

*IRS 990 Schedule H
Supplemental Information*

Table of Contents

1. Part I: Financial Assistance and Certain Other Community Benefits at Costs.....	2
2. 2009 Community Benefit Report – Everybody Counts.....	16
3. Part II: Community Building Activities.....	16
4. Physical Improvements and Housing.....	21
5. Economic Development.....	25
6. Community Support.....	26
7. Environmental Improvements.....	27
8. Leadership Development and Training for Community partners.....	30
9. Coalition Building.....	32
10. Community Health Improvement Advocacy.....	33
11. Workforce Development.....	36
12. Other.....	37
13. Part V: Facility Information..... Community Health Needs Assessment.....	39
14. Part VI: /3 Patient Education of Eligibility For Assistance.....	42
15. Part VI / 4 Community Information.....	61
16. Part VI / 5 Promotion of Community Health.....	63
17. Part VI /6 Affiliated health care system.....	72
18. Part VI /7 State filing of a community benefit report.....	72

Part I: 1a 1b

Financial Assistance

Philosophy: Community Health Network, in keeping with its mission, serves the medical needs of the community, regardless of race, creed, color, sex, national origin, sexual orientation, handicap, residence, age, ability to pay, or any other classification or characteristic. We recognize the need to render care to the sick who do not possess the ability to pay. Medically Necessary health care services will be provided to these patients with no expected reimbursement, or at a reduced level of reimbursement, based upon established criteria, recognizing the need to maintain the dignity of the patient and family during the Process. We expect all Responsible Parties with the ability to pay, to meet their financial obligations in a timely and efficient manner, in accordance with our collection policies. The amount of free or discounted care considered will be reviewed and approved without jeopardizing our continued financial viability.

Federal Poverty Guidelines: The same year that Community Hospital East opened the “Thrifty Food Plan -designed for temporary or emergency use when funds are low,” was developed by the Department of Agriculture. This plan was used in 1965 to set the poverty thresholds that remain in use today. Developed by Mollie Orshansky, a clerk in the Social Security Administration, she used the 1955 data - the most current data available to her. In May 1965, one year after the Johnson Administration initiated the “War on Poverty,” the Office of Economic Opportunity adopted Molly Orshansky's poverty thresholds as a working definition of poverty. These definitions of poverty remain today.

In painstaking detail the food plans laid out the amount of meat, bread, potatoes and other staples that families needed in order to eat healthily. These were by no means subsistence diets. Mollie later writes “but they do assume that the housewife will be a careful shopper, a skillful cook and a good manager who will prepare all the families meals at home. It must be noted that Molly Orshansky developed the index as a research tool, not as an instrument of policy for determining poverty!

“Mollie remembered going with her mother to stand in relief lines to get surplus food. As she grew up, she became quite familiar with the experience of having to forgo one small purchase in order to have the money for something else. She later summed up this aspect of her early life by saying, ‘If I write about the poor, I don’t need a good imagination — I have a good memory.’...

The official U.S. poverty guidelines are based on life as it was in the 1950s, when housing costs represented a smaller part of household budgets than today, one worker could support most families, and child care costs weren’t much of a

factor. That calculation has become increasingly divorced from the reality of American household finances. Bureau of Labor Statistics show only an eighth of a modern family's take-home pay is spent on food. Under the federal formula, the official poverty line stands at only \$20,444, an obviously outdated number. It's hard to imagine how four people could live on that for a year in Indianapolis, where the cost of living is relatively low.

Academics, statisticians, and policy analysts believe that existing methods for determining the poverty measure and estimating who is poor could be greatly improved. In the end, no income-based statistic can capture all the important dimensions of well-being, such as health, education, crime, or family functioning. If we want to track the well-being of America's low-income families, and if we want to effectively measure the effects of our antipoverty policies, then we must update and modernize the measure of poverty in the United States. It is long past time to make this change. The Financial Assistance Policy reflex a 100% discount for those families that live at 200% Federal Poverty Level (FPL).

Throughout the community benefit report and especially the financial assistance policy, the standards set by the federal government, community agencies and financial institutions bring archaic and often cumbersome rules which do not reflect what is possible for those in health distress. Understanding those barriers and frustrations, the health network has developed the following policy which tries to address these situations in a caring and understandable way. Community Health Network was the first health institution in the area to offer proactive qualification processes. So upon the patient registering for care, a computer program helps the registrar proactively determine what financial assistance is available and what the patient qualifies for even before they enter the hospital for care.

TITLE: FINANCIAL ASSISTANCE POLICY

PURPOSE: To document the specific, Community Health Network, Financial Assistance Policy. To ensure policy and procedures exist for identifying those patients for whom service is to be rendered free of charge, or at a discount, based solely on ability to pay, financial condition and availability of third party funding. To clearly differentiate those patients eligible for Financial Assistance, based on established guidelines, from those patients with financial resources who are unwilling to pay.

POLICY STATEMENT:

1. POLICY:

1.1 Provision of Financial Assistance.

Annually, we will establish, a percentage of total consolidated operating expenses for Financial Assistance as a component of the larger category of Community Benefits. Further, we will monitor our ratio of Community

Benefit cost to total consolidated operating expense and benchmark against pre-determined components of the applicable market with a goal of providing Community Benefits in total at a ratio better than average within the applicable market served.

1.2 Non-discrimination.

We will render services to our patients who are in need of Medically Necessary Services regardless of the ability of the Responsible Party to pay for such services. The determination of full or partial Financial Assistance will be based on the ability to pay and financial condition and will not be based on race, creed, color, sex, national origin, sexual orientation, handicap, residence, age, or any other classification or characteristic.

1.3 Available Services.

All available Medically Necessary health care services, inpatient and outpatient, will be available to all individuals under this Policy.

1.4 Determination of Eligibility.

The determination of eligibility for Financial Assistance should be made before providing services. If complete information on the patient's insurance or the Responsible Party's financial situation is unavailable prior to rendering services or at the time of services, or if the Responsible Party's financial condition changes, or if the patient requires Emergency Services, the determination of eligibility will be made after rendering services. All efforts will be made to establish eligibility for Financial Assistance before the patient leaves the facility/first patient visit concludes. Notwithstanding the foregoing, in keeping with the Emergency Medical Treatment and Labor Act (EMTALA), as amended from time to time, no determination of eligibility will be attempted until after an appropriate medical screening examination and necessary stabilizing treatment have been provided.

1.5 Confidentiality:

The need for Financial Assistance may be a sensitive and deeply personal issue for the patient/family. Confidentiality of information and preservation of individual dignity will be maintained for all who seek Financial Assistance. Orientation and training of staff and the selection of personnel who will implement this Policy and procedure will be guided by these values. No information obtained in the Financial Assistance application may be released unless the patient/Responsible Party gives express written permission for such release.

1.6 Staff Information:

All employees in patient registration, Billing, collections, patient accounting, finance and Emergency Services areas will be fully versed in

the Financial Assistance Policy, have access to the application forms, and be able to direct questions to the appropriate staff member(s).

1.7 Staff Training:

All staff with public and patient contact will be trained to understand the basic information related to the Financial Assistance Policy and will provide Responsible Parties with printed material explaining the Financial Assistance program.

1.8 Financial Assistance Representative:

Each corporation will designate an individual to approve Financial Assistance applications, coordinate outreach efforts and oversee Financial Assistance practices.

1.9 Financial Assistance Appeals Committee:

Each corporation will establish a Financial Assistance Appeals Committee or process that provides for at least three (3) members, excluding the Financial Assistance Representative, to review appeals from those whose applications have been denied or which do not provide for a level of Financial Assistance to which the Responsible Party believes he/she is eligible.

1.10 Physician Participation:

We will encourage and support physicians with admitting privileges and others who provide services to our patients to establish and implement Financial Assistance programs for the patients they see in connection with services rendered by us.

1.11 Notification:

1.11.1 Posters and Brochures:

A notice of the availability of Financial Assistance will be posted in each patient registration and waiting area. Brochures explaining the Financial Assistance program will be placed in each patient registration and waiting area. In the case of services rendered in the home, the brochure will be provided to the Responsible Party during the first in-home visit. All publications and informational materials related to the Financial Assistance program will be translated into languages appropriate to the population in the service area.

1.11.2 Oral Notification:

Every Responsible Party will be told that we have a Financial Assistance program in the appropriate language during any preadmission, registration, admission or discharge Process.

1.11.3 The front of each Past Due Notice (first, second and third) will substantially meet the contents and language in Attachments C through E.

1.11.4 “About Your Bill: Frequently Asked Questions.” One is for those with a Third Party Payer and one is for those without a Third Party Payer. Copies of these documents will be available in patient registration areas and through the Business Offices and Patient Financial Counselors. These documents will substantially meet the content and language.

1.11.5 We will make available a notice titled “Registering For Services: What You Need To Know”. This notice will be available in patient registration areas and through the Business Offices and Patient Financial Counselors.

1.12 Uniformity:

This Policy applies to all Community Health Network corporations that provide health care items and services to patients as adopted by the applicable Boards of Directors.

1.13 Reporting:

Reporting of Financial Assistance shall be in accordance with all applicable laws, rules and regulations including Indiana Code 16-21-9-7, as amended and recodified from time to time. Such report will be made available to the public upon request.

1.14 Corporate Responsibility:

Each corporation’s principal executive officer or officers and the principal financial officer or officers, or persons performing similar functions, will certify in each annual report, that the signing officer has reviewed the report and based on the officer’s knowledge, the report does not contain any untrue statements of a material fact or omits to state a material fact.

1.15 Accounting:

Accounting for Financial Assistance will be in accordance with the Community Benefits Accounting Policy.

1.16 Internal Record Keeping:

1.16.1 Application for Financial Assistance:

The completed applications will be kept on file for at least five (5) years. A copy of the application and all correspondence regarding the application, approval, denial and/or appeal will be maintained in the patient’s financial file. All debt discharged shall be recorded in a manner in keeping with the resources available to each

corporation/business unit and in a manner that permits access to such information for record keeping, reporting and analysis purposes.

1.16.2 Automatic Discounts for the Uninsured:

All automatic discounts for the Uninsured will be coded specifically as an “automatic discount for the Uninsured” in a manner in keeping with the resources available to each corporation/business unit and in a manner that permits access to such information for record keeping, reporting and analysis purposes.

1.16.3 Prohibition on Medical Record Documentation:

No records will be placed in or notations made in a patient’s health (medical) record regarding financial matters, including whether the patient paid all or part of any medical Bill.

2. UNINSURED PATIENTS: CRITERIA TO BE ELIGIBLE FOR DISCOUNTS AND DISCOUNT AMOUNTS:

2.1 Patients who are Uninsured are automatically eligible for a discount from gross Charges. Such discount shall be applied to the patient’s Bill as early in the Billing Process as possible. The Responsible Party will be provided with a notice that such discount has been applied which will be sent with the Statement.

2.2 Discounts from gross Charges for the Uninsured shall be as follows:

2.2.1 Gallahue Mental Health Center: In accordance with the Center’s sliding scale discount policy as a grant funded business unit.

2.2.2 Community Family Practice: In accordance with the Practice’s sliding scale discounts as a service partially funded by the Indiana Health Coverage Program (Medicaid) and Medicare.

2.2.3 Community Physicians of Indiana: Twenty percent (20%)

2.2.4 Hospitals: Thirty percent (30%), except/and as follows.

2.2.4.1 Infertility/Related Services: Zero percent (0%) (1)

2.2.4.2 Cosmetic Surgery/Related Services: Zero percent (0%) (1)

2.2.4.3 Bariatric Surgery/Related Services: Zero percent (0%) (1)

2.2.4.4 MedCheck Services: Twenty percent (20%) with payment at time of service.

2.2.4.5 Maternity Care Center: Thirty percent (30%)

2.2.4.6 Hook Rehabilitation Center: Thirty percent (30%)

2.2.4.7 SNF Units: Thirty percent (30%)

2.2.4.8 Community Health Network Employees Eligible for Discounts: in accordance with our Human Resources policies.

2.2.4.9 Physicians' Billing Service For Amounts Owned by Network: Twenty-percent (20%)

2.2.4.10 Community Business Innovations: Zero percent (0%)

2.2.4.11 Community Home Health Services: Thirty percent (30%)

2.2.4.12 Community Long Term Care: Zero percent (0%) (2)
(1) This policy (2.2) does not apply to these services because these services are packaged priced which already includes a discount.
(2) This policy (2.2) does not apply to Community Long Term Care because it has its own Board adopted policy regarding patients without insurance.

2.3 When an Uninsured patient has been given a discount on an account(s) under this policy and the patient subsequently qualifies for free care for those accounts, total charges will be applied to the traditional charity care component of Community Benefit.

2.4 If we have extended a discount to the Uninsured patient and subsequently determine that third party funding is available, the discount may be reversed and the funding source Billed at full Billed Charges.

2.5 While this policy provides for discounts from Charges for services that are excluded services under a patient's benefit plan and for Charges for services that are above the benefit limits of the patient's benefit plan, we have no obligation to extend such discounts unless we know in advance of the provision of services or the Responsible Party contacts us following the provision of services regarding payment for those services.

3. CRITERIA FOR ELIGIBILITY FOR FREE CARE:

3.1 In order to be eligible for free care or discharge of debt under this Policy the patient must be a U.S. citizen or a legally residing non-citizen.

3.2 Requests for consideration of discharge of debt may be proposed by sources other than the Responsible Party, such as the patient's physician(s), family members, community or religious groups, social services organizations, or Network personnel. We will inform the Responsible Party of such a request and it will be processed as any other such request.

3.2 The Responsible Party must complete an application , provide all requested information in a timely manner, fully participate in and cooperate with the Process and meet the eligibility requirements.

3.3 In an effort to screen 100% of patients for potential charity care eligibility, Community Hospital East, Community Hospital North, Community Hospital South and The Indiana Heart Hospital utilizes data from trusted third-party vendors to automatically estimate the financial condition of each patient. This data is collected from multiple sources using multiple methodologies including predictive modeling to maximize the accuracy of these financial estimates. To accomplish these tasks, the aforementioned hospitals use technology from MedeAnalytics; a leading provider of analytics software, based in Emeryville, CA. The MedeAnalytics platform enables the Community Health Network to automatically gather financial and demographic information for each patient from third-party data vendors including Acxiom Corporation and Equifax, Inc. Each of these vendors provides an estimation of household size and income required to calculate federal poverty level. Acxiom Corporation aggregates census information, public records and self reported information to estimate the financial conditions of consumer households. Equifax, Inc. uses a different methodology based on available credit balances and monthly credit obligations to estimate income and household size. Each of these data vendors use sophisticated predictive modeling techniques to increase the accuracy of these estimates based on millions of historical records.

