

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 THE MEDICAL CENTER INC

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Employer identification number
 58-1685139

OMB No 1545-0047
2016
Open to Public Inspection

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	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>12500 0000000000 %</u>	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>18500 0000000000 %</u>	3b Yes	
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"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
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?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

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)			2,642,043	0	2,642,043	0 870 %
b Medicaid (from Worksheet 3, column a)			33,008,220	59,524,109	-26,515,889	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,609,380	12,157,588	-9,548,208	0 %
d Total Financial Assistance and Means-Tested Government Programs			38,259,643	71,681,697	-33,422,054	0 870 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			0	0		
f Health professions education (from Worksheet 5)			6,238,561	0	6,238,561	2 050 %
g Subsidized health services (from Worksheet 6)			0	0		
h Research (from Worksheet 7)			240,984	55,253	185,731	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			6,479,545	55,253	6,424,292	2 110 %
k Total. Add lines 7d and 7j			44,739,188	71,736,950	-26,997,762	2 980 %

Part III 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						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	No
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	57,257,508	
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	16,026,376	
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	66,766,528
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	62,590,200
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	4,176,328
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	Yes	No
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	Yes	No

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				
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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)

	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
See Additional Data Table										

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)
 THE MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group _____

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?	1	No
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	2	No
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)	3	Yes
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 15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	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	6b	No
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)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTPS //COLUMBUSREGIONAL COM/ABOUT-US/COMMUNITY-OUTREACH/</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	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>HTTPS //COLUMBUSREGIONAL COM/ABOUT-US/COMMUNITY-OUTREACH/</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on 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)

THE MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

		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	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>125 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>185 000000000000</u> %		
b	<input checked="" 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 discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
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)	Yes	
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)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTPS //COLUMBUSREGIONAL COM/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTPS //COLUMBUSREGIONAL COM/MEDIA/1487/FINANCIAL-ASSISTANCE-APPLICATION PD</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTPS //COLUMBUSREGIONAL COM/MEDIA/1489/CRH-PLAIN-LANGUAGE-SUMMARY PDF</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> 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 type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

THE MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

THE MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group _____

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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b 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 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 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

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

	Yes	No
23		No
24		No

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? 1

Name and address	Type of Facility (describe)
1 1 - COLUMBUS DIAGNOSTIC IMAGING CTR LLC 116 INTRACOASTAL POINTE DR 300 JUPITER, FL 33477	DIAGNOSTIC IMAGING
2	
3	
4	
5	
6	
7	
8	
9	
10	

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	THE AMOUNTS ON LINE 7, COLUMN C WERE CALCULATED USING THE COST TO CHARGE RATIO FROM THE ORGANIZATION'S FISCAL YEAR 2015 FILED MEDICAID COST REPORT AND IS A COMPOSITE OF GEORGIA AND ALABAMA TRADITIONAL MEDICAID AND ALABAMA TRADITIONAL MEDICAID AND GEORGIA MANAGED CARE MEDICAID COST TO CHARGE RATIOS
PART I, LN 7 COL(F)	BAD DEBT EXPENSE IN THE AMOUNT OF \$58,237,989 WAS SUBTRACTED FROM FORM 990, PART IX, LINE 25 FOR PURPOSES OF COMPUTING THE PERCENTAGE IN THIS COLUMN

