

**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 BLOOMINGTON, INC.

Employer identification number

35-1720796

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)		11948	10,611,150.		10,611,150.	3.49
b Medicaid (from Worksheet 3, column a)		41406	52,088,631.	40,177,500.	11,911,131.	3.92
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		53354	62,699,781.	40,177,500.	22,522,281.	7.41
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	42	113673	1,910,798.	377,373.	1,533,425.	.50
f Health professions education (from Worksheet 5)	3	2595	379,734.	6,773.	372,961.	.12
g Subsidized health services (from Worksheet 6)	3	231	12,305,550.	8,527,020.	3,778,530.	1.24
h Research (from Worksheet 7)	1	6	2,327.		2,327.	
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	30290	514,752.	474,413.	40,339.	.01
j Total Other Benefits	55	146795	15,113,161.	9,385,579.	5,727,582.	1.87
k Total. Add lines 7d and 7j.	55	200149	77,812,942.	49,563,079.	28,249,863.	9.28

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		163.		163.	
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	4	86	9,178.	5,922.	3,256.	
7 Community health improvement advocacy	4	72	3,858.	2,499.	1,359.	
8 Workforce development						
9 Other						
10 Total	9	158	13,199.	8,421.	4,778.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	85,180,755.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	106,903,679.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-21,722,924.
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 SEE PART VI	AMBULATORY SURGERY CENTER	51.00000		49.00000
2 SEE PART VI	DIAG. AND OTHER OUTPATIENT	50.00000		50.00000
3 SEE PART VI	AMBULATORY SURGERY CENTER	50.00000		50.00000
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12c regarding hospital facility licensing, CHNA (Community Health Needs Assessment) details, and excise tax reporting.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group IU HEALTH BLOOMINGTON 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 BLOOMINGTON 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 ITS MOST RECENT CHNA, IU HEALTH BLOOMINGTON 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 BLOOMINGTON COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS.

TO OBTAIN A MORE COMPLETE PICTURE OF THE FACTORS THAT PLAY INTO IU HEALTH BLOOMINGTON'S COMMUNITY'S HEALTH, INPUT FROM PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS IN BLOOMINGTON COUNTY WAS GATHERED THROUGH TWO SEPARATE TWO-HOUR COMMUNITY CONVERSATION FOCUS GROUP SESSIONS. THE FIRST WAS A TWO HOUR LIVE GROUP SESSION AT IU HEALTH BLOOMINGTON, AND THE SECOND WAS HELD VIA A PHONE CONFERENCE CALL FOR THOSE WHO WERE NOT ABLE TO MEET IN PERSON. IU HEALTH BLOOMINGTON 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:

ELIZABETH THOMPSON

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.

- FORMER EXECUTIVE DIRECTOR, VOLUNTEER'S IN MEDICINE ("VIM")

- MS. THOMPSON IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE REGARDING ACCESS TO CARE. AS FORMER EXECUTIVE DIRECTOR OF VIM, SHE WORKS TO PROVIDE ACCESS TO CARE FOR UNDERSERVED AND LOW-INCOME POPULATIONS.

BARRY LESSOW

- EXECUTIVE DIRECTOR, UNITED WAY OF MONROE COUNTY

- MR. LESSOW IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD HEALTHY LIVING. AS EXECUTIVE DIRECTOR OF THE UNITED WAY OF MONROE COUNTY, HE WORKS FOR AN ORGANIZATION THAT BELIEVES IN HELPING PEOPLE LEARN MORE, EARN MORE, AND LEAD SAFE AND HEALTHY LIVES IN ORDER TO CREATE PROGRAMS THAT ASSIST IN ACCOMPLISHING THOSE GOALS.

MARK KRUZAN

- MAYOR OF BLOOMINGTON

- MR. KRUZAN IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD HEALTHY LIVING. AS MAYOR OF BLOOMINGTON, MAYOR KRUZAN IS KNOWLEDGEABLE ON WHAT THE COMMUNITY'S NEEDS ARE, AND THE RESOURCES THAT ARE AVAILABLE TO ADDRESS THOSE NEEDS.

PENNY CAUDILL

- ADMINISTRATOR, MONROE COUNTY HEALTH DEPARTMENT

- MS. CAUDILL IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD OVERALL PUBLIC HEALTH. AS AN EMPLOYEE OF THE HEALTH DEPARTMENT, SHE UNDERSTANDS THE ISSUES AND OBSTACLES INVOLVED IN THE AREA OF PUBLIC

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, AS WELL AS WAYS TO ADDRESS AND IMPROVE THEM.

DANIEL PETERSON

- BOARD MEMBER, IU HEALTH BLOOMINGTON
- MR. PETERSON IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD HEALTHY LIVING. AS A BOARD MEMBER AT IU HEALTH BLOOMINGTON, HE IS KNOWLEDGEABLE ON WHAT THE COMMUNITY'S NEEDS ARE, AND THE RESOURCES THAT ARE AVAILABLE TO ADDRESS THOSE NEEDS.

ELLIE ROGERS

- BOARD MEMBER, IU HEALTH BLOOMINGTON & MEMBER OF LOCAL COUNCIL OF WOMEN
- MS. ROGERS IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD HEALTHY LIVING. AS A BOARD MEMBER AT IU HEALTH BLOOMINGTON, SHE IS KNOWLEDGEABLE ON WHAT THE COMMUNITY'S NEEDS ARE, AND THE RESOURCES THAT ARE AVAILABLE TO ADDRESS THOSE NEEDS.

MARK MOORE

- CEO, IU HEALTH BLOOMINGTON
- MR. MOORE IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD HEALTHY LIVING. AS CEO OF IU HEALTH BLOOMINGTON, HE IS KNOWLEDGEABLE ON WHAT THE COMMUNITY'S NEEDS ARE, AND THE RESOURCES THAT ARE AVAILABLE TO ADDRESS THOSE NEEDS.

CAROL WEISS-KENNEDY

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.

- DIRECTOR, COMMUNITY HEALTH, IU HEALTH BLOOMINGTON

- MS. WEISS-KENNEDY IS REPRESENTATIVE OF A COMMUNITY PERSPECTIVE TOWARD HEALTHY LIVING. AS DIRECTOR OF COMMUNITY HEALTH AT IU HEALTH BLOOMINGTON, SHE IS KNOWLEDGEABLE ON WHAT THE COMMUNITY'S NEEDS ARE, AND THE RESOURCES THAT ARE AVAILABLE TO ADDRESS THOSE NEEDS.

UPON ARRIVAL TO THE FOCUS GROUP, PARTICIPANTS WERE ASKED TO LIST FIVE HEALTH NEEDS, WHICH SHOULD BE PRIORITIZED IN THEIR OPINION, FOR THE MARION COUNTY COMMUNITY SERVED BY IU HEALTH BLOOMINGTON. THESE RESPONSES WERE COLLECTED AND AGGREGATED INTO A COMPREHENSIVE LIST OF IDENTIFIED NEEDS TO BE FURTHER DISCUSSED LATER IN THE SESSION AND RANKED FOR SEVERITY OF NEED WITHIN THE COMMUNITY. IU HEALTH BLOOMINGTON FACILITATORS THEN PROVIDED PARTICIPANTS WITH A PRESENTATION FEATURING THE MISSION OF IU HEALTH BLOOMINGTON, 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 BLOOMINGTON 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

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.

IDENTIFIED NEEDS. FOLLOWING ADDITIONAL DISCUSSION, PARTICIPANTS WERE ALSO ASKED TO ADDRESS WHAT THEY THOUGHT THE ROLE OF THE IU HEALTH BLOOMINGTON COULD BE IN MEETING THE LOCAL HEALTH NEEDS.

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

A COPY OF IU HEALTH BLOOMINGTON'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/)

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

A COPY OF IU HEALTH BLOOMINGTON'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 BLOOMINGTON CHOSE TO ADDRESS ALL SIX OF THE COMMUNITY HEALTH NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA. THESE INCLUDE THE FOLLOWING:

- ACCESS TO HEALTHCARE
- BEHAVIORAL HEALTH
- PREK-12 EDUCATION
- OBESITY AND DIABETES 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.

- CHRONIC DISEASE PREVENTION

- SENIOR HEALTH

ACCESS TO HEALTHCARE

IU HEALTH BLOOMINGTON'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED
NEED OF ACCESS TO HEALTHCARE INCLUDES THE FOLLOWING:

- COLLABORATE AND PROMOTE CONTINUITY AND SUPPORT PROGRAMS FOR
INPATIENT AND OUTPATIENT INITIATIVES BY EDUCATING STAFF ON CURRENT
HEALTHCARE RESOURCES

- SUPPORT AND PROMOTE INDIVIDUAL SOLUTIONS IN COMMUNITY HEALTH
PROGRAMMING AND EVENTS

- PROVIDE APPROPRIATE CLINICAL STAFFING AND SUPPORT FOR VIM PROGRAM
ALONG WITH PROMOTING VOLUNTEER OPPORTUNITIES

- QUARTERLY WELLNESS SCREENINGS

- INCREASE ACCESS TO IU HEALTH FINANCIAL ASSISTANCE PROGRAM AND OTHER
GOVERNMENT-SPONSORED PROGRAMS

BEHAVIORAL HEALTH

IU HEALTH BLOOMINGTON'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED
NEED OF BEHAVIORAL HEALTH:

- ESTABLISH BEHAVIORAL HEALTH TASK FORCE AND COLLABORATE WITH

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.

EXISTING PROVIDERS

- PROVIDE COMMUNITY EDUCATION WHEN APPROPRIATE VIA HEALTH FAIRS AND AWARENESS EVENTS AND COLLABORATE WITH COMMUNITY AGENCIES IN SUICIDE PREVENTION ACTIVITIES.

- PROVIDE BEHAVIORAL HEALTH SCREENING AND CONTINUE SUBSTANCE ABUSE COUNSELING THROUGH POSITIVE LINK

PREK-12 EDUCATION

IU HEALTH BLOOMINGTON'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF PREK-12 EDUCATION INCLUDES THE FOLLOWING:

- SUPPORT INSTRUCTION ON HEALTHY LIFESTYLES AND PROGRAMMING, HIGH SCHOOL INITIATIVE, HEALTH SCHOOL CHALLENGE
- IMPLEMENTATION OF AN ELEMENTARY SCHOOL GARDEN

OBESITY AND DIABETES PREVENTION

IU HEALTH BLOOMINGTON'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF OBESITY AND DIABETES PREVENTION INCLUDES THE FOLLOWING;

- DEVELOP, PROVIDE AND SUPPORT WALKING GROUPS, ADULT OBESITY INTERVENTION AND MOBILE FOOD DEPLOYMENT
- WELL CHECKS AND A1C SCREENING THROUGHOUT COMMUNITY
- DEVELOP REGISTERED DIETICIAN RELATIONSHIP IN SOUTH INDIANA

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.

