

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization: **REHABILITATION HOSPITAL OF INDIANA, INC.** Employer identification number: **35 1786005**

**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 . . .	✓	
1b 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) to determine eligibility for providing <i>free</i> 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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%	✓	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____%	✓	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine 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? . . . . .	✓	
6b If "Yes," did the organization make it available to the public? . . . . .	✓	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			1,362,144	0	1,362,144	3.76
b Medicaid (from Worksheet 3, column a) . . . . .			4,836,644	4,422,160	414,484	1.14
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			0	0	0	0.00
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .	0	0	6,198,788	4,422,160	1,776,628	4.90
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			36,440	12,240	24,200	0.07
f Health professions education (from Worksheet 5) . . . . .			188,250	88,158	100,092	0.28
g Subsidized health services (from Worksheet 6) . . . . .			0	0	0	0.00
h Research (from Worksheet 7) . . . . .			51,335	0	51,335	0.14
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			44,334	0	44,334	0.12
j <b>Total</b> , Other Benefits . . . . .	0	0	320,359	100,398	219,961	0.61
k <b>Total</b> , Add lines 7d and 7j . . . . .	0	0	6,519,147	4,522,558	1,996,589	5.51

**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					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	0	0	0	0	0.00

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

**Section A. Bad Debt Expense**

	1	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 157	1	✓	
2 Enter the amount of the organization's bad debt expense . . . . .	2	536,237	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy . . . . .	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	14,575,980
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	14,152,486
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	423,494
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures (see instructions)**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
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11				
12				
13				



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: REHABILITATION HOSPITAL OF INDIANA

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 . . . . .	1	
If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment:		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? . . . . .	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	7	
<b>Financial Assistance Policy</b>			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	8	✓
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . .	9	✓
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			

**Part V Facility Information (continued)**

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u> 400 </u> % If "No," explain in Part VI the criteria the hospital facility used.	✓	
11 Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):	✓	
a <input checked="" type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance? . . . . .	✓	
13 Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		✓
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	✓	
15 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:		✓
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information (continued)**  
**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .		✓
	If "No," indicate why:		
<b>a</b>	<input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b>	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.		
<b>a</b>	<input checked="" type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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 Part VI.		
<b>21</b>	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? . . . . .		✓
	If "Yes," explain in Part VI.		



**Part VI**

**Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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	
SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY USED TO CALCULATE FINANCIAL ASSISTANCE	THE COST TO CHARGE RATIO BASED ON WORKSHEET 2 WAS USED TO CALCULATE THE AMOUNTS REPORTED ON LINES A-D. LINES E-J ARE REPORTED BASED ON ACTUAL COSTS INCURRED.	
SCHEDULE H, PART I, LINE 7, COLUMN(F)	BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	536,237	
SCHEDULE H, PART III, LINE 4	BAD DEBT EXPENSE - FINANCIAL STATEMENT FOOTNOTE	<p>PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS AND OTHERS FOR SERVICES RENDERED. THE ALLOWANCE FOR DOUBTFUL ACCOUNTS REPRESENTS THE EXPECTED LOSSES TO BE REALIZED UPON ULTIMATE COLLECTION OF PATIENT ACCOUNTS RECEIVABLE, WHICH ARE NOT SUBJECT TO THIRD-PARTY PAYOR AGREEMENTS. ALLOWANCE ESTIMATES ARE BASED ON HISTORICAL EXPERIENCE AND OTHER RELEVANT FACTORS. ACCOUNTS DETERMINED TO BE UNCOLLECTIBLE ARE CHARGED TO OPERATIONS IN THE YEAR IN WHICH THEY ARE DETERMINED TO BE UNCOLLECTIBLE. THE HOSPITAL CAN CHARGE INTEREST ON PAST DUE ACCOUNTS MEETING CERTAIN CRITERIA. THERE WAS NO INTEREST CHARGED FOR THE YEAR ENDED DECEMBER 31, 2011.</p> <p>BAD DEBT REPORTED IN PART III, LINE 2 IS REPORTED AT THE ESTIMATED NET REALIZABLE VALUE, THE SAME METHODOLOGY USED TO REPORT BAD DEBT IN THE HOSPITAL'S AUDITED FINANCIAL STATEMENTS.</p> <p>THE HOSPITAL DOES NOT ATTRIBUTE ANY PORTION OF THE BAD DEBT REPORTED IN PART III, LINE 2 AS COMMUNITY BENEFIT, AS THE ORGANIZATION TAKES A PROACTIVE APPROACH IN IDENTIFYING PATIENTS THAT ARE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY PRIOR TO ACCOUNTS BEING CATEGORIZED AS BAD DEBT.</p>	
SCHEDULE H, PART III, LINE 8	COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS	ANY COST INCURRED FOR TREATMENT OF A PATIENT IN WHICH THE TOTAL AMOUNT OF REVENUE WAS NOT COLLECTED, IS REPORTED AS A SHORTFALL. MEDICARE ALLOWABLE COSTS WERE DETERMINED BASED ON THE COST TO CHARGE RATIO FROM THE FY 2011 MEDICARE COST REPORT. BECAUSE THE HOSPITAL MINIMIZED ITS CONTRACT LABOR COSTS DURING THE YEAR, THE ALLOWABLE COSTS TO PROVIDE SERVICES WERE LESS THAN THE REVENUE RECEIVED FROM MEDICARE, RESULTING IN AN OVERALL SURPLUS.	
SCHEDULE H, PART III, LINE 9B	COLLECTION PRACTICES FOR PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE	<p>THE HOSPITAL'S PRACTICE IS NOT TO COLLECT AMOUNTS THAT HAVE BEEN APPROVED AS CHARITY OR FINANCIAL ASSISTANCE. HOWEVER, THE HOSPITAL WILL COLLECT THE AMOUNT THAT IS NOT DETERMINED TO BE CHARITY OR FINANCIAL ASSISTANCE.</p> <p>RHI'S COLLECTION PRACTICE IS TO SEND THE PATIENT FOUR STATEMENTS AND ONE FINAL BILL NOTICE PRIOR TO GOING TO AGENCY. THE ACCOUNT WILL BE ALLOWED AT LEAST 120 DAYS AFTER DISCHARGE PRIOR TO GOING TO AGENCY. IF THE PATIENT RESPONDS TO THE STATEMENTS, THE ACCOUNT WILL NOT BE SENT TO THE COLLECTION AGENCY. IN THE EVENT THE PATIENT DOES NOT MAKE PAYMENT OR COMMUNICATES WITH RHI, THE ACCOUNT IS SENT TO THE COLLECTION AGENCY. THE COLLECTION AGENCY WILL ATTEMPT TO MAKE CONNECTION WITH THE PATIENT VIA PHONE OR MAIL. AFTER AN ADDITIONAL 120 DAYS OF TRYING TO CONTACT THE PATIENT, THE AGENCY WILL SEND THE PATIENT THE DISCLOSURE NOTICE. THE PATIENT WILL HAVE TWO WEEKS TO RESPOND TO THE DISCLOSURE NOTICE. IF THE PATIENT DOES NOT RESPOND, THE COLLECTION AGENCY WILL PLACE A CLAIM AGAINST THE PATIENT WITH THE CREDIT AGENCIES.</p>	
SCHEDULE H, PART V, SECTION B, LINE 11	FINANCIAL ASSISTANCE POLICY: BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS	<p>THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY OUTLINES THAT INDIVIDUALS WHO QUALIFY UNDER FINANCIALLY INDIGENT OR LIMITED MEANS WILL RECEIVE ADJUSTMENTS FROM CHARGES BILLED BASED ON INCOME LEVEL AND NUMBER IN HOUSEHOLD. THESE ADJUSTMENTS RANGE FROM 25% TO 100% OF CHARGES AND ARE BASED ON THE FEDERAL POVERTY GUIDELINES. THE HOSPITAL'S COLLECTION POLICY OUTLINES THAT UNINSURED PATIENTS WILL RECEIVE ADJUSTMENTS FROM CHARGES BILLED BASED UPON COMPARABLE ADJUSTMENTS PROVIDED TO PATIENTS WITH INSURANCE.</p> <p>THE HOSPITAL IS CURRENTLY IN THE PROCESS OF REVIEWING/REVISING THE POLICY BASED ON THE GUIDANCE PROVIDED IN THE PROPOSED 501(R) REGULATIONS ISSUED IN JUNE OF 2012. THE RESPONSES TO PART V REFLECT CURRENT PROCEDURES AND PRACTICES IN PLACE.</p>	
SCHEDULE H, PART V, SECTION B, LINE 13	FINANCIAL ASSISTANCE POLICY: MEASURES TO PUBLICIZE THE POLICY WITHIN THE COMMUNITY SERVED	<p>ALTHOUGH NOT SPECIFICALLY OUTLINED IN THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL USES THE FOLLOWING METHODS TO PUBLICIZE ITS FINANCIAL ASSISTANCE POLICY WITHIN THE COMMUNITY SERVED:</p> <ul style="list-style-type: none"> <li>- THE POLICY WAS POSTED ON THE HOSPITAL FACILITY'S WEBSITE.</li> <li>- THE POLICY WAS AVAILABLE UPON REQUEST.</li> </ul> <p>THE HOSPITAL CURRENTLY IN THE PROCESS OF REVIEWING/REVISING THE POLICY BASED ON THE GUIDANCE PROVIDED IN THE PROPOSED 501(R) REGULATIONS ISSUED IN JUNE OF 2012. THE RESPONSES TO PART V REFLECT THE CURRENT PRACTICES AND PROCEDURES IN PLACE.</p>	
SCHEDULE H, PART V SECTION B, LINE 18D	NONDISCRIMINATORY POLICY	(a) Facility	(b) Explanation
		(1) REHABILITATION HOSPITAL OF INDIANA	RHI IS NOT A GENERAL ACUTE CARE HOSPITAL/FACILITY NOR IS RHI EQUIPPED TO PROVIDE CARE TO PATIENTS WITH URGENT CARE NEEDS. RHI IS A SPECIALTY PROVIDER OF REHABILITATION SERVICES SUCH AS PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY.
SCHEDULE H, PART V SECTION B, LINE 19D	MEANS USED TO DETERMINE AMOUNTS BILLED	(a) Facility	(b) Explanation
		(1) REHABILITATION HOSPITAL OF INDIANA	IF THE PATIENT IS UNINSURED, RHI GIVES THE PATIENT THE DISCOUNTED RATE BASED UPON OUR COMMERCIAL PAYER RATE.

Return Reference	Identifier	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT.	RHI IS IN THE PROCESS OF CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT IN CONJUNCTION WITH ONE OF ITS MEMBER HOSPITALS (INDIANA UNIVERSITY HEALTH). RHI ALSO EVALUATES THE HOSPITAL'S ACCESSIBILITY ON AN ANNUAL BASIS VIA AN ANNUAL ACCESSIBILITY STUDY. THIS PLAN INCLUDES ACTIONS TO FURTHER THE INTENT OF CREATING ACCESSIBLE FACILITIES, PROGRAMS AND COMMUNITIES FOR PERSONS WITH DISABILITIES. IN ADDITION, RHI ATTEMPTS TO ADDRESS THE NEEDS OF PEOPLE WITH DISABILITIES THROUGH TREATMENT PROGRAMS AND SERVICES, COMMUNITY PROGRAMMING AND COMMUNITY AWARENESS. THE PLAN WAS DEVELOPED WITH INPUT FROM PERSONS SERVED, SUPPORT GROUP INPUT, CLINICAL OUTCOMES DATA, SATISFACTION SURVEYS, RHI PERSONNEL USING SUGGESTIONS AND INPUT FROM COMMUNITY INVOLVEMENT AND OTHER STAKEHOLDERS.
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE.	AT RHI, NO PATIENT'S ADMISSION WAS OR WILL BE DENIED DUE TO A PATIENT'S INABILITY TO SETTLE HIS OR HER ACCOUNT. RHI PROVIDES FREE AND/OR DISCOUNTED CARE TO THOSE WHO QUALIFIED ACCORDING TO REHABILITATION HOSPITAL OF INDIANA (RHI) POLICY.  AT THE TIME OF ADMISSION, RHI COMPLETES A PRE-ADMISSION EVALUATION, WHICH INCLUDES ELIGIBILITY FOR ASSISTANCE FOR PATIENTS. THE PATIENT OPTION TO REQUEST ASSISTANCE DURING AND AFTER THEIR STAY AT RHI AS A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME. RHI COLLECTS AND VALIDATES THE FINANCIAL RESOURCE INFORMATION ON EACH PATIENT IN A MANNER THAT PROTECTS EACH PATIENT'S DIGNITY AND QUALITY OF LIFE. ANY PATIENT WHO WISHES TO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE WILL DISCUSS THE REQUEST WITH THE CASE MANAGER ASSIGNED TO MEET AND WORK WITH THE PATIENT. THE CASE MANAGER WILL INFORM AND PROVIDE THE PATIENT WITH THE APPLICATION AND A LIST OF DOCUMENTS NEEDED TO ACCOMPANY THE APPLICATION. IF NEEDED, THE CASE MANAGER WILL HELP THE PATIENT COMPLETE THE APPLICATION. THE PATIENT WILL FURNISH THE HOSPITAL WITH THE REQUIRED APPLICATION AND FINANCIAL DOCUMENTATION, WHICH THE HOSPITAL USES TO DETERMINE WHETHER HE/SHE IS QUALIFIED. IF THE PATIENT HAS NO INSURANCE, FINANCIAL ASSISTANCE IS OFFERED TO THE PATIENT. MEDICAID ELIGIBILITY IS ALSO EVALUATED. IF A PATIENT APPEARS TO BE ELIGIBLE FOR ASSISTANCE UNDER A GOVERNMENTAL PROGRAM SUCH AS MEDICAID, RHI ASSISTS THE PATIENT WITH THIS PROCESS. IN ADDITION TO THE AFOREMENTIONED FINANCIAL COMMITMENT TO THE COMMUNITY, RHI OFFERS DISCOUNTS TO UNINSURED PATIENTS. OTHER FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS SUCH AS PAYING THE HEALTH INSURANCE PREMIUMS, INCLUDING COBRA PREMIUMS, TO ASSIST THE PATIENT IN MAINTAINING HEALTH INSURANCE COVERAGE.
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION.	RHI SERVES ADOLESCENTS THROUGH ADULTS WITH PHYSICAL AND COGNITIVE DISABILITIES PRIMARILY FROM 100-MILE RADIUS OF RHI BUT CATCHMENT AREA NORMALLY INCLUDES ALL 92 INDIANA COUNTIES AND SURROUNDING STATES. RHI OFFERS SERVICES FOR INPATIENT FOR 91 BEDS AND 3 OUTPATIENT LOCATIONS. ONE LOCATION IS LOCATED WITHIN THE HOSPITAL AND TWO OFFICES CONVENIENTLY LOCATED AT SEPARATE LOCATIONS. RHI'S CORE SERVICES ARE STRUCTURED THROUGH SPECIALIZED UNITS. BY DOING SO, A REHABILITATIVE ENVIRONMENT IS CREATED THAT FOSTERS PROGRESSIVE LEADERSHIP, INNOVATION AND QUALITY THAT WILL LEAD TO PREEMINENT PATIENT CARE AND OUTCOMES. RHI'S MAIN SERVICES INCLUDE BUT NOT LIMITED TO STROKE REHABILITATION, BRAIN AND SPINAL CORD INJURY, MULTIPLE TRAUMA REHABILITATION AND ORTHOPEDIC REHABILITATION. RHI IS THE LARGEST FREESTANDING ACUTE REHABILITATION HOSPITAL IN INDIANA COUPLED WITH BEING THE ONLY REHAB HOSPITAL WITH CARF CERTIFICATION IN SPINAL CORD INJURY, GENERAL COMPREHENSIVE REHAB, BRAIN INJURY AND STROKE REHABILITATION.  FOR 2011, EIGHTY EIGHT PERCENT OF PATIENTS TREATED WERE NATIVES OF INDIANA. FORTY FIVE PERCENT OF THE PATIENTS WERE FROM MARION COUNTY (INDIANAPOLIS), WHEREAS TWENTY-FIVE PERCENT WERE RESIDENTS OF COUNTIES SURROUNDING MARION COUNTY. OF THE PATIENTS TREATED, FIFTEEN PERCENT WERE AT OR BELOW THE 200TH PERCENTILE OF THE FEDERAL POVERTY GUIDELINES.
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	RHI CONTINUES TO FORGE POSITIVE RELATIONSHIPS WITH ALL REFERRAL SOURCES TO IDENTIFY ACCESS CHALLENGES AND IMPROVEMENT. THIS IS PRIMARILY FOCUSED ON PARENT HEALTH SYSTEMS, REFERRAL SOURCES AND DISCHARGE SOURCES. RHI ALSO PROVIDES SUPPORT GROUPS FOR PATIENTS AND FAMILIES INCLUDING: <ul style="list-style-type: none"> <li>• STROKE SUPPORT GROUP - MONTHLY ON MAIN CAMPUS</li> <li>• BRAIN INJURY SUPPORT GROUP - MONTHLY ON MAIN CAMPUS AND AT NRC</li> <li>• STROKE CARE GIVERS SUPPORT GROUP - MONTHLY ON MAIN CAMPUS</li> </ul> RHI PROVIDES THE SUPPORT GROUPS WITH A MEETING ROOM, ONE STAFF MEMBER'S TIME AND REFRESHMENTS AT NO COST TO THE PATIENTS AND FAMILIES ATTENDING.  SUMMARY OF GROUPS AND THEIR PURPOSES:  STROKE SUPPORT GROUP THERE ARE TWO STROKE SUPPORT GROUPS OFFERED AT RHI. ONE GROUP IS TO TEACH INDIVIDUALS RECOVERING FROM A STROKE COPING SKILLS. THE SECOND STROKE SUPPORT GROUP IS TO PROVIDE TRAINING TO FAMILIES AND LOVED ONES OF THE RECOVERING STROKE PATIENT. THE GROUPS MEET MONTHLY ON THE MAIN HOSPITAL CAMPUS.  BRAIN INJURY SUPPORT GROUP THE BRAIN INJURY SUPPORT GROUP TEACHES SURVIVORS OF BRAIN INJURY AND THEIR FAMILY AND CAREGIVERS THROUGH PERTINENT SITUATIONS, GOAL SETTING AND PROVIDING INFORMATION ABOUT RETURN TO WORK. APART FROM THE MONTHLY MEETINGS, SOCIAL GATHERINGS MEET TO DECREASE SOCIAL LONELINESS AND INCREASE SUPPORT IN THE COMMUNITY.  RHI BELIEVES SUPPORT GROUPS PROVIDE ITS ATTENDEES WITH COPING SKILLS WHILE PROMOTING THE HEALTH OF THE COMMUNITY IT SERVES. THE SUPPORT GROUPS ENCOURAGE THE COMMUNICATION AMONG VICTIMS AND/OR FAMILY MEMBERS WITH THOSE WHO HAVE SUSTAINED A SIMILAR INJURY AND HAVE RETURNED TO THE COMMUNITY.  RHI ALSO PROVIDED AN AQUATICS WELLNESS PROGRAM FOR INDIVIDUALS WITHIN THE COMMUNITY. THIS PROGRAM BENEFITS MEMBERS OF THE COMMUNITY SUCH AS INDIVIDUALS WITH ARTHRITIS AND WOMEN DURING PREGNANCY. THE WATER ALLOWS THEM TO EXERCISE UNDER CONDITIONS THAT THEY NORMALLY WOULD NOT BE ABLE TO EXERCISE. THIS PROGRAM COLLECTS A SMALL FEE TO OFFSET A SMALL PORTION OF THE COST OF THE PROGRAM.  EVERY TUESDAY AND THURSDAY EVENINGS, RHI OFFERS A COMMUNITY FITNESS PROGRAM BY MAKING THE THERAPY GYM AVAILABLE TO ALL MEMBERS OF THE COMMUNITY THAT HAVE A PHYSICAL DISABILITY. RHI RECOGNIZES THAT AN INDIVIDUAL WITH PHYSICAL DISABILITY NEEDS TO CONTINUE A HEALTHY LIFE STYLE BY EXERCISING WHICH MAY REQUIRE THE NEED OF SPECIALIZED EQUIPMENT. ONE OR TWO RHI VOLUNTEERS WHO ARE LICENSED THERAPISTS SUPERVISE THE COMMUNITY FITNESS PROGRAM. RHI STAFF VOLUNTEERS THEIR TIME TO PROVIDE SUPERVISION FOR THE PROGRAM, WHICH IS AT NO COST TO THE ATTENDEES.  RHI RECOGNIZES THAT MEDICAL REHABILITATION IS A COMPLEX, INTERDISCIPLINARY SYSTEM OF INPATIENT AND OUTPATIENT THERAPIES THAT IS PART OF MORE COMPLEX SYSTEM THAT INCLUDES EMERGENT AND ACUTE CARE FOLLOWING CATASTROPHIC ILLNESS OR INJURY AS WELL AS NETWORKS THAT PROVIDE LONG-TERM SERVICES AND SUPPORT. THIS SYSTEM AND ITS COMPONENTS PROVIDE OPPORTUNITIES FOR A BROAD DIVERSITY OF APPLIED RESEARCH STUDIES. THE TARGETS OF CURRENT RESEARCH AT RHI RANGE FROM INTERVENTIONS TO REDUCE DISABILITY TO A WAY TO BETTER MEASURE REHABILITATION EFFECTIVENESS TO LEADING EDGE METHODS TO EVALUATE PATIENTS AND MAXIMIZE THEIR OUTCOMES. OVERVIEW OF THE RESEARCH RHI CONDUCTS: <ul style="list-style-type: none"> <li>• IDENTIFYING MEDICATIONS THAT ENHANCE RECOVERY FOLLOWING BRAIN INJURY,</li> <li>• IDENTIFYING COMMONLY PRESCRIBED MEDICATIONS FOLLOWING BRAIN INJURY THAT MAY HAVE ADVERSE EFFECTS ON RECOVERY</li> <li>• EVALUATING THE EFFECTIVENESS OF GROUP THERAPY FOR PATIENTS AND FAMILIES TO IMPROVE COPING SKILLS</li> <li>• IMPROVE RETURN TO WORK RATES BY DEVELOPING NETWORKS OF COMMUNITY SERVICES</li> <li>• STUDYING OUTCOMES (COMMUNITY REINTEGRATION, WELL-BEING, AND LIFE SATISFACTION) AFTER BRAIN AND SPINAL INJURIES.</li> <li>• COLLABORATING WITH THE MAYO CLINIC TRAUMATIC BRAIN INJURY SYSTEM, INDIANA UNIVERSITY SCHOOL OF MEDICINE, INDIANA UNIVERSITY HEALTH, ST. VINCENT AND PURDUE UNIVERSITY.</li> </ul> AS WE CONTINUE TO GROW AS A REHABILITATION HOSPITAL AND LEADER IN MEDICINE AND RESEARCH DEVELOPMENT, RHI INVITES PHYSICIANS TO CONTACT US ABOUT PATIENTS THAT COULD BE ELIGIBLE FOR REHABILITATION AND PARTICIPATION IN OUR STUDIES AND MEDICAL ADVANCEMENT. THE PARTNERSHIP BETWEEN RHI AND PHYSICIANS IS IMPORTANT IN THE CONTINUAL EFFORT TO SUPPORT AND PROVIDE THE BEST CARE FOR THE PATIENT.
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM	RHI IS AFFILIATED WITH TWO HOSPITAL SYSTEMS AND PROVIDES A CONTINUUM OF CARE FOR PATIENTS WITH ACUTE REHAB NEEDS.
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT	IN

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

REHABILITATION HOSPITAL OF INDIANA, INC.

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

35-1786005

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

(1) Name and address of organization or government	(2) EIN	(3) IRC section if applicable	(4) Amount of cash grant	(5) Amount of non-cash assistance	(6) Method of valuation (book, FMV, appraisal, other)	(7) Description of non-cash assistance	(8) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Cat. No. 50055P

Schedule I (Form 990) (2011)