

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

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
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
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 free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
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	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
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?		
6a Did the organization prepare a community benefit report during the tax year?	X	
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.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		1703	1,871,879.	19,253.	1,852,626.	.84
b Medicaid (from Worksheet 3, column a)		42611	49,648,354.	47,932,897.	1,715,457.	.78
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		44314	51,520,233.	47,952,150.	3,568,083.	1.62
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	193	10442	1,785,556.	4,490.	1,781,066.	.81
f Health professions education (from Worksheet 5)	15	992	569,156.		569,156.	.26
g Subsidized health services (from Worksheet 6)	9	504	9,243,844.	8,052,088.	1,191,756.	.54
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	48		62,302.		62,302.	.03
j Total. Other Benefits	265	11938	11,660,858.	8,056,578.	3,604,280.	1.64
k Total. Add lines 7d and 7j.	265	56252	63,181,091.	56,008,728.	7,172,363.	3.26

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2016

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		4,237.		4,237.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	15	3292	13,122.		13,122.	.01
7 Community health improvement advocacy	33	1549	17,009.	180.	16,829.	.01
8 Workforce development						
9 Other						
10 Total	49	4841	34,368.	180.	34,188.	.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	1,303,307.	
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	13,033.	
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	57,092,405.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	64,625,763.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-7,533,358.
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				
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[illegible]

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group ST. CATHERINE HOSPITAL, INC.Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1**Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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: 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
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		X
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):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.COMHS.ORG/</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V DISCLOSURE</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group ST. CATHERINE HOSPITAL, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
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):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input 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):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.COMHS.ORG/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V DISCLOSURE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V DISCLOSURE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> 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)		

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Part V Facility Information (continued)**Billing and Collections****Name of hospital facility or letter of facility reporting group** ST. CATHERINE HOSPITAL, INC.

		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 nonpayment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> 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:		X
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)		
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 checked="" 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

		Yes	No
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?	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)		

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group ST. CATHERINE HOSPITAL, INC.

		Yes	No
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	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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.	23	X
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.	24	X

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

PART V, SECTION B, LINE 5 - COMMUNITY STAKEHOLDERS

FOCUS GROUPS HELD AS PART OF THIS CHNA INCORPORATED INPUT FROM 64 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 PHYSICIANS, SOCIAL SERVICE PROVIDERS, OTHER HEALTH PROVIDERS, PUBLIC HEALTH REPRESENTATIVES, AND COMMUNITY / BUSINESS LEADERS. DETAILS CAN BE FOUND IN APPENDIX I OF OUR CHNA.

PART V, SECTION B, LINE 6A - 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 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.

PART V, SECTION B, LINE 10A - IMPLEMENTATION STRATEGY WEBSITE

THE IMPLEMENTATION STRATEGY IS AVAILABLE AT THIS WEBSITE ADDRESS (URL) -

[HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.comhs.org/about-us/community-health-needs-assessment)

PART V, SECTION B, LINE 11 - CHNA SIGNIFICANT NEEDS IDENTIFIED

OUR HOSPITAL REMAINS FOCUSED ON FOUR PRIORITY AREAS: DIABETES, HEART DISEASE AND STROKE; NUTRITION, EXERCISE AND OBESITY; MATERNAL, INFANT & CHILD HEALTH; AND MENTAL HEALTH. BECAUSE WE BELIEVE THE STRIDES, RELATIONSHIP-BUILDING AND COLLABORATIVE EFFORTS THAT BEGAN TO COALESCE IN 2013 ARE BEGINNING TO MEASURE INCREMENTAL GAINS, ST. CATHERINE HOSPITAL WILL STRIVE TO:

- " BUILD UPON THOSE RELATIONSHIPS.
- " EXPAND OUTREACH IN THE COMMUNITY WITH AN INCREASED FOCUS ON EXERCISE AND NUTRITION.
- " BROADEN BEST PRACTICE EFFORTS THROUGH THE PRIMARY CARE SETTING.
- " SEEK GRANT FUNDING AND SPONSORSHIP OPPORTUNITIES THAT LEVERAGE HEALTHCARE INITIATIVES FOR AT-RISK POPULATIONS.
- " COLLABORATE WITH SCHOOLS IN EAST CHICAGO, HAMMOND AND WHITING ON A HEALTHCARE CAREER PATHWAY PROGRAM FOR DISADVANTAGED YOUTH.
- " BROADEN RELATIONSHIPS WITH BUSINESSES ON BILINGUAL PROGRAMS TO IMPROVE QUALITY OF LIFE AND HEALTH IN THE COMMUNITY. IN 2016, ST. CATHERINE HOSPITAL PARTNERED WITH LOCAL BANKS TO BEGIN A YEAR-LONG SERIES ON FINANCIAL LITERACY - SESSIONS OF WHICH WERE AIMED AT HELPING CONSUMERS KEEP THEIR FINANCIAL HOUSE IN ORDER, REDUCE STRESS AND STAY HEALTHY.
- " EXPAND UPON DIABETES CARE AND EARLY DETECTION EDUCATION, THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

NURSE-FAMILY PARTNERSHIP, LOWCOST RETAIL PHARMACY OFFERINGS AND AN
INTEGRATED PRIMARY CARE MODEL FOR MENTAL WELLNESS.

" DEVELOP AN INTEGRATED PRIMARY CARE MODEL FOR BEHAVIORAL HEALTH
SERVICES, SO MENTAL HEALTH SERVICES ARE MORE ACCESSIBLE AT THE COMMUNITY
LEVEL.

" EXPAND THE OUTPATIENT RETAIL PHARMACY IN THE HOSPITAL, AND OFFER
LOW-COST AND AFFORDABLE MEDICATION OPTIONS TO PATIENTS AND THE
COMMUNITY.

" EXPLORE TELEMEDICINE OPPORTUNITIES, AS A WAY TO IMPROVE A PATIENTS '
HEALTH. TELEMEDICINE IS TWO WAY, REAL-TIME INTERACTIVE COMMUNICATION
BETWEEN THE PATIENT, AND THE PHYSICIAN OR PRACTITIONER AT THE DISTANT
SITE. IT COULD OFFER A LOW-COST ALTERNATIVE FOR RESIDENTS WHO SAY THEY DO
NOT HAVE A PRIMARY CARE PHYSICIAN BECAUSE THEY CAN'T AFFORD SUCH
SERVICES.

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

- " ACCESS TO HEALTH SERVICES
- " CANCER
- " CHRONIC KIDNEY DISEASE
- " SUBSTANCE ABUSE
- " INJURY AND VIOLENCE PREVENTION
- " ORAL AND DENTAL HEALTH
- " LUNG AND PULMONARY CARE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

MANY OF THESE AREAS ARE BEING ADDRESSED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM, AS WELL AS OTHER COMMUNITY ORGANIZATIONS. THAT IS NOT TO SAY THAT QUALITY CARE AND ATTENTION TO THESE HEALTH ISSUES IS NOT BEING PROVIDED BY ST. CATHERINE HOSPITAL. ITS CANCER CARE, THROUGH THE ONCOLOGY CENTER, WITH CYBERKNIFE AND THE INFUSION CLINIC, HAS RECENTLY EXPANDED.

THE HOSPITAL HAS SOME OF THE LATEST TECHNOLOGY IN 3-D MAMMOGRAPHY IMAGING; AND IS PROVIDING FREE MAMMOGRAMS THROUGH AN INDIANA BREAST CANCER TRUST FOR UNINSURED RESIDENTS OF LAKE COUNTY.

IN 2016, THE HOSPITAL OPENED A NEW ALLERGY TESTING & TREATMENT CENTER, AS PART OF ITS RECOGNITION OF ASTHMA, ALLERGIES AND BREATHING DISORDERS SUCH AS COPD IN A HEAVILY INDUSTRIALIZED REGION. IT ALSO HAS PUT IN PLACE A SUPERDIMENSION SOFTWARE SYSTEM THAT USES A PATIENT'S CT SCAN TO CREATE A 3-D BRONCHIAL TREE FOR EFFECTIVE LUNG BIOPSIES AND FOLLOW-UP RADIATION THERAPY.

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 AS A PRIORITY IN THIS REPORT.

TO HAVE THE GREATEST IMPACT, THE HOSPITAL HAS CHOSEN TO FOCUS ON FOUR TOP

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

PRIORITIES - WHICH RESTATE THE PRIORITIES FROM 2013 AND WERE BROADENED TO
INCLUDE AN OVER-ARCHING NEED: A CULTURE OF WELLNESS THAT INCLUDES MENTAL
HEALTH.

PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE

THE FAP APPLICATION FORM IS AVAILABLE AT THIS WEBSITE ADDRESS (URL) -

[HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROG
RAM](https://www.comhs.org/about-us/patient-resources/financial-assistance-program)

PART V, SECTION B, LINE 16C - FAP PLAIN LANGUAGE SUMMARY WEBSITE

THE FAP PLAIN LANGUAGE SUMMARY IS AVAILABLE AT THIS WEBSITE ADDRESS

(URL) -

[HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROG
RAM](https://www.comhs.org/about-us/patient-resources/financial-assistance-program)

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 5

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 WHITING MEDICAL CENTER 2075 INDIANAPOLIS BOULEVARD WHITING IN 46394	OUTPATIENT CENTER
5 CENTERS FOR MENTAL WELLNESS 6625 WEST LINCOLN HIGHWAY CROWN POINT IN 46307	OUTPATIENT CENTER
6	
7	
8	
9	
10	

Schedule H (Form 990) 2016

Part VI Supplemental Information

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- 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:

IN ADDITION TO FPG, THE CRITERIA OF ASSET LEVEL, MEDICAL INDIGENCY,
INSURANCE STATUS, AND UNDERINSURANCE STATUS WERE USED IN DETERMINING
ELIGIBILITY FOR FREE OR DISCOUNTED CARE.

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

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TRAINING BEYOND WHAT IS REQUIRED BY ACCREDITING BODIES OR GOVERNMENT ENTITIES." EXPENSES 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.

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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
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

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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.

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.

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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.

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 2016 AND IS AVAILABLE ON THE FOLLOWING WEBSITE:

[HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.comhs.org/about-us/community-health-needs-assessment)

IN ADDITION TO OUR CHNA, WHICH IS CONDUCTED EVERY THREE YEARS, ST. CATHERINE HOSPITAL CONTINUALLY ASSESSES THE HEALTHCARE NEEDS OF THE

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COMMUNITIES IT SERVES. THIS IS AN ONGOING ENDEAVOR IN WHICH WE RELY HEAVILY UPON INPUT FROM OUR COMMUNITY LEADERS. WE ALSO CONDUCT MANY HEALTHCARE RELATED EVENTS THROUGHOUT THE YEAR WITHIN THE COMMUNITY. THIS CAN VARY FROM EDUCATIONAL CLASSES TO SPECIFIC DISEASE SCREENINGS. WE HAVE ALSO FOUND THAT A GOOD DATA SOURCE IS OUR PATIENTS. WE FREQUENTLY SURVEY OUR PATIENTS TO OBTAIN THIS INFORMATION.

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

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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+, 2012-2016	70.1%	87.0%
BACHELOR'S DEGREE OR HIGHER, AGE 25+, 2012-2016	8.2%	30.3%
MEDIAN HOUSEHOLD INCOME, 2012-2016	\$27,264	\$55,322
PERSONS IN POVERTY, PERCENT, 2012-2016	35.3%	12.7%

(A) INCLUDES PERSONS REPORTING ONLY ONE RACE.

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

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5. PROMOTION OF COMMUNITY HEALTH

ST. CATHERINE HOSPITAL HAS PROVIDED COMPASSIONATE, HIGH-QUALITY CARE TO THE COMMUNITY OF EAST CHICAGO AND NEIGHBORING CITIES FOR NEARLY A CENTURY.

DEDICATED IN APRIL 1928, ST. CATHERINE HOSPITAL OPENED ITS DOORS THROUGH A SUCCESSFUL PARTNERSHIP BETWEEN THE MANUFACTURERS ASSOCIATION OF EAST CHICAGO AND THE POOR HANDMAIDS OF JESUS CHRIST. THE HOSPITAL BECAME PART OF THE COMMUNITY HEALTHCARE SYSTEM IN 2001, NORTHWEST INDIANA'S LARGEST INTEGRATED HEALTHCARE SYSTEM.

NESTLED IN AN HISTORIC, RESIDENTIAL SECTION OF EAST CHICAGO'S TWIN CITY COMMUNITY, ST. CATHERINE HOSPITAL HAS A UNIQUE HISTORY OF MANY MEDICAL FIRSTS IN TECHNOLOGY, TREATMENT AND DIAGNOSTIC CARE BECAUSE OF SUCCESSFUL COLLABORATION BETWEEN DOCTORS, NURSES, STAFF AND THE COMMUNITY.

ST. CATHERINE HOSPITAL BROUGHT THE FIRST X-RAY TECHNOLOGY, NEWBORN INCUBATOR AND TREATMENTS FOR POLIO TO THE REGION, AND PERFORMED THE FIRST

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OPEN HEART SURGERY IN NORTHWEST INDIANA. TODAY, THE HOSPITAL OFFERING A
BROAD RANGE OF HEALTHCARE SERVICES, CONTINUES TO FORGE NEW GROUND WITH
ADVANCED TECHNOLOGY, SUCH AS:

CYBERKNIFE®, ADVANCED STEREOTACTIC RADIOSURGERY FOR CANCER TREATMENT

SUPERDIMENSION NAVIGATION SYSTEM®, DIAGNOSTIC SOFTWARE THAT IS CHANGING
THE LANDSCAPE IN LUNG CARE

SERVING MORE THAN THREE GENERATIONS AS A HOSPITAL WITH STRONG FAMILY
VALUES AND A PIONEERING SPIRIT, ST. CATHERINE HOSPITAL HAS ACHIEVED MANY
NOTABLE DISTINCTIONS OVER THE DECADES.

THE HOSPITAL EARNED A FIVE STAR RATING FOR OVERALL QUALITY OF PATIENT
CARE ON THE CENTERS FOR MEDICARE AND MEDICAID SERVICES HOSPITAL COMPARE
WEBSITE, AN ACHIEVEMENT SHARED WITH ONLY 102 HOSPITALS IN THE NATION.

OTHER DISTINCTIONS, IN 2016, CAME FROM THE:

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JOINT COMMISSION ADVANCED CERTIFICATION FOR INPATIENT DIABETES CARE

AMERICAN HEART ASSOCIATION - GET WITH THE GUIDELINES SILVER PLUS TARGET:

STROKE ELITE HONOR AWARD

ANTHEM BLUE CROSS BLUE SHIELD ASSOCIATION 'BLUE DISTINCTION CENTER' FOR
CARDIAC CARE

HEALTHGRADES® OUTSTANDING PATIENT EXPERIENCE

QUALITY CARE, QUALITY SERVICE

ST. CATHERINE HOSPITAL, OFFERS A WIDE RANGE OF OUTSTANDING HEALTHCARE
SERVICE IN SPECIALTY AREAS THAT RANGE FROM ACUTE, CARDIAC AND
CARDIOVASCULAR CARE AND BEHAVIORAL HEALTH SERVICES TO DIAGNOSTIC IMAGING,
INTERVENTIONAL RADIOLOGY AND STATE-OF-THE-ART RADIATION THERAPY.

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WE OPERATE AN ALLERGY TESTING & TREATMENT CENTER, ANTI-COAGULATION UNIT, FAMILY BIRTHING CENTER, SLEEP CENTER, AND A FULL-SERVICE OUTPATIENT RETAIL PHARMACY TO SERVE PATIENTS AND THE COMMUNITY WITH PRESCRIPTION, OVER-THE-COUNTER MEDICINE AND VACCINATION NEEDS.