PHYSICIAN GROUP CLINICS

CHRONIC DISEASE PREVENTION

IU HEALTH BLOOMINGTON'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF CHRONIC DISEASE PREVENTION INCLUDES THE FOLLOWING:

- PROMOTE POSITIVE CHOICES IN NUTRITION AND EXERCISE IN ALL COMMUNITY PROGRAMMING
- SUPPORT MONTHLY WELL CHECKS
- CARE COORDINATION OF POSITIVE LINK CLIENTS
- INTEGRATE COMMUNITY HEALTH WITH MARKETING
- SUPPORT WALKING GROUPS
- PARTNER WITH SIP TO INCLUDE DISCUSSION OF ACTIVITY AND DIET WITH EACH CLIENT VISIT

SENIOR HEALTH

IU HEALTH BLOOMINGTON'S IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED NEED OF SENIOR HEALTH INCLUDES THE FOLLOWING:

- PROVIDE WELL CHECKS AT TARGETED SITES AND LOW COST IMMUNIZATIONS
- SUPPORT SENIOR WELLNESS COMMITTEE
- ESTABLISH WALKING GROUPS
- COLLABORATION WITH THE BLOOMINGTON COMMISSION ON AGING AND

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.

GERIATRIC CLINICAL NURSE SPECIALIST

SCHEDULE H, PART V, SECTION B, LINE 13B - INCOME LEVEL OTHER THAN FPG
IN ADDITION TO FPG, IU HEALTH BLOOMINGTON 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 BLOOMINGTON 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 BLOOMINGTON'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 BLOOMINGTON'S FINANCIAL ASSISTANCE PROGRAM. THIS
INCLUDES 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

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.

PROVIDER AT THE REQUEST OF IU HEALTH BLOOMINGTON.

ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM IU HEALTH BLOOMINGTON 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 BLOOMINGTON 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.

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

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.

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 BLOOMINGTON 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 BLOOMINGTON'S 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 BLOOMINGTON'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.

SCHEDULE H, PART V, SECTION B, LINE 16I - OTHER MEASURES TO PUBLICIZE

IU HEALTH BLOOMINGTON TAKES SEVERAL OTHER MEASURES TO PUBLICIZE ITS FAP WITHIN THE COMMUNITY. THESE MEASURES INCLUDE THE FOLLOWING:

1. SIGNS ARE POSTED IN APPROPRIATE ACUTE CARE SETTINGS SUCH AS THE EMERGENCY DEPARTMENT AND REGISTRATION AREAS DESCRIBING THE AVAILABLE ASSISTANCE AND DIRECTING ELIGIBLE PATIENTS TO THE FINANCIAL ASSISTANCE APPLICATION.

2. IU HEALTH BLOOMINGTON INCLUDES A PLAIN LANGUAGE DESCRIPTION OF ITS FAP WITH ALL PATIENT BILLS AND STATEMENTS OF SERVICES.

3. IU HEALTH REVENUE CYCLE SERVICES REPRESENTATIVES ARE AVAILABLE VIA TELEPHONE MONDAY THROUGH FRIDAY, EXCLUDING MAJOR HOLIDAYS, FROM 8 A.M. TO 7 P.M. (EASTERN TIME) TO ADDRESS QUESTIONS RELATED TO FINANCIAL ASSISTANCE.

4. IU HEALTH REVENUE CYCLE SERVICES EDUCATES ITS PATIENT FACING TEAM MEMBERS OF ITS FAP AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

SCHEDULE H, PART V, SECTION B, LINE 22D - OTHER DETERMINATION OF CHARGES

IU HEALTH BLOOMINGTON 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.

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.

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 BLOOMINGTON'S FAP ARE APPLIED TO THE CHARGEMASTER OR PHYSICIAN FEE SCHEDULE CALCULATED AMOUNT.

IU HEALTH BLOOMINGTON DOES NOT USE GROSS CHARGES IN THE 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? 24

Name and address	Type of Facility (describe)
1 BLOOMINGTON ENDOSCOPY CENTER 550 LANDMARK AVE. BLOOMINGTON IN 47402	AMBULATORY SURGERY
2 SOUTHERN INDIANA SURGERY CENTER 2800 REX GROSSMAN BLVD. BLOOMINGTON IN 47403	AMBULATORY SURGERY
3 GREEN COUNTY WIC 200 E. MAIN ST., STE. 1 BLOOMFIELD IN 47424	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH ADVANCED HEART CARE CENTER 714 S. ROGERS ST. BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
5 IU HEALTH ANTICOAGULATOIN CLINIC 451 LANDMARK AVE. BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
6 IU HEALTH BEHAVIORAL HEALTH 445 LANDMARK AVE. BLOOMINGTON IN 47404	DIAGNOSTIC AND OTHER OUTPATIENT
7 IU HEALTH BLOOMINGTON OCCUP. SERVICES 326 S. WOODCREST DR. BLOOMINGTON IN 47401	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH BLOOMINGTON URGENT CARE EAST 326 S. WOODCREST BLOOMINGTON IN 47401	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH CANCER RADIATION CENTER 2620 COTA DR. BLOOMINGTON IN 47404	DIAGNOSTIC AND OTHER OUTPATIENT
10 IU HEALTH CANCER RADIATION CNETER 9149 SR 37, RR 11 BEDFORD IN 47421	DIAGNOSTIC AND OTHER OUTPATIENT

