

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization **INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL, INC.**

Employer identification number
27-3532963

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		1216	847,876.		847,876.	3.02
b Medicaid (from Worksheet 3, column a)		1603	5,125,675.	2,562,037.	2,563,638.	9.12
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs		2819	5,973,551.	2,562,037.	3,411,514.	12.14
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	7	367	198,322.		198,322.	.71
f Health professions education (from Worksheet 5)	1		11,390.		11,390.	.04
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	14236	66,814.		66,814.	.24
j Total. Other Benefits	11	14603	276,526.		276,526.	.99
k Total. Add lines 7d and 7j	11	17422	6,250,077.	2,562,037.	3,688,040.	13.13

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1	20	4,086.		4,086.	.01
3 Community support	1	100	6,805.		6,805.	.02
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1		6,920.		6,920.	.02
8 Workforce development						
9 Other						
10 Total	3	120	17,811.		17,811.	.05

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	966,460.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	13,122,908.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	13,101,833.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	21,075.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group IU HEALTH WHITE MEMORIAL HOSPITAL

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

Community Health Needs Assessment

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group IU HEALTH WHITE MEMORIAL HOSPITAL

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

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group IU HEALTH WHITE MEMORIAL HOSPITAL

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group IU HEALTH WHITE MEMORIAL HOSPITAL

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

Part V Facility Information (continued)

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

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

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

IU HEALTH WHITE MEMORIAL HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS

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

DATA WERE GATHERED IN THREE WAYS: COMMUNITY MEETINGS, KEY STAKEHOLDER

INTERVIEWS, AND A COMMUNITY SURVEY.

FOR PURPOSES OF THIS CHNA, IU HEALTH WHITE MEMORIAL HOSPITAL'S COMMUNITY

IS DEFINED AS WHITE COUNTY, INDIANA. THIS COUNTY ACCOUNTED FOR OVER 89

PERCENT OF THE HOSPITAL'S INPATIENT CASES IN 2016.

COMMUNITY MEETINGS - WHITE COUNTY

ON APRIL 23, 2018, A MEETING OF COMMUNITY REPRESENTATIVES WAS HELD AT IU

HEALTH WHITE MEMORIAL HOSPITAL IN MONTICELLO, THE COUNTY SEAT OF WHITE

COUNTY. THE MEETING WAS ATTENDED BY 32 COMMUNITY MEMBERS INVITED BY IU

HEALTH BECAUSE THEY REPRESENT IMPORTANT COMMUNITY ORGANIZATIONS AND

SECTORS SUCH AS: NON-PROFIT ORGANIZATIONS, LOCAL BUSINESS, HEALTH CARE

PROVIDERS, LOCAL POLICYMAKERS, AND SCHOOLS.

THROUGH THIS MEETING, IU HEALTH SOUGHT A BREADTH OF PERSPECTIVES ON THE

COMMUNITY'S HEALTH NEEDS. THE SPECIFIC ORGANIZATIONS REPRESENTED AT THE

MEETING ARE LISTED BELOW.

- ADKEV, INC.

Part V Facility Information (continued)

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

- BALL CORPORATION
- BOYS & GIRLS CLUB OF WHITE COUNTY
- CARROLL WHITE REMC
- GREATER MONTICELLO CHAMBER OF COMMERCE
- CITY OF MONTICELLO
- COMMUNITY FOUNDATION OF WHITE COUNTY
- FAMILY HEALTH CLINICS MONON AND WOLCOTT
- FRONTIER SCHOOL CORPORATION
- GIRTZ INDUSTRIES, INC.
- IU HEALTH WHITE MEMORIAL HOSPITAL
- IU WHITE FOUNDATION
- MONTICELLO HEALTHCARE
- MONTICELLO SPRING CORPORATION
- MONTICELLO - UNION TOWNSHIP PUBLIC LIBRARY
- NORTH WHITE SCHOOL CORPORATION
- PREMIER ADVERTISING
- PURDUE EXTENSION
- PURDUE UNIVERSITY NUTRITION EDUCATION PROGRAM
- TWIN LAKES HIGH SCHOOL
- WHITE COUNTY COUNCIL
- WHITE COUNTY COUNCIL ON AGING/PUBLIC TRANSIT
- WHITE COUNTY ECONOMIC DEVELOPMENT
- WHITE COUNTY AREA PLAN
- WHITE COUNTY UNITED WAY
- VIAQUEST HOSPICE

Part V Facility Information (continued)

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

THE MEETING BEGAN WITH A PRESENTATION THAT DISCUSSED THE GOALS AND STATUS OF THE CHNA PROCESS AND THE PURPOSE OF THE COMMUNITY MEETING. THEN, SECONDARY DATA WERE PRESENTED, ALONG WITH A SUMMARY OF THE MOST UNFAVORABLE COMMUNITY HEALTH INDICATORS. FOR THE COMMUNITY SERVED BY IU HEALTH WHITE MEMORIAL HOSPITAL, THOSE INDICATORS WERE (IN ALPHABETICAL ORDER) :

- CANCER INCIDENCE AND MORTALITY
- EDUCATION ATTAINMENT LEVELS
- LOW BIRTH WEIGHT AND TEEN BIRTHS
- MOTOR VEHICLE ACCIDENTS, INJURIES AND RESULTING MORTALITY
- OBESITY, PHYSICAL INACTIVITY AND ACCESS TO EXERCISE OPPORTUNITIES
- PHYSICAL ENVIRONMENT AND AIR POLLUTION
- PREVENTABLE HOSPITALIZATIONS

MEETING PARTICIPANTS THEN WERE ASKED TO DISCUSS WHETHER THE IDENTIFIED, UNFAVORABLE INDICATORS ACCURATELY IDENTIFIED THE MOST SIGNIFICANT COMMUNITY HEALTH ISSUES AND WERE ENCOURAGED TO ADD ISSUES THAT THEY BELIEVED WERE SIGNIFICANT. SEVERAL ISSUES WERE ADDED, SUCH AS: MENTAL HEALTH, DRUGS, OCCUPATIONAL MEDICINE, SPANISH-SPEAKING SERVICES, AND NUTRITION.

