

ISDH Hospital Service Report State Form 49476 (R /7-02) IC 16-21-6

Status: Finalized

I. Hospital Information Hospital METHODIST HOSPITALS INC. (GARY) Name: Provider #: 150002 City: Gary County: Lake Year: 2014 Person Completing the Report: Linda Milenkovski Email Address: Imilenkovski@methodisthospitals.org

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure:  $\Box$  Acute License  $\Box$  LTC Certification

Private Accreditation: DICAHO I HFAP

CMS Specialized Hosp: CAH CLC Rehab

DRG Exempt: ☑ Psych ☑ Rehab □ Swing Bed

Number of Total Hospital Full Time Equivalents 0

## II. Hospital Service Utilization

| Hospital Service<br>Description | Number of Set-<br>up Beds | Number of Discharges | Number of<br>Patient Days | Annual Total<br>Charges |
|---------------------------------|---------------------------|----------------------|---------------------------|-------------------------|
| Burn Care                       | 0                         | 0                    | 0                         | \$0                     |
| Cardiac Intensive               | 0                         | 0                    | 0                         | \$0                     |
| ICU Medical/Surgical            | 45                        | 380                  | 8385                      | \$0                     |
| ICU Neonatal                    | 14                        | 33                   | 1437                      | \$0                     |
| ICU Pediatric                   | 0                         | 0                    | 0                         | \$0                     |
| Medical/Surgical                | 349                       | 13869                | 72783                     | \$0                     |
| Neonatal Intermediate           | 21                        | 259                  | 2018                      | \$0                     |
| Normal Newborn                  | 40                        | 1271                 | 3090                      | \$0                     |
| Obstetrics                      | 48                        | 1654                 | 4372                      | \$0                     |
| Pediatric                       | 22                        | 168                  | 583                       | \$0                     |
|                                 |                           |                      |                           |                         |

| Psychiatric        | 34  | 946   | 4572   | \$0 |
|--------------------|-----|-------|--------|-----|
| Rehabilitation     | 39  | 786   | 11263  | \$0 |
| Substance Abuse    | 0   | 0     | 0      | \$0 |
| Swing Bed Program  | NA  | 0     | 0      | \$0 |
| Extended Care      | 0   | 0     | 0      | \$0 |
| Observation Beds   | 0   | 0     | 0      | \$0 |
| All Other Services | 0   | 0     | 0      | NA  |
| Total Acute        | 612 | 19366 | 108503 | NA  |

## III. Nursing Facility Utilization

|                  | Number of     | Number of  | Number of    |
|------------------|---------------|------------|--------------|
|                  | Licensed Beds | Discharges | Patient Days |
| Nursing Facility | 0             | 0          | 0            |

IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

| Diagnostic Categories | Number of<br>Encounters | Diagnostic Categories | Number of<br>Encounters |
|-----------------------|-------------------------|-----------------------|-------------------------|
| Infectious Disease    | 0                       | HIV                   | 0                       |
| Neoplasms             | 0                       | Endocrine             | 0                       |
| Diseases of Blood     | 0                       | Mental Disorders      | 0                       |
| Nervous               | 0                       | Circulatory           | 0                       |
| Respiratory           | 0                       | Digestive Diseases    | 0                       |
| Genitourinary         | 0                       | Pregnancy             | 0                       |
| Skin                  | 0                       | Musculoskeletal       | 0                       |
| Congenital            | 0                       | Perinatal             | 0                       |
| All Injuries          | 0                       |                       |                         |
| Other/Known           | 0                       | Total Encounters      | 0                       |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |  |
|-----------------|------------------|----------------------|--|
| 66456           | 0                | 16333                |  |

Comments