

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE METHODIST HOSPITALS, INC.

Employer identification number

35-0868133

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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)			19,312,017.		19,312,017.	5.91%
b Medicaid (from Worksheet 3, column a)			81,879,431.	90,220,371.	-8,340,940.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)			5,891,671.		5,891,671.	1.80%
d Total Financial Assistance and Means-Tested Government Programs			107,083,119.	90,220,371.	16,862,748.	7.71%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	40	7,672	574,350.		574,350.	.18%
f Health professions education (from Worksheet 5)	2	71	673,342.	362,035.	311,307.	.10%
g Subsidized health services (from Worksheet 6)	1	12	80.		80.	.00%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	700	700,798.		700,798.	.21%
j Total. Other Benefits	46	8,455	1,948,570.	362,035.	1,586,535.	.49%
k Total. Add lines 7d and 7j	46	8,455	109,031,689.	90,582,406.	18,449,283.	8.20%

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 2

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 THE METHODIST HOSPITALS, INC.
600 GRANT STREET
GARY, IN 46402

Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
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X X X X

2 THE METHODIST HOSPITALS, INC.
8701 BROADWAY
MERRILLVILLE, IN 46410

X X X X

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 THE METHODIST HOSPITAL, INC.

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
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		X
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
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	X	
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		X
7	Did the hospital facility make its CHNA report widely available to the public?	X	
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.METHODISTHOSPITALS.ORG/ABOUT_M</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	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>12</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a	If "Yes," (list url):		
b	If "No", is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
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)?		X
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
	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 THE METHODIST HOSPITAL, INC.

		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?	13	X
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	X
15	Explained the method for applying for financial assistance?	15	X
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 checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	X
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 PART V</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</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"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
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"/> Other (describe in Section C)		

Billing and Collections

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

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group THE METHODIST HOSPITAL, INC.

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?

	Yes	No
19		X

If "Yes", check all actions in which the hospital facility or a third party engaged:

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c Actions that require a legal or judicial process
- d 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 Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)
- f Non 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	X	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

23		X

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	X	

If "Yes," explain in Section C.

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 THE METHODIST HOSPITAL, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
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		X
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	X	
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		
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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	X	
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	X	
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		X
7	Did the hospital facility make its CHNA report widely available to the public?	X	
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.METHODISTHOSPITALS.ORG/ABOUT_M</u>		
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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	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>12</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a	If "Yes," (list url):		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
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)?		X
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
	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)

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Name of hospital facility or letter of facility reporting group THE METHODIST HOSPITAL, INC.

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13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X
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g	<input type="checkbox"/> Residency		
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14	Explained the basis for calculating amounts charged to patients?	14	X
15	Explained the method for applying for financial assistance?	15	X
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		
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16	Included measures to publicize the policy within the community served by the hospital facility?	16	X
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 PART V</u>		
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a	<input type="checkbox"/> Reporting to credit agency(ies)		
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Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group THE METHODIST HOSPITAL, INC.

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?

	Yes	No
19		X

If "Yes", check all actions in which the hospital facility or a third party engaged:

- a Reporting to credit agency(ies)
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- d 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 Notified individuals of the financial assistance policy on admission
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- e Other (describe in Section C)
- f Non 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	X	
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If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

23		X
24	X	

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

Part V Facility Information (continued)

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.

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 3J: THE CHNA THAT WAS CONDUCTED IN 2012 DETAILS:

THE SIGNIFICANT HEALTH NEEDS OF THE SURROUNDING COMMUNITY; THE GENERAL HEALTH STATUS; DEATH, DISEASE, AND CHRONIC CONDITIONS THAT ARE PREVALENT; MODIFIABLE HEALTH RISKS; IDENTIFIES POTENTIAL HEALTHCARE ACCESS ISSUES; AND IDENTIFIES WHAT SOURCES COMMUNITY MEMBERS USE TO ACCESS HEALTHCARE INFORMATION.

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 3J: THE CHNA THAT WAS CONDUCTED IN 2012 DETAILS:

THE SIGNIFICANT HEALTH NEEDS OF THE SURROUNDING COMMUNITY; THE GENERAL HEALTH STATUS; DEATH, DISEASE, AND CHRONIC CONDITIONS THAT ARE PREVALENT; MODIFIABLE HEALTH RISKS; IDENTIFIES POTENTIAL HEALTHCARE ACCESS ISSUES; AND IDENTIFIES WHAT SOURCES COMMUNITY MEMBERS USE TO ACCESS HEALTHCARE INFORMATION.

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 5: THE COMMUNITY HEALTH NEEDS ASSESSMENT

INCLUDED A TELEPHONE SURVEY OF 473 RESIDENTS OF METHODIST HOSPITALS' NORTHLAKE CAMPUS SERVICE AREA AND 801 RESIDENTS OF THE SOUTHLAKE CAMPUS SERVICE AREA. ALL INTERVIEWS WERE OF ADULTS AGED 18 PLUS. THE SURVEY DATA WERE WEIGHTED IN ORDER TO ENSURE THAT THE RESULTS WERE GEOGRAPHICALLY AND DEMOGRAPHICALLY REPRESENTATIVE OF OUR SERVICE AREA POPULATIONS. IN ADDITION, FIVE FOCUS GROUPS WERE CONDUCTED WITH PHYSICIANS AND OTHER HEALTH CARE PROVIDERS, COMMUNITY AND BUSINESS LEADERS, AND LEADERS OF AREA

Part V Facility Information (continued)

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.

SOCIAL SERVICE AGENCIES. THOSE INTERVIEWED WERE: PHYSICIANS - DR. ALEX
STEMER, PRESIDENT, FRANCISCAN MEDICAL SPECIALISTS; PEDIATRICIANS DR.
HEMENDRA PARIKH AND DR. STEVE SIMPSON; PATHOLOGIST DR L. TERESA VAZQUEZ;
FAMILY PRACTITIONER DR. MARK FELDNER, RADIOLOGIST DR. MARY NICHOLSON;
GENETICIST DR. JANICE ZUNICH AND DR. JANET SEABROOK, EXECUTIVE DIRECTOR,
GARY COMMUNITY HEALTH CENTER. OTHER HEALTH PROVIDERS - GEORGE KUCKA,
OWNER, FAIRMEADOWS HOME HEALTH; JANICE WILSON, CEO, NORTHSORE HEALTH
CENTERS; KAY SULLIVAN, NP, MANAGER OF US STREEL MEDICAL, GARY WORKS PLANT;
DR. LISA GREEN, CEO, FAMILY CHRISTIAN HEALTH CENTER; MARY PURTILLO,
NEONATAL REGISTERED NURSE; OLGA GONZALES, MANAGER, WOMEN'S CARE CENTER OF
NORTHWEST INDIANA; RISE ROSS RATNEY, CEO, HEALTHY START; TRACY TUCKER,
SCHOOL NURSE, EGGERS MIDDLE SCHOOL, SUZANNE RUIZ, WOMEN'S DIAGNOSTIC
CENTER, JERRY MILLER, COO, PROMPT AMBULANCE, LOUISE THOMPSON, EXECUTIVE
DIRECTOR, ALHEIMER'S ASSOCIATION, NWI. SOCIAL SERVICE PROVIDERS - DAVID
COLLINS, CORPRATE RELATIONS, OPPORTUNITY ENTERPRISES; DIANE CRAFT,
FOUNDER, WE CARE FROM THE HEART; DIANE KEMP, EXECUTIVE DIRECTOR, AMERICAN
HEART ASSOCIATION, NWI; DON BARNES, PRESIDENT OF THE BOARD, HEALTH VISIONS
MIDWEST; DUANE DEDALOW, EXECUTIVE DIRECTOR, CATHOLIC CHARITIES, DIOCESE OF
GARY; GARY OLUND, PRESIDENT & CEO, NORTHWEST INDIANA COMMUNITY ACTION;
GORDON JOHNSON, CEO, AMERICAN RED CROSS OF NWI; GRACE TALBOT, DIRECTOR,
HAMMOND RESCUE MISSION; JANE BISBEE, REGIONAL MANAGER, CHILDREN'S
PROTECTION SERVICES; JULIE MALLERS, MANAGER, ST. CLARE CLINIC; LOU
MARTINEZ, PRESIDENT, LAKE COUNTY UNITED WAY; PHIL MALLERS, CEO, SOUTHLAKE
YMCA. BUSINESS AND COMMUNITY LEADERS - JOE ALLIGRETTI, FRANCISCAN
ALLIANCE BOARD MEMBER, KEITH KIRKPATRICK, EXECUTIVE DIRECTOR, LEADERSHIP
OF NORTHWEST INDIANA; SR. MICHELE DVORAK, DIRECTOR OF EDUCATION PROGRAMS,
CALUMET COLLEGE OF ST. JOSEPH; THOMAS KEILMAN, DIRECTOR, GOVERNMENT AND

Part V Facility Information (continued)

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.

PUBLIC AFFAIRS, BP WHITING; DR. AMY HAN, DIRECTOR, CLINICAL AFFAIRS, INDIANA UNIVERSITY NORTHWEST SCHOOL OF NURSING; GILDA ORANGE, NORTH TOWNSHIP TRUSTEE; LINDA DELUNAS, DIRECTOR, SCHOOL OF NURSING, INDIANA UNIVERSITY NORTHWEST; PAT HUBER, EXECUTIVE DIRECTOR, CROWN POINT COMMUNITY FOUNDATION; DR. PEGGY GERARD, DEAN, SCHOOL OF NURSING, PURDUE CALUMET; RIC FRATACCIA, SUPERINTENDENT OF SCHOOLS, PORTAGE, INDIANA; TOM DEGIULIO, TOWN MANAGER, MUNSTER, INDIANA; REV. DR. DAVID NEVILLE, DIRECTOR, SPIRITUAL CARE, METHODIST HOSPITALS, MARY MCSHANE, MCSHANE, HUNTER & ASSOCIATES, LLC.

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 5: THE COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDED A TELEPHONE SURVEY OF 473 RESIDENTS OF METHODIST HOSPITALS' NORTHLAKE CAMPUS SERVICE AREA AND 801 RESIDENTS OF THE SOUTHLAKE CAMPUS SERVICE AREA. ALL INTERVIEWS WERE OF ADULTS AGED 18 PLUS. THE SURVEY DATA WERE WEIGHTED IN ORDER TO ENSURE THAT THE RESULTS WERE GEOGRAPHICALLY AND DEMOGRAPHICALLY REPRESENTATIVE OF OUR SERVICE AREA POPULATIONS. IN ADDITION, FIVE FOCUS GROUPS WERE CONDUCTED WITH PHYSICIANS AND OTHER HEALTH CARE PROVIDERS, COMMUNITY AND BUSINESS LEADERS, AND LEADERS OF AREA SOCIAL SERVICE AGENCIES. THOSE INTERVIEWED WERE: PHYSICIANS - DR. ALEX STEMER, PRESIDENT, FRANCISCAN MEDICAL SPECIALISTS; PEDIATRICIANS DR. HEMENDRA PARIKH AND DR. STEVE SIMPSON; PATHOLOGIST DR L. TERESA VAZQUEZ; FAMILY PRACTITIONER DR. MARK FELDNER, RADIOLOGIST DR. MARY NICHOLSON; GENETICIST DR. JANICE ZUNICH AND DR. JANET SEABROOK, EXECUTIVE DIRECTOR, GARY COMMUNITY HEALTH CENTER. OTHER HEALTH PROVIDERS - GEORGE KUCKA, OWNER, FAIRMEADOWS HOME HEALTH; JANICE WILSON, CEO, NORTSHORE HEALTH CENTERS; KAY SULLIVAN, NP, MANAGER OF US STREEL MEDICAL, GARY WORKS PLANT;

Part V Facility Information (continued)

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.

DR. LISA GREEN, CEO, FAMILY CHRISTIAN HEALTH CENTER; MARY PURTILLO, NEONATAL REGISTERED NURSE; OLGA GONZALES, MANAGER, WOMEN'S CARE CENTER OF NORTHWEST INDIANA; RISE ROSS RATNEY, CEO, HEALTHY START; TRACY TUCKER, SCHOOL NURSE, EGGERS MIDDLE SCHOOL, SUZANNE RUIZ, WOMEN'S DIAGNOSTIC CENTER, JERRY MILLER, COO, PROMPT AMBULANCE, LOUISE THOMPSON, EXECUTIVE DIRECTOR, ALHEIMER'S ASSOCIATION, NWI. SOCIAL SERVICE PROVIDERS - DAVID COLLINS, CORPRATE RELATIONS, OPPORTUNITY ENTERPRISES; DIANE CRAFT, FOUNDER, WE CARE FROM THE HEART; DIANE KEMP, EXECUTIVE DIRECTOR, AMERICAN HEART ASSOCIATION, NWI; DON BARNES, PRESIDENT OF THE BOARD, HEALTH VISIONS MIDWEST; DUANE DEDALOW, EXECUTIVE DIRECTOR, CATHOLIC CHARITIES, DIOCESE OF GARY; GARY OLUND, PRESIDENT & CEO, NORTHWEST INDIANA COMMUNITY ACTION; GORDON JOHNSON, CEO, AMERICAN RED CROSS OF NWI; GRACE TALBOT, DIRECTOR, HAMMOND RESCUE MISSION; JANE BISBEE, REGIONAL MANAGER, CHILDREN'S PROTECTION SERVICES; JULIE MALLERS, MANAGER, ST. CLARE CLINIC; LOU MARTINEZ, PRESIDENT, LAKE COUNTY UNITED WAY; PHIL MALLERS, CEO, SOUTHLAKE YMCA. BUSINESS AND COMMUNITY LEADERS - JOE ALLIGRETTI, FRANCISCAN ALLIANCE BOARD MEMBER, KEITH KIRKPATRICK, EXECUTIVE DIRECTOR, LEADERSHIP OF NORTHWEST INDIANA; SR. MICHELE DVORAK, DIRECTOR OF EDUCATION PROGRAMS, CALUMET COLLEGE OF ST. JOSEPH; THOMAS KEILMAN, DIRECTOR, GOVERNMENT AND PUBLIC AFFAIRS, BP WHITING; DR. AMY HAN, DIRECTOR, CLINICAL AFFAIRS, INDIANA UNIVERSITY NORTHWEST SCHOOL OF NURSING; GILDA ORANGE, NORTH TOWNSHIP TRUSTEE; LINDA DELUNAS, DIRECTOR, SCHOOL OF NURSING, INDIANA UNIVERSITY NORTHWEST; PAT HUBER, EXECUTIVE DIRECTOR, CROWN POINT COMMUNITY FOUNDATION; DR. PEGGY GERARD, DEAN, SCHOOL OF NURSING, PURDUE CALUMET; RIC FRATACCIA, SUPERINTENDENT OF SCHOOLS, PORTAGE, INDIANA; TOM DEGIULIO, TOWN MANAGER, MUNSTER, INDIANA; REV. DR. DAVID NEVILLE, DIRECTOR, SPIRITUAL CARE, METHODIST HOSPITALS, MARY MCSHANE, MCSHANE, HUNTER & ASSOCIATES,

Part V Facility Information (continued)

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.

LLC.

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: COMMUNITY HEALTHCARE SYSTEM AND FRANCISCAN ALLIANCE OF NORTHWEST INDIANA

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: COMMUNITY HEALTHCARE SYSTEM AND FRANCISCAN ALLIANCE OF NORTHWEST INDIANA

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 11: METHODIST HOSPITALS USED THE CHNA TO IDENTIFY ISSUES OF GREATEST CONCERN AND DEVELOPED ACTION PLANS ON KEY FOCUS AREAS IN WHICH TO COMMIT RESOURCES IN ORDER TO IMPROVE RESIDENT'S HEALTH, IMPROVE QUALITY OF LIFE, REDUCE HEALTH DISPARITIES AND TO INCREASE ACCESSIBILITY TO PREVENTATIVE SERVICES. IN 2014 PROGRAMS AND SERVICES ENACTED BASED ON NEEDS IDENTIFIED IN THE CHNA INCLUDED THE FOLLOWING FOCUS AREAS: VIOLENCE AND INJURY PREVENTION, TEEN BIRTH, NUTRITION AND PHYSICAL ACTIVITY, KIDNEY DISEASE, HEART DISEASE AND STROKE, DIABETES, CANCER.

METHODIST HOSPITALS DOES NOT CURRENTLY HAVE PROGRAMS THAT SPECIFICALLY ADDRESS THE REGION'S HIGHER THAN AVERAGE TOBACCO USE RATES OR PERCEIVED LACK OF DENTAL CARE. THE TASK FORCE CHARGED WITH DEVELOPING ACTION PLANS BASED ON THE COMMUNITY HEALTH NEEDS ASSESSMENT WILL DEVELOP PRIORITIES AND FUTURE PLANS FOR ADDRESSING THESE UNMET NEEDS.

Part V Facility Information (continued)

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.

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 11: METHODIST HOSPITALS USED THE CHNA TO IDENTIFY ISSUES OF GREATEST CONCERN AND DEVELOPED ACTION PLANS ON KEY FOCUS AREAS IN WHICH TO COMMIT RESOURCES IN ORDER TO IMPROVE RESIDENT'S HEALTH, IMPROVE QUALITY OF LIFE, REDUCE HEALTH DISPARITIES AND TO INCREASE ACCESSIBILITY TO PREVENTATIVE SERVICES. IN 2014 PROGRAMS AND SERVICES ENACTED BASED ON NEEDS IDENTIFIED IN THE CHNA INCLUDED THE FOLLOWING FOCUS AREAS: VIOLENCE AND INJURY PREVENTION, TEEN BIRTH, NUTRITION AND PHYSICAL ACTIVITY, KIDNEY DISEASE, HEART DISEASE AND STROKE, DIABETES, CANCER.

METHODIST HOSPITALS DOES NOT CURRENTLY HAVE PROGRAMS THAT SPECIFICALLY ADDRESS THE REGION'S HIGHER THAN AVERAGE TOBACCO USE RATES OR PERCEIVED LACK OF DENTAL CARE. THE TASK FORCE CHARGED WITH DEVELOPING ACTION PLANS BASED ON THE COMMUNITY HEALTH NEEDS ASSESSMENT WILL DEVELOP PRIORITIES AND FUTURE PLANS FOR ADDRESSING THESE UNMET NEEDS.

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 13H: FAMILY UNIT - NUMBER AND EXPENSES

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 13H: FAMILY UNIT - NUMBER AND EXPENSES

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 15E: METHODIST HOSPITALS ALSO PROVIDES INFORMATION

Part V Facility Information (continued)

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.

ON THEIR WEBSITE FOR THE "HEALTHY INDIANA PLAN" AND "HOOSIER HEALTHWISE" INSURANCE PLANS AND THE APPLICATIONS NEEDED TO APPLY. IN ADDITION, PATIENTS MAY CONTACT THE HOSPITAL'S FINANCIAL SERVICES OFFICE FOR HELP IN COMPLETING THESE APPLICATIONS.

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 15E: METHODIST HOSPITALS ALSO PROVIDES INFORMATION ON THEIR WEBSITE FOR THE "HEALTHY INDIANA PLAN" AND "HOOSIER HEALTHWISE" INSURANCE PLANS AND THE APPLICATIONS NEEDED TO APPLY. IN ADDITION, PATIENTS MAY CONTACT THE HOSPITAL'S FINANCIAL SERVICES OFFICE FOR HELP IN COMPLETING THESE APPLICATIONS.

THE METHODIST HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

[HTTP://WWW.METHODISTHOSPITALS.ORG/BILLING INFO/OBTAINING-FINANCIAL-ASSISTAN](http://www.methodisthospitals.org/billing_info/obtaining-financial-assistan)

THE METHODIST HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

[HTTP://WWW.METHODISTHOSPITALS.ORG/BILLING INFO/OBTAINING-FINANCIAL-ASSISTAN](http://www.methodisthospitals.org/billing_info/obtaining-financial-assistan)

THE METHODIST HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTP://METHODISTHOSPITALS.ORG/WP-CONTENT/UPLOADS/2014/10/FINASSIST1.PDF](http://methodisthospitals.org/wp-content/uploads/2014/10/finassist1.pdf)

THE METHODIST HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

Part V Facility Information (continued)

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.

HTTP://METHODISTHOSPITALS.ORG/WP-CONTENT/UPLOADS/2014/10/FINASSIST1.PDF

THE METHODIST HOSPITAL, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

HTTP://WWW.METHODISTHOSPITALS.ORG/BILLING_INFO/OBTAINING-FINANCIAL-ASSISTAN

THE METHODIST HOSPITAL, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

HTTP://WWW.METHODISTHOSPITALS.ORG/BILLING_INFO/OBTAINING-FINANCIAL-ASSISTAN

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 16I: WHEN UNINSURED PATIENTS OR THOSE THAT FAIL TO PROVIDE METHODIST WITH ADEQUATE BILLING INFORMATION UNDERGO THE REGISTRATION PROCESS, THEY ARE NOTIFIED THAT FINANCIAL ASSISTANCE MAY BE AVAILABLE TO THEM.

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 16I: WHEN UNINSURED PATIENTS OR THOSE THAT FAIL TO PROVIDE METHODIST WITH ADEQUATE BILLING INFORMATION UNDERGO THE REGISTRATION PROCESS, THEY ARE NOTIFIED THAT FINANCIAL ASSISTANCE MAY BE AVAILABLE TO THEM.

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 22D: THE FINANCIAL ASSISTANCE POLICY DEFINES THE LEVEL OF ASSISTANCE THAT A PATIENT MAY BE ELIGIBLE FOR. IT IS BASED ON

Part V Facility Information (continued)

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.

INCOME LEVELS AS COMPARED TO A PERCENTAGE OF THE FEDERAL POVERTY GUIDELINES; THE ONLY QUALIFICATION IS THAT THE PATIENT DOES NOT HAVE INSURANCE.

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 22D: THE FINANCIAL ASSISTANCE POLICY DEFINES THE LEVEL OF ASSISTANCE THAT A PATIENT MAY BE ELIGIBLE FOR. IT IS BASED ON INCOME LEVELS AS COMPARED TO A PERCENTAGE OF THE FEDERAL POVERTY GUIDELINES; THE ONLY QUALIFICATION IS THAT THE PATIENT DOES NOT HAVE INSURANCE.

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 24: THE HOSPITAL CHARGES ALL PATIENTS THE SAME RATES REGARDLESS OF INCOME LEVELS. THE HOSPITAL WILL WRITE-OFF THE CHARGE IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY LEVELS MAINTAINED IN THE HELPING HEART FINANCIAL ASSISTANCE PROGRAM.

THE METHODIST HOSPITAL, INC.:

PART V, SECTION B, LINE 24: THE HOSPITAL CHARGES ALL PATIENTS THE SAME RATES REGARDLESS OF INCOME LEVELS. THE HOSPITAL WILL WRITE-OFF THE CHARGE ACCORDING TO FAP POLICY LEVELS MAINTAINED IN THE HELPING HEART FINANCIAL ASSISTANCE PROGRAM.

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
1 METHODIST HOSPITALS MEDICAL OFFICE BL 101 E 87TH AVE MERRILLVILLE, IN 46410	IMAGING AND LAB SERVICES; OUTPATIENT SURGERY CENTER; BREAST CENTER; PHYSICIA
2 METHODIST HOSPITALS PHYSICIAN GROUP 5800 BROADWAY MERRILLVILLE, IN 46410	PHYSICIAN OFFICES-CARDIOLOGY
3 METHODIST HOSPITALS ENDOSCOPY CENTER 8895 BROADWAY MERRILLVILLE, IN 46410	OUTPATIENT ENDOSCOPY CENTER
4 METHODIST HOSPITALS, INC 2269 WEST 25TH STREET GARY, IN 46404	OUTPATIENT REHAB/PHYSICIAN OFFICES
5 METHODIST HOSPITALS CENTER FOR ADVANC 200 E 89TH AVE MERRILLVILLE, IN 46410	PHYSICIAN OFFICES-NEUROSCIENCES AND ORTHOPEDICS
6 METHODIST HOSPITALS REHAB CENTER 303 E 89TH AVE MERRILLVILLE, IN 46410	OUTPATIENT REHAB
7 METHODIST HOSPITALS PHYSICIAN GROUP 99 E 86TH AVE - STE C&F MERRILLVILLE, IN 46410	PHYSICIAN OFFICE-ORTHOPEDICS
8 METHODIST HOSPITALS HOME HEALTH CENTE 650 GRANT ST GARY, IN 46408	HOME HEALTH SERVICES
9 METHODIST HOSPITALS PHYSICIAN GROUP 6101 MILLER AVE GARY, IN 46403	PHYSICIAN OFFICE-INTERNAL MEDICINE

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? _____

Name and address	Type of Facility (describe)
10 METHODIST HOSPITALS PHYSICIAN GROUP 3195 BROADWAY GARY, IN 46403	PHYSICIAN OFFICE-INTERNAL MEDICINE
11 METHODIST HOSPITALS PHYSICIAN GROUP 801 WEST GLEN PARK AVE GRIFFITH, IN 46319	PHYSICIAN OFFICES-GENERAL SURGEON
12 METHODIST HOSPITALS PHYSICIAN GROUP 9235 BROADWAY MERRILLVILLE, IN 46410	PHYSICIAN OFFICE-ORTHOPEDICS
13 METHODIST HOSPITALS PHYSICIAN GROUP 9105-A INDIANAPOLIS BLVD HIGHLAND, IN 46322	PHYSICIAN OFFICE-PODIATRY
14 METHODIST HOSPITALS PHYSICIAN GROUP 6111 HARRISON ST - STE 252 MERRILLVILLE, IN 46410	PHYSICIAN OFFICE-GENERAL SURGERY
15 METHODIST HOSPITALS PHYSICIAN GROUP 8777 BROADWAY MERRILLVILLE, IN 46410	PHYSICIAN OFFICES-FAMILY MEDICINE & INTERNAL MEDICINE
16 METHODIST HOSPITALS PHYSICIAN GROUP 10 N.MICHIGAN HOBART, IN 46342	PHYSICIAN OFFICE-INTERNAL MEDICINE
17 METHODIST HOSPITALS PHYSICIAN GROUP 704 SOUTH STATE ROAD 2 HEBRON, IN 46341	PHYSICIAN OFFICE-FAMILY MEDICINE
18 METHODIST HOSPITALS CARDIAC REHAB 753 EAST 81ST AVE-STE 4 MERRILLVILLE, IN 46410	OUTPATIENT CARDIAC REHAB
19 METHODIST HOSPITALS PHYSICIAN GROUP 2200 GRANT ST GARY, IN 46404	PHYSICIAN OFFICE-OB/GYN

Schedule H (Form 990) 2014

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and 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 CHNAs 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.

PART I, LINE 7:

METHODIST HOSPITALS, INC USES PUBLISHED FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY FOR CHARITY.

PART I, LN 7 COL(F):

COLUMN F IS THE AMOUNT OF CHARITY CARE PROVIDED AS A PERCENTAGE OF EXPENSES SHOWN ON PART IX, LINE 25, LESS BAD DEBT EXPENSE OF \$18,545,848.

PART II, COMMUNITY BUILDING ACTIVITIES:

METHODIST HOSPITALS CONTINUES ITS PARTICIPATION IN THE NW INDIANA HEALTH DISPARITIES COUNCIL WHOSE GOAL IS TO IMPROVE ACCESS TO HEALTHCARE FOR THE UNDERSERVED POPULATION OF THIS REGION. METHODIST HOSPITALS' COMMUNITY ENGAGEMENT INCLUDES A BROAD RANGE OF PARTNERSHIPS INCLUDING THE GARY YWCA, GARY LITERACY COALITION, CITY OF GARY, LOCAL CHAMBERS OF COMMERCE, COMMUNITY ORGANIZATIONS FOR FAMILIES AND YOUTH, THE VALPARAISO YMCA, AND THE MERRILLVILLE HIGH SCHOOL INTERNSHIP PROGRAM. THE HOSPITAL IS ALSO A LEADER IN THE SUPPORT OF A NUMBER OF HEALTH ADVOCACY ORGANIZATION INCLUDING THE AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY, PINK

Part VI Supplemental Information (Continuation)

RIBBON SOCIETY, MULTIPLE SCLEROSIS SOCIETY, JUVENILE DIABETES RESEARCH FOUNDATION, PARKINSON'S FOUNDATION, AND THE MARCH OF DIMES. METHODIST ALSO DEMONSTRATES ITS COMMITMENT TO THE HEALTH OF ITS SURROUNDING COMMUNITIES THROUGH A WIDE ARRAY OF COMMUNITY OUTREACH PROGRAMS INCLUDING: VARIOUS SCREENING PROGRAMS, SUPPORT GROUPS, FREE HEALTH FAIRS, AND EDUCATION SEMINARS.

PART III, LINE 4:

ACCOUNTS RECEIVABLE FOR PATIENTS, INSURANCE COMPANIES, AND GOVERNMENTAL AGENCIES ARE BASED ON GROSS CHARGES. AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ESTABLISHED ON AN AGGREGATE BASIS BY USING HISTORICAL WRITE-OFF RATE FACTORS APPLIED TO UNPAID ACCOUNTS BASED ON AGING. LOSS RATE FACTORS ARE BASED ON HISTORICAL LOSS EXPERIENCE AND ADJUSTED FOR ECONOMIC CONDITIONS AND OTHER TRENDS AFFECTING THE HOSPITAL'S ABILITY TO COLLECT OUTSTANDING AMOUNTS. UNCOLLECTIBLE AMOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE. AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS AND INTERIM PAYMENT ADVANCES IS BASED ON EXPECTED PAYMENT RATES FROM PAYORS BASED ON CURRENT REIMBURSEMENT METHODOLOGIES. THIS AMOUNT ALSO INCLUDES AMOUNTS RECEIVED AS INTERIM PAYMENTS AGAINST UNPAID CLAIMS BY CERTAIN PAYORS.

THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES.

PART III, LINE 8:

THE HOSPITAL DOES NOT REPORT ANY SHORTFALL WITH MEDICARE AS A COMMUNITY

Part VI Supplemental Information (Continuation)

BENEFIT.

PART III, LINE 9B:

LIABILITIES FOR NON-COVERED SERVICES, INSURANCE RESIDUALS AND PURE SELF PAY LIABILITIES ARE DUE WITHIN 30 DAYS OF DISCHARGE. ATTEMPTS ARE MADE TO COLLECT DEDUCTIBLES PRE-SERVICE AND DEPOSITS OR PAYMENT IN-FULL PRE-SERVICE FOR SELF-PAY PATIENTS. IF A PATIENT CANNOT PAY THE ENTIRE BALANCE WITHIN 30 DAYS, PAYMENT PLANS ARE AVAILABLE. IF THE PATIENT CANNOT PAY AT ALL, THE HOSPITAL OFFERS NEED-BASED FINANCIAL ASSISTANCE BASED ON HOUSEHOLD INCOME AS A PERCENT OF THE FPL. PATIENTS WHO HAVE THE ABILITY TO PAY, YET DEFAULT ON PAYMENT PLANS ARE SENT TO COLLECTIONS (BAD DEBT). ACCOUNTS SENT TO BAD DEBT ARE PERIODICALLY RE-SCREENED FOR PRESUMPTIVE CHARITY QUALIFICATION AND IF QUALIFIED, ARE REMOVED FROM THE COLLECTION PROCESS. MEDICARE RESIDUALS ARE INVOICED TO THE PATIENT AND SENT THROUGH A BAD DEBT COLLECTION CYCLE. IF COLLECTION ATTEMPTS ARE UNSUCCESSFUL, THE MEDICARE ACCOUNT IS REMOVED FROM COLLECTIONS AND IS REPORTED AS MEDICARE BAD DEBT.

PART VI, LINE 2:

METHODIST HOSPITALS, INC. ASSESSES THE SERVICES NEEDED BASED UPON A REVIEW OF DEMOGRAPHIC AND CLINICAL FACTORS. BASED UPON THE DATA, THE HEALTHCARE NEEDS ARE THEN COMPARED TO THE SERVICES CURRENTLY PROVIDED OR AVAILABLE IN THE IMMEDIATE AREA AND SURROUNDING COMMUNITIES. METHODIST HOSPITAL ALSO HAD AN INDEPENDENT COMMUNITY HEALTH NEEDS ASSESSMENT PERFORMED TO DETERMINE THE HEALTH STATUS, BEHAVIORS, AND NEEDS OF RESIDENTS IN THE HOSPITAL'S SERVICE AREAS.

PART VI, LINE 3:

Part VI Supplemental Information (Continuation)

METHODIST HOSPITALS, INC USES PUBLISHED FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY FOR CHARITY.

METHODIST PROVIDES PATIENTS WITH A PAYMENT OPTIONS BROCHURE AND "FINANCIALLY CLEARS" PATIENTS PRIOR TO SERVICE DELIVERY. FINANCIAL CLEARANCE INVOLVES ESTIMATING THE PATIENT LIABILITY, EDUCATING THE PATIENT ABOUT INSURANCE BENEFITS AND OUT-OF-POCKET EXPENSES AND AGREEING TO A PLAN WITH THE PATIENT FOR HOW THAT LIABILITY WILL BE COVERED. SELF PAY PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FEDERAL, STATE AND LOCAL PAYMENT SOURCES. IN ADDITION, METHODIST PUBLICIZES ON ITS WEBSITE INFORMATION ABOUT THE VARIOUS FINANCIAL ASSISTANCE PLANS THAT A PATIENT MAY BE ELIGIBLE FOR ALONG WITH THE NECESSARY APPLICATIONS.

PART VI, LINE 4:

METHODIST HOSPITALS SERVES NORTHWEST INDIANA WITH THE PRIMARY GEOGRAPHIC AREA BEING SERVED AS LAKE COUNTY, INDIANA. PORTER COUNTY, INDIANA COMPRISES MOST OF THE SECONDARY SERVICE AREA. THE DEMOGRAPHIC AREA OF THE REGION IS VERY DIVERSE, RANGING FROM THE VERY AFFLUENT TO A SIGNIFICANT INDIGENT POPULATION.

PART VI, LINE 5:

METHODIST HOSPITALS, INC. PROVIDES MONTHLY STROKE AND CANCER SCREENINGS, AND THROUGHOUT THE YEAR OFFERS: PREVENTATIVE HEALTHCARE SCREENINGS, WORKSHOPS, INTERNSHIPS FOR HIGHSCHOOL STUDENTS, EDUCATIONAL SEMINARS, AND HOSTS VARIOUS SUPPORT GROUPS THAT COMMUNITY MEMBERS CAN ATTEND. THE MAJORITY OF THE GOVERNING BODY MEMBERS LIVE AND/OR WORK WITHIN METHODIST HOSPITALS'S SERVICE AREAS.

Part VI Supplemental Information (Continuation)

PART VI, LINE 6:

N/A

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

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