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

- GROWING INTEREST IN IDENTIFYING PLACES CHILDREN CAN GO THAT ARE SAFE TO GET HELP

Part V Facility Information (continued)

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

- DISTANCE INDIVIDUALS NEED TO TRAVEL TO OBTAIN SERVICES AND LACK OF TRANSPORTATION OPTIONS

- SIGNIFICANT SPANISH-SPEAKING POPULATION FOR WHICH TRANSLATION SERVICES ARE NEEDED

- CONCERNS ABOUT EXTENT OF AVAILABLE DATA FOR MATERNAL AND CHILD HEALTH

AFTER DISCUSSING THE NEEDS IDENTIFIED THROUGH SECONDARY DATA AND ADDING OTHERS TO THE LIST, EACH PARTICIPANT WAS ASKED THROUGH A VOTING PROCESS TO IDENTIFY "THREE TO FIVE" THEY CONSIDER TO BE MOST SIGNIFICANT. FROM THIS PROCESS, THE GROUP IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR THE COMMUNITY SERVED BY IU HEALTH WHITE MEMORIAL HOSPITAL:

- MENTAL HEALTH, INCLUDING EDUCATION OF THE NEED FOR THESE SERVICES AND LACK OF ACCESS

- OBESITY, PHYSICAL INACTIVITY, AND ACCESS TO EXERCISE OPPORTUNITIES

- DRUGS, INCLUDING METHAMPHETAMINE AND OPIOIDS AND LACK OF RESOURCES

- OCCUPATIONAL MEDICINE, LACK OF LOCAL ACCESS TO THESE SERVICES

- NUTRITION, QUALITY OF FOOD AVAILABLE AND LACK OF KNOWLEDGE ABOUT HOW TO PREPARE HEALTHY FOOD

INTERVIEWS - WHITE COUNTY

AN INTERVIEW ALSO WAS CONDUCTED WITH A REPRESENTATIVE OF THE WHITE COUNTY HEALTH DEPARTMENT. THE INTERVIEW WAS CONDUCTED TO ASSURE THAT APPROPRIATE

Part V Facility Information *(continued)*

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

AND ADDITIONAL INPUT WAS RECEIVED FROM A GOVERNMENTAL PUBLIC HEALTH OFFICIAL. THE INDIVIDUAL THAT WAS INTERVIEWED DID NOT PARTICIPATE IN THE COMMUNITY MEETING. ACCORDINGLY, THE RESULTS OF THE COMMUNITY MEETING WERE DISCUSSED AND INSIGHTS WERE SOUGHT REGARDING SIGNIFICANT COMMUNITY HEALTH NEEDS, WHY SUCH NEEDS ARE PRESENT, AND HOW THEY CAN BE ADDRESSED.

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

THE INTERVIEWEE CONFIRMED THAT THE NEEDS IDENTIFIED BY THE COMMUNITY MEETING GROUP WERE SIGNIFICANT. THESE NEEDS WERE:

- MENTAL HEALTH
- DRUGS
- OBESITY, PHYSICAL INACTIVITY, AND ACCESS TO EXERCISE OPPORTUNITIES

MENTAL HEALTH AND THE SUPPLY OF MENTAL HEALTH PROVIDERS IS A NEED, AS THE COUNTY OFTEN SENDS PEOPLE ELSEWHERE FOR MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT, ESPECIALLY FOR INPATIENT CARE.

DRUG OVERDOSES HAVE INCREASED GREATLY OVERALL, AND OVERDOSES IN HIGH SCHOOL STUDENTS ARE MORE NOTICEABLE. OVERDOSES ARE COMING IN CYCLES FROM BAD BATCHES OF OPIOIDS, PARTICULARLY WITH FENTANYL OR METHAMPHETAMINE.

MANY CHILDREN ARE BEING TAKEN FROM HOMES DUE TO POSITIVE DRUG TESTS AMONG

Part V Facility Information (continued)

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

PARENTS.

THE NEED FOR MORE BIKE TRAILS, WALKING AREAS, AND ESTABLISHED EXERCISE SPACE IS SIGNIFICANT, AND GETTING RESIDENTS TO USE EXISTING EQUIPMENT IS ALSO CHALLENGING.

OBESITY, INCLUDING CHILDHOOD OBESITY, IS AN ISSUE. FAST FOOD IS READILY AVAILABLE AND CHEAP, MAKING HEALTHY CHOICES DIFFICULT. WHILE GROCERY STORES ARE PRESENT, THE NUMBER OF FAST FOOD OPTIONS GREATLY OUTNUMBERS HEALTHY OPTIONS.

A LACK OF PRIMARY CARE PROVIDERS IS A SIGNIFICANT ISSUE, WITH MANY FAMILY PRACTICE DOCTORS RETIRING OR MOVING AWAY IN OLD AGE. MANY RESIDENTS GO ELSEWHERE IN THE STATE FOR MEDICAL CARE.

MANY RESIDENTS GO TO THE EMERGENCY ROOM FOR PRIMARY CARE PURPOSES, AS MEDICAID PATIENTS THINK THEY MAY GET SEEN QUICKER THERE THAN WAITING ELSEWHERE. THERE IS ONE URGENT CARE CLINIC, BUT IT IS VERY BUSY.

THERE ARE FEW PROVIDERS FOR OB CARE AND THE LOCAL HOSPITAL DOES NOT HAVE A MATERNITY WARD.

RECRUITMENT OF PHYSICIANS NEEDS TO BE STRONGER OR MORE EFFECTIVE TO BRING PROVIDERS TO WHITE COUNTY.

Part V Facility Information (continued)

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

MORE RESOURCES ARE NEEDED FOR PEOPLE WHO STRUGGLE IN THEIR FAMILY SITUATION, FOR CHILD PROTECTION, AND FOR SUPPORT IN THE COURT SYSTEM FOR THOSE GOING THROUGH ADDICTION.

BASIC NEEDS ASSISTANCE PROGRAMS NEED TO BE EXPANDED TO AID THOSE IN POVERTY, ALTHOUGH COLLABORATION IN FIXING THIS ISSUE IS STRONG PRESENTLY.

PARENTS OFTEN DO NOT KNOW WHERE TO GO FOR CHILD IMMUNIZATIONS AND LEADS TO UNDERUTILIZATION OF THESE SERVICES.

COMMUNICABLE DISEASES AND STDS ARE BECOMING MORE PROMINENT, AND MORE SCREENS AND EDUCATION ARE NEEDED TO COMBAT THE ISSUE.

COMMUNITY SURVEY

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

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

FOR IU HEALTH WHITE MEMORIAL HOSPITAL, SURVEYS WERE RECEIVED FROM 284 COMMUNITY HOUSEHOLDS. ACCORDING TO THE RESPONSES, THESE HOUSEHOLDS

Part V Facility Information (continued)

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

INCLUDED 514 ADULTS.

THE COMMUNITY SURVEY INDICATES THAT SUBSTANCE ABUSE, OBESITY, AGING AND OLDER ADULT NEEDS, ALCOHOL USE AND ABUSE, AND CHRONIC DISEASE REPRESENT TOP CONCERNS IN THE COMMUNITY SERVED BY IU HEALTH WHITE MEMORIAL HOSPITAL.

