

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization **INDIANA UNIVERSITY HEALTH MORGAN HOSPITAL INC** Employer identification number **27-3533027**

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	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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 type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>125</u> %	<input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			606,425.		606,425.	1.90%
b Medicaid (from Worksheet 3, column a)			4,428,081.	2,469,652.	1,958,429.	6.14%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			5,034,506.	2,469,652.	2,564,854.	8.04%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits						
k Total Add lines 7d and 7j			5,034,506.	2,469,652.	2,564,854.	8.04%

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 MORGAN HOSPITAL, INC

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

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1 X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>11</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	X
5 Did the hospital facility make its CHNA report widely available to the public?	5 X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7 X	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

INDIANA UNIVERSITY HEALTH MORGAN
HOSPITAL INC

Schedule H (Form 990) 2012

27-3533027 Page 5

Part V Facility Information (continued) IU HEALTH MORGAN HOSPITAL, INC

Financial Assistance Policy		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 care</i> ?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>125</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted care</i> ?	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>200</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients?	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input 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?	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input 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 type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input 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 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?		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
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)		

Schedule H (Form 990) 2012

Part V Facility Information (continued) **IU HEALTH MORGAN HOSPITAL, 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?

	Yes	No
19	X	

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)

Charges 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?

21		X
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If "Yes," explain in Part VI.

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

22		X
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If "Yes," explain in Part VI.

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 hospital 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, 19d, 20d, 21, and 22.

PART I, LINE 7G: IU HEALTH MORGAN HOSPITAL DOES NOT INCLUDE ANY COSTS
ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES.

PART I, LN 7 COL(F): PART I, LINE 7, COLUMN (F): THE BAD DEBT EXPENSE
INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR
PURPOSES OF CALCULATING THE PERCENTAGE IN COLUMN (F) IS \$4,052,154.

PART II: THE HOPITAL PARTICIPATED IN THE FALL FOLIAGE
FESTIVAL BY RUNNING A HEALTHY COOKING EXHIBIT, PROVIDED A1C SCREENINGS AS
PART OF THE DIABETES AWARENESS MONTH, AND PARTICIPATED IN A CANNED FOOD
DRIVE.

PART III, LINE 4: THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS 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 COLLECTIONS INDICATORS. PERIODICALLY, MANAGEMENT
ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED
UPON ACCOUNTS RECEIVABLE PAYOR COMPOSITION AND AGING, AND HISTORICAL

Part VI Supplemental Information

WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, AS ADJUSTED FOR COLLECTIONS 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, IU HEALTH FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTIONS AGENCIES. PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTIONS AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF IU HEALTH MORGAN HOSPITAL AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES OF IU HEALTH MORGAN HOSPITAL.

THE BAD DEBT EXPENSE REPORTED ON LINE 2 IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. IU HEALTH MORGAN HOSPITAL PROVIDES HEALTH CARE SERVICES THROUGH VARIOUS PROGRAMS THAT ARE DESIGNED, AMONG OTHER MATTERS, TO ENHANCE THE HEALTH OF THE COMMUNITY AND IMPROVE THE HEALTH OF LOW-INCOME PATIENTS. IN ADDITION, IU HEALTH MORGAN 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.

NO OTHER BAD DEBT AMOUNTS HAVE BEEN INCLUDED AS COMMUNITY BENEFIT. THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY WHICH STATES THAT TO PARTICIPATE IN CHARITY CARE, CANDIDATES MUST COOPERATE FULLY. IN ADDITION, THE HOSPITAL EDUCATES PATIENTS WITH LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE. FOR THIS REASON, THE ORGANIZATION BELIEVES IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY AND THE AMOUNT OF BAD DEBT

Part VI Supplemental Information

EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE.

PART III, LINE 8: THE EXCESS MEDICARE REIMBURSEMENT REPORTED ON SCHEDULE H, PART III, LINE 7 IS CALCULATED IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM IU HEALTH MORGAN HOSPITAL'S MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH MORGAN HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIAN SERVICES, THE COSTS OF MEDICARE PARTS C AND D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH MORGAN HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS WOULD RESULT IN A SIGNIFICANT MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.

IU HEALTH MORGAN HOSPITAL, INC:

PART V, SECTION B, LINE 3: FOR THE CHNA, QUANTITATIVE ANALYSES ASSESSED THE HEALTH NEEDS OF THE POPULATION THROUGH DATA ABSTRACTION AND ANALYSIS, AND QUALITATIVE ANALYSES WERE CONDUCTED THROUGH STRUCTURED INTERVIEWS AND CONVERSATIONS WITH COMMUNITY LEADERS IN AREAS SERVED BY IU HEALTH MORGAN HOSPITAL. THE HOSPITAL OBTAINED ITS INFORMATION BY HOSTING COMMUNITY CONVERSATION FOCUS-GROUPS WITH PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS IN ATTENDANCE AND BY SURVEYING THE COMMUNITY AT LARGE THROUGH THE HOSPITAL'S WEBSITE WITH SPECIAL EMPHASIS TO GARNER INPUT FROM LOW INCOME, UNINSURED, OR MINORITY GROUPS.

Part VI Supplemental Information

IU HEALTH MORGAN HOSPITAL, INC:

PART V, SECTION B, LINE 5C: HTTP://IUHEALTH.ORG/ABOUT-IU-HEALTH/IN-THE-CO

IU HEALTH MORGAN HOSPITAL, INC:

PART V, SECTION B, LINE 20D: ALL FAP ELIGIBLE INDIVIDUALS RECEIVED A 20% DISCOUNT FROM GROSS CHARGES.

PART VI, LINE 2: THE HEALTH OF INDIVIDUALS AND COMMUNITIES IS INFLUENCED BY VARIOUS SOCIAL AND ENVIRONMENTAL FACTORS BEYOND HOSPITAL WALLS. AFTER ANALYZING COMMUNITY NEEDS ASSESSMENTS FROM VARIOUS ORGANIZATIONS INCLUDING: THE COUNTY HEALTH DEPARTMENTS, INDIANA STATE DEPARTMENT OF HEALTH, CENTERS FOR DISEASE CONTROL AND PREVENTION AND UNITED WAY OF CENTRAL INDIANA, INDIANA UNIVERSITY HEALTH IDENTIFIED AND COMMITTED TO THE FOLLOWING COMMUNITY HEALTH OUTREACH PRIORITIES.

- OBESITY PREVENTION
- ACCESS TO AFFORDABLE HEALTHCARE
- INJURY PREVENTION

PART VI, LINE 3: ALL PATIENTS ARE TREATED REGARDLESS OF THEIR ABILITY TO PAY. THE FINANCIAL ASSISTANCE POLICY EXISTS TO SERVE THOSE IN NEED BY PROVIDING FINANCIAL RELIEF TO PATIENTS WHO ASK FOR ASSISTANCE AFTER CARE HAS BEEN PROVIDED. FINANCIAL ASSISTANCE INFORMATION IS SHARED WITH PATIENTS DURING THE ADMISSIONS AND BILLING PROCESSES.

DURING THE ADMISSIONS PROCESS, OPPORTUNITIES FOR FINANCIAL ASSISTANCE ARE DISCUSSED WITH PATIENTS IF THE PATIENT SELF-PAYS OR REQUESTS ASSISTANCE.

Part VI Supplemental Information

THE PATIENT IS ALSO PROVIDED WITH AN ADMISSION PACKET. FINANCIAL COUNSELORS CAN HELP PATIENTS UNDERSTAND THEIR BILLS, EXPLAIN WHAT THEY CAN EXPECT DURING THE BILLING PROCESS, ACCEPT PAYMENT, APPLY FOR FINANCIAL ASSISTANCE (IF NEEDED), UPDATE THEIR INSURANCE OR PAYOR INFORMATION, AND UPDATE THEIR ADDRESS OR OTHER DEMOGRAPHIC INFORMATION.

CHARITY CARE IS AVAILABLE TO ALL PATIENTS LIVING AT OR BELOW 125 PERCENT OF THE FEDERAL POVERTY GUIDELINES. ANY PATIENT OF LIMITED MEANS MAY APPLY FOR SUPPORT OR IS PROVIDED SUPPORT FOR THE COST OF THEIR CARE, WITH ADJUSTMENTS TO BILLS. PATIENTS ARE GUIDED THROUGH THEIR COURSE OF CARE WITH PARTICULAR SENSITIVITY, REVIEWING CHANGING CIRCUMSTANCES AND ALLOWING FOR FINANCIAL ASSISTANCE AT ANY POINT DURING THE COURSE OF TREATMENT. FOR THOSE INPATIENTS THAT MAY QUALIFY FOR THE MEDICAID PROGRAM AND HAVE NOT APPLIED, EMPLOYEES WILL ASSIST PATIENTS WITH MEDICAID APPLICATION.

PART VI, LINE 4: THE HOSPITAL SERVES THE GEOGRAPHIC AREA INCLUDING MORGAN COUNTY AND SURROUNDING COUNTIES.

PART VI, LINE 6: 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.

A COLLABORATIVE PARTNERSHIP WITH INDIANA UNIVERSITY HEALTH AND INDIANA

Part VI Supplemental Information

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

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 SAXONY 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 GOSHEN HOSPITAL, IU HEALTH ARNETT HOSPITAL, IU HEALTH MORGAN HOSPITAL, AND IU HEALTH WHITE HOSPITAL.

