

**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 BALL MEMORIAL HOSPITAL, INC.**

Employer identification number  
**35-0867958**

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>c</b> 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
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			12,818,564.		12,818,564.	4.26
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		72146	48,411,644.	42,775,613.	5,636,031.	1.87
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .		72146	61,230,208.	42,775,613.	18,454,595.	6.13
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	31	15068	333,999.	3,940.	330,059.	.11
<b>f</b> Health professions education (from Worksheet 5) . . . . .	6	2030	8,527,310.	2,747,554.	5,779,756.	1.92
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .	1	376	633,565.	100,129.	533,436.	.18
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	5	10964	69,326.		69,326.	.02
<b>j Total.</b> Other Benefits . . . . .	43	28438	9,564,200.	2,851,623.	6,712,577.	2.23
<b>k Total.</b> Add lines 7d and 7j. . . . .	43	100584	70,794,408.	45,627,236.	25,167,172.	8.36

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2011

**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	1200	16,824.		16,824.	.01
2 Economic development	2	644	97,907.		97,907.	.03
3 Community support	1	232	5,042.		5,042.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	832	24,154.		24,154.	.01
7 Community health improvement advocacy	1	40	68.		68.	
8 Workforce development	1	1347	5,663.		5,663.	
9 Other						
10 Total	7	4295	149,658.		149,658.	.05

**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? . . . . .
- Enter the amount of the organization's bad debt expense . . . . .
- Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy . . . . .
- 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**

- Enter total revenue received from Medicare (including DSH and IME) . . . . .
- Enter Medicare allowable costs of care relating to payments on line 5 . . . . .
- Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .
- 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**

- Did the organization have a written debt collection policy during the tax year? . . . . .
- 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 BOSC, LLC	AMBULATORY SURGERY CENTER	52.94125		47.05875
2 BOSS, LLC	AMBULATORY SURGERY CENTER	51.53500		48.46500
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: IU HEALTH BALL MEMORIAL HOSPITAL

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

		Yes	No
<b>Community Health Needs Assessment</b> (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 __ __		
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	
<b>Financial Assistance Policy</b>			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	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>2</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

**Part V Facility Information (continued)** IU HEALTH BALL MEMORIAL HOSPITAL

	Yes	No
<b>10</b> 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	
<b>11</b> Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
<b>a</b> <input checked="" type="checkbox"/> Income level		
<b>b</b> <input checked="" type="checkbox"/> Asset level		
<b>c</b> <input checked="" type="checkbox"/> Medical indigency		
<b>d</b> <input checked="" type="checkbox"/> Insurance status		
<b>e</b> <input checked="" type="checkbox"/> Uninsured discount		
<b>f</b> <input type="checkbox"/> Medicaid/Medicare		
<b>g</b> <input type="checkbox"/> State regulation		
<b>h</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>12</b> Explained the method for applying for financial assistance? . . . . .	X	
<b>13</b> 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	
<b>a</b> <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b> <input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b> <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b> <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b> <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b> <input checked="" type="checkbox"/> The policy was available on request		
<b>g</b> <input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b> 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	
<b>15</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency		
<b>b</b> <input type="checkbox"/> Lawsuits		
<b>c</b> <input type="checkbox"/> Liens on residences		
<b>d</b> <input type="checkbox"/> Body attachments		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b> 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
<b>a</b> <input type="checkbox"/> Reporting to credit agency		
<b>b</b> <input type="checkbox"/> Lawsuits		
<b>c</b> <input type="checkbox"/> Liens on residences		
<b>d</b> <input type="checkbox"/> Body attachments		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
<b>a</b> <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
<b>b</b> <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
<b>c</b> <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
<b>d</b> <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b> <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information (continued)** IU HEALTH BALL MEMORIAL HOSPITAL

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	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:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</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		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	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.			
<b>21</b>	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? 17

Name and address	Type of Facility (describe)
<b>1</b> ALBANY HEALTHCARE PHARMACY 349 W. FIRST ST. ALBANY IN 47320	RETAIL PHARMACY
<b>2</b> BALL CANCER CENTER 200 FOREST RIDGE RD., STE. 120 NEW CASTLE IN 47362	CANCER CARE
<b>3</b> BALL MEMORIAL HOSPITAL REHAB. SERVICES 3600 W. BETHEL AVE. MUNCIE IN 47303	REHABILITATION
<b>4</b> BALL MEMORIAL HOSPITAL SLEEP LAB 6000 W. KILGORE AVE. MUNCIE IN 47304	SLEEP DISORDERS
<b>5</b> BALL STATE HEALTH CENTER PHARMACY 1500 NEELEY AVE. MUNCIE IN 47306	RETAIL PHARMACY
<b>6</b> BLACKFORD COMMUNITY HEALTHCARE PHARMACY 400 PILGRIM BLVD. HARTFORD CITY IN 47348	RETAIL PHARMACY
<b>7</b> BMH OUTPATIENT CT SERVICES 800 S. TILLOTSON AVE., STE. A MUNCIE IN 47304	IMAGING
<b>8</b> BMH PEDIATRIC REHABILITATION CENTER 205 N. TILLOTSON AVE. MUNCIE IN 47304	PEDIATRIC REHABILITATION
<b>9</b> BMH REHAB SERVICES AND YORKTOWN PHARMACY 1420 SOUTH PILGRIM BOULEVARD YORKTOWN IN 47396	REHABILITATION AND RETAIL PHARMACY
<b>10</b> BMH REHABILITATION SERVICES 3300 W. COMMUNITY DR. MUNCIE IN 47304	REHABILITATION

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)
<b>1</b> BMH REHAB SERVICES AND UPLAND PHARMACY 1809 S. MAIN ST. UPLAND IN 46989	REHABILITATION AND RETAIL PHARMACY
<b>2</b> BREAST CENTER SERVICE 2598 W. WHITE RIVER ANTHONY IN 47303	IMAGING
<b>3</b> FAMILY PRACTICE CLINIC 221 N. CELIA MUNCIE IN 47303	FAMILY PRACTICE
<b>4</b> KENMORE HEALTHCARE PHARMACY 205 N. TILLOTSON AVE. MUNCIE IN 47304	RETAIL PHARMACY
<b>5</b> PAIN MANAGEMENT CTR AND FAMILY PHARMACY 5501 W. BETHEL AVE. MUNCIE IN 47304	PAIN MANAGEMENT AND RETAIL PHARMACY
<b>6</b> SOUTHWAY HEALTHCARE PHARMACY 3715 S. MADISON ST. BRREZEWOOD PARK IN 47302	RETAIL PHARMACY
<b>7</b> WOUND HEALING CTR AND BARIATRIC CENTER 2901 W. JACKSON ST. ANTHONY IN 47303	WOUND HEALING AND BARIATRIC
<b>8</b>  	
<b>9</b>  	
<b>10</b>  	

**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.

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

LINE 3C

N/A

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

LINE 6A - COMMUNITY BENEFIT REPORT PREPARED BY RELATED ORGANIZATION

INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC.'S ("IU HEALTH BALL MEMORIAL HOSPITAL") COMMUNITY BENEFITS AND INVESTMENTS ARE INCLUDED IN THE INDIANA UNIVERSITY HEALTH ("IU HEALTH") COMMUNITY BENEFIT REPORT WHICH IS MADE AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT WWW.IUHEALTH.ORG. THE COMMUNITY BENEFIT REPORT IS ALSO DISTRIBUTED 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 THE INDIANA STATE DEPARTMENT OF HEALTH OR IU HEALTH.

IU HEALTH BALL MEMORIAL HOSPITAL'S COMMUNITY BENEFIT INFORMATION IS ALSO INCLUDED IN THE IU HEALTH BALL MEMORIAL HOSPITAL COMMUNITY BENEFIT REPORT

**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.

WHICH IS MADE AVAILABLE TO THE PUBLIC ON THE IU HEALTH BALL MEMORIAL HOSPITAL WEBSITE AT WWW.IUHEALTH.ORG/BALL-MEMORIAL. THE REPORT IS ALSO PRINTED AND WIDELY DISTRIBUTED TO LOCAL COMMUNITY LEADERS AND AT LOCAL COMMUNITY EVENTS SUCH AS HEALTH FAIRS AND INFORMATIONAL PROGRAMS ATTENDED BY THE PUBLIC. IT IS ALSO AVAILABLE UPON REQUEST.

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

LINE 7, COLUMN (F) - BAD DEBT EXPENSE

THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSE IS \$37,686,011.

