

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

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

Name of the organization REHABILITATION HOSPITAL OF INDIANA, INC.	Employer identification number 35 1786005
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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 <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%	✓	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____%	✓	
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)			525,595	0	525,595	1.49
b Medicaid (from Worksheet 3, column a)			2,110,391	633,252	1,477,139	4.18
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00
d Total Financial Assistance and Means-Tested Government Programs	0	0	2,635,986	633,252	2,002,734	5.67
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			52,417	11,445	40,972	0.12
f Health professions education (from Worksheet 5)			244,506	133,419	111,087	0.31
g Subsidized health services (from Worksheet 6)			0	0	0	0.00
h Research (from Worksheet 7)			91,128	0	91,128	0.26
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,400	0	2,400	0.01
j Total Other Benefits	0	0	390,451	144,864	245,587	0.70
k Total Add lines 7d and 7j	0	0	3,026,437	778,116	2,248,321	6.37

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 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** 762,450
- 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** 0
- 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.

	Yes	No
1		✓
2		
3		
4		
5		
6		
7		
8		
9a	✓	
9b	✓	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 10,859,842
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 11,935,601
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** (1,075,759)
- 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:
 Cost accounting system Cost to charge ratio 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 (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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11				
12				
13				

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group REHABILITATION HOSPITAL OF INDIANA

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

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		✓
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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</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 SUPPLEMENTAL INFORMATION</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a If "Yes," (list url): <u>SEE SUPPLEMENTAL INFORMATION</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 REHABILITATION HOSPITAL OF INDIANA

		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>2 0 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0 0</u> %		
b	<input 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 type="checkbox"/> Residency		
h	<input 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	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 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 type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	✓	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group REHABILITATION HOSPITAL OF INDIANA

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

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?		✓
If "No," indicate why:			
a	<input checked="" 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 checked="" type="checkbox"/> Other (describe in Section C)		

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		✓
If "Yes," explain in Section C.			
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.			

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1,' 'A, 4,' 'B, 2,' 'B, 3,' etc.) and name of hospital facility.

Return Reference	Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	<p>FACILITY NAME: REHABILITATION HOSPITAL OF INDIANA, INC.</p> <p>DESCRIPTION: THE APPROACH TO GATHERING QUALITATIVE DATA FOR THE CHNA CONSISTED OF A MULTICOMPONENT APPROACH TO IDENTIFY AND VERIFY COMMUNITY HEALTH NEEDS. THIS INCLUDED HOSTING MULTIPLE ONE AND A HALF HOUR TO TWO HOUR COMMUNITY CONVERSATION FOCUS GROUPS WITH PUBLIC HEALTH OFFICIALS AND COMMUNITY LEADERS TO DISCUSS THE HEALTHCARE NEEDS OF THE SERVICE AREA AS WELL AS SURVEYING THE COMMUNITY AT LARGE.</p> <p>LOCAL LEADERS WITH A STAKE IN THE MARION COUNTY COMMUNITY'S HEALTH WERE INVITED TO ATTEND FOCUS GROUP SESSIONS HELD AT IU HEALTH AFFILIATE HOSPITALS TO DISCUSS THE NEEDS. ATTENDEES WHO PARTICIPATED IN THE FOCUS GROUPS ARE LISTED BELOW:</p> <p>CYNTHIA STONE, ASSOCIATE PROFESSOR IU SCHOOL OF PUBLIC HEALTH ORION BELL, PRESIDENT & CEO CICOA AGING AND IN-HOME SOLUTIONS PAUL PFAFF, DIRECTOR IU HEALTH ENROLLMENT CENTER MOLLY CHAVERS, EXECUTIVE DIRECTOR, INDY HUB CHUCK BRANDENBURG, DIRECTOR OF SPECIAL PROJECTS AND GRANTS, UNITED WAY STACEY CHAPPELL, HEALTH PROMOTIONS COORDINATOR, HEALTHNET DR. LARRY REED, DIRECTOR, IU HEALTH RILEY HOSPITAL TRAUMA KATIE JONES DIRECTOR, VIOLENCE PREVENTION PROGRAM, INDIANA STATE DEPARTMENT OF HEALTH MORGAN MCGILL, DIRECTOR, OFFICE OF WOMEN'S HEALTH DR. JAY GLADDEN, DEAN, IUPUI SCHOOL OF PHYSICAL EDUCATION AND TOURISM MANAGEMENT MARY MCKEE, DIRECTOR, PUBLIC HEALTH PRACTICE, MARION COUNTY PUBLIC HEALTH DEPARTMENT JOANNE POPE, MANAGER, AFTER SCHOOL AND SUMMER PROGRAMS, INDY PARKS JENNY BOYTS, COMMUNITY COORDINATOR, CHALLENGE FOUNDATION ACADEMY CHARLIE SCHLEGAL, PRINCIPAL, CHALLENGE FOUNDATION ACADEMY</p>
SCHEDULE H, PART V, SECTION B, LINE 6A	CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	<p>FACILITY NAME: REHABILITATION HOSPITAL OF INDIANA, INC.</p> <p>DESCRIPTION: THE CHNA WAS CONDUCTED WITH INDIANA UNIVERSITY HEALTH.</p>
SCHEDULE H, PART V, SECTION B, LINE 7	HOSPITAL FACILITY'S WEBSITE (LIST URL)	HTTP://RHIN.COM/CATEGORY/NEWS/RHI-NEWS-EVENTS/RHI-REPORT-TO-THE-COMMUNITY/
SCHEDULE H, PART V, SECTION B, LINE 10	IF "YES", (LIST URL)	HTTP://RHIN.COM/WP-CONTENT/UPLOADS/2014/01/2013-RHI-BENEFIT-TO-THE-COMMUNITY-IMPLEMENTATION-STAGETY-FINAL.PDF
SCHEDULE H, PART V, SECTION B, LINE 11	HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: REHABILITATION HOSPITAL OF INDIANA</p> <p>DESCRIPTION: RHI IS A SPECIALTY PROVIDER OF REHABILITATION SERVICES SUCH AS PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY. RHI COMPLETED ITS COMMUNITY HEALTH NEEDS ASSESSMENT IN CONJUNCTION WITH ITS MAJORITY OWNER/MEMBER HOSPITAL (INDIANA UNIVERSITY HEALTH). FIVE NEEDS WERE IDENTIFIED FROM THE ASSESSMENT INCLUDING OBESITY, ACCESS TO CARE, MENTAL HEALTH, PRENATAL CARE AND TOBACCO USE. RHI DETERMINED THREE OF THE IDENTIFIED AREAS TO ADDRESS INCLUDING ACCESS TO CARE, OBESITY AND MENTAL HEALTH NEEDS. TWO NEEDS IDENTIFIED IN THE CHNA, TOBACCO USE AND PRENATAL CARE, ARE BEING UNDERTAKEN BY OTHER INDIANA UNIVERSITY HEALTH PROVIDERS.</p> <p>ACCESS TO CARE HAS BEEN ADDRESSED THROUGH SEVERAL PROGRAMS RHI SPONSORED OR PARTICIPATED IN WITH OTHER ORGANIZATIONS. RHI PARTICIPATED IN A "HEALTH AND WELLNESS FAIR - STROKE AWARENESS MONTH". THE HEALTH AND WELLNESS FAIR SPOTLIGHTED NATIONAL STROKE AWARENESS MONTH. THE FAIR ASSISTED INDIVIDUALS TO BETTER UNDERSTAND THE SIGNS AND SYMPTOMS OF STROKE, PREVENTION, AND TOOLS TO ASSIST INDIVIDUALS ON STROKE PREVENTION, TREATMENT AND RECOVERY. INDIVIDUAL SCREENINGS TOOK PLACE FOR USE IN FOLLOW-UP WITH INDIVIDUAL'S HEALTH CARE PROVIDER.</p> <p>RHI HAS SERVED AS A HOST SITE FOR SRT PROSTHETICS & ORTHOTICS AMPUTEE WALKING SCHOOL. THE AMPUTEE WALKING SCHOOL IS 100% FREE TO ANY AMPUTEE (AND THEIR FAMILIES), WITH OR WITHOUT A PROSTHESIS. AS A COMMUNITY SERVICE PROGRAM, AMPUTEES ARE NOT REQUIRED TO BE A PATIENT OF SRT. THIS PROGRAM, PRESENTED BY DENNIS OEHLER AND TODD SCHAFFHAUSER, BOTH ARE PARALYMPIC CHAMPIONS IN TRACK AND FIELD</p>

Return Reference	Identifier	Explanation
		<p>EVENTS, ENABLES INDIVIDUALS WITH DISABILITIES TO RUN, MOVE FROM SIDE-TO-SIDE, BEND DOWN, JUMP, CLIMB STAIRS, AND WALK WITH CONFIDENCE, BY LEARNING THE DYNAMICS OF HOW THE ARTIFICIAL DEVICES WORK AND HOW TO USE THEIR MUSCLES PROPERLY TO CONTROL THEM. THIS LEADS TO IMPROVE ENERGY USE AND FUNCTION.</p> <p>COLLABORATION BETWEEN THE PRESENTERS, AND THE PHYSICAL THERAPIST PROFESSION, IS INTEGRAL IN THIS PROGRAM. CONNECTING PHYSICAL THERAPISTS FROM THE REHABILITATION HOSPITAL OF INDIANA AND OTHER FACILITIES, INCLUDING STUDENTS, WITH DENNIS AND TODD PROVIDES A UNIQUE PERSPECTIVE OF THE CAPABILITIES OF THE PROSTHETIC USER. IT ALSO GIVES THE THERAPISTS TREATMENT IDEAS THAT CAN IMMEDIATELY BE IMPLEMENTED WITH THEIR PATIENTS. THE THERAPISTS WORK WITH THE PARTICIPANTS ON EXERCISES FOR LOWER LIMB AMPUTEES OF ALL AGES AND VARIOUS LEVELS OF AMPUTATIONS. TREATMENT APPROACHES FOR IMPROVED FUNCTION AND RETURN TO AN ACTIVE LIFESTYLE ARE ALSO PRESENTED. THIS INCLUDES INSTRUCTION ON ADVANCED EXERCISES AND RUNNING TECHNIQUES FOR ABOVE KNEE AND BELOW-KNEE AMPUTEES, WITH SOME PARTICIPANTS ACTUALLY RUNNING WITH THEIR PROSTHESIS FOR THE FIRST TIME. STAFF FROM SRT, MANY ARE AMPUTEES THEMSELVES, ALSO WORK WITH THE PARTICIPANTS. THEY PROVIDE GUIDANCE AS WELL AS FIRST-HAND EXPERIENCE WITH PROSTHESES.</p> <p>RHI PARTNERED WITH IUH IN "IN-SHAPE INDIANA BLACK AND MINORITY HEALTH FAIR". THE THEME FOR THIS YEAR'S HEALTH FAIR WAS "BE ACTIVE, HEALTHY AND HAPPY!" IT OFFERED HEALTH SCREENINGS, EDUCATION AND RESOURCES THAT HELP COMMUNITY PARTICIPANTS ATTAIN, MAINTAIN AND LIVE A HEALTHY LIFESTYLE AND REDUCE THEIR RISK OF CHRONIC DISEASES. RHI CLINICIANS PERFORMED 51 BLOOD PRESSURE SCREENINGS WITH EDUCATION ON NORMAL VALUES AND THE IMPORTANCE OF MAINTAINING A HEALTHY LIFESTYLE. TOTAL COMMUNITY PARTICIPANTS ON 7/17/14 WAS 250 (AND 1,300 FOR ENTIRE 4 DAY EVENT). CONTINUED AT SCHEDULE H, PART VI.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A	FAP AVAILABLE WEBSITE	HTTP://RHIN.COM/WP-CONTENT/UPLOADS/2012/12/PFS-FINANCAIL-ASSISTANCE-POLIY-3-06.PDF
SCHEDULE H, PART V, SECTION B, LINE 16B	FAP APPLICATION FORM WEBSITE	HTTP://RHIN.COM/WP-CONTENT/UPLOADS/2012/12/RHI-FINANCIAL-ASSISTANCE-APP-012312.PDF
SCHEDULE H, PART V, SECTION B, LINE 16C	PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTP://RHIN.COM/BILLING-CENTER/
SCHEDULE H, PART V, SECTION B, LINE 21D	REASONS FOR WRITTEN EMERGENCY MED. CARE POLICY NOT IN PLACE	<p>FACILITY NAME: REHABILITATION HOSPITAL OF INDIANA</p> <p>DESCRIPTION: 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.</p>
SCHEDULE H, PART V, SECTION B, LINE 22D	HOW AMOUNTS CHARGED TO FAP-ELIGIBLE PATIENTS WERE DETERMINED	<p>FACILITY NAME: REHABILITATION HOSPITAL OF INDIANA, INC.</p> <p>DESCRIPTION: THE HOSPITAL LIMITS THE AMOUNTS CHARGED TO FAP ELIGIBLE INDIVIDUALS. FAP ELIGIBLE INDIVIDUALS WILL NOT BE CHARGED MORE THAN THE AMOUNTS GENERALLY BILLED (AGB) TO THOSE INDIVIDUALS WHO DO HAVE INSURANCE. THE AGB IS CALCULATED BASED ON THE LOOK-BACK METHOD FOR PAYERS INCLUDING MEDICARE FEE FOR SERVICES ALONG WITH ALL PRIVATE HEALTH INSURERS.</p>