On a daily basis, all accounts with balances due from the patient (Inpatient and Outpatient) are checked against these third-party databases automatically, and segmented based on Federal Poverty Level and the specific guidelines of the Community Health Network financial assistance program. This approach is consistently applied, leveraging automated analytics technology, in an unbiased fashion to all accounts.

Patients who are very likely to qualify for financial assistance, based on third-party Federal Poverty Level estimates, receive a charity care adjustment according to Community Health Network charity care guidelines. Patients at higher Federal Poverty Level thresholds have the opportunity to complete a financial assistance application and meet with a financial counselor to determine payment and assistance options. This

approach enables the Community Health Network to efficiently serve the community while using a consistent approach to identifying all patients with a need for financial assistance.

3.4 A Responsible Party's debt under this Policy includes gross or discounted Charges, and Charges for services not covered by a third party payer including deductible, co-payment and co-insurance amounts, and amounts for non-covered services including amounts for services beyond the benefit limits of the third party coverage.

3.5 For discharge of one-hundred percent (100%) of debt, the Responsible Party has a family income level at or less than two-hundred percent (200%) of the Federal Poverty Guidelines, as adjusted by the Federal Government from time to time, **and** no other financial resources from which to make payment. As of January 23, 2009, two-hundred percent (200%) of the Federal Poverty Guidelines is as follows.

Family Size	Monthly Income	Annual Income
1	1,805	\$21,660
2	2,428	29,140
3	3,052	36,620
4	3,675	44,100
5	4,298	51,580
6	4,922	59,060
7	5,545	66,540
8	6,168	74,020

For each additional person, add \$7,480 annually.

3.6 Determining financial eligibility. We will determine eligibility using the Official Measure of Poverty published by the Census Bureau as adjusted from time to time.

3.6.1 Family Size is as follows:

3.6.1.1 When the patient is a non-emancipated minor: biological mother and father and/or step parent(s) if child is adopted and all persons on the tax return(s), filer(s) and dependents of same; or, in the event that another person not listed herein signed for financial responsibility, the person who signed plus the spouse and all dependents on that person(s) tax return(s).

3.6.1.2 When the patient is not a minor or is an emancipated minor: the patient, the spouse and the dependents of same on the tax return(s) of the patient and/or spouse; or, in the event that another person not listed herein signed for financial responsibility,

the person who signed plus the spouse and all dependents on that person(s) tax return(s).

3.6.2 Family Income is that of those listed in Section 3.6.1 above as applicable.

3.6.3 Income includes total annual cash receipts before taxes from the following sources. Money income including earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, including that of the Responsible Party not residing with the patient, and other miscellaneous sources.

3.6.4 Income does not include the following: Non-cash benefits (such as food stamps and housing subsidies), and capital gains or losses.

3.6.5 Living expenses are not subtracted to determine income.

3.7 We will assume that a Responsible Party who has filed bankruptcy and whose debts to us have been fully or partially discharged by the Court have met the criteria necessary for us to write-off the discharged debt to Charity Care.

3.8 We will assume that a deceased patient with no estate and with no other Responsible Party for payment has met the criteria necessary for us to write-off the discharged debt to Charity Care.

3.9 We will assume a homeless patient, with no evidence of assets through communication with the patient, credit reports and other appropriate means and with, to the best of our knowledge, no Responsible Party, financial assistance from a Government Benefit Plan or Government Sponsored Health Care for the Indigent for payment, has met the criteria necessary to write-off discharged debt to Charity Care.

3.10 We will assume a patient whom we know to be an illegal alien, with no evidence of assets through communication with the patient, credit reports and any other appropriate means, who refuses to cooperate with us in applying for governmental payment and/or with, to the best of our knowledge, no Responsible Party, financial assistance from a Government Benefit Plan or Government

Sponsored Health Care for the Indigent for payment, has met the criteria necessary to write-off discharged debt to Charity Care.

3.11 With the exception of accounts already submitted to a collection agency, current debt on accounts not yet submitted to a collection agency and debt incurred on and between the initial date of application and the date of approval and within ninety (90) days following the date of approval will be subject to the terms of the approval or denial. With respect to accounts already submitted to a collection agency: If the collection agency has not yet incurred attorney fees and/or court costs, the charges will be written-off to Charity Care. If the collection agency has incurred attorney fees and/or court costs and the application has been approved, the amount payable by the Responsible Party for health care services will be written-off to Charity Care. The Responsible Party will remain financially responsible for payment of the attorney fees and/or court costs.

3.12 When a Medicaid patient is admitted for in or outpatient services and has unpaid accounts for dates of service within ninety (90) days prior to the patient's Medicaid effective date; and to the best of our knowledge, there is no Responsible Party, financial assistance from a Government Benefit Plan or Government Sponsored Health Care for the Indigent for payment, we will assume the patient has met the criteria necessary to write-off the discharged debt to Charity Care.

3.13 If a patient has made a payment(s) on his/her account(s) and subsequently qualifies for free care for those account(s), we are not obligated to refund the payments made because the patient demonstrated the ability to make payment as evidenced by the payment having been made.

4. OTHER DISCHARGE OF DEBT

4.1 Responsible Parties who do not qualify for Financial Assistance under above, and have medical/dental debt equal to or greater than twenty-five percent (25%) of annual income, as set forth on the Financial Assistance Application and determined through the Financial Assistance Application process, may be given a discount based on the totality of their circumstances. The amount of the discount will be at the discretion of the Financial Assistance Representative.

4.2 Responsible Parties who do not qualify for Financial Assistance under 3 and 4.1 above and whose debt to us exceeds their ability to pay, we may discount the Charges. The determination of ability to pay and the amount of the discount will be at the discretion of the Financial Assistance Representative.

Note: Sections 3.0 and 4.0 above are not applicable to Community Home Health Services and Community Long Term Care because they have their own Board adopted policies.

5. OTHER FINANCIAL ASSISTANCE

At the discretion of the Financial Assistance Representative we may pay health insurance premiums, including COBRA premiums, to assist the patient in maintaining health insurance coverage so long as the patient is receiving services from us which are covered services under the patient's benefit plan.

6. SPECIFIC BUSINESS UNIT EXCEPTIONS:

Notwithstanding the foregoing, certain Business Units within the Network are exempted from the provisions of Sections 3, 4 and 5 herein above due to the unique nature of that Business Unit. Set forth below are the Business Units and their specific financial assistance policy.

6.1 MedChecks: MedCheck accounts subject to Financial Assistance shall be limited to those for services rendered by MedCheck which are reasonably related to the hospital services for which Financial Assistance has been granted.

7. APPLICATION AND APPEALS PROCESS

7.1 APPLICATION PROCESS

7.1.1 An application and financial statement for Financial Assistance will be provided to any requesting party. This may be done in person or by mail.

7.1.2 Assistance in completing the application will be offered and provided to the Responsible Party.

7.1.3 The Responsible Party ("applicant") will have fifteen (15) calendar days following the Initial Date of Request on the application to complete and return the application. The applicant may request an extension of fifteen (15) calendar days for good cause and such extension shall not be unreasonably denied. Failure to return a complete application within said fifteen (15) days or, if extended, thirty (30) days will result in denial of the application and no discharge of debt.

7.1.4 Upon receipt of a complete application, it will be approved or denied within thirty (30) business days following the date of receipt and the applicant, and the physician if appropriate, will be notified, by telephone, certified mail or regular mail with an assumption of receipt five (5) days following the date mailed, of the result, including the amount of

debt to be discharged and, if any, the amount of the remaining debt and due date, no later than the next business day.

7.1.5 With the exception of accounts already submitted to a collection agency, current debt on accounts not yet submitted to a collection agency and debt incurred on and between the initial date of application and the date of approval and within ninety (90) days following the date of approval will be subject to the terms of the approval or denial. With respect to accounts already submitted to a collection agency:

If the collection agency has not yet incurred attorney fees and/or court costs, the charges will be written-off to Charity Care. If the collection agency has incurred attorney fees and/or court costs and the application has been approved, the amount payable by the Responsible Party for health care services will be written-off to Charity Care. The Responsible Party will remain financially responsible for payment of the attorney fees and/or court costs.

7.1.6 The applicant will be given or mailed a copy of the application or a letter indicating approval or denial and, if approved, the amount of debt discharged, any balance due and the date due.

7.1.7 The applicable accounts will be adjusted.

8. APPEALS PROCESS

8.1 If the application is denied or the amount of debt to be discharged is unsatisfactory, or financial conditions have changed, the applicant may appeal the decision.

8.2 The appeal must be in writing and include the basis for the appeal.

8.3 The appeal must be received within fifteen (15) business days following the date the applicant received the decision. For purposes of this process, submission of additional information does not require review by the appeals committee.

8.4 The appeals committee will convene and make a decision within fifteen (15) business days following receipt of the appeal.

8.5 No later than five (5) business days later, the applicant, and physician if appropriate, will be notified of the results by telephone and by certified mail or regular mail with an assumption of receipt five (5) days following the date mailed. If the debt to be discharged has changed, the notice will include the total debt to be discharged and, if any, the balance due and date due.

8.6 The decision of the appeals committee will be final but does not preclude the filing of a new application for debt not subject to the application that was under consideration.

Part I :6a and 6b

Community Benefit Report – Everybody Counts

“Everybody Counts” is the 2009 Community Benefit Report for Community Health Network. In developing holistic, smart and innovative approaches to well-being, we need deeper understanding of our communities—how they evolve over time and how individuals live together in them, how we communicate, how we use our resources, and how we understand and respond to the complex and often surprising nature of our interdependence. The community benefit report illustrates this deeper understanding by viewing health care delivery in the context of the social structure of community life so that we can realize our role in supporting a nurturing community infrastructure. The report showcases the community benefit work that is happening network-wide. Keeping with this philosophy it is important that the Community Benefit Report is made available to the communities we serve. To that end the Community Health Network has made available on their website – three clicks away – the entire community benefit report and activities.

Part II Community Building Activities

Understanding Community Benefit

Community Health Network has adopted the Catholic Health Association/VHA definitions of community benefit from “A Guide for Planning and Reporting Community Benefit.” All data is collected using the Community Benefit Inventory for Social Accountability (CBISA) database developed by Lyon Software and recognized as the “gold standard” for collecting and reporting data. CBISA/Lyon Software was used by Sen. Chuck Grassley when adopting the guidelines for the new IRS Form 990 Schedule H.

Community benefit programs or activities provide treatment and / or promote health and healing as a response to identified community needs. A community benefit must meet at least one of the following criteria:

- *Generates a low or negative margin.*
- *Responds to needs of special populations, such as persons living in poverty and other disenfranchised persons.*
- *Supplies services or programs that would likely be discontinued – or would need to be provided by another not-for-profit or government provider – if the decision was made on a purely financial basis.*
- *Responds to public health needs.*
- *Involves education or research that improves overall community health.*

There are six foundational beliefs upon which these definitions are based:

- *Those who live in poverty and at all margins of our society have a moral priority for services.*
- *Not-for-profit mission-driven health care organizations have a responsibility to work toward improved health in the communities they serve.*
- *Community members and organizations must become actively involved in the health care facility's community benefit programs.*
- *Health care organizations must demonstrate the value of their community services.*
- *Community benefit programs must be integrated throughout health care organizations.*
- *Leadership commitment is required for successful community benefit programs*

Building a sustainable infrastructure

The Community Benefit Plan (CBP) for our hospital provides hospital board members, administration, employees and our community with a framework to provide input, anticipate action and evaluate plans to build the health and the lives of the residents in our service areas. The creation of our CBP comes from the community we serve, with input and guidance from our board, the network CEO, hospital CEO, vice president of community benefit and several committees. The CBP utilizes data identifying areas of need and community members ready to transform their lives and those of their neighbors.

Network Community Benefit philosophy

Community Health Network recognizes five key areas needed to succeed in creating and sustaining a healthy community. Recognized pictorially as the pillars supporting a healthy community, they are: access to affordable health care; access to quality education; fair economic opportunities; a fair, equitable and just legal system; and availability of environmental and cultural support. Weakness in any one of these areas leads to weakness in all of them. Our past successes show that when we recognize all aspects of health, individuals and organizations step forward to be part of the success, to be part of the plan, and they are more than willing to bring their resources to bear on the identified strategy for a healthier community.



In the 1950s it was the desire to improve the health of the community that led citizens on Community's east side to raise funds and build a hospital to serve the community. These residents wanted health care services designed in their best interest. They wanted easy access to medical resources. They wanted health care providers who would be respectful of a broad spectrum of individuals. And they wanted a hospital that would honor its promise to keep the health of the community as its primary reason for existence. Today, the original Community Hospital has grown into one of the largest not-for-profit health systems in the state. What has not changed is our purpose, our compassion, and the passion of our commitment to community. It is a commitment that extends into neighborhoods, schools, businesses and churches of the communities we serve. Just as our founding community members, we are committed to illuminating and supporting those core strengths necessary to a thriving population of healthy individuals within strong sustainable communities. Over the course of the last few months, our leadership team, members of the network board and several physician leaders have developed a strategic plan and vision for our network. This plan will serve as our roadmap from 2010 through 2020. Through this process, we established a new mission statement, which starts with a commitment to the community:

Mission

"Deeply committed to the communities we serve, we enhance health and well-being."

Values

Our values can be encapsulated as follows:

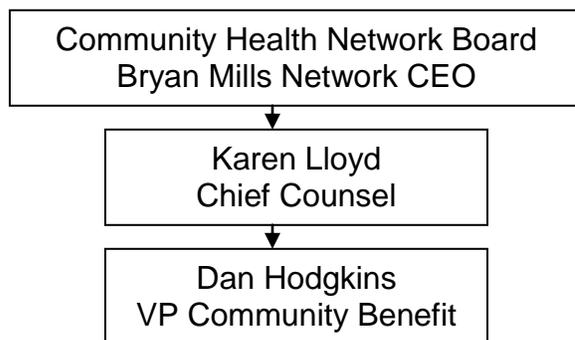
Patients First, Relationships, Integrity, Innovation, Dedication, Excellence

Vision

To be an integrated health care delivery system – centered on patients and inspired by physicians and other clinicians, recognized and accountable for:

Advancing the health status of our communities through outreach, wellness and prevention.

The board of our network can play an integral role in the community benefit plan and be involved in setting strategy, communicating the plan within the organization and the community at large. In the last year with the IRS 990 Schedule H, the board participated and encouraged the network to be a leader in the country, so we were among the first to file under the new IRS guidelines.



Adopting standardized methods for accountability

Standardized software

The software used to collect community benefit activities is called the *Community Benefit Inventory for Social Accountability (CBISA)*. The software has been helping hospitals, health systems, long term care communities and state hospital associations tell their community benefit story for more than 20 years. The CBISA software allows us to show in a national standardized format, how we are accountable to the community through our continued commitment to our mission and values. CBISA is compliant with the Catholic Health Association/VHA guidelines, used to develop the IRS 990 Schedule H form. It is currently the most effective and accepted tool for IRS 990 Schedule H reporting. CBISA is a comprehensive web-based software program designed to meet all of our community benefit needs—tracking, reporting and evaluating.

Standardized policy

Patient Education of Eligibility For Assistance is an area of great concern for the IRS 990 Schedule H. One of the biggest hurdles in the national and local debate on community benefit is the definition and application of charity care vs. bad debt. In the past, reporting charity care also included for some organizations a percentage of bad debt, as it would seem logical that some of bad debt would indeed fall under the terms of charity care. The new reporting does not consider

any part of bad debt to be charity care and has language that requires an organization to be proactive and prescriptive in developing policy and procedures for standardized methods of collecting and reporting charity care amounts.

The Financial Assistance Policy (see Appendix III) complies with all national and state standards for community benefit laws and recommendations. The policy also includes: the purpose for the policy, how we communicate the policy to the patients, and how the patient applies. Most important is its proactive measure taken to inform patients throughout the billing processes, rather than waiting until a patient gets a final notice of collections.

Community benefit—national and state of Indiana issues

Nationally, several groups have invested significant time and resources to better define what community benefit is and how it should be evaluated. Each group has different motivations for its research and education, and the groups range from consumer organizations, labor unions and private payers/insurers to several federal government agencies including Congress, the Internal Revenue Service and Health & Human Services' Office of Inspector General (OIG). Together they have been scrutinizing the not-for-profit status of hospitals while also focusing on several areas of reform:

- *Charity care-community benefit*
- *Governance (board duties, composition, prudent investor rules)*
- *Filing of the 990 (requires CEO signature, independent audits, disclosure)*
- *Enforcement (three-year review of tax-exempt status noted in health care reform bill)*

As the courts, Congress and the IRS have focused on these areas they are looking toward a community benefit standard and charity care standard to use as a measure for an appropriate amount which would justify the call for federal income tax exemptions.

Community benefit standardized reporting categories

1. Traditional charity care and other financial assistance on behalf of uninsured and low-income persons.
2. Government-sponsored means tested health care.
3. Community health and supportive services provided for low income persons and for the broader community.
4. Health professions education and training programs.
5. Subsidized health services that are provided despite a financial loss.
6. Research activities that are community benefits.
7. Cash and in-kind contributions.
8. Community-building and leadership activities.
9. Community benefit operations and activities.

Community Benefit Program Highlights

The VHA Community Benefit Award for Excellence recognizes organizations for their focus and commitment to community benefit and the effective strategies used to tell their community benefit story. The Community Health Network was one of the recipients of the award last year. We were one of five health networks in the United States to be recognized with this award. The following community benefit highlights demonstrate the reasons we won the award, with initiatives designed to meet the unique needs of the local community. We do it as part of our mission, we do it as part of our commitment. And we do it because it's the right thing to do.

Physical Improvements and Housing

Wellness Opportunity Zone

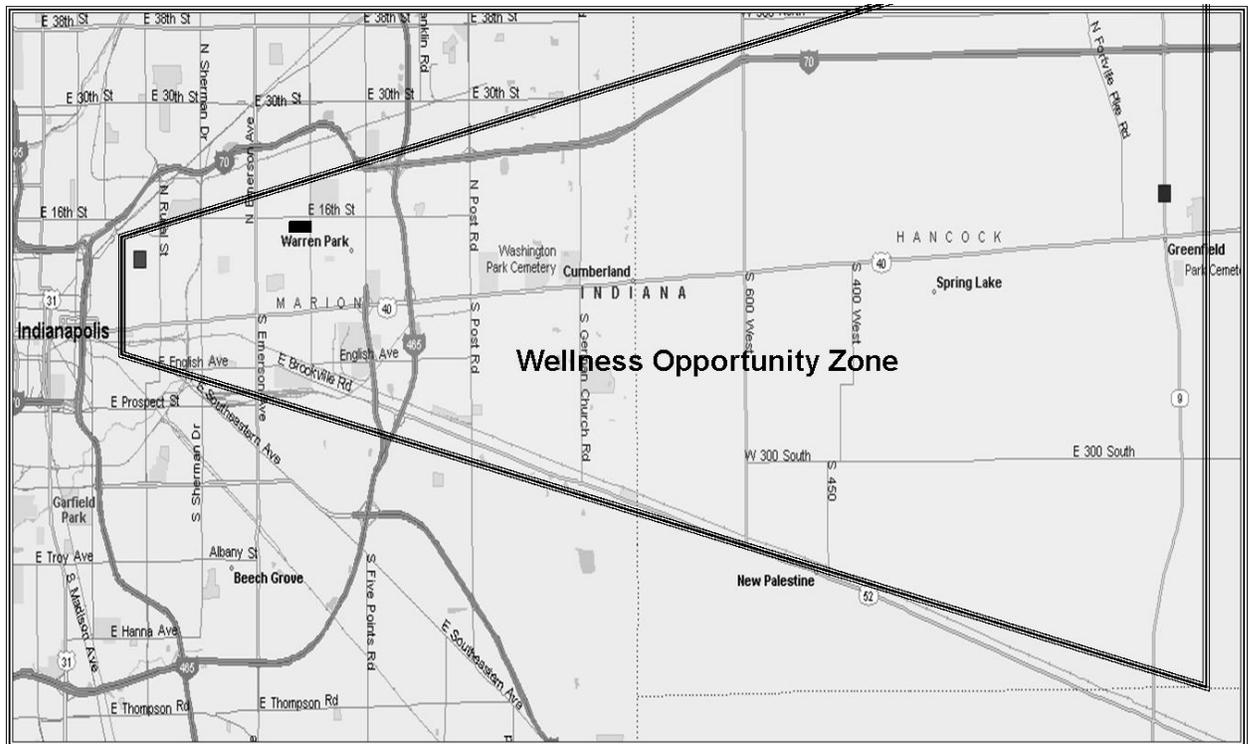
The Wellness Opportunity Zone is a concept that promotes healthy communities based on the social determinants of health rather than the absence of disease. The idea is to designate neighborhood Wellness Opportunity Zones where incentives are provided for innovative connections between and among all public and private policies, programs and practices affecting health and well-being (see Appendix IV).

Residents understand that health is more than health care, and they have a vision for healthy communities where there are grocery stores selling fresh fruits and vegetables; clean, safe parks and other places to walk and exercise; affordable housing; reliable public transportation; and businesses that pay employees a living wage. New strategies are needed to ensure that all of our communities reap the benefits of the tremendous growth and development occurring in our region.

Local governments can designate neighborhood Wellness Opportunity Zones in areas where residents' health, well-being, and potential are at greatest risk. In these areas, financial and other incentives would be available for projects that seek to improve residents' quality of life and health of the community.

Government policies, regulations, and programs would reinforce these actions. The underlying assumption would be the integration of planning, policies, regulations—to cross traditional sectoral boundaries (“silos”) to create healthy, vibrant neighborhoods.

Map of proposed Wellness Opportunity Area Including Warren Township



Housing

Catherwood Home, Windsor Village

Initiated September 2006; completed August 2007

Jo Ann Wimberly never thought her dream of owning a home would come true; however, with the help of the Community Health Network Foundation and other organizations, she moved into her rehabbed home on August 31, 2007.

“Catherwood Avenue has become a worn-down eastside neighborhood that is dotted with abandoned homes or those foreclosed upon,” says Bill Kingston, then-president of the Community Health Network Foundation. “We knew if we could rebuild one home on that street, we might be able to foster a sense of rebirth for the neighborhood and for the eastside of Indianapolis.”

It may already be working. The completion of Wimberly’s home, making it the best home on the block rather than the worst, has triggered home repairs by nearby homeowners and encouraged private investment of run-down homes in the neighborhood. Almost immediately, home prices on the street rose \$20,000.

The effort has also brought together a coalition of businesses, neighborhood groups, churches and government entities to assist with the project. Wimberly

was chosen for the home by the Indianapolis Metropolitan Police Department, which offers the OK Program for the mentoring of young people. Wimberly's son is in that program. The original home was purchased by the foundation and renovated by a number of firms that donated in-kind services. The Indianapolis Neighborhood Housing Partnership and the Century 21 Foundation helped Wimberly through the home-buying process. Indy Parks, another partner in neighborhood redevelopment of the area, will be building a new recreation facility south of the new home, which was one of the catalysts for change in the neighborhood and adds to the value families in the area and the value of the homes.

"This has been an exciting time for me and my two young sons," says Wimberly. "We have always lived in small apartments, but now my sons have a bedroom and a space to play. I can't wait to watch this neighborhood return to better days."



607 Tecumseh Ave.
Initiated August 2009; completed March 2010

The owner of the house was a patient of the network, she wanted the house to be updated and sold for market value and the proceeds going to the clinic in which she was treated. What had been a well taken care of house – through the owners extended illness, became unkempt and in need of many updates in order to sell for market value. This house was used as an opportunity to bring in volunteer groups from the community and from the network to do pieces of the work that can be handled by a small group of volunteers. The work that required licensed installers and work not readily performed by volunteer labors was contracted out. The home was marketed to neighborhood residents through our church partners and not-for-profits working in the area around the house. The house sold for market value and proceeds were donated back to the Community Health Foundation to honor the life and to support the specific chronic illnesses that the old owner was not able to conquer.

Eastside Redevelopment Initiatives

Eastside Redevelopment Fund - Habitat For Humanity



Neighborhood Re-Development Initiative Activities

Eastside Redevelopment Fund

- A fund created by Citizens Gas, Community Choice Credit Union and Community Health Network which offers low interest loans for acquisition and rehabilitation for owner occupied housing to redevelopment organizations and individuals.



Neighborhood Re-Development Initiative Plans

- Generate private and public investment in the neighborhood



Neighborhood Re-Development Initiative Plans

- Improve the physical environment.



Economic Development

Irvington Development Organization

We have supported the Irvington Development Organization over the past three years by employing their Executive Director. Under the supervision of the Vice President of Community Benefit and reporting to the Irvington Development Organization Board of Directors this position facilitated positive retail and commercial development through strengthening existing businesses and attracting new investment compatible with the community.

The following describes the essential duties of the role:

Relationship Building & Coordination

Build strong, productive working relationships with all business owners and business associations along the corridor

Become familiar with all persons and/or groups involved in the developing the corridor

Maintain communication with all neighborhood leaders, organizations, and partners involved in the initiative, and attend meetings as directed

Become knowledgeable of all appropriate public agencies at the local, state, regional, and national levels that support neighborhood development

Support and provide advisory services to facilitate organization of the Association of Irvington Merchants (AIM)

Assist individual business tenants or commercial property owners with physical improvement projects by helping to connect tenants or owners with appropriate resources for design, funding, and implementation of projects

Encourage and support efforts by businesses to engage in joint activities such as uniform store hours, special events, parking, business retention, and recruitment, and other activities that enhance the vitality of the corridor

Oversee market research activity to improve the quality and volume of customer feedback, to identify new customer needs, and improve services to better meet customer needs

Commercial and Retail Development

Implement the Economic Development Plan for the corridor

Create and manage a database of existing businesses and available commercial site in the neighborhood and perform market analyses

Coordinate marketing activities and promotional events; raise public awareness of activity along the corridor through speaking engagements, media interviews, and appearances. Assist in production of newsletters and drafting press releases as appropriate

Provide 'single-point' source of contact to commercial developers and investors interested in Irvington to resources helpful in pursuing development consistent with the requirements and objectives of the Historic Preservation & Neighborhood Plan

Program Management

Maintain all financial and project records required for reporting to the IDO Board and numerous grantees

Maintain data base documenting all private investments, physical changes, and job retention/creation activity along the corridor

Day-to-day operational responsibilities including contracting with and supervising the work of consultants and possibly directing and reviewing the performance of other staff

Community Support

Community EMS director has statewide responsibilities

John Zartman, director of emergency medical services and EMS education, has been named vice chairman of the Indiana EMS Commission Technical Advisory Committee (TAC), state coordinator for all Prehospital Trauma Life Support (PHTLS) courses and national registry representative for the National Registry of EMTs (NREMT).

“John has dedicated his career to the education and delivery of EMS care,” says Randy Wright, vice president of emergency services. “His engagement with state and national EMS organizations enhances Community’s relationships with local EMS teams and ensures that we are offering patients the best possible coordination of care when they arrive in our emergency departments.”

As vice chairman of the TAC, Zartman reports to the Indiana EMS Commission on all projects affecting roles and responsibilities of EMS operations and educational issues. An appointee of the governor's office, Zartman develops and issues recommendations along with other members for system changes and modifications.

Zartman also serves as a state representative and coordinator for the National Association of EMTs (NAEMT). He coordinates all Indiana PHTLS courses, which are designed to train emergency personnel to deliver all levels of prehospital care for patients with minor to severe trauma. He monitors and approves all courses for the state of Indiana, including emergency medical responder, emergency medical technician (EMT), advanced EMT and paramedic. He also monitors the instructors who provide training and reviews core material.

In addition to ensuring that EMS personnel have proper training to provide patient care, Zartman administers statewide EMT and paramedic exams. These tests are the final step for students wishing to become nationally certified for EMS work. Zartman supervises the examinations and submits reports to NREMT for the processing of certifications.

As director of emergency medical services and EMS education for the network, Zartman supervises and sponsors many levels of EMS providers in Marion, Johnson, Hamilton, Madison and Hancock counties. The Community Health Network EMS department also conducts multiple educational programs to all levels of EMS services, nursing, physicians and the general public.

Environmental Improvements

Community Gardens

Gardens, scholars say, are the first sign of commitment to a community. When people plant corn they are saying, let's stay here. And by their connection to the land, they are connected to one another." Community gardening and local foods programs promote individual wellness in a number of ways that lend themselves to the overall philosophy of the Wellness Opportunity Zone.

Foods picked and prepared at the height of their ripeness have greater nutritional value than processed foods or foods that have been picked early for shipment. Homegrown produce is fresher than produce purchased in stores because the homegrown produce can be individually monitored and picked at its peak of ripeness. Produce for the commercial market is picked before fully ripe in order to allow time for processing and shipping. Fully ripe produce is more fragile and does not ship well without extra care.

Transportation of food products is a major use of fossil fuels, so eating locally grown foods requires fewer resources in transportation and processing. Major

groceries may import produce from several states away as well as foreign countries in order to meet the demand for fruits and vegetables that are not in season in the local area. In dense urban areas the farms may be miles away from point of sale to the end customer. Transporting these items over a great distance increases the carbon footprint of the food we eat.

When eaten fresh, produce requires no preservatives that would introduce chemicals to the body. In order to ensure a longer "shelf life" and to enhance the appearance of fruits and vegetables sold as fresh producers and sellers may treat them with dyes and chemicals to make them look more desirable or to ward off discoloration past the peak ripe stages. Food processed for long-term storage is often treated with chemical preservative and dyes in the commercial process.

Preparing the garden and tending the plants requires movement and provides exercise benefits for the gardener. The act of going outside and plotting a garden space and then preparing the soil and tending the plants through harvest creates a level of activity that is often missing in sedentary lives. It calls people to move about and go out into the yard or out to the community garden plots. Incorporating fresh fruits and vegetables into the diet instead of processed foods helps to reduce exposure to diabetes and obesity. Fresh fruit and vegetables take the place of heavily sweetened and chemically rich processed foods in the diet of urban gardeners. This focused and purposeful toil of tending a garden has been proven to provide stress relief from a complicated work day and helps to reduce thoughts of depression and loneliness. Gardening programs with senior citizens have proved to be good therapy for dementia.

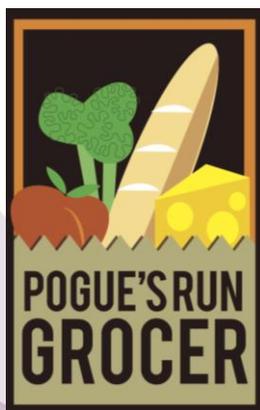
Gardening provides its own elements of economy both in commerce and in the economies of the ecosystem and interrelated and linked elements of the environment that we live in. Growing vegetables produces food that is lower in cost than food purchased in stores and often of higher quality. Every dollar invested into planting a home garden can produce six dollars of produce at harvest. This benefits low income families in more than one way. Savings are realized on the homegrown produce and excess produce can be bartered or sold to provide additional income for families. Excess produce can be canned or frozen by the families to be consumed in times when out-of-season fruits and vegetables are more expensive. The home canner can control the process and the quality of the produce that is stored for later use. Safe soil amendments and pest retardants become a concern as the gardener is producing soil for the use of family and friends. This increases awareness of the connected nature of the larger ecosystem we operate in on a daily basis.

Community gardening provides social network building activity. Working together in the garden plots lends itself to a closer interaction with neighbors and a very real sense of belonging as gardeners toil along side one another. Trading information on plants and techniques and eventually the harvested foods creates another link in the social networks of the area.

Farmers markets provide access to fresh foods, income for vendors, a sense of community for participants, and a sense of place for the community itself. Participation in the garden and farmers markets provides real-time community exposure that helps to develop and strengthen social networks for neighborhoods.

Garden-based learning programs introduce children to nature and botany and biology and the cycle of life and many elements of basic learning. The practice of planning and implementing a garden through harvest is an exercise in critical life skills among them critical thinking, cooperation, community service self-discipline and wise use of resources. Gardening raises awareness of matters of the environment and ecology to the level that students can understand that varied influences really do have a dramatic effect on the world we live in and the food supply we count on. The school garden can provide exposure to arts as well as science and not be relegated to only instructing students in basic survival or vocational elements of growing fresh foods.

The initial farmers market sponsored by the network was hosted by Binford Redevelopment and Growth in 2008. It has developed into a successful market open from spring to fall.



Started in 2007 as a simple idea, the Community Benefit Department members have participated and contributed to the founding of the Pogues Run Market on 10th Street. Slated to open in 2011, it will be one of the first markets of its kind established in the city of Indianapolis, and has as its target market residents of the area who need greater access to fresh fruits vegetables as well as whole foods.

Leadership Development and training for community members

Community honored with top diversity award

Community Health Network's efforts to promote and celebrate diversity were honored by Indianapolis Mayor Greg Ballard January 22, as the network took home the 2009 Sam H. Jones Award, recognizing the "Best of the Best" at the annual Mayor's Celebration of Diversity program. The award is named in honor of the longtime Indianapolis Urban League leader who died in 2003.

A sold-out gathering of 1,200 at the Indianapolis Marriott Downtown watched as CEO Bill Corley (now CEO Emeritus) took the stage to accept the award, along with Jill Parris, network vice president of human resources; Deborah Whitfield, network director of diversity; and Dan Hodgkins, vice president of health promotion and community benefit. Filling three tables at the event were about 30 Community employees, including network leaders and representatives from the Anderson and Indianapolis hospitals, Community Home Health Services and other parts of the network.

Corley says diversity is at the heart of Community Health Network's success. "The diverse ideas and cultures absolutely have strengthened the organization and made us better, so that we are the health care employer of choice in central Indiana."

"Three words that are important as we embrace diversity as we move forward are awareness, interaction and acceptance," Whitfield adds.

The awards program included a video presentation focusing on Community's philosophy about diversity and spotlighting some of its diversity-related initiatives, including Project Search, a program that provides training and work experience for high school students with disabilities, and the network's Habitat for Humanity project that built two eastside homes through employees' volunteer labor.

The video featured interviews with Corley, Parris, Whitfield, Hodgkins, and several other representatives of Community, including Anita Harden, president emeritus of Community East; Sheryl Joyner, network director of purchasing; and Yvette Franklin, patient support partner and owner of one of the Habitat for Humanity homes.

Corley credits employees for their role in creating and celebrating diversity at Community. "This absolutely was a team effort," he says, adding that the road toward a more diverse workplace is never-ending. "We're very pleased with our performance—but we're not satisfied. We're continuing to strive to get even better."

Training and classes

Over the past years Community Health Network has put together classes that have been offered to outside community members. Based on the success of these programs internally, community organizations have chosen to participate at many levels.

CultureVision

In 2008, the network began offering access to CultureVision software that gives employees across the network instant access to a wealth of information about different global cultures—information that is helpful in understanding the needs of patients of different cultures.

Diversity training

This course began in 2003 and provides personal awareness that heightens capabilities in working with diverse cultures. Participants engage in experiential and didactic learning that enhances their cultural competencies. At the completion of this session, a participant is able to:

- Define work place diversity
- Identify one's own prejudices
- Identify tools that enable enhancement when serving various customers of different cultures

Workplace conversational Spanish

This two session class is designed for clinical and non-clinical employees with little or no Spanish-speaking skills who are interested in learning the basics of the language and its culture to be able to communicate with their Spanish-speaking patients and families.

Relationship training

This class is a required two-day course that focuses on relationship building. Class content includes relationship development, awareness wheel, accountability, listening and more.

Benefits of relationship training

Community Health Network promises employees that the development of strong relationships is “Job One” within our network. In 1999, after three years of pilot programs in various segments of the network, Community adopted network-wide relationship competencies as part of employees’ annual performance appraisals. That says a lot about how much the network values relationships.

It also fosters them by encouraging each and every employee to participate in the two-day relationship development course as part of their training. The goal of the course is to teach tools and skills that will encourage employees toward greater self-awareness and to embrace their ability to problem-solve conflicting team and organizational issues.

“All that we do is about relationships,” says Ann Daniel, director of the relationship development program. “When relationships on work teams are strong, employees are happier and more productive. The bottom line is everybody wins.”

The relationship course offers user-friendly tools that encourage employees to learn about themselves. “People are excited, but sometimes afraid to come to relationship development because they say, ‘I’m not sure I can live up to these standards,’” Daniel says. “It’s difficult because we’re talking about ourselves.” The payoff is worth the short-term apprehension. Many employees notice that their personal and family relationships also improve after taking the relationship development course. “Anything employees learn permeates their whole life,” Daniel says. “Often people report that they’ve made changes in their family life and that happens more quickly than relationships at work.”

Coalition Building

While taking a leadership role in growing healthy communities, two organizations on the northeast side discovered mutual goals and began a significant collaboration. Community Hospital North determined to make a difference with the “My Community Gets Healthy” campaign, challenged local neighborhoods to begin taking steps for healthy lifestyles and an improved environment. BRAG needed medical resources to support volunteers at its massive planting “party”.

BRAG’s overall plan is the economic revitalization of the Binford Boulevard Gateway – a vision that Community North wholeheartedly supports and contributed many resources to grow the coalition to what it is today. BRAG, short for Binford Redevelopment and Growth, was launched in April 2005 as a grassroots effort to “fight the blight” at Binford Boulevard and 71st Street.

With that effort now bearing significant fruit, the organization has grown into a community development group with a broader focus, addressing economic and quality-of-life issues facing residents and businesses in the area bound by Sargent Road on the east, 82nd Street on the north, Dean Road on the west and 56th Street and Fall Creek Road on the south. Hundreds of volunteers have planted bulbs, perennials and trees along the Binford corridor, a project supported by Keep Indianapolis Beautiful and honored with a Gold Leaf Award from the Indiana Arborist Association. The organization also has spearheaded crime-prevention efforts.

In the fall of 2006, the BRAG area was chosen to be a part of the Great Indy Neighborhoods demonstration initiative involving quality-of-life project planning. With the help of graduate students from the School of Public and Environmental Affairs at Indiana University-Purdue University Indianapolis, BRAG conducted hundreds of resident interviews along with focus groups to learn what residents

find attractive about the area, what they see as its assets and what they would like to improve.

In June 2007, a neighborhood vision planning meeting helped narrow the focus of the GINI demonstration project to six priority issues:

- Pedestrian access and connectivity
- Business development (particularly around the Binford Boulevard and 71st Street area)
- Crime reduction and safety
- Increasing parks and green space
- Better perception of Lawrence Township schools
- Sustainability

For each priority, BRAG has formed an action group, and these groups are meeting throughout the late summer and fall to make plans for addressing the six priorities.

Through a GINI early action grant, BRAG formed the Binford Farmers Market. The market runs from late Spring into late Fall.

All in all it has been a terrific exercise in coalition building and executing specific activities that have yielded success. The success is celebrated yearly at a “Gala” sponsored by Community Hospital North on the premises, with food and fun as the focus of the event.

Community Health Improvement Advocacy

In 2009 Pioneering Healthy Communities was developed by the national YMCA and in Indianapolis the Ft. Benjamin Harrison YMCA on the northeast corridor of Indianapolis was a chosen site to develop the concept. After the grant was terminated many great ideas and plans were left without the leadership to make them happen. Several organizations committed to make a longer term plan for success: The document Pioneering Healthy Communities Making an Impact is the result of those meetings and is described below:

Our purpose is to improve the quality of life by promoting healthy and active lifestyles for citizens in north east corridor of Indianapolis, employees, families and students by way of environmental and policy change.

Pioneering Healthy Communities is taking a community based response to change the way we live, learn, work and play. The Benjamin Harrison YMCA is a conveyor of this information and a catalyst in helping residents to live longer, better, and healthier lives. Working directly with Community Health Network is a natural fit and next step in furthering the bold steps taking place.

Strategies

Strategy I:

Identify and work with public and private community partners to promote the policies associated with a Wellness Opportunity Zone. Pioneering Healthier Communities will use a mix of public and private sector partners to expand its financial, as well as technical and political capacity. Partnerships are created when two or more organizations realize that they can accomplish more by working together—and sharing resources—than they can by working alone. Many organizations, institutions and government agencies have a stake in the well-being of children, families and communities. Each of these stakeholders has its own perspective, area of responsibility, set of skills, and access to resources. Provided there is clarity regarding goals and objectives, a broadly diverse set of partnerships can greatly expand an initiative's financial, technical and political capacity.

Next Steps:

Develop and use a results framework to strategically identify and engage new partners with particular expertise and capacity.

Look for partners that can further deepen each organization strategic initiatives with a focus on the strengths of the community not just the weaknesses.

Increase capacity through win-win strategic alliances. Partners are not chosen randomly; they are sought out and selected for their commitment to a community vision and for their ability to strengthen the communities' financial, technical and political capacities. Initiatives demonstrate to potential partners how they will better achieve their own mission and results when they engage with Pioneering Healthier Communities

Cast a wide net. Consider relationships with arts organizations, museums, orchestras and with other not for profit organizations.

Strategy II:

Collaborate with community partners to establish specific objectives, measurements, and targets for the Wellness Opportunity Zone. Pioneering Healthier Communities will use the bulk of their resources to directly assist the northeast community organizations meet their core mission, while also strengthening the health and well-being of citizens - students, families, businesses and neighborhoods.

Next Steps:

Develop a results framework to meet local needs.

Review current activities to ensure their alignment with agreed upon results and indicators.

Develop a format to review proposed new activities to ensure alignment

Weave the roles and responsibilities of fixed positions into the fabric of an organization so it becomes a standard budget item.

Strategy III:

Actively educate community members, local businesses, and media regarding the goals of a the Pioneering Healthy Communities Wellness Opportunity Zone.

Next Steps:

Using a collaborative leadership framework as a guide, clarify who or what mechanisms are in place to meet each function, including financing and sustainability.

Identify functional areas that are weak or in need of more attention.

Ensure that mechanisms or strategies are in place to ensure that communication flows in both directions from sites to initiative partners.

Strategy IV:

Actively educate public policy decision-makers regarding how land use policies, public infrastructure systems, transportation networks, affordable housing initiatives, and the presence of employers that pay a living wage affect the overall physical and economic health of the community.

Next Steps:

Define and support a wellness opportunity zone or pioneering through laws, regulations and guidelines.

Provide incentives and other legislation that move community partners toward results-driven public/private partnerships.

Fund coordination in support of community wellness opportunity zones and pioneering healthy communities.

Support the work of organizations that help align and leverage resources and integrate funding streams to get results.

