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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Not community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance at cost (from Worksheet 1)</td>
<td>526</td>
<td>581,010.</td>
<td>581,010.</td>
<td></td>
<td></td>
<td>1.61</td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>784</td>
<td>4,455,263.</td>
<td>1,956,690.</td>
<td>2,498,573.</td>
<td></td>
<td>6.90</td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>1310</td>
<td>5,036,273.</td>
<td>1,956,690.</td>
<td>3,079,583.</td>
<td></td>
<td>8.51</td>
</tr>
</tbody>
</table>

#### Other Benefits

<table>
<thead>
<tr>
<th>(g)</th>
<th>(h)</th>
<th>(i)</th>
<th>(j)</th>
<th>(k)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>7</td>
<td>1920</td>
<td>201,964</td>
<td>201,964</td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td>1</td>
<td>95</td>
<td>78,882</td>
<td>78,882</td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>2</td>
<td>6660</td>
<td>153,805</td>
<td>9,500</td>
</tr>
<tr>
<td>Total, Other Benefits</td>
<td>10</td>
<td>8675</td>
<td>434,651</td>
<td>9,500</td>
</tr>
<tr>
<td>Total, Add lines 7d and 7j</td>
<td>10</td>
<td>9985</td>
<td>5,470,924</td>
<td>1,966,190</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>(a) Number</th>
<th>(b) Persons served</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community support</td>
<td>1</td>
<td>115</td>
<td>500.</td>
<td>500.</td>
<td></td>
</tr>
<tr>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community health improvement advocacy</td>
<td>1</td>
<td></td>
<td>124.</td>
<td>124.</td>
<td></td>
</tr>
<tr>
<td>Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>115</td>
<td>624.</td>
<td>624.</td>
<td></td>
</tr>
</tbody>
</table>

### Part III  Bad Debt, Medicare, & Collection Practices

**Section A. Bad Debt Expense**

1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?  
   - Yes  
   - No [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.  
   - [X] 547,925.

3. Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

4. Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

5. Enter total revenue received from Medicare (including DSH and IME).  
   - [X] 13,588,316.

6. Enter Medicare allowable costs of care relating to payments on line 5.  
   - [X] 13,467,321.

7. Subtract line 6 from line 5. This is the surplus (or shortfall).  
   - [X] 120,995.

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:
   - [ ] Cost accounting system  
   - [X] Cost to charge ratio  
   - [ ] Other

**Section C. Collection Practices**

9a. Did the organization have a written debt collection policy during the tax year?  
   - [X]

9b. 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.  
   - [X]

### Part IV  Management Companies and Joint Ventures

(Owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

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

<table>
<thead>
<tr>
<th>Facility Reporting Group</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 IU HEALTH TIPTON HOSPITAL</td>
<td></td>
</tr>
<tr>
<td>1000 S. MAIN ST.</td>
<td></td>
</tr>
<tr>
<td>TIPTON IN 46072</td>
<td></td>
</tr>
<tr>
<td>SEE PART V, SECTION C</td>
<td></td>
</tr>
<tr>
<td>17-005049-1</td>
<td>X X X X</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>
## 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)

#### Facility Information

**Name of hospital facility or letter of facility reporting group**: IU HEALTH TIPTON HOSPITAL

<table>
<thead>
<tr>
<th>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

#### Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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? (If Yes, describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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 &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>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 &quot;Yes,&quot; provide details of the CHNA in Section C</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;No,&quot; skip to line 12.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>How data was obtained</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>The significant health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>The process for consulting with persons representing the community's interests</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Indicate the tax year the hospital facility last conducted a CHNA: 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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 &quot;Yes,&quot; 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Was the hospital facility's CHNA conducted with one or more other hospital facilities? If &quot;Yes,&quot; list the other hospital facilities in Section C</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If &quot;Yes,&quot; list the other organizations in Section C</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the hospital facility make its CHNA report publicly available to the public?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Hospital facility's website (list url): SEE PART V, SECTION C</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other website (list url):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Made a paper copy available for public inspection without charge at the hospital facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If &quot;No,&quot; skip to line 11.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Indicate the tax year the hospital facility last adopted an implementation strategy: 2018</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Is the hospital facility's most recently adopted implementation strategy posted on a website?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>If &quot;Yes,&quot; (list url): SEE PART V, SECTION C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>If &quot;No,&quot; is the hospital facility's most recently adopted implementation strategy attached to this return?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>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)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes,&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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?</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
### Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group **IU HEALTH TIPTON HOSPITAL**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>X</td>
</tr>
</tbody>
</table>

#### Part V: Facility Information (continued)

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:

- [ ] a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of __200.0000__ % and FPG family income limit for eligibility for discounted care of ____________%__
- [ ] b Income level other than FPG (describe in Section C)
- [ ] c Asset level
- [ ] d Medical indigency
- [ ] e Insurance status
- [ ] f Underinsurance status
- [ ] g Residency
- [ ] h Other (describe in Section C)

If "Yes," indicate the eligibility criteria explained in the FAP:

14 **Explained the basis for calculating amounts charged to patients?**

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):

- [ ] a Described the information the hospital facility may require an individual to provide as part of his or her application
- [ ] b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- [ ] c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- [ ] d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- [ ] e 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):

- [ ] a The FAP was widely available on a website (list url): SEE PART V, SECTION C
- [ ] b The FAP application form was widely available on a website (list url): SEE PART V, SECTION C
- [ ] c A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C
- [ ] d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- [ ] e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- [ ] f 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 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 Notified members of the community who are most likely to require financial assistance about availability of the FAP
- [ ] i 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 Other (describe in Section C)
### Part V  Facility Information (continued)

#### Billing and Collections

**Name of hospital facility or letter of facility reporting group**  
IU HEALTH TIPTON HOSPITAL

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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 Reporting to credit agency(ies)
- [ ] b Selling an individual's debt to another party
- [ ] c 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 Actions that require a legal or judicial process
- [ ] e Other similar actions (describe in Section C)
- [ ] f None of these actions or other similar actions were permitted

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

If "Yes," check all actions in which the hospital facility or a third party engaged:

- [ ] a Reporting to credit agency(ies)
- [ ] b Selling an individual's debt to another party
- [ ] c 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 Actions that require a legal or judicial process
- [ ] e Other similar actions (describe in Section C)

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>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):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] a 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 Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- [ ] c Processed incomplete and complete FAP applications (if not, describe in Section C)
- [ ] d Made presumptive eligibility determinations (if not, describe in Section C)
- [ ] e Other (describe in Section C)
- [ ] f None of these efforts were made

### Policy Relating to Emergency Medical Care

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

If "No," indicate why:

