

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

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, INC.	Employer identification number 35 1955872
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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	✓	
b If "Yes," was it a written policy?	✓	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	✓	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%		✓
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"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		✓
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?	✓	
b If "Yes," did the organization make it available to the public?	✓	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		28,472	47,702,110	0	47,702,110	1.28
b Medicaid (from Worksheet 3, column a)		110,419	998,980,798	639,894,507	359,086,291	9.67
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	138,891	1,046,682,908	639,894,507	406,788,401	10.96
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	65,307	19,111,373	650,216	18,461,157	0.50
f Health professions education (from Worksheet 5)	3	6,647	114,148,629	16,699,933	97,448,696	2.62
g Subsidized health services (from Worksheet 6)	1	37,328	46,391,939	38,148,916	8,243,023	0.22
h Research (from Worksheet 7)	1	0	11,000,000	0	11,000,000	0.30
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	69,758	13,344,114	497,830	12,846,284	0.35
j Total. Other Benefits	27	179,040	203,996,055	55,996,895	147,999,160	3.99
k Total. Add lines 7d and 7j	27	317,931	1,250,678,963	695,891,402	554,787,561	14.94

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					0	0.00
2 Economic development					0	0.00
3 Community support	2	500	250,000	0	250,000	0.01
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building	1	0	2,896		2,896	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development	1	639	3,008		3,008	0.00
9 Other					0	0.00
10 Total	4	1,139	255,904	0	255,904	0.01

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1**
- 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** | 40,054,112
- 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**
- 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

- Enter total revenue received from Medicare (including DSH and IME) **5** | 377,633,379
- Enter Medicare allowable costs of care relating to payments on line 5 **6** | 419,198,201
- Subtract line 6 from line 5. This is the surplus (or shortfall) **7** | (41,564,822)
- Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

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

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 BELTWAY SURGERY CENTERS, LLC	AMBULATORY SURGERY CENTER	25.76		74.24
2 SENATE STREET SURGERY CENTER, LLC	AMBULATORY SURGERY CENTER	26.21		73.79
3 INDIANA ENDOSCOPY CENTERS, LLC	AMBULATORY SURGERY CENTER	26.01		73.99
4 ROC SURGERY, LLC	AMBULATORY SURGERY CENTER	29.70		70.30
5 BALL OUTPATIENT SURGERY CENTER, LLC	AMBULATORY SURGERY CENTER	28.18		71.82
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 INDIANA UNIVERSITY HEALTH

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

		Yes	No
Community Health Needs Assessment			
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?		✓
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		✓
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):			
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	✓	
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		✓
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		✓
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):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input 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	✓	
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?	✓	
a	If "Yes," (list url): <u>HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/COMMUNITY-BENEFIT</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)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group INDIANA UNIVERSITY HEALTH

		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:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>3</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u> </u> <u> </u> <u>0</u> %		
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 checked="" 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?	✓	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	✓	
a	<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):	✓	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group INDIANA UNIVERSITY HEALTH

	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?	✓	
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:		
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?	✓	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group INDIANA UNIVERSITY HEALTH

		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.	23	✓
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.	24	✓

Part V, Section C

Supplemental Information. 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.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>IU HEALTH'S 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORTS INCLUDE PRIORITIZED DESCRIPTIONS OF SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY. THE CHNA REPORTS IDENTIFIED THE FOLLOWING NEEDS TO BE ADDRESSED:</p> <ul style="list-style-type: none"> - ACCESS TO HEALTH CARE SERVICES - DRUG AND SUBSTANCE ABUSE - HEALTH CARE AND SOCIAL SERVICES FOR SENIORS - MENTAL HEALTH - OBESITY AND DIABETES - SMOKING - SOCIAL DETERMINANTS OF HEALTH - FOOD INSECURITY - MATERNAL AND INFANT HEALTH - VIOLENCE AND INJURIES

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH</p> <p>DESCRIPTION: IU HEALTH OPERATES FOUR HOSPITAL LOCATIONS THAT ARE LICENSED AS A SINGLE HOSPITAL BY THE INDIANA STATE DEPARTMENT OF HEALTH. THESE HOSPITAL LOCATIONS ARE AS FOLLOWS: - IU HEALTH METHODIST HOSPITAL - IU HEALTH UNIVERSITY HOSPITAL - RILEY HOSPITAL FOR CHILDREN AT IU HEALTH - IU HEALTH SAXONY HOSPITAL</p> <p>IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, AND RILEY HOSPITAL FOR CHILDREN ARE LOCATED IN INDIANAPOLIS, MARION COUNTY, INDIANA AND ARE REFERRED TO AS THE IU HEALTH ACADEMIC HEALTH CENTER. IU HEALTH SAXONY HOSPITAL IS LOCATED IN FISHERS, HAMILTON COUNTY, INDIANA. ALTHOUGH LICENSED AS A SINGLE HOSPITAL, EACH OF THESE FACILITIES SERVE DIFFERENT, ALTHOUGH SOMETIMES OVERLAPPING, PORTIONS OF THE COMMUNITY WHICH PRESENT THEIR OWN UNIQUE HEALTH NEEDS. IN ORDER TO TAKE INTO ACCOUNT ALL OF THESE UNIQUE HEALTH NEEDS, IU HEALTH CONDUCTED SEPARATE COMMUNITY HEALTH NEEDS ASSESSMENTS ("CHNAS") FOR EACH OF ITS FOUR HOSPITAL LOCATIONS.</p> <p>FOR THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT, INDIANA UNIVERSITY HEALTH CONDUCTED THE COMMUNITY SURVEY DATA COLLECTION IN COLLABORATION WITH INDIANA UNIVERSITY, UNIVERSITY OF EVANSVILLE AND AN INDIANA HOSPITAL COLLABORATIVE, INCLUDING COMMUNITY HEALTH NETWORK, FRANCISCAN ALLIANCE, ST. VINCENT HEALTH AND OTHER HOSPITAL PARTNERS.</p> <p>IN CONDUCTING EACH OF ITS MOST RECENT CHNAS, IU HEALTH TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES IT SERVES BY HOSTING SEVERAL COMMUNITY CONVERSATION FOCUS GROUPS. THESE FOCUS GROUPS INCLUDED PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS TO DISCUSS THE HEALTHCARE NEEDS OF THE SERVICE AREA AND WHAT ROLE IU HEALTH COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS.</p> <p>IU HEALTH ACADEMIC HEALTH CENTER</p> <p>COMMUNITY MEETINGS - MARION COUNTY</p> <p>BETWEEN MAY 7 AND 9, 2018, THREE MEETINGS OF COMMUNITY REPRESENTATIVES WERE HELD IN INDIANAPOLIS, THE COUNTY SEAT OF MARION COUNTY. IN TOTAL, THE MEETINGS WERE ATTENDED BY 42 COMMUNITY MEMBERS INVITED BY IU HEALTH IN PARTNERSHIP WITH COMMUNITY HEALTH NETWORK BECAUSE THEY REPRESENT IMPORTANT COMMUNITY ORGANIZATIONS AND SECTORS SUCH AS: LOCAL HEALTH DEPARTMENTS, POLICE/FIRE DEPARTMENTS, NONPROFIT ORGANIZATIONS, LOCAL BUSINESSES, HEALTH CARE PROVIDERS, MAYORS/LOCAL POLICYMAKERS, FAITH-BASED ORGANIZATIONS, PARKS AND RECREATION DEPARTMENTS, AND SCHOOLS.</p> <p>THROUGH THESE MEETINGS, IU HEALTH SOUGHT A BREADTH OF PERSPECTIVES ON THE COMMUNITY'S HEALTH NEEDS. THE SPECIFIC ORGANIZATIONS REPRESENTED AT THE MEETINGS ARE LISTED BELOW.</p> <ul style="list-style-type: none"> - ADULT AND CHILD HEALTH - ALL SENIOR CITIZENS CONNECT - CENTRAL INDIANA COUNCIL ON AGING (CICOA) - CITY OF INDIANAPOLIS - COBURN PLACE - COMMUNITY HEALTH NETWORK - GENNESARET FREE CLINICS - GLEANERS FOOD BANK - HEALTH BY DESIGN - IU HEALTH METHODIST HOSPITAL - IU HEALTH UNIVERSITY HOSPITAL - INDIANA YOUTH INSTITUTE - INDIANAPOLIS FIRE DEPARTMENT - INDIANAPOLIS METROPOLITAN POLICE DEPARTMENT - INDY HUNGER NETWORK - INDIANAPOLIS PARKS AND RECREATION - IRVINGTON DEVELOPMENT ORGANIZATION - JUMP IN FOR HEALTHY KIDS - LAWRENCE COMMUNITY GARDENS - MARION COUNTY PUBLIC HEALTH DEPARTMENT - NEW BEGINNINGS CHURCH - PARAMOUNT SCHOOLS OF EXCELLENCE - PROGRESS HOUSE - PURDUE EXTENSION - THE POLIS CENTER - UNIVERSITY OF INDIANAPOLIS <p>THE MEETING BEGAN WITH A PRESENTATION THAT DISCUSSED THE GOALS AND STATUS OF THE CHNA PROCESS AND THE PURPOSE OF THE COMMUNITY MEETINGS. THEN, SECONDARY DATA WERE PRESENTED, ALONG WITH A SUMMARY OF THE MOST UNFAVORABLE COMMUNITY HEALTH INDICATORS. FOR MARION COUNTY, THOSE INDICATORS WERE (IN ALPHABETICAL ORDER):</p> <ul style="list-style-type: none"> - AIR POLLUTION - COMMUNICABLE DISEASES AND STDs - CRIME - MENTAL HEALTH AND SUPPLY OF MENTAL HEALTH PROVIDERS - OBESITY AND LACK OF PHYSICAL ACTIVITY - POVERTY AND HIGH 'COMMUNITY NEED INDEX' - SMOKING AND TOBACCO USE <p>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 BY EACH GROUP, SUCH AS:</p>

Return Reference - Identifier	Explanation
	<ul style="list-style-type: none"> - HIGH SCHOOL GRADUATION RATES - BUILT ENVIRONMENT - ACCESS TO PRIMARY CARE - HOMELESSNESS - ACCESS TO HEALTHY FOOD/FOOD INSECURITY - NEEDS OF THE GROWING SENIOR COMMUNITY - SUBSTANCE ABUSE - DENTAL CARE - DISPARITIES IN ACCESS TO BASIC, AFFORDABLE NEEDS - EDUCATION - EDUCATION ON COMMUNICABLE DISEASES - NUTRITION AND COOKING EDUCATION - TEEN PREGNANCY <p>DURING THE MEETINGS, A RANGE OF OTHER TOPICS WAS DISCUSSED, INCLUDING:</p> <ul style="list-style-type: none"> - ABILITY TO ADDRESS TOPICS SUCH AS CRIME, POVERTY, AND AIR POLLUTION - AGING POPULATION - TEEN PREGNANCY - WATER - PARKS - FUNDING - WALKABILITY - SOCIAL DETERMINANTS OF HEALTH - DISPARITIES - COLLABORATION WITH COMMUNITY ORGANIZATIONS - GOVERNMENT AFFAIRS DEPARTMENT - INDIVIDUALS WITH DISABILITIES AND THEIR HEALTH NEEDS - EFFECTS OF OPIOID ABUSE ON CHILDREN <p>AFTER DISCUSSING THE NEEDS IDENTIFIED THROUGH SECONDARY DATA AND ADDING OTHERS TO THE LIST, PARTICIPANTS IN EACH MEETING WERE ASKED THROUGH A VOTING PROCESS TO IDENTIFY "THREE TO FIVE" THEY CONSIDER TO BE MOST SIGNIFICANT. FOOD INSECURITY, SUBSTANCE ABUSE, MENTAL HEALTH, SOCIAL DETERMINANTS OF HEALTH, AND OBESITY WERE FREQUENTLY IDENTIFIED THROUGH THE COMMUNITY MEETING PROCESS FOR MARION COUNTY.</p> <p>INTERVIEWS - MARION COUNTY</p> <p>AN INTERVIEW ALSO WAS CONDUCTED WITH TWO REPRESENTATIVES OF THE MARION COUNTY PUBLIC HEALTH DEPARTMENT. THE INTERVIEWS WERE CONDUCTED TO ASSURE THAT APPROPRIATE AND ADDITIONAL INPUT WAS RECEIVED FROM GOVERNMENTAL PUBLIC HEALTH OFFICIALS. THE RESULTS OF THE COMMUNITY MEETINGS WERE DISCUSSED AND INSIGHTS WERE SOUGHT REGARDING SIGNIFICANT COMMUNITY HEALTH NEEDS, REASON(S) SUCH NEEDS ARE PRESENT, AND HOW THEY CAN BE ADDRESSED.</p> <p>THE INTERVIEWS WERE 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.</p> <p>THE INTERVIEWEES CONFIRMED THAT THE NEEDS IDENTIFIED BY THE COMMUNITY MEETING PARTICIPANTS WERE SIGNIFICANT. THESE NEEDS WERE:</p> <ul style="list-style-type: none"> - ACCESS TO HEALTHY FOOD (FOOD INSECURITY) AND ITS RELATION TO OBESITY - POVERTY - MENTAL HEALTH - DISPARITIES IN ACCESS TO BASIC NEEDS (HOUSING, TRANSPORTATION, ETC.) - SUBSTANCE ABUSE <p>POVERTY HAS INCREASED SIGNIFICANTLY SINCE 2005, FROM ONE OUT OF EVERY FIVE HOUSEHOLDS TO ONE OUT OF EVERY THREE WITH CHILDREN IN POVERTY. THIS INCREASED POVERTY LEVEL HAS CREATED A LARGE ISSUE WITH FOOD INSECURITY.</p> <p>WHILE UNEMPLOYMENT RATES ARE LOW, WAGES ARE AN ISSUE FOR MANY IN THE COMMUNITY. THE MINIMUM WAGE IS NOT A LIVING WAGE AND MANY PEOPLE WHO HAVE LOW PAYING JOBS STILL STRUGGLE WITH FOOD INSECURITY AND OTHER ISSUES.</p> <p>MENTAL HEALTH STATUS AND ACCESS TO MENTAL HEALTH CARE IS A SIGNIFICANT ISSUE, WITH A PARTICULAR FOCUS ON THE LACK OF PROVIDERS, AND ISSUES SURROUNDING SUICIDE AMONG CHILDREN. SINCE MANY PROVIDERS RECEIVE LITTLE IN REIMBURSEMENT FROM INSURANCE FOR MENTAL HEALTH TREATMENT, FINDING PROVIDERS AND HOSPITALS WITH A FOCUS ON MENTAL HEALTH IS DIFFICULT.</p> <p>THERE IS A NEED FOR NAVIGATORS THAT COULD HELP RESIDENTS FIND NEEDED SERVICES AND SIGN UP FOR STATE INSURANCE PLANS.</p> <p>SUBSTANCE ABUSE IS A SIGNIFICANT ISSUE, AS EVIDENCED BY DRUG OVERDOSE DEATHS. ADDITIONALLY, WHILE THERE WERE 500 AMBULANCE TRIPS FOR DRUG OVERDOSES IN 2013, THIS NUMBER IS OVER 2,000 IN RECENT YEARS.</p> <p>COMMUNICABLE DISEASE LINKED TO SUBSTANCE ABUSE IS ALSO AN ISSUE, AS RATES OF HEPATITIS C AND HIV HAVE INCREASED IN PART DUE TO INTRAVENOUS DRUG USE.</p> <p>DESPITE GREAT PROGRESS AND POLICY AROUND THE ISSUE, SMOKING IS STILL AN ISSUE THAT MANY ARE NO LONGER PAYING ATTENTION TO BECAUSE OF A MISBELIEF THAT THE ISSUE IS SOLVED. THE RECENT RISE OF E-CIGARETTES ALSO MAY CONTRIBUTE TO INCREASED SMOKING DUE TO ATTRACTING TEENAGERS.</p> <p>TRANSPORTATION IS A BARRIER TO CARE. WHILE THE CITY HAS OPTIONS, THE BUS SYSTEM IS INEFFICIENT AND CAN TAKE A LONG TIME.</p> <p>CANCER IS ALSO AN ISSUE, WITH LARGE DISPARITIES IN INCIDENCE RATES AMONG DIFFERENT</p>

Return Reference - Identifier	Explanation
	<p>DEMOGRAPHIC GROUPS. IN PARTICULAR THE INCIDENCE RATES OF LUNG, COLON, AND PROSTATE CANCERS ARE SIGNIFICANT NEEDS IN THE COMMUNITY.</p> <p>THE INTERVIEWEES ALSO IDENTIFIED SEVERAL OTHER SIGNIFICANT ISSUES IN THE COMMUNITY, INCLUDING:</p> <ul style="list-style-type: none">- DENTAL CARE AND ACCESS TO DENTAL CARE PROVIDERS- VIOLENCE AND HOMICIDE- INFANT MORTALITY, ESPECIALLY WITH THE DISPARITIES PRESENT AMONG DIFFERENT RACIAL GROUPS- CHILDHOOD OBESITY- CHRONIC DISEASES, PARTICULARLY DIABETES

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH (CONT.)</p> <p>DESCRIPTION: COMMUNITY SURVEY - MARION COUNTY</p> <p>TO INFORM THE CHNA, A COMMUNITY SURVEY WAS CONDUCTED. THE SURVEY WAS SPONSORED BY A COOPERATIVE OF INDIANA HOSPITAL SYSTEMS, UNDER CONTRACT WITH THE UNIVERSITY OF EVANSVILLE AND THE INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH-BLOOMINGTON. RESEARCHERS FROM INDIANA UNIVERSITY AND UNIVERSITY OF EVANSVILLE CONTRACTED WITH THE CENTER FOR SURVEY RESEARCH AT INDIANA UNIVERSITY TO ADMINISTER THE SURVEY.</p> <p>THE SURVEY WAS CONDUCTED IN TWO PHASES, WITH PHASE 1 CONDUCTED AS A PAPER SURVEY MAILED TO AN ADDRESS-BASED SAMPLE, AND PHASE 2 ADMINISTERED BY SOME OF THE HOSPITALS TO A CONVENIENCE SAMPLE THEY SELECTED. IU HEALTH PARTICIPATED IN PHASE 1.</p> <p>A QUESTIONNAIRE WAS DEVELOPED, WITH INPUT PROVIDED BY THE INDIANA HOSPITAL SYSTEMS, AND INCLUDED A NUMBER OF QUESTIONS ABOUT GENERAL HEALTH STATUS, ACCESS AND UTILIZATION OF SERVICES, PERSONAL BEHAVIORS, SOCIAL DETERMINANTS OF HEALTH, AND ALSO RESPONDENT DEMOGRAPHIC INFORMATION (E.G., ZIP CODE, INCOME LEVEL, EMPLOYMENT STATUS, RACE AND ETHNICITY, HOUSEHOLD SIZE, GENDER, AND AGE). THE SURVEY WAS MAILED TO APPROXIMATELY 82,000 HOUSEHOLDS, AND THE "FIELD PERIOD" WAS APRIL 2, 2018 THROUGH JUNE 29, 2018). THE PROCESS INCLUDED TWO MAILINGS TO EACH ADDRESS; A POSTCARD MAILING ALSO TOOK PLACE TO ENCOURAGE RESPONSES.</p> <p>OVERALL, 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. A DATASET WAS CREATED FROM THE IU HEALTH SURVEY RESPONSES, AND THE RESPONSES WERE ADJUSTED FOR TWO FACTORS:</p> <ul style="list-style-type: none"> - THE NUMBER OF ADULTS IN EACH HOUSEHOLD (I.E., A SURVEY FROM A HOUSEHOLD WITH TWO ADULTS RECEIVED A BASE WEIGHT OF "2" AND A SURVEY FROM A HOUSEHOLD WITH ONE ADULT RECEIVED A BASE WEIGHT OF "1"). - A POST-STRATIFICATION ADJUSTMENT DESIGNED TO MAKE THE RESULTS MORE REPRESENTATIVE OF THE POPULATION IN EACH COMMUNITY (I.E., FEMALE AND OLDER ADULTS WERE OVERREPRESENTED AMONG SURVEY RESPONDENTS WHEN COMPARED TO CENSUS DATA, AND THE ADJUSTMENT MADE CORRECTIONS). <p>FOR IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL AND IU HEALTH RILEY HOSPITAL FOR CHILDREN SURVEYS WERE RECEIVED FROM 359 COMMUNITY HOUSEHOLDS. ACCORDING TO THE RESPONSES, THESE HOUSEHOLDS INCLUDED 644 ADULTS.</p> <p>THE COMMUNITY SURVEY INDICATES THAT SUBSTANCE USE OR ABUSE; CHRONIC DISEASES; OBESITY; MENTAL HEALTH; AND ASSAULT, VIOLENT CRIME, AND DOMESTIC VIOLENCE REPRESENT TOP CONCERNS IN THE COMMUNITY SERVED BY IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL AND IU HEALTH RILEY HOSPITAL FOR CHILDREN.</p> <p>IU HEALTH SAXONY HOSPITAL</p> <p>COMMUNITY MEETINGS - HAMILTON COUNTY</p> <p>ON APRIL 17, 2018, A MEETING OF COMMUNITY REPRESENTATIVES WAS HELD AT THE HAMILTON COUNTY 4H FAIRGROUNDS IN NOBLESVILLE, THE COUNTY SEAT OF HAMILTON COUNTY. THE MEETING WAS ATTENDED BY 38 COMMUNITY MEMBERS INVITED BY IU HEALTH BECAUSE THEY REPRESENT IMPORTANT COMMUNITY ORGANIZATIONS AND SECTORS SUCH AS: LOCAL HEALTH DEPARTMENTS, POLICE/FIRE DEPARTMENTS, NON-PROFIT ORGANIZATIONS, LOCAL BUSINESS, HEALTH CARE PROVIDERS, MAYORS/LOCAL POLICYMAKERS, FAITH-BASED ORGANIZATIONS, PARKS AND RECREATION DEPARTMENTS, AND SCHOOLS.</p> <p>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.</p> <ul style="list-style-type: none"> - ASPIRE INDIANA - CENTRAL INDIANA COUNCIL ON AGING (CICOA) - CHAUCIE'S PLACE - COMMUNITY HEALTH NETWORK - NORTH - DEPARTMENT OF CHILD SERVICES - FISHERS CITY COUNCIL - FISHERS FIRE & EMERGENCY SERVICES - GOOD SAMARITAN NETWORK - HAND, INC. - HOPE FAMILY CARE CENTER - HAMILTON COUNTY COUNCIL ON ALCOHOL AND OTHER DRUGS - HAMILTON COUNTY HEALTH DEPARTMENT - HAMILTON COUNTY HARVEST FOOD BANK - HAMILTON COUNTY YOUTH ASSISTANCE PROGRAM - HAMILTON HEIGHTS SCHOOL CORPORATION - HAMILTON SOUTHEASTERN SCHOOLS - IU HEALTH - IU HEALTH INDY SUBURBAN REGION/IU HEALTH SAXONY HOSPITAL AND IU HEALTH NORTH HOSPITAL - NOBLESVILLE CHAMBER OF COMMERCE - NOBLESVILLE TOWN COUNCIL - NOBLESVILLE SCHOOLS - PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY - PREVAIL, INC. - PRIMELIFE ENRICHMENT, INC. - RIVERVIEW HEALTH - RIVERVIEW HEALTH PHYSICIANS - SHEPHERD'S CENTER OF HAMILTON COUNTY

Return Reference - Identifier	Explanation
	<ul style="list-style-type: none"> - ST. FRANCIS - ST. VINCENT CARMEL/FISHERS - STONES 3 RESOURCES - TRINITY FREE CLINIC - WESTFIELD WASHINGTON SCHOOL <p>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. DUE TO THE SIZE OF THE GROUP, PARTICIPANTS WERE THEN SPLIT INTO THREE GROUPS. THE SAME LIST WAS PROVIDED TO EACH GROUP OF POTENTIAL UNMET HEALTH NEEDS FOR THE INDIVIDUALS TO DISCUSS AND VOTE ON TO INDICATE WHAT THEY CONSIDERED TO BE THE MOST SIGNIFICANT HEALTH NEEDS FOR HAMILTON COUNTY. THOSE HEALTH NEEDS WERE:</p> <ul style="list-style-type: none"> - TRANSPORTATION - HOUSING - EMPLOYMENT - JOB TRAINING - FOOD INSECURITY - NUTRITIONAL EDUCATION - SOCIAL SUPPORT - ACCESS TO HEALTH SERVICES - COST OF MEDICATION - INSURANCE COVERAGE/ENROLLMENT - VIOLENCE/CRIME - CHRONIC DISEASE MANAGEMENT <p>DURING THE MEETING, A RANGE OF OTHER TOPICS WAS DISCUSSED, INCLUDING:</p> <ul style="list-style-type: none"> - INDIVIDUALS WITH A MENTAL HEALTH DIAGNOSIS - INDIVIDUALS WITH A HISTORY OF SUBSTANCE ABUSE/MISUSE - INDIVIDUALS WITH CHRONIC CONDITIONS - CHILDREN AND SENIORS AS PRIORITY POPULATIONS - NUTRITIONAL EDUCATION - EMPLOYMENT - LIMITED SUPPLY OF HEALTH CARE PROFESSIONALS <p>AFTER DISCUSSING THE NEEDS IDENTIFIED, EACH PARTICIPANT WAS ASKED THROUGH A VOTING PROCESS TO IDENTIFY THE TWO THEY CONSIDER TO BE MOST SIGNIFICANT. FROM THIS PROCESS, THE GROUPS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR HAMILTON COUNTY:</p> <ul style="list-style-type: none"> - TRANSPORTATION - HOUSING - ACCESS TO HEALTH SERVICES - CHRONIC DISEASE MANAGEMENT - COST OF MEDICATION - INSURANCE COVERAGE/ENROLLMENT - SOCIAL SUPPORT <p>INTERVIEWS - HAMILTON COUNTY</p> <p>AN INTERVIEW ALSO WAS CONDUCTED WITH A REPRESENTATIVE OF THE HAMILTON COUNTY HEALTH DEPARTMENT. THE INTERVIEW WAS CONDUCTED TO ASSURE THAT APPROPRIATE AND ADDITIONAL INPUT WAS RECEIVED FROM A GOVERNMENTAL PUBLIC HEALTH OFFICIAL. THE INDIVIDUAL THAT WAS INTERVIEWED PARTICIPATED 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.</p> <p>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.</p> <p>ACCORDING TO THE INTERVIEWEE, MANY IN INDIANA INCORRECTLY BELIEVE THAT SINCE HAMILTON COUNTY IS AFFLUENT, THERE IS LITTLE NEED TO FOCUS ON IMPROVING COMMUNITY HEALTH. THE COUNTY DOES HAVE NEEDS AND HAS POCKETS OF VULNERABLE POPULATIONS THAT NEED CONTINUED ATTENTION. THE COUNTY ALSO NEEDS MORE PUBLIC HEALTH FUNDING TO PROVIDE ADEQUATE PROGRAMS AND SERVICES.</p> <p>THE INTERVIEWEE CONFIRMED THAT THE THREE TOP NEEDS IDENTIFIED BY COMMUNITY MEETING PARTICIPANTS WERE SIGNIFICANT, ADDING THAT ALL THREE HAVE BEEN CHRONIC ISSUES IN THE COUNTY. THESE THREE NEEDS WERE:</p> <ul style="list-style-type: none"> - TRANSPORTATION - ACCESS TO HEALTH SERVICES - HOUSING <p>MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES ARE PARTICULARLY DIFFICULT TO ACCESS IN THE COUNTY. ONLY ONE REAL TREATMENT CENTER AND NO INPATIENT FACILITIES EXIST, REQUIRING RESIDENTS TO TRAVEL LONG DISTANCES TO SERVICES OUTSIDE OF THE COUNTY.</p> <p>PRIMARY CARE ALSO IS DIFFICULT TO ACCESS FOR PATIENTS WITH CERTAIN TYPES OF INSURANCE COVERAGE. MANY PROVIDERS ARE NOT ACCEPTING NEW PATIENTS WITH MEDICARE OR MEDICAID. THIS ISSUE BECAME MORE PROBLEMATIC A FEW YEARS AGO AFTER A COMMUNITY CLINIC CLOSED.</p> <p>REGARDING POPULATIONS AT RISK, INDIVIDUALS WITH A MENTAL HEALTH DIAGNOSIS, THE UNINSURED OR UNDERINSURED, CHILDREN, AND SENIORS ARE MOST AT RISK. SENIORS FACE ISSUES INCLUDING A LACK OF TRANSPORTATION, DIFFICULTIES ACCESSING MENTAL HEALTH SERVICES, AND ISOLATION.</p> <p>A LACK OF SPECIALIZED PROVIDERS FOR PAIN MANAGEMENT, PHYSICAL THERAPY, AND RELATED PAIN MANAGEMENT SERVICES IS CONTRIBUTING TO AN OVER-PRESCRIBING OF OPIATES.</p> <p>THE NEED FOR HEALTH EDUCATION IN THE COMMUNITY IS SIGNIFICANT. HEALTH DEPARTMENT AND OTHER COMMUNITY RESOURCES ARE LIMITED. EDUCATION IS NEEDED PARTICULARLY REGARDING RISKS</p>

Return Reference - Identifier	Explanation
	<p>ASSOCIATED WITH SUBSTANCE ABUSE AND SEXUALLY-TRANSMITTED DISEASES.</p> <p>MANY UNINSURED ARE USING EMERGENCY ROOMS FOR PRIMARY CARE SINCE THEY DO NOT KNOW WHERE ELSE TO GO. A SERVICE THAT COULD CONNECT THESE RESIDENTS TO PROVIDERS ACCEPTING LOW INCOME AND MEDICAID PATIENTS IS NEEDED.</p> <p>MEDICATION ASSISTANCE FOR SENIORS ALSO IS AN ISSUE. MANY SENIORS ARE CONFUSED BY THE ARRAY OF MEDICATIONS THEY HAVE BEEN PRESCRIBED, LEADING TO A LACK OF MEDICATION ADHERENCE AND COMPLIANCE.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH</p> <p>DESCRIPTION: COMMUNITY SURVEY - HAMILTON COUNTY</p> <p>TO INFORM THE CHNA, A COMMUNITY SURVEY WAS CONDUCTED BY THE INDIANA HOSPITAL COLLABORATIVE.</p> <p>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.</p> <p>FOR THE IU HEALTH SAXONY HOSPITAL COMMUNITY, SURVEYS WERE RECEIVED FROM 864 COMMUNITY HOUSEHOLDS. ACCORDING TO THE RESPONSES, THESE HOUSEHOLDS INCLUDED 1,638 ADULTS.</p> <p>THE COMMUNITY SURVEY INDICATES THAT OBESITY, CHRONIC DISEASES, SUBSTANCE USE OR ABUSE, AND MENTAL HEALTH REPRESENT TOP CONCERNS IN THE COMMUNITY SERVED BY IU HEALTH SAXONY HOSPITAL.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)</p>	<p>HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/COMMUNITY-BENEFIT</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH</p> <p>DESCRIPTION: THE IMPACT OF THE CORONAVIRUS (COVID-19) PANDEMIC, DECLARED A NATIONAL AND STATE PUBLIC HEALTH EMERGENCY, HAS BEEN FELT BY ALL INDIVIDUALS ON BOTH PERSONAL AND PROFESSIONAL LEVELS. INDIANA STATE AND CORONAVIRUS RESPONSE REQUIREMENTS HAVE LIMITED OR PROHIBITED CERTAIN INTERACTIONS AND ACTIVITIES FOR SAFETY REASONS. FROM A COMMUNITY BENEFIT PERSPECTIVE, IU HEALTH INC. HAD TO LIMIT, ALTER OR POSTPONE SEVERAL INITIATIVES IN 2020. ADDITIONALLY, MUCH OF THE SUPPORT THAT IU HEALTH INC. PROVIDED TO COMMUNITY ORGANIZATIONS WAS USED TO ADDRESS THEIR COVID-19 RELIEF EFFORTS, AS THIS WAS A TOP IDENTIFIED NEED IN THE COMMUNITY. THROUGHOUT THE PANDEMIC, IU HEALTH INC. CONTINUED TO ENGAGE IN ALTERNATIVE COMMUNITY BENEFIT INITIATIVES THAT MET SIGNIFICANT HEALTH NEEDS WHILE FOLLOWING COVID-19 RESPONSE REQUIREMENTS.</p> <p>IN CONJUNCTION WITH THE CHNA, IU HEALTH INC.'S BOARD ADOPTED AN IMPLEMENTATION STRATEGY IN APRIL 2019 RELATED TO THE 2018 CHNA. IU HEALTH INC. PRIORITIZED AND DETERMINED WHICH OF THE COMMUNITY HEALTH NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA WERE MOST CRITICAL FOR IT TO ADDRESS.</p> <p>IU HEALTH INC. INCLUDES IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR CHILDREN AT IU HEALTH, AND IU HEALTH SAXONY. THE FIRST THREE HOSPITALS MAKE UP THE ACADEMIC HEALTH CENTER (AHC).</p> <p>IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL WILL ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS BETWEEN 2019 AND 2021:</p> <ol style="list-style-type: none"> 1. ACCESS TO HEALTHCARE SERVICES 2. DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS)* 3. HEALTHCARE AND SOCIAL SERVICES FOR SENIORS 4. MENTAL HEALTH* 5. OBESITY AND DIABETES 6. SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE 7. SOCIAL DETERMINANTS OF HEALTH 8. OTHER STATEWIDE CONCERNS: <ol style="list-style-type: none"> A. PUBLIC HEALTH FUNDING B. AIR POLLUTION <p>* IU HEALTH USES THE TERM BEHAVIORAL HEALTH TO REFER TO MENTAL HEALTH AND DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS).</p> <p>THE IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEEDS INCLUDES THE FOLLOWING:</p> <p>ACCESS TO HEALTHCARE SERVICES; SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE</p> <p>-PROVIDE HEALTH SCREENINGS IN THE COMMUNITY: DUE TO THE CORONAVIRUS PANDEMIC, MANY IN PERSON, COMMUNITY ACTIVITIES WERE CANCELED DUE TO SOCIAL DISTANCING AND COMMUNITY GATHERING RESTRICTIONS. THIS IMPACTED IU HEALTH INC.'S ABILITY TO OFFER HEALTH SCREENINGS FROM MARCH TO DECEMBER 2020. DURING THIS TIME, OTHER COMMUNITY NEEDS WERE IDENTIFIED INCLUDING GREATER URGENCY IN INCREASING THE NUMBER OF PEOPLE VACCINE FOR THE FLU, ESPECIALLY IN UNDERSERVED COMMUNITIES. FROM OCTOBER TO NOVEMBER 2020 EIGHT DRIVE-THROUGH FLU SHOT EVENTS WERE CONDUCTED AT SIX DIFFERENT LOCATIONS. IU HEALTH INC. PARTNERED WITH SIX DIFFERENT COMMUNITY-BASED AND FAITH-BASED ORGANIZATIONS THAT SERVED AND/OR REPRESENTED UNDERSERVED COMMUNITIES. VACCINATION WAS FREE FOR COMMUNITY MEMBERS.</p> <p>BEHAVIORAL HEALTH</p> <p>-IMPLEMENT SUBSTANCE ABUSE PROGRAMMING: THE IU HEALTH METHODIST HOSPITAL ADDICTION TREATMENT & CHRONIC PAIN RECOVERY CENTER PROVIDES AN INTENSIVE OUTPATIENT PROGRAM. THE PROVIDER TEAM INCLUDES PHYSICIANS, NURSE PRACTITIONERS, REGISTERED NURSES, THERAPISTS, RECOVERY COACHES, PHYSICAL THERAPISTS AND YOGA INSTRUCTORS AND ART THERAPISTS. SERVICES INCLUDE GROUP PSYCHOTHERAPY, 12-STEP PROGRAM EDUCATION, AND CONNECTION TO THE RECOVERY COMMUNITY, DETOX SERVICES, MEDICATION-ASSISTED TREATMENT, RECOVERY COACHING, CASE MANAGEMENT, INDIVIDUAL THERAPY, FAMILY THERAPY, RELAPSE PREVENTION SKILLS, MOTIVATIONAL INTERVIEWING, MINDFULNESS/MEDITATION, EXERCISE THERAPY/YOGA, ART THERAPY, SPIRITUALITY SESSIONS AND AFTERCARE. TO HELP LESSEN THE SPREAD OF COVID-19 AND FOR THE SAFETY OF PATIENTS, VIRTUAL CARE WAS AVAILABLE TO PATIENTS.</p> <p>-WORK WITH COMMUNITY ORGANIZATIONS TO DETERMINE ROLES IN PROGRAMMING: IN 2020, THE COMMUNITY BENEFIT GRANT PROGRAM AWARDED FUNDING TO COMMUNITY-BASED ORGANIZATIONS INCLUDING COBURN PLACE, REACH FOR YOUTH, VOLUNTEERS OF AMERICA OHIO & INDIANA (FRESH START RECOVERY), ST. MONICA CATHOLIC CHURCH, AND CENTRAL INDIANA COMMUNITY FOUNDATION: SUMMER YOUTH PROGRAM FUND TO PROVIDE A VARIETY OF SERVICES INCLUDING SUPPORT GROUPS, INDIVIDUAL AND FAMILY COUNSELING, AND RESIDENTIAL ADDICTIONS TREATMENT. MANY OF THESE ORGANIZATIONS PROVIDE SERVICES TO UNDER AND UNINSURED INDIVIDUALS.</p> <p>OBESITY AND DIABETES</p> <p>-PERFORM COOKING DEMONSTRATIONS, FOOD PREPARATION AND TASTING, NUTRITION EDUCATION AND PLANNING, AND TIPS FOR SHOPPING ECONOMICALLY FOR HEALTHY FOODS: IU HEALTH POPULATION HEALTH LAUNCHED A PILOT FOR THE "FRESH FOOD TO YOU" PROGRAM IN NOVEMBER OF 2020. THE PILOT ENROLLED 16 PATIENTS AND SPANNED 3 MONTHS AND ENDED IN FEBRUARY OF 2021. DIABETIC PATIENTS WITH A PROVIDER AT IUH'S EAST WASHINGTON CLINIC WERE OUTREACHED IF THEY HAD A SPECIFIC HEMOGLOBIN A1C OF AND REPORTED BEING FOOD INSECURE. ADDITIONALLY, THE CLINICAL DIETETICS DEPARTMENT WAS WORKING TOWARDS A PLAN TO DEDICATE VOLUNTEER HOURS TO COOKING DEMONSTRATIONS IN THE COMMUNITY; HOWEVER, DUE TO STAFF CAPACITY AND COVID-19 RESTRICTIONS THEY WERE NOT ABLE TO MAKE ANY PROGRESS.</p>

Return Reference - Identifier	Explanation
	<p>-COLLABORATE WITH LOW-INCOME COMMUNITY HOUSING PROJECTS, COMMUNITY ORGANIZATIONS, AND FAITH-BASED ORGANIZATIONS TO REACH TARGET POPULATION: IN 2020, THE COMMUNITY BENEFIT GRANT PROGRAM AWARDED FUNDING TO COMMUNITY-BASED ORGANIZATIONS INCLUDING YMCA OF GREATER INDIANAPOLIS, INDY PUBLIC SAFETY FOUNDATION, MARION COUNTY PUBLIC HEALTH DEPARTMENT - FRESH BUCKS AND PRODUCE RX, AND CENTRAL INDIANA COMMUNITY FOUNDATION: SUMMER YOUTH PROGRAM FUND TO SUPPORT A VARIETY OF PROGRAMS AND INITIATIVES INCLUDING A PUBLIC AWARENESS CAMPAIGN HIGHLIGHTING THE RELATIONSHIP BETWEEN SUGARY DRINKS AND POOR HEALTH OUTCOMES; PHYSICAL ACTIVITY IN PARKS AND SCHOOLS; EARLY CHILDHOOD EDUCATION; HEALTHY FOOD ACCESS; AND THE PURCHASE OF FRESH FRUITS AND VEGETABLES AT FARMERS MARKETS.</p> <p>SOCIAL DETERMINANTS OF HEALTH</p> <p>-EXPAND THE MEDICAL-LEGAL PARTNERSHIP (MLP): IN 2020, THE MLP COMPLETED 36 INTAKE INTERVIEWS. OF THE NEWLY OPENED CASES, THE LEGAL TYPE INCLUDED PRIVATE LANDLORD/TENANT CASES; SOCIAL SECURITY APPLICATION/APPEAL CASES; GUARDIANSHIP ESTATES CASES; DOMESTIC VIOLENCE/PROTECTIVE ORDERS CASES; ADVANCE DIRECTIVES/POWER OF ATTORNEY CASES; LAST WILLS AND TESTAMENTS CASES; SOCIAL SECURITY BENEFIT CASES; MINOR GUARDIANSHIP CASES; DIVORCE CASES; AND CUSTODY/VISITATION CASES. 1,103 HOURS WERE COLLECTIVELY ATTRIBUTABLE DIRECTLY TO THE UNIVERSITY-METHODIST MLP PROJECTS.</p> <p>-HELP INDIVIDUALS AND FAMILIES IN NEED OF SUPPORT CONNECT TO RESOURCES AVAILABLE IN THE INDIANAPOLIS COMMUNITY: IU HEALTH INC. LAUNCHED AUNT BERTHA, AN ONLINE PLATFORM FOR FINDING AND CONNECTING TO SOCIAL SERVICES ACROSS INDIANA AND THE UNITED STATES. ALL PROGRAMS THAT APPEAR ON THE AUNT BERTHA SITE ARE OFFERED FOR FREE OR AT A REDUCED COST AND WILL HELP ADDRESS PATIENTS' SOCIAL DETERMINANTS OF HEALTH NEEDS. IN 2020, AUNT BERTHA WAS ROLLED OUT TO THE REGIONS IN THE IU HEALTH SYSTEM. IT IS AVAILABLE FOR PATIENTS AND ALL IUH EMPLOYEES TO USE. THERE HAVE BEEN 3,400 SESSIONS AND 2,443 SEARCHES ON THE IU HEALTH AUNT BERTHA PLATFORM IN THE LAST 90 DAYS. ALSO IN 2020, THE COMMUNITY BENEFIT GRANT PROGRAM AWARDED FUNDING TO THE INDY HUNGER NETWORK TO SUPPORT COMMUNITY COMPASS, MULTIPLATFORM TECHNOLOGY THAT CONNECTS MARION COUNTY RESIDENTS TO INFORMATION ABOUT AVAILABLE FOOD ASSISTANCE, INCLUDING BOTH SCREENING QUESTIONS FOR FEDERAL NUTRITION PROGRAMS AND LOCATION INFORMATION FOR CHARITABLE FOOD ASSISTANCE, WIC CLINICS, AND SNAP AND WIC RETAIL LOCATIONS.</p> <p>-WORK WITH COMMUNITY ORGANIZATIONS TO DETERMINE ROLES IN PROGRAMMING TO PROVIDE HOUSING RESOURCES TO LOW-INCOME COMMUNITY MEMBERS: IN 2020, THE COMMUNITY BENEFIT GRANT PROGRAM AWARDED FUNDING TO COMMUNITY-BASED ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION, DAYSPRING, AND FAMILY PROMISE OF GREATER INDIANAPOLIS TO SUPPORT PEOPLE LIVING ON THE STREETS AND IN EMERGENCY SHELTER; BUILD HOUSING FOR LOW-INCOME FAMILIES; PEOPLE WHO DO NOT HAVE SHELTER; AND PROVIDE AN APARTMENT SHELTER PROGRAM.</p> <p>NEEDS NOT BEING ADDRESSED</p> <p>-HEALTHCARE AND SOCIAL SERVICES FOR SENIORS -FUNDING FOR PUBLIC HEALTH -AIR POLLUTION</p> <p>IU HEALTH METHODIST HOSPITAL AND IU HEALTH UNIVERSITY HOSPITAL ARE UNABLE TO ADDRESS THE COMMUNITY HEALTH NEEDS BECAUSE THEY DO NOT RELATE DIRECTLY TO THE HOSPITALS' MISSION TO DELIVER HEALTHCARE OR THERE ARE LIMITED RESOURCES TO ADDRESS THE NEED. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AGENCIES AND/OR COMMUNITY ORGANIZATIONS HAVE THE MOST APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS THE NEEDS.</p> <p>RILEY HOSPITAL FOR CHILDREN AT INDIANA UNIVERSITY HEALTH (RILEY) WILL ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS BETWEEN 2019 AND 2021:</p> <ol style="list-style-type: none"> 1. MATERNAL AND INFANT HEALTH 2. MENTAL HEALTH* 3. OBESITY AND ACCESS TO HEALTHY FOOD 4. POVERTY AND OTHER SOCIAL DETERMINANTS OF HEALTH 5. SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE 6. VIOLENCE AND INJURIES 7. OTHER STATEWIDE CONCERNS: <ol style="list-style-type: none"> A. PUBLIC HEALTH FUNDING B. AIR POLLUTION

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH (CONT.)</p> <p>DESCRIPTION: *IU HEALTH USES THE TERM BEHAVIORAL HEALTH TO REFER TO MENTAL HEALTH.</p> <p>THE IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEEDS NOTED ABOVE INCLUDES THE FOLLOWING:</p> <p>MATERNAL AND INFANT HEALTH</p> <p>-CONTINUE TO COLLABORATE WITH THE MARION COUNTY PUBLIC HEALTH DEPARTMENT IN CONDUCTING THE FETAL INFANT MORTALITY REVIEW (FIMR): THE FIMR IS AN ONGOING PROGRAM THAT OCCURS ON AN AS-NEEDED BASIS. THIS REVIEW OCCURS IN PARTNERSHIP WITH THE MARION COUNTY PUBLIC HEALTH DEPARTMENT AND THE INDIANA DEPARTMENT OF HEALTH. RILEY STAFF VOLUNTEER THEIR TIME AND EXPERTISE TO THE FIMR.</p> <p>-PROVIDE CONTINUING EDUCATION TO PRIMARY CARE PROVIDERS IN INDIANA REGARDING SAFE SLEEP AND AVAILABLE RESOURCES: IN 2020, THE OFFERING OF SAFE SLEEP 'CLASSES' WAS SHIFTED TO APPOINTMENT-BASED CONSULTATIONS (I.E., WELCOMING ANYONE REFERRED FROM THE COMMUNITY). THIS WAS LARGELY DUE TO GRANT FUNDING AND AVAILABLE RESOURCES. HOWEVER, COVID-19 DRASTICALLY LIMITED RILEY'S ABILITY TO SERVE THE COMMUNITY, DUE TO THE HOSPITAL'S VISITOR RESTRICTIONS AND THE RILEY SAFETY STORE BEING CLOSED TO THE GENERAL PUBLIC (THE PLACE WHERE THE APPOINTMENTS TOOK PLACE).</p> <p>-PROVIDE LACTATION TRAINING, CHILDCARE EDUCATION AND WELL-BABY CHECKS FOR NEW MOTHERS IN THE COMMUNITY: FOR 2020, RILEY PROVIDED 5 OUTPATIENT LACTATION CONSULTATIONS. DUE TO THE COVID-19 PANDEMIC, AFTER MARCH THE CONSULTATIONS COULD NOT BE DONE IN PERSON WHICH MAY HAVE IMPACTED THE NUMBER OF CONSULTATIONS COMPLETED.</p> <p>OBESITY AND ACCESS TO HEALTHY FOOD</p> <p>-COLLABORATE WITH LOW-INCOME COMMUNITY HOUSING PROJECTS COMMUNITY ORGANIZATIONS, AND FAITH-BASED ORGANIZATIONS TO REACH TARGET POPULATION: IN 2020, THE COMMUNITY BENEFIT GRANT PROGRAM PROVIDED FUNDING TO COMMUNITY-BASED ORGANIZATIONS INCLUDING LAWRENCE COUNTY COMMUNITY GARDENS, GLEANERS, AND FLANNER HOUSE TO PROVIDE FRESH, LOCALLY GROWN FRUIT AND VEGETABLES TO FOOD DESSERTS; INCREASE THE VOLUME OF FRESH FOOD DISTRIBUTED TO THE COMMUNITY; AND DELIVER HEALTHY MEALS TO PEOPLE WHO ARE FOOD INSECURE.</p> <p>-IMPLEMENT THE 5-2-1-0 PROGRAM IN COLLABORATION WITH LOCAL ORGANIZATIONS: RILEY PROVIDED A GRANT TO JUMP IN FOR HEALTHY KIDS (JUMP IN) IN 2020. THE ORGANIZATION HAS PARTNERED WITH MORE THAN TWO DOZEN ORGANIZATIONS TO INTEGRATE 5-2-1-0 PROGRAMMING AND MESSAGING INTO THEIR CURRICULA AND COMMUNICATIONS FOR KIDS AND FAMILIES. TO MEASURE THE LEVEL OF 5-2-1-0 EDUCATION, IN 2020 JUMP IN ESTABLISHED A TIERED SYSTEM OF INTEGRATION: GOLD, SILVER AND BRONZE LEVELS. THEY DID NOT HAVE THEIR NUMBERS REACHED FOR 2020 YET BUT ANTICIPATE THEY WILL BE LOWER THAN IN PREVIOUS YEARS DUE TO RESTRICTIONS FROM COVID-19 ON SCHOOL PROGRAMS AND EXTRA-CURRICULAR ACTIVITIES.</p> <p>SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE; BEHAVIORAL HEALTH</p> <p>-PATIENTS, FAMILY MEMBERS AND CAREGIVERS OF RILEY PATIENTS WILL BE SCREENED FOR USE OF TOBACCO PRODUCTS, INCLUDING VAPING. THOSE WHO SCREEN POSITIVE WILL BE COUNSELED REGARDING MEDICAL RISKS TO SELF AND/OR PATIENT AND ASKED IF THEY WANT TO QUIT, OR AT LEAST ABSTAIN WHILE THEIR CHILD IS IN THE HOSPITAL. IF THEY AGREE, THEY WILL RECEIVE COUNSELING FROM A CORE GROUP OF STAFF, ALSO TRAINED AS CERTIFIED TOBACCO TREATMENT SPECIALISTS: THIS PROGRAM WAS NOT IMPLEMENTED IN 2019. PLANNING FOR IMPLEMENTATION WAS STARTED AND THE PROGRAM WAS TO BEGIN IN IN QUARTER 1 OF 2020. HOWEVER, IT DID NOT START DUE TO COVID-19. THERE IS SMOKING CESSATION EDUCATION THAT OCCURS AS PART OF ASTHMA EDUCATION.</p> <p>POVERTY AND OTHER SOCIAL DETERMINANTS OF HEALTH</p> <p>-EXPAND THE MEDICAL-LEGAL PARTNERSHIP (MLP): THE RILEY MLP FINISHED ITS FIRST FULL YEAR HELPING PATIENTS AND FAMILIES WITH THEIR LEGAL NEEDS. THE PROJECT CONTINUED TO ACCEPT REFERRALS AND ENGAGE IN OFF-SITE INVESTIGATIONS AND CASE-HANDLING THIS QUARTER. THE CHALLENGES OF THE COVID-19 PANDEMIC CONTINUE TO AFFECT THE RIGHTS OF CLIENTS IN THE INDIANAPOLIS REGION AND ACROSS THE STATE, ESPECIALLY FOR CHILDREN FACING HEALTH-HARMING LEGAL NEEDS. THIS PROJECT SHOWS THE POTENTIAL OF LEGAL INTERVENTIONS LEADING TO IMPROVED HEALTH AND WELLNESS OUTCOMES FOR THE CHILDREN AND FAMILIES SERVED BY RILEY. THIS QUARTER, THE RILEY MLP COMPLETED EIGHT (8) INTAKE INTERVIEWS. OF THOSE NEWLY OPENED CASES, SIX (6) WERE LANDLORD-TENANT OR HOUSING MATTERS, ONE (1) WAS A GUARDIANSHIP CASE, AND ONE (1) WAS A SOCIAL SECURITY APPEAL CASE. SEVEN (7) CASES WERE CLOSED DURING THIS QUARTER. OF THOSE CASES, ALL SEVEN (7) RESULTED IN LEGAL ADVICE OR REPRESENTATION FROM THE MLP (100%). OF THOSE CLOSED CASES, FIVE (5) WERE LANDLORD-TENANT OR HOUSING MATTERS AND TWO (2) WERE SOCIAL SECURITY APPEAL CASES. FOUR (4) CASES REMAIN OPEN/PENDING AT THIS TIME AND WILL CARRY-OVER TO ANOTHER QUARTER. THIS QUARTER, 148.2 HOURS WERE COLLECTIVELY ATTRIBUTED DIRECTLY TO THE PROJECT. 139.5 HOURS OF ATTORNEY TIME WERE SPENT ON RILEY CASES OR ACTIVITIES.</p> <p>VIOLENCE AND INJURIES</p> <p>-PROVIDE FREE SAFE SITTER CLASSES TO GROUPS OF LOW-INCOME YOUTH: RILEY WAS UNABLE TO HOLD CLASSES IN THE COMMUNITY AT PLACES SUCH AS BRIGHTWOOD AND MLK COMMUNITY CENTER DUE TO COVID-19.</p> <p>NEEDS NOT BEING ADDRESSED</p> <p>-HEALTHCARE AND SOCIAL SERVICES FOR SENIORS -FUNDING FOR PUBLIC HEALTH -AIR POLLUTION</p>

Return Reference - Identifier	Explanation
	<p>RILEY IS UNABLE TO ADDRESS THE COMMUNITY HEALTH NEEDS BECAUSE THEY DO NOT RELATE DIRECTLY TO THE HOSPITALS' MISSION TO DELIVER HEALTHCARE OR THERE ARE LIMITED RESOURCES TO ADDRESS THE NEED. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AGENCIES AND/OR COMMUNITY ORGANIZATIONS HAVE THE MOST APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS THE NEEDS.</p> <p>IU HEALTH SAXONY HOSPITAL</p> <p>COMMUNITY HEALTH NEEDS LISTED BY CATEGORY ARE BEING ADDRESSED BETWEEN 2019 AND 2021 FOR THE IU HEALTH SAXONY HOSPITAL:</p> <ol style="list-style-type: none"> 1. ACCESS TO HEALTHCARE SERVICES 2. DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL)* 3. FOOD INSECURITY 4. HEALTHCARE AND SOCIAL SERVICES FOR SENIORS 5. MENTAL HEALTH* 6. OBESITY AND DIABETES 7. SOCIAL DETERMINANTS OF HEALTH <p>*IU HEALTH USES THE TERM BEHAVIORAL HEALTH TO REFER TO MENTAL HEALTH AND DRUG AND SUBSTANCE ABUSE (INCLUDING OPIOIDS).</p> <p>THE IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEEDS NOTED ABOVE INCLUDES THE FOLLOWING:</p> <p>ACCESS TO HEALTHCARE SERVICES AND SOCIAL DETERMINANTS OF HEALTH</p> <ul style="list-style-type: none"> -PROVIDE FUNDING FOR LOCAL FREE/LOW-COST CLINICS. -ENCOURAGE IU HEALTH TEAM MEMBERS TO ASSIST IN STAFFING THE CLINICS -INVEST IN THE PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY (PHHC) TO ENCOURAGE COLLABORATION AMONG AREA HEALTH ORGANIZATIONS [THIS STRATEGY ALSO ADDRESSES BEHAVIORAL HEALTH AND HEALTHCARE & SOCIAL SERVICES FOR SENIORS] -DEVELOP PROGRAMS AND STRATEGIES IN COLLABORATION WITH PHHC TO IMPROVE THE OVERALL HEALTH OF HAMILTON COUNTY RESIDENTS AND EMPLOYEES -PARTICIPATE IN PHHC COMMITTEES RELATED TO PERTINENT CHNA PRIORITIES. -PROVIDE AN INDIVIDUAL SOLUTIONS COORDINATOR TO HELP PATIENTS REGISTER FOR HEALTH INSURANCE.) -SIX IU HEALTH PROVIDERS, PHARMACISTS, NURSES AND LANGUAGE INTERPRETERS STAFFED TRINITY FREE CLINIC FOR OVER 31 HOURS TO HELP INCREASE ACCESS TO HEALTHCARE SERVICES FOR UNDER- AND UNINSURED INDIVIDUALS IN 2020. IU HEALTH SAXONY ALSO PROVIDED SUPPORT TO THE PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY TO ASSIST THEIR OPERATIONS AND STRATEGIC PLAN TO IMPROVE THE HEALTH OF THE COMMUNITY. IN 2020, PHHC HELPED TO CREATE THE HAMILTON COUNTY FREE MEDICAL CLINIC COLLABORATIVE, WHICH IS COMPRISED OF THE FREE CLINICS LOCATED IN THE COUNTY. THIS GROUP FOCUSES ON UNIFYING EFFORTS TO ENSURE THAT FREE/LOW COST HEALTHCARE SERVICES ARE ALWAYS AVAILABLE AND OFFERED TO THE PUBLIC. ADDITIONALLY, THROUGH THE INDIVIDUAL SOLUTIONS EFFORT, IU HEALTH SAXONY COORDINATORS ASSISTED 30 INDIVIDUALS WITH HEALTH INSURANCE REGISTRATION. 31 PERCENT OF THESE INDIVIDUALS WERE INITIALLY SELF-PAY. -IN 2020, THE COMMUNITY BENEFIT GRANT PROGRAM, IN PARTNERSHIP WITH THE IU HEALTH FOUNDATION, AWARDED FUNDING TO THE FOLLOWING COMMUNITY-BASED ORGANIZATIONS TO PURCHASE EQUIPMENT FOR A MOBILE MEDICAL UNIT, TO PURCHASE FOUR TEMPERATURE SCAN KIOSKS, TO SUPPORT FINANCIAL AND EMOTIONAL WELLBEING SERVICES FOR BREAST CANCER SURVIVORS, TO SUPPORT PHHC'S OPERATIONS TO IMPROVE THE OVERALL HEALTH OF HAMILTON COUNTY RESIDENTS AND EMPLOYEES, AND TO PROVIDE COVID-19 RELIEF. MANY OF THESE ORGANIZATIONS PROVIDE SERVICES TO UNDER- AND UNINSURED INDIVIDUALS. -ASPIRE INDIANA HEALTH -INDIANA WOMEN IN NEED FOUNDATION -PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY -TRINITY FREE CLINIC <p>BEHAVIORAL HEALTH</p> <ul style="list-style-type: none"> -PROVIDE 24/7 PEER COUNSELING VIA TELEMEDICINE FOR PATIENTS WHO PRESENT IN THE EMERGENCY DEPARTMENT [ED] WITH SUBSTANCE ABUSE ISSUES. -PROVIDE TELÉMEDICINE VISITS WITH TRAINED BEHAVIORAL HEALTH CLINICIANS TO PATIENTS WHO PRESENT IN THE ED WITH BEHAVIORAL HEALTH NEEDS -PROVIDE ANNUAL FUNDING TO THE INDIANA CENTER FOR PREVENTION OF YOUTH ABUSE & SUICIDE [ICPYAS] -COLLABORATE WITH ICPYAS TO PROVIDE TRAINING FOR THE COMMUNITY AND IU HEALTH TEAM MEMBERS ON THE RECOGNITION AND PREVENTION OF CHILD SEXUAL ABUSE. -PROVIDE EXECUTIVE SUPPORT FOR BREATHE EASY HAMILTON COUNTY INITIATIVES.)

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH (CONT.)</p> <p>DESCRIPTION: -IN PARTNERSHIP WITH ICPYAS, IU HEALTH ALSO OFFERED TWO VIRTUAL STEWARDS OF CHILDREN CHILD SEXUAL ABUSE TRAININGS FOR IU HEALTH TEAM MEMBERS. 276 COMMUNITY MEMBERS COMPLETED A STEWARDS OF CHILDREN TRAINING IN 2020 AS WELL. FURTHERMORE, PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY SERVED IN THE BREATHE EASY ALLIANCE AND SUPPORTED TOBACCO-FREE INITIATIVES IN HAMILTON COUNTY, SUCH AS IMPROVING THE INDIANA QUITLINE AND SUPPORTING LOCAL ORGANIZATIONS IN THEIR TRANSITIONS TO BECOMING SMOKE-FREE ENVIRONMENTS. -IN 2020, THE COMMUNITY BENEFIT GRANT PROGRAM, IN PARTNERSHIP WITH THE IU HEALTH FOUNDATION, AWARDED FUNDING TO THE FOLLOWING COMMUNITY-BASED ORGANIZATIONS TO SUPPORT THE PROVISION OF VIRTUAL YOUTH ABUSE AND SUICIDE RECOGNITION AND PREVENTION TRAININGS, AND COVID-19 RELIEF EFFORTS. -CHERISH CHILD ADVOCACY CENTER -INDIANA CENTER FOR THE PREVENTION OF YOUTH ABUSE AND SUICIDE</p> <p>FOOD INSECURITY</p> <p>-SUPPORT LOCAL FARMERS' MARKETS THAT PROVIDE ACCESS TO HEALTHY FRUITS AND VEGETABLES. -PROVIDE HEALTHY COOKING DEMONSTRATIONS UTILIZING MARKET PRODUCE. -DUE TO THE CORONAVIRUS PANDEMIC, MANY IN-PERSON, COMMUNITY ACTIVITIES WERE CANCELED DUE TO SOCIAL DISTANCING AND COMMUNITY GATHERING RESTRICTIONS. THIS IMPACTED IU HEALTH SAXONY'S ABILITY TO OFFER HEALTHY COOKING DEMONSTRATIONS DURING THE 2020 FARMERS' MARKETS. NO COOKING DEMONSTRATIONS WERE HELD. -IN 2020, THE COMMUNITY BENEFIT GRANT PROGRAM, IN PARTNERSHIP WITH THE IU HEALTH FOUNDATION, AWARDED FUNDING TO THE GOOD SAMARITAN NETWORK OF HAMILTON COUNTY TO PROVIDE MEALS TO 6,015 LOW-INCOME HOUSEHOLDS DURING THE HOLIDAY SEASON.</p> <p>HEALTHCARE AND SOCIAL SERVICES FOR SENIORS</p> <p>-PROVIDE PHYSICIAN-LED HEALTH SEMINARS TO SENIORS AT PRIMELIFE ENRICHMENT, INC. -PROVIDE FREE FINGER-STICK HEALTH SCREENINGS FOR SENIORS AT PRIMELIFE ENRICHMENT TO MEASURE CHOLESTEROL, TRIGLYCERIDES, GLUCOSE, A1C AND BLOOD PRESSURE, AND PROVIDE EDUCATION TO ENCOURAGE POSITIVE CHANGES TO IMPACT FUTURE SCREENING RESULTS. -PROVIDE FUNDING TO THE SHEPHERD'S CENTER OF HAMILTON COUNTY IN SUPPORT OF ITS REACHING RESOURCES PROGRAM. -PROVIDE IN-HOSPITAL DEMENTIA TRAINING FOR TEAM MEMBERS SO THE HOSPITAL IS ABLE TO CREATE AN ENVIRONMENT THAT IS WELCOMING AND CONDUCIVE FOR THOSE LIVING WITH DEMENTIA. -ONE PHYSICIAN-LED SEMINAR WAS HELD AT PRIMELIFE ENRICHMENT IN 2020. THERE WERE APPROXIMATELY 50 SENIOR CITIZENS IN ATTENDANCE AT THE SEMINAR. SURVEYS WERE GIVEN OUT BEFORE AND AFTER THE SEMINAR TO DETERMINE THE ATTENDEES' INCREASE IN KNOWLEDGE FROM THE PRESENTATION. APPROXIMATELY 90 PERCENT OF THE SENIOR CITIZENS WHO COMPLETED THE SURVEY REPORTED THAT THEY HAD AN INCREASE IN KNOWLEDGE RELATED TO CARDIOVASCULAR HEALTH, WHICH WAS THE TOPIC OF THE SEMINAR. DUE TO THE CORONAVIRUS PANDEMIC, MANY IN-PERSON, COMMUNITY ACTIVITIES WERE CANCELED DUE TO SOCIAL DISTANCING AND COMMUNITY GATHERING RESTRICTIONS. FOR THE SAFETY OF THE SENIOR COMMUNITY AND STAFF MEMBERS, IU HEALTH SAXONY DID NOT HOST HEALTH SCREENINGS IN 2020. IN PARTNERSHIP WITH THE RETAIL PHARMACY, IU HEALTH SAXONY DID HOST A FREE FLU SHOT CLINIC FOR THE SENIOR COMMUNITY AT PRIMELIFE ENRICHMENT, AS THERE WAS AN URGENCY TO INCREASE THE NUMBER OF SENIORS VACCINATED DUE TO COVID-19. TO TAKE TEMPORARY PLACE OF ADDITIONAL IN-PERSON ACTIVITIES, IU HEALTH SENT MONTHLY GERIATRIC HEALTH EDUCATION ARTICLES THAT WERE DISTRIBUTED TO SENIORS VIA THE PRIMELIFE ENRICHMENT COMMUNICATIONS. IU HEALTH SAXONY ALSO TRAINED 43 EMPLOYEES THROUGH THE DEMENTIA FRIENDS INDIANA PROGRAM, WHICH HELPED TO CREATE A DEMENTIA-FRIENDLY ENVIRONMENT IN THE HOSPITAL AND COMMUNITY. FURTHERMORE, PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY PARTICIPATED IN THE REACHING RESOURCES NETWORK AND THE MENTAL HEALTH TASK FORCE FOR OLDER ADULTS IN HAMILTON COUNTY TO DISCUSS TOPICS RELEVANT TO IMPROVING THE QUALITY OF LIFE FOR SENIORS. -IN 2020, THE COMMUNITY BENEFIT GRANT PROGRAM, IN PARTNERSHIP WITH THE IU HEALTH FOUNDATION, AWARDED FUNDING TO THE SHEPHERD'S CENTER OF HAMILTON COUNTY TO PROVIDE SENIOR SUPPORT SERVICES AND TO SUPPORT THEIR COVID-19 CRISIS RESPONSE PLAN.</p> <p>OBESITY AND DIABETES AND SOCIAL DETERMINANTS OF HEALTH</p> <p>-COLLABORATE WITH THE MAX CHALLENGE OF FISHERS TO PROVIDE 100 HAMILTON COUNTY RESIDENTS WITH A FREE 10-WEEK PROGRAM TO IMPROVE THEIR OVERALL HEALTH THROUGH FITNESS AND NUTRITION; PROVIDE THREE HEALTH SCREENINGS DURING THE 10-WEEK PROGRAM TO MEASURE CHANGES IN CHOLESTEROL, TRIGLYCERIDES, GLUCOSE, A1C, BLOOD PRESSURE, WEIGHT AND BODY MASS INDEX [BMI]. -COLLABORATE WITH PARKS DEPARTMENTS TO MAKE LOCAL PARK IMPROVEMENTS, THUS ENCOURAGING GREATER PHYSICAL ACTIVITY IN THE PARKS. -100 HAMILTON COUNTY RESIDENTS WERE SELECTED TO PARTICIPATE IN THE 2020 FRESH & FIT PROGRAM. THE 10-WEEK FITNESS AND NUTRITION PROGRAM WAS EXTENDED OUT AN ADDITIONAL FIVE WEEKS TO ACCOMMODATE FITNESS CENTER CLOSURES AND COVID-19 SAFETY GUIDELINES. ONLY TWO OUT OF THREE HEALTH SCREENINGS WERE HOSTED, AS THE SECOND SCREENING WAS CANCELLED DUE TO HOSPITAL COVID-19 RESTRICTIONS. 51 PERCENT OF THE 2020 PARTICIPANTS COMPLETED THE PROGRAM AND EXPERIENCED A VARIETY OF HEALTH BENEFITS THROUGHOUT THE CHALLENGE, SUCH AS IMPROVEMENTS IN THEIR CHOLESTEROL, A1C, GLUCOSE AND BLOOD PRESSURE LEVELS. FOR EXAMPLE, 89 PERCENT OF PARTICIPANTS WHO HAD UNHEALTHY A1C MEASUREMENTS (ABOVE 5.7) LOWERED THEIR LEVELS. THE AVERAGE AMOUNT OF WEIGHT LOST IN THE 2020 PROGRAM WAS 12.9 POUNDS PER PERSON. PARTICIPANTS ALSO EXPERIENCED A VARIETY OF HEALTH IMPROVEMENTS, SUCH AS BETTER SLEEP, ENERGY, MOOD AND JOINT PAIN. FROM THE POST-PROGRAM SURVEY THAT WAS SENT TO ALL 2020 PARTICIPANTS, 67 PERCENT OF RESPONDENTS CONTINUE TO EXERCISE REGULARLY, AND 58 PERCENT CONTINUE TO FOLLOW A NUTRITION PLAN SEVERAL MONTHS AFTER COMPLETING THE PROGRAM. IN 2020, IU HEALTH SAXONY ALSO PARTNERED WITH HAMILTON COUNTY PARKS AND RECREATION FOR THE ANNUAL DAYS OF SERVICE EVENTS. IU HEALTH TEAM MEMBERS PARTICIPATED IN PARK IMPROVEMENT PROJECTS TO BOOST PHYSICAL ACTIVITY IN THE PARKS, SUCH AS MULCHING PLAYGROUNDS, PLANTING TREES AND NATIVE SPECIES, SPREADING RIVER ROCK, PICKING UP GARBAGE AND PROVIDING GENERAL PARK MAINTENANCE.</p>

Return Reference - Identifier	Explanation
	<p data-bbox="384 134 1526 201">-IN 2020, THE COMMUNITY BENEFIT GRANT PROGRAM AWARDED FUNDING TO MUDSOCK YOUTH ATHLETICS TO PROVIDE SCHOLARSHIPS FOR LOW-INCOME FAMILIES TO ENROLL THEIR CHILDREN IN LOCAL YOUTH SPORTS LEAGUES.</p> <p data-bbox="384 218 1515 264">IU HEALTH SAXONY HOSPITAL IS ADDRESSING ALL THE COMMUNITY HEALTH NEEDS BASED ON THEIR 2018 CHNA.</p>
<p data-bbox="94 296 334 384">SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR DISCOUNTED CARE</p>	<p data-bbox="384 296 698 342">FACILITY NAME: INDIANA UNIVERSITY HEALTH</p> <p data-bbox="384 359 1511 426">DESCRIPTION: IN ADDITION TO FPG, IU HEALTH MAY TAKE INTO CONSIDERATION A PATIENT'S INCOME AND/OR ABILITY TO PAY IN THE CALCULATION OF A FINANCIAL ASSISTANCE AWARD.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH</p> <p>DESCRIPTION: IU HEALTH TAKES INTO CONSIDERATION SEVERAL OTHER FACTORS IN DETERMINING PATIENT ELIGIBILITY FOR FINANCIAL ASSISTANCE. THESE FACTORS INCLUDE THE FOLLOWING:</p> <p>1. ELIGIBILITY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP</p> <p>IN ORDER TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY, A PATIENT OR GUARANTOR MUST: - SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION WITH ALL SUPPORTING DOCUMENTATION AND BE APPROVED IN ACCORDANCE WITH THIS POLICY; - BE AN INDIANA RESIDENT AS DEFINED IN THIS POLICY; AND - IF UNINSURED, CONSULT WITH A MEMBER OF IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT TO DETERMINE IF HEALTH CARE COVERAGE MAY BE OBTAINED FROM A GOVERNMENT INSURANCE OR ASSISTANCE PRODUCT, THE HEALTH INSURANCE MARKETPLACE, OR FROM ANY OTHER SOURCE OF COVERAGE.</p> <p>FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP IS ONLY AVAILABLE FOR ENCOUNTERS WHERE CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY.</p> <p>2. FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP</p> <p>THE FPL INCOME THRESHOLD UNDER THIS SECTION IS AS FOLLOWS: -IF ONE OR MORE ADULTS AND ZERO DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 200%. -IF TWO OR MORE ADULTS AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 250%. -IF ONE ADULT AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 300%.</p> <p>IN SOME INSTANCES, AN ADULT WILL ALSO QUALIFY AS A DEPENDENT. WHEN THIS OCCURS, IU HEALTH WILL TREAT THE ADULT AS A DEPENDENT FOR PURPOSES OF THE FPL CALCULATION.</p> <p>IU HEALTH WILL UTILIZE THE MOST RECENT FPL DATA AVAILABLE AND WILL APPLY THE FPL DATA TO A PATIENT OR GUARANTOR'S ACCOUNT BALANCE BASED UPON THE CALENDAR DATE A COMPLETED FINANCIAL ASSISTANCE APPLICATION WAS RECEIVED, NOT A PATIENT'S DATE OF SERVICE.</p> <p>AN UNINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF GROSS CHARGES IF APPROVED.</p> <p>AN UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF PATIENT RESPONSIBILITY IF APPROVED.</p> <p>3. FINANCIAL ASSISTANCE DUE TO PERSONAL HARDSHIP</p> <p>AN UNINSURED OR UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS ABOVE THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE IF THE PATIENT'S OUTSTANDING PATIENT RESPONSIBILITY EXCEEDS 20% OF THE PATIENT'S OR THEIR GUARANTOR'S ANNUAL HOUSEHOLD INCOME. -IF APPROVED, THE PATIENT'S BALANCE WILL BE REDUCED TO 20% OF THE PATIENT OR GUARANTOR'S ANNUAL HOUSEHOLD INCOME OR THE AMOUNTS GENERALLY BILLED, WHICHEVER IS LESS. -IU HEALTH WILL WORK WITH THE PATIENT OR GUARANTOR TO IDENTIFY A REASONABLE PAYMENT PLAN ON THE REMAINDER OF THE BALANCE.</p> <p>4. ELIGIBILITY PERIOD</p> <p>IF APPROVED FOR FINANCIAL ASSISTANCE BY IU HEALTH, THE PATIENT WILL BE GUARANTEED FINANCIAL ASSISTANCE FOR TREATMENT RELATED TO THE UNDERLYING CONDITION, FOR WHICH THE PATIENT WAS ORIGINALLY SCREENED AND APPROVED, THROUGH THE REMAINDER OF THE CALENDAR YEAR.</p> <p>AS A CONDITION OF EXTENDING THE ON-GOING FINANCIAL ASSISTANCE, THE PATIENT MUST COMPLY WITH REQUESTS FROM IU HEALTH TO VERIFY THAT THE PATIENT CONTINUES TO MEET THE CONDITIONS FOR QUALIFICATION.</p> <p>5. APPEALS AND ASSISTANCE GRANTED BY THE FINANCIAL ASSISTANCE COMMITTEE</p> <p>THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW AND MAKE DETERMINATIONS ON ALL REQUESTS FOR APPEALS RELATED TO FINANCIAL ASSISTANCE. IF A PATIENT OR GUARANTOR SEEKS TO APPEAL A FINANCIAL ASSISTANCE DETERMINATION, A WRITTEN REQUEST MUST BE SUBMITTED, ALONG WITH THE SUPPORTING DOCUMENTATION.</p> <p>THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW REQUESTS FOR AND MAY GRANT ADDITIONAL FINANCIAL ASSISTANCE, INCLUDING BUT NOT LIMITED TO, THE FOLLOWING: -ASSISTANCE TO PATIENTS WHO ARE SEEKING TREATMENT THAT CAN ONLY BE PROVIDED IN INDIANA BY IU HEALTH OR WHO WOULD BENEFIT FROM CONTINUED MEDICAL SERVICES FROM IU HEALTH FOR CONTINUITY OF CARE; -CARE APPROVED BY THE IU HEALTH CHIEF MEDICAL OFFICER (CMO) OR THE CHIEF EXECUTIVE OFFICER (CEO) OR CMO OF AN IU HEALTH FACILITY OR REGION, INCLUDING MEDICALLY NECESSARY NON-ELECTIVE SERVICES FOR WHICH NO PAYMENT SOURCE CAN BE IDENTIFIED; -CARE PROVIDED WHEN IT IS KNOWN NO PAYMENT SOURCE EXISTS; -INTERNATIONAL HUMANITARIAN AID; AND -OTHER CARE IDENTIFIED BY THE FINANCIAL ASSISTANCE COMMITTEE THAT FULFILLS THE IU HEALTH MISSION.</p>

Return Reference - Identifier	Explanation
	<p>ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL.</p> <p>6. PRESUMPTIVE ELIGIBILITY</p> <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>IU HEALTH WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY:</p> <ul style="list-style-type: none"> -MEDICAID (ANY STATE) -INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES -HEALTHY INDIANA PLAN -PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) -A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. <p>IU HEALTH WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE.</p> <p>FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES:</p> <ul style="list-style-type: none"> -IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. -IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. -IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH. <p>7. EXHAUSTION OF ALTERNATE SOURCES OF ASSISTANCE</p> <p>PATIENTS MUST EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY INCLUDING, BUT NOT LIMITED TO, MEDICAID.</p> <p>PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE HEALTH INSURANCE POLICY MUST EXHAUST ALL INSURANCE BENEFITS.</p> <ul style="list-style-type: none"> -THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. -IU HEALTH MAY REQUEST PATIENTS SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THE APPROPRIATE INSURANCE PROVIDER BEFORE AWARDED FINANCIAL ASSISTANCE. <p>ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH FACILITY 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.</p> <p>IN THE EVENT FINANCIAL ASSISTANCE HAS ALREADY BEEN GRANTED IN THE ABOVE CIRCUMSTANCES, IU HEALTH RESERVES THE RIGHT TO REVERSE THE FINANCIAL ASSISTANCE DETERMINATION IN AN AMOUNT EQUAL TO THE AMOUNT IU HEALTH WOULD BE ENTITLED TO RECEIVE HAD NO FINANCIAL ASSISTANCE BEEN AWARDED.</p> <p>8. PATIENT ASSETS</p> <p>THERE ARE SITUATIONS WHERE A PATIENT OR THEIR GUARANTOR MAY HAVE SIGNIFICANT INCOME OR ASSETS AVAILABLE TO PAY FOR HEALTHCARE SERVICES SUCH AS A LEGAL SETTLEMENT. THE FINANCIAL ASSISTANCE COMMITTEE MAY EVALUATE THE INCOME OR ASSETS IN DETERMINING FINANCIAL HARDSHIP.</p> <p>IU HEALTH MAY REQUIRE A LIST OF ALL PROPERTY OWNED BY THE PATIENT OR GUARANTOR AND ADJUST A FINANCIAL ASSISTANCE DETERMINATION AS A RESULT.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY</p>	<p>FACILITY NAME: INDIANA UNIVERSITY HEALTH</p> <p>DESCRIPTION: IU HEALTH TAKES SEVERAL OTHER MEASURES TO BROADLY PUBLICIZE ITS FAP WITHIN THE COMMUNITY. THESE MEASURES INCLUDE THE FOLLOWING:</p> <ol style="list-style-type: none"> 1.POST THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION ON ITS WEBSITE. 2.PROVIDE PATIENTS WITH A PLAIN LANGUAGE SUMMARY OF THIS POLICY DURING REGISTRATION AND/OR DISCHARGE. 3.POST CONSPICUOUS DISPLAYS IN APPROPRIATE ACUTE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS AND REGISTRATION AREAS DESCRIBING THE AVAILABLE ASSISTANCE AND DIRECTING ELIGIBLE PATIENTS TO THE FINANCIAL ASSISTANCE APPLICATION. 4.INCLUDE A CONSPICUOUS WRITTEN NOTICE ON ALL PATIENT POST-DISCHARGE BILLING STATEMENTS NOTIFYING THE PATIENT ABOUT THIS POLICY AND THE TELEPHONE NUMBER OF THE CUSTOMER SERVICE DEPARTMENT WHICH CAN ASSIST PATIENTS WITH QUESTIONS REGARDING THIS POLICY. 5.MAKE AVAILABLE CUSTOMER SERVICE REPRESENTATIVES VIA TELEPHONE DURING NORMAL BUSINESS HOURS. 6.MAIL COPIES OF THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND A FINANCIAL ASSISTANCE APPLICATION TO PATIENTS OR THEIR GUARANTOR FREE OF CHARGE UPON REQUEST. 7.BROADLY COMMUNICATE THIS POLICY AS A PART OF ITS GENERAL OUTREACH EFFORTS. 8.EDUCATE PATIENT-FACING TEAM MEMBERS ON THIS POLICY AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

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? 178

Name and address	Type of Facility (describe)
1 INDIANA HAND TO SHLDR BELTWAY SRGRY CTR 8501 HARCOURT RD. INDIANAPOLIS, IN 46260	AMBULATORY SURGERY
2 IU HEALTH EAST WASHINGTON SURGERY CENTER 9660 E. WASHINGTON ST., STE. 200 INDIANAPOLIS, IN 46229	AMBULATORY SURGERY
3 IU HEALTH MERIDIAN SOUTH SURGERY CENTER 8820 S. MERIDIAN ST. INDIANAPOLIS, IN 46217	AMBULATORY SURGERY
4 IU HEALTH MULTI-SPECIALITY SURGERY CTR 10601 N. MERIDIAN ST., SUITE 250 INDIANAPOLIS, IN 46290	AMBULATORY SURGERY
5 IU HEALTH SPRING MILL SURGERY CENTER 10300 N. ILLINOIS ST. SUITES 1300 & 2400 INDIANAPOLIS, IN 46290	AMBULATORY SURGERY
6 IU HEALTH BELTWAY SURGERY CENTER 151 PENNSYLVANIA PKWY. CARMEL, IN 46280	AMBULATORY SURGERY
7 IU HEALTH SPRING MILL SURGERY CENTER 10300 N. ILLINOIS ST., STE. 1300 & 2400 CARMEL, IN 46290	AMBULATORY SURGERY
8 IU HEALTH HOME CARE 950 N. MERIDIAN ST., STE. 700 INDIANAPOLIS, IN 46204	HOME HEALTH
9 IU HEALTH EXPRESSIONS HOME MEDICAL EQUIP 11725 N. ILLINOIS ST., SUITE 485 CARMEL, IN 46032	HOME HEALTH
10 IU HEALTH EXPRESSIONS HOME MEDICAL EQUIP 1701 N. SENATE BLVD. INDIANAPOLIS, IN 46202	HOME HEALTH

Schedule H (Form 990) 2020

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? 178

Name and address	Type of Facility (describe)
1 IU HEALTH BALL MEM OUTPATIENT SURG. CTR 2401 W. UNIVERSITY AVE. MUNCIE, IN 47303	AMBULATORY SURGERY
2 IU HEALTH MORGAN 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	DIAGNOSTIC & OTHER OUTPATIENT
3 IU HEALTH EAGLE HIGHLANDS SURGERY CENTER 6850 PARKDALE PL. INDIANAPOLIS, IN 46254	AMBULATORY SURGERY
4 BELTWAY SURGERY CENTER SPRING MILL 200 W. 103RD ST., STE. 2400 INDIANAPOLIS, IN 46290	AMBULATORY SURGERY
5 SENATE STREET SURGERY CENTER 1801 N. SENATE BLVD. INDIANAPOLIS, IN 46202	AMBULATORY SURGERY
6 IU HEALTH UNIVERSITY RETAIL PHARMACY 550 N. UNIVERSITY BLVD. INDIANAPOLIS, IN 46202	PHARMACY
7 IU HEALTH SAXONY SURGERY CENTER 13100 E. 136TH ST. FISHERS, IN 46037	AMBULATORY SURGERY
8 INDIANA ENDOSCOPY CENTERS 10967 ALLISONVILLE RD., STE. 100 FISHERS, IN 46038	AMBULATORY SURGERY
9 INDIANA ENDOSCOPY CENTERS 1115 N. RONALD REAGAN PKWY., STE. 347 AVON, IN 46123	AMBULATORY SURGERY
10 INDIANA ENDOSCOPY CENTERS 1801 N. SENATE BLVD., STE. 710 INDIANAPOLIS, IN 46202	AMBULATORY SURGERY

Schedule H (Form 990) 2020

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? 178

Name and address	Type of Facility (describe)
1 IU HEALTH CICC - NORTH 10212 LANTERN RD. FISHERS, IN 46038	SPECIALTY CARE
2 IUH BLOOMINGTON HOSPITAL MAIN CAMPUS LAB 601 W. 2ND ST., 1ST FL. BLOOMINGTON, IN 47403	LAB
3 IU HEALTH BALL MEMORIAL HOSPITAL LAB 2401 UNIVERSITY AVE. MUNCIE, IN 47303	LAB
4 IU HEALTH CICC - EAST 6845 RAMA DR. INDIANAPOLIS, IN 46219	SPECIALTY CARE
5 IU HEALTH METHODIST RETAIL PHARMACY 1801 N. SENATE BLVD., STE. 105 INDIANAPOLIS, IN 46202	PHARMACY
6 IU HEALTH ARNETT HOSPITAL LAB 5165 MCCARTY LN. LAFAYETTE, IN 47905	LAB
7 IU HEALTH WEST HOSPITAL LAB 1111 RONALD REAGAN PKWY., SUITE A1110 AVON, IN 46123	LAB
8 GLEN LEHMAN ENDOSCOPY SUITE 550 N. UNIVERSITY BLVD., STE. 4100 INDIANAPOLIS, IN 46202	AMBULATORY SURGERY
9 IU HEALTH NORTH HOSPITAL LAB 11700 N. MERIDIAN ST. CARMEL, IN 46032	LAB
10 IU HEALTH SLEEP DISORDERS CENTER 714 N. SENATE AVE., STE. 110 INDIANAPOLIS, IN 46202	SPECIALTY CARE

Schedule H (Form 990) 2020

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? 178

Name and address	Type of Facility (describe)
1 IU HEALTH HOSPICE 950 N. MERIDIAN ST., STE. 700 INDIANAPOLIS, IN 46204	HOSPICE
2 IU HEALTH METHODIST MEDICAL PLAZA SOUTH 8830 S. MERIDIAN ST. INDIANAPOLIS, IN 46217	DIAGNOSTIC & OTHER OUTPATIENT
3 IU HEALTH SLEEP APNEA EDUCATION CENTER 6004 W. KILGORE AVE. MUNCIE, IN 47304	SPECIALTY CARE
4 IU HEALTH SLEEP DISORDERS CENTER 6004 W. KILGORE AVE. MUNCIE, IN 47304	SPECIALTY CARE
5 IU HEALTH BALL MEMORIAL HOSPICE 2401 W. UNIVERSITY AVE. MUNCIE, IN 47303	HOSPICE
6 IU HEALTH METHODIST MEDICAL PLAZA NORTH 151 PENNSYLVANIA PKWY. INDIANAPOLIS, IN 46280	DIAGNOSTIC & OTHER OUTPATIENT
7 IU HEALTH RILEY RETAIL PHARMACY 705 RILEY HOSPITAL DR., ROC 1201 INDIANAPOLIS, IN 46202	PHARMACY
8 RILEY OUTPATIENT SURGERY CENTER 575 RILEY HOSPITAL DR. INDIANAPOLIS, IN 46202	AMBULATORY SURGERY
9 IU HEALTH SLEEP DISORDERS CENTER 1504 CLINIC DR. BEDFORD, IN 47421	SPECIALTY CARE
10 IU HEALTH SAXONY HOSPITAL LAB 13000 E. 136TH ST. FISHERS, IN 46037	LAB

Schedule H (Form 990) 2020

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? 178

Name and address	Type of Facility (describe)
1 IU HEALTH NORTH RETAIL PHARMACY 11700 N. MERIDIAN ST., STE. B106 CARMEL, IN 46032	PHARMACY
2 IU HEALTH WHITE MEMORIAL HOSPITAL LAB 720 S. 6TH ST. MONTICELLO, IN 47960	LAB
3 IU HEALTH BALL MEMORIAL HOME CARE 2401 W. UNIVERSITY AVE. MUNCIE, IN 47303	HOME HEALTH
4 IU HEALTH SLEEP DISORDERS CENTER 1411 W. COUNTY LINE RD., STE. C GREENWOOD, IN 46142	SPECIALTY CARE
5 IU HEALTH WEST RETAIL PHARMACY 1111 N. RONALD REAGAN PKWY., M105 AVON, IN 46123	PHARMACY
6 IU HEALTH PAOLI HOSPITAL LAB 642 W. HOSPITAL RD. PAOLI, IN 47454	LAB
7 IU HEALTH BLOOMINGTON HOME CARE 333 E. MILLER DR. BLOOMINGTON, IN 47401	HOME HEALTH
8 IU HEALTH ARNETT HOME CARE 3900 MCCARTY LN., STE. 103 LAFAYETTE, IN 47905	HOME HEALTH
9 IU HEALTH SAXONY RETAIL PHARMACY 13100 E. 136TH ST., STE. 1000 FISHERS, IN 46037	PHARMACY
10 IU HEALTH BLACKFORD HOSPITAL LAB 410 PILGRIM BLVD. HARTFORD CITY, IN 47348	LAB

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? 178

Name and address	Type of Facility (describe)
1 IU HEALTH TIPTON HOSPITAL LAB 1000 S. MAIN ST. TIPTON, IN 46072	LAB
2 IU HEALTH RADIOLOGY 9650 E. WASHINGTON ST. INDIANAPOLIS, IN 46229	RADIOLOGY
3 IU HEALTH LIFECARE 1633 N. CAPITAL AVE., STE. 300 INDIANAPOLIS, IN 46202	DIAGNOSTIC & OTHER OUTPATIENT
4 IU HEALTH PHYSICAL THERAPY & REHAB 6866 W. STONEGATE DR., SUITE 106 ZIONSVILLE, IN 46077	REHABILITATION SERVICES
5 IU HEALTH PHYSICAL THERAPY & REHAB 404 E. WASHINGTON ST., STE. B INDIANAPOLIS, IN 46204	REHABILITATION SERVICES
6 IUH ADDICTION TREATMENT & RECOVERY CNTR 727 W. 2ND ST. BLOOMINGTON, IN 47403	BEHAVIORAL HEALTH
7 IUH ADDICTION TREATMENT & RECOVERY CNTR 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	BEHAVIORAL HEALTH
8 IUH ADDICTION TREATMENT & RECOVERY CNTR 1758 W 100 S PORTLAND, IN 47371	BEHAVIORAL HEALTH
9 IUH ADDICTION TREATMENT & RECOVERY CNTR 210 N. TILLOTSON AVE. MUNCIE, IN 47304	BEHAVIORAL HEALTH
10 IU HEALTH OLCOTT CENTER 619 W. 1ST ST. BLOOMINGTON, IN 47403	DIAGNOSTIC & OTHER OUTPATIENT

Schedule H (Form 990) 2020

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? 178

Name and address	Type of Facility (describe)
1 IU HEALTH METHODIST MEDICAL PLAZA 6850 PARKDALE PL. INDIANAPOLIS, IN 46254	DIAGNOSTIC & OTHER OUTPATIENT
2 ADULT AMBULATORY CARE CENTER 550 N. UNIVERSITY BLVD., STE. 3500 INDIANAPOLIS, IN 46202	DIAGNOSTIC & OTHER OUTPATIENT
3 METHODIST MEDICAL PLAZA GEORGETOWN 4880 W. CENTURY PLAZA RD. INDIANAPOLIS, IN 46254	DIAGNOSTIC & OTHER OUTPATIENT
4 IU HEALTH METHODIST MEDICAL TOWER 1633 N. CAPITAL AVE. INDIANAPOLIS, IN 46202	DIAGNOSTIC & OTHER OUTPATIENT
5 IU HEALTH BLOOMINGTON HOSPITAL HOSPICE 619 W. 1ST ST. BLOOMINGTON, IN 47403	HOSPICE
6 IU HEALTH BLOOMINGTON HOSPICE HOUSE 2810 S. DEBORAH DR. BLOOMINGTON, IN 47403	HOSPICE
7 IU HEALTH ARNETT HOSPICE 3900 MCCARTY LN., STE. 104 LAFAYETTE, IN 47905	HOSPICE
8 IU HEALTH ARNETT SOUTHSIDE LAB 1 WALTER SCHOLER DR. LAFAYETTE, IN 47909	LAB
9 IU HEALTH METHODIST MEDICAL TOWER LAB 1633 N. CAPITOL AVE. INDIANAPOLIS, IN 46202	LAB
10 IU HEALTH SPRINGMILL MEDICAL CLINIC LAB 10300 N. ILLINOIS ST., STE. 1400 CARMEL, IN 46290	LAB

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? 178

Name and address	Type of Facility (describe)
1 IUH JOE & SHELLY SCHWARZ CANCER CTR LAB 11700 N. MERIDIAN ST. CARMEL, IN 46032	LAB
2 IU HEALTH FRANKFORT LAB 1300 S. JACKSON ST. FRANKFORT, IN 46041	LAB
3 IUH METHODIST MED PLAZA BROWNSBURG LAB 1375 N. GREEN ST., STE. 200 BROWNSBURG, IN 46112	LAB
4 IU HEALTH BALL MEMORIAL PHYSICIANS LAB 1420 S. PILGRIM BLVD. YORKTOWN, IN 47396	LAB
5 IUH METHODIST MEDICAL PLAZA NORTH LAB 151 PENNSYLVANIA PKWY. CARMEL, IN 46280	LAB
6 IUH METHODIST PROFESSIONAL CENTER LAB 1801 N. SENATE BLVD. INDIANAPOLIS, IN 46202	LAB
7 IU HEALTH MORGAN LAB 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	LAB
8 IU HEALTH ARNETT WESTSIDE LAB 253 SAGAMORE PKWY. W. WEST LAFAYETTE, IN 47906	LAB
9 IU HEALTH ARNETT FERRY ST. LAB 2600 FERRY ST. LAFAYETTE, IN 47904	LAB
10 IU HEALTH ARNETT GREENBUSH LAB 2600 GREENBUSH ST. LAFAYETTE, IN 47904	LAB

Schedule H (Form 990) 2020

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? 178

Name and address	Type of Facility (describe)
1 IU HEALTH BEDFORD HOSPITAL LAB 2900 W. 16TH ST. BEDFORD, IN 47421	LAB
2 IU HEALTH SIP BEDFORD LAB 2900 W. 16TH ST. BEDFORD, IN 47421	LAB
3 IU HEALTH PATHOLOGY LAB 350 W. 11TH ST. INDIANAPOLIS, IN 46202	LAB
4 IU HEALTH ARNETT CANCER CARE LAB 420 N. 26TH ST. LAFAYETTE, IN 47904	LAB
5 IU HEALTH GEORGETOWN MEDICAL PLAZA LAB 4880 CENTURY PLAZA RD., STE. 125 INDIANAPOLIS, IN 46254	LAB
6 ARLINGTON DIAGNOSTIC CENTER LAB 4935 W. ARLINGTON RD. BLOOMINGTON, IN 47404	LAB
7 IU HEALTH JAY HOSPITAL OUTPATIENT LAB 500 W. VOTAW ST. PORTLAND, IN 47371	LAB
8 UNIV HOSP AMBULATORY OUTPATIENT CNTR LAB 550 N. UNIVERSITY BLVD., RM. 1005 INDIANAPOLIS, IN 46202	LAB
9 IU HEALTH LANDMARK OUTPATIENT LAB 550. LANDMARK AVE. BLOOMINGTON, IN 47403	LAB
10 IU HEALTH BETHEL LAB 5501 W. BETHEL AVE., SUITE C MUNCIE, IN 46304	LAB

Schedule H (Form 990) 2020

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? 178

Name and address	Type of Facility (describe)
1 IUH METHODIST MED PLAZA EAGLE HIGHLANDS 6850 PARKDALE PL. INDIANAPOLIS, IN 46254	LAB
2 IU HEALTH MOORESVILLE LAB 820 SAMUEL MOORE PKWY. MOORESVILLE, IN 46158	LAB
3 IUH METHODIST MEDICAL PLAZA SOUTH LAB 8820 S. MERIDIAN ST. INDIANAPOLIS, IN 46217	LAB
4 IUH METHODIST MEDICAL PLAZA EAST LAB 9650 E. WASHINGTON ST. INDIANAPOLIS, IN 46229	LAB
5 IU HEALTH ADVANCED THERAPIES PHARMACY 355 W. 16TH ST., STE. 1600 GH 1074 INDIANAPOLIS, IN 46202	PHARMACY
6 CONNECTED CARE-IU HEALTH SAXONY HOSPITAL 13000 E. 136TH ST., SUITE 3400 FISHERS, IN 46037	PRIMARY CARE
7 IU HEALTH MORGAN WALK-IN 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	PRIMARY CARE
8 IU HEALTH RADIOLOGY 13000 E. 136TH ST. FISHERS, IN 46037	RADIOLOGY
9 IU HEALTH CANCER RADIATION CENTER 9149 STATE RD. 37 BEDFORD, IN 47421	RADIOLOGY
10 IU HEALTH RADIOLOGY 820 SAMUEL MOORE PKWY. MOORESVILLE, IN 46158	RADIOLOGY

Schedule H (Form 990) 2020

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? 178

Name and address	Type of Facility (describe)
1 IU HEALTH RADIOLOGY 362 W. 15TH ST. INDIANAPOLIS, IN 46202	RADIOLOGY
2 IU HEALTH MORGAN RADIOLOGY 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	RADIOLOGY
3 IU HEALTH RADIOLOGY 550 N. UNIVERSITY BLVD., UN 0663 INDIANAPOLIS, IN 46202	RADIOLOGY
4 IU HEALTH RADIOLOGY 893 S. DELAWARE ST., DC 2111 INDIANAPOLIS, IN 46285	RADIOLOGY
5 IU HEALTH RADIOLOGY 404 E. WASHINGTON ST., STE. B INDIANAPOLIS, IN 46204	RADIOLOGY
6 IU HEALTH RADIOLOGY 1801 N. SENATE BLVD., RM. A 1157A INDIANAPOLIS, IN 46202	RADIOLOGY
7 IU HEALTH RADIOLOGY 714 N. SENATE AVE., STE. 100 INDIANAPOLIS, IN 46202	RADIOLOGY
8 IU HEALTH RADIOLOGY 151 PENNSYLVANIA PKWY, SUITE 160 INDIANAPOLIS, IN 46280	RADIOLOGY
9 IU HEALTH RADIOLOGY 2598 W. WHITE RIVER BLVD. MUNCIE, IN 47303	RADIOLOGY
10 IU HEALTH RADIOLOGY 1111 N. RONALD REAGAN PKWY. AVON, IN 46123	RADIOLOGY

Schedule H (Form 990) 2020

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? 178

Name and address	Type of Facility (describe)
1 IU HEALTH RADIOLOGY 1000 S. MAIN ST. TIPTON, IN 46072	RADIOLOGY
2 IU HEALTH RADIOLOGY 1375 N. GREEN ST., STE. 200 BROWNSBURG, IN 46112	RADIOLOGY
3 IU HEALTH RADIOLOGY 11700 N. MERIDIAN ST., STE. 160 CARMEL, IN 46032	RADIOLOGY
4 IUH ADULT SPEECH-LANGUAGE PATHOLOGY 550 N. UNIVERSITY BLVD. INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
5 IUH ADULT PHYSICAL THERAPY & REHAB SRVCS 13000 E. 136TH ST., SUITE 2100 FISHERS, IN 46037	REHABILITATION SERVICES
6 IUH REHAB & SPORTS MEDICINE CENTER EAST 328 S. WOODCREST DR. BLOOMINGTON, IN 47401	REHABILITATION SERVICES
7 IU HEALTH OCCUPATIONAL SERVICES 3443 W. 3RD ST. BLOOMINGTON, IN 47404	REHABILITATION SERVICES
8 IUH REHAB & SPORTS MEDICINE CENTER WEST 2650 COTA DR. BLOOMINGTON, IN 47403	REHABILITATION SERVICES
9 IU HEALTH PHYSICAL THERAPY & REHAB 4935 W. ARLINGTON RD. BLOOMINGTON, IN 47404	REHABILITATION SERVICES
10 IU HEALTH PHYSICAL THERAPY & REHAB 1801 N. SENATE BLVD., STE. 240 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES

Schedule H (Form 990) 2020

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? 178

Name and address	Type of Facility (describe)
1 IUH OCCUP THRPY SVCS AT METHODIST HOSP. 1801 N. SENATE BLVD., STE. 530 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
2 NEUROREHABILITATION AND ROBOTICS 355 W. 16TH ST., STE. 1078 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
3 IU HEALTH OCCUPATIONAL SERVICES 2900 W. 16TH ST. BEDFORD, IN 47421	REHABILITATION SERVICES
4 IU HEALTH MORGAN REHABILITATION 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	REHABILITATION SERVICES
5 IU HEALTH PHYSICAL THERAPY & REHAB 550 N. UNIVERSITY BLVD., RM. 4175 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
6 IUH ADULT PHYSICAL THERAPY & REHAB SVCS 1801 N. SENAE BLVD., STE. 535 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
7 IUH PT, OCCUPATIONAL THRPY& SPEECH THRPY 1300 S. JACKSON ST. FRANKFORT, IN 46141	REHABILITATION SERVICES
8 IU HEALTH PHYSICAL THERAPY & REHAB 2401 W. UNIVERSITY AVE. MUNCIE, IN 47303	REHABILITATION SERVICES
9 IU HEALTH PHYSICAL THERAPY & REHAB 1010 S. MAIN ST., SUITE 110 TIPTON, IN 46072	REHABILITATION SERVICES
10 IU HEALTH PHYSICAL THERAPY & REHAB 9670 E. WASHINGTON ST., STE. 115 INDIANAPOLIS, IN 46229	REHABILITATION SERVICES

Schedule H (Form 990) 2020

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? 178

Name and address	Type of Facility (describe)
1 IU HEALTH PHYSICAL THERAPY & REHAB 2476 E. 116TH ST., G-100 CARMEL, IN 46032	REHABILITATION SERVICES
2 IU HEALTH PHYSICAL THERAPY & REHAB 410 PILGRIM BLVD. HARTFORD CITY, IN 47348	REHABILITATION SERVICES
3 IUH PEDIATRIC PHYSICAL THERAPY & REHAB 6820 PARKDALE PL., STE. 109 INDIANAPOLIS, IN 46254	REHABILITATION SERVICES
4 IU HEALTH PHYSICAL THERAPY & REHAB 14645 HAZEL DELL RD. NOBLESVILLE, IN 46062	REHABILITATION SERVICES
5 IU HEALTH HIP & KNEE CENTER 13000 E. 136TH ST., SUITE 2000 FISHERS, IN 46037	SPECIALTY CARE
6 IU HEALTH ADVANCED HEART & LUNG CARE 1801 N. SENATE BLVD. STE. 2000 INDIANAPOLIS, IN 46202	SPECIALTY CARE
7 IU HEALTH SLEEP APNEA EDUCATION CENTER 601 W. 2ND ST., RM. C1037 BLOOMINGTON, IN 47403	SPECIALTY CARE
8 IU HEALTH SLEEP DISORDERS CENTER 601 W. 2ND ST., RM 24-5 BLOOMINGTON, IN 47403	SPECIALTY CARE
9 IU HEALTH CARDIOVASCULAR SURGERY 707 W. 2ND ST. BLOOMINGTON, IN 47403	SPECIALTY CARE
10 IU HEALTH ADVANCED PAIN CENTER 888 AUTO MALL RD. BLOOMINGTON, IN 47401	SPECIALTY CARE

Schedule H (Form 990) 2020

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? 178

Name and address	Type of Facility (describe)
1 IU HEALTH ORTHOPEDICS & SPORTS MEDICINE 2605 E. CREEK'S EDGE DR. BLOOMINGTON, IN 47401	SPECIALTY CARE
2 IU HEALTH CICC - METHODIST 1701 N. SENATE BLVD., C6 INDIANAPOLIS, IN 46202	SPECIALTY CARE
3 IU HEALTH CICC - SOUTH 8820 S. MERIDIAN ST., SUITE 230 INDIANAPOLIS, IN 46217	SPECIALTY CARE
4 IUH UNIV HOSP INTRVNTNAL& ADV PAIN THRPY 550 N. UNIVERSITY BLVD., STE. 2007 INDIANAPOLIS, IN 46202	SPECIALTY CARE
5 IU HEALTH PRECISION GENOMICS PROGRAM 1030 W. MICHIGAN ST., STE. 3307 INDIANAPOLIS, IN 46202	SPECIALTY CARE
6 IU HEALTH MELVIN & BREN SIMON CANCER CTR 1030 W. MICHIGAN ST. INDIANAPOLIS, IN 46202	SPECIALTY CARE
7 IU HEALTH NEUROSCIENCE CENTER 362 W. 15TH ST. INDIANAPOLIS, IN 46202	SPECIALTY CARE
8 IU HEALTH SLEEP APNEA EDUCATION CENTER 1411 W. COUNTY LINE RD., STE. C GREENWOOD, IN 46142	SPECIALTY CARE
9 IU HEALTH SLEEP DISORDERS CENTER 714 N. SENATE AVE., STE. 110 INDIANAPOLIS, IN 46202	SPECIALTY CARE
10 IU HEALTH SLEEP APNEA EDUCATION CENTER 714 N. SENATE AVE., STE. 110 INDIANAPOLIS, IN 46202	SPECIALTY CARE

Schedule H (Form 990) 2020

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? 178

Name and address	Type of Facility (describe)
1 IU HEALTH SLEEP DISORDERS CENTER 13100 E. 136TH ST., STE. 3200 FISHERS, IN 46037	SPECIALTY CARE
2 IU HEALTH SLEEP DISORDERS CENTER 3900 MCCARTY LN., STE. 101 LAFAYETTE, IN 47905	SPECIALTY CARE
3 IU HEALTH ARNETT SLEEP APNEA EDUC. CTR. 3900 MCCARTY LN., STE. 102 LAFAYETTE, IN 46202	SPECIALTY CARE
4 MIDWEST EYE INSTITUTE 555 COUNTY LINE RD., STE. 102-103 GREENWOOD, IN 46143	SPECIALTY CARE
5 IU HEALTH SLEEP APNEA EDUCATION CENTER 13100 E. 136TH ST., STE. 3200B FISHERS, IN 46037	SPECIALTY CARE
6 IU HEALTH SLEEP DISORDERS CENTER 2209 JOHN R. WOODEN DR. MARTINSVILLE, IN 46151	SPECIALTY CARE
7 IU HEALTH SLEEP DISORDERS CENTER 720 S. 6TH ST. MONTICELLO, IN 47960	SPECIALTY CARE
8 IU HEALTH SLEEP DISORDERS CENTER 1300 S. JACKSON ST. FRANKFORT, IN 46041	SPECIALTY CARE
9 IU HEALTH SLEEP DISORDERS CENTER 500 W. VOTAW ST. PORTLAND, IN 47371	SPECIALTY CARE
10 IU HEALTH SLEEP DISORDERS CENTER 642 W. HOSPITAL RD. TIPTON, IN 47454	SPECIALTY CARE

Schedule H (Form 990) 2020

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? 178

Name and address	Type of Facility (describe)
1 IU HEALTH SLEEP DISORDERS CENTER 1000 S. MAIN ST. AVON, IN 46072	SPECIALTY CARE
2 IU HEALTH SLEEP DISORDERS CENTER 1115 N. RONALD REAGAN PKWY., STE. 305 AVON, IN 46123	SPECIALTY CARE
3 IU HEALTH SLEEP APNEA EDUCATION CENTER 1115 N. RONALD REAGAN PKWY., STE. 317 CARMEL, IN 46123	SPECIALTY CARE
4 IU HEALTH VOICE CENTER 1185 W. CARMEL DR., D-1A CARMEL, IN 46032	SPECIALTY CARE
5 IU HEALTH SLEEP DISORDERS CENTER 11700 N. MERIDIAN ST. CARMEL, IN 46032	SPECIALTY CARE
6 IU HEALTH SLEEP APNEA EDUCATION CENTER 11725 N. ILLINOIS ST., SUITE 485 CARMEL, IN 46032	SPECIALTY CARE
7 IU HEALTH EXECUTIVE HEALTH 11590 N. MERIDIAN ST., SUITE 410 CARMEL, IN 46032	SPECIALTY CARE
8 IU HEALTH SLEEP DISORDERS CENTER 11590 N. MERIDIAN ST., SUITE 300 CARMEL, IN 46032	SPECIALTY CARE
9 IU HEALTH URGENT CARE - BLOOMINGTON 326 S. WOODCREST DR. BLOOMINGTON, IN 47401	URGENT CARE
10 IU HEALTH URGENT CARE - GREENWOOD 996 S. SR 135, SUITE P GREENWOOD, IN 46143	URGENT CARE

Schedule H (Form 990) 2020

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? 178

Name and address	Type of Facility (describe)
1 IU HEALTH URGENT CARE - AVON 10853 E. US HWY 36 AVON, IN 46123	URGENT CARE
2 IU HEALTH URGENT CARE - BROAD RIPPLE 1036 BROAD RIPPLE AVE. INDIANAPOLIS, IN 46220	URGENT CARE
3 IU HEALTH URGENT CARE - DOWNTOWN INDPLS. 222 W. WASHINGTON ST. INDIANAPOLIS, IN 46204	URGENT CARE
4 IU HEALTH URGENT CARE - BROWNSBURG 90 E. GARNER RD., STE. A BROWNSBURG, IN 46112	URGENT CARE
5 IU HEALTH URGENT CARE - NOBLESVILLE 14645 HAZEL DELL ROAD, SUITE 120 NOBLESVILLE, IN 46062	URGENT CARE
6 IU HEALTH URGENT CARE - LAFAYETTE 1 WALTER SCHOLER DR. LAFAYETTE, IN 47909	URGENT CARE
7 IU HEALTH URGENT CARE - FORT WAYNE NORTH 9821 LIMA RD., STE. 103 FORT WAYNE, IN 46818	URGENT CARE
8 IU HEALTH URGENT CARE - WEST LAFAYETTE 253 SAGAMORE PKWY. W. WEST LAFAYETTE, IN 47906	URGENT CARE
9 IU HEALTH URGENT CARE FORT WAYNE - HOPE DRIVE 7411 HOPE DRIVE, SUITE A FORT WAYNE, IN 46815	URGENT CARE
10 	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments 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.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART I, LINE 3C - CRITERIA USED FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE</p>	<p>IU HEALTH USES SEVERAL FACTORS OTHER THAN FEDERAL POVERTY GUIDELINES ("FPG") IN DETERMINING ELIGIBILITY FOR FREE CARE UNDER ITS FAP. THESE FACTORS INCLUDE THE FOLLOWING:</p> <p>1. ELIGIBILITY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP</p> <p>IN ORDER TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY, A PATIENT OR GUARANTOR MUST:</p> <ul style="list-style-type: none"> - SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION WITH ALL SUPPORTING DOCUMENTATION AND BE APPROVED IN ACCORDANCE WITH THIS POLICY; - BE AN INDIANA RESIDENT AS DEFINED IN THIS POLICY; AND - IF UNINSURED, CONSULT WITH A MEMBER OF IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT TO DETERMINE IF HEALTH CARE COVERAGE MAY BE OBTAINED FROM A GOVERNMENT INSURANCE OR ASSISTANCE PRODUCT, THE HEALTH INSURANCE MARKETPLACE, OR FROM ANY OTHER SOURCE OF COVERAGE. <p>FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP IS ONLY AVAILABLE FOR ENCOUNTERS WHERE CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY.</p> <p>2. FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP</p> <p>THE FPL INCOME THRESHOLD UNDER THIS SECTION IS AS FOLLOWS:</p> <ul style="list-style-type: none"> -IF ONE OR MORE ADULTS AND ZERO DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 200%. -IF TWO OR MORE ADULTS AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 250%. -IF ONE ADULT AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 300%. <p>IN SOME INSTANCES, AN ADULT WILL ALSO QUALIFY AS A DEPENDENT. WHEN THIS OCCURS, IU HEALTH WILL TREAT THE ADULT AS A DEPENDENT FOR PURPOSES OF THE FPL CALCULATION.</p> <p>IU HEALTH WILL UTILIZE THE MOST RECENT FPL DATA AVAILABLE AND WILL APPLY THE FPL DATA TO A PATIENT OR GUARANTOR'S ACCOUNT BALANCE BASED UPON THE CALENDAR DATE A COMPLETED FINANCIAL ASSISTANCE APPLICATION WAS RECEIVED, NOT A PATIENT'S DATE OF SERVICE.</p> <p>AN UNINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF GROSS CHARGES IF APPROVED.</p> <p>AN UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF PATIENT RESPONSIBILITY IF APPROVED.</p> <p>3. FINANCIAL ASSISTANCE DUE TO PERSONAL HARDSHIP</p> <p>AN UNINSURED OR UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS ABOVE THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE IF THE PATIENT'S OUTSTANDING PATIENT RESPONSIBILITY EXCEEDS 20% OF THE PATIENT'S OR THEIR GUARANTOR'S ANNUAL HOUSEHOLD INCOME.</p> <ul style="list-style-type: none"> -IF APPROVED, THE PATIENT'S BALANCE WILL BE REDUCED TO 20% OF THE PATIENT OR GUARANTOR'S ANNUAL HOUSEHOLD INCOME OR THE AMOUNTS GENERALLY BILLED, WHICHEVER IS LESS. -IU HEALTH WILL WORK WITH THE PATIENT OR GUARANTOR TO IDENTIFY A REASONABLE PAYMENT PLAN ON THE REMAINDER OF THE BALANCE. <p>4. ELIGIBILITY PERIOD</p> <p>IF APPROVED FOR FINANCIAL ASSISTANCE BY IU HEALTH, THE PATIENT WILL BE GUARANTEED FINANCIAL ASSISTANCE FOR TREATMENT RELATED TO THE UNDERLYING CONDITION, FOR WHICH THE PATIENT WAS ORIGINALLY SCREENED AND APPROVED, THROUGH THE REMAINDER OF THE CALENDAR YEAR.</p> <p>AS A CONDITION OF EXTENDING THE ON-GOING FINANCIAL ASSISTANCE, THE PATIENT MUST COMPLY WITH REQUESTS FROM IU HEALTH TO VERIFY THAT THE PATIENT CONTINUES TO MEET THE CONDITIONS FOR</p>

Return Reference - Identifier	Explanation
	<p>QUALIFICATION.</p> <p>5. APPEALS AND ASSISTANCE GRANTED BY THE FINANCIAL ASSISTANCE COMMITTEE</p> <p>THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW AND MAKE DETERMINATIONS ON ALL REQUESTS FOR APPEALS RELATED TO FINANCIAL ASSISTANCE. IF A PATIENT OR GUARANTOR SEEKS TO APPEAL A FINANCIAL ASSISTANCE DETERMINATION, A WRITTEN REQUEST MUST BE SUBMITTED, ALONG WITH THE SUPPORTING DOCUMENTATION.</p> <p>THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW REQUESTS FOR AND MAY GRANT ADDITIONAL FINANCIAL ASSISTANCE, INCLUDING BUT NOT LIMITED TO, THE FOLLOWING:</p> <ul style="list-style-type: none"> -ASSISTANCE TO PATIENTS WHO ARE SEEKING TREATMENT THAT CAN ONLY BE PROVIDED IN INDIANA BY IU HEALTH OR WHO WOULD BENEFIT FROM CONTINUED MEDICAL SERVICES FROM IU HEALTH FOR CONTINUITY OF CARE; -CARE APPROVED BY THE IU HEALTH CHIEF MEDICAL OFFICER (CMO) OR THE CHIEF EXECUTIVE OFFICER (CEO) OR CMO OF AN IU HEALTH FACILITY OR REGION, INCLUDING MEDICALLY NECESSARY NON-ELECTIVE SERVICES FOR WHICH NO PAYMENT SOURCE CAN BE IDENTIFIED; -CARE PROVIDED WHEN IT IS KNOWN NO PAYMENT SOURCE EXISTS; -INTERNATIONAL HUMANITARIAN AID; AND -OTHER CARE IDENTIFIED BY THE FINANCIAL ASSISTANCE COMMITTEE THAT FULFILLS THE IU HEALTH MISSION. <p>ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL.</p> <p>6. PRESUMPTIVE ELIGIBILITY</p> <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>IU HEALTH WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY:</p> <ul style="list-style-type: none"> -MEDICAID (ANY STATE) -INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES -HEALTHY INDIANA PLAN -PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) -A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. <p>IU HEALTH WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE.</p> <p>FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES:</p> <ul style="list-style-type: none"> -IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. -IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. -IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH. <p>7. EXHAUSTION OF ALTERNATE SOURCES OF ASSISTANCE</p> <p>PATIENTS MUST EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY INCLUDING, BUT NOT LIMITED TO, MEDICAID.</p> <p>PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE HEALTH INSURANCE POLICY MUST EXHAUST ALL INSURANCE BENEFITS.</p> <ul style="list-style-type: none"> -THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. -IU HEALTH MAY REQUEST PATIENTS SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THE APPROPRIATE INSURANCE PROVIDER BEFORE AWARDED FINANCIAL ASSISTANCE. <p>ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH FACILITY 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.</p> <p>IN THE EVENT FINANCIAL ASSISTANCE HAS ALREADY BEEN GRANTED IN THE ABOVE CIRCUMSTANCES, IU HEALTH RESERVES THE RIGHT TO REVERSE THE FINANCIAL ASSISTANCE DETERMINATION IN AN AMOUNT EQUAL TO THE AMOUNT IU HEALTH WOULD BE ENTITLED TO RECEIVE HAD NO FINANCIAL ASSISTANCE BEEN AWARDED.</p> <p>8. PATIENT ASSETS</p> <p>THERE ARE SITUATIONS WHERE A PATIENT OR THEIR GUARANTOR MAY HAVE SIGNIFICANT INCOME OR ASSETS AVAILABLE TO PAY FOR HEALTHCARE SERVICES SUCH AS A LEGAL SETTLEMENT. THE FINANCIAL ASSISTANCE COMMITTEE MAY EVALUATE THE INCOME OR ASSETS IN DETERMINING FINANCIAL HARDSHIP.</p> <p>IU HEALTH MAY REQUIRE A LIST OF ALL PROPERTY OWNED BY THE PATIENT OR GUARANTOR AND ADJUST A FINANCIAL ASSISTANCE DETERMINATION AS A RESULT.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G	IU HEALTH DOES NOT INCLUDE ANY COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES.
SCHEDULE H, PART I, LINE 7C - TOTAL COMMUNITY BENEFIT EXPENSE	SCHEDULE H, PART I, LINE 7, COLUMN (F), PERCENT OF TOTAL EXPENSE, IS BASED ON COLUMN (E) NET COMMUNITY BENEFIT EXPENSE. THE PERCENT OF TOTAL EXPENSE BASED ON COLUMN (C) TOTAL COMMUNITY BENEFIT EXPENSE, WHICH EXCLUDES DIRECT OFFSETTING REVENUE, IS 33.69%.
SCHEDULE H, PART I, LINE 7F - PERCENT OF TOTAL EXPENSE	<p>THE AMOUNT OF BAD DEBT EXPENSE SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSE ON LINE 7, COLUMN (F) IS \$119,748,208. THIS AMOUNT INCLUDES THE BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX, LINE 25, COLUMN (A), AND IU HEALTH'S PORTION OF THE BAD DEBT ATTRIBUTABLE TO THE JOINT VENTURES REPORTED ON SCHEDULE H, PART IV.</p> <p>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.</p>
SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED	<p>IU HEALTH INC. PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES IT SERVES. IU HEALTH INC. AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM") INVEST IN ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, COLLABORATE WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCATE FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS.</p> <p>THIS INCLUDES MAKING CONTRIBUTIONS TO COMMUNITY-BUILDING ACTIVITIES BY PROVIDING INVESTMENTS AND RESOURCES TO LOCAL COMMUNITY INITIATIVES. SEVERAL EXAMPLES INCLUDE IU HEALTH INC.'S SUPPORT OF THE FOLLOWING ORGANIZATIONS' EFFORTS THAT FOCUS ON SOME OF THE ROOT CAUSES OF HEALTH ISSUES, SUCH AS ACCESS TO HEALTHCARE, LACK OF EDUCATION, INSUFFICIENT ACCESS TO RESOURCES, EMPLOYMENT AND POVERTY:</p> <ul style="list-style-type: none"> - INDIANAPOLIS CHAMBER OF COMMERCE - CRISPUS ATTUCKS - HEALTH EQUITY ACTION TEAM (HEAT) - CENTRAL INDIANA COMMUNITY FOUNDATION - INDIANA CLINICAL AND TRANSLATIONAL SCIENCES INSTITUTE (CTSI) - COMMUNITY HEALTH <p>ADDITIONALLY, THROUGH THE SYSTEM'S TEAM MEMBER VOLUNTEER PROGRAM, IU HEALTH SERVES, TEAM MEMBERS ACROSS THE STATE POSITIVELY IMPACT THE HEALTH OF THE COMMUNITY AND FOSTER A CULTURE OF ENGAGEMENT AND SOCIAL RESPONSIBILITY. IN 2020, MORE THAN 1,400 TEAM MEMBERS THROUGHOUT THE STATEWIDE SYSTEM DEDICATED TIME TO SUPPORT OVER 49 PROJECTS TO POSITIVELY IMPACT THE COMMUNITY.</p>
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	THE AMOUNT REPORTED ON LINE 2 AS BAD DEBT IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	<p>IU HEALTH WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY:</p> <ol style="list-style-type: none"> 1.MEDICAID (ANY STATE) 2.INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES 3.HEALTHY INDIANA PLAN 4.PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) 5.A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>IU HEALTH WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE.</p> <p>FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES:</p> <ol style="list-style-type: none"> A)IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. B)IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. C)IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH. <p>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.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>IU HEALTH'S CONSOLIDATED FINANCIAL STATEMENTS, FOOTNOTE 5, ADDRESSES BAD DEBT EXPENSE AS FOLLOWS:</p> <p>THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT REQUIRE COLLATERAL OR OTHER SECURITY FROM ITS PATIENTS, SUBSTANTIALLY ALL OF WHOM ARE RESIDENTS OF THE STATE, FOR THE DELIVERY OF HEALTH CARE SERVICES. HOWEVER, CONSISTENT WITH INDUSTRY PRACTICE, THE INDIANA UNIVERSITY HEALTH SYSTEM ROUTINELY OBTAINS ASSIGNMENT OF (OR IS OTHERWISE ENTITLED TO RECEIVE) PATIENTS' BENEFITS PAYABLE UNDER THEIR HEALTH INSURANCE PROGRAMS, PLANS, OR POLICIES (E.G., MEDICARE, MEDICAID, MANAGED CARE PAYERS, AND COMMERCIAL INSURANCE POLICIES).</p> <p>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.</p> <p>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. FINANCIAL ASSISTANCE IS AVAILABLE TO QUALIFYING UNINSURED AND UNDERINSURED PATIENTS RECEIVING CARE AT AN INDIANA UNIVERSITY HEALTH SYSTEM HOSPITAL LOCATION. UNDER ITS FINANCIAL ASSISTANCE POLICY, THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES MEDICALLY NECESSARY CARE TO UNINSURED PATIENTS. FINANCIAL ASSISTANCE UP TO THE FULL AMOUNT OF PATIENT FINANCIAL RESPONSIBILITY IS AVAILABLE FOR UNINSURED AND UNDERINSURED PATIENTS RECEIVING CARE VIA THE EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL. THE FEDERAL POVERTY LEVEL (FPL) THRESHOLDS FOR THIS TYPE OF FINANCIAL ASSISTANCE ARE BASED ON HOUSEHOLD MAKEUP. HOUSEHOLDS WITHOUT DEPENDENTS ARE ELIGIBLE FOR ASSISTANCE IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 200% FPL, TWO ADULTS AND AT LEAST ONE DEPENDENT ARE ELIGIBLE IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 250% FPL, AND HOUSEHOLDS WITH ONE ADULT AND AT LEAST ONE DEPENDENT ARE ELIGIBLE IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 300% FPL. INDIVIDUALS WITH MEDICAL BILLS TOTALING MORE THAN 20% OF ANNUAL HOUSEHOLD INCOME, REGARDLESS OF FPL, QUALIFY FOR CATASTROPHIC ASSISTANCE AND ARE ELIGIBLE FOR A REDUCTION IN PATIENT FINANCIAL RESPONSIBILITY TO 20% OF ANNUAL HOUSEHOLD INCOME. 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 SOME FORMS OF FINANCIAL ASSISTANCE 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 \$90,358,000 AND \$96,693,000 IN 2020 AND 2019, RESPECTIVELY.</p>
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 IS CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM THE IU HEALTH MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH'S PARTICIPATION IN MEDICARE PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIAN SERVICES, THE COSTS OF MEDICARE PARTS C AND D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.</p> <p>IU HEALTH'S MEDICARE SHORTFALL IS ATTRIBUTABLE TO REIMBURSEMENTS THAT ARE LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES AND DOES NOT INCLUDE ANY AMOUNTS THAT RESULT FROM INEFFICIENCIES OR POOR MANAGEMENT. IU HEALTH 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 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.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>IU HEALTH'S FAP AND WRITTEN DEBT COLLECTION POLICY DESCRIBE THE COLLECTION PRACTICES APPLICABLE TO PATIENTS, INCLUDING THOSE WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE.</p> <p>1. FINANCIAL ASSISTANCE APPLICATION</p> <p>FINANCIAL ASSISTANCE APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION:</p> <ul style="list-style-type: none"> -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 THE PATIENT OR GUARANTOR'S INCOME DOES NOT WARRANT THE FILING OF A FEDERAL TAX STATEMENT, THE INDIVIDUAL 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. -IF APPLICABLE, DIVORCE/DISSOLUTION DECREES AND CHILD CUSTODY ORDER. <p>PATIENTS OR THEIR GUARANTORS WISHING TO APPLY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP ARE ENCOURAGED TO SUBMIT AN APPLICATION WITHIN NINETY (90) DAYS OF DISCHARGE. PATIENTS OR THEIR GUARANTORS MAY SUBMIT AN APPLICATION UP TO TWO-HUNDRED AND FORTY (240) DAYS FROM THE DATE OF THEIR INITIAL POST-DISCHARGE BILLING STATEMENT FROM IU HEALTH, HOWEVER, ACCOUNTS MAY BE SUBJECT TO EXTRAORDINARY COLLECTION ACTIONS (ECA) AS SOON AS ONE-HUNDRED AND TWENTY (120) DAYS AFTER RECEIPT OF THE INITIAL POST-DISCHARGE BILLING STATEMENT.</p> <p>PATIENTS OR THEIR GUARANTORS SUBMITTING AN INCOMPLETE FINANCIAL ASSISTANCE 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 EXPIRATION OF THE FORTY-FIVE (45) DAY PERIOD.</p> <p>PATIENTS WITH LIMITED ENGLISH PROFICIENCY MAY REQUEST A COPY OF THIS POLICY, A FINANCIAL ASSISTANCE APPLICATION, AND A PLAIN LANGUAGE SUMMARY IN ONE OF THE BELOW LANGUAGES:</p> <ul style="list-style-type: none"> -ARABIC; -BURMESE; -BURMESE - FALAM; -BURMESE - HAKHA CHIN; -MANDARIN/CHINESE; OR -SPANISH <p>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 FINANCIAL ASSISTANCE APPLICATION BE MAILED TO A PATIENT'S PRIMARY MAILING ADDRESS FREE OF CHARGE.</p> <p>IU HEALTH MAINTAINS THE CONFIDENTIALITY OF ALL FINANCIAL ASSISTANCE APPLICATIONS AND SUPPORTING DOCUMENTATION.</p> <p>IU HEALTH WILL DENY OR REVOKE FINANCIAL ASSISTANCE FOR ANY PATIENT OR GUARANTOR WHO FALSIFIES ANY PORTION OF A FINANCIAL ASSISTANCE APPLICATION.</p> <p>2. FINANCIAL ASSISTANCE DETERMINATIONS</p> <p>IU HEALTH WILL INFORM PATIENTS OR GUARANTORS OF THE RESULTS OF THEIR APPLICATION BY PROVIDING THE PATIENT OR GUARANTOR WITH A FINANCIAL ASSISTANCE DETERMINATION WITHIN NINETY (90) DAYS OF RECEIVING A COMPLETED APPLICATION AND ALL REQUESTED DOCUMENTATION.</p> <p>A PATIENT'S FINANCIAL ASSISTANCE APPLICATION AND FINANCIAL ASSISTANCE DETERMINATION ARE SPECIFIC TO EACH DATE(S) OF SERVICE AND APPROVED RELATED ENCOUNTERS.</p> <p>IF A PATIENT OR GUARANTOR IS GRANTED LESS THAN FULL CHARITY ASSISTANCE AND THE PATIENT OR GUARANTOR PROVIDES ADDITIONAL INFORMATION FOR RECONSIDERATION, REVENUE CYCLE SERVICES MAY AMEND A PRIOR FINANCIAL ASSISTANCE DETERMINATION.</p> <p>3. EXTRAORDINARY COLLECTION ACTIONS</p> <p>IU HEALTH MAY REFER DELINQUENT PATIENT ACCOUNTS TO A THIRD-PARTY COLLECTION AGENCY AFTER UTILIZING REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY FOR ASSISTANCE UNDER THIS POLICY. REASONABLE EFFORTS INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> -IU HEALTH WILL NOTIFY THE PATIENT OF THIS POLICY AT LEAST THIRTY (30) DAYS PRIOR TO INITIATING AN ECA. -IU HEALTH WILL NOT INITIATE AN ECA FOR AT LEAST ONE-HUNDRED AND TWENTY (120) DAYS AFTER THE PATIENT'S INITIAL POST-DISCHARGE BILLING STATEMENT. -IU HEALTH WILL REVIEW ALL FINANCIAL ASSISTANCE APPLICATIONS RECEIVED UP TO AND INCLUDING TWO-HUNDRED AND FORTY (240) DAYS AFTER THE PATIENT'S INITIAL POST-DISCHARGE BILLING STATEMENT. IU HEALTH WILL CEASE ANY ECAS IT HAS INITIATED UPON RECEIPT OF A FINANCIAL ASSISTANCE APPLICATION UNTIL A FINANCIAL ASSISTANCE DETERMINATION IS MADE UNDER THIS POLICY. -IF AN APPLICATION IS APPROVED, IU HEALTH WILL ISSUE A REVISED STATEMENT, ISSUE REFUNDS, AND MAKE REASONABLE EFFORTS TO REVERSE ECAS AS NECESSARY. <p>IU HEALTH AND ITS THIRD-PARTY COLLECTION AGENCIES MAY INITIATE AN ECA AGAINST A PATIENT OR THEIR GUARANTOR IN ACCORDANCE WITH THIS POLICY AND 26 C.F.R. § 1.501(R). ECAS MAY INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> -SELLING A PATIENT OR THEIR GUARANTOR'S OUTSTANDING FINANCIAL RESPONSIBILITY TO A THIRD PARTY. -REPORTING ADVERSE INFORMATION ABOUT THE PATIENT OR THEIR GUARANTOR TO CONSUMER CREDIT

Return Reference - Identifier	Explanation
	<p>REPORTING AGENCIES OR CREDIT BUREAUS. -DEFERRING OR DENYING, OR REQUIRING A PAYMENT BEFORE PROVIDING, MEDICALLY NECESSARY CARE BECAUSE OF A PATIENT OR THEIR GUARANTOR'S NONPAYMENT OF ONE OR MORE BILLS FOR PREVIOUSLY PROVIDED CARE COVERED UNDER THIS POLICY. -ACTIONS REQUIRING A LEGAL OR JUDICIAL PROCESS, INCLUDING BUT NOT LIMITED TO PLACING A LIEN ON A 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</p> <p>WHEN IT IS NECESSARY TO ENGAGE IN SUCH ACTION, IU HEALTH AND ITS THIRD PARTY COLLECTION AGENCIES, WILL ENGAGE IN FAIR, RESPECTFUL AND TRANSPARENT COLLECTIONS ACTIVITIES.</p> <p>4. REFUNDS</p> <p>PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY WHO REMITTED PAYMENT TO IU HEALTH 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.</p> <p>PATIENTS WITH AN OUTSTANDING ACCOUNT BALANCE DUE ON A SEPARATE ACCOUNT WILL HAVE THEIR REFUND APPLIED TO THE OUTSTANDING BALANCE.</p> <p>PATIENTS WITHOUT AN OUTSTANDING ACCOUNT BALANCE DESCRIBED ABOVE WILL BE ISSUED A REFUND CHECK FOR THEIR OVERPAYMENT AS SOON AS TECHNICALLY FEASIBLE.</p>
<p>SCHEDULE H, PART V, SECTION A - LINE 1 - NAME, ADDRESS, AND WEBSITE</p>	<p>IU HEALTH OPERATES SEVERAL HOSPITAL LOCATIONS UNDER A SINGLE HOSPITAL LICENSE ISSUED BY THE INDIANA STATE DEPARTMENT OF HEALTH. THE NAMES, ADDRESSES, AND PRIMARY WEBSITE ADDRESSES FOR EACH OF THESE LOCATIONS ARE AS FOLLOWS:</p> <p>IU HEALTH METHODIST HOSPITAL 1701 N. SENATE BLVD. INDIANAPOLIS, IN 46202 HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-METHODIST-HOSPITAL</p> <p>IU HEALTH UNIVERSITY HOSPITAL 550 UNIVERSITY BLVD. INDIANAPOLIS, IN 46202 HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-UNIVERSITY-HOSPITAL</p> <p>RILEY HOSPITAL FOR CHILDREN AT IU HEALTH 705 RILEY HOSPITAL DR. INDIANAPOLIS, IN 46202 HTTPS://WWW.RILEYCHILDRENS.ORG/</p> <p>IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, AND RILEY HOSPITAL FOR CHILDREN AT IU HEALTH ARE COLLECTIVELY REFERRED TO AS THE IU HEALTH ACADEMIC HEALTH CENTER.</p> <p>IU HEALTH SAXONY HOSPITAL 13000 E. 136TH ST. FISHERS, IN 46037 HTTPS://IUHEALTH.ORG/FIND-LOCATIONS/IU-HEALTH-SAXONY-HOSPITAL</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. IU HEALTH UNDERSTANDS THAT THE HEALTH OF INDIVIDUALS AND COMMUNITIES ARE SHAPED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS, ALONG WITH HEALTH BEHAVIORS AND ADDITIONAL INFLUENCES.</p> <p>IU HEALTH ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). FOR THE 2018 CHNA, IU HEALTH CONDUCTED THE COMMUNITY SURVEY DATA COLLECTION IN COLLABORATION WITH INDIANA UNIVERSITY, UNIVERSITY OF EVANSVILLE AND AN INDIANA HOSPITAL COLLABORATIVE, INCLUDING COMMUNITY HEALTH NETWORK, FRANCISCAN ALLIANCE, ST. VINCENT HEALTH AND OTHER HOSPITAL PARTNERS.</p> <p>AFTER COMPLETION OF THE CHNA, IU HEALTH REVIEWED SECONDARY DATA, FINDINGS FROM OTHER COMMUNITY HEALTH ASSESSMENTS OF AREAS SERVED BY THE HOSPITAL, INPUT OBTAINED FROM INDIVIDUALS WHO PARTICIPATED IN COMMUNITY MEETINGS, INPUT OBTAINED FROM KEY STAKEHOLDERS, AND A COMMUNITY SURVEY TO IDENTIFY AND ANALYZE THE NEEDS IDENTIFIED BY EACH SOURCE. THE TOP HEALTH NEEDS OF THE IU HEALTH 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.</p> <p>IU HEALTH BELIEVES ITS CHNA PROCESS IS COMPREHENSIVE AND ADDITIONAL ASSESSMENTS ARE NOT REQUIRED.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>IU HEALTH TAKES SEVERAL MEASURES TO INFORM ITS PATIENTS OF THE FAP AND FAP-ELIGIBILITY. THESE MEASURES INCLUDE THE FOLLOWING:</p> <ol style="list-style-type: none"> 1.POST THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION ON ITS WEBSITE. 2.PROVIDE PATIENTS WITH A PLAIN LANGUAGE SUMMARY OF THIS POLICY DURING REGISTRATION AND/OR DISCHARGE. 3.POST CONSPICUOUS DISPLAYS IN APPROPRIATE ACUTE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS AND REGISTRATION AREAS DESCRIBING THE AVAILABLE ASSISTANCE AND DIRECTING ELIGIBLE PATIENTS TO THE FINANCIAL ASSISTANCE APPLICATION. 4.INCLUDE A CONSPICUOUS WRITTEN NOTICE ON ALL PATIENT POST-DISCHARGE BILLING STATEMENTS NOTIFYING THE PATIENT ABOUT THIS POLICY AND THE TELEPHONE NUMBER OF THE CUSTOMER SERVICE DEPARTMENT WHICH CAN ASSIST PATIENTS WITH QUESTIONS REGARDING THIS POLICY. 5.MAKE AVAILABLE CUSTOMER SERVICE REPRESENTATIVES VIA TELEPHONE DURING NORMAL BUSINESS HOURS. 6.MAIL COPIES OF THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND A FINANCIAL ASSISTANCE APPLICATION TO PATIENTS OR THEIR GUARANTOR FREE OF CHARGE UPON REQUEST. 7.BROADLY COMMUNICATE THIS POLICY AS A PART OF ITS GENERAL OUTREACH EFFORTS. 8.EDUCATE PATIENT-FACING TEAM MEMBERS ON THIS POLICY AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>IU HEALTH SERVES A LARGE GEOGRAPHIC AREA IN CENTRAL INDIANA. IN COMPLETING CHNAS FOR ITS IU HEALTH ACADEMIC HEALTH CENTER AND IU HEALTH SAXONY HOSPITAL LOCATIONS, IU HEALTH DEFINED "COMMUNITY" AS THE COUNTY OF RESIDENCE FOR EACH HOSPITAL LOCATION. EACH INDIVIDUAL HOSPITAL LOCATION SERVES A UNIQUE SUBSECTION OF THE COMMUNITY FOR WHICH DETAILS ARE INCLUDED BELOW:</p> <p>IU HEALTH ACADEMIC HEALTH CENTER</p> <p>THE COMMUNITY FOR IU HEALTH ACADEMIC HEALTH CENTER'S PRIMARY SERVICE AREA IS DEFINED AS MARION COUNTY, THE COUNTY WHERE IU HEALTH ACADEMIC HEALTH CENTER IS LOCATED. THE SECONDARY SERVICE AREA IS COMPRISED OF ALL OTHER COUNTIES WITHIN THE STATE OF INDIANA.</p> <p>MARION COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF BEECH GROVE, INDIANAPOLIS, LAWRENCE, SOUTHPORT, AND SPEEDWAY, PLUS PORTIONS OF PLAINFIELD, WHICH EXTENDS INTO HENDRICKS COUNTY. BASED ON THE CENSUS BUREAU DATA ESTIMATES FOR 2019, THE MOST RECENT DATA AVAILABLE, MARION COUNTY'S POPULATION WAS 964,582 AND 51.8% WERE FEMALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 54.1% WHITE NON-HISPANIC, 29.1% BLACK NON-HISPANIC, 10.9% HISPANIC OR LATINO, 3.8% ASIAN, 0.4% AMERICAN INDIAN OR ALASKA NATIVE, AND 3.0% PERSONS REPORTING TWO OR MORE RACES. A VERY SMALL PERCENTAGE OF THE POPULATION IS ETHNIC GROUPS OTHER THAN THOSE LISTED ABOVE.</p> <p>IU HEALTH SAXONY HOSPITAL</p> <p>THE COMMUNITY FOR IU HEALTH SAXONY HOSPITAL'S PRIMARY SERVICE AREA IS DEFINED AS HAMILTON COUNTY, THE COUNTY WHERE IU HEALTH SAXONY HOSPITAL IS LOCATED, PLUS MARION COUNTY. THE SECONDARY SERVICE AREA IS COMPRISED OF NINE CONTIGUOUS COUNTIES CONSISTING OF BOONE, CLINTON, HANCOCK, HENDRICKS, JOHNSON, MADISON, MORGAN, SHELBY AND TIPTON COUNTIES. APPROXIMATELY 51% OF INPATIENT DISCHARGES ORIGINATE FROM THE PRIMARY SERVICE AREA.</p> <p>HAMILTON COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF ARCADIA, ATLANTA, CARMEL, CICERO, FISHERS, NOBLESVILLE, SHERIDAN, AND WESTFIELD. BASED ON CENSUS BUREAU ESTIMATES FOR 2019, THE MOST RECENT DATA AVAILABLE, HAMILTON COUNTY'S POPULATION WAS 338,011. JUST OVER HALF (51.2%) WERE FEMALE AND 48.8% WERE MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 82.8% WHITE NON-HISPANIC, 4.5% BLACK, 4.3% HISPANIC OR LATINO, 6.5% ASIAN, 0.2% AMERICAN INDIAN OR ALASKA NATIVE, AND 2.1% TWO OR MORE RACES. A VERY SMALL PERCENTAGE OF THE POPULATION IS ETHNIC GROUPS OTHER THAN THOSE LISTED ABOVE.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>A MAJORITY OF IU HEALTH'S BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN IU HEALTH'S PRIMARY SERVICE AREAS.</p> <p>IU HEALTH EXTENDS MEDICAL PRIVILEGES TO ALL PHYSICIANS WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENT TO ITS MEDICAL STAFF. IU HEALTH DOES NOT DENY APPOINTMENT ON THE BASIS OF GENDER, RACE, CREED, OR NATIONAL ORIGIN.</p> <p>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.</p> <p>IU HEALTH'S FIVE YEAR STRATEGY WAS UPDATED DURING 2019. IU HEALTH'S VISION IS TO MAKE INDIANA ONE OF THE HEALTHIEST STATES IN THE NATION BY PROVIDING THE BEST CARE, DESIGNED FOR OUR PATIENTS, AND THE FIVE YEAR STRATEGY WAS DESIGNED TO HELP IU HEALTH REALIZE THIS VISION.</p> <p>THE ELEMENTS OF IU HEALTH'S STRATEGY</p> <p>COMMUNITY HEALTH:</p> <p>AS THE LARGEST HEALTH SYSTEM IN THE STATE, AND IN PARTNERSHIP WITH THE STATE'S LARGEST MEDICAL SCHOOL - INDIANA UNIVERSITY SCHOOL OF MEDICINE - IU HEALTH HAS A SPECIAL OBLIGATION TO BE PART OF THE SOLUTION TO INDIANA'S SERIOUS HEALTH ISSUES. FOR COMMUNITY HEALTH, IU HEALTH'S FOCUS IS ON TACKLING FOUR OF THE MOST PRESSING HEALTH ISSUES IMPACTING INDIANA COMMUNITIES: HIGH RATES OF SMOKING, OBESITY, INFANT AND MATERNAL MORTALITY, AND POOR MENTAL HEALTH.</p> <p>SOME EFFORTS IN THIS AREA INCLUDE:</p> <ul style="list-style-type: none"> - EXPANDING ACCESS TO BEHAVIORAL HEALTH SERVICES ACROSS THE IU HEALTH SYSTEM - THE CREATION OF A \$100M COMMUNITY IMPACT INVESTMENT FUND TO SUPPORT PROJECTS THAT ADDRESS SERIOUS HEALTH ISSUES. <p>POPULATION HEALTH:</p> <p>THIS IS THE CARE IU HEALTH PROVIDES PATIENTS FOR WHOM IU HEALTH HAS ACCEPTED SOME FINANCIAL RISK. FOR THESE PATIENTS, IU HEALTH IS REIMBURSED ON HOW WELL IU HEALTH IMPROVES PATIENT OUTCOMES AND MANAGE THE COST OF THEIR CARE, INSTEAD OF ON HOW MANY SERVICES IU HEALTH PROVIDES.</p> <p>FOR EXAMPLE, IU HEALTH MANAGES MORE THAN 60,000 MEDICARE PATIENTS IN ITS NEXT GENERATION ACCOUNTABLE CARE ORGANIZATION. FOR TWO YEARS NOW, IU HEALTH HAS REDUCED THE COSTS OF CARE FOR THOSE PATIENTS, WHILE ALSO IMPROVING A RANGE OF QUALITY METRICS. THIS HAS RESULTED IN BETTER CARE OUTCOMES, AS WELL AS SAVINGS FOR IU HEALTH AND THE MEDICARE ADVANTAGE PROGRAM.</p> <p>DESTINATION HEALTH:</p> <p>IU HEALTH TAKES CARE OF PATIENTS WITH THE MOST COMPLEX ILLNESSES, AND TAKES ON THE TOUGHEST CASES THAT OTHER SYSTEMS ACROSS THE STATE DO NOT HAVE THE EXPERTISE OR THE RESOURCES TO HANDLE.</p> <p>FOR EXAMPLE, ABOUT 80 PERCENT OF THE CHILDREN WITH CANCER IN INDIANA ARE TREATED AT RILEY. AND MORE THAN 70 PERCENT OF ALL THE TRANSPLANTS DONE IN INDIANA ARE PERFORMED AT IU HEALTH.</p> <p>IMPACT:</p> <p>THIS IS A NEW COMPONENT OF IU HEALTH'S STRATEGY AND REFLECTS EFFORTS TO EXPAND THE IMPACT IU HEALTH HAS ON PATIENTS AND COMMUNITIES ACROSS INDIANA.</p> <p>THIS INCLUDES PROVIDING EXCEPTIONAL CARE TO MORE PEOPLE AT IU HEALTH FACILITIES. IU HEALTH ALSO WANTS TO CREATE PARTNERSHIPS THAT WILL EXTEND IU HEALTH SERVICES TO MORE PEOPLE ACROSS INDIANA. FOR EXAMPLE, A STRONG PARTNERSHIP WAS FORMED WITH UNION HOSPITAL IN TERRE HAUTE, WHICH USES IU HEALTH'S CERNER ELECTRONIC MEDICAL RECORD SYSTEM, INCLUDING CARE GUIDELINES AND ORDER SETS, TO BRING IU HEALTH CALIBER CARE TO UNION HOSPITAL PATIENTS.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>IU HEALTH INC. IS PART OF THE IU HEALTH STATEWIDE SYSTEM ("THE SYSTEM"), WHICH IS INDIANA'S MOST COMPREHENSIVE HEALTHCARE SYSTEM. A UNIQUE PARTNERSHIP WITH THE INDIANA UNIVERSITY SCHOOL OF MEDICINE ("IU SCHOOL OF MEDICINE"), ONE OF THE NATION'S LEADING MEDICAL SCHOOLS, GIVES PATIENTS ACCESS TO INNOVATIVE TREATMENTS AND THERAPIES. THE SYSTEM IS COMPRISED OF HOSPITALS, PHYSICIANS AND ALLIED SERVICES DEDICATED TO PROVIDING PREEMINENT CARE THROUGHOUT INDIANA AND BEYOND.</p> <p>NATIONAL RECOGNITION</p> <ul style="list-style-type: none"> - EIGHT HOSPITALS DESIGNATED AS MAGNET® BY THE AMERICAN NURSES CREDENTIALING CENTER RECOGNIZING EXCELLENCE IN NURSING CARE. - U.S. NEWS & WORLD REPORT - ANNUAL RANKINGS: - IU HEALTH MEDICAL CENTER IS NATIONALLY RANKED FOR THE 23RD YEAR IN A ROW. IU HEALTH MEDICAL CENTER IS NATIONALLY RANKED IN 3 ADULT SPECIALTIES AND 10 PEDIATRIC SPECIALTIES AND RATED HIGH PERFORMING IN 5 ADULT SPECIALTIES AND 6 PROCEDURES AND CONDITIONS. - IU HEALTH HAS FIVE HOSPITALS THAT ARE CONSIDERED HIGH PERFORMING IN CERTAIN PROCEDURES AND CONDITIONS: IU HEALTH BALL, IU HEALTH ARNETT, IU HEALTH NORTH, IU HEALTH WEST, AND IU HEALTH BLOOMINGTON HOSPITALS. - RILEY HOSPITAL FOR CHILDREN AT IU HEALTH IS NATIONALLY RANKED IN 10 PEDIATRIC SPECIALTIES. <p>IU HEALTH STATEWIDE SYSTEM</p> <p>HOSPITALS IN THE SYSTEM INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> - IU HEALTH INC. (I.E., THE IU HEALTH ACADEMIC HEALTH CENTER CONSISTS OF IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR CHILDREN AT IU HEALTH, AND IU HEALTH SAXONY HOSPITAL) - IU HEALTH ARNETT - IU HEALTH BALL MEMORIAL HOSPITAL - IU HEALTH BEDFORD HOSPITAL - IU HEALTH BLACKFORD - IU HEALTH BLOOMINGTON HOSPITAL - IU HEALTH FRANKFORT - IU HEALTH JAY - IU HEALTH NORTH HOSPITAL - IU HEALTH PAOLI HOSPITAL - IU HEALTH TIPTON HOSPITAL - IU HEALTH WEST HOSPITAL - IU HEALTH WHITE MEMORIAL HOSPITAL <p>THE SYSTEM IS DIVIDED INTO FIVE REGIONS THAT SERVE COMMUNITIES IN NORTHWEST, NORTHEAST, CENTRAL, AND SOUTHERN INDIANA. IU HEALTH INC. HAS SIGNIFICANT STATEWIDE REACH AS A: 1) TEACHING HOSPITAL, 2) RESEARCH ACTIVITIES WITH THE IU SCHOOL OF MEDICINE AND OTHER NATIONAL COLLABORATIONS, 3) RILEY'S NETWORK OF LOCATIONS THROUGHOUT THE STATE DUE TO ITS PEDIATRIC EXPERTISE, AND 4) RILEY'S TRAUMA DEPARTMENT IS THE ONLY LEVEL I PEDIATRIC TRAUMA CENTER IN INDIANA.</p> <p>ALTHOUGH EACH HOSPITAL IN THE SYSTEM CONDUCTS AND ADOPTS ITS OWN CHNA AND IMPLEMENTATION STRATEGY, THE SYSTEM CONSIDERS THE SUM OF THESE PLANS PART OF A SYSTEM WIDE GOAL OF MAKING INDIANA ONE OF THE HEALTHIEST STATES IN THE NATION. THE HOSPITALS ARE GUIDED BY A SYSTEM WIDE MISSION TO IMPROVE THE HEALTH OF OUR PATIENTS AND COMMUNITY THROUGH INNOVATION, AND EXCELLENCE IN CARE, EDUCATION, RESEARCH, AND SERVICE. THE SYSTEM IS KEENLY AWARE OF THE POSITIVE IMPACT IT CAN HAVE ON IMPROVING THE HEALTH OF COMMUNITIES THROUGHOUT THE STATE OF INDIANA BY ALIGNING RESOURCES IN A SYSTEM-LEVEL AND STRATEGIC WAY.</p> <p>EDUCATION AND RESEARCH</p> <p>THE SYSTEM INCLUDES THE ACADEMIC HEALTH CENTER THAT 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.</p> <p>IN 2017, IU HEALTH AND THE IU SCHOOL OF MEDICINE ANNOUNCED THAT THEY WOULD INVEST \$50 MILLION OVER SIX YEARS IN THE STRATEGIC RESEARCH INITIATIVE (SRI), A NEW RESEARCH COLLABORATION THAT HAS ENHANCED THE INSTITUTIONS' JOINT CAPABILITIES IN FUNDAMENTAL SCIENTIFIC INVESTIGATION, TRANSLATIONAL RESEARCH AND CLINICAL TRIALS. THE INITIAL FOCUS IS ON PROJECTS IN THE FIELDS OF NEUROSCIENCE, CANCER AND CARDIOVASCULAR DISEASE WITH THE GOAL TO FUND TRANSFORMATIVE PROPOSALS THAT WILL FUNDAMENTALLY CHANGE THE UNDERSTANDING OF THESE DISEASES AND LEAD TO IMPORTANT NEW THERAPIES FOR PATIENTS.</p> <p>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. ONE OF THE MOST SIGNIFICANT OUTCOMES OF THIS INITIATIVE INCLUDES THE INDIANA UNIVERSITY MELVIN AND BREN SIMON CANCER CENTER RECEIVING THE NATIONAL CANCER INSTITUTE'S (NCI)-DESIGNATED STATUS OF "COMPREHENSIVE." THIS DESIGNATION WAS ACHIEVED IN AUGUST 2019 MAKING THE CENTER THE ONLY NCI-DESIGNATED COMPREHENSIVE CANCER CENTER IN INDIANA AND ONE OF JUST 51 IN THE NATION.</p> <p>COMMUNITY HEALTH</p> <p>TO FURTHER PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY THE SYSTEM, THE SYSTEM-LEVEL COMMUNITY HEALTH TEAM BUILDS THE CAPABILITIES AND COMPETENCIES TO IMPACT TEAM MEMBERS, RISK LIVES, AND PATIENTS THROUGHOUT THE SYSTEM. ADDITIONALLY, THE TEAM PARTNERS WITH STATE AND LOCAL COMMUNITY-BASED ORGANIZATIONS, COMMUNITY COALITIONS, AND GOVERNMENTAL AGENCIES TO PURSUE A SYSTEM-LEVEL ADVOCACY/COLLABORATION STRATEGY THAT SEEKS TO IMPROVE THE HEALTH OF COMMUNITIES.</p>

Return Reference - Identifier	Explanation
	<p>ALL HOSPITALS IN THE SYSTEM IDENTIFY AND ADDRESS SIGNIFICANT HEALTH NEEDS UNIQUE TO THE COMMUNITY IT SERVES. HOWEVER, BECAUSE SOME OF THESE HEALTH NEEDS ARE COMMON IN COMMUNITIES SERVED BY MULTIPLE HOSPITALS IN THE SYSTEM, THEY WARRANT A SYSTEM LEVEL STRATEGY. COMMUNITY HEALTH PLANS AND PROVIDES TECHNICAL ASSISTANCE FOR SYSTEM-LEVEL STRATEGIES THAT ADDRESS THESE COMMON HEALTH NEEDS INCLUDING HEALTH EQUITY, TOBACCO TREATMENT, BEHAVIORAL HEALTH ACCESS, AND SOCIAL NEEDS. EACH HOSPITAL WORKS COLLABORATIVELY WITH THE COMMUNITY HEALTH TEAM TO OPERATIONALIZE SYSTEM-LEVEL STRATEGIES THROUGH THE IMPLEMENTATION OF SPECIFIC ACTIVITIES THAT ALIGN AND ACTIVATE LOCAL RESOURCES. THIS BENEFITS THE COMMUNITY EACH HOSPITAL SERVES AND WORKS TOWARDS A STATEWIDE IMPACT (SYSTEM-LEVEL) ON HEALTH OUTCOMES.</p> <p>IU HEALTH SERVES</p> <p>IU HEALTH SERVES, A SYSTEM-LEVEL TEAM MEMBER VOLUNTEER PROGRAM, SEEKS TO POSITIVELY IMPACT THE HEALTH OF COMMUNITIES THE IU HEALTH STATEWIDE SYSTEM SERVES AND FOSTERS A CULTURE OF ENGAGEMENT AND SOCIAL RESPONSIBILITY. IU HEALTH INC. COORDINATES THE DIFFERENT INITIATIVES OF THE PROGRAM, INCLUDING DAYS OF SERVICE. THIS IS THE LARGEST VOLUNTEER EVENT OF THE YEAR, CONSISTING OF PROJECTS DESIGNED TO ENGAGE IU HEALTH INC. TEAM MEMBERS IN ACTIVITIES THAT ADDRESS LOCAL, IDENTIFIED COMMUNITY HEALTH PRIORITIES.</p> <p>COMMUNITY IMPACT INVESTMENT (CII) FUND</p> <p>THE CII FUND IS A \$100 MILLION BOARD DESIGNATED FUND TO BE MANAGED AND OVERSEEN BY THE IU HEALTH FOUNDATION TO FINANCIALLY SUPPORT HIGH IMPACT COMMUNITY INVESTING DESIGNED TO ADDRESS SOCIAL DETERMINANTS OF HEALTH IN COMMUNITIES IU HEALTH SERVES. EACH IU HEALTH HOSPITAL HAS A SIGNIFICANT IMPACT ON AND ARE DEEPLY INVESTED IN THEIR LOCAL COMMUNITIES. THROUGH THE GRANTS PROVIDED BY THIS CII FUND, IU HEALTH CAN STRATEGICALLY AND INTENTIONALLY ADDRESS THE SOCIAL, ECONOMIC AND ENVIRONMENTAL FACTORS THAT IMPACT THE HEALTH OF OUR SURROUNDING COMMUNITIES. EACH IU HEALTH HOSPITAL AND ITS TEAM MEMBERS ARE ELIGIBLE FOR THIS GRANT OPPORTUNITY.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>IN</p>