Workforce Development

Personal Trainer Institute

Community benefit has partnered with BodyZone, Community Health Network's employee fitness center, to offer local high school students the opportunity to learn about the health care field and become a certified personal trainer. The pilot program, completed in the summer of 2009, involved several students from Lutheran High School, a site where we also have a school-based health R.N. position. The course included 16 hours of classroom training and 20 internship hours at the BodyZone. Upon completion, the students who have turned 18 are eligible for American College of Exercise (ACE) licensure, allowing them to work as certified personal trainers. The Personal Trainer Institute is geared toward college-bound high school students who would be the first in their families to attend college. Earning ACE certification improves their employability and helps them earn money as a personal trainer to support their studies. For those in the program's first-year graduating class, most were planning careers in nursing or other health fields, and viewed the personal trainer program as a logical step toward career success.

Community Hospital East is pleased to welcome one of the graduates, Stephanie Groth, as a hospital hostess. Our host staff ensures that patients are met with a hospitable welcome, one of the many ways CHE strives to provide an exceptional patient experience.

Stephanie, along with six of her 12th-grade peers at Lutheran, completed the 12-week Personal Trainer Institute program. Stephanie applied for the personal trainer program because of her interest in one day becoming a nurse. Working with clients during her internship, Stephanie was able to learn communication skills and technical skills about the musculoskeletal system that will help her when she is a nurse. "Stephanie was a great student to work with; she is a very hard worker and very dedicated toward her future goals of nursing. It was a real pleasure being a part of her educational process," says Todd Williams, Director of Network Fitness.

The Community Benefit Department of Community Health Network is proud to promote and participate in these types of activities with local high schools; additional program sites for the personal trainer program include T.C. Howe High School and the Walker Career Center at MSD Warren Township. Through building strong partnerships and programs that encourage students to pursue health-related careers, the network not only creates a pipeline of highly qualified professionals, we ultimately build a healthier community.

Other (A Sample of Miscellaneous Details of Activities)

Community Health Network

Programs Detail

For period from 1/1/2010 through 12/31/2010

Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
67801 CHE Hope Ctr Sex Assault CHE Hope Ctr Sex Assault (67801)	153,310	73,499	79,811	Unknown
68000 CHE Life's Journey CHE Palliative Care (68000)	643,768	88,534	555,234	Unknown
68700 COE-Diabetic Disease Allocation Unknown (0)	11,280	0	11,280	Unknown
68702 CHE-Diabetic Care Center and Mngmt Allocation Unknown (0)	52,992	0	52,992	Unknown
79205 CHE- Lifecheck Unknown (0)	156,966	71,173	85,793	Unknown
American Heart Association Administrative E-Clinical Education (69100)	0	0	0	9,409
American Heart Association Emergency Cardiovascular Care (ECC) E-Clinical Education (69100)	177	0	177	Unknown
BCS Administration In-Kind Donations G Mental Health Admin (74000)	770	0	770	Unknown
BCS Community Health Improvement Services G Mental Health Admin (74000)	18	0	18	85
BCS Out of the Darkness Amer.Foundation for Suicide Prevention G Mental Health Admin (74000)	1,220	0	1,220	Unknown
CHE Case Management CHE Case Management Mental Health (70004)	2,207,057	2,714	2,204,343	23
CHE CPR Institute E-CPR Institute (69102)	47,000	26,074	20,926	Unknown
CHE Radiology School CHE - Radiology School (72002)	402,613	181,146	221,467	Unknown
Clinical Education E-Clinical Education (69100)	327,315	0	327,315	1,005
Community Benefit Community Benefit (71800)	3,622,199	1,301,212	2,320,987	54
Continuing Education Clinical Education Allocation (69103)	9,356	13,700	(4,344)	150
EMS Services CHE Emergency Room (67800)	729,494	186,366	543,128	Unknown
Family Practice - 74200CHE Family Practice (74200)	10,321,688	3,807,539	6,514,149	Unknown
Genesaret Medical Education (75700)	0	0	0	230
High School Student Internships E-Clinical Education (69100)	0	0	0	8
Hook Rehab Adaptive Athletics Events E-Recreation Therapy (73802)	1,310	0	1,310	200
Joint Pain 101 Unknown (0)	0	0	0	51

Other (A Sample of Miscellaneous Details of Activities)

Community Health Network
 Programs Detail
 For period from 1/1/2010 through 12/31/2010

<u>Title / Department</u>	<u>Monetary Inputs</u>			<u>Outputs</u>		
	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>		
Junior Clerkship Medical Education (75700)	1,262	25,200	(23,938)	Unknown		
Nurses - Observers E-Clinical Education (69100)	0	0	0	185		
Nurses Refresher Course Management and Clinical Supervision E-Clinical Education (69100)	0	5,200	(5,200)	13		
Nursing Students - Staff Nurse Time E-Clinical Education (69100)	0	0	0	1,005		
Oncology E-Tumor Registry (64006)	463,012	0	463,012	Unknown		
Pharmacy E-Pharmacy (73000)	192,956	138,468	54,488	Unknown		
Physician Administration Medical Research (79910)	29,555	0	29,555	Unknown		
Rehab Presentation to Schools E-Rehab Services Admin (73708)	154	0	154	69		
Rehab Students Unknown (0)	114	0	114	27		
Service Dogs E-Recreation Therapy (73802)	327	0	327	406		
Student Nurses - Administrative and Orientation E-Clinical Education (69100)	0	0	0	1,005		
Support Groups E-HRC Neuropsychology (73314)	445	0	445	368		
Touchpoint Seniors CHE Touchpoint Seniors (68200)	211,170	14,925	196,245	63,162		
Number of Programs	35	Grand Totals	19,587,528	5,935,750	13,651,778	77,455

Part V Facility Information Community Health Needs Assessment Part VI / 2 Needs Assessments

Needs assessment requirements

In the IRS 990 Schedule H there are specific guidelines for community assessments. As stated in a memo from Senator Chuck Grassley (the senate champion for CB reform), even the new health reform package includes important language regarding reporting and assessment.

“The bill requires that a hospital complete a community needs assessment once every three years and adopt and publicize a financial assistance policy; prohibits billing those who qualify for financial assistance the top rates; and prohibits a hospital from taking extraordinary collection actions if the hospital has not made reasonable efforts to notify patients of its financial assistance policy.

The bill also:

- Requires the IRS to review the tax-exempt status of each hospital every three years.
- Requires Treasury and Health and Human Services to submit an annual report to Congress on the level of charity care, bad debt expenses and the unreimbursed costs of means-tested and non-means-tested government programs.
- Requires Treasury and HHS to provide a report in five years on the trends on the items reported on an annual basis.”

Since 1996, we have participated in the local and surrounding counties' Community Health Needs Assessments. These assessments have been the springboard to understanding and implementing strategies and programs that have targeted populations in need with specific outcomes driving the strategy for change.

A very important lesson was learned in the first assessment:

- When residents were asked what a healthy community looked like to them, they responded with clean and safe streets, NOT the absence of disease.

That began our journey into the social determinants of health and has brought us through many transformations of the Community Benefit Plan and the way in which we assess the needs of the community. Since that time, other assessment tools have been made available to the community by such agencies as United Way that assist us in assessing the community needs (i.e., Social Assets and Vulnerabilities Indicators) for our Community Benefit Plan.

In 2006, we contracted with an outside vendor to provide a targeted community assessment in the urban area directly around our eastside facility. This community assessment was used as a catalyst for the “Eastside Redevelopment Initiative,” which has driven a successful group of projects and activities. Much like the assessment 10 years earlier, this assessment broke through some “myths and realities” of the neighborhood, such as perceptions and realities of crime and income in the community. As important as the data, these assessments have given us a snapshot of the community. The ongoing input of our community groups—through feedback mechanisms developed by and for our CBP—is just as important and can ultimately drive our actions and planning. We begin where our communities are.

In 2009 another significant assessment was provided to the Fishers community. The network marketing department collaborated with the Fishers community, bringing interested organizations together to provide an assessment of the Fishers area. The results are summarized in Appendix I and clearly define how successful we have been in living up to the IRS requirements for assessment.

Other assessment strategies

Beginning in 2009, we began using an advanced mapping tool, Health Landscape, so that we can truly delve into areas of need. Once we receive information from our needs assessment, we can plot geographic data in our service areas in order to actually “see” on a map where our highest-need areas are located. This also allows us to identify service areas of other organizations so that we can work collaboratively on behalf of the community.

Beginning in 2010 we started to develop interest in the Healthy Communities Institute and brought local and state leaders together to review their product and process for implementation. Although the fees were minimal compared to other products the groups could not agree on one standard product to assist in the development of the community health needs assessments for the five to seven counties we serve. Consequently we signed a contract with Healthy Communities Institute and will have completed our community health needs assessments by the end of 2011.

With all of the assessments we have conducted to date we have never fulfilled all of the findings within these documents. The documents that are generated often are visions of the future rather than specific action steps for the current reality, in fact, as noted before - health is not often seen on quality of life plans generated by a community – rather the interpretation may be personal safety and clean streets as an indicator of a healthy community.

Summary of Assessments:

- *1996: Building Healthier Neighborhoods, Marion County,*
- *1996: Partnership for a Healthier Johnson County*

- *2001-ongoing: Minority Health Coalition of Marion Count*
- *2001-ongoing: Kids Count in Indiana, The Indiana Youth Institute*
- *2002: Quality of Life in Marion County, A Community Snapshot*
- *2005-ongoing: The SAVI Community Information System*
- *2008: Community Needs Assessment—Windsor Village, Marion County, Indiana*
- *2009: Fishers Community Assessment*
- *2010: Jane Pauley Community Health Center FQHC Application requirements*

We will continue to generate data and information to guide our communities through health needs assessments with the hope of finding issues addressing them and measuring the positive and negative outcomes of our initiatives. We are encouraged by the product that we will be making available in the future thru the Health Communities Institute and hope to be able to allow an eighth grade student to access our information for a school project on health.

Part VI / 3 Patient education of eligibility for assistance.

ATTACHMENT A

Poster

Table Top or Wall Mounted with Brochure Rack.

To Our Patients:

Are you worried that you may not be able to pay for all or part of your care?

We may be able to help.

Please speak with one of our Financial Counselors who will provide you with more information about financial assistance and payment arrangements.

Thank you.



Community
Health Network

ATTACHMENT B

Brochure

Front Cover (Page 1): Community Health Network
Logo

Financial Assistance

Inside Front Cover (Page 2):

As part of our commitment to serve the community, Community Health Network is dedicated to providing you with the medically necessary services you need without respect to your ability to pay.

If you are worried about your ability to pay for the services you need, we may be able to help. Medical Bills are often unplanned, and can be difficult to understand or to pay. Community Health Network Financial Counselors are available to explain your Bill, answer Billing or insurance questions, arrange payment options, or provide applications for financial assistance with the Bill.

Page 3:

May we provide you with Financial Assistance?

You may qualify for medically necessary services free of charge.

You may qualify for our discount for the uninsured.

You may qualify for a discount based on your special financial circumstances.

You may qualify for a payment plan.

Page 4:

If you believe that you may need assistance with your Bill, please ask to speak with a Financial Counselor.

Space for service/department/corporation specific information.

End.

ATTACHMENT C: Front of Payment Due Notice

Courtesy Notice of Payment Due

Dear Patient:

According to our records, we have not received your full payment on the above account(s). Do you need our assistance or more information? We will be happy to help. We offer several payment options and payment plans as well as Financial Assistance to our patients who qualify. A brief explanation of our Financial Policy and Financial Assistance is on the back of this notice.

If you are not able to pay this Bill in full, please call the contact information listed below. We will be happy to work with you.

Otherwise, we will expect your payment in full within fifteen (15) calendar days following the date of this letter. You may pay in cash, by check or by credit card in person or by telephone. If you want to make your payment in person, you may do so at our Business Office. Business Office hours are 8:00AM to 4:30 PM, Monday through Friday.

If you already paid your Bill in full or you have made payment arrangements, please disregard this notice.

Thank you for choosing us for your health care needs. We look forward to serving you in the future.

To be printed on the tear-off portion that is to be submitted with payment.

ATTACHMENT D: Front of Second Past Due Notice

Second Notice of Past Due Payment.

Dear Patient:

We recently sent you a reminder that we had not received payment in full on your account(s). Our records indicate that the account(s) is not paid in full. Your payment is now past due.

In order to continue to provide services to the community, we must remain financially viable. Therefore, we must ask all of our patients to pay for the services they received. Unfortunately, if we do not hear from you or receive your payment in full, we will have no alternative but to turn your account(s) over to a collection agency.

Please call us right away if you are unable to make payment in full. We want to work with you to avoid collection actions. We offer several payment options and payment plans as well as Financial Assistance to our patients who qualify. A brief explanation of our Financial Policy and Financial Assistance is on the back of this notice.

If you are not able to pay this Bill in full, please see the contact information listed below. We will be happy to work with you.

Otherwise, we will expect your payment in full within fifteen (15) calendar days following the date of this letter. You may pay in cash, by check or by credit card in person or by telephone. If you want to make your payment in person, you may do so at our Business Office. Business Office hours are 8:00 AM to 4:30 PM, Monday through Friday.

If you have already paid your Bill in full or have made payment arrangements, please disregard this notice.

Thank you for choosing us for your health care needs. We look forward to serving you in the future.

To be printed on the tear-off portion that is to be submitted with payment.

ATTACHMENT E: Front of Third and Final Past Due Notice

Final Notice of Past Due Payment:

Dear Patient:

We have mailed you a Bill(s) in the amount(s) due from you for services we provided to you. We have also mailed you two notices that your payment(s) is past due. According to our records there is still a balance due from you on your account(s).

This is your third and *final notice*.

Please. If you are not able to pay your Bill in full within fifteen (15) calendar days following the date of this letter, call us. We may be able to help. We offer several payment options and payment plans as well as Financial Assistance to our patients who qualify. We will be happy to work with you.

If you are not able to pay this Bill in full, please see contact information listed below.

If we do not hear from you and we do not receive your payment in full within fifteen (15) Calendar days following the date of this letter, we will have no choice. ***We will turn your account(s) over to a collection agency.***

This is not something that we want to do and it is certainly not in your best interest as this can affect your credit rating and can result in additional expense to you. However, in order for us to remain financially viable and able to serve you and all of our other patients in the future, we must receive payment for the services we provide.

If you have already made your payment in full or have made payment arrangements, please disregard this notice.

Thank you for choosing us for your health care needs. We look forward to serving you in the future.

1. **Who is responsible for paying the Bill?** The patient, or in the case of a minor child, the biological parents or legal guardian (Responsible Party) is legally responsible for paying us for the services the patient received.
2. **Will I get more than one Bill?** Typically you will get more than one Bill. The Bill you get from us is for the services provided by the hospital. You may also receive Bills from the physicians who provided services to you. The Bills for physician services are not included in your hospital Bill. You are not paying twice. See back “Physician Bills” for more detail.
3. **But I have insurance that will pay all or part of the Bill. Is the Responsible Party still legally responsible for paying the Bill?** Yes. While you may have health insurance, Medicare, Medicaid, TriCare; or the services may be covered by auto or homeowners insurance (the Plan), the Plan is legally responsible to pay you and you are legally responsible to pay us.
4. **I don’t understand. The Plan usually sends the money directly to you. Why?** When you registered for services you agreed to an “Assignment of Benefits”. This means that you have agreed to have your Plan send any money due to you under your Plan directly to us. When we send the Bill to your Plan we tell them that you have Assigned Benefits to us. This is a convenience for you. Otherwise, you would have to file your own Bill with your Plan, receive the payment and then pay us.
5. **What if the Plan doesn’t pay the Bill in full?** You are then responsible for paying the balance.
6. **Don’t you have contracts with Plans that say that you can’t Bill certain amounts to me?** Yes. Those amounts are not included in the Bill sent to you.
7. **What if the Plan says that the service I received isn’t a Covered Service?** Then you are responsible to pay the Bill in full.
8. **What is an example of a service that is not a Covered Service?** Some Plans, not necessarily yours, says that 20 physical therapy visits during a calendar year are Covered Services. But you need and receive 25 visits. In this case, 5 visits would not be Covered Services under the Plan.
9. **If I have services that are not Covered Services under the Plan, will you offer me a discount?** Depending on the service you received, you may be eligible for up to a 30% discount from full Billed charges. To see if you are eligible, you may contact us. See back for contact information.
10. **What if my Plan should pay but doesn’t?** If your Plan does not pay within 75 calendar days following the date we submitted the Bill to your Plan, you are financially responsible for payment and will be Billed. We will work with you and your Plan to obtain payment. However, we can not guarantee that your Plan will pay. If it does not, you are responsible for paying the Bill. All Plans provide an appeals process. Contact your Plan’s Customer Service Department to determine your rights and how to file an appeal. If your Plan is through an employer, also contact that employer’s Human Resources Department. The fact that you have filed an appeal does not relieve you of the responsibility to pay us for the services provided.
11. **What if my Plan tells me that you can’t Bill me for certain amounts?** Your Plan might be right and we have made a mistake. Or your Plan may be wrong. If your Plan is right, we will credit your account for the amount we should not have Billed you. If your Plan is wrong, we will explain why and you will remain responsible for payment. You should then contact your Plan to pursue its proper payment.

- 12. When is my payment due?** Your payment is due within 15 calendar days following the date on your Statement.
- 13. How do I make payment?** You may make payment by cash, check, money order or by credit card. If by credit card, you may make your payment by telephone. We accept MasterCard, Visa, American Express and Discover (See contact information.)
- 14. What if I don't pay?** Your account will be turned over to a collection agency. This may result in legal action, damage your credit rating and add cost to you for court costs and attorney's fees.
- 15. What if I can't pay the Bill at all or on time?** We offer several payment options and payment plans. Also, you may be eligible for our Financial Assistance Program. To avoid collection actions, contact us immediately to explore your options. **We will be happy to help.**

IMPORTANT NUMBERS AND OFFICE HOURS

Please contact us at the appropriate telephone number or location below:

- For questions about your Bill, insurance or services provided.
- To get an itemized Bill
- For payment plans, options and Financial Assistance
- To make your payment.

CUSTOMER SERVICE TELEPHONE NUMBERS: (Toll Free from Indiana only)

Community Hospital East, North, South: 317-355-5555 Toll Free: 1-866-721-4205
The Indiana Heart Hospital: 317-355-5555 Toll Free: 1-866-721-4205
Gallahue Mental Health Center: 317-621-7620 Toll Free: 1-866-424-2317
Community Hospital Anderson: 765-298-3300 Toll Free: 1-866-298-3300

BUSINESS OFFICE HOURS, LOCATIONS AND TELEPHONE NUMBERS:

HOURS: All Locations: Monday – Friday 8:00 AM to 4:30 PM

LOCATIONS AND TELEPHONE NUMBERS:

Community Hospital East	1500 N. Ritter Avenue, Indianapolis, IN 46219	317-355-5633
Community Hospital North	7150 Clearvista Drive, Indianapolis, IN 46256	317-621-5312
Community Hospital South	1402 E. County Line Road, Indianapolis, IN 46250	317-887-7429
The Indiana Heart Hospital	8075 Shadeland, Indianapolis, IN 46256	317-621-8000
Community Hospital Anderson	1515 N. Madison Avenue, Anderson, IN 46011	765-298-3300

ALERTLINE™: 1-800-638-5071 If you suspect that Community Health Network, its employees or its physicians have acted in an illegal or unethical manner, please call our **ALERTLINE™**. Your call will be held in the strictest of confidence and, if you wish, may be made anonymously. We will respond to all reports.

PHYSICIAN BILLS: When you receive hospital services you may also receive services from physicians. You may or may not see these physicians. For example, you may see the Emergency Room physician, but not the physician who interpreted your x-ray or lab test results. Whether you see the physician or not, the physician provided services to you. These physicians Bill for their services separately from the hospital. They include, but are not limited to, your physician, emergency room physicians, pathologists, radiologists and anesthesiologists. Following is a list of most of the physician groups from which you may receive a Bill. If you have questions about the Bills you receive from these groups, please call them at the telephone number on the Bill.

Pathology and Laboratory Services

Medcor Data
Ameripath/APA
MidAmerica Clinical Lab

Emergency Room

Medical Associates
Southside Emergency Associates

Anesthesiology

University Heights Anesthesiology
Community Anesthesia Associates

Radiology

Irvington Radiology
Radiology Associates of Indianapolis

Physician Billing Service (Community Group CRNA, Community Neonatal Associates, Community Group Family Practice, Maternity Care Center, Pediatric Care Center, Integrated Pain Management, Community Group Clinicians)

COMMUNITY HEALTH NETWORK

REGISTERING FOR SERVICES WHAT YOU NEED TO KNOW.

1. **Who is responsible for paying the Bill?** The patient, or in the case of a minor child, the biological parents or legal guardian (Responsible Party) is legally responsible for paying us for providing the services the patient received.
2. **I want more information about the Bill?** Please ask for a copy of “About Your Bill: Frequently Asked Questions”. If you have insurance, Medicare, Medicaid, Tri-Care or your services might be paid in whole or in part by auto or homeowners insurance.
3. **What is needed before I can receive services?** *Except in the case of an emergency*, we will need the following.
 - **Valid Order From Your Physician:** The hospital needs a valid order before the service can be performed. The order must include the patient full legal name, the name of the test/procedure; diagnosis (signs and symptoms); physician signature and date the order was written. If we do not have a valid order, we cannot provide the service. You will need to contact your physician to get a valid order.
 - **The Signature of the Responsible Party on the Admit Agreement: Please read the Admit Agreement carefully, before you sign. You may request and receive a copy of your signed Admit Agreement.**
 - **Demographic Information:** We will need the following information about the patient and/or Responsible Party.
 - * Patient’s full legal name, date of birth, social security number, address, telephone numbers and, if applicable, employer and its address and telephone number.
 - * If the patient is not the Responsible Party, we will need the same information for the Responsible Party.
4. **What if I have a Plan(s)? What else do you need?** We will need the following about each Plan.
 - Name of the Plan, Group Number, and claim filing address.
 - The patient’s Plan Identification Number.
 - About the Subscriber: The Subscriber is the person in whose name the coverage is made. If the Subscriber is not the patient, we need the following information about the Subscriber.
 - * Full legal name, date of birth, social security number, Plan Identification Number, address, telephone numbers and, if applicable, employer and its address and telephone number.
5. **How do I know if my Plan(s) will pay for all or part of my services?** Only representatives of your Plan(s), or if your Plan(s) is through an employer its Human Resources Department, are qualified to provide you with that information. We make no guarantee that your Plan(s) will pay for all or part of your services. Call the Customer Service telephone number on your Identification Card.
6. **What if my Plan(s) requires that my services are pre-certified, also known as prior-authorization?** If your Plan(s) requires pre-certification or prior- authorization it means that, without this your Plan(s) will not pay anything for your services. Except in the case of an emergency, you should contact your Plan(s) to determine whether or not pre-certification/prior-authorization is required. If it is, contact your physician and make sure that the physician has obtained the

certification/authorization. Get the certification/authorization number and provide it to us. We should also tell you that a certification/authorization number given by your Plan(s) does NOT guarantee that your Plans(s) will pay for all or part of your Bill. This is the policy of your Plan(s) and we have no control over that.

- 7. What if I have more than one Plan?** If you have more than one Plan that may pay for all or part of your Bill, we will work with you on Coordination of Benefits (COB). COB is a legal process for determining which Plan is to be Billed first, second and so on. The purpose of COB is to prevent duplication of payment for the same service. If you have more than one Plan, we will need information about all of them. Then we will Bill them in the correct order.
- 8. What if I can't pay the Bill at all or on time?** We offer several payment options and payment plans. Also, you may be eligible for our Financial Assistance Program. To avoid collection actions, contact us immediately to explore your options. Please ask to speak to one of our Financial Counselors. **We will be happy to help.**

COMMUNITY HEALTH NETWORK GENERIC LETTERHEAD AND LOGO

Date:

RE: Financial Assistance

Dear Patient:

You have indicated, or a third party has notified us, that you may need financial assistance in paying your Bill.

If you would like to apply for financial assistance, please complete the attached application and financial statements.

You must submit these documents to us within fifteen (15) calendar days following the Initial Date of Request on the application.

Please return these documents in the postage paid envelope provided.

Thank you for choosing Community Health Network for your health care services.

Sincerely,

COMMUNITY HEALTH NETWORK GENERIC LETTERHEAD AND LOGO

**FINANCIAL ASSISTANCE
FREQUENTLY ASKED QUESTIONS**

Why should I apply for Financial Assistance? If you believe that you may not be able to pay all or part of your Bill, even if you have insurance, you should let us know. If you qualify for financial assistance, your Bill will be reduced in accordance with your ability to pay considering your income and financial situation. If you do not qualify for financial assistance but need extra time to pay, we will be happy to make payment arrangements with you.

What do I need to do to apply for Financial Assistance? Complete the Financial Assistance Application and Financial Statement and submit the requested documents.

How soon do I need to submit my Application, Statement and documents? You have fifteen (15) calendar days from the Initial Date of Request indicated in the upper right hand corner of the Application.

What if I can't get it done in fifteen calendar (15) days? You may request an extension of fifteen (15) calendar days for good cause.

When will I get a decision? We will notify you of the decision within thirty (30) business days following our receipt of your completed application.

Do I have to do anything else to get Financial Assistance? We may ask that you apply for assistance from available resources for which you may qualify and which may agree to pay for all or part of your services.

What if I refuse to or do not apply for these available resources? If you don't or do not want to apply, you do not have to do so. However, your application for financial assistance will be denied.

What if I am not satisfied with your decision? You may appeal our decision. You must put your appeal in writing and include the basis for your appeal. This may include additional information and/or a change in circumstances.

How soon do I need to file the appeal? Your appeal must be received within fifteen (15) business days following the date you received our decision. Mail your appeal to:

Financial Assistance Appeals Coordinator
Patient Accounts

Enter Correct Address

When will I be notified of your decision regarding my appeal? You will be notified of the decision within twenty (20) business days following our receipt of your appeal.

Is this decision final? Yes, the decision is final. However, it does not prevent you from applying for Financial Assistance for new Bills that were not subject to this application.

Logo Community Health Network

Initial Date of Request: _____

Please type or print clearly

Financial Assistance Application (if you need help completing this form and the attached financial statement, please contact us at () _____ or toll free at _____.)

Note: If you submitted a complete application and documentation to any Community Health Network provider in the last three (3) months, do not complete these forms. However, for financial consideration, please provide us with the location where you submitted the previous information and the submission date.

Location: _____ Date: _____

Patient:

Applicant (Legal Representative)

Patient's full legal name: _____

Applicant's full legal name: _____

Date of Birth __/__/__

Relationship to Patient: _____

SS#: _____

SS#: _____

Address: _____

Address: _____

City: _____ State: __ Zip: _____

City: _____ State: __ Zip: _____

Telephone #: (____) _____

Telephone #: _____

Employer: _____

Employer: _____

Employer's Telephone #: (____) _____

Employer's Telephone #: (____) _____

(your telephone number(s) should be those where we can reach you during normal business hours)

The party responsible for these payments is: __ the patient __ the applicant, if other than the patient.

Spouse's full legal name(spouse of responsible party): _____

Address: _____ SS#: _____

City: _____ State: __ Zip: _____ Employer: _____

Telephone #: (____) _____ Employer's Telephone #: (____) _____

Patients/legal representatives who apply for Financial Assistance are required to first explore other sources of payment. Please explore the resources listed below. Answer the questions and explain why you are not eligible for or able to access these sources of payment. If you applied and were denied, attach copy(ies) of the denial letters.

__ Group health insurance through an employer: _____

Does the patient have access to employer group health insurance? __ Yes __ No

Is the patient eligible to continue employer coverage under COBRA? __ Yes __ No

__ Medicaid (Hoosier HealthWise): _____

Did you apply? __ Yes __ No

If you applied, were you denied? __ Yes __ No If yes, attached denial letter.

__ Medicare: _____

Are you eligible for Medicare coverage? __ Yes __ No

Did you apply? __ Yes __ No

If you applied, were you denied? __ Yes __ No If yes, attached denial letter.

__ Indiana Comprehensive Health Insurance: _____

Did you apply? __ Yes __ No

If you applied, were you denied? __ Yes __ No If yes, attached denial letter.

__ Were the services you needed a result of your being a victim of a violent crime? __ Yes __ No

__ Other third party programs: Would any of the following pay for your services?

Workers' Compensation for on the job injuries: __ Yes __ No

Homeowner's Insurance: __ Yes __ No

Motor Vehicle Liability Insurance: __ Yes __ No

Are you involved in a lawsuit about why you needed service? __ Yes __ No.

