

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No. 1545-0047

2016

Open to Public Inspection

► **Complete if the organization answered "Yes" on 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

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</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 as a factor in determining 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 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?	✓	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			357,197		357,197	0.90
b Medicaid (from Worksheet 3, column a)			2,999,710	1,797,131	1,202,579	3.04
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total Financial Assistance and Means-Tested Government Programs	0	0	3,356,907	1,797,131	1,559,776	3.94
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			62,990	13,985	49,005	0.12
f Health professions education (from Worksheet 5)			231,430	111,321	120,109	0.30
g Subsidized health services (from Worksheet 6)					0	0.00
h Research (from Worksheet 7)			83,744		83,744	0.21
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,075		2,075	0.01
j Total. Other Benefits	0	0	380,239	125,306	254,933	0.64
k Total. Add lines 7d and 7j	0	0	3,737,146	1,922,437	1,814,709	4.59

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

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		✓
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	542,139	
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.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	11,005,281
6 Enter Medicare allowable costs of care relating to payments on line 5	6	11,902,118
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(896,837)
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 (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				
2				
3				
4				
5				
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11				
12				
13				

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year?

1 REHABILITATION HOSPITAL OF INDIANA
4141 SHORE DRIVE, INDIANAPOLIS, IN 46254
WWW.RHIN.COM STATE LICENSE NO. : 16-005971-1

[illegible]

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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	✓	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	✓	
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		✓
7 Did the hospital facility make its CHNA report widely available to the public?	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input 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>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a If "Yes," (list url): <u>(SEE STATEMENT)</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:	13 ✓	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> and FPG family income limit for eligibility for discounted care of <u>4</u> <u>0</u> <u>0</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input 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?	14 ✓	
15 Explained the method for applying for financial assistance?	15 ✓	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 ✓	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group REHABILITATION HOSPITAL OF INDIANA

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 ✓	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
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?	21	✓
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)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group REHABILITATION HOSPITAL OF INDIANA

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

Part V, 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: 2015 CHNA. TO IDENTIFY COMMUNITY HEALTH NEEDS, IU HEALTH/RHI COLLECTED COMMENTS AND SURVEYED RESIDENTS OF THE COMMUNITY AT LARGE THROUGH A WEB-BASED SITE AND UTILIZING PAPER COPIES ACCESSIBLE AT CLINICS AND OTHER SETTINGS, WITH SPECIAL EMPHASIS TO GARNER INPUT FROM LOW INCOME, UNINSURED, OR MINORITY GROUPS.</p> <p>ADDITIONALLY, A TWO-HOUR FOCUS GROUP CONSISTING OF PUBLIC HEALTH OFFICIALS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED GROUPS WAS CONDUCTED ON MAY 15TH, 2015 AT SAINT PAUL EPISCOPAL CHURCH. FOCUS GROUP FACILITATORS SENT EMAIL INVITES, MAILED LETTERS AND MADE FOLLOW UP TELEPHONE CALLS, PAYING SPECIAL ATTENTION TO INCLUDING ORGANIZATIONS THAT REPRESENT THE INTEREST OF LOW-INCOME, MINORITY AND UNINSURED INDIVIDUALS. ATTENDEES WHO PARTICIPATED IN THE FOCUS GROUP INCLUDE KEY STAKEHOLDERS REPRESENTING:</p> <ul style="list-style-type: none"> *ALL SENIOR CITIZENS CONNECT *ANTHEM *CLINICAL TRANSLATIONAL SCIENCES INSTITUTE *COBURN PLACE *COMMUNITY ALLIANCE OF THE FAR EASTSIDE *COMMUNITY HEALTH NETWORK *DOMESTIC VIOLENCE NETWORK *FAMILIES FIRST *FATHER AND FAMILIES *IMMIGRANT WELCOME CENTER *INDIANAPOLIS HOUSING *JULIAN CENTER *LIFE'S TOUCHHOME HEALTH *MAPLETON-FALL CREEK DEVELOPMENT CORPORATION *MARION COUNTY PUBLIC HEALTH DEPARTMENT *MARION COUNTY PROSECUTOR'S OFFICE *MARTINDALE BRIGHTWOOD COMMUNITY DEVELOPMENT CORPORATION *PHALEN LEADERSHIP ACADEMIES *REPUCARE INCORPORATED *ST. FRANCIS HOSPITAL *ST. VINCENT HOSPITAL *SURVIVORS OF VIOLENCE <p>IU HEALTH/RHI REPRESENTATIVES COMPILED THE SURVEY RESULTS, HEALTH INDICATOR DATA AND FOCUS GROUP PRIORITIES AND, IMPLEMENTING THE HANLON METHOD, IDENTIFIED THE TOP FIVE NEEDS.</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 2015 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED AS A COLLABORATIVE EFFORT INVOLVING RHI, IU HEALTH, COMMUNITY HEALTH NETWORK, FRANCISCAN ALLIANCE AND ST. VINCENT HEALTH.</p>
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	HTTP://RHIN.COM/WP-CONTENT/FILES_MF/2015COMMUNITYHEALTHNEEDSASSESSMENT.PDF
SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)	HTTP://RHIN.COM/WP-CONTENT/FILES_MF/20162018RHIIMPLEMENTATIONSTRATEGIES.PDF
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://WWW.RHIN.COM/WP-CONTENT/UPLOADS/2015/12/FINANCIAL-ASSISTANCE-POLICY.PDF
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://WWW.RHIN.COM/WP-CONTENT/UPLOADS/2015/12/FINANCIAL-ASSISTANCE-APPLICATION.PDF
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://WWW.RHIN.COM/FINANCIAL-ASSISTANCE/
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, INC.</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>

Provide the following information.

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

Return Reference - Identifier	Explanation
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 I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	542,139
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.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<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>
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>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 2016 MEDICARE COST REPORT.</p>
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>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.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW THE HOSPITAL IS ADDRESSING THE SIGNIFICANT NEEDS IN CHNA</p>	<p>REHABILITATION HOSPITAL OF INDIANA ACTIVITIES TO ADDRESS PRIORITIES</p> <p>REHABILITATION HOSPITAL OF INDIANA PROVIDES VARIOUS AVENUES TO ASSIST COMMUNITY RESIDENTS IN IMPROVING THEIR HEALTH KNOWLEDGE AND CARE. IN ADDITION, REHABILITATION HOSPITAL OF INDIANA PARTNERS WITH OTHER COMMUNITY ORGANIZATIONS IN HEALTHCARE, WELLNESS, OUTREACH, AND OTHER SERVICES TO ADDRESS OUR COMMUNITIES' HEALTH NEEDS. AMONG THE MANY PROGRAMS FOCUSED ON PRIORITY AREAS IDENTIFIED, WE LIST A FEW EXAMPLES HERE THAT TAKE REHABILITATION HOSPITAL OF INDIANA BEYOND THE CLINIC WALLS AND INTO THE COMMUNITY.</p> <p>ACCESS TO HEALTHCARE *IN PARTNERSHIP WITH IU HEALTH, RHI PARTICIPATED IN THE 2016 INSHAPE INDIANA BLACK AND MINORITY HEALTH FAIR IN JULY. THE THEME FOR THIS YEAR'S EVENT WAS "GOOD HEALTH IS CONTAGIOUS - CATCH IT". 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 50 BLOOD PRESSURE SCREENINGS WITH EDUCATION ON NORMAL VALUES AND THE IMPORTANCE OF MAINTAINING A HEALTHY LIFESTYLE.</p> <p>*RHI OFFERS FREE MONTHLY SUPPORT GROUPS RELATED TO STROKE, BRAIN INJURY, AND SPINAL CORD INJURY PROVIDING EDUCATION, TRAINING AND COPING SKILLS TO BOTH SURVIVORS AND THEIR CAREGIVERS. ADDITIONALLY, THESE PROGRAMS HELP TO DECREASE SOCIAL ISOLATION AND INCREASE SUPPORT IN THE COMMUNITY.</p> <p>*ON JUNE 26TH, 2016, RHI PARTNERED WITH SEVERAL LOCAL HEALTH CARE ORGANIZATIONS TO CO-SPONSOR THE SECOND ANNUAL "STRIKE OUT STROKE" EVENT AT VICTORY FIELD. THE FOCUS OF THIS EVENT WAS TO EDUCATE THE PUBLIC ABOUT THE PREVALENCE AND SYMPTOMS OF STROKE AND SEND THE MESSAGE THAT QUICK ACTION IN THE EVENT OF A SUSPECTED STROKE CAN SAVE LIVES. VOLUNTEER ACTIVITIES INCLUDED BLOOD PRESSURE SCREENINGS, PROMOTIONAL GIVEAWAYS HIGHLIGHTING THE F.A.S.T. RESPONSE (FACE, ARM, SPEECH, AND TIME) AND PROVIDING STROKE EDUCATION INFORMATION TO ATTENDEES PRIOR TO THE GAME. AS AN ADDED BONUS, PREVIOUS RHI PATIENT MIKE ZIMMERMAN WAS NOMINATED FOR A BRIEF IN-GAME INTERVIEW THAT FOCUSED ON STROKE EDUCATION AND SHARING HIS STORY OF RECOVERY.</p> <p>NUTRITION AND HEALTHY WEIGHT *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 COMMUNITY INDIVIDUALS WITH PHYSICAL DISABILITIES.</p> <p>*ON JUNE 2ND, 2016, RHI TEAM MEMBERS VOLUNTEERED AT ARSENAL TECH HIGH SCHOOL AS WE PARTNERED WITH IU HEALTH TO PROVIDE FREE SPORTS PHYSICALS FOR IPS STUDENTS FROM LOCAL SCHOOLS. VOLUNTEER ACTIVITIES INCLUDED SCREENING FOR VISION AND MEASURING THE HEIGHT, WEIGHT AND BLOOD PRESSURE OF 194 STUDENTS. BECAUSE OF THESE COLLABORATIVE EFFORTS, WE HAVE HELPED A LARGE NUMBER OF MARION COUNTY HIGH SCHOOL STUDENTS STAY ACTIVE BY PASSING THEIR PHYSICALS THAT WILL ALLOW THEM TO PARTICIPATE IN SPORTS ACTIVITIES.</p> <p>*RHI SPORTS COMMUNITY FITNESS PROGRAM OCCURS TWICE WEEKLY AT OUR MAIN HOSPITAL LOCATION. IN RECOGNIZING THAT AN INDIVIDUAL WITH A DISABILITY NEEDS TO CONTINUE LEADING A HEALTHY LIFESTYLE, RHI MAKES THE THERAPY GYM AND SPECIALIZED EQUIPMENT AVAILABLE AT NO COST TO ALL MEMBERS OF THE COMMUNITY THAT HAVE A PHYSICAL DISABILITY.</p> <p>*THE 2016 ANNUAL NAPTOWN CLASSIC WHEELCHAIR BASKETBALL TOURNAMENT OFFERS WHEELCHAIR BASKETBALL TEAMS AN OPPORTUNITY TO COMPETE IN THE INDIANAPOLIS REGION. THIS TOURNAMENT IS A FAST PACE EVENT THAT OFFERS PARTICIPANTS WITH A PHYSICAL DISABILITY A CHANCE TO BE PHYSICALLY ACTIVE, AN IMPORTANT COMPONENT OF LIVING A HEALTHY LIFESTYLE. THIS YEAR'S TOURNAMENT WAS HELD AT THE MONON COMMUNITY CENTER IN CARMEL, INDIANA AND SERVED OVER 150 PARTICIPANTS.</p> <p>BEHAVIORAL HEALTH AND SUBSTANCE ABUSE *TARGETING MENTAL HEALTH ISSUES, RHI PARTNERED WITH MENTAL HEALTH AMERICA OF GREATER INDIANAPOLIS TO SPONSOR FIFTEEN MENTAL HEALTH FIRST AID SCHOLARSHIPS FOR MARION COUNTY COMMUNITY MEMBERS (TEACHERS, SOCIAL WORKERS, YOUTH GROUP LEADERS, ETC.) TO BE TRAINED TO RECOGNIZE THE POTENTIAL RISK FACTORS AND WARNING SIGNS FOR A RANGE OF MENTAL HEALTH PROBLEMS AND PROVIDE GUIDANCE FOR THOSE UNDERGOING CRISIS TO RECEIVE NECESSARY RESOURCES, SUPPORT, AND TREATMENTS TO ACHIEVE RECOVERY.</p> <p>COMMUNITY REVITALIZATION *ON SEPTEMBER 29TH AND 30TH, 2016, THE RHI THERAPY TEAM PARTNERED WITH JUNIOR ACHIEVEMENT OF CENTRAL INDIANA AND NUMEROUS INDUSTRY LEADERS TO SUPPORT THE INAUGURAL JA JOBSPARKS EVENT AT THE INDIANA STATE FAIRGROUNDS. THE FOCUS OF THIS TWO DAY EVENT WAS TO OFFER MARION COUNTY 8TH GRADERS INSIGHTS ON WHAT INDUSTRIES INTEREST THEM, WHAT SPECIFIC JOBS ARE LIKE, AND WHAT EDUCATION IS REQUIRED TO PERFORM THEM SUCCESSFULLY. RESEARCH HAS SHOWN THAT WHEN A STUDENT HAS A REAL IDEA OF WHAT THEY WANT TO DO AFTER HIGH SCHOOL, THEY ARE MUCH MORE LIKELY TO STAY IN SCHOOL AND GRADUATE. THE EFFORTS OF RHI VOLUNTEERS POSITIVELY IMPACTED MORE THAN 7,100 INDIANAPOLIS STUDENTS BY SHARING WITH THEM OUR CLINICAL EXPERTISE AND PROVIDING INSIGHTS INTO PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY CAREERS.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<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>2015 CHNA: THE 2015 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED AS A COLLABORATIVE EFFORT INVOLVING RHI, MH HEALTHCARE, COMMUNITY HEALTH NETWORK, FRANCISCAN ALLIANCE AND ST. VINCENT HEALTH.</p> <p>IN ORDER TO IDENTIFY THE COMMUNITY'S LEADING HEALTH NEEDS, BOTH QUANTITATIVE AND QUALITATIVE DATA WAS UTILIZED. QUANTITATIVE ANALYSES ASSESSED THE HEALTH NEEDS OF THE POPULATION THROUGH DATA ABSTRACTION. THIS DATA WAS SUPPLEMENTED WITH QUALITATIVE INFORMATION TO PROVIDE A FULL PICTURE OF THE COMMUNITY'S HEALTH AND HEALTH NEEDS. FOR THIS CHNA, QUALITATIVE DATA WERE GATHERED FROM RESPONSES COLLECTED ONLINE AND THROUGH THE DISTRIBUTION OF HARD COPY SURVEYS TO MEMBERS OF THE PUBLIC, AND A FOCUS GROUP WITH HEALTH LEADERS AND PUBLIC HEALTH EXPERTS.</p> <p>THE HANLON METHOD WAS UTILIZED TO SET PRIORITIES AND RHI UTILIZED THE RANKINGS ALONG WITH THE HOSPITAL'S ABILITY TO IMPACT CHANGE TO SELECT THE BELOW COMMUNITY HEALTH NEEDS AS PRIORITY AREAS:</p> <ol style="list-style-type: none"> 1. ACCESS TO HEALTHCARE 2. NUTRITION AND HEALTHY WEIGHT 3. BEHAVIORAL HEALTH AND SUBSTANCE ABUSE 4. COMMUNITY REVITALIZATION <p>THESE FOUR COMMUNITY HEALTH NEEDS ARE IDENTIFIED IN RHI'S IMPLEMENTATION STRATEGY AND THE HOSPITAL IS COMMITTED TO ADDRESSING THESE IDENTIFIED NEEDS DURING THE COURSE OF 2016-2018.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<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 WITH SIGNAGE THAT IS LOCATED THROUGHOUT HOSPITAL. THE PATIENT IS INFORMED 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 CARE COORDINATOR WILL WORK WITH THE PATIENT IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION. THE CARE COORDINATOR WILL CONTINUE TO WORK WITH THE PATIENTS AFTER DISCHARGE, IF THE SITUATION REQUIRES. PATIENTS RECEIVE A SUMMARY OF THE FAP WITH ALL STATEMENTS. RHI ALSO MAILES 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 PROVIDES REPRESENTATIVES TO ASSIST PATIENTS WITH THE FINANCIAL ASSISTANCE PROCESS MONDAY THROUGH FRIDAY FROM 8AM TO 5PM.</p>
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<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.</p> <p>THIS SECTION IDENTIFIES THE COMMUNITY ASSESSED BY MH HEALTHCARE/RHI. THE COMMUNITY WHERE REHABILITATION HOSPITAL OF INDIANA IS LOCATED. THE SECONDARY SERVICE AREA (SSA) IS COMPRISED OF EIGHT COUNTIES CONTIGUOUS TO MARION COUNTY AND CONSISTING OF 1% OR MORE OF RHI'S INPATIENT POPULATION. 57 REMAINING COUNTIES THROUGHOUT INDIANA MAKE UP THE REMINDER OF THE COMMUNITY'S TOTAL SERVICE AREA.</p> <p>IN 2013, REHABILITATION HOSPITAL OF INDIANA PSA INCLUDED 567 DISCHARGES AND ITS SSA, 354 DISCHARGES. THE COMMUNITY WAS DEFINED BASED ON THE GEOGRAPHIC ORIGINS OF REHABILITATION HOSPITAL OF INDIANA. OF THE HOSPITAL'S INPATIENT DISCHARGES, APPROXIMATELY 47% ORIGINATED FROM THE PSA AND 30% FROM THE SSA (SOURCE RHI).</p> <p>REHABILITATION HOSPITAL OF INDIANA IS LOCATED IN MARION COUNTY, IN CENTRAL INDIANA. MARION COUNTY INCLUDES ZIP CODES WITHIN THE TOWNS OF BEECH GROVE, INDIANAPOLIS, LAWRENCE, SOUTHPORT, AND SPEEDWAY PLUS PORTIONS OF PLAINFIELD, WHICH EXTENDS INTO HENDRICKS COUNTY. BASED ON THE CENSUS BUREAU DATA FOR 2012, MARION COUNTY'S POPULATION IS 911,296 AND 54% ARE FEMALE. THE COUNTY'S POPULATION ESTIMATES BY RACE ARE 59.5% WHITE NON-HISPANIC, 26.4% BLACK NON-HISPANIC, 9.3% HISPANIC OR LATINO, 2.0% ASIAN, 0.5% AMERICAN INDIAN OR ALASKA NATIVE, AND 2.2% PERSONS REPORTING TWO OR MORE RACES.</p> <p>MARION COUNTY HAS RELATIVELY MODERATE LEVELS OF EDUCATIONAL ATTAINMENT. AMONG ADULTS AGE 25 AND UP, 81.6% IN THE COUNTY HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT. A SMALL SHARE, 5.6%, HAS AN ASSOCIATE'S DEGREE AND 21% HAVE SOME COLLEGE BUT NO DEGREE. JUST OVER ONE-QUARTER OF ADULTS OVER 25 (25.4%) HAVE A BACHELOR'S DEGREE OR HIGHER.</p> <p>WITHIN THE ENTIRE SERVICE AREA, THE TOTAL POPULATION FOR THE PSA IS 911,296 AND THE TOTAL POPULATION FOR SURROUNDING COUNTIES 945,491, FOR A COMBINED TOTAL OF 1,856,797.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - 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> <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>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>
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>RHI IS OWNED BY TWO MAJOR HEALTH SYSTEMS, MH HEALTHCARE (MH) AND ST. VINCENT HEALTH. MH IS THE MAJORITY OWNER OF RHI. RHI WORKS PRIMARILY WITH THE MH SYSTEM ON VARIOUS ACTIVITIES TO ADDRESS THE COMMUNITY NEEDS</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>IN</p>