

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization **INDIANA UNIVERSITY HEALTH BLACKFORD
HOSPITAL, INC.**

Employer identification number
01-0646166

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? 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	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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)		2313	1,046,592.		1,046,592.	6.96
b Medicaid (from Worksheet 3, column a)		2111	2,680,173.	1,345,038.	1,335,135.	8.88
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		4424	3,726,765.	1,345,038.	2,381,727.	15.84
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	15	2663	127,680.	14,359.	113,321.	.75
f Health professions education (from Worksheet 5)	2	45	25,670.		25,670.	.17
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2		1,066.		1,066.	.01
j Total. Other Benefits	19	2708	154,416.	14,359.	140,057.	.93
k Total. Add lines 7d and 7j.	19	7132	3,881,181.	1,359,397.	2,521,784.	16.77

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	28	3,134.		3,134.	.02
2 Economic development						
3 Community support	2	45	2,119.		2,119.	.01
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	770	2,822.		2,822.	.02
7 Community health improvement advocacy	2	89	3,886.		3,886.	.03
8 Workforce development						
9 Other						
10 Total	6	932	11,961.		11,961.	.08

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	443,516.
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	8,948,434.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	8,255,365.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	693,069.
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				
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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 letter of facility reporting group IU HEALTH BLACKFORD HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	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 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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 checked="" 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 significant 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 Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	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)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, 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 (FAP)

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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 FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	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 individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

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

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual'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(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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:		X
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 Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	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 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 checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual 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 Section C.		X
24	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 Section C.		X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM COMMUNITY

IN CONDUCTING EACH OF ITS MOST RECENT CHNA, IU HEALTH BLACKFORD HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IT SERVES BY HOSTING SEVERAL COMMUNITY CONVERSATION FOCUS GROUPS. THESE FOCUS GROUPS INCLUDED PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS TO DISCUSS THE HEALTHCARE NEEDS OF THE SERVICE AREA AND WHAT ROLE IU HEALTH COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS.

TO OBTAIN A MORE COMPLETE PICTURE OF THE FACTORS THAT PLAY INTO IU HEALTH BLACKFORD HOSPITAL'S COMMUNITY'S HEALTH, INPUT FROM PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS IN BLACKFORD COUNTY WAS GATHERED THROUGH TWO SEPARATE FOCUS GROUP SESSIONS. THE FIRST WAS A TWO HOUR LIVE GROUP SESSION AT IU HEALTH BLACKFORD HOSPITAL, AND THE OTHER WAS HELD VIA A PHONE CONFERENCE CALL FOR THOSE WHO WERE NOT ABLE TO MEET IN PERSON. IU HEALTH BLACKFORD HOSPITAL FACILITATORS MAILED LETTERS AND MADE FOLLOW-UP TELEPHONE CALLS INVITING PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS TO ATTEND THE FOCUS GROUP DISCUSSION, PAYING SPECIAL ATTENTION TO INCLUDING ORGANIZATIONS THAT REPRESENT THE INTEREST OF LOW-INCOME, MINORITY, AND UNINSURED INDIVIDUALS. THE GOAL OF SOLICITING THESE LEADERS' FEEDBACK WAS TO GATHER INSIGHTS INTO THE QUANTITATIVE DATA THAT MAY NOT BE EASILY IDENTIFIED FROM THE SECONDARY STATISTICAL DATA ALONE. ATTENDEES WHO PARTICIPATED IN THE FOCUS GROUP INCLUDED:

TED LEAS

- PRESIDENT, PACESETTER BANK

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- MR. LEAS IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING HEALTHY LIVING. AS PRESIDENT OF THE BANK, HE IS FAMILIAR WITH THE MARKET AND INCOME OF THE COMMUNITY, AS WELL AS THE ISSUES SURROUNDING LOW INCOME INDIVIDUALS.

CHERYL HEFLIN

- PATIENT ACCESS SPECIALIST, IU HEALTH BLACKFORD HOSPITAL

- MS. HEFLIN IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING ACCESS TO CARE. AS A PATIENT ACCESS SPECIALIST, SHE IS FAMILIAR WITH THE BARRIERS TO CARE THAT ARE PRESENT IN THE COMMUNITY AND THE TYPE OF INDIVIDUALS AFFECTED.

KATHY BANTZ

- MAYOR OF MONTPELIER, INDIANA

- MAYOR BANTZ IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING HEALTHY LIVING. AS A GOVERNMENT OFFICIAL, SHE IS KNOWLEDGEABLE OF THE COMMUNITY'S NEEDS AND RESOURCES AVAILABLE TO ADDRESS THOSE NEEDS.

CAROL ROBLES

- ADMINISTRATOR, HEARTS WITH INTEGRITY (HOME HEALTH)

- MS. ROBLES IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE ON SENIOR HEALTH. AS A SENIOR CARE ADMINISTRATOR, SHE WORKS TO PROVIDE ACCESS TO VARIOUS SERVICES FOR SENIORS WITHIN THE COMMUNITY.

JOHN LANCASTER

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- SHERIFF, BLACKFORD COUNTY

- MR. LANCASTER IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE

REGARDING SAFETY WITHIN THE COMMUNITY. AS A SHERIFF, HE IS FAMILIAR WITH THE SAFETY ISSUES IN BLACKFORD COUNTY AND THE WELL-BEING OF THE COMMUNITY AS A WHOLE.

ROB CLEVELAND

- EXECUTIVE DIRECTOR, BLACKFORD COUNTY ECONOMIC FOUNDATION

- MR. CLEVELAND IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE

REGARDING ECONOMIC DEVELOPMENT. AS A COMMUNITY FOUNDATION DIRECTOR, HE IS KNOWLEDGEABLE IN THE FINANCIAL STABILITY OF THE COMMUNITY AND THE RESOURCES AVAILABLE.

PATTY POULSON

- EXECUTIVE DIRECTOR, BLACKFORD COUNTY COMMUNITY FOUNDATION

- MS. POULSON IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING

COMMUNITY DEVELOPMENT. AS A COMMUNITY FOUNDATION DIRECTOR, SHE IS KNOWLEDGEABLE IN THE FINANCIAL STABILITY OF THE COMMUNITY AND THE RESOURCES AVAILABLE.

UPON ARRIVAL TO THE FOCUS GROUP, PARTICIPANTS WERE ASKED TO LIST FIVE HEALTH NEEDS, WHICH SHOULD BE PRIORITIZED IN THEIR OPINION, FOR THE BLACKFORD COUNTY COMMUNITY SERVED BY IU HEALTH BLACKFORD HOSPITAL. THESE RESPONSES WERE COLLECTED AND AGGREGATED INTO A COMPREHENSIVE LIST OF IDENTIFIED NEEDS TO BE FURTHER DISCUSSED LATER IN THE SESSION AND RANKED

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FOR SEVERITY OF NEED WITHIN THE COMMUNITY. IU HEALTH BLACKFORD HOSPITAL FACILITATORS THEN PROVIDED PARTICIPANTS WITH A PRESENTATION FEATURING THE MISSION OF IU HEALTH BLACKFORD HOSPITAL, CURRENT OUTREACH PRIORITIES, AND LOCAL HEALTH DATA, INCLUDING DEMOGRAPHICS, INSURANCE INFORMATION, POVERTY RATES, COUNTY HEALTH RANKINGS, CAUSES OF DEATH, PHYSICAL ACTIVITY, CHRONIC CONDITIONS, PREVENTIVE BEHAVIORS, AND COMMUNITY NEEDS INDEX.