If yes, indicate the name and telephone number of your lawyer.

Name: _____ Telephone: () _____

Logo Community Health Network
 Financial Assistance Application
 Page 2

Accounts for Which You Are Applying for Financial Assistance: (Attach additional sheets, if necessary)

Account #	Name of Community Health Network Provider Billing You	Balance Due
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

If we require more information, we will contact you at the telephone number(s) listed. Please complete the attached financial statement and attach the documents indicated on the financial statement. You must complete the application no later than fifteen (15) calendar days following the initial date of this application. You may request an extension of not more than fifteen (15) calendar days. Failure to complete the application with the fifteen (15) or, thirty (30) days will result in denial of this application.

I hereby state that the information given herein, including the financial statement and attachments, is complete, true and correct to the best of my knowledge.. I authorize any required verification, including a credit bureau report. I understand that if the information I provided is determined to be false or deceptive, I will be responsible for payment of the charges, as set forth on the applicable charge master in effect on the date(s) services were rendered, for all services rendered. I understand that if I fail to follow through in the application process, or I refuse to apply for outside programs that might pay for the services, that I may be denied Financial Assistance. I understand that this request for Financial Assistance does not apply to hospital based physician(s) charges.

Hospital Based Physicians: Hospital based physicians are those physicians who may have provided you with services for which they are charging you. These are physicians whose business practices are not governed by Community Health Network. They include, but are not limited to, emergency room physicians, pathologists, anesthesiologists, radiologists, and physicians who cared for you in connection with the services you were provided by Community Health Network.

Applicant's Signature: _____ Date: _____

What you can expect: You will be notified of the decision by telephone, certified or regular mail to you no later than thirty (30) business days following our receipt of the your completed application.

Your Appeal Rights: If you are not satisfied with our decision, you may file an appeal. Your appeal must be in writing and state the basis for your appeal including a change in circumstances or additional information. We must receive your appeal no later than fifteen (15) business days following your receipt of our decision. You will be notified of our decision by telephone and certified mail to you no later than twenty (20) business days following our receipt of your appeal. This decision will be final, but you may still apply for Financial Assistance with other debts in the future.

Mail your appeal to: Financial Assistance Appeals Coordinator
 Patient Accounts
 Enter correct address

Approved Denied By: _____ Date: _____
 Amount of Discount _____ % Balance Due: \$ _____ By: _____
 Called _____ on _____ by _____
 Certified/ Regular Mail on _____ by _____
 Date of Delivery from return receipt _____ Regular Mail assumed receipt date _____
 Application Log #: CHE/N/S _____ CHA _____ TIHH _____
 CLTC _____ CHHS _____ Medcheck _____ Gallahue _____
 CFP _____ MCC _____ CPI MD Name _____ # _____

Dear Patient:

You have applied for financial assistance with your Bills. We would like to offer to help you find ways to pay for your Bills in the future. There are many resources available. Some may be right for you. Below is a list of some of those resources. Please contact us and we will help you explore these resources.

We look forward to hearing from and working with you. Thank You.

- Individual or family (non-group health insurance)
- Medicaid
- Medicaid Waiver Programs
- Medicare
- Indiana Comprehensive Health Insurance Association
- Other Governmental Benefit Programs, for example, black lung:
- Other state assistance programs:
 - Crime Victims' Assistance:
 - First Steps:
 - Social Service Agency Assistance
 - Religious Organization Assistance

FINANCIAL STATEMENT

Appropriate Logo**PERSONAL FINANCIAL STATEMENT** **Lob #;** _____ **Date:** _____**(Please print clearly or type. Add additional pages if necessary)**

Patient's Legal Name: _____ Date of Birth: _____

Applicant's Legal Name: Same as patient Other _____

If other, relationship to patient: _____

Is the applicant or patient currently in a bankruptcy process: Yes No

Our family includes the patient and: (indicate only those legally responsible plus dependents of those)

Biological Mother (Name): _____

Biological Father (Name): _____

Step Father (Name): _____

Step Mother (Name): _____

Dependent #1: _____ Dependent #2: _____

Dependent #3: _____ Dependent #4: _____

Dependent #5: _____ Dependent #6: _____

Attach the following documents: (for those listed above)

1. Last year's Federal Tax Return(s):
2. Last three months of payroll statements:
3. Last three months of the following:
 - Checking account statements
 - Savings account statements
 - Retirement account statements
 - Investment account statements
 - Any other account(s)
4. All denials letters for assistance for the patient such as Medicaid including Hoosier Healthwise, Medicare, Indiana Comprehensive Health Insurance Association

Property (including residence(s))

Address _____ City _____ State _____ Zip _____ Value: \$ _____

Mortgage Holder: _____

Address _____ City _____ State _____ Zip _____ Value: \$ _____

Mortgage Holder: _____

Automobiles (not including those used for work)

Make _____ Model _____ Year _____ Value: \$ _____

Make _____ Model _____ Year _____ Value: \$ _____

Checking Accounts

Bank _____ Account #: _____ Average Balance: \$ _____

Bank _____ Account #: _____ Average Balance: \$ _____

Savings Accounts

Bank _____ Account #: _____ Average Balance: \$ _____

Bank _____ Account #: _____ Average Balance: \$ _____

Retirement Accounts

Institution _____ Account #: _____ Value \$ _____

Institution _____ Account #: _____ Value \$ _____

Investment Accounts (Certificates of Deposit, Stocks and Bonds, etc.)

Institution _____ Account #: _____ Value \$ _____
Institution _____ Account #: _____ Value \$ _____

Financial Statement, Page 2

Log Number: _____

Other Monthly Income (for the persons listed above including the patient)

Child Support:	\$ _____	Alimony:	\$ _____
Disability:	\$ _____	Social Security:	\$ _____
Supplemental Security:	\$ _____	Workers' Compensation:	\$ _____
Survivor's Benefits:	\$ _____	Veterans' Payments:	\$ _____
Pension/Retirement:	\$ _____	Welfare (cash):	\$ _____
Educational Assistance:	\$ _____	Interest:	\$ _____
Public Assistance (cash):	\$ _____	Unemployment:	\$ _____
Rental(s) Income:	\$ _____	Dividends:	\$ _____
Royalties:	\$ _____	Estates/Trusts:	\$ _____
Other Income:	\$ _____		

TOTAL: _____ TOTAL: \$ _____
GRAND TOTAL: \$ _____

EXPENSES AND MEDICAL/DENTAL DEBT (Add additional pages if necessary)

Monthly Living Expenses

Rent/Mortgage:	\$ _____/month
Property Taxes:	\$ _____/month
Electricity:	\$ _____/month
Gas Heat:	\$ _____/month
Water:	\$ _____/month
Sewer:	\$ _____/month
Trash Pickup:	\$ _____/month
Telephone:	\$ _____/month
Cable Television:	\$ _____/month
Internet Service:	\$ _____/month
Gas – Automobile:	\$ _____/month
Day Care:	\$ _____/month
Alimony:	\$ _____/month
Child Support:	\$ _____/month
Automobile Loan Payment:	\$ _____/month
Auto Insurance:	\$ _____/month
Homeowners Insurance:	\$ _____/month
Health Insurance:	\$ _____/month
Life Insurance:	\$ _____/month
Other: _____	\$ _____/month
Other: _____	\$ _____/month
TOTAL:	\$ _____/month

Credit Card Debt:

Creditor: _____ Balance Due \$ _____ Monthly Payment \$ _____

Available Credit: \$ _____
Creditor: _____ Balance Due \$ _____ Monthly Payment \$ _____

Available Credit: \$ _____
Creditor: _____ Balance Due \$ _____ Monthly Payment \$ _____

Financial Statement, Page 3

Log Number: _____

Available Credit: \$ _____
Creditor: _____ Balance Due \$ _____ Monthly Payment \$ _____

Available Credit: \$ _____
Creditor: _____ Balance Due \$ _____ Monthly Payment \$ _____

Available Credit: \$ _____

TOTAL: \$ _____

Medical and Dental Debt

Creditor: _____ Balance Due \$ _____ Monthly Payment \$ _____

Creditor: _____ Balance Due \$ _____ Monthly Payment \$ _____

Creditor: _____ Balance Due \$ _____ Monthly Payment \$ _____

Creditor: _____ Balance Due \$ _____ Monthly Payment \$ _____

Creditor: _____ Balance Due \$ _____ Monthly Payment \$ _____

Creditor: _____ Balance Due \$ _____ Monthly Payment \$ _____

TOTAL: \$ _____

I hereby state that the information given herein is complete, true and correct to the best of my knowledge.. I authorize any required verification, including a credit bureau report. I understand that if the information I provided is determined to be false or deceptive, I will be responsible for payment of the charges, as set forth on the applicable charge master in effect on the date(s) services were rendered, for all services rendered.

Signatures of Responsible Parties

_____ **Date:** _____
_____ **Date:** _____
_____ **Date:** _____
_____ **Date:** _____

Part VI / 4. Community Information

Established in 1956, Indianapolis-based Community Health Network is a leading not-for-profit health system offering convenient access to expert physicians, advanced treatments and leading-edge technology, all focused on getting patients well and back to their lives. With caring and compassion, Community's five hospitals and more than 70 sites of care continually strive to improve the health and well-being of those individuals in central Indiana who entrust their care to us.

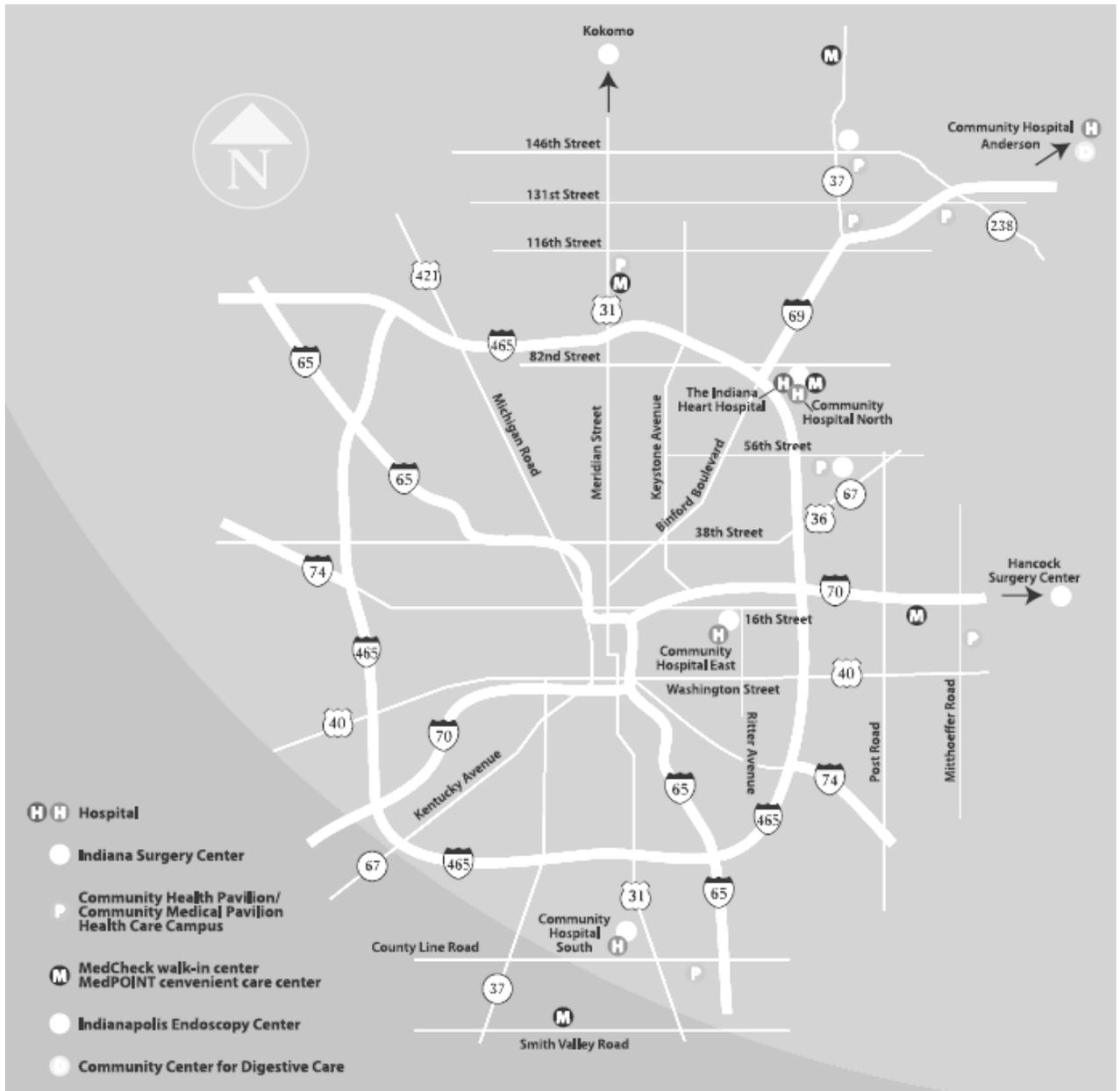
Community's sites of care include the following:

- Community Hospitals East, North and South in Indianapolis
- Community Hospital Anderson
- The Indiana Heart Hospital
- Indiana Surgery Centers
- Community Physicians of Indiana
- Community Home Health Services
- MedCheck urgent care centers
- MEDPOINT express convenience clinics
- Employer health services
- Community Health Pavilions
- Nursing homes

Community's skilled employees and dedicated medical staff partner to deliver individualized patient care and personal attention. From friendly primary care offices to state-of-the-art cardiac care, from fast emergency treatment to customized childbirth options, from innovative surgical services to compassionate mental health, rehabilitation and home health, Community coordinates care across the continuum, keeping patients informed and involved every step of the way.

That's why Community ranks among the top 10 most integrated health care networks in the nation and among the top work places in Indiana. Community also is known for its successful physician partnerships. We have many physicians in key leadership and governance roles, over 300 physicians invested in joint ventures, and more than 140 employed primary care and specialty physicians serving central Indiana. Together, we're making a difference by providing exceptional experiences for patients and their families.

The following map illustrates our intended service area.