- [ ] a The hospital facility did not provide care for any emergency medical conditions
- [ ] b The hospital facility's policy was not in writing
- [ ] c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- [ ] d Other (describe in Section C)
### Part V Facility Information (continued)

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

**Name of hospital facility or letter of facility reporting group** IU HEALTH TIPTON HOSPITAL

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>X</td>
<td></td>
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<tr>
<td>c</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>The hospital facility used a prospective Medicare or Medicaid method</td>
<td></td>
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</tr>
</tbody>
</table>

| 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? | X |

If "Yes," explain in Section C.

| 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? | X |

If "Yes," explain in Section C.
IU HEALTH TIPTON HOSPITAL'S APPROACH TO GATHERING QUALITATIVE DATA FOR ITS 2018 CHNA CONSISTED OF A MULTI-COMPONENT APPROACH TO IDENTIFY AND VERIFY COMMUNITY HEALTH NEEDS FOR THE IU HEALTH TIPTON HOSPITAL SERVICE AREA. THIS INCLUDED THE FOLLOWING COMPONENTS:

1. COMMUNITY MEETINGS

2. KEY STAKEHOLDER INTERVIEWS

3. COMMUNITY SURVEY

COMMUNITY MEETINGS

TO OBTAIN A MORE COMPLETE UNDERSTANDING OF THE COMMUNITY HEALTH NEEDS IT SERVES, IU HEALTH TIPTON HELD TWO COMMUNITY MEETINGS WITH PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS. THE COMMUNITY MEETINGS WERE HELD ON APRIL 17, 2018 AT THE HAMILTON COUNTY 4H FAIRGROUNDS IN NOBLESVILLE AND ON MAY 2, 2018 AT THE IU HEALTH TIPTON HOSPITAL IN TIPTON. THE GOAL OF SOLICITING THESE LEADERS' FEEDBACK WAS TO GATHER INSIGHTS INTO THE QUANTITATIVE DATA THAT MAY NOT BE EASILY IDENTIFIED FROM THE SECONDARY STATISTICAL DATA ALONE. ORGANIZATIONS WHO PARTICIPATED IN THE FOCUS GROUPS IN TIPTON COUNTY INCLUDED:

-TIPTON COUNTY FIRE DEPARTMENT

-ALTERNATIVES, INC.

-TIPTON SCHOOLS

-TIPTON EMERGENCY DEPARTMENT

-TIPTON COUNTY FOUNDATION

-TIPTON COUNTY SCHOOL NURSE

-FOUR COUNTY COUNSELING CENTER
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.

- Purdue Extension
- Tipton Chamber of Commerce
- Tipton County Health Department
- Aspire Indiana
- Central Indiana Council on Aging (CICOA)
- Chaucie's Place
- Department of Child Services
- Fishers City Council
- Good Samaritan Network
- Hand, Inc.
- Hope Family Care Center
- Hamilton County Council on Alcohol and Other Drugs
- Hamilton County Health Department
- Hamilton County Harvest Food Bank
- Noblesville Chamber of Commerce
- Noblesville Schools
- Partnership for a Healthy Hamilton County
- Prevail, Inc.
- Primelife Enrichment, Inc.
- Shepard's Center of Hamilton County
- Stones 3 Resources
- Trinity Free Clinic
- Westfield Washington Schools

At each of the community meetings, IU Health facilitators presented the goals and requirements of the CHNA, reviewed secondary health data.
Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 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.

INCLUDING DEMOGRAPHICS, INSURANCE INFORMATION, POVERTY RATES AND COUNTY HEALTH RANKINGS, CAUSES OF DEATH, PHYSICAL ACTIVITY, CHRONIC CONDITIONS AND PAST NEEDS IDENTIFIED DURING THE PREVIOUS CHNA CYCLE.

AT THE TIPTON COUNTY MEETING, EACH PARTICIPANT WAS ASKED TO SELECT THE TOP FIVE HEALTH NEEDS. AFTER THE RESULTS WERE TALLIED, A DISCUSSION TO GAIN CONSENSUS OF THE TOP FIVE HEALTH NEEDS OF THE COMMUNITY WAS CONDUCTED, ALONG WITH CURRENT RESOURCES AND GAPS FOR EACH NEED WAS DISCUSSED. THIS WAS INTENDED TO INSPIRE CANDID DISCUSSIONS AND GIVE LEADERS ANOTHER CHANCE TO VOTE FOR THEIR TOP FIVE NEEDS FROM THE LIST.

THE FOCUS GROUP CONCLUDED BY SHARING A TIMELINE OF NEXT STEPS AND ACCOMPLISHMENTS SINCE THE LAST CHNA.

DUE TO THE SIZE OF THE GROUP AT THE HAMILTON COUNTY MEETING, PARTICIPANTS WERE SPLIT INTO THREE GROUPS. THE SAME LIST WAS PROVIDED TO EACH GROUP OF POTENTIAL UNMET HEALTH NEEDS FOR THE INDIVIDUALS TO DISCUSS AND VOTE ON TO INDICATE WHAT THEY CONSIDERED TO BE THE MOST SIGNIFICANT HEALTH NEEDS FOR HAMILTON COUNTY.

KEY STAKEHOLDER INTERVIEWS

IU HEALTH TIPTON ALSO CONDUCTED AN INTERVIEW WITH A REPRESENTATIVE OF THE HAMILTON COUNTY PUBLIC HEALTH DEPARTMENT WHO ALSO ATTENDED THE NOBLESVILLE COMMUNITY MEETING. THE INTERVIEW WAS CONDUCTED TO ASSURE THAT APPROPRIATE AND ADDITIONAL INPUT WAS RECEIVED FROM A GOVERNMENT PUBLIC HEALTH OFFICIAL. ACCORDINGLY, THE RESULTS OF THE COMMUNITY MEETINGS WERE DISCUSSED AND INSIGHTS WERE SOUGHT OUT REGARDING SIGNIFICANT COMMUNITY HEALTH NEEDS, WHY SUCH NEEDS ARE PRESENT, AND HOW THESE NEEDS CAN BE ADDRESSED.
COMMUNITY SURVEY


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 OR MORE OF THE IU HEALTH HOSPITALS. 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 TIPTON HOSPITAL, SURVEYS WERE RECEIVED FROM 620 COMMUNITY HOUSEHOLDS.

BELOW IS THE ASSESSMENT OF SECONDARY DATA REGARDING THE HEALTH NEEDS OF THE COMMUNITY, WHICH IU HEALTH TIPTON HOSPITAL SERVES. THE HOSPITAL'S COMMUNITY IS COMPRISED OF TIPTON AND HAMILTON COUNTIES IN INDIANA. THE SURVEY SAMPLE WAS 92.1% CAUCASIAN (WHITE) AND 50.7% WERE FEMALE. THE EDUCATIONAL ATTAINMENT OF THE COMMUNITY WAS VERY HIGH AS 92.6%
REPORTED COMPLETING HIGH SCHOOL OR GED, 39.4% REPORTED COMPLETING A
BACHELOR’S DEGREE OR HIGHER.

SURVEY RESPONDENTS ALSO WERE ASKED TO REPORT THEIR INSURANCE STATUS. A
MAJORITY OF RESPONDENTS HAD COMMERCIAL/PRIVATE INSURANCE (93.8%),
FOLLOWED BY A SMALL PERCENTAGE REPORTING TO BE UNINSURED/SELF-PAY (6.2%).

SUBSEQUENT TO THE ACA’S PASSAGE, A JUNE 2012 SUPREME COURT RULING
PROVIDED STATES WITH THE DISCRETION REGARDING WHETHER OR NOT TO EXPAND
MEDICAID ELIGIBILITY. INDIANA WAS ONE OF THOSE STATES THAT EXPANDED
MEDICAID. ACROSS THE UNITED STATES, UNINSURED RATES HAVE FALLEN MOST IN
STATES THAT DECIDED TO EXPAND MEDICAID.

SCHEDULE H, PART V, SECTION B, LINE 7A - CHNA WEBSITE
A COPY OF IU HEALTH TIPTON HOSPITAL’S CHNA IS AVAILABLE ON ITS WEBSITE AT
THE FOLLOWING URL:

HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/

SCHEDULE H, PART V, SECTION B, LINE 10A - IMPLEMENTATION STRATEGY WEBSITE
A COPY OF IU HEALTH TIPTON HOSPITAL’S CHNA IMPLEMENTATION STRATEGY IS
AVAILABLE ON ITS WEBSITE AT THE FOLLOWING URL:

HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/
IN CONJUNCTION WITH THE CHNA, IU HEALTH TIPTON ADOPTED AN IMPLEMENTATION STRATEGY IN 2018. IU HEALTH TIPTON 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 TIPTON WILL ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS BETWEEN 2019 AND 2021:

- BEHAVIORAL HEALTH (INCLUDES MENTAL HEALTH/SUBSTANCE ABUSE)
- ACCESS TO HEALTHCARE
- CHRONIC DISEASE
- AGING POPULATION AND NEEDS OF SENIORS
- TRANSPORTATION

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

BEHAVIORAL HEALTH (INCLUDES MENTAL HEALTH/SUBSTANCE ABUSE)

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

- PARTNER WITH LOCAL SUBJECT MATTER EXPERTS TO PROVIDE PROGRAMS IN SCHOOLS (ALL AGES) AND CLUBS TO HELP EDUCATE YOUTH ON THE RISKS OF DRUG AND ALCOHOL USE AND ABUSE.

- PROVIDE ACCESS TO MEETING SPACE FOR THE LOCAL SMOKING CESSION PROGRAM.

- PROVIDE SUPPLIES FOR THE LOCAL SMOKING CESSION PROGRAM.

- PROVIDE 24/7 PEER COUNSELING VIA TELEMEDICINE FOR PATIENTS WHO PRESENT IN THE EMERGENCY DEPARTMENT (ED) WITH SUBSTANCE ABUSE ISSUES.

- TRAINED BEHAVIORAL HEALTH CLINICIANS PROVIDE TELEMEDICINE VISITS TO
PATIENTS WHO PRESENT IN THE EMERGENCY DEPARTMENT (ED) WITH BEHAVIORAL HEALTH NEEDS.

ACCESS TO HEALTHCARE

IU HEALTH TIPTON HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF ACCESS TO HEALTHCARE INCLUDES THE FOLLOWING:
- PROVIDE FREE DIABETIC SCREENINGS AND EDUCATION ON PROPER DISEASE MANAGEMENT.
- WORK WITH THE TIPTON COUNTY FOUNDATION (WOMEN'S FUND) TO ESTABLISH A PROGRAM FOR UNDERSERVED COMMUNITY MEMBERS.
- PROVIDE ANNUAL OR RECOMMENDED MAMMOGRAPHY SCREENINGS.

CHRONIC DISEASE

IU HEALTH TIPTON HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF CHRONIC DISEASE INCLUDES THE FOLLOWING:
- PROVIDE FREE DIABETIC SCREENINGS AND EDUCATION ON PROPER DISEASE MANAGEMENT.
- WORK WITH THE TIPTON COUNTY FOUNDATION (WOMEN'S FUND) TO ESTABLISH A PROGRAM FOR UNDERSERVED COMMUNITY MEMBERS.
- PROVIDE ANNUAL OR RECOMMENDED MAMMOGRAPHY SCREENINGS.
- PROMOTE HEALTH, WELLNESS, GOOD NUTRITION AND ACTIVE LIVING THROUGH ANNUAL DAYS OF SERVICE BY MAKING IMPROVEMENTS TO LOCAL PARKS, THUS ENCOURAGING GREATER PHYSICAL ACTIVITY IN THE PARKS BY RESIDENTS AND VISITORS.
- PARTNER WITH COMMUNITY ORGANIZATIONS TO IMPLEMENT THE FRESH & FIT PROGRAM IN TIPTON.

AGING POPULATION AND NEEDS OF SENIORS
INDIANA UNIVERSITY HEALTH TIPTON HOSPITAL,

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

- PROMOTE HEALTH, WELLNESS, GOOD NUTRITION AND ACTIVE LIVING THROUGH ANNUAL DAYS OF SERVICE BY MAKING IMPROVEMENTS TO LOCAL PARKS, THUS ENCOURAGING GREATER PHYSICAL ACTIVITY IN THE PARKS BY RESIDENTS AND VISITORS.

- PROVIDE ACCESS TO FREE SCREENINGS, GENERAL HEALTH EDUCATION AND ACTIVITIES TO PROMOTE ACTIVE AND HEALTHY LIFESTYLES FOR SENIORS.

- PROVIDE TRANSPORTATION TO SENIORS UTILIZING COMMUNITY ORGANIZATIONS' BUSES.

- PARTNER WITH COMMUNITY ORGANIZATIONS TO IMPLEMENT THE FRESH & FIT PROGRAM IN TIPTON.

- MODIFY FRESH & FIT PROGRAM TO SERVE THE SENIOR POPULATION IN THE COMMUNITY.

TRANSPORTATION

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

- PROVIDE TRANSPORTATION TO SENIORS UTILIZING COMMUNITY ORGANIZATIONS' BUSES.