UPON COMPLETION OF THE DATA PRESENTATION, IU HEALTH BLACKFORD HOSPITAL FACILITATED A DISCUSSION ON THE COMPREHENSIVE LIST OF IDENTIFIED NEEDS FROM EARLIER IN THE SESSION. THE OBJECTIVE OF THIS METHOD WAS INTENDED TO INSPIRE CANDID DISCUSSIONS PRIOR TO A SECOND IDENTIFICATION OF FIVE PRIORITIZED HEALTH NEEDS BY EACH PARTICIPANT. THE VOTES ON THE FIVE PRIORITIZED HEALTH NEEDS WERE TALLIED AND FINAL INPUT FROM THE GROUP WAS ENCOURAGED DURING THIS PROCESS IN ORDER TO VALIDATE THE PREVIOUSLY IDENTIFIED NEEDS. FOLLOWING ADDITIONAL DISCUSSION, PARTICIPANTS WERE ALSO ASKED TO ADDRESS WHAT THEY THOUGHT THE ROLE OF THE IU HEALTH BLACKFORD HOSPITAL COULD BE IN MEETING THE LOCAL HEALTH NEEDS.

SCHEDULE H, PART V, SECTION B, LINE 7A - CHNA WEBSITE

A COPY OF IU HEALTH'S CHNA IS AVAILABLE ON ITS WEBSITE AT THE FOLLOWING URL:

[HTTP://IUHEALTH.ORG/ABOUT-IU-HEALTH/IN-THE-COMMUNITY/](http://IUHEALTH.ORG/ABOUT-IU-HEALTH/IN-THE-COMMUNITY/)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B, LINE 10A - IMPLEMENTATION STRATEGY WEBSITE

A COPY OF IU HEALTH'S CHNA IMPLEMENTATION STRATEGY IS AVAILABLE ON ITS WEBSITE AT THE FOLLOWING URL:

[HTTP://IUHEALTH.ORG/ABOUT-IU-HEALTH/IN-THE-COMMUNITY/](http://iuhealth.org/about-iu-health/in-the-community/)

SCHEDULE H, PART V, SECTION B, LINE 11 - ADDRESSING IDENTIFIED NEEDS

IU HEALTH BLACKFORD HOSPITAL PRIORITIZED AND DETERMINED WHICH OF THE COMMUNITY HEALTH NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA WERE MOST CRITICAL FOR IT TO ADDRESS BY USING THE HANLON METHOD OF PRIORITIZATION. THIS METHOD PRIORITIZES IDENTIFIED NEEDS BASED UPON THE PREVALENCE AND SEVERITY OF THE NEED AND THE EFFECTIVENESS OF INTERVENTIONS AVAILABLE TO ADDRESS THE NEEDS.

BASED UPON THE HANLON METHOD OF PRIORITIZATION, IU HEALTH BLACKFORD HOSPITAL SELECTED THE FOLLOWING FIVE NEEDS TO BE ADDRESSED:

- OBESITY PREVENTION
- ACCESS TO HEALTHCARE
- INFANT HEALTH FACTORS
- TOBACCO USE PREVENTION
- MENTAL HEALTH/BEHAVIORAL HEALTH

OBESITY PREVENTION

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TO IMPROVE THE LIFESTYLE OF INDIANA RESIDENTS, IU HEALTH HAS UTILIZED INNOVATIVE AND 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 INDIANA RANKS 8TH IN OBESITY IN THE NATION.

SOME WAYS THAT IU HEALTH BLACKFORD HOSPITAL ADDRESSES OBESITY PREVENTION INCLUDE PARTNERING WITH THE LOCAL YMCA TO OFFER ACTIVE AFTERSCHOOL FOR THE TWO ELEMENTARY SCHOOLS IN HARTFORD CITY AND SUPPORTING THE WALK INDIANA INITIATIVE, WHICH OFFERS A COMMUNITY WALKING GROUP CALLED "WALK WITH A DOC."

ACCESS TO HEALTHCARE

ONE OF THE FIRST STEPS TO IMPROVED HEALTH OUTCOMES IS HAVING ACCESS TO HEALTHCARE RESOURCES. TO SHOW ITS COMMITMENT TO PROVIDING AFFORDABLE HEALTHCARE ACCESS, IU HEALTH TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH IS ALSO WORKING TO RAISE AWARENESS AND WORK TO IDENTIFY INDIVIDUALS WITHIN OUR COMMUNITIES THAT HAVE BARRIERS TO CARE AND CONNECT THESE INDIVIDUALS WITH BETTER ACCESS AND CONSISTENCY OF HEALTHCARE RESOURCES TO MEET THEIR NEEDS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SOME WAYS THAT IU HEALTH BLACKFORD HOSPITAL ADDRESSES ACCESS TO HEALTHCARE INCLUDE OPERATING A MULTI-SPECIALTY CLINIC A LIMITED NUMBER OF TIMES EACH MONTH TO MINIMIZE THE TRAVEL DISTANCES FOR THOSE IN THE COMMUNITY SEEKING SPECIALTY CARE AND OFFERING AN ANNUAL COMMUNITY HEALTH FAIR THAT PROVIDES TESTING, SCREENINGS, AND A WIDE RANGE OF RESOURCES.

INFANT HEALTH FACTORS

IU HEALTH BALL MEMORIAL HOSPITAL IS THE AREA'S TERTIARY REFERRAL SYSTEM AND SERVES AS A REFERRAL SITE FOR COMMUNITY MEMBERS IN THE IU HEALTH BLACKFORD HOSPITAL SERVICE AREA FOR SERVICES RELATED TO PRECONCEPTION, PRENATAL CARE, OBSTETRICS, MOTHER/BABY CARE, NEONATAL INTENSIVE CARE, AND PEDIATRICS. IU HEALTH BALL MEMORIAL HOSPITAL OFFERS ONE OF THE FEW PERINATAL CENTERS IN INDIANA, CARING FOR PREGNANT WOMEN WITH MATERNAL AND/OR FETAL COMPLICATIONS AND THOSE WHO ARE AT HIGH RISK OF DEVELOPING COMPLICATIONS.

TOBACCO USE PREVENTION

IU HEALTH RECOGNIZES THAT ONE OF THE MOST IMPORTANT AND EFFECTIVE WAYS OF MAINTAINING GOOD HEALTH IS TO NOT USE TOBACCO PRODUCTS. CIGARETTE SMOKING IS IDENTIFIED AS A CAUSE OF VARIOUS CANCERS, CARDIOVASCULAR DISEASE, AND RESPIRATORY CONDITIONS, AS WELL AS LOW BIRTHWEIGHT AND OTHER ADVERSE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH OUTCOMES.

IU HEALTH BLACKFORD HOSPITAL PROVIDES EDUCATION TO PATIENTS ABOUT THE HARMFUL EFFECTS OF TOBACCO USE AND PROMOTES THE FREE CESSATION SERVICE 1-800-QUITNOW OFFERED BY THE INDIANA TOBACCO QUITLINE.