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	N/A
PART III, LINE 2	AN ESTIMATE OF THE AMOUNT OF THE PATIENT'S PORTION OF ACCOUNTS RECEIVABLE THAT WILL NOT BE COLLECTED IS ESTABLISHED AT THE END OF EVERY MONTH BASED ON HISTORICAL COLLECTIONS RATIOS FOR EACH 30 DAY AGED GROUPING THE BAD DEBT EXPENSE IS THE CUMULATIVE VALUE OF THIS MONTHLY ADJUSTMENTS FOR THE FY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	MANY PATIENTS REFUSE TO PROVIDE THE HOUSEHOLD INCOME INFORMATION, PROOF OF RESIDENCY AND OTHER REQUIREMENTS OF OUR POLICY THAT WOULD QUALIFY THEM AS INDIGENT OR DESERVING OF A DISCOUNT WE ESTIMATE THIS TO BE 2/3 OF THE UNINSURED GROSS CHARGES WRITTEN OFF AND HAVE VALUED IT AT OUR CURRENT YEAR'S COST TO CHARGE RATIO
PART III, LINE 4	PATIENT ACCOUNTS RECEIVABLE ARE REPORTED NET OF BOTH AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND AN ESTIMATED ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS THE CONTRACTUAL ALLOWANCE REPRESENTS THE DIFFERENCE BETWEEN ESTABLISHED BILLING RATES AND ESTIMATED REIMBURSEMENT FROM MEDICARE, MEDICAID, AND OTHER THIRD-PARTY PAYMENT PROGRAMS THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ESTIMATED BASED UPON THE AGE OF THE PATIENT ACCOUNT, PRIOR EXPERIENCE AND ANY UNUSUAL CIRCUMSTANCES WHICH MAY AFFECT THE COLLECTABILITY OF RECEIVABLES, INCLUDING MANAGEMENT'S ASSUMPTIONS AND JUDGMENTS ABOUT CONDITIONS IT EXPECTS TO EXIST AND COURSES OF ACTION IT EXPECTS TO TAKE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE SOURCE USED TO DETERMINE THE AMOUNT REPORTED ON LINE 6 WAS THE MEDICARE COST REPORT THE COSTS ARE ALLOCATED TO THE VARIOUS DEPARTMENTS USING A STEP DOWN APPROACH AND REMOVING ANY COSTS THAT ARE NOT ALLOWABLE UNDER MEDICARE RULES
PART III, LINE 9B	IT IS THE POLICY OF THE MEDICAL CENTER, INC TO PROVIDE QUALITY MEDICAL CARE TO ALL PATIENTS THOSE PATIENTS REQUIRING FINANCIAL ASSISTANCE ARE TREATED IN THIS FACILITY AND ARE TREATED EQUALLY REGARDLESS OF THEIR ABILITY TO PAY PATIENTS THAT HAVE QUALIFIED FOR FINANCIAL ASSISTANCE ARE CATEGORIZED INTO GROUPS IN ORDER TO CAPTURE THEIR DISPOSITION FOR THE STATE OF GEORGIA INDIGENCY GUIDELINES UNINSURED PATIENTS AUTOMATICALLY QUALIFY FOR FINANCIAL ASSISTANCE IF INCOME LEVELS ARE AT OR BELOW 185% OF LATEST PUBLISHED FEDERAL POVERTY GUIDELINES PATIENT CHARGES ARE DISCOUNTED 100% IF PATIENT AND/OR GUARANTOR'S ANNUAL INCOME IS AT OR BELOW 125% OF LATEST PUBLISHED FEDERAL POVERTY GUIDELINES PATIENTS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE UNDER THESE INCOME GUIDELINES, BUT WHOSE HOSPITAL CHARGES EXCEED 50% OF THEIR ANNUAL INCOME, AND IT IS NOT REASONABLE TO EXPECT TO RECEIVE REIMBURSEMENT WITHOUT EXCESSIVE HARDSHIP DUE TO THE VERY LARGE BALANCE OF DEBT MAY BE CLASSIFIED AS COLUMBUS REGIONAL CHARITY (CATASTROPHIC) ONCE CLASSIFIED IN ONE OF THESE THREE GROUPS, THE ORGANIZATION DOES NOT SEEK TO COLLECT ANY AMOUNTS WRITTEN OFF UNDER THIS POLICY FROM SUCH PATIENTS ALL PATIENTS REQUIRING FINANCIAL ASSISTANCE ARE ASKED TO COMPLETE AN APPLICATION PROVIDING DEMOGRAPHIC INFORMATION, UNINSURED STATUS AND INCOME UNINSURED PATIENTS NOT MEETING FINANCIAL ASSISTANCE CRITERIA AUTOMATICALLY RECEIVE A PERCENTAGE DISCOUNT FROM GROSS CHARGES EQUIVALENT TO A CALCULATED AVERAGE CONTRACT DISCOUNT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>IN ADDITION TO THE CHNAS REPORTED IN PART V, SECTION B THE MEDICAL CENTER ALSO HAS THE THREE FOLLOWING PROGRAMS PARTNERS IN EDUCATION THE MEDICAL CENTER PARTNERS WITH CLUBVIEW ELEMENTARY SCHOOL IN THE PARTNERS IN EDUCATION PROGRAM OF THE GREATER COLUMBUS CHAMBER OF COMMERCE MANAGEMENT AND EMPLOYEES SUPPORT A VARIETY OF ACTIVITIES DURING THE SCHOOL YEAR, INCLUDING A MONTHLY AMAZING AMBASSADORS RECOGNITION BREAKFAST, A MONTHLY WONDERFUL WEDNESDAY EDUCATION PROGRAM, AND PARTICIPATION IN CAREER DAY STUDENTS FROM THE SCHOOLS PERFORM AT VARIOUS COLUMBUS REGIONAL HEALTH ACTIVITIES SUCH AS THE ANNUAL TREE OF LIGHT CELEBRATION AT THE MEDICAL CENTER HEALTH MOBILE UNIT THE MOBILE UNIT OFFERS SERVICES AND HEALTH EDUCATION PROGRAMS TO RESPOND TO NEEDS AND IMPROVE THE HEALTH OF THE CHATTAHOOCHEE VALLEY AREA THE 40-FOOT VEHICLE, WHICH SERVES AS A MOBILE CLINIC, CONSISTS OF A WAITING AREA, WELL-EQUIPPED EXAM ROOMS AND A LAB THE UNIT TEAM CONSISTS OF AN RN (MOBILE UNIT COORDINATOR), PHYSICIANS AND A PHARMACIST THROUGH HEALTH SCREENINGS, HEALTH AND WELLNESS EDUCATION AND RESOURCES, THE UNIT IS ABLE TO HELP IDENTIFY AND TARGET HEALTH RISKS EARLY DETECTION OF POTENTIAL AND EXISTING MEDICAL CONDITIONS ALLOWS FOR MORE EFFECTIVE TREATMENT AND SUPPORTS OVERALL HEALTH THE UNIT SERVES A MULTITUDE OF ORGANIZATIONS (I E HEALTH DEPARTMENTS, CIVIC ORGANIZATIONS, SCHOOL SYSTEMS AND CHURCHES) THE UNIT PROVIDES AN OPPORTUNITY FOR THOSE IT SERVES TO TAKE PREVENTIVE MEASURES, ENSURING THEIR HEALTH AND WELL-BEING THESE TYPES OF LIFE-CHANGING DIAGNOSES ARE MADE POSSIBLE BECAUSE OF THE MOBILE UNIT'S WORK IN THE COMMUNITY SOURCE SOURCE PROVIDES IN-HOME HEALTH AND MEDICAL SERVICES FOR THE AGED AND DISABLED ON MEDICAID, AND HELPS THEM REMAIN IN THEIR HOMES FOR AS LONG AS POSSIBLE, AVOIDING OR DELAYING COSTLY LONG-TERM PLACEMENT IN NURSING FACILITIES SOURCE STANDS FOR SERVICE OPTIONS USING RESOURCES IN COMMUNITY ENVIRONMENTS THE GOALS OF THE PROGRAM ARE -TO REDUCE THE NEED FOR LONG-TERM PLACEMENT WHILE INCREASING OPTIONS IN THE COMMUNITY-TO ELIMINATE FRAGMENTED CARE AND ENHANCE WELLNESS-TO ENCOURAGE COST-EFFECTIVE USE OF STATE MEDICAID RESOURCES</p>
PART VI, LINE 3	<p>IN ADDITION TO THE WEBSITES ALREADY PROVIDED THE ORGANIZATION HAS POSTED SIGNS IN ALL PATIENT ACCESS AREAS INFORMING THE PATIENTS OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAMS WRITTEN INFORMATION IS ALSO PROVIDED TO ALL PATIENTS AT THE POINT OF REGISTRATION IN ADDITION, ALL STATEMENTS SENT TO PATIENTS CONTAIN A MESSAGE ABOUT WHO TO CALL IF FINANCIAL ASSISTANCE IS NEEDED</p>

