

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

INDIANA UNIVERSITY HEALTH, INC.

Employer identification number

35-1955872

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 type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		X
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		26064	50,963,198.		50,963,198.	1.55
b Medicaid (from Worksheet 3, column a)		83872	903,311,177.	536,367,724.	339,943,453.	10.33
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs		109936	954,274,375.	536,367,724.	390,906,651.	11.88
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	102779	17,101,380.	362,973.	16,738,407.	.51
f Health professions education (from Worksheet 5)	4	25082	113,645,555.	16,667,045.	96,978,510.	2.95
g Subsidized health services (from Worksheet 6)	1	7758	12,489,997.		12,489,997.	.38
h Research (from Worksheet 7)	1		10,000,000.		10,000,000.	.30
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	212728	13,686,783.	150,479.	13,536,304.	.41
j Total. Other Benefits	27	348347	166,923,715.	17,180,497.	149,743,218.	4.55
k Total. Add lines 7d and 7j	27	458283	1,121,198,090.	553,548,221.	540,649,869.	16.43

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	2	100	254,182.		254,182.	.01
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		3,782.		3,782.	.01
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	3	100	257,964.		257,964.	.02

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1**
- Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. **2** 38,504,257.
- Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. **3**
- 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.

	Yes	No
1		X
2		
3		
5		
6		
7		
9a	X	
9b	X	

Section B. Medicare

- Enter total revenue received from Medicare (including DSH and IME) **5** 422,490,668.
- Enter Medicare allowable costs of care relating to payments on line 5 **6** 462,397,906.
- Subtract line 6 from line 5. This is the surplus (or shortfall) **7** -39,907,238.
- 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:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- Did the organization have a written debt collection policy during the tax year? **9a** X
- 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 SEE PART VI	AMBULATORY SURGERY CENTER	25.74300		74.25700
2 SEE PART VI	AMBULATORY SURGERY CENTER	25.87000		74.13000
3 SEE PART VI	AMBULATORY SURGERY CENTER	26.01000		73.99000
4 SEE PART VI	AMBULATORY SURGERY CENTER	28.96300		71.03700
5 SEE PART VI	AMBULATORY SURGERY CENTER	27.11400		72.88600
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group INDIANA UNIVERSITY HEALTH

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

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</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>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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 INDIANA UNIVERSITY HEALTH

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" 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"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group INDIANA UNIVERSITY HEALTH

		Yes	No
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 nonpayment?	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
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

		Yes	No
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)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group INDIANA UNIVERSITY HEALTH

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION A, LINE 1 - NAME, ADDRESS, AND WEBSITE

IU HEALTH OPERATES SEVERAL HOSPITAL LOCATIONS UNDER A SINGLE HOSPITAL LICENSE ISSUED BY THE INDIANA STATE DEPARTMENT OF HEALTH. THE NAMES, ADDRESSES, AND PRIMARY WEBSITE ADDRESSES FOR EACH OF THESE LOCATIONS ARE AS FOLLOWS:

IU HEALTH METHODIST HOSPITAL

1701 N. SENATE BLVD.

INDIANAPOLIS, IN 46202

[HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-METHODIST-HOSPITAL](https://iuhealth.org/find-locations/iu-health-methodist-hospital)

IU HEALTH UNIVERSITY HOSPITAL

550 UNIVERSITY BLVD.

INDIANAPOLIS, IN 46202

[HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-UNIVERSITY-HOSPITAL](https://iuhealth.org/find-locations/iu-health-university-hospital)

RILEY HOSPITAL FOR CHILDREN AT IU HEALTH

705 RILEY HOSPITAL DR.

INDIANAPOLIS, IN 46202

[HTTPS://WWW.RILEYCHILDRENS.ORG/](https://www.rileychildrens.org/)

IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, AND RILEY HOSPITAL FOR CHILDREN AT IU HEALTH ARE COLLECTIVELY REFERRED TO AS THE IU HEALTH ACADEMIC HEALTH CENTER.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IU HEALTH SAXONY HOSPITAL

13000 E. 136TH ST.

FISHERS, IN 46037

[HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-SAXONY-HOSPITAL](https://iuhealth.org/find-locations/iu-health-saxony-hospital)

SCHEDULE H, PART V, SECTION B, LINE 3E - PRIORITIZED HEALTH NEEDS

IU HEALTH'S 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORTS INCLUDE
PRIORITIZED DESCRIPTIONS OF SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY.

THE CHNA REPORTS IDENTIFIED THE FOLLOWING NEEDS TO BE ADDRESSED:

- ACCESS TO HEALTH CARE SERVICES
- DRUG AND SUBSTANCE ABUSE
- HEALTH CARE AND SOCIAL SERVICES FOR SENIORS
- MENTAL HEALTH
- OBESITY AND DIABETES
- SMOKING
- SOCIAL DETERMINANTS OF HEALTH
- FOOD INSECURITY
- MATERNAL AND INFANT HEALTH
- VIOLENCE AND INJURIES

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

IU HEALTH OPERATES FOUR HOSPITAL LOCATIONS THAT ARE LICENSED AS A SINGLE
HOSPITAL BY THE INDIANA STATE DEPARTMENT OF HEALTH. THESE HOSPITAL

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LOCATIONS ARE AS FOLLOWS:

- IU HEALTH METHODIST HOSPITAL
- IU HEALTH UNIVERSITY HOSPITAL
- RILEY HOSPITAL FOR CHILDREN AT IU HEALTH
- IU HEALTH SAXONY HOSPITAL

IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, AND RILEY HOSPITAL FOR CHILDREN ARE LOCATED IN INDIANAPOLIS, MARION COUNTY, INDIANA AND ARE REFERRED TO AS THE IU HEALTH ACADEMIC HEALTH CENTER. IU HEALTH SAXONY HOSPITAL IS LOCATED IN FISHERS, HAMILTON COUNTY, INDIANA. ALTHOUGH LICENSED AS A SINGLE HOSPITAL, EACH OF THESE FACILITIES SERVE DIFFERENT, ALTHOUGH SOMETIMES OVERLAPPING, PORTIONS OF THE COMMUNITY WHICH PRESENT THEIR OWN UNIQUE HEALTH NEEDS. IN ORDER TO TAKE INTO ACCOUNT ALL OF THESE UNIQUE HEALTH NEEDS, IU HEALTH CONDUCTED SEPARATE COMMUNITY HEALTH NEEDS ASSESSMENTS ("CHNAS") FOR EACH OF ITS FOUR HOSPITAL LOCATIONS.

FOR THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT, INDIANA UNIVERSITY HEALTH CONDUCTED THE COMMUNITY SURVEY DATA COLLECTION IN COLLABORATION WITH INDIANA UNIVERSITY, UNIVERSITY OF EVANSVILLE AND AN INDIANA HOSPITAL COLLABORATIVE, INCLUDING COMMUNITY HEALTH NETWORK, FRANCISCAN ALLIANCE, ST. VINCENT HEALTH AND OTHER HOSPITAL PARTNERS.

IN CONDUCTING EACH OF ITS MOST RECENT CHNAS, IU HEALTH TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES IT SERVES BY HOSTING SEVERAL COMMUNITY CONVERSATION FOCUS GROUPS. THESE

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FOCUS GROUPS INCLUDED PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS TO DISCUSS THE HEALTHCARE NEEDS OF THE SERVICE AREA AND WHAT ROLE IU HEALTH COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS.

IU HEALTH ACADEMIC HEALTH CENTER

COMMUNITY MEETINGS - MARION COUNTY

BETWEEN MAY 7 AND 9, 2018, THREE MEETINGS OF COMMUNITY REPRESENTATIVES WERE HELD IN INDIANAPOLIS, THE COUNTY SEAT OF MARION COUNTY. IN TOTAL, THE MEETINGS WERE ATTENDED BY 42 COMMUNITY MEMBERS INVITED BY IU HEALTH IN PARTNERSHIP WITH COMMUNITY HEALTH NETWORK BECAUSE THEY REPRESENT IMPORTANT COMMUNITY ORGANIZATIONS AND SECTORS SUCH AS: LOCAL HEALTH DEPARTMENTS, POLICE/FIRE DEPARTMENTS, NONPROFIT ORGANIZATIONS, LOCAL BUSINESSES, HEALTH CARE PROVIDERS, MAYORS/LOCAL POLICYMAKERS, FAITH-BASED ORGANIZATIONS, PARKS AND RECREATION DEPARTMENTS, AND SCHOOLS.

THROUGH THESE MEETINGS, IU HEALTH SOUGHT A BREADTH OF PERSPECTIVES ON THE COMMUNITY'S HEALTH NEEDS. THE SPECIFIC ORGANIZATIONS REPRESENTED AT THE MEETINGS ARE LISTED BELOW.

- ADULT AND CHILD HEALTH
- ALL SENIOR CITIZENS CONNECT
- CENTRAL INDIANA COUNCIL ON AGING (CICOA)
- CITY OF INDIANAPOLIS
- COBURN PLACE

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- COMMUNITY HEALTH NETWORK
- GENNESARET FREE CLINICS
- GLEANERS FOOD BANK
- HEALTH BY DESIGN
- IU HEALTH METHODIST HOSPITAL
- IU HEALTH UNIVERSITY HOSPITAL
- INDIANA YOUTH INSTITUTE
- INDIANAPOLIS FIRE DEPARTMENT
- INDIANAPOLIS METROPOLITAN POLICE DEPARTMENT
- INDY HUNGER NETWORK
- INDIANAPOLIS PARKS AND RECREATION
- IRVINGTON DEVELOPMENT ORGANIZATION
- JUMP IN FOR HEALTHY KIDS
- LAWRENCE COMMUNITY GARDENS
- MARION COUNTY PUBLIC HEALTH DEPARTMENT
- NEW BEGINNINGS CHURCH
- PARAMOUNT SCHOOLS OF EXCELLENCE
- PROGRESS HOUSE
- PURDUE EXTENSION
- THE POLIS CENTER
- UNIVERSITY OF INDIANAPOLIS

THE MEETING BEGAN WITH A PRESENTATION THAT DISCUSSED THE GOALS AND STATUS OF THE CHNA PROCESS AND THE PURPOSE OF THE COMMUNITY MEETINGS. THEN, SECONDARY DATA WERE PRESENTED, ALONG WITH A SUMMARY OF THE MOST

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

UNFAVORABLE COMMUNITY HEALTH INDICATORS. FOR MARION COUNTY, THOSE

INDICATORS WERE (IN ALPHABETICAL ORDER):

- AIR POLLUTION
- COMMUNICABLE DISEASES AND STDS
- CRIME
- MENTAL HEALTH AND SUPPLY OF MENTAL HEALTH PROVIDERS
- OBESITY AND LACK OF PHYSICAL ACTIVITY
- POVERTY AND HIGH 'COMMUNITY NEED INDEX'
- SMOKING AND TOBACCO USE

MEETING PARTICIPANTS THEN WERE ASKED TO DISCUSS WHETHER THE IDENTIFIED, UNFAVORABLE INDICATORS ACCURATELY IDENTIFIED THE MOST SIGNIFICANT COMMUNITY HEALTH ISSUES AND WERE ENCOURAGED TO ADD ISSUES THAT THEY BELIEVED WERE SIGNIFICANT. SEVERAL ISSUES WERE ADDED BY EACH GROUP, SUCH AS:

- HIGH SCHOOL GRADUATION RATES
- BUILT ENVIRONMENT
- ACCESS TO PRIMARY CARE
- HOMELESSNESS
- ACCESS TO HEALTHY FOOD/FOOD INSECURITY
- NEEDS OF THE GROWING SENIOR COMMUNITY
- SUBSTANCE ABUSE
- DENTAL CARE
- DISPARITIES IN ACCESS TO BASIC, AFFORDABLE NEEDS
- EDUCATION

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- EDUCATION ON COMMUNICABLE DISEASES
- NUTRITION AND COOKING EDUCATION
- TEEN PREGNANCY

DURING THE MEETINGS, A RANGE OF OTHER TOPICS WAS DISCUSSED, INCLUDING:

- ABILITY TO ADDRESS TOPICS SUCH AS CRIME, POVERTY, AND AIR POLLUTION
- AGING POPULATION
- TEEN PREGNANCY
- WATER
- PARKS
- FUNDING
- WALKABILITY
- SOCIAL DETERMINANTS OF HEALTH
- DISPARITIES
- COLLABORATION WITH COMMUNITY ORGANIZATIONS
- GOVERNMENT AFFAIRS DEPARTMENT
- INDIVIDUALS WITH DISABILITIES AND THEIR HEALTH NEEDS
- EFFECTS OF OPIOID ABUSE ON CHILDREN

AFTER DISCUSSING THE NEEDS IDENTIFIED THROUGH SECONDARY DATA AND ADDING OTHERS TO THE LIST, PARTICIPANTS IN EACH MEETING WERE ASKED THROUGH A VOTING PROCESS TO IDENTIFY "THREE TO FIVE" THEY CONSIDER TO BE MOST SIGNIFICANT. FOOD INSECURITY, SUBSTANCE ABUSE, MENTAL HEALTH, SOCIAL DETERMINANTS OF HEALTH, AND OBESITY WERE FREQUENTLY IDENTIFIED THROUGH

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE COMMUNITY MEETING PROCESS FOR MARION COUNTY.

INTERVIEWS - MARION COUNTY

AN INTERVIEW WAS ALSO CONDUCTED WITH TWO REPRESENTATIVES OF THE MARION COUNTY PUBLIC HEALTH DEPARTMENT. THE INTERVIEWS WERE CONDUCTED TO ASSURE THAT APPROPRIATE AND ADDITIONAL INPUT WAS RECEIVED FROM GOVERNMENTAL PUBLIC HEALTH OFFICIALS. THE RESULTS OF THE COMMUNITY MEETINGS WERE DISCUSSED AND INSIGHTS WERE SOUGHT REGARDING SIGNIFICANT COMMUNITY HEALTH NEEDS, REASONS SUCH NEEDS ARE PRESENT, AND HOW THEY CAN BE ADDRESSED.

THE INTERVIEWS WERE GUIDED BY A STRUCTURED PROTOCOL THAT FOCUSED ON OPINIONS REGARDING SIGNIFICANT COMMUNITY HEALTH NEEDS, DESCRIBING WHY SUCH NEEDS ARE PRESENT, AND SEEKING IDEAS FOR HOW TO ADDRESS THEM.

THE INTERVIEWEES CONFIRMED THAT THE NEEDS IDENTIFIED BY THE COMMUNITY MEETING PARTICIPANTS WERE SIGNIFICANT. THESE NEEDS WERE:

- ACCESS TO HEALTHY FOOD (FOOD INSECURITY) AND ITS RELATION TO OBESITY
- POVERTY
- MENTAL HEALTH
- DISPARITIES IN ACCESS TO BASIC NEEDS (HOUSING, TRANSPORTATION, ETC.)
- SUBSTANCE ABUSE

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

POVERTY HAS INCREASED SIGNIFICANTLY SINCE 2005, FROM ONE OUT OF EVERY FIVE HOUSEHOLDS TO ONE OUT OF EVERY THREE WITH CHILDREN IN POVERTY. THIS INCREASED POVERTY LEVEL HAS CREATED A LARGE ISSUE WITH FOOD INSECURITY.

WHILE UNEMPLOYMENT RATES ARE LOW, WAGES ARE AN ISSUE FOR MANY IN THE COMMUNITY. THE MINIMUM WAGE IS NOT A LIVING WAGE AND MANY PEOPLE WHO HAVE LOW PAYING JOBS STILL STRUGGLE WITH FOOD INSECURITY AND OTHER ISSUES.

MENTAL HEALTH STATUS AND ACCESS TO MENTAL HEALTH CARE IS A SIGNIFICANT ISSUE, WITH A PARTICULAR FOCUS ON THE LACK OF PROVIDERS, AND ISSUES SURROUNDING SUICIDE AMONG CHILDREN. SINCE MANY PROVIDERS RECEIVE LITTLE IN REIMBURSEMENT FROM INSURANCE FOR MENTAL HEALTH TREATMENT, FINDING PROVIDERS AND HOSPITALS WITH A FOCUS ON MENTAL HEALTH IS DIFFICULT.

THERE IS A NEED FOR NAVIGATORS THAT COULD HELP RESIDENTS FIND NEEDED SERVICES AND SIGN UP FOR STATE INSURANCE PLANS.

SUBSTANCE ABUSE IS A SIGNIFICANT ISSUE, AS EVIDENCED BY DRUG OVERDOSE DEATHS. ADDITIONALLY, WHILE THERE WERE 500 AMBULANCE TRIPS FOR DRUG OVERDOSES IN 2013, THIS NUMBER IS OVER 2,000 IN RECENT YEARS.

COMMUNICABLE DISEASES LINKED TO SUBSTANCE ABUSE IS ALSO AN ISSUE, AS RATES OF HEPATITIS C AND HIV HAVE INCREASED IN PART DUE TO INTRAVENOUS DRUG USE.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DESPITE GREAT PROGRESS AND POLICY AROUND THE ISSUE, SMOKING IS STILL AN ISSUE THAT MANY ARE NO LONGER PAYING ATTENTION TO BECAUSE OF A MISBELIEF THAT THE ISSUE IS SOLVED. THE RECENT RISE OF E-CIGARETTES MAY CONTRIBUTE TO INCREASED SMOKING DUE TO ATTRACTING TEENAGERS.

TRANSPORTATION IS A BARRIER TO CARE. WHILE THE CITY HAS OPTIONS, THE BUS SYSTEM IS INEFFICIENT AND CAN TAKE A LONG TIME.

CANCER IS ALSO AN ISSUE, WITH LARGE DISPARITIES IN INCIDENCE RATES AMONG DIFFERENT DEMOGRAPHIC GROUPS. IN PARTICULAR THE INCIDENCE RATES OF LUNG, COLON, AND PROSTATE CANCERS ARE SIGNIFICANT NEEDS IN THE COMMUNITY.

THE INTERVIEWEES ALSO IDENTIFIED SEVERAL OTHER SIGNIFICANT ISSUES IN THE COMMUNITY, INCLUDING:

- DENTAL CARE AND ACCESS TO DENTAL CARE PROVIDERS
- VIOLENCE AND HOMICIDE
- INFANT MORTALITY, ESPECIALLY WITH THE DISPARITIES PRESENT AMONG DIFFERENT RACIAL GROUPS
- CHILDHOOD OBESITY
- CHRONIC DISEASES, PARTICULARLY DIABETES

COMMUNITY SURVEY - MARION COUNTY

TO INFORM THE CHNA, A COMMUNITY SURVEY WAS CONDUCTED. THE SURVEY 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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SPONSORED BY A COOPERATIVE OF INDIANA HOSPITAL SYSTEMS, UNDER CONTRACT WITH THE UNIVERSITY OF EVANSVILLE AND THE INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH-BLOOMINGTON. RESEARCHERS FROM INDIANA UNIVERSITY AND UNIVERSITY OF EVANSVILLE CONTRACTED WITH THE CENTER FOR SURVEY RESEARCH AT INDIANA UNIVERSITY TO ADMINISTER THE SURVEY.

THE SURVEY WAS CONDUCTED IN TWO PHASES, WITH PHASE 1 CONDUCTED AS A PAPER SURVEY MAILED TO AN ADDRESS-BASED SAMPLE, AND PHASE 2 ADMINISTERED BY SOME OF THE HOSPITALS TO A CONVENIENCE SAMPLE THEY SELECTED. IU HEALTH PARTICIPATED IN PHASE 1.

A QUESTIONNAIRE WAS DEVELOPED, WITH INPUT PROVIDED BY THE INDIANA HOSPITAL SYSTEMS, AND INCLUDED A NUMBER OF QUESTIONS ABOUT GENERAL HEALTH STATUS, ACCESS AND UTILIZATION OF SERVICES, PERSONAL BEHAVIORS, SOCIAL DETERMINANTS OF HEALTH, AND ALSO RESPONDENT DEMOGRAPHIC INFORMATION (E.G., ZIP CODE, INCOME LEVEL, EMPLOYMENT STATUS, RACE AND ETHNICITY, HOUSEHOLD SIZE, GENDER, AND AGE). THE SURVEY WAS MAILED TO APPROXIMATELY 82,000 HOUSEHOLDS, AND THE "FIELD PERIOD" WAS APRIL 2, 2018 THROUGH JUNE 29, 2018). THE PROCESS INCLUDED TWO MAILINGS TO EACH ADDRESS; A POSTCARD MAILING ALSO TOOK PLACE TO ENCOURAGE RESPONSES.

OVERALL, 9,161 COMPLETED QUESTIONNAIRES WERE RECEIVED BY ALL PARTICIPATING HOSPITALS IN THE INDIANA HOSPITAL COLLABORATIVE, FOR AN OVERALL RESPONSE RATE OF 11.6 PERCENT; 5,030 QUESTIONNAIRES WERE RECEIVED FROM THE 17 INDIANA COUNTIES SERVED BY ONE OR MORE IU HEALTH HOSPITALS. A

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DATASET WAS CREATED FROM THE IU HEALTH SURVEY RESPONSES, AND THE

RESPONSES WERE ADJUSTED FOR TWO FACTORS:

- THE NUMBER OF ADULTS IN EACH HOUSEHOLD (I.E., A SURVEY FROM A HOUSEHOLD WITH TWO ADULTS RECEIVED A BASE WEIGHT OF "2" AND A SURVEY FROM A HOUSEHOLD WITH ONE ADULT RECEIVED A BASE WEIGHT OF "1").
- A POST-STRATIFICATION ADJUSTMENT DESIGNED TO MAKE THE RESULTS MORE REPRESENTATIVE OF THE POPULATION IN EACH COMMUNITY (I.E., FEMALE AND OLDER ADULTS WERE OVERREPRESENTED AMONG SURVEY RESPONDENTS WHEN COMPARED TO CENSUS DATA, AND THE ADJUSTMENT MADE CORRECTIONS).

FOR IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL AND IU HEALTH RILEY HOSPITAL FOR CHILDREN SURVEYS WERE RECEIVED FROM 359 COMMUNITY HOUSEHOLDS. ACCORDING TO THE RESPONSES, THESE HOUSEHOLDS INCLUDED 644 ADULTS.

THE COMMUNITY SURVEY INDICATES THAT SUBSTANCE USE OR ABUSE; CHRONIC DISEASES; OBESITY; MENTAL HEALTH; AND ASSAULT, VIOLENT CRIME, AND DOMESTIC VIOLENCE REPRESENT TOP CONCERNS IN THE COMMUNITY SERVED BY IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL AND IU HEALTH RILEY HOSPITAL FOR CHILDREN.

IU HEALTH SAXONY HOSPITAL

COMMUNITY MEETINGS - HAMILTON COUNTY

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ON APRIL 17, 2018, A MEETING OF COMMUNITY REPRESENTATIVES WAS HELD AT THE HAMILTON COUNTY 4H FAIRGROUNDS IN NOBLESVILLE, THE COUNTY SEAT OF HAMILTON COUNTY. THE MEETING WAS ATTENDED BY 38 COMMUNITY MEMBERS INVITED BY IU HEALTH BECAUSE THEY REPRESENT IMPORTANT COMMUNITY ORGANIZATIONS AND SECTORS SUCH AS: LOCAL HEALTH DEPARTMENTS, POLICE/FIRE DEPARTMENTS, NON-PROFIT ORGANIZATIONS, LOCAL BUSINESS, HEALTH CARE PROVIDERS, MAYORS/LOCAL POLICYMAKERS, FAITH-BASED ORGANIZATIONS, PARKS AND RECREATION DEPARTMENTS, AND SCHOOLS.

THROUGH THIS MEETING, IU HEALTH SOUGHT A BREADTH OF PERSPECTIVES ON THE COMMUNITY'S HEALTH NEEDS. THE SPECIFIC ORGANIZATIONS REPRESENTED AT THE MEETING ARE LISTED BELOW.

- ASPIRE INDIANA
- CENTRAL INDIANA COUNCIL ON AGING (CICOA)
- CHAUCIE'S PLACE
- COMMUNITY HEALTH NETWORK - NORTH
- DEPARTMENT OF CHILD SERVICES
- FISHERS CITY COUNCIL
- FISHERS FIRE & EMERGENCY SERVICES
- GOOD SAMARITAN NETWORK
- HAND, INC.
- HOPE FAMILY CARE CENTER
- HAMILTON COUNTY COUNCIL ON ALCOHOL AND OTHER DRUGS
- HAMILTON COUNTY HEALTH DEPARTMENT
- HAMILTON COUNTY HARVEST FOOD BANK

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- HAMILTON COUNTY YOUTH ASSISTANCE PROGRAM
- HAMILTON HEIGHTS SCHOOL CORPORATION
- HAMILTON SOUTHEASTERN SCHOOLS
- IU HEALTH
- IU HEALTH INDY SUBURBAN REGION/IU HEALTH SAXONY HOSPITAL AND IU HEALTH NORTH HOSPITAL
- NOBLESVILLE CHAMBER OF COMMERCE
- NOBLESVILLE TOWN COUNCIL
- NOBLESVILLE SCHOOLS
- PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY
- PREVAIL, INC.
- PRIMELIFE ENRICHMENT, INC.
- RIVERVIEW HEALTH
- RIVERVIEW HEALTH PHYSICIANS
- SHEPHERD'S CENTER OF HAMILTON COUNTY
- ST. FRANCIS
- ST. VINCENT CARMEL/FISHERS
- STONES 3 RESOURCES
- TRINITY FREE CLINIC
- WESTFIELD WASHINGTON SCHOOL

THE MEETING BEGAN WITH A PRESENTATION THAT DISCUSSED THE GOALS AND STATUS OF THE CHNA PROCESS AND THE PURPOSE OF THE COMMUNITY MEETING. THEN, SECONDARY DATA WERE PRESENTED.

DUE TO THE SIZE OF THE GROUP, PARTICIPANTS WERE THEN SPLIT INTO THREE

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUPS. THE SAME LIST WAS PROVIDED TO EACH GROUP OF POTENTIAL UNMET HEALTH NEEDS FOR THE INDIVIDUALS TO DISCUSS AND VOTE ON TO INDICATE WHAT THEY CONSIDERED TO BE THE MOST SIGNIFICANT HEALTH NEEDS FOR HAMILTON COUNTY. THOSE HEALTH NEEDS WERE:

- TRANSPORTATION
- HOUSING
- EMPLOYMENT
- JOB TRAINING
- FOOD INSECURITY
- NUTRITIONAL EDUCATION
- SOCIAL SUPPORT
- ACCESS TO HEALTH SERVICES
- COST OF MEDICATION
- INSURANCE COVERAGE/ENROLLMENT
- VIOLENCE/CRIME
- CHRONIC DISEASE MANAGEMENT

DURING THE MEETING, A RANGE OF OTHER TOPICS WAS DISCUSSED, INCLUDING:

- INDIVIDUALS WITH A MENTAL HEALTH DIAGNOSIS
- INDIVIDUALS WITH A HISTORY OF SUBSTANCE ABUSE/MISUSE
- INDIVIDUALS WITH CHRONIC CONDITIONS
- CHILDREN AND SENIORS AS PRIORITY POPULATIONS
- NUTRITIONAL EDUCATION
- EMPLOYMENT
- LIMITED SUPPLY OF HEALTH CARE PROFESSIONALS

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AFTER DISCUSSING THE NEEDS IDENTIFIED, EACH PARTICIPANT WAS ASKED THROUGH A VOTING PROCESS TO IDENTIFY THE TWO THEY CONSIDER TO BE MOST SIGNIFICANT. FROM THIS PROCESS, THE GROUPS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR HAMILTON COUNTY:

- TRANSPORTATION
- HOUSING
- ACCESS TO HEALTH SERVICES
- CHRONIC DISEASE MANAGEMENT
- COST OF MEDICATION
- INSURANCE COVERAGE/ENROLLMENT
- SOCIAL SUPPORT

INTERVIEWS - HAMILTON COUNTY

AN INTERVIEW WAS ALSO CONDUCTED WITH A REPRESENTATIVE OF THE HAMILTON COUNTY HEALTH DEPARTMENT. THE INTERVIEW WAS CONDUCTED TO ASSURE THAT APPROPRIATE AND ADDITIONAL INPUT WAS RECEIVED FROM A GOVERNMENTAL PUBLIC HEALTH OFFICIAL. THE INDIVIDUAL THAT WAS INTERVIEWED PARTICIPATED IN THE COMMUNITY MEETING. ACCORDINGLY, THE RESULTS OF THE COMMUNITY MEETING WERE DISCUSSED AND INSIGHTS WERE SOUGHT REGARDING SIGNIFICANT COMMUNITY HEALTH NEEDS, WHY SUCH NEEDS ARE PRESENT, AND HOW THEY CAN BE ADDRESSED.

THE INTERVIEW WAS GUIDED BY A STRUCTURED PROTOCOL THAT FOCUSED ON OPINIONS REGARDING SIGNIFICANT COMMUNITY HEALTH NEEDS, DESCRIBING WHY

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SUCH NEEDS ARE PRESENT, AND SEEKING IDEAS FOR HOW TO ADDRESS THEM.

ACCORDING TO THE INTERVIEWEE, MANY IN INDIANA INCORRECTLY BELIEVE THAT SINCE HAMILTON COUNTY IS AFFLUENT, THERE IS LITTLE NEED TO FOCUS ON IMPROVING COMMUNITY HEALTH. THE COUNTY DOES HAVE NEEDS AND HAS POCKETS OF VULNERABLE POPULATIONS THAT NEED CONTINUED ATTENTION. THE COUNTY ALSO NEEDS MORE PUBLIC HEALTH FUNDING TO PROVIDE ADEQUATE PROGRAMS AND SERVICES.

THE INTERVIEWEE CONFIRMED THAT THE THREE TOP NEEDS IDENTIFIED BY COMMUNITY MEETING PARTICIPANTS WERE SIGNIFICANT, ADDING THAT ALL THREE HAVE BEEN CHRONIC ISSUES IN THE COUNTY. THESE THREE NEEDS WERE:

- TRANSPORTATION
- ACCESS TO HEALTH SERVICES
- HOUSING

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES ARE PARTICULARLY DIFFICULT TO ACCESS IN THE COUNTY. ONLY ONE REAL TREATMENT CENTER AND NO INPATIENT FACILITIES EXIST, REQUIRING RESIDENTS TO TRAVEL LONG DISTANCES TO SERVICE PROVIDERS OUTSIDE OF THE COUNTY.

PRIMARY CARE ALSO IS DIFFICULT TO ACCESS FOR PATIENTS WITH CERTAIN TYPES OF INSURANCE COVERAGE. MANY PROVIDERS ARE NOT ACCEPTING NEW PATIENTS WITH MEDICARE OR MEDICAID. THIS ISSUE BECAME MORE PROBLEMATIC A FEW YEARS AGO AFTER A COMMUNITY CLINIC CLOSED.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

REGARDING POPULATIONS AT RISK, INDIVIDUALS WITH A MENTAL HEALTH DIAGNOSIS, THE UNINSURED OR UNDERINSURED, CHILDREN, AND SENIORS ARE MOST AT RISK. SENIORS FACE ISSUES INCLUDING A LACK OF TRANSPORTATION, DIFFICULTIES ACCESSING MENTAL HEALTH SERVICES, AND ISOLATION.

A LACK OF SPECIALIZED PROVIDERS FOR PAIN MANAGEMENT, PHYSICAL THERAPY, AND RELATED PAIN MANAGEMENT SERVICES IS CONTRIBUTING TO AN OVER-PRESCRIBING OF OPIATES.

THE NEED FOR HEALTH EDUCATION IN THE COMMUNITY IS SIGNIFICANT. HEALTH DEPARTMENT AND OTHER COMMUNITY RESOURCES ARE LIMITED. EDUCATION IS NEEDED PARTICULARLY REGARDING RISKS ASSOCIATED WITH SUBSTANCE ABUSE AND SEXUALLY-TRANSMITTED DISEASES.

MANY UNINSURED ARE USING EMERGENCY ROOMS FOR PRIMARY CARE SINCE THEY DO NOT KNOW WHERE ELSE TO GO. A SERVICE THAT COULD CONNECT THESE RESIDENTS TO PROVIDERS ACCEPTING LOW INCOME AND MEDICAID PATIENTS IS NEEDED.

MEDICATION ASSISTANCE FOR SENIORS ALSO IS AN ISSUE. MANY SENIORS ARE CONFUSED BY THE ARRAY OF MEDICATIONS THEY HAVE BEEN PRESCRIBED, LEADING TO A LACK OF MEDICATION ADHERENCE AND COMPLIANCE.

COMMUNITY SURVEY - HAMILTON COUNTY

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TO INFORM THE CHNA, A COMMUNITY SURVEY WAS CONDUCTED BY THE INDIANA HOSPITAL COLLABORATIVE.

ACROSS INDIANA, 9,161 COMPLETED QUESTIONNAIRES WERE RECEIVED BY ALL PARTICIPATING HOSPITALS IN THE INDIANA HOSPITAL COLLABORATIVE, FOR AN OVERALL RESPONSE RATE OF 11.6 PERCENT; 5,030 QUESTIONNAIRES WERE RECEIVED FROM THE 17 INDIANA COUNTIES SERVED BY ONE OR MORE IU HEALTH HOSPITALS.

FOR THE IU HEALTH SAXONY HOSPITAL COMMUNITY, SURVEYS WERE RECEIVED FROM 864 COMMUNITY HOUSEHOLDS. ACCORDING TO THE RESPONSES, THESE HOUSEHOLDS INCLUDED 1,638 ADULTS.

THE COMMUNITY SURVEY INDICATES THAT OBESITY, CHRONIC DISEASES, SUBSTANCE USE OR ABUSE, AND MENTAL HEALTH REPRESENT TOP CONCERNS IN THE COMMUNITY SERVED BY IU HEALTH SAXONY HOSPITAL.

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

COPIES OF IU HEALTH'S CHNAS FOR ITS IU HEALTH ACADEMIC HEALTH CENTER AND IU HEALTH SAXONY HOSPITAL LOCATIONS ARE AVAILABLE ON ITS WEBSITE AT THE FOLLOWING URL:

[HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY](https://iuhealth.org/in-the-community)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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

COPIES OF IU HEALTH'S CHNA IMPLEMENTATION STRATEGIES FOR ITS IU HEALTH

ACADEMIC HEALTH CENTER AND IU HEALTH SAXONY HOSPITAL LOCATIONS ARE

AVAILABLE ON ITS WEBSITE AT THE FOLLOWING URL:

[HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY](https://iuhealth.org/in-the-community)

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

IU HEALTH PRIORITIZED AND DETERMINED WHICH OF THE COMMUNITY HEALTH NEEDS

IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNAS WERE MOST CRITICAL FOR IT

TO ADDRESS. SECONDARY DATA, FINDINGS FROM OTHER COMMUNITY HEALTH

ASSESSMENTS OF AREAS SERVED BY THE HOSPITAL, INPUT OBTAINED FROM

INDIVIDUALS WHO PARTICIPATED IN COMMUNITY MEETINGS, INPUT OBTAINED FROM

KEY STAKEHOLDERS, AND A COMMUNITY SURVEY WERE REVIEWED TO IDENTIFY AND

ANALYZE THE NEEDS IDENTIFIED BY EACH SOURCE.

IU HEALTH ACADEMIC HEALTH CENTER

IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL

COMMUNITY HEALTH NEEDS LISTED BY CATEGORY WILL BE ADDRESSED BETWEEN 2019

AND 2021 FOR THE IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY

HOSPITAL:

1. ACCESS TO HEALTHCARE SERVICES

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

2. DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS)*
3. HEALTHCARE AND SOCIAL SERVICES FOR SENIORS
4. MENTAL HEALTH*
5. OBESITY AND DIABETES
6. SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE
7. SOCIAL DETERMINANTS OF HEALTH
8. OTHER STATEWIDE CONCERNS:
 - A. PUBLIC HEALTH FUNDING
 - B. AIR POLLUTION

* IU HEALTH USES THE TERM BEHAVIORAL HEALTH TO REFER TO MENTAL HEALTH AND DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS).

THE IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEEDS NOTED ABOVE INCLUDES THE FOLLOWING:

BEHAVIORAL HEALTH

- IMPLEMENT SUBSTANCE ABUSE PROGRAMMING.
- WORK WITH COMMUNITY ORGANIZATIONS TO DETERMINE ROLES IN PROGRAMMING.
- WORK WITH LOCAL POLICE AND FIRE DEPARTMENTS FOR TRAININGS AND RESOURCES.

OBESITY AND 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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- PERFORM COOKING DEMONSTRATIONS, FOOD PREPARATION AND TASTING, NUTRITION EDUCATION AND PLANNING, AND TIPS FOR SHOPPING ECONOMICALLY FOR HEALTHY FOODS.

- COLLABORATE WITH LOW-INCOME COMMUNITY HOUSING PROJECTS, COMMUNITY ORGANIZATIONS, AND FAITH-BASED ORGANIZATIONS TO REACH TARGET POPULATION.

- A NUTRITIONIST WILL EDUCATE THE COMMUNITY.

SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE

- COLLECTIVELY DETERMINE WHICH SCREENINGS WILL BE IMPLEMENTED.

- PROVIDE HEALTH SCREENINGS IN THE COMMUNITY.

- REFER THE COMMUNITY MEMBER TO THE APPROPRIATE CARE PROVIDER WHEN ABNORMAL SCREENING RESULTS ARE FOUND.

SOCIAL DETERMINANTS OF HEALTH

- EXPAND THE MEDICAL-LEGAL PARTNERSHIP.

- HELP INDIVIDUALS AND FAMILIES IN NEED OF SUPPORT CONNECT TO RESOURCES AVAILABLE IN THE INDIANAPOLIS COMMUNITY.

- ENSURE STAFF ARE FLUENT IN ENGLISH AND SPANISH. TRANSLATION SERVICES FOR OTHER LANGUAGES WILL BE AVAILABLE AS NEEDED.

- WORK WITH COMMUNITY ORGANIZATIONS TO DETERMINE ROLES IN PROGRAMMING.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL ARE UNABLE TO ADDRESS THOSE COMMUNITY HEALTH NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITALS' MISSION TO DELIVER HEALTHCARE. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AGENCIES AND/OR COMMUNITY ORGANIZATIONS HAVE THE MOST APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS.

IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL ARE UNABLE TO ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT:

- HEALTHCARE AND SOCIAL SERVICES FOR SENIORS
- FUNDING FOR PUBLIC HEALTH
- AIR POLLUTION

RILEY HOSPITAL FOR CHILDREN AT INDIANA UNIVERSITY HEALTH

COMMUNITY HEALTH NEEDS LISTED BY CATEGORY WILL BE ADDRESSED BETWEEN 2019 AND 2021 FOR THE RILEY HOSPITAL FOR CHILDREN AT INDIANA UNIVERSITY HEALTH:

1. MATERNAL AND INFANT HEALTH
2. MENTAL HEALTH**
3. OBESITY AND ACCESS TO HEALTHY FOOD
4. POVERTY AND OTHER SOCIAL DETERMINANTS OF HEALTH
5. SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- 6. VIOLENCE AND INJURIES
- 7. OTHER STATEWIDE CONCERNS:
 - A. PUBLIC HEALTH FUNDING
 - B. AIR POLLUTION

** IU HEALTH USES THE TERM BEHAVIORAL HEALTH TO REFER TO MENTAL HEALTH.

THE IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEEDS NOTED ABOVE INCLUDES THE FOLLOWING:

MATERNAL AND INFANT HEALTH

- CONTINUE TO COLLABORATE WITH THE MARION COUNTY PUBLIC HEALTH DEPARTMENT IN CONDUCTING THE FETAL INFANT MORTALITY REVIEW.
- OFFER SAFE SLEEP PARENTING CLASSES IN THE COMMUNITY.
- REFER FAMILIES, IDENTIFIED DURING WELLNESS CHECKS WITHOUT A SAFE PLACE FOR A BABY TO SLEEP, TO CRIBS FOR KIDS OR OTHER LOCAL RESOURCE.
- PROVIDE CONTINUING EDUCATION TO PRIMARY CARE PROVIDERS IN INDIANA REGARDING SAFE SLEEP AND AVAILABLE RESOURCES.
- PROVIDE LACTATION TRAINING, CHILDCARE EDUCATION AND WELL-BABY CHECKS FOR NEW MOTHERS IN THE COMMUNITY.

OBESITY AND ACCESS TO HEALTHY FOOD

- PERFORM COOKING DEMONSTRATIONS, FOOD PREPARATION AND TASTING,

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NUTRITION EDUCATION AND PLANNING, AND TIPS FOR SHOPPING ECONOMICALLY FOR HEALTHY FOODS.

- COLLABORATE WITH LOW-INCOME COMMUNITY HOUSING PROJECTS, COMMUNITY ORGANIZATIONS, AND FAITH-BASED ORGANIZATIONS TO REACH TARGET POPULATION.
- A NUTRITIONIST WILL EDUCATE THE COMMUNITY.
- IMPLEMENT 5-2-1-0 PROGRAM IN COLLABORATION WITH LOCAL ORGANIZATIONS.
- IDENTIFY COMMUNITY ORGANIZATIONS THAT CAN ASSIST WITH IMPLEMENTATION OF THESE PROGRAMS.

SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE; BEHAVIORAL HEALTH

- PATIENTS, FAMILY MEMBERS AND CAREGIVERS OF RILEY PATIENTS WILL BE SCREENED FOR USE OF TOBACCO PRODUCTS, INCLUDING VAPING. THOSE WHO SCREEN POSITIVE WILL BE COUNSELED REGARDING MEDICAL RISKS TO SELF AND/OR PATIENT AND ASKED IF THEY WANT TO QUIT, OR AT LEAST ABSTAIN WHILE THEIR CHILD IS IN THE HOSPITAL. IF THEY AGREE, THEY WILL RECEIVE COUNSELING FROM A CORE GROUP OF STAFF, ALSO TRAINED AS CERTIFIED TOBACCO TREATMENT SPECIALISTS.
- TRAIN STAFF TO COUNSEL AND PROVIDE RESOURCES TO TOBACCO USERS WHO WISH TO QUIT OR ABSTAIN WHILE THEIR CHILD IS IN THE HOSPITAL.
- WORK WITH TOBACCO CONTROL COALITION TO ADD VALUE AND RESOURCES, AS NEEDED.

VIOLENCE AND INJURIES

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- PROVIDE FREE SAFE SITTER CLASSES TO GROUPS OF LOW-INCOME YOUTH.

POVERTY AND OTHER SOCIAL DETERMINANTS OF HEALTH

- EXPAND THE MEDICAL-LEGAL PARTNERSHIP.

RILEY AT IU HEALTH IS UNABLE TO ADDRESS THOSE COMMUNITY HEALTH NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTHCARE. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AGENCIES AND/OR COMMUNITY ORGANIZATIONS HAVE THE MOST APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS.

RILEY AT IU HEALTH IS UNABLE TO ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT:

- FUNDING FOR PUBLIC HEALTH
- AIR POLLUTION

IU HEALTH SAXONY HOSPITAL

COMMUNITY HEALTH NEEDS LISTED BY CATEGORY WILL BE ADDRESSED BETWEEN 2019 AND 2021 FOR THE IU HEALTH SAXONY HOSPITAL:

1. ACCESS TO HEALTHCARE SERVICES
2. DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL)*

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

3. FOOD INSECURITY
4. HEALTHCARE AND SOCIAL SERVICES FOR SENIORS
5. MENTAL HEALTH*
6. OBESITY AND DIABETES
7. SOCIAL DETERMINANTS OF HEALTH

* IU HEALTH USES THE TERM BEHAVIORAL HEALTH TO REFER TO MENTAL HEALTH AND DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS).

THE IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEEDS NOTED ABOVE INCLUDES THE FOLLOWING:

ACCESS TO HEALTHCARE SERVICES; HEALTHCARE AND SOCIAL SERVICES FOR SENIORS; SOCIAL DETERMINANTS OF HEALTH

- PROVIDE FUNDING FOR TRINITY FREE CLINIC TO SUPPORT THE MEDICAL AND DENTAL NEEDS OF HAMILTON COUNTY RESIDENTS WHO ARE UNINSURED AND UNDERINSURED.

- ENCOURAGE IU HEALTH TEAM MEMBERS TO ASSIST IN STAFFING MEDICAL CLINICS.

ACCESS TO HEALTHCARE SERVICES; HEALTHCARE AND SOCIAL SERVICES FOR SENIORS

- PROVIDE FUNDING FOR THE HEART & SOUL CLINIC'S OPERATIONS IN WESTFIELD TO SUPPORT MEDICAL AND DENTAL NEEDS OF HAMILTON COUNTY

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

RESIDENTS WHO ARE UNINSURED AND UNDERINSURED.

- PROVIDE AN INDIVIDUAL SOLUTIONS COORDINATOR TO HELP PATIENTS REGISTER FOR HEALTH INSURANCE THROUGH HEALTHY INDIANA PLAN (HIP) 2.0 OR OTHER MARKETPLACE INSURANCE.

- PROVIDE FREE FINGER-STICK HEALTH SCREENINGS FOR SENIORS AT PRIMELIFE

- ENRICHMENT, INC. TO MEASURE CHOLESTEROL, TRIGLYCERIDES, GLUCOSE, A1C AND BLOOD PRESSURE.

- PROVIDE EDUCATION TO ENCOURAGE POSITIVE CHANGES TO IMPACT FUTURE SCREENING RESULTS.

- PROVIDE PHYSICIAN-LED HEALTH SEMINARS TO SENIORS AT PRIMELIFE ENRICHMENT, INC.

ACCESS TO HEALTHCARE SERVICES; BEHAVIORAL HEALTH; HEALTHCARE AND SOCIAL SERVICES FOR SENIORS; FOOD INSECURITY

- INVEST IN THE PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY (PHHC) TO ENCOURAGE COLLABORATION AMONG AREA HEALTH AGENCIES AND ORGANIZATIONS.

- DEVELOP PROGRAMS AND STRATEGIES TO IMPROVE THE OVERALL HEALTH OF HAMILTON COUNTY RESIDENTS AND EMPLOYEES.

- PARTICIPATE IN PHHC COMMITTEES RELATED TO PERTINENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PRIORITIES.

- SUPPORT THE FISHERS YOUTH ASSISTANCE SUMMER MEALS PROGRAM.

ACCESS TO HEALTHCARE SERVICES; BEHAVIORAL HEALTH; HEALTHCARE AND SOCIAL

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SERVICES FOR SENIORS

- CREATE A PILOT PROGRAM THAT PROVIDES IN-HOME VISITS BY A LICENSED SOCIAL WORKER FOR SENIORS WHO NEED BEHAVIORAL HEALTH SERVICES.
- PROVIDE IN-HOSPITAL TRAINING FOR TEAM MEMBERS SO THE HOSPITAL IS ABLE TO CREATE AN ENVIRONMENT THAT IS WELCOMING AND CONDUCIVE FOR THOSE LIVING WITH DEMENTIA.
- PROVIDE FUNDING TO THE SHEPHERD'S CENTER OF HAMILTON COUNTY IN SUPPORT OF ITS REACHING RESOURCES PROGRAM, WHICH ALLOWS SENIORS TO AGE AS INDEPENDENTLY AND GRACEFULLY AS POSSIBLE.

ACCESS TO HEALTHCARE SERVICES; BEHAVIORAL HEALTH

- PROVIDE 24/7 PEER COUNSELING VIA TELEMEDICINE FOR PATIENTS WHO PRESENT IN THE EMERGENCY DEPARTMENT (ED) WITH SUBSTANCE ABUSE ISSUES.
- PROVIDE TELEMEDICINE VISITS WITH TRAINED BEHAVIORAL HEALTH CLINICIANS TO PATIENTS WHO PRESENT IN THE EMERGENCY DEPARTMENT (ED) WITH BEHAVIORAL HEALTH NEEDS.
- PROVIDE FUNDING FOR A FISHERS EMS DUTY OFFICER (EDO) TO PROVIDE FOLLOW-UP HOME VISITS FOR PATIENTS WHO HAVE BEEN DISCHARGED FROM THE HOSPITAL WITH BEHAVIORAL HEALTH-RELATED ISSUES.

BEHAVIORAL HEALTH

- PROVIDE ANNUAL FUNDING TO THE INDIANA CENTER FOR PREVENTION OF

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

YOUTH ABUSE & SUICIDE.

- COLLABORATE WITH THE INDIANA CENTER FOR PREVENTION OF YOUTH ABUSE & SUICIDE TO PROVIDE TRAINING FOR COMMUNITY AND IU HEALTH TEAM MEMBERS ON THE RECOGNITION AND PREVENTION OF CHILD SEXUAL ABUSE.

- PROVIDE FUNDING FOR BREATHE EASY HAMILTON COUNTY EFFORTS.

- PROVIDE SENIOR EXECUTIVE SUPPORT FOR THE BREATHE EASY HAMILTON COUNTY INITIATIVE.

- ATTEND AND FINANCIALLY SUPPORT THE ANNUAL BREATHE EASY HAMILTON COUNTY LUNCHEON.

- PROVIDE FUNDING FOR ASPIRE INDIANA TO ADDRESS SPECIFIC BEHAVIORAL HEALTH NEEDS IN HAMILTON COUNTY.

ACCESS TO HEALTHCARE SERVICES; OBESITY AND DIABETES; HEALTHCARE AND SOCIAL SERVICES FOR SENIORS

- COLLABORATE WITH THE MAX CHALLENGE OF FISHERS TO PROVIDE 100 HAMILTON COUNTY RESIDENTS WITH A FREE 10-WEEK PROGRAM TO IMPROVE THEIR OVERALL HEALTH THROUGH FITNESS AND NUTRITION.

- PROVIDE THREE HEALTH SCREENINGS DURING THE 10-WEEK PERIOD TO MEASURE CHANGES IN CHOLESTEROL, TRIGLYCERIDES, GLUCOSE, A1C, BLOOD PRESSURE, WEIGHT AND BODY MASS INDEX (BMI).

OBESITY AND DIABETES; FOOD INSECURITY; SOCIAL DETERMINANTS OF HEALTH

- COLLABORATE WITH THE FISHERS PARKS & RECREATION TO PROVIDE 20

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GARDEN BOXES MEASURING 10'X10' ON THE CAMPUS.

- PROVIDE FUNDING TO THE FISHERS PARKS & RECREATION TO COVER THE COST OF GARDEN PLOT RENTAL FOR COMMUNITY MEMBERS WHO RENT ONE OF THE FISHERS PARKS GARDEN PLOTS (\$25/PLOT, 40 EXISTING PLOTS, PLUS 20 AT SAXONY).

OBESITY AND DIABETES; SOCIAL DETERMINANTS OF HEALTH

- COLLABORATE WITH THE HAMILTON COUNTY OR FISHERS PARKS & RECREATION TO MAKE IMPROVEMENTS TO LOCAL PARKS, THUS ENCOURAGING GREATER PHYSICAL ACTIVITY IN THE PARKS BY HAMILTON COUNTY RESIDENTS AND VISITORS.

OBESITY AND DIABETES

- CONTINUE SUPPORT OF MULTIPLE LOCAL FARMERS' MARKETS, INCLUDING FISHERS, SAXONY, CARMEL AND ZIONSVILLE.

- PROVIDE HEALTHY COOKING DEMONSTRATIONS UTILIZING MARKET PRODUCE.

IU HEALTH SAXONY HOSPITAL WILL ADDRESS ALL THE COMMUNITY HEALTH NEEDS BASED ON THEIR 2018 COMMUNITY HEALTH NEEDS ASSESSMENT.

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

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER FAP ELIGIBILITY CRITERIA

IU HEALTH TAKES INTO CONSIDERATION SEVERAL OTHER FACTORS IN DETERMINING PATIENT ELIGIBILITY FOR FINANCIAL ASSISTANCE. THESE FACTORS INCLUDE THE FOLLOWING:

1. IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT

PRIOR TO SEEKING FINANCIAL ASSISTANCE UNDER THE FAP, ALL PATIENTS OR THEIR GUARANTORS MUST CONSULT WITH A MEMBER OF IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT TO DETERMINE IF HEALTHCARE COVERAGE MAY BE OBTAINED FROM A GOVERNMENT INSURANCE/ASSISTANCE PRODUCT OR FROM THE HEALTH INSURANCE EXCHANGE MARKETPLACE.

2. ALTERNATE SOURCES OF ASSISTANCE

WHEN TECHNICALLY FEASIBLE, A PATIENT WILL EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH'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'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

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THE PROPER INSURANCE PROVIDER
AT THE REQUEST OF IU HEALTH.

ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM IU HEALTH 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 IS ENTITLED. IN THE EVENT A FINANCIAL
ASSISTANCE AWARD HAS ALREADY BEEN GRANTED IN SUCH CIRCUMSTANCES, IU
HEALTH RESERVES THE RIGHT TO REVERSE THE AWARD IN AN AMOUNT EQUAL TO THE
AMOUNT IU HEALTH WOULD BE ENTITLED TO RECEIVE HAD NO FINANCIAL ASSISTANCE
BEEN AWARDED.

3. ALTERNATE METHODS OF ELIGIBILITY DETERMINATION

IU HEALTH WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A
COLLECTION AGENCY PARTNER FOR A PERIOD OF NO LESS THAN ONE HUNDRED AND
TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN EXTRAORDINARY
COLLECTION ACTION ("ECA"). SAID ACCOUNTS MAY BE ELIGIBLE FOR ASSISTANCE
UNDER THE FAP BASED ON THE PATIENT'S INDIVIDUAL SCORING CRITERIA.

TO ENSURE ALL PATIENTS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE
UNDER THE FAP MAY RECEIVE FINANCIAL ASSISTANCE, IU HEALTH WILL DEEM
PATIENTS/GUARANTORS TO BE PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE
IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS,

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

RECEIVED EMERGENCY OR DIRECT ADMIT CARE, AND SATISFIED HIS/HER REQUIRED

CO-PAY/DEDUCTIBLE:

- INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES
- MEDICAID
- HEALTHY INDIANA PLAN
- PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE)
- ENROLLED IN A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT'S GROSS HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY LEVEL

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

5. NON-EMERGENT SERVICES DOWN PAYMENT

UNINSURED PATIENTS PRESENTING FOR SCHEDULED OR OTHER NON-EMERGENT SERVICES WILL NOT BE CHARGED MORE THAN THE AMOUNTS GENERALLY BILLED ("AGB") FOR THEIR SERVICES.

PATIENTS WILL RECEIVE AN ESTIMATED AGB COST OF THEIR CARE PRIOR TO IU HEALTH RENDERING THE SERVICES AND WILL BE ASKED TO PAY A DOWN-PAYMENT

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PERCENTAGE OF THE AGB ADJUSTED COST PRIOR TO RECEIVING SERVICES. IN THE EVENT A PATIENT IS UNABLE TO FULFILL THE DOWN-PAYMENT, THEIR SERVICE MAY BE RESCHEDULED FOR A LATER DATE AS MEDICALLY PRUDENT AND IN ACCORDANCE WILL ALL APPLICABLE FEDERAL AND STATE LAWS AND/OR REGULATIONS.

6. EMERGENCY SERVICES NON-REFUNDABLE DEPOSIT

THIS SECTION WILL BE IMPLEMENTED WITH A STRICT ADHERENCE TO EMTALA AND IU HEALTH POLICY ADM 1.32, SCREENING AND TRANSFER OF EMERGENCY OR UNSTABLE PATIENTS.

AMOUNT OF NON-REFUNDABLE DEPOSIT

ALL UNINSURED PATIENTS PRESENTING FOR SERVICES AT ONE OF IU HEALTH'S EMERGENCY DEPARTMENTS, VIA TRANSFER FROM ANOTHER HOSPITAL FACILITY, OR DIRECT ADMISSION, WILL BE RESPONSIBLE FOR A ONE-HUNDRED DOLLAR (\$100.00) NON-REFUNDABLE DEPOSIT FOR SERVICES RENDERED. PATIENTS/GUARANTORS WILL BE RESPONSIBLE FOR ANY COPAYS AND/OR DEDUCTIBLES REQUIRED BY THEIR PLAN PRIOR TO FULL FINANCIAL ASSISTANCE BEING APPLIED.

UNINSURED PATIENTS WISHING TO MAKE AN APPLICATION FOR FINANCIAL ASSISTANCE GREATER THAN THE AGB MUST FULFILL THEIR NON-REFUNDABLE DEPOSIT PRIOR TO IU HEALTH PROCESSING SAID APPLICATION. UNINSURED PATIENTS MAKING PAYMENTS TOWARD THEIR OUTSTANDING NON-REFUNDABLE DEPOSIT BALANCE WILL HAVE SAID PAYMENTS APPLIED TO THEIR OLDEST APPLICATION ON FILE, IF

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

APPLICABLE.

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

A COPY OF IU HEALTH'S FAP IS AVAILABLE ON ITS WEBSITE AT THE FOLLOWING

URL:

[HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE](https://iuhealth.org/pay-a-bill/financial-assistance)

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

A COPY OF IU HEALTH'S FAP APPLICATION IS AVAILABLE ON ITS WEBSITE AT THE

FOLLOWING URL:

[HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE](https://iuhealth.org/pay-a-bill/financial-assistance)

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

A COPY OF IU HEALTH'S FAP PLAIN LANGUAGE SUMMARY IS AVAILABLE ON ITS

WEBSITE AT THE FOLLOWING URL:

[HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE](https://iuhealth.org/pay-a-bill/financial-assistance)

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

IU HEALTH TAKES SEVERAL OTHER MEASURES TO BROADLY PUBLICIZE ITS FAP

WITHIN THE COMMUNITY. THESE MEASURES INCLUDE 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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

1. CONSPICUOUS PUBLIC DISPLAYS WILL BE 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 WILL INCLUDE A CONSPICUOUS WRITTEN NOTICE ON ALL PATIENT BILLING STATEMENTS THAT NOTIFIES THE PATIENT ABOUT THE AVAILABILITY OF THIS POLICY, AND THE TELEPHONE NUMBER OF ITS CUSTOMER SERVICE DEPARTMENT WHICH CAN ASSIST PATIENTS WITH ANY QUESTIONS THEY MAY HAVE REGARDING THIS POLICY.

3. IU HEALTH CUSTOMER SERVICE REPRESENTATIVES WILL BE AVAILABLE VIA TELEPHONE MONDAY THROUGH FRIDAY, EXCLUDING MAJOR HOLIDAYS, FROM 8:00 A.M. TO 7:00 P.M. EASTERN TIME TO ADDRESS QUESTIONS RELATED TO THIS POLICY.

4. IU HEALTH WILL BROADLY COMMUNICATE THIS POLICY AS PART OF ITS GENERAL OUTREACH EFFORTS.

5. IU HEALTH WILL EDUCATE ITS PATIENT FACING TEAM MEMBERS OF THE FAP AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

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? 105

Name and address	Type of Facility (describe)
1 IU HEALTH BALL MEM OUTPATIENT SURG. CTR 2401 W. UNIVERSITY AVE. MUNCIE IN 47303	AMBULATORY SURGERY
2 IU HEALTH BELTWAY SURGERY CENTER 151 PENNSYLVANIA PKWY. INDIANAPOLIS IN 46280	AMBULATORY SURGERY
3 BELTWAY SURGERY CENTER SPRING MILL 200 W. 103RD ST., STE. 2400 INDIANAPOLIS IN 46290	AMBULATORY SURGERY
4 IU HEALTH EAGLE HIGHLANDS SURGERY CENTER 6850 PARKDALE PL. INDIANAPOLIS IN 46254	AMBULATORY SURGERY
5 GLEN LEHMAN ENDOSCOPY SUITE 550 N. UNIVERSITY BLVD., STE. 4100 INDIANAPOLIS IN 46202	AMBULATORY SURGERY
6 INDIANA ENDOSCOPY CENTERS 10967 ALLISONVILLE RD., STE. 100 FISHERS IN 46038	AMBULATORY SURGERY
7 INDIANA ENDOSCOPY CENTERS 1115 N. RONALD REAGAN PKWY., STE. 347 AVON IN 46123	AMBULATORY SURGERY
8 INDIANA ENDOSCOPY CENTERS 1801 N. SENATE BLVD., STE. 710 INDIANAPOLIS IN 46202	AMBULATORY SURGERY
9 INDIANA HEALTH BELTWAY SURGERY CENTER 8501 HARCOURT RD. INDIANAPOLIS IN 46260	AMBULATORY SURGERY
10 IU HEALTH MERIDIAN SOUTH SURGERY CENTER 8820 S. MERIDIAN ST. INDIANAPOLIS IN 46217	AMBULATORY SURGERY

Schedule H (Form 990) 2018

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

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

Name and address	Type of Facility (describe)
1 RILEY OUTPATIENT SURGERY CENTER 702 BARNHILL DR., STE. 0201 INDIANAPOLIS IN 46202	AMBULATORY SURGERY
2 SAXONY SURGERY CENTER 13100 E. 136TH ST., STE. 1100 FISHERS IN 46037	AMBULATORY SURGERY
3 SENATE STREET SURGERY CENTER 1801 N. SENATE BLVD. INDIANAPOLIS IN 46202	AMBULATORY SURGERY
4 CARDIO. TESTING AT IU HEALTH METHODIST 1801 N. SENATE BLVD., STE. 3100 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
5 CHARIS CENTER 6640 INTECH BLVD., STE. 195 INDIANAPOLIS IN 46278	DIAGNOSTIC AND OTHER OUTPATIENT
6 INDIANA CANCER PAVILION 535 N. BARNHILL DR. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
7 IU HEALTH ADULT DIALYSIS CENTER 2140 N. CAPITOL ST. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH ARNETT HOSPITAL LAB 5165 MCCARTY LN. LAFAYETTE IN 47905	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH BALL MEMORIAL HOSPITAL LAB 2401 UNIVERSITY AVE. MUNCIE IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT
10 IU HEALTH BLACKFORD HOSPITAL LAB 410 PILGRIM BLVD. HARTFORD CITY IN 47348	DIAGNOSTIC AND OTHER OUTPATIENT

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

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

Name and address	Type of Facility (describe)
1 IU HEALTH BLOOMINGTON HOSPITAL LAB 601 W. 2ND ST. BLOOMINGTON IN 47402	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH BRAIN TUMOR CLINIC 355 W. 16TH ST., STE. 5400 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
3 IU HEALTH BROWNSBURG 1375 N. GREEN ST., STE. 200 BROWNSBURG IN 46112	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH CANCER CENTERS - SPRING MILL 200 W. 103RD ST. INDIANAPOLIS IN 46290	DIAGNOSTIC AND OTHER OUTPATIENT
5 IU HEALTH CICC EAST 6845 RAMA DR. INDIANAPOLIS IN 46219	DIAGNOSTIC AND OTHER OUTPATIENT
6 IU HEALTH CICC NORTH 10202 LANTERN RD. FISHERS IN 46038	DIAGNOSTIC AND OTHER OUTPATIENT
7 IU HEALTH CICC CARMEL 11725 ILLINOIS ST., STE. 565 CARMEL IN 46032	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH CICC METHODIST 1701 N. SENATE BLVD., C6 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH CICC WEST 1111 N. RONALD REAGAN PKWY. AVON IN 46123	DIAGNOSTIC AND OTHER OUTPATIENT
10 IU HEALTH HOME DIALYSIS 8802 N. MERIDIAN ST., STE. 150 INDIANAPOLIS IN 46260	DIAGNOSTIC AND OTHER OUTPATIENT

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

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

Name and address	Type of Facility (describe)
1 IU HEALTH LAPORTE HOSPITAL LAB 1007 LINCOLNWAY LAPORTE IN 46350	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH MEDICAL DIAGNOSTIC CENTER 550 N. UNIVERSITY BLVD. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
3 IU HEALTH MELVIN & BREN SIMON CANCER CTR 1030 W. MICHIGAN ST. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH METHODIST HOSPITAL OUTPT. SVC. 1701 N. SENATE BLVD., AG053 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
5 IU HEALTH METHODIST LIFECARE PROGRAM 1633 N. CAPITAL AVE., STE. 300 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
6 IU HEALTH METHODIST MEDICAL PLAZA NORTH 151 PENNSYLVANIA PKWY. INDIANAPOLIS IN 46280	DIAGNOSTIC AND OTHER OUTPATIENT
7 IU HEALTH METHODIST MEDICAL PLAZA 6850 PARKDALE PL. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH METHODIST MEDICAL PLAZA 9660 E. WASHINGTON ST. INDIANAPOLIS IN 46229	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH METHODIST MEDICAL PLAZA 8830 S. MERIDIAN ST. INDIANAPOLIS IN 46217	DIAGNOSTIC AND OTHER OUTPATIENT
10 IU HEALTH METHODIST PROFESSIONAL CENTER 1801 N. SENATE BLVD. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT

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

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

Name and address	Type of Facility (describe)
1 IU HEALTH MOORESVILLE 820 SAMUEL MOORE PKWY. MOORESVILLE IN 46158	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH NEUROSCIENCE CENTER 355 W. 16TH ST. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
3 IU HEALTH NEUROSCIENCE CTR. NEUROPHYS. 355 W. 16TH ST., STE. 2100 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH NORTH HOSPITAL LAB 11700 N. MICHIGAN ST. CARMEL IN 46032	DIAGNOSTIC AND OTHER OUTPATIENT
5 IU HEALTH OPHTHALMOLOGY CENTER 1160 W. MICHIGAN AVE. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
6 IU HEALTH ORTHO. RADIOLOGY AND REHAB. 1801 N. SENATE AVE., STE. 510 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
7 IU HEALTH PAOLI HOSPITAL LAB 642 W. HOSPITAL RD. PAOLI IN 47454	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH PATHOLOGY LAB 350 W. 11TH ST. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH RADIOLOGY AT GEORGETOWN 4880 W. CENTURY PLAZA RD., STE. 155 INDIANAPOLIS IN 46254	DIAGNOSTIC AND OTHER OUTPATIENT
10 IU HEALTH RADIOLOGY AT MOORESVILLE 820 SAMUEL MOORE PKWY. MOORESVILLE IN 46158	DIAGNOSTIC AND OTHER OUTPATIENT

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

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

Name and address	Type of Facility (describe)
1 IU HEALTH RENAL SERVICES 550 N. UNIVERSITY BLVD., RM. 1115 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH SAXONY HOSPITAL LAB 13000 E. 136TH ST. FISHERS IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT
3 IU HEALTH SAXONY HOSPITAL OR 13100 E. 136TH ST., STE. 2100 FISHERS IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH SAXONY HOSPITAL SLEEP LAB 13100 E. 136TH ST. FISHERS IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT
5 IU HEALTH SLEEP DISORDERS CENTER 1411 W. COUNTY LINE RD., STE. C GREENWOOD IN 46142	DIAGNOSTIC AND OTHER OUTPATIENT
6 IU HEALTH SLEEP DISORDERS CENTER 714 N. SENATE AVE. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
7 IU HEALTH TIPTON HOSPITAL LAB 1000 S. MAIN ST. TIPTON IN 46072	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH TRANSPLANT 1701 N. SENATE BLVD. INDIANAPOLIS IN 46206	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH UNIV. HOSP. ADULT OUTP. CENTER 550 UNIVERSITY BLVD., RM. 4175 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
10 IU HEALTH WEST HOSPITAL LAB 1111 RONALD REAGAN PKWY. AVON IN 46123	DIAGNOSTIC AND OTHER OUTPATIENT

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

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

Name and address	Type of Facility (describe)
1 IU HEALTH WHITE MEMORIAL HOSPITAL LAB 720 S. 6TH ST. MONTICELLO IN 47960	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH SAXONY HOSPITAL CARDIAC REHAB. 13100 E. 136TH ST. FISHERS IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT
3 METHODIST MEDICAL PLAZA GEORGETOWN 4880 W. CENTURY PLAZA RD. INDIANAPOLIS IN 46254	DIAGNOSTIC AND OTHER OUTPATIENT
4 METHODIST MEDICAL PLAZA GLENDALE 2620 KESSLER BLVD. E. DR. INDIANAPOLIS IN 46220	DIAGNOSTIC AND OTHER OUTPATIENT
5 METHODIST MEDICAL TOWER 1633 N. CAPITAL AVE. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
6 NEUROREHABILITATION AND ROBOTICS 355 W. 16TH ST., STE. 1078 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
7 NEUROSCIENCE RADIOLOGY 355 W. 16TH ST., STE. 0400 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
8 PULMONARY REHABILITATION 1633 N. CAPITAL AVE., STE. 103 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
9 RILEY REHABILITATION SERVICES 705 RILEY HOSPITAL DR. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
10 RILEY REHABILITATION SERVICES (EAST) 9650 E. WASHINGTON ST., STE. 250 INDIANAPOLIS IN 46229	DIAGNOSTIC AND OTHER OUTPATIENT

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

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

Name and address	Type of Facility (describe)
1 RILEY HOSPITAL HEMATOLOGY/ONCOLOGY 11725 ILLINOIS ST., STE. 01BD003-B6 CARMEL IN 46032	DIAGNOSTIC AND OTHER OUTPATIENT
2 RILEY HOSPITAL RENAL SERVICES 705 RILEY HOSPITAL DR., ROC STE. 1240 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
3 SPRING MILL OFFICE BUILDING LABORATORY 200 W. 103RD ST. INDIANAPOLIS IN 46290	DIAGNOSTIC AND OTHER OUTPATIENT
4 THE SIMULATION CENTER AT FAIRBANKS HALL 340 W. 10TH ST., STE. 4100 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
5 IU HEALTH ADVANCED THERAPIES PHARMACY 355 W. 16TH ST., STE. 1600 INDIANAPOLIS IN 46202	PHARMACY
6 METHODIST RETAIL PHARMACY 1801 N. SENATE BLVD., STE. 105 INDIANAPOLIS IN 46202	PHARMACY
7 NORTH RETAIL PHARMACY 11700 N. MERIDIAN ST., STE. B106 CARMEL IN 46032	PHARMACY
8 RILEY RETAIL PHARMACY 705 RILEY HOSPITAL DR., ROC 1201 INDIANAPOLIS IN 46202	PHARMACY
9 SAXONY RETAIL PHARMACY 13100 E. 136TH ST., STE. 1000 FISHERS IN 46037	PHARMACY
10 UNIVERSITY RETAIL PHARMACY 550 N. UNIVERSITY BLVD. INDIANAPOLIS IN 46202	PHARMACY

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

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

Name and address	Type of Facility (describe)
1 WEST RETAIL PHARMACY 1111 N. RONALD REAGAN PKWY. AVON IN 46123	PHARMACY
2 IU HEALTH ARNETT HOME CARE 3900 MCCARTY LN., STE. 103 LAFAYETTE IN 47905	HOME HEALTH
3 IU HEALTH ARNETT SLEEP APNEA EDUC. CTR. 3900 MCCARTY LN., STE. 102 LAFAYETTE IN 47905	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH BALL MEMORIAL HOME CARE 2300 W. GILBERT ST. MUNCIE IN 47303	HOME HEALTH
5 IU HEALTH BEDFORD SLEEP APNEA EDUC. CTR. 1502 CLINIC DR. BEDFORD IN 47421	DIAGNOSTIC AND OTHER OUTPATIENT
6 IU HEALTH HOME CARE 950 N. MERIDIAN ST., STE. 700 INDIANAPOLIS IN 46204	HOME HEALTH
7 IU HEALTH SLEEP APNEA EDUCATION CENTER 1411 W. COUNTY LINE RD., STE. C GREENWOOD IN 46142	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH SLEEP APNEA EDUCATION CENTER 714 N. SENATE AVE., STE. 110 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH TIPTON HOME CARE 202 S. WEST ST. TIPTON IN 46072	HOME HEALTH
10 SLEEP APNEA EDUCATION CENTER AT SAXONY 13100 E. 136TH ST., STE. 3200B FISHERS IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT

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

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

Name and address	Type of Facility (describe)
1 SLEEP APNEA EDUCATION CENTER AT WEST 1115 N. RONALD REAGAN PKWY., STE. 371 AVON IN 46123	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH BALL MEMORIAL HOSPICE 2401 W. UNIVERSITY BLVD. MUNCIE IN 47303	HOSPICE
3 IU HEALTH HOSPICE 1828 N. ILLINOIS ST. INDIANAPOLIS IN 46202	HOSPICE
4 IU HEALTH HOSPICE 950 N. MERIDIAN ST., STE. 700 INDIANAPOLIS IN 46204	HOSPICE
5 IU HEALTH MORGAN 2209 JOHN R. WOODEN DR. MARTINSVILLE IN 46151	DIAGNOSTIC AND OTHER OUTPATIENT
6 PULMONARY REHAB. METHODIST MEDICAL TOWER 1633 N. CAPITAL AVE., STE. 102 INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
7 IU HEALTH HOME DIALYSIS 83303 N. MERIDIAN ST., STE. 150 INDIANAPOLIS IN 46260	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH PT & RADIOLOGY AT ARTISTRY 404 E. WASHINGTON ST., STE. B INDIANAPOLIS IN 46204	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH EAST WASHINGTON AMBUL. SURGERY 9660 E. WASHINGTON ST., STE. 200 INDIANAPOLIS IN 46229	AMBULATORY SURGERY
10 IU HEALTH MULTI-SPECIALITY SURGERY CTR 10601 N. MERIDIAN ST., SUITE 250 INDIANAPOLIS IN 46290	AMBULATORY SURGERY

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Part V Facility Information *(continued)*

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

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

Name and address	Type of Facility (describe)
1 IU HEALTH SPRING MILL SURGERY CENTER 10300 N. ILLINOIS ST. SUITES 1300 & 2400 INDIANAPOLIS IN 46290	AMBULATORY SURGERY
2 IU HEALTH RADIOLOGY 151 PENNSYLVANIA PKWY, SUITE 160 INDIANAPOLIS IN 46280	DIAGNOSTIC AND OTHER OUTPATIENT
3 IU HEALTH HIP & KNEE CENTER 13000 E. 136TH ST. STE 2000 FISHERS IN 46037	AMBULATORY SURGERY AND DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH PHYSICIANS CARDIOVASCULAR SURG 1801 N. SENATE BLVD. STE. 3300 INDIANAPOLIS IN 46202	AMBULATORY SURGERY
5 IU HEALTH PHYSICIANS GENERAL SURGERY 1801 N. SENATE BLVD. STE. 635 INDIANAPOLIS IN 46202	AMBULATORY SURGERY
6 	
7 	
8 	
9 	
10 	

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 IV, LINE 1(A) - NAME OF ENTITY

BELTWAY SURGERY CENTERS, LLC

SCHEDULE H, PART IV, LINE 2(A) - NAME OF ENTITY

SENATE STREET SURGERY CENTER, LLC

SCHEDULE H, PART IV, LINE 3(A) - NAME OF ENTITY

INDIANA ENDOSCOPY CENTERS, LLC

SCHEDULE H, PART IV, LINE 4(A) - NAME OF ENTITY

ROC SURGERY, LLC

SCHEDULE H, PART IV, LINE 5(A) - NAME OF ENTITY

BALL OUTPATIENT SURGERY CENTER, LLC

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

IU HEALTH USES SEVERAL FACTORS OTHER THAN FEDERAL POVERTY GUIDELINES

("FPG") IN DETERMINING ELIGIBILITY FOR FREE CARE UNDER ITS FAP. THESE

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.

FACTORS INCLUDE THE FOLLOWING:

1. INDIANA RESIDENCY REQUIREMENT

FINANCIAL ASSISTANCE WILL ONLY BE MADE AVAILABLE TO RESIDENTS OF THE STATE OF INDIANA AND THOSE ELIGIBLE FOR ASSISTANCE UNDER 42 U.S.C.A. §1396B(V).

IU HEALTH WILL EMPLOY THE SAME RESIDENCY TEST AS SET FORTH IN INDIANA CODE 6-3-1-12 TO DEFINE AN INDIANA RESIDENT. THE TERM RESIDENT INCLUDES ANY INDIVIDUAL WHO WAS DOMICILED IN INDIANA DURING THE TAXABLE YEAR, OR ANY INDIVIDUAL WHO MAINTAINS A PERMANENT PLACE OF RESIDENCE IN INDIANA AND SPENDS MORE THAN ONE HUNDRED EIGHT-THREE (183) DAYS OF THE TAXABLE YEAR IN INDIANA.

PATIENTS RESIDING IN THE STATE OF INDIANA WHILE ATTENDING AN INSTITUTION OF HIGHER EDUCATION MAY BE ELIGIBLE FOR ASSISTANCE UNDER THE FAP IF THEY MEET THE AFOREMENTIONED RESIDENCY TEST AND ARE NOT CLAIMED AS A DEPENDENT

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.

ON A PARENT'S OR GUARDIAN'S FEDERAL INCOME TAX STATEMENT.

2. IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT

PRIOR TO SEEKING FINANCIAL ASSISTANCE UNDER THE FAP, ALL PATIENTS OR THEIR GUARANTORS MUST CONSULT WITH A MEMBER OF IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT TO DETERMINE IF HEALTHCARE COVERAGE MAY BE OBTAINED FROM A GOVERNMENT INSURANCE/ASSISTANCE PRODUCT OR FROM THE HEALTH INSURANCE EXCHANGE MARKETPLACE.

3. UNINSURED PATIENTS

ALL UNINSURED PATIENTS PRESENTING FOR SERVICES AT IU HEALTH ELIGIBLE UNDER THE FAP WILL NOT BE CHARGED MORE THAN THE AGB AS DESCRIBED IN THE FAP.

4. SERVICES RENDERED BY INDIVIDUAL PROVIDERS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE FAP DOES NOT COVER SERVICES RENDERED BY INDIVIDUAL PROVIDERS. A FULL LISTING OF PROVIDERS AND SERVICES NOT COVERED BY THE FAP IS AVAILABLE AT [HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE](https://iuhealth.org/pay-a-bill/financial-assistance) AND IS UPDATED ON A QUARTERLY BASIS.

5. ALTERNATE SOURCES OF ASSISTANCE

WHEN TECHNICALLY FEASIBLE, A PATIENT WILL EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH'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'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 THE PROPER INSURANCE PROVIDER

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AT THE REQUEST OF IU HEALTH.

ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM IU HEALTH 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 IS ENTITLED. IN THE EVENT A FINANCIAL ASSISTANCE AWARD HAS ALREADY BEEN GRANTED IN SUCH CIRCUMSTANCES, IU HEALTH RESERVES THE RIGHT TO REVERSE THE AWARD IN AN AMOUNT EQUAL TO THE AMOUNT IU HEALTH WOULD BE ENTITLED TO RECEIVE HAD NO FINANCIAL ASSISTANCE BEEN AWARDED.

6. ALTERNATE METHODS OF ELIGIBILITY DETERMINATION

IU HEALTH WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR A PERIOD OF NO LESS THAN ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA. SAID ACCOUNTS MAY BE ELIGIBLE FOR ASSISTANCE UNDER THE FAP BASED ON THE

Part VI Supplemental Information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PATIENT'S INDIVIDUAL SCORING CRITERIA.

TO ENSURE ALL PATIENTS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE FAP MAY RECEIVE FINANCIAL ASSISTANCE, IU HEALTH WILL DEEM PATIENTS/GUARANTORS TO BE PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS, RECEIVED EMERGENCY OR DIRECT ADMIT CARE, AND SATISFIED HIS/HER REQUIRED CO-PAY/DEDUCTIBLE:

- INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES
- MEDICAID
- HEALTHY INDIANA PLAN
- PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE)
- ENROLLED IN A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT'S GROSS HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY LEVEL

7. ADDITIONAL CONSIDERATIONS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

8. PATIENT ASSETS

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

A PATIENT'S PRIMARY RESIDENCE IS DEFINED AS THE PATIENT'S PRINCIPAL PLACE OF RESIDENCE AND 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 OCCUPIED BY THE PATIENT/GUARANTOR, PATIENT'S/GUARANTOR'S SPOUSE OR CHILD UNDER TWENTY-ONE (21) YEARS OF AGE. ONE (1) MOTOR VEHICLE MAY BE EXCLUDED AS LONG AS THE

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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- 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.

PATIENT'S EQUITY IN THE VEHICLE IS LESS THAN FIFTY-THOUSAND DOLLARS

(\$50,000).

IU HEALTH RESERVES THE RIGHT TO REQUEST A LIST OF ALL PROPERTY OWNED BY THE PATIENT/GUARANTOR AND ADJUST A PATIENT'S AWARD OF FINANCIAL ASSISTANCE IF THE PATIENT DEMONSTRATES A CLAIM OR CLEAR TITLE TO ANY EXTRAORDINARY ASSET NOT EXCLUDED FROM CONSIDERATION UNDER THE ABOVE GUIDANCE.

9. NON-EMERGENT SERVICES DOWN PAYMENT

UNINSURED PATIENTS PRESENTING FOR SCHEDULED OR OTHER NON-EMERGENT SERVICES WILL NOT BE CHARGED MORE THAN THE AGB FOR THEIR SERVICES.

PATIENTS WILL RECEIVE AN ESTIMATED AGB COST OF THEIR CARE PRIOR TO IU HEALTH RENDERING THE SERVICES AND WILL BE ASKED TO PAY A DOWN-PAYMENT PERCENTAGE OF THE AGB ADJUSTED COST PRIOR TO RECEIVING SERVICES. IN THE EVENT A PATIENT IS UNABLE TO FULFILL THE DOWN-PAYMENT, THEIR SERVICE MAY

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.

BE RESCHEDULED FOR A LATER DATE AS MEDICALLY PRUDENT AND IN ACCORDANCE

WILL ALL APPLICABLE FEDERAL AND STATE LAWS AND/OR REGULATIONS.

10. EMERGENCY SERVICES NON-REFUNDABLE DEPOSIT

THIS SECTION WILL BE IMPLEMENTED WITH A STRICT ADHERENCE TO EMTALA AND IU HEALTH POLICY ADM 1.32, SCREENING AND TRANSFER OF EMERGENCY OR UNSTABLE PATIENTS.

AMOUNT OF NON-REFUNDABLE DEPOSIT

ALL UNINSURED PATIENTS PRESENTING FOR SERVICES AT IU HEALTH'S EMERGENCY DEPARTMENT, VIA TRANSFER FROM ANOTHER HOSPITAL FACILITY, OR DIRECT ADMISSION, WILL BE RESPONSIBLE FOR A ONE-HUNDRED DOLLAR (\$100.00) NON-REFUNDABLE DEPOSIT FOR SERVICES RENDERED. PATIENTS/GUARANTORS WILL BE RESPONSIBLE FOR ANY COPAYS AND/OR DEDUCTIBLES REQUIRED BY THEIR PLAN PRIOR TO FULL FINANCIAL ASSISTANCE BEING APPLIED.

Part VI Supplemental Information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

UNINSURED PATIENTS WISHING TO MAKE AN APPLICATION FOR FINANCIAL ASSISTANCE GREATER THAN THE AGB MUST FULFILL THEIR NON-REFUNDABLE DEPOSIT PRIOR TO IU HEALTH PROCESSING SAID APPLICATION. UNINSURED PATIENTS MAKING PAYMENTS TOWARD THEIR OUTSTANDING NON-REFUNDABLE DEPOSIT BALANCE WILL HAVE SAID PAYMENTS APPLIED TO THEIR OLDEST APPLICATION ON FILE, IF APPLICABLE.

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 34.07%.

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 \$114,075,911. THIS
AMOUNT INCLUDES THE BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX, LINE
25, COLUMN (A), AND IU HEALTH'S PORTION OF THE BAD DEBT ATTRIBUTABLE TO

Part VI Supplemental Information

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE JOINT VENTURES REPORTED ON SCHEDULE H, PART IV.

BAD DEBT EXPENSE IS REPORTED AT COST BASED ON THE COST-TO-CHARGE RATIO
DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.

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

IU HEALTH DOES NOT INCLUDE ANY COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS
SUBSIDIZED HEALTH SERVICES.

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

IU HEALTH AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA
("IU HEALTH STATEWIDE SYSTEM") PARTICIPATE IN A VARIETY OF
COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE HEALTH AND WELLNESS OF
RESIDENTS 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.

Part VI Supplemental Information

Provide the following 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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- 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 MAKES CONTRIBUTIONS TO COMMUNITY-BUILDING ACTIVITIES BY PROVIDING INVESTMENTS AND RESOURCES TO LOCAL PARTNERS IN THE COMMUNITY. SEVERAL EXAMPLES INCLUDE IU HEALTH'S SUPPORT OF THE FOLLOWING ORGANIZATIONS AND INITIATIVES THAT FOCUS ON COMMUNITY HEALTH NEEDS, AS WELL AS THE CONDITIONS AND BARRIERS THAT IMPACT HEALTH, INCLUDING ACCESS TO HEALTHCARE, BEHAVIORAL HEALTH AND SUBSTANCE ABUSE, COMMUNITY REVITALIZATION AND NUTRITION AND HEALTHY WEIGHT:

- . CONNECT2HELP211
- . GENNESARET FREE CLINICS
- . IU STUDENT OUTREACH CLINIC
- . MARTIN CENTER SICKLE CELL INITIATIVE
- . RAPHAEL HEALTH CENTER
- . COBURN PLACE SAFE HAVEN II, INC.
- . FAMILY PROMISE
- . GOODWILL EDUCATION INITIATIVES, INC.
- . LIFESMART YOUTH, INC.
- . NAMI INDIANA, INC.

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.

- . GROUNDWORK INDY
- . HABITAT FOR HUMANITY
- . KENNEDY KING MEMORIAL INITIATIVE
- . BIG GREEN INDIANAPOLIS
- . BRANDYWINE CREEK FARMS
- . GLEANERS FOOD BANK OF INDIANA
- . IPS EDUCATION FOUNDATION, INC.
- . JUMP IN FOR HEALTHY KIDS
- . PLAYWORKS EDUCATION ENERGIZED

TO TAKE SERVICE OUTSIDE THE WALLS OF OUR FACILITIES, INDIANA UNIVERSITY HEALTH CREATED IU HEALTH SERVES, A TEAM MEMBER VOLUNTEER PROGRAM, TO POSITIVELY IMPACT THE HEALTH OF THE COMMUNITY AND FOSTER A CULTURE OF ENGAGEMENT AND SOCIAL RESPONSIBILITY.

IN 2018, MORE THAN 2,848 IU HEALTH TEAM MEMBERS DEDICATED MORE THAN 9,694 VOLUNTEER HOURS IN THEIR COMMUNITIES. IU HEALTH ALSO SPONSORS AND PROMOTES IU HEALTH DAYS OF SERVICE, WHICH ARE HIGH-IMPACT EVENTS AIMED AT

Part VI Supplemental Information

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ENGAGING IU HEALTH TEAM MEMBERS IN ACTIVITIES THAT ADDRESS IDENTIFIED
COMMUNITY OUTREACH PRIORITIES. EACH YEAR, MORE THAN 2,000 IU HEALTH TEAM
MEMBERS VOLUNTEER DURING DAYS OF SERVICE.

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 3 - BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE
UNDER THE FINANCIAL ASSISTANCE POLICY

AN UNINSURED PATIENT AND/OR GUARANTOR WHO WAS ADMITTED THROUGH AN
ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT VIA A DIRECT ADMISSION FROM A
PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY, AND WHOSE
HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY
LEVEL MAY BE ELIGIBLE FOR FULL CHARITY ASSISTANCE AFTER THE SUCCESSFUL
COMPLETION OF THE FINANCIAL ASSISTANCE APPLICATION AND SATISFACTION OF
HIS/HER NON-REFUNDABLE DEPOSIT.

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TO CAPTURE ALL PATIENTS WHO ARE POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE IU HEALTH FINANCIAL ASSISTANCE POLICY, IU HEALTH WILL DEEM PATIENTS/GUARANTORS TO BE PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS, RECEIVED EMERGENCY OR DIRECT ADMIT CARE, AND SATISFIED THE REQUIRED CO-PAY/DEDUCTIBLE:

1. INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES
2. MEDICAID
3. HEALTHY INDIANA PLAN
4. PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY
5. ENROLLED IN A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT'S GROSS HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY LEVEL (FPL).

IU HEALTH ALSO CONDUCTS A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR A PERIOD OF NO LESS THAN ONE HUNDRED AND

Part VI Supplemental Information

Provide the following 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.
- 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.

TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN EXTRAORDINARY COLLECTION ACTIONS. SAID ACCOUNTS MAY BE ELIGIBLE FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY BASED ON THE PATIENT'S INDIVIDUAL SCORING CRITERIA AND ARE NOT INCLUDED IN BAD DEBT. DUE TO THIS COMPREHENSIVE METHODOLOGY, IU HEALTH DOES NOT BELIEVE ANY AMOUNT OF BAD DEBT IS ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY AND NO PORTION OF BAD DEBT IS INCLUDED AS COMMUNITY BENEFIT.

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

IU HEALTH'S CONSOLIDATED FINANCIAL STATEMENTS, FOOTNOTE 4, ADDRESSES BAD DEBT EXPENSE AS FOLLOWS:

THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT REQUIRE COLLATERAL OR OTHER SECURITY FROM ITS PATIENTS, SUBSTANTIALLY ALL OF WHOM ARE RESIDENTS OF THE STATE, FOR THE DELIVERY OF HEALTH CARE SERVICES. HOWEVER, CONSISTENT WITH INDUSTRY PRACTICE, THE INDIANA UNIVERSITY HEALTH SYSTEM ROUTINELY OBTAINS ASSIGNMENT OF (OR IS OTHERWISE ENTITLED TO RECEIVE) PATIENTS'

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BENEFITS PAYABLE UNDER THEIR HEALTH INSURANCE PROGRAMS, PLANS OR POLICIES
(E.G., MEDICARE, MEDICAID, MANAGED CARE PAYERS, AND COMMERCIAL INSURANCE
POLICIES.

THE INDIANA UNIVERSITY HEALTH SYSTEM USES A PORTFOLIO APPROACH TO ACCOUNT
FOR CATEGORIES OF PATIENT CONTRACTS AS A COLLECTIVE GROUP, RATHER THAN
RECOGNIZING REVENUE ON AN INDIVIDUAL CONTRACT BASIS. THE PORTFOLIOS
CONSIST OF MAJOR PAYER CLASSES FOR INPATIENT REVENUE AND OUTPATIENT
REVENUE. BASED ON THE HISTORICAL COLLECTION TRENDS AND OTHER ANALYSIS,
THE INDIANA UNIVERSITY HEALTH SYSTEM BELIEVES THAT REVENUE RECOGNIZED BY
UTILIZING THE PORTFOLIO APPROACH APPROXIMATES THE REVENUE THAT WOULD HAVE
BEEN RECOGNIZED IF AN INDIVIDUAL CONTRACT APPROACH WERE USED.

IN SUPPORT OF ITS MISSION, THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES
CARE TO UNINSURED AND UNDERINSURED PATIENTS. THE INDIANA UNIVERSITY
HEALTH SYSTEM PROVIDES CHARITY CARE TO PATIENTS WHO LACK FINANCIAL
RESOURCES AND ARE DEEMED TO BE MEDICALLY INDIGENT. UNDER ITS FINANCIAL
ASSISTANCE POLICY, THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES

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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- 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.

MEDICALLY NECESSARY CARE TO UNINSURED PATIENTS WITH INADEQUATE FINANCIAL RESOURCES AT CHARITABLE DISCOUNTS EQUIVALENT TO THE AMOUNTS GENERALLY BILLED, AND IT PROVIDES ELIGIBILITY FOR FULL CHARITY FOR EMERGENT ENCOUNTERS FOR UNINSURED PATIENTS WHO EARN LESS THAN 200% OF THE FEDERAL POVERTY LEVEL AND WHO MEET APPLICATION CRITERIA. PATIENTS WHOSE LIABILITY IS DEEMED CATASTROPHIC RELATIVE TO THEIR ANNUAL HOUSEHOLD INCOME ARE ALSO ELIGIBLE FOR REDUCED CHARGES. SINCE THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT PURSUE COLLECTION OF THESE AMOUNTS, THE DISCOUNTED AMOUNTS ARE NOT REPORTED AS PATIENT SERVICE REVENUE. THE INDIANA UNIVERSITY HEALTH SYSTEM USES PRESUMPTIVE ELIGIBILITY SCREENING PROCEDURES FOR FREE CARE AND RECOGNIZES NET PATIENT SERVICE REVENUE ON SERVICES PROVIDED TO SELF-PAY PATIENTS AT THE DISCOUNTED RATE AT THE TIME SERVICES ARE RENDERED. THE ESTIMATED COST OF CHARITY CARE, USING THE CONSOLIDATED COST TO CHARGE RATIO, WAS \$94,886,000 AND \$85,295,000 IN 2018 AND 2017, RESPECTIVELY.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART III, LINE 8 - MEDICARE SURPLUS OR (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 MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH'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'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.

IU HEALTH'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 ACCEPTS ALL MEDICARE PATIENTS KNOWING THAT THERE MAY BE SHORTFALLS; THEREFORE IT HAS TAKEN THE POSITION THAT ANY SHORTFALL SHOULD BE COUNTED AS PART OF ITS COMMUNITY

Part VI Supplemental Information

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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'S FAP AND WRITTEN DEBT COLLECTION 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 ARE ENCOURAGED TO SUBMIT A FINANCIAL ASSISTANCE APPLICATION WITHIN NINETY

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.

(90) DAYS OF THEIR DISCHARGE. PATIENTS OR THEIR GUARANTORS MAY SUBMIT AN APPLICATION UP TO TWO-HUNDRED AND FORTY (240) DAYS FROM THE DATE OF THEIR FIRST BILLING STATEMENT FROM IU HEALTH, HOWEVER, ACCOUNTS MAY BE SUBJECT TO ECA AS SOON AS ONE HUNDRED AND TWENTY (120) DAYS AFTER HAVING RECEIVED THEIR FIRST BILLING STATEMENT.

PATIENTS OR THEIR GUARANTORS SUBMITTING AN INCOMPLETE APPLICATION WILL RECEIVE WRITTEN NOTIFICATION OF THE APPLICATION'S DEFICIENCY UPON DISCOVERY BY IU HEALTH. THE APPLICATION WILL BE PENDED FOR A PERIOD OF FORTY-FIVE (45) DAYS FROM THE DATE THE NOTIFICATION IS MAILED. IU HEALTH WILL SUSPEND ANY ECA UNTIL THE APPLICATION IS COMPLETE, OR THE PATIENT FAILS TO CURE ANY DEFICIENCIES IN THEIR APPLICATION IN THE ALLOTTED PERIOD.

PATIENTS WILL LIMITED ENGLISH PROFICIENCY MAY REQUEST TO HAVE A COPY OF THE FAP, A FAP APPLICATION, AND FAP PLAIN LANGUAGE SUMMARY IN ONE OF THE BELOW LANGUAGES:

- ARABIC

Part VI Supplemental Information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- BURMESE
- BURMESE-FALAM
- BURMESE-HAKHA CHIN
- MANDARIN/CHINESE
- SPANISH

THE PATIENT, AND/OR THEIR REPRESENTATIVE, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, LEGAL COUNSEL, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES OR HOSPITAL PERSONNEL MAY REQUEST A FAP APPLICATION TO BE MAILED TO A PATIENT'S PRIMARY MAILING ADDRESS FREE OF CHARGE.

IU HEALTH KEEPS ALL APPLICATIONS AND SUPPORTING DOCUMENTATION CONFIDENTIAL.

PATIENTS APPLYING FOR ASSISTANCE UNDER THE FAP WILL BE REQUIRED TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION. PATIENTS MUST INCLUDE THE FOLLOWING DOCUMENTATION WITH THEIR FINANCIAL ASSISTANCE APPLICATION:

- ALL SOURCES OF INCOME FOR THE LAST THREE (3) MONTHS;

Part VI Supplemental Information

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- MOST RECENT THREE (3) MONTHS OF PAY STUBS OR SUPPLEMENTAL SECURITY INCOME VIA SOCIAL SECURITY;

- MOST RECENT THREE (3) STATEMENTS FROM CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, STOCKS, BONDS AND MONEY MARKET ACCOUNTS;

- MOST RECENT STATE AND FEDERAL INCOME TAX FORMS INCLUDING SCHEDULES C, D, E, AND F. IN THE EVENT A PATIENT'S AND/OR GUARANTOR'S INCOME DOES NOT WARRANT THE FILING OF A FEDERAL TAX STATEMENT, THE PATIENT MAY SUBMIT A NOTARIZED AFFIDAVIT ATTESTING TO THE FOREGOING;

- MOST RECENT W-2 STATEMENT;

- FOR PATIENTS OR MEMBERS OF THE HOUSEHOLD WHO ARE CURRENTLY UNEMPLOYED, WAGE INQUIRY FROM WORKONE; AND

- IF APPLICABLE, DIVORCE/DISSOLUTION DECREES AND CHILD CUSTODY ORDER

2. ELIGIBILITY DETERMINATION

IU HEALTH WILL INFORM PATIENTS OR GUARANTORS OF THE RESULTS OF THEIR APPLICATION BY PROVIDING THE PATIENT OR GUARANTOR WITH A FINANCIAL

Part VI Supplemental Information

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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 CHARITY ASSISTANCE AND THE PATIENT OR GUARANTOR PROVIDES ADDITIONAL INFORMATION FOR RECONSIDERATION, IU HEALTH 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 MUST BE SUBMITTED, ALONG WITH THE SUPPORTING DOCUMENTATION, TO THE FINANCIAL ASSISTANCE COMMITTEE FOR ADDITIONAL REVIEW/RECONSIDERATION. ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL.

A PATIENT'S FINANCIAL ASSISTANCE APPLICATION AND ELIGIBILITY DETERMINATION ARE SPECIFIC TO EACH INDIVIDUAL DATE(S) OF SERVICE AND RELATED ENCOUNTERS.

Part VI Supplemental Information

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3. EXTRAORDINARY COLLECTION ACTIONS

IU HEALTH MAY REFER DELINQUENT PATIENT ACCOUNTS TO A THIRD-PARTY COLLECTION AGENCY AFTER UTILIZING REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY FOR ASSISTANCE UNDER THE FAP.

IU HEALTH AND ITS THIRD-PARTY COLLECTION AGENCIES MAY INITIATE ECA AGAINST A PATIENT OR THEIR GUARANTOR IN ACCORDANCE WITH THIS POLICY AND 26 C.F.R. §1.501(R). SAID ECA MAY INCLUDE THE FOLLOWING:

- SELLING A PATIENT'S OR THEIR GUARANTOR'S OUTSTANDING FINANCIAL RESPONSIBILITY TO A THIRD PARTY.
- REPORTING ADVERSE INFORMATION ABOUT THE PATIENT OR THEIR GUARANTOR TO CONSUMER CREDIT REPORTING AGENCIES OR CREDIT BUREAUS.
- DEFERRING OR DENYING, OR REQUIRING A PAYMENT BEFORE PROVIDING, MEDICALLY NECESSARY CARE BECAUSE OF A PATIENT'S OR THEIR GUARANTOR'S NONPAYMENT OF ONE OR MORE BILLS FOR PREVIOUSLY PROVIDED CARE COVERED UNDER THE FAP.
- ACTIONS REQUIRING A LEGAL OR JUDICIAL PROCESS, INCLUDING BUT NOT

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LIMITED TO PLACING A LIEN ON PATIENT'S OR THEIR GUARANTOR'S PROPERTY,
FORECLOSING ON A PATIENT'S OR THEIR GUARANTOR'S REAL PROPERTY ATTACHING
OR SEIZING A PATIENT'S OR THEIR GUARANTOR'S BANK ACCOUNT OR OTHER
PERSONAL PROPERTY, COMMENCING A CIVIL ACTION AGAINST A PATIENT OR THEIR
GUARANTOR, CAUSING A PATIENT OR GUARANTOR'S ARREST, CAUSING A PATIENT
AND/OR GUARANTOR TO BE SUBJECT TO A WRIT OF BODY ATTACHMENT, AND
GARNISHING A PATIENT OR GUARANTOR'S WAGES.

WHEN IT IS NECESSARY TO ENGAGE IN SUCH ACTION, IU HEALTH AND ITS THIRD
PARTY COLLECTION AGENCIES, WILL ENGAGE IN FAIR, RESPECTFUL AND
TRANSPARENT COLLECTIONS ACTIVITIES.

PATIENTS OR GUARANTORS CURRENTLY SUBJECT TO AN ECA WHO HAVE NOT
PREVIOUSLY APPLIED FOR FINANCIAL ASSISTANCE MAY APPLY FOR ASSISTANCE UP
TO TWO-HUNDRED AND FORTY (240) DAYS OF THE DATE OF THEIR FIRST BILLING
STATEMENT FROM IU HEALTH. IU HEALTH AND THEIR THIRD-PARTY COLLECTION
AGENCIES WILL SUSPEND ANY ECA ENGAGED ON A PATIENT OR THEIR GUARANTOR
WHILE AN APPLICATION IS BEING PROCESSED AND CONSIDERED.

Part VI Supplemental Information

Provide the following 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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4. REFUNDS

PATIENTS ELIGIBLE FOR ASSISTANCE UNDER THE FAP WHO REMITTED PAYMENT TO IU HEALTH IN EXCESS OF THEIR PATIENT RESPONSIBILITY WILL BE ALERTED TO THE OVERPAYMENT AS PROMPTLY AFTER DISCOVERY AS IS REASONABLE GIVEN THE NATURE OF THE OVERPAYMENT.

PATIENTS WITH AN OUTSTANDING ACCOUNT BALANCE ON A SEPARATE ACCOUNT NOT ELIGIBLE FOR ASSISTANCE UNDER THE FAP WILL HAVE THEIR REFUND APPLIED TO THE OUTSTANDING BALANCE.

PATIENTS WITHOUT AN OUTSTANDING ACCOUNT BALANCE DESCRIBED ABOVE WILL BE ISSUED A REFUND CHECK FOR THEIR OVERPAYMENT AS SOON AS TECHNICALLY FEASIBLE.

Part VI Supplemental Information

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SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT

COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. IU HEALTH 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 ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR EACH OF ITS HOSPITAL LOCATIONS. FOR THE 2018 CHNAS, INDIANA UNIVERSITY HEALTH CONDUCTED THE COMMUNITY SURVEY DATA COLLECTION IN COLLABORATION WITH INDIANA UNIVERSITY, UNIVERSITY OF EVANSVILLE AND AN INDIANA HOSPITAL COLLABORATIVE, INCLUDING COMMUNITY HEALTH NETWORK, FRANCISCAN ALLIANCE, ST. VINCENT HEALTH AND OTHER HOSPITAL PARTNERS.

AFTER COMPLETION OF THE CHNA, IU HEALTH REVIEWED SECONDARY DATA, FINDINGS FROM OTHER COMMUNITY HEALTH ASSESSMENTS OF AREAS SERVED BY THE HOSPITAL, INPUT OBTAINED FROM INDIVIDUALS WHO PARTICIPATED IN COMMUNITY MEETINGS, INPUT OBTAINED FROM KEY STAKEHOLDERS, AND A COMMUNITY SURVEY TO IDENTIFY

Part VI Supplemental Information

Provide the following information.

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AND ANALYZE THE NEEDS IDENTIFIED BY EACH SOURCE. THE TOP HEALTH NEEDS OF THE IU HEALTH COMMUNITIES ARE THOSE THAT ARE SUPPORTED BY MULTIPLE DATA SOURCES. ADDITIONALLY, THE EFFECTIVENESS OF AN INTERVENTION FOR EACH NEED AND IU HEALTH'S ABILITY TO IMPACT POSITIVE CHANGE WAS EVALUATED.

SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSIST. IU HEALTH 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 HAS ESTABLISHED A FAP TO PROVIDE FINANCIAL ASSISTANCE TO UNINSURED PATIENTS. IU HEALTH IS COMMITTED TO ENSURING ITS PATIENTS ARE COMPLIANT WITH ALL PROVISIONS OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT. TO THAT END, IU HEALTH WILL MAKE A GOOD FAITH EFFORT TO LOCATE AND OBTAIN HEALTH INSURANCE COVERAGE FOR PATIENTS PRIOR TO CONSIDERING PATIENTS FOR COVERAGE UNDER THE FAP.

IU HEALTH TAKES SEVERAL MEASURES TO INFORM ITS PATIENTS OF THE FAP AND FAP-ELIGIBILITY. THESE MEASURES INCLUDE THE FOLLOWING:

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1. CONSPICUOUS PUBLIC DISPLAYS WILL BE 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 WILL INCLUDE A CONSPICUOUS WRITTEN NOTICE ON ALL PATIENT BILLING STATEMENTS THAT NOTIFIES THE PATIENT ABOUT THE AVAILABILITY OF THIS POLICY, AND THE TELEPHONE NUMBER OF ITS CUSTOMER SERVICE DEPARTMENT WHICH CAN ASSIST PATIENTS WITH ANY QUESTIONS THEY MAY HAVE REGARDING THIS POLICY.

3. IU HEALTH CUSTOMER SERVICE REPRESENTATIVES WILL BE AVAILABLE VIA TELEPHONE MONDAY THROUGH FRIDAY, EXCLUDING MAJOR HOLIDAYS, FROM 8:00 A.M. TO 7:00 P.M. EASTERN TIME TO ADDRESS QUESTIONS RELATED TO THIS POLICY.

4. IU HEALTH WILL BROADLY COMMUNICATE THIS POLICY AS PART OF ITS GENERAL OUTREACH EFFORTS.

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5. IU HEALTH WILL EDUCATE ITS PATIENT FACING TEAM MEMBERS OF THE FAP AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION

IU HEALTH SERVES A LARGE GEOGRAPHIC AREA IN CENTRAL INDIANA. IN COMPLETING CHNAS FOR ITS IU HEALTH ACADEMIC HEALTH CENTER AND IU HEALTH SAXONY HOSPITAL LOCATIONS, IU HEALTH DEFINED "COMMUNITY" AS THE COUNTY OF RESIDENCE FOR EACH HOSPITAL LOCATION. EACH INDIVIDUAL HOSPITAL LOCATION SERVES A UNIQUE SUBSECTION OF THE COMMUNITY FOR WHICH DETAILS ARE INCLUDED BELOW:

IU HEALTH ACADEMIC HEALTH CENTER

THE COMMUNITY FOR IU HEALTH ACADEMIC HEALTH CENTER'S PRIMARY SERVICE AREA IS DEFINED AS MARION COUNTY, THE COMMUNITY WHERE IU HEALTH ACADEMIC HEALTH CENTER IS LOCATED. THE SECONDARY SERVICE AREA IS COMPRISED OF ALL OTHER COUNTIES WITHIN THE STATE OF INDIANA.

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MARION COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF BEECH GROVE, INDIANAPOLIS, LAWRENCE, SOUTHPORT, AND SPEEDWAY, PLUS PORTIONS OF PLAINFIELD, WHICH EXTENDS INTO HENDRICKS COUNTY. BASED ON THE CENSUS BUREAU DATA ESTIMATES FOR 2018, MARION COUNTY'S POPULATION WAS 954,670 AND 51.8% WERE FEMALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 54.8% WHITE NON-HISPANIC, 28.9% BLACK NON-HISPANIC, 10.6% HISPANIC OR LATINO, 3.6% ASIAN, 0.5% AMERICAN INDIAN OR ALASKA NATIVE, AND 2.9% PERSONS REPORTING TWO OR MORE RACES. A VERY SMALL PERCENTAGE OF THE POPULATION IS ETHNIC GROUPS OTHER THAN THOSE LISTED ABOVE.

IU HEALTH SAXONY HOSPITAL

THE COMMUNITY FOR IU HEALTH SAXONY HOSPITAL'S PRIMARY SERVICE AREA IS DEFINED AS HAMILTON COUNTY, THE COUNTY WHERE IU HEALTH SAXONY HOSPITAL IS LOCATED, PLUS MARION COUNTY. THE SECONDARY SERVICE AREA IS COMPRISED OF NINE CONTIGUOUS COUNTIES CONSISTING OF BOONE, CLINTON, HANCOCK, HENDRICKS, JOHNSON, MADISON, MORGAN, SHELBY AND TIPTON COUNTIES. APPROXIMATELY 51% OF INPATIENT DISCHARGES ORIGINATE FROM THE PRIMARY

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SERVICE AREA.

HAMILTON COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF ARCADIA, ATLANTA, CARMEL, CICERO, FISHERS, NOBLESVILLE, SHERIDAN, AND WESTFIELD. BASED ON CENSUS BUREAU ESTIMATES FOR 2018, HAMILTON COUNTY'S POPULATION WAS 330,086. JUST OVER HALF (51.1%) WERE FEMALE AND 48.9% WERE MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 83.4% WHITE NON-HISPANIC, 4.4% BLACK, 4.1% HISPANIC OR LATINO, 6.2% ASIAN, 0.2% AMERICAN INDIAN OR ALASKA NATIVE, AND 2.1% TWO OR MORE RACES. A VERY SMALL PERCENTAGE OF THE POPULATION IS ETHNIC GROUPS OTHER THAN THOSE LISTED ABOVE.

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

A MAJORITY OF IU HEALTH'S BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN IU HEALTH'S PRIMARY SERVICE AREAS.

IU HEALTH EXTENDS MEDICAL PRIVILEGES TO ALL PHYSICIANS WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENT TO ITS MEDICAL STAFF. IU HEALTH DOES NOT DENY APPOINTMENT ON THE BASIS OF GENDER, RACE,

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CREED, OR NATIONAL ORIGIN.

IU HEALTH, IN CONJUNCTION WITH THE IU SCHOOL OF MEDICINE, TRAINS THE NEXT GENERATION OF PHYSICIANS IN AN EXCEPTIONAL ENVIRONMENT, BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE.

IU HEALTH'S FIVE YEAR STRATEGIC PLANNING PROCESS WAS RENEWED DURING 2014 RESULTING IN MISSION-CRITICAL FOCUSING AND RE-FOCUSING OF INVESTMENTS, BOTH PEOPLE AND FINANCIAL RESOURCES, TO FUND IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH. ONE OF THE MOST CRUCIAL ELEMENTS IN THAT PROCESS WAS THE STATEMENT OF IU HEALTH'S VALUE PROPOSITION:

IU HEALTH WILL BE A LEADER IN:

- MANAGING THE HEALTH OF POPULATIONS IT SERVES, LEVERAGING ALL ASPECTS OF ITS TRIPARTITE MISSION;
- PROVIDING CARE FOR PATIENTS WITH COMPLEX ILLNESSES, WHILE SERVING AS A DESTINATION REFERRAL CENTER IN SELECT AREAS.

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- IU HEALTH WILL COMPETE ON EXCELLENCE AND INNOVATION TO DRIVE
OUTCOMES AND VALUE.

THIS PROPOSITION ADVANCES IU HEALTH'S MISSION STATEMENT AND RECOGNIZES
CORE VALUES THAT ARE CRUCIAL TO ITS HISTORIC AND CURRENT IDENTITY. IU
HEALTH IS ALREADY SEEING NEW AND SUSTAINED INITIATIVES BASED UPON THIS
STATEMENT.

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

INDIANA UNIVERSITY HEALTH IS INDIANA'S MOST COMPREHENSIVE HEALTH SYSTEM.
WITH HOSPITALS, PHYSICIAN OFFICES AND ALLIED SERVICES, IU HEALTH PROVIDES
ACCESS TO A FULL RANGE OF SPECIALTY AND PRIMARY CARE SERVICES FOR ADULTS
AND CHILDREN. A UNIQUE PARTNERSHIP WITH INDIANA UNIVERSITY SCHOOL OF
MEDICINE-ONE OF THE NATION'S LEADING MEDICAL SCHOOLS-GIVES PATIENTS
ACCESS TO GROUNDBREAKING RESEARCH AND INNOVATIVE TREATMENTS TO COMPLEMENT
HIGH-QUALITY CARE.

NATIONAL RECOGNITION

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- EIGHT HOSPITALS DESIGNATED AS MAGNET® BY THE AMERICAN NURSES

CREDENTIALING CENTER RECOGNIZING EXCELLENCE IN NURSING CARE.

- INDIANA UNIVERSITY HEALTH MEDICAL CENTER IS HONORED TO BE NATIONALLY RANKED BY U.S. NEWS & WORLD REPORT FOR THE 21ST YEAR IN A ROW. THAT MEANS IU HEALTH CONTINUES TO BE RANKED AMONG THE BEST HEALTHCARE SYSTEMS IN THE NATION AND THE TOP HEALTHCARE SYSTEM IN INDIANA. THIS RANKING RECOGNIZES THE EXCEPTIONAL CARE, UNMATCHED EXPERTISE AND CONTINUED EXCELLENCE OF OUR ENTIRE TEAM OF CAREGIVERS, WHILE GIVING IT PATIENTS CONFIDENCE THAT THEY MADE THE RIGHT CHOICE IN TRUSTING IU HEALTH WITH THEIR CARE.

- IU HEALTH MEDICAL CENTER WAS AMONG THE 4 PERCENT OF U.S. HOSPITALS TO EARN A NATIONAL RANKING AND HAS THE MOST NATIONALLY RANKED SPECIALTIES IN INDIANA.

- NINE 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

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SCHOOL OF MEDICINE TO TRAIN PHYSICIANS, BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE. EACH YEAR, MORE THAN 1,000 RESIDENTS AND FELLOWS RECEIVE TRAINING IN IU HEALTH HOSPITALS. RESEARCH CONDUCTED BY IU SCHOOL OF MEDICINE FACULTY GIVES IU HEALTH PHYSICIANS AND PATIENTS ACCESS TO THE MOST LEADING-EDGE AND COMPREHENSIVE TREATMENT OPTIONS.

IN 2012, INDIANA UNIVERSITY HEALTH COMMITTED TO SUPPORT RATABLY FOR A FIVE-YEAR PERIOD ENDED DECEMBER 31, 2016, CERTAIN BASIC, CLINICAL, AND TRANSLATIONAL RESEARCH PROGRAMS (STRATEGIC RESEARCH INITIATIVE) OF THE SCHOOL OF MEDICINE. THE TOTAL COMMITMENT AGGREGATED \$75,000. IN 2017, A NEW FIVE-YEAR TERM OF \$55,000 WAS AGREED UPON EFFECTIVE JULY 1, 2017 THROUGH JUNE 30, 2022. FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017, THE INDIANA UNIVERSITY HEALTH SYSTEM EXPENSED \$11,000 AND \$5,000, RESPECTIVELY, UNDER THESE AGREEMENTS WITHIN SUPPLIES, DRUGS, PURCHASED SERVICES, AND OTHER EXPENSES IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS, OF WHICH \$25,652 AND \$32,875

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WAS ACCRUED RELATED TO THESE AGREEMENTS WITHIN ACCOUNTS PAYABLE AND ACCRUED EXPENSES AT DECEMBER 31, 2018 AND 2017, RESPECTIVELY.

THE THREE TARGET RESEARCH AREAS REPRESENT RESEARCH STRENGTHS AT IU SCHOOL OF MEDICINE, KEY STRATEGIC SERVICE LINES FOR IU HEALTH, AND IMPORTANT MEDICAL NEEDS IN A TIME OF AN AGING POPULATION AND RISING HEALTHCARE COSTS:

- **CANCER:** ONE OF THE INITIATIVE'S PRIMARY GOALS IS TO ENABLE THE IU HEALTH MELVIN AND BREN SIMON CANCER CENTER TO ATTAIN THE NATIONAL CANCER INSTITUTE'S TOP STATUS OF "COMPREHENSIVE," WHICH WOULD RECOGNIZE IT AS ONE OF THE TOP-TIER CANCER CENTERS IN THE NATION.
- **NEUROSCIENCE:** THE NEUROSCIENCES RESEARCH PROGRAM WILL TACKLE A BROAD RANGE OF BRAIN INJURIES, NEURODEGENERATIVE DISORDERS AND NEURODEVELOPMENTAL DISORDERS.
- **CARDIOVASCULAR:** THE CARDIOVASCULAR RESEARCH INITIATIVE WILL DEVELOP A COMPREHENSIVE PROGRAM FOR THE STUDY AND TREATMENT OF HEART FAILURE, FROM NEWBORNS TO OLDER ADULTS. A TOP PRIORITY IS DEVELOPING A CARDIOVASCULAR GENETICS PROGRAM.

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THE STRATEGIC RESEARCH INITIATIVE WILL PROVIDE PATIENTS WITH ACCESS TO INTERNATIONALLY RENOWNED PHYSICIANS AND TO NEW THERAPIES DEVELOPED THROUGH TRANSLATIONAL RESEARCH AND CLINICAL TRIALS, AND WILL MAKE USE OF THE LATEST GENETIC TOOLS TO DEVELOP PERSONALIZED THERAPIES THAT ARE MORE EFFECTIVE FOR INDIVIDUALS AND EFFICIENT FOR HEALTHCARE PROVIDERS.

IU HEALTH STATEWIDE SYSTEM

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

- IU HEALTH ARNETT HOSPITAL
- IU HEALTH BALL MEMORIAL HOSPITAL
- IU HEALTH BEDFORD HOSPITAL

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- IU HEALTH BLACKFORD HOSPITAL
- IU HEALTH BLOOMINGTON HOSPITAL
- IU HEALTH FRANKFORT HOSPITAL
- IU HEALTH JAY HOSPITAL
- IU HEALTH NORTH HOSPITAL
- IU HEALTH PAOLI HOSPITAL
- IU HEALTH TIPTON HOSPITAL
- IU HEALTH WEST HOSPITAL
- IU HEALTH WHITE MEMORIAL HOSPITAL

ALTHOUGH EACH HOSPITAL IN THE IU HEALTH STATEWIDE SYSTEM PREPARES AND SUBMITS ITS OWN COMMUNITY BENEFITS PLAN RELATIVE TO THE LOCAL COMMUNITY, THE IU HEALTH STATEWIDE SYSTEM CONSIDERS ITS COMMUNITY BENEFIT PLAN AS PART OF AN OVERALL VISION FOR STRENGTHENING INDIANA'S OVERALL HEALTH. A COMPREHENSIVE COMMUNITY OUTREACH STRATEGY AND COMMUNITY BENEFIT PLAN IS IN PLACE THAT ENCOMPASSES THE ACADEMIC MEDICAL CENTER DOWNTOWN INDIANAPOLIS, SUBURBAN INDIANAPOLIS AND STATEWIDE ENTITIES AROUND PRIORITY AREAS THAT FOCUS ON HEALTH IMPROVEMENT EFFORTS STATEWIDE. IU

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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.

IN 2018, IU HEALTH PROVIDED MORE THAN \$771 MILLION IN TOTAL COMMUNITY
BENEFIT AND SERVED MORE THAN ONE MILLION INDIVIDUALS.

SOME WAYS WE ADDRESS OUR COMMUNITY HEALTH PRIORITIES AS A SYSTEM INCLUDE:

IU HEALTH DAY OF SERVICE

THE ANNUAL IU HEALTH DAYS OF SERVICE IS A HIGH-IMPACT EVENT AIMED AT
ENGAGING IU HEALTH TEAM MEMBERS IN ACTIVITIES THAT ADDRESS AN IDENTIFIED
COMMUNITY PRIORITY. EACH YEAR, MORE THAN 2,000 IU HEALTH TEAM MEMBERS
VOLUNTEER DURING THE DAYS OF SERVICE.

COMMUNITY HEALTH INITIATIVES

Part VI Supplemental Information

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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 2018, IU HEALTH
IMPACTED MANY PEOPLE STATEWIDE THROUGH PRESENTATIONS, HEALTH RISK
SCREENINGS, HEALTH EDUCATION PROGRAMS, AND ADDITIONAL HEALTH EDUCATIONAL
OPPORTUNITIES MADE AVAILABLE TO THE COMMUNITY, ESPECIALLY TO OUR
COMMUNITY MEMBERS IN THE GREATEST NEED OF SUCH SERVICES.
THE INDIANA UNIVERSITY HEALTH BOARD OF DIRECTORS ALSO APPROVED COMMUNITY
HEALTH IMPROVEMENT GRANTS. WITH THESE GRANTS, NEARLY \$750,000 WILL FUND
PROJECTS THAT ADDRESS IU HEALTH PRIORITIES-BEHAVIORAL HEALTH/SUBSTANCE
ABUSE, OBESITY, TOBACCO USE, AND INFANT MORTALITY-AS WELL AS
COMMUNITY-SPECIFIC NEEDS.

THE GRANTS, ADMINISTERED BY THE INDIANA UNIVERSITY HEALTH FOUNDATION,
WERE AWARDED TO THE FOLLOWING:

- FAMILY VITALITY INITIATIVE DEVELOPMENT AND IMPLEMENTATION, IU HEALTH
SOUTH CENTRAL REGION, \$230,000 OVER TWO YEARS. BY BRINGING TOGETHER
EXISTING HEALTHCARE PROVIDERS, SOCIAL WORKERS AND RESEARCHERS, THIS
INTEGRATED PROGRAM WILL TAKE A HOLISTIC APPROACH TO ADDRESSING

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SUBSTANCE-RELATED HEALTHCARE ISSUES, ESPECIALLY AMONG THE MOST VULNERABLE POPULATIONS OF WOMEN AND CHILDREN. THE SOUTH CENTRAL REGION HAS SEEN ALARMING INCREASES IN THE NUMBERS OF INFANTS WHO TEST POSITIVE FOR OPIATES AT BIRTH, OPIOID-RELATED ENCOUNTERS IN EACH EMERGENCY DEPARTMENT, AND MOTHERS STRUGGLING WITH ADDICTION INCLUDING SMOKING.

- HOPE HEALTHCARE SERVICES PROGRAM, IU HEALTH WEST, \$203,000 OVER TWO YEARS. HOPE HEALTHCARE SERVICES IN AVON IS THE ONLY ENTITY IN HENDRICKS COUNTY THAT PROVIDES PRIMARY MEDICAL AND DENTAL CARE TO UNINSURED PATIENTS. IT IS STAFFED ENTIRELY BY VOLUNTEER CLINICIANS, MANY OF THEM IU HEALTH TEAM MEMBERS, AND HELPS MORE THAN 900 PATIENTS A YEAR OUT OF NEARLY 15,000 UNINSURED ADULTS IN HENDRICKS COUNTY. THIS GRANT WILL FUND THE CLINIC'S FIRST-EVER EMPLOYEE, A NURSE PRACTITIONER, ALLOWING FOR CONSISTENT OPERATING HOURS, AND BEHAVIORAL HEALTH SERVICES ON-SITE AND VIA TELE-HEALTH. WITH THIS STAFFED CLINIC, THEY ANTICIPATE SEEING MORE THAN 4,000 PATIENTS PER YEAR.

- PERINATAL COORDINATOR TO ADDRESS INFANT MORTALITY, IU HEALTH EAST CENTRAL REGION, \$124,000 OVER TWO YEARS. THIS GRANT FUNDS A NEW STAFF MEMBER WHO WILL FOCUS ON INFANTS AND CHILDREN IN DELAWARE, BLACKFORD AND

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JAY COUNTIES. THIS INCLUDES FACILITATING INTER-PROFESSIONAL COLLABORATION, EDUCATING HOSPITAL STAFF, INCREASING COLLABORATION WITH SUPPORTING AGENCIES INVOLVED WITH BEREAVEMENT, SAFE SLEEP, TOBACCO-FREE AND ADDICTION PROGRAMS, AND TRACKING OUTCOMES IN THE AREAS OF BIRTHWEIGHT, BIRTH DEFECTS AND MORTALITY.

- CONTINUUM OF MENTAL HEALTH CARE PROGRAM, IU HEALTH WEST CENTRAL REGION, \$85,247 FOR ONE YEAR. IN TERMS OF MENTAL ILLNESS AND ACCESS TO MENTAL HEALTH CARE, INDIANA RANKS 48TH OUT OF 51 STATES. IN ITS PILOT YEAR, THIS PROJECT WILL INCREASE CAPACITY TO PROVIDE SCREENING, SUPPORT AND COUNSELING IN CLINTON, TIPPECANOE AND WHITE COUNTIES BY PARTNERING WITH LOCAL PROVIDERS-HEALTHY COMMUNITIES OF CLINTON COUNTY COALITION, LEARNING NETWORK OF CLINTON COUNTY, AND OPEN DOOR CLINIC- TO OFFER TECHNICAL ASSISTANCE AND TRAINING.

- PRESCRIPTION DRUG TAKE-BACK PROGRAM, IU HEALTH EAST CENTRAL REGION, \$49,000 OVER FOUR YEARS. GRANT FUNDS WILL BE USED TO PLACE SECURE DRUG TAKE-BACK KIOSKS AT IU HEALTH PHARMACIES IN YORKTOWN, HARTFORD CITY AND TWO LOCATIONS IN MUNCIE. SUCH KIOSKS MAKE THE DISPOSAL OF MEDICATIONS-INCLUDING OPIOIDS AND OTHER CONTROLLED SUBSTANCES RIPE FOR

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ABUSE AND THEFT-SAFER AND MORE CONVENIENT. THE REGION'S SINGLE KIOSK NOW TAKES IN AN AVERAGE OF 1,000 POUNDS OF MEDICINE A YEAR; THE NEW KIOSKS HAVE THE POTENTIAL TO COLLECT 4,000 POUNDS.

- FISHERS FIRE DEPARTMENT, PARAMEDICINE BEHAVIORAL RESPONSE PROGRAM, \$43,680 FOR ONE YEAR. THIS PILOT PROJECT EXPANDS THE CITY'S EXISTING PARAMEDICINE PROGRAM TO PROVIDE DIRECT FOLLOW-UP AND SUPPORT SERVICES FOR MENTAL HEALTH PATIENTS. PARAMEDICS SPECIALLY TRAINED IN CRISIS INTERVENTION WILL ACT AS PATIENT ADVOCATES AND NAVIGATORS. THE PROGRAM WILL ALSO INTRODUCE NEW PROTOCOLS THAT DECREASE PATIENT STRESS AND ANXIETY DURING EMERGENCY RESPONSES, AND WILL DIVERT PATIENTS TO BEHAVIORAL SERVICES INSTEAD OF EMERGENCY DEPARTMENTS WHEN APPROPRIATE.

THE IU HEALTH COMMUNITY HEALTH GRANTS SEEK TO IMPROVE COMMUNITY HEALTH BY SUPPORTING COLLABORATION AMONG IU HEALTH REGIONAL HOSPITAL BOARDS AND COMMUNITY HEALTH COMMITTEES, AND LOCAL RESOURCES AND PROGRAMS.

THE COMMUNITY HEALTH GRANTS ARE AWARDED TO PROGRAMS MOST LIKELY TO IMPROVE ACCESS TO HEALTH SERVICES, ENHANCE THE HEALTH OF THE COMMUNITY,

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ADVANCE MEDICAL OR HEALTHCARE KNOWLEDGE, AND RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS. GRANTEEES MUST ALSO BUILD CAPACITY FOR ADDRESSING THESE COMMUNITY HEALTH ISSUES GOING FORWARD.

COMMUNITY PARTNERSHIPS

IU HEALTH BELIEVES IN THE POWER OF INVESTING IN COMMUNITY PARTNERSHIPS AND WHAT THAT MEANS FOR THE HEALTH OF OUR RESIDENTS AND THEIR COMMUNITIES. BELOW ARE A FEW OF THE PARTNERS WE WORKED WITH IN 2018 TO ADDRESS PRIORITY HEALTH NEEDS IN MARION COUNTY.

ACCESS TO HEALTHCARE

IU HEALTH IS COMMITTED TO PROVIDING QUALITY AND COMPLETE HEALTHCARE FOR HOOSIERS. ACCESS TO HEALTHCARE WAS A LEADING COMMUNITY HEALTH NEED IDENTIFIED IN ALL COMMUNITIES SERVED BY IU HEALTH ACROSS THE STATE. IU HEALTH IS FOCUSING ON THE NEEDS OF THE UNDERSERVED TO CREATE INITIATIVES AND SUPPORT EFFORTS THAT:

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- INCREASE ACCESS TO PRIMARY CARE PHYSICIANS
- INCREASE ACCESS TO AND UNDERSTANDING OF HEALTH INSURANCE AND NAVIGATING THE HEALTHCARE SYSTEM.

IU HEALTH PROVIDES FREE OR REDUCED-COST CARE AND SUPPORTS A NUMBER OF CLINICS TO PROVIDE FREE OR REDUCED-COST CARE TO INDIVIDUALS WITHOUT ACCESS TO INSURANCE OR THE ABILITY TO PAY THE FULL COST OF THEIR HEALTHCARE.

THESE CLINICS INCLUDE:

- CONNECT2HELP211
- GENNESARET FREE CLINICS
- IU STUDENT OUTREACH CLINIC
- MARTIN CENTER SICKLE CELL INITIATIVE
- RAPHAEL HEALTH CENTER

HEALTHY WEIGHT & NUTRITION

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LIKE MOST OF THE NATION, HOOSIERS SEE THE ALARMING RISE OF OBESITY IN THEIR COMMUNITIES AS A LEADING CONCERN. NATIONALLY, INDIANA HAS THE 12TH HIGHEST ADULT OBESITY RATE IN THE NATION (THE STATE OF OBESITY: BETTER POLICIES FOR A HEALTHIER AMERICA, 2017). OBESITY PREVENTION WAS A CRITICAL COMMUNITY HEALTH NEED IDENTIFIED IN IU HEALTH COMMUNITIES ACROSS THE STATE. IU HEALTH IS COMMITTED TO LAUNCHING INNOVATIVE EFFORTS AIMED AT PREVENTING AND REVERSING OBESITY IN OUR COMMUNITIES TO HELP COMMUNITY MEMBERS GET ACTIVE, GET HEALTHY AND GET STRONG.

IU HEALTH IS WORKING TO CREATE INITIATIVES AND SUPPORT EFFORTS TO:

- IMPROVE ACCESS TO HEALTHY FOODS
- CREATE HEALTHIER SCHOOL ENVIRONMENTS
- INCREASE ACCESS TO SAFE PLACES FOR COMMUNITY MEMBERS TO BE PHYSICALLY ACTIVE

IU HEALTH INITIATIVES AIMED AT PREVENTING AND REVERSING OBESITY IN OUR COMMUNITIES INCLUDE:

- BIG GREEN INDIANAPOLIS

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- BRANDYWINE CREEK FARMS
- GLEANERS FOOD BANK OF INDIANA
- IPS EDUCATION FOUNDATION, INC.
- JUMP IN FOR HEALTHY KIDS
- PLAYWORKS EDUCATION ENERGIZED

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE

BEHAVIORAL HEALTH IS AN AREA OF SIGNIFICANT NEED WITHIN OUR COMMUNITIES.

IU HEALTH OFFERS SEVERAL PROGRAMS THROUGHOUT THE SYSTEM TO HELP TO ADDRESS THIS GROWING NEED. IU HEALTH IS FOCUSING ON INITIATIVES AND SUPPORT EFFORTS THAT:

- IMPLEMENT BEHAVIORAL HEALTH RESOURCES IN SCHOOLS
- INCREASE ACCESS TO SUBSTANCE ABUSE PREVENTION/TREATMENT SERVICES &

BEHAVIORAL HEALTH SERVICES

- IMPROVE LOCAL RESPONSE TO OPIOID CRISIS
- IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES

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IU HEALTH PARTNERED WITH THE FOLLOWING ORGANIZATIONS:

- COBURN PLACE SAFE HAVEN II, INC.
- FAMILY PROMISE
- GOODWILL EDUCATION INITIATIVES, INC.
- LIFESMART YOUTH, INC.
- NAMI INDIANA, INC.

COMMUNITY REVITALIZATION

IU HEALTH IS COMMITTED TO IMPROVING AND BEAUTIFYING PHYSICAL AND BUILT ENVIRONMENTS IN UNDERSERVED NEIGHBORHOODS WITH THE OBJECTIVE OF REHABILITATING NEIGHBORHOODS, PARKS AND SCHOOL ENVIRONMENTS.

IU HEALTH PARTNERED WITH THE FOLLOWING ORGANIZATIONS TO HELP ACHIEVE THIS

GOAL:

- GROUNDWORK INDY
- HABITAT FOR HUMANITY
- . KENNEDY KING MEMORIAL INITIATIVE

COMMUNITY IMPACT

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CHARITABLE GIVING PLAYS AN IMPORTANT ROLE IN OUTREACH TO THE COMMUNITY FOR IU HEALTH. THESE STRATEGIC RELATIONSHIPS ALLOW US TO INCREASE IMPACT AND MAKE MEASURABLE ADVANCES TOWARD POSITIVE HEALTH OUTCOMES AND INCREASED QUALITY OF LIFE FOR INDIVIDUALS LIVING IN IU HEALTH COMMUNITIES.

THROUGH THE COMMUNITY IMPACT FUND, WE SEEK OPPORTUNITIES TO IMPROVE THE HEALTH OF THE COMMUNITY BY INVESTING IN LOCAL PARTNERS THAT ADDRESS COMMUNITY HEALTH NEEDS, AS WELL AS THE CONDITIONS AND BARRIERS THAT IMPACT HEALTH. THESE PRIORITY AREAS WERE IDENTIFIED IN THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND INCLUDE:

- ACCESS TO HEALTHCARE SERVICES
- BEHAVIORAL HEALTH (I.E., MENTAL HEALTH AND DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS))
- MATERNAL AND INFANT HEALTH
- OBESITY AND DIABETES
- SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE

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- SOCIAL DETERMINANTS OF HEALTH - SPECIFICALLY POVERTY, HOMELESSNESS,
TRANSPORTATION AND ACCESS TO HEALTHY FOODS

- VIOLENCE AND INJURIES

WE SEEK TO PARTNER WITH LOCAL NON-PROFITS ON INITIATIVES THAT
SPECIFICALLY AIM TO SERVE AN IDENTIFIED COMMUNITY NEED, PARTICULARLY IN
THE AREAS OF IU HEALTH'S COMMUNITY OUTREACH PRIORITIES.

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