MENTAL HEALTH/BEHAVIORAL HEALTH

BEHAVIORAL HEALTH COVERS A RANGE OF CONDITIONS FROM DEPRESSION, ANXIETY AND OTHER PSYCHOLOGICAL DISORDERS TO ISSUES RELATED TO SUBSTANCE ABUSE AND ALCOHOL ADDICTION. MANY INDIANA COMMUNITIES REPORT A NEED TO IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES AND REDUCE THE STIGMA OFTEN ASSOCIATED WITH MENTAL HEALTH AND ADDICTIONS. THE IU HEALTH BEHAVIORAL HEALTH PROGRAM INCLUDES A WIDE RANGE OF SERVICES DESIGNED TO SUPPORT PATIENTS WITH BEHAVIORAL, PSYCHIATRIC AND PSYCHOLOGICAL NEEDS. MULTIDISCIPLINARY TEAMS AT IU HEALTH BLACKFORD HOSPITAL WORK TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF EVERY PATIENT.

ALSO, BASED UPON THE HANLON METHOD OF PRIORITIZATION, THE FOLLOWING IDENTIFIED COMMUNITY HEALTH NEEDS WERE NOT CHOSEN AS ONE OF THE NEEDS TO BE ADDRESSED:

- K-12 EDUCATION
- HEALTH LITERACY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AFTER COMPLETING A GAP ANALYSIS, IU HEALTH BLACKFORD HOSPITAL DETERMINED THAT THE SEVERITY OF AND LACK OF RESOURCES AVAILABLE TO ADDRESS THE FIVE NEEDS CHOSEN TO BE ADDRESSED OUTWEIGHED THE SEVERITY OF AND RESOURCES AVAILABLE TO ADDRESS THE TWO NEEDS NOT CHOSEN.

SCHEDULE H, PART V, SECTION B, LINE 13B - INCOME LEVEL OTHER THAN FPG
IN ADDITION TO FPG, IU HEALTH BLACKFORD HOSPITAL MAY TAKE INTO CONSIDERATION A PATIENT'S INCOME AND/OR ABILITY TO PAY IN CALCULATION OF A FINANCIAL ASSISTANCE AWARD.

SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER FAP FACTORS
IU HEALTH TAKES INTO CONSIDERATION SEVERAL OTHER FACTORS IN DETERMINING PATIENT ELIGIBILITY FOR FINANCIAL ASSISTANCE. THESE FACTORS INCLUDE THE FOLLOWING:

1. ALTERNATE SOURCES OF ASSISTANCE

WHEN TECHNICALLY FEASIBLE, A PATIENT WILL BE REQUIRED TO EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH'S FINANCIAL ASSISTANCE PROGRAM.

PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE INSURANCE POLICY, INCLUDING, BUT NOT LIMITED TO, HEALTH, AUTOMOBILE, AND HOMEOWNER'S, MUST EXHAUST ALL INSURANCE BENEFITS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH'S FINANCIAL ASSISTANCE PROGRAM. THIS INCLUDES

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. PATIENTS MAY BE ASKED TO SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THEIR INSURANCE PROVIDER AT THE REQUEST OF IU HEALTH.

ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH FACILITY AS A RESULT OF AN INJURY PROXIMATELY CAUSED BY A THIRD PARTY, AND LATER RECEIVE A MONETARY SETTLEMENT OR AWARD FROM SAID THIRD PARTY, MAY RECEIVE FINANCIAL ASSISTANCE FOR ANY OUTSTANDING BALANCE NOT COVERED BY THE SETTLEMENT OR AWARD TO WHICH IU HEALTH IS ENTITLED. SAID PATIENTS MAY BE ASKED TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

2. PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY

PATIENTS WHO ARE DEEMED TO BE PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE WILL RECEIVE A FINANCIAL ADJUSTMENT TO THEIR FINAL STATEMENT BALANCE BASED ON THE PATIENT'S INDIVIDUAL SCORING CRITERIA.

PATIENTS ARE CONSIDERED TO BE PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THE FINANCIAL NEED HAS BEEN DETERMINED BY THE FOLLOWING THIRD PARTIES: ESKENAZI HEALTH, FORMERLY WISHARD MEMORIAL HOSPITAL, PROJECT HEALTH, INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES, MEDICAID, OUT-OF-STATE MEDICAID, HEALTHY INDIANA PLAN, OR VOLUNTEERS IN MEDICINE.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PATIENTS ARE ALSO CONSIDERED TO BE PRESUMPTIVELY ELIGIBLE IF THEY ARE PENDING MEDICAID APPROVAL OR HAVE A HOSPITAL BILL WITH A MAXIMUM BALANCE TO BE DETERMINED BY THE FINANCIAL ASSISTANCE COMMITTEE AND WHO MEET CERTAIN RISK SEGMENTATION SCORING CRITERIA.

3. ADDITIONAL CONSIDERATIONS

FINANCIAL ASSISTANCE MAY BE GRANTED TO A DECEASED PATIENT'S ACCOUNT IF SAID PATIENT IS FOUND TO HAVE NO ESTATE. ADDITIONALLY, IU HEALTH BLACKFORD HOSPITAL WILL DENY OR REVOKE FINANCIAL ASSISTANCE FOR ANY PATIENT OR GUARANTOR WHO FALSIFIES ANY PORTION OF A FINANCIAL ASSISTANCE APPLICATION.

SCHEDULE H, PART V, SECTION B, LINE 16A - FAP WEBSITE

A COPY OF IU HEALTH BLACKFORD HOSPITAL FAP IS AVAILABLE ON THE FOLLOWING WEBSITE:

[HTTP://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSISTANCE/](http://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSISTANCE/)

SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION WEBSITE

A COPY OF IU HEALTH BLACKFORD HOSPITAL'S FAP APPLICATION IS AVAILABLE ON THE FOLLOWING WEBSITE:

[HTTP://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSISTANCE/](http://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSISTANCE/)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TANCE/

SCHEDULE H, PART V, SECTION B, LINE 16I - OTHER MEASURES TO PUBLICIZE
IU HEALTH BLACKFORD HOSPITAL GOES TO GREAT LENGTHS TO ENSURE PATIENTS
KNOW THAT IT TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.
ALTHOUGH A COMPLETE COPY OF THE FINANCIAL ASSISTANCE POLICY IS NOT
ATTACHED TO EACH PATIENT STATEMENT, A PLAIN LANGUAGE SUMMARY IS INCLUDED
INSTEAD. ADDITIONALLY, ON THE BACK OF EACH PATIENT STATEMENT IS A
TELEPHONE NUMBER THAT ALLOWS PATIENTS TO ASK ANY QUESTIONS ABOUT THE
POLICY AND REQUEST FINANCIAL ASSISTANCE.

SCHEDULE H, PART V, SECTION B, LINE 22D - OTHER DETERMINATION OF CHARGES
IU HEALTH BLACKFORD HOSPITAL LIMITS THE AMOUNTS CHARGED FOR EMERGENCY OR
OTHER MEDICALLY NECESSARY SERVICES PROVIDED TO INDIVIDUALS ELIGIBLE FOR
ASSISTANCE UNDER ITS FAP TO NOT MORE THAN AMOUNTS GENERALLY BILLED TO
INDIVIDUALS WHO HAVE INSURANCE COVERAGE FOR SUCH CARE.

THE BASIS FOR CALCULATING THE AMOUNT CHARGED TO ALL PATIENTS, INCLUDING
THOSE WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE, IS DERIVED THROUGH THE
USE OF A CHARGEMASTER OR PHYSICIAN FEE SCHEDULE AND ARE UNIFORMLY
APPLIED. ALL ADDITIONAL DISCOUNTS REQUIRED BY INSURANCE CONTRACT OR IU
HEALTH BLACKFORD HOSPITAL'S FAP ARE APPLIED TO THE CHARGEMASTER OR
PHYSICIAN FEE SCHEDULE CALCULATED AMOUNT.

IU HEALTH BLACKFORD HOSPITAL DOES NOT USE GROSS CHARGES IN THE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CALCULATION OF THE AMOUNT TO CHARGE A FINANCIAL ASSISTANCE ELIGIBLE

PATIENT.

Part V Facility Information *(continued)*

Section D. 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? 1

Name and address	Type of Facility (describe)
1 IUH BLACKFORD HOSP. REHAB. SERVICES 400 PILGRIM BLVD., STE. 100 HARTFORD CITY IN 47348	DIAGNOSTIC AND OTHER OUTPATIENT
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

SCHEDULE H, PART I, LINE 3C - OTHER FACTORS USED IN DETERMINING ELIG.

ELIGIBILITY FOR FINANCIAL ASSISTANCE IS DETERMINED BASED UPON A PATIENT'S

HOUSEHOLD INCOME AND NUMBER OF MEMBERS IN THE HOUSEHOLD. A PATIENT IS

ELIGIBLE FOR FINANCIAL ASSISTANCE, WHEN THE PATIENT'S:

- HOUSEHOLD INCOME IS EQUAL TO OR LESS THAN 200% OF THE FEDERAL
POVERTY GUIDELINES ("FPG"); OR

- HOUSEHOLD INCOME IS GREATER THAN 400% OF THE FPG, THE PATIENT IS AN
UNINSURED PATIENT, AND QUALIFIES BASED ON AN ESTABLISHED SLIDING SCALE.

PATIENTS IN THE FOLLOWING CATEGORIES ARE PRESUMED TO BE ELIGIBLE FOR

FINANCIAL ASSISTANCE, WITHOUT A DETERMINATION OF HOUSEHOLD INCOME:

- PATIENTS WHOSE FINANCIAL NEED HAS BEEN DETERMINED BY THE FOLLOWING
THIRD PARTIES: WISHARD, PROJECT HEALTH, CHILDREN'S SPECIAL HEALTH CARE
SERVICES, MEDICAID, OR OUT-OF-STATE MEDICAID;

- PATIENTS WHO ARE PENDING MEDICAID APPROVAL;

- HOMELESS PATIENTS; AND

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

- PATIENTS WHO HAVE A HOSPITAL BILL WITH A MAXIMUM BALANCE TO BE DETERMINED BY THE EXECUTIVE DIRECTOR OF REVENUE CYCLE SERVICES AND WHO MEET CREDIT SCORING AND ASSET DETERMINATION CRITERIA.

ADDITIONAL REQUIREMENTS FOR ELIGIBILITY INCLUDE:

- FOR PATIENTS/GUARANTORS WHO ARE OTHERWISE ELIGIBLE FOR FINANCIAL ASSISTANCE AND WHOSE HOSPITAL AND/OR PHYSICIAN LIABILITY IS GREATER THAN \$60,000, IU HEALTH BLACKFORD HOSPITAL MAY REVIEW AVAILABLE ASSETS IN DETERMINING ELIGIBILITY AND AMOUNT OF FINANCIAL ASSISTANCE PROVIDED. THIS DOLLAR THRESHOLD MAY BE INCREASED ANNUALLY BASED ON IU HEALTH BLACKFORD HOSPITAL PRICE INCREASES AND AT THE DISCRETION OF REVENUE CYCLE LEADERSHIP.

- FINANCIAL ASSISTANCE MAY BE GRANTED TO PATIENTS/GUARANTORS WHO QUALIFY FOR GOVERNMENT PROGRAMS WHEN FUNDING HAS BEEN DELAYED. IF LATER GOVERNMENT ASSISTANCE IS APPROVED, THE FINANCIAL ASSISTANCE AWARDED WILL BE REVERSED. THIS INCLUDES, BUT IS NOT LIMITED TO, WHEN A PATIENT'S ACCOUNT IS PENDING MEDICAID APPROVAL.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

- FINANCIAL ASSISTANCE MAY BE GRANTED TO A DECEASED PATIENT WHOSE ESTATE HAS BEEN DETERMINED TO BE WITHOUT VALUABLE ASSETS.

- FINANCIAL ASSISTANCE WILL NOT BE GRANTED TO NON-CONSOLIDATED PATIENT STATEMENTS OF PATIENTS THAT HAVE A PHYSICIAN BILL WITH A BALANCE OF LESS THAN \$240.00.

- IU HEALTH BLACKFORD HOSPITAL WILL DENY FINANCIAL ASSISTANCE FOR ANY PATIENT/GUARANTOR WHO FALSIFIES ANY PORTION OF AN APPLICATION.

- ALL THIRD PARTY RESOURCES AND NON-HOSPITAL FINANCIAL AID PROGRAMS, INCLUDING PUBLIC ASSISTANCE AVAILABLE THROUGH MEDICAID, MUST BE EXHAUSTED BEFORE FINANCIAL ASSISTANCE WILL BE AWARDED.

SCHEDULE H, PART I, LINE 6A - C.B. REPORT PREPARED BY A RELATED ORG.

IU HEALTH BLACKFORD HOSPITAL'S COMMUNITY BENEFIT AND OTHER INVESTMENTS, ENCOMPASSING ITS TOTAL COMMUNITY INVESTMENT, ARE INCLUDED IN THE IU HEALTH COMMUNITY BENEFIT REPORT WHICH IS PREPARED ON BEHALF OF AND INCLUDES IU HEALTH AND ITS RELATED HOSPITAL ENTITIES IN THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM").

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

THE IU HEALTH COMMUNITY BENEFIT REPORT IS MADE AVAILABLE TO THE PUBLIC ON IU HEALTH'S WEBSITE AT [HTTP://IUHEALTH.ORG/COMMUNITYBENEFIT/](http://IUHEALTH.ORG/COMMUNITYBENEFIT/). THE IU HEALTH COMMUNITY BENEFIT REPORT IS ALSO DISTRIBUTED TO NUMEROUS KEY ORGANIZATIONS THROUGHOUT THE STATE OF INDIANA IN ORDER TO BROADLY SHARE THE IU HEALTH STATEWIDE SYSTEM'S COMMUNITY BENEFIT EFFORTS. IT IS ALSO AVAILABLE BY REQUEST THROUGH THE INDIANA STATE DEPARTMENT OF HEALTH OR IU HEALTH.

SCHEDULE H, PART I, 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 \$1,200,638.

SCHEDULE H, PART I, LINE 7 - TOTAL COMMUNITY BENEFIT EXPENSE
 SCHEDULE H, PART I, LINE 7, COLUMN (F), PERCENT OF TOTAL EXPENSE, IS BASED ON COLUMN (E) NET COMMUNITY BENEFIT EXPENSE. THE PERCENT OF TOTAL EXPENSE BASED ON COLUMN (C) TOTAL COMMUNITY BENEFIT EXPENSE, WHICH DOES

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

NOT INCLUDE DIRECT OFFSETTING REVENUE, IS 25.82%.

SCHEDULE H, PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES

IU HEALTH BLACKFORD HOSPITAL DOES NOT INCLUDE ANY COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES.

SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED

IU HEALTH BLACKFORD HOSPITAL IS A SUBSIDIARY OF IU HEALTH. IU HEALTH PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES IT SERVES. IU HEALTH AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM") INVEST IN ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, COLLABORATE WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCATE FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS. THIS INCLUDES MAKING CONTRIBUTIONS TO COMMUNITY-BUILDING ACTIVITIES BY PROVIDING INVESTMENTS AND RESOURCES TO LOCAL COMMUNITY INITIATIVES THAT ADDRESSED ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT AND WORKFORCE DEVELOPMENT. SEVERAL EXAMPLES INCLUDE IU

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

HEALTH'S SUPPORT OF THE FOLLOWING ORGANIZATIONS AND INITIATIVES THAT
FOCUS ON SOME OF THE ROOT CAUSES OF HEALTH ISSUES, SUCH AS LACK OF
EDUCATION, EMPLOYMENT AND POVERTY:

- BLACKFORD COUNTY HEALTH COMMUNITIES COALITION
- EARLY LEARNING INDIANA
- STARFISH INITIATIVE
- UNITED WAY

ADDITIONALLY, THROUGH THE IU HEALTH STATEWIDE SYSTEM'S TEAM MEMBER
COMMUNITY BENEFIT SERVICE PROGRAM, "STRENGTH THAT CARES", TEAM MEMBERS
ACROSS THE STATE MAKE A DIFFERENCE IN THE LIVES OF THOUSANDS OF HOOSIERS
EVERY YEAR. FOR EXAMPLE, IN 2014, ALMOST 2,200 TEAM MEMBERS FROM IU
HEALTH WORKED TOGETHER TO CREATE TRAILS, INSTALL OUTDOOR FITNESS
EQUIPMENT AND BEAUTIFY PARKS.

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 and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO EST. BAD DEBT EXP.

THE BAD DEBT EXPENSE OF \$443,516 REPORTED ON SCHEDULE H, PART III, LINE 2 IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY.

SCHEDULE H, PART III, LINE 4 - BAD DEBT EXPENSE

THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS, FOR ALL PAYORS, IS RECOGNIZED WHEN SERVICES ARE PROVIDED BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION BUSINESS AND ECONOMIC CONDITIONS, CHANGES AND TRENDS IN HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS. PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON ACCOUNTS RECEIVABLE PAYOR COMPOSITION AND AGING, THE SIGNIFICANCE OF INDIVIDUAL PAYORS TO OUTSTANDING ACCOUNTS RECEIVABLE BALANCES, 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, IU HEALTH

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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 FINANCIAL ASSISTANCE POLICIES OF IU HEALTH BLACKFORD HOSPITAL.

SCHEDULE H, PART III, LINE 8 - MEDICARE SHORTFALL

IU HEALTH BLACKFORD HOSPITAL DID NOT HAVE A MEDICARE SHORTFALL FOR 2014. IU HEALTH BLACKFORD HOSPITAL'S MEDICARE REIMBURSEMENTS, HOWEVER, ARE NORMALLY LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES AND DO 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 ANY 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

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COMMUNITY BENEFIT. REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY.

THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 IS CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM THE IU HEALTH MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH'S PARTICIPATION IN MEDICARE PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIAN SERVICES, THE COSTS OF MEDICARE PARTS C AND D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH BLACKFORD HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY REDUCE THE MEDICARE SURPLUS REPORTED ON SCHEDULE H, PART III, LINE 7.

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SCHEDULE H, PART III, LINE 9B - WRITTEN DEBT COLLECTION POLICY

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 FINANCIAL ASSISTANCE. IF A PATIENT DOES NOT APPLY FOR FINANCIAL ASSISTANCE BUT OTHERWISE MEETS THE FINANCIAL ASSISTANCE GUIDELINES ESTABLISHED BY IU HEALTH BLACKFORD HOSPITAL, THE CHARGES WILL BE WAIVED AND THE COST OF SERVICES TREATED AS FINANCIAL ASSISTANCE.

SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT

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

IU HEALTH BLACKFORD HOSPITAL ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY UTILIZING THE DETAILED COMMUNITY NEEDS

Part VI Supplemental Information

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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.

AFTER COMPLETION OF THE CHNA, IU HEALTH BLACKFORD HOSPITAL REVIEWED THE INFORMATION GATHERED FROM COMMUNITY LEADER FOCUS GROUPS, COMMUNITY INPUT SURVEYS AND STATISTICAL DATA. THE NEEDS IDENTIFIED WERE ANALYZED AND RANKED USING THE HANLON METHOD OF PRIORITIZATION TO DETERMINE THE PREVALENCE AND SEVERITY OF COMMUNITY HEALTH NEEDS AND WHICH ONES WERE MOST CRITICAL. ADDITIONALLY, THE EFFECTIVENESS OF AN INTERVENTION FOR EACH NEED AND IU HEALTH'S ABILITY TO IMPACT POSITIVE CHANGE WAS EVALUATED.

SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSIST. IU HEALTH BLACKFORD HOSPITAL GOES TO GREAT LENGTHS TO ENSURE PATIENTS KNOW THAT IT 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.

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HELPING PATIENTS UNDERSTAND THAT FINANCIAL SUPPORT FOR THEIR CARE IS AVAILABLE 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 SELF-PAY (UNINSURED) OR IF THEY REQUEST ASSISTANCE INFORMATION. THE PATIENT IS ALSO PROVIDED WITH AN ADMISSIONS PACKET THAT OUTLINES INFORMATION REGARDING IU HEALTH BLACKFORD HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. FINANCIAL COUNSELORS ARE ONSITE TO ASSIST WITH FINANCIAL CONCERNS OR QUESTIONS DURING THE PATIENT'S STAY. PATIENT FINANCIAL SERVICES CUSTOMER SERVICE REPRESENTATIVES ARE ALSO AVAILABLE AFTER THE PATIENT'S STAY TO 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 DEMOGRAPHIC INFORMATION.

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A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS PRINTED ON THE BACK OF EACH PATIENT STATEMENT, WHILE THE FINANCIAL ASSISTANCE APPLICATION IS MAILED TO ALL IU HEALTH BLACKFORD HOSPITAL PATIENTS WITH A PATIENT BALANCE DUE AFTER INSURANCE. ADDITIONALLY, ON THE BACK OF EACH PATIENT STATEMENT IS A TELEPHONE NUMBER THAT ALLOWS PATIENTS THE ABILITY TO REQUEST FINANCIAL ASSISTANCE. UNINSURED PATIENTS ARE ALSO MADE AWARE OF THIS PROCESS AT THE TIME OF REGISTRATION.

THE IU HEALTH WEBSITE HAS A PAGE ([HTTP://IUHEALTH.ORG/HELPWITHBILLS](http://iuhealth.org/helpwithbills)) DEDICATED TO FINANCIAL ASSISTANCE AND OFFERS AN ONLINE APPLICATION AND TELEPHONE NUMBERS FOR CUSTOMER SERVICE REPRESENTATIVES TO ASSIST WITH THE APPLICATION PROCESS.

IU HEALTH BLACKFORD HOSPITAL HAS AN EXPANSIVE FINANCIAL ASSISTANCE POLICY WHICH UTILIZES THE FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY. THE GOAL IS TO MAKE ACCESS TO QUALITY CARE WITHIN A PATIENT'S REACH.

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THE IU HEALTH BLACKFORD HOSPITAL 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
- 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. 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

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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.

SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION

IU HEALTH BLACKFORD HOSPITAL IS LOCATED IN BLACKFORD COUNTY, INDIANA, A

COUNTY LOCATED IN EAST-CENTRAL INDIANA. ITS SERVICE AREAS INCLUDE

BLACKFORD, GRANT, DELAWARE, JAY, AND WELLS COUNTIES.