990 Schedule H, Suplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>THE STUDY AREA FOR THE SURVEY EFFORT IS DEFINED AS THE PRIMARY RESIDENTIAL ZIP CODES COMPRISING MUSCOGEE COUNTY, GEORGIA INCLUDING, 31804, 31808, 31820, 31829, 31901, 31903, 31904, 31906, 31907, AND 31909 COLUMBUS, GEORGIA IS LOCATED IN MUSCOGEE COUNTY WHICH IS COMPRISED OF 46 4% MALE AND 53 6% FEMALE IN LOOKING AT RACE INDEPENDENT OF ETHNICITY (HISPANIC OR LATINO ORIGIN), 46 5% OF RESIDENTS ARE WHITE AND 45 1% ARE BLACK A TOTAL OF 6 8% RESIDENTS ARE HISPANIC OR LATINO 25 3% OF THE POPULATION ARE INFANTS, CHILDREN OR ADOLESCENTS (AGE 0-17), ANOTHER 63 2% ARE AGE 18 TO 64, WHILE 11 6% ARE AGE 65 AND OLDER THERE ARE APPROXIMATELY 43 1%, AN ESTIMATED 78,668 INDIVIDUALS, UNDER THE 200% FEDERAL POVERTY LEVEL</p>
PART VI, LINE 5	<p>THE MEDICAL CENTER, INC , IS A NOT-FOR-PROFIT, 583-LICENSED BED, ACUTE-CARE HOSPITAL IN KEEPING WITH ITS TAX-EXEMPT MISSION, THE MEDICAL CENTER MAKES QUALITY HEALTH CARE SERVICES AVAILABLE TO EVERYONE IN ITS SERVICE AREA, REGARDLESS OF A PATIENT'S ABILITY TO PAY THE SERVICES PROVIDED INCLUDE ACUTE, PRIMARY AND PREVENTIVE CARE, MEDICAL EDUCATION, CLINICAL TRAINING AND COMMUNITY EDUCATION THE MEDICAL CENTER PROVIDES ACUTE, PREVENTIVE AND LONG-TERM CARE THROUGH REHABILITATION HOSPITAL OF PHENIX CITY OWNED BY THE MEDICAL CENTER TO RESIDENTS OF MUSCOGEE COUNTY AND THE SURROUNDING 29 COUNTIES THAT MAKE UP THE MEDICAL CENTER'S EXTENDED SERVICE AREA THE MEDICAL CENTER PROVIDES A WIDE ARRAY OF DIAGNOSTIC AND TREATMENT SERVICES, MANY OF WHICH ARE UNAVAILABLE AT OTHER LOCATIONS IN THE REGION THESE SERVICES INCLUDE -A REGIONAL TRAUMA CENTER FOR THE 13-COUNTY EMERGENCY SERVICE REGION 7 -THE AREA'S ONLY LEVEL III OBSTETRICAL SERVICES AND HIGH-RISK NURSERY THE MEDICAL CENTER'S REGIONAL PERINATAL REFERRAL CENTER COVERS 21 COUNTIES IN GEORGIA IT ALSO SERVES TWO COUNTIES IN ALABAMA -THE REGION'S ONLY 24-HOUR, FULL-SERVICE INPATIENT PHARMACY AND ANESTHESIA SERVICES -A DEDICATED PEDIATRIC UNIT AND THE REGION'S ONLY PEDIATRIC INTENSIVE CARE UNIT AND PEDIATRIC EMERGENCY ROOM -THE JOHN B AMOS CANCER CENTER, THE REGION'S LEADING PROVIDER OF CANCER SERVICES THE JOHN B AMOS CANCER CENTER OPENED IN 2005 IT IS A FREESTANDING FACILITY OF APPROXIMATELY 50,000 SQUARE FEET OFFERING ADVANCED DIAGNOSTIC AND TREATMENT CAPABILITIES, PATIENT AND FAMILY SERVICES, AN ONCOLOGY PHARMACY, AND COMMUNITY EDUCATION PROGRAMS REALIZING THAT HEALTH CARE IS EDUCATION IN PROGRESS, THE MEDICAL CENTER PROVIDES EVERY OPPORTUNITY FOR HEALTH PROFESSIONALS TO STAY CURRENT IN THEIR FIELDS OF EXPERTISE AREA PHYSICIANS EARN AMERICAN MEDICAL ASSOCIATION CATEGORY I CME CREDITS THROUGH SEMINARS SPONSORED BY THE MEDICAL EDUCATION DEPARTMENT LOCAL, REGIONAL AND NATIONAL MEDICAL EXPERTS TEACH CONFERENCES AND GRAND ROUNDS IN AREAS SUCH AS MEDICINE, SURGERY, OBSTETRICS, PEDIATRICS AND FAMILY MEDICINE IN ADDITION, NURSE EDUCATORS DELIVER PROFESSIONAL TRAINING TO HEALTH CARE PROVIDERS THROUGHOUT THE MEDICAL CENTER'S 21-COUNTY PERINATAL REFERRAL REGION THE MEDICAL CENTER SERVES ALSO AS A REGIONAL CLINICAL SITE THROUGH AFFILIATIONS WITH AREA NURSING PROGRAMS, AS WELL AS WITH PROGRAMS IN RESPIRATORY THERAPY, RADIOLOGIC TECHNOLOGY, MEDICAL TECHNOLOGY AND PHARMACY NURSING FELLOWSHIPS ARE OFFERED IN PERINATOLOGY, CRITICAL CARE, PEDIATRICS AND MEDICAL/SURGICAL CARE THE COLUMBUS REGIONAL MEDICAL FOUNDATION, AN AFFILIATE, PROVIDES SUPPORT THROUGH SCHOLARSHIPS FOR CONTINUING EDUCATION THE SIMON SCHWOB MEDICAL LIBRARY AT THE MEDICAL CENTER SUPPORTS THESE EDUCATIONAL EFFORTS THE MEDICAL CENTER'S CONTRIBUTION TO THE COMMUNITY GOES FAR BEYOND DIAGNOSIS AND TREATMENT OF ILLNESS IT IS A MAJOR SOURCE OF COMMUNITY HEALTH EDUCATION PROGRAM TOPICS INCLUDED PRENATAL AND CHILDBIRTH EDUCATION, CHILD HEALTH AND SAFETY, NUTRITION, DISEASE DETECTION, PREVENTION AND MANAGEMENT, AND SUPPORT GROUPS FOR THOSE EXPERIENCING ILLNESS MANY COMMUNITY EDUCATION PROGRAMS ARE OFFERED IN THE COLUMBUS REGIONAL CONFERENCE CENTER LOCATED AT THE MEDICAL CENTER THE MEDICAL CENTER, INC BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY LEADERS DEDICATED TO PROVIDING QUALITY HEALTHCARE FOR OUR COMMUNITY IN GENERAL, OUR VOLUNTEER BOARD MEMBERS ARE PERSONS WHO RESIDE IN OUR PRIMARY SERVICE AREA AND NEITHER THEY (NOR THEIR FAMILY MEMBERS) ARE EMPLOYEES OR CONTRACTORS OF THE ORGANIZATION MEDICAL STAFF PRIVILEGES IN THE HOSPITALS ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS AS DETERMINED THROUGH A DETAILED CREDENTIALING PROCESS THE MEDICAL CENTER, INC HAS OVER 200 AFFILIATED PHYSICIANS WITH 100 PHYSICIANS IN THE ACTIVE OR ACTIVE PROVISIONAL CATEGORIES PROVIDING HEALTHCARE SERVICE AT THE MEDICAL CENTER, INC THE ORGANIZATION REINVESTS ALL PROFITS BACK INTO PHYSICIAN AND STAFF TRAINING, AND FACILITIES AND EQUIPMENT TO CONTINUALLY IMPROVE PATIENT CARE IN CONTRAST TO INVESTOR-OWNED HOSPITALS, NO PART OF NET EARNINGS DIRECTLY OR INDIRECTLY BENEFITS ANY PRIVATE SHAREHOLDERS OR INDIVIDUALS A FULL-TIME EMERGENCY DEPARTMENT IS OPERATED AT THE MEDICAL CENTER, INC NO ONE REQUIRING EMERGENCY CARE IS DENIED TREATMENT REGARDLESS OF THEIR ABILITY TO PAY</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>THE MEDICAL CENTER, INC IS PART OF THE COLUMBUS REGIONAL HEALTHCARE SYSTEM, INC THIS SYSTEM WAS ORGANIZED TO PLAN, DEVELOP AND COORDINATE THE ACTIVITIES OF AN INTEGRATED HEALTH NETWORK SERVING WEST GEORGIA AND EAST ALABAMA THE SYSTEM'S RESPONSIBILITIES INCLUDE STRATEGIC PLANNING, PROJECT DEVELOPMENT, RESOURCE ALLOCATION, PROPERTY MANAGEMENT, DEVELOPMENT OF PHYSICIAN PRACTICES, MARKETING AND COMMUNICATION AND COMMUNITY HEALTH EDUCATION AS A PART OF THIS SYSTEM, THE MEDICAL CENTER, INC MAKES QUALITY HEALTH CARE SERVICES AVAILABLE TO EVERYONE IN ITS SERVICE AREA, REGARDLESS OF A PATIENT'S ABILITY TO PAY THE SERVICES PROVIDED INCLUDE ACUTE, PRIMARY AND PREVENTIVE CARE, MEDICAL EDUCATION, CLINICAL TRAINING AND COMMUNITY EDUCATION ALL AFFILIATES IN THIS SYSTEM PLACE A HIGH PRIORITY ON EXCEEDING THE EXPECTATIONS OF EACH PATIENT, VISITOR AND CUSTOMER AFFILIATES OF THE MEDICAL CENTER, INC IN THE COLUMBUS REGIONAL HEALTHCARE SYSTEM, INC INCLUDE 1) COLUMBUS AMBULATORY HEALTHCARE SERVICES, INC - A NOT-FOR-PROFIT COMPANY SERVING COLUMBUS AND SURROUNDING COUNTIES COLUMBUS AMBULATORY HEALTHCARE SERVICES PROVIDES A WIDE VARIETY OF PRIMARY AND SPECIALTY PHYSICIAN SERVICES TO ALL PATIENTS REQUESTING SUCH SERVICES REGARDLESS OF ABILITY TO PAY MANY OF THESE PATIENTS ARE CLASSIFIED AS INDIGENT RESIDENTS OF MUSCOGEE COUNTY, AND AS SUCH ARE COVERED THROUGH A CONTRACTUAL AGREEMENT WITH THE COLUMBUS CONSOLIDATED GOVERNMENT 2) COLUMBUS REGIONAL MEDICAL FOUNDATION, INC - A NOT-FOR-PROFIT FOUNDATION ESTABLISHED IN 1983 TO ENDOW AND PROMOTE THE MEDICAL CHARITABLE AND EDUCATIONAL SERVICES OF THE MEDICAL CENTER, INC PRIMARY FUNCTIONS OF THE FOUNDATION INCLUDE FUND-RAISING TO SUPPORT THE JOHN B AMOS CANCER CENTER AT THE MEDICAL CENTER, INC AND THE CHILDREN'S MIRACLE NETWORK, TO SUPPORT CLINICAL EDUCATION THROUGH STUDENT SCHOLARSHIPS AND FELLOWSHIPS, AND TO PROVIDE FUNDING FOR THE MEDICAL CENTER TO PURCHASE HEALTH, MEDICAL AND RELATED EQUIPMENT TO BENEFIT PATIENTS AND ENHANCE SERVICES TO THE COMMUNITY 4) HUGHSTON HOSPITAL, INC - A NOT-FOR-PROFIT ORGANIZATION PROVIDING GENERAL ACUTE CARE AS WELL AS ORTHOPEDIC AND REHABILITATIVE CARE THE 100-BED, PRIVATE ROOM HOSPITAL IS NATIONALLY RECOGNIZED FOR DELIVERING OUTSTANDING CLINICAL QUALITY AND THE HIGHEST LEVELS OF CUSTOMER SERVICE THE HOSPITAL PROVIDES A FULL RANGE OF SERVICES FOR KNEE AND HIP JOINT REPLACEMENT, SPINE TREATMENT AND SURGERY, HAND AND UPPER EXTREMITY, ADVANCED RECONSTRUCTIVE AND TRAUMA SURGERY, AND PHYSICAL REHABILITATION SERVICES THE EXEMPT STATUS PROVIDES RESOURCES FOR THE ADDITION OF MORE COMPREHENSIVE SERVICES TO THE COMMUNITY WE SERVE WE ARE UTILIZING THOSE RESOURCES TO HELP FUND THE PLANNING AND IMPLEMENTATION OF OUR ADDING EMERGENCY SERVICES TO NORTHSIDE MEDICAL CENTER 5) COLUMBUS REGIONAL SENIOR LIVING, INC - A NOT-FOR-PROFIT CONTINUING CARE RETIREMENT COMMUNITY NAMED SPRING HARBOR AT GREEN ISLAND SPRING HARBOR PROVIDES CONTINUING CARE LIVING FOR INDEPENDENT OLDER ADULTS WITH COMPREHENSIVE HEALTH AND MEDICAL SERVICES AVAILABLE, INCLUDING ASSISTED LIVING, ALZHEIMER'S DISEASE CARE AND LONG-TERM NURSING CARE THIS COMMUNITY IS DESIGNED FOR PEOPLE 62 OR OLDER INDEPENDENT LIVING UNITS INCLUDE TWO AND THREE-BEDROOM APARTMENTS AND GARDEN HOMES ALL UNITS ARE EQUIPPED WITH CALL SYSTEMS TO SUMMON HELP IF A HEALTH OR MEDICAL PROBLEM ARISES 6) COLUMBUS REGIONAL AUXILIARY - A NOT-FOR-PROFIT ASSOCIATION PROVIDING A WIDE VARIETY OF VALUABLE SERVICES TO THE MEDICAL CENTER AND HUGHSTON HOSPITAL, INC THE AUXILIARY WAS ESTABLISHED IN 1963 MEMBERS VOLUNTEER IN DIFFERENT DEPARTMENTS THROUGHOUT THE ORGANIZATION TO PROVIDE ASSISTANCE TO PATIENTS AND THEIR FAMILIES AND EMPLOYEES MEMBERS ALSO ASSIST WITH VARIOUS COMMUNITY ACTIVITIES ON BEHALF OF THE THREE AFFILIATE HOSPITALS 7) CRHS LONG TERM AND HOME CARE, INC - A NOT-FOR-PROFIT ORGANIZATION FORMED TO PROVIDE SKILLED NURSING FACILITIES FOR RESIDENTS OF MUSCOGEE COUNTY CRHS LONG TERM AND HOME CARE, INC SOLD ITS FACILITY TO THE HOSPITAL AUTHORITY IN MARCH 2012</p>
PART VI, LINE 7, REPORTS FILED WITH STATES	GA