ALSO, IU HEALTH TIPTON HOSPITAL WILL ADDRESS ALL THE COMMUNITY HEALTH NEEDS BASED ON THEIR 2018 COMMUNITY HEALTH NEEDS ASSESSMENT.
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 TIPTON HOSPITAL 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 TIPTON HOSPITAL TAKES INTO CONSIDERATION SEVERAL OTHER FACTORS IN DETERMINING PATIENT ELIGIBILITY FOR FINANCIAL ASSISTANCE. THESE FACTORS INCLUDE THE FOLLOWING:

1. IU HEALTH TIPTON HOSPITAL'S INDIVIDUAL SOLUTIONS DEPARTMENT

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

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 TIPTON HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM.

PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE INSURANCE POLICY, INCLUDING, BUT NOT LIMITED TO, HEALTH, AUTOMOBILE, AND HOMEOWNER'S, MUST EXHAUST ALL INSURANCE BENEFITS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH TIPTON HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. PATIENTS MAY BE ASKED TO
SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THE PROPER INSURANCE PROVIDER AT THE REQUEST OF IU HEALTH TIPTON HOSPITAL.

ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM IU HEALTH TIPTON HOSPITAL AS A RESULT OF AN INJURY PROXIMATELY CAUSED BY A THIRD PARTY, AND LATER RECEIVE A MONETARY SETTLEMENT OR AWARD FROM SAID THIRD PARTY, MAY RECEIVE FINANCIAL ASSISTANCE FOR ANY OUTSTANDING BALANCE NOT COVERED BY THE SETTLEMENT OR AWARD TO WHICH IU HEALTH TIPTON HOSPITAL IS ENTITLED. IN THE EVENT A FINANCIAL ASSISTANCE AWARD HAS ALREADY BEEN GRANTED IN SUCH CIRCUMSTANCES, IU HEALTH TIPTON HOSPITAL RESERVES THE RIGHT TO REVERSE THE AWARD IN AN AMOUNT EQUAL TO THE AMOUNT IU HEALTH TIPTON HOSPITAL WOULD BE ENTITLED TO RECEIVE HAD NO FINANCIAL ASSISTANCE BEEN AWARDED.

3. ALTERNATE METHODS OF ELIGIBILITY DETERMINATION

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

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

-INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES
-MEDICAID
INDIANA UNIVERSITY HEALTH TIPTON HOSPITAL, 26-2772226

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

5. NON-EMERGENT SERVICES DOWN PAYMENT

UNINSURED PATIENTS PRESENTING FOR SCHEDULED OR OTHER NON-EMERGENT SERVICES WILL NOT BE CHARGED MORE THAN THE AMOUNTS GENERALLY BILLED ("AGB") FOR THEIR SERVICES. PATIENTS WILL RECEIVE AN ESTIMATED AGB COST OF THEIR CARE PRIOR TO IU HEALTH TIPTON HOSPITAL RENDERING THE SERVICES AND WILL BE ASKED TO PAY A DOWN-PAYMENT PERCENTAGE OF THE AGB ADJUSTED COST PRIOR TO RECEIVING SERVICES. IN THE EVENT A PATIENT IS UNABLE TO FULFILL THE DOWN-PAYMENT, THEIR SERVICE MAY BE RESCHEDULED FOR A LATER DATE AS MEDICALLY PRUDENT AND IN ACCORDANCE WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND/OR REGULATIONS.

6. EMERGENCY SERVICES NON-REFUNDABLE DEPOSIT

THIS SECTION WILL BE IMPLEMENTED WITH A STRICT ADHERENCE TO EMTALA AND IU HEALTH POLICY ADM 1.32, SCREENING AND TRANSFER OF EMERGENCY OR UNSTABLE
Facility Information (continued)

Part V

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 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.

INdiana university health tipton hospital, 26-2772226

PATIENTS.

Amount of Non-Refundable Deposit

All uninsured patients presenting for services at one of IU Health Tipton hospital’s emergency departments, via transfer from another hospital facility, or direct admission, will be responsible for a one-hundred dollar ($100.00) non-refundable deposit for services rendered. Patients/guarantors will be responsible for any copays and/or deductibles required by their plan prior to full financial assistance being applied. Uninsured patients wishing to make an application for financial assistance greater than the AGB must fulfill their non-refundable deposit prior to IU Health Tipton hospital processing said application. Uninsured patients making payments toward their outstanding non-refundable deposit balance will have said payments applied to their oldest application on file, if applicable.

Schedule H, Part V, Section B, Line 16A - FAP Website

A copy of IU Health Tipton hospital’s FAP is available at the following URL:

HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE/

Schedule H, Part V, Section B, Line 16B - FAP Application Website

A copy of IU Health Tipton hospital's FAP application is available at the following URL:
Schedule H, Part V, Section B, Line 16C - FAP PLS Website

A copy of IU Health's FAP Plain Language Summary is available on its website at the following URL:

HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE/

Schedule H, Part V, Section B, Line 16J - Other Measures to Publicize

IU Health Tipton Hospital takes several other measures to broadly 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 Tipton Hospital will include a conspicuous written notice on all patient billing statements that notifies the patient about the availability of this policy, and the telephone number of its customer service department which can assist patients with any questions they may have regarding this policy.

3. IU Health Tipton Hospital customer service representatives will be available via telephone Monday through Friday, excluding major holidays, from 8:00 a.m. to 7:00 p.m. Eastern time to address questions related to this policy.
4. IU HEALTH TIPTON HOSPITAL WILL BROADLY COMMUNICATE THIS POLICY AS PART OF ITS GENERAL OUTREACH EFFORTS.

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

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

IU HEALTH TIPTON HOSPITAL’S 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT INCLUDES A PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY. THE CHNA REPORT IDENTIFIED THE FOLLOWING NEEDS AS PRIORITIES FOR IU HEALTH TIPTON HOSPITAL:

-ACCESS TO HEALTHCARE SERVICES
-AGING POPULATION AND NEEDS OF SENIORS
-CHRONIC DISEASE MANAGEMENT
-DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL)
-MENTAL HEALTH
-TRANSPORTATION

IU HEALTH USES THE TERM BEHAVIORAL HEALTH TO REFER 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-TIPTON-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? ________________________________

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<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
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Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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

**INDIANA UNIVERSITY HEALTH TIPTON HOSPITAL USES SEVERAL FACTORS OTHER THAN FEDERAL POVERTY GUIDELINES ("FPG") IN DETERMINING ELIGIBILITY FOR FREE CARE UNDER ITS FAP. THESE FACTORS INCLUDE THE FOLLOWING:**

1. **INDIANA RESIDENCY REQUIREMENT**


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

   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 GUARDIAN'S FEDERAL INCOME TAX STATEMENT.
Provide the following information.

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

2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs 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.

2. **IU HEALTH TIPTON HOSPITAL'S INDIVIDUAL SOLUTIONS DEPARTMENT**

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

3. **UNINSURED PATIENTS**

ALL UNINSURED PATIENTS PRESENTING FOR SERVICES AT IU HEALTH TIPTON HOSPITAL 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 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
Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs 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.

**TIPTON HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM.**

**Patients who may be eligible for coverage under an applicable insurance policy, including, but not limited to, health, automobile, and homeowner's, must exhaust all insurance benefits prior to receiving an award from IU Health Tipton Hospital's financial assistance program. This includes patients covered under their own policy and those who may be entitled to benefits from a third-party policy. Patients may be asked to show proof that such a claim was properly submitted to the proper insurance provider at the request of IU Health Tipton Hospital.**

**Eligible patients who receive medical care from IU Health Tipton Hospital as a result of an injury proximately caused by a third party, and later receive a monetary settlement or award from said third party, may receive financial assistance for any outstanding balance not covered by the settlement or award to which IU Health Tipton Hospital is entitled. In the event a financial assistance award has already been granted in such circumstances, IU Health Tipton Hospital reserves the right to reverse the award in an amount equal to the amount IU Health Tipton Hospital would be entitled to receive had no financial assistance been awarded.**
Part VI  Supplemental Information

Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs 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 Tipton Hospital will conduct a quarterly review of all accounts placed with a collection agency partner for a period of no less than one hundred and twenty (120) days after the account is eligible for an ECA.**

**Said accounts may be eligible for assistance under the FAP based on the patient's individual scoring criteria.**

**To ensure all patients potentially eligible for financial assistance under the FAP may receive financial assistance, IU Health Tipton Hospital will deem patients/guarantors to be presumptively eligible for financial assistance if they are found to be eligible for one of the following programs, received emergency or direct admit care, and satisfied his/her required co-pay/deductible:**

- Indiana Children's Special Health Care Services
- Medicaid
- Healthy Indiana Plan
- Patients who are awarded hospital presumptive eligibility (HPE)
- Enrolled in a state and/or federal program that verifies the patient's gross household income is less than or equal to 200% of the Federal
Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs reported in Part V, Section B.

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5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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

8. **PATIENT ASSETS**

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

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

Provide the following information.

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

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs reported in Part V, Section B.

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6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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

($50,000).

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

9. NON-EMERGENT SERVICES DOWN PAYMENT

UNINSURED PATIENTS PRESENTING FOR SCHEDULED OR OTHER NON-EMERGENT 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 TIPTON HOSPITAL RENDERING THE SERVICES AND WILL BE ASKED TO PAY A DOWN-PAYMENT PERCENTAGE OF THE AGB ADJUSTED COST PRIOR TO RECEIVING SERVICES. IN THE EVENT A PATIENT IS UNABLE TO FULFILL THE DOWN-PAYMENT, THEIR SERVICE MAY BE RESCHEDULED FOR A LATER DATE AS MEDICALLY PRUDENT AND IN ACCORDANCE WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND/OR REGULATIONS.

10. EMERGENCY SERVICES NON-REFUNDABLE DEPOSIT
Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

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5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

**THIS SECTION WILL BE IMPLEMENTED WITH A STRICT ADHERENCE TO EMTALA AND IU HEALTH TIPTON HOSPITAL 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 TIPTON HOSPITAL'S EMERGENCY DEPARTMENT, VIA TRANSFER FROM ANOTHER HOSPITAL FACILITY, OR DIRECT ADMISSION, WILL BE RESPONSIBLE FOR A ONE-HUNDRED DOLLAR ($100.00) NON-REFUNDABLE DEPOSIT FOR SERVICES RENDERED.

PATIENTS/GUARANTORS WILL BE RESPONSIBLE FOR ANY COPAYS AND/OR DEDUCTIBLES REQUIRED BY THEIR PLAN PRIOR TO FULL FINANCIAL ASSISTANCE BEING APPLIED.

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

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs reported in Part V, Section B.

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

**SCHEDULE H, PART 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 $1,622,627. Bad debt expense is reported on a cost based on the cost-to-charge ratio derived from Worksheet 2, ratio of patient care-cost-to-charges.

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

**SCHEDULE H, PART I, LINE 7, COLUMN (F), PERCENT OF TOTAL EXPENSE, IS BASED ON COLUMN (E) NET COMMUNITY BENEFIT EXPENSE. THE PERCENT OF TOTAL EXPENSE BASED ON COLUMN (C) TOTAL COMMUNITY BENEFIT EXPENSE, WHICH DOES NOT INCLUDE DIRECT OFFSETTING REVENUE, IS 15.12%.

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

IU HEALTH TIPTON HOSPITAL PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES IT SERVES. IU HEALTH TIPTON HOSPITAL IS A SUBSIDIARY OF IU HEALTH. IU HEALTH AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF
Part VI Supplemental Information

Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs 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.

INDIANA ("IU HEALTH STATEWIDE SYSTEM") INVEST IN ECONOMIC DEVELOPMENT

EFFORTS ACROSS THE STATE, COLLABORATE WITH LIKE-MINDED ORGANIZATIONS

THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCATE FOR IMPROVEMENTS

IN THE HEALTH STATUS OF VULNERABLE POPULATIONS. THIS INCLUDES MAKING

CONTRIBUTIONS TO COMMUNITY-BUILDING ACTIVITIES BY PROVIDING INVESTMENTS

AND RESOURCES TO 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:

- ENCORE LIFESTYLE AND ENRICHMENT CENTER
- BOYS AND GIRLS CLUB OF TIPTON COUNTY
- TIPTON COMMUNITY SCHOOL CORPORATION
- TRI-CENTRAL SCHOOL CORPORATION
- TIPTON CITY PARK

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
Part VI Supplemental Information

Provide the following information.

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

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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.

EVERY YEAR.

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

THE BAD DEBT EXPENSE OF $547,925 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 TIPTON HOSPITAL 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...
Provide the following information.

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

2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs 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.

**Policies.**

The Indiana University Health System uses a portfolio approach to account for categories of patient contracts as a collective group, rather than recognizing revenue on an individual contract basis. The portfolios consist of major payer classes for inpatient revenue and outpatient revenue. Based on the historical collection trends and other analysis, the Indiana University Health System believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

In support of its mission, the Indiana University Health System provides care to uninsured and underinsured patients. The Indiana University Health System provides charity care to patients who lack financial resources and are deemed to be medically indigent. Under its financial assistance policy, the Indiana University Health System provides 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.
Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs 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.

**POVERTY LEVEL AND WHO MEET APPLICATION CRITERIA.** PATIENTS WHOSE LIABILITY IS DEEMED CATASTROPHIC RELATIVE TO THEIR ANNUAL HOUSEHOLD INCOME ARE ALSO ELIGIBLE FOR REDUCED CHARGES. SINCE THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT PURSUE COLLECTION OF THESE AMOUNTS, THE DISCOUNTED AMOUNTS ARE NOT REPORTED AS PATIENT SERVICE REVENUE. THE INDIANA UNIVERSITY HEALTH SYSTEM USES PRESUMPTIVE ELIGIBILITY SCREENING PROCEDURES FOR FREE CARE AND RECOGNIZES NET PATIENT SERVICE REVENUE ON SERVICES PROVIDED TO SELF-PAY PATIENTS AT THE DISCOUNTED RATE AT THE TIME SERVICES ARE RENDERED. THE ESTIMATED COST OF CHARITY CARE, USING THE CONSOLIDATED COST TO CHARGE RATIO, WAS $94,886,000 AND $85,295,000 IN 2018 AND 2017, RESPECTIVELY.

**SCHEDULE H, PART III, LINE 8 - MEDICARE SHORTFALL**

IU HEALTH TIPTON HOSPITAL 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
Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY.

THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 IS CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM THE IU HEALTH MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH'S PARTICIPATION IN MEDICARE PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIAN SERVICES, THE COSTS OF MEDICARE PARTS C AND D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH TIPTON HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY REDUCE THE MEDICARE SURPLUS REPORTED ON SCHEDULE H, PART III, LINE 7.
Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

**IU HEALTH TIPTON HOSPITAL'S FAP AND WRITTEN DEBT COLLECTION POLICY**

**DESCRIBE THE COLLECTION PRACTICES APPLICABLE TO PATIENTS, INCLUDING THOSE WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE.**

**1. FINANCIAL ASSISTANCE APPLICATION**

PATIENTS OR THEIR GUARANTORS WISHING TO APPLY FOR FINANCIAL ASSISTANCE ARE ENCOURAGED TO SUBMIT A FINANCIAL ASSISTANCE APPLICATION WITHIN NINETY (90) DAYS OF THEIR DISCHARGE. PATIENTS OR THEIR GUARANTORS MAY SUBMIT AN APPLICATION UP TO TWO-HUNDRED AND FORTY (240) DAYS FROM THE DATE OF THEIR FIRST BILLING STATEMENT FROM IU HEALTH TIPTON HOSPITAL, 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 TIPTON HOSPITAL. THE APPLICATION WILL BE PENDED FOR A PERIOD OF FORTY-FIVE (45) DAYS FROM THE DATE THE NOTIFICATION IS MAILED. IU HEALTH TIPTON HOSPITAL WILL SUSPEND ANY ECA UNTIL THE APPLICATION IS COMPLETE, OR THE PATIENT FAILS TO CURE ANY DEFICIENCIES IN
Part VI Supplemental Information

Provide the following information.

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

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs 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.

THEIR APPLICATION IN THE ALLOTTED PERIOD.

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

- ARABIC
- 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 TIPTON HOSPITAL KEEPS ALL APPLICATIONS AND SUPPORTING DOCUMENTATION CONFIDENTIAL.

PATIENTS APPLYING FOR ASSISTANCE UNDER THE FAP WILL BE REQUIRED TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION. PATIENTS MUST INCLUDE THE
Part VI  Supplemental Information

Provide the following information.

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

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs 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.

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 STATEMENT, THE PATIENT MAY SUBMIT A NOTARIZED AFFIDAVIT ATTESTING TO THE FOREGOING;

- MOST RECENT W-2 STATEMENT;

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

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

2. ELIGIBILITY DETERMINATION

IU HEALTH TIPTON HOSPITAL WILL INFORM PATIENTS OR GUARANTORS OF THE RESULTS OF THEIR APPLICATION BY PROVIDING THE PATIENT OR GUARANTOR WITH A FINANCIAL ASSISTANCE DETERMINATION WITHIN NINETY (90) DAYS OF RECEIVING A
Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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

**IU HEALTH TIPTON HOSPITAL AND ITS THIRD-PARTY COLLECTION AGENCIES MAY**
Provide the following information.

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

2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs 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.

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 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 TIPTON HOSPITAL
Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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

4. **REFUNDS**

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

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

PATIENTS WITHOUT AN OUTSTANDING ACCOUNT BALANCE DESCRIBED ABOVE WILL BE
Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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

AFTER COMPLETION OF THE CHNA, IU HEALTH REVIEWED SECONDARY DATA, FINDINGS FROM OTHER COMMUNITY HEALTH ASSESSMENTS OF AREAS SERVED BY THE HOSPITAL, INPUT OBTAINED FROM INDIVIDUALS WHO PARTICIPATED IN COMMUNITY MEETINGS,
Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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

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

IU HEALTH TIPTON HOSPITAL IS COMMITTED TO SERVING THE HEALTHCARE NEEDS OF ALL OF ITS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH SERVICES.

TO ASSIST IN MEETING THOSE NEEDS, IU HEALTH TIPTON HOSPITAL HAS ESTABLISHED A FAP TO PROVIDE FINANCIAL ASSISTANCE TO UNINSURED PATIENTS.

IU HEALTH TIPTON HOSPITAL IS COMMITTED TO ENSURING ITS PATIENTS ARE COMPLIANT WITH ALL PROVISIONS OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT. TO THAT END, IU HEALTH TIPTON HOSPITAL WILL MAKE A GOOD FAITH EFFORT TO LOCATE AND OBTAIN HEALTH INSURANCE COVERAGE FOR PATIENTS PRIOR TO CONSIDERING PATIENTS FOR COVERAGE UNDER THE FAP.

IU HEALTH TIPTON HOSPITAL TAKES SEVERAL MEASURES TO INFORM ITS PATIENTS OF THE FAP AND FAP-ELIGIBILITY. THESE MEASURES INCLUDE THE FOLLOWING:
Part VI  Supplemental Information

Provide the following information.

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

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs 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.

