** ☒ Notified individuals of the financial assistance policy prior to discharge
- c** ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d** ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e** ☐ Other (describe in Section C)
- f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

- 21** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?
- If "No," indicate why:

	Yes	No
21	X	
a		
b		
c		
d		

- a** ☐ The hospital facility did not provide care for any emergency medical conditions
- b** ☐ The hospital facility's policy was not in writing
- c** ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d** ☐ 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** ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** ☒ Other (describe in Section C)

- 23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?
- If "Yes," explain in Section C.

23		X

- 24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?
- If "Yes," explain in Section C.

24		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 ITS MOST RECENT CHNA, IU HEALTH MORGAN'S APPROACH TO GATHERING QUALITATIVE DATA FOR ITS CHNA CONSISTED OF A MULTI-COMPONENT APPROACH TO IDENTIFY AND VERIFY COMMUNITY HEALTH NEEDS FOR THE IU HEALTH MORGAN SERVICE AREA. THIS INCLUDED THE FOLLOWING COMPONENTS:

1. HOSTING MULTIPLE TWO-HOUR COMMUNITY CONVERSATION FOCUS GROUPS WITH PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS IN ATTENDANCE TO DISCUSS THE HEALTHCARE NEEDS OF THE SERVICE AREA AND WHAT ROLE IU HEALTH MORGAN COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS.
2. SURVEYING THE COMMUNITY AT LARGE THROUGH THE HOSPITAL'S WEBSITE, WITH SPECIAL EMPHASIS TO GARNER INPUT FROM LOW INCOME, UNINSURED, OR MINORITY GROUPS.

TO OBTAIN A MORE COMPLETE PICTURE OF THE FACTORS THAT PLAY INTO MORGAN COUNTY COMMUNITY'S HEALTH, INPUT FROM LOCAL HEALTH LEADERS WAS GATHERED THROUGH TWO SEPARATE TWO-HOUR FOCUS GROUP SESSIONS. IU HEALTH 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 INCLUDE 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. THE FIRST OF THE FOCUS GROUP

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.

SESSIONS WAS HELD AT IU HEALTH MORGAN AND THE SECOND WAS HELD VIA

CONFERENCE CALL. ATTENDEES WHO PARTICIPATED IN THE FOCUS GROUP

INCLUDED:

BUD SWISHER

- EXECUTIVE DIRECTOR, HEALTHIER MORGAN COUNTY INITIATIVE

- MR. SWISHER IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD HEALTHY LIVING. AS DIRECTOR OF HEALTHIER MORGAN COUNTY, HE WORKS TO ADDRESS AN ARRAY OF ISSUES INCLUDING TOBACCO, LITERACY, POVERTY, TRANSPORTATION, AND GENERAL HEALTH THROUGH THE PROMOTION OF PROGRAMS TO SUPPORT THOSE INITIATIVES.

DIANA ROY

- AREA DIRECTOR, UNITED WAY OF MORGAN COUNTY

- MS. ROY IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS HEALTHY LIVING. AS AREA DIRECTOR OF THE UNITED WAY, SHE WORKS FOR AN ORGANIZATION THAT BELIEVES IN HELPING PEOPLE LEARN MORE, EARN MORE, AND LEAD SAFE AND HEALTHY LIVES THROUGH THE CREATION OF PROGRAMS TO ASSIST IN THOSE GOALS. SHE IS ESPECIALLY KNOWLEDGEABLE IN THE CREATION OF THESE PROGRAMS AND SERVICES FOR THE UNDERSERVED POPULATIONS.

HILLARY ELLIOT

- MORGAN COUNTY COORDINATOR, WIC

- MS. ELLIOT IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS HEALTH ACCESS FOR WOMEN AND CHILDREN. SHE IS KNOWLEDGEABLE IN THE ACCESS

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.

OF SERVICES TO WOMEN AND CHILDREN, INCLUDING THE BARRIERS, NEED, AND WAYS
TO IMPROVE UPON THEM TO PROVIDE NEEDED CARE TO WOMEN AND CHILDREN IN
MORGAN COUNTY.

JENNIFER WALKER

- TOBACCO PROJECT COORDINATOR, HEALTHIER MORGAN COUNTY INITIATIVE
- MS. WALKER IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS
HEALTHY LIVING. AS PROJECT COORDINATOR FOR THE HEALTHIER MORGAN COUNTY
INITIATIVE, SHE WORKS TO ADDRESS AN ARRAY OF ISSUES INCLUDING TOBACCO,
LITERACY, POVERTY, TRANSPORTATION, AND HEALTH.

JOY SESSING

- EXECUTIVE DIRECTOR, MORGAN COUNTY ECONOMIC DEVELOPMENT CORPORATION
- MS. SESSING IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS
ECONOMIC DEVELOPMENT. SHE IS KNOWLEDGEABLE IN THE FINANCIAL STABILITY OF
THE COMMUNITY, AS WELL AS THE RESOURCES AVAILABLE.

JUDY BUCCI

- EXECUTIVE DIRECTOR, BARBARA B. JORDAN YMCA
- MS. BUCCI IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS
HEALTHY LIVING AND OBESITY PREVENTION. AS AN EMPLOYEE OF THE YMCA, SHE
UNDERSTANDS THE NEED FOR OBESITY PREVENTION MEASURES, AS WELL AS BARRIERS
AND ACCESS TO PHYSICAL ACTIVITIES.

JUDY WILLIAMS

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 HAVEN YOUTH CENTER

- MS. WILLIAMS IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS HEALTHY LIVING AND YOUTH/CHILD OUTREACH. AS A YOUTH CENTER EMPLOYEE, SHE IS KNOWLEDGEABLE IN THE AREAS CONCERNING THE COMMUNITY'S YOUTH, AS THE ORGANIZATION IS A PLACE FOR CHILDREN TO GAIN FOOD ASSISTANCE, UNDERGO TUTORING, AND PARTICIPATE IN COMMUNITY VOLUNTEER EFFORTS WITH THEIR PEERS.

KAREN BURKLEY

- EXECUTIVE DIRECTOR, WELLSRING FAMILY SHELTER

- MS. BURKLEY IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARDS INJURY PREVENTION. WELLSRING IS AN ORGANIZATION THAT SERVES AS A TRANSITIONAL SHELTER FOR ABUSED WOMEN, AND AS DIRECTOR SHE HAS EXPERIENCE AND KNOWLEDGE WITHIN THE AREAS OF DOMESTIC VIOLENCE IN THE COMMUNITY.

UPON ARRIVAL TO THE FOCUS GROUP, PARTICIPANTS WERE ASKED TO LIST THEIR BELIEVED FIVE PRIORITIZED HEALTH NEEDS FOR THE IU HEALTH MORGAN COMMUNITY. THESE RESPONSES WERE COLLECTED AND AGGREGATED INTO A COMPREHENSIVE LIST OF IDENTIFIED NEEDS TO BE FURTHER DISCUSSED LATER IN THE SESSION AND RANKED FOR SEVERITY OF NEED WITHIN THE COMMUNITY. IU HEALTH FACILITATORS THEN PROVIDED PARTICIPANTS WITH A PRESENTATION FEATURING IU HEALTH'S MISSION, 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.

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.

UPON COMPLETION OF THE DATA PRESENTATION, IU HEALTH FACILITATED A DISCUSSION ON THE COMPREHENSIVE LIST OF IDENTIFIED NEEDS FROM EARLIER IN THE SESSION. THE OBJECTIVE OF THIS METHOD WAS INTENDED TO INSPIRE CANDID 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 IU HEALTH MORGAN'S ROLES COULD BE IN MEETING THE LOCAL HEALTH NEEDS.

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

A COPY OF IU HEALTH MORGAN'S CHNA WAS AVAILABLE THROUGHOUT 2015 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 MORGAN PRIORITIZED AND DETERMINED WHICH OF THE COMMUNITY HEALTH NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA WAS MOST CRITICAL FOR IT TO ADDRESS BY USING THE HANLON METHOD OF PRIORITIZATION. THIS METHOD PRIORITIZES IDENTIFIED NEEDS BASED UPON THE PREVALENCE AND SEVERITY OF THE NEED AND THE EFFECTIVENESS OF INTERVENTIONS AVAILABLE TO ADDRESS THE NEEDS.

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.

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

- ACCESS TO HEALTHCARE
- CHRONIC DISEASE & HEALTHY LIFESTYLE PROMOTION
- OBESITY PREVENTION

ACCESS TO HEALTHCARE

IU HEALTH MORGAN'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED
OF ACCESS TO HEALTHCARE INCLUDES THE FOLLOWING:

- RECRUIT PRIMARY CARE AND SPECIALISTS TO JOIN IU HEALTH MORGAN
- DECREASE THE COST OF THE TOP 30 MOST FREQUENTLY ORDERED OUTPATIENT
LAB TESTS
- PROVIDE VASCULAR, ORAL, SKIN, BREAST, COLON, PROSTATE, AND LUNG
SCREENINGS ALONG WITH BONE DENSITY TESTS AT LOW OR NO COST TO UNDERSERVED
COMMUNITY MEMBERS
- INCREASE ACCESS TO IU HEALTH MORGAN'S FINANCIAL ASSISTANCE PROGRAM
AND OTHER GOVERNMENT-SPONSORED PROGRAMS.

