

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2012

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, INC.

Employer identification number

35-1955872

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>650.0000</u> %	X	
c If the organization used factors other than FPG in determining 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, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
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)		140606	112,556,109.		112,556,109.	4.01
b Medicaid (from Worksheet 3, column a)		369717	671,513,905.	687,236,961.	-15,723,056.	
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		510323	784,070,014.	687,236,961.	96,833,053.	3.45
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	25	220679	20,027,778.	260,807.	19,766,971.	.70
f Health professions education (from Worksheet 5)	2	56407	55,696,481.	120.	55,696,361.	1.98
g Subsidized health services (from Worksheet 6)	5		5,200,162.		5,200,162.	.19
h Research (from Worksheet 7)	3	4562	35,257,324.		35,257,324.	1.25
i Cash and in-kind contributions for community benefit (from Worksheet 8)	11	26265	3,877,053.	7,550.	3,869,503.	.14
j Total Other Benefits	46	307913	120,058,798.	268,477.	119,790,321.	4.26
k Total . Add lines 7d and 7j.	46	818236	904,128,812.	687,505,438.	216,623,374.	7.71

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			940.		940.	
3 Community support	2	530	24,436.	197.	24,239.	
4 Environmental improvements			882.		882.	
5 Leadership development and training for community members						
6 Coalition building	1	38927	784,577.		784,577.	.03
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	3	39457	810,835.	197.	810,638.	.03

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	427,290,012.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	475,057,836.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-47,767,824.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 BSC, LLC	AMBULATORY SURGERY CENTER	25.74210		74.57900
2 EHSC, LLC	AMBULATORY SURGERY CENTER	26.01000		73.99000
3 SSSC, LLC	AMBULATORY SURGERY CENTER	28.56000		71.44000
4 IEC, LLC	AMBULATORY SURGERY CENTER	26.01000		73.99000
5 ROCS, LLC	AMBULATORY SURGERY CENTER	30.07694		69.92306
6 BOSCC, LLC	AMBULATORY SURGERY CENTER	27.81744		72.18256
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 3

Name, address, and primary website address

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 INDIANA UNIVERSITY HEALTH, INC. 1701 N. SENATE BLVD. INDIANAPOLIS IN 46202 WWW.IUHEALTH.ORG	X	X	X	X		X	X		SEE ATTACHED	1
2 IU HEALTH NORTH HOSPITAL 11700 N. MERIDIAN ST. CARMEL IN 46032 WWW.IUHEALTH.ORG/NORTH	X	X	X	X			X			2
3 IU HEALTH WEST HOSPITAL 1111 N. RONALD REAGAN PKWY. AVON IN 46123 WWW.IUHEALTH.ORG/WEST/	X	X		X			X			3
4										
5										
6										
7										
8										
9										
10										
11										
12										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group INDIANA UNIVERSITY HEALTH, INC.

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 8c.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group IU HEALTH NORTH HOSPITAL

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 2

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 8c.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group IU HEALTH WEST HOSPITAL

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 3

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 8c.

Part V Facility Information (continued)

Financial Assistance Policy		INDIANA UNIVERSITY HEALTH, INC.	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> 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.		X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? 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	
12	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 checked="" type="checkbox"/> Medicaid/Medicare			
g	<input checked="" type="checkbox"/> State regulation			
h	<input type="checkbox"/> Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?		X	
14	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				
15	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	
16	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)			
17	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)			

Part V Facility Information (continued)

Financial Assistance Policy IU HEALTH NORTH HOSPITAL		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> 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.	X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? 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	
12	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 checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

15	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	
16	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)		
17	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)		

Part V Facility Information (continued)

Financial Assistance Policy IU HEALTH WEST HOSPITAL		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> 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.	X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? 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	
12	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 checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

15	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	
16	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)		
17	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)		

Part V Facility Information (continued) INDIANA UNIVERSITY HEALTH, INC.

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 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?
If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

	Yes	No
19	X	

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP- eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

20		X

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

21		X

Part V Facility Information (continued) IU HEALTH NORTH HOSPITAL

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 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?
If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

	Yes	No
19	X	

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP- eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

20		X

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

21		X

Part V Facility Information (continued) IU HEALTH WEST HOSPITAL

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 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?
If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

	Yes	No
19	X	

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP- eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

21		X
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22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 67

Name and address	Type of Facility (describe)
1 BALL OUTPATIENT SURGERY CENTER 2525 W. UNIVERSITY, STE. 200 MUNCIE IN 47303	AMBULATORY SURGERY
2 BELTWAY ENDOSCOPY CENTER - SPRINGMILL 200 W. 103RD ST., STE. 2400 INDIANAPOLIS IN 46290	AMBULATORY SURGERY
3 BELTWAY SURGERY CENTERS 151 N. PENNSYLVANIA PKWY. INDIANAPOLIS IN 46280	AMBULATORY SURGERY
4 BELTWAY SURGERY CENTERS - SPRINGMILL 200 W. 103RD ST. INDIANAPOLIS IN 46280	AMBULATORY SURGERY
5 EAGLE HIGHLANDS SURGERY CENTER 6850 PARKDALE PLACE INDIANAPOLIS IN 46254	AMBULATORY SURGERY
6 INDIANA ENDOSCOPY CENTERS 10967 ALLISONVILLE RD., STE. 100 FISHERS IN 46038	AMBULATORY SURGERY
7 INDIANA ENDOSCOPY CENTERS 1115 RONALD REAGAN PKWY., STE. 347 AVON IN 46123	AMBULATORY SURGERY
8 INDIANA ENDOSCOPY CENTERS 1801 N. SENATE BLVD., STE. 401 INDIANAPOLIS IN 46202	AMBULATORY SURGERY
9 RILEY OUTPATIENT SURGERY CENTER 702 BARNHILL DR., STE. 0201 INDIANAPOLIS IN 46202	AMBULATORY SURGERY
10 SENATE STREET SURGERY CENTER 1801 N. SENATE BLVD. INDIANAPOLIS IN 46202	AMBULATORY SURGERY

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

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

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

Name and address	Type of Facility (describe)
1 IU HEALTH BARIATRIC & MED. WEIGHT LOSS 6640 INTECH BLVD., STE. 300 INDIANAPOLIS IN 46278	BARIATRIC AND MEDICAL WEIGHT LOSS
2 IU MEL & BREN SIMON CANCER CENTER 1030 W. MICHIGAN ST. INDIANAPOLIS IN 46202	CANCER CARE
3 HEART PARTNERS OF INDIANA 10967 ALLISONVILLE RD., STE. 240 FISHERS IN 46038	CARDIOVASCULAR
4 HEART PARTNERS OF INDIANA 11725 ILLINOIS ST., STE. LL050 CARMEL IN 46032	CARDIOVASCULAR
5 HEART PARTNERS OF INDIANA 1210B MEDICAL ARTS BLVD., STE. 144 ANDERSON IN 46011	CARDIOVASCULAR
6 HEART PARTNERS OF INDIANA 13100 E 136TH ST., STE. 300 FISHERS IN 46037	CARDIOVASCULAR
7 HEART PARTNERS OF INDIANA 1801 N. SENATE BLVD., STE. 240 INDIANAPOLIS IN 46202	CARDIOVASCULAR
8 HEART PARTNERS OF INDIANA 7231 SHADELAND STATION, STE. 100 INDIANAPOLIS IN 46250	CARDIOVASCULAR
9 HEART PARTNERS OF INDIANA 8075 N. SHADELAND AVE., STE. 350 INDIANAPOLIS IN 46250	CARDIOVASCULAR
10 IU HEALTH CARDIOVASCULAR SURGEONS 1701 N. SENATE BLVD., STE. 755 INDIANAPOLIS IN 46202	CARDIOVASCULAR

Schedule H (Form 990) 2012

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

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

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

Name and address	Type of Facility (describe)
1 IU HEALTH CARDIOVASCULAR SURGEONS 707 W. 2ND ST. BLOOMINGTON IN 47401	CARDIOVASCULAR
2 IU HEALTH CARDIOVASCULAR SURGEONS 637 S. WALKER ST., STE. 2 BLOOMINGTON IN 47403	CARDIOVASCULAR
3 METHODIST CARDIOLOGY PHYSICIANS 11725 N. ILLINOIS ST., STE. 265 CARMEL IN 46032	CARDIOVASCULAR
4 METHODIST CARDIOLOGY PHYSICIANS 1801 N. SENATE BLVD., STE. 310 INDIANAPOLIS IN 46202	CARDIOVASCULAR
5 METHODIST CARDIOLOGY PHYSICIANS 18077 RIVER RD., STE. 104 NOBLESVILLE IN 46060	CARDIOVASCULAR
6 METHODIST CARDIOLOGY PHYSICIANS 6920 PARKDALE PL., STE. 107 INDIANAPOLIS IN 46254	CARDIOVASCULAR
7 EAST WASHINGTON TIMESHARE 9670 E. WASHINGTON ST., STE. 110 INDIANAPOLIS IN 46229	DIAGNOSTIC AND OTHER MEDICAL
8 GEORGETOWN TIMESHARE 4880 CENTURY PLAZA RD., STE. 170 INDIANAPOLIS IN 46254	DIAGNOSTIC AND OTHER MEDICAL
9 IU HEALTH GEORGETOWN MEDICAL PLAZA 4880 CENTURY PLAZA RD. INDIANAPOLIS IN 46254	DIAGNOSTIC AND OTHER MEDICAL
10 IU HEALTH METHODIST MEDICAL PLAZA BBURG. 1375 N. GREEN ST., STE. 200 BROWNSBURG IN 46207	DIAGNOSTIC AND OTHER MEDICAL

Schedule H (Form 990) 2012

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

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

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

Name and address	Type of Facility (describe)
1 IU HEALTH METHODIST MEDICAL PLAZA EHG. 6850 PARKDALE PL. INDIANAPOLIS IN 46254	DIAGNOSTIC AND OTHER MEDICAL
2 IU HEALTH METHODIST MEDICAL PLAZA EAST 9660 E. WASHINGTON ST. INDIANAPOLIS IN 46229	DIAGNOSTIC AND OTHER MEDICAL
3 IU HEALTH METHODIST MEDICAL PLAZA NORTH 151 PENNSYLVANIA PKWY. CARMEL IN 46280	DIAGNOSTIC AND OTHER MEDICAL
4 IU HEALTH METHODIST MEDICAL PLAZA SOUTH 8820 S. MERIDIAN ST. INDIANAPOLIS IN 46217	DIAGNOSTIC AND OTHER MEDICAL
5 IU HEALTH METHODIST MEDICAL TOWER 1633 N. CAPITOL AVE. INDIANAPOLIS IN 46202	DIAGNOSTIC AND OTHER MEDICAL
6 IU HEALTH SPRING MILL OUTPATIENT CENTER 200 W. 103RD ST., STE. 1200 INDIANAPOLIS IN 46290	DIAGNOSTIC AND OTHER MEDICAL
7 METHODIST MEDICAL PLAZA - GLENDALE 2620 KESSLER BLVD. E. INDIANAPOLIS IN 46220	DIAGNOSTIC AND OTHER MEDICAL
8 NORTH MERIDIAN TIMESHARE 201 PENNSYLVANIA PKWY., STE. 305 INDIANAPOLIS IN 46280	DIAGNOSTIC AND OTHER MEDICAL
9 SOUTH 31 TIMESHARE 8820 S. MERIDIAN ST., STE. 230 INDIANAPOLIS IN 46217	DIAGNOSTIC AND OTHER MEDICAL
10 IU HEALTH DIALYSIS 2140 N. CAPITOL AVE. INDIANAPOLIS IN 46202	DIALYSIS

Schedule H (Form 990) 2012

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

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

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

Name and address	Type of Facility (describe)
1 IU HEALTH HOME DIALYSIS CENTER 8830 N. MERIDIAN ST. INDIANAPOLIS IN 46260	DIALYSIS
2 IU HEALTH CHARIS EATING DISORDER CLINIC 6640 INTECH BLVD., STE. 195 INDIANAPOLIS IN 46278	EATING DISORDERS
3 IU HEALTH HOME CARE 1411 W. COUNTY LINE RD. GREENWOOD IN 46142	HOME HEALTH CARE
4 IU HEALTH HOME CARE 1828 N. ILLINOIS ST. INDIANAPOLIS IN 46202	HOME HEALTH CARE
5 IU HEALTH HOME CARE 202 S. WEST ST. TIPTON IN 46072	HOME HEALTH CARE
6 IU HEALTH HOME CARE 702 N. ILLINOIS ST. INDIANAPOLIS IN 46204	HOME HEALTH CARE
7 CAPITAL NEUROLOGY 201 PENNSYLVANIA PKWY. STE. 300 INDIANAPOLIS IN 46280	NEUROLOGY
8 EAST RETAIL PHARMACY 9650 E. WASHINGTON ST. INDIANAPOLIS IN 46229	PHARMACY
9 GEORGETOWN RETAIL PHARMACY 4880 CENTURY PLAZA RD., STE. 150 INDIANAPOLIS IN 46254	PHARMACY
10 SOUTH RETAIL PHARMACY 8820 S. MERIDIAN ST., STE. 105 INDIANAPOLIS IN 46217	PHARMACY

Schedule H (Form 990) 2012

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

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

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

Name and address	Type of Facility (describe)
1 IU HEALTH FISHERS RADIOLOGY 10995 ALLISONVILLE RD., STE. 100B FISHERS IN 46038	RADIOLOGY
2 IU HEALTH BALL MEMORIAL HOSPITAL LAB 2401 W. UNIVERSITY AVE. MUNCIE IN 47303	REFERENCE LABORATORY
3 IU HEALTH REHABILITATION 6820 PARKDALE PL., STE. 120 INDIANAPOLIS IN 46254	REHABILITATION
4 IU HEALTH ARNETT SLEEP APNEA ED. CENTER 3900 MCCARTY LN. STE. 102 LAFAYETTE IN 47909	SLEEP DISORDERS
5 IU HEALTH BALL MEMORIAL SLEEP APNEA ED. 6000 W. KILGORE AVE., STE. A MUNCIE IN 47304	SLEEP DISORDERS
6 IU HEALTH BEDFORD SLEEP APNEA ED. CENTER 1502 CLINIC DR. BEDFORD IN 47421	SLEEP DISORDERS
7 IU HEALTH HOWARD SLEEP APNEA ED. CENTER 829 N. DIXON RD. KOKOMO IN 46901	SLEEP DISORDERS
8 IU HEALTH SLEEP APNEA ED. CTR. AT INDPLS 714 N. SENATE AVE. STE. 120 INDIANAPOLIS IN 46202	SLEEP DISORDERS
9 IU HEALTH SLEEP LAB 714 N. SENATE AVE. STE. 120 INDIANAPOLIS IN 46202	SLEEP DISORDERS
10 SLEEP APNEA ED. CTR. AT IU HEALTH NORTH 11590 N. MERIDIAN ST., STE. 410 CARMEL IN 46032	SLEEP DISORDERS

Schedule H (Form 990) 2012

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 SLEEP APNEA ED. CTR. AT IU HEALTH WEST 1115 N. RONALD REAGAN PKWY. #371 AVON IN 46123	SLEEP DISORDERS
2 SLEEP DISORDERS CTR. AT IU HEALTH NORTH 11590 N. MERIDIAN ST., STE. 410 INDIANAPOLIS IN 46032	SLEEP DISORDERS
3 IU HEALTH SPORTS PERFORMANCE 1402 CHASE CT. CARMEL IN 46032	SPORTS PERFORMANCE
4 IU HEALTH CHILDREN'S THERAPY CENTER 4935 W. ARLINGTON RD. BLOOMINGTON IN 47408	THERAPY
5 INDIANA ONCOLOGY HEMATOLOGY 6925 SHORE TERRACE DR. INDIANAPOLIS IN 46207	ONCOLOGY
6 IU HEALTH MINUTE CLINIC 8766 E. 96TH ST. FISHERS IN 46038	IMMEDIATE CARE
7 IU HEALTH NEUROSCIENCE CENTER 355 W. 16TH ST. INDIANAPOLIS IN 46202	NEUROSCIENCE CENTER OF EXCELLENCE
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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

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, INC.'S ("IU HEALTH") COMMUNITY BENEFITS AND INVESTMENTS ARE INCLUDED IN THE IU HEALTH COMMUNITY BENEFIT REPORT WHICH IS MADE AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT WWW.IUHEALTH.ORG/GETSTRONG. 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.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

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 \$70,539,991.

THE BAD DEBT EXPENSE OF \$27,117,940 ON SCHEDULE H, PART III, LINE 2 IS REPORTED AT COST.

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 32.00%.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
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- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

LINE 7G - SUBSIDIZED HEALTH SERVICES

INDIANA UNIVERSITY HEALTH, 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

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

IU HEALTH CONTRIBUTED NEARLY \$2 MILLION TO COMMUNITY-BUILDING ACTIVITIES IN 2012, SERVING OVER 52,600 PEOPLE STATEWIDE. TOGETHER, IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

CHILDREN AT IU HEALTH, IU HEALTH NORTH HOSPITAL, IU HEALTH WEST, IU HEALTH SAXONY INVESTED NEARLY \$850,000 IN COMMUNITY-BUILDING ACTIVITIES BY PROVIDING INVESTMENTS AND RESOURCES TO LOCAL COMMUNITY INITIATIVES THAT ADDRESSED ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT AND WORKFORCE DEVELOPMENT.

ADDITIONALLY, THROUGH IU HEALTH'S TEAM MEMBER COMMUNITY BENEFIT SERVICE PROGRAM, STRENGTH THAT CARES, TEAM MEMBERS ACROSS THE STATE MADE A DIFFERENCE IN THE LIVES OF THOUSANDS OF HOOSIERS. IN 2012, TEAM MEMBERS:

- BUILT 25 HABITAT FOR HUMANITY HOME PANELS THROUGHOUT INDIANA. THREE OF THOSE HOMES WERE GIVEN TO VICTIMS OF THE HENRYVILLE, INDIANA TORNADO.
- IMPACTED THE LIVES OF JUST OVER 400 AT-RISK CHILDREN BY SERVING AS CAMP OR READING BUDDIES IN IU HEALTH'S KINDERGARTEN COUNTDOWN PROGRAM TO PREPARE AT-RISK CHILDREN FOR THEIR FIRST DAY OF KINDERGARTEN.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

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, INC. ("IU HEALTH") 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 AND, IN

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES OF IU HEALTH.

THE BAD DEBT EXPENSE REPORTED ON LINE 2 IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. IU HEALTH 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 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, INC.'S ("IU HEALTH")

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH'S PARTICIPATION IN MEDICARE PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIAN SERVICES, THE COSTS OF MEDICARE PARTS C AND D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.

IU HEALTH'S MEDICARE SHORTFALL IS ATTRIBUTABLE TO REIMBURSEMENTS THAT ARE LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES AND DOES NOT INCLUDE ANY AMOUNTS THAT RESULT FROM INEFFICIENCIES OR POOR MANAGEMENT. IU HEALTH ACCEPTS ALL MEDICARE PATIENTS KNOWING THAT THERE MAY BE SHORTFALLS; THEREFORE IT HAS TAKEN THE POSITION THAT THE SHORTFALL SHOULD BE COUNTED AS PART OF ITS COMMUNITY BENEFIT. ADDITIONALLY, IT IS IMPLIED IN INTERNAL REVENUE SERVICE REVENUE RULING 69-545 THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

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, INC. ("IU HEALTH"), IU HEALTH WILL WAIVE CHARGES AND TREAT THE COST OF SERVICES AS CHARITY CARE.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
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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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

SCHEDULE H, PART V - FACILITY INFORMATION

SECTION A, LINE 1 - NAME, ADDRESS, AND PRIMARY WEBSITE ADDRESS

INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH") OPERATES SEVERAL LOCATIONS UNDER A SINGLE HOSPITAL LICENSE ISSUED BY THE INDIANA STATE DEPARTMENT OF HEALTH. THE NAMES, ADDRESSES, AND PRIMARY WEBSITE ADDRESSES FOR EACH OF THESE LOCATIONS ARE AS FOLLOWS:

IU HEALTH METHODIST HOSPITAL
 1701 N. SENATE BLVD.
 INDIANAPOLIS, IN 46202
 WWW.IUHEALTH.ORG/METHODIST/

IU HEALTH UNIVERSITY HOSPITAL
 550 UNIVERSITY BLVD.
 INDIANAPOLIS, IN 46202
 WWW.IUHEALTH.ORG/UNIVERSITY/

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

RILEY HOSPITAL FOR CHILDREN AT IU HEALTH

705 RILEY HOSPITAL DR.

INDIANAPOLIS, IN 46202

WWW.IUHEALTH.ORG/RILEY/

IU HEALTH SAXONY HOSPITAL

13000 E. 136TH ST.

FISHERS, IN 46037

WWW.IUHEALTH.ORG/SAXONY/

SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 2 - NEEDS ASSESSMENT

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

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

IU HEALTH ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY UTILIZING THE DETAILED COMMUNITY NEEDS ASSESSMENTS UNDERTAKEN BY ORGANIZATIONS SUCH AS THE MARION COUNTY HEALTH DEPARTMENT, THE HAMILTON 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

LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE
 INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH") GOES TO GREAT LENGTHS TO ENSURE PATIENTS KNOW THAT IU HEALTH TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH 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'S COMMITMENT TO ITS MISSION. IU HEALTH'S FINANCIAL ASSISTANCE POLICY EXISTS TO SERVE THOSE IN NEED BY PROVIDING FINANCIAL

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
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- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

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'S FINANCIAL ASSISTANCE PROGRAM. FINANCIAL COUNSELORS ARE ONSITE 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 PATIENTS AT THE CONCLUSION OF THEIR

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

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

THE IU HEALTH WEBSITE (IUHEALTH.ORG) 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 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.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

- 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,

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 FINANCIAL COUNSELORS WILL ASSIST

PATIENTS WITH THE MEDICAID APPLICATION. IF A PATIENT DOES NOT APPLY FOR

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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FINANCIAL ASSISTANCE, BUT MEETS THE FINANCIAL ASSISTANCE GUIDELINES
ESTABLISHED BY IU HEALTH, IU HEALTH WILL WAIVE CHARGES AND TREAT THE COST
OF SERVICES AS FINANCIAL ASSISTANCE.

SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 4 - COMMUNITY INFORMATION

INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH"), WHICH INCLUDES IU HEALTH
METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR
CHILDREN AT IU HEALTH, IU HEALTH WEST HOSPITAL, IU HEALTH NORTH HOSPITAL,
AND IU HEALTH SAXONY HOSPITAL, SERVES A LARGE GEOGRAPHIC AREA IN CENTRAL
INDIANA. EACH INDIVIDUAL HOSPITAL SERVES A UNIQUE SUBSECTION OF THE
COMMUNITY AND DETAILS FOR EACH ARE INCLUDED BELOW.

IU HEALTH METHODIST HOSPITAL

SERVICE AREA COUNTIES: MARION, HENDRICKS, JOHNSON, MORGAN, HAMILTON,
MADISON, HANCOCK, SHELBY, AND BOONE

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

75% OF THE IU HEALTH METHODIST INPATIENT DISCHARGE POPULATION RESIDES IN
MARION (66%), HENDRICKS (4%), JOHNSON (3%), AND MORGAN (2%) COUNTIES

29% OF COMMUNITY DISCHARGES WERE FOR PATIENTS WITH MEDICAID, 25% WERE FOR
PATIENTS WITH MEDICARE, AND 17% WERE FOR UNINSURED/SELF-PAY PATIENTS

RILEY HOSPITAL FOR CHILDREN AT IU HEALTH
SERVICE AREA COUNTIES: MARION, JOHNSON, LAKE, HENDRICKS, HAMILTON,
MORGAN, MADISON, DELAWARE, ST. JOSEPH, TIPPECANOE, ALLEN, ELKHART,
BARTHOLOMEW, VANDERBURGH, VIGO, HANCOCK, WAYNE, MONROE, JACKSON, SHELBY,
AND LA PORTE

33% OF THE RILEY HOSPITAL FOR CHILDREN AT IU HEALTH TOTAL INPATIENT
DISCHARGE POPULATION RESIDES IN MARION COUNTY; THE OTHER 67% IS
DISTRIBUTED FAIRLY EVENLY ACROSS 89 OTHER COUNTIES IN THE STATE OF
INDIANA.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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57% OF IU HEALTH RILEY COMMUNITY DISCHARGES WERE FOR PATIENTS WITH
 MEDICAID, 35% WERE FOR PATIENTS WITH COMMERCIAL INSURANCE, 1% WERE FOR
 PATIENTS WITH MEDICARE, AND 4% WERE FOR SELF-PAY PATIENTS

IU HEALTH UNIVERSITY HOSPITAL
 SERVICE AREA COUNTIES: MARION, HENDRICKS, HAMILTON, JOHNSON, MORGAN,
 DELAWARE, ALLEN, MADISON, VIGO, TIPPECANOE, ST. JOSEPH, MONROE,
 BARTHOLOMEW, LAKE, ELKHART, HANCOCK, GRANT, HOWARD, VANDERBURGH, WAYNE,
 JACKSON, HENRY, AND PUTNAM

32% OF THE IU HEALTH UNIVERSITY TOTAL INPATIENT DISCHARGE POPULATION
 RESIDES IN MARION COUNTY; THE OTHER 68% IS DISTRIBUTED FAIRLY EVENLY
 ACROSS 91 OTHER COUNTIES IN THE STATE OF INDIANA

44% OF IU HEALTH UNIVERSITY COMMUNITY DISCHARGES WERE FOR PATIENTS WITH
 COMMERCIAL INSURANCE, 31% WERE FOR PATIENTS WITH MEDICARE, 14% WERE FOR
 PATIENTS WITH MEDICAID, AND 5% WERE FOR UNINSURED OR SELF-PAY PATIENTS

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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IU HEALTH WEST HOSPITAL

SERVICE AREA COUNTIES: MARION, HENDRICKS, PUTNAM, MORGAN, JOHNSON, BOONE,

AND MONTGOMERY

APPROXIMATELY 75% OF THE IU HEALTH WEST INPATIENT DISCHARGE POPULATION

RESIDES IN MARION (65%) AND HENDRICKS (11%) COUNTIES

12% OF COMMUNITY DISCHARGES WERE FOR PATIENTS WITH MEDICAID, 31% WERE FOR

PATIENTS WITH MEDICARE, AND 8% WERE FOR UNINSURED/SELF-PAY PATIENTS

IU HEALTH NORTH HOSPITAL

SERVICE AREA COUNTIES: MARION, HAMILTON, BOONE, HENDRICKS, HANCOCK,

MADISON, AND TIPTON

78% OF THE IU HEALTH NORTH INPATIENT DISCHARGE POPULATION RESIDES IN

MARION (35%), HAMILTON (32%), BOONE (6%), AND HENDRICKS (5%) COUNTIES

Part VI Supplemental Information

Complete this part to provide the following information.

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8% OF COMMUNITY DISCHARGES WERE FOR PATIENTS WITH MEDICAID, 15% WERE FOR PATIENTS WITH MEDICARE, AND 4% WERE FOR UNINSURED/SELF-PAY PATIENTS

IU HEALTH SAXONY HOSPITAL

SERVICE AREA COUNTIES: MARION, HAMILTON, BOONE, HENDRICKS, HANCOCK, MADISON, AND TIPTON

78% OF THE IU HEALTH NORTH INPATIENT DISCHARGE POPULATION RESIDES IN MARION (35%), HAMILTON (32%), BOONE (6%), AND HENDRICKS (5%) COUNTIES (IU HEALTH SAXONY INPATIENT DISCHARGE POPULATION DATA WAS NOT AVAILABLE AT THE TIME OF THIS REPORT)

8% OF COMMUNITY DISCHARGES WERE FOR PATIENTS WITH MEDICAID, 15% WERE FOR PATIENTS WITH MEDICARE, AND 4% WERE FOR UNINSURED/SELF-PAY PATIENTS

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SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 5 - PROMOTION OF COMMUNITY HEALTH

AS AN ACADEMIC MEDICAL CENTER, IU HEALTH AND IU SCHOOL OF MEDICINE WORK TOGETHER TO TRAIN PHYSICIANS IN AN EXCEPTIONAL ENVIRONMENT, BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE. IN 2012, MORE THAN 1,000 RESIDENTS AND FELLOWS RECEIVED TRAINING IN IU HEALTH HOSPITALS.

IU HEALTH IS COMMITTED TO IMPROVING THE HEALTH AND SAFETY OF THE COMMUNITIES IT SERVES ACROSS INDIANA. FROM BIKE HELMET FITTINGS TO CANCER SUPPORT GROUPS TO DIABETES MANAGEMENT, WE BRING OUR UNIQUE AND STATE-OF-THE-ART RESOURCES BEYOND THE HOSPITAL DOORS AND ONTO THE FRONT STEPS OF INDIANA COMMUNITIES.

WITH NEARLY \$24 MILLION INVESTED IN HIGH-QUALITY AND IMPACTFUL INITIATIVES TO ADDRESS COMMUNITY HEALTH NEEDS, IU HEALTH IS HELPING INDIANA RESIDENTS IMPROVE THEIR HEALTH AND THEIR QUALITY OF LIFE. IN

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2012, IU HEALTH IMPACTED OVER 512,000 PEOPLE STATEWIDE THROUGH PRESENTATIONS, HEALTH RISK SCREENINGS, HEALTH EDUCATION PROGRAMS, AND ADDITIONAL HEALTH EDUCATIONAL OPPORTUNITIES MADE AVAILABLE TO THE COMMUNITY, ESPECIALLY TO OUR COMMUNITY MEMBERS IN THE GREATEST NEED OF SUCH SERVICES.

SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 6 - AFFILIATED HEALTH CARE SYSTEM

INDIANA UNIVERSITY HEALTH CONTINUES TO BROADEN ITS REACH AND POSITIVE IMPACT THROUGHOUT THE STATE OF INDIANA. INDIANA UNIVERSITY 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.

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NATIONAL RECOGNITION

-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.

-ELEVEN CLINICAL PROGRAMS RANKED AMONG THE TOP 50 NATIONAL PROGRAMS IN U.S. NEWS & WORLD REPORT

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.

COLLABORATIVE STRATEGIC RESEARCH INITIATIVE

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IN 2012, IU HEALTH AND INDIANA UNIVERSITY SCHOOL OF MEDICINE ANNOUNCED
 THEY WILL INVEST \$150 MILLION OVER FIVE YEARS IN A NEW RESEARCH
 COLLABORATION-THE STRATEGIC RESEARCH INITIATIVE-THAT WILL ENHANCE THE
 INSTITUTIONS' JOINT CAPABILITIES IN FUNDAMENTAL SCIENTIFIC INVESTIGATION,
 TRANSLATIONAL RESEARCH AND CLINICAL TRIALS RESULTING IN INNOVATIVE
 TREATMENTS FOR DISEASE. IU HEALTH IS INVESTING \$75 MILLION IN THE
 STRATEGIC RESEARCH INITIATIVE AND IU SCHOOL OF MEDICINE IS MATCHING THAT
 WITH AN ADDITIONAL \$75 MILLION IN RESOURCES. THE INITIAL FOCUS WILL BE ON
 PROJECTS IN THE FIELDS OF NEUROSCIENCE, CANCER AND CARDIOVASCULAR
 DISEASE.

NEW TREATMENT FOR ANEURYSM

IN 2012, IU HEALTH METHODIST HOSPITAL WAS THE FIRST HOSPITAL IN THE STATE
 AND SECOND IN THE NATION TO SUCCESSFULLY IMPLANT A SPECIAL STENT GRAFT -
 THE VENTANA FENESTRATED STENT GRAFT SYSTEM - AIMED AT HELPING THOSE WHO
 PREVIOUSLY REQUIRED INVASIVE SURGERY TO REPAIR AN ABDOMINAL AORTIC
 ANEURYSM. THE NEW SYSTEM COULD OFFER A LESS INVASIVE APPROACH BY NOT

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CUTTING OFF BLOOD FLOW TO THE KIDNEYS OR REQUIRING OPEN REPAIR, WHICH HAS UP TO A 10 PERCENT MORTALITY RATE. IU HEALTH SURGEONS ARE HOPEFUL THIS NEW PROCEDURE, STILL IN CLINICAL TRIALS, WILL HAVE A ONE PERCENT OR LESS MORTALITY RATE.

PROMISING TOOL FOR AUTISM RESEARCH

THE RILEY HOSPITAL FOR CHILDREN CHRISTIAN SARKINE AUTISM TREATMENT CENTER AT INDIANA UNIVERSITY HEALTH BEGAN USING A NEW TOOL - THE EYE TRACKER - TO BETTER DETECT, ASSESS THE SEVERITY, AND POSSIBLY EVEN CHANGE THE TREATMENT OF AUTISM SPECTRUM DISORDERS (ASDS). THE EYE TRACKER IS A NON-INVASIVE WAY TO GAUGE HOW PEOPLE LOOK AT FACES AND WHETHER A PERSON IS MORE PRONE TO LOOKING AT MOVING OBJECTS OR SOCIAL SITUATIONS. STUDIES REVEAL THAT TODDLERS WITH AUTISM LOOK MORE AT MOVING OBJECTS THAN TODDLERS WITH NORMAL DEVELOPMENT. EYE TRACKER RESULTS ARE USED TO HELP IDENTIFY SUBGROUPS OF PEOPLE WITH AUTISM THAT MAY RESPOND BEST TO CERTAIN TREATMENT. RILEY HOSPITAL AT IU HEALTH IS THE ONLY HOSPITAL IN THE MIDWEST AND ONE OF JUST A FEW NATIONWIDE USING THE TOOL FOR AUTISM

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RESEARCH.

IU HEALTH SYSTEM

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

ALTHOUGH EACH IU HEALTH HOSPITAL PREPARES AND SUBMITS ITS OWN COMMUNITY BENEFITS PLAN RELATIVE TO THE LOCAL COMMUNITY, IU HEALTH CONSIDERS ITS

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COMMUNITY BENEFIT PLAN AS PART OF AN OVERALL VISION FOR STRENGTHENING INDIANA'S OVERALL HEALTH. A COMPREHENSIVE COMMUNITY OUTREACH STRATEGY AND COMMUNITY BENEFIT PLAN IS IN PLACE THAT ENCOMPASSES THE ACADEMIC MEDICAL CENTER DOWNTOWN INDIANAPOLIS, SUBURBAN INDIANAPOLIS AND STATEWIDE ENTITIES AROUND PRIORITY AREAS THAT FOCUS ON HEALTH IMPROVEMENT EFFORTS STATEWIDE. IU HEALTH IS KEENLY AWARE OF THE POSITIVE IMPACT IT CAN HAVE ON THE COMMUNITIES OF NEED IN THE STATE OF INDIANA BY FOCUSING ON THE MOST PRESSING NEEDS IN A SYSTEMATIC AND STRATEGIC WAY. AFTER TAKING A CAREFUL LOOK INTO IU HEALTH'S COMMUNITIES WE SERVE, AND BY UTILIZING THE DETAILED COMMUNITY NEEDS ASSESSMENTS UNDERTAKEN BY PUBLIC HEALTH OFFICIALS AND COMMUNITY PARTNERS, IU HEALTH IDENTIFIED THE FOLLOWING COMMUNITY HEALTH NEEDS FOR 2012.

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

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

GARDEN ON THE GO®: YEAR-ROUND MOBILE PRODUCE DELIVERY PROGRAM, THAT AIMS TO INCREASE ACCESS TO AFFORDABLE, FRESH FRUITS & VEGETABLES FOR THE CITY'S MOST DISADVANTAGED NEIGHBORS. GARDEN ON THE GO® REPORTED 18,998 TRANSACTIONS TO THOUSANDS OF COMMUNITY MEMBERS IN UNDERSERVED NEIGHBORHOODS ACROSS MARION COUNTY IN 2012. FOR JUST \$7, GARDEN ON THE GO® SHOPPERS CAN PURCHASE ONE POUND OF GREEN BEANS, ONE POUND OF BANANAS, ONE POUND OF TOMATOES, THREE POUNDS OF POTATOES, A BUNCH OF GREENS, A HEAD OF LETTUCE, A COUPLE OF APPLES AND A COUPLE OF ORANGES. IN 2012,

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GARDEN ON THE GO® RECEIVED THE INDIANA STATE HEALTH COMMISSIONER AWARD FOR EXCELLENCE IN PUBLIC HEALTH. THE AWARD IS GIVEN TO PROGRAMS THAT CONTRIBUTE TO PROMOTING, PROTECTING AND PROVIDING FOR THE HEALTH OF THE PEOPLE OF INDIANA.

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 2012, 1,000 PEOPLE BENEFITED FROM INDY URBAN ACRES PRODUCE. THE AMOUNT OF FRUITS AND VEGETABLES GENERATED BY THE FARM AND DONATED TO GLEANERS TOTALED 35,619 POUNDS. TO LEARN ABOUT GARDENING AND THE IMPORTANCE OF GOOD NUTRITION, 1,000 CHILDREN FROM THE INDY PARKS SUMMER PROGRAM VISITED INDY URBAN ACRES IN 2012. THE FOOD PANTRY AT IPS #14 SERVES 40-50 FAMILIES EACH WEEK. THE PRODUCE FROM INDY URBAN ACRES HELPS PROVIDE FRESH FRUITS AND VEGETABLES AND EXPAND THE PANTRY'S FOOD SUPPLY, MAKING IT POSSIBLE TO BETTER SERVE EVERYONE WHO VISITS EACH WEEK. FOOD PANTRY PATRONS ENJOY SHARING THEIR RECIPES OF DISHES THAT USE FRESH PRODUCE.

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ADDITIONALLY, IN 2012, IU HEALTH WEST ENTERED INTO A PARTNERSHIP WITH THE PLAINFIELD PARKS AND RECREATION DEPARTMENT, WHICH INCLUDES THE PLAINFIELD RECREATION AND AQUATIC CENTER (PRAC). THE HOSPITAL PROVIDES A WIDE VARIETY OF SERVICES TO COMMUNITY RESIDENTS AND PRAC MEMBERS, INCLUDING PHYSICIAN AND HEALTHCARE EXPERT SEMINARS, A MINI-MARATHON TRAINING GROUP, WELLNESS AND PREVENTION SCREENINGS, FREE SUNSCREEN TO POOL PATRONS AND PARTICIPATION IN ALL DEPARTMENT-SPONSORED WALKS/RUNS. IU HEALTH WEST HOSPITAL ALSO PARTNERED WITH THE BROWNSBURG CHAMBER OF COMMERCE TO PRESENT A WEEKLY SUMMER FARMER'S MARKET ON THE TOWN HALL LAWN. AT ITS PEAK, A DOZEN FARMERS AND OTHER VENDORS OFFERED FRESH PRODUCE, MEATS AND BAKED GOODS FOR TOWN RESIDENTS TO PURCHASE. IN ADDITION, TWO OF THE FARMER VENDORS COMPLETED THE PROCESS TO ACCEPT STATE WIC VOUCHERS FROM LOW-INCOME FAMILIES TO PURCHASE HEALTHY FOODS.

ACCESS TO AFFORDABLE HEALTHCARE

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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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.

IU HEALTH NEIGHBORHOOD CARE CENTER

THE GOAL OF THE IU HEALTH NEIGHBORHOOD CARE CENTER IS TO DEVELOP A MODEL THAT MIGHT BE IMPLEMENTED IN OTHER COMMUNITIES SERVED BY IU HEALTH TO IMPROVE ACCESS TO HEALTHCARE FOR HOOSIERS. THE CENTER ALSO WAS CONCEIVED AS A WAY TO HELP DECREASE THE NUMBER OF PEOPLE USING AREA EMERGENCY DEPARTMENTS FOR TREATMENT OF COMMON ILLNESSES AND CONDITIONS THAT CAN BE MOST AFFORDABLY HANDLED AT PRIMARY CARE OFFICES.

Part VI Supplemental Information

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LAUNCHED AS A PILOT PROJECT, THE IU HEALTH NEIGHBORHOOD CARE CENTER IS A COLLABORATION WITH BARNES UNITED METHODIST CHURCH, INDIANA UNIVERSITY SCHOOL OF MEDICINE, BUTLER UNIVERSITY PHYSICIAN ASSISTANT PROGRAM, BUTLER UNIVERSITY COLLEGE OF PHARMACY AND TIMMY GLOBAL HEALTH.

PROGRAM HIGHLIGHTS AND IMPACT:

BETWEEN SEPTEMBER AND DECEMBER 2012, MORE THAN 150 PEOPLE VISITED THE CARE CENTER TO RECEIVE FREE FLU VACCINATIONS. IN ADDITION, NEARLY 50 BODY MASS INDEX (BMI) AND BLOOD PRESSURE SCREENINGS WERE PERFORMED. IN SEPTEMBER 2012, FREE FLU SHOTS WERE OFFERED AT THE CARE CENTER FOR NEIGHBORS IN THE UNITED NORTHWEST AREA.

INJURY PREVENTION

IU HEALTH STRIVES TO CREATE SAFE COMMUNITIES BY HELPING TO REDUCE PREVENTABLE INJURIES SUCH AS BICYCLE, MOTOR VEHICLE, AND FALL RELATED

Part VI Supplemental Information

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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.

FALLS PREVENTION FOR OLDER ADULTS
EACH YEAR, ONE IN THREE ADULTS AGE 65 AND OLDER EXPERIENCES A FALL. IN 2011, FALLS WERE RESPONSIBLE FOR NEARLY 8,000 VISITS TO IU HEALTH EMERGENCY DEPARTMENTS ACROSS THE STATE. IU HEALTH STRIVES TO REDUCE THE NUMBER OF INJURIES DUE TO FALLS AMONG THE OLDER ADULT POPULATION BY OFFERING TWO UNIQUE PROGRAMS.

IN 2012 IU HEALTH PARTNERED WITH CICOA AGING & IN-HOME SOLUTIONS AND OTHER AREA AGENCIES ON AGING TO CONDUCT SAFE AT HOME, A HALF-DAY EVENT TO ASSIST OLDER ADULTS IN MAKING THEIR HOMES SAFE AND ACCESSIBLE FOR DAILY LIVING. PROGRAM HIGHLIGHTS AND IMPACT INCLUDE: 1) FIVE HUNDRED IU

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HEALTH AND OTHER COMMUNITY VOLUNTEERS MADE SIMPLE HOME MODIFICATIONS, SUCH AS INSTALLING BATHROOM GRAB BARS, BUILDING RAMPS AND REPAIRING STAIRS TO HELP DECREASE RISK OF ACCIDENTS IN THE HOME. 2) DURING THE OCTOBER EVENT, 128 SENIORS IN SEVEN IU HEALTH COMMUNITIES ACROSS INDIANA BENEFITED FROM SAFE AT HOME.

A MATTER OF BALANCE

PROVIDED BY IU HEALTH, "A MATTER OF BALANCE" IS AN AWARD-WINNING PROGRAM DESIGNED TO REDUCE FALLING AND INCREASE THE ACTIVITY LEVELS OF OLDER ADULTS WHO ARE AT RISK OF FALLING. PROGRAM PARTICIPANTS LEARN TO ALTER THEIR ENVIRONMENT TO REDUCE RISK FACTORS OF FALLING, INCREASE ACTIVITY AND IMPROVE STRENGTH AND BALANCE.

PROGRAM HIGHLIGHTS AND IMPACT:

SIX "A MATTER OF BALANCE" CLASSES WERE CONDUCTED IN 2012 WITH 84 TOTAL

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PARTICIPANTS.

NINETY-EIGHT PERCENT OF PARTICIPANTS WOULD RECOMMEND "A MATTER OF BALANCE" TO OTHERS.

ADDITIONALLY, IU HEALTH NORTH HOSPITAL AND IU HEALTH SAXONY ENGAGED IN THE FOLLOWING INJURY PREVENTION EFFORTS.

-IU HEALTH NORTH SUPPORTED A CAR SEAT SAFETY PROGRAM SPONSORED BY THE CARMEL FIRE DEPARTMENT AND TRINITY FREE CLINIC. THE HOSPITAL'S DONATION WAS USED TO PURCHASE CAR SEATS FOR FAMILIES IN NEED.

-TO HELP PREVENT INJURIES TO CHILDREN RIDING IN CARS, IU HEALTH NORTH HOSPITAL DEVOTES 10 HOURS EACH MONTH TO CONDUCTING FREE CAR SEAT SAFETY INSPECTIONS FOR COMMUNITY MEMBERS.

-IN 2012, THE HOSPITAL INSPECTED 144 CAR SEATS FOR SAFETY.

TO RAISE AWARENESS OF SUDDEN CARDIAC DEATH AND TO PREVENT RESULTING DEATHS, IU HEALTH SAXONY HOSPITAL DONATED AUTOMATIC EXTERNAL DEFIBRILLATORS (AED) TO THREE JUNIOR HIGH SCHOOLS IN THE HAMILTON

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SOUTHEASTERN SCHOOLS DISTRICT AND ONE CHURCH IN FISHERS. HOSPITAL TEAM MEMBERS WORKED WITH THE SCHOOL AND CHURCH STAFFS TO ENSURE EFFECTIVE AED PLACEMENT AND ALSO PROVIDED HANDS-ON TRAINING FOR USING THE MACHINES.

K-12 EDUCATION

EDUCATION PLAYS A CRUCIAL ROLE IN HEALTH OUTCOMES. LEVEL OF EDUCATION HAS AN IMPACT NOT ONLY ON PERSONAL HEALTH, BUT IT HAS MULTIGENERATIONAL IMPLICATIONS AS WELL. CHILDREN WITH A SOLID EDUCATIONAL FOUNDATION AND PARENTS WHO ARE INVOLVED IN THEIR EDUCATION ARE MORE LIKELY TO EMBRACE HEALTHY LIFESTYLES AND HABITS AND SUCCEED GENERALLY IN LIFE. ADDITIONALLY, RESEARCH FROM THE NATIONAL CENTER FOR PUBLIC POLICY AND HIGHER EDUCATION SHOWS THAT GREATER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH HEALTH-PROMOTING BEHAVIORS, SUCH AS INCREASED CONSUMPTION OF FRUITS AND VEGETABLES AND OTHER ASPECTS OF HEALTHY EATING; ENGAGING IN PHYSICAL ACTIVITY AND REFRAINING FROM SMOKING.

REALIZING THAT EDUCATIONAL DISPARITIES APPEAR EARLY, IU HEALTH IS

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COMMITTED TO ENHANCING CHILDHOOD EDUCATION TO IMPROVE HEALTH AND LIFELONG QUALITY OF LIFE.

KINDERGARTEN COUNTDOWN

AS ONE OF IU HEALTH'S SIGNATURE PROGRAMS AND A COLLABORATION WITH UNITED WAY, KINDERGARTEN COUNTDOWN HELPS HUNDREDS OF SOON-TO-BE KINDERGARTNERS IMPROVE THEIR READINESS FOR SCHOOL. IN ADDITION TO PROVIDING HEALTH SCREENINGS AND VACCINATIONS TO STUDENTS, THE PROGRAM OFFERS ASSISTANCE TO PARENTS IN REGISTERING THEIR KINDERGARTNERS FOR SCHOOL. KINDERGARTEN COUNTDOWN SUMMER CAMPS ARE DESIGNED TO PROVIDE AT-RISK YOUNGSTERS THE BASIC SKILLS THEY NEED TO SUCCEED IN THEIR FIRST YEAR OF SCHOOL. WITH SUPPORT FROM IU HEALTH, KINDERGARTEN COUNTDOWN HAS EXPANDED TO 10 COMMUNITIES ACROSS INDIANA. PROGRAM HIGHLIGHTS AND IMPACT INCLUDE: 1) KINDERGARTEN COUNTDOWN IMPROVED THE SCHOOL READINESS OF 400 CHILDREN IN 2012 AND 2) CAMPERS ACHIEVED A 19 PERCENT INCREASE IN GET READY TO READ SCORES FROM BASELINE TESTING CONDUCTED AT THE BEGINNING OF CAMP.

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ADDITIONALLY, IN 2012 READUP READER WAS INTRODUCED IN MARION COUNTY.

TARGETING UNDERSERVED PRESCHOOLS, THIS PROGRAM PROVIDES DAILY "READING BUDDIES" TO PRESCHOOL CHILDREN IN AN EFFORT TO STRENGTHEN EARLY READING AND COMPREHENSION SKILLS.

FURTHERMORE, TO SUPPORT ADDITIONAL K-12 EDUCATION EFFORTS, IU HEALTH PROVIDED DONATIONS TO THE FOLLOWING ORGANIZATIONS.

COLLEGE MENTORS FOR KIDS

TO SUPPORT EDUCATION AND DEVELOPMENT, IU HEALTH PROVIDED A FINANCIAL DONATION TO THE COLLEGE MENTORS FOR KIDS PROGRAM. COLLEGE MENTORS FOR KIDS' MISSION IS TO CONNECT COLLEGE STUDENTS WITH THE MOST TO GIVE TO KIDS WHO NEED IT MOST. BY PROMOTING EDUCATIONAL ACHIEVEMENT AND PROFESSIONAL GOAL-SETTING FROM A YOUNG AGE, COLLEGE MENTORS HELPS DEVELOP PRODUCTIVE, MOTIVATED ADULTS.

STARFISH INITIATIVE - BACK 2 SCHOOL EXPO

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THE STARFISH INITIATIVE IS DEDICATED TO MAKING A DIFFERENCE IN THE LIVES OF AT-RISK AND ECONOMICALLY DISADVANTAGED HIGH SCHOOL STUDENTS. IU HEALTH PROVIDED A DONATION TO SUPPORT THE STARFISH INITIATIVE'S BACK 2 SCHOOL EXPO IN 2012. THIS FREE COMMUNITY EVENT PROVIDED THE PARENTS OF CHILDREN IN GRADES PRE-K THROUGH 12TH ACCESS TO VALUABLE INFORMATION RELATED TO PLANNING FOR AND FINANCING COLLEGE, EDUCATIONAL OPTIONS, EXTRACURRICULAR ACTIVITIES AND ADDITIONAL RESOURCES TO HELP THEIR CHILDREN HAVE A SUCCESSFUL FUTURE.

COMMUNITY REVITALIZATION AS AN OPPORTUNITY TO GIVE BACK TO THE COMMUNITY, MORE THAN 2,200 IU HEALTH TEAM MEMBER VOLUNTEERS ACROSS THE STATE BUILT HABITAT FOR HUMANITY HOME PANELS DURING THE SYSTEM-WIDE "DAY OF SERVICE" IN MAY 2012. AS A RESULT, 25 HOMES WERE BUILT, IMPACTING THE LIVES OF 100 PEOPLE IN INDIANA. FOUR OF THE HOMES WERE GIVEN TO VICTIMS OF THE DEVASTATING 2012 TORNADO IN HENRYVILLE, IND.

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ADDITIONALLY, IU HEALTH RECOGNIZES THAT IT CAN EXTEND ITS IMPACT FARTHER BY STRATEGICALLY SUPPORTING THE EFFORTS OF COMMUNITY PARTNERS WHO SHARE IU HEALTH'S MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF OUR NEIGHBORS AND OUR NEIGHBORHOODS. IN 2012, 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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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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

STATE FILING OF COMMUNITY BENEFIT REPORT

IN,