

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL INC	Employer identification number 35 0867958
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	✓	
b If "Yes," was it a written policy?	✓	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	✓	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		✓
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		✓
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	✓	
b If "Yes," did the organization make it available to the public?	✓	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		5,688	5,784,744	0	5,784,744	1.11
b Medicaid (from Worksheet 3, column a)		22,084	117,897,386	116,943,127	954,259	0.18
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	27,772	123,682,130	116,943,127	6,739,003	1.29
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	8	28,391	3,358,491	174,378	3,184,113	0.61
f Health professions education (from Worksheet 5)	3	2,550	15,276,868	4,448,197	10,828,671	2.07
g Subsidized health services (from Worksheet 6)	1	12,502	22,840,191	20,388,256	2,451,935	0.47
h Research (from Worksheet 7)	1	115	1,610,070	449,693	1,160,377	0.22
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	83,155	1,181,338	661,910	519,428	0.10
j Total. Other Benefits	16	126,713	44,266,958	26,122,434	18,144,524	3.48
k Total. Add lines 7d and 7j	16	154,485	167,949,088	143,065,561	24,883,527	4.77

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50192T

Schedule H (Form 990) 2022

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	500	13,237	0	13,237	0.00
2 Economic development	1	35	18,295	8,710	9,585	0.00
3 Community support	1	96	13,117	0	13,117	0.00
4 Environmental improvements	0	0	0	0	0	0.00
5 Leadership development and training for community members	0	0	0	0	0	0.00
6 Coalition building	1	601	77,038	0	77,038	0.01
7 Community health improvement advocacy	1	930	14,716	0	14,716	0.00
8 Workforce development	1	520	91,049	0	91,049	0.02
9 Other	0	0	0	0	0	0.00
10 Total	6	2,682	227,452	8,710	218,742	0.04

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	1,791,149
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	111,843,764
6	Enter Medicare allowable costs of care relating to payments on line 5	6	121,693,604
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(9,849,840)
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	✓
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	✓

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
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13					

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: IU HEALTH BALL MEMORIAL HOSPITAL

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		✓
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		✓
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	✓	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		✓
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		✓
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	✓	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a	If "Yes," (list url): <u>HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/COMMUNITY-BENEFIT</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: IU HEALTH BALL MEMORIAL HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>3 0 0</u> % and FPG family income limit for eligibility for discounted care of <u> </u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	✓	
15	Explained the method for applying for financial assistance?	✓	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	✓	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: IU HEALTH BALL MEMORIAL HOSPITAL

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	✓	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		✓
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:	✓	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: IU HEALTH BALL MEMORIAL HOSPITAL

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	✓
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	✓

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

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>IU HEALTH BALL MEMORIAL HOSPITAL'S 2021 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT INCLUDES A PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY. THE CHNA REPORT IDENTIFIED THE FOLLOWING NEEDS AS PRIORITIES FOR IU HEALTH BALL MEMORIAL HOSPITAL:</p> <ol style="list-style-type: none"> 1.ACCESS TO HEALTHCARE SERVICES 2.AGING POPULATION AND NEEDS OF SENIORS 3.BEHAVIORAL HEALTH 4.CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT 5.EDUCATION, WORKFORCE TRAINING, AND UNEMPLOYMENT 6.MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING 7.SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE 8.SOCIAL DETERMINANTS OF HEALTH

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: IU HEALTH BALL MEMORIAL HOSPITAL</p> <p>DESCRIPTION: IN CONDUCTING EACH ITS MOST RECENT CHNA, IU HEALTH BALL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES IT SERVES BY HOSTING EIGHT COMMUNITY FOCUS GROUPS AND FOUR INTERVIEWS. THESE EVENTS ENGAGED PUBLIC HEALTH OFFICIALS AND COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE SERVICES AND/OR REFLECT COMMUNITY MEMBERS WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, OR OF A MINORITY SUBPOPULATION TO DISCUSS THE HEALTH NEEDS OF THE SERVICE AREA AND WHAT ROLE IU HEALTH COULD PLAY IN ADDRESSING THE IDENTIFIED NEEDS.</p> <p>IU HEALTH BALL THE DEFINED COMMUNITY PER THE MOST RECENT CHNA IS BLACKFORD, DELAWARE, JAY AND RANDOLPH COUNTIES, INDIANA. THE HOSPITAL RESIDES IN DELAWARE COUNTY.</p> <p>BLACKFORD COUNTY - COMMUNITY MEETINGS AND INTERVIEW</p> <p>TWO COMMUNITY MEETINGS WERE HELD IN 2021 TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN BLACKFORD COUNTY - ONE ON APRIL 23 AND ANOTHER ON MAY 13. SECONDARY DATA AND A PRELIMINARY LIST OF COMMUNITY HEALTH NEED PRIORITIES WAS PRESENTED AT BOTH MEETINGS. EACH GROUP WAS THEN ASKED QUESTIONS ABOUT THE PRELIMINARY LIST, INCLUDING THEIR REACTIONS, ADDITIONS TO THE PROPOSED NEEDS, THOUGHTS REGARDING THE CAUSES, IMPACTS OF THE COVID-19 PANDEMIC AND OTHERS.</p> <p>AFTER THESE DISCUSSIONS, PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO MAKE ADDITIONAL COMMENTS BEFORE BEING ASKED TO VOTE ON THE SIGNIFICANT NEEDS IN THE COUNTY. PARTICIPANTS WERE ASKED TO CHOOSE THREE TO FIVE SIGNIFICANT HEALTH NEEDS IN A POLL DURING THE MEETING.</p> <p>PARTICIPANTS FOCUSED DISCUSSION ON ACCESS TO MENTAL HEALTH SERVICES, HEALTH INSURANCE BARRIERS, SUBSTANCE ABUSE AND ADDICTION, TOBACCO USE (INCLUDING DURING PREGNANCY AND AMONG YOUTH WITH VAPING), A LACK OF HEALTH EDUCATION, MATERNAL AND INFANT HEALTH, CHILDCARE, THE DISCONNECT BETWEEN GOOD EDUCATION RATES BUT LACK OF JOBS, TRANSPORTATION BARRIERS, A LACK OF KNOWLEDGE OF AVAILABLE RESOURCES AND OTHERS.</p> <p>FROM THIS PROCESS, PARTICIPANTS FROM THE APRIL 23 COMMUNITY MEETING IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR BLACKFORD COUNTY: *ACCESS TO MENTAL HEALTH PROVIDERS *HEALTH LITERACY AND EDUCATION *SUBSTANCE ABUSE (INCLUDING OPIOIDS, ALCOHOL AND METHAMPHETAMINES) *OBESITY AND ASSOCIATED CONDITIONS (DIABETES, CARDIOVASCULAR ISSUES)</p> <p>PARTICIPANTS FROM THE MAY 13 COMMUNITY MEETING IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR BLACKFORD COUNTY: *SUBSTANCE ABUSE AND ADDICTION (INCLUDING TOBACCO USAGE) *ACCESS TO HEALTHCARE SERVICES *ACCESS TO MENTAL HEALTH SERVICES *MATERNAL, INFANT AND CHILD HEALTH AND WELLBEING</p> <p>IN DISCUSSING THE IMPACTS OF THE COVID-19 PANDEMIC ON HEALTH, PARTICIPANTS FOCUSED ON ISOLATION AND ITS IMPACTS ON MENTAL HEALTH, INCREASE IN SUBSTANCE ABUSE, IMPACTS ON CHILD LEARNING, INCREASE IN DOMESTIC VIOLENCE AND ABUSE, INCREASING PHYSICAL INACTIVITY AND GROWING COMMUNITY CONFLICT AND NEGATIVE ATTITUDES (INCLUDING TOWARDS FRONTLINE WORKERS).</p> <p>AN ADDITIONAL COMMUNITY SURVEY WAS ISSUED TO STAKEHOLDERS UNABLE TO ATTEND COMMUNITY MEETINGS, ASKING THEM TO IDENTIFY PRIORITY NEEDS. AMONG TWO RESPONSES, THE FOLLOWING ISSUES WERE IDENTIFIED AS THE MOST SIGNIFICANT BY BOTH RESPONDENTS: *SUBSTANCE ABUSE AND ADDICTION *MENTAL HEALTH AND SUICIDE *POVERTY AND LACK OF RESOURCES FOR LOW-INCOME POPULATION *LACK OF PROVIDERS (SPECIALISTS AND MENTAL HEALTH)</p> <p>THE SURVEY ALSO ASKED ABOUT THE IMPACTS OF THE COVID-19 PANDEMIC. ISSUES SELECTED AS SIGNIFICANT IMPACTS BY BOTH RESPONDENTS INCLUDE: *SOCIAL ISOLATION AND LONELINESS *LEARNING AND DEVELOPMENT IMPACTS AMONG CHILDREN</p> <p>AN ADDITIONAL INTERVIEW WAS CONDUCTED WITH A REPRESENTATIVE OF A LOCAL PUBLIC HEALTH DEPARTMENT TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN BLACKFORD COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT: *SUBSTANCE ABUSE AND ADDICTION IS A SIGNIFICANT ISSUE *MENTAL HEALTH AND ACCESS TO MENTAL HEALTH CARE ARE SIGNIFICANT ISSUES, AMPLIFIED BY THE COVID-19 PANDEMIC *MATERNAL AND INFANT HEALTH ISSUES EXIST, PARTICULARLY AROUND TEEN BIRTHS AND SMOKING DURING PREGNANCY *SMOKING AND OBESITY ARE TWO ISSUES THAT HAVE LONG BEEN IDENTIFIED AS ISSUES IN BLACKFORD AND CONTINUE TO PERSIST DESPITE LOCAL WORK *TRANSPORTATION IS A LARGE BARRIER TO ACCESSING SERVICES, PARTICULARLY A LACK OF PUBLIC TRANSPORTATION OPTIONS *MORE COMMUNITY FOCUS ON HEALTH LIFESTYLE IS NEEDED, INCLUDING NUTRITION, PHYSICAL ACTIVITY, TOBACCO-FREE RESIDENTS AND ACCESSIBLE AREAS TO EXERCISE (HEALTH EDUCATION PLAYS A ROLE HERE)</p> <p>DELAWARE COUNTY - COMMUNITY MEETINGS AND INTERVIEW</p> <p>THREE COMMUNITY MEETINGS WERE HELD IN 2021 TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN DELAWARE COUNTY (APRIL 28, APRIL 30 AND MAY 6). SECONDARY DATA AND A PRELIMINARY LIST OF COMMUNITY HEALTH NEED PRIORITIES WAS PRESENTED AT EACH MEETING. EACH</p>

Return Reference - Identifier	Explanation
	<p>GROUP WAS THEN ASKED QUESTIONS ABOUT THE PRELIMINARY LIST, INCLUDING THEIR REACTIONS, ADDITIONS TO THE PROPOSED NEEDS, THOUGHTS REGARDING THE CAUSES, IMPACTS OF THE COVID-19 PANDEMIC AND OTHERS.</p> <p>AFTER THESE DISCUSSIONS, PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO MAKE ADDITIONAL COMMENTS BEFORE BEING ASKED TO VOTE ON THE SIGNIFICANT NEEDS IN THE COUNTY. PARTICIPANTS WERE ASKED TO CHOOSE THREE TO FIVE SIGNIFICANT HEALTH NEEDS IN A POLL DURING THE MEETING.</p> <p>PARTICIPANTS FOCUSED DISCUSSION AROUND SOCIAL DETERMINANTS OF HEALTH AND THEIR IMPACTS ON HEALTH, GENERATIONAL POVERTY, MENTAL HEALTH AND ITS STIGMA, ACCESS TO MENTAL HEALTH SERVICES AND LACK OF PROVIDERS, HEALTH DISPARITIES (PARTICULARLY FOR MINORITY AND LGBTQ+ POPULATIONS), FOOD INSECURITY AND UNHEALTHY EATING, DOMESTIC VIOLENCE AND ABUSE, LACK OF TRANSPORTATION OPTIONS, OBESITY AND RELATED CONDITIONS, SUBSTANCE ABUSE AND OVERDOSES, ISOLATION AND EXACERBATIONS DUE TO THE COVID-19 PANDEMIC AND LACK OF RESOURCES WITHIN LOCAL COMMUNITIES.</p> <p>FROM THIS PROCESS, PARTICIPANTS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR DELAWARE COUNTY:</p> <ul style="list-style-type: none"> *MENTAL HEALTH *POVERTY, INCLUDING CHILDREN IN POVERTY *HEALTH AND FINANCIAL EDUCATION RESOURCES *SUBSTANCE ABUSE (INCLUDING OPIOIDS, ALCOHOL, TOBACCO AND OTHERS) <p>IN DISCUSSING THE IMPACTS OF THE COVID-19 PANDEMIC ON HEALTH, PARTICIPANTS FOCUSED ON ISOLATION AND ITS IMPACTS ON MENTAL HEALTH, LACK OF PREVENTIVE HEALTH AND CHECKUPS AND RESIDENTS FEARED GOING TO PROVIDERS, HIGHLIGHTING OF DISPARITIES (ESPECIALLY FOR RACIAL AND ETHNIC MINORITY GROUPS), HOUSING ISSUES, LACK OF VACCINATION DEMAND AND EXPOSING WEAKNESSES IN SAFETY-NET PROGRAMS.</p> <p>AN ADDITIONAL INTERVIEW WAS CONDUCTED WITH A REPRESENTATIVE OF A LOCAL PUBLIC HEALTH DEPARTMENT TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN DELAWARE COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT:</p> <ul style="list-style-type: none"> *MENTAL HEALTH AND A LACK OF MENTAL HEALTH PROVIDERS (PARTICULARLY FOR CHILDREN) ARE SIGNIFICANT ISSUES, AMPLIFIED BY THE COVID-19 PANDEMIC *AN IMPROVEMENT IN CARE COORDINATION IS NEEDED, INCLUDING TRIAGE FROM EMERGENCY DEPARTMENTS AND URGENT CARE *HOMELESSNESS IS AN ISSUE, ESPECIALLY AMONG WOMEN *PHYSICAL INACTIVITY AND UNHEALTHY EATING ARE BOTH ISSUES, WITH MORE FOCUS NEEDED ON YOUTH EDUCATION AND PROGRAMS IN THESE AREAS *ELDERLY NEEDS ARE A SIGNIFICANT CONCERN, ESPECIALLY WITH THE ONCOMING INCREASE IN ELDERLY POPULATIONS *MORE PROVIDERS ARE NEEDED FOR SPECIALTY CARE <p>THE FOLLOWING COVID-19 FEEDBACK WAS NOTED: THE PANDEMIC HAS AFFECTED MENTAL HEALTH, PARTICULARLY AMONG CHILDREN ELDERLY HAVE BEEN AFFECTED GREATLY AND DISADVANTAGED AS SERVICES MOVE ONLINE DUE TO TECHNOLOGY KNOWLEDGE AND ACCESS BARRIERS</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: IU HEALTH BALL MEMORIAL HOSPITAL (CONT.)</p> <p>DESCRIPTION: JAY COUNTY - COMMUNITY MEETINGS AND INTERVIEW</p> <p>TWO COMMUNITY MEETINGS WERE HELD IN 2021 TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN JAY COUNTY - ONE ON APRIL 21 AND ANOTHER ON APRIL 29. SECONDARY DATA AND A PRELIMINARY LIST OF COMMUNITY HEALTH NEED PRIORITIES WAS PRESENTED. EACH GROUP WAS THEN ASKED QUESTIONS ABOUT THE PRELIMINARY LIST, INCLUDING THEIR REACTIONS, ADDITIONS TO THE PROPOSED NEEDS, THOUGHTS REGARDING THE CAUSES, IMPACTS OF THE COVID-19 PANDEMIC AND OTHERS.</p> <p>AFTER THESE DISCUSSIONS, PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO MAKE ADDITIONAL COMMENTS BEFORE BEING ASKED TO VOTE ON THE SIGNIFICANT NEEDS IN THE COUNTY. PARTICIPANTS WERE ASKED TO CHOOSE THREE TO FIVE SIGNIFICANT HEALTH NEEDS IN A POLL DURING THE MEETING.</p> <p>PARTICIPANTS FOCUSED DISCUSSION AROUND AN AGING POPULATION AND WORKFORCE, TRANSPORTATION AS A BARRIER TO ACCESSING SERVICES (ESPECIALLY SPECIALISTS, OFTEN NOT LOCATED IN THE COMMUNITY), DISABLED POPULATION NEEDS, THE NEED FOR HEALTH EDUCATION, INCREASING MENTAL HEALTH NEEDS SUCH AS ANXIETY AND DEPRESSION, A LACK OF MENTAL HEALTH PROVIDERS, HOMELESSNESS, POVERTY, SUBSTANCE ABUSE AND ADDICTION (ALONG WITH STIGMA AROUND SEEKING HELP), NEEDS OF MIGRANT AND SPANISH-SPEAKING COMMUNITIES AND HEALTH INSURANCE.</p> <p>FROM THIS PROCESS, PARTICIPANTS FROM THE APRIL 21 COMMUNITY MEETING IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR JAY COUNTY: *SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL) *ACCESS TO HEALTHCARE SERVICES (INCLUDING SPECIALISTS) *MENTAL HEALTH AND ACCESS TO MENTAL HEALTH SERVICES *CHILDREN IN POVERTY *TRANSPORTATION</p> <p>PARTICIPANTS FROM THE APRIL 29 COMMUNITY MEETING IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR JAY COUNTY: *MENTAL HEALTH *POVERTY SUBSTANCE ABUSE (INCLUDING OPIOIDS AND ALCOHOL) *TRANSPORTATION *HEALTH AND WELLNESS EDUCATION</p> <p>IN DISCUSSING THE IMPACTS OF THE COVID-19 PANDEMIC ON HEALTH, PARTICIPANTS FOCUSED ON ISOLATION AND ITS IMPACTS ON MENTAL HEALTH, INCREASE IN PEDIATRIC MENTAL HEALTH NEEDS, INCREASE IN SUBSTANCE ABUSE, FINANCIAL IMPACTS ON SERVICE ORGANIZATIONS, LACK OF PREVENTIVE CARE DUE TO FEAR OF GOING TO PROVIDERS AND TECHNOLOGY BARRIERS CREATING A DIGITAL DIVIDE IN AN INCREASINGLY ONLINE WORLD.</p> <p>AN ADDITIONAL COMMUNITY SURVEY WAS ISSUED TO STAKEHOLDERS UNABLE TO ATTEND COMMUNITY MEETINGS, ASKING THEM TO IDENTIFY PRIORITY NEEDS. AMONG THREE RESPONSES, THE FOLLOWING ISSUES WERE IDENTIFIED AS THE MOST SIGNIFICANT BY RESPONDENTS: *SUBSTANCE ABUSE AND ADDICTION (INCLUDING ALCOHOL) *OBESITY, PHYSICAL INACTIVITY AND UNHEALTHY EATING *SMOKING AND TOBACCO USE *DOMESTIC VIOLENCE *MENTAL HEALTH *COMMUNITY RESOURCES AND PROVIDERS</p> <p>THE SURVEY ALSO ASKED ABOUT THE IMPACTS OF THE COVID-19 PANDEMIC. ISSUES SELECTED AS SIGNIFICANT IMPACTS BY RESPONDENTS INCLUDE: *SOCIAL ISOLATION AND LONELINESS *UNEMPLOYMENT OR UNDEREMPLOYMENT *CHILDCARE ACCESS AND COSTS *LEARNING AND DEVELOPMENT IN CHILDREN *DISTRUST WITH THE MEDICAL COMMUNITY DIGITAL DIVIDE (LACK OF INTERNET OR DEVICE ACCESS)</p> <p>AN ADDITIONAL INTERVIEW WAS CONDUCTED WITH REPRESENTATIVES OF A LOCAL PUBLIC HEALTH DEPARTMENT TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN JAY COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT: *POVERTY IS AN ISSUE IN THE COMMUNITY AND CHILDREN IN POVERTY IS NOTICEABLE *MENTAL HEALTH IS AN ISSUE AND LEADS TO FURTHER POVERTY CONCERNS AS MENTAL ISSUES OFTEN CAN LEAD TO INABILITY TO WORK (A STIGMA AROUND MENTAL HEALTH STILL EXISTS) *SUBSTANCE ABUSE IS PROMINENT AND GENERATIONAL IN NATURE *PHYSICAL INACTIVITY AND ACCESS TO EXERCISE OPPORTUNITIES IS A SIGNIFICANT NEED *SMOKING, TOBACCO USAGE AND VAPING ARE ALL COMMON *SPECIALTY SERVICES, SUCH AS DIALYSIS AND RADIATION TREATMENT, ARE MOSTLY NOT LOCATED IN THE COUNTY, LEADING TO ACCESS ISSUES THAT ARE EXACERBATED BY TRANSPORTATION CONCERNS *MORE HEALTH EDUCATION PROGRAMS ARE NEEDED, PARTICULARLY FOCUSED ON YOUTH AND ALSO ELDERLY EDUCATION ON AVAILABLE RESOURCES FOR SENIORS *AMISH RESIDENTS ARE A VULNERABLE POPULATION, OFTEN DIFFICULT TO ACCESS AND PROVIDE INFORMATION SURROUNDING TOPICS SUCH AS COVID-19</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: IU HEALTH BALL MEMORIAL HOSPITAL (CONT.)</p> <p>DESCRIPTION: RANDOLPH COUNTY - COMMUNITY MEETING AND INTERVIEW</p> <p>IN COLLABORATION WITH ASCENSION ST. VINCENT, A COMMUNITY MEETING WAS HELD ON JUNE 2, TO RECEIVE INPUT FROM STAKEHOLDERS REGARDING THE HEALTH NEEDS IN RANDOLPH COUNTY. SECONDARY DATA AND A PRELIMINARY LIST OF COMMUNITY HEALTH NEED PRIORITIES WAS PRESENTED AT THIS MEETING. EACH GROUP WAS THEN ASKED QUESTIONS ABOUT THE PRELIMINARY LIST, INCLUDING THEIR REACTIONS, ADDITIONS TO THE PROPOSED NEEDS, THOUGHTS REGARDING THE CAUSES OF THE NEEDS, IMPACTS OF THE COVID-19 PANDEMIC AND OTHERS.</p> <p>AFTER THIS DISCUSSION, PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO MAKE ADDITIONAL COMMENTS BEFORE BEING ASKED TO VOTE ON WHAT THEY BELIEVED WERE THE MOST SIGNIFICANT NEEDS IN THE COUNTY. PARTICIPANTS WERE ASKED TO CHOOSE THREE TO FIVE SIGNIFICANT HEALTH NEEDS VIA AN ONLINE POLL DURING AND AFTER THE MEETING.</p> <p>PRELIMINARY NEEDS IDENTIFIED INCLUDE A WIDE COLLECTION OF TOPICS, INCLUDING ACCIDENTS AND INJURIES, ELDERLY NEEDS, FOOD INSECURITY, MATERNAL AND CHILD HEALTH, SMOKING, POVERTY, UNEMPLOYMENT, SUPPLY OF PRIMARY CARE AND MENTAL HEALTH PROVIDERS AND VACCINATIONS.</p> <p>IN ADDITION TO THESE TOPICS, PARTICIPANTS FOCUSED DISCUSSION ON TRANSPORTATION BARRIERS, TOBACCO AND INCREASING E-CIGARETTE USAGE, NUTRITION AND THE IMPACTS OF THE COVID-19 PANDEMIC ON FOOD AVAILABILITY, MENTAL HEALTH, SUBSTANCE ABUSE AND DIFFICULTIES IN RECRUITING EMERGENCY RESPONDERS.</p> <p>FROM THIS PROCESS, PARTICIPANTS IDENTIFIED THE FOLLOWING NEEDS AS MOST SIGNIFICANT FOR RANDOLPH COUNTY: *SUBSTANCE ABUSE AND ADDICTION *TRANSPORTATION AS A BARRIER *SUPPLY OF BEHAVIORAL HEALTH PROVIDERS (INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE)</p> <p>AN ADDITIONAL INTERVIEW WAS CONDUCTED WITH REPRESENTATIVES OF A LOCAL PUBLIC HEALTH DEPARTMENT TO OBTAIN SUBJECT-MATTER EXPERTISE INTO THE HEALTH NEEDS IN RANDOLPH COUNTY. THE FOLLOWING ISSUES WERE DISCUSSED AS SIGNIFICANT: *OBESITY AND DIABETES ARE SIGNIFICANT NEEDS IN THE COMMUNITY (A LACK OF PHYSICAL ACTIVITY AND EXERCISE OPPORTUNITIES CONTRIBUTES) *HEALTHY FOODS ARE OFTEN EXPENSIVE AND EDUCATION AROUND HEALTHY EATING IS LIMITED, PARTICULARLY FOR ELDERLY RESIDENTS *SUBSTANCE ABUSE ISSUES ARE SIGNIFICANT, PARTICULARLY WITH OPIOID ABUSE (TREATMENT SERVICES ARE LIMITED AND HAVE LONG WAIT TIMES, AND PROVIDERS OFTEN DO NOT KNOW WHERE TO REFER THOSE WHO ARE SEEKING HELP) *POVERTY AND TRANSPORTATION ARE TWO HEALTH BARRIERS IN THE COMMUNITY, PROMINENT IN SOUTHERN AND WESTERN PORTIONS OF THE COUNTY *HISPANIC (OR LATINO) POPULATIONS, INCLUDING MIGRANT WORKERS, ARE OFTEN UNDERSERVED IN THE COMMUNITY, OFTEN LACKING TRUST IN PROVIDERS, INSURANCE AND SERVICES DIRECTED TOWARDS THEM *CHILDREN ARE UNDERSERVED IN THE COMMUNITY, PARTICULARLY THOSE IN POVERTY OR LIVING IN UNSTABLE SITUATIONS *DUE TO THE RURAL NATURE OF THE COUNTY, SOCIAL SERVICES ARE LIMITED *THERE IS NOT A CULTURE AROUND HEALTH IN PLACE AND BREAKING GENERATIONAL UNHEALTHY LIFESTYLES IS DIFFICULT, PARTICULARLY FOR ISSUES SUCH AS NUTRITION, EXERCISE AND SUBSTANCE ABUSE</p> <p>THE FOLLOWING COVID-19 FEEDBACK WAS NOTED: *THE PANDEMIC HAS AFFECTED THE ABILITY OF SOCIAL SERVICE ORGANIZATIONS, INCLUDING HEALTH DEPARTMENTS, TO DO THEIR NORMAL WORK SINCE ALL FOCUS IS ON THE PANDEMIC (BURNOUT AMONG PROVIDERS IS COMMON AS WELL) *MENTAL HEALTH HAS BEEN IMPACTED, PARTICULARLY AMONG CHILDREN DUE TO ISOLATION AND LEARNING IMPACTS *THERE IS ALSO GENERAL ANGER IN THE COMMUNITY TOWARDS CHANGING COVID-19 PROCEDURES, OFTEN CREATING CONFUSION AND DISTRUST WITH NEW GUIDELINES</p> <p>COMMUNITY MEETING AND SURVEY PARTICIPANTS</p> <p>INDIVIDUALS FROM A WIDE VARIETY OF ORGANIZATIONS AND COMMUNITIES PARTICIPATED IN THE INTERVIEW PROCESS, COMMUNITY MEETINGS AND SURVEYS. PARTICIPANTS INCLUDED REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS: *A BETTER LIFE BRIANA'S HOPE *A BETTER WAY SERVICES, INC. *BALL STATE UNIVERSITY OFFICE OF COMMUNITY ENGAGEMENT *BLACKFORD COUNTY COMMUNITY CORRECTIONS *BLACKFORD COUNTY COMMUNITY FOUNDATION *BLACKFORD COUNTY ECONOMIC DEVELOPMENT CORPORATION *BLACKFORD COUNTY HEALTH DEPARTMENT *BLACKFORD COUNTY SCHOOLS *BLACKFORD COUNTY SHERIFF'S OFFICE *BRIDGES COMMUNITY SERVICES *BRYANT WESLEYAN CHURCH *CENTERSTONE COUNSELING AND MENTAL HEALTH *CITIZENS STATE BANK *CITY OF MUNCIE *DELAWARE COMMUNITY SCHOOL CORPORATION *DELAWARE COUNTY CHAMBER OF COMMERCE *DELAWARE COUNTY HEALTH DEPARTMENT *FIRST PRESBYTERIAN CHURCH PORTLAND</p>

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	<ul style="list-style-type: none"> *GEORGE AND FRANCES BALL FOUNDATION *INDIANA GENERAL ASSEMBLY *IU HEALTH *IU HEALTH BALL *IU HEALTH BALL MEMORIAL PHYSICIANS *IU HEALTH BLACKFORD *IU HEALTH JAY *INDY CONTAINER BOARD *IVY TECH COMMUNITY COLLEGE *JAY COMMUNITY CENTER *JAY COUNTY DCS *JAY COUNTY HEALTH DEPARTMENT *JAY COUNTY PROSECUTOR *JAY COUNTY SHERIFF'S OFFICE *JAY RANDOLPH DEVELOPMENTAL SERVICES, INC. *JAY SCHOOL CORPORATION *LIFESTREAM SERVICES *LITTLE RED DOOR *MERIDIAN HEALTH SERVICES *MUNCIE COMMUNITY SCHOOLS *MUNCIE OUTREACH *OPEN DOOR HEALTH SERVICES *PORTLAND FIRE DEPARTMENT *PERSIMMON RIDGE *PURDUE EXTENSION *RANDOLPH COUNTY FOUNDATION *RANDOLPH COUNTY HEALTH DEPARTMENT *ROSS COMMUNITY CENTER *SECOND HARVEST FOOD BANK *SMITH INSURANCE SERVICES *SOUP KITCHEN OF MUNCIE *STEVEN KNIPP HAIR STUDIO MUNCIE *THE ROCK CHURCH *8 TWELVE COALITION *URBAN LIGHT COMMUNITY CHURCH *WESTMINSTER VILLAGE MUNCIE *WHITLEY COMMUNITY COUNCIL, INC. *WIC FAMILY SERVICES *YMCA OF CENTRAL INDIANA *YMCA OF MUNCIE *YOUTH OPPORTUNITY CENTER MUNCIE *YOUTH SERVICE BUREAU OF JAY COUNTY
<p>SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)</p>	<p>HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/COMMUNITY-BENEFIT</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH BALL MEMORIAL HOSPITAL</p> <p>DESCRIPTION: ALONG WITH THE CHNA, IU HEALTH BALL'S BOARD ADOPTED AN IMPLEMENTATION STRATEGY IN APRIL 2022 IN RESPONSE TO THE 2021 CHNA. IU HEALTH BALL, ALONG WITH COMMUNITY PARTNERS, PRIORITIZED AND DETERMINED WHICH OF THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA COULD BE ADEQUATELY ADDRESSED BY CURRENT OR FUTURE INITIATIVES, PROGRAMS, RESOURCES, AND COLLABORATIONS. THE 2022-2024 IMPLEMENTATION STRATEGY OUTLINES HOW IU HEALTH BALL PLANS TO ADDRESS SIGNIFICANT NEEDS INCLUDING INITIATIVES, STRATEGIES, INTERNAL/EXTERNAL COLLABORATORS, ANTICIPATED IMPACT, AND HOSPITAL RESOURCES.</p> <p>SIGNIFICANT NEEDS HOSPITAL WILL ADDRESS BELOW IS THE PROGRESS OF THE IMPLEMENTATION STRATEGY BY SIGNIFICANT NEED AND ITS RESPECTIVE INITIATIVE(S). THE HOSPITAL IS ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS BETWEEN 2022 AND 2024: ACCESS TO HEALTHCARE SERVICES; AGING POPULATION AND NEEDS OF SENIORS; BEHAVIORAL HEALTH; CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT; EDUCATION, WORKFORCE TRAINING, AND UNEMPLOYMENT; MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING; SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE; AND SOCIAL DETERMINANTS OF HEALTH.</p> <p>ACCESS TO HEALTHCARE SERVICES *SUPPORT COMMUNITY MEMBERS ACCESSING HEALTHCARE SERVICES REGARDLESS OF THEIR ABILITY TO PAY. IU HEALTH BALL PROVIDES FINANCIAL ASSISTANCE TO PATIENTS EACH YEAR. ADDITIONALLY, IU HEALTH PATIENT FINANCIAL COUNSELORS ARE CERTIFIED INDIANA NAVIGATORS. THEY CAN ASSIST PATIENTS WITH INFORMATION AND HELP THEM WITH APPLICATIONS FOR VARIOUS HEALTH COVERAGE PROGRAMS. -IMPLEMENT MEDICAL PROVIDER RECRUITMENT PLAN TO ADDRESS AREAS EXPERIENCING A SHORTAGE OF PRIMARY AND SPECIALTY CARE SERVICES. IN 2022, 34 PHYSICIANS, 15 NURSE PRACTITIONERS, FOUR CAA/CRNA'S AND TWO SOCIAL WORKERS WERE RECRUITED AND HIRED TO PRACTICE PRIMARY CARE, AND OTHER SPECIALTIES IN THE IU HEALTH EAST CENTRAL REGION. THIS INCLUDED A NEW PRIMARY CARE PHYSICIAN IN YORKTOWN, AND PRIMARY CARE NURSE PRACTITIONERS IN ALBANY AND MUNCIE. TO SUPPORT IMPROVED ACCESS, MULTIPLE OB/GYN, FAMILY MEDICINE AND INTERNAL MEDICINE PRACTICES WERE RELOCATED INTO A RENOVATED, MODERN, AND CONVENIENT LOCATION IN MUNCIE IN 2022. -IMPLEMENT MOBILE INTEGRATED HEALTH CARE - PARAMEDICINE. THIS PROGRAM IS OPERATIONAL IN THE IU HEALTH EAST CENTRAL REGION AND INCLUDES AN 80-HOUR PARAMEDICINE TRAINING PROGRAM FOR PARAMEDIC, EMS AND FIRE DEPARTMENT PERSONNEL; IU HEALTH PARAMEDIC AND AFFILIATE EMS ORGANIZATIONS DEPLOY AT HOSPITAL OR PHYSICIAN POINT OF CARE TO ESTABLISH POST-DISCHARGE CARE IN A SIX-COUNTY AREA. THIS TEAM HAD A TOTAL OF 495 HOME VISITS IN 2022 AND SUPPORTED 1,384 PATIENTS ENROLLED IN THE HEART/LUNG CENTER THAT HELD A LESS THAN 1% READMISSION RATE FOR THE YEAR.</p> <p>AGING POPULATION AND NEEDS OF SENIORS -SUPPORT SENIOR-FOCUSED PROGRAMS AT LOCAL EVENTS IN THE COMMUNITY. IN 2022, IU HEALTH TEAMS ENGAGED WITH SENIOR CENTERS IN THE EAST CENTRAL REGION. THIS INCLUDED SUPPORT FOR A COMMUNITY SENIOR HEALTH FAIR ORGANIZED IN DELAWARE COUNTY, A HEALTH-TOPIC SPEAKER SERIES AT THE SENIOR CENTER IN BLACKFORD COUNTY, AND A PARTNERSHIP WITH PURDUE EXTENSION IN JAY COUNTY TO OFFER FALLS PREVENTION PROGRAMMING AND OTHER HEALTH TOPICS FOR SENIORS AT THE JAY COUNTY SENIOR CENTER. MANY OF THESE CONNECTIONS WERE MADE IN CONJUNCTION WITH HEALTHY COMMUNITY ALLIANCE PARTNERS AND RESOURCES.</p> <p>BEHAVIORAL HEALTH -PARTNER TO CREATE CITY CRISIS CENTER FOR BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER CRISIS ASSESSMENT AND RESOURCES. COLLABORATION WITH PROJECT PARTNERS IS ONGOING WITH AGREEMENT SIGNED, BUILDING PURCHASED BY THE CITY, MANAGER HIRED. IN 2022 IU HEALTH HAS WORKED WITH THE MUNCIE MAYOR'S OFFICE, EMS LAW ENFORCEMENT, LOCAL COALITIONS AND DEPARTMENT OF SOCIAL WORK, AND COMMUNITY MEMBERS THROUGHOUT THE DESIGN OPERATIONS PLANNING FOR THE CENTER WHICH HAS A PLANNED OPENING IN 2023. -FURTHER IMPLEMENT IU HEALTH BALL ADDICTION TREATMENT AND RECOVERY CENTER. IN 2022, THE ATRC SERVED 284 INDIVIDUALS, INCLUDING 145 NEW PATIENTS IN THE PROGRAM, ASSESSED 208 INDIVIDUALS, WITH 62 PERSONS ENROLLED IN THE INTENSIVE OUTPATIENT (IOP) PROGRAM WITH A 69% SUCCESS RATE. -FURTHER IMPLEMENT PEER RECOVERY COACHING PROGRAM (PROVIDES PATIENTS WITH SUBSTANCE USE CONCERNS WITH IN-PERSON AND VIRTUAL BEHAVIORAL HEALTH SERVICES). ONSITE AT IU HEALTH BALL, PEER RECOVERY COACHES ASSISTED 417 INDIVIDUALS IN THE INPATIENT AND EMERGENCY DEPARTMENT SETTINGS IN 2022. AND ADDITIONAL 147 CLIENTS WERE ASSISTED BY PEER RECOVERY COACHES IN A VIRTUAL SETTING. -FURTHER IMPLEMENT EMERGENCY DEPARTMENT (ED) VIRTUAL CARE PROGRAM (PROVIDES PATIENTS VIRTUAL ACCESS TO BEHAVIORAL HEALTH SERVICES). IU HEALTH VIRTUAL BEHAVIORAL CARE SERVICES WERE PROVIDED TO 1,255 PERSONS IN 2022. AN ADDITIONAL 1,019 INDIVIDUALS WERE ASSISTED ON-SITE IN THE ED BY LOCAL PROVIDERS AT IU HEALTH BALL.</p> <p>CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT -SUPPORT THE HEALTHY COMMUNITY ALLIANCE OF EAST CENTRAL INDIANA (HCA). FOUR COMMUNITY WORKGROUPS RELATED TO INCREASED PHYSICAL ACTIVITY, IMPROVED NUTRITION AND TOBACCO PREVENTION AND CESSATION WERE FACILITATED BY IU HEALTH COMMUNITY OUTREACH PERSONNEL IN A THREE-COUNTY AREA. SEVEN NEW COMMUNITY PARTNERS JOINED THE HCA, INCLUDING TWO FAITH-BASED ORGANIZATIONS. 500 QUIT NOW TOOLKITS WERE DISTRIBUTED TO HCA PARTNERS AND MEMBERS OF THE COMMUNITY IN 2022, AND HCA PARTNERS COLLABORATED WITH A FAITH-BASED ORGANIZATION TO BRING A HEALTH AND WELLNESS VILLAGE EVENT WITH MULTIPLE SCREENINGS AND INFORMATIONAL ACTIVITIES TO AN UNDERSERVED, MINORITY NEIGHBORHOOD IN 2022. -SUPPORT THE EXPANSION OF THE YMCA OF MUNCIE. FUNDS WERE PLEDGED IN 2022 FOR A MULTI-YEAR GIFT TOTALING \$4M TO SUPPORT CONSTRUCTION OF A NEW YMCA FACILITY IN MUNCIE. -PROVIDE OUTPATIENT NUTRITION COUNSELING. NO-COST NUTRITION COUNSELLING OFFERED BY IU HEALTH BALL TEAM MEMBERS WAS PROMOTED UTILIZING MULTIPLE OUTREACH ACTIVITIES AND COMMUNITY EVENTS DURING 2022. 2,431 PARTICIPANTS PARTICIPATED IN COUNSELING IN 2022, NEARLY DOUBLE THE AMOUNT OF THE PREVIOUS YEAR. BARIATRIC AND MEDICAL WEIGHT LOSS SUPPORT GROUPS</p>

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	<p>WERE OFFERED 1-2 TIMES PER MONTH WITH 110 PARTICIPANTS IN 2022.</p> <p>·FURTHER IMPLEMENT IU HEALTH DAYS OF SERVICE (VOLUNTEER EVENT ENGAGING IU HEALTH TEAM MEMBERS IN ACTIVITIES THAT BENEFIT THE COMMUNITY). 2022 DAY OF SERVICE EFFORTS BY IU HEALTH BALL TEAM MEMBERS TARGETED IMPROVEMENTS FOR EDUCATION AND RECREATION IN THE INDUSTRY NEIGHBORHOOD OF MUNCIE. PLAYGROUND EQUIPMENT WAS ENHANCED, AND AN OUTDOOR CLASSROOM WAS CONSTRUCTED.</p> <p>EDUCATION, WORKFORCE TRAINING, AND UNEMPLOYMENT</p> <p>·OFFER VOCATIONAL TRAINING AND EMPLOYMENT AT IU HEALTH BALL. POSTSECONDARY VOCATIONAL TRAINING FOR INDIVIDUALS WITH DISABILITIES WAS OFFERED ON-SITE IN PARTNERSHIP WITH THE ERSKINE GREEN TRAINING INSTITUTE AT IU HEALTH BALL HOSPITAL; IN 2022 THE PROGRAM TRAINED 20 INDIVIDUALS; NINE PROGRAM GRADUATES SUBSEQUENTLY BECAME EMPLOYED AT AN IU HEALTH EAST CENTRAL REGION FACILITY.</p> <p>·LAUNCH HEALTHCARE CAREER FELLOWSHIP TRACK. THIS PROGRAM HAS NOT YET BEEN INITIATED. CONSTRUCTIVE PRELIMINARY CONVERSATIONS ABOUT PROGRAM DESIGN AND POTENTIAL FUNDING WERE HELD IN 2022.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH BALL MEMORIAL HOSPITAL (CONTN.)</p> <p>DESCRIPTION: MATERNAL AND INFANT HEALTH AND CHILD WELL-BEING</p> <p>·FURTHER IMPLEMENT HEALTHY BEGINNINGS PROGRAM. THE HEALTHY BEGINNINGS NAVIGATION PROGRAM BEGINS IN THE FIRST TRIMESTER OF PREGNANCY AND CONTINUES THROUGH THE FIRST YEAR OF LIFE. NAVIGATORS ATTEND APPOINTMENTS WITH CLIENTS AND CONNECT THEM TO COMMUNITY RESOURCES THAT ADDRESS SOCIAL DETERMINANTS OF HEALTH. ONCE THE BABY IS BORN, NAVIGATORS CONTINUE TO ENGAGE WITH FAMILIES TO ENSURE THAT POSTPARTUM AND INFANT NEEDS ARE MET. THE PROGRAM IS OPEN TO JAY AND BLACKFORD COUNTY FAMILIES. OVERALL HB IMPACT IN BLACKFORD AND JAY COUNTIES INCREASED BY 40% FROM 2021 TO 2022. MATERNAL NAVIGATOR CARED FOR 113 PREGNANT PATIENTS IN 2022 WITH 695 PATIENT ENCOUNTERS. INFANT NAVIGATORS HAD 787 ENCOUNTERS IN 2022 WITH A TOTAL OF 1415 NAVIGATION ENCOUNTERS. THIS INCLUDES REFERRALS TO WIC, LACTATION COUNSELING, CHILDBIRTH CLASSES, CAR SEAT FITTING, SAFE SLEEP CLASSES, HEALTHY FAMILIES, TOBACCO CESSATION, GOVERNMENT ASSISTANCE PROGRAMS, FAMILY RESOURCE CENTER/COMMUNITY PARTNERS AND FOOD PANTRIES.</p> <p>·FURTHER IMPLEMENT INFANT AND MATERNAL HEALTH PROGRAMS. IN 2022 THE PERINATAL COORDINATOR FOR IU HEALTH'S EAST CENTRAL REGION WORKED WITH LOCAL PROVIDERS TO IMPLEMENT A VIRTUAL CARE, REMOTE MONITORING SYSTEM TO ACHIEVE IMPROVEMENTS FOR PREGNANT AND POSTPARTUM WOMEN TO ENHANCE MATERNAL, FETAL, AND NEWBORN HEALTH BY STREAMLINING HEALTH PROMOTION, OPTIMIZING PRENATAL VISITS, RECOGNIZING EARLY MATERNAL WARNING SIGNS, SUCH AS BLOOD PRESSURE AND MENTAL HEALTH, AND EDUCATING NEW FAMILIES ON NEWBORN SAFETY AND DEVELOPMENTAL MILESTONES.</p> <p>·FURTHER IMPLEMENT PEDIATRIC REHABILITATION SERVICES. IN 2022, THERE WERE 13,270 TOTAL VISITS ATTENDED IN THE CLINIC SETTING. PROGRAM COVERAGE IN SCHOOL SETTINGS WAS INCREASED IN 2022 TO 1,803 HOURS OF SCHOOL COVERAGE FROM 1,447 HOURS IN 2021. PEDIATRIC REHABILITATION DEPARTMENT CONTINUES TO REFER APPROPRIATE PATIENTS TO FIRST STEPS, WHICH HELPS WITH ACCESS TO REHABILITATION SERVICES FOR THOSE IN RURAL AREAS AND URBAN AREAS.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: IU HEALTH BALL MEMORIAL HOSPITAL (CONTN.)</p> <p>DESCRIPTION: SMOKING, TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE ·PROMOTE THE USE OF QUIT NOW INDIANA (1-800 QUIT NOW). QUIT-NOW TOBACCO TOOLKITS WERE DISTRIBUTED TO COMMUNITY MEMBERS AT HEALTH FAIRS, SPECIAL EVENTS AND SPEAKING OPPORTUNITIES IN 2022. THE INDIANA TOBACCO QUITLINE RECEIVED REFERRALS AS FOLLOWS IN 2022: BLACKFORD COUNTY, 38 REFERRALS; DELAWARE COUNTY, 170 REFERRALS; JAY COUNTY 49 REFERRALS. ·FURTHER IMPLEMENT THE CENTRALIZED TOBACCO TREATMENT PROGRAM (CTTP) (PROVIDES PATIENTS ACCESS TO EVIDENCE-BASED TOBACCO TREATMENT). BETWEEN JULY 2021 TO MARCH 2022, TRAINING TOOK PLACE IN ALL ADULT PRIMARY CARE CLINICS IN THE IU HEALTH SYSTEM ON THE CTTP PROGRAM, INCLUDING THE AVAILABILITY OF SERVICES AND HOW TO MAKE REFERRALS INTO THE FREE PROGRAM FOR PATIENTS. IN 2022, FOR THE EAST CENTRAL REGION (INCLUDING IU HEALTH BALL), THERE WERE 113 REFERRALS TO THE CTTP (49% OF PATIENTS SCHEDULED COUNSELING WITH A TTS BECAUSE OF THE REFERRAL; 27% OF PATIENTS COMPLETED THE SESSION). A TOTAL OF 449 PATIENTS, INCLUDING 41 IN THE CTTP, ENROLLED IN CLICKOTINE.</p> <p>SOCIAL DETERMINANTS OF HEALTH ·ADVANCE COMMUNITY COLLABORATIONS AND INTERVENTIONS WITH SUPPORT FROM THE COMMUNITY IMPACT AND INVESTMENT FUND (CII). INFORMATION ABOUT THE 2022 CII FUNDING OPPORTUNITY WAS WIDELY SHARED IN THE EAST CENTRAL REGION; MULTIPLE PROJECT AND PARTNERSHIP IDEAS WERE CONSIDERED BY IUH EAST CENTRAL LEADERSHIP TEAM, AND 3 WERE CONNECTED WITH IU HEALTH TEAM MEMBERS TO ALIGN RESOURCES FOR A SUCCESSFUL GRANT APPLICATION. APPLICATION FROM URBAN LIGHT COMMUNITY CHURCH AND IU HEALTH BALL FAMILY MEDICINE RESIDENCY WAS SELECTED AS 2022 CII FUND AWARDEE FOR DEVELOPMENT AND CONSTRUCTION OF A SOCIAL SERVICES HUB TO SERVE HIGH-NEEDS AUDIENCES IN MUNCIE. ·SUPPORT SCHOOL-BASED EDUCATION AND FOOD ACCESS PROGRAMS. IU HEALTH BALL PROVIDED FUNDING TO SUPPORT A HEALTH AND NUTRITION FOCUSED PROGRAM IMPLEMENTED FOR 800+ K-5 STUDENTS AT TWO MUNCIE SCHOOLS. ADDITIONAL FUNDING SUPPORTED SECOND HARVEST FOOD BANK WITH OUTREACH PROGRAMS AT NINE MUNCIE COMMUNITY SCHOOLS LOCATIONS. THESE PROGRAMS PROVIDED 946,011 POUNDS OF FOOD TO 550+ FAMILIES, WHILE ALSO OFFERING AFTERSCHOOL ACTIVITIES AND EVENTS TO ENGAGE FAMILIES AND INTRODUCE CAREER-BASED PRESENTATIONS. THE YMCA OF MUNCIE CONTINUES TO LEVERAGE SUPPORT FROM IU HEALTH TO OFFER THE COORDINATED APPROACH TO CHILD HEALTH (CATCH) PROGRAM, IMPACTING 486 CHILDREN IN 2022. ·SUPPORT THE MUNCIE NEIGHBORHOOD 8TWELVE COALITION. FUNDING FROM THE IU HEALTH CII FUND HAS ALLOWED FOR SIGNIFICANT INFRASTRUCTURE IMPROVEMENTS IN THE THOMAS PARK / AVONDALE NEIGHBORHOODS OF MUNCIE, INCLUDING OVER 4,000 FEET OF NEW SIDEWALKS COMPLETED IN 2022; ONGOING SUPPORT OF A LOCAL FOOD PANTRY, AND COMPLETION OF A THREE-FIELD SOCCER COMPLEX IN THE FALL OF 2022. IN THE LAST FIVE MONTHS OF 2022, 66 ORGANIZED EVENTS TOOK PLACE ON THE NEW FIELDS. ·SUPPORT FARMERS MARKET EDUCATION PROGRAM. FAMILIES WERE ENGAGED AT LOCAL FARMERS MARKETS AND FARMSTANDS IN THE EAST CENTRAL REGION WITH EDUCATIONAL PROGRAMMING RELATED TO THE NUTRITIONAL VALUE OF FRESH PRODUCE, SELECTION, READING FOOD LABELS AND MAINTAINING ACTIVE LIFESTYLES. PROGRAMMING ALSO INCLUDED COOKING DEMONSTRATIONS AND IMPLEMENTATION OF IU HEALTH BUCKS TO ENCOURAGE INCREASED USAGE OF FRESH PRODUCE IN FAMILY MEAL PLANNING AND TO INCENTIVIZE PARTICIPANTS TO VISIT A LOCAL FARMERS MARKET. COMMUNITY PARTNERS SERVING HIGH-NEEDS AUDIENCES PROMOTED THE PROGRAM AND RECRUITED PARTICIPANTS. MORE THAN \$2,000 OF IU HEALTH BUCKS WERE DISTRIBUTED AND REDEEMED IN 2022. ·ASSIST PEOPLE FROM RACIAL AND ETHNIC MINORITY GROUPS WITH ACCESSING HEALTH SERVICES IN THE COMMUNITY. DUAL LANGUAGE HANDOUTS WERE DEVELOPED/UTILIZED IN 2022 TO PROMOTE COMMUNITY EVENTS.</p> <p>SIGNIFICANT NEEDS HOSPITAL WILL NOT ADDRESS IU HEALTH BALL ADDRESSED ALL THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2021 COMMUNITY HEALTH NEEDS ASSESSMENT.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE</p>	<p>FACILITY NAME: IU HEALTH BALL MEMORIAL HOSPITAL</p> <p>DESCRIPTION: IN ADDITION TO FPG, IU HEALTH BALL MEMORIAL HOSPITAL MAY TAKE INTO CONSIDERATION A PATIENT'S INCOME AND/OR ABILITY TO PAY IN CALCULATION OF A FINANCIAL ASSISTANCE AWARD.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE</p>	<p>FACILITY NAME: IU HEALTH BALL MEMORIAL HOSPITAL</p> <p>DESCRIPTION: IU HEALTH BALL MEMORIAL HOSPITAL TAKES INTO CONSIDERATION SEVERAL OTHER FACTORS IN DETERMINING PATIENT ELIGIBILITY FOR FINANCIAL ASSISTANCE. THESE FACTORS INCLUDE THE FOLLOWING:</p> <p>1. ELIGIBILITY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP</p> <p>IN ORDER TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY, A PATIENT OR GUARANTOR MUST: - SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION WITH ALL SUPPORTING DOCUMENTATION AND BE APPROVED IN ACCORDANCE WITH THIS POLICY; - BE AN INDIANA RESIDENT AS DEFINED IN THIS POLICY; AND - IF UNINSURED, CONSULT WITH A MEMBER OF IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT TO DETERMINE IF HEALTH CARE COVERAGE MAY BE OBTAINED FROM A GOVERNMENT INSURANCE OR ASSISTANCE PRODUCT, THE HEALTH INSURANCE MARKETPLACE, OR FROM ANY OTHER SOURCE OF COVERAGE.</p> <p>FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP IS ONLY AVAILABLE FOR ENCOUNTERS WHERE CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY.</p> <p>2. FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP</p> <p>THE FPL INCOME THRESHOLD UNDER THIS SECTION IS AS FOLLOWS: -IF ONE OR MORE ADULTS AND ZERO DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 200%. -IF TWO OR MORE ADULTS AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 250%. -IF ONE ADULT AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 300%.</p> <p>IN SOME INSTANCES, AN ADULT WILL ALSO QUALIFY AS A DEPENDENT. WHEN THIS OCCURS, IU HEALTH WILL TREAT THE ADULT AS A DEPENDENT FOR PURPOSES OF THE FPL CALCULATION.</p> <p>IU HEALTH WILL UTILIZE THE MOST RECENT FPL DATA AVAILABLE AND WILL APPLY THE FPL DATA TO A PATIENT OR GUARANTOR'S ACCOUNT BALANCE BASED UPON THE CALENDAR DATE A COMPLETED FINANCIAL ASSISTANCE APPLICATION WAS RECEIVED, NOT A PATIENT'S DATE OF SERVICE.</p> <p>AN UNINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF GROSS CHARGES IF APPROVED.</p> <p>AN UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF PATIENT RESPONSIBILITY IF APPROVED.</p> <p>3. FINANCIAL ASSISTANCE DUE TO PERSONAL HARDSHIP</p> <p>AN UNINSURED OR UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS ABOVE THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE IF THE PATIENT'S OUTSTANDING PATIENT RESPONSIBILITY EXCEEDS 20% OF THE PATIENT'S OR THEIR GUARANTOR'S ANNUAL HOUSEHOLD INCOME. -IF APPROVED, THE PATIENT'S BALANCE WILL BE REDUCED TO 20% OF THE PATIENT OR GUARANTOR'S ANNUAL HOUSEHOLD INCOME OR THE AMOUNTS GENERALLY BILLED, WHICHEVER IS LESS. -IU HEALTH WILL WORK WITH THE PATIENT OR GUARANTOR TO IDENTIFY A REASONABLE PAYMENT PLAN ON THE REMAINDER OF THE BALANCE.</p> <p>4. ELIGIBILITY PERIOD</p> <p>IF APPROVED FOR FINANCIAL ASSISTANCE BY IU HEALTH, THE PATIENT WILL BE GUARANTEED FINANCIAL ASSISTANCE FOR TREATMENT RELATED TO THE UNDERLYING CONDITION, FOR WHICH THE PATIENT WAS ORIGINALLY SCREENED AND APPROVED, THROUGH THE REMAINDER OF THE CALENDAR YEAR.</p> <p>AS A CONDITION OF EXTENDING THE ON-GOING FINANCIAL ASSISTANCE, THE PATIENT MUST COMPLY WITH REQUESTS FROM IU HEALTH TO VERIFY THAT THE PATIENT CONTINUES TO MEET THE CONDITIONS FOR QUALIFICATION.</p> <p>5. APPEALS AND ASSISTANCE GRANTED BY THE FINANCIAL ASSISTANCE COMMITTEE</p> <p>THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW AND MAKE DETERMINATIONS ON ALL REQUESTS FOR APPEALS RELATED TO FINANCIAL ASSISTANCE. IF A PATIENT OR GUARANTOR SEEKS TO APPEAL A FINANCIAL ASSISTANCE DETERMINATION, A WRITTEN REQUEST MUST BE SUBMITTED, ALONG WITH THE SUPPORTING DOCUMENTATION.</p> <p>THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW REQUESTS FOR AND MAY GRANT ADDITIONAL FINANCIAL ASSISTANCE, INCLUDING BUT NOT LIMITED TO, THE FOLLOWING: -ASSISTANCE TO PATIENTS WHO ARE SEEKING TREATMENT THAT CAN ONLY BE PROVIDED IN INDIANA BY IU HEALTH OR WHO WOULD BENEFIT FROM CONTINUED MEDICAL SERVICES FROM IU HEALTH FOR CONTINUITY OF CARE; -CARE APPROVED BY THE IU HEALTH CHIEF MEDICAL OFFICER (CMO) OR THE CHIEF EXECUTIVE OFFICER (CEO) OR CMO OF AN IU HEALTH FACILITY OR REGION, INCLUDING MEDICALLY NECESSARY NON-ELECTIVE SERVICES FOR WHICH NO PAYMENT SOURCE CAN BE IDENTIFIED; -CARE PROVIDED WHEN IT IS KNOWN NO PAYMENT SOURCE EXISTS; -INTERNATIONAL HUMANITARIAN AID; AND -OTHER CARE IDENTIFIED BY THE FINANCIAL ASSISTANCE COMMITTEE THAT FULFILLS THE IU HEALTH MISSION.</p>

Return Reference - Identifier	Explanation
	<p>ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL.</p> <p>6. PRESUMPTIVE ELIGIBILITY</p> <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>IU HEALTH WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY:</p> <ul style="list-style-type: none"> -MEDICAID (ANY STATE) -INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES -HEALTHY INDIANA PLAN -PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) -A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. <p>IU HEALTH WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE.</p> <p>FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES:</p> <ul style="list-style-type: none"> -IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. -IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. -IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH. <p>7. EXHAUSTION OF ALTERNATE SOURCES OF ASSISTANCE</p> <p>PATIENTS MUST EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY INCLUDING, BUT NOT LIMITED TO, MEDICAID.</p> <p>PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE HEALTH INSURANCE POLICY MUST EXHAUST ALL INSURANCE BENEFITS.</p> <ul style="list-style-type: none"> -THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. -IU HEALTH MAY REQUEST PATIENTS SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THE APPROPRIATE INSURANCE PROVIDER BEFORE AWARDED FINANCIAL ASSISTANCE. <p>ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH FACILITY AS A RESULT OF AN INJURY PROXIMATELY CAUSED BY A THIRD PARTY, AND LATER RECEIVE A MONETARY SETTLEMENT OR AWARD FROM SAID THIRD PARTY, MAY RECEIVE FINANCIAL ASSISTANCE FOR ANY OUTSTANDING BALANCE NOT COVERED BY THE SETTLEMENT OR AWARD.</p> <p>IN THE EVENT FINANCIAL ASSISTANCE HAS ALREADY BEEN GRANTED IN THE ABOVE CIRCUMSTANCES, IU HEALTH RESERVES THE RIGHT TO REVERSE THE FINANCIAL ASSISTANCE DETERMINATION IN AN AMOUNT EQUAL TO THE AMOUNT IU HEALTH WOULD BE ENTITLED TO RECEIVE HAD NO FINANCIAL ASSISTANCE BEEN AWARDED.</p> <p>8. PATIENT ASSETS</p> <p>THERE ARE SITUATIONS WHERE A PATIENT OR THEIR GUARANTOR MAY HAVE SIGNIFICANT INCOME OR ASSETS AVAILABLE TO PAY FOR HEALTHCARE SERVICES SUCH AS A LEGAL SETTLEMENT. THE FINANCIAL ASSISTANCE COMMITTEE MAY EVALUATE THE INCOME OR ASSETS IN DETERMINING FINANCIAL HARDSHIP.</p> <p>IU HEALTH MAY REQUIRE A LIST OF ALL PROPERTY OWNED BY THE PATIENT OR GUARANTOR AND ADJUST A FINANCIAL ASSISTANCE DETERMINATION AS A RESULT.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://IUHEALTH.ORG/PAY-A-BILL/FINANCIAL-ASSISTANCE

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY</p>	<p>FACILITY NAME: IU HEALTH BALL MEMORIAL HOSPITAL</p> <p>DESCRIPTION: IU HEALTH BALL MEMORIAL HOSPITAL TAKES SEVERAL OTHER MEASURES TO PUBLICIZE ITS FAP WITHIN THE COMMUNITY. THESE MEASURES INCLUDE THE FOLLOWING:</p> <ol style="list-style-type: none"> 1.POST THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION ON ITS WEBSITE. 2.PROVIDE PATIENTS WITH A PLAIN LANGUAGE SUMMARY OF THIS POLICY DURING REGISTRATION AND/OR DISCHARGE. 3.POST CONSPICUOUS DISPLAYS IN APPROPRIATE ACUTE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS AND REGISTRATION AREAS DESCRIBING THE AVAILABLE ASSISTANCE AND DIRECTING ELIGIBLE PATIENTS TO THE FINANCIAL ASSISTANCE APPLICATION. 4.INCLUDE A CONSPICUOUS WRITTEN NOTICE ON ALL PATIENT POST-DISCHARGE BILLING STATEMENTS NOTIFYING THE PATIENT ABOUT THIS POLICY AND THE TELEPHONE NUMBER OF THE CUSTOMER SERVICE DEPARTMENT WHICH CAN ASSIST PATIENTS WITH QUESTIONS REGARDING THIS POLICY. 5.MAKE AVAILABLE CUSTOMER SERVICE REPRESENTATIVES VIA TELEPHONE DURING NORMAL BUSINESS HOURS. 6.MAIL COPIES OF THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND A FINANCIAL ASSISTANCE APPLICATION TO PATIENTS OR THEIR GUARANTOR FREE OF CHARGE UPON REQUEST. 7.BROADLY COMMUNICATE THIS POLICY AS A PART OF ITS GENERAL OUTREACH EFFORTS. 8.EDUCATE PATIENT-FACING TEAM MEMBERS ON THIS POLICY AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 24

Name and address	Type of facility (describe)
1 IU HEALTH BALL MEMORIAL OUTPATIENT SURGERY CENTER 2401 W. UNIVERSITY AVE. MUNCIE, IN 47303	SURGERY CENTER
2 IU HEALTH BALL MEMORIAL CANCER CENTER 2401 W. UNIVERSITY AVE. MUNCIE, IN 47303	SPECIALTY CARE
3 IU HEALTH BALL MEMORIAL MATERNAL & FETAL HEALTH 2401 W. UNIVERSITY AVE. MUNCIE, IN 47303	SPECIALTY CARE
4 IU HEALTH BALL MEMORIAL CARDIOVASCULAR SURGERY 2525 W. UNIVERSITY AVE., SUITE 300 MUNCIE, IN 47303	SPECIALTY CARE
5 IU HEALTH BALL MEMORIAL OTOLARYNGOLOGY 2525 W. UNIVERSITY AVE. MUNCIE, IN 47303	SPECIALTY CARE
6 IU HEALTH BALL MEMORIAL PHYSICIANS CARDIOLOGY 2525 W. UNIVERSITY AVE. MUNCIE, IN 47303	SPECIALTY CARE
7 IU HEALTH BALL MEMORIAL PHYSICIANS CASTROENTEROLOGY 2525 W. UNIVERSITY AVE., SUITE 300 MUNCIE, IN 47303	SPECIALTY CARE
8 IU HEALTH BALL MEMORIAL GENERAL & VASCULAR SURGERY 2525 W. UNIVERSITY AVE., SUITE 403 MUNCIE, IN 47303	SPECIALTY CARE
9 IU HEALTH BALL MEMORIAL PHYSICIANS HEART AND LUNG CENTER 2525 W. UNIVERSITY AVE., SUITE 300 MUNCIE, IN 47303	SPECIALTY CARE
10 IU HEALTH BALL MEMORIAL PHYSICIANS INFECTIOUS DISEASE 2401 W. UNIVERSITY AVE. MUNCIE, IN 47303	SPECIALTY CARE

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 24

Name and address	Type of facility (describe)
1 IU HEALTH BALL MEMORIAL PHYSICIANS INTERNAL MEDICINE RESIDENCY CENTER 2401 W. UNIVERSITY AVE., SUITE 401 MUNCIE, IN 47303	SPECIALTY CARE
2 IU HEALTH BALL MEMORIAL PHYSICIANS NEUROLOGY 2525 W. UNIVERSITY AVE., SUITE 401 MUNCIE, IN 47303	SPECIALTY CARE
3 IU HEALTH BALL MEMORIAL PHYSICIANS PHYSICAL MEDICINE & REHAB/SPINE PROGRAM 2525 W. UNIVERSITY AVE., SUITE 401 MUNCIE, IN 47303	SPECIALTY CARE
4 IU HEALTH BALL MEMORIAL PHYSICIANS PULMONARY & CRITICAL CARE MEDICINE 2525 W. UNIVERSITY AVE., SUITE 300 MUNCIE, IN 47303	SPECIALTY CARE
5 IU HEALTH BALL OUTPATIENT BEHAVIORAL HEALTH 2401 W. UNIVERSITY AVE., SUITE 3500A MUNCIE, IN 47303	SPECIALTY CARE
6 IU HEALTH BALL MEMORIAL RADIOLOGY 2401 W. UNIVERSITY AVE. MUNCIE, IN 47303	RADIOLOGY
7 IU HEALTH BALL MEMORIAL RADIOLOGY 2401 W. UNIVERSITY AVE. MUNCIE, IN 47303	RADIOLOGY
8 IU HEALTH PAVILION COMMUNITY PHARMACY 2401 W. UNIVERSITY AVE., OMP 1635 MUNCIE, IN 47303	PHARMACY
9 IU HEALTH YORKTOWN PHARMACY 1420 S. PILGRIM BLVD. YORKTOWN, IN 47396	PHARMACY
10 IU HEALTH BLACKFORD PHARMACY 400 PILGRIM BLVD. HARTFORD CITY, IN 47348	PHARMACY

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Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 24

Name and address	Type of facility (describe)
1 IU HEALTH FAMILY PHARMACY 5501 W. BETHEL AVE. MUNCIE, IN 47304	PHARMACY
2 IU HEALTH BALL MEMORIAL OUTPATIENT REHABILITATION CENTER 3300 W. COMMUNITY DR. MUNCIE, IN 47304	REHABILITATION SERVICES
3 IU HEALTH BALL MEMORIAL LAB 2401 W. UNIVERSITY AVE. MUNCIE, IN 47303	LAB
4 IU HEALTH BALL MEMORIAL HOSPICE 2401 W. UNIVERSITY AVE. MUNCIE, IN 47303	OTHER
5	
6	
7	
8	
9	
10	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART I, LINE 3C - CRITERIA USED FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE</p>	<p>IU HEALTH BALL MEMORIAL HOSPITAL USES SEVERAL FACTORS OTHER THAN FEDERAL POVERTY GUIDELINES ("FPG") IN DETERMINING ELIGIBILITY FOR FREE CARE UNDER ITS FAP. THESE FACTORS INCLUDE THE FOLLOWING:</p> <p>1. ELIGIBILITY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP IN ORDER TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY, A PATIENT OR GUARANTOR MUST:</p> <ul style="list-style-type: none"> - SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION WITH ALL SUPPORTING DOCUMENTATION AND BE APPROVED IN ACCORDANCE WITH THIS POLICY. - BE AN INDIANA RESIDENT AS DEFINED IN THIS POLICY; AND - IF UNINSURED, CONSULT WITH A MEMBER OF IU HEALTH'S INDIVIDUAL SOLUTIONS DEPARTMENT TO DETERMINE IF HEALTH CARE COVERAGE MAY BE OBTAINED FROM A GOVERNMENT INSURANCE OR ASSISTANCE PRODUCT, THE HEALTH INSURANCE MARKETPLACE, OR FROM ANY OTHER SOURCE OF COVERAGE. <p>FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP IS ONLY AVAILABLE FOR ENCOUNTERS WHERE CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY.</p> <p>2. FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP</p> <p>THE FPL INCOME THRESHOLD UNDER THIS SECTION IS AS FOLLOWS:</p> <ul style="list-style-type: none"> -IF ONE OR MORE ADULTS AND ZERO DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 200%. -IF TWO OR MORE ADULTS AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 250%. -IF ONE ADULT AND ONE OR MORE DEPENDENTS ARE IN THE HOUSEHOLD, THE FPL INCOME THRESHOLD IS 300%. <p>IN SOME INSTANCES, AN ADULT WILL ALSO QUALIFY AS A DEPENDENT. WHEN THIS OCCURS, IU HEALTH BALL MEMORIAL HOSPITAL WILL TREAT THE ADULT AS A DEPENDENT FOR PURPOSES OF THE FPL CALCULATION.</p> <p>IU HEALTH BALL MEMORIAL HOSPITAL WILL UTILIZE THE MOST RECENT FPL DATA AVAILABLE AND WILL APPLY THE FPL DATA TO A PATIENT OR GUARANTOR'S ACCOUNT BALANCE BASED UPON THE CALENDAR DATE A COMPLETED FINANCIAL ASSISTANCE APPLICATION WAS RECEIVED, NOT A PATIENT'S DATE OF SERVICE.</p> <p>AN UNINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF GROSS CHARGES IF APPROVED.</p> <p>AN UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE UP TO 100% OF PATIENT RESPONSIBILITY IF APPROVED.</p> <p>3. FINANCIAL ASSISTANCE DUE TO PERSONAL HARDSHIP</p> <p>AN UNINSURED OR UNDERINSURED PATIENT OR THEIR GUARANTOR WHOSE HOUSEHOLD INCOME IS ABOVE THE FPL INCOME THRESHOLD MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE IF THE PATIENT'S OUTSTANDING PATIENT RESPONSIBILITY EXCEEDS 20% OF THE PATIENT'S OR THEIR GUARANTOR'S ANNUAL HOUSEHOLD INCOME.</p> <ul style="list-style-type: none"> -IF APPROVED, THE PATIENT'S BALANCE WILL BE REDUCED TO 20% OF THE PATIENT OR GUARANTOR'S ANNUAL HOUSEHOLD INCOME OR THE AMOUNTS GENERALLY BILLED, WHICHEVER IS LESS. -IU HEALTH WILL WORK WITH THE PATIENT OR GUARANTOR TO IDENTIFY A REASONABLE PAYMENT PLAN ON THE REMAINDER OF THE BALANCE. <p>4. ELIGIBILITY PERIOD</p> <p>IF APPROVED FOR FINANCIAL ASSISTANCE BY IU HEALTH BALL MEMORIAL HOSPITAL, THE PATIENT WILL BE GUARANTEED FINANCIAL ASSISTANCE FOR TREATMENT RELATED TO THE UNDERLYING CONDITION, FOR WHICH THE PATIENT WAS ORIGINALLY SCREENED AND APPROVED, THROUGH THE REMAINDER OF THE CALENDAR YEAR.</p> <p>AS A CONDITION OF EXTENDING THE ON-GOING FINANCIAL ASSISTANCE, THE PATIENT MUST COMPLY WITH REQUESTS FROM IU HEALTH BALL MEMORIAL HOSPITAL TO VERIFY THAT THE PATIENT CONTINUES TO MEET THE CONDITIONS FOR QUALIFICATION.</p> <p>5. APPEALS AND ASSISTANCE GRANTED BY THE FINANCIAL ASSISTANCE COMMITTEE</p> <p>THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW AND MAKE DETERMINATIONS ON ALL REQUESTS FOR APPEALS RELATED TO FINANCIAL ASSISTANCE. IF A PATIENT OR GUARANTOR SEEKS TO APPEAL A FINANCIAL ASSISTANCE DETERMINATION, A WRITTEN REQUEST MUST BE SUBMITTED, ALONG WITH THE SUPPORTING DOCUMENTATION.</p> <p>THE FINANCIAL ASSISTANCE COMMITTEE WILL REVIEW REQUESTS FOR AND MAY GRANT ADDITIONAL FINANCIAL ASSISTANCE, INCLUDING BUT NOT LIMITED TO, THE FOLLOWING:</p> <ul style="list-style-type: none"> -ASSISTANCE TO PATIENTS WHO ARE SEEKING TREATMENT THAT CAN ONLY BE PROVIDED IN INDIANA BY

Return Reference - Identifier	Explanation
	<p>IU HEALTH OR WHO WOULD BENEFIT FROM CONTINUED MEDICAL SERVICES FROM IU HEALTH FOR CONTINUITY OF CARE; -CARE APPROVED BY THE IU HEALTH CHIEF MEDICAL OFFICER (CMO) OR THE CHIEF EXECUTIVE OFFICER (CEO) OR CMO OF AN IU HEALTH FACILITY OR REGION, INCLUDING MEDICALLY NECESSARY NON-ELECTIVE SERVICES FOR WHICH NO PAYMENT SOURCE CAN BE IDENTIFIED; -CARE PROVIDED WHEN IT IS KNOWN NO PAYMENT SOURCE EXISTS; -INTERNATIONAL HUMANITARIAN AID; AND -OTHER CARE IDENTIFIED BY THE FINANCIAL ASSISTANCE COMMITTEE THAT FULFILLS THE IU HEALTH MISSION. ALL DECISIONS OF THE FINANCIAL ASSISTANCE COMMITTEE ARE FINAL. 6. PRESUMPTIVE ELIGIBILITY NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION. IU HEALTH BALL MEMORIAL HOSPITAL WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY: -MEDICAID (ANY STATE) -INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES -HEALTHY INDIANA PLAN -PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) -A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. IU HEALTH BALL MEMORIAL HOSPITAL WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES: -IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. -IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. -IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH. 7. EXHAUSTION OF ALTERNATE SOURCES OF ASSISTANCE PATIENTS MUST EXHAUST ALL OTHER STATE AND FEDERAL ASSISTANCE PROGRAMS PRIOR TO RECEIVING FINANCIAL ASSISTANCE DUE TO FINANCIAL OR PERSONAL HARDSHIP UNDER THIS POLICY INCLUDING, BUT NOT LIMITED TO, MEDICAID. PATIENTS WHO MAY BE ELIGIBLE FOR COVERAGE UNDER AN APPLICABLE HEALTH INSURANCE POLICY MUST EXHAUST ALL INSURANCE BENEFITS. -THIS INCLUDES PATIENTS COVERED UNDER THEIR OWN POLICY AND THOSE WHO MAY BE ENTITLED TO BENEFITS FROM A THIRD-PARTY POLICY. -IU HEALTH MAY REQUEST PATIENTS SHOW PROOF THAT SUCH A CLAIM WAS PROPERLY SUBMITTED TO THE APPROPRIATE INSURANCE PROVIDER BEFORE AWARDED FINANCIAL ASSISTANCE. ELIGIBLE PATIENTS WHO RECEIVE MEDICAL CARE FROM AN IU HEALTH FACILITY AS A RESULT OF AN INJURY PROXIMATELY CAUSED BY A THIRD PARTY, AND LATER RECEIVE A MONETARY SETTLEMENT OR AWARD FROM SAID THIRD PARTY, MAY RECEIVE FINANCIAL ASSISTANCE FOR ANY OUTSTANDING BALANCE NOT COVERED BY THE SETTLEMENT OR AWARD. IN THE EVENT FINANCIAL ASSISTANCE HAS ALREADY BEEN GRANTED IN THE ABOVE CIRCUMSTANCES, IU HEALTH BALL MEMORIAL HOSPITAL RESERVES THE RIGHT TO REVERSE THE FINANCIAL ASSISTANCE DETERMINATION IN AN AMOUNT EQUAL TO THE AMOUNT IU HEALTH WOULD BE ENTITLED TO RECEIVE HAD NO FINANCIAL ASSISTANCE BEEN AWARDED. 8. PATIENT ASSETS THERE ARE SITUATIONS WHERE A PATIENT OR THEIR GUARANTOR MAY HAVE SIGNIFICANT INCOME OR ASSETS AVAILABLE TO PAY FOR HEALTHCARE SERVICES SUCH AS A LEGAL SETTLEMENT. THE FINANCIAL ASSISTANCE COMMITTEE MAY EVALUATE THE INCOME OR ASSETS IN DETERMINING FINANCIAL HARDSHIP. IU HEALTH BALL MEMORIAL HOSPITAL MAY REQUIRE A LIST OF ALL PROPERTY OWNED BY THE PATIENT OR GUARANTOR AND ADJUST A FINANCIAL ASSISTANCE DETERMINATION AS A RESULT.</p>
<p>SCHEDULE H, PART I, LINE 6A - C.B. REPORT PREPARED BY A RELATED ORG.</p>	<p>IU HEALTH BALL MEMORIAL HOSPITAL'S COMMUNITY BENEFIT AND OTHER INVESTMENTS, ENCOMPASSING ITS TOTAL COMMUNITY INVESTMENT, ARE INCLUDED IN THE IU HEALTH COMMUNITY BENEFIT REPORT WHICH IS PREPARED ON BEHALF OF AND INCLUDES IU HEALTH AND ITS RELATED HOSPITAL ENTITIES IN THE STATE OF INDIANA ("IU HEALTH STATEWIDE SYSTEM").</p> <p>THE IU HEALTH COMMUNITY BENEFIT REPORT IS MADE AVAILABLE TO THE PUBLIC ON IU HEALTH'S WEBSITE AT HTTPS://IUHEALTH.ORG/IN-THE-COMMUNITY/COMMUNITY-BENEFIT. THE IU HEALTH COMMUNITY BENEFIT REPORT IS ALSO DISTRIBUTED TO NUMEROUS KEY ORGANIZATIONS THROUGHOUT THE STATE OF INDIANA IN ORDER TO BROADLY SHARE THE IU HEALTH STATEWIDE SYSTEM'S COMMUNITY BENEFIT EFFORTS. IT IS ALSO AVAILABLE BY REQUEST THROUGH THE INDIANA STATE DEPARTMENT OF HEALTH OR IU HEALTH.</p>
<p>SCHEDULE H, PART I, LINE 6A - NAME OF RELATED ORGANIZATION THAT PREPARED COMMUNITY BENEFIT REPORT</p>	<p>INDIANA UNIVERSITY HEALTH, INC.</p>
<p>SCHEDULE H, PART I, LINE 7 - TOTAL COMMUNITY BENEFIT EXPENSE</p>	<p>SCHEDULE H, PART I, LINE 7, COLUMN (F), PERCENT OF TOTAL EXPENSE, IS BASED ON COLUMN (E) NET COMMUNITY BENEFIT EXPENSE. THE PERCENT OF TOTAL EXPENSE BASED ON COLUMN (C) TOTAL COMMUNITY BENEFIT EXPENSE, WHICH DOES NOT INCLUDE DIRECT OFFSETTING REVENUE, IS 32.18%.</p>
<p>SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION</p>	<p>9,477,086</p>

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SCHEDULE H, PART I, LINE 7F - BAD DEBT EXPENSE	<p>THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSE ON LINE 7, COLUMN (F) IS \$9,477,086.</p> <p>BAD DEBT EXPENSE IS REPORTED AT COST BASED ON THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.</p>
SCHEDULE H, PART I, LINE 7G - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC	<p>IU HEALTH BALL MEMORIAL HOSPITAL INCLUDES COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES BUT IS NOT ABLE TO SEGREGATE THE COSTS ASSOCIATED WITH PHYSICIAN CLINICS.</p>
SCHEDULE H, PART II - PROMOTION OF HEALTH IN COMMUNITIES SERVED	<p>IU HEALTH BALL IS A SUBSIDIARY OF INDIANA UNIVERSITY HEALTH. IU HEALTH PARTICIPATES IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES IT SERVES. IU HEALTH AND ITS RELATED HOSPITAL ENTITIES ACROSS THE STATE OF INDIANA INVESTMENTS INCLUDE ECONOMIC DEVELOPMENT EFFORTS ACROSS THE STATE, COLLABORATE WITH LIKE-MINDED ORGANIZATIONS THROUGH COALITIONS THAT ADDRESS KEY ISSUES, AND ADVOCATE FOR IMPROVEMENTS IN THE HEALTH STATUS OF VULNERABLE POPULATIONS. THIS INCLUDES MAKING CONTRIBUTIONS TO COMMUNITY-BUILDING ACTIVITIES BY PROVIDING INVESTMENTS AND RESOURCES TO LOCAL COMMUNITY INITIATIVES THAT ADDRESS ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT AND WORKFORCE DEVELOPMENT.</p> <p>IU HEALTH BALL PARTNERS WITH THE FOLLOWING ORGANIZATIONS AND INITIATIVES THAT FOCUS ON SOME OF THE ROOT CAUSES OF HEALTH ISSUES, SUCH AS LACK OF EDUCATION, EMPLOYMENT AND POVERTY:</p> <p>ECONOMIC DEVELOPMENT: IU HEALTH BALL REPRESENTATIVES SERVED ON MULTIPLE ECONOMIC DEVELOPMENT BOARDS AND COMMITTEES IN 2022, SUCH AS THE EAST CENTRAL INDIANA REGIONAL PARTNERSHIP (ECIRP), NEXT MUNCIE, READI REVIEW BOARD, MUNCIE/DELAWARE COUNTY CHAMBER OF COMMERCE, BALL BROTHERS FOUNDATION, AND THE SHERMAN AND MARJORIE ZEIGLER FOUNDATION. IN 2022, THE HOSPITAL DONATED \$8,710 TO ECIRP.</p> <p>COALITION BUILDING: IU HEALTH BALL SERVES AS THE BACKBONE ORGANIZATION PROVIDING RESOURCES TO OPERATE A THREE-COUNTY HEALTH COALITION FOCUSED ON OBESITY PREVENTION AND TOBACCO CESSATION TO REDUCE THE IMPACT OF CHRONIC DISEASE INCLUDING CANCER AND HEART DISEASE. MORE THAN 150 ORGANIZATIONS ARE PARTNERS IN THE "HEALTHY COMMUNITY ALLIANCE OF EAST CENTRAL INDIANA" COALITION AND EACH PLEDGE TO INFLUENCE AUDIENCES TO MAKE POSITIVE CHOICES REGARDING IMPROVED NUTRITION, INCREASED PHYSICAL ACTIVITY OR TOBACCO CESSATION. COALITION PARTNERS REPORT A COLLECTIVE TOTAL AUDIENCE SIZE OF MORE THAN 50,000 PEOPLE.</p> <p>COMMUNITY HEALTH IMPROVEMENT ADVOCACY: IN ADDITION TO ORGANIZING A COMMUNITY AND PROVIDER RECOVERY SUMMIT WITH OVER 200 ATTENDEES IN 2022, REPRESENTATIVES OF IU HEALTH BALL ALSO SERVED IN NUMEROUS EXECUTIVE COMMITTEES AND BOARDS OF DIRECTORS FOR ORGANIZATIONS STRIVING TO IMPROVE COMMUNITY HEALTH STATUS, INCLUDING A BETTER WAY, BALL BROTHERS FOUNDATION, CENTER OF HOPE, YOUTH OPPORTUNITY CENTER, COMMUNITY FOUNDATION OF MUNCIE AND DELAWARE COUNTY, DELAWARE COUNTY PREVENTION COUNCIL, MUNCIE AFGHAN REFUGEE RESETTLEMENT COMMITTEE, OPEN DOOR HEALTH CENTER, STARFISH INITIATIVE, STRENGTHENING INDIANA FAMILIES, WHITELY NEIGHBORHOOD ASSOCIATION AND YMCA OF MUNCIE.</p> <p>ADDITIONALLY, IU HEALTH BALL TEAM MEMBERS SERVED THE ECR COMMUNITY AND ADVOCATED FOR HEALTHIER LIFESTYLE IMPROVEMENTS IN SERVICE TO THE CARDINAL GREENWAY BOARD OF DIRECTORS, AS WELL AS ONGOING PARTICIPATION IN THE TOBACCO FREE-DELAWARE COUNTY COALITION IN MONTHLY ADVOCACY MEETINGS TO PROMOTE TOBACCO CESSATION AND POLICY CHANGES THROUGHOUT THE COMMUNITY.</p> <p>WORKFORCE DEVELOPMENT: IU HEALTH BALL HAS PARTNERED WITH THE ARC OF INDIANA TO TRAIN STUDENTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO REALIZE THEIR GOALS OF LIVING, LEARNING, WORKING AND FULLY PARTICIPATING IN THE COMMUNITY SINCE 2016. TRAINING FOR CAREERS IN THE HOSPITALITY INDUSTRY IS PROVIDED AT THE ERSKINE-GREEN TRAINING CENTER IN DOWNTOWN MUNCIE AS WELL AS ON-THE-JOB INSTRUCTION AT IUH BMH AND OTHER AREA HOSPITALITY PROVIDERS. IN 2022, THE ARC PROGRAM SERVED 20 PEOPLE AND PROVIDED OVER \$83,000 IN NET COMMUNITY BENEFIT.</p>
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	<p>THE AMOUNT REPORTED ON LINE 2 AS BAD DEBT IS REPORTED AT COST, AS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY</p>	<p>IU HEALTH WILL DEEM PATIENTS OR THEIR GUARANTORS PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE IF THEY ARE FOUND TO BE ELIGIBLE FOR ONE OF THE FOLLOWING PROGRAMS AND CARE WAS INITIATED VIA AN ELIGIBLE FACILITY'S EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL FACILITY:</p> <ol style="list-style-type: none"> 1.MEDICAID (ANY STATE) 2.INDIANA CHILDREN'S SPECIAL HEALTH CARE SERVICES 3.HEALTHY INDIANA PLAN 4.PATIENTS WHO ARE AWARDED HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) 5.A STATE AND/OR FEDERAL PROGRAM THAT VERIFIES THE PATIENT OR GUARANTOR'S GROSS HOUSEHOLD INCOME MEETS THE FPL INCOME THRESHOLD. <p>NO FINANCIAL ASSISTANCE APPLICATION IS REQUIRED TO RECEIVE FINANCIAL ASSISTANCE UNDER THIS PRESUMPTIVE ELIGIBILITY SECTION.</p> <p>IU HEALTH WILL CONDUCT A QUARTERLY REVIEW OF ALL ACCOUNTS PLACED WITH A COLLECTION AGENCY PARTNER FOR AT LEAST ONE HUNDRED AND TWENTY (120) DAYS AFTER THE ACCOUNT IS ELIGIBLE FOR AN ECA AS SET FORTH IN THIS POLICY. IF THE PATIENT OR GUARANTOR'S INDIVIDUAL SCORING CRITERIA DEMONSTRATES THE PATIENT HAS A LOW LIKELIHOOD AND/OR PROPENSITY TO PAY OR NO CREDIT, THE PATIENT OR GUARANTOR MAY BE DEEMED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE.</p> <p>FINANCIAL ASSISTANCE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING CIRCUMSTANCES: A)IF THE PATIENT OR THEIR GUARANTOR IS FOUND TO HAVE FILED A PETITION FOR BANKRUPTCY. B)IF THE PATIENT IS DECEASED AND FOUND TO HAVE NO ESTATE. C)IF THE PATIENT IS DECEASED AND WAS UNDER 21 YEARS OF AGE AT THE TIME OF DEATH.</p> <p>DUE TO THIS COMPREHENSIVE METHODOLOGY, IU HEALTH DOES NOT BELIEVE ANY AMOUNT OF BAD DEBT IS ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY AND NO PORTION OF BAD DEBT IS INCLUDED AS COMMUNITY BENEFIT.</p>
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>IU HEALTH'S CONSOLIDATED FINANCIAL STATEMENTS, FOOTNOTE 5, ADDRESSES BAD DEBT EXPENSE AS FOLLOWS:</p> <p>THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT REQUIRE COLLATERAL OR OTHER SECURITY FROM ITS PATIENTS, SUBSTANTIALLY ALL OF WHOM ARE RESIDENTS OF THE STATE, FOR THE DELIVERY OF HEALTH CARE SERVICES. HOWEVER, CONSISTENT WITH INDUSTRY PRACTICE, THE INDIANA UNIVERSITY HEALTH SYSTEM ROUTINELY OBTAINS ASSIGNMENT OF (OR IS OTHERWISE ENTITLED TO RECEIVE) PATIENTS' BENEFITS PAYABLE UNDER THEIR HEALTH INSURANCE PROGRAMS, PLANS, OR POLICIES (E.G., MEDICARE, MEDICAID, MANAGED CARE PAYERS, AND COMMERCIAL INSURANCE POLICIES).</p> <p>THE INDIANA UNIVERSITY HEALTH SYSTEM USES A PORTFOLIO APPROACH TO ACCOUNT FOR CATEGORIES OF PATIENT CONTRACTS AS A COLLECTIVE GROUP, RATHER THAN RECOGNIZING REVENUE ON AN INDIVIDUAL CONTRACT BASIS. THE PORTFOLIOS CONSIST OF MAJOR PAYER CLASSES FOR INPATIENT REVENUE AND OUTPATIENT REVENUE. BASED ON THE HISTORICAL COLLECTION TRENDS AND OTHER ANALYSIS, THE INDIANA UNIVERSITY HEALTH SYSTEM BELIEVES THAT REVENUE RECOGNIZED BY UTILIZING THE PORTFOLIO APPROACH APPROXIMATES THE REVENUE THAT WOULD HAVE BEEN RECOGNIZED IF AN INDIVIDUAL CONTRACT APPROACH WERE USED.</p> <p>IN SUPPORT OF ITS MISSION, THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES CARE TO UNINSURED AND UNDERINSURED PATIENTS. THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES CHARITY CARE TO PATIENTS WHO LACK THE FINANCIAL RESOURCES TO PAY FOR THEIR MEDICAL CARE. FINANCIAL ASSISTANCE IS AVAILABLE TO QUALIFYING UNINSURED AND UNDERINSURED PATIENTS RECEIVING CARE AT AN INDIANA UNIVERSITY HEALTH SYSTEM HOSPITAL LOCATION. UNDER ITS FINANCIAL ASSISTANCE POLICY, THE INDIANA UNIVERSITY HEALTH SYSTEM PROVIDES MEDICALLY NECESSARY CARE TO UNINSURED PATIENTS. FINANCIAL ASSISTANCE UP TO THE FULL AMOUNT OF PATIENT FINANCIAL RESPONSIBILITY IS AVAILABLE FOR UNINSURED AND UNDERINSURED PATIENTS RECEIVING CARE VIA THE EMERGENCY DEPARTMENT, DIRECT ADMISSION FROM A PHYSICIAN'S OFFICE, OR TRANSFER FROM ANOTHER HOSPITAL. THE FEDERAL POVERTY LEVEL (FPL) THRESHOLDS ARE USED WHEN DETERMINING THE LEVEL OF FINANCIAL ASSISTANCE BASED ON HOUSEHOLD MAKEUP. HOUSEHOLDS WITHOUT DEPENDENTS ARE ELIGIBLE FOR ASSISTANCE IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 200% FPL, TWO ADULTS AND AT LEAST ONE DEPENDENT ARE ELIGIBLE IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 250% FPL, AND HOUSEHOLDS WITH ONE ADULT AND AT LEAST ONE DEPENDENT ARE ELIGIBLE IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 300% FPL. INDIVIDUALS WITH MEDICAL BILLS TOTALING MORE THAN 20% OF ANNUAL HOUSEHOLD INCOME, REGARDLESS OF FPL, QUALIFY FOR CATASTROPHIC ASSISTANCE AND ARE ELIGIBLE FOR A REDUCTION IN PATIENT FINANCIAL RESPONSIBILITY TO 20% OF ANNUAL HOUSEHOLD INCOME. SINCE THE INDIANA UNIVERSITY HEALTH SYSTEM DOES NOT PURSUE COLLECTION OF THESE AMOUNTS, THE DISCOUNTED AMOUNTS ARE NOT REPORTED AS PATIENT SERVICE REVENUE. THE INDIANA UNIVERSITY HEALTH SYSTEM USES PRESUMPTIVE ELIGIBILITY SCREENING PROCEDURES FOR SOME FORMS OF FINANCIAL ASSISTANCE AND RECOGNIZES NET PATIENT SERVICE REVENUE ON SERVICES PROVIDED TO SELF-PAY PATIENTS AT THE DISCOUNTED RATE AT THE TIME SERVICES ARE RENDERED. THE ESTIMATED COST OF CHARITY CARE, USING THE CONSOLIDATED COST TO CHARGE RATIO, WAS \$88,213,000 AND \$133,584,000 IN 2022 AND 2021, RESPECTIVELY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>IU HEALTH BALL MEMORIAL HOSPITAL HAS A MEDICARE SHORTFALL FOR 2022. IU HEALTH BALL MEMORIAL HOSPITAL'S MEDICARE SHORTFALL IS ATTRIBUTABLE TO REIMBURSEMENTS THAT ARE LESS THAN THE COST OF PROVIDING PATIENT CARE AND SERVICES TO MEDICARE BENEFICIARIES AND DOES NOT INCLUDE ANY AMOUNTS THAT RESULT FROM INEFFICIENCIES OF POOR MANAGEMENT IN 2022. IU HEALTH BALL MEMORIAL HOSPITAL ACCEPTS ALL MEDICARE PATIENTS KNOWING THAT THERE MAY BE SHORTFALLS; THEREFORE, IT HAS TAKEN THE POSITION THAT ANY SHORTFALL SHOULD BE COUNTED AS PART OF ITS COMMUNITY BENEFIT. ADDITIONALLY, IT IS IMPLIED IN INTERNAL REVENUE SERVICE REVENUE RULING 69-545 THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY.</p> <p>THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 IS CALCULATED, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, USING "ALLOWABLE COSTS" FROM THE IU HEALTH BALL MEMORIAL HOSPITAL MEDICARE COST REPORT. "ALLOWABLE COSTS" FOR MEDICARE COST REPORT PURPOSES, HOWEVER, ARE NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH IU HEALTH BALL MEMORIAL HOSPITAL'S PARTICIPATION IN MEDICARE PROGRAMS. FOR EXAMPLE, THE MEDICARE COST REPORT EXCLUDES CERTAIN COSTS SUCH AS BILLED PHYSICIAN SERVICES, THE COSTS OF MEDICARE PARTS C AND D, FEE SCHEDULE REIMBURSED SERVICES, AND DURABLE MEDICAL EQUIPMENT SERVICES. INCLUSION OF ALL COSTS ASSOCIATED WITH IU HEALTH BALL MEMORIAL HOSPITAL PARTICIPATION IN MEDICARE PROGRAMS WOULD SIGNIFICANTLY REDUCE THE MEDICARE SURPLUS REPORTED ON SCHEDULE H, PART III, LINE 7.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>IU HEALTH BALL MEMORIAL HOSPITAL'S FAP AND WRITTEN DEBT COLLECTION POLICY DESCRIBE THE COLLECTION PRACTICES APPLICABLE TO PATIENTS, INCLUDING THOSE WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE.</p> <p>1. FINANCIAL ASSISTANCE APPLICATION</p> <p>FINANCIAL ASSISTANCE APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTATION:</p> <ul style="list-style-type: none"> -ALL SOURCES OF INCOME FOR THE LAST THREE (3) MONTHS. -MOST RECENT THREE (3) MONTHS OF PAY STUBS OR SUPPLEMENTAL SECURITY INCOME VIA SOCIAL SECURITY. -MOST RECENT THREE (3) STATEMENTS FROM CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, STOCKS, BONDS AND MONEY MARKET ACCOUNTS. -MOST RECENT STATE AND FEDERAL INCOME TAX FORMS INCLUDING SCHEDULES C, D, E, AND F. IN THE EVENT THE PATIENT OR GUARANTOR'S INCOME DOES NOT WARRANT THE FILING OF A FEDERAL TAX STATEMENT, THE INDIVIDUAL MAY SUBMIT A NOTARIZED AFFIDAVIT ATTESTING TO THE FOREGOING. -MOST RECENT W-2 STATEMENT. -FOR PATIENTS OR MEMBERS OF THE HOUSEHOLD WHO ARE CURRENTLY UNEMPLOYED, WAGE INQUIRY FROM WORKONE. -IF APPLICABLE, DIVORCE/DISSOLUTION DECREES AND CHILD CUSTODY ORDER. <p>PATIENTS OR THEIR GUARANTORS WISHING TO APPLY FOR FINANCIAL ASSISTANCE DUE TO FINANCIAL HARDSHIP ARE ENCOURAGED TO SUBMIT AN APPLICATION WITHIN NINETY (90) DAYS OF DISCHARGE. PATIENTS OR THEIR GUARANTORS MAY SUBMIT AN APPLICATION UP TO TWO-HUNDRED AND FORTY (240) DAYS FROM THE DATE OF THEIR INITIAL POST-DISCHARGE BILLING STATEMENT FROM IU HEALTH, HOWEVER, ACCOUNTS MAY BE SUBJECT TO EXTRAORDINARY COLLECTION ACTIONS (ECA) AS SOON AS ONE-HUNDRED AND TWENTY (120) DAYS AFTER RECEIPT OF THE INITIAL POST-DISCHARGE BILLING STATEMENT.</p> <p>PATIENTS OR THEIR GUARANTORS SUBMITTING AN INCOMPLETE FINANCIAL ASSISTANCE APPLICATION WILL RECEIVE WRITTEN NOTIFICATION OF THE APPLICATION'S DEFICIENCY UPON DISCOVERY BY IU HEALTH. THE APPLICATION WILL BE PENDED FOR A PERIOD OF FORTY-FIVE (45) DAYS FROM THE DATE THE NOTIFICATION IS MAILED. IU HEALTH WILL SUSPEND ANY ECA UNTIL THE APPLICATION IS COMPLETE OR THE EXPIRATION OF THE FORTY-FIVE (45) DAY PERIOD.</p> <p>PATIENTS WITH LIMITED ENGLISH PROFICIENCY MAY REQUEST A COPY OF THIS POLICY, A FINANCIAL ASSISTANCE APPLICATION, AND A PLAIN LANGUAGE SUMMARY IN ONE OF THE BELOW LANGUAGES:</p> <ul style="list-style-type: none"> -ARABIC; -BURMESE; -BURMESE - FALAM; -BURMESE - HAKHA CHIN; -MANDARIN/CHINESE; OR -SPANISH <p>THE PATIENT, AND/OR THEIR REPRESENTATIVE, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, LEGAL COUNSEL, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES OR HOSPITAL PERSONNEL MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION BE MAILED TO A PATIENT'S PRIMARY MAILING ADDRESS FREE OF CHARGE.</p> <p>IU HEALTH MAINTAINS THE CONFIDENTIALITY OF ALL FINANCIAL ASSISTANCE APPLICATIONS AND SUPPORTING DOCUMENTATION.</p> <p>IU HEALTH WILL DENY OR REVOKE FINANCIAL ASSISTANCE FOR ANY PATIENT OR GUARANTOR WHO FALSIFIES ANY PORTION OF A FINANCIAL ASSISTANCE APPLICATION.</p> <p>2. FINANCIAL ASSISTANCE DETERMINATIONS</p> <p>IU HEALTH WILL INFORM PATIENTS OR GUARANTORS OF THE RESULTS OF THEIR APPLICATION BY PROVIDING THE PATIENT OR GUARANTOR WITH A FINANCIAL ASSISTANCE DETERMINATION WITHIN NINETY (90) DAYS OF RECEIVING A COMPLETED APPLICATION AND ALL REQUESTED DOCUMENTATION.</p> <p>A PATIENT'S FINANCIAL ASSISTANCE APPLICATION AND FINANCIAL ASSISTANCE DETERMINATION ARE SPECIFIC TO EACH DATE(S) OF SERVICE AND APPROVED RELATED ENCOUNTERS.</p> <p>IF A PATIENT OR GUARANTOR IS GRANTED LESS THAN FULL CHARITY ASSISTANCE AND THE PATIENT OR GUARANTOR PROVIDES ADDITIONAL INFORMATION FOR RECONSIDERATION, REVENUE CYCLE SERVICES MAY AMEND A PRIOR FINANCIAL ASSISTANCE DETERMINATION.</p> <p>3. EXTRAORDINARY COLLECTION ACTIONS</p> <p>IU HEALTH MAY REFER DELINQUENT PATIENT ACCOUNTS TO A THIRD-PARTY COLLECTION AGENCY AFTER UTILIZING REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY FOR ASSISTANCE UNDER THIS POLICY. REASONABLE EFFORTS INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> -IU HEALTH WILL NOTIFY THE PATIENT OF THIS POLICY AT LEAST THIRTY (30) DAYS PRIOR TO INITIATING AN ECA. -IU HEALTH WILL NOT INITIATE AN ECA FOR AT LEAST ONE-HUNDRED AND TWENTY (120) DAYS AFTER THE PATIENT'S INITIAL POST-DISCHARGE BILLING STATEMENT. -IU HEALTH WILL REVIEW ALL FINANCIAL ASSISTANCE APPLICATIONS RECEIVED UP TO AND INCLUDING TWO-HUNDRED AND FORTY (240) DAYS AFTER THE PATIENT'S INITIAL POST-DISCHARGE BILLING STATEMENT. IU HEALTH WILL CEASE ANY ECAS IT HAS INITIATED UPON RECEIPT OF A FINANCIAL ASSISTANCE APPLICATION UNTIL A FINANCIAL ASSISTANCE DETERMINATION IS MADE UNDER THIS POLICY. -IF AN APPLICATION IS APPROVED, IU HEALTH WILL ISSUE A REVISED STATEMENT, ISSUE REFUNDS, AND MAKE REASONABLE EFFORTS TO REVERSE ECAS AS NECESSARY. <p>IU HEALTH AND ITS THIRD-PARTY COLLECTION AGENCIES MAY INITIATE AN ECA AGAINST A PATIENT OR THEIR GUARANTOR IN ACCORDANCE WITH THIS POLICY AND 26 C.F.R. § 1.501(R). ECAS MAY INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> -SELLING A PATIENT OR THEIR GUARANTOR'S OUTSTANDING FINANCIAL RESPONSIBILITY TO A THIRD PARTY.

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	<p>-REPORTING ADVERSE INFORMATION ABOUT THE PATIENT OR THEIR GUARANTOR TO CONSUMER CREDIT REPORTING AGENCIES OR CREDIT BUREAUS. -DEFERRING OR DENYING, OR REQUIRING A PAYMENT BEFORE PROVIDING, MEDICALLY NECESSARY CARE BECAUSE OF A PATIENT OR THEIR GUARANTOR'S NONPAYMENT OF ONE OR MORE BILLS FOR PREVIOUSLY PROVIDED CARE COVERED UNDER THIS POLICY. -ACTIONS REQUIRING A LEGAL OR JUDICIAL PROCESS, INCLUDING BUT NOT LIMITED TO PLACING A LIEN ON A PATIENT'S OR THEIR GUARANTOR'S PROPERTY, FORECLOSING ON A PATIENT'S OR THEIR GUARANTOR'S REAL PROPERTY, ATTACHING OR SEIZING A PATIENT'S OR THEIR GUARANTOR'S BANK ACCOUNT OR OTHER PERSONAL PROPERTY, COMMENCING A CIVIL ACTION AGAINST A PATIENT OR THEIR GUARANTOR, CAUSING A PATIENT OR GUARANTOR'S ARREST, CAUSING A PATIENT AND/OR GUARANTOR TO BE SUBJECT TO A WRIT OF BODY ATTACHMENT, AND GARNISHING A PATIENT OR GUARANTOR'S WAGES</p> <p>WHEN IT IS NECESSARY TO ENGAGE IN SUCH ACTION, IU HEALTH AND ITS THIRD PARTY COLLECTION AGENCIES, WILL ENGAGE IN FAIR, RESPECTFUL AND TRANSPARENT COLLECTIONS ACTIVITIES.</p> <p>4. REFUNDS</p> <p>PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY WHO REMITTED PAYMENT TO IU HEALTH IN EXCESS OF THEIR PATIENT RESPONSIBILITY WILL BE ALERTED TO THE OVERPAYMENT AS PROMPTLY AFTER DISCOVERY AS IS REASONABLE GIVEN THE NATURE OF THE OVERPAYMENT.</p> <p>PATIENTS WITH AN OUTSTANDING ACCOUNT BALANCE DUE ON A SEPARATE ACCOUNT WILL HAVE THEIR REFUND APPLIED TO THE OUTSTANDING BALANCE.</p> <p>PATIENTS WITHOUT AN OUTSTANDING ACCOUNT BALANCE DESCRIBED ABOVE WILL BE ISSUED A REFUND CHECK FOR THEIR OVERPAYMENT AS SOON AS TECHNICALLY FEASIBLE.</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>THOUGH IU HEALTH BALL BELIEVES ITS CHNA PROCESS IS COMPREHENSIVE, THE CHNA IS DONE ON A TRIENNIAL BASIS. BETWEEN CHNA CYCLES, IU HEALTH BALL GATHERS DATA AND INFORMATION TO MONITOR THE MOST CURRENT NEEDS OF THE COMMUNITY. ADDITIONAL SOURCES OF DATA AND INFORMATION INCLUDE:</p> <ul style="list-style-type: none"> *IU HEALTH DATA ANALYTICS AND INFORMATION SERVICE TEAMS; *SECONDARY DATA SOURCES FROM FEDERAL, STATE, AND LOCAL ENTITIES WITH A FOCUS ON HEALTH BEHAVIORS, HEALTH OUTCOMES, AND SOCIAL DETERMINANTS OF HEALTH; *OBTAINING COMMUNITY ORGANIZATION AND GOVERNMENTAL AGENCY PERSPECTIVES; PRIORITY POPULATION PERSPECTIVES; AND OTHER HEALTHCARE AND HOSPITAL PERSPECTIVES; *REPORTS THAT SHARE FINDINGS AND RECOMMENDATIONS ON CERTAIN POPULATIONS WITHIN THE COMMUNITY AND/OR HEALTH BEHAVIORS, HEALTH OUTCOMES, OR SOCIAL DETERMINANTS OF HEALTH; *EVIDENCE INFORMED SOURCES; AND *TEAM MEMBER PARTICIPATION IN PARTNERING EFFORTS (E.G., COALITIONS, ADVISORY COMMITTEES, TASK FORCES, ETC.). <p>THE REGULAR REVIEW OF THESE SOURCES OF DATA AND INFORMATION RARELY IMPACT WHAT THE SIGNIFICANT NEEDS ARE BETWEEN CHNA CYCLES. HOWEVER, IT DOES HELP INFLUENCE THE TYPES OR LEVEL OF INTERVENTIONS TO ADDRESS THE SIGNIFICANT NEEDS; PRIORITIZE RESOURCES TO THOSE GROUPS OR NEIGHBORHOODS EXPERIENCING HEALTH DISPARITIES IN THE COMMUNITY; IDENTIFY FUNDING OPPORTUNITIES TO SUPPORT INTERVENTIONS; AND STRENGTHEN OR MOBILIZE PARTNERSHIPS TO IMPROVE HEALTH.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>IU HEALTH BALL MEMORIAL HOSPITAL IS COMMITTED TO SERVING THE HEALTHCARE NEEDS OF ALL OF ITS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH SERVICES. TO ASSIST IN MEETING THOSE NEEDS, IU HEALTH BALL MEMORIAL HOSPITAL HAS ESTABLISHED A FAP TO PROVIDE FINANCIAL ASSISTANCE TO UNINSURED PATIENTS. IU HEALTH BALL MEMORIAL HOSPITAL IS COMMITTED TO ENSURING ITS PATIENTS ARE COMPLIANT WITH ALL PROVISIONS OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT. TO THAT END, IU HEALTH BALL MEMORIAL HOSPITAL WILL MAKE A GOOD FAITH EFFORT TO LOCATE AND OBTAIN HEALTH INSURANCE COVERAGE FOR PATIENTS PRIOR TO CONSIDERING PATIENTS FOR COVERAGE UNDER THE FAP.</p> <p>IU HEALTH BALL MEMORIAL HOSPITAL TAKES SEVERAL MEASURES TO INFORM ITS PATIENTS OF THE FAP AND FAP-ELIGIBILITY. THESE MEASURES INCLUDE THE FOLLOWING:</p> <ol style="list-style-type: none"> 1.POST THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION ON ITS WEBSITE. 2.PROVIDE PATIENTS WITH A PLAIN LANGUAGE SUMMARY OF THIS POLICY DURING REGISTRATION AND/OR DISCHARGE. 3.POST CONSPICUOUS DISPLAYS IN APPROPRIATE ACUTE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS AND REGISTRATION AREAS DESCRIBING THE AVAILABLE ASSISTANCE AND DIRECTING ELIGIBLE PATIENTS TO THE FINANCIAL ASSISTANCE APPLICATION. 4.INCLUDE A CONSPICUOUS WRITTEN NOTICE ON ALL PATIENT POST-DISCHARGE BILLING STATEMENTS NOTIFYING THE PATIENT ABOUT THIS POLICY AND THE TELEPHONE NUMBER OF THE CUSTOMER SERVICE DEPARTMENT WHICH CAN ASSIST PATIENTS WITH QUESTIONS REGARDING THIS POLICY. 5.MAKE AVAILABLE CUSTOMER SERVICE REPRESENTATIVES VIA TELEPHONE DURING NORMAL BUSINESS HOURS. 6.MAIL COPIES OF THIS POLICY, A PLAIN LANGUAGE SUMMARY OF THIS POLICY, AND A FINANCIAL ASSISTANCE APPLICATION TO PATIENTS OR THEIR GUARANTOR FREE OF CHARGE UPON REQUEST. 7.BROADLY COMMUNICATE THIS POLICY AS A PART OF ITS GENERAL OUTREACH EFFORTS. 8.EDUCATE PATIENT-FACING TEAM MEMBERS ON THIS POLICY AND THE PROCESS FOR REFERRING PATIENTS TO THE PROGRAM.

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<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>IU HEALTH BALL MEMORIAL HOSPITAL IS LOCATED IN DELAWARE COUNTY, INDIANA, A COUNTY LOCATED IN CENTRAL INDIANA. DELAWARE COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF MUNCIE, EATON, GASTON, SELMA, ALBANY, DALEVILLE AND YORKTOWN.</p> <p>BASED ON THE MOST RECENT CENSUS BUREAU (2022) STATISTICS, DELAWARE COUNTY'S POPULATION IS 112,031 PERSONS WITH APPROXIMATELY 51.6% BEING FEMALE AND 48.4% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 85.8% WHITE, 2.8% HISPANIC OR LATINO, 7.4% BLACK, 1.4% ASIAN, 0.3% AMERICAN INDIAN OR ALASKA NATIVE, AND 2.7% PERSONS REPORTING TWO OR MORE RACES.</p> <p>DELAWARE COUNTY HAS RELATIVELY LOW LEVELS OF EDUCATIONAL ATTAINMENT. THE LEVEL OF EDUCATION MOST OF THE POPULATION HAS ACHIEVED IS A HIGH SCHOOL DEGREE (90.5%). AS OF 2022, 254% OF THE POPULATION HAD A BACHELOR'S DEGREE OR HIGHER.</p>
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>MOST OF THE IU HEALTH BALL'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF.</p> <p>IU HEALTH BALL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL ITS DEPARTMENTS AND SPECIALTIES. IU HEALTH DOES NOT DENY APPOINTMENTS BASED ON GENDER, RACE, CREED OR NATIONAL ORIGIN.</p> <p>IU HEALTH, IN CONJUNCTION WITH THE IU SCHOOL OF MEDICINE, TRAINS THE NEXT GENERATION OF PHYSICIANS IN AN EXCEPTIONAL ENVIRONMENT. BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE.</p> <p>IU HEALTH BALL INVESTS IN OTHER INITIATIVES AND COLLABORATIONS THROUGHOUT THE YEAR TO PROMOTE HEALTH AND WELLNESS IN THE COMMUNITY. SOME OF THESE INCLUDE: -LUNG CANCER SCREENINGS USING LOW DOSE CT IMAGING OFFERED AT REDUCED COST TO COMMUNITY MEMBERS MEETING REQUIREMENTS SET OUT BY THE NATIONAL COMPREHENSIVE CANCER NETWORK. THE SCREENING IS INTENDED TO IDENTIFY CANCER AT AN EARLY STAGE. IN 2022, 554 INDIVIDUALS RECEIVED THIS SERVICE.</p> <p>-PERIODIC SCREENINGS FOR CERVICAL OR PROSTATE CANCERS BY APPOINTMENT OR FREE BLOOD PRESSURE AND DIABETES CHECKS AT HEALTH FAIRS AND OTHER PUBLIC GATHERINGS, AS WELL AS ATHLETIC AND SCHOOL-BASED PHYSICALS FOR STUDENTS. IN 2022, 343 INDIVIDUALS PARTICIPATED IN ONE OF THESE SCREENINGS OR SERVICES.</p> <p>-HEALTH PROGRAMMING IS OFFERED TO LOCAL SCHOOLS THROUGH THE HOSPITAL'S FAMILY MEDICINE RESIDENCY PROGRAM AND OTHER HOSPITAL HEALTH PROFESSIONALS. TOPICS INCLUDE TOBACCO, PUBERTY, NUTRITION, PHYSICAL ACTIVITY AND BREAST SELF-EXAMS. 150 STUDENTS BENEFITTED IN 2022.</p> <p>-FREE NUTRITIONAL AND WEIGHT-MANAGEMENT COUNSELING ON AN OUTPATIENT BASIS FOR COMMUNITY MEMBERS WITH A PHYSICIAN REFERRAL. 2,431 PERSONS TOOK PART IN LEARNING ABOUT PERSONAL HEALTH IMPROVEMENTS IN 2022.</p> <p>-IN 2022, THE HOSPITAL PROVIDED FUNDING TO SECOND HARVEST FOOD BANK OF EAST CENTRAL INDIANA TO SUPPORT PROGRAMS INCLUDING THE BIG IDEA, FORWARD S.T.E.P.S. (SUPPORT TRANSFORMING EMPOWERMENT PATHWAYS TO SUSTAINABILITY), SENIOR SAFETY NET, 0-5 INITIATIVE, AREA SOUP KITCHENS AND GENERAL FOOD DISTRIBUTION IN DELAWARE, BLACKFORD AND JAY COUNTIES. THE GRANT ALSO ALLOWS SECOND HARVEST TEAM MEMBERS TO VISIT LOCAL SCHOOLS TO DISTRIBUTE FOOD, ENCOURAGE FAMILY ENGAGEMENT, PROMOTE FOOD-CONNECTED RELATIONSHIP BUILDING AND EDUCATE STUDENTS ABOUT CAREERS, WELLNESS AND MORE. \$120,000 WAS DONATED IN 2022 IN THE SECOND YEAR OF AN OVERALL \$360,000 PLEDGE OVER THREE YEARS.</p> <p>-NEARLY 85,000 HOURS OF CLINICAL EDUCATIONAL EXPERIENCES PROVIDED ON SITE FOR STUDENTS IN THE HEALTHCARE FIELD STUDYING NURSING, PULMONARY AND PHYSICAL REHABILITATION, RADIOLOGY AND OTHER TOPICS. IU HEALTH BALL PARTNERS WITH BALL STATE UNIVERSITY, IVY TECH COMMUNITY COLLEGE, INDIANA WESLEYAN UNIVERSITY, ANDERSON UNIVERSITY AND OTHER AREA INSTITUTIONS. OVER 1,500 STUDENTS SERVED IN 2022.</p> <p>-THE IU HEALTH BALL RESEARCH CENTER CONDUCTS LOCAL CLINICAL TRIALS IN UROLOGY, INFECTIOUS DISEASES, PAIN MANAGEMENT AND ESPECIALLY ONCOLOGY, CARDIOLOGY AND COAGULATION. IN 2022, 38 STUDIES WERE CONDUCTED WITH 115 INDIVIDUALS PARTICIPATING.</p> <p>-A DONATION TO IVY TECH FOUNDATION FOR THE CONSTRUCTION OF A HEALTH PROFESSIONS TRAINING FACILITY IN THE IVY TECH SCHOOL OF HEALTH SCIENCES WING AT THE MUNCIE CAMPUS. \$250,000 WAS DONATED IN 2022 AS PART OF AN OVERALL \$1M PLEDGE OVER FOUR YEARS.</p> <p>-CONTRIBUTIONS OF EMPLOYEE TIME AND ORGANIZATIONAL RESOURCES TOWARD ENCOURAGING TEAM MEMBERS TO CONTRIBUTE TO THE AREA UNITED WAY CAMPAIGN. THIS SUPPORT PROVIDED SOCIOECONOMIC RESOURCES TO AREA RESIDENTS, INCLUDING ORGANIZATIONS SUCH AS BOYS AND GIRLS CLUB MUNCIE, A BETTER WAY, YWCA OF MUNCIE, MOTIVATE OUR MINDS, MUNCIE MISSION, SECOND HARVEST FOOD BANK, MEALS ON WHEELS AND MORE.</p> <p>-ADDITIONALLY, TEAM MEMBERS AT IU HEALTH BALL PARTICIPATED IN THE IU HEALTH STATEWIDE SYSTEM'S TEAM MEMBER COMMUNITY BENEFIT SERVICE PROGRAM, "IU HEALTH SERVES". TEAM MEMBERS ACROSS THE STATE MAKE A DIFFERENCE IN THE LIVES OF THOUSANDS OF HOOSIERS EVERY YEAR.</p>

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<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>INDIANA UNIVERSITY HEALTH BALL IS PART OF INDIANA UNIVERSITY HEALTH ("IU HEALTH" OR "THE HEALTHCARE SYSTEM"), WHICH IS INDIANA'S MOST COMPREHENSIVE HEALTHCARE SYSTEM. A UNIQUE PARTNERSHIP WITH THE INDIANA UNIVERSITY SCHOOL OF MEDICINE ("IU SCHOOL OF MEDICINE"), ONE OF THE NATION'S LEADING MEDICAL SCHOOLS, GIVES PATIENTS ACCESS TO INNOVATIVE TREATMENTS AND THERAPIES. THE HEALTHCARE SYSTEM IS COMPRISED OF HOSPITALS, PHYSICIANS AND ALLIED SERVICES DEDICATED TO PROVIDING PREEMINENT PATIENT CARE AND COMMUNITY HEALTH IMPROVEMENT THROUGHOUT INDIANA.</p> <p>IU HEALTH'S AFFILIATE HOSPITALS ARE DIVIDED INTO FIVE REGIONS THAT SERVE COMMUNITIES IN NORTHWEST, NORTHEAST, CENTRAL AND SOUTHERN INDIANA. THE 16 HOSPITALS IN THE HEALTHCARE SYSTEM INCLUDE IU HEALTH INC. (I.E., THE IU HEALTH ACADEMIC HEALTH CENTER CONSISTS OF IU HEALTH METHODIST HOSPITAL, IU HEALTH UNIVERSITY HOSPITAL, RILEY HOSPITAL FOR CHILDREN AT IU HEALTH AND IU HEALTH SAXONY HOSPITAL); IU HEALTH ARNETT; IU HEALTH BALL; IU HEALTH BEDFORD HOSPITAL; IU HEALTH BLACKFORD HOSPITAL; IU HEALTH BLOOMINGTON HOSPITAL; IU HEALTH FRANKFORT; IU HEALTH JAY; IU HEALTH NORTH HOSPITAL; IU HEALTH PAOLI HOSPITAL; IU HEALTH TIPTON HOSPITAL; IU HEALTH WEST HOSPITAL; AND IU HEALTH WHITE MEMORIAL HOSPITAL.</p> <p>EACH AFFILIATE HOSPITAL IN THE HEALTHCARE SYSTEM, ALONG WITH COMMUNITY STAKEHOLDERS, CONDUCTS AND ADOPTS ITS OWN COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY. IU HEALTH CONSIDERS THE SUM OF THESE CHNAS AND THE IMPLEMENTATION STRATEGIES PART OF A SYSTEM WIDE VISION OF MAKING INDIANA ONE OF THE HEALTHIEST STATES IN THE NATION. THE HEALTHCARE SYSTEM AND ITS AFFILIATE HOSPITALS ARE KEENLY AWARE OF THE POSITIVE IMPACT IT CAN HAVE ON IMPROVING THE HEALTH OF COMMUNITIES THROUGHOUT THE STATE OF INDIANA BY INVESTING IN LOCAL, COMMUNITY-BASED ACTIVITIES.</p> <p>THE HEALTHCARE SYSTEM INCLUDES AN ACADEMIC HEALTH CENTER (I.E., IU HEALTH INC.), A REGIONAL ACADEMIC HEALTH CENTER (I.E., IU HEALTH BLOOMINGTON HOSPITAL) AND SEVERAL AFFILIATE HOSPITALS THAT WORK IN PARTNERSHIP WITH THE IU SCHOOL OF MEDICINE TO TRAIN PHYSICIANS, BLENDING BREAKTHROUGH RESEARCH AND TREATMENTS WITH THE HIGHEST QUALITY OF PATIENT CARE THROUGHOUT IU HEALTH. EACH YEAR, MORE THAN 1,000 RESIDENTS AND FELLOWS RECEIVE TRAINING IN AFFILIATE HOSPITALS. RESEARCH CONDUCTED BY IU SCHOOL OF MEDICINE FACULTY GIVES IU HEALTH PHYSICIANS AND PATIENTS ACCESS TO THE MOST LEADING-EDGE AND COMPREHENSIVE TREATMENT OPTIONS.</p> <p>TO FURTHER PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY IU HEALTH, THE SYSTEM-LEVEL COMMUNITY HEALTH DIVISION TEAM PARTNERS WITH STATE AND LOCAL COMMUNITY-BASED ORGANIZATIONS, COMMUNITY COALITIONS AND GOVERNMENTAL AGENCIES TO FOCUS ON INNOVATIVE MODELS OF CARE; COMMUNITY ALLIANCES AND PARTNERSHIPS; ANCHOR INSTITUTION AND ADVOCACY STRATEGIES; AND SOCIAL DETERMINANTS OF HEALTH. ALL AFFILIATE HOSPITALS IN THE HEALTHCARE SYSTEM IDENTIFY AND ADDRESS SIGNIFICANT NEEDS UNIQUE TO THE COMMUNITIES THEY SERVE. THESE NEEDS ARE IDENTIFIED THROUGH THE CHNA PROCESS. SOME OF THESE NEEDS ARE COMMON IN COMMUNITIES SERVED BY MULTIPLE AFFILIATE HOSPITALS IN THE HEALTHCARE SYSTEM AND ALIGN WITH SYSTEM PRIORITY AREAS, WARRANTING A SYSTEM LEVEL STRATEGY. THE COMMUNITY HEALTH DIVISION, ALONG WITH ADDITIONAL INTERNAL STAKEHOLDERS SUCH AS THE OFFICE OF HEALTH EQUITY RESEARCH AND EVALUATION, PLANS AND PROVIDES TECHNICAL ASSISTANCE FOR SYSTEM-LEVEL STRATEGIES THAT ADDRESS THESE COMMON NEEDS INCLUDING HEALTH EQUITY, TOBACCO, BEHAVIORAL HEALTH ACCESS, INFANT AND MATERNAL HEALTH, HYPERTENSION, AND SOCIAL DETERMINANTS OF HEALTH. EACH AFFILIATE HOSPITAL WORKS COLLABORATIVELY WITH THE COMMUNITY HEALTH DIVISION TO ALIGN AND ACTIVATE LOCAL RESOURCES TO SUPPORT THESE STRATEGIES. THIS BENEFITS THE COMMUNITY EACH AFFILIATE HOSPITAL SERVES AND WORKS TOWARDS A STATEWIDE IMPACT (SYSTEM-LEVEL) ON HEALTH OUTCOMES.</p> <p>AS PART OF THE COMMUNITY HEALTH DIVISION, COMMUNITY OUTREACH AND ENGAGEMENT PROGRAM'S IU HEALTH SERVES, A SYSTEM-LEVEL TEAM MEMBER VOLUNTEER PROGRAM, SEEKS TO POSITIVELY IMPACT THE HEALTH OF COMMUNITIES IU HEALTH AFFILIATE HOSPITALS SERVE AND FOSTER A CULTURE OF ENGAGEMENT AND SOCIAL RESPONSIBILITY. EACH AFFILIATE HOSPITAL COORDINATES THE DIFFERENT INITIATIVES OF THE PROGRAM, INCLUDING DAYS OF SERVICE. THIS IS THE LARGEST VOLUNTEER EVENT OF THE YEAR, CONSISTING OF PROJECTS DESIGNED TO ENGAGE EACH AFFILIATE HOSPITALS' TEAM MEMBERS IN ACTIVITIES THAT ADDRESS LOCAL, SIGNIFICANT NEEDS.</p> <p>THE COMMUNITY IMPACT AND INVESTMENT (CII) FUND IS A \$200 MILLION DOLLAR BOARD DESIGNATED FUND THAT IS MANAGED BY THE IU HEALTH FOUNDATION TO FINANCIALLY SUPPORT HIGH IMPACT COMMUNITY INVESTING. THE FOCUS OF THESE EFFORTS WILL ADDRESS SOCIAL DETERMINANTS OF HEALTH AND HEALTH DISPARITIES THAT IMPACT MARGINALIZED AND MINORITIZED POPULATIONS IN THE COMMUNITIES IU HEALTH SERVES. THROUGH THE GRANTS PROVIDED BY THIS CII FUND, IU HEALTH CAN STRATEGICALLY AND INTENTIONALLY ADDRESS THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL FACTORS THAT IMPACT THE HEALTH OF AFFILIATE HOSPITALS' SURROUNDING COMMUNITIES. EACH AFFILIATE HOSPITAL AND ITS TEAM MEMBERS ARE ELIGIBLE TO PURSUE THIS GRANT OPPORTUNITY WITH A COMMUNITY ORGANIZATION OR AGENCY.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>IN</p>