CHRONIC DISEASE AND HEALTHY LIFESTYLE PROMOTION

IU HEALTH MORGAN'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED 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.

OF CHRONIC DISEASE AND HEALTHY LIFESTYLE PROMOTION INCLUDES THE
FOLLOWING:

- CREATE AN INTERACTIVE PROGRAM NAMED "ROAD SHOW" FOR PRE-DIABETIC
COMMUNITY MEMBERS
- HAVE DIETICIANS MEET WITH KEY AT-RISK GROUPS AT LOCAL SENIOR
CENTERS, CHURCHES, AND LOCAL LIBRARIES
- CREATE THE "BID BODY ADVENTURE" FOR BLOOD PRESSURE AND CHOLESTEROL
SCREENINGS AND ACTIVITY BASED STATIONS FOCUSING ON HEALTHY DIETS AND
EXERCISE

OBESITY PREVENTION

IU HEALTH MORGAN'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED
OF OBESITY PREVENTION INCLUDES THE FOLLOWING:

- USE AN IU HEALTH-SPONSORED GARDEN TO OFFER SPECIAL PROGRAMMING ON
GARDENING AND FRESH PRODUCE PREPARATION FOR DIABETES AND WEIGHT LOSS
CLASSES
- PROVIDE A DAY-LONG SCHOOL-BASED EXERCISE AND NUTRITION PROGRAM FOR
THIRD-GRADE STUDENTS TO BE TAUGHT BY REGISTERED DIETICIANS
- DEVELOP A FREE WEIGHT LOSS PROGRAM FOR ADULTS THAT INCLUDE SHOPPING
EXCURSIONS, COOKING DEMONSTRATIONS, AND MEAL PLANNING ASSISTANCE.

ALSO, BASED UPON THE HANLON METHOD OF PRIORITIZATION, THE FOLLOWING

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.

IDENTIFIED COMMUNITY HEALTH NEEDS WERE NOT CHOSEN AS ONE OF THE NEEDS TO
BE ADDRESSED:

- MENTAL HEALTH
- EMERGENCY AND AMBULANCE SERVICES
- SENIOR HEALTH

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

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

1. ALTERNATE SOURCES OF ASSISTANCE

WHEN TECHNICALLY FEASIBLE, A PATIENT WILL BE REQUIRED TO EXHAUST ALL

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.

OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING AN AWARD
FROM IU HEALTH MORGAN'S 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 MORGAN'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 MORGAN.

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

2. PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY

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

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.

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

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

A COPY OF IU HEALTH MORGAN'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/)

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 16B - FAP APPLICATION WEBSITE

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

[HTTP://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSIS
TANCE/](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 MORGAN TAKES SEVERAL OTHER MEASURES TO PUBLICIZE ITS FAP WITHIN
THE COMMUNITY. THESE MEASURES INCLUDE THE FOLLOWING:

1. SIGNS ARE POSTED IN APPROPRIATE ACUTE CARE SETTINGS SUCH AS THE
EMERGENCY DEPARTMENT AND REGISTRATION AREAS DESCRIBING THE AVAILABLE
ASSISTANCE AND DIRECTING ELIGIBLE PATIENTS TO THE FINANCIAL ASSISTANCE
APPLICATION.
2. IU HEALTH MORGAN INCLUDES A PLAIN LANGUAGE DESCRIPTION OF ITS FAP
WITH ALL PATIENT BILLS AND STATEMENTS OF SERVICES.
3. IU HEALTH REVENUE CYCLE SERVICES REPRESENTATIVES ARE AVAILABLE VIA
TELEPHONE MONDAY THROUGH FRIDAY, EXCLUDING MAJOR HOLIDAYS, FROM 8 A.M. TO
7 P.M. (EASTERN TIME) TO ADDRESS QUESTIONS RELATED TO FINANCIAL
ASSISTANCE.
4. IU HEALTH REVENUE CYCLE SERVICES EDUCATES ITS PATIENT FACING TEAM

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.

MEMBERS OF ITS FAP AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

PROGRAM.

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

IU HEALTH MORGAN 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 MORGAN'S FAP ARE APPLIED TO THE CHARGEMASTER OR PHYSICIAN FEE

SCHEDULE CALCULATED AMOUNT.

IU HEALTH MORGAN 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? 1

Name and address	Type of Facility (describe)
1 IU HEALTH MORGAN OUTPAT. BEH. HLTH. CLIN 789 E. MORGAN ST. MARTINSVILLE IN 46151	DIAGNOSTIC AND OTHER OUTPATIENT
2	
3	
4	
5	
6	
7	
8	
9	
10	

Schedule H (Form 990) 2015

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 - VI - HOSPITALS

THE ACTIVITY REPORTED IN SCHEDULE H REPRESENTS THE FIRST 3 MONTHS OF 2015
(JANUARY 1 - MARCH 31). AS REFERRED TO IN SCHEDULE O, PART III, LINE 3,
IU HEALTH MORGAN SURRENDERED ITS LICENSE TO OPERATE AS A HOSPITAL AND
ENTERED INTO AGREEMENT TO LEASE ITS FACILITIES TO INDIANA UNIVERSITY
HEALTH ("IU HEALTH"), A RELATED 501(C)(3) TAX-EXEMPT ORGANIZATION.

SCHEDULE H, PART I, LINE 3C - OTHER FACTORS USED IN DETERMINING ELIG.
IU HEALTH MORGAN USES SEVERAL FACTORS OTHER THAN FEDERAL POVERTY
GUIDELINES ("FPGS") IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED
CARE UNDER ITS FAP. THESE FACTORS INCLUDE THE FOLLOWING:

1. INDIANA RESIDENCY REQUIREMENT

IU HEALTH MORGAN ONLY MAKES FINANCIAL ASSISTANCE AVAILABLE TO RESIDENTS
OF THE STATE OF INDIANA. IU HEALTH MORGAN EMPLOYS THE SAME RESIDENCY
TEST AS SET FORTH IN INDIANA CODE 6-3-1-12 TO DEFINE AS RESIDENT ANY
INDIVIDUAL WHO WAS DOMICILED IN INDIANA DURING THE TAXABLE YEAR, OR ANY

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.

INDIVIDUAL WHO MAINTAINS A PERMANENT PLACE OF RESIDENCE IN THIS STATE AND
SPENDS MORE THAN ONE HUNDRED EIGHTY-THREE (183) DAYS OF THE TAXABLE YEAR
IN INDIANA.

2. ALTERNATE SOURCES OF ASSISTANCE

WHEN TECHNICALLY FEASIBLE, PATIENTS MUST EXHAUST ALL OTHER STATE AND
FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH
MORGAN'S 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 FORM IU HEALTH MORGAN'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 MORGAN.

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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- 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.

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

3. PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY

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

PATIENTS ARE CONSIDERED TO BE PRESUMPTIVELY ELIGIBLE 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,

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.

HEALTHY INDIANA PLAN, OR VOLUNTEERS IN MEDICINE.

PATIENTS MAY ALSO BE CONSIDERED 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.

4. ADDITIONAL CONSIDERATIONS

FINANCIAL ASSISTANCE MAY BE GRANTED TO A DECEASED PATIENT'S ACCOUNT IF
SAID PATIENT IS FOUND TO HAVE NO ESTATE.

IU HEALTH MORGAN WILL DENY OR REVOKE FINANCIAL ASSISTANCE FOR ANY PATIENT
OR GUARANTOR WHO FALSIFIES ANY PORTION OF A FINANCIAL ASSISTANCE
APPLICATION.

A PATIENT'S INCOME AND/OR ABILITY TO PAY MAY BE TAKEN INTO CONSIDERATION
IN THE CALCULATION OF A FINANCIAL ASSISTANCE AWARD.

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.

5. PATIENT ASSETS

IU HEALTH MORGAN WILL CONSIDER PATIENT ASSETS IN THE CALCULATION OF A PATIENT'S TRUE FINANCIAL BURDEN. A PATIENT'S PRIMARY RESIDENCE AND ONE (1) MOTOR VEHICLE WILL BE EXEMPTED FROM CONSIDERATION IN MOST CASES.

IU HEALTH MORGAN WILL APPLY THE DEFINITIONS SET FORTH IN INDIANA ADMINISTRATIVE CODE 405 IAC 2-3-15 TO DEFINE A PATIENT'S PRIMARY RESIDENCE AND MOTOR VEHICLE. A PATIENT'S PRIMARY RESIDENCE IS DEFINED AS THE PATIENT'S PRINCIPAL PLACE OF RESIDENCE. THE PATIENT'S PRIMARY RESIDENCE WILL BE EXCLUDED FROM A PATIENT'S EXTRAORDINARY ASSET CALCULATION SO LONG AS THE PATIENT'S EQUITY IS LESS THAN FIVE-HUNDRED THOUSAND DOLLARS (\$500,000) AND THE HOME IS NOT OCCUPIED BY THE PATIENT'S SPOUSE OR CHILD UNDER TWENTY-ONE (21) YEARS OF AGE. ONE (1) MOTOR VEHICLE, REGARDLESS OF ITS FAIR MARKET VALUE, MAY BE EXCLUDED IN LIMITED CIRCUMSTANCES DEFINED IN INDIANA ADMINISTRATIVE CODE 405 IAC 2-3-15(D)(6).

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.

IU HEALTH MORGAN RESERVES THE RIGHT TO ADJUST A PATIENT'S FEDERAL POVERTY LEVEL ("FPL") IF THE PATIENT DEMONSTRATES A CLAIM OR CLEAR TITLE TO ANY EXTRAORDINARY ASSET NOT EXCLUDED FROM CONSIDERATION UNDER THE ABOVE GUIDANCE.

IU HEALTH MORGAN WILL NOT SEEK THE TITLE TO DISCOVERED ASSETS WITHOUT THE EXPRESS AUTHORIZATION OF THE FINANCIAL ASSISTANCE COMMITTEE.

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

IU HEALTH MORGAN'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.

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

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.

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 (C) - 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
EXCLUDES DIRECT OFFSETTING REVENUE, IS 18.30%.

SCHEDULE H, PART I, LINE 7, COLUMN (F) - PERCENT OF TOTAL EXPENSE
THE AMOUNT OF BAD DEBT EXPENSE SUBTRACTED FOR PURPOSES OF CALCULATING THE
PERCENTAGE OF TOTAL EXPENSE ON LINE 7, COLUMN (F) IS \$685,266.

SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED
IU HEALTH MORGAN IS PART OF THE IU HEALTH STATEWIDE SYSTEM. THE IU
HEALTH STATEWIDE SYSTEM PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING

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.

ACTIVITIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN THE
COMMUNITIES IT SERVES THROUGH INVESTMENTS IN ECONOMIC DEVELOPMENT EFFORTS
ACROSS THE STATE, COLLABORATION WITH LIKE-MINDED ORGANIZATIONS THROUGH
COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCACY 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 IU HEALTH'S SUPPORT OF THE
FOLLOWING ORGANIZATIONS AND INITIATIVES THAT FOCUS ON SOME OF THE ROOT
CAUSES OF HEALTH ISSUES, SUCH AS LACK OF EDUCATION, EMPLOYMENT AND
POVERTY:

- METROPOLITAN SCHOOL DISTRICT OF MARTINSVILLE
- STARFISH INITIATIVE
- EARLY LEARNING INDIANA
- UNITED WAY OF MORGAN COUNTY

Part VI Supplemental Information

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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.

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

SCHEDULE H, PART III, LINE 4 - BAD DEBT EXPENSE
IU HEALTH MORGAN IS A SUBSIDIARY IN THE CONSOLIDATED FINANCIAL STATEMENTS
OF IU HEALTH. IU HEALTH'S BAD DEBT EXPENSE FOOTNOTE IS AS FOLLOWS:

THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS, FOR ALL PAYORS, IS RECOGNIZED
WHEN SERVICES ARE PROVIDED BASED UPON MANAGEMENT'S ASSESSMENT OF
HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION
BUSINESS AND ECONOMIC CONDITIONS, CHANGES AND TRENDS IN HEALTH CARE

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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COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON ACCOUNTS RECEIVABLE PAYOR COMPOSITION AND AGING, THE SIGNIFICANCE OF INDIVIDUAL PAYORS TO OUTSTANDING ACCOUNTS RECEIVABLE BALANCES, AND HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, AS ADJUSTED FOR COLLECTION INDICATORS. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS AND THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN ADDITION, THE INDIANA UNIVERSITY HEALTH SYSTEM 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 THE INDIANA UNIVERSITY HEALTH SYSTEM AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET FINANCIAL ASSISTANCE POLICIES OF THE INDIANA UNIVERSITY HEALTH SYSTEM.

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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SCHEDULE H, PART III, LINE 8 - MEDICARE SHORTFALL

THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 IS CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM THE IU HEALTH MORGAN MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH MORGAN'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 MORGAN'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.

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

Part VI Supplemental Information

Provide the following information.

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POSITION THAT ANY SHORTFALL SHOULD BE COUNTED AS PART OF ITS COMMUNITY BENEFIT. ADDITIONALLY, IT IS IMPLIED IN INTERNAL REVENUE SERVICE REVENUE RULING 69-545 THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY.

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

1. FINANCIAL ASSISTANCE APPLICATION

PATIENTS OR THEIR GUARANTORS WISHING TO APPLY FOR FINANCIAL ASSISTANCE MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION WITHIN TWENTY-ONE (21)

Part VI Supplemental Information

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DAYS OF RECEIVING THEIR FIRST BILLING STATEMENT FROM IU HEALTH MORGAN.

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
MORGAN KEEPS ALL APPLICATIONS AND SUPPORTING DOCUMENTATION CONFIDENTIAL.

2. ELIGIBILITY DETERMINATION

IU HEALTH MORGAN INFORMS PATIENTS OR GUARANTORS OF THE RESULTS OF THEIR
APPLICATION BY PROVIDING THE PATIENT OR GUARANTOR WITH A FINANCIAL
ASSISTANCE DETERMINATION WITHIN NINETY (90) DAYS OF RECEIVING A COMPLETED
APPLICATION AND ALL REQUESTED DOCUMENTATION. IF A PATIENT OR GUARANTOR
IS GRANTED LESS THAN FULL ASSISTANCE AND THE PATIENT OR GUARANTOR
PROVIDES ADDITIONAL INFORMATION FOR RECONSIDERATION, REVENUE CYCLE
SERVICES MAY AMEND A PRIOR FINANCIAL ASSISTANCE DETERMINATION. IF A
PATIENT OR GUARANTOR SEEKS TO APPEAL THE FINANCIAL ASSISTANCE
DETERMINATION FURTHER, A WRITTEN REQUEST MAY BE SUBMITTED, ALONG WITH THE

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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 MORGAN 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
MORGAN, AND ITS CONTRACTED THIRD PARTIES, WILL ENGAGE IN FAIR, RESPECTFUL
AND TRANSPARENT COLLECTIONS ACTIVITIES.

PATIENTS OR GUARANTORS WHO HAVE NOT APPLIED FOR FINANCIAL ASSISTANCE AND
WHOSE ACCOUNTS HAVE BEEN ENGAGED IN EXTRAORDINARY COLLECTION ACTIONS MAY

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

IU HEALTH MORGAN 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, IU HEALTH MORGAN RESERVES THE RIGHT TO SUBMIT THE UNADJUSTED ACCOUNT BALANCE, LESS ANY AMOUNT PREVIOUSLY PAID BY THE PATIENT, TO AN EXTRAORDINARY COLLECTION ACTION.

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SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT

COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. IU HEALTH MORGAN 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 MORGAN ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING A CHNA. THIS ASSESSMENT INCLUDES COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS THE MORGAN COUNTY HEALTH DEPARTMENT, THE INDIANA STATE DEPARTMENT OF HEALTH, THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE UNITED WAY OF CENTRAL INDIANA.

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

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HEALTH MORGAN'S ABILITY TO IMPACT POSITIVE CHANGE WAS EVALUATED.

SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSIST.

IU HEALTH MORGAN IS COMMITTED TO SERVING THE HEALTHCARE NEEDS OF ALL OF ITS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH SERVICES. TO ASSIST IN MEETING THOSE NEEDS, IU HEALTH MORGAN HAS ADOPTED A FINANCIAL ASSISTANCE POLICY THAT PROVIDES FINANCIAL ASSISTANCE TO ELIGIBLE PATIENTS RECEIVING EMERGENCY OR MEDICALLY-NECESSARY SERVICES. THIS POLICY WAS DEVELOPED AND IS UTILIZED TO DETERMINE A PATIENT'S FINANCIAL ABILITY TO PAY FOR SERVICES.

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

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

Part VI Supplemental Information

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1. ADMISSIONS PROCESS

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

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

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INFORMATION.

2. BILLING PROCESS

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

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

3. ONLINE

Part VI Supplemental Information

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IU HEALTH MORGAN'S FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE

APPLICATION IS AVAILABLE ON ITS WEBSITE AT

[HTTP://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSIS](http://iuhealth.org/patients/my-iu-health/billing-services/financial-assistance/)

[TANCE/](http://iuhealth.org/patients/my-iu-health/billing-services/financial-assistance/). THE WEBSITE ALSO INCLUDES CONTACT INFORMATION FOR CUSTOMER

SERVICE REPRESENTATIVES TO ASSIST WITH THE APPLICATION PROCESS.

SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION

IU HEALTH MORGAN IS LOCATED IN MORGAN COUNTY, A COUNTY LOCATED IN CENTRAL

INDIANA. ITS SERVICE AREA COUNTIES INCLUDE MORGAN, BROWN, OWEN, MONROE,

MARION, JOHNSON, HENDRICKS, AND PUTNAM COUNTIES.

MORGAN COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF MARTINSVILLE,

MOORESVILLE, PARAGON, CAMBY, STILESVILLE, EMINENCE, BROOKLYN, MORGANTOWN,

QUINCY, GOSPORT, AND MONROVIA. BASED ON THE MOST RECENT CENSUS BUREAU

(2010) STATISTICS, MORGAN COUNTY'S POPULATION IS 68,894 PERSONS WITH

APPROXIMATELY 50.5% FEMALE AND 49.5% MALE. MORGAN COUNTY'S POPULATION

ESTIMATES BY RACE ARE 97.2% WHITE, 1.1% HISPANIC OR LATINO, 0.2% BLACK,

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0.3% ASIAN, 0.2% AMERICAN INDIAN OR ALASKA NATIVE, AND 1.0% PERSONS

REPORTING TWO OR MORE RACES.

MORGAN COUNTY HAS RELATIVELY LOW LEVELS OF EDUCATIONAL ATTAINMENT. A HIGH SCHOOL DEGREE IS THE LEVEL OF EDUCATION MOST HAVE ACHIEVED, AND THE PERCENTAGE OF THOSE WITH A HIGH SCHOOL DEGREE HAS DROPPED 4% FROM 2000 TO 2010 (45% TO 41%). AN ADDITIONAL 22% HAD SOME COLLEGE, BUT NO DEGREE. AS OF 2010, 17% OF THE POPULATION HAD AN ASSOCIATE'S OR BACHELOR'S DEGREE, AND ONLY 5% HOLD A GRADUATE OR PROFESSIONAL DEGREE.

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

IU HEALTH MORGAN'S PROMOTION OF COMMUNITY HEALTH INCLUDED THE FOLLOWING HIGHLIGHTS:

- TO ENCOURAGE HEALTHY HABITS, IU HEALTH MORGAN FACILITATED A HEALTH AND SAFETY FAIR FOR THIRD-GRADERS IN THE MARTINSVILLE SCHOOL DISTRICT.
- DURING THE POPULAR MORGAN COUNTY 4-H FAIR, IU HEALTH MORGAN

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PROVIDED BLOOD PRESSURE, PULMONARY FUNCTION, AND DIABETES SCREENINGS.

- IU HEALTH MORGAN PROVIDED EDUCATION ON BREAST HEALTH AND SCREENING
MAMMOGRAPHY DURING MORGAN COUNTY'S FALL FOLIAGE FESTIVAL.

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

IU HEALTH MORGAN 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 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

- SIX HOSPITALS DESIGNATED AS MAGNET® BY THE AMERICAN NURSES
CREDENTIALING CENTER RECOGNIZING EXCELLENCE IN NURSING CARE.

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- TEN CLINICAL PROGRAMS RANKED AMONG THE TOP 50 NATIONAL PROGRAMS IN
U.S. NEWS & WORLD REPORT'S 2015-16 EDITION OF AMERICA'S BEST HOSPITALS.

- TEN OUT OF TEN SPECIALTY PROGRAMS AT RILEY HOSPITAL FOR CHILDREN AT
IU HEALTH RANKED AMONG THE TOP 50 CHILDREN'S HOSPITALS IN THE NATION.

EDUCATION AND RESEARCH

AS AN ACADEMIC HEALTH CENTER, IU HEALTH WORKS IN PARTNERSHIP WITH THE IU
SCHOOL OF MEDICINE TO TRAIN PHYSICIANS, BLENDING BREAKTHROUGH RESEARCH
AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE. RESEARCH
CONDUCTED BY IU SCHOOL OF MEDICINE FACULTY GIVES IU HEALTH PHYSICIANS AND
PATIENTS ACCESS TO THE MOST LEADING-EDGE AND COMPREHENSIVE TREATMENT
OPTIONS.

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

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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.

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

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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
- IUHLP LIQUIDATION, INC. F/K/A IU HEALTH LA PORTE HOSPITAL
- IU HEALTH MORGAN
- IU HEALTH NORTH HOSPITAL
- IU HEALTH PAOLI HOSPITAL
- IU HEALTH STARKE HOSPITAL
- IU HEALTH TIPTON HOSPITAL
- IU HEALTH WEST HOSPITAL

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- 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 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

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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 SEVENTH ANNUAL DAY OF SERVICE IN 2015 FOCUSED ON LEAVING BEHIND KEY PHYSICAL ASSETS TO HELP MEET A STATEWIDE NEED FOR MORE VENUES FOR PHYSICAL ACTIVITY AND RECREATION.

DURING THE 2015 DAY OF SERVICE:

- MORE THAN 2,200 TEAM MEMBERS AND 6,000 VOLUNTEER HOURS WERE DEDICATED BY IU HEALTH TEAM MEMBERS
- CREATED 3 MILES OF WALKING TRAILS
- REVITALIZED 18 PARKS AND TRAILHEADS
- MOUNTED 7 SWING SETS
- DISTRIBUTED HUNDREDS OF BICYCLES AND BICYCLE HELMETS TO ELEMENTARY SCHOOLS

KINDERGARTEN COUNTDOWN

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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 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

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LIKE-MINDED NON-PROFIT ORGANIZATIONS THAT ARE WORKING TO IMPROVE THE
HEALTH OF THE COMMUNITY IN OUR IDENTIFIED PRIORITIES OF NEED.

CLINICAL RESEARCH

CLINICAL TRIALS ARE CONDUCTED AT THE FOLLOWING IU HEALTH PARTNERS:

- METHODIST CANCER CENTER RESEARCH GROUP
- IU SIMON CANCER CENTER
- METHODIST RESEARCH INSTITUTE
- INDIANA CLINICAL AND TRANSLATIONAL SCIENCES INSTITUTE (INDIANA
CTSI)
- IU HEALTH ARNETT CLINICAL RESEARCH
- IU HEALTH ARNETT CANCER CARE
- IU HEALTH GOSHEN CENTER FOR CANCER CARE
- IU HEALTH BALL MEMORIAL CANCER CENTER
- IU HEALTH BALL MEMORIAL HOSPITAL
- IU HEALTH BLOOMINGTON HOSPITAL

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- RILEY HOSPITAL FOR CHILDREN AT IU HEALTH

METHODIST RESEARCH INSTITUTE ("MRI")

THE BIOREPOSITORY AT MRI, UNDER IRB APPROVAL, COLLECTS HUMAN BIOLOGICAL 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 2015, IU HEALTH

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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.

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

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SOME WAYS THAT THESE IU HEALTH HOSPITALS ADDRESS ACCESS TO HEALTHCARE

INCLUDE :

- PUBLIC ASSISTANCE ENROLLMENT
 - VEGGIES AND VACCINES
 - INDIANA UNIVERSITY STUDENT OUTREACH CLINIC
 - INDIANAPOLIS PUBLIC SCHOOLS STUDENT ATHLETE PHYSICALS
 - FISHERS FIRE DEPARTMENT QR CODE MAGNET PROGRAM FOR IMMEDIATE ACCESS
- TO PATIENT MEDICAL RECORDS
- PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY

NUTRITION AND HEALTHY WEIGHT

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

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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.

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 8TH IN OBESITY IN THE NATION.

SOME WAYS THAT THESE IU HEALTH HOSPITALS ADDRESS OBESITY PREVENTION
INCLUDE:

- GARDEN ON THE GO® PROGRAM
- TOWN OF FISHERS FOR THE HERITAGE MEADOWS PARK PROJECT
- STRONG SCHOOLS PROGRAM

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE

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

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.
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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 SUPPORTS BEHAVIORAL HEALTH INCLUDE FINANCIAL CONTRIBUTIONS TO THE FOLLOWING ORGANIZATIONS:

- AMERICAN FOUNDATION OF SUICIDE PREVENTION - INDIANA CHAPTER
- ASPIRE INDIANA, INC.
- COBURN PLACE
- HORIZON HOUSE
- MENTAL HEALTH AMERICA OF GREATER INDIANAPOLIS

COMMUNITY REVITALIZATION

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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IU HEALTH HAS A LONG HISTORY OF COMMUNITY REVITALIZATION OF INDIANAPOLIS NEIGHBORHOODS SURROUNDING THE ACADEMIC HEALTH CENTER. RECENTLY, IU HEALTH HAS BEEN ACTIVE IN THE INDIANAPOLIS MID-NORTH AND NORTHWEST QUALITY OF LIFE PLANNING PROCESSES. IU HEALTH HAS BEEN A CONSISTENT SUPPORTER OF THE NEAR NORTH DEVELOPMENT CORPORATION WORKING ALONGSIDE THE GROUP AS THEY WORK TO PROVIDE QUALITY, AFFORDABLE HOUSING.

SOME EXAMPLES OF HOW IU HEALTH ADDRESSES COMMUNITY REVITALIZATION INCLUDE:

- COLLABORATE WITH ORGANIZATIONS WORKING TO LOWER RATES OF VIOLENCE AND ALSO WITH ORGANIZATIONS PROVIDING AT-RISK YOUTH AND ADULTS RE-ENTRY EMPLOYMENT OPPORTUNITIES
- ADVOCATE AND ASSIST WITH PLANNING FOR ACTIVITIES THAT IMPROVE NEIGHBORHOOD SAFETY.
- IDENTIFY ADVOCACY OPPORTUNITIES LEADING TO IMPROVED HOUSING AND NEIGHBORHOODS.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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STATE FILING OF COMMUNITY BENEFIT REPORT

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