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

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

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

5. IU HEALTH TIPTON HOSPITAL WILL EDUCATE ITS PATIENT FACING TEAM MEMBERS OF THE FAP AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.
Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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

**IU HEALTH TIPTON HOSPITAL IS LOCATED IN TIPTON COUNTY, INDIANA, A COUNTY LOCATED IN CENTRAL INDIANA.**

TIPTON COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF TIPTON, ELWOOD, WINDFALL CITY, KEMPTON, AND SHARPSVILLE. BASED ON THE MOST RECENT CENSUS BUREAU (2018) STATISTICS, TIPTON COUNTY'S POPULATION IS 15,128, WITH APPROXIMATELY 50% BEING FEMALE AND 50% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 97.1% WHITE, 2.9% HISPANIC, 0.7% BLACK, 0.6% ASIAN, 0.4% AMERICAN INDIAN OR ALASKA NATIVE, AND 1.2% PERSONS REPORTING TWO OR MORE RACES.

TIPTON COUNTY HAS RELATIVELY LOW LEVELS OF EDUCATIONAL ATTAINMENT. IN THE COUNTY, 11.0% DID NOT COMPLETE HIGH SCHOOL, 46.4% DID NOT CONTINUE THEIR EDUCATION AFTER HIGH SCHOOL OR A GED; JUST 21.3% HAVE A BACHELOR'S DEGREE OR HIGHER, WHICH IS FAR BELOW THE NATIONAL LEVEL OF MORE THAN 29% AND BELOW THE STATE LEVEL OF NEARLY 25.3%.
Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

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

**IU HEALTH TIPTON HOSPITAL IS COMMITTED TO IMPROVING THE FUTURE OF OUR COMMUNITY MEMBERS BY OFFERING PROGRAMS THAT LEAD TO IMPROVED HEALTH.**

**COMMUNITY BENEFIT HIGHLIGHTS ARE DESCRIBED BELOW.**

*IN 2018, IU HEALTH TIPTON HOSPITAL HOSTED AN ANNUAL HEALTH FAIR THAT OFFERED A VARIETY OF FREE AND LOW-COST SCREENINGS, BLOOD DRAWS, INCLUDING GLUCOSE, A1C AND CHOLESTEROL; BLOOD PRESSURE CHECKS, FOOT SCREENINGS, ECHOCARDIOGRAM SCREENINGS, SLEEP DISORDER SCREENINGS, AND BONE DENSITY SCREENINGS. THESE EVALUATIONS WERE OFFERED AT NO COST TO ABOUT 160 COMMUNITY MEMBERS. PARTICIPANTS ALSO HAD THE OPPORTUNITY TO BRING ANY UNWANTED MEDICATIONS TO OUR COLLECTION SITE SO THEY COULD BE DISPOSED OF PROPERLY.*

**IU HEALTH TIPTON HOSPITAL IS A SUBSIDIARY OF IU HEALTH. IU HEALTH EXTENDS MEDICAL PRIVILEGES TO ALL PHYSICIANS WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENT TO ITS MEDICAL STAFF. IU HEALTH DOES NOT DENY APPOINTMENT ON THE BASIS OF GENDER, RACE, CREED, OR NATIONAL ORIGIN.**

**IU HEALTH, IN CONJUNCTION WITH THE IU SCHOOL OF MEDICINE, TRAINS THE NEXT**
Supplemental Information

Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs 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.

**GENERATION OF PHYSICIANS IN AN EXCEPTIONAL ENVIRONMENT, BLENDING**

**BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE.**

**IU HEALTH'S FIVE YEAR STRATEGIC PLANNING PROCESS WAS RENEWED DURING 2014 RESULTING IN MISSION-CRITICAL FOCUSING AND RE-FOCUSING OF INVESTMENTS,**

**BOTH PEOPLE AND FINANCIAL RESOURCES, TO FUND IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH. ONE OF THE MOST CRUCIAL ELEMENTS IN THAT PROCESS WAS THE STATEMENT OF IU HEALTH'S VALUE PROPOSITION:**

**IU HEALTH WILL BE A LEADER IN:**

- **MANAGING THE HEALTH OF POPULATIONS IT SERVES, LEVERAGING ALL ASPECTS OF ITS TRIPARTITE MISSION;**

- **PROVIDING CARE FOR PATIENTS WITH COMPLEX ILLNESSES, WHILE SERVING AS A DESTINATION REFERRAL CENTER IN SELECT AREAS.**

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

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

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs reported in Part V, Section B.

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5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

**STATEMENT.**

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

IU HEALTH TIPTON HOSPITAL 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 ("IU SCHOOL OF MEDICINE"), ONE OF THE NATION'S LEADING MEDICAL SCHOOLS, GIVES PATIENTS ACCESS TO INNOVATIVE TREATMENTS AND THERAPIES. IU HEALTH IS COMPRISED OF HOSPITALS, PHYSICIANS AND ALLIED SERVICES DEDICATED TO PROVIDING PREEMINENT CARE THROUGHOUT INDIANA AND BEYOND.

**NATIONAL RECOGNITION**

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

- 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
Part VI Supplemental Information

Provide the following information.

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

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs reported in Part V, Section B.

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

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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.

ENTIRE TEAM OF CAREGIVERS, WHILE GIVING YOU CONFIDENCE THAT YOU MADE THE RIGHT CHOICE IN TRUSTING IU HEALTH WITH YOUR CARE.

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

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

EDUCATION AND RESEARCH

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

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

Provide the following information.

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

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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.

**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.

IU HEALTH STATEWIDE SYSTEM
Part VI Supplemental Information

Provide the following information.

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

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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
- IU HEALTH WHITE MEMORIAL HOSPITAL
Provide the following information.

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

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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.

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 days of service.
Provide the following information.

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**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 HOSPITALS IN THE INDIANAPOLIS SUBURBAN REGION:**

- HOPE HEALTHCARE SERVICES PROGRAM, IU HEALTH WEST, $203,000 OVER TWO YEARS. HOPE HEALTHCARE SERVICES IN AVON IS THE ONLY ENTITY IN HENDRICKS
Provide the following information.

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

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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.

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

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

THE IU HEALTH COMMUNITY HEALTH GRANTS SEEK TO IMPROVE COMMUNITY HEALTH BY SUPPORTING COLLABORATION AMONG IU HEALTH REGIONAL HOSPITAL BOARDS AND
Part VI Supplemental Information

Provide the following information.

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

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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. GRANTEES MUST ALSO BUILD

CAPACITY FOR ADDRESSING THESE COMMUNITY HEALTH ISSUES GOING FORWARD.

COMMUNITY PARTNERSHIPS

IU HEALTH BELIEVES IN THE POWER OF INVESTING IN COMMUNITY PARTNERSHIPS

AND WHAT THAT MEANS FOR THE HEALTH OF OUR RESIDENTS AND THEIR

COMMUNITIES. IU HEALTH SEEKS TO PARTNER WITH LOCAL NON-PROFITS ON

INITIATIVES THAT SPECIFICALLY AIM TO SERVE AN IDENTIFIED COMMUNITY NEED,

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 TIPTON COUNTY.


Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs 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.

- ENCORE LIFESTYLE AND ENRICHMENT CENTER
- BOYS AND GIRLS CLUB OF TIPTON COUNTY
- TIPTON COMMUNITY SCHOOL CORPORATION
- TRI-CENTRAL SCHOOL CORPORATION
- TIPTON CITY PARK

**ACCESS TO HEALTHCARE**

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

- INCREASE ACCESS TO PRIMARY CARE PHYSICIANS
- INCREASE THE AVAILABILITY OF LOW-COST SERVICES AND PROVIDE FINANCIAL ASSISTANCE
- INCREASE ACCESS TO AND UNDERSTANDING OF HEALTH INSURANCE AND NAVIGATING THE HEALTHCARE SYSTEM.

IU HEALTH PROVIDES FREE OR REDUCED-COST CARE AND SUPPORTS A NUMBER OF CLINICS TO PROVIDE FREE OR REDUCED-COST CARE TO INDIVIDUALS WITHOUT
Provide the following information.

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

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**ACCESS TO INSURANCE OR THE ABILITY TO PAY THE FULL COST OF THEIR HEALTHCARE.**

**THESE CLINICS INCLUDE:**

- AREA 5 AGENCY ON AGING & COMMUNITY SERVICES, INC.
- TRINITY FREE CLINIC

**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 12TH HIGHEST ADULT OBESITY RATE IN THE NATION (THE STATE OF OBESITY: BETTER POLICIES FOR A HEALTHIER AMERICA, 2017). OBESITY PREVENTION WAS A CRITICAL COMMUNITY HEALTH NEED IDENTIFIED IN IU HEALTH COMMUNITIES ACROSS THE STATE. IU HEALTH IS COMMITTED TO LAUNCHING INNOVATIVE EFFORTS AIMED AT PREVENTING AND REVERSING OBESITY IN OUR COMMUNITIES TO HELP COMMUNITY MEMBERS GET ACTIVE, GET HEALTHY AND GET STRONG.

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

- IMPROVE ACCESS TO HEALTHY FOODS
- CREATE HEALTHIER SCHOOL ENVIRONMENTS
- INCREASE ACCESS TO SAFE PLACES FOR COMMUNITY MEMBERS TO BE PHYSICALLY
Provide the following information.

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**ACTIVE**

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

- TIPTON COUNTY SCHOOL CORPORATION
- ENCORE LIFESTYLE AND COMMUNITY ENRICHMENT CENTER
- BOYS AND GIRLS CLUB OF TIPTON COUNTY
- TIPTON COUNTY PURDUE EXTENSION SERVICES
- AREA 5 AGENCY ON AGING & COMMUNITY SERVICES, INC.

**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 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
Provide the following information.

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

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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 FOCUSING ON INITIATIVES AND SUPPORT EFFORTS THAT:

- IMPLEMENT BEHAVIORAL HEALTH RESOURCES IN SCHOOLS
- INCREASE ACCESS TO SUBSTANCE ABUSE PREVENTION/TREATMENT SERVICES & BEHAVIORAL HEALTH SERVICES
- IMPROVE LOCAL RESPONSE TO OPIOID CRISIS
- IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES

IU HEALTH PARTNERED WITH THE FOLLOWING ORGANIZATIONS:

- TIPTON COMMUNITY SCHOOL CORPORATION
- TRI-CENTRAL SCHOOL CORPORATION
- TIPTON COUNTY PURDUE EXTENSION SERVICES

COMMUNITY REVITALIZATION

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

IU HEALTH PARTNERED WITH THE FOLLOWING ORGANIZATIONS TO HELP ACHIEVE THIS
Provide the following information.

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**GOAL:**

-TIPTON CITY PARKS

COMMUNITY IMPACT

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

THROUGH THE COMMUNITY IMPACT FUND, WE SEEK OPPORTUNITIES TO IMPROVE THE HEALTH OF THE COMMUNITY BY INVESTING IN LOCAL PARTNERS THAT ADDRESS COMMUNITY HEALTH NEEDS, AS WELL AS THE CONDITIONS AND BARRIERS THAT 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))

-AGING POPULATION AND NEEDS OF SENIORS

-CHRONIC DISEASE MANAGEMENT (INCLUDING OBESITY AND DIABETES)
Part VI  Supplemental Information

Provide the following information.

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

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHINAs 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.

TRANSPORTATION

IU HEALTH TIPTON HOSPITAL HAS SERVICES THAT ADDRESS SOME OF THESE NEEDS.

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

-TRI-CENTRAL SCHOOL CORPORATION
-TIPTON COUNTY PURDUE EXTENSION SERVICES

COMMUNITY REVITALIZATION

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

IU HEALTH PARTNERED WITH THE FOLLOWING ORGANIZATIONS TO HELP ACHIEVE THIS GOAL:
- TIPTON CITY PARKS

COMMUNITY IMPACT

CHARITABLE GIVING PLAYS AN IMPORTANT ROLE IN OUTREACH TO THE COMMUNITY FOR IU HEALTH. THESE STRATEGIC RELATIONSHIPS ALLOW US TO INCREASE IMPACT AND MAKE MEASURABLE ADVANCES TOWARD POSITIVE HEALTH OUTCOMES AND
Part VI  Supplemental Information

Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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INCREASED QUALITY OF LIFE FOR INDIVIDUALS LIVING IN IU HEALTH COMMUNITIES.

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- ACCESS TO HEALTHCARE SERVICES

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

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Part VI Supplemental Information

Provide the following information.

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

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

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

1. INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES

2. MEDICAID

3. HEALTHY INDIANA PLAN

4. PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY
Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

5. **ENROLLED IN A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT'S GROSS HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY LEVEL (FPL).**

IU HEALTH ALSO CONDUCTS A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR A PERIOD OF NO LESS THAN ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN EXTRAORDINARY COLLECTION ACTIONS. SAID ACCOUNTS MAY BE ELIGIBLE FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY BASED ON THE PATIENT'S INDIVIDUAL SCORING CRITERIA AND ARE NOT INCLUDED IN BAD DEBT. DUE TO THIS COMPREHENSIVE METHODOLOGY, IU HEALTH DOES NOT BELIEVE ANY AMOUNT OF BAD DEBT IS ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY AND NO PORTION OF BAD DEBT IS INCLUDED AS COMMUNITY BENEFIT.
Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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STATE FILING OF COMMUNITY BENEFIT REPORT

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