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

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

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

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

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

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

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

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

Part V Facility Information (continued)

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

IU HEALTH WHITE MEMORIAL HOSPITAL WILL ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS BETWEEN 2019 AND 2021:

- ACCESS TO HEALTHCARE SERVICES
- DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL)
- HEALTHCARE AND SOCIAL SERVICES FOR SENIORS
- MENTAL HEALTH
- SMOKING

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

ACCESS TO HEALTHCARE

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

- PROVIDE SCHOLARSHIPS FOR THE BEHAVIORAL HEALTH NURSE PRACTITIONER PROGRAM.
- SUPPORT TELEMEDICINE VIRTUAL VISITS WITH PRIMARY CARE PHYSICIANS AND BEHAVIORAL HEALTH SPECIALISTS.
- EXPAND VIRTUAL PEER RECOVERY COACHES.
- CONTINUE/EXPAND QUICK RESPONSE TEAM (QRT)/PARAMEDICINE MODEL.
- RESEARCH TECHNOLOGY "O BAR" FOR IU HEALTH: A VARIETY OF PHYSICIAN

Part V Facility Information (continued)

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

RECOMMENDED PRODUCTS, SUCH AS ACTIVITY MONITORS, WIRELESS BLOOD PRESSURE MONITORS AND SCALES.

- PROVIDE RECOVERY COACH AND CERTIFIED RECOVERY SPECIALIST TRAINING.
- SUPPORT YOUTH CAREER EVENTS AND ORGANIZATIONS.
- EXECUTE IU HEALTH'S FIVE-YEAR RECRUITMENT PLAN.
- EXPLORE THE OPTION TO BECOME A NATIONAL HEALTH SERVICE CORPS SITE.
- PROVIDE WINDSHIELD TOURS FOR PHYSICIAN RECRUITS.
- PROVIDE INTERNSHIPS AND ONSITE/OFFSITE LEARNING OPPORTUNITIES FOR FUTURE PROFESSIONALS.

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

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

- CREATE SUPPORT GROUPS FOR PARENTS, FAMILIES AND THOSE STRUGGLING WITH BEHAVIORAL HEALTH ISSUES.
- SUPPORT THE MENTAL HEALTH AMERICA CRISIS CENTER.
- SUPPORT LOCAL SCHOOLS ON NORTH CENTRAL HEALTH SERVICES YOUTH RESILIENCE GRANT PROJECT.
- PROVIDE HEALTH INSURANCE NAVIGATION.
- PROVIDE BEHAVIORAL HEALTH NAVIGATION SERVICES.
- COLLABORATE ON BEHAVIORAL HEALTH COMMUNITY INITIATIVES.
- INCREASE NUMBER OF BEHAVIORAL HEALTH SCREENINGS.
- PROVIDE TRAININGS TO HOSPITAL STAFF AND COMMUNITY MEMBERS

Part V Facility Information (continued)

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

- (QUESTION, PERSUADE, REFER (QPR) TRAINING, MENTAL HEALTH FIRST AID, APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST), ETC.).
- CREATE/SUPPORT AWARENESS CAMPAIGNS OR EVENTS.
 - INCREASE YOUTH EDUCATION PROGRAMS TO PREVENT SUBSTANCE USE.
 - REDUCE WRITTEN PRESCRIPTIONS OF OPIOIDS.
 - ENCOURAGE PROPER STORAGE AND SAFE DISPOSAL OF PRESCRIPTION MEDICATION THROUGH PARTICIPATION IN DRUG TAKE-BACK ACTIVITIES.
 - EXPAND Q-SOURCE PROGRAM.
 - SUPPORT OPPORTUNITIES FOR PHYSICIAN TRAINING AND CONTINUING EDUCATION ON SUBSTANCE USE DISORDERS (SUD).
 - SUPPORT COMMUNITY NALOXONE TRAINING.
 - INCREASE THE NUMBER OF TRAINED PEER RECOVERY COACHES AND CERTIFIED RECOVERY SPECIALISTS.
 - SUPPORT EXISTING AND RESEARCH EXPANSION OF QUICK RESPONSE TEAM (QRT)/COMMUNITY PARAMEDICINE PROGRAMS.
 - REFER PATIENTS TO LOCAL TREATMENT FACILITIES.
 - ACCEPT PRIMARY CARE PROVIDER PATIENTS FROM LOCAL TREATMENT FACILITIES.
 - INCREASE HEALTH INSURANCE NAVIGATION.
 - CREATE/SUPPORT LOCAL SUPPORT GROUPS.
 - EXPLORE PROGRAMS TO HELP INCARCERATED MOTHERS WITH SUBSTANCE USE DISORDERS (SUD).
 - FUND THE PRINTING OF "RESOURCE GUIDE: ROAD MAP TO RECOVERY."
 - SUPPORT TOBACCO CESSATION PROGRAM.
 - SUPPORT RECOVERY HOUSING OPTIONS.

Part V Facility Information (continued)

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

- COLLABORATE WITH LOCAL INITIATIVES.
- PARTNER WITH LOCAL RECOVERY HOUSES TO PROVIDE "SOFT SKILLS" TRAINING AND SUPPORT.

HEALTHCARE AND SOCIAL SERVICES FOR SENIORS

IU HEALTH WHITE MEMORIAL HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF HEALTHCARE AND SOCIAL SERVICES FOR SENIORS INCLUDE THE FOLLOWING:

- EXPAND THE MEDICATION ASSISTANCE PROGRAM.
- PROVIDE INSURANCE NAVIGATION FOR SENIORS.
- SUPPORT ORGANIZATIONS THAT PROVIDE PROGRAMMING OR SERVICES TO SENIORS.
- PARTICIPATE IN SENIOR OUTREACH ACTIVITIES (SENIOR GAMES, LAFAYETTE SENIOR EXPO, AND AREA IV WALKING GROUPS).
- VOLUNTEER WITH SENIOR PROGRAMS.
- SUPPORT THE "STEPPING ON" CLASSES (FALL PREVENTION).

SMOKING

IU HEALTH WHITE MEMORIAL HOSPITAL'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF SMOKING INCLUDES THE FOLLOWING:

- SUPPORT COMMUNITY NALOXONE TRAINING.

Part V Facility Information *(continued)*

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

- INCREASE THE NUMBER OF TRAINED PEER RECOVERY COACHES AND CERTIFIED RECOVERY SPECIALISTS.
- SUPPORT EXISTING AND RESEARCH EXPANSION OF QUICK RESPONSE TEAM (QRT)/COMMUNITY PARAMEDICINE PROGRAMS.
- REFER PATIENTS TO LOCAL TREATMENT FACILITIES.
- ACCEPT PRIMARY CARE PROVIDER PATIENTS FROM LOCAL TREATMENT FACILITIES.
- INCREASE HEALTH INSURANCE NAVIGATION.
- CREATE/SUPPORT LOCAL SUPPORT GROUPS.
- EXPLORE PROGRAMS TO HELP INCARCERATED MOTHERS WITH SUBSTANCE USE DISORDERS (SUD).
- FUND THE PRINTING OF "RESOURCE GUIDE: ROAD MAP TO RECOVERY."
- SUPPORT TOBACCO CESSATION PROGRAM.