Community Benefit Program Highlights

Part VI / 5 Promotion of Community Health

Jane Pauley Community Health Center

The Jane Pauley Community Health Center embodies the spirit of the Wellness Opportunity Zone. Using cross-sectoral planning objectives we have collaborated with the Metropolitan School District of Warren Township, the Warren Township Trustee's Office, community churches and small businesses to plan and execute the strategy to become a Federally Qualified Health Center optimizing the assets and resources of all the partners.



*Growing a healthier
eastside community*



The Jane Pauley Community Health Center

The center is a unique collaboration between Community Health Network and the Metropolitan School District of Warren Township. Located at the Renaissance School at 30th Street and Post Road, The Jane Pauley Community Health Center will serve the local community, regardless of insurance or income, with an emphasis on integrating medical, dental and behavioral health along with access to various other social services.

The Jane Pauley Community Health Center will offer primary health care services, including preventive and annual exams, well-child care, acute care and

“This health center puts care close to home in a place that’s familiar, comfortable and convenient for people, including those who are underserved by traditional health care models.”

—Jane Pauley

certain procedures. The center also will focus on the management of chronic diseases, such as diabetes, cardiac disease and depression. Community Health Network will provide its staff, including a nurse practitioner, a family physician and a psychologist. Laboratory and hospital

services will be available through the Community system.

Community Health Network also has made a capital commitment of \$350,000 to renovate the center’s space, which was donated by Warren Township schools. The Community Health Network Foundation continues to leverage its community relationships to facilitate the project and provide long-term philanthropic support.

Reaching out to serve the community

Cost will not be a barrier for receiving care at The Jane Pauley Community Health Center. Services will be delivered regardless of ability to pay, and the fees charged will be based on a sliding scale that takes family income into account. The sliding scale will allow the center to provide access to health care for a medically underserved population.

Those establishing the center intend for it eventually to achieve designation as a Federally Qualified Health Center (FQHC), which is a health center that receives some federal support but is community-based and locally controlled. The FQHC program was created to enhance the availability of primary care services in underserved urban and rural communities. Work is under way to transition The Jane Pauley Community Health Center into an FQHC, which could occur as early as 2010 and will further enhance the center’s sustainability.

An innovative model for delivering care

The Jane Pauley Community Health Center will serve as a learning laboratory to determine the best practices in the delivery of community care, with the

goal of replicating this model in other community health centers around the country.

“The Jane Pauley Community Health Center will stand as a national example of how integrating the health care delivery system is critical to a patient’s complete well-being.”

—Gina Eckart, Indiana Division of Mental Health and Addiction

Among its noteworthy features is its holistic combination of many types of services under one roof, including medical, mental health, wellness, dental and other social services. Integrating these services is key to serving each patient’s complete well-being. It is particularly important for meeting the needs of those who have trouble accessing traditional services, which may be both difficult to afford and hard to navigate because they otherwise would require visits to multiple locations.

The center will employ a medical home model for the delivery of care, a model that is often discussed by health care reformers interested in serving patients more completely, efficiently and cost-effectively. With a strong emphasis on wellness and chronic disease management, the center hopes to help prevent the need for the uninsured or underinsured to visit emergency rooms to receive non-urgent care.

Electronic medical records, or EMRs, are also often cited among the innovations needed to improve the efficiency of the nation’s health care delivery system. The Jane Pauley Community Health Center will make use of the same kinds of EMR systems that Community Health Network has pioneered for all of its patients.

EMRs improve care in many ways. Because they can be accessed by caregivers throughout the care continuum, EMRs prevent the need for patients to repeatedly provide the same information to different providers. They allow doctors better ways to coordinate and manage each patient’s preventive care.

And at The Jane Pauley Community Health Center, EMRs will make even more innovative connections. For example, when the systems are fully implemented, a physical education teacher at a local school will be able to devise an exercise regimen for a student and enter it into a computer that shares it with the school nurse, the center and even the student’s primary-care physician.

A holistic approach to community health

The foundation of The Jane Pauley Community Health Center is the belief that people can be most successful if their basic needs—including health care—are met. It’s a lesson that Community Health Network and the Metropolitan School District of Warren Township have already learned through their decade-long partnership to meet students’ medical and mental health needs.

In 1998,

“We are excited about the opportunity to collaborate with Community to add health services for our underserved citizens and do so in a school setting.”

—Peggy Hinckley, superintendent, Warren Township schools

Community Health Network opened its first school-based clinic at Warren Central High School, and today the network operates a clinic for students and their families at Hawthorne Elementary. Community Health Network also provides similar medical and mental health services to students in other central Indiana school systems.

Through the years, Warren Township schools have been among the nation's most successful in increasing graduation rates, and Hawthorne Elementary has

“Everyone deserves access to high-quality and affordable care, in a setting that is close to home.”

—Bryan Mills, Community Health Network

outperformed many other schools even though it has a higher-than-average rate of students whose families face economic challenges. School officials believe a significant part of these successes

can be attributed to the fact that students have had their health care needs effectively addressed.

The Jane Pauley Community Health Center expands upon the school-based clinic approach. It brings even more services together, including not only medical and mental health but also dental and wellness options as well as a link to social services such as those provided by the township trustee's office. And though it is housed at a school, it is open not just to students and their families, but to all community residents.

Bringing care home with Jane Pauley

The center is named after Jane Pauley, who grew up in the area and is well known as the former anchor of NBC-TV's "Today" and "Dateline" programs. Jane, a 1968 Warren Central High School graduate who was diagnosed with bipolar disorder in 2001, was determined to ensure that the center address all aspects of wellness.

Though much of the focus of the health care reform debate in America has been on expanding insurance coverage, Jane believes there also is a need for improvements in access—how and where care is delivered. That's why the center carrying her name is located close to home, in a place those underserved by traditional care models will find familiar, comfortable and convenient.



Connecting with the center

The center is located at 8931 E. 30th St., Indianapolis, within the Renaissance School. It will be open year-round, Monday through Friday.

To become a supporter of The Jane Pauley Community Health Center, please contact the Community Health Network Foundation at 317-355-GIVE, or visit eCommunity.org.

Community Benefit Program Highlights

Part VI / 5 Promotion of Community Health

Parish Nursing

During the past 14 years, the mission of Community Health Network's parish nurse and Health ministry program has been to promote an integration of faith and health through positive lifestyles and activities within the faith community. Parish nurses and health ministry leaders seek to reach out to those who would benefit from involvement in their religious community. The goal is to model a holistic way of health uniting body, mind and soul through self-care for the physical, emotional, spiritual and social needs of life, and to assist others to do the same. Contributing to the overall impact and success of the Wellness Opportunity Zone, the parish nurse and health ministries program engages and enlists churches in the communities we serve.

Health ministry and parish nursing is practiced within a faith community and is based on the assessed needs of an individual congregation. Working with the pastor, church staff and health ministry committee to integrate faith and health in the congregation, the focus is on health promotion, health maintenance and illness prevention.

Our goal for the Community Health Network health ministries program is to involve the health ministries of local churches. The health ministry usually includes a committee and a health minister. The goal is to promote the value of professional nurses or concerned members of the congregation as health ministers within a faith community. We believe that religion and health care are complementary, and wish to promote the recognition that illness and healing involve the whole person. We want church partners in developing a faith-based health ministry program so that the hospital and churches may claim their role in health and healing.

Community launched its health ministries pilot program starting in August 2005. Community sought the cooperation of 10 eastside churches to initiate a health ministry that emphasizes the wholeness of body, mind and spirit within the members of those congregations and among the communities that we serve.

Community Benefit Program Highlights

Part VI / 5 Promotion of Community Health

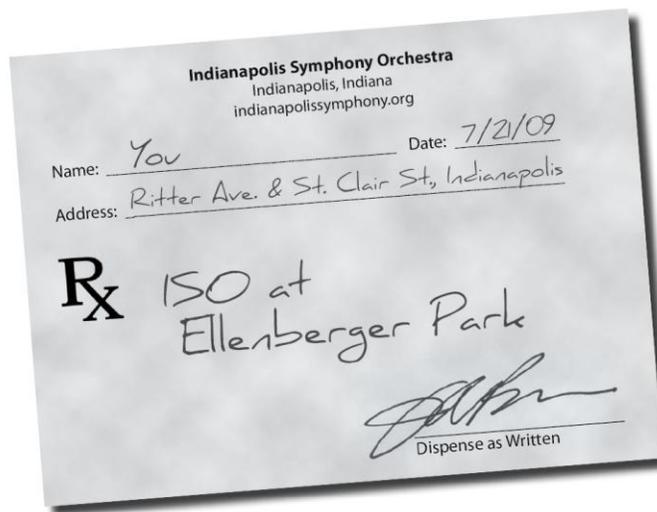
Symphony in the Park—program notes:

Community Health Network: *A neighborhood partner*

Community Hospital was built by private citizens on the east side of Indianapolis who desired their own hospital close by. Financial contributions poured in from individuals and businesses, and volunteers conducted house-to-house campaigns.

The partnership launched five decades ago at the corner of 16th Street and Ritter Avenue gave birth to what is now known as Community Hospital East, and that same spirit rings true today across the central Indiana market served by Community Health Network. Community is committed to improving the health and quality of life of area citizens.

The free Symphony in the Park concert you're attending in Ellenberger Park is just one of the ways that Community gives back to its neighbors—initiatives that a not-for-profit organization such as Community calls "community benefit." The network this year earned a Leadership Award for Community Benefit Excellence from VHA, an organization serving more than 1,400 not-for-profit hospitals nationwide.



Your prescription for first-class, no-cost fun

Indianapolis Symphony Orchestra at Ellenberger Park
Tuesday, July 21, 2009
7:30 pm

Free and open to the public.

Free parking available at Community Hospital East, 16th Street and Ritter Avenue.



Community Benefit Program Highlights

Part VI / 5 Promotion of Community Health

School-based wellness clinics

Helping kids be healthy so they can succeed in school is the mission of the school-based wellness clinics operated by Community Health Network. The clinics make a wide range of services convenient and affordable for school children and their families, and their located right inside the school buildings.

The clinics provide such wellness services as immunizations, and also see children with minor illnesses or injuries. Sometimes another family member—sibling or parent—will also receive health care services at the clinics. The clinics help families connect with other health services as well. For example, parents without insurance are offered help in enrolling their kids in the Hoosier Healthwise program that insures children. School officials believe that the easy availability of health care services is one of the factors behind their students' success. For example, the students at clinic host site Hawthorne Elementary have made significant academic achievement throughout the clinics 11 year tenure at the school. Hawthorne third-graders recently had Warren Township's best ISTEP scores and the school received national recognition as a "Title I" School.



Community Benefit Program Highlights

Part VI / 5 Promotion of Community Health

Community Health Network announces results of follow-up study assessing Fishers residents' health behaviors *Study results show positive signs of improvement*

Residents of Fishers have shown improvement in certain health behaviors and indicators, as revealed in the results of a second study commissioned by Community Health Network. The study, which measured lifestyle and health habits of one of the fastest growing communities in the country, is a follow-up to the first study of Fishers residents conducted in the fall of 2007. Both studies were part of a major health initiative, *Fishers Community Gets Healthy*, launched by Community Health Network, the Town of Fishers, Hamilton Southeastern Schools, Fishers YMCA, local churches, civic organizations and the Fishers Chamber of Commerce.

The latest study solicited information on health status and behaviors, including a description of overall health, smoking tobacco use, diet, exercise, primary care physician utilization, and children's health issues (vaccinations, weight, consumption of fast food, physical activity and behavioral health). Both studies relied on random samples of 350 Fishers residents, who answered questions about their families' health by telephone.

Conducted earlier this fall by Aeffect Inc., a Chicago-based health care research firm, the study found that Fishers residents, despite the slump in the economy, have improved their level of physical activity for exercise purposes, reduced their consumption of fast food, and visited their physicians for regularly-scheduled appointments to maintain health. In addition, weight issues among children appear to be diminishing due to a more active lifestyle. Despite gains made in physical health, roughly a third of respondents reported at the time of the survey that they had some sort of mental health issue over the past 30 days, which interrupted their daily routine. Residents also reported getting fewer preventive screenings, such as mammograms, pap smears and PSA tests.

Some of the key findings include:

- 84% of Fishers residents surveyed reported having participated in physical activities within the past month (up from 80% in 2007), with a big jump in the number of people who reported running—21%—(compared to just 14% in 2007).
- 57% of Fishers residents surveyed reported eating fast food 1-3 times per week (compared to 60% in 2007).
- 56% of residents reported attending all scheduled checkups with their doctors (compared to only 52% in 2007).

- 34% reported being at or near their ideal weight (compared to 32% in 2007), while 21% reported being up to 25 pounds overweight (down from 25% in 2007).
- 41% said their doctor told them to make changes to their diet (a significant increase from 2007 levels, reported at 33%).
- Only 4% reported that their doctor told them their child is above his/her recommended weight (compared to 11% in 2007).
- Fast food consumption among children holds steady, with 70% of children eating fast food 1-3 times per week (compared to 69% in 2007).
- Fewer women aged 40 and over—70%—reported having had mammograms (compared to 72% in 2007), while 76% reported having had pap smears (compared to 79% in 2007).
- Fewer men aged 40 and over—70%—reported having had a PSA test (compared to 72% in 2007).

“The study shows we have made an impact on the health of Fishers residents over the past couple years,” said Patrick Rankin, M.D., chief medical officer of Community Physicians of Indiana. “We know that is a relatively short amount of time to realize more dramatic improvements, but it’s encouraging to see health patterns changing for the better.”

The first study, also conducted by Aeffect, Inc., identified vascular issues, cancer and weight/obesity as the most prominent health issues affecting Fishers residents.

Fishers Community Gets Healthy was launched in early 2008 as an initiative to help Fishers residents achieve health goals such as increasing healthy eating habits, physical activity levels, and the utilization of preventive health screenings. The community partners formed steering committees, hosted community health events and developed family-oriented health programs to address specific health concerns of the Fishers area. Many of these activities are expected to continue into 2010 and beyond.

“We are pleased to learn that our collaborative efforts are helping Fishers residents improve their overall health status,” said Sue Reibold, a vice president at Community Health Network who helped spearhead these efforts. “The latest study results have also helped us identify areas for improvement, like access to mental health resources and use of preventive cancer screenings, where we can continue to engage in working towards improving the health of Fishers residents.”

Part VI / 6 Affiliated health care system:

The organization is not part of an affiliated health care system.

Part VI / 7 State filling of a community benefit report

The organization files a community benefit report in the state of Indiana