ST. CATHERINE HOSPITAL EMERGENCY DEPARTMENT, AN ACCREDITED CHEST PAIN AND STROKE CENTER, RECENTLY COMPLETED ITS RENOVATIONS TO EXPAND THE EMERGENCY WAITING ROOM, ADD A PRIVATE PATIENT REGISTRATION AND FAMILY CONSULTATION NOOK AND ADD A SECOND TRIAGE ROOM TO IMPROVE PATIENT FLOW AND THE HOSPITAL EXPERIENCE.

THE MULTI-MILLION DOLLAR MODERNIZATION OF OUR INTENSIVE CARE UNIT WAS COMPLETED IN THE FALL OF 2016, AND THE EXPANSION OF THE OUTPATIENT RETAIL PHARMACY AND ANTI-COAGULATION UNIT WAS COMPLETED IN THE SPRING OF 2017.

AT ST. CATHERINE HOSPITAL, WE COMBINE ADVANCED TECHNOLOGY AND RENOVATIONS TO OUR UNITS WITH THE LATEST DIAGNOSTIC AND THERAPEUTIC PROCEDURES, FOREFRONT RESEARCH AND OUR NETWORK OF HIGHLY QUALIFIED PHYSICIANS, NURSES

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AND ALLIED HEALTH PROFESSIONALS TO PROVIDE EXCEPTIONAL CARE FOR THE MIND,
BODY AND SPIRIT.

LETTER FROM THE CEO

OUR MISSION AT ST. CATHERINE HOSPITAL IS CLEAR: DELIVER OUTSTANDING CARE
WITH EXCEPTIONAL OUTCOMES FOR EACH OF OUR PATIENTS.

OUR HOSPITAL IS COMMITTED TO PROVIDING YOU WITH ALL THE SERVICES
NECESSARY TO KEEP YOU AND YOUR LOVED ONES HEALTHY DURING EVERY STAGE OF
CARE. IF YOU ARE HAVING A BABY OR FACING TREATMENT FOR BEHAVIORAL HEALTH;
DIABETES; HEART, LUNG, KIDNEY OR CANCER DISEASE, WE ARE HERE TO HEAL AND
IMPROVE YOUR QUALITY OF LIFE.

WE ARE A NATIONAL MODEL FOR HEALTH CARE DELIVERY, ONE RECOGNIZED BY U.S.
NEWS AS A HIGH-PERFORMING HOSPITAL IN HEART CARE AND BY THE JOINT
COMMISSION AS A GOLD SEAL PROVIDER OF INPATIENT DIABETES DETECTION AND

Part VI Supplemental Information

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CARE. WE ARE PROUD OF OUR SILVER-PLUS QUALITY ACHIEVEMENT AND THE STROKE HONOR ROLL ELITE AWARD FOR OFFERING STROKE PATIENTS THE MOST UP-TO-DATE AND SCIENTIFIC GUIDELINES-BASED TREATMENT. ST. CATHERINE HOSPITAL ALSO HAS BEEN DISTINGUISHED WITH THE HIGHEST-POSSIBLE, FIVE-STAR RATING FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES IN 2016 AND 2017.

TO ATTAIN THIS HIGH LEVEL OF CARE, WE CONTINUALLY INVEST IN ADVANCED TECHNOLOGY, RESOURCES AND SERVICES.

OUR HOSPITAL RECENTLY REDEDICATED A BRAND NEW ICU WITH STATE-OF-THE-ART EQUIPMENT AND AMENITIES OFFERING GREATER COMFORT TO CRITICAL PATIENTS AND THEIR LOVED ONES. WE INVESTED IN A HIGH-CALIBER CARDIAC CATHETER CARE CENTER FOR PRECISE, TOUCH-POINT TREATMENT THAT SAVES LIVES AND LIMBS.

TWO NEW AND INNOVATIVE BEHAVIORAL HEALTH SERVICES UNITS HAVE OPENED FOR ADULTS AND OLDER ADULTS WITHIN ST. CATHERINE HOSPITAL. WE CONTINUE TO EXTEND OUR REACH WITH COMMUNITY-BASED CENTERS FOR MENTAL WELLNESS. A REMODELED EMERGENCY DEPARTMENT RECEPTION CENTER HAS AN ADDED TRIAGE ROOM

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AND PRIVACY ROOM FOR PATIENT UPDATES. OUR EXPANDED OUTPATIENT RETAIL PHARMACY RECENTLY OPENED WITH PRIVATE CONSULTATION ROOMS AND THE HOSPITAL'S ANTICOAGULATION CLINIC.