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

IU HEALTH WHITE MEMORIAL HOSPITAL IS UNABLE TO ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT:

MATERNAL AND CHILD HEALTH

Part V Facility Information (continued)

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

AS A CRITICAL ACCESS HOSPITAL, IU HEALTH WHITE MEMORIAL HOSPITAL DOES NOT PROVIDE MATERNITY SERVICES IN THEIR FACILITY. HOWEVER, THERE ARE SUPPORT SERVICES AVAILABLE TO PREGNANT WOMEN AND YOUNG MOTHERS IN EACH COMMUNITY. THE NURSE FAMILY PARTNERSHIP PROVIDES IN-HOME SERVICES TO QUALIFYING FAMILIES. IU HEALTH ARNETT HOSPITAL PROVIDES MATERNITY SERVICES IN THE REGION, AS WELL AS POST-PARTUM AND BREASTFEEDING SUPPORT GROUPS FOR NEW MOTHERS. AS A SYSTEM, IU HEALTH IS ADDRESSING MATERNAL AND CHILD HEALTH BY FOCUSING ON INFANT MORTALITY, CREATING A SYSTEM-WIDE COLLABORATIVE TO FOCUS ON THIS ISSUE.

OBESITY AND DIABETES

IU HEALTH WHITE MEMORIAL HOSPITAL FOCUSED ON OBESITY PREVENTION AS ONE OF THE PRIORITY HEALTH NEEDS FROM 2015-2018. THE HOSPITAL SUPPORTED MANY ACTIVITIES IN EACH COMMUNITY. HOWEVER, DURING THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT, OTHER NEEDS AROSE AS MORE SEVERE AND NECESSARY TO ADDRESS. THERE ARE OTHER COMMUNITY RESOURCES THAT CONTINUE TO ADDRESS OBESITY AND DIABETES. THERE ARE COALITIONS IN EACH COMMUNITY THAT ADDRESS HEALTHY EATING AND ACTIVE LIVING. THE HOSPITALS PROVIDE DIABETES EDUCATION PROGRAMS. PURDUE EXTENSION IS ANOTHER COMMUNITY RESOURCE TO ADDRESS OBESITY AND DIABETES. IU HEALTH STAFF WILL CONTINUE TO PARTICIPATE IN THE WHITE COUNTY HEALTH COALITION, WHICH ADDRESSES HEALTHY EATING AND ACTIVE LIVING.

Part V Facility Information (continued)

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

SOCIAL DETERMINANTS OF HEALTH

MANY OF THE STRATEGIES WILL INDIRECTLY ADDRESS VARIOUS SOCIAL DETERMINANTS OF HEALTH. IU HEALTH TEAM MEMBERS OFTEN SERVE ON AGENCY BOARDS OR PARTICIPATE IN LOCAL COALITIONS ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH.

SCHEDULE H, PART V, SECTION B, LINE 13B - INCOME LEVEL OTHER THAN FPG
IN ADDITION TO FPG, IU HEALTH WHITE MEMORIAL 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 WHITE MEMORIAL HOSPITAL TAKES INTO CONSIDERATION SEVERAL OTHER FACTORS IN DETERMINING PATIENT ELIGIBILITY FOR FINANCIAL ASSISTANCE.
THESE FACTORS INCLUDE THE FOLLOWING:

1. IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT

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

Part V Facility Information (continued)

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

2. 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 WHITE MEMORIAL 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 WHITE MEMORIAL 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 WHITE MEMORIAL HOSPITAL.

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

Part V Facility Information (continued)

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

ASSISTANCE BEEN AWARDED.

3. ALTERNATE METHODS OF ELIGIBILITY DETERMINATION

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

TO ENSURE ALL PATIENTS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE FAP MAY RECEIVE FINANCIAL ASSISTANCE, IU HEALTH WHITE MEMORIAL 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
- HEALTH 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

Part V Facility Information (continued)

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

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 WHITE MEMORIAL 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 AGB FOR THEIR SERVICES.

PATIENTS WILL RECEIVE AN ESTIMATED AGB COST OF THEIR CARE PRIOR TO IU HEALTH WHITE MEMORIAL 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

Part V Facility Information (continued)

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

PATIENTS.

AMOUNT OF NON-REFUNDABLE DEPOSIT

ALL UNINSURED PATIENTS PRESENTING FOR SERVICES AT IU HEALTH WHITE MEMORIAL 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 WHITE MEMORIAL 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 WHITE MEMORIAL HOSPITAL'S FAP IS AVAILABLE ON THE FOLLOWING WEBSITE:

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

Part V Facility Information (continued)

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

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

A COPY OF IU HEALTH WHITE MEMORIAL HOSPITAL'S FAP APPLICATION IS
AVAILABLE ON THE FOLLOWING WEBSITE:

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

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

A PLAIN LANGUAGE SUMMARY OF THE FAP, INCLUDING TRANSLATED COPIES, IS
AVAILABLE ON THE FOLLOWING WEBSITE:

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

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

IU HEALTH WHITE MEMORIAL HOSPITAL TAKES SEVERAL OTHER MEASURES TO
PUBLICIZE ITS FAP WITHIN THE COMMUNITY. THESE MEASURES INCLUDE THE
FOLLOWING:

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

2. IU HEALTH WHITE MEMORIAL 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

Part V Facility Information (continued)

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

OF ITS CUSTOMER SERVICE DEPARTMENT WHICH CAN ASSIST PATIENTS WITH ANY QUESTIONS THEY MAY HAVE REGARDING THIS POLICY.

3. IU HEALTH WHITE MEMORIAL 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 WHITE MEMORIAL HOSPITAL WILL BROADLY COMMUNICATE THIS POLICY AS PART OF ITS GENERAL OUTREACH EFFORTS.

5. IU HEALTH WHITE MEMORIAL 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 WHITE MEMORIAL 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 WHITE MEMORIAL HOSPITAL:

- ACCESS TO HEALTH CARE SERVICES
- DRUG AND SUBSTANCE ABUSE
- HEALTH CARE AND SOCIAL SERVICES FOR SENIORS
- MATERNAL AND CHILD HEALTH

Part V Facility Information *(continued)*

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

- MENTAL HEALTH

- OBESITY AND DIABETES

- SMOKING

- SOCIAL DETERMINANTS OF HEALTH

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

[HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-WHITE-MEMORIAL-HOSPITAL](https://iuhealth.org/find-locations/iu-health-white-memorial-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? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

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

IU HEALTH WHITE MEMORIAL HOSPITAL USES SEVERAL FACTORS OTHER THAN FEDERAL POVERTY GUIDELINES ("FPGS") IN DETERMINING ELIGIBILITY FOR FREE CARE UNDER ITS FAP. THESE FACTORS INCLUDE THE FOLLOWING:

1. INDIANA RESIDENCY REQUIREMENT

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

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

Part VI Supplemental Information

Provide the following information.

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

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

2. IU HEALTH WHITE MEMORIAL 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 WHITE MEMORIAL 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 WHITE MEMORIAL HOSPITAL ELIGIBLE UNDER THE FAP WILL NOT BE CHARGED MORE THAN

Part VI Supplemental Information

Provide the following information.

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

THE AGB AS DESCRIBED IN THE FAP.

4. SERVICES RENDERED BY INDIVIDUAL PROVIDERS

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

5. ALTERNATE SOURCES OF ASSISTANCE

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 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.

AWARD FROM IU HEALTH WHITE MEMORIAL 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 WHITE MEMORIAL HOSPITAL.

ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM IU HEALTH WHITE MEMORIAL 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 WHITE MEMORIAL HOSPITAL IS ENTITLED. IN THE EVENT A FINANCIAL ASSISTANCE AWARD HAS ALREADY BEEN GRANTED IN SUCH CIRCUMSTANCES, IU HEALTH WHITE MEMORIAL HOSPITAL RESERVES THE RIGHT TO REVERSE THE AWARD IN AN AMOUNT EQUAL TO THE AMOUNT IU HEALTH WHITE MEMORIAL 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 CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

6. ALTERNATE METHODS OF ELIGIBILITY DETERMINATION

IU HEALTH WHITE MEMORIAL 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 WHITE MEMORIAL 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
- HEALTH INDIANA PLAN

Part VI Supplemental Information

Provide the following information.

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

- PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE)

- ENROLLED IN A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE

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

FEDERAL POVERTY LEVEL

7. ADDITIONAL CONSIDERATIONS

FINANCIAL ASSISTANCE MAY BE GRANTED TO A DECEASED PATIENT'S ACCOUNT IF

SAID PATIENT IS FOUND TO HAVE NO ESTATE. ADDITIONALLY, IU HEALTH WHITE

MEMORIAL 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 WHITE MEMORIAL 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

Part VI Supplemental Information

Provide the following information.

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

EXEMPTED FROM CONSIDERATION IN MOST CASES.

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

IU HEALTH WHITE MEMORIAL 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

Part VI Supplemental Information

Provide the following information.

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

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

10. EMERGENCY SERVICES NON-REFUNDABLE DEPOSIT

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

Part VI Supplemental Information

Provide the following information.

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

AMOUNT OF NON-REFUNDABLE DEPOSIT

ALL UNINSURED PATIENTS PRESENTING FOR SERVICES AT IU HEALTH WHITE MEMORIAL 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 WHITE MEMORIAL 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.

Part VI Supplemental Information

Provide the following information.

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

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

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

THE IU HEALTH COMMUNITY BENEFIT REPORT IS MADE AVAILABLE TO THE PUBLIC ON IU HEALTH'S WEBSITE AT [HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY](https://iuhealth.org/in-the-community). THE IU HEALTH COMMUNITY BENEFIT REPORT IS ALSO DISTRIBUTED TO NUMEROUS KEY ORGANIZATIONS THROUGHOUT THE STATE OF INDIANA IN ORDER TO BROADLY SHARE THE IU HEALTH STATEWIDE SYSTEM'S COMMUNITY BENEFIT EFFORTS. IT IS ALSO AVAILABLE BY REQUEST THROUGH THE INDIANA STATE DEPARTMENT OF HEALTH OR IU HEALTH.

Part VI Supplemental Information

Provide the following information.

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

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

THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25,
COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF
TOTAL EXPENSE IS \$2,934,859.

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

SCHEDULE H, PART I, LINE 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
INCLUDES DIRECT OFFSETTING REVENUE, IS 22.23%.

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

IU HEALTH WHITE MEMORIAL HOSPITAL PARTICIPATES IN A VARIETY OF
COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE SOCIAL DETERMINANTS OF
HEALTH IN THE COMMUNITIES IT SERVES. IU HEALTH AND ITS RELATED HOSPITAL

Part VI Supplemental Information

Provide the following information.

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

ENTITIES ACROSS THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM")

INVEST IN ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, COLLABORATE WITH

LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND

ADVOCATE FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS.

THIS INCLUDES MAKING CONTRIBUTIONS TO COMMUNITY-BUILDING ACTIVITIES BY

PROVIDING INVESTMENTS AND RESOURCES TO 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:

- TWIN LAKES HIGH SCHOOL
- STARFISH INITIATIVE
- TEACH FOR AMERICA
- UNITED WAY

ADDITIONALLY, THROUGH THE IU HEALTH STATEWIDE SYSTEM'S TEAM MEMBER

Part VI Supplemental Information

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COMMUNITY BENEFIT SERVICE PROGRAM, "IU HEALTH SERVES", TEAM MEMBERS

ACROSS THE STATE MAKE A DIFFERENCE IN THE LIVES OF THOUSANDS OF HOOSIERS

EVERY YEAR.

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

THE BAD DEBT EXPENSE OF \$966,460 REPORTED ON SCHEDULE H, PART III, LINE 2

IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO

METHODOLOGY.

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

AN UNINSURED PATIENT AND/OR GUARANTOR WHO WAS ADMITTED THROUGH AN

ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT VIA A DIRECT ADMISSION FROM A

PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY, AND WHOSE

HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY

LEVEL MAY BE ELIGIBLE FOR FULL CHARITY ASSISTANCE AFTER THE SUCCESSFUL

COMPLETION OF THE FINANCIAL ASSISTANCE APPLICATION AND SATISFACTION OF

HIS/HER NON-REFUNDABLE DEPOSIT.

Part VI Supplemental Information

Provide the following information.

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

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

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

IU HEALTH ALSO CONDUCTS A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR A PERIOD OF NO LESS THAN ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN EXTRAORDINARY

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

(E.G., MEDICARE, MEDICAID, MANAGED CARE PAYERS, AND COMMERCIAL INSURANCE POLICIES).

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

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

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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.

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

SCHEDULE H, PART III, LINE 8 - MEDICARE SHORTFALL

IU HEALTH WHITE MEMORIAL HOSPITAL DID NOT HAVE A MEDICARE SHORTFALL FOR 2018. IU HEALTH WHITE MEMORIAL HOSPITAL'S MEDICARE REIMBURSEMENTS,

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HOWEVER, ARE NORMALLY LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES AND DO NOT INCLUDE ANY AMOUNTS THAT RESULT FROM INEFFICIENCIES OR POOR MANAGEMENT. IU HEALTH WHITE MEMORIAL 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 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 WHITE MEMORIAL HOSPITAL MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH WHITE MEMORIAL HOSPITAL'S

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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 WHITE MEMORIAL HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY REDUCE THE MEDICARE SURPLUS REPORTED ON SCHEDULE H, PART III, LINE 7.

SCHEDULE H, PART III, LINE 9B - WRITTEN DEBT COLLECTION POLICY
IU HEALTH WHITE MEMORIAL 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

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

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

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

- ARABIC

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- 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 WHITE MEMORIAL HOSPITAL KEEPS ALL APPLICATIONS AND SUPPORTING DOCUMENTATION CONFIDENTIAL.

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

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- ALL SOURCES OF INCOME FOR THE LAST THREE (3) MONTHS;
- MOST RECENT THREE (3) MONTHS OF PAY STUBS OR SUPPLEMENTAL SECURITY INCOME VIA SOCIAL SECURITY;
- MOST RECENT THREE (3) STATEMENTS FROM CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, STOCKS, BONDS AND MONEY MARKET ACCOUNTS;
- MOST RECENT STATE AND FEDERAL INCOME TAX FORMS INCLUDING SCHEDULES C, D, E, AND F. IN THE EVENT A PATIENT'S AND/OR GUARANTOR'S INCOME DOES NOT WARRANT THE FILING OF A FEDERAL TAX RETURN, THE PATIENT MAY SUBMIT A NOTARIZED AFFIDAVIT ATTESTING TO THE FOREGOING;
- MOST RECENT W-2 STATEMENT;
- FOR PATIENTS OR MEMBERS OF THE HOUSEHOLD WHO ARE CURRENTLY UNEMPLOYED, WAGE INQUIRY FROM WORKONE; AND
- IF APPLICABLE, DIVORCE/DISSOLUTION DECREES AND CHILD CUSTODY ORDER

2. ELIGIBILITY DETERMINATION

IU HEALTH WHITE MEMORIAL HOSPITAL WILL INFORM PATIENTS OR GUARANTORS OF

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THE RESULTS OF THEIR APPLICATION BY PROVIDING THE PATIENT OR GUARANTOR WITH A FINANCIAL ASSISTANCE DETERMINATION WITHIN NINETY (90) DAYS OF RECEIVING A COMPLETED APPLICATION AND ALL REQUESTED DOCUMENTATION.

IF A PATIENT OR GUARANTOR IS GRANTED LESS THAN FULL CHARITY ASSISTANCE AND THE PATIENT OR GUARANTOR PROVIDES ADDITIONAL INFORMATION FOR RECONSIDERATION, IU HEALTH REVENUE CYCLE SERVICES MAY AMEND A PRIOR FINANCIAL ASSISTANCE DETERMINATION.

IF A PATIENT OR GUARANTOR SEEKS TO APPEAL THE FINANCIAL ASSISTANCE DETERMINATION FURTHER, A WRITTEN REQUEST MUST BE SUBMITTED, ALONG WITH THE SUPPORTING DOCUMENTATION, TO THE FINANCIAL ASSISTANCE COMMITTEE FOR ADDITIONAL REVIEW/RECONSIDERATION. ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL.

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

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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3. EXTRAORDINARY COLLECTION ACTIONS

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

- SELLING A PATIENT'S OR THEIR GUARANTOR'S OUTSTANDING FINANCIAL RESPONSIBILITY TO A THIRD PARTY.
- REPORTING ADVERSE INFORMATION ABOUT THE PATIENT OR THEIR GUARANTOR TO CONSUMER CREDIT REPORTING AGENCIES OR CREDIT BUREAUS.
- DEFERRING OR DENYING, OR REQUIRING A PAYMENT BEFORE PROVIDING, MEDICALLY NECESSARY CARE BECAUSE OF A PATIENT'S OR THEIR GUARANTOR'S

Part VI Supplemental Information

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

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 WHITE MEMORIAL
HOSPITAL AND ITS THIRD PARTY COLLECTION AGENCIES, WILL ENGAGE IN FAIR,
RESPECTFUL AND TRANSPARENT COLLECTIONS ACTIVITIES.

PATIENTS OR GUARANTORS CURRENTLY SUBJECT TO AN ECA WHO HAVE NOT
PREVIOUSLY APPLIED FOR FINANCIAL ASSISTANCE MAY APPLY FOR ASSISTANCE UP
TO TWO-HUNDRED AND FORTY (240) DAYS OF THE DATE OF THEIR FIRST BILLING

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

4. REFUNDS

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

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

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

Part VI Supplemental Information

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SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT

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

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

Part VI Supplemental Information

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

SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSIT. IU HEALTH WHITE MEMORIAL 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 WHITE MEMORIAL HOSPITAL HAS ESTABLISHED A FAP TO PROVIDE FINANCIAL ASSISTANCE TO UNINSURED PATIENTS. IU HEALTH WHITE MEMORIAL HOSPITAL IS COMMITTED TO ENSURING ITS PATIENTS ARE COMPLIANT WITH ALL PROVISIONS OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT. TO THAT END, IU HEALTH WHITE MEMORIAL 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.

Part VI Supplemental Information

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

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

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RELATED TO THIS POLICY.

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

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

SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION

IU HEALTH WHITE MEMORIAL HOSPITAL IS LOCATED IN WHITE COUNTY, INDIANA, A COUNTY LOCATED IN CENTRAL NORTHWEST INDIANA. WHITE COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF BROOKSTON, BURNETTSVILLE, CHALMERS, MONON, MONTICELLO, REYNOLDS, AND WOLCOTT.

BASED ON THE MOST RECENT CENSUS BUREAU (2018) STATISTICS, WHITE COUNTY'S POPULATION IS 24,133. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 89.0% WHITE, 8.7% HISPANIC OR LATINO, 0.8% BLACK, 0.7% AMERICAN INDIAN OR

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ALASKA NATIVE, 0.6% ASIAN, AND 1.4% PERSONS REPORTING TWO OR MORE RACES.

WHITE COUNTY HAS MODEST LEVELS OF EDUCATIONAL ATTAINMENT. AMONG RESIDENTS AGES 25 AND UP, 89.1% ENDED THEIR FORMAL EDUCATION WITH A HIGH SCHOOL DIPLOMA OR EQUIVALENT. AMONG RESIDENTS AGES 25 AND UP, 16.6% EARNED A BACHELOR'S DEGREE OR HIGHER.

SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH
IU HEALTH WHITE MEMORIAL HOSPITAL IS A SUBSIDIARY OF IU HEALTH, A TAX-EXEMPT HEALTHCARE ORGANIZATION, WHOSE BOARD OF DIRECTORS IS COMPOSED OF MEMBERS, OF WHICH THE MAJORITY IS INDEPENDENT COMMUNITY MEMBERS.

IN 2018, IU HEALTH WHITE MEMORIAL HOSTED A COMMUNITY MEETING TO SOLICIT FEEDBACK FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT. MORE THAN 40 COMMUNITY MEMBERS ATTENDED TO PROVIDE INPUT ABOUT PRIORITY HEALTH NEEDS AND AREAS IN WHICH IU HEALTH SHOULD FOCUS ITS COMMUNITY BENEFIT INVESTMENTS.

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IN ADDRESSING THE IDENTIFIED COMMUNITY PRIORITIES, IU HEALTH WHITE MEMORIAL HOSPITAL HAS PARTNERED WITH A NUMBER OF HIGH QUALITY ENGAGED COMMUNITY ORGANIZATIONS AND INITIATIVES TO HELP MAKE HEALTH AND WELLNESS IMPROVEMENT A REALITY.

AS PART OF ITS COMMITMENT TO EDUCATION AND THE COMMUNITY, IU HEALTH WHITE MEMORIAL HOSPITAL CONTINUES TO SUPPORT THE UNITED WAY KINDERGARTEN CAMP, WHICH HELPS PREPARE STUDENTS TO ENTER KINDERGARTEN. THE PROGRAM PROVIDES IN-CLASS INSTRUCTIONS TO GET CHILDREN USED TO THE SCHOOL SETTING TO INCREASE OPPORTUNITIES FOR SUCCESS AS THEY ENTER THE SCHOOL SETTING.

DURING THE ANNUAL DAY OF SERVICE, IU HEALTH WHITE MEMORIAL TEAM MEMBERS PAINTED BUDDY BENCHES FOR NORTH WHITE ELEMENTARY SCHOOL AND PAINTED THE PLAYGROUND AT MEADOWLAWN ELEMENTARY SCHOOL. THE TEAM MEMBERS PAINTED FOUR SQUARE BOARDS, BASKETBALL COURTS, HOPSCOTCH, YOGA POSES, TWISTER AND OTHER FUN GAMES ON THE BLACKTOP FOR STUDENTS TO ENJOY DURING RECESS. THIS INCREASES OPPORTUNITIES FOR STUDENTS TO BE PHYSICALLY ACTIVE WHILE IN THE SCHOOL SETTING.

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IU HEALTH WHITE MEMORIAL HOSPITAL IS A SUBSIDIARY OF IU HEALTH. IU HEALTH AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA EXTEND MEDICAL PRIVILEGES TO ALL PHYSICIANS WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENT TO ITS MEDICAL STAFF. IU HEALTH DOES NOT DENY APPOINTMENT ON THE BASIS OF GENDER, RACE, CREED, OR NATIONAL ORIGIN.

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

SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM
IU HEALTH WHITE MEMORIAL HOSPITAL IS PART OF THE IU HEALTH STATEWIDE SYSTEM. THE IU HEALTH STATEWIDE SYSTEM IS INDIANA'S MOST COMPREHENSIVE HEALTHCARE SYSTEM. WITH HOSPITALS, PHYSICIAN OFFICES AND ALLIED SERVICES, IU HEALTH PROVIDES ACCESS TO A FULL RANGE OF SPECIALTY AND PRIMARY CARE

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SERVICES FOR ADULTS AND CHILDREN. A UNIQUE PARTNERSHIP WITH INDIANA UNIVERSITY SCHOOL OF MEDICINE - ONE OF THE NATION'S LEADING MEDICAL SCHOOLS - GIVES PATIENTS ACCESS TO GROUNDBREAKING RESEARCH AND INNOVATIVE TREATMENTS TO COMPLEMENT HIGH-QUALITY CARE.

NATIONAL RECOGNITION

- EIGHT HOSPITALS DESIGNATED AS MAGNET® BY THE AMERICAN NURSES CREDENTIALING CENTER RECOGNIZING EXCELLENCE IN NURSING CARE
- INDIANA UNIVERSITY HEALTH MEDICAL CENTER IS HONORED TO BE NATIONALLY RANKED BY U.S. NEWS & WORLD REPORT FOR THE 21ST YEAR IN A ROW. THAT MEANS IU HEALTH CONTINUES TO BE RANKED AMONG THE BEST HEALTHCARE SYSTEMS IN THE NATION AND THE TOP HEALTHCARE SYSTEM IN INDIANA. THIS RANKING RECOGNIZES THE EXCEPTIONAL CARE, UNMATCHED EXPERTISE AND CONTINUED EXCELLENCE OF OUR ENTIRE TEAM OF CAREGIVERS, WHILE GIVING YOU CONFIDENCE THAT YOU MADE THE RIGHT CHOICE IN TRUSTING IU HEALTH WITH YOUR CARE.
- IU HEALTH MEDICAL CENTER WAS AMONG THE 4 PERCENT OF U.S. HOSPITALS

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TO EARN A NATIONAL RANKING AND HAS THE MOST NATIONALLY RANKED SPECIALTIES
IN INDIANA.

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

EDUCATION AND RESEARCH

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

IN 2012, IU HEALTH COMMITTED TO A STRATEGIC RESEARCH INITIATIVE TO
SUPPORT RATABLY FOR A FIVE-YEAR PERIOD ENDED DECEMBER 31, 2016, CERTAIN
BASIC, CLINICAL, AND TRANSLATIONAL RESEARCH PROGRAMS OF THE IU SCHOOL OF

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MEDICINE. THE TOTAL COMMITMENT AGGREGATED \$75,000,000. IN 2017, A NEW FIVE-YEAR TERM OF \$55,000,000 WAS AGREED UPON EFFECTIVE JULY 1, 2017 THROUGH JUNE 30, 2022. FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017, THE INDIANA UNIVERSITY HEALTH SYSTEM EXPENSED \$11,000,000 AND \$5,000,000, RESPECTIVELY, UNDER THESE AGREEMENTS WITHIN SUPPLIES, DRUGS, PURCHASED SERVICES, AND OTHER EXPENSES IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS, OF WHICH \$25,652,000 AND \$32,875,000 WAS ACCRUED RELATED TO THESE AGREEMENTS WITHIN ACCOUNTS PAYABLE AND ACCRUED EXPENSES AT DECEMBER 31, 2018 AND 2017, RESPECTIVELY.

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

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

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INSTITUTE'S TOP STATUS OF "COMPREHENSIVE," WHICH WOULD RECOGNIZE IT AS ONE OF THE TOP-TIER CANCER CENTERS IN THE NATION.