Schedule H (Form 990) 2014

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? _____

Name and address	Type of Facility (describe)
1 IU HEALTH CHILDREN'S THERAPY CENTER 4935 W. ARLINGTON RD., STE. B & C BLOOMINGTON IN 47404	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH COMMUNITY HEALTH 333 E. MILLER DR. BLOOMINGTON IN 47401	DIAGNOSTIC AND OTHER OUTPATIENT
3 IU HEALTH COMMUNITY HEALTH EDUC. CENTER 431 S. COLLEGE BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH DIABETES CENTER 727 W. 2ND ST. BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
5 IU HEALTH EMERGENCY MEDICAL TRANSPORT 601 W. 1ST ST. BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
6 IU HEALTH OCCUPATIONAL HEALTH 3443 W. 3RD ST. BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
7 IU HEALTH PAIN CENTER 888 AUTO MALL RD. BLOOMINGTON IN 47401	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH REHAB. AND SPORTS MDEICINE 5 CRANE AVE. SPENCER IN 47460	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH REHAB. AND SPORTS MEDICINE 328 S. WOODCREST DR. BLOOMINGTON IN 47401	DIAGNOSTIC AND OTHER OUTPATIENT
10 IU HEALTH REHAB. AND SPORTS MEDICINE 2499 W. COTA DR. BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT

Schedule H (Form 990) 2014

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? _____

Name and address	Type of Facility (describe)
1 IU HEALTH WOUND CENTER 2920 MCINTIRE DR. BLOOMINGTON IN 47404	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH BLOOMINGTON HOSP. HOME HEALTH 333 E. MILLER DR. BLOOMINGTON IN 47402	HOME HEALTH
3 IU HEALTH HOSPICE 619 W. 1ST ST. BLOOMINGTON IN 47403	HOSPICE
4 SIRA IMAGING CENTER 500 S. LANDMARK AVE. BLOOMINGTON IN 47403	DIAGNOSTIC AND OTHER OUTPATIENT
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 IV, LINE 1(A) - NAME OF ENTITY

BLOOMINGTON ENDOSCOPY CENTER, LLC

SCHEDULE H, PART IV, LINE 2(A) - NAME OF ENTITY

SIRA IMAGING CENTER, LLC

SCHEDULE H, PART IV, LINE 3(A) - NAME OF ENTITY

SOUTHERN INDIANA SURGERY CENTER, LLC

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

IU HEALTH BLOOMINGTON USES SEVERAL FACTORS OTHER THAN FEDERAL POVERTY GUIDELINES ("FPGS") IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE UNDER ITS FAP. THESE FACTORS INCLUDE THE FOLLOWING:

1. INDIANA RESIDENCY REQUIREMENT

IU HEALTH BLOOMINGTON ONLY MAKES FINANCIAL ASSISTANCE AVAILABLE TO RESIDENTS OF THE STATE OF INDIANA. IU HEALTH BLOOMINGTON EMPLOYS THE

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.

SAME RESIDENCY TEST AS SET FORTH IN INDIANA CODE 6-3-1-12 TO DEFINE AS RESIDENT ANY INDIVIDUAL WHO WAS DOMICILED IN INDIANA DURING THE TAXABLE YEAR, OR ANY INDIVIDUAL WHO MAINTAINS A PERMANENT PLACE OF RESIDENCE IN THIS STATE AND SPENDS MORE THAN ONE HUNDRED EIGHTY-THREE (183) DAYS OF THE TAXABLE YEAR IN INDIANA.

2. ALTERNATE SOURCES OF ASSISTANCE

WHEN TECHNICALLY FEASIBLE, PATIENTS MUST EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING AN AWARD FROM IU HEALTH BLOOMINGTON'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 FORM IU HEALTH BLOOMINGTON'S FINANCIAL ASSISTANCE PROGRAM. THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. PATIENTS MAY BE ASKED TO

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.

SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THEIR INSURANCE PROVIDER AT THE REQUEST OF IU HEALTH BLOOMINGTON.

ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM IU HEALTH BLOOMINGTON 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 BLOOMINGTON IS ENTITLED. SAID PATIENTS MAY BE ASKED TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

3. 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 IF THE FINANCIAL NEED HAS BEEN DETERMINED BY THE FOLLOWING THIRD PARTIES: ESKENAZI

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, 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.

PATIENTS MAY ALSO BE CONSIDERED 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.

4. ADDITIONAL CONSIDERATIONS

FINANCIAL ASSISTANCE MAY BE GRANTED TO A DECEASED PATIENT'S ACCOUNT IF
SAID PATIENT IS FOUND TO HAVE NO ESTATE.

IU HEALTH BLOOMINGTON WILL DENY OR REVOKE FINANCIAL ASSISTANCE FOR ANY
PATIENT OR GUARANTOR WHO FALSIFIES ANY PORTION OF A FINANCIAL ASSISTANCE
APPLICATION.

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.

A PATIENT'S INCOME AND/OR ABILITY TO PAY MAY BE TAKEN INTO CONSIDERATION
IN THE CALCULATION OF A FINANCIAL ASSISTANCE AWARD.