OUR CYBERKNIFE® TECHNOLOGY, IN THE EXPANDED ONCOLOGY AND INFUSION CLINIC, IS AN IMPORTANT LINK IN COMMUNITY HEALTHCARE SYSTEM'S ARSENAL TO COMBAT CANCER AND CONTROL TUMORS.

WE ALSO HAVE BEEN RECOGNIZED FOR OUTSTANDING WOMEN'S CARE. OUR WOMEN'S DIAGNOSTIC CENTER OFFERS 3D MAMMOGRAPHY TO DIAGNOSE CANCER IN A COMFORTABLE, NON-WEIGHT-LIMITING CHAIR. OUR HIGH RISK BREAST NAVIGATOR ASSISTS PATIENTS WITH INDIVIDUAL PLANNING AND MONITORING TO HELP KEEP BREAST CANCER AT BAY. OPEN MAGNETIC RESONANCE IMAGING OR MRI PROVIDES THE WIDEST EXAM AREA AND STRONGEST MAGNET TO PATIENTS WHO PREFER A MORE OPEN IMAGING SPACE. AT OUR FAMILY BIRTHING CENTER, CERTIFIED LACTATION CONSULTANTS, A MIDWIFE AND DEDICATED NURSING STAFF OFFER REGULAR TOURS AND EASY ACCESS TO SUPPORT AGENCIES FOR FIRST-TIME OR AT-RISK EXPECTANT MOMS.

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EVEN AS WE CONTINUE TO INVEST IN-HOUSE, OUR SENSE OF COMMUNITY BEYOND THE
WALLS OF OUR HOSPITAL IS ALWAYS PRESENT.

IN ADDITION TO OUR WHITING COMMUNITY HEALTH CENTER AND THE HESSVILLE
FAMILY CARE CENTER, OUR BILINGUAL STAFF OFFERS YEAR-ROUND SUPPORT,
CLASSES, SCREENINGS, OCCUPATIONAL HEALTH SERVICES AND FREE CARE VAN
TRANSPORTATION TO PATIENTS.

MISSION, VISION AND VALUES

MISSION: COMMUNITY HEALTHCARE SYSTEM IS COMMITTED TO PROVIDE THE HIGHEST
QUALITY CARE 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.

VISION: COMMUNITY HEALTHCARE SYSTEM IS ONE MEDICAL PROVIDER ORGANIZED

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ACROSS THREE HOSPITAL CAMPUSES. IT LINKS THREE INDIANA HOSPITALS -
COMMUNITY HOSPITAL IN MUNSTER; ST. CATHERINE HOSPITAL IN EAST CHICAGO;
AND ST. MARY MEDICAL CENTER IN HOBART - AND MANY OUTPATIENT CLINICS AND
PHYSICIAN OFFICES. THE SYSTEM IS DEDICATED TO MAINTAIN THE CATHOLIC
TRADITION OF ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER AS WELL
AS THE NON-SECTARIAN FOUNDATION OF COMMUNITY HOSPITAL. COMMUNITY
HEALTHCARE SYSTEM WILL BECOME THE PROMINENT, INTEGRATED HEALTHCARE SYSTEM
IN NORTHWEST INDIANA. THROUGH INTEGRATION, THE SYSTEM WILL CAPITALIZE ON
OPPORTUNITIES TO INCREASE OVERALL GROWTH, IMPROVE OPERATING EFFICIENCY,
AND REALIZE CAPITAL TO BETTER SERVE OUR PATIENTS, PHYSICIANS, AND
EMPLOYEES.

VALUES:

DIGNITY - WE VALUE THE DIGNITY OF HUMAN LIFE, WHICH IS SACRED AND
DESERVING OF RESPECT AND FAIRNESS THROUGHOUT ITS STAGES OF EXISTENCE.

