

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

**Hospitals**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**ST. CATHERINE HOSPITAL, INC.**

Employer identification number  
**35-1738708**

**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 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 _____ %	X	
<b>b</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 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	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .		4521	6,070,170.	77,344.	5,992,826.	3.68
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		34697	65,570,683.	62,668,686.	2,901,997.	1.78
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .		39218	71,640,853.	62,746,030.	8,894,823.	5.46
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	142	4768	416,616.	1,240.	415,376.	.26
<b>f</b> Health professions education (from Worksheet 5) . . . . .	10	264	286,159.		286,159.	.18
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	1	390	4,708,684.	4,512,513.	196,171.	.12
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	21		23,522.		23,522.	.01
<b>j</b> Total Other Benefits . . . . .	174	5422	5,434,981.	4,513,753.	921,228.	.57
<b>k</b> Total. Add lines 7d and 7j. . . . .	174	44640	77,075,834.	67,259,783.	9,816,051.	6.03

**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		23,146.	20,885.	2,261.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	8	1561	14,483.		14,483.	.01
7 Community health improvement advocacy	12	3380	18,955.		18,955.	.01
8 Workforce development						
9 Other						
10 Total	21	4941	56,584.	20,885.	35,699.	.02

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

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1 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. . . . .	2	2,800,722.
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	28,007.
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	50,139,426.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	56,595,221.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-6,455,795.
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 checked="" type="checkbox"/> Cost accounting system <input 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	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 . . . . .	9b	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**

**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

1 ST. CATHERINE HOSPITAL, INC.  
 4321 FIR STREET  
 EAST CHICAGO IN 46312

2

3

4

5

6

7

8

9

10

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
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 facility reporting group ST. CATHERINE HOSPITAL, INC.

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

**Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)**

1 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 9.

If "Yes," indicate what the CHNA report describes (check all that apply):

- a  A definition of the community served by the hospital facility
- b  Demographics of the community
- c  Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d  How data was obtained
- e  The health needs of the community
- f  Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g  The process for identifying and prioritizing community health needs and services to meet the community health needs
- h  The process for consulting with persons representing the community's interests
- i  Information gaps that limit the hospital facility's ability to assess the community's health needs
- j  Other (describe in Section C)

2 Indicate the tax year the hospital facility last conducted a CHNA: 20 1 3

3 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

4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C

5 Did the hospital facility make its CHNA report widely available to the public?

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

- a  Hospital facility's website (list url): HTTP://WWW.COMHS.ORG/STCATHERINE
- b  Other website (list url): HTTP://CHSSTCATHERINE.HEALTHFORECAST.NET
- c  Available upon request from the hospital facility
- d  Other (describe in Section C)

6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):

- a  Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA
- b  Execution of the implementation strategy
- c  Participation in the development of a community-wide plan
- d  Participation in the execution of a community-wide plan
- e  Inclusion of a community benefit section in operational plans
- f  Adoption of a budget for provision of services that address the needs identified in the CHNA
- g  Prioritization of health needs in its community
- h  Prioritization of services that the hospital facility will undertake to meet health needs in its community
- i  Other (describe in Section C)

7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs

8a 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)?

b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?

c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

	Yes	No
1	X	
3	X	
4	X	
5	X	
7		X
8a		X
8b		

**Part V Facility Information (continued)**

**Financial Assistance Policy** ST. CATHERINE HOSPITAL, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	X	
10	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 Section C the criteria the hospital facility used.	X	
11	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 Section C the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance? . . . . .	X	
14	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	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
15	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	
16	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		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	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 individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

**Part V Facility Information (continued)** ST. CATHERINE HOSPITAL, INC.

- 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 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)

**Policy Relating to Emergency Medical Care**

		Yes	No
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? . . . . .	X	
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)		

**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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
21	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? . . . . .		X
If "Yes," explain in Section C.			
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? . . . . .		X
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PART V, SECTION B, LINE 3 - COMMUNITY STAKEHOLDERS:

FOCUS GROUPS HELD AS PART OF THIS CHNA INCORPORATED INPUT FROM 44 KEY INFORMANTS (OR COMMUNITY STAKEHOLDERS) IN THE AREA WITH SPECIAL EMPHASIS ON PERSONS WHO WORK WITH OR HAVE SPECIAL KNOWLEDGE ABOUT VULNERABLE POPULATIONS IN THE FOUR COUNTIES, INCLUDING LOW INCOME INDIVIDUALS, MINORITY POPULATIONS, THOSE WITH CHRONIC CONDITIONS, AND OTHER MEDICALLY UNDERSERVED RESIDENTS. THE FIVE GROUPS CONSISTED OF DOCTORS, OTHER HEALTH PROVIDERS, SOCIAL SERVICE PROVIDERS, BUSINESS LEADERS, AND OTHER COMMUNITY LEADERS. THE COMPLETE LIST CAN BE FOUND ON PAGES 103 AND 104 OF OUR CHNA.

PART V, SECTION B, LINE 4 - HOSPITAL FACILITIES CHNA WAS CONDUCTED WITH:

COMMUNITY HEALTHCARE SYSTEM:

COMMUNITY HOSPITAL

ST. MARY MEDICAL CENTER, INC.

FRANCISCAN ALLIANCE:

ST. ANTHONY HEALTH

ST. MARGARET HEALTH - HAMMOND

ST. MARGARET HEALTH - DYER

THE METHODIST HOSPITALS, INC.:

NORTHLAKE CAMPUS

SOUTHLAKE CAMPUS

**Part V Facility information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PART V, SECTION B, LINE 7 - CHNA NEEDS IDENTIFIED BUT 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:

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

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.

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

**Part V Facility information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

COMMUNITY AS WELL AS INVESTING IN THE HEALTH OF THE MOST VULNERABLE  
RESIDENTS - OUR NEWBORNS.

PART V, SECTION B, LINE 20D - FAP ELIGIBILITY:

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%-300% IS CHARGED BASED ON MEDICARE RATES. OVER 300% IS CHARGED BASED  
ON AVERAGE OF MEDICARE AND LOWEST MANAGED CARE RATES COMBINED.

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

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? 3

Name and address	Type of Facility (describe)
1 HOME HEALTH OF ST. CATHERINE HOSPITAL 4321 FIR STREET EAST CHICAGO IN 46312	HOME HEALTH
2 OCCUPATIONAL HEALTH 4320 FIR STREET, SUITE 313 EAST CHICAGO IN 46312	OUTPATIENT CENTER
3 HESSVILLE FAMILY CARE CENTER 3432 169TH STREET HAMMOND IN 46323	OUTPATIENT CENTER
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.

PART I, LINE 3C - FACTORS OTHER THAN FPG USED TO DETERMINE FAP ELIGIBILITY

N/A - FPG IS THE ONLY FACTOR USED

PART I, LINE 6A - WAS A COMMUNITY BENEFIT REPORT PREPARED:

THE STATE OF INDIANA ACCEPTS FORM 990 SCHEDULE H IN LIEU OF A COMMUNITY BENEFIT REPORT. ST. CATHERINE HOSPITAL, INC. MAKES ITS 990 AVAILABLE TO THE PUBLIC.

PART I, LINE 7 - FINANCIAL ASSISTANCE & OTHER COMMUNITY BENEFITS AT COST:

COST ACCOUNTING SYSTEM WAS USED FOR COMPUTATIONS. BAD DEBT IS EXCLUDED FROM THE CALCULATION. MEDICAID DIRECT OFFSETTING REVENUE INCLUDES THE INCREASED HAF REIMBURSEMENT AND DSH. THE EXPENSE INCLUDES THE HAF FEE.

PART II - COMMUNITY BUILDING ACTIVITIES:

COMMUNITY SUPPORT (LINE 3)

THIS CATEGORY CAN INCLUDE "DISASTER READINESS AND PUBLIC HEALTH EMERGENCY ACTIVITIES, SUCH AS READINESS TRAINING BEYOND WHAT IS REQUIRED BY ACCREDITING BODIES OR GOVERNMENT ENTITIES." EXPENSES AND REVENUES

**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.

RELATING TO THE BIO-TERRORISM DEPARTMENT OF THE HOSPITAL HAVE BEEN INCLUDED IN THIS CATEGORY.

COALITION BUILDING (LINE 6)

THIS CATEGORY IS TO INCLUDE "PARTICIPATION IN COMMUNITY COALITIONS AND OTHER COLLABORATIVE EFFORTS WITH THE COMMUNITY TO ADDRESS HEALTH AND SAFETY ISSUES." HERE WE HAVE INCLUDED COSTS FOR PROGRAMS PRESENTED MAINLY AT AREA SCHOOLS WHICH WERE DESIGNED TO PROVIDE EDUCATION IN THE AREAS OF HEALTH, SAFETY AND CRIME PREVENTION.

COMMUNITY HEALTH IMPROVEMENT ADVOCACY (LINE 7)

THIS CATEGORY IS TO INCLUDE "EFFORTS TO SUPPORT POLICIES AND PROGRAMS TO SAFEGUARD OR IMPROVE PUBLIC HEALTH ACCESS TO HEALTH CARE SERVICES." THE PRIMARY ACTIVITIES OF THE HOSPITAL IN THIS CATEGORY HAVE BEEN THE SPONSORSHIP OF A NUMBER OF COMMUNITY HEALTH FAIRS AND IN ADDITION THE PROVIDING OF DEAF INTERPRETATION SERVICES TO PATIENTS.

**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.
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PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT AT COST:

THE COST TO CHARGE RATIO PER THE S-10 WORKSHEET OF THE MEDICARE COST REPORT IS USED TO ESTIMATE BAD DEBT AT COST.

PART III, LINE 3 - BAD DEBT EXPENSE ATTRIBUTABLE TO FAP ELIGIBLE PATIENTS:

WE ESTIMATE 1% OF THE BAD DEBT EXPENSE TO BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE.

PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE FROM AUDIT:

PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, IS REDUCED BY THE PROVISION FOR BAD DEBTS, AND NET ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED

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NET COLLECTIONS, TAKING INTO CONSIDERATION THE TRENDS IN HEALTH CARE COVERAGE, ECONOMIC TRENDS, AND OTHER COLLECTION INDICATORS. MANAGEMENT REGULARLY ASSESSES THE ADEQUACY OF THE ALLOWANCES BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY MAJOR PAYOR CATEGORY AND AGING BUCKET. THE RESULTS OF THE REVIEW ARE THEN UTILIZED TO MAKE MODIFICATIONS, AS NECESSARY, TO THE PROVISION FOR BAD DEBTS TO PROVIDE FOR AN APPROPRIATE ALLOWANCE FOR BAD DEBTS. A SIGNIFICANT PORTION OF THE HOSPITALS' UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR SERVICES PROVIDED, AND A SIGNIFICANT PORTION OF THE HOSPITALS' INSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR CO-PAYMENTS AND DEDUCTIBLES. THUS, THE HOSPITALS RECORD A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED. AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IN ACCORDANCE WITH CFNI'S POLICY, ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED AGAINST THE ALLOWANCE FOR BAD DEBTS.

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PART III, LINE 8 - WHY MEDICARE SHORTFALL SHOULD BE COMMUNITY BENEFIT:

WE PROVIDE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICE PROVIDED OR THE REIMBURSEMENT RECEIVED FROM MEDICARE, QUALIFYING THE SHORTFALL AS A COMMUNITY BENEFIT. THE MEDICARE ALLOWABLE COSTS OF CARE WERE CALCULATED BY USING INFORMATION FROM THE COST ACCOUNTING SYSTEM.

PART III, LINE 9B - COLLECTION PRACTICES FOR QUALIFYING FA PATIENTS:

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.

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## 2. NEEDS ASSESSMENT

IN COLLABORATION WITH COMMUNITY HEALTHCARE SYSTEM, FRANCISCAN ALLIANCE,  
AND THE METHODIST HOSPITALS, INC., ST. CATHERINE HOSPITAL, INC.,  
CONTRACTED WITH A THIRD PARTY TO PERFORM OUR COMMUNITY HEALTH NEEDS  
ASSESSMENT AS PER REGULATION 501(R). THE MOST RECENT CHNA WAS CONDUCTED  
IN 2013 AND IS AVAILABLE ON THE FOLLOWING WEBSITES:  
[HTTP://WWW.COMHS.ORG/STCATHERINE](http://www.comhs.org/stcatherine)  
[HTTP://WWW.CHSSTCATHERINE.HEALTHFORECAST.NET](http://www.chsstcatherine.healthforecast.net)

## 3. 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

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AREA AS WELL AS AT EACH INPATIENT WAITING DESK. THE INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE.

4. COMMUNITY INFORMATION

LOCATED IN EAST CHICAGO, INDIANA, THE COMMUNITY SERVED INCLUDES NORTHWEST INDIANA. LATEST U.S. CENSUS BUREAU DEMOGRAPHIC INFORMATION COMPARING EAST CHICAGO TO THE STATE OF INDIANA:

	EAST CHICAGO	INDIANA
PERSONS UNDER 18 YEARS, PERCENT, 2010	31.4%	24.8%
PERSONS 65 YEARS AND OVER, PERCENT, 2010	11.3%	13.0%
WHITE ALONE, PERCENT, 2010 (A)	35.5%	84.3%
BLACK OR AFRICAN AMERICAN ALONE, PERCENT, 2010 (A)	42.9%	9.1%
HISPANIC OR LATINO, PERCENT, 2010 (B)	50.9%	6.0%
WHITE ALONE, NOT HISPANIC OR LATINO, PERCENT, 2010	7.2%	81.5%
HIGH SCHOOL GRADUATE OR HIGHER, AGE 25+, 2009-2013	71.7%	87.2%
BACHELOR'S DEGREE OR HIGHER, AGE 25+, 2009-2013	7.0%	23.2%

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MEDIAN HOUSEHOLD INCOME, 2009-2013	\$27,583	\$48,248
PERSONS BELOW POVERTY LEVEL, PERCENT, 2009-2013	35.7%	15.4%

(A) INCLUDES PERSONS REPORTING ONLY ONE RACE.

(B) HISPANICS MAY BE OF ANY RACE, SO ALSO ARE INCLUDED IN APPLICABLE RACE

## CATEGORIES

## 5. PROMOTION OF COMMUNITY HEALTH

IN 1928, ST. CATHERINE HOSPITAL, INC., EAST CHICAGO, INDIANA WAS OPENED TO FILL A NEED FOR HEALTH SERVICE TO THE COMMUNITIES OF EAST CHICAGO, WHITING, HAMMOND AND GARY. TODAY THE HOSPITAL CONTINUES TO PROVIDE A FULL RANGE OF MEDICAL SERVICES FOR INPATIENTS AND OUTPATIENTS. ST. CATHERINE HOSPITAL, INC. IS A NON-PROFIT HOSPITAL OPERATING AS A PART OF THE COMMUNITY HEALTHCARE SYSTEM, WHICH INCLUDES COMMUNITY HOSPITAL IN MUNSTER, INDIANA AND ST. MARY MEDICAL CENTER, INC. IN HOBART, INDIANA. THE HOSPITALS ARE COMMITTED TO PROVIDING THE HIGHEST QUALITY HEALTHCARE

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IN THE MOST COST-EFFICIENT MANNER, RESPECTING THE DIGNITY OF THE INDIVIDUAL, PROVIDING FOR THE WELL-BEING OF THE COMMUNITY AND SERVING THE NEEDS OF ALL PEOPLE, INCLUDING THE POOR AND DISADVANTAGED. COMMUNITY HEALTHCARE SYSTEM IS THE LEADING MEDICAL PROVIDER IN NORTHWEST INDIANA, OPERATING THREE NON-PROFIT HOSPITALS, SEVERAL OUTPATIENT CLINICS AND PHYSICIAN OFFICES. TOGETHER, THE THREE OPERATE THE LARGEST CARDIOVASCULAR AND CANCER PROGRAMS IN THE AREA. IN THE SPIRIT OF KATHERINE KASPER'S FOUNDING CHARISMA, ST. CATHERINE HOSPITAL, INC. CONTINUES TO MINISTER TO OUR NEIGHBORS WITHIN THE COMMUNITY; PROVIDING COMPASSIONATE CARE OF BODY AND SPIRIT. ST. CATHERINE HOSPITAL, INC. FOCUSES ON DESIGNING AND PROVIDING SERVICES THAT MEET THE NEEDS OF ITS DIVERSE COMMUNITY IN EAST CHICAGO AND THE SURROUNDING COMMUNITIES OF NORTHWEST INDIANA. THE HOSPITAL REGULARLY SURVEYS ITS PATIENTS TO ASCERTAIN THEIR SATISFACTION WITH ITS FACILITIES AND THE PROGRAMS THAT ARE OFFERED AND TO IDENTIFY THE COMMUNITY'S OUTSTANDING NEEDS. BY WORKING IN CONJUNCTION WITH OUR MEDICAL STAFF AND ASSOCIATES, WE ENSURE THAT PROGRAMS AND SERVICES NOT ONLY ADDRESS THE PATIENT'S MEDICAL NEEDS, BUT CONSIDER THE PATIENT'S CULTURAL AND SOCIAL NEEDS AS WELL. AT ST. CATHERINE HOSPITAL, INC. OUR

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MISSION AND VALUES GUIDE US TO PROVIDE QUALITY, COMPASSIONATE CARE FOR OUR PATIENTS AND COMFORT FOR OUR VISITORS. OUR PHILOSOPHY IS TO CARE FOR ALL GUESTS AS IF THEY WERE MEMBERS OF OUR OWN FAMILY. WE HAVE BEEN RECOGNIZED LOCALLY AND NATIONALLY FOR VARIOUS PROGRAMS, PROVING OUR COMMITMENT TO EXCELLENT SERVICE. ST. CATHERINE HOSPITAL, INC. HAS BEEN DESIGNATED A BLUE DISTINCTION CENTER FOR CARDIAC CARE BY ANTHEM BLUE CROSS BLUE SHIELD ASSOCIATION. WE HAVE RECEIVED A SAFETY SCORE OF "A" IN THE HOSPITAL SAFETY SCORE, WHICH RATES HOW WELL HOSPITALS KEEP PATIENTS SAFE. THE HOSPITAL SAFETY SCORE IS COMPILED UNDER THE GUIDANCE OF THE NATION'S LEADING EXPERTS ON PATIENT SAFETY AND IS ADMINISTERED BY THE LEAPFROG GROUP (LEAPFROG), AN INDEPENDENT INDUSTRY WATCHDOG. THE STROKE CENTER OF EXCELLENCE AT ST. CATHERINE HOSPITAL, INC. EARNED THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION FOR PRIMARY STROKE CENTERS. THE SOCIETY OF CHEST PAIN CENTERS GRANTED FULL ACCREDITATION TO THE CHEST PAIN CENTER AT ST. CATHERINE HOSPITAL, INC. ST. CATHERINE HOSPITAL, INC. TAKES PRIDE IN BEING RESPONSIVE TO THE NEEDS OF OUR COMMUNITY. BELOW, WE HAVE LISTED CURRENT PROGRAMS DESIGNED TO MEET THOSE NEEDS. THE DESIGNATED POPULATION THAT ST. CATHERINE HOSPITAL IS FOCUSING ON INCLUDES THOSE

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INDIVIDUALS WHOSE LIFE-STYLE BEHAVIORS PUT THEM AT RISK FOR DISEASE AND ILLNESS. OUR PRIMARY FOCUS THIS YEAR IS ON DISEASES THAT HAVE BEEN IDENTIFIED AS HEALTH DISCREPANCIES IN LAKE COUNTY, INDIANA - DIABETES, HEART DISEASE & STROKE, AND MATERNAL INFANT & CHILD HEALTH. THE INCIDENCE OF THESE DISEASES IN OUR REGION SURPASSED STATE AND NATIONAL AVERAGES, AND THEREFORE DEMANDED OUR PRIMARY FOCUS. ALL OF THESE AREAS HAVE A COMMON LINK TO MODIFIABLE LIFESTYLE RISK FACTORS, EDUCATION, PREVENTION AND ACCESS TO MEDICAL SERVICES. ST. CATHERINE HOSPITAL HAS INVESTED GREATLY IN RECENT YEARS IN TREATMENT AND EDUCATION PROGRAMS AND IN OFFERING PATIENTS ACCESS TO TREATMENTS NOT AVAILABLE ELSEWHERE IN THE COUNTY. WE ARE EXPANDING BEST PRACTICE EFFORTS THROUGH THE PRIMARY CARE SETTING, IN PARTICULAR OUR EMPLOYED PHYSICIANS GROUP. THE FOCUS OF OUR COMMUNITY BENEFIT IS TO USE RESOURCES TO REACH BEYOND THE TREATMENT OF THESE DISEASES TO HELP EDUCATE, SUPPORT AND EMPOWER INDIVIDUALS TO LOWER THEIR RISKS.

ALZHEIMER'S SUPPORT GROUP - ALZHEIMER'S SUPPORT GROUP MEETS THE THIRD TUESDAY OF EACH MONTH AT ST. CATHERINE HOSPITAL, INC. THIS GROUP IS FOR

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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 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.

CANCER SURVIVORS DAY - THE CANCER RESOURCE CENTRE AND ST. CATHERINE HOSPITAL, INC. PROVIDE A LOCAL CELEBRATION OF THIS NATIONAL EVENT, HONORING THE STRENGTH AND COURAGE OF THOSE WHO HAVE LIVED AND CONTINUE TO

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LIVE WITH CANCER. PRIZES ARE RAFFLED AND EACH ATTENDEE RECEIVES A STRENGTH 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 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.

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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 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.

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

N.A. SUPPORT - NARCOTICS ANONYMOUS OFFERS HOPE FOR ANYONE WITH THE DESIRE TO STOP USING NARCOTICS AND A WILLINGNESS TO TRY A NEW WAY OF LIFE.

NUTRITION COUNSELING - DIETARY EVALUATION AND COUNSELING IS PROVIDED BY A 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, INC.

**Part VI Supplemental Information**

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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, AND 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.

THE HESSVILLE FAMILY CARE CENTER IS AN EXPANDED OUTPATIENT FACILITY THAT SERVES THE HAMMOND COMMUNITY WITH PHYSICIAN OFFICES, WOMEN'S HEALTH SERVICES, LAB, X-RAY, AND IMMEDIATE CARE.

SOME RECENT UPGRADES TO THE HOSPITAL INCLUDE A REMODEL FOR THE FAMILY BIRTHING CENTER. NEW FLOORING, PAINT, WALLPAPER, WINDOW TREATMENTS AND A NEW NURSE'S STATION HAVE IMPROVED THE AESTHETICS AND FEEL FOR THE CENTER WHERE MORE THAN 600 BABIES ARE DELIVERED EACH YEAR.

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A \$1.2 MILLION EXPANSION HAS BEEN COMPLETED ON THE BEHAVIORAL HEALTH UNIT - A UNIT TO MEET THE NEEDS OF PATIENTS AND FAMILIES AFFECTED BY MENTAL ILLNESS. A COMPLETE UPDATE AND RENOVATION HAS KEPT THIS UNIT TO CAPACITY. ALSO, AT THE OUTPATIENT LEVEL, TWO LOCATIONS - IN EAST CHICAGO AND SCHERERVILLE - HAVE BEEN CREATED TO HELP PATIENTS NEEDING SUPPORT ON THE OUTPATIENT SIDE.

OVER THE LAST SEVERAL YEARS, FOCUSED EFFORTS HAVE BEEN MADE TO DEVELOP OUTREACH EDUCATION PROGRAMS AND OFFER HEALTH SCREENINGS THAT ADDRESS CHALLENGES UNIQUE IN OUR NEIGHBORHOODS. STOP DIABETES IN EAST CHICAGO, TEEN LAMAZE CLASSES, LUPUS EDUCATION, A SUPPORT GROUP FOR THOSE DEALING WITH THE AFTERMATH OF A VIOLENT INCIDENT, THE WELL WALKERS' CLUB, AND FREE CAR SEATS PROVIDED TO ALL FAMILIES WHO DELIVER AT ST. CATHERINE HOSPITAL, INC. ARE JUST A FEW OF THESE PROGRAMS. WHEN POSSIBLE, OUR COMMUNITY OUTREACH TEAM EMBRACES AN INNOVATIVE APPROACH, TAKING PROGRAMS OUT OF THE HOSPITAL AND INTO LOCAL CHURCHES, COMMUNITY CENTERS, AND THE WORKPLACE. THIS APPROACH ALLOWS US TO SERVE MORE PEOPLE IN SETTINGS THEY

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FIND COMFORTABLE AND CONVENIENT.

6. AFFILIATED HEALTH CARE SYSTEM

ST. CATHERINE HOSPITAL, INC. 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.

7. STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA