

**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 LAPORTE HOSPITAL

Employer identification number

35-1125434

**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 checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted 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 checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	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**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			4,784,572.		4,784,572.	2.56
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			31,810,878.	34,058,050.	-2,247,172.	
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .			36,595,450.	34,058,050.	2,537,400.	2.56
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			602,131.	58,451.	543,680.	.29
<b>f</b> Health professions education (from Worksheet 5) . . . . .			857,933.		857,933.	.46
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			699,793.		699,793.	.37
<b>h</b> Research (from Worksheet 7) . . . . .			324,005.		324,005.	.17
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			486,707.		486,707.	.26
<b>j</b> Total Other Benefits . . . . .			2,970,569.	58,451.	2,912,118.	1.55
<b>k</b> Total. Add lines 7d and 7j . . . . .			39,566,019.	34,116,501.	5,449,518.	4.11

**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			12,547.		12,547.	.01
2 Economic development			14,520.		14,520.	.01
3 Community support			1,999.		1,999.	
4 Environmental improvements						
5 Leadership development and training for community members			7,106.		7,106.	
6 Coalition building						
7 Community health improvement advocacy			172.		172.	
8 Workforce development			52,692.		52,693.	.03
9 Other						
10 Total			89,036.		89,037.	.05

**Part III Bad Debt, Medicare, & Collection Practices**

		Yes	No
<b>Section A. Bad Debt Expense</b>			
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		6,550,634.
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		4,784,572.
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.			
<b>Section B. Medicare</b>			
5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5		48,731,595.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6		63,954,537.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7		-15,222,942.
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			
<b>Section C. Collection Practices</b>			
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				
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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? 2

Name, address, and primary website address

**1** IU HEALTH LAPORTE HOSPITAL  
PO BOX 250, 1007 LINCOLNWAY  
LAPORTE IN 46352

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
X	X		X			X			A

**2** IU HEALTH STARKE HOSPITAL  
102 E CULVER RD  
KNOX IN 46534

X	X					X			A
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**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 A

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

		Yes	No
<b>Community Health Needs Assessment</b> (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	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA: 20 ___		
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	
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	
5	Did the hospital facility make its CHNA report widely available to the public? . . . . .	5	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a	<input 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	
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	
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? \$ _____		

**Part V Facility Information (continued)**

Financial Assistance Policy A		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 free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care: <u>1</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 discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>4</u> <u>0</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 type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input 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 checked="" 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 checked="" 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) A**

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**

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

**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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
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? . . . . .		X
	If "Yes," explain in Part VI.		
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? . . . . .		X
	If "Yes," explain in Part VI.		

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (describe)
<b>1</b> IU HEALTH LAKESHORE SURGICARE, LLC 3111 VILLAGE POINTE CHESTERTON IN 46304	SURGICENTER
<b>2</b> REHAB AT THE CROSSING 1203 WASHINGTON STREET LAPORTE IN 46350	PHYSICAL THERAPY SERVICES
<b>3</b> HEART AND VASCULAR INSTITUTE 901 LINCOLNWAY LAPORTE IN 46350	CARDIAC REHAB
<b>4</b> LIFEWORKS 3777 N FRONTAGE ROAD MICHIGAN CITY IN 46360	PHYSICAL THERAPY, DIAGNOSTIC IMAGING, AND CVL DIAGNOSTICS
<b>5</b> VNA 901 S WOODLAND MICHIGAN CITY IN 46360	HOME HEALTH
<b>6</b> COMMUNITY HEALTH AND DENTAL CENTERS 400 TEEGARDEN STREET LAPORTE IN 46350	COMMUNITY HEALTH CENTER
<b>7</b> LIFEPLEX DIAGNOSTIC IMAGING 2855 MILLER DRIVE PLYMOUTH IN 46563	DIAGNOSTIC IMAGING
<b>8</b> LEGACY BUILDING 1300 STATE STREET LAPORTE IN 46350	NEURO SLEEP
<b>9</b> FOUNDERS SQUARE 15105 STATE STREET LAPORTE IN 46350	PEDIATRIC REHAB, LAB
<b>10</b> NEW CARLISLE WELLNESS & REHAB 8988 E US HWY 20 NEW CARLISLE IN 46552	PHYSICAL THERAPY

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)
<b>1</b> WESTVILLE WELLNESS & REHAB 156 N FLYNN ROAD LAPORTE IN 46350	PHYSICAL THERAPY SERVICES
<b>2</b> MICHIANA HEMATOLOGY ONCOLOGY 1668 S US 421 WESTVILLE IN 46391	LAB
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part V** 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.

PART I, LINE 6A

INDIANA UNIVERSITY HEALTH LAPORTE HOSPITAL'S (IUHLH) COMMUNITY BENEFIT REPORT IS INCLUDED IN INDIANA UNIVERSITY HEALTH, INC.'S ANNUAL BENEFIT REPORT DISTRIBUTED TO NUMEROUS COMMUNITY MEMBERS.

PART I, LINE 7, COLUMN (F)

\$23,144,494 IS THE AMOUNT OF BAD DEBT EXPENSE THAT WAS EXCLUDED FROM THE CALCULATION OF COMMUNITY BENEFIT EXPENSE PERCENTAGE REPORTED ON PART I, LINE 7, COLUMN F.

PART I, LINE 7

THE COST TO CHARGE RATIO THAT WAS CALCULATED IN PART I, LINE 7, WAS USED IN CALCULATING THE EXPENSE AT COST FOR THE APPROPRIATE CATEGORIES.

PART II - COMMUNITY BUILDING ACTIVITIES

IUHLH PROVIDES SEVERAL KEY ACTIVITIES WITHIN THIS CATEGORY, MOST NOTABLY, PROJECT SEARCH. IUHLH PARTICIPATES IN PROJECT SEARCH OF INDIANA, WHICH

**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.

IS A TRANSITION PROGRAM FOR HIGH SCHOOL STUDENTS WITH DISABILITIES THAT PROVIDES SKILLS, TRAINING AND WORK EXPERIENCE. IUHLH IS THE FIRST AND PRESENTLY THE ONLY EMPLOYER IN LAPORTE COUNTY TO PARTICIPATE IN THE NATIONWIDE PROGRAM. THE PROJECT SEARCH PARTNERSHIP WITH IUHLH ENABLES STUDENTS WITH DISABILITIES TO NOT ONLY DEVELOP AN UNDERSTANDING OF THE REAL WORLD OF WORK, BUT TO ALSO DEVELOP THE SKILLS NECESSARY TO SUCCESSFULLY PURSUE FUTURE EMPLOYMENT OPPORTUNITIES.

PART III, LINE 4

BAD DEBT EXPENSE FOR 2012 TOTALS \$23,144,494 BUT WAS RECORDED AT COST AS \$6,843,827 . COST TO CHARGE RATIO WAS THE METHOD OF CHOICE FOR THE 2012 DATA INPUT.

IUHLH'S BAD DEBT EXPENSE (AT COST) CALCULATION WAS ARRIVED AT BY MULTIPLYING THE COST TO CHARGE RATIO BY THE TOTAL BAD DEBT EXPENSE THAT THE ORGANIZATION INCURRED.

**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.

PART III, LINE 8

THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III LINE 8 IS CALCULATED IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING ALLOWABLE COST PER MEDICARE COST REPORT. ALLOWABLE COSTS FOR MEDICARE COST REPORT PURPOSES ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH LAPORTE HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIANS SERVICES, COST OF MEDICARE PARTS C & D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH LAPORTE HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 8.

IUHLH'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 AMOUNT THAT RESULTS FROM INEFFICIENCIES OR POOR MANAGEMENT. IUHLH ACCEPTS ALL MEDICARE PATIENTS KNOWING THAT THERE MAY BE SHORTFALLS; THEREFORE IT HAS TAKEN THE POSITION

**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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THAT THE SHORTFALL SHOULD BE COUNTED AS PART OF THE COMMUNITY BENEFIT.

ADDITIONALLY, IT IS IMPLIED IN THE 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 NON-PROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH

GOVERNMENTAL BENEFIT, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT

THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY.

PART III, LINE 9B

PROCEDURE ON COLLECTION PRACTICES (EXCERPT FROM FINANCIAL ASSISTANCE

POLICY FOR IUHLH):

1. PATIENTS MUST REQUEST ASSISTANCE, COMPLETE, AND SIGN A FINANCIAL ASSISTANCE APPLICATION.
2. UPON RECEIPT OF THE FINANCIAL ASSISTANCE APPLICATION, THE FINANCIAL COUNSELOR WILL FIRST DETERMINE IF THE GUARANTOR QUALIFIES FOR FINANCIAL ASSISTANCE. IF THE GUARANTOR QUALIFIES FOR FINANCIAL ASSISTANCE, THEY WILL BE NOTIFIED AND THE ACCOUNT ADJUSTED PER THE WRITE OFF/ADJUSTMENT.

**Part VI Supplemental Information**

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3. IF THE GUARANTOR DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE BUT QUALIFIES FOR LIMITED MEANS, A REDUCTION IN LIABILITY WILL BE MADE TO THE ACCOUNT AND THE GUARANTOR WILL BE NOTIFIED VIA MAIL. AT THE GUARANTOR'S REQUEST, PAYMENT ARRANGEMENTS WILL BE MADE FOR THE REMAINING BALANCE.
4. IF THE GUARANTOR DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE OR LIMITED MEANS ASSISTANCE AND HAS BEEN DETERMINED TO BE UNINSURED, A DISCOUNT WILL BE MADE TO THE ACCOUNT AND THE GUARANTOR WILL BE NOTIFIED VIA MAIL. AT THE GUARANTOR'S REQUEST, PAYMENT ARRANGEMENTS WILL BE MADE ON THE REMAINING BALANCE.
5. FOR GUARANTORS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE OR LIMITED MEANS ASSISTANCE EXCEEDING THE HOUSEHOLD INCOME THRESHOLD REFER TO THE OVER 400% FPL POLICY.
6. ACCOUNTS THAT ARE TO BE CONSIDERED WILL CONTINUE TO AGE THROUGH OUR COLLECTION PROCESS, INCLUDING REFERRAL TO AN OUTSIDE REPORTING COLLECTION AGENCY UNLESS A FINANCIAL COUNSELOR DETERMINES GROUNDS FOR A SUSPENSION. REFER TO THE FINANCIAL ASSISTANCE SUSPENSION POLICY.
7. PATIENT COMPLAINTS/DISSATISFACTION MAY BE TURNED OVER TO OUR

**Part VI Supplemental Information**

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RECONSIDERATION TEAM (FINANCIAL COUNSELORS) FOR THE DETERMINATION OF A  
 POSSIBLE RECONSIDERATION. REFER TO THE FINANCIAL ASSISTANCE  
 RECONSIDERATION POLICY.

PART V, SECTION B, LINE 3

IU HEALTH SYSTEM COLLABORATED WITH OTHER ORGANIZATIONS AND AGENCIES IN  
 CONDUCTING THE NEEDS ASSESSMENT FOR THE IU HEALTH LA PORTE HOSPITAL  
 COMMUNITY. THESE COLLABORATING ORGANIZATIONS ARE LISTED ON PAGE 9 OF THE  
 CHNA. TO GATHER QUALITATIVE DATA FOR ITS CHNA, THE APPROACH CONSISTED OF  
 A MULTI-COMPONENT APPROACH TO IDENTIFY AND VERIFY COMMUNITY HEALTH NEEDS  
 FOR THE SERVICE AREA. WE HOSTED MULTIPLE ONE AND A HALF TO TWO HOUR  
 COMMUNITY CONVERSATION FOCUS GROUPS WITH PUBLIC HEALTH OFFICIALS AND  
 COMMUNITY LEADERS IN ATTENDANCE TO DISCUSS THE HEALTHCARE NEEDS FOR THE  
 SERVICE AREA AND WHAT ROLE IU HEALTH LA PORTE COULD PLAY IN ADDRESSING  
 THE IDENTIFIED NEEDS. IN ADDITION, WE SURVEYED THE COMMUNITY AT LARGE  
 THROUGH THE HOSPITAL'S WEBSITE, WITH SPECIAL EMPHASIS TO GARNER INPUT  
 FROM LOW INCOME, UNINSURED OR MINORITY GROUPS. REFER TO PAGES 30 & 31

**Part VI Supplemental Information**

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FOR LIST OF PARTICIPANTS.

PART V, SECTION B, LINE 4

IU HEALTH LAPORTE HOSPITAL CONDUCTED THEIR NEEDS ASSESSMENT WITH IU HEALTH STARKE HOSPITAL AND IU HEALTH STARKE HOSPITAL IN TURN CONDUCTED THEIR NEEDS ASSESSMENT WITH IU HEALTH LAPORTE HOSPITAL.

PART V, SECTION B, LINE 7

IU HEALTH LAPORTE & STARKE ADDRESS ALL OF THE NEEDS IDENTIFIED IN THE MOST RECENTLY CONDUCTED NEEDS ASSESSMENT. THIS WAS DONE VIA THE STRATEGIC PLAN AND ADDRESSED COMMUNITY HEALTH AND WELLNESS WITH 3 MAJOR GOALS IN 2009-2011: 1) ENHANCE EFFECTIVE COMMUNICATION THROUGH INCREASED EDUCATION AND AWARENESS, 2) ENCOURAGE WELLNESS AND PREVENTION, 3) ENHANCE ACCESS TO HEALTH CARE FOR UNINSURED AND UNDERINSURED AND THOSE WITH UNMET NEEDS. ACTION PLANS INCLUDED EDUCATION, HEALTH FAIRS, FREE PUBLIC SCREENINGS, ETC. IN 2012-2014, THE ACTION PLANS INCLUDE COMMUNITY FOCUSED WELLNESS AND HEALTH EDUCATION. THE PHILANTHROPY MISSION SUPPORTS

**Part VI Supplemental Information**

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THESE INITIATIVES WITH FUNDS. THIS YEAR WE ARE FOCUSING ON EDUCATION PARTICIPATION (SMOKING CESSATION, HEALTHY EATING, ETC.), SCREENINGS (DIABETES, OSTEOPOROSIS, ETC.), WELLNESS PARTICIPANTS (PHYSICAL ACTIVITIES VIA FITNESS FRIDAYS, ETC.) AND WE WILL INCREASE THE NUMBER OF COMMUNITY BENEFIT DOLLARS AND VOLUNTEER HOURS TO MAKE THESE HAPPEN.

PART VI, LINE 2 - NEEDS ASSESSMENT

THE 2012 IU HEALTH LA PORTE CHNA HAS FOUR MAIN OBJECTIVES: 1) DEVELOP A COMPREHENSIVE PROFILE OF HEALTH STATUS, QUALITY OF CARE, AND CARE MANAGEMENT INDICATORS OVERALL AND BY COUNTY FOR THOSE RESIDING WITHIN THE IU HEALTH LA PORTE SERVICE AREA, SPECIFICALLY WITHIN THE PRIMARY SERVICE AREA (PSA) OF LA PORTE COUNTY, INDIANA, 2) IDENTIFY THE PRIORITY HEALTH NEEDS (PUBLIC HEALTH AND HEALTHCARE) WITHIN THE IU HEALTH LA PORTE PSA, 3) SERVE AS A FOUNDATION FOR DEVELOPING SUBSEQUENT DETAILED RECOMMENDATIONS ON IMPLEMENTATION STRATEGIES THAT CAN BE UTILIZED BY HEALTHCARE PROVIDERS, COMMUNITIES, AND POLICY MAKERS IN ORDER TO IMPROVE THE HEALTH STATUS OF THE IU HEALTH LA PORTE COMMUNITY AND 4) SUPPLY

**Part VI Supplemental Information**

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PUBLIC ACCESS TO THE CHNA RESULTS IN ORDER TO INFORM THE COMMUNITY AND  
 PROVIDE ASSISTANCE TO THOSE INVESTED IN THE TRANSFORMATION TO THE  
 COMMUNITY'S HEALTHCARE NETWORK.

PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE  
 BROCHURES ARE DISTRIBUTED THROUGH FINANCIAL COUNSELORS WHO ARE AVAILABLE  
 FOR THOSE IN NEED OF FINANCIAL ASSISTANCE. THE HOSPITAL HAS A COMMUNITY  
 HEALTH CENTER WHICH PROVIDES EDUCATION AND ASSISTANCE VIA "COVERING KIDS  
 AND FAMILIES" ALONG WITH MANY OTHER PROGRAMS AND EVENTS.

PART VI, LINE 4 - COMMUNITY INFORMATION

LA PORTE COUNTY: POPULATION: 111,268 WHITE: 85% BLACK: 11% THERE ARE  
 6,601 HISPANICS AND IT'S PROJECTED TO GROW TO 7,906 BY 2017. ACCORDING TO  
 THOMSON REUTER'S HEALTHVIEW PLUS SURVEY, 20.8% OF HOUSEHOLDS HAD  
 DIFFICULTY PAYING FOR HEALTH CARE SERVICES AND THE UNINSURED RATE IS 12%.

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LA PORTE COUNTY WAS RANKED 65 OUT OF 92 IN 2012 ACCORDING TO

WWW.COUNTYHEALTHRANKINGS.COM OBESITY IS A MAJOR RISK FACTOR FOR CV

DISEASE, CERTAIN TYPES OF CANCER AND TYPE 2 DIABETES. LA PORTE COUNTY'S

OBESITY RATE IS 29.1% AND DIAGNOSED DIABETES IS 10.9% (ACCORDING TO THE

CDC).

PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

THROUGH COMMUNITY OUTREACH ACTIVITIES, SCREENINGS, HEALTH FAIRS AND THE

CHNA.

PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM ROLES

IUHLH HAS BEEN AFFILIATED WITH INDIANA UNIVERSITY HEALTH, INC. (IUH)

SINCE 1998. THIS PARTNERSHIP ENABLES IUHLH TO OPERATE AUTONOMOUSLY

THROUGH A LOCAL BOARD WHILE RECEIVING THE NEEDED CAPITAL THROUGH IUH.

THIS PARTNERSHIP HAS PROVEN SUCCESSFUL THROUGH SEVERAL DIFFERENT

PROGRAMS. THROUGH THE IU HEALTH NAME, OUR COMMUNITY HEALTH RESOURCE

**Part VI Supplemental Information**

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CENTER, HEALTHQUARTERS, CAN TAP INTO MANY DATABASES FOR THE PUBLIC.

RESEARCH CAN BE DONE FREE OF CHARGE THROUGH NUMEROUS MEMBERSHIP SITES BY

COMMUNITY MEMBERS LOOKING TO GATHER HEALTH INFORMATION.

PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA