

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

INDIANA UNIVERSITY HEALTH BLOOMINGTON, INC.

Employer identification number

35-1720796

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>1b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		X
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		X
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .		5430	5,493,696.		5,493,696.	1.61
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		7061	70,860,670.	54,072,427.	16,788,243.	4.93
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs . . . . .		12491	76,354,366.	54,072,427.	22,281,939.	6.54
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	18	42607	3,746,620.	186,625.	3,559,995.	1.05
<b>f</b> Health professions education (from Worksheet 5) . . . . .	4	3146	704,598.	205,937.	498,661.	.15
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	3	982	21,627,060.	13,991,297.	7,635,763.	2.24
<b>h</b> Research (from Worksheet 7)	1		8,165.		8,165.	
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	3	483	680,081.	598,486.	81,595.	.02
<b>j Total.</b> Other Benefits . . . . .	29	47218	26,766,524.	14,982,345.	11,784,179.	3.46
<b>k Total.</b> Add lines 7d and 7j . . . . .	29	59709	103,120,890.	69,054,772.	34,066,118.	10.00

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	2	244	3,062.		3,062.	
7 Community health improvement advocacy	1	5075	42,053.		42,053.	.01
8 Workforce development	1	12	5,139.		5,139.	
9 Other						
10 Total	4	5331	50,254.		50,254.	.01

**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	5,493,696.
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	94,251,135.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	103,427,287.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-9,176,152.
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 SEE PART VI	AMBULATORY SURGERY CENTER	50.00000		50.00000
2 SEE PART VI	DIAG. AND OTHER OUTPATIENT	50.00000		50.00000
3 SEE PART VI	AMBULATORY SURGERY CENTER	50.00000		50.00000
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group IU HEALTH BLOOMINGTON 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
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b>	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	
<b>6a</b>	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
<b>6b</b>	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
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	X	
<b>a</b>	If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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.		
<b>12a</b>	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>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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 BLOOMINGTON HOSPITAL

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

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	X	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> 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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:		X
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> 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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b>	<input checked="" type="checkbox"/> 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>b</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)		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

**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 BLOOMINGTON HOSPITAL

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
	<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	<b>b</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		
	<b>c</b> <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		
	<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C.		X
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C.		X

**Part V Facility Information** (continued)

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

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

1. COMMUNITY MEETINGS
2. KEY STAKEHOLDERS INTERVIEWS
3. COMMUNITY SURVEY

COMMUNITY MEETINGS (MONROE & OWEN COUNTIES)

TO OBTAIN A MORE COMPLETE PICTURE OF THE FACTORS THAT PLAY INTO THE MONROE AND OWEN COUNTY COMMUNITY HEALTH, INPUT FROM LOCAL LEADERS WITH A STAKE IN THE COMMUNITY'S HEALTH WERE INVITED TO ATTEND A COMMUNITY HEALTH SUB-COMMITTEE MEETING ON MAY 8, 2018 HELD AT IU HEALTH BLOOMINGTON.

ORGANIZATIONS WHO PARTICIPATED IN THE FOCUS GROUPS ARE AS FOLLOWS:

- BLOOMINGTON ECONOMIC DEVELOPMENT CENTER
- BLOOMINGTON HEALTH FOUNDATION
- BLOOMINGTON NORTH HIGH SCHOOL
- MONROE COUNTY HEALTH DEPARTMENT
- LOCAL COUNCIL OF WOMEN
- UNITED WAY OF MONROE COUNTY
- SLOTEGRAFF AND NIEHOFF

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

**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.

HEALTH BLOOMINGTON HOSPITAL, THOSE INDICATORS WERE (IN ALPHABETICAL ORDER):

- CARDIOVASCULAR DISEASES AND RELATED MORTALITY
- DRUG AND SUBSTANCE ABUSE
- MOTOR VEHICLE ACCIDENTS AND DRUNK DRIVING
- PHYSICALLY AND MENTALLY UNHEALTHY DAYS
- POVERTY AND UN-EMPLOYMENT
- SEVERE HOUSING PROBLEMS
- SMOKING, INCLUDING DURING PREGNANCY
- SUPPLY OF PRIMARY CARE PHYSICIANS AND MENTAL HEALTH PROVIDERS

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: CHILDHOOD POVERTY, TRANSPORTATION NEEDS, INFANT MORTALITY, SEXUALLY TRANSMITTED DISEASES, OBESITY, PATIENT COMPLIANCE, AND CHRONIC DISEASE. IN ADDITION, THE GROUP DECIDED IT WOULD BE BEST TO SPLIT POVERTY AND UN-EMPLOYMENT INTO TWO DISTINCT NEEDS.

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 NEEDS THEY CONSIDER TO BE THE MOST SIGNIFICANT. FROM THIS PROCESS, THE GROUP IDENTIFIED THESE FIVE NEEDS AS BEING THE MOST SIGNIFICANT IN THE COMMUNITY SERVED BY IU HEALTH BLOOMINGTON HOSPITAL:

- DRUG AND SUBSTANCE ABUSE

**Part V Facility Information** *(continued)*

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

- CHRONIC DISEASE
- SMOKING, INCLUDING DURING PREGNANCY
- OBESITY
- PHYSICALLY AND MENTALLY UNHEALTHY DAYS

IN ADDITION TO THE SUB-COMMITTEE MEETING, TWO OPEN FOCUS GROUPS WERE CONDUCTED AT LOCAL SCHOOLS IN MONROE COUNTY AND A THIRD OPEN FOCUS GROUP WAS CONDUCTED AT THE OWEN COUNTY YMCA. A MEMBER OF THE OWEN COUNTY HEALTH BOARD ATTENDED THE OWEN COUNTY YMCA FOCUS GROUP. IN TOTAL, 18 INDIVIDUALS PARTICIPATED IN THESE FOCUS GROUPS. INDIVIDUAL INTERVIEWS WERE CONDUCTED WITH PEOPLE EXPERIENCING OR RECENTLY EXPERIENCING HOMELESSNESS AND THE BLOOMINGTON COMMISSION ON AGING. THE TOP HEALTH ISSUES IDENTIFIED WERE:

- HOMELESSNESS
- LACK OF MENTAL HEALTHCARE PROVIDERS
- TRANSPORTATION TO HEALTHCARE APPOINTMENTS FOR THOSE WITHOUT VEHICLES
- FOOD INSECURITIES
- SUBSTANCE ABUSE
- CHILDREN AND INFANTS IN NEED
- HOUSING
- HEALTHCARE

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

- RESOURCE ACCESS
- SUBSTANCE USE
- FOOD INSECURITY
- IMPORTANCE OF SIDE-WALKS FOR COMMUNITY BUILDING,

**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.

- TRANSPORTATION, AND RECREATION
- HEALTHCARE
- BASIC NEEDS
- HOMELESSNESS
- CHILDHOOD CONDITIONS
- UNDERSTANDING SELF - SENSE OF BELONGING TO COMMUNITY
- TRANSPORTATION
- SOCIAL CONNECTIONS
- INSURANCE
- HIGH COST OF HOUSING
- CARE OF OLDER ADULTS IN THE COMMUNITY
- MENTAL HEALTH

AFTER COMPARING, THE DATA GATHERED FROM THE MEETINGS AND INTERVIEWS, THE FOLLOWING FIVE NEEDS WERE NOTED AS THE MOST SIGNIFICANT FOR THE COMMUNITY SERVED BY IU HEALTH BLOOMINGTON HOSPITAL:

- DRUG AND SUBSTANCE ABUSE
- CHRONIC DISEASE
- SMOKING, INCLUDING DURING PREGNANCY
- OBESITY
- MENTAL HEALTH

COMMUNITY MEETING (LAWRENCE COUNTY)

TO OBTAIN A MORE COMPLETE PICTURE OF THE FACTORS THAT PLAY INTO THE LAWRENCE COMMUNITY HEALTH, INPUT FROM LOCAL LEADERS WITH A STAKE IN THE COMMUNITY'S HEALTH WERE INVITED TO ATTEND A COMMUNITY HEALTH SUB-COMMITTEE MEETING ON APRIL 10, 2018 HELD AT IU HEALTH BEDFORD.

**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.

ORGANIZATIONS WHO PARTICIPATED IN THE FOCUS GROUPS ARE AS FOLLOWS:

- BEDFORD PUBLIC LIBRARY
- BEDFORD CHAMBER OF COMMERCE
- CITY OF BEDFORD
- CITY OF BEDFORD PARKS AND RECREATION
- PURDUE EXTENSION
- STONE CITY PRODUCTS

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 BLOOMINGTON HOSPITAL, THOSE INDICATORS WERE (IN ALPHABETICAL ORDER):

- CHRONIC DISEASE MANAGEMENT AND MORTALITY
- LOW BIRTHWEIGHT AND TEEN BIRTH RATES
- MENTAL ILLNESS AND SUPPLY OF MENTAL HEALTH PROVIDERS
- MORTALITY FROM MOTOR VEHICLE ACCIDENTS AND OTHER INJURIES
- OBESITY AND PHYSICAL INACTIVITY
- SMOKING AND SMOKING DURING PREGNANCY
- UNEMPLOYMENT AND ECONOMIC FACTORS

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: SUBSTANCE ABUSE AND TREATMENT, ACCESS TO AND PRICING OF HEALTHCARE, COLLABORATION

**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.

IN THE COMMUNITY ON HEALTH NEEDS, AND HEALTHY FOOD ACCESS AND KNOWLEDGE.

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

- HOSPITAL ADMISSION THAT ARE PREVENTABLE
- SKILLS GAP IN LOCAL AREA COMPARED TO JOB OPPORTUNITIES
- MENTAL HEALTH STIGMA
- SMOKING POLICIES
- LIMITED RESOURCES IN THE COMMUNITY
- LACK OF AWARENESS OF EXISTING PROGRAMS/RESOURCES
- POPULATION PATTERNS IN THE WORLD AND IN RURAL COMMUNITIES

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 NEEDS THEY CONSIDER THE MOST SIGNIFICANT. FROM THIS PROCESS, THE GROUP IDENTIFIED FIVE NEEDS AS BEING THE MOST SIGNIFICANT IN THE LAWRENCE COUNTY COMMUNITY:

- SUBSTANCE ABUSE AND TREATMENT
- OBESITY AND PHYSICAL INACTIVITY
- ACCESS TO AND PRICING OF HEALTHCARE
- UNEMPLOYMENT AND ECONOMIC FACTORS/WORKFORCE TRAINING AND EDUCATION
- MENTAL ILLNESS AND SUPPLY OF MENTAL HEALTH PROVIDERS

KEY STAKEHOLDER INTERVIEWS (MONROE AND LAWRENCE COUNTIES)

IU HEALTH BLOOMINGTON ALSO CONDUCTED KEY STAKEHOLDER INTERVIEWS WITH REPRESENTATIVES OF THE MONROE AND LAWRENCE COUNTY HEALTH DEPARTMENTS. AN INTERVIEW WAS NOT CONDUCTED WITH THE OWEN COUNTY HEALTH DEPARTMENT; HOWEVER, A MEMBER OF THE OWEN COUNTY HEALTH BOARD ATTENDED THE OWEN COUNTY YMCA FOCUS GROUP. THE INTERVIEWS WERE CONDUCTED TO ASSURE THAT

**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.

APPROPRIATE AND ADDITIONAL INPUT WAS RECEIVED FROM THE GOVERNMENTAL PUBLIC HEALTH OFFICIALS. ACCORDINGLY, THE RESULTS OF THE COMMUNITY MEETINGS WERE DISCUSSED AND INSIGHTS WERE SOUGHT REGARDING SIGNIFICANT COMMUNITY HEALTH NEEDS, WHY SUCH NEEDS ARE PRESENT, AND HOW THEY CAN BE ADDRESSED.

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

MONROE COUNTY

THE INTERVIEWEE CONFIRMED THAT THE NEEDS IDENTIFIED THROUGH THE COMMUNITY MEETINGS WERE ALL ISSUES, INCLUDING:

- DRUG AND SUBSTANCE ABUSE
- CHRONIC DISEASE
- SMOKING, INCLUDING PREGNANCY
- OBESITY
- PHYSICAL INACTIVITY

OVERALL, SERVICES FOR MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT WERE CONSIDERED SOME OF THE MOST SIGNIFICANT NEEDS. SUBSTANCE ABUSE CONTINUES TO BE A MAJOR ISSUE AND SEEMS TO HAVE INCREASED IN RECENT YEARS DESPITE MANY EFFORTS TO CURB THE EPIDEMIC.

WHILE OBESITY HAS IMPROVED IN RECENT TIMES IN MONROE COUNTY, IT IS STILL AN ISSUE AND LEADING TO CHRONIC DISEASES SUCH AS HEART DISEASE AND DIABETES.

EARLY CHILDHOOD TRAUMA AND EARLY ADULT TRAUMA WERE IDENTIFIED AS CONTRIBUTING FACTORS FOR MANY OF THESE ISSUES AS IT WAS THOUGHT THAT MANY

**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.

WHO EXPERIENCE TRAUMATIC EVENTS DO NOT LEARN COPING SKILLS TO CARRY ON  
LATER INTO LIFE.

ACCESS TO HEALTH CARE AND HEALTH SERVICES IS A NEED. ALTHOUGH MONROE  
COUNTY HAS AN ABUNDANCE OF RESOURCES, IT IS OFTEN DIFFICULT TO GET  
ECONOMICALLY DISADVANTAGED POPULATIONS TO AFFORDABLE PROVIDERS.

BASIC NEEDS INSECURITY IS AN ISSUE FOR CERTAIN RESIDENTS, AND AFFECTS  
MANY ASPECTS OF HEALTH.

ENCOURAGING VACCINATIONS IN THE COMMUNITY IS AN IMPORTANT NEED, AS  
CONDITIONS LIKE MUMPS, MEASLES AND OTHERS SEEM TO HAVE BEEN REVITALIZED.

PUBLIC HEALTH FUNDING IS A MAJOR NEED, AS FUNDING OPPORTUNITIES ARE  
TYPICALLY FOR NEW PROGRAMS WHILE PREVIOUSLY ESTABLISHED PROGRAMS HAVE  
DIFFICULTY MAINTAINING THEIR EFFECTIVENESS WITHOUT CONTINUED FUNDING.

INTERVIEW - LAWRENCE COUNTY

THE INTERVIEWEE CONFIRMED THAT THE TOP NEEDS IDENTIFIED BY THE COMMUNITY  
MEETING GROUP WERE SOME OF THE MOST SIGNIFICANT. THESE NEEDS WERE:

- SUBSTANCE ABUSE AND TREATMENT
- OBESITY AND PHYSICAL INACTIVITY
- ACCESS TO AND PRICING OF HEALTHCARE
- UNEMPLOYMENT AND ECONOMIC FACTORS/WORKFORCE TRAINING
- MENTAL ILLNESS AND SUPPLY OF MENTAL HEALTH PROVIDERS

FACTORS THAT INFLUENCE MANY OF THE HEALTH NEEDS INCLUDE FINANCIAL ISSUES,  
INFORMATION DISSEMINATION AND AVAILABILITY, AND TRANSPORTATION OPTIONS.

ACCESS TO AFFORDABLE HEALTH INSURANCE WAS IDENTIFIED AS AN ISSUE, WITH  
THE CHALLENGES OF NAVIGATING THE BUREAUCRACY OF HEALTH INSURANCE  
DIFFICULT FOR MANY 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.

SUBSTANCE ABUSE WAS IDENTIFIED AS A SIGNIFICANT ISSUE WITH MANY CONTRIBUTING FACTORS, INCLUDING THE NEED FOR OTHER ACTIVITIES AND EMPLOYMENT OPPORTUNITIES FOR YOUNG RESIDENTS.

THE NEED FOR A HEALTH EDUCATOR WAS IDENTIFIED AS SIGNIFICANT, WITH IMMUNIZATION EDUCATION AND SUBSTANCE ABUSE EDUCATION HIGHLIGHTED AS PARTICULARLY IMPORTANT.

AN INCREASE IN COMMUNICABLE DISEASE, PARTICULARLY WITH HEPATITIS, HAS BEEN NOTED IN THE COMMUNITY AND TIED TO THE SUBSTANCE ABUSE PREVALENCE.

THERE IS CONCERN AMONG RESIDENTS ABOUT ADEQUATE ACCESS TO HEALTHCARE, AND SOME RESIDENTS FEAR THAT DUE TO CONSOLIDATION IN HEALTHCARE THAT INPATIENT UNITS MAY BE ON THE DECLINE AS PROVIDER OPTIONS IN THE COMMUNITY.

COMMUNITY SURVEYS

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

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

A QUESTIONNAIRE WAS DEVELOPED, WITH INPUT PROVIDED BY THE INDIANA HOSPITAL SYSTEMS, AND INCLUDED A NUMBER OF QUESTIONS ABOUT GENERAL HEALTH STATUS, ACCESS AND UTILIZATION OF SERVICES, PERSONAL BEHAVIORS, SOCIAL

**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.

DETERMINANTS OF HEALTH, AND ALSO RESPONDENT DEMOGRAPHIC INFORMATION

(E.G., ZIP CODE, INCOME LEVEL, EMPLOYMENT STATUS, RACE AND ETHNICITY, HOUSEHOLD SIZE, GENDER, AND AGE). THE SURVEY WAS MAILED TO APPROXIMATELY 82,000 HOUSEHOLDS, AND THE "FIELD PERIOD" WAS APRIL 2, 2018 THROUGH JUNE 29, 2018. THE PROCESS INCLUDED TWO MAILINGS TO EACH ADDRESS; A POSTCARD MAILING ALSO TOOK PLACE TO ENCOURAGE RESPONSES.

OVERALL, 9,161 COMPLETED THE QUESTIONNAIRES WERE RECEIVED BY ALL OF THE PARTICIPATING HOSPITALS, FOR AN OVERALL RESPONSE RATE OF 11.6%, 5,030 QUESTIONNAIRES WERE RECEIVED FROM THE 17 INDIANA COUNTIES SERVED BY ONE OF MORE IU HEALTH HOSPITAL. A DATASET WAS THEN CREATED FROM THE IU HEALTH SURVEY RESPONSES, AND THE RESPONSES WERE ADJUSTED FOR TWO FACTORS; THE NUMBER OF ADULTS IN EACH HOUSEHOLD AND A POST-STRATIFICATION ADJUSTMENT DESIGNED TO MAKE THE RESULTS MORE REPRESENTATIVE OF THE POPULATION IN EACH COMMUNITY.

FOR IU HEALTH BLOOMINGTON HOSPITAL, SURVEYS WERE RECEIVED FROM 855 COMMUNITY HOUSEHOLDS.

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

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

A COPY OF IU HEALTH BLOOMINGTON'S CHNA IS AVAILABLE ON ITS WEBSITE AT THE FOLLOWING URL:

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

**Part V Facility Information** (continued)

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

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

A COPY OF IU HEALTH BLOOMINGTON'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 BLOOMINGTON'S BOARD ADOPTED AN  
IMPLEMENTATION STRATEGY IN APRIL 2019 RELATING TO THE 2018 CHNA. IU  
HEALTH BLOOMINGTON PRIORITIZED AND DETERMINED WHICH OF THE COMMUNITY  
HEALTH NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA WAS MOST  
CRITICAL FOR IT TO ADDRESS.

IU HEALTH BLOOMINGTON WILL ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS  
BETWEEN 2019 AND 2021:

- ACCESS TO HEALTHCARE SERVICES
- CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT
- DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL)
- OBESITY, DIABETES AND PHYSICAL INACTIVITY
- MENTAL HEALTH
- SENIOR HEALTH
- 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 BLOOMINGTON'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED

**Part V Facility Information** (continued)

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

NEED OF ACCESS TO HEALTHCARE INCLUDES THE FOLLOWING:

- IMPLEMENT A MEDICAL NEIGHBORHOOD APPROACH TO INCREASE DELIVERY OF COORDINATED HEALTHCARE TO PATIENTS.
- COMMUNITY ORGANIZATIONS AND MEMBERS WILL HAVE ACCESS TO INFORMATION ABOUT SERVICES TO SUPPORT HEALTH AND WELLNESS.
- SUPPORT DEVELOPMENT OF A COMMUNITY PORTAL WITH REFERRAL TO SERVICES.
- DEVELOP CONGREGATIONAL SUPPORT THROUGH A COMMUNITY COLLABORATION.
- CONDUCT PREDIABETES SCREENINGS IN THE COMMUNITY TO IDENTIFY PEOPLE AT-RISK FOR DIABETES AND CHRONIC DISEASE.
- SUPPORT EVIDENCE-BASED OBESITY PREVENTION PROGRAMS: GOAL (GET ONBOARD ACTIVE LIVING); MOVING FORWARD, AND GOAL UNIVERSITY CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT
- IMPLEMENT A MEDICAL NEIGHBORHOOD APPROACH TO INCREASE DELIVERY OF COORDINATED HEALTHCARE TO PATIENTS.
- COMMUNITY ORGANIZATIONS AND MEMBERS WILL HAVE ACCESS TO INFORMATION ABOUT SERVICES TO SUPPORT HEALTH AND WELLNESS.
- SUPPORT DEVELOPMENT OF A COMMUNITY PORTAL WITH REFERRAL TO SERVICES.
- DEVELOP CONGREGATIONAL SUPPORT THROUGH A COMMUNITY COLLABORATION.
- DEVELOP AN INTEGRATED PATHWAY FOR DIABETES, HYPERTENSION, HYPERLIPIDEMIA PREVENTION AND COMPREHENSIVE EDUCATION AND CARE.
- CONDUCT PREDIABETES SCREENINGS IN THE COMMUNITY TO IDENTIFY PEOPLE AT-RISK FOR DIABETES AND CHRONIC DISEASE.
- SUPPORT EVIDENCE-BASED OBESITY PREVENTION PROGRAMS: GOAL (GET ONBOARD ACTIVE LIVING); MOVING FORWARD, AND GOAL UNIVERSITY
- IDENTIFY AT-RISK POPULATIONS, SUCH AS PREGNANT MOMS, YOUTH, AND ADULTS

**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.

USING TOBACCO PRODUCTS AND REFER TO SERVICES.

OBESITY, DIABETES AND PHYSICAL INACTIVITY

IU HEALTH BLOOMINGTON'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF OBESITY, DIABETES AND PHYSICAL INACTIVITY INCLUDES THE FOLLOWING:

-DEVELOP AN INTEGRATED PATHWAY FOR DIABETES, HYPERTENSION, HYPERLIPIDEMIA PREVENTION AND COMPREHENSIVE EDUCATION AND CARE.

-CONDUCT PREDIABETES SCREENINGS IN THE COMMUNITY TO IDENTIFY PEOPLE AT-RISK FOR DIABETES AND CHRONIC DISEASE.

-SUPPORT EVIDENCE-BASED OBESITY PREVENTION PROGRAMS: GOAL (GET ONBOARD ACTIVE LIVING); MOVING FORWARD, AND GOAL UNIVERSITY

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

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

-WOMEN WITH CHILDREN AND PREGNANT WOMEN WHO HAVE BEHAVIORAL HEALTH AND/OR SUBSTANCE USE ISSUES WILL BE IDENTIFIED EARLY AND RECEIVE CARE THROUGH IU HEALTH BLOOMINGTON WOMEN'S CLINICS.

-PROVIDE AND PROMOTE DRUG TAKE-BACK PROGRAM IN THE HOSPITAL.

-DEVELOP BEHAVIORAL HEALTH ACCESS AND APPOINTMENT SYSTEM OF SUPPORT FOR POSITIVE LINK CLIENT'S ONSITE.

-PROVIDE SERVICES AND UPGRADE AREA FOR CONFIDENTIAL SUPPORT IN COLLABORATION WITH VOLUNTEERS OF AMERICA.

-SUPPORT CAREGIVERS CARING FOR FAMILY OR DEPENDENTS WITH DEMENTIA.

-PROVIDE STAFF FROM ALZHEIMER'S RESOURCE SERVICES TO SUPPORT THE MEMORY CLINIC.

SENIOR HEALTH

**Part V Facility Information** (continued)

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

IU HEALTH BLOOMINGTON'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF SENIOR HEALTH INCLUDES THE FOLLOWING:

- SUPPORT CAREGIVERS CARING FOR FAMILY OR DEPENDENTS WITH DEMENTIA.
- PROVIDE STAFF FROM ALZHEIMER'S RESOURCE SERVICES TO SUPPORT THE MEMORY CLINIC.

ALSO, IU HEALTH BLOOMINGTON WILL ADDRESS ALL COMMUNITY HEALTH NEEDS BASED ON THEIR 2018 COMMUNITY HEALTH NEEDS ASSESSMENT.

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

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

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

1. IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT

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

2. ALTERNATE SOURCES OF ASSISTANCE

**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.

WHEN TECHNICALLY FEASIBLE, A PATIENT WILL EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH BLOOMINGTON'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 BLOOMINGTON'S FINANCIAL ASSISTANCE PROGRAM. THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. PATIENTS MAY BE ASKED TO SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THE PROPER INSURANCE PROVIDER AT THE REQUEST OF IU HEALTH BLOOMINGTON.

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

### 3. ALTERNATE METHODS OF ELIGIBILITY DETERMINATION

IU HEALTH BLOOMINGTON 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

**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.

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

5. NON-EMERGENCY SERVICES DOWN PAYMENT

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

**Part V Facility Information** (continued)

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

PATIENTS WILL RECEIVE AN ESTIMATED AGB COST OF THEIR CARE PRIOR TO IU HEALTH BLOOMINGTON 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 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 BLOOMINGTON'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 BLOOMINGTON 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.

**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 16A - FAP WEBSITE

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

[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 BLOOMINGTON'S FAP APPLICATION IS AVAILABLE ON THE FOLLOWING WEBSITE:

[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)

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

IU HEALTH BLOOMINGTON 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.

**Part V Facility Information** (continued)

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

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

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

SCHEDULE H, PART V, SECTION B, LINE 3E - PRIORITIZED HEALTH NEEDS  
IU HEALTH BLOOMINGTON'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 SEVEN NEEDS AS PRIORITIES FOR IU HEALTH BLOOMINGTON:

- ACCESS TO HEALTHCARE SERVICES
- CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT
- DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL)
- MENTAL HEALTH
- OBESITY, DIABETES, AND PHYSICAL INACTIVITY
- SENIOR HEALTH

**Part V Facility Information** *(continued)*

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

-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).

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

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

**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? 25

Name and address	Type of Facility (describe)
<b>1</b> BLOOMINGTON ENDOSCOPY CENTER 550 LANDMARK AVE. BLOOMINGTON IN 47402	AMBULATORY SURGERY
<b>2</b> SOUTHERN INDIANA SURGERY CENTER 2800 REX GROSSMAN BLVD. BLOOMINGTON IN 47403	AMBULATORY SURGERY
<b>3</b> GREEN COUNTY WIC 200 E. MAIN ST., STE. 1 BLOOMFIELD IN 47424	DIAGNOSTIC AND OTHER OUTPATIENT
<b>4</b> IU HEALTH ADVANCED HEART CARE CENTER 714 S. ROGERS ST. BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
<b>5</b> IU HEALTH ANTICOAGULATOIN CLINIC 451 LANDMARK AVE. BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
<b>6</b> IU HEALTH BEHAVIORAL HEALTH 445 LANDMARK AVE. BLOOMINGTON IN 47404	DIAGNOSTIC AND OTHER OUTPATIENT
<b>7</b> IU HEALTH BLOOMINGTON OCCUP. SERVICES 326 S. WOODCREST DR. BLOOMINGTON IN 47401	DIAGNOSTIC AND OTHER OUTPATIENT
<b>8</b> IU HEALTH BLOOMINGTON URGENT CARE EAST 326 S. WOODCREST BLOOMINGTON IN 47401	DIAGNOSTIC AND OTHER OUTPATIENT
<b>9</b> IU HEALTH CANCER RADIATION CENTER 2620 COTA DR. BLOOMINGTON IN 47404	DIAGNOSTIC AND OTHER OUTPATIENT
<b>10</b> IU HEALTH CANCER RADIATION CENTER 9149 SR 37, RR 11 BEDFORD IN 47421	DIAGNOSTIC AND OTHER OUTPATIENT

