

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization ST. CATHERINE HOSPITAL, INC.	Employer identification number 35 1738708
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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	✓	
1b If "Yes," was it a written policy?	✓	
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 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 _____ %	✓	
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 _____ %	✓	
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"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		✓
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?		✓
b If "Yes," did the organization make it available to the public?		

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)	0	1,309	1,233,161	45,481	1,187,680	0.75
b Medicaid (from Worksheet 3, column a)	0	40,351	58,498,511	52,106,131	6,392,380	4.05
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0	0	0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	41,660	59,731,672	52,151,612	7,580,060	4.80
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	92	23,583	1,633,952	0	1,633,952	1.03
f Health professions education (from Worksheet 5)	4	337	240,986	0	240,986	0.15
g Subsidized health services (from Worksheet 6)	18	1,174	15,745,140	13,340,035	2,405,105	1.52
h Research (from Worksheet 7)	0	0	0	0	0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)	12	0	15,912	0	15,912	0.01
j Total. Other Benefits	126	25,094	17,635,990	13,340,035	4,295,955	2.72
k Total. Add lines 7d and 7j	126	66,754	77,367,662	65,491,647	11,876,015	7.52

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

Cat. No. 50192T

Schedule H (Form 990) 2021

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	0	0	0	0	0	0.00
2 Economic development	0	0	0	0	0	0.00
3 Community support	0	0	0	0	0	0.00
4 Environmental improvements	0	0	0	0	0	0.00
5 Leadership development and training for community members	0	0	0	0	0	0.00
6 Coalition building	7	339	9,537	0	9,537	0.01
7 Community health improvement advocacy	0	0	0	0	0	0.00
8 Workforce development	0	0	0	0	0	0.00
9 Other	0	0	0	0	0	0.00
10 Total	7	339	9,537	0	9,537	0.01

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** Yes No
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** 1,066,817
- 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** 10,668
- 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** 47,793,303
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 62,297,973
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** (14,504,670)
- 8 Describe in Part VI the extent to which any shortfall reported on 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:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year? **9a** Yes No
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** Yes No

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
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Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)
 How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 ST.CATHERINE HOSPITAL, INC.
 4321 FIR STREET, EAST CHICAGO, IN 46312
 COMHS.ORG/STCATHERINE STATE LICENSE NO. :
 22-005008-1

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
✓	✓					✓			

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		✓
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		✓
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):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</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	✓	
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	✓	
6b	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		✓
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):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</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	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a	If "Yes," (list url): <u>HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</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)?		✓
12b	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:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0 0</u> % and FPG family income limit for eligibility for discounted care of <u>3 0 0</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?	✓	
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):	✓	
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):	✓	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</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 Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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?	✓	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
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 (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	✓	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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?	23	✓
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	✓
	If "Yes," explain in Section C.		

Supplemental Information. 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, 20a, 20b, 20c, 20d, 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.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>TOP 10 SIGNIFICANT SYSTEM HEALTH NEEDS IDENTIFIED:</p> <p>ACCESS TO CARE, HEART DISEASE & STROKE, ALCOHOL AND DRUG USE, MENTAL HEALTH AND MENTAL DISORDERS, CANCER, OLDER ADULTS, MATERNAL & CHILDREN'S HEALTH, PHYSICAL ACTIVITY, DIABETES, WEIGHT STATUS (UNDERWEIGHT, OVERWEIGHT, OBESE)</p> <p>RESULTS OF PRIORITIZATION ACTIVITY AND APPROVED HEALTH NEEDS - TOP 6 NEEDS PRIORITIZED:</p> <ol style="list-style-type: none"> 1. MATERNAL & CHILDREN'S HEALTH 2. MENTAL HEALTH & MENTAL DISORDERS 3. ACCESS TO HEALTHCARE 4. DIABETES 5. HEART DISEASE & STROKE 6. CANCER
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>Facility Name: ST. CATHERINE HOSPITAL, Inc.</p> <p>Description: THE CHNA COLLECTED INPUT FROM PEOPLE REPRESENTING THE BROAD INTERESTS OF THE OVERALL COMMUNITY INCLUDING THOSE WITH SPECIALIZED KNOWLEDGE OF OR EXPERTISE IN, PUBLIC HEALTH AND RESIDENTS OF THE COMMUNITIES THE HOSPITALS SERVE. THE HEALTHCARE SYSTEM PARTNERED WITH OTHER HOSPITAL SYSTEMS, FOUNDATIONS AND NONPROFITS TO CONDUCT A RESIDENT SURVEY. DATA FROM A VARIETY OF FEDERAL, STATE AND LOCAL ENTITIES WAS ALSO REVIEWED.</p> <p>FOCUS GROUPS WERE ORGANIZED THROUGHOUT LAKE AND PORTER COUNTY, INDIANA. THE GOAL OF THE FOCUS GROUPS WAS TO UNDERSTAND THE NEEDS, ASSETS, AND POTENTIAL RESOURCES IN VARIOUS COMMUNITIES AND TO STRATEGIZE HOW THE HOSPITALS CAN PARTNER WITH COMMUNITIES TO BUILD RESILIENCY. THESE FOCUS GROUPS FOCUSED ON GATHERING INFORMATION FROM COMMUNITY MEMBERS AND LOCAL PROFESSIONALS WHO HAVE DIRECT KNOWLEDGE AND EXPERIENCE RELATED TO THE HEALTH DISPARITIES IN THE REGION. DETAILS CAN BE FOUND IN THE APPENDIX OF THE CHNA (SECTION 10).</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>Facility Name: ST. CATHERINE HOSPITAL, Inc.</p> <p>Description: COMMUNITY HEALTHCARE SYSTEM:</p> <p>COMMUNITY HOSPITAL IN MUNSTER, IN</p> <p>ST. MARY MEDICAL CENTER, INC., IN HOBART, IN</p> <p>COMMUNITY STROKE & REHABILITATION CENTER, INC. IN CROWN POINT, IN</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)</p>	<p>HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>Facility Name: ST. CATHERINE HOSPITAL, Inc.</p> <p>Description: 2022 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN</p> <p>OVERVIEW:</p> <p>THE 2022 IMPLEMENTATION STRATEGY ACTION PLAN BUILDS ON THE PROGRESS AND EVER-CHANGING HEALTHCARE NEEDS OF THE COMMUNITIES SERVED BY COMMUNITY HEALTHCARE SYSTEM. THE NEEDS WERE IDENTIFIED IN THE 2019-2021 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR COMMUNITY HOSPITAL, ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER ON THESE PRIORITY HEALTH AREAS:</p> <ul style="list-style-type: none"> · CANCER · DIABETES · HEART DISEASE AND STROKE · MATERNAL, INFANT AND CHILD HEALTH · ADULT MENTAL HEALTH · NUTRITION AND WEIGHT MANAGEMENT <p>HEALTHIER LIFESTYLES WERE PROMOTED ACROSS ALL PRIORITY AREAS THROUGH FREE OR DISCOUNTED HEALTH SCREENINGS, HEALTH FAIRS, PHYSICIAN LECTURES, SPECIAL EVENTS AND SYMPOSIUMS. TOPICS INCLUDED CANCER, CARDIOLOGY, DIABETES, HEART DISEASE, NUTRITION, WEIGHT MANAGEMENT, ADULT MENTAL HEALTH, STROKE AND MATERNAL CHILD HEALTH. SCREENINGS HAVE INCLUDED LOW OR NO-COST MAMMOGRAMS, BALANCE AND BONE DENSITY TESTS, PVD SCREENINGS AND HEART ATTACK/STROKE RISK ASSESSMENTS.</p> <p>COMMUNITY HEALTHCARE SYSTEM HOSPITALS DID NOT HAVE A FORMAL PROCESS IN PLACE TO TRACK/EVALUATE OR GIVE FEEDBACK ON THE IMPACT OF THE 2019-2021 COMMUNITY HEALTH NEEDS ASSESSMENT. HOWEVER, PARTICIPANTS OF CLASSES, EVENTS, PROGRAMS AND SCREENINGS WERE INVITED TO COMPLETE EVALUATIONS ON THE EFFECTIVENESS OF THEIR OUTREACH ACTIVITY. FROM THIS FEEDBACK, AND HEALTH DATA REPOSITORIES, PROGRAM EVALUATION AND DEVELOPMENT CONTINUED ON AN ANNUAL BASIS. IN AN EFFORT TO REACH RESIDENTS ISOLATING IN RESPONSE TO COVID-19, THE HEALTHCARE SYSTEM MOBILIZED TO DEVELOP IN-PERSON AND ONLINE OUTREACH PROGRAMMING.</p> <p>ADDRESSING COMMUNITY NEEDS</p> <p>COMMUNITY HEALTHCARE SYSTEM OFFERS A DIVERSE RANGE OF PROGRAMS AND SERVICES TO MAKE IMPROVEMENTS IN THE HEALTH OF RESIDENTS IN OUR COMMUNITIES.</p> <p>AN IMPORTANT ENTITY IS THE MEDICALLY BASED FITNESS CENTER, FITNESS POINTE®, AND THE WORKPLACE WELLNESS PROGRAM, NEW HEALTHY ME WHICH SERVES EMPLOYEES IN THE HOSPITAL SYSTEM AND WORK SETTINGS IN OUR COMMUNITIES. OUR OCCUPATIONAL HEALTH PROGRAM OFFERS WORK-RELATED SCREENINGS, WELLNESS SERVICES AND EDUCATIONAL PROGRAMS TO BUSINESSES, CORPORATIONS, MUNICIPALITIES AND SCHOOL DISTRICTS IN LAKE AND PORTER COUNTIES TO OPTIMIZE HEALTH IN THE WORKPLACE. ADDITIONALLY, OUR OUTPATIENT CARE CENTERS FOR GENERAL MEDICINE OR SPECIALTY SERVICES ARE STRATEGICALLY POSITIONED IN POPULATION GROWTH AREAS.</p> <p>CANCER</p> <p>COMMUNITY HOSPITAL, ALONG WITH ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER, ARE DESIGNATED BY AMERICAN COLLEGE OF RADIOLOGY AS BREAST IMAGING CENTERS OF EXCELLENCE. THESE HOSPITALS, AND COMMUNITY STROKE AND REHABILITATION CENTER, ARE ALSO DESIGNATED AS CARE CONTINUUM CENTERS OF EXCELLENCE FOR LUNG CANCER BY THE GO2 FOUNDATION FOR DELIVERING BEST PRACTICE AND PATIENT-CENTERED MULTIDISCIPLINARY CARE. TOGETHER, THE HOSPITALS OFFER AN ARRAY OF SERVICES, WELLNESS AND OUTREACH PROGRAMS FOR CANCER PATIENTS AND THOSE WHO ARE AT RISK FOR CANCER, SUCH AS: LOW OR NO-COST SCREENINGS; EARLY NODULE, GENETIC AND GEONOMICS TESTING; AND INFUSION CENTERS. THE CANCER RESOURCE CENTRE OFFERS AN ARRAY OF MIND-BODY-SPIRIT CLASSES, INFORMATIVE PROGRAMS, SPECIAL EVENTS, AND ACCESS TO MORE THAN 100 CLINICAL CANCER RESEARCH TRIALS TO PATIENTS LIVING IN NORTHWEST INDIANA AND NEARBY LOCALES IN ILLINOIS.</p> <p>IN 2021, A BREAST AND LUNG CANCER NURSE NAVIGATOR PROGRAM BEGAN TAKING SHAPE TO COORDINATE CARE FOR PATIENTS ACROSS DISCIPLINES AND BEYOND HOSPITAL WALLS, ENSURING ACCESS TO NEEDED PSYCHO-SOCIAL SERVICES AND MEDICAL CARE FROM THE POINT OF DIAGNOSIS AND TREATMENT TO SURVIVORSHIP. RECOGNIZING THAT TRANSPORTATION CAN BE A BARRIER TO CARE, NEW CANCER CARE/PROVIDER SUPPORT LOCATIONS WERE ADDED AT TWO HOSPITALS (ST. CATHERINE/CSRC) AND THE VALPARAISO HEALTH CENTER OF ST. MARY MEDICAL CENTER. AMERICAN CANCER SOCIETY FUNDING WAS SOUGHT FOR DEVELOP TRANSPORTATION SERVICES FOR APPOINTMENTS.</p> <p>DIABETES, HEART DISEASE AND STROKE</p> <p>COMMUNITY HEALTHCARE SYSTEM ADOPTED A MULTIDISCIPLINARY APPROACH TO PROVIDE THE HIGHEST-POSSIBLE STANDARD OF CARE, REHABILITATION AND OUTREACH TO PATIENTS WITH DIABETES, HEART DISEASE AND STROKE.</p> <p>DIABETES</p> <p>THE CENTERS FOR DIABETES AT OUR HOSPITALS FOLLOW SET PROCEDURES, BLOOD-GLUCOSE MONITORING PROTOCOLS AND TREATMENT PLANS TO HELP DETECT DIABETES IN ITS EARLY STAGES, AND HELP PATIENTS ALREADY STRUGGLING WITH THE DISEASE REGAIN THEIR BALANCE AS QUICKLY AS THEY CAN FOR A HEALTHIER LIFE. ST. CATHERINE HOSPITAL, SERVING AN AREA WITH SOME OF THE HIGHEST DIABETES RATES IN THE STATE, HAS CONSISTENTLY EARNED THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION FOR ADVANCED INPATIENT DIABETES CARE.</p>

Return Reference - Identifier	Explanation
	<p>HEART DISEASE</p> <p>THE HOSPITALS OF COMMUNITY HEALTHCARE SYSTEM OPERATE ONE OF THE LARGEST, MOST ADVANCED CARDIOVASCULAR PROGRAMS IN NORTHWEST INDIANA THROUGH OUR ADVANCED HEART & VASCULAR INSTITUTE, CARDIAC ICU AND CHEST PAIN CENTERS. OUR TEAMS PROVIDE A HIGH LEVEL OF EXPERTISE IN PERFORMING DIAGNOSTIC TESTING, CARDIAC AND PERIPHERAL INTERVENTIONS, OPEN HEART AND MINIMALLY INVASIVE SURGERIES, INCLUDING TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) AND AORTIC ANEURYSM REPAIR (TEVAR), HEART VALVE CARE THROUGH ELECTROPHYSIOLOGY AND CARDIAC CATHETERIZATION, CARDIAC REHABILITATION, HEART FAILURE MANAGEMENT AND DISEASE PREVENTION. THE CARDIOVASCULAR SERVICES PROGRAM IS DISTINGUISHED FOR ITS OUTSTANDING TREATMENT OF HEART ATTACK PATIENTS, AND MEETING GOALS TO TREAT COMPLEX CORONARY ARTERY DISEASE WITH HIGH COMPLIANCE TO CORE STANDARD LEVELS OF CARE.</p> <p>STROKE</p> <p>COMMUNITY HOSPITAL, AN ACCREDITED NEUROINTERVENTIONAL & CERTIFIED COMPREHENSIVE STROKE CENTER, WORKS CLOSELY WITH THE PRIMARY STROKE CENTERS AT ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER ON BEST PRACTICES REGARDING STROKE PREVENTION, TREATMENT AND REHABILITATION. ALL THREE HOSPITALS HOLD THE GOLD PLUS RATING FROM THE AMERICAN HEART/STROKE ASSOCIATION. ACUTE REHABILITATION UNITS AT ALL HOSPITALS, INCLUDING COMMUNITY STROKE & REHABILITATION CENTER, PROVIDE A FULL SPECTRUM OF CARE TO ACHIEVE THE BEST RECOVERY POSSIBLE IN THE SHORTEST AMOUNT OF TIME. THE ACUTE REHABILITATION UNITS HAVE SOME OF THE BEST RETURN-TO-HOME PERFORMANCE EVALUATION MEASURES IN THE COUNTRY.</p> <p>OUTREACH</p> <p>FOUNDED ON A BELIEF THAT DIABETES, HEART DISEASE AND STROKE IS PREVENTABLE, COMMUNITY HEALTHCARE SYSTEM OFFERS FREE OR DISCOUNTED SCREENINGS, PRESENTATIONS ON INNOVATIVE TECHNOLOGY SUCH AS THE WATCHMAN™, CARDIOMEMS™, AND TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR), AND STROKE & DIABETES PREVENTION AWARENESS SYMPOSIUMS. ADDITIONALLY, DIABETES AND STROKE SUPPORT GROUPS AND CLASSES ARE OFFERED IN OUR FACILITIES AND COMMUNITIES. OUR HEALTHCARE TEAMS WORK WITH INDIVIDUALS AND FAMILIES TO PROMOTE LIFESTYLE CHOICES THAT LOWER THE RISK OF DEVELOPMENT DIABETES, HEART, NEUROLOGICAL AND VASCULAR DISEASE.</p> <p>MATERNAL, INFANT & CHILD HEALTH</p> <p>FAMILY BIRTHING CENTERS AT ALL THREE HOSPITALS ARE BLUE DISTINCTION CENTERS +™ FOR MATERNITY CARE BY ANTHEM BLUE CROSS AND BLUE SHIELD OF INDIANA, MEANING THE FACILITIES CONSISTENTLY DELIVER QUALITY CARE THAT RESULT IN BETTER OVERALL OUTCOMES FOR MATERNITY PATIENTS. ST. MARY MEDICAL CENTER, A BABY-FRIENDLY HOSPITAL BY BABY FRIENDLY USA, RECENTLY WAS RECOGNIZED BY U.S. NEWS & WORLD REPORT AS HIGH-PERFORMING IN MATERNITY CARE AND CHILDBIRTH SERVICES.</p> <p>TOGETHER, SIGNIFICANT ADVANCEMENTS HAVE BEEN MADE AS PART BY THE FAMILY BIRTHING CENTERS, AS PART OF THEIR 2019-2021 ACTION PLAN TO PROVIDE A HIGHER LEVEL OF CARE FOR MOTHERS AND BABIES ACROSS NORTHWEST INDIANA. EXPECTANT MOTHERS FACING HIGH-RISK OR COMPLICATED PREGNANCIES ARE ABLE TO ACCESS SPECIALIZED CARE AT COMMUNITY HOSPITAL'S CERTIFIED PERINATAL CENTER. IN 2020-21, COMMUNITY HOSPITAL'S NEONATAL INTENSIVE CARE UNIT (NICU) WAS EXPANDED TO INCLUDE AN OB EMERGENCY DEPARTMENT, PROVIDING CRITICAL CARE AND TRANSPORT SERVICES TO MOTHERS AND BABIES AT RISK ACROSS OUR SERVICE AREAS. EDUCATING THE COMMUNITY ABOUT RISK FACTORS FOR SUDDEN UNIDENTIFIED INFANT DEATHS (SUIDS) AND WELLBABY CARE ALSO HAS REMAINED A PRIORITY OF OUR BIRTHING CENTERS.</p> <p>NEW FAMILIES RECEIVE FREE SLEEPSACKS AND A FREE CAR SEAT TO TAKE HOME. CERTIFIED LACTATION CONSULTANTS ENCOURAGE MOMS DURING AND AFTER THEIR HOSPITAL STAY TO BREAST FEED THEIR BABIES. PEER-COUNSELORS INTERACT WITH MOTHERS OF NEWBORNS IN THE NICU UNIT WHO ARE OFTEN PUMP DEPENDENT. BIRTHING, LACTATION AND GRANDPARENT CLASSES ARE OFFERED ACROSS THE HOSPITAL SYSTEM.</p> <p>IN 2021-22, THE INDIANA DEPARTMENT OF HEALTH PRESENTED COMMUNITY HEALTHCARE SYSTEM WITH THE INSPIRE AWARD FOR EFFORTS TO REDUCE INFANT MORTALITY AND PROVIDE INTERVENTIONAL SUPPORT TO MOTHERS. IN 2019, ST. CATHERINE HOSPITAL WAS RECOGNIZED FOR INFANT-LIFE ADVOCACY THROUGH ITS INSTALLATION OF A SAFE HAVEN BABY BOX OUTSIDE THE FAMILY BIRTHING CENTER.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>Facility Name: ST. CATHERINE HOSPITAL, Inc.</p> <p>Description: ADULT MENTAL HEALTH</p> <p>BEHAVIORAL HEALTH SERVICES (BHS), OPERATES TWO ADULT INPATIENT UNITS AT ST. CATHERINE HOSPITAL AND PROVIDES OUTPATIENT CARE THROUGH A NETWORK OF COMMUNITY-BASED PROVIDERS. CONSTRUCTION OF A THIRD INPATIENT UNIT, BEGUN IN 2020, WILL CONCLUDE IN 2022. BHS ALSO CONDUCTS MENTAL HEALTH ASSESSMENTS FOR THE GENERAL HOSPITAL POPULATION.</p> <p>AN INTENSIVE OUTPATIENT PROGRAM, PAUSED DUE TO THE PANDEMIC, IS EXPECTED TO RESUME IN 2022. RECOGNIZING THE IMPACT COVID-19 HAS HAD ON MENTAL HEALTH, A COMMUNITY RESOURCE GUIDEBOOK FOR PSYCHO-SOCIAL NEEDS WAS DEVELOPED FOR THE PATIENTS, SOCIAL WORKERS AND MEDICAL PROVIDERS. AN ACTIVITY BOOK WITH MENTAL HEALTH TIPS WAS ALSO DESIGNED TO HAND TO PATIENTS AT ALL HOSPITALS, IF THE NURSING TEAM NOTICED SIGNS ANXIETY OR DEPRESSION.</p> <p>BEHAVIORAL HEALTH PROFESSIONALS CONDUCTED A HEALTHY MIND/HEALTHY BODY SYMPOSIUM BEFORE THE PANDEMIC AND HOSTED A PRE-RECORDED SUICIDE PREVENTION VIGIL DURING THE PANDEMIC. IN AN EFFORT TO CONNECT WITH PATIENTS DURING COVID-19, BHS STAFF LAUNCHED TELEHEALTH SERVICES AND OFFERED TRAINING SESSIONS WITH FIRST-RESPONDERS ON MENTAL HEALTH DE-ESCALATION TECHNIQUES.</p> <p>NUTRITION AND WEIGHT MANAGEMENT</p> <p>NUTRITION AND WEIGHT MANAGEMENT DID NOT SURFACE AS A PRIORITY ISSUE FOR THE 2022-2025 CHNA. HOWEVER, COMMUNITY HEALTHCARE SYSTEM RECOGNIZES THAT NUTRITION AND WEIGHT MANAGEMENT ARE CONTRIBUTING FACTORS IN WELLNESS, MENTAL HEALTH AND CHRONIC DISEASE. FOR THOSE REASONS, NUTRITION AND WEIGHT MANAGEMENT WILL BE ADDRESSED AS WE FOCUS ON OUR PRIORITY HEALTH ISSUES IN THE 2022-2025 ACTION PLAN.</p> <p>COMMUNITY HEALTH NEEDS: AREAS NOT ADDRESSED</p> <p>THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM IDENTIFIED AREAS OF CONCERN NOT IDENTIFIED IN THE HOSPITAL'S IMPLEMENTATION PLAN. THESE AREAS INCLUDE: ST CATHERINE HOSPITAL SERVICE AREAS: - ALCOHOL AND DRUG USE - OLDER ADULTS - PHYSICAL ACTIVITY - ACCESS TO CARE</p> <p>MANY OF THESE AREAS ARE BEING ADDRESSED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM AS WELL AS BY OTHER COMMUNITY ORGANIZATIONS. FOR EXAMPLE, ONE OF THE FOUR HOSPITALS IN THE COMMUNITY HEALTHCARE SYSTEM SPECIFICALLY ADDRESSES PHYSICAL ACTIVITY WHILE ALL ARE ADDRESSING ACCESS TO CARE.</p> <p>AS THE HOSPITAL FOCUSES ON LIFESTYLE, EDUCATION, PREVENTION AND ACCESS TO CARE ISSUES SURROUNDING ITS 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 THE MOST SERIOUS DISEASES AND THE RELATED LIFESTYLE ISSUES FACING OUR COMMUNITY AS WELL AS INVESTING IN THE HEALTH OF NEWBORNS - THE MOST VULNERABLE RESIDENTS.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p>HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROGRAM</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p>HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROGRAM</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p>	<p>HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROGRAM</p>

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? 0

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C -	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.
SCHEDULE H, PART I, LINE 6A - NAME OF RELATED ORGANIZATION THAT PREPARED COMMUNITY BENEFIT REPORT	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.
SCHEDULE H, PART I, LINE 7 -	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.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	4,629,256
SCHEDULE H, PART II -	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.
SCHEDULE H, PART III, LINE 2 -	THE COST TO CHARGE RATIO PER THE S-10 WORKSHEET OF THE MEDICARE COST REPORT IS USED TO ESTIMATE BAD DEBT AT COST.
SCHEDULE H, PART III, LINE 3 -	WE ESTIMATE 1% OF THE BAD DEBT EXPENSE TO BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE.
SCHEDULE H, PART III, LINE 4 -	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 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.
SCHEDULE H, PART III, LINE 8 -	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.
SCHEDULE H, PART III, LINE 9B -	COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS. PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE COLLECTION PROCEDURES BEGIN. IF AT ANY POINT IN THE COLLECTION PROCESS, DOCUMENTATION IS RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK FOR A FINANCIAL ASSISTANCE REVIEW.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	<p>THE MOST RECENT CHNA WAS CONDUCTED IN 2022 AND IS AVAILABLE ON THE FOLLOWING WEBSITE:</p> <p>HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</p> <p>IN ADDITION TO OUR CHNA, WHICH IS CONDUCTED EVERY THREE YEARS, ST. CATHERINE HOSPITAL CONTINUALLY ASSESSES THE HEALTHCARE NEEDS OF THE 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.</p>
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	<p>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.</p>
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	<p>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:</p> <p>PERSONS UNDER 18 YEARS PERCENT, 2021 EAST CHICAGO 26.90% INDIANA 23.30%</p> <p>PERSONS 65 YEARS AND OVER PERCENT, 2021 EAST CHICAGO 14.30% INDIANA 16.40%</p> <p>WHITE ALONE PERCENT, 2021 (A)EAST CHICAGO 24.50% INDIANA 84.20%</p> <p>BLACK OR AFRICAN AMERICAN ALONE PERCENT, 2021 (A) EAST CHICAGO 36.00% INDIANA 10.20%</p> <p>HISPANIC OR LATINO PERCENT, 2021 (B)EAST CHICAGO 57.50% INDIANA 7.70%</p> <p>WHITE ALONE, NOT HISPANIC OR LATINO PERCENT, 2021 EAST CHICAGO 6.30% INDIANA 77.50%</p> <p>HIGH SCHOOL GRADUATE OR HIGHER AGE 25+, 2016-2020 EAST CHICAGO 73.50% INDIANA 89.30%</p> <p>BACHELOR'S DEGREE OR HIGHER AGE 25+, 2016-2020 EAST CHICAGO 10.10% INDIANA 27.20%</p> <p>MEDIAN HOUSEHOLD INCOME, 2016-2020 EAST CHICAGO \$35,396 INDIANA \$58,235</p> <p>PERSONS IN POVERTY PERCENT, 2016-2020 EAST CHICAGO 30.60% INDIANA 11.60%</p> <p>(A) INCLUDES PERSONS REPORTING ONLY ONE RACE. (B) HISPANICS MAY BE OF ANY RACE, SO ALSO ARE INCLUDED IN APPLICABLE RACE CATEGORIES</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 -</p>	<p>ST. CATHERINE HOSPITAL IS A LEADING PROVIDER OF EXPERT MEDICAL CARE TO NORTHWEST INDIANA RESIDENTS BY INVESTING IN NEW TECHNOLOGIES AND INNOVATIVE TREATMENTS. THE HOSPITAL ALSO UTILIZES MULTIDISCIPLINARY TEAMS OF HEALTH PROFESSIONALS AND SHARED GOVERNANCE AMONG THE NURSING STAFF FOR INCREASED COLLABORATION AND ACCOUNTABILITY IN PATIENT CARE. THESE EFFORTS HAVE LED TO THE ACHIEVEMENT OF NUMEROUS QUALITY AWARDS AND ACCREDITATIONS, RECOGNIZING ST. CATHERINE HOSPITAL'S CONSISTENT EXCELLENCE IN HEALTH OUTCOMES AND PATIENT EXPERIENCE.</p> <p>ST. CATHERINE HOSPITAL OPERATES AS A PART OF THE COMMUNITY HEALTHCARE SYSTEM, WHICH INCLUDES COMMUNITY HOSPITAL IN MUNSTER ST. MARY MEDICAL CENTER, INC. IN HOBART AND COMMUNITY STROKE & REHABILITATION CENTER IN CROWN POINT.</p> <p>LETTER FROM THE CEO</p> <p>WE ARE PLEASED TO SHARE STORIES AND HELPFUL INFORMATION ABOUT OUR LEGACY OF HIGH QUALITY CARE WITH TOP NOTCH PHYSICIANS, A SERVICE-ORIENTED STAFF AND THE MOST ADVANCED TECHNOLOGIES AND SERVICES AVAILABLE TODAY.</p> <p>AT ST. CATHERINE HOSPITAL, OUR MISSION IS CLEAR: DELIVER EXCEPTIONAL CARE WITH OUTSTANDING OUTCOMES TO OUR PATIENTS.