

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

INDIANA UNIVERSITY HEALTH PAOLI, INC.

Employer identification number

35-2090919

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		990	690,921.		690,921.	2.87
b Medicaid (from Worksheet 3, column a)		1676	6,817,584.	3,532,007.	3,285,577.	13.63
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs		2666	7,508,505.	3,532,007.	3,976,498.	16.50
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	12	1632	667,679.		667,679.	2.77
f Health professions education (from Worksheet 5)	1	26	157,988.		157,988.	.66
g Subsidized health services (from Worksheet 6)	1		867,559.	479,351.	388,208.	1.61
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1	3371	14,516.		14,516.	.06
j Total. Other Benefits	15	5029	1,707,742.	479,351.	1,228,391.	5.10
k Total. Add lines 7d and 7j	15	7695	9,216,247.	4,011,358.	5,204,889.	21.60

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	1	52	973.		973.	.01
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	1	52	973.		973.	.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	724,993.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	8,125,675.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	8,437,962.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-312,287.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 INDIANA UNIVERSITY HEALTH PAOLI, INC.
 642 W. HOSPITAL RD.
 PAOLI IN 47454
 SEE PART V, SECTION C
 17-005065-1

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group INDIANA UNIVERSITY HEALTH PAOLI, INC.

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

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group INDIANA UNIVERSITY HEALTH PAOLI, INC.

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

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group INDIANA UNIVERSITY HEALTH PAOLI, INC.

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group INDIANA UNIVERSITY HEALTH PAOLI, INC.

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

Part V Facility Information (continued)

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

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

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

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

COMMUNITY MEETINGS

TO OBTAIN A MORE COMPLETE PICTURE OF THE FACTORS THAT PLAY INTO THE ORANGE COUNTY COMMUNITY'S HEALTH, INPUT FROM LOCAL HEALTH AND COMMUNITY LEADERS WERE GATHERED AT A MEETING ON APRIL 19, 2018 AT THE ORANGE COUNTY COMMUNITY CENTER IN PAOLI. ORGANIZATIONS WHO PARTICIPATED IN THE FOCUS GROUP ARE AS FOLLOWS:

- BACKPACKS OF BLESSINGS
- HOOSIER HILLS PACT, TOBACCO
- HOOSIER UPLANDS
- MID-SOUTHERN BANK
- ORANGE COUNTY EMA
- ORANGE COUNTY GOVERNMENT
- ORANGE COUNTY HEALTH DEPARTMENT
- ORANGE COUNTY PUBLISHING
- PAOLI JR./SR. HIGH SCHOOL
- PLUTO CORPORATION
- PURDUE EXTENSION

Part V Facility Information (continued)

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

-SOUTHERN INDIANA COMMUNITY HEALTHCARE

-WOMEN, INFANTS, AND CHILDREN (WIC)

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

- EDUCATIONAL ATTAINMENT
- MENTAL HEALTH AND ACCESS TO MENTAL HEALTH SERVICES
- OBESITY AND PHYSICAL INACTIVITY
- POVERTY AND UNEMPLOYMENT
- PREVALENCE OF CHRONIC DISEASE AND ASSOCIATED MORTALITY
- SMOKING, INCLUDING DURING PREGNANCY
- SUBSTANCE ABUSE

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: ACCESS TO HEALTHCARE, SEXUALLY TRANSMITTED DISEASES, AND BEHAVIORAL HEALTH.

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

- DISPARITIES IN EDUCATION, TRANSPORTATION, KNOWLEDGE OF RESOURCES
- LENGTH OF TIME FOR A NEW PATIENT TO GET IN TO SEE A PROVIDER
- INABILITY FOR SOME TO AFFORD EMPLOYER'S INSURANCE AND PRESCRIPTION

COSTS

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.

- LACK OF INTEREST ACCESS

- LACK OF ACCESS TO TRANSPORTATION

- INDIVIDUALS WITH SEXUALLY TRANSMITTED DISEASES ARE OFTEN UNDER-DIAGNOSED DUE TO THE LACK OF AVAILABLE SERVICES AND TREATMENT

- NOT ENOUGH FIRE AND EMS TRAINED PERSONNEL

- EMPLOYEE SUBSTANCE ABUSE

- POSSIBLE SOLUTIONS, SUCH AS ACCESS TO TECHNOLOGY, INCREASED AWARENESS OF ALCOHOLICS ANONYMOUS AND NARCOTICS ANONYMOUS, TELEHEALTH FOR MENTAL HEALTH SERVICES, EDUCATION CAMPAIGNS, ADDITIONAL SUPPORT GROUPS, ADDITIONAL LOCAL PROVIDERS, LOW COST INTERVENTIONS, GRANT OPPORTUNITIES, AND RIDE-SHARING

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 SIX NEEDS AS BEING THE MOST SIGNIFICANT IN THE COMMUNITY SERVED BY IU HEALTH PAOLI HOSPITAL:

- BEHAVIORAL HEALTH AND SUBSTANCE ABUSE

- EDUCATIONAL ATTAINMENT

- POVERTY AND UNEMPLOYMENT

- MENTAL HEALTH AND ACCESS TO MENTAL HEALTH SERVICES

- OBESITY AND PHYSICAL INACTIVITY

- ACCESS TO HEALTHCARE

KEY STAKEHOLDER INTERVIEWS

IU HEALTH PAOLI ALSO CONDUCTED AN INTERVIEW WITH A REPRESENTATIVE OF THE ORANGE COUNTY HEALTH DEPARTMENT. THE INTERVIEW WAS CONDUCTED TO ASSURE

Part V Facility Information (continued)

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

THAT APPROPRIATE AND ADDITIONAL INPUT WAS RECEIVED FROM A GOVERNMENTAL PUBLIC HEALTH OFFICIAL. ACCORDINGLY, THE RESULTS OF THE COMMUNITY MEETING WERE DISCUSSED AND INSIGHTS WERE SOUGHT REGARDING SIGNIFICANT COMMUNITY HEALTH NEEDS, WHY SUCH NEEDS ARE PRESENT, AND HOW THEY CAN BE ADDRESSED. THE INTERVIEW WAS GUIDED BY A STRUCTURED PROTOCOL THAT FOCUSED ON OPINIONS REGARDING SIGNIFICANT COMMUNITY HEALTH NEEDS, DESCRIBING WHY SUCH NEEDS ARE PRESENT, AND SEEKING IDEAS FOR HOW TO ADDRESS THEM. THE INTERVIEWEE CONFIRMED THAT THE TOP NEEDS IDENTIFIED BY THE COMMUNITY MEETING GROUP WERE SOME OF THE MOST SIGNIFICANT. THESE NEEDS WERE:

- BEHAVIORAL HEALTH AND SUBSTANCE ABUSE
- EDUCATIONAL ATTAINMENT
- POVERTY AND UNEMPLOYMENT
- MENTAL HEALTH AND ACCESS TO MENTAL HEALTH SERVICES
- OBESITY AND PHYSICAL INACTIVITY
- ACCESS TO HEALTHCARE

SUBSTANCE ABUSE IS A SIGNIFICANT ISSUE IN THE COMMUNITY, AND THERE ARE FEW TREATMENT OPTIONS FOR ADDICTION. FOR TREATMENT OPTIONS THAT ARE AVAILABLE IN AND NEARBY THE COUNTY, LONG WAITING LISTS EXIST FOR CARE. UNEMPLOYMENT IS ALSO AN ISSUE, PARTICULARLY BECAUSE SOME RESIDENTS CANNOT PASS THE REQUIRED DRUG TESTS FOR EMPLOYMENT. CHRONIC ILLNESS, DISEASE, AND ISSUES WITH SUBSTANCE ABUSE ALL LEAD TO PEOPLE NOT WORKING IN THE COUNTY.

A LACK OF TRANSPORTATION OPTIONS ALSO CONTRIBUTES TO POOR HEALTH OUTCOMES AND TO UNEMPLOYMENT. WHILE COUNTY TRANSIT EXISTS, IT IS OFTEN LIMITED. ADDITIONALLY, MEDICAID DOES NOT REIMBURSE THE SAME FOR TRANSPORTATION AS

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.

BEFORE, SO FEWER RESIDENTS ARE ABLE TO ENSURE TRAVEL TO MEDICAL APPOINTMENTS.

THERE IS A LACK OF HEALTH SERVICES, PARTICULARLY A LACK OF ANY URGENT CARE FACILITIES OR LOW INCOME CLINICS. DUE TO THIS SHORTAGE, MANY RESIDENTS DO NOT GO TO A MEDICAL PROFESSIONAL EXCEPT IN EMERGENCY SITUATIONS.

PREVENTIVE HEALTHCARE IS NOT COMMON AMONG RESIDENTS, LARGELY DUE TO FINANCIAL REASONS AND ALSO EDUCATION AROUND PROPER PREVENTIVE HEALTH BEHAVIORS. IN ORDER WORDS, RESIDENTS MAY NOT KNOW PREVENTIVE MEASURES TO TAKE THAT CONTRIBUTE TO BETTER HEALTH - I.E. EXERCISING, HEALTHY EATING, PROPER TEETH CARE, ETC.

A LACK OF ACCESS TO EXERCISE OPPORTUNITIES EXISTS, PARTICULARLY BECAUSE THERE ARE FEW WALKING OR BICYCLE PATHS FOR ACTIVITIES.

SEVERAL POPULATIONS WERE IDENTIFIED AS VULNERABLE:

- CHILDREN, ESPECIALLY DUE TO A NUMBER OF HOUSEHOLDS EXPERIENCING SUBSTANCE ABUSE AND NEGLECT ISSUES.
- ELDERLY POPULATIONS NEED ASSISTANCE WITH MEDICATION MANAGEMENT.
- THERE IS A LARGE HISPANIC POPULATION THAT LARGELY LACKS HEALTH INSURANCE AND HAS LIMITED ENGLISH PROFICIENCY, MAKING IT DIFFICULT TO GET THIS GROUP HEALTH SERVICES.

MORE RESOURCES AROUND EDUCATION FOR TOBACCO CESSATION, CHRONIC DISEASE MANAGEMENT, AND OTHER COMMON HEALTH ISSUES ARE NEEDED. YOUTH EDUCATION PROGRAMS ARE ALSO NECESSARY TO TRY TO BREAK THE CYCLE OF POOR HEALTH AND WELFARE THAT MANY FAMILIES EXPERIENCE. MORE INCENTIVES ARE NEEDED TO ENSURE PROVIDERS COME TO THE REGION, ESPECIALLY FOR BEHAVIORAL 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.

CARE, DENTAL CARE, AND URGENT CARE FACILITIES.

OBESITY AND DIABETES CONTINUE TO BE ISSUES IN THE COMMUNITY. CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IS A CONCERN DUE TO A LONG HISTORY OF TOBACCO USE IN THE REGION, IN ADDITION TO MANUFACTURING JOBS LEADING TO POOR CONDITIONS. THERE IS AN INCREASE IN HEPATITIS C INCIDENCES DUE TO IV DRUG USE. TRANSITIONAL HOUSING PROGRAMS ARE NEEDED IN THE COMMUNITY, PARTICULARLY FOR CHRONIC HOMELESS POPULATIONS AND THOSE LEAVING INCARCERATION. MORE WORK TRAINING PROGRAMS ARE ALSO NEEDED FOR THESE GROUPS.

COMMUNITY SURVEY

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

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

A QUESTIONNAIRE WAS DEVELOPED, WITH INPUT PROVIDED BY THE INDIANA HOSPITAL SYSTEMS, AND INCLUDED A NUMBER OF QUESTIONS ABOUT GENERAL HEALTH STATUS, ACCESS AND UTILIZATION OF SERVICES, PERSONAL BEHAVIORS, SOCIAL DETERMINANTS OF HEALTH, AND ALSO RESPONDENT DEMOGRAPHIC INFORMATION (E.G., ZIP CODE, INCOME LEVEL, EMPLOYMENT STATUS, RACE AND ETHNICITY,

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.

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 PAOLI HOSPITAL, 244 RESPONDENTS PARTICIPATED IN THE SURVEY.

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

AT INDIANA UNIVERSITY TO ADMINISTER THE SURVEY.

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

A QUESTIONNAIRE WAS DEVELOPED, WITH INPUT PROVIDED BY THE INDIANA

Part V Facility Information (continued)

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

HOSPITAL SYSTEMS, AND INCLUDED A NUMBER OF QUESTIONS ABOUT GENERAL HEALTH STATUS, ACCESS AND UTILIZATION OF SERVICES, PERSONAL BEHAVIORS, SOCIAL DETERMINANTS OF HEALTH, AND ALSO RESPONDENT DEMOGRAPHIC INFORMATION (E.G., ZIP CODE, INCOME LEVEL, EMPLOYMENT STATUS, RACE AND ETHNICITY, HOUSEHOLD SIZE, GENDER, AND AGE).

THE SURVEY WAS MAILED TO APPROXIMATELY 82,000 HOUSEHOLDS, AND THE "FIELD PERIOD" WAS APRIL 2, 2018 THROUGH JUNE 29, 2018. THE PROCESS INCLUDED TWO MAILINGS TO EACH ADDRESS; A POSTCARD MAILING ALSO TOOK PLACE TO ENCOURAGE RESPONSES

OVERALL, 9,161 COMPLETED 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 PAOLI HOSPITAL, 244 RESPONDENTS PARTICIPATED IN THE SURVEY.

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

Part V Facility Information (continued)

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

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

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

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

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

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

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

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

IN CONJUNCTION WITH THE CHNA, IU HEALTH PAOLI'S BOARD ADOPTED AN IMPLEMENTATION STRATEGY IN APRIL 2019 RELATED TO THE 2018 CHNA. IU HEALTH PAOLI PRIORITIZED AND DETERMINED WHICH OF THE COMMUNITY HEALTH NEED IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA WERE MOST CRITICAL FOR IT TO ADDRESS.

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

- ACCESS TO HEALTHCARE SERVICES
- OBESITY, DIABETICS AND PHYSICAL INACTIVITY
- BEHAVIORAL HEALTH
- SOCIAL DETERMINANTS OF HEALTH

IU HEALTH USES THE TERM BEHAVIORAL HEALTH TO REFER TO MENTAL HEALTH AND

Part V Facility Information (continued)

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

DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL).

ACCESS TO HEALTHCARE

IU HEALTH PAOLI'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED

OF ACCESS TO HEALTHCARE INCLUDES THE FOLLOWING:

-RECRUIT PROVIDERS BY WORKING WITH EXISTING PRIMARY CARE PROVIDERS ON THE RECRUITMENT EFFORTS.

-CONTINUE TO PROVIDE HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) TO SELF-PAY PATIENTS AND APPLICATION ASSISTANCE TO PATIENTS AND COMMUNITY MEMBERS.

-MAINTAIN AND RECRUIT HEALTHCARE SPECIALISTS TO PRACTICE IN HOSPITAL-BASED VISITING SPECIALIST CLINICS

-PROVIDE SUPPORT IN RECRUITING A SUBSTANCE ABUSE MEDICAL SPECIALIST TO PROVIDE SERVICES TO LOCAL COMMUNITY.

-PROVIDE BEHAVIORAL HEALTH SERVICES AND TREATMENT TO STUDENTS.

OBESITY PREVENTION

IU HEALTH PAOLI'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED

OF OBESITY PREVENTION INCLUDES THE FOLLOWING:

-PROVIDE BREASTFEEDING SUPPORT GROUP TO NURSING MOTHERS.

-PROVIDE SUPPORT GROUP FOR COMMUNITY MEMBERS WITH DIABETES.

-COLLABORATE WITH THE OTHER INDIANA UNIVERSITY SOUTH CENTRAL REGION HOSPITALS AND COMMUNITY ORGANIZATIONS TO HOST A DAY OF SERVICE EVENT FOCUSED ON HEALTHY WEIGHT, PHYSICAL ACTIVITY, GOOD NUTRITION AND PROMOTION OF POSITIVE BEHAVIORAL HEALTH.

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

IU HEALTH PAOLI'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED

OF BEHAVIORAL HEALTH INCLUDES THE FOLLOWING:

Part V Facility Information (continued)

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

- PROVIDE SUPPORT IN RECRUITING A SUBSTANCE ABUSE MEDICAL SPECIALIST TO PROVIDE SERVICES TO LOCAL COMMUNITY.
- PROVIDE A DRUG TAKE-BACK BIN FOR PATIENTS AND COMMUNITY MEMBERS TO TURN IN UNUSED OR EXPIRED DRUGS.
- PAIN RESOURCE NURSE AND COMMITTEE ADDRESS FREQUENT AND REPEAT PATIENT EMERGENCY DEPARTMENT (ED) VISITS AND WORK TO DECREASE UNNECESSARY VISITS BY ASSISTING PATIENTS IN FINDING NEEDED RESOURCES.
- PROVIDE PEER RECOVERY COACHING VIA IU HEALTH BEHAVIORAL HEALTH VIRTUAL SERVICES TO PATIENTS STRUGGLING WITH SUBSTANCE ABUSE ISSUES.
- SCREEN PERINATAL PATIENTS AND HAVE TRAINED PMAD REGISTERED NURSES CONSULT WITH PATIENTS AND OFFER SUPPORT GROUP AND WARM-LINE SERVICES, IF NEEDED.
- PROVIDE BEHAVIORAL HEALTH SERVICES AND TREATMENT TO STUDENTS.
- PROVIDE PATIENTS WITH A BEHAVIORAL HEALTH DIAGNOSIS WITH VIRTUAL PSYCHIATRIC ASSESSMENTS BY IU HEALTH VIRTUAL VISITS CARE TEAM.
- SOCIAL DETERMINANTS OF HEALTH
IU HEALTH PAOLI'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF SOCIAL DETERMINANTS OF HEALTH INCLUDE THE FOLLOWING:
 - PROVIDE OPPORTUNITIES FOR JOB SHADOWING IN VARIOUS AREAS OF THE HOSPITAL.
 - PROVIDE INTERNSHIPS TO COLLEGE STUDENTS WHO ARE SEEKING DESIGNATED HEALTHCARE DEGREES.
- ALSO, IU HEALTH PAOLI WILL ADDRESS ALL COMMUNITY HEALTH NEEDS BASED ON THEIR 2018 COMMUNITY HEALTH NEEDS ASSESSMENT.

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 13B - INCOME LEVEL OTHER THAN FPG

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

1. IU HEALTH PAOLI'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 PAOLI'S INDIVIDUAL SOLUTIONS DEPARTMENT TO DETERMINE IF HEALTHCARE COVERAGE MAY BE OBTAINED FROM A GOVERNMENT INSURANCE/ASSISTANCE PRODUCT OR FROM THE HEALTH INSURANCE EXCHANGE MARKETPLACE.
2. ALTERNATE SOURCES OF ASSISTANCE
WHEN TECHNICALLY FEASIBLE, A PATIENT WILL EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH PAOLI'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 PAOLI'S FINANCIAL ASSISTANCE PROGRAM. THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. PATIENTS MAY BE ASKED TO SHOW PROOF

Part V Facility Information (continued)

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

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

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

3. ALTERNATE METHODS OF ELIGIBILITY DETERMINATION

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

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.

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

5. NON-EMERGENT SERVICES DOWN PAYMENT

UNINSURED PATIENTS PRESENTING FOR SCHEDULED OR OTHER NON-EMERGENT SERVICES WILL NOT BE CHARGED MORE THAN THE AGB FOR THEIR SERVICES. PATIENTS WILL RECEIVE AN ESTIMATED AGB COST OF THEIR CARE PRIOR TO IU HEALTH PAOLI 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 THE EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT ("EMTALA") AND IU HEALTH POLICY ADM 1.32, SCREENING AND TRANSFER OF EMERGENCY OR UNSTABLE PATIENTS. AMOUNT OF NON-REFUNDABLE DEPOSIT

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.

ALL UNINSURED PATIENTS PRESENTING FOR SERVICES AT IU HEALTH PAOLI'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 PAOLI PROCESSING SAID APPLICATION. UNINSURED PATIENTS MAKING PAYMENTS TOWARD THEIR OUTSTANDING NON-REFUNDABLE DEPOSIT BALANCE WILL HAVE SAID PAYMENTS APPLIED TO THEIR OLDEST APPLICATION ON FILE, IF APPLICABLE.

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

A COPY OF IU HEALTH PAOLI'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 PAOLI'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)

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 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 PAOLI TAKES SEVERAL OTHER MEASURES TO PUBLICIZE ITS FAP WITHIN THE COMMUNITY. THESE MEASURES INCLUDE THE FOLLOWING:

1. CONSPICUOUS PUBLIC DISPLAYS WILL BE POSTED IN APPROPRIATE ACUTE CARE SETTINGS SUCH AS THE EMERGENCY DEPARTMENT AND REGISTRATION AREAS DESCRIBING THE AVAILABLE ASSISTANCE AND DIRECTING ELIGIBLE PATIENTS TO THE FINANCIAL ASSISTANCE APPLICATION.
2. IU HEALTH PAOLI 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 PAOLI 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 PAOLI WILL BROADLY COMMUNICATE THIS POLICY AS PART OF ITS GENERAL OUTREACH EFFORTS.
5. IU HEALTH PAOLI WILL EDUCATE ITS PATIENT FACING TEAM MEMBERS OF THE FAP AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

Part V Facility Information (continued)

Section 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 3E - PRIORITIZED HEALTH NEEDS

IU HEALTH PAOLI'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 FIVE NEEDS AS PRIORITIES FOR IU HEALTH PAOLI HOSPITAL:

-ACCESS TO HEALTHCARE

-OBESITY, DIABETES AND PHYSICAL INACTIVITY

-MENTAL HEALTH

-DRUG AND SUBSTANCE ABUSE

-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-PAOLI-HOSPITAL](https://iuhealth.org/find-locations/iu-health-paoli-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? 1

Name and address	Type of Facility (describe)
1 IU HEALTH PAOLI REHAB. & SPORTS MEDICINE 642 W. HOSPITAL RD. PAOLI IN 47454	DIAGNOSTIC AND OTHER OUTPATIENT
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

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

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

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

Part VI Supplemental Information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

Part VI Supplemental Information

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

PAOLI'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 PAOLI'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 PAOLI.

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

Part VI Supplemental Information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

6. ALTERNATE METHODS OF ELIGIBILITY DETERMINATION

IU HEALTH PAOLI 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 PAOLI 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

Part VI Supplemental Information

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

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

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

Part VI Supplemental Information

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

(\$50,000).

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

9. NON-EMERGENT SERVICES DOWN PAYMENT

UNINSURED PATIENTS PRESENTING FOR SCHEDULED OR OTHER NON-EMERGENT SERVICES WILL NOT BE CHARGED MORE THAN THE AGB FOR THEIR SERVICES. PATIENTS WILL RECEIVE AN ESTIMATED AGB COST OF THEIR CARE PRIOR TO IU HEALTH PAOLI 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

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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.

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 PAOLI'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 PAOLI 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.

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

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

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

THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSE ON LINE 7, COLUMN (F) IS \$1,918,986. BAD DEBT EXPENSE IS REPORTED AT COST BASED ON THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET

Part VI Supplemental Information

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2, RATIO OF PATIENT CARE COST-TO-CHARGES.

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

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

BASED ON COLUMN (E) NET COMMUNITY BENEFIT EXPENSE. THE PERCENT OF TOTAL EXPENSE BASED ON COLUMN (C) TOTAL COMMUNITY BENEFIT EXPENSE, WHICH DOES NOT INCLUDE DIRECT OFFSETTING REVENUE, IS 38.22%.

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

IU HEALTH PAOLI 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 PAOLI PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES IT SERVES. IU HEALTH PAOLI IS A SUBSIDIARY OF IU HEALTH. IU HEALTH AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM") INVEST IN ECONOMIC DEVELOPMENT EFFORTS ACROSS

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THE STATE, COLLABORATE WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCATE FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS. THIS INCLUDES MAKING CONTRIBUTIONS TO COMMUNITY-BUILDING ACTIVITIES BY PROVIDING INVESTMENTS AND RESOURCES TO LOCAL COMMUNITY INITIATIVES THAT ADDRESSED ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT AND WORKFORCE DEVELOPMENT. SEVERAL EXAMPLES INCLUDE IU HEALTH'S SUPPORT OF THE FOLLOWING ORGANIZATIONS AND INITIATIVES THAT FOCUS ON SOME OF THE ROOT CAUSES OF HEALTH ISSUES, SUCH AS LACK OF EDUCATION, EMPLOYMENT AND POVERTY:

- COLLEGE MENTORS FOR KIDS
- STARFISH INITIATIVE
- TEACH FOR AMERICA
- 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.

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SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO EST. BAD DEBT EXP.

THE BAD DEBT EXPENSE OF \$724,993 REPORTED ON SCHEDULE H, PART III, LINE 2 IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY.

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

IU HEALTH PAOLI IS A SUBSIDIARY IN THE CONSOLIDATED FINANCIAL STATEMENTS OF IU HEALTH. IU HEALTH'S CONSOLIDATED FINANCIAL STATEMENTS, FOOTNOTE 4, ADDRESSES BAD DEBT EXPENSE AS FOLLOWS:

THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT REQUIRE COLLATERAL OR OTHER SECURITY FROM ITS PATIENTS, SUBSTANTIALLY ALL OF WHOM ARE RESIDENTS OF THE STATE, FOR THE DELIVERY OF HEALTH CARE SERVICES. HOWEVER, CONSISTENT WITH INDUSTRY PRACTICE, THE INDIANA UNIVERSITY HEALTH SYSTEM ROUTINELY OBTAINS ASSIGNMENT OF (OR IS OTHERWISE ENTITLED TO RECEIVE) PATIENTS' BENEFITS PAYABLE UNDER THEIR HEALTH INSURANCE PROGRAMS, PLANS OR POLICIES (E.G., MEDICARE, MEDICAID, MANAGED CARE PAYERS, AND COMMERCIAL INSURANCE POLICIES).

THE INDIANA UNIVERSITY HEALTH SYSTEM USES A PORTFOLIO APPROACH TO ACCOUNT

Part VI Supplemental Information

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

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

IN SUPPORT OF ITS MISSION, THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES CARE TO UNINSURED AND UNDERINSURED PATIENTS. THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES CHARITY CARE TO PATIENTS WHO LACK FINANCIAL RESOURCES AND ARE DEEMED TO BE MEDICALLY INDIGENT. UNDER ITS FINANCIAL ASSISTANCE POLICY, THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES MEDICALLY NECESSARY CARE TO UNINSURED PATIENTS WITH INADEQUATE FINANCIAL RESOURCES AT CHARITABLE DISCOUNTS EQUIVALENT TO THE AMOUNTS GENERALLY BILLED, AND IT PROVIDES ELIGIBILITY FOR FULL CHARITY FOR EMERGENT ENCOUNTERS FOR UNINSURED PATIENTS WHO EARN LESS THAN 200% OF THE FEDERAL POVERTY LEVEL AND WHO MEET APPLICATION CRITERIA. PATIENTS WHOSE LIABILITY IS DEEMED CATASTROPHIC RELATIVE TO THEIR ANNUAL HOUSEHOLD INCOME ARE ALSO

Part VI Supplemental Information

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ELIGIBLE FOR REDUCED CHARGES. SINCE THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT PURSUE COLLECTION OF THESE AMOUNTS, THE DISCOUNTED AMOUNTS ARE NOT REPORTED AS PATIENT SERVICE REVENUE. THE INDIANA UNIVERSITY HEALTH SYSTEM USES PRESUMPTIVE ELIGIBILITY SCREENING PROCEDURES FOR FREE CARE AND RECOGNIZES NET PATIENT SERVICE REVENUE ON SERVICES PROVIDED TO SELF-PAY PATIENTS AT THE DISCOUNTED RATE AT THE TIME SERVICES ARE RENDERED. THE ESTIMATED COST OF CHARITY CARE, USING THE CONSOLIDATED COST TO CHARGE RATIO, WAS \$94,886,000 AND \$85,295,000 IN 2018 AND 2017, RESPECTIVELY.

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

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 PAOLI MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED

Part VI Supplemental Information

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

WITH IU HEALTH PAOLI'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 PAOLI'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.

IU HEALTH PAOLI'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 PAOLI 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

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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.

INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE
COMMUNITY.

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

IU HEALTH PAOLI'S FAP AND WRITTEN DEBT COLLECTION POLICY DESCRIBE THE
COLLECTION PRACTICES APPLICABLE TO PATIENTS, INCLUDING THOSE WHO MAY
QUALIFY FOR FINANCIAL ASSISTANCE.

1. FINANCIAL ASSISTANCE APPLICATION

PATIENTS OR THEIR GUARANTORS WISHING TO APPLY FOR FINANCIAL ASSISTANCE
ARE ENCOURAGED TO SUBMIT A FINANCIAL ASSISTANCE APPLICATION WITHIN NINETY
(90) DAYS OF THEIR DISCHARGE. PATIENTS OR THEIR GUARANTORS MAY SUBMIT AN
APPLICATION UP TO TWO-HUNDRED AND FORTY (240) DAYS FROM THE DATE OF THEIR
FIRST BILLING STATEMENT FROM IU HEALTH PAOLI, 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 PAOLI. THE APPLICATION WILL BE PENDED FOR A

Part VI Supplemental Information

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

PERIOD OF FORTY-FIVE (45) DAYS FROM THE DATE THE NOTIFICATION IS MAILED.

IU HEALTH PAOLI'S WILL SUSPEND ANY ECA UNTIL THE APPLICATION IS COMPLETE,

OR THE PATIENT FAILS TO CURE ANY DEFICIENCIES IN THEIR APPLICATION IN THE

ALLOTTED PERIOD.

PATIENTS WITH LIMITED ENGLISH PROFICIENCY MAY REQUEST TO HAVE A COPY OF

THE FAP, A FAP APPLICATION, AND FAP PLAIN LANGUAGE SUMMARY IN ONE OF THE

BELOW LANGUAGES:

-ARABIC

-BURMESE

-BURMESE-FALAM

-BURMESE-HAKHA CHIN

-MANDARIN/CHINESE

-SPANISH

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 PAOLI KEEPS ALL APPLICATIONS AND SUPPORTING DOCUMENTATION

Part VI Supplemental Information

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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 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

Part VI Supplemental Information

Provide the following information.

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IU HEALTH PAOLI 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 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 PAOLI MAY REFER DELINQUENT PATIENT ACCOUNTS TO A THIRD-PARTY

Part VI Supplemental Information

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COLLECTION AGENCY AFTER UTILIZING REASONABLE EFFORTS TO DETERMINE A

PATIENT'S ELIGIBILITY FOR ASSISTANCE UNDER THE FAP.

IU HEALTH PAOLI AND ITS THIRD-PARTY COLLECTION AGENCIES MAY INITIATE ECA

AGAINST A PATIENT OR THEIR GUARANTOR IN ACCORDANCE WITH THIS POLICY AND

26 C.F.R. § 1.501(R). SAID ECA MAY INCLUDE THE FOLLOWING:

-SELLING A PATIENT'S OR THEIR GUARANTOR'S OUTSTANDING FINANCIAL

RESPONSIBILITY TO A THIRD PARTY.

-REPORTING ADVERSE INFORMATION ABOUT THE PATIENT OR THEIR GUARANTOR TO

CONSUMER CREDIT REPORTING AGENCIES OR CREDIT BUREAUS.

-DEFERRING OR DENYING, OR REQUIRING A PAYMENT BEFORE PROVIDING, MEDICALLY

NECESSARY CARE BECAUSE OF A PATIENT'S OR THEIR GUARANTOR'S NONPAYMENT OF

ONE OR MORE BILLS FOR PREVIOUSLY PROVIDED CARE COVERED UNDER THE FAP.

-ACTIONS REQUIRING A LEGAL OR JUDICIAL PROCESS, INCLUDING BUT NOT LIMITED

TO PLACING A LIEN ON PATIENT'S OR THEIR GUARANTOR'S PROPERTY, FORECLOSING

ON A PATIENT'S OR THEIR GUARANTOR'S REAL PROPERTY ATTACHING OR SEIZING A

PATIENT'S OR THEIR GUARANTOR'S BANK ACCOUNT OR OTHER 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

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

4. REFUNDS

PATIENTS ELIGIBLE FOR ASSISTANCE UNDER THE FAP WHO REMITTED PAYMENT TO IU
HEALTH PAOLI 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

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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
PAOLI UNDERSTANDS THAT THE HEALTH OF INDIVIDUALS AND COMMUNITIES ARE
SHAPED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS, ALONG WITH HEALTH
BEHAVIORS AND ADDITIONAL INFLUENCES.

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

-BACKPACKS FOR BLESSINGS

-HOOSIER HILLS PACT, TOBACCO

-HOOSIER UPLANDS

-MID-SOUTHERN BANK

-ORANGE COUNTY EMS

Part VI Supplemental Information

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-ORANGE COUNTY GOVERNMENT

-ORANGE COUNTY HEALTH DEPARTMENT

-ORANGE COUNTY PUBLISHING

-PAOLI JR./SR. HIGH SCHOOL

-PLUTO CORPORATION

-PURDUE EXTENSION

-SOUTHERN INDIANA COMMUNITY HEALTHCARE

-WOMEN, INFANTS AND CHILDREN (WIC)

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

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

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

1. CONSPICUOUS PUBLIC DISPLAYS WILL BE POSTED IN APPROPRIATE ACUTE CARE SETTINGS SUCH AS THE EMERGENCY DEPARTMENT AND REGISTRATION AREAS DESCRIBING THE AVAILABLE ASSISTANCE AND DIRECTING ELIGIBLE PATIENTS TO THE FINANCIAL ASSISTANCE APPLICATION.
2. IU HEALTH PAOLI WILL INCLUDE A CONSPICUOUS WRITTEN NOTICE ON ALL PATIENT BILLING STATEMENTS THAT NOTIFIES THE PATIENT ABOUT THE

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

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

SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION

IU HEALTH PAOLI IS LOCATED IN ORANGE COUNTY, INDIANA, A COUNTY LOCATED IN SOUTH CENTRAL INDIANA.

ORANGE COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF FRENCH LICK, ORLEANS, PAOLI, AND WEST BADEN SPRINGS. BASED ON THE MOST RECENT CENSUS

Part VI Supplemental Information

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BUREAU (2018) STATISTICS, ORANGE COUNTY'S POPULATION IS 19,489 PERSONS WITH APPROXIMATELY 50.2% BEING FEMALE AND 49.8% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 96.6% WHITE, 1.4% BLACK, 1.7% HISPANIC OR LATINO, 0.4% ASIAN, 0.4% AMERICAN INDIAN OR ALASKA NATIVE, AND 1.2% PERSONS REPORTING TWO OR MORE RACES.

ORANGE COUNTY HAS RELATIVELY LOW LEVELS OF EDUCATIONAL ATTAINMENT AS COMPARED TO OTHER INDIANA COUNTIES. ROUGHLY, 11.8% OF THE POPULATION HAS A BACHELOR'S DEGREE OR GRADUATE/PROFESSIONAL DEGREE, WHILE 83.3% OF THE POPULATION HAS OBTAINED A HIGH SCHOOL DEGREE.

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

IU HEALTH PAOLI INVESTS IN ITS COMMUNITY TO IMPROVE THE QUALITY OF LIFE OF ITS COMMUNITY MEMBERS. SEVERAL COMMUNITY BENEFIT HIGHLIGHTS ARE DESCRIBED BELOW.

IU HEALTH PAOLI PARTNERS WITH THE LOCAL SCHOOL SYSTEMS AND COMMUNITY PARTNERS TO PROVIDE PREVENTIVE HEALTH EDUCATIONAL PROGRAMS.

-POISON PREVENTION PROGRAMS ARE OFFERED TO ALL AREA ELEMENTARY SCHOOLS AND PRESCHOOL. THE AGE APPROPRIATE, INTERACTIVE PRESENTATIONS ARE GIVEN

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BY EMERGENCY SERVICES PERSONNEL.

-THE STUDENT SHADOW PROGRAM ALLOWS STUDENTS OBSERVING OPPORTUNITIES IN THE HEALTHCARE FIELD OF THEIR INTEREST.

-IU HEALTH PAOLI IS THE LEAD AGENCY FOR THE LOCAL HOMEGROWN ORANGE COUNTY HEALTH COALITION. THE COALITION IS A PLACE FOR COMMUNITY PARTNERS TO GATHER, NETWORK AND ADDRESS COMMUNITY HEALTH NEEDS TOGETHER.

-IU HEALTH PAOLI OFFERS A MONTHLY COMMUNITY DIABETIC SUPPORT GROUP OFFERED THE THIRD THURSDAY OF EACH MONTH. RELATED HEALTH AND PREVENTATIVE TOPICS ARE DISCUSSED BY A NURSE, PHARMACIST OR REGISTERED DIETICIAN, AND GUEST SPEAKERS.

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

IU HEALTH PAOLI 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 INDIANA UNIVERSITY 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

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INDIANA AND BEYOND.

NATIONAL RECOGNITION

-EIGHT HOSPITALS DESIGNATED AS MAGNET® BY THE AMERICAN NURSES

CREDENTIALING CENTER RECOGNIZING EXCELLENCE IN NURSING CARE

-INDIANA UNIVERSITY HEALTH MEDICAL CENTER IS HONORED TO BE NATIONALLY

RANKED BY U.S. NEWS & WORLD REPORT FOR THE 21ST YEAR IN A ROW. THAT MEANS

IU HEALTH CONTINUES TO BE RANKED AMONG THE BEST HEALTHCARE SYSTEMS IN THE

NATION AND THE TOP HEALTHCARE SYSTEM IN INDIANA. THIS RANKING RECOGNIZES

THE EXCEPTIONAL CARE, UNMATCHED EXPERTISE AND CONTINUED EXCELLENCE OF OUR

ENTIRE TEAM OF CAREGIVERS, WHILE GIVING YOU CONFIDENCE THAT YOU MADE THE

RIGHT CHOICE IN TRUSTING IU HEALTH WITH YOUR 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

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

IN 2012, 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

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MEDICAL NEEDS IN A TIME OF AN AGING POPULATION AND RISING HEALTHCARE

COSTS:

-CANCER: ONE OF THE INITIATIVE'S PRIMARY GOALS IS TO ENABLE THE IU HEALTH MELVIN AND BREN SIMON CANCER CENTER TO ATTAIN THE NATIONAL CANCER INSTITUTE'S TOP STATUS OF "COMPREHENSIVE," WHICH WOULD RECOGNIZE IT AS ONE OF THE TOP-TIER CANCER CENTERS IN THE NATION.

-NEUROSCIENCE: THE NEUROSCIENCES RESEARCH PROGRAM WILL TACKLE A BROAD RANGE OF BRAIN INJURIES, NEURODEGENERATIVE DISORDERS AND NEURODEVELOPMENTAL DISORDERS.

-CARDIOVASCULAR: THE CARDIOVASCULAR RESEARCH INITIATIVE WILL DEVELOP A COMPREHENSIVE PROGRAM FOR THE STUDY AND TREATMENT OF HEART FAILURE, FROM NEWBORNS TO OLDER ADULTS. A TOP PRIORITY IS DEVELOPING A CARDIOVASCULAR GENETICS PROGRAM.

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

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IU HEALTH STATEWIDE SYSTEM

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

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

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-IU HEALTH WHITE MEMORIAL HOSPITAL

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

IU HEALTH DAY OF SERVICE

THE ANNUAL IU HEALTH 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

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DAYS OF SERVICE.

COMMUNITY HEALTH INITIATIVES

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

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EXISTING HEALTHCARE PROVIDERS, SOCIAL WORKERS AND RESEARCHERS, THIS INTEGRATED PROGRAM WILL TAKE A HOLISTIC APPROACH TO ADDRESSING SUBSTANCE-RELATED HEALTHCARE ISSUES, ESPECIALLY AMONG THE MOST VULNERABLE POPULATIONS OF WOMEN AND CHILDREN. THE SOUTH CENTRAL REGION HAS SEEN 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

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COMMUNITIES. IU HEALTH SEEKS TO PARTNER WITH LOCAL NON-PROFITS ON INITIATIVES THAT SPECIFICALLY AIM TO SERVE AN IDENTIFIED COMMUNITY NEED, PARTICULARLY IN THE AREAS OF IU HEALTH'S 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 ORANGE COUNTY.

-COLLEGE MENTORS FOR KIDS

-STARFISH INITIATIVE

-TEACH FOR AMERICA

-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

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AND SUPPORT EFFORTS THAT:

- RECRUIT PRIMARY CARE PROVIDERS TO PRACTICE IN ORANGE COUNTY
 - CONTINUE TO EMPLOY AN INSURANCE NAVIGATOR
 - PROVIDE ACCESS TO HEALTHCARE SPECIALISTS IN RURAL, MEDICALLY UNDERSERVED AREAS (MUA)
 - RECRUIT OB/GYN AND SUBSTANCE ABUSE MEDICAL SPECIALISTS
 - PROVIDE VIRTUAL BEHAVIORAL HEALTH IN JUNIOR AND SENIOR HIGH SCHOOLS
- 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 IN THE SOUTH CENTRAL REGION INCLUDE:

- MONROE COUNTY PUBLIC HEALTH CLINIC
- VOLUNTEERS IN MEDICINE CLINIC OF MONROE COUNTY

HEALTHY WEIGHT & NUTRITION

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

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POLICIES FOR A HEALTHIER AMERICA, 2016). OBESITY PREVENTION WAS A CRITICAL COMMUNITY HEALTH NEED IDENTIFIED IN IU HEALTH COMMUNITIES ACROSS THE STATE. IU HEALTH IS COMMITTED TO LAUNCHING INNOVATIVE EFFORTS AIMED AT PREVENTING AND REVERSING OBESITY IN OUR COMMUNITIES TO HELP COMMUNITY MEMBERS GET ACTIVE, GET HEALTH AND GET STRONG.

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

- PROVIDE SUPPORT GROUPS FOCUSED ON HEALTHY NUTRITION
- PLAN IU HEALTH DAYS OF SERVICE WITH THE COMMUNITY

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

- STRONG SCHOOLS
- CHANGE THE PLAY
- YOUTH DIABETES PREVENTION CLINIC

BEHAVIORAL HEALTH

ONE AND 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

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OF MENTAL ILLNESS AND LESS THAN OPTIMAL ACCESS TO CARE.

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:

-CREATE A CONSUMER DRUG TAKE-BACK PROGRAM

-CONTINUE THE PAIN RESOURCE NURSE INITIATIVE

-CREATE A VIRTUAL BEHAVIORAL HEALTH PROGRAM IN THE EMERGENCY DEPARTMENT

-CREATE A PERINATAL MOOD AND ANXIETY DISORDER (PMAD) PROGRAM

-PROVIDE VIRTUAL PSYCHIATRIC ASSESSMENTS TO PATIENTS IN THE EMERGENCY

DEPARTMENT (ED)

-PROVIDE VIRTUAL BEHAVIORAL HEALTH IN JUNIOR AND SENIOR HIGH SCHOOLS

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

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RESPONSE TO THE DESPERATE NEED WITHIN OUR COMMUNITY, IU HEALTH OPENED AN OUTPATIENT ADDICTION TREATMENT PROGRAM IN BLOOMINGTON IN NOVEMBER OF 2018 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.

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COMMUNITY IMPACT FUNDING

CHARITABLE GIVING PLAYS AN IMPORTANT ROLE IN OUTREACH TO THE COMMUNITY

FOR IU HEALTH. THESE STRATEGIC RELATIONSHIPS ALLOW US TO INCREASE IMPACT

AND MAKE MEASURABLE ADVANCES TOWARD POSITIVE HEALTH OUTCOMES AND

INCREASED QUALITY OF LIFE FOR INDIVIDUALS LIVING IN IU HEALTH

COMMUNITIES.

THROUGH THE COMMUNITY IMPACT FUND, WE SEEK OPPORTUNITIES TO IMPROVE THE

HEALTH OF THE COMMUNITY BY INVESTING IN LOCAL PARTNERS THAT ADDRESS

COMMUNITY HEALTH NEEDS, AS WELL AS THE CONDITIONS AND BARRIERS THAT

IMPACT HEALTH. THESE PRIORITY AREAS WERE IDENTIFIED IN THE 2018 COMMUNITY

HEALTH NEEDS ASSESSMENT (CHNA) AND INCLUDE:

-ACCESS TO HEALTHCARE SERVICES

-BEHAVIORAL HEALTH (I.E., MENTAL HEALTH AND DRUG AND SUBSTANCE ABUSE

(INCLUDING OPIOIDS))

-OBESITY AND DIABETES

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

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STATE FILING OF COMMUNITY BENEFIT REPORT

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