Additional Data**Software ID:****Software Version:****EIN:** 58-1685139**Name:** THE MEDICAL CENTER INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	THE MEDICAL CENTER INC 710 CENTER STREET COLUMBUS, GA 31901 WWW.COLUMBUSREGIONAL.COM	X	X		X			X		NURSING HOME	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
THE MEDICAL CENTER, INC	PART V, SECTION B, LINE 5 TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS ALSO IMPLEMENTED AS PART OF THIS PROCESS A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY COLUMBUS REGIONAL HEALTHCARE SYSTEM AND COLUMBUS SPECIALTY HOSPITAL, THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE, REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION IN ALL, 104 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY, AS OUTLINED BELOW NUMBER INVITED NUMBER PARTICIPATING COMMUNITY/BUSINESS LEADER 96 41OTHER HEALTH PROVIDER 46 23PHYSICIAN 17 8PUBLIC HEALTH REPRESENTATIVE 7 5SOCIAL SERVICES PROVIDER 52 27
THE MEDICAL CENTER, INC	PART V, SECTION B, LINE 6A THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED FOR COLUMBUS REGIONAL HEALTHCARE SYSTEM, FEIN 58-1719994, WHICH INCLUDES THE MEDICAL CENTER, INC AND HUGHSTON HOSPITAL, INC , FEIN 33-1216751

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
THE MEDICAL CENTER, INC	PART V, SECTION B, LINE 11 CRHS HAS SELECTED NINE (9) OF THE IDENTIFIED FOURTEEN (14) PRIORITY AREAS UPON WHICH TO FOCUS ITS EFFORTS AND HAS SPLIT THOSE NINE (9) AMONGST ITS THREE HOSPITALS FOR PRIMARY RESPONSIBILITY TO IMPLEMENT THE ACTION PLANS ACCORDINGLY, RECOGNIZING THAT COORDINATION AMONGST ITS HOSPITALS AND SHARING OF RESOURCES WILL BE REQUIRED TO SUPREMELY EFFECTIVE THE MEDICAL CENTER SHALL PRIMARILY COORDINATE STRATEGIES TO DEAL WITH DIABETES, LUNG CANCER, AND STROKE THE ENTIRE RESPONSE CAN BE ACCESSED AT HTTPS //COLUMBUSREGIONAL COM/MEDIA/1589/2016-2019-CHNA-ACTION-PLANS PDF
THE MEDICAL CENTER, INC	PART V, SECTION B, LINE 13B THE MEDICAL CENTER, INC ALSO CONSIDERS PATIENTS WITH INCOME LOW ENOUGH THAT THEY ARE NOT REQUIRED TO FILE AN INCOME TAX RETURN

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
THE MEDICAL CENTER, INC	PART V, SECTION B, LINE 13H IN CALCULATING AMOUNTS CHARGED TO FINANCIAL ASSISTANCE POLICY ELIGIBLE PATIENTS, THE MEDICAL CENTER, INC ALSO CONSIDERS THE RESIDENCY OF APPLICANTS TO DETERMINE FOR WHICH FINANCIAL ASSISTANCE PROGRAM THE PATIENT MAY QUALIFY
THE MEDICAL CENTER, INC	PART V, SECTION B, LINE 21C CHARITY CARE WILL ONLY BE CONSIDERED FOR MEDICALLY NECESSARY, URGENT OR EMERGENT SERVICES, AND NOT FOR PURELY ELECTIVE SERVICES OR PATIENT CONVENIENCE FOR EXAMPLE, SERVICES THAT ARE EXCLUDED FROM THIS POLICY ARE COSMETIC SURGERY, FERTILITY TREATMENT, STERILIZATION PROCEDURES AND HEARING AIDS THE DETERMINATION OF WHICH SERVICES ARE CONSIDERED PURELY ELECTIVE RESIDES WITH CRHS II CHARITY CARE IS ONLY AVAILABLE TO RESIDENTS OF CRHS'S PRIMARY AND SECONDARY SERVICE AREAS THE FOLLOWING COUNTIES ARE LOCATED WITHIN THESE AREAS DOCUMENT TITLE CHARITY CARE DOCUMENT # HOSD RVC 104 PAGE 2 OF 7 A) IN GEORGIA MUSCOGEE AND HARRIS COUNTIES NOTE CHARITY CARE MAY BE EXTENDED TO RESIDENTS OUTSIDE OF THESE AREAS AT THE DISCRETION OF (CRHS)