

**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 BLACKFORD HOSPITAL, INC.**

Employer identification number
01-0646166

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input 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	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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	
6b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			987,552.		987,552.	6.38
b Medicaid (from Worksheet 3, column a)		6614	2,284,828.	915,359.	1,369,469.	8.85
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		6614	3,272,380.	915,359.	2,357,021.	15.23
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	15	1561	39,726.	1,250.	38,476.	.25
f Health professions education (from Worksheet 5)	2	28	29,686.		29,686.	.19
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3		7,918.		7,918.	.05
j Total Other Benefits	20	1589	77,330.	1,250.	76,080.	.49
k Total Add lines 7d and 7j.	20	8203	3,349,710.	916,609.	2,433,101.	15.72

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						
2 Economic development	1		95.		95.	
3 Community support	2		7,510.		7,510.	.05
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	4438	5,563.		5,563.	.04
7 Community health improvement advocacy	1	70	432.		432.	
8 Workforce development						
9 Other						
10 Total	5	4508	13,600.		13,600.	.09

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

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				
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 BLACKFORD 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 BLACKFORD 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 checked="" 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 BLACKFORD 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? _____

Name and address	Type of Facility (describe)
1	
2	
3	
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.

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 BLACKFORD HOSPITAL, INC.'S ("IU HEALTH BLACKFORD 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 BLACKFORD HOSPITAL COMMUNITY BENEFIT INFORMATION IS ALSO INCLUDED IN THE INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC.

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

("IU HEALTH BALL MEMORIAL HOSPITAL") COMMUNITY BENEFIT REPORT AND IS MADE AVAILABLE TO THE PUBLIC ON THE IU HEALTH BLACKFORD HOSPITAL AND IU HEALTH BALL MEMORIAL HOSPITAL WEBSITES AT IUHEALTH.ORG/BLACKFORD AND IUHEALTH.ORG/BALL-MEMORIAL. THE REPORT IS ALSO PRINTED AND WIDELY DISTRIBUTED TO COMMUNITY LEADERS AND AT COMMUNITY EVENTS SUCH AS HEALTH FAIRS AND INFORMATION 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 \$2,841,548.

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

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.
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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

21.65%.

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

LINE 7G - SUBSIDIZED HEALTH SERVICES

INDIANA UNIVERSITY HEALTH BLACKFORD 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 BLACKFORD HOSPITAL, INC. ("IU HEALTH

BLACKFORD HOSPITAL") PROVIDED EXPERTISE AND RESOURCES TO LOCAL COMMUNITY

INITIATIVES THAT ADDRESSED COMMUNITY FACTORS RELATED TO HEALTH

IMPROVEMENT. OUTREACH ACTIVITIES INCLUDED PARTICIPATION IN COMMUNITY

DISASTER-READINESS PROGRAMS; FINANCIAL SUPPORT FOR PRESCHOOL INITIATIVES

Part VI Supplemental Information

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- 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.
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WITHIN THE LOCAL SCHOOL SYSTEM; ASSISTANCE FOR A COMMUNITY FOOD DRIVE;
AND COLLABORATIVE PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH THROUGH THE
BLACKFORD COUNTY WELLNESS COALITION. IU HEALTH BLACKFORD HOSPITAL
EMPLOYEES ALSO PARTICIPATED IN A KINDERGARTEN READING PROGRAM FOR LOCAL
CHILDREN, AND PARTICIPATED IN THE CONSTRUCTION OF ENHANCED PLAYGROUND
FACILITIES AT SCHOOLS IN NEIGHBORING DELAWARE COUNTY.

AS PART OF THE IU HEALTH SYSTEM, IU HEALTH BLACKFORD 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 BLACKFORD HOSPITAL INVESTED OVER \$13,600 SERVING NEARLY 4,500
PEOPLE IN THE BLACKFORD COUNTY COMMUNITY.

Part VI Supplemental Information

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- 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.
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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 BLACKFORD HOSPITAL, INC. ("IU HEALTH BLACKFORD 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 BLACKFORD HOSPITAL AND, IN CERTAIN CASES, ARE

Part VI Supplemental Information

Complete this part to provide the following information.

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RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES OF IU HEALTH BLACKFORD HOSPITAL.

THE BAD DEBT EXPENSE REPORTED ON LINE 2 IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. IU HEALTH BLACKFORD 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 BLACKFORD 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

INDIANA UNIVERSITY HEALTH BLACKFORD HOSPITAL, INC. ("IU HEALTH BLACKFORD HOSPITAL") DID NOT HAVE A MEDICARE SHORTFALL FOR 2011. HOWEVER, IN YEARS IN WHICH IT DOES EXPERIENCE A MEDICARE SHORTFALL, THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7 IS CALCULATED, IN ACCORDANCE

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WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM IU HEALTH BLACKFORD HOSPITAL'S MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH BLACKFORD 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 BLACKFORD HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.

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

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CHARITY CARE GUIDELINES ESTABLISHED BY INDIANA UNIVERSITY HEALTH
BLACKFORD HOSPITAL, INC. ("IU HEALTH BLACKFORD HOSPITAL"), IU HEALTH
BLACKFORD HOSPITAL WILL WAIVE CHARGES AND TREAT THE COST OF SERVICES AS
CHARITY CARE.

SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 2 - NEEDS ASSESSMENT

COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. INDIANA
UNIVERSITY HEALTH BLACKFORD HOSPITAL, INC. ("IU HEALTH BLACKFORD
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 BLACKFORD HOSPITAL ASSESSES THE HEALTH CARE NEEDS OF THE
COMMUNITIES IT SERVES BY UTILIZING THE DETAILED COMMUNITY NEEDS
ASSESSMENTS UNDERTAKEN BY ORGANIZATIONS SUCH AS THE BLACKFORD COUNTY
HEALTH DEPARTMENT, THE INDIANA STATE DEPARTMENT OF HEALTH, THE CENTERS
FOR DISEASE CONTROL AND PREVENTION AND THE UNITED WAY.

Part VI Supplemental Information

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SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

INDIANA UNIVERSITY HEALTH BLACKFORD HOSPITAL, INC. ("IU HEALTH BLACKFORD HOSPITAL") GOES TO GREAT LENGTHS TO ENSURE PATIENTS KNOW THAT IU HEALTH BLACKFORD HOSPITAL TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH BLACKFORD 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 BLACKFORD HOSPITAL'S COMMITMENT TO ITS MISSION. IU HEALTH BLACKFORD 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 BLACKFORD HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. FINANCIAL COUNSELORS ARE ONSITE

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TO 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 BLACKFORD 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 BLACKFORD HOSPITAL IS INCLUDED, WEBSITE (IUHEALTH.ORG)

Part VI Supplemental Information

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HAS A PAGE DEDICATED TO FINANCIAL ASSISTANCE AND OFFERS AN ONLINE APPLICATION AND PHONE NUMBERS FOR CUSTOMER SERVICE REPRESENTATIVES TO ASSIST WITH THE APPLICATION PROCESS.

IU HEALTH BLACKFORD 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

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" FINANCIAL ASSISTANCE TO PATIENTS WHOSE HEALTH INSURANCE COVERAGE,
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 BLACKFORD 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 BLACKFORD HOSPITAL, IU
HEALTH BLACKFORD 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 BLACKFORD HOSPITAL, INC. ("IU HEALTH BLACKFORD HOSPITAL") SERVES PATIENTS PRIMARILY FROM BLACKFORD COUNTY (75%) AND FOUR SURROUNDING COUNTIES (GRANT, DELAWARE, JAY, AND WELLS) (25%).

BLACKFORD 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 FIVE COUNTIES PRIMARILY SERVED BY IU HEALTH BLACKFORD HOSPITAL, ALL ARE EXPECTED TO DECREASE IN TOTAL POPULATION AND INCREASE IN THE NUMBER OF RESIDENTS 65 YEARS OF AGE OR OLDER, EXCEPT FOR WELLS AND JAY COUNTIES, RESPECTIVELY. ADDITIONALLY, APPROXIMATELY 79% OF INPATIENT AND OUTPATIENT CASES IN 2011 WERE COVERED BY GOVERNMENT-SPONSORED HEALTH CARE PLANS (MEDICARE AND MEDICAID, 73% AND 5%, RESPECTIVELY).

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SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 5 - PROMOTION OF COMMUNITY HEALTH

INDIANA UNIVERSITY HEALTH BLACKFORD HOSPITAL, INC. ("IU HEALTH BLACKFORD HOSPITAL") WAS FOUNDED IN 1923 TO PROVIDE CARE TO THE RESIDENTS OF HARTFORD CITY AND SURROUNDING TOWNS. IN 2005, THE HOSPITAL OPENED A NEW CAMPUS, FEATURING A 15-BED HOSPITAL WITH ALL PRIVATE ROOMS, A NEW ATTACHED MEDICAL OFFICE BUILDING AND NEW AMBULANCE GARAGE. THE 55,000 SQUARE FOOT FACILITY, WHICH IS DESIGNATED BY MEDICARE AS A CRITICAL ACCESS HOSPITAL, IS DESIGNED ON A SINGLE FLOOR FOR EASY NAVIGATION. TO RECEIVE THE DISTINCTION OF CRITICAL ACCESS, A HOSPITAL MUST BE CONSIDERED THE NECESSARY PROVIDER OF SERVICES IN A RURAL AREA.

IU HEALTH BLACKFORD 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 STRATEGY IN PLACE WITH THE ACADEMIC MEDICAL CENTER DOWNTOWN INDIANAPOLIS, SUBURBAN INDIANAPOLIS AND STATEWIDE ENTITIES AS PRIORITY AREAS OF FOCUS AND

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EFFORT. IU HEALTH CONSIDERS ITS COMMUNITY BENEFIT PLAN AS PART OF AN OVERALL VISION FOR STRENGTHENING INDIANA'S HEALTHCARE SAFETY NET.

IU HEALTH BLACKFORD HOSPITAL PROMOTES THE HEALTH OF THE COMMUNITY BY MAINTAINING A VARIETY OF INPATIENT AND OUTPATIENT HEALTH SERVICES THAT INCLUDE AN EMERGENCY DEPARTMENT, CT RADIOLOGY SERVICES, MRI RADIOLOGY, ADDITIONAL RADIOLOGY SERVICES, SLEEP LAB SERVICES, MEDICAL/SURGICAL INPATIENT SERVICES, SURGERY INPATIENT AND OUTPATIENT SERVICES, CARDIAC REHAB SERVICES, RESPIRATORY THERAPY SERVICES, LABORATORY SERVICES, A PAIN CLINIC, A SPECIALTY CLINIC, AND AN AMBULANCE SERVICE. SOME OF THESE SERVICES OPERATE AT A LOSS IN ORDER TO ENSURE THE COMPREHENSIVE SERVICES ARE AVAILABLE TO THE COUNTY. THE HOSPITAL OPERATES A PARAMEDIC LEVEL AMBULANCE SERVICE THAT OPERATES THROUGHOUT THE COUNTY, WITH AMBULANCE GARAGES IN MONTPELIER AND HARTFORD CITY. THE AMBULANCE SERVICE RESPONDS TO ALL MEDICAL 911 CALLS AND OPERATES WITHOUT ANY GOVERNMENTAL SUBSIDY.

THROUGHOUT THE YEAR, IU HEALTH BLACKFORD HOSPITAL OFFERS A VARIETY OF

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EDUCATIONAL PROGRAMS AND SPONSORS A NUMBER OF HEALTH IMPROVEMENT SUPPORT GROUPS. CLASSES SUCH AS CPR TRAINING, SMOKING CESSATION, DIABETIC NUTRITION CLASSES, AND OTHERS THAT POSITIVELY IMPACT THE HEALTH OF THE COMMUNITY ARE OFFERED THROUGHOUT THE YEAR.

SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 6 - AFFILIATED HEALTH CARE SYSTEM

INDIANA UNIVERSITY HEALTH BLACKFORD HOSPITAL, INC.'S (IU HEALTH BLACKFORD HOSPITAL") BOARD OF DIRECTORS IS COMPOSED OF 8 MEMBERS, OF WHICH SUBSTANTIALLY ALL ARE COMMUNITY MEMBERS. A MAJORITY OF THE BOARD MEMBERS RESIDE IN IU HEALTH BLACKFORD HOSPITAL'S PRIMARY SERVICE AREA. IU HEALTH BLACKFORD HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

IU HEALTH BLACKFORD HOSPITAL IS A PART OF THE INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH") STATEWIDE HEALTHCARE SYSTEM WHICH CONTINUES TO BROADEN ITS REACH AND POSITIVE IMPACT THROUGHOUT THE STATE OF INDIANA.

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

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- 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.
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.

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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 BLACKFORD, 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 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 SPRING AND SUMMER

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MONTHS TO HELP COMMUNITY MEMBERS PREPARE FOR THE MAIN EVENT HELD IN
 SEPTEMBER. IU HEALTH 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

IU HEALTH STRIVES TO CREATE SAFE COMMUNITIES BY HELPING TO REDUCE

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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 INCIDENCE OF CHILDREN TRAVELING UNRESTRAINED OR RESTRAINED INCORRECTLY.

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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
READINESS. WITH IU HEALTH'S SUPPORT, THE PROGRAM WAS EXPANDED ACROSS THE

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IPS DISTRICT AND INTO 10 ADDITIONAL IU HEALTH COMMUNITIES, INCLUDING IU
HEALTH BLACKFORD 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
NEIGHBORS AND OUR NEIGHBORHOODS. IN 2011, IU HEALTH DIRECTLY INVESTED IN

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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,