

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization 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 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)			341,054	0	341,054	0.80
b Medicaid (from Worksheet 3, column a)			4,154,141	1,911,259	2,242,882	5.26
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	4,495,195	1,911,259	2,583,936	6.06
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			62,748	8,865	53,883	0.13
f Health professions education (from Worksheet 5)			287,254	0	287,254	0.67
g Subsidized health services (from Worksheet 6)			0	0	0	0.00
h Research (from Worksheet 7)			73,140	0	73,140	0.17
i Cash and in-kind contributions for community benefit (from Worksheet 8)			13,275	0	13,275	0.03
j Total. Other Benefits	0	0	436,417	8,865	427,552	1.00
k Total. Add lines 7d and 7j	0	0	4,931,612	1,920,124	3,011,488	7.06

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		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	12,542,083
6 Enter Medicare allowable costs of care relating to payments on line 5	6	13,211,338
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(669,255)
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				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

2

3

4

5

6

7

8

9

10

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓			✓					ACUTE REHABILITATION	

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: <u>20 18</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>HTTP://WWW.RHIN.COM/CATEGORY/IN-THE-COMMUNITY/</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: <u>20 18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a If "Yes," (list url): <u>HTTP://WWW.RHIN.COM/CATEGORY/IN-THE-COMMUNITY/</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:	<input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/> Medical indigency		
e	<input checked="" 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?	<input checked="" type="checkbox"/>	
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):	<input checked="" type="checkbox"/>	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<input checked="" type="checkbox"/>	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input 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?	✓	
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: <ul style="list-style-type: none"> a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted 		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		✓
<ul style="list-style-type: none"> 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): <ul style="list-style-type: none"> a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made 		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	✓
If "No," indicate why:		
<ul style="list-style-type: none"> 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? If "Yes," explain in Section C.	23	✓
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	✓

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

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>DRUG AND ALCOHOL ABUSE *BOTH DRUG AND ALCOHOL ABUSE CONTRIBUTE TO ACCIDENTS AND INJURIES (FOCUS GROUP, OTHER ASSESSMENTS). ALCOHOL USE IS A CONTRIBUTING FACTOR TO ONE OUT OF EVERY FOUR SPINAL CORD INJURIES (OTHER ASSESSMENTS). *THE OPIOID CRISIS, AND OTHER FORMS OF DRUG AND SUBSTANCE ABUSE, WERE IDENTIFIED BY COMMUNITY MEMBERS AS PARTICULARLY SIGNIFICANT (COMMUNITY SURVEY, COMMUNITY MEETINGS, INTERVIEWS). *DRUG AND SUBSTANCE ABUSE ALSO HAVE BEEN IDENTIFIED AS TOP CONCERNS IN MARION COUNTY AND ACROSS INDIANA IN OTHER ASSESSMENTS, INCLUDING INDIANA'S STATE HEALTH IMPROVEMENT PLAN (OTHER ASSESSMENTS). *DRUG OVERDOSES ARE KNOWN TO BE A FACTOR IN TRAUMATIC BRAIN INJURY (FOCUS GROUP, OTHER ASSESSMENTS). OBESITY AND DIABETES *OBESITY AND DIABETES ARE KNOWN RISK FACTORS FOR STROKE AND ALSO CONTRIBUTE TO RISKS ASSOCIATED WITH FALLS AND OTHER INJURIES (OTHER ASSESSMENTS). *INDIVIDUALS PROVIDING INPUT IDENTIFIED OBESITY AS A TOP CONCERN (COMMUNITY MEETINGS, COMMUNITY SURVEY, INTERVIEWS). *MARION COUNTY AND INDIANA OBESITY RATES ARE COMPARATIVELY HIGH (EXHIBITS 22, 34). *MARION COUNTY HAS A COMPARATIVELY POOR FOOD ENVIRONMENT INDEX, INDICATING THAT ACCESS TO HEALTHY FOOD IS MORE CHALLENGING IN THE COUNTY THAN IN THE U.S. (EXHIBIT 22). *ACCORDING TO STATE OF OBESITY, 2017 (A ROBERT WOOD JOHNSON FOUNDATION INITIATIVE) INDIANA HAS THE 12TH HIGHEST ADULT OBESITY RATE IN THE NATION, AND THE NINTH HIGHEST CHILDHOOD OBESITY AND OVERWEIGHT RATE. ABOUT 12 PERCENT OF INDIANA ADULTS HAVE DIABETES, THE 11TH HIGHEST RATE IN THE U.S. (OTHER ASSESSMENTS). *PHYSICAL INACTIVITY, A LACK OF ACCESS TO EXERCISE OPPORTUNITIES, AND FOOD INSECURITY ARE CONTRIBUTING FACTORS (EXHIBITS 22, 23, COMMUNITY MEETINGS, INTERVIEWS).</p> <p>SMOKING *SMOKING IS A KNOWN RISK FACTOR FOR STROKE (FOCUS GROUP, OTHER ASSESSMENTS). *SMOKING RATES IN MARION COUNTY AND INDIANA AS A WHOLE ARE COMPARATIVELY HIGH, INCLUDING AMONG PREGNANT WOMEN AND LOWER-INCOME RESIDENTS (EXHIBITS 22, 25B). *COMMUNITY SURVEY RESPONDENTS INDICATED THAT TOBACCO USE IS AMONG THE MOST SIGNIFICANT COMMUNITY HEALTH NEEDS IN MARION COUNTY AND ACROSS INDIANA (COMMUNITY SURVEY). *OTHER ASSESSMENTS, INCLUDING INDIANA'S STATE HEALTH ASSESSMENT, HAVE IDENTIFIED TOBACCO USE AS A SIGNIFICANT CONCERN (OTHER ASSESSMENTS). SOCIAL DETERMINANTS OF HEALTH *MARION COUNTY'S POVERTY RATE IS ABOVE THE INDIANA AVERAGE, AND IS PARTICULARLY HIGH FOR BLACK AND HISPANIC (OR LATINO) RESIDENTS (EXHIBITS 15, 16). POVERTY WAS IDENTIFIED AS A SIGNIFICANT COMMUNITY HEALTH PROBLEM BY PARTICIPANTS OF ALL THREE MARION COUNTY COMMUNITY MEETINGS (COMMUNITY MEETINGS). POVERTY ALSO WAS DESCRIBED AS A CONTRIBUTING FACTOR TO FOOD INSECURITY (INTERVIEWS, FOCUS GROUP). *SMOKING, OBESITY, DIABETES, PHYSICAL INACTIVITY AND OTHER RISK FACTORS FOR STROKE ARE MORE PREVALENT IN LOWER-INCOME GROUPS (EXHIBIT 25). *EDUCATIONAL ACHIEVEMENT (HIGH SCHOOL GRADUATION RATE) IN MARION COUNTY IS BELOW THE U.S. AVERAGE (EXHIBIT 22). A LACK OF EDUCATIONAL ACHIEVEMENT COMPLICATES EFFORTS TO ASSURE COMMUNITY MEMBERS ARE AWARE OF STROKE AND INJURY PREVENTION STRATEGIES (FOCUS GROUP). VIOLENCE AND INJURIES *VIOLENCE AND CRIME HAVE BEEN IDENTIFIED AS CAUSAL FACTORS FOR INJURIES (INCLUDING TRAUMATIC BRAIN INJURY AND SPINAL CORD INJURY) (FOCUS GROUP, OTHER ASSESSMENTS). *VIOLENT CRIME RATES IN MARION COUNTY ARE WELL ABOVE INDIANA-WIDE AVERAGES (EXHIBITS 20, 22) AND WERE IDENTIFIED AS A TOP CONCERN BY COMMUNITY SURVEY RESPONDENTS (COMMUNITY SURVEY) AND DURING COMMUNITY MEETINGS AND INTERVIEWS (COMMUNITY MEETINGS, INTERVIEWS). *MARION COUNTY'S RATE OF MORTALITY FROM INJURIES IS ABOVE AVERAGE (EXHIBITS 22, 24). *PARTICIPANTS IN ONE OF THREE COMMUNITY MEETINGS HELD IN MARION COUNTY IDENTIFIED INJURY PREVENTION AS A TOP CONCERN (COMMUNITY MEETINGS). OTHER STATE-WIDE CONCERNS *THE INDIANA STATE DEPARTMENT OF HEALTH INDICATES THAT THE STATE NEEDS A BETTER-INTEGRATED, STATEWIDE TRAUMA SYSTEM TO HELP ADDRESS INCREASING DEATH RATES FROM FALLS AND PROBLEMS POSED BY INJURY (E.G., MOTOR VEHICLE ACCIDENTS) PARTICULARLY IN RURAL AREAS (OTHER ASSESSMENTS). *PRIMARY CARE PHYSICIANS AND HOSPITALISTS COULD USE ADDITIONAL TRAINING REGARDING HOW TO DIAGNOSE TRAUMATIC BRAIN INJURY AND ASSURE PATIENTS ARE REFERRED TO NEEDED SERVICES (FOCUS GROUP). *ACCORDING TO AMERICA'S HEALTH RANKINGS, INDIANA RANKS 44TH (OUT OF 50 STATES) FOR "HIGH CHOLESTEROL" AND 43RD FOR "CHOLESTEROL CHECKS." THESE FACTORS LIKELY ARE CONTRIBUTING FOR INDIANA'S OVERALL RANKING FOR STROKE, WHICH IS 41ST IN THE NATION (EXHIBIT 37).</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: REHABILITATION HOSPITAL OF INDIANA, INC.</p> <p>DESCRIPTION: 2018 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>BETWEEN MAY 7 AND 9, 2018, THREE MEETINGS OF COMMUNITY REPRESENTATIVES WERE HELD IN INDIANAPOLIS, THE COUNTY SEAT OF MARION COUNTY. THE MEETINGS WERE SPONSORED BY IU HEALTH AND COMMUNITY HEALTH NETWORK TO OBTAIN COMMUNITY INPUT AND HELP IDENTIFY SIGNIFICANT COMMUNITY HEALTH NEEDS IN MARION COUNTY. RESULTS OF THE COMMUNITY MEETINGS (AND OF KEY STAKEHOLDER INTERVIEWS AND THE COMMUNITY SURVEY) WERE SHARED WITH RHI.</p> <p>IN TOTAL, THE COMMUNITY MEETINGS WERE ATTENDED BY 42 INDIVIDUALS INVITED BY IU HEALTH IN PARTNERSHIP WITH COMMUNITY HEALTH NETWORK BECAUSE THEY REPRESENT IMPORTANT COMMUNITY ORGANIZATIONS AND SECTORS SUCH AS: LOCAL HEALTH DEPARTMENTS, POLICE/FIRE DEPARTMENTS, NON-PROFIT ORGANIZATIONS, LOCAL BUSINESSES, HEALTH CARE PROVIDERS, MAYORS/LOCAL POLICYMAKERS, FAITH-BASED ORGANIZATIONS, PARKS AND RECREATION DEPARTMENTS, AND SCHOOLS. THROUGH THESE MEETINGS, IU HEALTH SOUGHT A BREADTH OF PERSPECTIVES ON THE COMMUNITY'S HEALTH NEEDS. THE SPECIFIC ORGANIZATIONS REPRESENTED AT THE MEETINGS ARE LISTED BELOW.</p> <p>ADULT AND CHILD HEALTH ALL SENIOR CITIZENS CONNECT CENTRAL INDIANA COUNCIL ON AGING (CICOA) CITY OF INDIANAPOLIS COBURN PLACE COMMUNITY HEALTH NETWORK GENNESARET FREE CLINICS GLEANERS FOOD BANK HEALTH BY DESIGN IU HEALTH METHODIST HOSPITAL RHI INDIANA YOUTH INSTITUTE INDIANAPOLIS FIRE DEPARTMENT INDIANAPOLIS METROPOLITAN POLICE DEPARTMENT INDY HUNGER NETWORK INDIANAPOLIS PARKS AND RECREATION IRVINGTON DEVELOPMENT ORGANIZATION JUMP IN FOR HEALTHY KIDS LAWRENCE COMMUNITY GARDENS MARION COUNTY PUBLIC HEALTH DEPARTMENT NEW BEGINNINGS CHURCH PARAMOUNT SCHOOLS OF EXCELLENCE PROGRESS HOUSE PURDUE EXTENSION THE POLIS CENTER UNIVERSITY OF INDIANAPOLIS</p> <p>AFTER DISCUSSING THE NEEDS IDENTIFIED THROUGH SECONDARY DATA AND ADDING OTHERS TO THE LIST, PARTICIPANTS IN EACH MEETING WERE ASKED THROUGH A VOTING PROCESS TO IDENTIFY "THREE TO FIVE" THEY EACH CONSIDER TO BE MOST SIGNIFICANT. FROM THAT PROCESS, EACH OF THE GROUPS IDENTIFIED THE NEEDS SHOWN IN THE FOLLOWING TABLE AS MOST SIGNIFICANT FOR MARION COUNTY.</p> <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>
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>FACILITY NAME: REHABILITATION HOSPITAL OF INDIANA, INC.</p> <p>DESCRIPTION: THE 2018 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>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p>HTTPS://WWW.RHIN.COM/FINANCIAL-ASSISTANCE/</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p>HTTPS://WWW.RHIN.COM/FINANCIAL-ASSISTANCE/</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p>	<p>HTTPS://WWW.RHIN.COM/FINANCIAL-ASSISTANCE/</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 21D - REASONS FOR WRITTEN EMERGENCY MED. CARE POLICY NOT IN PLACE</p>	<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>

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? 2

Name and address	Type of Facility (describe)
1 RHI - CARMEL 12425 OLD MERIDIAN STREET, SUITE B2 CARMEL, IN 46032	OUTPATIENT FACILITY
2 RHI NEUROREHABILITATION CENTER (NRC) 9531 VALPARAISO COURT INDIANAPOLIS, IN 46268	OUTPATIENT REHABILITATION FACILITY
3	
4	
5	
6	
7	
8	
9	
10	

Provide the following information.

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

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT</p>	<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>
<p>SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY</p>	<p>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.</p>
<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>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>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 2018 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 *ON TUESDAY, JUNE 27TH, RHI PARTNERED WITH A NUMBER OF LOCAL HOSPITALS AND HEALTH CARE ORGANIZATIONS TO CO-SPONSOR THE THIRD ANNUAL "STRIKE OUT STROKE" EVENT AT VICTORY FIELD. THE FOCUS OF THIS EVENT WAS TO EDUCATE THE COMMUNITY 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 EFFORTS INCLUDED DISTRIBUTING PROMOTIONAL GIVEAWAYS AS WELL AS PROVIDING STROKE EDUCATION INFORMATION AND BLOOD PRESSURE READINGS TO ATTENDEES PRIOR TO THE GAME. WE ALSO HAD A VERY STRONG SHOWING OF RHI EMPLOYEES AND PREVIOUS PATIENTS COMING OUT IN SUPPORT OF THIS FANTASTIC EVENT.</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>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 THURSDAY, JUNE 1ST, 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 135 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>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 SATURDAY, APRIL 22ND, TEAM RHI PARTNERED WITH NUMEROUS COMMUNITY MEMBERS FOR THE 2017 GREAT INDY CLEANUP. SPONSORED BY KEEP INDIANA BEAUTIFUL, THIS IS AN ANTI-LITTER PROGRAM IN PARTNERSHIP WITH THE CITY OF INDIANAPOLIS THAT IS DESIGNED TO ASSIST INDIVIDUALS AND COMMUNITY GROUPS COMBAT HEAVY LITTER AND DEBRIS THAT HAS ACCUMULATED IN PUBLIC SPACES. OUR TEAM'S EFFORTS CONCENTRATED ON THE SCHOOL GROUNDS OF JONATHAN JENNINGS ELEMENTARY SCHOOL AND THE SURROUNDING NEIGHBORHOODS ON THE WEST-SIDE OF INDIANAPOLIS.</p> <p>*ON SEPTEMBER 26TH AND 27TH, THE RHI THERAPY TEAM PARTNERED WITH JUNIOR ACHIEVEMENT OF CENTRAL INDIANA AND NUMEROUS INDUSTRY LEADERS TO SUPPORT THE SECOND ANNUAL JA JOBSPARKS EVENT AT THE INDIANA STATE FAIRGROUNDS. THE FOCUS OF THIS TWO DAY EVENT WAS TO OFFER MARION COUNTY STUDENTS 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. BECAUSE OF THE EFFORTS OF TEAM RHI, WE HAVE PROVIDED A "SPARK" IN POSITIVELY IMPACTING MORE THAN 8,700 INDIANAPOLIS STUDENTS BY SHARING WITH THEM OUR CLINICAL EXPERTISE AND PROVIDING INSIGHTS INTO PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY CAREERS.</p> <p>*ON FRIDAY, OCTOBER 6TH, TEAM RHI MEMBERS PARTNERED WITH GREATER INDY HABITAT FOR HUMANITY TO SPEND THE DAY IN HELPING BUILD TWO HOMES ON THE EAST SIDE OF INDIANAPOLIS AS PART OF THE EASTERN STAR CHURCH ROCK INITIATIVE. OUR VOLUNTEERS DID AN ABSOLUTELY INCREDIBLE JOB OF WORKING TOGETHER TO SUCCESSFULLY PERFORM A NUMBER OF KEY ACTIVITIES INCLUDING MEASURING, CUTTING AND INSTALLING SIDING. RHI CONTINUES TO WELCOME THE OPPORTUNITY TO SERVE OUR COMMUNITY. AS A RESULT OF THESE COLLABORATIVE EFFORTS, TWO FAMILIES ARE OWNING THEIR FIRST HABITAT HOMES.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>FOR THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT, INDIANA UNIVERSITY HEALTH CONDUCTED THE COMMUNITY SURVEY DATA COLLECTION IN COLLABORATION WITH INDIANA UNIVERSITY, UNIVERSITY OF EVANSVILLE AND AN INDIANA HOSPITAL COLLABORATIVE, INCLUDING COMMUNITY HEALTH NETWORK, FRANCISCAN ALLIANCE, ST. VINCENT HEALTH AND OTHER HOSPITAL PARTNERS. ADDITIONAL IU HEALTH COLLABORATORS INCLUDED: * INDIANA UNIVERSITY HEALTH - COMMUNITY OUTREACH AND ENGAGEMENT DEPARTMENT.</p> <p>FEDERAL REGULATIONS ALLOW HOSPITAL FACILITIES TO DEFINE THE COMMUNITY THEY SERVE BASED ON "ALL OF THE RELEVANT FACTS AND CIRCUMSTANCES," INCLUDING THE "GEOGRAPHIC LOCATION" SERVED BY THE HOSPITAL FACILITY, "TARGET POPULATIONS SERVED" (E.G., CHILDREN, WOMEN, OR THE AGED), AND/OR THE HOSPITAL FACILITY'S PRINCIPAL FUNCTIONS (E.G., FOCUS ON A PARTICULAR SPECIALTY AREA OR TARGETED DISEASE). ACCORDINGLY, THIS CHNA FOCUSES ON COMMUNITY HEALTH ISSUES RELEVANT TO REHABILITATION SERVICES.</p> <p>IN ASSESSING COMMUNITY HEALTH NEEDS RELEVANT TO RHI, THE FOLLOWING STATISTICS ARE IMPORTANT TO UNDERSTAND:</p> <p>* PATIENTS MOST OFTEN ARE ADMITTED TO RHI AS A RESULT OF STROKE, TRAUMATIC BRAIN INJURY (TBI), SPINAL CORD INJURY (SCI), MAJOR TRAUMA, CARDIAC EVENTS, AMPUTATIONS, OTHER ORTHOPEDIC CONDITIONS, AND OTHER ISSUES FOR WHICH REHABILITATION SERVICES ARE MEDICALLY NECESSARY.</p> <p>* ABOUT 94 PERCENT OF ADMISSIONS TO RHI ARE FOR PATIENTS TRANSFERRED FROM AN ACUTE MEDICAL/SURGICAL HOSPITAL. MANY PATIENTS FIRST ARE SEEN IN HOSPITAL EMERGENCY ROOMS AND TRAUMA CENTERS, THEN ARE ADMITTED TO ACUTE MEDICAL/SURGICAL HOSPITALS, AND THEN ARE TRANSFERRED TO RHI TO RECEIVE INTENSIVE REHABILITATION SERVICES.</p> <p>* RHI PROVIDES BOTH INPATIENT AND OUTPATIENT SERVICES. OUTPATIENT CARE IS PROVIDED AT THE MAIN HOSPITAL SITE AND AT TWO OTHER LOCATIONS (INDIANAPOLIS AND CARMEL, INDIANA). FOR RHI, SURVEYS WERE RECEIVED FROM 359 COMMUNITY HOUSEHOLDS. ACCORDING TO THE RESPONSES, THESE HOUSEHOLDS INCLUDED 644 ADULTS. THIS CHNA RELIES ON MULTIPLE DATA SOURCES AND COMMUNITY INPUT GATHERED BETWEEN FEBRUARY 2018 AND AUGUST 2018. SEVERAL DATA LIMITATIONS SHOULD BE RECOGNIZED WHEN INTERPRETING RESULTS. FOR EXAMPLE, SOME DATA (E.G., COUNTY HEALTH RANKINGS, COMMUNITY HEALTH STATUS INDICATORS, MORTALITY DATA, AND OTHERS) EXIST ONLY AT A COUNTY-WIDE LEVEL OF DETAIL. THOSE DATA SOURCES DO NOT ALLOW ASSESSING HEALTH NEEDS AT A MORE GRANULAR LEVEL OF DETAIL, SUCH AS BY ZIP CODE OR CENSUS TRACT.</p> <p>SECONDARY DATA UPON WHICH THIS ASSESSMENT RELIES MEASURE COMMUNITY HEALTH IN PRIOR YEARS AND MAY NOT REFLECT CURRENT CONDITIONS. THE IMPACTS OF RECENT PUBLIC POLICY DEVELOPMENTS, CHANGES IN THE ECONOMY, AND OTHER COMMUNITY DEVELOPMENTS ARE NOT YET REFLECTED IN THOSE DATA SETS.</p> <p>THE FINDINGS OF THIS CHNA MAY DIFFER FROM THOSE OF OTHERS THAT ASSESSED THIS COMMUNITY. DIFFERENCES IN DATA SOURCES, GEOGRAPHIC AREAS ASSESSED (E.G., HOSPITAL SERVICE AREAS VERSUS COUNTIES OR CITIES), INTERVIEW QUESTIONS, AND PRIORITIZATION PROCESSES CAN CONTRIBUTE TO DIFFERENCES IN FINDINGS.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</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 MAELS 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>RHI PROVIDES A RANGE OF SERVICES FOR PATIENTS FROM CENTRAL INDIANA AND ACROSS THE STATE OF INDIANA. FOR PURPOSES OF THIS CHNA, RHI'S "LOCAL COMMUNITY" IS DEFINED AS MARION COUNTY, INDIANA. MARION COUNTY ACCOUNTED FOR APPROXIMATELY 47 PERCENT OF THE HOSPITAL'S INPATIENT CASES IN 2017. THE TOTAL POPULATION OF THE COUNTY IN 2015 WAS 938,058. RHI ALSO SERVES THE STATE OF INDIANA AS A WHOLE. ACCORDINGLY, THIS CHNA ALSO CONSIDERS RELEVANT COMMUNITY HEALTH NEEDS ACROSS THE ENTIRE STATE. THE TOTAL POPULATION OF THE STATE IN 2015 WAS 6,612,768. AS PERMITTED BY FEDERAL REGULATIONS, THIS CHNA ALSO FOCUSES ON COMMUNITY HEALTH ISSUES RELEVANT TO REHABILITATION SERVICES.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF.</p> <p>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>RHI PARTNERED WITH A NUMBER OF LOCAL HOSPITALS AND HEALTH CARE ORGANIZATIONS TO CO-SPONSOR THE ANNUAL "STRIKE OUT STROKE" EVENTS AT VICTORY FIELD. THE FOCUS OF THIS EVENT WAS TO EDUCATE THE COMMUNITY 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 EFFORTS INCLUDED DISTRIBUTING PROMOTIONAL GIVEAWAYS AS WELL AS PROVIDING STROKE EDUCATION INFORMATION AND BLOOD PRESSURE READINGS TO ATTENDEES PRIOR TO THE GAME. THIS IS ANOTHER EXAMPLE OF RHI'S ONGOING COMMITMENT TO INCREASING ACCESS TO HEALTHCARE AND EDUCATING MEMBERS OF OUR COMMUNITY ON THE IMPORTANCE OF HEALTH AWARENESS.</p> <p>IN PARTNERSHIP WITH IU HEALTH, RHI PARTICIPATED IN THE 2016 INSHAPE INDIANA BLACK AND MINORITY HEALTH FAIR IN JULY. FOCUSED ACTIVITIES INCLUDED 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>NUTRITION AND HEALTHY WEIGHT</p> <p>RHI TEAM MEMBERS ANNUALLY 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 135 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>COMMUNITY HEALTH NEEDS ASSESSMENT</p> <p>RHI SPORTS' ANNUAL WATER SKI CLINIC IS A TWO DAY PROGRAM HELD ANNUALLY 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>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>COMMUNITY REVITALIZATION</p> <p>TEAM RHI PARTNERED WITH NUMEROUS COMMUNITY MEMBERS EVERY SPRING THESE PAST 3 YEARS FOR THE GREAT INDY CLEANUP. SPONSORED BY KEEP INDIANA BEAUTIFUL, THIS IS AN ANTI-LITTER PROGRAM IN PARTNERSHIP WITH THE CITY OF INDIANAPOLIS THAT IS DESIGNED TO ASSIST INDIVIDUALS AND COMMUNITY GROUPS COMBAT HEAVY LITTER AND DEBRIS THAT HAS ACCUMULATED IN PUBLIC SPACES. OUR TEAM'S EFFORTS CONCENTRATED ON THE SCHOOL GROUNDS OF JONATHAN JENNINGS ELEMENTARY SCHOOL AND THE SURROUNDING NEIGHBORHOODS ON THE WEST-SIDE OF INDIANAPOLIS.</p> <p>RHI HAS PARTNERED WITH JUNIOR ACHIEVEMENT OF CENTRAL INDIANA AND NUMEROUS INDUSTRY LEADERS TO SUPPORT THE ANNUAL JA JOBSPARKS EVENTS AT THE INDIANA STATE FAIRGROUNDS. THE FOCUS OF THE ANNUAL TWO DAY EVENT WAS TO OFFER MARION COUNTY STUDENTS 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. BECAUSE OF THE EFFORTS OF OUR EMPLOYEES, WE HAVE PROVIDED A "SPARK" IN POSITIVELY IMPACTING MORE THAN 8,700 INDIANAPOLIS STUDENTS EACH YEAR BY SHARING WITH THEM OUR CLINICAL EXPERTISE AND PROVIDING INSIGHTS INTO PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY CAREERS.</p> <p>RHI HAS PARTNERED WITH GREATER INDY HABITAT FOR HUMANITY TO FINANCIALLY SUPPORT AND VOLUNTEER IN HELPING BUILD HOMES ON THE EAST AND WEST SIDE OF INDIANAPOLIS. WE CONTINUE TO WELCOME THE OPPORTUNITY TO SERVE OUR COMMUNITY AND, AS A RESULT OF THESE COLLABORATIVE EFFORTS, ASSISTING FAMILIES ON THEIR JOURNEY TO HOME OWNERSHIP.</p> <p>BEHAVIORAL HEALTH AND SUBSTANCE ABUSE</p> <p>TARGETING MENTAL HEALTH ISSUES, RHI HAS PARTNERED WITH MENTAL HEALTH OF AMERICA GREATER INDIANAPOLIS AND FAMILIES FIRST OF INDIANA IN 2016-2018 TO SPONSOR 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>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>RHI IS OWNED BY TWO MAJOR HEALTH SYSTEMS; 1) IU HEALTH, INC. AND 2) ST. VINCENT HEALTH. IU HEALTH, INC. IS THE MAJORITY OWNER OF RHI. RHI WORKS PRIMARILY WITH THE IU HEALTH 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>