5. PATIENT ASSETS

IU HEALTH BLOOMINGTON WILL CONSIDER PATIENT ASSETS IN THE CALCULATION OF
A PATIENT'S TRUE FINANCIAL BURDEN. A PATIENT'S PRIMARY RESIDENCE AND ONE
(1) MOTOR VEHICLE WILL BE EXEMPTED FROM CONSIDERATION IN MOST CASES.

IU HEALTH BLOOMINGTON WILL APPLY THE DEFINITIONS SET FOR IN INDIANA
ADMINISTRATIVE CODE 405 IAC 2-3-15 TO DEFINE A PATIENT'S PRIMARY
RESIDENCE AND MOTOR VEHICLE. A PATIENT'S PRIMARY RESIDENCE IS DEFINED AS
THE PATIENT'S PRINCIPAL PLACE OF RESIDENCE. THE PATIENT'S PRIMARY
RESIDENCE WILL BE EXCLUDED FROM A PATIENT'S EXTRAORDINARY ASSET
CALCULATION SO LONG AS THE PATIENT'S EQUITY IS LESS THAN FIVE-HUNDRED
THOUSAND DOLLARS (\$500,000) AND THE HOME IS NOT OCCUPIED BY THE PATIENT'S
SPOUSE OR CHILD UNDER TWENTY-ONE (21) YEARS OF AGE. ONE (1) MOTOR
VEHICLE, REGARDLESS OF ITS FAIR MARKET VALUE, MAY BE EXCLUDED IN LIMITED

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.

CIRCUMSTANCES DEFINED IN INDIANA ADMINISTRATIVE CODE 405 IAC

2-3-15(D)(6).

IU HEALTH BLOOMINGTON RESERVES THE RIGHT TO ADJUST A PATIENT'S FEDERAL POVERTY LEVEL ("FPL") IF THE PATIENT DEMONSTRATES A CLAIM OR CLEAR TITLE TO ANY EXTRAORDINARY ASSET NOT EXCLUDED FROM CONSIDERATION UNDER THE ABOVE GUIDANCE.

IU HEALTH BLOOMINGTON WILL NOT SEEK THE TITLE TO DISCOVERED ASSETS WITHOUT THE EXPRESS AUTHORIZATION OF THE FINANCIAL ASSISTANCE COMMITTEE.

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

IU HEALTH BLOOMINGTON'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.

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 (C) - 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
EXCLUDES DIRECT OFFSETTING REVENUE, IS 25.62%.

SCHEDULE H, PART I, LINE 7, COLUMN (F) - PERCENT OF TOTAL EXPENSE
THE AMOUNT OF BAD DEBT EXPENSE SUBTRACTED FOR PURPOSES OF CALCULATING THE
PERCENTAGE OF TOTAL EXPENSE ON LINE 7, COLUMN (F) IS \$23,662,889.

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.
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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 I, LINE 7G - SUBSIDIZED HEALTH SERVICES

IU HEALTH BLOOMINGTON 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 BLOOMINGTON IS PART OF THE IU HEALTH STATEWIDE SYSTEM. THE IU HEALTH STATEWIDE SYSTEM PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES IT SERVES THROUGH INVESTMENTS IN ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, COLLABORATION WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCACY 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 HEALTH'S SUPPORT OF THE FOLLOWING ORGANIZATIONS AND INITIATIVES THAT FOCUS ON SOME OF THE ROOT

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.
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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.

CAUSES OF HEALTH ISSUES, SUCH AS LACK OF EDUCATION, EMPLOYMENT AND

POVERTY:

- INDIANAPOLIS PUBLIC SCHOOLS
- STARFISH INITIATIVE
- EARLY LEARNING INDIANA
- 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.

SCHEDULE H, PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY
THE AMOUNT REPORTED ON LINE 2 AS BAD DEBT IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY.

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

IU HEALTH BLOOMINGTON IS A SUBSIDIARY IN THE CONSOLIDATED FINANCIAL STATEMENTS OF IU HEALTH. IU HEALTH'S BAD DEBT EXPENSE FOOTNOTE IS AS FOLLOWS:

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 THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTED ACCOUNTS AND THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN ADDITION, IU HEALTH FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH

Part VI Supplemental Information

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- 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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- 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.

COLLECTION AGENCIES. PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF IU HEALTH AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET FINANCIAL ASSISTANCE POLICIES OF IU HEALTH.

SCHEDULE H, PART III, LINE 8 - MEDICARE SHORTFALL

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 BLOOMINGTON MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH BLOOMINGTON'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 BLOOMINGTON'S PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY INCREASE THE

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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MEDICARE SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7.

IU HEALTH BLOOMINGTON'S MEDICARE SHORTFALL IS ATTRIBUTABLE TO REIMBURSEMENTS THAT ARE LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES AND DOES NOT INCLUDE ANY AMOUNTS THAT RESULT FROM INEFFICIENCIES OR POOR MANAGEMENT. IU HEALTH BLOOMINGTON 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 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.

Part VI Supplemental Information

Provide the following information.

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- 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 9B - WRITTEN DEBT COLLECTION POLICY

IU HEALTH BLOOMINGTON'S FAP AND BAD DEBT REFERRAL POLICY DESCRIBE THE COLLECTION PRACTICES APPLICABLE TO PATIENTS, INCLUDING THOSE WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE.