BLACKFORD COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF HARTFORD CITY AND

MONTPELIER. BASED ON THE MOST RECENT CENSUS BUREAU (ESTIMATED 2014)

STATISTICS, BLACKFORD COUNTY'S POPULATION IS 12,401 PERSONS WITH

APPROXIMATELY 50% BEING FEMALE AND 50% MALE. THE COUNTY'S POPULATION

ESTIMATES BY RACE ARE 95.9% WHITE, 1.6% HISPANIC OR LATINO, 0.6% BLACK,

0.3% ASIAN, 0.2% AMERICAN INDIAN OR ALASKA NATIVE, AND 1.4% PERSONS

REPORTING TWO OR MORE RACES.

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BLACKFORD COUNTY HAS RELATIVELY LOW LEVELS OF EDUCATIONAL ATTAINMENT. THE LEVEL OF EDUCATION MOST OF THE POPULATION HAS ACHIEVED IS A HIGH SCHOOL DEGREE (86%). AS OF 2014, 9.8% OF THE POPULATION HAD A BACHELOR'S DEGREE OR HIGHER.

86.7% OF COMMUNITY DISCHARGES WERE FOR PATIENTS WITH MEDICARE, 5.9 % WITH COMMERCIAL INSURANCE/MANAGED CARE, 4.9% WITH MEDICAID, AND 2.5% WERE UNINSURED/SELF-PAY PATIENTS.

IU HEALTH BLACKFORD HOSPITAL HAS A VARIED MIX OF PAY FOR OUTPATIENT SERVICES WITH 40.6% MEDICARE, 31.5% COMMERCIAL INSURANCE/MANAGED CARE, 16.8% MEDICAID, AND 11.1% SELF-PAY/UNINSURED.

DISCHARGE INFORMATION FOR THE HOSPITAL SHOWS THE MAJORITY OF PATIENTS COMING FROM BLACKFORD COUNTY AT 78.1%, GRANT - 11.8%, DELAWARE - 6%, JAY - 1.8%, AND OTHER - 2.3%.

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SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

IU HEALTH BLACKFORD HOSPITAL INVESTS IN ITS COMMUNITY TO IMPROVE THE QUALITY OF LIFE OF ITS COMMUNITY MEMBERS. SEVERAL COMMUNITY BENEFIT HIGHLIGHTS ARE DESCRIBED BELOW.

AS PART OF A STRATEGIC EFFORT TO PREVENT OBESITY AND THE RESULTING NEGATIVE HEALTH EFFECTS IN THE COMMUNITY, IU HEALTH BLACKFORD AND BALL MEMORIAL HOSPITALS PARTNERED WITH THE YMCA OF MUNCIE TO PROMOTE HEALTHY LIFESTYLE CHANGES IN CHILDREN WITH A PROGRAM CALLED ACTIVE AFTERSCHOOL. THE ACTIVE AFTERSCHOOL PROGRAM IS OFFERED TO CHILDREN IN GRADES K-5 AT ELEMENTARY SCHOOLS IN HARTFORD CITY, AS WELL AS ELEMENTARY SCHOOLS AND THE ROSS COMMUNITY CENTER IN MUNCIE. THE GOAL OF THE PROGRAM IS TO HELP CHILDREN LEARN LESSONS THAT WILL HELP THEM MAKE HEALTHY CHOICES REGARDING EXERCISING AND EATING FOR THE REST OF THEIR LIVES.

MORE THAN 150 RESIDENTS OF BLACKFORD COUNTY AND THE SURROUNDING AREAS INTERACTED WITH LOCAL MEDICAL PROFESSIONALS FROM IU HEALTH BLACKFORD AND BALL MEMORIAL HOSPITALS AT THE ANNUAL COMMUNITY HEALTH FAIR THAT TOOK

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PLACE ON OCTOBER 4, 2014 AT NORTHSIDE ELEMENTARY SCHOOL IN HARTFORD CITY.

THERE WERE A TOTAL OF 34 INFORMATIVE DISPLAYS WHICH INCLUDED SCREENING STATIONS AND FEATURED DIABETES EDUCATORS FROM IU HEALTH BALL MEMORIAL HOSPITAL, WHO OFFERED DIABETES RISK ASSESSMENTS AND A HOST OF LITERATURE ABOUT EDUCATIONAL PROGRAMS AND RISK AVOIDANCE. ADDITIONALLY, STROKE RISK ASSESSMENTS FOR OVER 50 INDIVIDUALS WERE PERFORMED AS WELL AS CHOLESTEROL AND HEMOGLOBIN A1C SCREENINGS. IN TOTAL, 43 EMPLOYEES FROM IU HEALTH BLACKFORD HOSPITAL PARTICIPATED IN HOSTING THE FAIR, INCLUDING REPRESENTATIVES FROM OUTPATIENT REHABILITATION, WHO CONDUCTED FOOT SCREENINGS AND DISTRIBUTED INFORMATION ABOUT PREVENTING FOOT AND ANKLE INJURIES; RADIOLOGY SERVICES DISPLAYED INFORMATION ABOUT IU HEALTH BLACKFORD HOSPITAL'S NEW RADIOLOGY DIGITAL X-RAY SYSTEM AND RESPIRATORY THERAPY CONDUCTED PULMONARY FUNCTION TESTS FOR VISITORS.

IU HEALTH BALL MEMORIAL AND BLACKFORD HOSPITALS, IN PARTNERSHIP WITH OPEN DOOR HEALTH SERVICES OF MUNCIE, INITIATED THE FETAL INFANT MORTALITY REVIEW ("FIMR") PROGRAM, WITH A GRANT FROM THE INDIANA STATE DEPARTMENT OF HEALTH. IN ADDITION, THE IU HEALTH BALL MEMORIAL HOSPITAL FOUNDATION PURCHASED SOFTWARE CALLED BASINET, (BABY ABSTRACTING SYSTEM AND

Part VI Supplemental Information

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INFORMATION NETWORK), FOR FIMR. BASINET IS A WEB-BASED PROJECT MANAGEMENT SYSTEM WHICH ENHANCES EVALUATION OF THE FACTORS CONTRIBUTING TO FETAL AND INFANT MORTALITY, IMPROVING EFFICIENCY OF THE PROJECT AND THE CAPACITY TO FOCUS ON INTERVENTIONS TO MAKE A DIFFERENCE. IU HEALTH BALL MEMORIAL HOSPITAL PROVIDES STAFF MEMBERS FROM THE NEONATAL INTENSIVE CARE UNIT AS WELL AS OTHER CLINICAL SUPPORT AREAS TO HELP FACILITATE THE OVERALL WORK OF THE PROJECT. OBJECTIVES OF THE PROGRAM INCLUDE ESTABLISHING A FIMR CASE REVIEW TEAM TO DISCOVER THE ROOT CAUSES OF INFANT MORTALITY AND CREATING A FIMR COMMUNITY ACTION TEAM TO COORDINATE THE EFFORTS OF COMMUNITY-BASED ORGANIZATIONS IN IMPLEMENTING THE CRT RECOMMENDATIONS TO DECREASE COST AND IMPROVE EFFECTIVENESS. THE COMMUNITY ACTION TEAM IS ALSO INSTRUMENTAL IN PROVIDING RESOURCES AND INFORMATION TO NEW MOTHERS AND MOMS-TO-BE THROUGH ENROLLMENT IN WEAREINDIANA.COM, A SOURCE OF INFORMATION ABOUT HEALTHY LIVING, HAVING A HEALTHY PREGNANCY AND CARING FOR AN INFANT.

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SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM

IU HEALTH BLACKFORD HOSPITAL IS PART OF THE IU HEALTH STATEWIDE SYSTEM.

THE IU HEALTH STATEWIDE SYSTEM IS INDIANA'S MOST COMPREHENSIVE HEALTHCARE SYSTEM. A UNIQUE PARTNERSHIP WITH THE INDIANA UNIVERSITY SCHOOL OF MEDICINE ("IU 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

- SIX HOSPITALS DESIGNATED AS MAGNET® BY THE AMERICAN NURSES CREDENTIALING CENTER RECOGNIZING EXCELLENCE IN NURSING CARE.
- NAMED TO THE 2013-2014 U.S. NEWS & WORLD REPORT'S BEST HOSPITALS HONOR ROLL, THEIR HIGHEST DISTINCTION.
- ELEVEN ADULT CLINICAL PROGRAMS RANKED AMONG THE TOP 50 NATIONAL PROGRAMS IN U.S. NEWS & WORLD REPORT
- TEN PEDIATRIC CLINICAL PROGRAMS RANKED AMONG THE TOP 50 NATIONAL PROGRAMS IN THE U.S. NEWS & WORLD REPORT

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- IU HEALTH BLACKFORD HOSPITAL RECOGNIZED AS A NATIONAL MOST WIRED HOSPITAL BY THE AMERICAN HOSPITAL ASSOCIATION IN 2014-2015

EDUCATION AND RESEARCH

AS AN ACADEMIC HEALTH CENTER, IU HEALTH WORKS IN PARTNERSHIP WITH THE IU SCHOOL OF MEDICINE TO TRAIN PHYSICIANS, BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE. RESEARCH CONDUCTED BY IU SCHOOL OF MEDICINE FACULTY GIVES IU HEALTH PHYSICIANS AND PATIENTS ACCESS TO THE MOST LEADING-EDGE AND COMPREHENSIVE TREATMENT OPTIONS.

COLLABORATIVE STRATEGIC RESEARCH INITIATIVE

CONCEIVED BY IU HEALTH AND THE IU SCHOOL OF MEDICINE IN 2012, THE STRATEGIC RESEARCH INITIATIVE AIMS TO ENHANCE THE INSTITUTIONS' JOINT CAPABILITIES IN FUNDAMENTAL SCIENTIFIC INVESTIGATION, TRANSLATIONAL RESEARCH AND CLINICAL TRIALS TARGETING INNOVATIVE TREATMENTS FOR DISEASE.

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THE TWO ORGANIZATIONS COMMITTED TO INVEST \$150 MILLION OVER FIVE YEARS TO THIS NEW RESEARCH COLLABORATION.

ESTABLISHED IN 2013, THE CENTER FOR INNOVATION AND IMPLEMENTATION SCIENCE IS PARTIALLY SUPPORTED BY THE STRATEGIC RESEARCH INITIATIVE. THE NEW CENTER, LAUNCHED BY THE IU SCHOOL OF MEDICINE AND THE INDIANA CLINICAL AND TRANSLATIONAL SCIENCES INSTITUTE, FOCUSES ON INCREASING EFFICACY AND REDUCING COSTS AT IU HEALTH. WITH OVERSIGHT OF FOUR SPECIALIZED RESEARCH AND DISCOVERY UNITS MANAGED BY IU SCHOOL OF MEDICINE RESEARCHERS, THE CENTER WILL ADDRESS PROBLEMS WITH THE POTENTIAL TO REDUCE COSTS OR GENERATE NEW REVENUE ESTIMATED AT \$5 MILLION PER YEAR OR MORE.

IU HEALTH STATEWIDE SYSTEM

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

IU HEALTH IS INDIANA'S MOST COMPREHENSIVE ACADEMIC HEALTH CENTER AND CONSISTS OF IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL,

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RILEY HOSPITAL FOR CHILDREN AT IU HEALTH, AND IU HEALTH SAXONY HOSPITAL.

OTHER HOSPITALS IN THE IU HEALTH STATEWIDE SYSTEM INCLUDE THE FOLLOWING:

- IU HEALTH ARNETT HOSPITAL
- IU HEALTH BALL MEMORIAL HOSPITAL
- IU HEALTH BEDFORD HOSPITAL
- IU HEALTH BLACKFORD HOSPITAL
- IU HEALTH BLOOMINGTON HOSPITAL
- IU HEALTH GOSHEN HOSPITAL
- IU HEALTH LA PORTE HOSPITAL
- IU HEALTH MORGAN HOSPITAL
- IU HEALTH NORTH HOSPITAL
- IU HEALTH PAOLI HOSPITAL
- IU HEALTH STARKE HOSPITAL
- IU HEALTH TIPTON HOSPITAL
- IU HEALTH WEST HOSPITAL
- IU HEALTH WHITE MEMORIAL HOSPITAL

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ALTHOUGH EACH HOSPITAL IN THE IU HEALTH STATEWIDE SYSTEM PREPARES AND SUBMITS ITS OWN COMMUNITY BENEFITS PLAN RELATIVE TO THE LOCAL COMMUNITY, THE IU HEALTH STATEWIDE SYSTEM CONSIDERS ITS COMMUNITY BENEFIT PLAN AS PART OF AN OVERALL VISION FOR STRENGTHENING INDIANA'S OVERALL HEALTH. A COMPREHENSIVE COMMUNITY OUTREACH STRATEGY AND COMMUNITY BENEFIT PLAN IS IN PLACE THAT ENCOMPASSES THE ACADEMIC MEDICAL CENTER DOWNTOWN INDIANAPOLIS, SUBURBAN INDIANAPOLIS 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. SOME WAYS WE ADDRESS OUR COMMUNITY HEALTH PRIORITIES AS A SYSTEM INCLUDE:

IU HEALTH DAY OF SERVICE

THE ANNUAL IU HEALTH DAY OF SERVICE IS A HIGH-IMPACT, ONE-DAY EVENT AIMED AT ENGAGING IU HEALTH TEAM MEMBERS IN ACTIVITIES THAT ADDRESS AN IDENTIFIED COMMUNITY NEED. TACKLING THE ISSUE OF OBESITY IN THE

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COMMUNITIES IU HEALTH SERVES, THE SIXTH ANNUAL DAY OF SERVICE IN 2014

FOCUSED ON LEAVING BEHIND KEY PHYSICAL ASSETS TO HELP MEET A STATEWIDE

NEED FOR MORE VENUES FOR PHYSICAL ACTIVITY AND RECREATION.

DURING THE 2014 DAY OF SERVICE:

- MORE THAN 6,700 VOLUNTEER HOURS WERE DEDICATED BY IU HEALTH TEAM MEMBERS
- IU HEALTH TEAM MEMBERS GAVE THEIR TIME TO IMPROVE WALKING TRAILS AND PARK ASSETS, WHICH SERVE MORE THAN 63,000 RESIDENTS ACROSS THE STATE.
- OVER A DOZEN COMMUNITY PARKS WERE ENHANCED.
- A NEW COMMUNITY-ENVISIONED POCKET PARK WAS CREATED.
- A COMMUNITY GARDEN WAS IMPROVED WITH EDUCATIONAL INFORMATION.
- THIRD GRADE CLASSES AT THREE SCHOOLS WERE PROVIDED WITH FREE BIKES, HELMETS, AND LOCKS. ADDITIONALLY, THE STUDENTS WERE LED THROUGH A BICYCLE SAFETY COURSE.
- 125,000 POUNDS OF DEBRIS WERE REMOVED FROM 107 ABANDONED

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PROPERTIES; 98 TONS OF MULCH, 7 TREES, AND 3,424 FLOWERS WERE PLANTED TO BOOST AESTHETIC APPEAL.

KINDERGARTEN COUNTDOWN

AS ONE OF IU HEALTH'S SIGNATURE PROGRAMS AND 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. FROM "GET READY TO READ" PRE- AND POST-TESTS, CAMPERS IN THE IU HEALTH CAMPS ACHIEVED A 21 PERCENT AVERAGE INCREASE IN SCORES FROM THE BEGINNING OF THE FOUR-WEEK CAMP TO THE END. THE PROGRAM ALSO CREATES POSITIVE IMPACT BY INCREASING AWARENESS OF KINDERGARTEN READINESS, IMPROVING PARENT ENGAGEMENT AND STRENGTHENING RELATIONSHIPS BETWEEN VOLUNTEERS AND TEAM MEMBERS AT HOSPITALS, SCHOOLS AND COMMUNITY ORGANIZATIONS.

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IU HEALTH RECOGNIZES THAT IN SOME CASES WE DON'T HAVE ALL THE EXPERTISE OR RESOURCES TO ADDRESS THE NEEDS OF THE COMMUNITY AND OTHER ORGANIZATIONS ARE BETTER SUITED TO TACKLE SOME OF THE SPECIFIC NEEDS OF THE COMMUNITY. IU HEALTH, THEREFORE, PROVIDED FINANCIAL SUPPORT TO LIKE-MINDED NON-PROFIT ORGANIZATIONS THAT ARE WORKING TO IMPROVE THE HEALTH OF THE COMMUNITY IN OUR IDENTIFIED PRIORITIES OF NEED.

CLINICAL RESEARCH

CLINICAL TRIALS ARE CONDUCTED AT THE FOLLOWING IU HEALTH LOCATIONS:
ACADEMIC HEALTH CENTER (IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, AND RILEY HOSPITAL FOR CHILDREN AT IU HEALTH), IU HEALTH ARNETT HOSPITAL, IU HEALTH BLOOMINGTON HOSPITAL, IU HEALTH LA PORTE HOSPITAL, IU HEALTH NORTH HOSPITAL, IU HEALTH SAXONY HOSPITAL AND IU HEALTH WEST HOSPITAL.

METHODIST RESEARCH INSTITUTE ("MRI")

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THE BIOREPOSITORY AT MRI, UNDER IRB APPROVAL, COLLECTS HUMAN BIOLOGICAL MATERIALS (BLOOD, BONE, TISSUE, URINE) VITAL FOR MEDICAL RESEARCH TO PROVIDE THE BEST WAY TO STUDY A VARIETY OF DISEASES AND THEIR POTENTIAL TREATMENTS. BASIC SCIENCE RESEARCHERS AT MRI PUBLISH THE RESULTS OF THEIR INNOVATIVE GRANT-SUPPORTED RESEARCH IN PRESTIGIOUS PEER-REVIEWED JOURNALS. THEIR WORK HAS BEEN RECOGNIZED BOTH NATIONALLY AND INTERNATIONALLY AS THEY PARTICIPATE IN SYSTEM-WIDE COLLABORATIVE EFFORTS WITHIN IU HEALTH AS WELL AS WITH THE IU SCHOOL OF MEDICINE.

COMMUNITY HEALTH INITIATIVES

WITH INVESTMENTS IN HIGH-QUALITY AND IMPACTFUL INITIATIVES TO ADDRESS COMMUNITY HEALTH NEEDS STATEWIDE; IU HEALTH IS HELPING INDIANA RESIDENTS IMPROVE THEIR HEALTH AND THEIR QUALITY OF LIFE. IN 2014, IU HEALTH IMPACTED MANY PEOPLE STATEWIDE THROUGH PRESENTATIONS, HEALTH RISK SCREENINGS, HEALTH EDUCATION PROGRAMS, AND ADDITIONAL HEALTH EDUCATIONAL OPPORTUNITIES MADE AVAILABLE TO THE COMMUNITY, ESPECIALLY TO OUR

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COMMUNITY MEMBERS IN THE GREATEST NEED OF SUCH SERVICES.

EXAMPLES OF THE TYPES OF PROGRAMMING AND INVESTMENT WE MAKE IN THE FIVE
COMMUNITY OUTREACH AREAS INCLUDE:

ACCESS TO 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 WORKS 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.

SOME WAYS THAT THESE IU HEALTH HOSPITALS ADDRESS ACCESS TO HEALTHCARE
INCLUDE:

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- PUBLIC ASSISTANCE ENROLLMENT
- VEGGIES AND VACCINES
- INDIANA UNIVERSITY STUDENT OUTREACH CLINIC

OBESITY PREVENTION

TO IMPROVE THE LIFESTYLE OF INDIANA RESIDENTS, IU HEALTH HAS UTILIZED INNOVATIVE AND 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 INDIANA RANKS 8TH IN OBESITY IN THE NATION.

SOME WAYS THAT THESE IU HEALTH HOSPITALS ADDRESS OBESITY PREVENTION

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- 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.

INCLUDE :

- GARDEN ON THE GO® PROGRAM
- TOWN OF FISHERS FOR THE HERITAGE MEADOWS PARK PROJECT
- STRONG SCHOOLS PROGRAM

BEHAVIORAL HEALTH

BEHAVIORAL HEALTH COVERS A RANGE OF CONDITIONS FROM DEPRESSION, ANXIETY AND OTHER PSYCHOLOGICAL DISORDERS TO ISSUES RELATED TO SUBSTANCE ABUSE AND ALCOHOL ADDICTION. MANY INDIANA COMMUNITIES REPORT A NEED TO IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES AND REDUCE THE STIGMA OFTEN ASSOCIATED WITH MENTAL HEALTH AND ADDICTIONS. THE IU HEALTH BEHAVIORAL HEALTH PROGRAM INCLUDES A WIDE RANGE OF SERVICES DESIGNED TO SUPPORT PATIENTS WITH BEHAVIORAL, PSYCHIATRIC AND PSYCHOLOGICAL NEEDS. MULTIDISCIPLINARY TEAMS AT IU HEALTH WORK TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF EVERY PATIENT.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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SOME EXAMPLES OF HOW IU HEALTH SUPPORTS BEHAVIORAL HEALTH INCLUDE

FINANCIAL CONTRIBUTIONS TO THE FOLLOWING ORGANIZATIONS:

- AMERICAN FOUNDATION OF SUICIDE PREVENTION - INDIANA CHAPTER
- ASPIRE INDIANA, INC.
- COBURN PLACE
- HORIZON HOUSE

PREK-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

Part VI Supplemental Information

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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.

SOME WAYS THAT THESE IU HEALTH HOSPITALS ADDRESS IMPROVING PREK-12 EDUCATION INCLUDE:

- HOOSIER ROAD ELEMENTARY CARE PROJECT
- EARLY LEARNING INDIANA
- GEORGE AND VERONICA PHALEN LEADERSHIP ACADEMY
- VISION ACADEMY AT RIVERSIDE

Part VI Supplemental Information

Provide the following information.

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STATE FILING OF COMMUNITY BENEFIT REPORT

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