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

LINE 7 - TOTAL COMMUNITY BENEFIT EXPENSE

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 23.52%.

**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.

## SCHEDULE H, PART I - FINANCIAL ASSISTANCE

## LINE 7G - SUBSIDIZED HEALTH SERVICES

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

## SCHEDULE H, PART II - COMMUNITY BUILDING ACTIVITIES

## PROMOTION OF HEALTH IN COMMUNITIES SERVED

IN 2011, INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC. ("IU HEALTH BALL MEMORIAL HOSPITAL") PROVIDED EXPERTISE AND RESOURCES TO LOCAL COMMUNITY INITIATIVES THAT ADDRESSED ECONOMIC DEVELOPMENT, COMMUNITY HEALTH IMPROVEMENT, AND WORKFORCE DEVELOPMENT. OUTREACH ACTIVITIES INCLUDED JOB FAIRS AND INTERVIEW SEMINARS; PARTICIPATION IN AN ECONOMIC DEVELOPMENT COUNCIL AND CHAMBER OF COMMERCE; DONATIONS TO LOCAL ECONOMIC DEVELOPMENT ACTIVITIES, AND COLLABORATIVE PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH. AS A PART OF A LARGE-SCALE INITIATIVE TO IMPROVE ACCESS TO HEALTHY FOOD AND SAFE PLACES FOR PHYSICAL ACTIVITY, IU HEALTH BALL MEMORIAL HOSPITAL ADDED EQUIPMENT AND WALKING PATHS TO PLAYGROUND

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FACILITIES AT MITCHELL ELEMENTARY SCHOOL AND SUTTON ELEMENTARY SCHOOL  
DURING THE 2011 IU HEALTH DAY OF COMMUNITY SERVICE.

AS PART OF THE IU HEALTH SYSTEM, IU HEALTH BALL MEMORIAL LEADERS  
PARTICIPATE IN A WIDE ARRAY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS  
THE UNDERLYING QUALITY OF LIFE IN THE COMMUNITIES IU HEALTH SERVES.  
HOSPITALS THROUGHOUT THE IU HEALTH SYSTEM INVEST IN ECONOMIC DEVELOPMENT  
EFFORTS IN THEIR COMMUNITIES WHICH RESULTS IN COLLABORATIONS THROUGH  
COALITIONS ACROSS THE STATE, WITH LIKE-MINDED ORGANIZATIONS THAT ADDRESS  
KEY ISSUES, AND ADVOCATES FOR IMPROVEMENTS IN THE HEALTH STATUS OF  
VULNERABLE POPULATIONS. IN 2011, IU HEALTH SPENT OVER 1.2 MILLION  
DOLLARS, SERVING MORE THAN 77,000 INDIVIDUALS AS A STATEWIDE  
ORGANIZATION. SPECIFICALLY, IU HEALTH BALL MEMORIAL HOSPITAL INVESTED  
OVER \$146,000 SERVING NEARLY 4,300 PEOPLE IN MUNCIE COMMUNITY.

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SCHEDULE H, PART III - BAD DEBT, MEDICARE, & COLLECTION PRACTICES

LINE 4 - BAD DEBT EXPENSE

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, AND HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, AS ADJUSTED FOR COLLECTION INDICATORS. THE RESULTS OF THE REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS AND THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN ADDITION, INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC. ("IU HEALTH BALL MEMORIAL HOSPITAL") 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 IU HEALTH BALL MEMORIAL HOSPITAL AND, IN CERTAIN

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CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET

CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES OF IU HEALTH BALL MEMORIAL  
HOSPITAL.

THE BAD DEBT EXPENSE REPORTED ON LINE 2 IS CALCULATED UNDER THE COST TO  
CHARGE RATIO METHODOLOGY. IU HEALTH BALL MEMORIAL HOSPITAL PROVIDES  
HEALTH CARE 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 BALL MEMORIAL  
HOSPITAL PROVIDES SERVICES INTENDED TO BENEFIT THE POOR AND UNDERSERVED,  
INCLUDING THOSE PERSONS WHO CANNOT AFFORD HEALTH INSURANCE BECAUSE OF  
INADEQUATE RESOURCES OR ARE UNINSURED OR UNDERINSURED.

SCHEDULE H, PART III - BAD DEBT, MEDICARE, & COLLECTION PRACTICES

LINE 8 - MEDICARE SHORTFALL

THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7 IS  
CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING

"ALLOWABLE COSTS" FROM INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL,

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INC.'S ("IU HEALTH BALL MEMORIAL HOSPITAL") MEDICARE COST REPORT.

"ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH BALL MEMORIAL HOSPITAL'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 BALL MEMORIAL HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.

IU HEALTH BALL MEMORIAL HOSPITAL'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 BALL MEMORIAL HOSPITAL 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

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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.

SCHEDULE H, PART III - BAD DEBT, MEDICARE, & COLLECTION PRACTICES  
 LINE 9B - WRITTEN DEBT COLLECTION POLICY AND FINANCIAL ASSISTANCE  
 IF A PATIENT CANNOT SATISFY STANDARD PAYMENT EXPECTATIONS, A FINANCIAL ASSISTANCE SCREENING PROCESS FOR ALTERNATIVE SOURCES OF BALANCE RESOLUTION IS COMPLETED. THOSE RESOLUTIONS MAY INCLUDE: A DISCOUNT ON CHARGES; MEDICAID ENROLLMENT, INTEREST-FREE LOAN OR APPLICATION FOR CHARITY CARE. IF A PATIENT DOES NOT APPLY FOR CHARITY CARE BUT MEETS THE CHARITY CARE GUIDELINES ESTABLISHED BY INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC. ("IU HEALTH BALL MEMORIAL HOSPITAL"), IU HEALTH BALL MEMORIAL HOSPITAL WILL WAIVE CHARGES AND TREAT THE COST OF SERVICES AS CHARITY CARE.

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SCHEDULE H, PART VI - SUPPLEMENT INFORMATION

LINE 2 - NEEDS ASSESSMENT

COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC. ("IU HEALTH BALL MEMORIAL HOSPITAL") UNDERSTANDS THAT THE HEALTH OF INDIVIDUALS AND COMMUNITIES ARE SHAPED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS, ALONG WITH HEALTH BEHAVIORS AND ADDITIONAL INFLUENCES.

IU HEALTH BALL MEMORIAL HOSPITAL ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY UTILIZING THE DETAILED COMMUNITY NEEDS ASSESSMENTS UNDERTAKEN BY ORGANIZATIONS SUCH AS THE DELAWARE COUNTY HEALTH DEPARTMENT, THE INDIANA STATE DEPARTMENT OF HEALTH, THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE UNITED WAY OF CENTRAL INDIANA.

SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

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## LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC. ("IU HEALTH BALL MEMORIAL HOSPITAL") GOES TO GREAT LENGTHS TO ENSURE PATIENTS KNOW THAT IU HEALTH BALL MEMORIAL HOSPITAL TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH BALL MEMORIAL HOSPITAL 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 BALL MEMORIAL HOSPITAL'S COMMITMENT TO ITS MISSION. IU HEALTH BALL MEMORIAL HOSPITAL'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 REQUESTS ASSISTANCE INFORMATION. THE PATIENT IS ALSO PROVIDED WITH AN ADMISSIONS PACKET THAT PROVIDES INFORMATION REGARDING IU HEALTH BALL MEMORIAL HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. FINANCIAL COUNSELORS ARE ONSITE TO ASSIST FINANCIAL CONCERNS OR QUESTIONS DURING THE PATIENT'S

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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 BALL MEMORIAL HOSPITAL 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 INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH") STATEWIDE SYSTEM, OF WHICH IU HEALTH BALL MEMORIAL HOSPITAL IS INCLUDED, WEBSITE (IUHEALTH.ORG) HAS A PAGE DEDICATED TO FINANCIAL ASSISTANCE AND OFFERS AN

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

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

THE IU HEALTH 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; AND

" 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 BALL MEMORIAL HOSPITAL FINANCIAL COUNSELORS WILL ASSIST PATIENTS WITH THE MEDICAID APPLICATION. IF A PATIENT DOES NOT APPLY FOR FINANCIAL ASSISTANCE, BUT MEETS THE FINANCIAL ASSISTANCE GUIDELINES ESTABLISHED BY IU HEALTH BALL MEMORIAL HOSPITAL, IU HEALTH BALL MEMORIAL HOSPITAL WILL WAIVE CHARGES AND TREAT THE COST OF SERVICES AS FINANCIAL ASSISTANCE.