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

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

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

IU HEALTH STATEWIDE SYSTEM

Part VI Supplemental Information

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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

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- IU HEALTH WHITE MEMORIAL HOSPITAL

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

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

SOME WAYS WE ADDRESS OUR COMMUNITY HEALTH PRIORITIES AS A SYSTEM

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INCLUDE :

IU HEALTH DAY OF SERVICE

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

COMMUNITY HEALTH INITIATIVES

WITH INVESTMENTS IN HIGH-QUALITY AND IMPACTFUL INITIATIVES TO ADDRESS COMMUNITY HEALTH NEEDS STATEWIDE, IU HEALTH IS HELPING INDIANA RESIDENTS IMPROVE THEIR HEALTH AND THEIR QUALITY OF LIFE. IN 2018, IU HEALTH IMPACTED MANY PEOPLE STATEWIDE THROUGH PRESENTATIONS, HEALTH RISK SCREENINGS, HEALTH EDUCATION PROGRAMS, AND ADDITIONAL HEALTH EDUCATIONAL OPPORTUNITIES MADE AVAILABLE TO THE COMMUNITY, ESPECIALLY TO OUR COMMUNITY MEMBERS IN THE GREATEST NEED OF SUCH SERVICES.

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THE INDIANA UNIVERSITY HEALTH BOARD OF DIRECTORS ALSO APPROVED COMMUNITY HEALTH IMPROVEMENT GRANTS. WITH THESE GRANTS, NEARLY \$750,000 WILL FUND PROJECTS THAT ADDRESS IU HEALTH PRIORITIES - BEHAVIORAL HEALTH/SUBSTANCE ABUSE, OBESITY, TOBACCO USE, AND INFANT MORTALITY - AS WELL AS COMMUNITY-SPECIFIC NEEDS.

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

- FAMILY VITALITY INITIATIVE DEVELOPMENT AND IMPLEMENTATION, IU HEALTH SOUTH CENTRAL REGION, \$230,000 OVER TWO YEARS. BY BRINGING TOGETHER EXISTING HEALTHCARE PROVIDERS, SOCIAL WORKERS AND RESEARCHERS, THIS INTEGRATED PROGRAM WILL TAKE A HOLISTIC APPROACH TO ADDRESSING SUBSTANCE-RELATED HEALTHCARE ISSUES, ESPECIALLY AMONG THE MOST VULNERABLE POPULATIONS OF WOMEN AND CHILDREN. THE SOUTH CENTRAL REGION HAS SEEN ALARMING INCREASES IN THE NUMBERS OF INFANTS WHO TEST POSITIVE FOR OPIATES AT BIRTH, OPIOID-RELATED ENCOUNTERS IN EACH EMERGENCY DEPARTMENT,

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AND MOTHERS STRUGGLING WITH ADDICTION INCLUDING SMOKING.

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

- PERINATAL COORDINATOR TO ADDRESS INFANT MORTALITY, IU HEALTH EAST CENTRAL REGION, \$124,000 OVER TWO YEARS. THIS GRANT FUNDS A NEW STAFF MEMBER WHO WILL FOCUS ON INFANTS AND CHILDREN IN DELAWARE, BLACKFORD AND JAY COUNTIES. THIS INCLUDES FACILITATING INTER-PROFESSIONAL COLLABORATION, EDUCATING HOSPITAL STAFF, INCREASING COLLABORATION WITH SUPPORTING AGENCIES INVOLVED WITH BEREAVEMENT, SAFE SLEEP, TOBACCO-FREE AND ADDICTION PROGRAMS, AND TRACKING OUTCOMES IN THE AREAS OF

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BIRTHWEIGHT, BIRTH DEFECTS AND MORTALITY.

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

- PRESCRIPTION DRUG TAKE-BACK PROGRAM, IU HEALTH EAST CENTRAL REGION, \$49,000 OVER FOUR YEARS. GRANT FUNDS WILL BE USED TO PLACE SECURE DRUG TAKE-BACK KIOSKS AT IU HEALTH PHARMACIES IN YORKTOWN, HARTFORD CITY AND TWO LOCATIONS IN MUNCIE. SUCH KIOSKS MAKE THE DISPOSAL OF MEDICATIONS - INCLUDING OPIOIDS AND OTHER CONTROLLED SUBSTANCES RIPE FOR ABUSE AND THEFT - SAFER AND MORE CONVENIENT. THE REGION'S SINGLE KIOSK NOW TAKES IN AN AVERAGE OF 1,000 POUNDS OF MEDICINE A YEAR; THE NEW KIOSKS HAVE THE POTENTIAL TO COLLECT 4,000 POUNDS.

- FISHERS FIRE DEPARTMENT, PARAMEDICINE BEHAVIORAL RESPONSE PROGRAM,

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

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

THE COMMUNITY HEALTH GRANTS ARE AWARDED TO PROGRAMS MOST LIKELY TO IMPROVE ACCESS TO HEALTH SERVICES, ENHANCE THE HEALTH OF THE COMMUNITY, ADVANCE MEDICAL OR HEALTHCARE KNOWLEDGE, AND RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS. GRANTEEES MUST ALSO BUILD CAPACITY FOR ADDRESSING THESE COMMUNITY HEALTH ISSUES GOING FORWARD.

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COMMUNITY PARTNERSHIPS

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

ACCESS TO HEALTHCARE

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

- INCREASE ACCESS TO PRIMARY CARE PHYSICIANS
- INCREASE ACCESS TO AND UNDERSTANDING OF HEALTH INSURANCE AND

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NAVIGATING THE HEALTHCARE SYSTEM.

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

THESE CLINICS INCLUDE:

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

HEALTHY WEIGHT & NUTRITION

LIKE MOST OF THE NATION, HOOSIERS SEE THE ALARMING RISE OF OBESITY IN

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

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

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

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

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

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE

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

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

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

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- IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES

IU HEALTH PARTNERED WITH THE FOLLOWING ORGANIZATIONS:

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

COMMUNITY REVITALIZATION

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

IU HEALTH PARTNERED WITH THE FOLLOWING ORGANIZATIONS TO HELP ACHIEVE THIS GOAL:

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 4 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.

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

COMMUNITY IMPACT

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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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.

- ACCESS TO HEALTHCARE SERVICES
- BEHAVIORAL HEALTH (I. E. , MENTAL HEALTH AND DRUG AND SUBSTANCE ABUSE
(INCLUDING OPIOIDS))
- MATERNAL AND INFANT HEALTH
- OBESITY AND DIABETES
- SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE
- SOCIAL DETERMINANTS OF HEALTH - SPECIFICALLY POVERTY, HOMELESSNESS,
TRANSPORTATION AND ACCESS TO HEALTHY FOODS
- VIOLENCE AND INJURIES

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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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.

STATE FILING OF COMMUNITY BENEFIT REPORT

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