</p> <p>WE ARE COMMITTED TO PROVIDING YOU WITH ALL THE SERVICES NECESSARY TO KEEP YOU AND YOUR LOVED ONES HEALTHY DURING EVERY STAGE OF CARE -- FROM BABY'S FIRST HEARTBEAT TO BIRTH AND FROM A DIAGNOSIS TO TREATMENT FOR MEDICAL CONDITIONS SUCH AS CANCER, DIABETES, CARDIOVASCULAR, LUNG, KIDNEY OR BEHAVIORAL HEALTH CONDITIONS.</p> <p>WE TAKE GREAT PRIDE IN BEING A NATIONAL MODEL FOR HEALTHCARE DELIVERY:</p> <p>ST. CATHERINE HOSPITAL HAS BEEN DISTINGUISHED WITH THE HIGHEST-POSSIBLE, FIVE-STAR RATING FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. OUR HOSPITAL HAS HAD "A" GRADES IN PATIENT SAFETY FROM THE LEAPFROG GROUP OVER MANY YEARS.</p> <p>IN 2017 AND 2018, ST. CATHERINE HOSPITAL RECEIVED GET WITH THE GUIDELINES® GOLD-PLUS TARGET: STROKE HONOR ROLL STATUS FROM AMERICAN HEART AND AMERICAN STROKE ASSOCIATION FOR OFFERING THE MOST UP-TO-DATE AND SCIENTIFIC GUIDELINES-BASED TREATMENT TO PATIENTS FOR SIGNS OF ISCHEMIC STROKE. WE CONTINUALLY INVEST IN ADVANCED TECHNOLOGY AND SERVICES, SUCH AS OUR TELESTROKE NETWORK PARTNERSHIP WITH RUSH UNIVERSITY MEDICAL CENTER. THE PROGRAM ENABLES RAPID, ROBOTIC ASSESSMENTS THROUGH REAL TIME, FACE-TO-FACE VIDEO CONFERENCES BETWEEN OUR EMERGENCY ROOM PERSONNEL AND RUSH VASCULAR NEUROLOGISTS.</p> <p>AS WE CELEBRATED 90 YEARS OF BEING IN THE FOREFRONT OF MEDICAL PROGRESS AND CHANGE IN 2018, OUR HOSPITAL ACQUIRED A DAVINCI SI® SURGICAL SYSTEM FOR ROBOT-ASSISTED SURGICAL PROCEDURES THAT ARE MINIMALLY INVASIVE AND SPEED UP RECOVERY TIME. ST. CATHERINE HOSPITAL WAS ALSO SELECTED TO PILOT A MOBILE APP FOR HOSPITALS ACROSS THE NATION THAT LINKS ACUTE REHABILITATION THERAPIES FOR PATIENTS WITH THEIR LOVED ONES.</p> <p>OUR CARDIOLOGY CATHETERIZATION CARE CENTER OFFERS PRECISE, TOUCH-POINT TREATMENT AND INTERVENTIONAL PROCEDURES THAT SAVE LIVES AND LIMBS. CYBERKNIFE® TECHNOLOGY IN OUR ONCOLOGY INFUSION CLINIC IS AN IMPORTANT LINK IN COMMUNITY HEALTHCARE SYSTEM'S ARSENAL TO COMBAT CANCER AND CONTROL TUMORS IN EFFECTIVE WAYS.</p> <p>OUR WOMEN'S DIAGNOSTIC CENTER OFFERS 3D MAMMOGRAPHY TO PATIENTS IN A NON-WEIGHT-LIMITING CHAIR. HIGH RISK BREAST NAVIGATOR ARE ON HAND TO ASSIST WITH INDIVIDUAL PLANNING AND MONITORING. AT OUR FAMILY BIRTHING CENTER, CERTIFIED LACTATION CONSULTANTS, A MIDWIFE AND DEDICATED NURSING STAFF HELP DELIVER HEALTHY BEGINNINGS TO EXPECTANT MOMS.</p> <p>BECAUSE WE WANT THE VERY BEST FOR YOU, OUR HEALTHCARE MISSION GOES WELL BEYOND OUR HOSPITAL WALLS. FAMILIES CAN TAKE COMFORT KNOWING OUR HOSPITAL OFFERS BILINGUAL ACCESS TO SUPPORT PROGRAMS, OUTPATIENT TREATMENT AND WELLNESS INITIATIVES CLOSE TO HOME.</p> <p>HOSPITAL HISTORY</p> <p>ST. CATHERINE HOSPITAL ACCEPTED ITS FIRST PATIENT IN MAY 1928. IT HAS DELIVERED HEALING, HOPE AND HIGH-QUALITY CARE TO PEOPLE FROM ALL WALKS OF LIFE EVER SINCE.</p> <p>EAST CHICAGO WAS A CITY WITHOUT A HOSPITAL FOR 25 YEARS. SETTLED IN THE 1890'S, THE IDEA OF BUILDING A HOSPITAL DIDN'T TAKE ROOT UNTIL STEEL-MAKING AND MANUFACTURING CREATED MASSIVE JOB OPPORTUNITIES, ATTRACTING IMMIGRANTS FROM ALL OVER THE WORLD.</p> <p>AS THE CITY GREW, THE MANUFACTURERS ASSOCIATION OF EAST CHICAGO LED BY FIRST NATIONAL BANK OF EAST CHICAGO FOUNDER COL. WALTER J. RILEY, PLEDGED NEARLY \$500,000 TO SPUR INTEREST IN BUILDING A MEDICAL FACILITY.</p> <p>INLAND STEEL COMPANY, NOW ARCELOR MITTAL, DONATED LAND. OTHER PLEDGES ROLLED IN FROM COMPANIES LIKE NORTHERN INDIANA PUBLIC SERVICE COMPANY AND STANDARD OIL COMPANY - (BP).</p> <p>THE POOR HANDMAIDS OF JESUS CHRIST, FOUNDED IN GERMANY IN 1851 BY KATHERINE KASPER, INITIALLY PLEDGING \$750,000, UPPED THE CONTRIBUTION TO \$1 MILLION. THE POOR HANDMAIDS (ANCILLA DOMINI) HAD BEEN ADVOCATES FOR THE HOSPITAL CONSTRUCTION SINCE 1917. WORLD WAR I AND THE 1919 STEEL STRIKE KEPT CONSTRUCTION AT BAY UNTIL APRIL 21, 1927.</p> <p>ST. CATHERINE'S HOSPITAL WAS DEDICATED ON APRIL 22, 1928 TO HONOR THREE PROMINENT WOMEN: BLESSED MARY KATHERINE KASPER, WHO FOUNDED THE POOR HANDMAIDS OF JESUS CHRIST; CATHERINE RILEY, MOTHER OF COL. RILEY; AND MOTHER CATHERINE, WHO LED ANCILLA DOMINI HOSPITALS IN AMERICA AT THE TIME. TODAY, THE ORIGINAL, POSSESSIVE TITLE FOR ST. CATHERINE HOSPITAL REMAINS ETCHED ON THE ORIGINAL BUILDING, EAST OF THE SOUTH ENTRANCE.</p> <p>EARLY "FIRSTS" FOR THE HOSPITAL INCLUDE:</p>

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	<p>*SCHOOL OF X-RAY TECHNOLOGY; FULL-TIME SCHOOL OF NURSING *POLIO CARE *OPEN-HEART PROCEDURES TO ACHIEVE ACCLAIM AS THE HEART CENTER FOR NORTHWEST INDIANA *CANCER REGISTRY, SLEEP DISORDER CENTER AND UROLOGY CENTER</p> <p>THE HOSPITAL HAS EXPANDED ITS FOOTPRINT AND ITS NATIONAL REPUTATION FOR AWARD-WINNING CARE OVER THE DECADES: THE FIR STREET ANNEX WAS BUILT IN 1945. BLOCK MEMORIAL WING OPENED IN 1959. THE "E" BUILDING WAS REMODELED IN 1961. A PROFESSIONAL OFFICE BUILDING WAS ADDED IN 1971. THE PATIENT TOWER WAS BUILT IN 1987. FAMILY BIRTHING CENTER OPENED IN 1997.</p> <p>IN 2001, ST. CATHERINE HOSPITAL BECAME A MEMBER OF THE COMMUNITY HEALTHCARE SYSTEM. THE ANCILLA DOMINI SISTERS INVOLVEMENT IN OPERATIONS OF THE NOT-FOR-PROFIT HOSPITAL CEASED AT THAT TIME. TODAY, THE POOR HANDMAIDS OF JESUS CHRIST REMAIN A PART OF PASTORAL CARE OF ST. CATHERINE HOSPITAL AND ST. CATHERINE HOSPITAL AUXILIARY.</p> <p>OVER THE YEARS, THE HOSPITAL HAS CONTINUED ITS LEGACY TO ADVANCE MODERN HEALTH CARE FOR THE PEOPLE IT SERVES. SIGNIFICANT INVESTMENTS HAVE BEEN MADE IN CAPITAL IMPROVEMENTS, TECHNOLOGY AND SERVICE LINE INITIATIVES.</p> <p>IN RECENT YEARS, ST. CATHERINE HOSPITAL BROUGHT CYBERKNIFE® TO THE SCENE FOR TARGETED CANCER AND TUMOR TREATMENT. THE CATHETERIZATION LAB AND SURGICAL SERVICES HAS BROADENED TO INCLUDE ROBOTIC SURGERY AND INTERVENTIONAL CARDIOLOGY.</p>

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<p>SCHEDULE H, PART VI, LINE 5 -</p>	<p>SINCE 2017, THE HOSPITAL HAS RENOVATED ITS INTENSIVE CARE UNIT, BEHAVIORAL HEALTH SERVICES INPATIENT UNITS FOR ADULTS AND OLDER ADULTS, NORTH AND SOUTH LOBBY AND FAMILY BIRTHING CENTER. THE CAMPUS HAS BEEN IMPROVED, AS HAS THE PROFESSIONAL OFFICE BUILDING FOR OUTPATIENT CARE AND PHYSICIAN SERVICES.</p> <p>MISSION, VISION, AND VALUES</p> <p>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.</p> <p>VISION: COMMUNITY HEALTHCARE SYSTEM IS ONE MEDICAL PROVIDER ORGANIZED ACROSS FOUR HOSPITAL CAMPUSES. IT LINKS THREE INDIANA HOSPITALS - COMMUNITY HOSPITAL IN MUNSTER; ST. CATHERINE HOSPITAL IN EAST CHICAGO; ST. MARY MEDICAL CENTER IN HOBART, AND COMMUNITY STROKE & REHABILITATION CENTER IN CROWN POINT - 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.</p> <p>VALUES:</p> <p>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 AND ONE ANOTHER WITH PROFESSIONALISM, CONCERN AND KINDNESS, EXCEEDING EXPECTATIONS.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>INVESTMENT IN COMMUNITY AND QUALITY CARE</p> <p>ST. CATHERINE HOSPITAL IS A MAJOR EMPLOYER IN EAST CHICAGO. IT HAD 905 WORKERS ON STAFF AS OF THE FISCAL YEAR ENDED JUNE 30, 2022. ADDITIONALLY, THE HOSPITAL INVESTED IN STATE-OF-THE-ART MEDICAL TECHNOLOGY AND FACILITY IMPROVEMENTS SO IT'S ENVIRONMENT OF CARE MATCHES ITS HIGH-QUALITY OF CARE. SINCE 2016, THE HOSPITAL HAS UNDERTAKEN ANNUAL PROJECTS TO IMPROVE IT LOBBIES, PUBLIC ACCESS AREAS, PATIENT ROOMS, INTENSIVE CARE UNIT AND PROFESSIONAL OFFICE BUILDING SPACE FOR MEDICAL PROVIDERS. IN FISCAL YEAR 2021-22, PHYSICAL AND TECHNOLOGICAL IMPROVEMENTS WERE MADE IN VARIOUS DEPARTMENTS. PATIENT ROOM RENOVATION WAS COMPLETED ON 6-WEST. THE INFUSION AND CANCER CENTER HAS UPGRADED TO THE NEW, STATE-OF-ART CYBERKNIFE® S7™. CURRENTLY, WE ARE THE FIRST AND ONLY INDIANA SITE TO HAVE THE NEW S7 TECHNOLOGY.</p> <p>HIGH QUALITY CARE FOR AN UNINSURED, UNDERINSURED AND VULNERABLE POPULATION</p> <p>ST. CATHERINE HOSPITAL IS A SAFETY-NET HOSPITAL THAT RELIES ON PUBLIC SUBSIDIES, SUCH AS MEDICARE AND MEDICAID DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS FOR REVENUES TO HELP FINANCE THEIR IMPORTANT MISSION TO CARE FOR THE UNINSURED, UNDERINSURED, MEDICAID AND OTHER VULNERABLE PATIENTS. THE HOSPITAL'S MISSION TO SERVE STRETCHES INTO SURROUNDING INDIANA LOCALES, SUCH AS GARY, HAMMOND, HIGHLAND AND WHITING, AND CITIES ALONG THE ILLINOIS BORDER.</p> <p>ONE WAY ST. CATHERINE HOSPITAL RESPONDS TO THE NEEDS OF A VULNERABLE POPULATION IS THROUGH THE 340B PHARMACY PROGRAM. THIS PROGRAM HELPS PREVENT READMISSIONS THROUGH SAFE DISCHARGES WITH MEDICATION AND EDUCATION. COST-SAVINGS HELP FUND FREE HEALTH SCREENINGS AND EDUCATION ON CARDIOVASCULAR DISEASE AND DIABETES, ACCESS TO VACCINATIONS OR LOW-COST DIABETES STRIPS, FREE TRANSPORTATION SERVICE TO PATIENTS ON AN AS-NEEDED BASIS TO HELP MEET ANCILLARY TESTING APPOINTMENTS AND PRENATAL CARE CLASSES TO REDUCE INFANT MORTALITY. THE MEDS-TO-BEDS PROGRAM PROVIDES PATIENTS WITH NEEDED MEDICATION UPON DISCHARGE.</p>

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	<p>AWARDS AND RECOGNITION SYNOPSIS - FISCAL YEAR 2021-22</p> <p>*AMERICAN HEART/AMERICAN STROKE ASSOCIATION - GET WITH THE GUIDELINES GOLD PLUS AWARD AND TARGET: TYPE 2 DIABETES HONOR ROLL - 2021; STROKE GOLF PLUS WITH TARGET: TYPE R DIABETES HONOR ROLL, 2022</p> <p>*CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS), 5-STAR RATING - 2021,2022</p> <p>*COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) - 2022</p> <p>*INSPIRE AWARD FOR INFANT AND MATERNAL CARE, INDIANA HOSPITAL ASSOCIATION AT THE STATE OF INDIANA: CATEGORY OF EXCELLENCE AWARD - 2021, 2022</p> <p>*THE JOINT COMMISSION: FULL THREE-YEAR ACCREDITATION - 2020</p> <p>*THE JOINT COMMISSION ADVANCED PRIMARY STROKE CENTER CERTIFICATION - 2021</p> <p>*THE JOINT COMMISSION GOLD SEAL OF APPROVAL™ CERTIFICATE OF DISTINCTION: ADVANCED CERTIFICATION FOR INPATIENT DIABETES CARE - 2016-2017, 2018-2019, AND 2020-2021</p> <p>*THE JOINT COMMISSION GOLD SEAL OF APPROVAL FOR CHEST PAIN CERTIFICATION - 2022</p> <p>COMMUNITY OUTREACH</p> <p>ST. CATHERINE HOSPITAL OFFERS FREE PROGRAMS, SPECIAL EVENTS, PREVENTATIVE SCREENINGS AND SUPPORT GROUPS TO HELP IMPROVE HEALTH, WELLNESS AND QUALITY OF LIFE IN NORTHWEST INDIANA. COMMUNITY PARTNERSHIPS INCLUDE: MENTAL HEALTH AMERICA, LAKE AREA UNITED WAY, MEALS ON WHEELS, MULTICULTURAL WELLNESS NETWORK, INC., (MWN); MINORITY ORGAN TISSUE TRANSPLANT EDUCATION PROGRAM (MOTTEP); LAINI FLUELLEN CHARITIES; HAMMOND HISPANIC COMMUNITY COMMITTEE; LAKESHORE CHAMBER OF COMMERCE; HEALTHY EAST CHICAGO; HEALTHLINC , NORTHSHORE AND 219 HEALTH NETWORK, INC., THREE UNIQUE FEDERALLY QUALIFIED HEALTH CENTERS WITH CLINICS SERVING HAMMOND, GARY, HIGHLAND AND EAST CHICAGO.</p> <p>IN MARCH 2020, THE HOSPITAL'S COMMUNITY OUTREACH EFFORTS WERE SIGNIFICANTLY IMPACTED BY COVID-19. IN KEEPING WITH CDC GUIDELINES, COMMUNITY HEALTHCARE SYSTEM POSTPONED MOST- IN PERSON EVENTS. WE MOVED TO A FOCUS ON VIRTUAL PROGRAMMING WITH SUPPORT GROUPS AND EDUCATIONAL EVENTS. IN EARLY 2022, SMALL SCALE IN-PERSON EVENTS WERE REINSTATED AND VIRTUAL OPPORTUNITIES WERE REDUCED BUT NOT ELIMINATED. SUPPORT GROUPS AND SMOKING CESSATION CLASS STILL OFFER VIRTUAL OPTIONS TO PARTICIPANTS.</p>
<p>SCHEDULE H, PART VI, LINE 5 -</p>	<p>FOR FISCAL YEAR 2021-2022, THE VALUE OF ST. CATHERINE HOSPITAL'S OUTREACH PROGRAMS -WHICH WERE CONDUCTED VIRTUALLY AND IN-PERSON. COMMUNITY OUTREACH PROGRAMS IN THE FISCAL YEAR INCLUDED:</p> <p>*WELL WALKER CLUB PROGRAMS MOVED TO A HYBRID FORM TO MAINTAIN SOME LEVEL OF PHYSICAL FITNESS AND HEALTH INFORMATION WHILE INDOORS FOR WINTER VIA WEBEX; AND ACTUAL OUTDOOR WALKING EVENTS ACROSS LAKE AND PORTER COUNTIES WHEN HEALTH AND WEATHER CONDITIONS WERE FAVORABLE.</p> <p>*VIRTUAL PRESENTATION FOR NATIONAL WEAR RED DAY FEATURING TWO CARDIOLOGISTS, HUSBAND AND WIFE, DISCUSSING THE DIFFERENCES BETWEEN MEN AND WOMEN REGARDING CARDIAC CARE.</p> <p>*PERIPHERAL VASCULAR DISEASE (PVD) WAS A SUCCESSFUL VIRTUAL PROGRAM FEATURING INTERVENTIONAL CARDIOLOGISTS AND A PODIATRIST FROM OUR HEALTHCARE SYSTEM.</p> <p>*NORTHWEST INDIANA HEALTH SUMMIT WAS IN-PERSON ON A SMALLER SCALE FEATURING AREA HEALTH EXPERTS ACROSS THE AREA. THE APRIL EVENT FEATURED TOPICS SUCH AS: AUTOIMMUNE DISEASES- LUPUS, CARDIAC CARE, OSTEOPOROSIS AND ARTHRITIS, MENTAL HEALTH AND ADULT IMMUNIZATIONS. THE CALL TO ACTION WAS IT IS SAFE TO VISIT A PRIMARY CARE PHYSICIAN, ENDOCRINOLOGIST OR PHARMACY AT A COMMUNITY HEALTHCARE SYSTEM FACILITY.</p> <p>*AS RESTRICTIONS REGARDING THE COVID-19 PANDEMIC STARTED TO LIFT, WE WERE ABLE TO EXPAND THE SIZE OF OUR IN-PERSON EVENTS. THE STROKE AND DIABETES AWARENESS FAIR WAS OUR FIRST LARGE SCALE EVENT. THE ORGANIZERS WELCOMED 300 PEOPLE TO THE CENTER FOR VISUAL AND PERFORMING ARTS TO GET SCREENINGS AND GATHER NEW INFORMATION.</p> <p>*OUR PARTNERSHIPS WITH THE YMCAS ACROSS NORTHWEST INDIANA PROVIDED ADDITIONAL OPPORTUNITIES FOR LARGER SCALE IN-PERSON EVENTS.</p>
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>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.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>IN</p>