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? 0

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Return Reference	Identifier	Explanation
SCHEDULE H, PART I, LINE 7	EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	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 III, LINE 2	METHODOLOGY USED TO ESTIMATE BAD DEBT	<p>THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED COLLECTIONS OF ACCOUNTS RECEIVABLE CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED TO THE PROVISION FOR BAD DEBTS AFTER COLLECTION EFFORTS HAVE BEEN MADE IN ACCORDANCE WITH THE HOSPITAL'S POLICIES. RECOVERIES ARE TREATED AS A REDUCTION TO THE PROVISION FOR BAD DEBTS.</p> <p>ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY MAJOR PAYOR CATEGORY. DATA ABOUT THE MAJOR PAYOR SOURCES OF REVENUE IS ANALYZED TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AND PROVISION FOR BAD DEBTS.</p> <p>FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, CONTRACTUALLY DUE AMOUNTS ARE ANALYZED AND COMPARED TO ACTUAL CASH COLLECTED OVER TIME TO ENHANCE THE QUALITY OF THE ESTIMATE OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND THE PROVISION FOR BAD DEBTS (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND CO-PAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND CO PAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), A SIGNIFICANT ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED ON THE BASIS OF HISTORICAL EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE.</p> <p>AN ESTIMATE OF THE DIFFERENCE BETWEEN CONTRACTED RATES AND AMOUNTS ACTUALLY COLLECTED, AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED, IS CHARGED TO THE PROVISION FOR BAD DEBTS AND CREDITED TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>
SCHEDULE H, PART III, LINE 3	FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE ORGANIZATION DOES NOT REPORT ANY PORTION OF BAD DEBT AS COMMUNITY BENEFIT AND CHOOSES NOT TO ESTIMATE FOR PURPOSES OF PART III, SECTION A, LINE 3 THE AMOUNT OF BAD DEBT ATTRIBUTABLE TO PATIENTS THAT MAY BE ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.
SCHEDULE H, PART III, LINE 4	FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	<p>FOOTNOTE TO THE AUDITED FINANCIAL STATEMENT. ALLOWANCES FOR DOUBTFUL ACCOUNTS: THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED COLLECTIONS OF ACCOUNTS RECEIVABLE CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED TO THE PROVISION FOR BAD DEBTS AFTER COLLECTION EFFORTS HAVE BEEN MADE IN ACCORDANCE WITH THE HOSPITAL'S POLICIES. RECOVERIES ARE TREATED AS A REDUCTION TO THE PROVISION FOR BAD DEBTS.</p> <p>ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY MAJOR PAYER CATEGORY. DATA ABOUT THE MAJOR PAYER SOURCES OF REVENUE IS ANALYZED TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AND PROVISION FOR BAD DEBTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, CONTRACTUALLY DUE AMOUNTS ARE ANALYZED AND COMPARED TO ACTUAL CASH COLLECTED OVER TIME TO ENHANCE THE QUALITY OF THE ESTIMATE OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS PROVISION FOR BAD DEBTS.</p> <p>FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND CO PAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), A SIGNIFICANT ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED ON THE BASIS OF HISTORICAL EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. AN ESTIMATE OF THE DIFFERENCE BETWEEN CONTRACTED RATES AND AMOUNTS ACTUALLY COLLECTED, AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED, IS CHARGED TO THE PROVISION FOR BAD DEBTS AND CREDITED TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>