1. FINANCIAL ASSISTANCE APPLICATION

PATIENTS OR THEIR GUARANTORS WISHING TO APPLY FOR FINANCIAL ASSISTANCE MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION WITHIN TWENTY-ONE (21) DAYS OF RECEIVING THEIR FIRST BILLING STATEMENT FROM IU HEALTH BLOOMINGTON. INDIVIDUALS OTHER THAN THE PATIENT, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES OR HOSPITAL PERSONNEL MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION TO BE MAILED TO A PATIENT'S PRIMARY MAILING ADDRESS FREE OF CHARGE. IU HEALTH BLOOMINGTON KEEPS ALL APPLICATIONS AND SUPPORTING DOCUMENTATION CONFIDENTIAL.

2. ELIGIBILITY DETERMINATION

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.
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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.

IU HEALTH BLOOMINGTON INFORMS PATIENTS OR GUARANTORS OF THE RESULTS OF THEIR APPLICATION BY PROVIDING THE PATIENT OR GUARANTOR WITH A FINANCIAL ASSISTANCE DETERMINATION WITHIN NINETY (90) DAYS OF RECEIVING A COMPLETED APPLICATION AND ALL REQUESTED DOCUMENTATION. IF A PATIENT OR GUARANTOR IS GRANTED LESS THAN FULL ASSISTANCE AND THE PATIENT OR GUARANTOR PROVIDES ADDITIONAL INFORMATION FOR RECONSIDERATION, REVENUE CYCLE SERVICES MAY AMEND A PRIOR FINANCIAL ASSISTANCE DETERMINATION. IF A PATIENT OR GUARANTOR SEEKS TO APPEAL THE FINANCIAL ASSISTANCE DETERMINATION FURTHER, A WRITTEN REQUEST MAY BE SUBMITTED, ALONG WITH THE SUPPORTING DOCUMENTATION, TO THE FINANCIAL ASSISTANCE COMMITTEE FOR ADDITIONAL REVIEW/RECONSIDERATION. ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL. A PATIENT'S FINANCIAL ASSISTANCE APPLICATION AND ELIGIBILITY DETERMINATION WILL REMAIN IN EFFECT FOR THREE-HUNDRED-SIXTY-FIVE (365) DAYS FROM THE DATE OF RECEIPT OF A COMPLETED APPLICATION.

3. EXTRAORDINARY COLLECTION ACTIONS

Part VI Supplemental Information

Provide the following information.

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IU HEALTH BLOOMINGTON ONLY IMPLEMENTS ITS "BAD DEBT REFERRAL POLICY" OR OTHER EXTRAORDINARY COLLECTION ACTION AFTER IT HAS MADE REASONABLE EFFORTS TO DETERMINE WHETHER THE PATIENT ACCOUNT IS ELIGIBLE FOR ASSISTANCE UNDER ITS FAP. WHEN IT IS NECESSARY TO ENGAGE IN SUCH ACTION, IU HEALTH BLOOMINGTON, AND ITS CONTRACTED THIRD PARTIES, WILL ENGAGE IN FAIR, RESPECTFUL AND TRANSPARENT COLLECTIONS ACTIVITIES.

PATIENTS OR GUARANTORS WHO HAVE NOT APPLIED FOR FINANCIAL ASSISTANCE AND WHOSE ACCOUNTS HAVE BEEN ENGAGED IN EXTRAORDINARY COLLECTION ACTIONS MAY REQUEST FINANCIAL ASSISTANCE, COMPLETE AN APPLICATION WITH REQUESTED DOCUMENTATION, AND BE CONSIDERED FOR A REDUCTION IN THEIR BILL IF IT IS WITHIN THE TWO-HUNDRED-FORTY (240) DAYS OF RECEIVING THEIR FIRST BILLING STATEMENT. IU HEALTH BLOOMINGTON MAY ALSO SUSPEND COLLECTION ACTIVITY ON AN ACCOUNT WHILE AN APPLICATION IS BEING PROCESSED AND CONSIDERED.

IU HEALTH BLOOMINGTON AND ITS COLLECTION AGENCIES WILL NOT PROVIDE ASSISTANCE AFTER AN ACCOUNT HAS ENTERED INTO LEGAL PROCEEDINGS WITHOUT

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FIRST OBTAINING WRITTEN CONSENT FROM ITS FINANCIAL ASSISTANCE COMMITTEE.

THE AWARD OF FINANCIAL ASSISTANCE MAY BE SUBJECT TO SUCCESSFUL COMPLETION OF A PAYMENT PLAN. IN THE EVENT A PATIENT OR GUARANTOR WHO IS RECEIVING FINANCIAL ASSISTANCE FAILS TO COMPLETE THE TERMS OF THEIR PAYMENT PLAN, IU HEALTH BLOOMINGTON RESERVES THE RIGHT TO SUBMIT THE UNADJUSTED ACCOUNT BALANCE, LESS ANY AMOUNT PREVIOUSLY PAID BY THE PATIENT, TO AN EXTRAORDINARY COLLECTION ACTION.

SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT

COMMUNITIES ARE MULTIFACETED AND SO ARE THEIR HEALTH NEEDS. IU HEALTH BLOOMINGTON 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 BLOOMINGTON ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY CONDUCTING A CHNA. THIS ASSESSMENT INCLUDES COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS THE BLOOMINGTON COUNTY HEALTH

Part VI Supplemental Information

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DEPARTMENT, THE INDIANA STATE DEPARTMENT OF HEALTH, THE CENTERS FOR
DISEASE CONTROL AND PREVENTION AND THE UNITED WAY OF CENTRAL INDIANA.

AFTER COMPLETION OF THE CHNA, IU HEALTH BLOOMINGTON 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 BLOOMINGTON'S ABILITY TO IMPACT POSITIVE CHANGE
WAS EVALUATED.

SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSIST.
IU HEALTH BLOOMINGTON IS COMMITTED TO SERVING THE HEALTHCARE NEEDS OF ALL
OF ITS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH SERVICES. TO
ASSIST IN MEETING THOSE NEEDS, IU HEALTH BLOOMINGTON HAS ADOPTED A
FINANCIAL ASSISTANCE POLICY THAT PROVIDES FINANCIAL ASSISTANCE TO
ELIGIBLE PATIENTS RECEIVING EMERGENCY OR MEDICALLY-NECESSARY SERVICES.

Part VI Supplemental Information

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THIS POLICY WAS DEVELOPED AND IS UTILIZED TO DETERMINE A PATIENT'S
FINANCIAL ABILITY TO PAY FOR SERVICES.

IU HEALTH BLOOMINGTON GOES TO GREAT LENGTHS TO PUBLICIZE ITS FINANCIAL
ASSISTANCE POLICY AND ENSURE THAT PATIENTS KNOW THEY WILL BE TREATED
REGARDLESS OF THEIR ABILITY TO PAY.

IU HEALTH BLOOMINGTON SHARES FINANCIAL ASSISTANCE INFORMATION WITH
PATIENTS THROUGHOUT THEIR ENTIRE EPISODE OF CARE AND BEYOND INCLUDING THE
ADMISSIONS PROCESS, BILLING PROCESS, AND ONLINE.

1. ADMISSIONS PROCESS

IU HEALTH BLOOMINGTON EDUCATES ALL PATIENT FACING TEAM MEMBERS ON ITS
FINANCIAL ASSISTANCE POLICY AND THE PROCESS FOR REFERRING PATIENTS TO THE
PROGRAM.

DURING THE ADMISSIONS PROCESS, OPPORTUNITIES FOR FINANCIAL ASSISTANCE ARE

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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 BLOOMINGTON'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.

2. BILLING PROCESS

IU HEALTH BLOOMINGTON INCLUDES A PLAIN LANGUAGE SUMMARY OF ITS FINANCIAL ASSISTANCE POLICY WITH ALL PATIENT BILLS AND STATEMENTS OF SERVICES. THE PLAIN LANGUAGE SUMMARY INCLUDES CONTACT INFORMATION ALLOWING PATIENTS THE ABILITY TO REQUEST FINANCIAL ASSISTANCE. ADDITIONALLY, A FINANCIAL

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ASSISTANCE APPLICATION IS MAILED TO ALL IU HEALTH BLOOMINGTON PATIENTS
WITH A PATIENT BALANCE DUE AFTER INSURANCE.

IU HEALTH REVENUE CYCLE SERVICES REPRESENTATIVES ARE AVAILABLE VIA
TELEPHONE MONDAY THROUGH FRIDAY, EXCLUDING MAJOR HOLIDAYS, FROM 8 A.M. TO
7 P.M. (EASTERN TIME) TO ADDRESS QUESTIONS RELATED TO FINANCIAL
ASSISTANCE. CUSTOMER SERVICE TEAM MEMBERS WILL ALSO MAIL PAPER
APPLICATIONS TO A PATIENT AT THEIR REQUEST.

3. ONLINE

IU HEALTH BLOOMINGTON'S FINANCIAL ASSISTANCE POLICY AND FINANCIAL
ASSISTANCE APPLICATION IS AVAILABLE ON ITS WEBSITE AT
[HTTP://IUHEALTH.ORG/PATIENTS/MY-IU-HEALTH/BILLING-SERVICES/FINANCIAL-ASSIS
TANCE/](http://iuhealth.org/patients/my-iu-health/billing-services/financial-assistance/). THE WEBSITE ALSO INCLUDES CONTACT INFORMATION FOR CUSTOMER
SERVICE REPRESENTATIVES TO ASSIST WITH THE APPLICATION PROCESS.

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SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION

IU HEALTH BLOOMINGTON IS LOCATED IN MONROE COUNTY, INDIANA, A COUNTY
LOCATED IN SOUTH CENTRAL INDIANA.

MONROE COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF BLOOMINGTON,
ELLETTSVILLE, AND UNIONVILLE. BASED ON THE MOST RECENT CENSUS BUREAU
(2010) STATISTICS, MONROE COUNTY'S POPULATION IS 137,974 PERSONS WITH
APPROXIMATELY 50% BEING FEMALE AND 50% MALE. THE COUNTY'S POPULATION
ESTIMATES BY RACE ARE 85.8% WHITE, 3.1% HISPANIC OR LATINO, 3.4% BLACK,
5.6% ASIAN, 0.3% AMERICAN INDIAN OR ALASKA NATIVE, AND 2.3% PERSONS
REPORTING TWO OR MORE RACES.

MONROE COUNTY HAS RELATIVELY HIGH LEVELS OF EDUCATIONAL ATTAINMENT, AS
COMPARED TO OTHER INDIANA COUNTIES. ALMOST HALF OF THE POPULATION HAD AN
ASSOCIATE'S, BACHELOR'S OR GRADUATE/PROFESSIONAL DEGREE, A PERCENTAGE
THAT HAS INCREASED SLIGHTLY SINCE 2000 (44.5% TO 48%). AN ADDITIONAL
18.8% HAD SOME COLLEGE, BUT NO DEGREE. AS OF 2010, 24.3% OF THE
POPULATION WAS A HIGH SCHOOL GRADUATE OR EQUIVALENT; HOWEVER, THIS

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PERCENTAGE HAS DECREASED BY 1.9% SINCE 2000.

35.8% OF THE IU HEALTH BLOOMINGTON INPATIENT DISCHARGE POPULATION RESIDES
IN MONROE COUNTY.

38% OF COMMUNITY DISCHARGES WERE FOR PATIENTS WITH MEDICARE, 36% WERE FOR
PATIENTS WITH COMMERCIAL INSURANCE, 18% WERE FOR PATIENTS WITH MEDICAID,
7% WERE FOR SELF-PAY (UNINSURED PATIENTS), AND 1% WAS FOR OTHER.

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

IU HEALTH BLOOMINGTON'S PROMOTION OF COMMUNITY HEALTH INCLUDED THE
FOLLOWING HIGHLIGHT:

IU HEALTH BLOOMINGTON CONTINUED OUTREACH THROUGH THE GET ONBOARD ACTIVE
LIVING (G.O.A.L.) PROGRAM. THIS FAMILY-FOCUSED COMMUNITY INITIATIVE
TARGETS CHILDHOOD OBESITY BY HELPING CHILDREN AND FAMILIES LIVE HEALTHIER
LIVES. IN ADDITION, IU HEALTH BLOOMINGTON'S AFTER-SCHOOL PROGRAM,
G.O.A.L. UNIVERSITY, WAS OFFERED IN 14 ELEMENTARY SCHOOLS IN 2014,

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REACHING MORE THAN 425 CHILDREN IN THE BLOOMINGTON AREA.

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

IU HEALTH BLOOMINGTON 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 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

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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

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

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RESEARCH AND CLINICAL TRIALS TARGETING INNOVATIVE TREATMENTS FOR DISEASE.

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

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

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IDENTIFIED COMMUNITY NEED. TACKLING THE ISSUE OF OBESITY IN THE 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.

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- 125,000 POUNDS OF DEBRIS WERE REMOVED FROM 107 ABANDONED 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

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MEMBERS AT HOSPITALS, SCHOOLS AND COMMUNITY ORGANIZATIONS.

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.

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METHODIST RESEARCH INSTITUTE ("MRI")

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

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OPPORTUNITIES MADE AVAILABLE TO THE COMMUNITY, ESPECIALLY TO OUR
COMMUNITY MEMBERS IN THE GREATEST NEED OF SUCH SERVICES.

EXAMPLES OF THE TYPES OF PROGRAMMING AND INVESTMENT WE MAKE IN 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:

Part VI Supplemental Information

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- PUBLIC ASSISTANCE ENROLLMENT
- VEGGIES AND VACCINES
- INDIANA UNIVERSITY STUDENT OUTREACH CLINIC
- INDIANAPOLIS PUBLIC SCHOOLS STUDENT ATHLETE PHYSICALS
- FISHERS FIRE DEPARTMENT QR CODE MAGNET PROGRAM FOR IMMEDIATE ACCESS TO PATIENT MEDICAL RECORDS
- PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY

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

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MAKING HEALTHY CHOICES, SINCE INDIANA RANKS 8TH IN OBESITY IN THE NATION.

SOME WAYS THAT THESE IU HEALTH HOSPITALS ADDRESS OBESITY PREVENTION

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

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PATIENTS WITH BEHAVIORAL, PSYCHIATRIC AND PSYCHOLOGICAL NEEDS.

MULTIDISCIPLINARY TEAMS AT IU HEALTH WORK TO IMPROVE THE OVERALL HEALTH

AND WELL-BEING OF EVERY PATIENT.

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
- MENTAL HEALTH AMERICA OF GREATER INDIANAPOLIS

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

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IMPLICATIONS AS WELL. CHILDREN WITH A SOLID EDUCATIONAL FOUNDATION AND PARENTS WHO ARE INVOLVED IN THEIR EDUCATION ARE MORE LIKELY TO EMBRACE HEALTHY LIFESTYLES AND HABITS AND SUCCEED GENERALLY IN LIFE. ADDITIONALLY, RESEARCH FROM THE NATIONAL CENTER FOR PUBLIC POLICY AND HIGHER EDUCATION SHOWS THAT GREATER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH HEALTH-PROMOTING BEHAVIORS, SUCH AS INCREASED CONSUMPTION OF FRUITS AND VEGETABLES AND OTHER ASPECTS OF HEALTHY EATING; ENGAGING IN PHYSICAL ACTIVITY AND REFRAINING FROM SMOKING. REALIZING THAT EDUCATIONAL DISPARITIES APPEAR EARLY, IU HEALTH IS 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
- INDIANAPOLIS PUBLIC SCHOOLS FOUNDATION
- EARLY LEARNING INDIANA
- GEORGE AND VERONICA PHALEN LEADERSHIP ACADEMY

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- VISION ACADEMY AT RIVERSIDE
- UNITED WAY OF CENTRAL INDIANA

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STATE FILING OF COMMUNITY BENEFIT REPORT

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