COMPASSIONATE CARE - WE VALUE COMPASSIONATE CARE, TREATING THOSE WE SERVE

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AND ONE ANOTHER WITH PROFESSIONALISM, CONCERN AND KINDNESS, EXCEEDING
EXPECTATIONS.

COMMUNITY - WE VALUE MEETING THE VITAL RESPONSIBILITIES IN THE COMMUNITY
WE SERVE, AND TAKE A LEADERSHIP ROLE IN ENHANCING THE QUALITY OF LIFE AND
HEALTH, STRIVING TO REDUCE THE INCIDENCE OF ILLNESS THROUGH CLINICAL
SERVICES, EDUCATION AND PREVENTION.

QUALITY - WE VALUE QUALITY AND STRIVE FOR EXCELLENCE IN ALL WE DO,
WORKING TOGETHER COLLABORATIVELY AS THE POWER OF OUR COMBINED EFFORTS
EXCEEDS WHAT EACH OF US CAN ACCOMPLISH ALONE.

STEWARDSHIP - WE VALUE TRUSTWORTHY STEWARDSHIP AND ADHERENCE TO THE
HIGHEST ETHICAL STANDARDS THAT JUSTIFY PUBLIC TRUST AND PROTECT WHAT IS
OF VALUE TO THE SYSTEM - ITS HUMAN RESOURCES, MATERIAL AND FINANCIAL
ASSETS.

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THE DESIGNATED POPULATION THAT ST. CATHERINE HOSPITAL IS FOCUSING ON INCLUDES THOSE 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.

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COMMUNITY INVOLVEMENT

ST. CATHERINE HOSPITAL'S REPUTATION AS A PREMIERE LEADER IN THE FIELD OF
MEDICINE HAS STRETCHED WELL BEYOND THE NORTHWEST INDIANA BORDER.

IT OPENED THE STATE'S FIRST SCHOOL OF NURSING WITH EIGHT-HOUR DAYS,
PERFORMED THE FIRST OPEN HEART SURGERY IN THE CALUMET REGION, AND IN THE
NEW MILLENIUM, BECAME ONE OF 26 HOSPITALS IN THE NATION TO OFFER
CYBERKNIFE® TO PATIENTS DIAGNOSED WITH RARE, HARD-TO-TREAT TUMORS.

TODAY, THE 205-BED ACUTE CARE HOSPITAL OPERATING WITHIN THE COMMUNITY
HEALTHCARE SYSTEM CONTINUES ITS MISSION TO EXTEND HEALING AND HOPE BEYOND
THE WALLS OF OUR EAST CHICAGO MEDICAL FACILITY.

OUR PUBLIC HEALTH INITIATIVES REACH WELL INTO THE COMMUNITY AND THE
NEIGHBORING CITIES OF HAMMOND, WHITING AND GARY.

ST. CATHERINE HOSPITAL IS COMMITTED TO PROVIDING THE HIGHEST QUALITY

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HEALTHCARE IN A COST-EFFECTIVE WAY, RESPECTING THE DIGNITY OF THE
INDIVIDUAL AND SERVING THE NEEDS OF ALL PEOPLE -- INCLUDING THE POOR AND
DISADVANTAGED.

IN ADDITION TO THE HOSPITAL SERVICES WE PROVIDE, WE OFFER TREATMENT
THROUGH:

BEHAVIORAL HEALTH SERVICES - OUTPATIENT AND INTENSIVE OUTPATIENT PROGRAMS
AND THE CENTERS FOR MENTAL WELLNESS IN EAST CHICAGO AND CROWN POINT.

WHITING COMMUNITY HEALTH CENTER - A FULL-SERVICE FAMILY MEDICAL CENTER
WITH A LABORATORY, PHYSICAL THERAPY AREA AND SERVICES BY DOCTORS AND
NURSE PRACTITIONERS SPECIALIZING IN FAMILY, INTERNAL, PEDIATRIC,
OBSTETRICS AND GYNECOLOGY, PEDIATRICS AND PULMONARY CARE.

HESSVILLE FAMILY CARE CENTER (HAMMOND) - A CENTER ADDRESSING FAMILY CARE
AND WOMEN'S WELLNESS NEEDS.

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CENTER FOR DIABETES - AN OUTPATIENT CENTER OFFERING PATIENTS AT RISK

COUNSELING AND CLASSES ON PREVENTING AND SELF-MANAGING THE DISEASE.

OUTPATIENT RETAIL PHARMACY - A SERVICE TO ENSURE PATIENTS HAVE ACCESS TO
PROPER MEDICATION BEFORE AND AFTER THEIR HOSPITAL STAY. THE PHARMACY,
OPEN TO THE PUBLIC, OFFERS LOW COST PRESCRIPTIONS, PERSONAL MEDICATION
CONSULTATIONS, ROUTINE VACCINATIONS AND EDUCATION ABOUT MEDICATIONS.

GOOD HEALTH THROUGH COLLABORATION

THROUGH THE YEAR, THE HOSPITAL OFFERS THREE MAJOR HEALTH FAIRS WITH FREE
SCREENINGS AND GUEST SPEAKERS ON A VARIETY OF HEALTH TOPICS.

ST. CATHERINE HOSPITAL PROVIDES FREE BLOOD PRESSURE SCREENINGS IN THE
COMMUNITY, AND HOSTS A MONTHLY WELL WALKER'S CLUB IN EAST CHICAGO,
HIGHLAND AND WHITING. PHYSICIAN PRESENTATIONS AND SYMPOSIUMS ARE
CONDUCTED THROUGH THE YEAR ON TOPICS THAT INCLUDE HEARING LOSS, AGING AND

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DEPRESSION, STROKE, DIABETES AND HEALTHY LIVING.

COMMUNITY HEALTH PRIORITIES

WHILE ALL COMMUNITY HEALTHCARE SYSTEMS WORK COLLABORATIVELY TOWARD YOUR GOOD HEALTH, ST. CATHERINE HOSPITAL WORKS CLOSE-TO-HOME ON FOUR PRIORITY AREAS: DIABETES, HEART DISEASE & STROKE, NUTRITION AND WEIGHT, INFANT & CHILD HEALTH AND MENTAL HEALTH.

ST. CATHERINE HOSPITAL'S DEPARTMENT OF OCCUPATIONAL HEALTH HAS BROADENED ITS OUTREACH IN THE MARKETPLACE, AS WELL, OFFERING A VARIETY OF OPPORTUNITIES FOR CORPORATIONS AND BUSINESSES TO BRING HEALTHCARE RELATED SERVICES, SEMINARS AND SCREENINGS TO THE MARKETPLACE.

WE COLLABORATE ON WALKS TO RAISE FUNDS FOR CURES AND TREATMENTS IN CANCER, DIABETES, ALZHEIMER'S AND MANY OTHER DEBILITATING CONDITIONS.

ST. CATHERINE HOSPITAL AND THE FAMILY BIRTHING CENTER PLAYED A ROLE IN BRINGING THE NURSE-FAMILY PARTNERSHIP TO NORTHWEST INDIANA. THE PROGRAM

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PAIRS A REGISTERED NURSE WITH A VULNERABLE MOTHER WHO IS PREGNANT WITH
HER FIRST BABY, SO THE YOUNG FAMILY HAS A HEALTHY FIRST START IN LIFE.

AS WE PAY CLOSE ATTENTION TO KEEPING MOMS AND THEIR BABIES SAFE, WE ALSO
RECOGNIZE THE NEED TO SERVE OUR AGING POPULATION.

CARE VANS OFFER TRANSIT OPPORTUNITIES; AND OUR TEAM OF VOLUNTEERS HONE A
SENSE OF BELONGING FOR SENIORS IN THE COMMUNITY.

OUR FITNESS CENTER IS OPEN TO THE PUBLIC THROUGH A LOW-COST MEMBERSHIP
PROGRAM AIMED AT PREVENTING DIABETES, HEART DISEASE AND OBESITY. ST.
CATHERINE HOSPITAL OFFERS SILVERSNEAKERS, A MEDICAID-DRIVEN FITNESS
PROGRAM IN THE HOSPITAL'S FITNESS CENTER TO SENIORS.

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,

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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 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.

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7. STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA