

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization: **INDIANA UNIVERSITY HEALTH ARNETT, INC.**
Employer identification number: **26-3162145**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>650.0000</u> %	X	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria 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, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		4360	10,531,769.		10,531,769.	3.30
b Medicaid (from Worksheet 3, column a)		58142	24,626,094.	8,993,896.	15,632,198.	4.90
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		62502	35,157,863.	8,993,896.	26,163,967.	8.20
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	14	3194	126,092.		126,092.	.04
f Health professions education (from Worksheet 5)	4	641	784,813.		784,813.	.25
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	1	213	298,039.		298,039.	.09
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	14572	223,284.		223,284.	.07
j Total. Other Benefits	24	18620	1,432,228.		1,432,228.	.45
k Total. Add lines 7d and 7j.	24	81122	36,590,091.	8,993,896.	27,596,195.	8.65

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	1	4500	3,252.		3,252.	
2 Economic development						
3 Community support	1	65	1,540.		1,540.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1		18,690.		18,690.	.01
8 Workforce development						
9 Other						
10 Total	3	4565	23,482.		23,482.	.01

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- 2 Enter the amount of the organization's bad debt expense
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

	Yes	No
1		X
2		
3		
5		
6		
7		
9a	X	
9b	X	

Section B. Medicare

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

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year?
- 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

Part IV Management Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
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13				

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: IU HEALTH ARNETT HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued) IU HEALTH ARNETT HOSPITAL

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>6</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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 actions the hospital facility may take upon non-payment?	X	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) IU HEALTH ARNETT HOSPITAL

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19	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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		X
	If "Yes," explain in Part VI.		
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
	If "Yes," explain in Part VI.		

Part V Facility Information (continued)**Section C. 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? 23

Name and address	Type of Facility (describe)
1 IU HEALTH ARNETT SURGERY CENTER 1327 S. 500 E. LAFAYETTE IN 47905	OUTPATIENT SURGERY CENTER
2 IU HEALTH ARNETT - NORTH 2600 GREENBUSH STREET LAFAYETTE IN 47904	PHYSICIAN OFFICE URGENT CARE CENTER
3 IU HEALTH ARNETT IMAGING CENTER 2403 LOY DRIVE LAFAYETTE IN 47909	DIAGNOSTIC CENTER
4 IU HEALTH ARNETT CANCER CARE CENTER 420 N 26TH STREET LAFAYETTE IN 47904	PHYSICIAN OFFICE INFUSION SERVICES
5 IU HEALTH ARNETT - FERRY 2600 FERRY STREET LAFAYETTE IN 47904	PHYSICIAN OFFICE
6 IU HEALTH ARNETT - SALEM 1500 SALEM STREET LAFAYETTE IN 47904	PHYSICIAN OFFICE
7 IU HEALTH ARNETT CARDIOLOGY 1116 N 16TH STREET LAFAYETTE IN 47904	PHYSICIAN OFFICE
8 IU HEALTH ARNETT - WEST LAFAYETTE 2995 SALISBURY STREET WEST LAFAYETTE IN 47906	PHYSICIAN OFFICE URGENT CARE CENTER
9 IU HEALTH ARNETT - SOUTH 1 WALTER SCHOLER DRIVE LAFAYETTE IN 47909	PHYSICIAN OFFICE URGENT CARE CENTER
10 IU HEALTH ARNETT HORIZON ONCOLOGY 1345 UNITY PLACE, SUITE 345 LAFAYETTE IN 47905	PHYSICIAN OFFICE INFUSION SERVICES

Schedule H (Form 990) 2011

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
1 IU HEALTH ARNETT PAIN MEDICINE 415 N 26TH STREET LAFAYETTE IN 47904	PHYSICIAN OFFICE
2 IU HEALTH ARNETT NEPHROLOGY 915 MEZZANINE LAFAYETTE IN 47905	PHYSICIAN OFFICE
3 IU HEALTH ARNETT OBSTETRICS & GYNECOLOGY 938 MEZZANINE LAFAYETTE IN 47905	PHYSICIAN OFFICE
4 IU HEALTH ARNETT FAMILY MEDICINE - FERRY 2800 FERRY STREET LAFAYETTE IN 47904	PHYSICIAN OFFICE
5 IU HEALTH ARNETT - FRANKFORT 550 S. HOKE AVENUE FRANKFORT IN 46041	PHYSICIAN OFFICE
6 IU HEALTH ARNETT - OTTERBEIN 385 N MEADOW STREET OTTERBEIN IN 47970	PHYSICIAN OFFICE
7 IU HEALTH ARNETT - MONTICELLO 810 S 6TH STREET, STE A MONTICELLO IN 47960	PHYSICIAN OFFICE
8 IU HEALTH ARNETT REHABILITATION 2601 FERRY STREET LAFAYETTE IN 47904	REHABILITATION CLINIC
9 IU HEALTH ARNETT - FLORA 203 DIVISION STREET FLORA IN 46929	PHYSICIAN OFFICE
10 IU HEALTH ARNETT HEALTH - DELPHI 651 ARMORY ROAD DELPHI IN 46923	PHYSICIAN OFFICE

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Part V Facility Information *(continued)*

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 IU HEALTH ARNETT - ROSSVILLE 14 S PLANK STREET ROSSVILLE IN 46065	PHYSICIAN OFFICE
2 IU HEALTH ARNETT OCCUPATIONAL HLTH SRVCS 3746 ROME DRIVE LAFAYETTE IN 46905	OCCUPATIONAL THERAPY
3 IU HEALTH ARNETT SLEEP LAB CASCADE CTR 3900 MCCARTHY LANE, STE 101 LAFAYETTE IN 47905	DIAGNOSTIC CENTER
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

FEDERAL POVERTY GUIDELINES

PART I, LINE 3C:

N/A

ANNUAL COMMUNITY BENEFIT REPORT

PART I, LINE 6A:

INDIANA UNIVERSITY HEALTH ARNETT, INC.'S ("IU HEALTH ARNETT") COMMUNITY BENEFIT INVESTMENTS ARE INCLUDED IN THE INDIANA UNIVERSITY HEALTH'S ("IU HEALTH") COMMUNITY BENEFIT REPORT WHICH IS MADE AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT IUHEALTH.ORG/COMMUNITYBENEFIT. THE COMMUNITY BENEFIT REPORT IS ALSO MAILED TO NUMEROUS KEY ORGANIZATIONS THROUGHOUT THE STATE OF INDIANA TO BROADLY SHARE IU HEALTH'S COMMUNITY BENEFIT EFFORTS AND INVESTMENTS STATEWIDE, AND IS AVAILABLE BY REQUEST THROUGH INDIANA STATE DEPARTMENT OF HEALTH OR IU HEALTH.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

SUBSIDIZED HEALTH SERVICES

PART I, LINE 7G:

INDIANA UNIVERSITY HEALTH ARNETT, INC. DOES NOT INCLUDE ANY COSTS
ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES.

BAD DEBT EXPENSE

PART I, LINE 7, COLUMN F:

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A),
BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE COMMUNITY BENEFIT
PERCENTAGE OF TOTAL EXPENSES IS \$20,031,517.

PERCENTAGE OF TOTAL EXPENSES

PART I, LINE 7:

PERCENTAGE OF TOTAL EXPENSES LISTED ON SCHEDULE H, PART I, LINE 7,
COLUMN(F) IS CALCULATED BASED ON NET COMMUNITY BENEFIT EXPENSE. THE
PERCENTAGE OF TOTAL EXPENSES CALCULATED BASED ON TOTAL COMMUNITY BENEFIT
EXPENSE IS 11.46%

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

COMMUNITY BUILDING ACTIVITIES

PART II

IU HEALTH ARNETT PARTICIPATED IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE UNDERLYING QUALITY OF LIFE IN THE COMMUNITIES IT SERVES. IU HEALTH AS A STATEWIDE HEALTHCARE SYSTEM INVESTED IN ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE COLLABORATED WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCATED FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS.

IN 2011, IU HEALTH SYSTEM SPENT OVER 1.2 MILLION DOLLARS, SERVING MORE THAN 77,000 INDIVIDUALS AS A STATEWIDE ORGANIZATION. LOCALLY, IU HEALTH ARNETT HOSPITAL INVESTED OVER \$23,000 IN COMMUNITY-BUILDING ACTIVITIES THAT SERVICE MORE THAN 4500 INDIVIDUALS BY PROVIDING EXPERTISE AND RESOURCES TO LOCAL COMMUNITY INITIATIVES THAT ADDRESSED ECONOMIC DEVELOPMENT, COMMUNITY HEALTH IMPROVEMENT AND WORKFORCE DEVELOPMENT. OUTREACH ACTIVITIES INCLUDED TEACHING CPR TO THE LAFAYETTE POLICE DEPARTMENT, PARTICIPATING IN OUR LOCAL UNITED WAY'S READ TO SUCCEED CHILD

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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 hospitals 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.

MENTORING PROGRAM AND VOLUNTEERING AS JUNIOR ACHIEVEMENT SPEAKERS.

BAD DEBT FOOTNOTE AND COSTING METHODOLOGY

PART III, LINE 4:

FOOTNOTE TO FINANCIAL STATEMENTS

INDIANA UNIVERSITY HEALTH ARNETT, INC. ("IU HEALTH ARNETT") IS INCLUDED IN A CONSOLIDATED AUDIT REPORT PREPARED FOR INDIANA UNIVERSITY HEALTH, INC. THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, CHANGES AND TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON ACCOUNTS RECEIVABLE PAYOR COMPOSITION AND AGING, THE SIGNIFICANCE OF INDIVIDUAL PAYORS TO OUTSTANDING ACCOUNTS RECEIVABLE BALANCES, AND HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, AS ADJUSTED FOR COLLECTION INDICATORS. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTED PATIENT

Part VI Supplemental Information

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ACCOUNTS AND THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN ADDITION, THE INDIANA UNIVERSITY HEALTH SYSTEM FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES. PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF THE INDIANA UNIVERSITY HEALTH SYSTEM AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET FINANCIAL ASSISTANCE POLICIES OF THE INDIANA UNIVERSITY HEALTH SYSTEM.

COSTING METHODOLOGY

THE BAD DEBT EXPENSE REPORTED ON LINE 2 IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. IU HEALTH ARNETT PROVIDES HEALTHCARE SERVICES THROUGH VARIOUS PROGRAMS THAT ARE DESIGNED, AMONG OTHER MATTERS, TO ENHANCE THE HEALTH OF THE COMMUNITY AND IMPROVE THE HEALTH OF LOW-INCOME PATIENTS. IN ADDITION, IU HEALTH ARNETT PROVIDES SERVICES INTENDED TO BENEFIT THE POOR AND UNDERSERVED, INCLUDING THOSE PERSONS WHO CANNOT

Part VI Supplemental Information

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AFFORD HEALTH INSURANCE BECAUSE OF INADEQUATE RESOURCES OR ARE UNINSURED
OR UNDERINSURED.

MEDICARE

PART III, LINE 8:

THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7 IS
CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING
"ALLOWABLE COSTS" FROM IU HEALTH ARNETT MEDICARE COST REPORT. "ALLOWABLE
COSTS" FOR MEDICARE COST REPORT PURPOSES ARE NOT REFLECTIVE OF ALL COSTS
ASSOCIATED WITH IU HEALTH ARNETT'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 ARNETT'S PARTICIPATION
IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL
REPORTED ON SCHEDULE H, PART III, LINE 7. IU HEALTH ARNETT'S MEDICARE
SHORTFALL IS ATTRIBUTABLE TO REIMBURSEMENTS THAT ARE LESS THAN THE COST
OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES AND DOES

Part VI Supplemental Information

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NOT INCLUDE ANY AMOUNTS THAT RESULT FROM INEFFICIENCIES OR POOR MANAGEMENT. IU HEALTH ARNETT ACCEPTS ALL MEDICARE PATIENTS KNOWING THAT THERE MAY BE SHORTFALLS; THEREFORE IT HAS TAKEN THE POSITION THAT THE SHORTFALL SHOULD BE COUNTED AS PART OF ITS COMMUNITY BENEFIT. ADDITIONALLY, IT IS IMPLIED IN INTERNAL REVENUE SERVICE REVENUE RULING 69-545 THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY.

COLLECTION PRACTICES

PART III, LINE 9B:

IF A PATIENT CANNOT SATISFY STANDARD PAYMENT EXPECTATIONS, FINANCIAL ASSISTANCE SCREENING FOR ALTERNATIVE SOURCES OF BALANCE RESOLUTION ARE COMPLETED. THOSE RESOLUTIONS MAY INCLUDE: A DISCOUNT ON CHARGES; MEDICAID ENROLLMENT, INTEREST-FREE LOAN OR APPLICATION FOR CHARITY CARE. IF A

Part VI Supplemental Information

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PATIENT DOES NOT APPLY FOR CHARITY CARE BUT MEETS THE CHARITY CARE GUIDELINES ESTABLISHED BY INDIANA UNIVERSITY HEALTH ARNETT, INC. ("IU HEALTH ARNETT"), IU HEALTH ARNETT WILL WAIVE CHARGES AND TREAT THE COSTS OF SERVICES AS CHARITY CARE.

NEEDS ASSESSMENT

PART VI, LINE 2

COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. IU HEALTH ARNETT UNDERSTANDS THAT THE HEALTH OF INDIVIDUALS AND COMMUNITIES ARE SHAPED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS, ALONG WITH HEALTH BEHAVIORS AND ADDITIONAL INFLUENCES, AND THIS IS WHY IU HEALTH ARNETT LOOKS TO ORGANIZATIONS THAT ARE IN TOUCH WITH NEEDS OF THE COMMUNITY AND HAVE EXPERTISE IN CONDUCTING COMMUNITY NEEDS ASSESSMENTS.

IU HEALTH ARNETT ASSESSED THE HEALTH CARE NEEDS OF THE AREAS WE SERVE BY UTILIZING THE DETAILED COMMUNITY NEEDS ASSESSMENTS UNDERTAKEN BY ORGANIZATIONS SUCH AS THE COUNTY HEALTH DEPARTMENT, THE INDIANA STATE DEPARTMENT OF HEALTH, THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND

Part VI Supplemental Information

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THE UNITED WAY OF CENTRAL INDIANA.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PART VI, LINE 3:

IU HEALTH ARNETT GOES TO GREAT LENGTHS TO ENSURE PATIENTS KNOW THAT IU HEALTH ARNETT TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH ARNETT SHARES FINANCIAL ASSISTANCE INFORMATION WITH PATIENTS DURING THE ADMISSION PROCESS, BILLING PROCESS AND ONLINE. HELPING PATIENTS UNDERSTAND THAT FINANCIAL SUPPORT FOR THEIR CARE IS A PART OF IU HEALTH ARNETT'S COMMITMENT TO ITS MISSION. IU HEALTH ARNETT'S FINANCIAL ASSISTANCE POLICY EXISTS TO SERVE THOSE IN NEED BY PROVIDING FINANCIAL RELIEF TO PATIENTS WHO ASK FOR ASSISTANCE AFTER CARE HAS BEEN PROVIDED.

DURING THE ADMISSIONS PROCESS, OPPORTUNITIES FOR FINANCIAL ASSISTANCE ARE DISCUSSED WITH PATIENTS WHO ARE IDENTIFIED AS A SELF-PAY PATIENT OR IF THEY REQUEST ASSISTANCE INFORMATION. THE PATIENT IS ALSO PROVIDED WITH AN ADMISSIONS PACKET THAT OUTLINES INFORMATION REGARDING IU HEALTH ARNETT'S FINANCIAL ASSISTANCE PROGRAM. FINANCIAL COUNSELORS ARE ONSITE TO

Part VI Supplemental Information

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ASSIST FINANCIAL CONCERNS OR QUESTIONS DURING THE PATIENT'S STAY. PATIENT FINANCIAL SERVICES - CUSTOMER SERVICE REPRESENTATIVES CAN HELP PATIENTS APPLY FOR FINANCIAL ASSISTANCE, UNDERSTAND THEIR BILLS, EXPLAIN WHAT THEY CAN EXPECT DURING THE BILLING PROCESS, ACCEPT PAYMENT (IF NEEDED), UPDATE THEIR INSURANCE OR PAYOR INFORMATION AND UPDATE THEIR ADDRESS OR OTHER DEMOGRAPHICS.

A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS PRINTED ON THE BACK OF EACH PATIENT STATEMENT, WHILE THE FINANCIAL ASSISTANCE APPLICATION IS MAILED TO ALL UNINSURED IU HEALTH ARNETT PATIENTS AT THE CONCLUSION OF THEIR TREATMENT ALONG WITH A SUMMARY OF THE INCURRED CHARGES.

ADDITIONALLY, ON THE BACK OF EACH PATIENT STATEMENT IS A PHONE NUMBER THAT WILL ALLOW PATIENTS THE ABILITY TO REQUEST FINANCIAL ASSISTANCE. UNINSURED PATIENTS ARE ALSO MADE AWARE OF THIS PROCESS AT THE TIME OF REGISTRATION.

THE IU HEALTH STATEWIDE SYSTEM WEBSITE (IUHEALTH.ORG) HAS A PAGE DEDICATED TO FINANCIAL ASSISTANCE AND OFFERS AND ONLINE APPLICATION AND

Part VI Supplemental Information

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PHONE NUMBERS FOR CUSTOMER SERVICE REPRESENTATIVES TO ASSIST WITH THE APPLICATION PROCESS.

IU HEALTH ARNETT HAS AN EXPANSIVE FINANCIAL ASSISTANCE POLICY, WHICH ALIGNS WITH THE IU HEALTH'S POLICY, WHICH UTILIZES THE FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY; MAKING ACCESS TO QUALITY CARE WITHIN A PATIENT'S REACH.

THE IU HEALTH ARNETT'S FINANCIAL ASSISTANCE POLICY PROVIDES THE FOLLOWING SUPPORT TO PATIENTS THAT QUALIFY:

- FREE CARE FOR THOSE EARNING UP TO 200 PERCENT OF FEDERAL POVERTY GUIDELINES;
- DISCOUNTED CARE ON A SLIDING SCALE FOR FAMILIES EARNING FROM 200 TO 400 PERCENT OF FEDERAL POVERTY GUIDELINES,
- DISCOUNTED CARE ON A SLIDING SCALE FOR UNINSURED FAMILIES EARNING FROM 400 TO 650 PERCENT OF FEDERAL POVERTY GUIDELINES, AND
- FINANCIAL ASSISTANCE TO PATIENTS WHOSE HEALTH INSURANCE COVERAGE,

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IF ANY, DOES NOT PROVIDE FULL COVERAGE FOR ALL OF THEIR MEDICAL EXPENSES AND WHOSE MEDICAL EXPENSES WOULD MAKE THEM INDIGENT IF THEY WERE FORCED TO PAY FULL CHARGES.

PATIENTS ARE GUIDED THROUGH THEIR COURSE OF CARE WITH PARTICULAR SENSITIVITY, REVIEWING CHANGING CIRCUMSTANCES AND ALLOWING FOR FINANCIAL ASSISTANCE AT ANY POINT DURING THE RELATIONSHIP AND BILLING PROCESS WITH THE PATIENT. FOR THOSE INPATIENTS THAT MAY QUALIFY FOR THE MEDICAID PROGRAM AND HAVE NOT APPLIED, IU HEALTH ARNETT FINANCIAL COUNSELORS WILL ASSIST PATIENTS WITH THE MEDICAID APPLICATION. IF A PATIENT DOES NOT APPLY FOR FINANCIAL ASSISTANCE, BUT MEETS THE CHARITY CARE GUIDELINES ESTABLISHED BY IU HEALTH ARNETT, THE HOSPITAL WILL WAIVE CHARGES AND TREAT THE COST OF SERVICES AS CHARITY CARE.

COMMUNITY INFORMATION

Part VI Supplemental Information

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PART VI, LINE 4:

IU HEALTH ARNETT HOSPITAL IS LOCATED IN TIPPECANOE COUNTY; A COUNTY LOCATED IN CENTRAL NORTHWEST INDIANA, BUT HAS MEDICAL OFFICES AND SERVES PATIENTS IN TIPPECANOE, BENTON, WHITE, CARROLL AND CLINTON COUNTIES.

TIPPECANOE COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF BATTLE GROUND, CLARKS HILL, DAYTON, LAFAYETTE, ROMNEY, WEST LAFAYETTE AND WEST POINT. BASED ON THE MOST RECENT CENSUS BUREAU (2010) STATISTICS, TIPPECANOE COUNTY'S POPULATION IS 172,780 PERSONS WITH APPROXIMATELY 49% BEING FEMALE AND 51% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 79.8% WHITE, 7.7% HISPANIC OR LATINO, 6.5% ASIAN, 4.4% BLACK, 0.4% AMERICAN INDIAN OR ALASKA NATIVE, AND 1.9% PERSONS REPORTING TWO OR MORE RACES.

TIPPECANOE COUNTY HAS RELATIVELY MODERATE LEVELS OF EDUCATIONAL ATTAINMENT. THE LEVEL OF EDUCATION MOST OF THE POPULATION HAS ACHIEVED IS A HIGH SCHOOL DEGREE (29%). AN ADDITIONAL 19% HAD SOME COLLEGE, BUT NO DEGREE. AS OF 2010, 26% OF THE POPULATION HAD AN ASSOCIATE'S OR BACHELOR'S DEGREE, AND 16% HOLD A GRADUATE OR PROFESSIONAL DEGREE.

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PROMOTION OF COMMUNITY HEALTH

PART VI, LINE 5:

IU HEALTH ARNETT IS AN AFFILIATE OF IU HEALTH, A TAX-EXEMPT HOSPITAL, WHO BOARD OF DIRECTORS IS COMPOSED OF MEMBERS, OF WHICH SUBSTANTIALLY ALL ARE INDEPENDENT COMMUNITY MEMBERS. IU HEALTH ARNETT ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY. ADDITIONALLY, IU HEALTH ARNETT INVESTS IN THE COMMUNITY TO IMPROVE THE QUALITY OF THE HEALTH OF THE COMMUNITY MEMBERS. SEVERAL COMMUNITY BENEFIT HIGHLIGHTS ARE DESCRIBED BELOW.

IU HEALTH ARNETT IS COMMITTED TO PROVIDING OUR YOUTH WITH A PREEMINENT FACILITY TO LEARN FROM TOP PHYSICIANS AND OTHER CLINICAL STAFF. IN 2011, IU HEALTH ARNETT EMPLOYEES PROVIDED HEALTH EDUCATION/TRAINING TO MORE THAN 600 STUDENTS STUDYING DIFFERENT HEALTH PROFESSIONS INCLUDING BUT NOT LIMITED TO MEDICAL, NURSING AND PHARMACY STUDENTS.

BREASTFEEDING HAS COUNTLESS BENEFITS FOR BOTH MOM AND BABY, INCLUDING BUT NOT LIMITED TO BUILDING IMMUNITIES AND REDUCING THE RISK OF SIDS IN BABY,

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AND REDUCING THE RISK OF CANCER FOR MOM. FOR ALL OF THESE REASONS AND MANY MORE IS WHY IU HEALTH ARNETT PROMOTES BREASTFEEDING TO MOTHERS. EVERY THURSDAY, IU HEALTH ARNETT HOLDS A BREASTFEEDING SUPPORT GROUP BY THE HOSPITAL'S LICENSED LACTATION CONSULTANT. THIS CLASS IS FREE AND IS OPEN TO THE PUBLIC - YOU DON'T EVEN HAVE TO HAVE DELIVERED AT IU HEALTH ARNETT HOSPITAL TO ATTEND. IN 2011, 461 LOCAL MOMS TOOK ADVANTAGE OF THIS FREE SUPPORT GROUP.

ADDITIONALLY, CHILD PASSENGER SAFETY TECHNICIANS AT IU HEALTH ARNETT HOSPITAL IN LAFAYETTE OFFERED FREE INSPECTIONS OF INFANT AND CHILD CAR SEATS. DURING THE 30-MINUTE CHECKUPS, TECHNICIANS ENSURED THAT SEATS WERE APPROPRIATE AND CORRECTLY INSTALLED FOR THEIR CHILD'S AGE, SIZE AND WEIGHT, MAKING RECOMMENDATIONS FOR POOR-FITTING SEATS. IU HEALTH ARNETT PERFORMED 992 INSPECTIONS AT NO COST TO FAMILIES. SINCE EACH INSPECTION TYPICALLY TAKES AROUND 30 MINUTES TO COMPLETE, THIS WAS A 500 HOUR COMMITMENT BY IU HEALTH ARNETT EMPLOYEES WHO ARE CERTIFIED CHILD PASSENGER SAFETY TECHNICIANS.

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IU HEALTH ARNETT ALSO FUNDED OVER \$16,000 IN SUPPORT OF LOCAL
CANCER-RELATED WALKS INCLUDING BUT NOT LIMITED TO RELAY FOR LIFE,
COMMUNITY CANCER NETWORK'S CARRY THE TORCH WALK AND PURDUE'S CANCER
CHALLENGE 5K WALK/RUN.

AFFILIATED HEALTH CARE SYSTEM

PART VI, LINE 6:

IU HEALTH ARNETT IS A PART OF THE IU HEALTH STATEWIDE HEALTHCARE SYSTEM
WHICH CONTINUES TO BROADEN ITS REACH AND POSITIVE IMPACT THROUGHOUT THE
STATE OF INDIANA. IU HEALTH IS INDIANA'S MOST COMPREHENSIVE ACADEMIC
MEDICAL CENTER AND CONSISTS OF IU HEALTH METHODIST HOSPITAL, IU HEALTH
UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR CHILDREN AT IU HEALTH, IU HEALTH
WEST HOSPITAL, IU HEALTH NORTH HOSPITAL, IU HEALTH BALL MEMORIAL, IU
HEALTH BLACKFORD HOSPITAL, IU HEALTH BLOOMINGTON HOSPITAL, IU HEALTH
PAOLI HOSPITAL, IU HEALTH BEDFORD HOSPITAL, IU HEALTH TIPTON HOSPITAL, IU
HEALTH LA PORTE HOSPITAL, IU HEALTH STARKE HOSPITAL, IU HEALTH MORGAN
HOSPITAL, IU HEALTH WHITE HOSPITAL, AND IU HEALTH GOSHEN HOSPITAL.

Part VI Supplemental Information

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ALTHOUGH EACH IU HEALTH HOSPITAL PREPARES AND SUBMITS ITS OWN COMMUNITY BENEFITS PLAN RELATIVE TO THE LOCAL COMMUNITY, IU HEALTH ARNETT CONSIDERS ITS COMMUNITY BENEFIT PLAN AS PART OF AN OVERALL VISION FOR STRENGTHENING INDIANA'S OVERALL HEALTH. A COMPREHENSIVE THREE-PRONG COMMUNITY OUTREACH STRATEGY AND COMMUNITY BENEFIT PLAN IS IN PLACE THAT ENCOMPASSES THE ACADEMIC MEDICAL CENTER DOWNTOWN INDIANAPOLIS, SUBURBAN INDIANAPOLIS AND STATEWIDE ENTITIES AROUND PRIORITY AREAS THAT FOCUS ON HEALTH IMPROVEMENT EFFORTS STATEWIDE. IU HEALTH IS KEENLY AWARE OF THE POSITIVE IMPACT IT CAN HAVE ON THE COMMUNITIES OF NEED IN THE STATE OF INDIANA BY FOCUSING ON THE MOST PRESSING NEEDS IN A SYSTEMATIC AND STRATEGIC WAY. AFTER TAKING A CAREFUL LOOK INTO IU HEALTH'S COMMUNITIES WE SERVE, AND BY UTILIZING THE DETAILED COMMUNITY NEEDS ASSESSMENTS UNDERTAKEN BY PUBLIC HEALTH OFFICIALS AND COMMUNITY PARTNERS, IU HEALTH IDENTIFIED THE FOLLOWING COMMUNITY HEALTH NEEDS FOR 2011:

OBEISITY PREVENTION

TO IMPROVE THE LIFESTYLE OF INDIANA RESIDENTS, IU HEALTH HAS UTILIZED

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BEST PRACTICE METHODS TO ATTACK OBESITY IN OUR COMMUNITIES. IU HEALTH IS WORKING TO IMPROVE ACCESS TO NUTRITIOUS FOODS AND PHYSICAL ACTIVITY IN LOW-INCOME NEIGHBORHOODS, IN ADDITION TO PROVIDING TRADITIONAL HEALTH EDUCATION AND PUBLIC ADVOCACY EFFORTS. WITH THESE INITIATIVES, IU HEALTH STRIVES TO PREVENT CHRONIC DISEASES SUCH AS OBESITY AND DIABETES AND INCREASE THE AWARENESS OF THE IMPORTANCE OF MAKING HEALTHY CHOICES, SINCE THIRTY-SIX PERCENT OF HOOSIER ADULTS ARE OVERWEIGHT AND 29.5% ARE OBESE, COSTING THE NATIONS BILLIONS OF DOLLARS EACH YEAR TO TREAT THESE CHRONIC HEALTH CONDITIONS.

GARDEN ON THE GO: YEAR-ROUND MOBILE PRODUCE DELIVERY PROGRAM, THAT AIMS TO INCREASE ACCESS TO AFFORDABLE, FRESH FRUITS & VEGETABLES FOR THE CITY'S MOST DISADVANTAGED NEIGHBORS. BY THE END OF DECEMBER 2011, GARDEN ON THE GO SERVED THOUSANDS OF COMMUNITY MEMBERS, REACHING A TOTAL OF 8281 RESIDENTS!

INDY URBAN ACRES: 8-ACRE ORGANIC URBAN FARM THAT SUPPLIES LOW-INCOME HOOSIERS WITH HEALTHY FRUITS AND VEGETABLES. PRODUCE GROWN AT THIS SITE IS GIVEN TO GLEANERS FOOD BANK. IN JUST TWO MONTHS OF HARVEST, MORE THAN 1400 POUNDS OF PRODUCE WAS GROWN ON .5 ACRES AND DELIVERED TO GLEANERS

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FOOD BANK.

RILEY SCHOOL GARDENS: IN AN EFFORT TO INCREASE ACCESS TO NUTRITIOUS FOODS AND REDUCE THE INCIDENCE OF OBESITY AMONG YOUTH, RILEY HOSPITAL FOR CHILDREN AT INDIANA UNIVERSITY HEALTH PARTNERED WITH KEEP INDIANAPOLIS BEAUTIFUL (KIB) AND INDIANAPOLIS PUBLIC SCHOOLS (IPS) TO ESTABLISH SCHOOL GARDENS AT 10 IPS SCHOOLS THROUGHOUT THE CITY.

IU HEALTH BUCKS: IU HEALTH BUCKS IS AN INCENTIVE PROGRAM DESIGNED TO INCREASE PRODUCE CONSUMPTION AMONG UNDERSERVED POPULATIONS USING STATE-ISSUED FARMERS MARKET VOUCHERS. PARTICIPANTS WHO SPENT THEIR STATE-ISSUED VOUCHERS AT THE NORTH UNITED METHODIST CHURCH FARMERS' MARKET IN INDIANAPOLIS RECEIVED ADDITIONAL IU HEALTH "MARKET MONEY" TO SPEND ON PRODUCE. 233 LOW-INCOME FAMILIES PARTICIPATED IN THE PILOT PROGRAM, SPENDING \$3,500 ON HEALTHY, LOCAL PRODUCE.

ACCESS TO AFFORDABLE HEALTHCARE

ONE OF THE FIRST STEPS TO IMPROVED HEALTH OUTCOMES IS HAVING ACCESS TO HEALTHCARE RESOURCES. TO SHOW ITS COMMITMENT TO PROVIDING AFFORDABLE

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HEALTHCARE ACCESS, IU HEALTH TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH IS ALSO WORKING TO RAISE AWARENESS AND WORK TO IDENTIFY INDIVIDUALS WITHIN OUR COMMUNITIES THAT HAVE BARRIERS TO CARE AND CONNECT THESE INDIVIDUALS WITH BETTER ACCESS AND CONSISTENCY OF HEALTHCARE RESOURCES TO MEET THEIR NEEDS.

INJURY PREVENTION

IU HEALTH STRIVES TO CREATE SAFE COMMUNITIES BY HELPING TO REDUCE PREVENTABLE INJURIES SUCH AS BICYCLE, MOTOR VEHICLE, AND FALL RELATED INJURIES, AS INJURIES ARE THE LEADING CAUSE OF DEATH FOR PEOPLE 1 - 44 YEARS OLD. THE CDC REPORTS 160,000 PEOPLE DIE AND 50 MILLION PEOPLE ARE INJURED EACH YEAR, COSTING OVER \$80 BILLION IN MEDICAL COSTS. IU HEALTH WORKS TO PROVIDE THE NECESSARY TOOLS, SUCH AS HELMETS AND EDUCATION TO COMMUNITIES OF NEED TO PREVENT INJURIES FOR YOUTH AND ADULTS. ADDITIONALLY, IU HEALTH SUPPORTS THE ADVOCACY OF POLICIES, SUCH AS THE TEXTING WHILE DRIVING BAN, TO HELP PROVIDE INFRASTRUCTURE TO INSTILL THE AWARENESS OF INJURY PREVENTION IN OUR COMMUNITIES.

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BICYCLE HELMET SAFETY CAMPAIGN: OUTFITTED 4,042 CHILDREN STATEWIDE (AGES 6-14) WITH FREE, PROPERLY FITTED BICYCLE HELMETS AND PROVIDED BICYCLE SAFETY EDUCATION. THIS INITIATIVE RESULTED IN A 37% INCREASE IN HELMET USAGE POST-ACTIVATION.

IU HEALTH CHILD PASSENGER SAFETY CAMPAIGN: ON NATIONAL SEAT CHECK SATURDAY, IU HEALTH LAUNCHED A STATEWIDE CAMPAIGN TO DECREASE THE INCIDENCE OF CHILDREN TRAVELING UNRESTRAINED OR RESTRAINED INCORRECTLY. CPS TECHNICIANS DISTRIBUTED 122 FREE CAR SEATS AND FOUND THAT 85% OF THE 205 CAR SEATS INSPECTED WERE INSTALLED IMPROPERLY.

CICOA AGING AND IN-HOME SOLUTIONS: SAFE AT HOME EVENT - TARGETED HOMEOWNERS OVER THE AGE OF 65 OR PERSONS OF ANY AGE WITH A DISABILITY TO MAKE THEIR HOMES SAFE AND ACCESSIBLE FOR DAILY LIVING. VOLUNTEERS MADE SAFETY MODIFICATIONS TO 22 HOMES INCLUDING SECURING GRAB BARS IN BATHROOMS, INSTALLING HANDRAILS AND BANISTERS ON STEPS, REPAIRING STEPS, AND INSTALLING COMFORT HEIGHT TOILETS.

K-12 EDUCATION

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IN 2011, IU HEALTH PARTNERED WITH THE UNITED WAY TO IMPLEMENT A KINDERGARTEN READINESS PROGRAM FOR AT-RISK CHILDREN CALLED KINDERGARTEN COUNTDOWN. IU HEALTH'S SIGNIFICANT INVESTMENT IN THIS PROGRAM ALLOWED HUNDREDS OF SOON-TO-BE STUDENTS TO RECEIVE NECESSARY VACCINATIONS AND SCREENINGS AS WELL AS ATTEND A 4-WEEK SUMMER CAMP TO ENHANCE THEIR SCHOOL READINESS. WITH IU HEALTH'S SUPPORT, THE PROGRAM WAS EXPANDED ACROSS THE IPS DISTRICT AND INTO 10 ADDITIONAL IU HEALTH COMMUNITIES.

COMMUNITY REVITALIZATION

DURING IU HEALTH'S THIRD ANNUAL DAY OF SERVICE, 1,611 EMPLOYEES JOINED THE FIGHT AGAINST CHILDHOOD OBESITY BY INCREASING ACCESS TO ACTIVE PLACES TO PLAY AND FRESH NUTRITIOUS FOODS FOR LOW-INCOME SCHOOL CHILDREN ACROSS INDIANA. COMMUNITY ASSETS LEFT BEHIND AS A RESULT OF THE EVENT INCLUDED: 3 NEW SCHOOL PLAYGROUNDS, 12 IMPROVED SCHOOL PLAYGROUNDS, AND 5 SCHOOL GARDENS. OVER 65,000 HOOSIERS WERE POSITIVELY IMPACTED BY THE CONSTRUCTION OF NEW PLAYGROUNDS AND SAFETY IMPROVEMENTS MADE; CREATING SECURE & CONVENIENT PLACES FOR COMMUNITY MEMBERS TO PLAY AND BE ACTIVE.

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ADDITIONALLY, IU HEALTH RECOGNIZES THAT IT CAN EXTEND ITS IMPACT FARTHER BY STRATEGICALLY SUPPORTING THE EFFORTS OF COMMUNITY PARTNERS WHO SHARE IU HEALTH'S MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF OUR NEIGHBORS AND OUR NEIGHBORHOODS. IN 2011, IU HEALTH DIRECTLY INVESTED IN PARTNERS TO CARRY OUT SUCH DIVERSE ACTIVITIES AS DELIVERING LOW-COST MEDICAL SERVICES, RAISING FUNDING FOR RESEARCH, AND PROVIDING HEALTH EDUCATION.

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STATE FILING OF COMMUNITY BENEFIT REPORT

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