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## SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

## LINE 4 - COMMUNITY INFORMATION

INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC. ("IU HEALTH BALL MEMORIAL HOSPITAL") SERVES A LARGE GEOGRAPHIC AREA IN EAST CENTRAL INDIANA WHICH SERVES PATIENTS PRIMARILY FROM DELAWARE COUNTY (68%) AND SIX SURROUNDING COUNTIES (RANDOLPH, JAY, HENRY, BLACKFORD, GRANT, AND MADISON) (32%).

DELAWARE COUNTY HAS A HIGHER RATE OF UNEMPLOYMENT AND A LOWER MEDIAN HOUSEHOLD INCOME THAN THE INDIANA STATE AND NATIONAL AVERAGES. THE COUNTY IS ADVERSELY AFFECTED BY A COMBINATION OF CHRONIC HEALTH CONDITIONS, LOW EDUCATIONAL ATTAINMENT, AND THE LOW AVAILABILITY OF HIGHER PAYING JOBS. OF THE SEVEN COUNTIES PRIMARILY SERVED BY IU HEALTH BALL MEMORIAL HOSPITAL, ALL ARE EXPECTED TO DECREASE IN TOTAL POPULATION AND INCREASE IN THE NUMBER OF RESIDENTS 65 YEARS OF AGE OR OLDER. ADDITIONALLY, APPROXIMATELY 65% OF INPATIENT AND OUTPATIENT CASES IN 2011 WERE COVERED BY GOVERNMENT-SPONSORED HEALTH CARE PLANS (MEDICARE AND MEDICAID, 45% AND 20%, RESPECTIVELY).

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## SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

## LINE 5 - PROMOTION OF COMMUNITY HEALTH

INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC. ("IU HEALTH BALL MEMORIAL HOSPITAL") WAS FOUNDED IN 1929 AS BOTH A TEACHING HOSPITAL AND REGIONAL TERTIARY REFERRAL CENTER. CURRENTLY, THE HOSPITAL HAS NEARLY 400 PHYSICIANS OFFERING MORE THAN 45 MEDICAL SPECIALTIES. THE HOSPITAL SERVES AS A REGIONAL CENTER FOR CARDIAC PROCEDURES, OFFERS THE LARGEST PHYSICIAN-TEACHING PROGRAM IN INDIANA OUTSIDE INDIANAPOLIS, PROVIDES HIP AND KNEE REPLACEMENT THROUGH ITS MULTIDISCIPLINARY ORTHOPEDICS PROGRAM AND OFFERS THE ONLY PERINATOLOGY SERVICES AND LEVEL III-B NEONATAL INTENSIVE CARE UNIT BETWEEN INDIANAPOLIS AND FORT WAYNE. SOME OF THESE SERVICES OPERATE AT A LOSS IN ORDER TO ENSURE THE COMPREHENSIVE SERVICES ARE AVAILABLE TO THE HOSPITAL'S PRIMARY SERVICE AREA.

IU HEALTH BALL MEMORIAL HOSPITAL IS AN AFFILIATE OF THE INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH") STATEWIDE HEALTHCARE SYSTEM, AND PREPARES AND SUBMITS ITS OWN COMMUNITY BENEFITS PLAN RELATIVE TO THE LOCAL COMMUNITY. IT IS ALSO PART OF A THREE-PRONG COMMUNITY OUTREACH

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STRATEGY IN PLACE WITH THE ACADEMIC MEDICAL CENTER DOWNTOWN INDIANAPOLIS,  
SUBURBAN INDIANAPOLIS AND STATEWIDE ENTITIES AS PRIORITY AREAS OF FOCUS  
AND EFFORT. IU HEALTH CONSIDERS ITS COMMUNITY BENEFIT PLAN AS PART OF AN  
OVERALL VISION FOR STRENGTHENING INDIANA'S HEALTHCARE SAFETY NET.

THROUGHOUT THE YEAR, THE HOSPITAL OFFERS A VARIETY OF EDUCATIONAL  
PROGRAMS AND SPONSORS A NUMBER OF HEALTH IMPROVEMENT SUPPORT GROUPS.  
CLASSES SUCH AS CPR TRAINING, SAFE SITTER CLASSES, DIABETIC NUTRITION  
CLASSES, CANCER AND CARDIAC SUPPORT GROUPS AND OTHERS THAT POSITIVELY  
IMPACT THE HEALTH OF THE COMMUNITY ARE OFFERED THROUGHOUT THE YEAR.

FREE CANCER SCREENINGS FOR CERVICAL, SKIN, BREAST AND PROSTATE CANCER ARE  
PROVIDED TO COMMUNITY MEMBERS. DIABETES, BLOOD PRESSURE AND STROKE  
SCREENINGS ARE OFFERED IN COMMUNITY SETTINGS. HOSPITAL HEALTH EXPERTS ARE  
ALSO ACTIVE IN PROMOTING HEALTHY LIFESTYLES THROUGH PARTICIPATION IN  
LOCAL HEALTH FAIRS, AND PRESENTATIONS TO LOCAL SCHOOLS, CHURCHES AND  
COMMUNITY GROUPS.

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IU HEALTH BALL MEMORIAL HOSPITAL PROVIDES A MEDICAL INFORMATION FACILITY SO THAT FAMILY MEMBERS, PATIENTS AND MEMBERS OF THE PUBLIC CAN LEARN MORE ABOUT HEALTHCARE TOPICS OF INTEREST AT NO COST.

IN 2011, IU HEALTH BALL MEMORIAL HOSPITAL INVESTED OVER \$262,000 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, SERVING NEARLY 15,000 COMMUNITY MEMBERS IN THE REGION.

SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 6 - AFFILIATED HEALTH CARE SYSTEM

INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC.'S (IU HEALTH BALL MEMORIAL HOSPITAL") BOARD OF DIRECTORS IS COMPOSED OF 18 MEMBERS, OF WHICH SUBSTANTIALLY ALL ARE COMMUNITY MEMBERS. A MAJORITY OF THE BOARD MEMBERS RESIDE IN IU HEALTH BALL MEMORIAL HOSPITAL'S PRIMARY SERVICE AREA. IU HEALTH BALL MEMORIAL HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

IU HEALTH BALL MEMORIAL HOSPITAL IS A PART OF THE INDIANA UNIVERSITY

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HEALTH, INC. ("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 HEALTHCARE SYSTEM. A UNIQUE PARTNERSHIP WITH INDIANA UNIVERSITY SCHOOL OF MEDICINE, ONE OF THE NATION'S LEADING MEDICAL SCHOOLS, GIVES PATIENTS ACCESS TO INNOVATIVE TREATMENTS AND THERAPIES. IU HEALTH IS COMPRISED OF HOSPITALS, PHYSICIANS AND ALLIED SERVICES DEDICATED TO PROVIDING PREEMINENT CARE THROUGHOUT INDIANA AND BEYOND.

A COLLABORATIVE PARTNERSHIP WITH IU HEALTH AND INDIANA UNIVERSITY SCHOOL OF MEDICINE, IU HEALTH PHYSICIANS IS COMPRISED OF MORE THAN 500 BOARD-CERTIFIED OR BOARD-ELIGIBLE PHYSICIANS, 70 LOCATIONS STATEWIDE AND MORE THAN 1,000 STAFF, INCLUDING 170 ADVANCED PRACTICE PROVIDERS.

NATIONAL RECOGNITION:

- EIGHT CLINICAL PROGRAMS RANKED AMONG THE TOP 50 NATIONAL PROGRAMS

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IN U.S. NEWS & WORLD REPORT'S 2010-11 EDITION OF AMERICA'S BEST HOSPITALS.

- TEN SPECIALTY PROGRAMS AT RILEY HOSPITAL FOR CHILDREN AT IU HEALTH RANKED AMONG THE TOP 30 CHILDREN'S HOSPITALS IN THE NATION.

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

- NAMED TO THE 2012-2013 U.S. NEWS & WORLD REPORT'S BEST HOSPITALS HONOR ROLL, THEIR HIGHEST DISTINCTION.

EDUCATION AND RESEARCH:

AS AN ACADEMIC HEALTH CENTER, IU HEALTH WORKS IN PARTNERSHIP WITH INDIANA UNIVERSITY SCHOOL OF MEDICINE TO TRAIN PHYSICIANS, BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE.

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RESEARCH CONDUCTED BY INDIANA UNIVERSITY SCHOOL OF MEDICINE FACULTY GIVES  
IU HEALTH PHYSICIANS AND PATIENTS ACCESS TO THE MOST LEADING-EDGE AND  
COMPREHENSIVE TREATMENT OPTIONS.

ONE OF THE WAYS IU HEALTH BALL MEMORIAL HOSPITAL STRIVES TO IMPROVE  
QUALITY IS BY CONDUCTING MEDICAL RESEARCH. MEDICAL RESEARCH CONDUCTED 64  
CLINICAL TRIALS IN 2011 AT IU HEALTH BALL MEMORIAL HOSPITAL, EXPLORING  
NEW METHODOLOGIES AND TREATMENTS IN THE FIELDS OF NEPHROLOGY,  
RHEUMATOLOGY, ONCOLOGY, CARDIOLOGY AND FACILITATION (DEPT. OF  
DEFENSE/AGING STUDY) WITH ULTIMATE GOAL OF IMPROVING THE QUALITY AND  
COST-EFFECTIVENESS OF MEDICAL CARE.

IU HEALTH BALL MEMORIAL HOSPITAL IS ALSO HOME TO THE LARGEST GRADUATE  
MEDICAL EDUCATION TEACHING PROGRAM IN INDIANA OUTSIDE OF INDIANAPOLIS. 50  
PHYSICIANS RECEIVED TRAINING AT IU HEALTH BALL MEMORIAL HOSPITAL, AND  
CLINICS STAFFED BY FAMILY MEDICINE AND INTERNAL MEDICINE RESIDENTS  
PROVIDED LOW-COST MEDICAL CARE FOR NEARLY 25,000 PATIENT VISITS IN 2011.

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THE IU HEALTH STATEWIDE HEALTHCARE SYSTEM 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, AND IU HEALTH GOSHEN HOSPITAL. IN JULY OF 2011, IU HEALTH MORGAN HOSPITAL AND IU HEALTH WHITE HOSPITAL ALSO BECAME A MEMBER OF IU HEALTH. IN DECEMBER OF 2011, IU HEALTH OPENED ITS NEWEST LOCATION, IU HEALTH SAXONY HOSPITAL IN FISHERS, INDIANA.

ALTHOUGH EACH IU HEALTH HEALTHCARE SYSTEM HOSPITAL PREPARES AND SUBMITS ITS OWN COMMUNITY BENEFITS PLAN RELATIVE TO THE LOCAL COMMUNITY, IU HEALTH CONSIDERS ITS COMMUNITY BENEFIT PLAN AS PART OF AN OVERALL VISION FOR STRENGTHENING INDIANA'S OVERALL HEALTH. A COMPREHENSIVE COMMUNITY OUTREACH STRATEGY AND COMMUNITY BENEFIT PLAN IS IN PLACE THAT ENCOMPASSES THE ACADEMIC MEDICAL CENTER DOWNTOWN INDIANAPOLIS, SUBURBAN INDIANAPOLIS

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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.

OBESITY PREVENTION

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

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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 NATION 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 INDIANAPOLIS 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 FOOD BANK.

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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.

WALK INDIANA: IU HEALTH BALL MEMORIAL HOSPITAL CONTRIBUTES RESOURCES FOR THE IMPLEMENTATION OF A UNIQUE NON-COMPETITIVE WALKING MARATHON HELD IN MUNCIE, INDIANA. THE PROGRAM EMPHASIZES WALKING AS A LIFESTYLE CHOICE TO ENHANCE HEALTH AND FITNESS. COMMUNITY WALKING GROUPS WERE OFFERED DURING

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SPRING AND SUMMER MONTHS TO HELP COMMUNITY MEMBERS PREPARE FOR THE MAIN EVENT HELD IN SEPTEMBER. IU HEALTH BALL MEMORIAL STAFF MEMBERS PROVIDED FREE BLOOD PRESSURE SCREENINGS AND HEALTH INFORMATION AT EACH TRAINING SESSION. NEARLY 500 INDIVIDUALS PARTICIPATED IN THE WALK INDIANA EVENT IN SEPTEMBER, 2011.

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 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

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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.

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

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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

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

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READINESS. WITH IU HEALTH'S SUPPORT, THE PROGRAM WAS EXPANDED ACROSS THE  
 IPS DISTRICT AND INTO 10 ADDITIONAL IU HEALTH COMMUNITIES, INCLUDING IU  
 HEALTH BALL MEMORIAL HOSPITAL.

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.

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

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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

IN,