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SCHEDULE H, PART III, LINE 8	DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	ANY COST INCURRED FOR TREATMENT OF A PATIENT IN WHICH THE TOTAL AMOUNT OF REVENUE WAS NOT COLLECTED, IS REPORTED AS A SHORTFALL. BY CONTINUING TO TREAT PATIENT ELIGIBLE FOR MEDICARE, HOSPITALS ALLEVIATE THE FEDERAL GOVERNMENT'S BURDEN FOR DIRECTLY PROVIDING MEDICAL SERVICES. THE SHORTFALL IS DUE TO CONTINUED CUTS IN MEDICARE REIMBURSEMENT WHILE RHI CONTINUES TO INVEST IN STATE-OF-THE-ART EQUIPMENT AND FACILITIES TO MEET THE CHALLENGING HEALTHCARE NEEDS OF THE COMMUNITY. MEDICARE ALLOWABLE COSTS WERE DETERMINED BASED ON THE COST TO CHARGE RATIO FROM THE FY 2014 MEDICARE COST REPORT.
SCHEDULE H, PART III, LINE 9B	DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. THE COLLECTION POLICY STATES THAT RHI WILL NOT ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS BEFORE MAKING REASONABLE EFFORTS TO DETERMINE WHETHER A PATIENT IS ELIGIBLE FOR ASSISTANCE UNDER RHI'S FINANCIAL ASSISTANCE POLICY.
SCHEDULE H, PART V, SECTION B, LINE 11	HOW THE HOSPITAL IS ADDRESSING THE SIGNIFICANT NEEDS IN CHNA	<p>CONTINUED FROM SCHEDULE H, PART V, SECTION B, LINE 11:</p> <p>RHI PARTNERED WITH INDIANA PUBLIC SCHOOLS (IPS) FOR IPS SCHOOL PHYSICALS TO PROVIDE FREE SCHOOL PHYSICALS TO LOW INCOME STUDENTS AT ARSENAL TECH HIGH SCHOOL. THE GOAL OF THIS PROGRAM WAS TO PUT TOGETHER A TEAM OF PHYSICIANS, NURSES AND ADVANCED PROVIDERS TO HELP IPS STUDENT'S ACCESS THE PHYSICALS NEEDED TO SAFELY PARTICIPATE IN SPORTS AND ENCOURAGE HEALTH ACTIVITY. AS A RESULT OF THIS COLLABORATION, 421 STUDENTS ARE NOW ALLOWED TO PRACTICE AND STAY ACTIVE ON THEIR RESPECTIVE SPORTS TEAMS.</p> <p>RHI PARTICIPATED IN "INDY DO DAY" TO HELP WITH "OPERATION WINTER READY". OPERATION WINTER READY IS DESIGNED TO PROVIDE MUCH NEEDED SUPPLIES TO OVER 1,000 OF OUR COMMUNITY'S HOMELESS INDIVIDUALS TO HELP KEEP THEM WARM, SAFE AND HEALTHIER DURING THE WINTER MONTHS. VOLUNTEERS ASSEMBLED WINTER READY KITS, WHICH WILL INCLUDE A BLANKET, GLOVES, SOCKS, HAT AND HAND WARMERS, AS WELL AS INSPIRATIONAL NOTES FROM NEIGHBORHOOD SCHOOLS. THE INDIANAPOLIS METROPOLITAN POLICE DEPARTMENT'S HOMELESS UNIT WILL THEN DISTRIBUTE THE KITS DIRECTLY TO THE HOMELESS CAMP LOCATIONS, ELIMINATING THE CHALLENGES OUR HOMELESS INDIVIDUALS FACE IN ACCESSING SUCH CRITICALLY NEEDED ITEMS FOR WINTER SURVIVAL.</p> <p>VEGGIES AND VACCINES PARTNERED WITH IUH TO ADMINISTER FREE FLU VACCINATIONS AT CHURCHMAN WOODS APARTMENTS ON THE SOUTHSIDE OF INDIANAPOLIS. THROUGH THIS PARTNERSHIP, RHI IS ABLE TO DELIVER ON ITS GOAL OF IMPROVING ACCESS TO HEALTHCARE SERVICES TO VULNERABLE POPULATIONS IN UNDERSERVED AREAS WITHIN MARION COUNTY. RHI IS SUPPORTING PROGRAMS AND INITIATIVE SPECIFICALLY AIMED TO: SERVE AN IDENTIFIED COMMUNITY NEED, PARTICULARLY IN THE AREAS OF RHI OUTREACH PRIORITIES.</p> <p>TO REDUCE HEALTH DISPARITIES OR IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS LIVING IN THEIR COMMUNITIES. TO REACH LARGELY UNDERSERVED COMMUNITIES (MINORITIES, LOW-INCOME, HOMELESS AND AT-RISK POPULATIONS). TO IMPROVE ACCESS TO HEALTHCARE RHI HOSTED FLU SHOT CLINICS IN OCTOBER AND NOVEMBER OF 2014 AT ITS MAIN HOSPITAL IN MARION COUNTY.</p> <p>TO ADDRESS THE NEED OF OBESITY, RHI PARTNERED WITH IU HEALTH ON A COMMUNITY DAY OF SERVICE AIMED AT ENGAGING RHI TEAM MEMBERS IN ACTIVITIES THAT ADDRESS IDENTIFIED COMMUNITY OUTREACH PRIORITY. IN RESPONSE TO THE NEED FOR MORE PHYSICAL ACTIVITY ASSETS TO HELP COMBAT OBESITY IN THE COMMUNITIES RHI SERVES, RHI STAFF VOLUNTEERED AT TWO COMMUNITY PARKS IN MARION COUNTY TO ENHANCE PARK ASSETS MAKING RECREATION AND EXERCISE AT THE PARKS SAFER AND MORE APPEALING FOR COMMUNITY RECREATION.</p> <p>"RHI COMMUNITY GYM - RHI SPORTS COMMUNITY FITNESS PROGRAM OCCURS EVERY TUESDAY AND THURSDAY AT RHI. BY MAKING THE THERAPY GYM AVAILABLE AT NO COST TO ALL MEMBERS OF THE COMMUNITY THAT HAVE A PHYSICAL DISABILITY, RHI RECOGNIZES THAT AN INDIVIDUAL WITH A PHYSICAL DISABILITY NEEDS TO CONTINUE A HEALTHY LIFESTYLE BY EXERCISING WHICH MAY REQUIRE THE NEED OF SPECIALIZED EQUIPMENT. EACH SESSION HAS A SUPERVISOR WHICH CONSISTS OF SPORTS PROGRAM EMPLOYEES, SPORTS PROGRAM AMERICORPS MEMBERS, OR RHI THERAPISTS. TO ADDRESS PREVENTING AND REVERSING OBESITY, THE HOSPITAL HOSTED NUTRITION EDUCATION PROGRAMS AT ITS MAIN CAMPUS FOR PATIENTS AND THEIR FAMILIES. DIABETES EDUCATION TO EDUCATE AT-RISK OR NEWLY-DIAGNOSED PATIENTS AND THEIR FAMILIES ON MANAGING THEIR DIABETES.</p> <p>OBESITY PREVENTION DIABETES PREVENTION PROGRAM IS SUPPORTED BY RHI BY CONDUCTING RESEARCH THROUGH THE INDIANA SPINAL CORD AND BRAIN INJURY RESEARCH FUND. REHABILITATION HOSPITAL OF INDIANA WILL EXAMINE THE EFFECTS OF A HEALTH AND WELLNESS PROGRAM ON THE PREVENTION OF DIABETES IN COMMUNITY INDIVIDUALS WITH PARAPLEGIA. THE IMPLEMENTATION PHASE OF THIS PILOT STUDY WILL BE CONDUCTED OVER THE COURSE OF 12 MONTHS. THE CONTENT OF THIS PROGRAM WILL INCLUDE INTERACTIVE CLASSES AND INFORMATION ON NUTRITION AND EXERCISE. HOWEVER, THE CRITICAL PIECE OF THE PROGRAM WILL BE FOCUSED ON HEALTH BEHAVIOR CHANGE. RHI IS PURCHASING (15) FITBIT FLEXES THAT WILL FACILITATE THE ABILITY TO TRACK PARTICIPANTS DIET AND EXERCISE.</p>

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		<p>ADDITIONALLY, PARTICIPATION IN THIS INTENSIVE GROUP WELLNESS INTERVENTION WILL ALLOW INDIVIDUALS WHO HAVE EXPERIENCED A SPINAL CORD INJURY CONTROL THEIR WEIGHT AND AVOID DEVELOPING DIABETES.</p> <p>RHI WATER SKI CLINIC - RHI SPORTS' ANNUAL WATER SKI CLINIC IS A TWO-DAY PROGRAM HELD AT MORSE RESERVOIR. THIS CLINIC PROVIDES INDIVIDUALS WITH PHYSICAL DISABILITIES THE OPPORTUNITY TO PARTICIPATE IN THE THRILLING SPORT OF WATER SKIING, HELPING TO INCREASE THE PARTICIPANT'S OVERALL PHYSICAL FITNESS AND SELF-CONFIDENCE WHILE DECREASING FEELINGS OF ISOLATION AND HELPLESSNESS. THE TWO-DAY EVENT SERVES APPROXIMATELY 40 COMMUNITY INDIVIDUALS WITH PHYSICAL DISABILITIES. RHI ASSISTED UNITED WAY, ACTING IN CAPACITY AS A UW VOLUNTEER PROVIDING SERVICE AND SUPPORT AS AN AGENCY EVALUATOR OF AN EXISTING UWCI AGENCY.</p> <p>RHI ASSISTED WITH THE 2 YEAR EVALUATION FOR CHRISTAMORE HOUSE, A FAMILY AND COMMUNITY CENTER THAT PROVIDES EARLY CHILDHOOD EDUCATION, AFTER SCHOOL PROGRAMMING, SENIOR CITIZEN SERVICES, PREVENTATIVE SERVICES AND EMPLOYMENT ASSISTANCE TO THE RESIDENTS OF HAUGHVILLE AND THE NEAR WESTSIDE INDIANAPOLIS.</p> <p>TO ADDRESS MENTAL HEALTH INITIATIVES, RHI WILL PARTNER WITH IU HEALTH ACADEMIC CENTERS TO PROVIDE MENTAL HEALTH SCREENINGS TO IDENTIFIED COUNTIES. COLLABORATE BEHAVIORAL HEALTH ON A COMMUNITY INITIATIVE, AS WELL AS PARTNER WITH MENTAL HEALTH AMERICA OF GREATER INDIANAPOLIS FOR A MENTAL HEALTH INITIATIVE FOR MARION COUNTY. SEVERAL OF THE PREVIOUSLY LISTED PROGRAMS SUPPORT MENTAL HEALTH.</p> <p>IN ADDITION, RHI PROVIDES FREE MONTHLY SUPPORT GROUPS RELATED TO STROKES AND BRAIN INJURY. 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 BRIAN 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. THESE MEETINGS HELP DECREASE SOCIAL LONENESS 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.</p>
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	<p>DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES, IN ADDITION TO ANY CHNAS REPORTED IN PART V, SECTION B:</p> <p>RHI COMPLETED THE COMMUNITY HEALTH NEEDS ASSESSMENT IN CONJUNCTION WITH OUR MAJORITY OWNER/MEMBER HOSPITAL (INDIANA UNIVERSITY HEALTH). RHI'S PRIMARY SERVICE AREA (PSA) IS MARION COUNTY. THE AREAS OF NEED THAT WERE IDENTIFIED FROM THIS PSA BY THE NEEDS ASSESSMENT WERE : OBESITY, ACCESS TO CARE, MENTAL HEALTH, PRENATAL CARE AND TOBACCO USE. RHI DETERMINED THAT WE COULD IMPACT 3 OF THESE AREAS OF NEED. THE THREE AREAS CHOSEN BY RHI WERE: OBESITY, ACCESS TO CARE AND MENTAL HEALTH NEEDS.</p> <p>THE IMPLEMENTATION STRATEGY IS A PLAN WHICH ADDRESSES HOW RHI WILL CONTRIBUTE TO EACH OF THESE THREE COMMUNITY HEALTH NEEDS. 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.</p>
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION	<p>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:</p> <p>PATIENTS ARE INFORMED ABOUT FINANCIAL ASSISTANCE BEFORE ADMISSIONS BY THE CLINICAL LIAISON. THIS OCCURS WHEN THE PATIENT IS AT THE GENERAL ACUTE CARE HOSPITAL BEFORE TRANSFERRING TO RHI. PATIENTS ARE ALSO INFORMED OF FINANCIAL ASSISTANCE DURING REGISTRATION BY THE ADMISSIONS REPRESENTATIVE AND A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS INCLUDED IN EACH ADMISSION PACKET. DURING THE PATIENT'S STAY, THE DISCHARGE PLANNER WILL WORK WITH THE PATIENT IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION. PATIENTS ARE INFORMED AGAIN OF FINANCIAL ASSISTANCE DURING THE DISCHARGE PROCESS BY THE DISCHARGE PLANNERS. THE DISCHARGE PLANNERS WILL CONTINUE TO WORK WITH THE PATIENTS AFTER DISCHARGE, IF THE SITUATION REQUIRES. PATIENTS RECEIVE A SUMMARY OF THE FAP WITH ALL STATEMENTS. RHI WILL ALSO MAIL A SUMMARY OF THE POLICY ALONG WITH A FINANCIAL ASSISTANCE APPLICATION TO ANY UNINSURED PATIENT THAT HAS A BALANCE ON HIS/HER ACCOUNT. RHI ALSO PUBLICIZES ITS FAP ON THE HOSPITAL WEB SITE. RHI WILL PROVIDE REPRESENTATIVES TO ASSIST</p>

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		PATIENTS WITH THE FINANCIAL ASSISTANCE PROCESS MONDAY THROUGH FRIDAY FROM 8AM TO 5PM.
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	<p>DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES:</p> <p>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.</p> <p>REHABILITATION HOSPITAL OF INDIANA AT IU HEALTH HOSPITAL IS LOCATED IN MARION COUNTY, A COUNTY IN CENTRAL INDIANA. BASED ON THE MOST RECENT CENSUS BUREAU (2010) STATISTICS, MARION COUNTY'S POPULATION IS 903,393 PERSONS WITH APPROXIMATELY 52% BEING FEMALE AND 48% MALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 59.6% WHITE, 27.0% BLACK, 9.6% HISPANIC OR LATINO, 2.1% ASIAN, 0.5%, AMERICAN INDIAN OR ALASKA NATIVE, AND 2.5% PERSONS REPORTING TWO OR MORE RACES.</p> <p>MARION COUNTY HAS RELATIVELY MODERATE LEVELS OF EDUCATIONAL ATTAINMENT. A HIGH SCHOOL DEGREE IS THE LEVEL OF EDUCATION 30% HAD ACHIEVED IN 2010, AND THE PERCENTAGE OF THOSE WITH A HIGH SCHOOL DEGREE INCREASED SLIGHTLY FROM 2000 TO 2010 (29.6% TO 30.1%). AN ADDITIONAL 20% OF MARION COUNTY RESIDENTS HAD SOME COLLEGE, BUT NO DEGREE. AS OF 2010, 24% OF THE POPULATION HAS AN ASSOCIATE'S OR BACHELOR'S DEGREE, AND 9% HOLD A GRADUATE OR PROFESSIONAL DEGREE.</p> <p>WITHIN THE ENTIRE SERVICE AREA, THE TOTAL POPULATION FOR THE PSA IS 903,393 AND THE TOTAL POPULATION FOR SURROUNDING COUNTIES IS 3,205,993.</p> <p>THE MARION COUNTY POPULATION HAS INCREASED 5% SINCE 2000, WHEN THE POPULATION WAS ESTIMATED TO BE 860,440 PERSONS. COMPARATIVELY, MARION COUNTY'S POPULATION HAS INCREASED MORE SLOWLY THAN THE AVERAGE POPULATION ACROSS THE TOTAL SERVICE AREA, WHICH INCREASED BY APPROXIMATELY 8.46% FROM 2000 TO 2010. INDIANA'S TOTAL 2010 POPULATION ESTIMATE OF 6,483,802 WAS UP BY 6.6% FROM 2000, AND POPULATION GROWTH WAS UP BY 10% FOR THE ENTIRE NATION. THE POPULATION FOR MARION COUNTY IN 2011 AND 2012 WERE 911,005 AND 918,977 RESPECTIVELY.</p> <p>BETWEEN 2010 AND 2011, THE SHARE OF JOBS WAS GREATEST IN THE ENTIRE STATE OF INDIANA IN THE AREAS OF MANUFACTURING, HEALTHCARE AND SOCIAL ASSISTANCE, RETAIL TRADE, AND ACCOMMODATION AND FOOD SERVICES. IN MARION COUNTY, THE SHARE OF JOBS WAS GREATEST IN THE AREAS OF HEALTHCARE AND SOCIAL ASSISTANCE, MANUFACTURING, RETAIL TRADE, ACCOMMODATION AND FOOD SERVICES, ADMINISTRATIVE SUPPORT FOR WASTE MANAGEMENT AND REMEDIATION SERVICES, PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES, TRANSPORTATION AND WAREHOUSING, AND WHOLESALE TRADE. MARION COUNTY HAS A DIVERSE GROUP OF MAJOR EMPLOYERS REPORTED BY THE INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT, INCLUDING: ELI LILLY INTERNATIONAL CORPORATION/ ELI LILLY AND COMPANY, ST. VINCENT HOSPITAL, INDIANA UNIVERSITY-PURDUE, UNIVERSITY INDIANAPOLIS, INDIANA UNIVERSITY HEALTH SYSTEM, INDIANA UNIVERSITY SCHOOL OF MEDICINE, ST. FRANCIS HOSPITAL & HEALTH CENTER AND ALLISON ADVANCED DEVELOPMENT COMPANY (LIBERTY WORKS). MARION COUNTY REPORTED A RELATIVELY SIMILAR UNEMPLOYMENT RATE TO THE STATE OF INDIANA, BUT HAD A SLIGHTLY HIGHER RATE OF UNEMPLOYMENT THAN THAT FOR MOST SURROUNDING COUNTIES AND THE ENTIRE US. STATE UNEMPLOYMENT RATES FOR 2012 AND 2011, RESPECTIVELY WERE 8.4% AND 9.0%. THE UNEMPLOYMENT RATES FOR MARION COUNTY FOR THE SAME PERIODS WERE 8.7% AND 9.4% RESPECTIVELY.</p> <p>AREAS WITH HIGHER POVERTY RATES TEND TO HAVE POORER ACCESS TO HEALTHCARE, LOWER RATES OF PREVENTIVE CARE, HIGHER RATES OF PREVENTABLE HOSPITAL ADMISSIONS, AND POORER HEALTH OUTCOMES IN GENERAL. ACCORDING TO THE US CENSUS, IN 2009, THE NATIONAL POVERTY RATE WAS AT 14.3%, INCREASING FROM 13.2% IN 2008. IN INDIANA, 14.4% OF THE STATE POPULATION LIVED IN POVERTY, WHICH WAS A 1.9% INCREASE FROM THE 2008 POVERTY RATE (12.9%). FOR MARION COUNTY, A POVERTY RATE OF 19.7% WAS REPORTED IN 2009, RISING FROM 16.5% IN 2008 (3.2%). COMPARATIVELY FOR INDIANA, HENDRICKS COUNTY HAS THE LOWEST POVERTY RATE AT 5.1% AND MONROE COUNTY HAS THE HIGHEST POVERTY</p>

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		<p>RATE AT 21.9%.</p> <p>INCOME LEVEL IS AN ADDITIONAL ECONOMIC FACTOR THAT HAS ALSO BEEN ASSOCIATED WITH THE HEALTH STATUS OF A POPULATION. BASED ON US CENSUS BUREAU (2009) DATA, MARION COUNTY'S PER CAPITA PERSONAL INCOME WAS ESTIMATED TO BE \$36,409, WHICH IS ABOVE THE INDIANA STATE AVERAGE OF \$33,323; AND A MEDIAN HOUSEHOLD INCOME AROUND \$41,201, WHICH IS BELOW THE INDIANA STATE AVERAGE OF \$45,427. HOWEVER, MARION COUNTY'S PER CAPITA PERSONAL INCOME AND MEDIAN HOUSEHOLD INCOME WERE BOTH BELOW THE US NATIONAL AVERAGE OF PER CAPITA INCOME OF \$38,846 AND MEDIAN HOUSEHOLD INCOME OF \$50,221. NATIONAL STATISTICS ON HEALTH INSURANCE INDICATE THAT 16% OF THE UNITED STATES POPULATION IS UNINSURED. OF THE US POPULATION THAT IS INSURED, 49% ARE INSURED THROUGH AN EMPLOYER; 5% THROUGH INDIVIDUAL PROVIDERS, 16% THROUGH MEDICAID, 12% THROUGH MEDICARE, AND 1% THROUGH OTHER PUBLIC PROVIDERS.</p> <p>IN INDIANA, IT IS ESTIMATED THAT 14% OF THE POPULATION ARE UNINSURED, 7% OF WHICH ARE CHILDREN. OF THE INDIANA RESIDENTS WHO ARE INSURED, 16% RESIDENTS ARE INSURED THROUGH MEDICAID, 14% THROUGH MEDICARE, 52% THROUGH THEIR EMPLOYER, 3% THROUGH INDIVIDUAL PROVIDERS, AND 1% THROUGH OTHER PUBLIC PROVIDERS.</p> <p>BASED ON INPATIENT DISCHARGE DATA FROM THE INDIANA HOSPITAL ASSOCIATION (IHA), 31% OF MARION COUNTY RESIDENTS HAVE COMMERCIAL INSURANCE, 22% ARE INSURED THROUGH MEDICAID, 30% ARE INSURED THROUGH MEDICARE, 11% PAY OUT-OF-POCKET (UNINSURED) AND 6% HAVE OTHER GOVERNMENT INSURANCE OR ARE UNKNOWN. AT REHABILITATION HOSPITAL OF INDIANA, IT IS ESTIMATED THAT 38% OF DISCHARGED PATIENTS HAVE COMMERCIAL INSURANCE, 10% ARE INSURED THROUGH MEDICAID, 51% ARE INSURED THROUGH MEDICARE, 1% PAY OUT-OF-POCKET (UNINSURED).</p>
<p>SCHEDULE H, PART VI, LINE 5</p>	<p>PROMOTION OF COMMUNITY HEALTH</p>	<p>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.):</p> <p>RHI CONTINUES TO FORGE POSITIVE RELATIONSHIPS WITH ALL REFERRAL SOURCES TO IDENTIFY ACCESS CHALLENGES AND IMPROVEMENT. RHI ALSO PROVIDES MONTHLY SUPPORT GROUPS FOR PATIENTS AND FAMILIES INCLUDING A STROKE SUPPORT GROUP HELD ON THE MAIN CAMPUS; A BRAIN INJURY SUPPORT GROUP ON THE MAIN CAMPUS AND AT NRC; AND A STROKE CARE GIVERS SUPPORT GROUP ON THE MAIN CAMPUS.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

Return Reference	Identifier	Explanation
		<p>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.</p> <p>AN OVERVIEW OF THE RESEARCH RHI CONDUCTS INCLUDES IDENTIFYING MEDICATIONS THAT ENHANCE RECOVERY FOLLOWING BRAIN INJURY; IDENTIFYING COMMONLY PRESCRIBED MEDICATIONS FOLLOWING BRAIN INJURY THAT MAY HAVE ADVERSE EFFECTS ON RECOVERY; EVALUATING THE EFFECTIVENESS OF GROUP THERAPY FOR PATIENTS AND FAMILIES TO IMPROVE COPING SKILLS ; IMPROVING RETURN TO WORK RATES BY DEVELOPING NETWORKS OF COMMUNITY SERVICES; STUDYING OUTCOMES (COMMUNITY REINTEGRATION, WELL-BEING, AND LIFE SATISFACTION).</p> <p>RHI IS COLLABORATING WITH THE MAYO CLINIC TRAUMATIC BRAIN INJURY SYSTEM, INDIANA UNIVERSITY SCHOOL OF MEDICINE, INDIANA UNIVERSITY HEALTH, ST. VINCENT AND PURDUE UNIVERSITY TO STUDY PATIENTS AFTER BRAIN AND SPINAL INJURIES.</p> <p>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.</p> <p>RHI HAS MADE VARIOUS DONATIONS THROUGHOUT THE YEAR TO GROUPS SUPPORTING THE NEEDS OF THE COMMUNITY.</p>
SCHEDULE H, PART VI, LINE 6	DESCRIPTION OF AFFILIATED GROUP	<p>DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED BY THE SYSTEM:</p> <p>RHI IS OWNED BY TWO MAJOR HEALTH SYSTEMS, INDIANA UNIVERSITY HEALTH (IUH) AND ST. VINCENT HEALTH. IUH IS THE MAJORITY OWNER OF RHI. RHI WORKS PRIMARILY WITH THE IUH SYSTEM ON VARIOUS ACTIVITIES TO ADDRESS THE COMMUNITY NEEDS.</p>
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT	IN