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

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

Name and address	Type of Facility (describe)
<b>1</b> IU HEALTH CHILDREN'S THERAPY CENTER 4935 W. ARLINGTON RD., STE. B & C BLOOMINGTON IN 47404	DIAGNOSTIC AND OTHER OUTPATIENT
<b>2</b> IU HEALTH COMMUNITY HEALTH 333 E. MILLER DR. BLOOMINGTON IN 47401	DIAGNOSTIC AND OTHER OUTPATIENT
<b>3</b> IU HEALTH COMMUNITY HEALTH EDUC. CENTER 431 S. COLLEGE BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
<b>4</b> IU HEALTH DIABETES CENTER 727 W. 2ND ST. BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
<b>5</b> IU HEALTH EMERGENCY MEDICAL TRANSPORT 601 W. 1ST ST. BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
<b>6</b> IU HEALTH OCCUPATIONAL HEALTH 3443 W. 3RD ST. BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
<b>7</b> IU HEALTH PAIN CENTER 888 AUTO MALL RD. BLOOMINGTON IN 47401	DIAGNOSTIC AND OTHER OUTPATIENT
<b>8</b> IU HEALTH REHAB. AND SPORTS MDEICINE 5 CRANE AVE. SPENCER IN 47460	DIAGNOSTIC AND OTHER OUTPATIENT
<b>9</b> IU HEALTH REHAB. AND SPORTS MEDICINE 326 S. WOODCREST DR. BLOOMINGTON IN 47401	DIAGNOSTIC AND OTHER OUTPATIENT
<b>10</b> IU HEALTH REHAB. AND SPORTS MEDICINE 2499 W. COTA DR. BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT

Schedule H (Form 990) 2018

**Part V Facility Information** *(continued)*

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

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

Name and address	Type of Facility (describe)
<b>1</b> IU HEALTH WOUND CENTER 2920 MCINTIRE DR. BLOOMINGTON IN 47404	DIAGNOSTIC AND OTHER OUTPATIENT
<b>2</b> IU HEALTH BLOOMINGTON HOSP. HOME HEALTH 333 E. MILLER DR. BLOOMINGTON IN 47402	HOME HEALTH
<b>3</b> IU HEALTH HOSPICE 619 W. 1ST ST. BLOOMINGTON IN 47403	HOSPICE
<b>4</b> SIRA IMAGING CENTER 500 S. LANDMARK AVE. BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
<b>5</b> IU HEALTH CANCER CENTER INFUSION THERAPY 508 W. 2ND ST. BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
<b>6</b>  	
<b>7</b>  	
<b>8</b>  	
<b>9</b>  	
<b>10</b>  	

**Part VI Supplemental Information**

Provide the following information.

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

SCHEDULE H, PART IV, LINE 1(A) - NAME OF ENTITY

SIRA IMAGING CENTER, LLC

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

SOUTHERN INDIANA SURGERY CENTER, LLC

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

BROWN COUNTY MEDICAL COOPERATIVE, LLC

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

IU HEALTH BLOOMINGTON 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 BLOOMINGTON WILL EMPLOY THE SAME RESIDENCY TEST AS SET FORTH IN

**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.

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

PATIENTS RESIDING IN THE STATE OF INDIANA WHILE ATTENDING AN INSTITUTION OF HIGHER EDUCATION MAY BE ELIGIBLE FOR ASSISTANCE UNDER THE FAP IF THEY MEET THE AFOREMENTIONED RESIDENCY TEST AND ARE NOT CLAIMED AS A DEPENDENT ON A PARENT'S OR GUARDIANS' FEDERAL INCOME TAX RETURN.

2. IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT

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

3. UNINSURED PATIENTS

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

**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.

IN THE FAP.

#### 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 BLOOMINGTON'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 BLOOMINGTON'S FINANCIAL ASSISTANCE PROGRAM. THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. PATIENTS MAY BE ASKED TO SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THE PROPER INSURANCE PROVIDER AT THE REQUEST OF IU HEALTH BLOOMINGTON.

**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.

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

#### 6. ALTERNATE METHODS OF ELIGIBILITY DETERMINATION

IU HEALTH BLOOMINGTON 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 BLOOMINGTON WILL DEEM PATIENTS/GUARANTORS TO BE PRESUMPTIVELY ELIGIBLE FOR FINANCIAL

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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- 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.

ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS, RECEIVED EMERGENCY OR DIRECT ADMIT CARE, AND SATISFIED HIS/HER REQUIRED CO-PAY/DEDUCTIBLE:

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

7. ADDITIONAL CONSIDERATIONS

FINANCIAL ASSISTANCE MAY BE GRANTED TO A DECEASED PATIENT'S ACCOUNT IF SAID PATIENT IS FOUND TO HAVE NO ESTATE. ADDITIONALLY, IU HEALTH BLOOMINGTON 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 BLOOMINGTON MAY CONSIDER PATIENT/GUARANTOR ASSETS IN 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.

CALCULATION OF A PATIENT'S TRUE FINANCIAL BURDEN. A

PATIENT'S/GUARANTOR'S PRIMARY RESIDENCE AND ONE (1) MOTOR VEHICLE WILL BE EXEMPTED FROM CONSIDERATION IN MOST CASES.

A PATIENT'S PRIMARY RESIDENCE IS DEFINED AS THE PATIENT'S PRINCIPAL PLACE OF RESIDENCE AND WILL BE EXCLUDED FROM A PATIENT'S EXTRAORDINARY ASSET CALCULATION SO LONG AS THE PATIENT'S EQUITY IS LESS THAN FIVE-HUNDRED THOUSAND DOLLARS (\$500,000) AND THE HOME IS OCCUPIED BY THE PATIENT/GUARANTOR, PATIENT'S/GUARANTOR'S SPOUSE OR CHILD UNDER TWENTY-ONE (21) YEARS OF AGE. ONE (1) MOTOR VEHICLE MAY BE EXCLUDED AS LONG AS THE PATIENT'S EQUITY IN THE VEHICLE IS LESS THAN FIFTY-THOUSAND DOLLARS (\$50,000).

IU HEALTH BLOOMINGTON 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**

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

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 BLOOMINGTON 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 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 BLOOMINGTON'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

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

THE IU HEALTH COMMUNITY BENEFIT REPORT IS MADE AVAILABLE TO THE PUBLIC ON IU HEALTH'S WEBSITE AT [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

**Part VI Supplemental Information**

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THE IU HEALTH STATEWIDE SYSTEM'S COMMUNITY BENEFIT EFFORTS. IT IS ALSO AVAILABLE BY REQUEST THROUGH THE INDIANA STATE DEPARTMENT OF HEALTH OR IU HEALTH.

SCHEDULE H, PART I, LINE 7, COLUMN (C) - TOTAL COMMUNITY BENEFIT EXPENSE  
SCHEDULE H, PART I, LINE 7, COLUMN (F), PERCENT OF TOTAL EXPENSE, IS  
BASED ON COLUMN (E) NET COMMUNITY BENEFIT EXPENSE. THE PERCENT OF TOTAL  
EXPENSE BASED ON COLUMN (C) TOTAL COMMUNITY BENEFIT EXPENSE, WHICH  
EXCLUDES DIRECT OFFSETTING REVENUE, IS 30.30%.

SCHEDULE H, PART I, LINE 7, COLUMN (F) - PERCENT OF TOTAL EXPENSE  
THE AMOUNT OF BAD DEBT EXPENSE SUBTRACTED FOR PURPOSES OF CALCULATING THE  
PERCENTAGE OF TOTAL EXPENSE ON LINE 7, COLUMN (F) IS \$25,764,281. BAD  
DEBT EXPENSE IS REPORTED AT COST BASED ON THE COST-TO-CHARGE RATIO  
DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.

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

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

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

IU HEALTH BLOOMINGTON IS PART OF THE IU HEALTH STATEWIDE SYSTEM. THE IU  
HEALTH STATEWIDE SYSTEM PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING  
ACTIVITIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN THE  
COMMUNITIES IT SERVES THROUGH INVESTMENTS IN ECONOMIC DEVELOPMENT EFFORTS  
ACROSS THE STATE, COLLABORATION WITH LIKE-MINDED ORGANIZATIONS THROUGH  
COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCACY FOR IMPROVEMENTS IN THE  
HEALTH STATUS OF VULNERABLE POPULATIONS.

THIS INCLUDES MAKING CONTRIBUTIONS TO COMMUNITY-BUILDING ACTIVITIES BY  
PROVIDING INVESTMENTS AND RESOURCES TO LOCAL COMMUNITY INITIATIVES THAT  
ADDRESSED ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT AND WORKFORCE  
DEVELOPMENT. SEVERAL EXAMPLES INCLUDE IU HEALTH'S SUPPORT OF THE  
FOLLOWING ORGANIZATIONS AND INITIATIVES THAT FOCUS ON SOME OF THE ROOT  
CAUSES OF HEALTH ISSUES, SUCH AS LACK OF EDUCATION, EMPLOYMENT AND

**Part VI** Supplemental Information

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POVERTY:

-MONROE COUNTY PUBLIC HEALTH CLINIC  
 -MONROE COUNTY COMMUNITY SCHOOL SYSTEM  
 -MONROE COUNTY OPIOID COMMISSION  
 -EARLY LEARNING INDIANA  
 -UNITED WAY

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

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

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

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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 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

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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 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,

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RESPECTIVELY.

SCHEDULE H, PART III, LINE 8 - MEDICARE SHORTFALL

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

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

**Part VI** Supplemental Information

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

SCHEDULE H, PART III, LINE 9B - WRITTEN DEBT COLLECTION POLICY  
 IU HEALTH BLOOMINGTON'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

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

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

PATIENTS 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

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-MANDARIN/CHINESE

-SPANISH

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

IU HEALTH BLOOMINGTON 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 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

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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.

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 BLOOMINGTON 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 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

**Part VI Supplemental Information**

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

IU HEALTH BLOOMINGTON 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

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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 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 BLOOMINGTON 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 BLOOMINGTON. IU HEALTH BLOOMINGTON AND THEIR THIRD-PARTY COLLECTION AGENCIES WILL SUSPEND ANY ECA ENGAGED ON A PATIENT OR THEIR GUARANTOR WHILE AN APPLICATION IS BEING PROCESSED AND

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CONSIDERED.

#### 4. REFUNDS

PATIENTS ELIGIBLE FOR ASSISTANCE UNDER THE FAP WHO REMITTED PAYMENT TO IU HEALTH BLOOMINGTON 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 BLOOMINGTON UNDERSTANDS THAT THE HEALTH OF INDIVIDUALS AND COMMUNITIES ARE SHAPED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS, ALONG WITH HEALTH BEHAVIORS AND ADDITIONAL INFLUENCES.

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IU HEALTH BLOOMINGTON ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING A CHNA. THIS ASSESSMENT INCLUDES COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS:

-BLOOMINGTON ECONOMIC DEVELOPMENT CENTER

-BLOOMINGTON HEALTH FOUNDATION

-BLOOMINGTON NORTH HIGH SCHOOL

-LOCAL COUNCIL OF WOMEN

-MONROE COUNTY HEALTH DEPARTMENT

-SLODAGRAFF AND NIEHOFF

-UNITED WAY OF MONROE COUNTY

-BEDFORD PUBLIC LIBRARY

-BEDFORD CHAMBER OF COMMERCE

-CITY OF BEDFORD

-CITY OF BEDFORD PARKS AND RECREATION

-PURDUE EXTENSION

-STONE CITY PRODUCTS

AFTER COMPLETION OF THE CHNA, IU HEALTH BLOOMINGTON REVIEWED THE INFORMATION GATHERED FROM COMMUNITY LEADER FOCUS GROUPS, COMMUNITY INPUT

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SURVEYS AND STATISTICAL DATA. THE NEEDS IDENTIFIED WERE ANALYZED AND RANKED TO DETERMINE THE PREVALENCE AND SEVERITY OF COMMUNITY HEALTH NEEDS AND WHICH ONES WERE MOST CRITICAL. ADDITIONALLY, THE EFFECTIVENESS OF AN INTERVENTION FOR EACH NEED AND IU HEALTH BLOOMINGTON'S ABILITY TO IMPACT POSITIVE CHANGE WAS EVALUATED.

SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSIST. IU HEALTH BLOOMINGTON 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 BLOOMINGTON HAS ESTABLISHED A FAP TO PROVIDE FINANCIAL ASSISTANCE TO UNINSURED PATIENTS. IU HEALTH BLOOMINGTON IS COMMITTED TO ENSURING ITS PATIENTS ARE COMPLIANT WITH ALL PROVISIONS OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT. TO THAT END, IU HEALTH BLOOMINGTON 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 BLOOMINGTON TAKES SEVERAL MEASURES TO INFORM ITS PATIENTS OF THE FAP AND FAP-ELIGIBILITY. THESE MEASURES INCLUDE THE FOLLOWING:

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1. CONSPICUOUS PUBLIC DISPLAYS WILL BE POSTED IN APPROPRIATE ACUTE CARE SETTINGS SUCH AS THE EMERGENCY DEPARTMENT AND REGISTRATION AREAS DESCRIBING THE AVAILABLE ASSISTANCE AND DIRECTING ELIGIBLE PATIENTS TO THE FINANCIAL ASSISTANCE APPLICATION.

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

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

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

IU HEALTH BLOOMINGTON HOSPITAL IS LOCATED IN MONROE COUNTY, A COUNTY LOCATED IN SOUTH CENTRAL INDIANA. MONROE COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF BLOOMINGTON, ELLETTSVILLE AND UNIONVILLE. BASED ON THE MOST RECENT CENSUS BUREAU (2018) STATISTICS, MONROE COUNTY'S POPULATION IS 146,917 AND APPROXIMATELY 50.3% WERE FEMALE AND 49.7% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 86.4% WHITE, 3.6% BLACK, 7.0% ASIAN, 0.3% AMERICAN INDIAN OR ALASKA NATIVE AND 2.6% PERSONS REPORTING TWO OR MORE RACES. IN THE COUNTY, IN ADDITION TO THE ABOVE CATEGORIZATIONS, 3.5% REPORTED HISPANIC OR LATINO HERITAGE.

MONROE COUNTY HAS RELATIVELY HIGH LEVELS OF EDUCATIONAL ATTAINMENT, AS COMPARED TO OTHER INDIANA COUNTIES. ALMOST HALF (45.8%) OF THE POPULATION HAS A BACHELOR'S DEGREE OR GRADUATE/PROFESSIONAL DEGREE, WHILE 91.9% OF THE POPULATION HAS OBTAINED A HIGH SCHOOL DEGREE.

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

IU HEALTH BLOOMINGTON IS A SUBSIDIARY OF INDIANA UNIVERSITY HEALTH, INC., A TAX-EXEMPT HEALTHCARE ORGANIZATION, WHOSE BOARD OF DIRECTORS IS

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COMPOSED OF MEMBERS, OF WHICH SUBSTANTIALLY ALL ARE INDEPENDENT COMMUNITY MEMBERS.

IU HEALTH BLOOMINGTON COMMUNITY HEALTH OFFERS A WIDE VARIETY OF PROGRAMS AND SERVICES TO THE COMMUNITY. FROM WORK WITH THE LOCAL SCHOOL SYSTEMS, TO PROGRAMS THAT HELP THOSE LIVING WITH HIV/AIDS AND ALZHEIMER'S DISEASE, OUR GOAL IS TO HELP OUR COMMUNITY LIVE HEALTHIER.

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

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

NATIONAL RECOGNITION

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

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-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 CARE.

-ONE ADULT AND TEN PEDIATRIC SPECIALTY PROGRAMS RANKED AMONG THE TOP 50 NATIONAL PROGRAMS IN U.S. NEWS & WORLD REPORT'S 2018-2019 EDITION OF AMERICA'S BEST HOSPITALS.

-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

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PHYSICIANS AND PATIENTS ACCESS TO THE MOST CUTTING-EDGE AND COMPREHENSIVE TREATMENT OPTIONS.

IN 2012, IU HEALTH AND THE IU SCHOOL OF MEDICINE ANNOUNCED THAT THEY WOULD INVEST \$150 MILLION IN THE STRATEGIC RESEARCH INITIATIVE, FOR A FIVE YEAR PERIOD ENDED DECEMBER 31, 2016 FOR CERTAIN BASIC, CLINICAL AND TRANSLATIONAL RESEARCH PROGRAMS. 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.

THE INITIAL FOCUS IS ON PROJECTS IN THE FIELDS OF NEUROSCIENCE, CANCER AND CARDIOVASCULAR DISEASE WITH THE GOAL TO FUND TRANSFORMATIVE PROPOSALS THAT WILL FUNDAMENTALLY CHANGE OUR UNDERSTANDING OF THESE DISEASES AND LEAD TO IMPORTANT NEW THERAPIES FOR PATIENTS.

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

-CANCER: ONE OF THE INITIATIVE'S PRIMARY GOALS IS TO ENABLE THE IU HEALTH MELVIN AND BREN SIMON CANCER CENTER TO ATTAIN THE NATIONAL CANCER

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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.

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

**Part VI Supplemental Information**

Provide the following information.

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CONSISTS OF IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL,  
RILEY HOSPITAL FOR CHILDREN AT IU HEALTH, AND IU HEALTH SAXONY HOSPITAL.

OTHER HOSPITALS IN THE IU HEALTH STATEWIDE SYSTEM INCLUDE THE FOLLOWING:

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

ALTHOUGH EACH HOSPITAL IN THE IU HEALTH STATEWIDE SYSTEM PREPARES AND  
SUBMITS ITS OWN COMMUNITY BENEFITS PLAN RELATIVE TO THE LOCAL COMMUNITY,  
THE IU HEALTH STATEWIDE SYSTEM CONSIDERS ITS COMMUNITY BENEFIT PLAN AS

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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 1 MILLION INDIVIDUALS. SOME WAYS WE ADDRESS OUR COMMUNITY HEALTH PRIORITIES AS A SYSTEM INCLUDE:

IU HEALTH DAY OF SERVICE

THE ANNUAL IU HEALTH DAYS OF SERVICE IS A HIGH-IMPACT EVENT AIMED AT ENGAGING IU HEALTH TEAM MEMBERS IN ACTIVITIES THAT ADDRESS AN IDENTIFIED COMMUNITY PRIORITY. IN 2018, MORE THAN 2,848 IU HEALTH TEAM MEMBERS DEDICATED MORE THAN 9,694 VOLUNTEER HOURS IN THEIR COMMUNITIES DURING THE DAYS OF SERVICE.

COMMUNITY HEALTH INITIATIVES

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WITH INVESTMENTS IN HIGH-QUALITY AND IMPACTFUL INITIATIVES TO ADDRESS  
COMMUNITY HEALTH NEEDS STATEWIDE, IU HEALTH IS HELPING INDIANA RESIDENTS  
IMPROVE THEIR HEALTH AND THEIR QUALITY OF LIFE. IN 2018, IU HEALTH  
IMPACTED MANY PEOPLE STATEWIDE THROUGH PRESENTATIONS, HEALTH RISK  
SCREENINGS, HEALTH EDUCATION PROGRAMS, AND ADDITIONAL HEALTH EDUCATIONAL  
OPPORTUNITIES MADE AVAILABLE TO THE COMMUNITY, ESPECIALLY TO OUR  
COMMUNITY MEMBERS IN THE GREATEST NEED OF SUCH SERVICES.  
THE INDIANA UNIVERSITY HEALTH BOARD OF DIRECTORS ALSO APPROVED COMMUNITY  
HEALTH IMPROVEMENT GRANTS. WITH THESE GRANTS, NEARLY \$750,000 WILL FUND  
PROJECTS THAT ADDRESS IU HEALTH PRIORITIES-BEHAVIORAL HEALTH/SUBSTANCE  
ABUSE, OBESITY, TOBACCO USE, AND INFANT MORTALITY-AS WELL AS  
COMMUNITY-SPECIFIC NEEDS.  
THE GRANTS, ADMINISTERED BY THE INDIANA UNIVERSITY HEALTH FOUNDATION,  
WERE AWARDED TO THE FOLLOWING IN THE SOUTH CENTRAL REGION:  
FAMILY VITALITY INITIATIVE DEVELOPMENT AND IMPLEMENTATION, IU HEALTH  
SOUTH CENTRAL REGION, \$230,000 OVER TWO YEARS. BY BRINGING TOGETHER  
EXISTING HEALTHCARE PROVIDERS, SOCIAL WORKERS AND RESEARCHERS, THIS  
INTEGRATED PROGRAM WILL TAKE A HOLISTIC APPROACH TO ADDRESSING

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SUBSTANCE-RELATED HEALTHCARE ISSUES, ESPECIALLY AMONG THE MOST VULNERABLE POPULATIONS OF WOMEN AND CHILDREN. THE SOUTH CENTRAL REGION HAS SEEN ALARMING INCREASES IN THE NUMBERS OF INFANTS WHO TEST POSITIVE FOR OPIATES AT BIRTH, OPIOID-RELATED ENCOUNTERS IN EACH EMERGENCY DEPARTMENT, AND MOTHERS STRUGGLING WITH ADDICTION INCLUDING SMOKING. 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 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. IU HEALTH SEEKS TO PARTNER WITH LOCAL NON-PROFITS ON INITIATIVES THAT SPECIFICALLY AIM TO SERVE AN IDENTIFIED COMMUNITY NEED,

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PARTICULARLY IN THE AREAS OF IU HEALTH'S FIVE COMMUNITY OUTREACH

PRIORITIES: REDUCING HEALTH DISPARITIES OR IMPROVING THE QUALITY OF LIFE

FOR INDIVIDUALS LIVING WITHIN IU HEALTH COMMUNITIES, REACHING LARGELY

UNDERSERVED COMMUNITIES AND SUPPORTING THE STRATEGIC BUSINESS GOALS FOR

IU HEALTH.

BELOW ARE A FEW OF THE PARTNERS WE WORKED WITH IN 2018 TO ADDRESS

PRIORITY HEALTH NEEDS IN MONROE COUNTY.

-MONROE COUNTY PUBLIC HEALTH CLINIC

-MONROE COUNTY COMMUNITY SCHOOL SYSTEM

-MONROE COUNTY OPIOID COMMISSION

-EARLY LEARNING INDIANA

-UNITED WAY

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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-MEDICAL NEIGHBORHOOD APPROACH TO HEALTHCARE

-COMMUNITY PORTAL WITH REFERRAL TO SERVICES

-PREDIABETES SCREENING

-COMMUNITY OBESITY PREVENTION PROGRAMS

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:

-MONROE COUNTY PUBLIC HEALTH CLINIC

-VOLUNTEERS IN MEDICINE CLINIC OF MONROE COUNTY

-FAITH-BASED PROGRAM TO SUPPORT PATIENTS

OBESITY, DIABETES AND PHYSICAL INACTIVITY

LIKE MOST OF THE NATION, HOOSIERS SEE THE ALARMING RISE OF OBESITY IN THEIR COMMUNITIES AS A LEADING CONCERN. NATIONALLY, INDIANA HAS THE 15TH HIGHEST ADULT OBESITY RATE IN THE NATION (THE STATE OF OBESITY: BETTER POLICIES FOR A HEALTHIER AMERICA, 2016). OBESITY PREVENTION WAS A CRITICAL COMMUNITY HEALTH NEED IDENTIFIED IN IU HEALTH COMMUNITIES ACROSS

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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:

- PREDIABETES SCREENING
- COMMUNITY OBESITY PREVENTION PROGRAMS

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

- STRONG SCHOOLS
- CHANGE THE PLAY
- YOUTH DIABETES PREVENTION CLINIC
- BEHAVIORAL HEALTH AND SUBSTANCE ABUSE

ONE OUT OF EVERY FOUR PEOPLE THROUGHOUT THE WORLD AND NEARLY 50% OF AMERICANS WILL BE AFFECTED BY A MENTAL OR NEUROLOGICAL ILLNESS DURING THEIR LIFETIME. (CENTERS FOR DISEASE CONTROL AND PREVENTION, 2011). MENTAL HEALTH AMERICA (MHA) RANKS THE STATE OF INDIANA 42ND IN THE COUNTRY FOR THE PREVALENCE OF MENTAL ILLNESS AND LESS THAN OPTIMAL ACCESS TO CARE.

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BEHAVIORAL HEALTH HAS BEEN IDENTIFIED AS AN AREA OF SIGNIFICANT NEED WITHIN IU HEALTH COMMUNITIES. TO ASSIST IN THIS CRITICAL COMMUNITY HEALTH NEED, IU HEALTH OFFERS SEVERAL PROGRAMS THROUGHOUT THE SYSTEM TO HELP ADDRESS THIS GROWING NEED. WITHIN THE SOUTH CENTRAL REGION A WIDE RANGE OF SERVICES ARE AVAILABLE TO ENSURE EACH PATIENT'S TOTAL WELL-BEING. SERVICES INCLUDE ASSESSMENT AND DIAGNOSIS, INPATIENT AND OUTPATIENT PSYCHIATRIC CARE AND CONSULTATIONS.

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

- FAMILY VITALITY INITIATIVE
- DRUG TAKE-BACK PROGRAM
- BEHAVIORAL HEALTH COMMUNITY PROGRAMS
- CAREGIVER UNIVERSITY PROGRAM
- DEMENTIA-FRIENDLY TRAINING TO COMMUNITY AND BUSINESSES
- IU HEALTH NEUROLOGY CLINIC: MEMORY CLINIC

DUE TO THE OPIOID CRISIS THERE HAS BEEN AN INFLUX OF PATIENTS SEEKING SUBSTANCE ABUSE-CARE THAT HAS NOT ALWAYS BEEN EASY TO FIND OR ACCESS. IN RESPONSE TO THE DESPERATE NEED WITHIN OUR COMMUNITY, IU HEALTH OPENED AN OUTPATIENT ADDICTION TREATMENT PROGRAM IN BLOOMINGTON IN NOVEMBER OF 2018

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AND PLANS ADDITIONAL SERVICES WITH A MILLION DOLLAR INVESTMENT FROM THE  
IU HEALTH SYSTEM'S BEHAVIORAL HEALTH COLLABORATIVE.

WITHIN THE SOUTH CENTRAL REGION, IU HEALTH HAS ALSO RECOGNIZED THE VALUE  
OF PEER RECOVERY COACHES WHO BRING THE EXPERIENCE OF RECOVERY, COMBINED  
WITH TRAINING AND SUPERVISION, TO ASSIST OTHERS IN INITIATING AND  
MAINTAINING RECOVERY. COACHES ARE AVAILABLE IN PERSON AT IU HEALTH  
BLOOMINGTON HOSPITAL'S EMERGENCY DEPARTMENT THROUGH A PARTNERSHIP WITH  
CENTERSTONE.

AT IU HEALTH'S SMALLER FACILITIES IN THE SOUTH CENTRAL REGION, PEER  
RECOVERY COACHES ARE AVAILABLE TO PATIENTS AT IU HEALTH EMERGENCY  
DEPARTMENTS IN PAOLI AND BEDFORD THROUGH A VIRTUAL SERVICE THAT ENABLES  
ACCESS TO BEHAVIORAL HEALTH EXPERTISE FOUND IN LARGER URBAN HOSPITALS.  
PATIENTS ARE ASSESSED WHEN THEY COME INTO THE EMERGENCY DEPARTMENT AS  
SOMEONE AT HIGH RISK FOR, OR STRUGGLING WITH, A SUBSTANCE USE DISORDER.  
EMERGENCY DEPARTMENT PERSONNEL THEN CONNECT PATIENTS WITH THE RECOVERY  
COACHES WHO INTERACT LIVE.

COMMUNITY IMPACT FUNDING

CHARITABLE GIVING PLAYS AN IMPORTANT ROLE IN OUTREACH TO THE COMMUNITY

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FOR IU HEALTH. THESE STRATEGIC RELATIONSHIPS ALLOW US TO INCREASE IMPACT AND MAKE MEASURABLE ADVANCES TOWARD POSITIVE HEALTH OUTCOMES AND INCREASED QUALITY OF LIFE FOR INDIVIDUALS LIVING IN IU HEALTH COMMUNITIES.

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

- ACCESS TO HEALTHCARE SERVICES
- CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT
- BEHAVIORAL HEALTH (MENTAL HEALTH AND DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL)
- OBESITY, DIABETES, AND PHYSICAL INACTIVITY
- SENIOR HEALTH
- SOCIAL DETERMINANTS OF HEALTH

WE SEEK TO PARTNER WITH LOCAL NON-PROFITS ON INITIATIVES THAT SPECIFICALLY AIM TO SERVE AN IDENTIFIED COMMUNITY NEED, PARTICULARLY IN

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THE AREAS OF IU HEALTH'S FIVE COMMUNITY OUTREACH PRIORITIES: REDUCING HEALTH DISPARITIES OR IMPROVING THE QUALITY OF LIFE FOR INDIVIDUALS LIVING WITHIN IU HEALTH COMMUNITIES, REACHING LARGELY UNDERSERVED COMMUNITIES AND SUPPORTING THE STRATEGIC BUSINESS GOALS FOR IU HEALTH.

SCHEDULE H, PART III, LINE 3 - BAD DEBT ATT TO PATIENTS ELIGIBLE 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 PROGRAMS, RECEIVED EMERGENCY OR DIRECT ADMIT CARE, AND SATISFIED THE

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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 ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY AND NO PORTION OF BAD DEBT IS INCLUDED AS COMMUNITY BENEFIT.

**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

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