

**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 BLACKFORD  
HOSPITAL, INC.

**Employer identification number**  
01-0646166

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>1b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) 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>b</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	
<b>c</b> 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.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>5c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>6b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

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

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .		7213	1,340,629.		1,340,629.	8.09
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		6433	3,270,236.	2,091,878.	1,178,358.	7.11
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .		13646	4,610,865.	2,091,878.	2,518,987.	15.20
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	15	3050	64,794.	2,951.	61,843.	.37
<b>f</b> Health professions education (from Worksheet 5) . . . . .	1	41	24,756.		24,756.	.15
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	3	517	2,788.		2,788.	.02
<b>j Total.</b> Other Benefits . . . . .	19	3608	92,338.	2,951.	89,387.	.54
<b>k Total.</b> Add lines 7d and 7j. . . . .	19	17254	4,703,203.	2,094,829.	2,608,374.	15.74

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	40	1,763.		1,763.	.01
2 Economic development						
3 Community support	2	48	5,248.		5,248.	.03
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	1554	8,063.		8,063.	.05
7 Community health improvement advocacy	1	58	784.		784.	
8 Workforce development						
9 Other						
10 Total	5	1700	15,858.		15,858.	.09

**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? . . . . .	1	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. . . . .	2	496,682.
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. . . . .	3	
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	8,188,282.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	7,505,308.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	682,974.
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				
2				
3				
4				
5				
6				
7				
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10				
11				
12				
13				



Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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)**

**Financial Assistance Policy** IU HEALTH BLACKFORD HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>9</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	X	
<b>10</b>	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	
<b>11</b>	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	
<b>12</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input checked="" type="checkbox"/> Asset level		
<b>c</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>d</b>	<input checked="" type="checkbox"/> Insurance status		
<b>e</b>	<input checked="" type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>13</b>	Explained the method for applying for financial assistance? . . . . .	X	
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available on request		
<b>g</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>15</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . .	X	
<b>16</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b>	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:		X
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Part VI)		

**Part V Facility Information (continued)** IU HEALTH BLACKFORD 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
<b>19</b>	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.

<b>20</b>		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.

<b>21</b>		X

**Part V Facility Information** (continued)

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

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

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; 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 BLACKFORD HOSPITAL, INC.'S ("IU HEALTH BLACKFORD HOSPITAL") COMMUNITY BENEFITS AND INVESTMENTS ARE INCLUDED IN THE INDIANA UNIVERSITY HEALTH ("IU HEALTH") COMMUNITY BENEFIT REPORT WHICH IS MADE AVAILABLE TO THE PUBLIC ON THE IU HEALTH BLACKFORD HOSPITAL AND IU HEALTH BALL MEMORIAL HOSPITAL WEBSITES AT IUHEALTH.ORG/BLACKFORD AND IUHEALTH.ORG/BALL-MEMORIAL AND ALSO THE IU HEALTH STATEWIDE WEBSITE 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.

IU HEALTH BLACKFORD HOSPITAL COMMUNITY BENEFIT INFORMATION IS ALSO INCLUDED IN THE INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC. ("IU HEALTH BALL MEMORIAL HOSPITAL") COMMUNITY BENEFIT REPORT AND IS MADE AVAILABLE TO THE PUBLIC ON THE IU HEALTH BLACKFORD HOSPITAL AND IU HEALTH BALL MEMORIAL HOSPITAL WEBSITES AT IUHEALTH.ORG/BLACKFORD AND IUHEALTH.ORG/BALL-MEMORIAL. THE REPORT IS ALSO PRINTED AND WIDELY DISTRIBUTED TO COMMUNITY LEADERS AND AT COMMUNITY EVENTS SUCH AS HEALTH FAIRS AND INFORMATION PROGRAMS ATTENDED BY THE PUBLIC. IT IS ALSO AVAILABLE UPON REQUEST.

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

LINE 7, COLUMN (F) - BAD DEBT EXPENSE

THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSE IS \$1,444,264.

**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 - 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 28.37%.

SCHEDULE H, PART I - FINANCIAL ASSISTANCE

LINE 7G - SUBSIDIZED HEALTH SERVICES

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

SCHEDULE H, PART II - COMMUNITY BUILDING ACTIVITIES

PROMOTION OF HEALTH IN COMMUNITIES SERVED

IN 2012, IU HEALTH BLACKFORD HOSPITAL PROVIDED EXPERTISE AND RESOURCES TO LOCAL COMMUNITY INITIATIVES THAT ADDRESSED COMMUNITY FACTORS RELATED TO HEALTH IMPROVEMENT. OUTREACH ACTIVITIES INCLUDED PARTICIPATION IN

**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.

COMMUNITY DISASTER-READINESS PROGRAMS; CHILD CAR SEAT SAFETY PROGRAMS,  
DISEASE SUPPORT GROUPS, AND COLLABORATIVE PARTNERSHIPS TO IMPROVE  
COMMUNITY HEALTH THROUGH THE BLACKFORD COUNTY WELLNESS COALITION. IU  
HEALTH BLACKFORD HOSPITAL EMPLOYEES ALSO PARTICIPATED IN A KINDERGARTEN  
READING PROGRAM FOR LOCAL CHILDREN.

AS PART OF THE IU HEALTH SYSTEM, IU HEALTH HOSPITALS AND THEIR LEADERSHIP  
PARTICIPATE IN A WIDE ARRAY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS  
THE UNDERLYING QUALITY OF LIFE IN THE COMMUNITIES IU HEALTH SERVES.  
HOSPITALS THROUGHOUT THE IU HEALTH SYSTEM INVEST IN ECONOMIC DEVELOPMENT  
EFFORTS IN THEIR COMMUNITIES, WHICH RESULTS IN COLLABORATIONS THROUGH  
COALITIONS ACROSS THE STATE WITH LIKE-MINDED ORGANIZATIONS THAT ADDRESS  
KEY ISSUES, AND ADVOCATES FOR IMPROVEMENTS IN THE HEALTH STATUS OF  
VULNERABLE POPULATIONS. IU HEALTH CONTRIBUTED NEARLY \$2 MILLION TO  
COMMUNITY-BUILDING ACTIVITIES IN 2012, SERVING OVER 52,600 PEOPLE  
STATEWIDE. SPECIFICALLY, IU HEALTH BLACKFORD HOSPITAL INVESTED NEARLY  
\$16,000 SERVING 1700 PEOPLE IN THE BLACKFORD COMMUNITY.

**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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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.

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

**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.
- 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.).
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ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON ACCOUNTS RECEIVABLE PAYOR COMPOSITION AND AGING, AND HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, AS ADJUSTED FOR COLLECTION INDICATORS. THE RESULTS OF THE REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS AND THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN ADDITION, INDIANA UNIVERSITY HEALTH BLACKFORD HOSPITAL, INC. ("IU HEALTH BLACKFORD HOSPITAL") FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES. PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF IU HEALTH BLACKFORD HOSPITAL AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES OF IU HEALTH BLACKFORD HOSPITAL.

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

**Part VI Supplemental Information**

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CARE SERVICES THROUGH VARIOUS PROGRAMS THAT ARE DESIGNED, AMONG OTHER MATTERS, TO ENHANCE THE HEALTH OF THE COMMUNITY AND IMPROVE THE HEALTH OF LOW-INCOME PATIENTS. IN ADDITION, IU HEALTH BLACKFORD HOSPITAL PROVIDES SERVICES INTENDED TO BENEFIT THE POOR AND UNDERSERVED, INCLUDING THOSE PERSONS WHO CANNOT AFFORD HEALTH INSURANCE BECAUSE OF INADEQUATE RESOURCES OR ARE UNINSURED OR UNDERINSURED.

SCHEDULE H, PART III - BAD DEBT, MEDICARE, & COLLECTION PRACTICES  
 LINE 8 - MEDICARE SHORTFALL  
 INDIANA UNIVERSITY HEALTH BLACKFORD HOSPITAL, INC. ("IU HEALTH BLACKFORD HOSPITAL") DID NOT HAVE A MEDICARE SHORTFALL FOR 2012. HOWEVER, IN YEARS IN WHICH IT DOES EXPERIENCE A MEDICARE SHORTFALL, THE MEDICARE SHORTFALL THAT WOULD BE REPORTED ON SCHEDULE H, PART III, LINE 7 IS CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM IU HEALTH BLACKFORD HOSPITAL'S MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH BLACKFORD HOSPITAL'S PARTICIPATION IN MEDICARE

**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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PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIAN SERVICES, THE COSTS OF MEDICARE PARTS C AND D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH BLACKFORD HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.

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

**Part VI Supplemental Information**

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

**Part VI Supplemental Information**

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SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 2 - NEEDS ASSESSMENT

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

IU HEALTH BLACKFORD ASSESSED THE HEALTHCARE NEEDS OF THE AREAS IT SERVES BY UTILIZING THE DETAILED COMMUNITY NEEDS ASSESSMENTS UNDERTAKEN BY ORGANIZATIONS SUCH AS THE BLACKFORD COUNTY HEALTH DEPARTMENT, THE INDIANA STATE DEPARTMENT OF HEALTH, THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE UNITED WAY.

SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

**Part VI Supplemental Information**

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## LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

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

DURING THE ADMISSIONS PROCESS, OPPORTUNITIES FOR FINANCIAL ASSISTANCE ARE DISCUSSED WITH PATIENTS WHO ARE IDENTIFIED AS A SELF-PAY PATIENT, OR REQUESTS ASSISTANCE INFORMATION. THE PATIENT IS ALSO PROVIDED WITH AN ADMISSIONS PACKET THAT PROVIDES INFORMATION REGARDING IU HEALTH BLACKFORD HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. FINANCIAL COUNSELORS ARE ONSITE

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TO ASSIST FINANCIAL CONCERNS OR QUESTIONS DURING THE PATIENT'S STAY.

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

A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS PRINTED ON THE BACK OF EACH PATIENT STATEMENT, WHILE THE FINANCIAL ASSISTANCE APPLICATION IS MAILED TO ALL UNINSURED IU HEALTH BLACKFORD HOSPITAL PATIENTS AT THE CONCLUSION OF THEIR TREATMENT ALONG WITH A SUMMARY OF THE INCURRED CHARGES. ADDITIONALLY, ON THE BACK OF EACH PATIENT STATEMENT IS A PHONE NUMBER THAT WILL ALLOW PATIENTS THE ABILITY TO REQUEST FINANCIAL ASSISTANCE. UNINSURED PATIENTS ARE ALSO MADE AWARE OF THIS PROCESS AT THE TIME OF REGISTRATION.

THE INDIANA UNIVERSITY HEALTH, INC. ("IU HEALTH") STATEWIDE SYSTEM, OF

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WHICH IU HEALTH BLACKFORD HOSPITAL IS INCLUDED, 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 BLACKFORD HOSPITAL HAS AN EXPANSIVE FINANCIAL ASSISTANCE

PROGRAM, WHICH ALIGNS WITH IU HEALTH'S POLICY AND UTILIZES THE FEDERAL

POVERTY GUIDELINES TO DETERMINE ELIGIBILITY; MAKING ACCESS TO QUALITY

CARE WITHIN A PATIENT'S REACH.

THE IU HEALTH FINANCIAL ASSISTANCE POLICY PROVIDES THE FOLLOWING SUPPORT

TO PATIENTS THAT QUALIFY.

- FREE CARE FOR THOSE EARNING UP TO 200 PERCENT OF FEDERAL POVERTY  
GUIDELINES;

- DISCOUNTED CARE ON A SLIDING SCALE FOR FAMILIES EARNING FROM 200 TO  
400 PERCENT OF FEDERAL POVERTY GUIDELINES; AND

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

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SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 4 - COMMUNITY INFORMATION

BLACKFORD COUNTY COMPRISES THE MAJORITY OF THE IU HEALTH BLACKFORD HOSPITAL COMMUNITY. IT ACCOUNTS FOR ALL OF THE PRIMARY SERVICE AREA (PSA) POPULATION, AND 79% OF THE INPATIENT DISCHARGE POPULATION OF THE TOTAL COMMUNITY.

BLACKFORD COUNTY HAS HIGHER RATES OF UNEMPLOYMENT THAN THE STATE OF INDIANA AND THE NATIONAL AVERAGE. THE MEDIAN HOUSEHOLD INCOME OF BLACKFORD COUNTY IS ALSO BELOW THE INDIANA STATE AVERAGE AND THE NATIONAL AVERAGE. THE COUNTY IS ADVERSELY AFFECTED BY A COMBINATION OF CHRONIC HEALTH CONDITIONS, LOW EDUCATIONAL ATTAINMENT, AND THE LOW AVAILABILITY OF HIGHER PAYING JOBS.

SERVICE AREA COUNTIES: BLACKFORD, GRANT, DELAWARE, JAY, AND WELLS

- SERVICE AREA POPULATION IN 2010: 249,387

**Part VI Supplemental Information**

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- 79% OF THE IU HEALTH BLACKFORD'S INPATIENT DISCHARGE POPULATION RESIDES  
IN BLACKFORD COUNTY

- OF THE FIVE SERVICE AREA COUNTIES, ALL EXCEPT WELLS COUNTY ARE EXPECTED  
TO DECREASE IN TOTAL POPULATION BY 2015

- ALTHOUGH POPULATION IS EXPECTED TO DECREASE FOR ALL OF THE SERVICE AREA  
COUNTIES ACROSS ALMOST ALL OF THE AGE COHORTS, THE 65+ POPULATION IS  
PROJECTED TO INCREASE SUBSTANTIALLY BY 2015 FOR ALL COUNTIES.

- THE 2011 POVERTY RATE IN BLACKFORD COUNTY WAS RANKED 27TH HIGHEST IN  
INDIANA.

- IN 2012, 4% OF INPATIENT DISCHARGES WERE FOR PATIENTS WITH MEDICAID,  
85% WERE FOR PATIENTS WITH MEDICARE, AND 2% WERE FOR UNINSURED/SELF-PAY  
PATIENTS

SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

LINE 5 - PROMOTION OF COMMUNITY HEALTH

INDIANA UNIVERSITY HEALTH BLACKFORD HOSPITAL IS A 15-BED, 55,000 SQUARE  
FOOT MEDICARE-DESIGNATED CRITICAL ACCESS HOSPITAL, PROVIDING CARE TO THE

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PEOPLE OF HARTFORD CITY AND SURROUNDING COMMUNITIES. THE HOSPITAL CAMPUS FEATURES ALL-PRIVATE ROOMS, AN ATTACHED MEDICAL OFFICE BUILDING AND AN AMBULANCE GARAGE. TO RECEIVE THE DISTINCTION OF CRITICAL ACCESS, A HOSPITAL MUST BE CONSIDERED THE NECESSARY PROVIDER OF SERVICES IN A RURAL AREA.

IU HEALTH BLACKFORD HOSPITAL IS AN AFFILIATE OF THE INDIANA UNIVERSITY HEALTH STATEWIDE HEALTHCARE SYSTEM, AND PREPARES AND SUBMITS ITS OWN COMMUNITY BENEFITS PLAN RELATIVE TO THE LOCAL COMMUNITY. IT IS ALSO PART OF A THREE-PRONG COMMUNITY OUTREACH STRATEGY IN PLACE WITH THE ACADEMIC MEDICAL CENTER DOWNTOWN INDIANAPOLIS, SUBURBAN INDIANAPOLIS AND STATEWIDE ENTITIES AS PRIORITY AREAS OF FOCUS & EFFORT. IU HEALTH CONSIDERS ITS COMMUNITY BENEFIT PLAN AS PART OF AN OVERALL VISION FOR STRENGTHENING INDIANA'S HEALTHCARE SAFETY NET.

THE HOSPITAL PROMOTES THE HEALTH OF THE COMMUNITY BY MAINTAINING A VARIETY OF INPATIENT AND OUTPATIENT HEALTH SERVICES THAT INCLUDE AN

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EMERGENCY DEPARTMENT, CT RADIOLOGY SERVICES, MRI RADIOLOGY, ADDITIONAL RADIOLOGY SERVICES, SLEEP LAB SERVICES, MEDICAL/SURGICAL INPATIENT SERVICES, SURGERY INPATIENT AND OUTPATIENT SERVICES, CARDIAC REHAB SERVICES, RESPIRATORY THERAPY SERVICES, LABORATORY SERVICES, A SPECIALTY CLINIC, AND AN AMBULANCE SERVICE. SOME OF THESE SERVICES OPERATE AT A LOSS IN ORDER TO ENSURE THE COMPREHENSIVE SERVICES ARE AVAILABLE TO THE COUNTY. THE HOSPITAL OPERATES A PARAMEDIC LEVEL AMBULANCE SERVICE THAT OPERATES THROUGHOUT THE COUNTY, WITH AMBULANCE GARAGES IN MONTPELIER AND HARTFORD CITY. THE AMBULANCE SERVICE RESPONDS TO ALL MEDICAL 911 CALLS AND OPERATES WITHOUT ANY GOVERNMENTAL SUBSIDY. THROUGHOUT THE YEAR, THE HOSPITAL OFFERS A VARIETY OF EDUCATIONAL PROGRAMS AND SPONSORS A NUMBER OF HEALTH IMPROVEMENT SUPPORT GROUPS. CLASSES SUCH AS CPR TRAINING, SMOKING CESSATION, DIABETIC NUTRITION CLASSES, AND OTHERS THAT POSITIVELY IMPACT THE HEALTH OF THE COMMUNITY ARE OFFERED THROUGHOUT THE YEAR. IN 2012, BLACKFORD HOSPITAL INVESTED OVER \$58,000 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, SERVING OVER 3,000 COMMUNITY MEMBERS IN THEIR REGION.

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## SCHEDULE H, PART VI - SUPPLEMENTAL INFORMATION

## LINE 6 - AFFILIATED HEALTH CARE SYSTEM

IU HEALTH BLACKFORD HOSPITAL'S BOARD OF DIRECTORS IS COMPOSED OF EIGHT MEMBERS, WITH SIX OF THOSE MEMBERS BEING RESIDENTS OF BLACKFORD COUNTY.

IU HEALTH BLACKFORD HOSPITAL MAINTAINS AN OPEN MEDICAL STAFF, TO WHICH ALL LOCAL QUALIFIED PHYSICIANS MAY CHOOSE TO BE MEMBERS. IN ADDITION, A NUMBER OF PHYSICIANS FROM NEAR-BY COMMUNITIES, IN A VARIETY OF SPECIALTIES, ARE MEMBERS OF THE IU HEALTH BLACKFORD HOSPITAL MEDICAL STAFF.

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

INDIANA UNIVERSITY HEALTH IS INDIANA'S MOST COMPREHENSIVE HEALTHCARE

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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.

NATIONAL RECOGNITION

EIGHT CLINICAL PROGRAMS RANKED AMONG THE TOP 50 NATIONAL PROGRAMS IN U.S.  
NEWS & WORLD REPORT'S 2010-11 EDITION OF AMERICA'S BEST HOSPITALS.

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

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

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

EDUCATION AND RESEARCH

AS AN ACADEMIC HEALTH CENTER, IU HEALTH WORKS IN PARTNERSHIP WITH INDIANA

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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.

IU HEALTH CONSISTS OF IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY

HOSPITAL, RILEY HOSPITAL FOR CHILDREN AT IU HEALTH, IU HEALTH WEST

HOSPITAL, IU HEALTH NORTH HOSPITAL, IU HEALTH BALL MEMORIAL, IU HEALTH

BLACKFORD HOSPITAL, IU HEALTH BLOOMINGTON HOSPITAL, IU HEALTH PAOLI

HOSPITAL, IU HEALTH BEDFORD HOSPITAL, IU HEALTH TIPTON HOSPITAL, IU

HEALTH LA PORTE HOSPITAL, IU HEALTH STARKE HOSPITAL, AND IU HEALTH GOSHEN

HOSPITAL. IN JULY OF 2011, IU HEALTH MORGAN HOSPITAL AND IU HEALTH WHITE

HOSPITAL ALSO BECAME A MEMBER OF IU HEALTH. IN DECEMBER OF 2011, IU

HEALTH OPENED ITS NEWEST LOCATION, IU HEALTH SAXONY IN FISHERS, INDIANA.

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.

OBESITY PREVENTION

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

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

GARDEN ON THE GO®: YEAR-ROUND MOBILE PRODUCE DELIVERY PROGRAM, THAT AIMS TO INCREASE ACCESS TO AFFORDABLE, FRESH FRUITS & VEGETABLES FOR THE CITY'S MOST DISADVANTAGED NEIGHBORS. 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

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HEAD OF LETTUCE, A COUPLE OF APPLES AND A COUPLE OF ORANGES. IN 2012, 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

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DISHES THAT USE FRESH PRODUCE.

ACCESS TO AFFORDABLE HEALTHCARE

ONE OF THE FIRST STEPS TO IMPROVED HEALTH OUTCOMES IS HAVING ACCESS TO HEALTHCARE RESOURCES. TO SHOW ITS COMMITMENT TO PROVIDING AFFORDABLE HEALTHCARE ACCESS, IU HEALTH TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH IS ALSO WORKING TO RAISE AWARENESS AND WORKING 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.

COMMUNITY ACCESS TO HEALTHCARE EFFORTS AT IU HEALTH BLACKFORD HOSPITAL INCLUDE THE FOLLOWING PROGRAMS: DERMATOLOGISTS AND DERMATOLOGY STAFF MEMBERS FROM THE IU HEALTH BLACKFORD HOSPITAL OUTPATIENT CLINIC PERFORMED FREE SKIN CANCER SCREENINGS FOR THE COMMUNITY IN MAY 2012. THIRTY-FOUR PEOPLE WERE SCREENED, AND 16 WERE REFERRED FOR FURTHER EVALUATION. MORE

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THAN 200 PEOPLE ATTENDED THE IU HEALTH BLACKFORD HOSPITAL COMMUNITY HEALTH FAIR IN APRIL. THOSE ATTENDING THE FAIR TOOK ADVANTAGE OF FREE AND REDUCED-COST LAB TESTING FOR CHOLESTEROL LIPID PROFILES, COMPLETE BLOOD COUNT, CHEMISTRY PROFILE AND BLOOD GLUCOSE. PROSTATE CANCER SCREENING TESTS WERE AVAILABLE FOR MEN. INFORMATION ON BREAST HEALTH, COLONOSCOPY EDUCATION, INFECTION PREVENTION AND HEALTHY EATING HABITS WAS PROVIDED TO PARTICIPANTS.

INJURY PREVENTION

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

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ADDITIONALLY, IU HEALTH SUPPORTS THE ADVOCACY OF POLICIES, SUCH AS THE TEXTING WHILE DRIVING BAN, TO HELP PROVIDE INFRASTRUCTURE TO INSTILL THE AWARENESS OF INJURY PREVENTION IN OUR COMMUNITIES.

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 HEALTH AND OTHER COMMUNITY VOLUNTEERS MADE SIMPLE HOME MODIFICATIONS, SUCH AS INSTALLING BATHROOM GRAB BARS, BUILDING RAMPS AND REPAIRING

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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.

IU HEALTH BLACKFORD HOSPITAL SERVES AS THE LEAD AGENCY OF THE BLACKFORD  
COUNTY SAFE KIDS CHAPTER, WHICH WORKS TO PREVENT CHILDHOOD INJURIES IN  
THE LOCAL COMMUNITY. THE CHAPTER HOSTED TWO CAR SEAT SAFETY CHECKS, AND  
IN 2012, FUNDS WERE USED TO PROMOTE HALLOWEEN SAFETY.

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

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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 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

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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. 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.

**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.

IN 2012, EMPLOYEES FROM IU HEALTH BLACKFORD HOSPITAL PARTNERED WITH BUILD A BETTER BLACKFORD AND THE CITY OF HARTFORD CITY TO REMOVE OVERGROWTH AND CLEAN UP SIDEWALKS ALONG STATE ROAD 3 IN HARTFORD CITY. THE CLEANUP RESULTED IN A MORE ATTRACTIVE APPEARANCE WITHIN THE CITY AS WELL AS PROVIDING ADDITIONAL AREAS TO WALK SAFELY IN TOWN.

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STATE FILING OF COMMUNITY BENEFIT REPORT

IN,