ALTHOUGH EACH IU HEALTH HOSPITAL PREPARES AND SUBMITS ITS OWN COMMUNITY BENEFITS PLAN RELATIVE TO THE LOCAL COMMUNITY, IU HEALTH CONSIDERS ITS COMMUNITY BENEFIT PLAN AS PART OF AN OVERALL VISION FOR STRENGTHENING INDIANA'S OVERALL HEALTH. A COMPREHENSIVE THREE-PRONG COMMUNITY OUTREACH STRATEGY AND COMMUNITY BENEFIT PLAN IS IN PLACE THAT ENCOMPASSES THE ACADEMIC MEDICAL CENTER DOWNTOWN INDIANAPOLIS, SUBURBAN INDIANAPOLIS AND STATEWIDE ENTITIES AROUND PRIORITY AREAS THAT FOCUS ON HEALTH IMPROVEMENT EFFORTS STATEWIDE.

IU HEALTH IS KEENLY AWARE OF THE POSITIVE IMPACT IT CAN HAVE ON THE COMMUNITIES OF NEED IN THE STATE OF INDIANA BY FOCUSING ON THE MOST PRESSING NEEDS IN A SYSTEMATIC AND STRATEGIC WAY. AFTER TAKING A CAREFUL LOOK INTO IU HEALTH'S COMMUNITIES WE SERVE, AND BY UTILIZING THE DETAILED COMMUNITY NEEDS ASSESSMENTS UNDERTAKEN BY PUBLIC HEALTH OFFICIALS AND COMMUNITY PARTNERS, IU HEALTH IDENTIFIED THE FOLLOWING COMMUNITY HEALTH

Part VI Supplemental Information

NEEDS.

OBESITY PREVENTION:

AMONG LEADING CONCERNS FACING HOOSIERS IS THE ALARMING INCREASE IN OBESITY. ACCORDING TO AN ANNUAL REPORT FROM THE TRUST FOR AMERICA'S HEALTH AND THE ROBERT WOOD JOHNSON FOUNDATION, INDIANA IS RANKED THE 16TH MOST OBESE STATE IN THE UNITED STATES. NEARLY 30 PERCENT OF HOOSIER CHILDREN AND 65 PERCENT OF ADULTS ARE OVERWEIGHT OR OBESE. THIS MEANS THAT ONE IN FOUR INDIANA RESIDENTS, OR ROUGHLY 1.7 MILLION, ARE AT RISK FOR DEVELOPING CHRONIC DISEASES LIKE HEART DISEASE AND TYPE 2 DIABETES; CONDITIONS THAT CAN BE PREVENTED.

TO HELP COMBAT THIS EPIDEMIC, IU HEALTH CREATED MORE OPPORTUNITIES FOR PHYSICAL ACTIVITY AND BROUGHT NUTRITIOUS FOODS TO HIGH-POVERTY, LOW-ACCESS COMMUNITIES.

- IU HEALTH PERFORMED OVER 5,000 DIABETES RISK ASSESSMENTS TO IDENTIFY HOOSIERS AT RISK FOR DEVELOPING TYPE 2 DIABETES. OVER 2,000 INDIVIDUALS WERE REFERRED FOR FOLLOW-UP CARE AT LOCAL IU HEALTH DIABETES CENTERS.

- IU HEALTH EMPLOYEES WORKED TO IMPROVE ACCESS TO HEALTHY FOOD AND SAFE PLACES FOR PHYSICAL ACTIVITY DURING ITS 2011 DAY OF COMMUNITY SERVICE. MORE THAN 1,000 EMPLOYEES BUILT THREE COMMUNITY GARDENS, ENHANCED 13 COMMUNITY PARKS AND BUILT A 2,500 SQUARE FOOT KABOOM! PLAYGROUND IN COMMUNITIES ACROSS INDIANA.

ACCESS TO AFFORDABLE HEALTHCARE:

IN RECENT YEARS, THE PERCENTAGE OF UNINSURED INDIVIDUALS UNDER 65 IN INDIANA HAS INCREASED FROM 10 TO 13 PERCENT. ON ANY GIVEN DAY, MORE THAN 550,000 HOOSIERS ARE WITHOUT HEALTH INSURANCE. IN ACCORDANCE WITH ITS

Part VI Supplemental Information

MISSION, IU HEALTH DELIVERS PATIENT CARE TO THOSE WHO NEED IT MOST,
REGARDLESS OF THEIR ABILITY TO PAY. IN 2011, IU HEALTH PROVIDED FREE OR
REDUCED-COST CARE TO LOW-INCOME INDIVIDUALS AND INCREASED ACCESS TO
AFFORDABLE HEALTHCARE, SPECIFICALLY FOR UNDERSERVED POPULATIONS.

INJURY PREVENTION:

ACCIDENTS AND UNINTENTIONAL INJURIES ARE THE LEADING CAUSE OF DEATH FOR
INDIVIDUALS AGE 1-44. TO KEEP COMMUNITIES SAFE, IU HEALTH PROVIDED
EDUCATION AND PROGRAMMING TO RESIDENTS ACROSS INDIANA ON PROPER CHILD
PASSENGER SAFETY, BICYCLE AND PEDESTRIAN SAFETY AND FALLS PREVENTION.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

IN