

**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> ST CATHERINE HOSPITAL, INC	<b>Employer identification number</b> 35-1738708
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</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 checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria 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.		
<b>4</b> 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"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>c</b> 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? . . . . .		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .		3637	6,899,605.		6,899,605.	4.30
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		29027	39,894,468.	33,992,908.	5,901,560.	3.68
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .		32664	46,794,073.	33,992,908.	12,801,165.	7.98
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	146	16583	398,626.	589.	398,037.	.25
<b>f</b> Health professions education (from Worksheet 5) . . . . .	11	291	268,337.		268,337.	.17
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	44		33,664.		33,664.	.02
<b>j Total.</b> Other Benefits . . . . .	201	16874	700,627.	589.	700,038.	.44
<b>k Total.</b> Add lines 7d and 7j. . . . .	201	49538	47,494,700.	33,993,497.	13,501,203.	8.42

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	1		26,418.	11,631.	14,787.	.01
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	6		10,979.		10,979.	.01
7 Community health improvement advocacy	9		16,926.		16,926.	.01
8 Workforce development						
9 Other						
10 Total	16		54,323.	11,631.	42,692.	.03

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	X	
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. . . . .		
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. . . . .		
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) . . . . .	54,548,240.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	60,941,244.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	-6,393,004.
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? . . . . .	X	
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 . . . . .	X	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians-see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				



Part V Facility Information (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 facility reporting group ST CATHERINE HOSPITAL

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 8c.

**Part V Facility Information (continued)**

Financial Assistance Policy		ST CATHERINE HOSPITAL	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
<b>9</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .		X	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care: <u> 2 </u> <u> 0 </u> <u> 0 </u> % If "No," explain in Part VI the criteria the hospital facility used.		X	
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u> 3 </u> <u> 0 </u> <u> 0 </u> % If "No," explain in Part VI the criteria the hospital facility used.		X	
<b>12</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):		X	
<b>a</b>	<input checked="" type="checkbox"/> Income level			
<b>b</b>	<input checked="" type="checkbox"/> Asset level			
<b>c</b>	<input checked="" type="checkbox"/> Medical indigency			
<b>d</b>	<input checked="" type="checkbox"/> Insurance status			
<b>e</b>	<input checked="" type="checkbox"/> Uninsured discount			
<b>f</b>	<input checked="" type="checkbox"/> Medicaid/Medicare			
<b>g</b>	<input type="checkbox"/> State regulation			
<b>h</b>	<input type="checkbox"/> Other (describe in Part VI)			
<b>13</b>	Explained the method for applying for financial assistance? . . . . .		X	
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		X	
<b>a</b>	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
<b>b</b>	<input checked="" type="checkbox"/> The policy was attached to billing invoices			
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
<b>f</b>	<input checked="" type="checkbox"/> The policy was available on request			
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)			
<b>Billing and Collections</b>				
<b>15</b>	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 actions the hospital facility may take upon non-payment? . . . .		X	
<b>16</b>	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 patient's eligibility under the facility's FAP:			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency			
<b>b</b>	<input type="checkbox"/> Lawsuits			
<b>c</b>	<input type="checkbox"/> Liens on residences			
<b>d</b>	<input type="checkbox"/> Body attachments			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Part VI)			
<b>17</b>	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:			X
<b>a</b>	<input type="checkbox"/> Reporting to credit agency			
<b>b</b>	<input type="checkbox"/> Lawsuits			
<b>c</b>	<input type="checkbox"/> Liens on residences			
<b>d</b>	<input type="checkbox"/> Body attachments			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Part VI)			

**Part V Facility Information (continued)** ST CATHERINE HOSPITAL

**18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (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 patients regarding the patients' bills
- d  Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e  Other (describe in Part VI)

**Policy Relating to Emergency Medical Care**

**19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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  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 Part VI)
- d  Other (describe in Part VI)

	Yes	No
<b>19</b>	X	

**Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

**20** 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 Part VI)


**21** During the tax year, did the hospital facility charge any of its FAP- eligible individuals, 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 Part VI.

<b>20</b>		X

**22** 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 Part VI.

<b>21</b>		X

**Part V Facility Information** (continued)

**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
<b>1</b> HOME HEALTH OF ST CATHERINE HOSPITAL 4321 FIR ST EAST CHICAGO IN 46312	HOME HEALTH
<b>2</b> OCCUPATIONAL HEALTH 4320 FIR ST, STE 313 EAST CHICAGO IN 46312	OUTPATIENT CENTER
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

## REQUIRED DESCRIPTIONS

PART I, LINE 3C

N/A

## REQUIRED DESCRIPTIONS

PART I, LINE 6A

THE STATE OF INDIANA ACCEPTS FORM 990 SCHEDULE H IN LIEU OF COMMUNITY BENEFITS REPORT.

## REQUIRED DESCRIPTIONS

PART I, LINE 7A

BAD DEBT OF \$13,148,064 IS EXCLUDED FROM THE CALCULATION.

THE METHODOLOGY USED WAS THE COST TO CHARGE RATIO. IT IS FOR INPATIENT ONLY AND EXCLUDES MEDICAID, CHARITY AND BAD DEBT.

PART I, LINE 7B

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
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- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

DIRECT OFFSETTING REVENUE EXCLUDES PRIOR YEAR(S) MEDICAID DSH RECEIPTS

2012	6,206,000
2011	1,142,000
2010	1,374,000
TOTAL	8,722,000

PART III, LINE 2

COST TO CHARGE RATIO

REQUIRED DESCRIPTIONS

PART III, LINE 4

ST. CATHERINE HOSPITAL EVALUATES THE COLLECTIBILITY OF ITS ACCOUNTS RECEIVABLE BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING AND THE ANTICIPATED FUTURE UNCOLLECTIBLE AMOUNTS BASED ON HISTORICAL

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

EXPERIENCE. ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE. ST. CATHERINE'S DOES NOT REQUIRE COLLATERAL. THE COST TO CHARGE RATIO WAS USED TO CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT ARE REPORTED ON LINE 2. DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE. AS A TAX-EXEMPT HOSPITAL, WE MUST PROVIDE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICE PROVIDED. WE ESTIMATED A PERCENTAGE OF BAD DEBTS BASED UPON THE PORTION OF UNINSURED INDIVIDUALS THAT WOULD BE ELIGIBLE FOR THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. THIS AMOUNT ENTERED ON PART III, LINE 3 SHOULD BE COUNTED AS A COMMUNITY BENEFIT.

REQUIRED DESCRIPTIONS

PART III - LINE 8

THE TOTAL REVENUE RECEIVED FROM MEDICARE WAS CALCULATED BY USING INFORMATION FROM THE COST ACCOUNTING SYSTEM. WE PROVIDE NECESSARY

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
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- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICE PROVIDED OR THE REIMBURSEMENT RECEIVED FROM MEDICARE, QUALIFYING THE \$6,393,004 OF MEDICARE SHORTFALL AS A COMMUNITY BENEFIT.

REQUIRED DESCRIPTIONS

PART III, LINE 9B

COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS. PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE COLLECTION PROCEDURES BEGIN. IF AT ANY POINT IN THE COLLECTION PROCESS, DOCUMENTATION IS RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK FOR A FINANCIAL ASSISTANCE REVIEW.

REQUIRED DESCRIPTIONS

PART V SECTION B

LINE 1J - N/A

LINE 3 - FOCUS GROUPS WITH COMMUNITY AND BUSINESS LEADERS

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.).
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LINE 4 - FRANCISCAN ALLIANCE AND THE METHODIST HOSPITALS

LINE 5C - N/A

LINE 6I - N/A

LINE 7 - COMMUNITY HEALTH NEEDS: AREAS NOT ADDRESSED

THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY THE HOSPITALS OF THE  
COMMUNITY HEALTHCARE SYSTEM IDENTIFIED AREAS OF CONCERN NOT IDENTIFIED IN  
THE HOSPITAL'S IMPLEMENTATION PLAN. THESE AREAS INCLUDE:

ST. CATHERINE HOSPITAL SERVICE AREAS:

- " ACCESS TO HEALTH SERVICES
- " CANCER
- " CHRONIC KIDNEY DISEASE
- " FAMILY PLANNING
- " INJURY & VIOLENCE PREVENTION
- " ORAL HEALTH

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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MANY OF THESE AREAS ARE BEING ADDRESSED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM AS WELL AS BY OTHER COMMUNITY ORGANIZATIONS. FOR EXAMPLE, COMMUNITY HEALTHCARE SYSTEM SUPPORTS A LARGE CANCER PROGRAM WITH A SEPARATE RESEARCH FOUNDATION FOCUSED ON IMPROVING ACCESS TO CLINICAL TRIALS FOR AREA RESIDENTS AS WELL AS PROVIDING FREE SUPPORT AND MIND-BODY SERVICES THROUGH ITS CANCER RESOURCE CENTRE. ALL HOSPITALS PROVIDE ROUTINE LOW-COST AND FREE SCREENING PROGRAMS FOR A VARIETY OF CANCERS. ONE OF THE THREE HOSPITALS IN THE COMMUNITY HEALTHCARE SYSTEM HAS A BEHAVIOR HEALTH PROGRAM AND HAS RECENTLY EXPANDED ITS OUTPATIENT SERVICES TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES.

AS THE HOSPITAL FOCUSES ON LIFESTYLE, EDUCATION, PREVENTION AND ACCESS TO CARE ISSUES SURROUNDING ITS FOUR FOCUSED AREAS, POSITIVE OUTCOMES WILL LIKELY HAVE POSITIVE EFFECTS ON THE HEALTH NEEDS NOT ADDRESSED. TO HAVE THE GREATEST IMPACT, HOWEVER, THE HOSPITAL HAS CHOSEN TO FOCUS ON THREE OF THE MOST SERIOUS DISEASES AND THE RELATED LIFESTYLE ISSUES FACING OUR

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COMMUNITY AS WELL INVESTING IN THE HEALTH OF THE MOST VULNERABLE

RESIDENTS - OUR NEWBORNS.

LINE 10 - N/A

LINE 11 - N/A

LINE 12H - N/A

LINE 14G - N/A

LINE 16E - N/A

LINE 17E - N/A

LINE 18E - N/A

LINE 19C - N/A

LINE 19D - N/A

LINE 20D - SEE PART V, LINE 20D IN SUPPLEMENTAL INFORMATION

LINE 21 - N/A

LINE 22 - N/A

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## NEEDS ASSESSMENT

IN COLLABORATION WITH FRANCISCAN ALLIANCE AND THE METHODIST HOSPITALS,  
ST. CATHERINE HOSPITAL CONTRACTED WITH A THIRD PARTY TO PERFORM OUR  
COMMUNITY HEALTH NEEDS ASSESSMENT AS PER REGULATION 501(R).

## PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PATIENTS WHO ARE ADMITTED WITHOUT INSURANCE ARE DIRECTED TO THE  
HOSPITAL'S FINANCIAL COUNSELORS. THE FINANCIAL COUNSELORS PERFORM AN  
INTERVIEW WITH THE PATIENTS TO EXPLAIN TO THEM THE PROCESS NECESSARY TO  
RECEIVE FINANCIAL ASSISTANCE. THIS PROCESS INCLUDES APPLYING FOR  
MEDICAID OR OTHER GOVERNMENT AID. THE APPLICANT THEN MUST FILL OUT A  
FINANCIAL INFORMATION WORKSHEET AND SUBMIT VARIOUS INFORMATION TO  
DETERMINE IF THEY QUALIFY FOR FINANCIAL ASSISTANCE IN ACCORDANCE WITH THE  
FINANCIAL ASSISTANCE POLICY. THE POLICY IS POSTED IN THE EMERGENCY ROOM  
AREA AS WELL AS AT EACH INPATIENT WAITING DESK. THE INFORMATION IS ALSO  
AVAILABLE ON OUR WEBSITE.

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## COMMUNITY INFORMATION

THE COMMUNITY SERVED INCLUDES NORTHWEST INDIANA. OUR MARKET SHARE FOR THE PRIMARY SERVICE AREA IS 69%. THE POPULATION IS AMONG THE YOUNGEST WITH THE LOWEST MEDIAN INCOME WHEN COMPARED TO OTHER MARKETS IN NORTHWEST INDIANA. OUR MEDIAN INCOME IS \$28,386. WE ALSO HAVE THE LEAST INSURANCE COVERAGE - 62% UNINSURED OR MEDICAID.

## PROMOTION OF COMMUNITY HEALTH

ALZHEIMER'S SUPPORT GROUP - ALZHEIMER'S SUPPORT GROUP MEETS THE THIRD TUESDAY OF EACH MONTH AT ST. CATHERINE HOSPITAL. THIS GROUP IS FOR PATIENTS, FAMILY AND FRIENDS DEALING WITH ALZHEIMER'S. PARTICIPANTS IN SUPPORT GROUPS RECEIVE EMOTIONAL SUPPORT, PRACTICAL ASSISTANCE IN COPING WITH THE ISSUES THEY FACE AND THE LATEST INFORMATION ABOUT RESEARCH.

ALZHEIMER'S SYMPOSIUM - SUPPORT AND RESOURCES ARE PROVIDED TO HELP CAREGIVERS AND THOSE IN VERY EARLY STAGES OF ALZHEIMER'S LEARN ABOUT AND NAVIGATE THE MEDICAL AND LEGAL ISSUES OF THIS DIAGNOSIS. SPEAKERS RANGE

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FROM PHYSICIANS TO ATTORNEYS AND PARTICIPANTS MAY ALSO BROWSE A  
 CONSORTIUM OF VENDORS PROVIDING INFORMATION ABOUT EVERYTHING FROM  
 ASSISTED LIVING TO HOME MONITORING.

BLOOD PROFILE SCREENING - THESE SCREENINGS OFFER A WAY FOR THOSE  
 CONCERNED ABOUT HEART HEALTH TO MONITOR CHOLESTEROL, HDL, TRIGLYCERIDES  
 OR GLUCOSE. NO PHYSICIAN ORDER IS NECESSARY FOR THE SCREENING.

THE CANCER RESOURCE CENTRE AND ST. CATHERINE HOSPITAL PROVIDE A LOCAL  
 CELEBRATION OF CANCER SURVIVORS DAY - A NATIONAL EVENT, HONORING THE  
 STRENGTH AND COURAGE OF THOSE WHO HAVE LIVED - AND CONTINUE TO LIVE -  
 WITH CANCER. PRIZES ARE RAFFLED AND EACH ATTENDEE RECEIVES A GIFT. FOOD  
 AND ENTERTAINMENT ARE ALSO PROVIDED.

CARDIAC REHAB - INFORMATIONAL SESSIONS ARE HELD THAT GIVE PATIENTS AN  
 OPPORTUNITY TO ASK A PHARMACIST QUESTIONS REGARDING THEIR CARDIAC  
 MEDICATIONS. HANDOUTS ARE PROVIDED TO PATIENTS COMPARING CERTAIN BLOOD

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PRESSURE MEDICATIONS.

CONSOLING HEARTS GRIEF SUPPORT - THIS SUPPORT GROUP IS OFFERED TO THOSE SUFFERING FROM THE LOSS OF A LOVED ONE. PARTICIPANTS INCLUDE FAMILY MEMBERS, FRIENDS, OR THOSE WHO ARE HAVING A DIFFICULTY DEALING WITH THE LOSS OF A LOVED ONE.

CORONARY HEALTH APPRAISAL-THIS APPRAISAL HELPS TO DETERMINE RISK FOR HEART DISEASE AND OTHER RELATED MEDICAL CONDITIONS. SCREENING INCLUDES: CHOLESTEROL (TOTAL, HDL, LDL, TRIGLYCERIDES), BLOOD SUGAR, METABOLIC SYNDROME, BLOOD PRESSURE, BODY MASS INDEX AND A HEART HEALTH PROFILE.

HOPE NETWORK CANCER SUPPORT GROUP - THE LAST WEDNESDAY OF EACH MONTH THIS GROUP MEETS FOR INFORMATIVE SESSIONS WHERE THEY CAN SHARE THOUGHTS AND FEELINGS IN A COMFORTABLE AND CONFIDENTIAL ATMOSPHERE.

KEEPING BABY SAFE AND HEALTHY-PEDIATRICIAN, DR. IYER, DISCUSSES WHEN TO CALL THE DOCTOR, CHILD-PROOFING THE HOUSE, WHAT TO DO IN AN EMERGENCY AND NUTRITIONAL NEEDS OF BABIES. INFORMATION ON CHILD SEAT SAFETY IS ALSO

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AVAILABLE.

LAMAZE - SIX EDUCATIONAL CLASSES ARE OFFERED EACH SESSION FOR THOSE IN THEIR LAST TRIMESTER OF PREGNANCY. CLASSES INCLUDE INFORMATIVE LECTURES ABOUT COMFORT MEASURES AND MEDICATION AVAILABLE FOR PAIN. THE LAST SESSION FOCUSES ON MANAGEMENT OF BREAST-FEEDING AND NEWBORN BEHAVIOR PATTERNS.

LOOK GOOD FEEL BETTER - A PROGRAM FOR WOMEN UNDERGOING RADIATION AND/OR CHEMOTHERAPY. BEAUTY TECHNIQUES ARE TAUGHT TO HELP RESTORE APPEARANCES AND SELF-IMAGE DURING THE COURSE OF TREATMENT.

MOVING FORWARD - STROKE EDUCATION - THIS FIVE PART SERIES HELPS STROKE SURVIVORS AND CAREGIVERS LEARN TO PREVENT FUTURE STROKES THROUGH RISK DETECTION AND MANAGEMENT.

NUTRITION COUNSELING - DIETARY EVALUATION AND COUNSELING IS PROVIDED BY A

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REGISTERED DIETITIAN.

PAD - WHAT'S IT ALL ABOUT? - THE CARDIAC REHABILITATION MEDICAL DIRECTOR DISCUSSES PERIPHERAL ARTERIAL DISEASE (PAD). ATTENDEES LEARN THE SIGNS, SYMPTOMS, CAUSES AND TREATMENT OF THIS SERIOUS DISEASE.

SKIN CANCER SCREENINGS - PHYSICIAN EXAMINES ANY QUESTIONABLE AREAS OF THE BODY TO LOOK FOR INDICATIONS OF CANCER OR PRE-CANCEROUS CONDITIONS. THIS SCREENING TAKES PLACE AT A PARTICIPATING ST. CATHERINE HOSPITAL PHYSICIAN'S OFFICE ON A MONTHLY BASIS.

TRANSPLANT SUPPORT GROUP-A PROGRAM COMMITTED TO PROVIDING AND DISTRIBUTING EDUCATIONAL INFORMATION AND MAINTAINING CONTACT WITH DONOR FAMILIES, TRANSPLANT RECIPIENTS, PATIENTS WAITING A DIALYSIS PATIENTS.

SILVER SNEAKERS IS A SENIOR EXERCISE PROGRAM OFFERED FREE TO THOSE WHO QUALIFY. THIS PROGRAM IS OFFERED THROUGH THE HOSPITAL'S CARDIAC REHAB DEPARTMENT.

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## AFFILIATED HEALTH CARE SYSTEM

ST. CATHERINE HOSPITAL IS PART OF AN AFFILIATED SYSTEM. EACH HOSPITAL IN THE SYSTEM PROVIDES MEDICAL SERVICES TO THEIR COMMUNITIES AND ADJOINING COMMUNITIES. EACH ENTITY'S PURPOSE IS TO PROVIDE HEALTH CARE TO THOSE WHO NEED IT, INCLUDING THE UNINSURED OR UNDERINSURED.

## STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA

## FACILITY REPORTING GROUPS

SEE REQUIRED DESCRIPTIONS

## PART III, LINE 8

COST REPORT	591,037
MEDICARE MANAGED CARE	(620,442)
FEE-BASED OUTPATIENT CHARGES	(2,577,512)
DISALLOWED MEDICARE EXPENSES	(3,786,087)

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TOTAL (SHORTFALL) (6,393,087)

PART V, LINE 20D

OUR MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE ARE BASED ON A SLIDING SCALE. UP TO 200% OF FEDERAL POVERTY GUIDELINES (FPG) IS 100% FREE CARE. 201% -250% IS DISCOUNTED 80%. 251%-300% IS DISCOUNTED 60%.

PATIENTS MAY ALSO BE ELIGIBLE FOR SELF-PAY/PROMPT PAY DISCOUNTS REGARDLESS OF THE FEDERAL POVERTY LEVEL. WE OFFER 30% DISCOUNT TO TRUE SELF-PAY ACCOUNTS AND A 10% DISCOUNT TO PROMPT PAY ACCOUNTS.