

**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 BLACKFORD
HOSPITAL, INC.**

Employer identification number
01-0646166

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 <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		X
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

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)		698	494,589.		494,589.	2.70
b Medicaid (from Worksheet 3, column a)		1116	3,917,950.	1,428,294.	2,489,656.	13.61
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs		1814	4,412,539.	1,428,294.	2,984,245.	16.31
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	11	1447	212,826.	3,363.	209,463.	1.15
f Health professions education (from Worksheet 5)	2	43	34,735.		34,735.	.19
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	68	2,687.		2,687.	.01
j Total. Other Benefits	15	1558	250,248.	3,363.	246,885.	1.35
k Total. Add lines 7d and 7j	15	3372	4,662,787.	1,431,657.	3,231,130.	17.66

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	1	56	6,289.		6,289.	.03
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	2016	7,356.		7,356.	.04
7 Community health improvement advocacy	1	25	2,298.		2,298.	.01
8 Workforce development						
9 Other						
10 Total	3	2097	15,943.		15,943.	.08

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	702,240.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	8,505,599.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	8,037,945.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	467,654.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 IU HEALTH BLACKFORD HOSPITAL
 410 PILGRIM BLVD.
 HARTFORD CITY IN 47348
 SEE PART V, SECTION C
 18-005101-1

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X			X		X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> 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 IU HEALTH BLACKFORD HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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 IU HEALTH BLACKFORD HOSPITAL

		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

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 IU HEALTH BLACKFORD HOSPITAL

		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 - WEBSITE ADDRESS

IU HEALTH BLACKFORD HOSPITAL'S WEBSITE ADDRESS IS:

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

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

IN CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA")

IU HEALTH BLACKFORD HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO

REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES IT SERVES. PRIMARY DATA

WERE GATHERED IN TWO DIFFERENT METHODOLOGIES FOR THIS ASSESSMENT:

COMMUNITY MEETINGS AND A COMMUNITY SURVEY.

FOR PURPOSES OF THIS CHNA, IU HEALTH BLACKFORD HOSPITAL'S COMMUNITY IS

DEFINED AS BLACKFORD COUNTY, INDIANA. THIS COUNTY ACCOUNTED FOR 74.4

PERCENT OF THE HOSPITAL'S INPATIENT CASES IN 2016.

COMMUNITY MEETINGS - BLACKFORD COUNTY

ON MAY 24, 2018, A MEETING OF COMMUNITY REPRESENTATIVES WAS HELD AT THE

CITY HALL BUILDING IN HARFORD CITY, THE COUNTY SEAT OF BLACKFORD COUNTY.

THE MEETING WAS ATTENDED BY 24 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

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.

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.

- 3M HARTFORD CITY
- AMVETS POST 23
- BLACKFORD COMMUNITY FOUNDATION
- BLACKFORD COUNTY HEALTH DEPARTMENT
- BLACKFORD COUNTY SCHOOLS
- BLACKFORD COUNTY SHERIFF'S DEPARTMENT
- BLACKFORD ECONOMIC DEVELOPMENT
- HARTFORD CITY
- HARTFORD CITY KIWANIS CLUB
- HESTER HOLLIS CONCERN CENTER
- IU HEALTH
- IU HEALTH BLACKFORD HOSPITAL
- INDIANA STATE GOVERNMENT
- LIFESTREAM
- MAYOR'S OFFICE, HARTFORD CITY
- MERIDIAN HEALTH SERVICES
- PLEXUS WORLDWIDE
- PURDUE EXTENSION

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 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, ALONG WITH A SUMMARY OF THE MOST UNFAVORABLE COMMUNITY HEALTH INDICATORS. FOR THE COMMUNITY SERVED BY IU HEALTH BLACKFORD HOSPITAL, THOSE INDICATORS WERE (IN ALPHABETICAL ORDER) :

- AIR POLLUTION
- CANCER INCIDENCE AND MORTALITY RATES
- MATERNAL AND CHILD HEALTH: LOW BIRTHWEIGHT BIRTHS, PRETERM BIRTHS, AND SMOKING DURING PREGNANCY
- MENTAL HEALTH AND SUPPLY OF MENTAL HEALTH PROVIDERS
- MOTOR VEHICLE ACCIDENTS
- OBESITY AND PHYSICAL INACTIVITY
- PREVENTABLE HOSPITAL ADMISSIONS
- TEEN PREGNANCY

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, SUCH AS: TRANSPORTATION CHALLENGES, SUBSTANCE ABUSE AND OVERDOSES, AND THE NEEDS OF SENIORS.

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

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 NEED TO ENHANCE SERVICES FOR SENIORS, INCLUDING TRANSPORTATION OPTIONS
 - THE COMMUNITY'S NEED FOR MORE PRIMARY CARE PHYSICIANS
 - WHETHER AIR POLLUTION HAS CONTRIBUTED TO COMPARATIVELY HIGH RATES OF LUNG (AND OTHER TYPES OF) CANCER
 - THE UNDERSUPPLY OF OPTIONS FOR INDOOR EXERCISE AND RECREATION
 - CONCERNS REGARDING THE PROJECTED POPULATION DECREASE AND THE NEED TO KEEP YOUNG PEOPLE IN THE COMMUNITY
 - THE NEED FOR A COLLECTIVE IMPACT MODEL TO COLLABORATE AND PROVIDE A CENTRAL RESOURCE FOR ACCESSING INFORMATION ABOUT HEALTH AND SERVICES
 - THE IMPORTANCE OF LEARNING DIRECTLY FROM COMMUNITY MEMBERS ABOUT THEIR NEEDS, RATHER THAN DEVELOPING SERVICES BASED ON WHAT COULD BE INACCURATE ASSUMPTIONS
- AFTER DISCUSSING THE NEEDS IDENTIFIED THROUGH SECONDARY DATA AND ADDING OTHERS TO THE LIST, EACH PARTICIPANT WAS ASKED THROUGH A VOTING PROCESS TO IDENTIFY "THREE TO FIVE" THEY CONSIDER TO BE MOST SIGNIFICANT. FROM THIS PROCESS, THE GROUP IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT IN THE COMMUNITY SERVED BY IU HEALTH BLACKFORD HOSPITAL:
- SUBSTANCE ABUSE
 - MENTAL HEALTH, INCLUDING THE SHORTAGE OF MENTAL HEALTH WORKERS AND PSYCHIATRISTS
 - THE NEED TO PROVIDE HEALTH EDUCATION TO ENHANCE HEALTH LITERACY
 - THE NEED TO REDUCE OR ELIMINATE BARRIERS TO COLLABORATION AMONG COMMUNITY ORGANIZATIONS, INCLUDING THE LACK OF SHARING INFORMATION ABOUT

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.

AVAILABLE RESOURCES TO RESIDENTS AND OTHER ORGANIZATIONS

- PARENTAL FACTORS, INCLUDING A LACK OF PARTICIPATION IN AVAILABLE PROGRAMS DESIGNED TO ADDRESS A VARIETY OF SOCIAL AND HEALTH-RELATED ISSUES IN HOUSEHOLDS

COMMUNITY SURVEY

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 IU HEALTH BLACKFORD HOSPITAL, SURVEYS WERE RECEIVED FROM 296 COMMUNITY HOUSEHOLDS. ACCORDING TO THE RESPONSES, THESE HOUSEHOLDS INCLUDED 530 ADULTS.

THE COMMUNITY SURVEY INDICATES THAT SUBSTANCE USE AND ABUSE, OBESITY, CHRONIC DISEASES, AND POVERTY REPRESENT TOP CONCERNS IN THE COMMUNITY SERVED BY IU HEALTH BLACKFORD 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.

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

A COPY OF IU HEALTH BLACKFORD HOSPITAL'S CHNA IS 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 10A - IMPLEMENTATION STRATEGY WEBSITE

A COPY OF IU HEALTH BLACKFORD HOSPITAL'S CHNA IMPLEMENTATION STRATEGY IS

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

IN CONJUNCTION WITH THE CHNA, IU HEALTH BLACKFORD HOSPITAL'S BOARD

ADOPTED AN IMPLEMENTATION STRATEGY IN APRIL 2019 RELATED TO THE 2018

CHNA. IU HEALTH BLACKFORD HOSPITAL PRIORITIZED AND DETERMINED WHICH OF

THE COMMUNITY HEALTH NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA

WERE MOST CRITICAL FOR IT TO ADDRESS.

IU HEALTH BLACKFORD HOSPITAL WILL ADDRESS THE FOLLOWING COMMUNITY HEALTH

NEEDS BETWEEN 2019 AND 2021:

- ACCESS TO HEALTHCARE SERVICES
- AGING POPULATION AND NEEDS OF SENIORS
- 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.

- MATERNAL AND INFANT HEALTH AND CHILD WELLBEING
- MENTAL HEALTH
- OBESITY AND DIABETES
- SMOKING AND TOBACCO USAGE
- SOCIAL DETERMINANTS OF HEALTH

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

ACCESS TO HEALTHCARE

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

- RECRUIT NEW PRIMARY CARE, OBSTETRIC AND MENTAL HEALTH MEDICAL DOCTORS TO PRACTICE IN EAST CENTRAL INDIANA.
- UTILIZE IU HEALTH'S INTERNAL RECRUITMENT RESOURCES.
- LEVERAGE IU HEALTH'S BALL MEMORIAL RESIDENCY PROGRAMS FOR POTENTIAL RECRUITS.
- MAINTAIN AND UPDATE FACILITIES' PLAN AND INITIATIVES TO SUPPORT INCOMING PRACTICES.
- PROVIDE TWO FAMILY MEDICINE DIRECTORS AND A RESIDENT ROTATION AT A SUBSIDIZED RATE TO LOCAL FEDERALLY QUALIFIED HEALTH CENTER (FQHC) OPEN DOOR HEALTH SERVICES TO EXPAND OBSTETRICS CAPACITY TO SERVE LOW-INCOME RESIDENTS.

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.

AGING POPULATION AND NEEDS OF SENIORS

IU HEALTH BLACKFORD HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF AGING POPULATION AND NEEDS OF SENIORS INCLUDE THE FOLLOWING:

- SUPPORT COMMUNICATION, ORGANIZATION AND FACILITATION OF LOCAL COLLABORATION TO ADVANCE NEW FOOD POLICY, FOOD WASTE REDUCTION, AND FOOD ACCESS.
- FACILITATE ORGANIZATION RECRUITMENT AND ENGAGEMENT USING THE COLLECTIVE IMPACT MODEL AROUND IMPROVED NUTRITION, INCREASED PHYSICAL ACTIVITY AND TOBACCO CESSATION.
- ORGANIZE WORKGROUPS AND DEVELOP PARTNER TOOLS FOR AUDIENCE ENGAGEMENT.
- BUILD AND MAINTAIN HEALTHY COMMUNITY ALLIANCE (HCA) WEBSITE AND OTHER COMMUNICATION TOOLS TO SUPPORT PARTNER ENGAGEMENT.
- ENGAGE LOCAL PARTNERS TO RECRUIT LOW-INCOME FAMILIES TO PARTICIPATE.
- PROVIDE OPPORTUNITIES FOR FAMILIES TO LEARN ABOUT NUTRITION VALUE OF FRESH PRODUCE, PHYSICAL ACTIVITY AND TOBACCO CESSATION.
- OFFER IU HEALTH BUCKS TO PARTICIPANTS SO THEY MAY FULLY ENGAGE IN FARMERS' MARKET EXPERIENCE
- INVESTIGATE POTENTIAL PARTNERSHIP LEVELS AND INVESTMENTS WITH COMMUNITY-BUILDING ACTIVITIES RELATED TO FOOD ACCESS, HOUSING, AGING

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.

POPULATION, BEHAVIORAL HEALTH AND EDUCATION.

BEHAVIORAL HEALTH (INCLUDES DRUG & SUBSTANCE ABUSE AND MENTAL HEALTH)

IU HEALTH BLACKFORD HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF BEHAVIORAL HEALTH INCLUDES THE FOLLOWING:

- PROVIDE STRUCTURED THERAPEUTIC RECOVERY PROGRAM.
- APPLY FOR GRANT FUNDING TO EXPAND VIRTUAL IOP TO SERVE OTHER EAST CENTRAL REGION FACILITIES.
- ASSIST IN THE ESTABLISHMENT OF A COMMUNITY NETWORK OF EXISTING SUBSTANCE USE DISORDERS (SUD) RELATED CONCERNS.
- PROVIDE ACCESS TO PEER RECOVERY COACHES, ADVANCED PRACTICE NURSING AND PSYCHIATRY FOR EMERGENCY DEPARTMENT (ED) PATIENTS WHO NEED HELP WITH SUBSTANCE USE DISORDERS (SUD) RELATED CONCERNS.
- PROVIDE PRESCRIPTION MEDICATION DISPOSAL KIOSKS AT IU HEALTH EAST CENTRAL REGION FACILITIES.
- INVESTIGATE POTENTIAL PARTNERSHIP LEVELS AND INVESTMENTS WITH COMMUNITY-BUILDING ACTIVITIES RELATED TO FOOD ACCESS, HOUSING, AGING POPULATION, BEHAVIORAL HEALTH AND EDUCATION.
- PROVIDE PERINATAL COORDINATOR TO FACILITATE AND COLLABORATE WITHIN THE HOSPITAL AND WITH OUTSIDE PHYSICIAN OFFICES AND COMMUNITY AGENCIES TO ENHANCE EFFORTS TO DECREASE INFANT MORTALITY IN THE IU HEALTH EAST CENTRAL REGION.

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.

MATERNAL AND INFANT HEALTH AND CHILD WELLBEING

IU HEALTH BLACKFORD HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF MATERNAL AND INFANT HEALTH AND CHILD WELLBEING INCLUDE THE FOLLOWING:

- PROVIDE TWO FAMILY MEDICINE DIRECTORS AND A RESIDENT ROTATION AT A SUBSIDIZED RATE TO LOCAL FEDERALLY QUALIFIED HEALTH CENTER (FQHC) OPEN DOOR HEALTH SERVICES TO EXPAND OBSTETRICS CAPACITY TO SERVE LOW-INCOME RESIDENTS.

OBESITY AND DIABETES

IU HEALTH BLACKFORD HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF OBESITY AND DIABETES INCLUDE THE FOLLOWING:

- SUPPORT COMMUNICATION, ORGANIZATION AND FACILITATION OF LOCAL COLLABORATION TO ADVANCE NEW FOOD POLICY, FOOD WASTE REDUCTION, AND FOOD ACCESS.

- FACILITATE ORGANIZATION RECRUITMENT AND ENGAGEMENT USING THE COLLECTIVE IMPACT MODEL AROUND IMPROVED NUTRITION, INCREASED PHYSICAL ACTIVITY AND TOBACCO CESSATION.

- ORGANIZE WORKGROUPS AND DEVELOP PARTNER TOOLS FOR AUDIENCE ENGAGEMENT.

- BUILD AND MAINTAIN HEALTHY COMMUNITY ALLIANCE (HCA) WEBSITE AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

OTHER COMMUNICATION TOOLS TO SUPPORT PARTNER ENGAGEMENT.

- ENGAGE LOCAL PARTNERS TO RECRUIT LOW-INCOME FAMILIES TO PARTICIPATE.

- PROVIDE OPPORTUNITIES FOR FAMILIES TO LEARN ABOUT NUTRITION VALUE OF FRESH PRODUCE, PHYSICAL ACTIVITY AND TOBACCO CESSATION.

- OFFER IU HEALTH BUCKS TO PARTICIPANTS SO THEY MAY FULLY ENGAGE IN FARMERS' MARKET EXPERIENCE

SMOKING AND TOBACCO USAGE

IU HEALTH BLACKFORD HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF SMOKING AND TOBACCO USAGE INCLUDE THE FOLLOWING:

- FACILITATE ORGANIZATION RECRUITMENT AND ENGAGEMENT USING THE COLLECTIVE IMPACT MODEL AROUND IMPROVED NUTRITION, INCREASED PHYSICAL ACTIVITY AND TOBACCO CESSATION.

- ORGANIZE WORKGROUPS AND DEVELOP PARTNER TOOLS FOR AUDIENCE ENGAGEMENT.

- BUILD AND MAINTAIN HEALTHY COMMUNITY ALLIANCE (HCA) WEBSITE AND OTHER COMMUNICATION TOOLS TO SUPPORT PARTNER ENGAGEMENT.

- EDUCATE STAFF REGARDING "ASK, ADVISE, REFER" PROCESS TO REFER PATIENTS AND FAMILY MEMBERS TO THE INDIANA TOBACCO QUITLINE.

- PROVIDE PERINATAL COORDINATOR TO FACILITATE AND COLLABORATE WITHIN THE HOSPITAL AND WITH OUTSIDE PHYSICIAN OFFICES AND COMMUNITY AGENCIES TO ENHANCE EFFORTS TO DECREASE INFANT MORTALITY IN THE IU HEALTH EAST

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.

CENTRAL REGION.

- ENGAGE LOCAL PARTNERS TO RECRUIT LOW-INCOME FAMILIES TO PARTICIPATE.
- PROVIDE OPPORTUNITIES FOR FAMILIES TO LEARN ABOUT NUTRITION VALUE OF FRESH PRODUCE, PHYSICAL ACTIVITY AND TOBACCO CESSATION.
- OFFER IU HEALTH BUCKS TO PARTICIPANTS SO THEY MAY FULLY ENGAGE IN FARMERS' MARKET EXPERIENCE

SOCIAL DETERMINANTS OF HEALTH

IU HEALTH BLACKFORD HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF SOCIAL DETERMINANTS OF HEALTH INCLUDE THE FOLLOWING:

- INVESTIGATE POTENTIAL PARTNERSHIP LEVELS AND INVESTMENTS WITH COMMUNITY-BUILDING ACTIVITIES RELATED TO FOOD ACCESS, HOUSING, AGING POPULATION, BEHAVIORAL HEALTH AND EDUCATION.

IU HEALTH BLACKFORD HOSPITAL WILL ADDRESS ALL COMMUNITY HEALTH NEEDS BASED ON THEIR 2018 COMMUNITY HEALTH NEEDS ASSESSMENT. THERE WERE NO IDENTIFIED NEEDS THAT WILL NOT BE ADDRESSED.

SCHEDULE H, PART V, SECTION B, LINE 13B - INCOME LEVEL OTHER THAN FPG
 IN ADDITION TO FPG, IU HEALTH BLACKFORD HOSPITAL MAY TAKE INTO CONSIDERATION A PATIENT'S INCOME AND/OR ABILITY TO PAY IN 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 FACTORS

IU HEALTH BLACKFORD HOSPITAL TAKES INTO CONSIDERATION SEVERAL OTHER FACTORS IN DETERMINING PATIENT ELIGIBILITY FOR FINANCIAL ASSISTANCE.

THESE FACTORS INCLUDE THE FOLLOWING:

1. IU HEALTH BLACKFORD HOSPITAL'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 BLACKFORD HOSPITAL'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 BLACKFORD HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. PATIENTS MAY BE ASKED

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

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

3. ALTERNATE METHODS OF ELIGIBILITY DETERMINATION

IU HEALTH BLACKFORD HOSPITAL 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 BLACKFORD

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.

HOSPITAL 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

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 BLACKFORD HOSPITAL 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

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.

("AGB") FOR THEIR SERVICES.

PATIENTS WILL RECEIVE AN ESTIMATED AGB COST OF THEIR CARE PRIOR TO IU HEALTH BLACKFORD HOSPITAL 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 BE RESCHEDULED FOR A LATER DATE AS MEDICALLY PRUDENT AND IN ACCORDANCE WITH 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 EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT ("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 BLACKFORD HOSPITAL'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 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.

UNINSURED PATIENTS WISHING TO MAKE AN APPLICATION FOR FINANCIAL ASSISTANCE GREATER THAN THE AGB MUST FULFILL THEIR NON-REFUNDABLE DEPOSIT PRIOR TO IU HEALTH BLACKFORD HOSPITAL 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 V, SECTION B, LINE 16A - FAP WEBSITE

A COPY OF IU HEALTH BLACKFORD HOSPITAL'S FAP IS AVAILABLE 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 BLACKFORD HOSPITAL'S FAP APPLICATION IS AVAILABLE 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 PLAIN LANGUAGE SUMMARY OF THE FAP, INCLUDING TRANSLATED COPIES, IS AVAILABLE ON THE FOLLOWING WEBSITE:

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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 16J - OTHER MEASURES TO PUBLICIZE

IU HEALTH BLACKFORD HOSPITAL TAKES SEVERAL OTHER MEASURES TO PUBLICIZE

ITS FAP WITHIN THE COMMUNITY. THESE MEASURES INCLUDE THE FOLLOWING:

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 BLACKFORD HOSPITAL 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 BLACKFORD HOSPITAL 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 BLACKFORD HOSPITAL WILL BROADLY COMMUNICATE THIS POLICY AS PART OF ITS GENERAL OUTREACH EFFORTS.

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

PROGRAM.

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

IU HEALTH BLACKFORD HOSPITAL'S 2018 COMMUNITY HEALTH NEEDS ASSESSMENT

(CHNA) REPORT INCLUDES A PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH

NEEDS IN THE COMMUNITY. THE CHNA REPORT IDENTIFIED THE FOLLOWING EIGHT

NEEDS AS PRIORITIES FOR IU HEALTH BLACKFORD HOSPITAL:

- ACCESS TO HEALTH CARE SERVICES
- AGING POPULATION AND NEEDS OF SENIORS
- DRUG AND SUBSTANCE ABUSE
- MATERNAL AND INFANT HEALTH AND CHILD WELLBEING
- MENTAL HEALTH
- OBESITY AND DIABETES
- SMOKING AND TOBACCO USAGE
- SOCIAL DETERMINANTS OF HEALTH

Part V Facility Information (continued)

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

How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 IUH BLACKFORD HOSP. REHAB. SERVICES 400 PILGRIM BLVD., STE. 100 HARTFORD CITY IN 47348	DIAGNOSTIC AND OTHER OUTPATIENT
2	
3	
4	
5	
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 I, LINE 3C - OTHER FACTORS USED IN DETERMINING ELIG.

IU HEALTH BLACKFORD HOSPITAL USES SEVERAL FACTORS OTHER THAN FEDERAL POVERTY GUIDELINES ("FPGS") IN DETERMINING ELIGIBILITY FOR FREE CARE UNDER ITS FAP. THESE 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 BLACKFORD HOSPITAL 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.

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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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PATIENTS 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 ON A PARENT'S OR GUARDIANS' FEDERAL INCOME TAX RETURN.

2. IU HEALTH BLACKFORD HOSPITAL'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 BLACKFORD HOSPITAL'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 BLACKFORD HOSPITAL ELIGIBLE UNDER THE FAP WILL NOT BE CHARGED MORE THAN THE AGB AS DESCRIBED IN THE FAP.

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.

4. SERVICES RENDERED BY INDIVIDUAL PROVIDERS

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 BLACKFORD HOSPITAL'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 BLACKFORD HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM.

Part VI Supplemental Information

Provide the following information.

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

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 AT THE REQUEST OF IU HEALTH BLACKFORD HOSPITAL.

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

6. ALTERNATE METHODS OF ELIGIBILITY DETERMINATION

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.

IU HEALTH BLACKFORD HOSPITAL 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 PATIENT'S INDIVIDUAL SCORING CRITERIA.

TO ENSURE ALL PATIENTS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE FAP MAY RECEIVE FINANCIAL ASSISTANCE, IU HEALTH BLACKFORD HOSPITAL 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

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.

PATIENT'S GROSS HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 200% OF THE
FEDERAL POVERTY LEVEL

7. 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
BLACKFORD HOSPITAL 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 BLACKFORD HOSPITAL 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.

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.

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 PATIENT'S EQUITY IN THE VEHICLE IS LESS THAN FIFTY-THOUSAND DOLLARS (\$50,000).

IU HEALTH BLACKFORD HOSPITAL 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

Part VI Supplemental Information

Provide the following information.

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

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 BLACKFORD HOSPITAL 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 BE RESCHEDULED FOR A LATER DATE AS MEDICALLY PRUDENT AND IN ACCORDANCE WITH 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 BLACKFORD HOSPITAL POLICY ADM 1.32, SCREENING AND TRANSFER OF EMERGENCY OR UNSTABLE PATIENTS.

AMOUNT OF 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.

ALL UNINSURED PATIENTS PRESENTING FOR SERVICES AT IU HEALTH BLACKFORD

HOSPITAL'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.

UNINSURED PATIENTS WISHING TO MAKE AN APPLICATION FOR FINANCIAL

ASSISTANCE GREATER THAN THE AGB MUST FULFILL THEIR NON-REFUNDABLE DEPOSIT

PRIOR TO IU HEALTH BLACKFORD HOSPITAL 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 6A - C.B. REPORT PREPARED BY A RELATED ORG.

IU HEALTH BLACKFORD HOSPITAL'S COMMUNITY BENEFIT AND OTHER INVESTMENTS,

ENCOMPASSING ITS TOTAL COMMUNITY INVESTMENT, ARE INCLUDED IN THE IU

HEALTH COMMUNITY BENEFIT REPORT WHICH IS PREPARED ON BEHALF OF AND

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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- 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.

INCLUDES IU HEALTH AND ITS RELATED HOSPITAL ENTITIES IN THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM").

THE IU HEALTH COMMUNITY BENEFIT REPORT IS MADE AVAILABLE TO THE PUBLIC ON IU HEALTH'S WEBSITE AT [HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY](https://iuhealth.org/in-the-community)

THE IU HEALTH COMMUNITY BENEFIT REPORT IS ALSO DISTRIBUTED TO NUMEROUS KEY ORGANIZATIONS THROUGHOUT THE STATE OF INDIANA IN ORDER TO BROADLY SHARE THE IU HEALTH STATEWIDE SYSTEM'S COMMUNITY BENEFIT EFFORTS. IT IS ALSO AVAILABLE BY REQUEST THROUGH THE INDIANA STATE DEPARTMENT OF HEALTH OR IU HEALTH.

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

THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSE IS \$1,637,686.

BAD DEBT EXPENSE IS REPORTED AT COST BASED ON THE COST-TO-CHARGE RATIO

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.

DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.

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

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

BASED ON COLUMN (E) NET COMMUNITY BENEFIT EXPENSE. THE PERCENT OF TOTAL EXPENSE BASED ON COLUMN (C) TOTAL COMMUNITY BENEFIT EXPENSE, WHICH DOES NOT INCLUDE DIRECT OFFSETTING REVENUE, IS 25.49%.

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

IU HEALTH BLACKFORD HOSPITAL IS A SUBSIDIARY OF IU HEALTH. IU HEALTH PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES IT SERVES. IU HEALTH AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM") INVEST IN ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, COLLABORATE WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCATE FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS. THIS INCLUDES MAKING CONTRIBUTIONS TO COMMUNITY-BUILDING ACTIVITIES BY PROVIDING INVESTMENTS AND RESOURCES TO

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.

LOCAL COMMUNITY INITIATIVES THAT ADDRESSED ECONOMIC DEVELOPMENT,
COMMUNITY SUPPORT AND WORKFORCE DEVELOPMENT. SEVERAL EXAMPLES INCLUDE IU
HEALTH'S SUPPORT OF THE FOLLOWING ORGANIZATIONS AND INITIATIVES THAT
FOCUS ON SOME OF THE ROOT CAUSES OF HEALTH ISSUES, SUCH AS LACK OF
EDUCATION, EMPLOYMENT AND POVERTY:

- HEALTHY COMMUNITY ALLIANCE OF EAST CENTRAL INDIANA
- COMMUNITY AND FAMILY SERVICES
- HARTFORD CITY GROWERS AND MAKERS MARKET
- BLACKFORD COMMUNITY SCHOOLS
- PURDUE EXTENSION
- UNITED WAY
- BLACKFORD COUNTY 4H

ADDITIONALLY, THROUGH THE IU HEALTH STATEWIDE SYSTEM'S TEAM MEMBER
COMMUNITY BENEFIT SERVICE PROGRAM, TEAM MEMBERS ACROSS THE STATE MAKE A
DIFFERENCE IN THE LIVES OF THOUSANDS OF HOOSIERS EVERY YEAR.

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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- 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 2 - METHODOLOGY USED TO EST. BAD DEBT EXP.

THE BAD DEBT EXPENSE OF \$702,240 REPORTED ON SCHEDULE H, PART III, LINE 2 IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY.

SCHEDULE H, PART III, LINE 3 - EST. BAD DEBT ATTR. TO PATIENTS UNDER FAP 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.

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

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.

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
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

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.

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' 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

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.

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 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

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.

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.

SCHEDULE H, PART III, LINE 8 - MEDICARE SHORTFALL

IU HEALTH BLACKFORD HOSPITAL DID NOT HAVE A MEDICARE SHORTFALL FOR 2018. IU HEALTH BLACKFORD HOSPITAL'S MEDICARE REIMBURSEMENTS, HOWEVER, ARE NORMALLY LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES AND DO NOT INCLUDE ANY AMOUNTS THAT RESULT FROM INEFFICIENCIES OR POOR MANAGEMENT. IU HEALTH BLACKFORD HOSPITAL ACCEPTS ALL MEDICARE PATIENTS KNOWING THAT THERE MAY BE SHORTFALLS; THEREFORE IT

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.

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

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 BLACKFORD HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS

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.

WOULD SIGNIFICANTLY REDUCE THE MEDICARE SURPLUS REPORTED ON SCHEDULE H,
PART III, LINE 7.

SCHEDULE H, PART III, LINE 9B - WRITTEN DEBT COLLECTION POLICY

IU HEALTH BLACKFORD HOSPITAL'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
(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.

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.

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

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.

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 BLACKFORD HOSPITAL 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;
- 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

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.

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 RETURN, 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 BLACKFORD HOSPITAL WILL INFORM PATIENTS OR GUARANTORS OF THE RESULTS OF THEIR APPLICATION BY PROVIDING THE PATIENT OR GUARANTOR WITH A FINANCIAL ASSISTANCE DETERMINATION WITHIN NINETY (90) DAYS OF RECEIVING A COMPLETED APPLICATION AND ALL REQUESTED DOCUMENTATION.

IF A PATIENT OR GUARANTOR IS GRANTED LESS THAN FULL CHARITY ASSISTANCE

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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.

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.

3. EXTRAORDINARY COLLECTION ACTIONS

IU HEALTH BLACKFORD HOSPITAL MAY REFER DELINQUENT PATIENT ACCOUNTS TO A THIRD-PARTY COLLECTION AGENCY AFTER UTILIZING REASONABLE EFFORTS TO

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.

DETERMINE A PATIENT'S ELIGIBILITY FOR ASSISTANCE UNDER THE FAP.

IU HEALTH BLACKFORD HOSPITAL 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 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

Part VI Supplemental Information

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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 BLACKFORD
 HOSPITAL 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 BLACKFORD HOSPITAL. IU HEALTH BLACKFORD
 HOSPITAL 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.

4. REFUNDS

Part VI Supplemental Information

Provide the following information.

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

PATIENTS ELIGIBLE FOR ASSISTANCE UNDER THE FAP WHO REMITTED PAYMENT TO IU HEALTH BLACKFORD HOSPITAL 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.

SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT

COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. IU HEALTH BLACKFORD HOSPITAL UNDERSTANDS THAT THE HEALTH OF INDIVIDUALS AND

Part VI Supplemental Information

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COMMUNITIES ARE SHAPED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS, ALONG WITH HEALTH BEHAVIORS AND ADDITIONAL INFLUENCES.

IU HEALTH BLACKFORD HOSPITAL ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). FOR THE 2018 CHNA, IU HEALTH BLACKFORD HOSPITAL 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 BLACKFORD HOSPITAL 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 AND ANALYZE THE NEEDS IDENTIFIED BY EACH SOURCE. THE TOP HEALTH NEEDS OF THE IU HEALTH BLACKFORD HOSPITAL COMMUNITY ARE THOSE THAT ARE SUPPORTED BY MULTIPLE DATA SOURCES.

Part VI Supplemental Information

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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 BLACKFORD HOSPITAL 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 BLACKFORD HOSPITAL HAS ESTABLISHED A FAP TO PROVIDE FINANCIAL ASSISTANCE TO UNINSURED PATIENTS. IU HEALTH BLACKFORD HOSPITAL IS COMMITTED TO ENSURING ITS PATIENTS ARE COMPLIANT WITH ALL PROVISIONS OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT. TO THAT END, IU HEALTH BLACKFORD HOSPITAL 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 BLACKFORD HOSPITAL TAKES SEVERAL MEASURES TO INFORM ITS PATIENTS OF THE FAP AND FAP-ELIGIBILITY. THESE MEASURES INCLUDE THE FOLLOWING:

Part VI Supplemental Information

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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 BLACKFORD HOSPITAL 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 BLACKFORD HOSPITAL WILL BROADLY COMMUNICATE THIS POLICY AS PART OF ITS GENERAL OUTREACH EFFORTS.

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5. IU HEALTH BLACKFORD HOSPITAL 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 BLACKFORD HOSPITAL IS LOCATED IN BLACKFORD COUNTY, INDIANA, A COUNTY LOCATED IN EAST-CENTRAL INDIANA. ITS SERVICE AREAS INCLUDE BLACKFORD, GRANT, DELAWARE, JAY, AND WELLS COUNTIES.

BLACKFORD COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF HARTFORD CITY AND MONTPELIER. BASED ON THE MOST RECENT CENSUS BUREAU (2018) STATISTICS, BLACKFORD COUNTY'S POPULATION IS 11,930 PERSONS WITH APPROXIMATELY 50.6% BEING FEMALE AND 49.4% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 95.4% WHITE, 1.8% HISPANIC OR LATINO, 0.8% BLACK, 0.4% ASIAN, 0.3% AMERICAN INDIAN OR ALASKA NATIVE, AND 1.6% PERSONS REPORTING TWO OR MORE RACES.

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BLACKFORD COUNTY HAS RELATIVELY LOW LEVELS OF EDUCATIONAL ATTAINMENT. THE LEVEL OF EDUCATION MOST OF THE POPULATION HAS ACHIEVED IS A HIGH SCHOOL DEGREE (87.7%). AS OF 2018, 11.1% OF THE POPULATION HAD A BACHELOR'S DEGREE OR HIGHER.

SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH DURING 2018, IU HEALTH BLACKFORD HOSPITAL'S PROMOTION OF COMMUNITY HEALTH INCLUDED THE FOLLOWING HIGHLIGHTS:

IU HEALTH BLACKFORD HOSPITAL HOSTED THEIR ANNUAL COMMUNITY HEALTH FAIR ON SATURDAY, NOVEMBER 3, 2018 AT IU HEALTH BLACKFORD HOSPITAL IN HARTFORD CITY. RESIDENTS OF BLACKFORD COUNTY AND THE SURROUNDING AREAS CAME OUT TO VISIT WITH LOCAL MEDICAL PROFESSIONALS, RECEIVE HEALTH AND WELLNESS SCREENINGS, SEE ACTIVITY DEMONSTRATIONS AND ENJOY FAMILY ENTERTAINMENT. THE ONE-DAY EVENT, SPONSORED BY IU HEALTH BLACKFORD HOSPITAL, FOCUSED ON SPECIFIC HEALTH NEEDS, INCLUDING CARDIAC SERVICES, CANCER, AND DIABETES. HEART FAILURE AND STROKE SCREENINGS WERE OFFERED TO VISITORS, ALONG WITH FREE OR REDUCED-COST LAB WORK.

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IU HEALTH BLACKFORD HOSPITAL PARTICIPATES AS A SUPPORTING PARTNER IN A THREE-COUNTY HEALTH COALITION FOCUSED ON OBESITY PREVENTION AND TOBACCO CESSATION AS A MEANS TO REDUCE THE IMPACT OF CHRONIC DISEASE INCLUDING CANCER AND HEART DISEASE. MORE THAN 135 ORGANIZATIONS ARE PARTNERS IN THE "HEALTHY COMMUNITY ALLIANCE OF EAST CENTRAL INDIANA" COALITION AND EACH PLEDGES TO INFLUENCE AUDIENCES TO MAKE POSITIVE CHOICES REGARDING IMPROVED NUTRITION, INCREASED PHYSICAL ACTIVITY OR TOBACCO CESSATION. COALITION PARTNERS REPORT A COLLECTIVE TOTAL AUDIENCE SIZE OF MORE THAN 50,000 PEOPLE.

AS AN ADDITIONAL OBESITY PREVENTION INITIATIVE, IU HEALTH BLACKFORD HOSPITAL PARTNERS WITH THE HARTFORD CITY GROWERS AND MAKERS MARKET AND OTHER COMMUNITY PARTNERS TO OFFER "FAMILIES AT THE FARMERS MARKET." THIS PROGRAM CONSISTS OF THREE MONTHLY SATURDAY WORKSHOPS THAT OFFER A WELLNESS-BASED PRESENTATION ON UTILIZING TASTY NATURAL HERBS, IDEAL HEALTHY RECIPES FOR CHILDREN, OR A DIABETES COMPONENT. GROCERY SHOPPING TIPS ARE OFTEN A PART OF THE EDUCATIONAL LECTURES, INCLUDING A BETTER

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UNDERSTANDING OF NUTRITIONAL LABELS AND FOOD STORAGE. PARTICIPATING FAMILIES ALSO RECEIVE FREE "IU HEALTH BUCKS" TO SHOP FOR PRODUCE IN THE FARMERS MARKET. IN 2018, 8 FAMILIES, PARTICIPATED IN THE PROGRAM.

IU HEALTH BLACKFORD IS A SUBSIDIARY OF IU HEALTH. IU HEALTH AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA EXTEND 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, 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.

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

IU HEALTH BLACKFORD HOSPITAL IS PART OF THE IU HEALTH STATEWIDE SYSTEM. THE IU HEALTH STATEWIDE SYSTEM IS INDIANA'S MOST COMPREHENSIVE HEALTHCARE

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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

- 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 YOU CONFIDENCE THAT YOU MADE THE RIGHT CHOICE IN TRUSTING IU HEALTH WITH YOUR

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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 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, IU HEALTH COMMITTED TO A STRATEGIC RESEARCH INITIATIVE TO

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SUPPORT RATABLY FOR A FIVE-YEAR PERIOD ENDED DECEMBER 31, 2016, CERTAIN BASIC, CLINICAL, AND TRANSLATIONAL RESEARCH PROGRAMS OF THE IU SCHOOL OF MEDICINE. THE TOTAL COMMITMENT AGGREGATED \$75,000,000. IN 2017, A NEW FIVE-YEAR TERM OF \$55,000,000 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 \$11,000,000 AND \$5,000,000, 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 \$25,652,000 AND \$32,875,000 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:

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- 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.

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.

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IU HEALTH STATEWIDE SYSTEM

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

- IU HEALTH ARNETT HOSPITAL
- IU HEALTH BALL MEMORIAL HOSPITAL
- IU HEALTH BEDFORD HOSPITAL
- IU HEALTH BLACKFORD HOSPITAL
- IU HEALTH BLOOMINGTON HOSPITAL
- IU HEALTH FRANKFORT HOSPITAL
- IU HEALTH JAY HOSPITAL
- IU HEALTH NORTH HOSPITAL
- IU HEALTH PAOLI HOSPITAL

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- IU HEALTH TIPTON HOSPITAL
- IU HEALTH WEST HOSPITAL
- IU HEALTH WHITE MEMORIAL HOSPITAL

ALTHOUGH EACH HOSPITAL IN THE IU HEALTH STATEWIDE SYSTEM PREPARES AND SUBMITS ITS OWN COMMUNITY BENEFITS PLAN RELATIVE TO THE LOCAL COMMUNITY, THE IU HEALTH STATEWIDE SYSTEM CONSIDERS ITS COMMUNITY BENEFIT PLAN AS PART OF AN OVERALL VISION FOR STRENGTHENING INDIANA'S OVERALL HEALTH. A COMPREHENSIVE COMMUNITY OUTREACH STRATEGY AND COMMUNITY BENEFIT PLAN IS IN PLACE THAT ENCOMPASSES THE ACADEMIC MEDICAL CENTER DOWNTOWN INDIANAPOLIS, SUBURBAN INDIANAPOLIS AND STATEWIDE ENTITIES AROUND PRIORITY AREAS THAT FOCUS ON HEALTH IMPROVEMENT EFFORTS STATEWIDE. IU HEALTH IS KEENLY AWARE OF THE POSITIVE IMPACT IT CAN HAVE ON THE COMMUNITIES OF NEED IN THE STATE OF INDIANA BY FOCUSING ON THE MOST PRESSING NEEDS IN A SYSTEMATIC AND STRATEGIC WAY.

IN 2018, IU HEALTH PROVIDED MORE THAN \$711 MILLION IN TOTAL COMMUNITY BENEFIT AND SERVED MORE THAN ONE MILLION INDIVIDUALS.

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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. IN 2018, MORE THAN 2,848 IU HEALTH TEAM MEMBERS DEDICATED MORE THAN 9,694 VOLUNTEER HOURS IN THEIR COMMUNITIES.

COMMUNITY HEALTH INITIATIVES

WITH INVESTMENTS IN HIGH-QUALITY AND IMPACTFUL INITIATIVES TO ADDRESS COMMUNITY HEALTH NEEDS STATEWIDE, IU HEALTH IS HELPING INDIANA RESIDENTS IMPROVE THEIR HEALTH AND THEIR QUALITY OF LIFE. IN 2018, IU HEALTH IMPACTED MANY PEOPLE STATEWIDE THROUGH PRESENTATIONS, HEALTH RISK SCREENINGS, HEALTH EDUCATION PROGRAMS, AND ADDITIONAL HEALTH EDUCATIONAL

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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
SUBSTANCE-RELATED HEALTHCARE ISSUES, ESPECIALLY AMONG THE MOST VULNERABLE
POPULATIONS OF WOMEN AND CHILDREN. THE SOUTH CENTRAL REGION HAS SEEN

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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 JAY COUNTIES. THIS INCLUDES FACILITATING INTER-PROFESSIONAL COLLABORATION, EDUCATING HOSPITAL STAFF, INCREASING COLLABORATION WITH

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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 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

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POTENTIAL TO COLLECT 4,000 POUNDS.

- FISHERS FIRE DEPARTMENT, PARAMEDICINE BEHAVIORAL RESPONSE PROGRAM, IU HEALTH NORTH CENTRAL REGION, \$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, ADVANCE MEDICAL OR HEALTHCARE KNOWLEDGE, AND RELIEVE OR REDUCE THE BURDEN

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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

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COMMUNITIES INCLUDE:

- BIG GREEN INDIANAPOLIS
- 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 &

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BEHAVIORAL HEALTH SERVICES

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

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.

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IU HEALTH PARTNERED WITH THE FOLLOWING ORGANIZATIONS TO HELP ACHIEVE THIS

GOAL :

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

COMMUNITY IMPACT

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

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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
- 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.

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.

STATE FILING OF COMMUNITY BENEFIT REPORT

IN,