

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization MERCY HEALTH SERVICES - IOWA, CORP.	Employer identification number 31-1373080
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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 (FAP) during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP 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 checked="" type="checkbox"/>	
<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 <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" 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 FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(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)			14256499.		14256499.	1.43%
b Medicaid (from Worksheet 3, column a)			127487107	158769004	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			141743606	158769004	14256499.	1.43%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	75	21,578	5781443.	373,306.	5408137.	.54%
f Health professions education (from Worksheet 5)	12	397	3988253.	1541781.	2446472.	.25%
g Subsidized health services (from Worksheet 6)	18	23,049	36597672.	18112175.	18485497.	1.85%
h Research (from Worksheet 7)	2		924.		924.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	37	20,922	2062582.	72,981.	1989601.	.20%
j Total. Other benefits	144	65,946	48430874.	20100243.	28330631.	2.84%
k Total. Add lines 7d and 7j	144	65,946	190174480	178869247	42587130.	4.27%

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	6	7,260	13,312.		13,312.	.00%
3 Community support	9	563	30,749.		30,749.	.00%
4 Environmental improvements	2	75	1,246.		1,246.	.00%
5 Leadership development and training for community members						
6 Coalition building	6		16,094.		16,094.	.00%
7 Community health improvement advocacy	5	1,170	5,429.		5,429.	.00%
8 Workforce development	9	1,012	96,318.		96,318.	.01%
9 Other						
10 Total	37	10,080	163,148.		163,148.	.01%

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	19,262,760.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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	0.
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	238,648,569.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	282,042,862.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-43,394,293.
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	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 FOREST PARK IMAGING, LLC	IMAGING SERVICES	52.89%		47.11%
2 MAGNETIC RESONANCE SERVICES, LLC	MRI SERVICES	49.00%		51.00%
3 MASON CITY AMBULATORY SURGERY CENTER, LLC	AMBULATORY SURGICAL SERVICES	51.00%		49.00%
4 MERCY HEART CENTER OUTPATIENT SERVICES, LLC	OUTPATIENT ECHOCARDIOGRAPHY AND NUCLEAR MEDICINE SERVICES	51.00%		49.00%

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: MERCYONE NORTH IOWA MEDICAL CENTER

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 (CHNA)		
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 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
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		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>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	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?	X	
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 SCHEDULE H, PART V, SECTION C</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>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," list url: <u>SEE SCHEDULE H, PART V, SECTION C</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: MERCYONE NORTH IOWA MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input 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 checked="" type="checkbox"/> Residency		
h <input checked="" 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?	X	
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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
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 PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</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, PAGE 8</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)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: MERCYONE NORTH IOWA MEDICAL CENTER

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written 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) on line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) 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 FAP? If "No," indicate why:	X	
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: MERCYONE NORTH IOWA MEDICAL CENTER

	Yes	No
<p>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:</p> <p>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</p> <p>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</p> <p>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</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p>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?</p> <p>If "Yes," explain in Section C.</p>	23	X
<p>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?</p> <p>If "Yes," explain in Section C.</p>	24	X

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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: MERCYONE SIOUXLAND MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

	Yes	No
Community Health Needs Assessment (CHNA)		
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 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
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		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>24</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?	X	
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 SCHEDULE H, PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
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>24</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," list url: <u>SEE SCHEDULE H, PART V, SECTION C</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: MERCYONE SIOUXLAND MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input 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 checked="" type="checkbox"/> Residency		
h <input checked="" 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?	X	
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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
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 PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</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, PAGE 8</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: MERCYONE SIOUXLAND MEDICAL CENTER

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written 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) on line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) 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 FAP? If "No," indicate why:	X	
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: MERCYONE SIOUXLAND MEDICAL CENTER

	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	X
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	X
If "Yes," explain in Section C.		

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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: MERCYONE DUBUQUE MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
Community Health Needs Assessment (CHNA)		
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 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
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 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		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>23</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?	X	
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 SCHEDULE H, PART V, SECTION C</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>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," list url: <u>SEE SCHEDULE H, PART V, SECTION C</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: MERCYONE DUBUQUE MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input 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 checked="" type="checkbox"/> Residency		
h <input checked="" 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?	X	
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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
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 PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</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, PAGE 8</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: MERCYONE DUBUQUE MEDICAL CENTER

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written 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?		X
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) on line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) 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 FAP?	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)		

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: MERCYONE DUBUQUE MEDICAL CENTER

	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	X
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	X
If "Yes," explain in Section C.		

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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: DUNES SURGICAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

	Yes	No
Community Health Needs Assessment (CHNA)		
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 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
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		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>24</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?	X	
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 SCHEDULE H, PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
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>24</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," list url: <u>SEE SCHEDULE H, PART V, SECTION C</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: DUNES SURGICAL HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>400</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 checked="" 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?	X	
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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
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 PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</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, PAGE 8</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)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: DUNES SURGICAL HOSPITAL

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written 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?		X
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) on line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) 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 FAP?		X
If "No," indicate why:		
a <input checked="" 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: DUNES SURGICAL HOSPITAL

		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 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 checked="" 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	X
	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	X
	If "Yes," explain in Section C.		

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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: MERCYONE NEW HAMPTON MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

	Yes	No
Community Health Needs Assessment (CHNA)		
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 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
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		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>24</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?	X	
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 SCHEDULE H, PART V, SECTION C</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>24</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," list url: <u>SEE SCHEDULE H, PART V, SECTION C</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: MERCYONE NEW HAMPTON MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input 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 checked="" type="checkbox"/> Residency		
h <input checked="" 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?	X	
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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
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 PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</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, PAGE 8</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)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: MERCYONE NEW HAMPTON MEDICAL CENTER

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written 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?		X
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) on line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) 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 FAP?	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)		

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: MERCYONE NEW HAMPTON MEDICAL CENTER

	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	X
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	X
If "Yes," explain in Section C.		

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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: MERCYONE DYERSVILLE MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

	Yes	No
Community Health Needs Assessment (CHNA)		
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 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
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 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		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>23</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?	X	
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 SCHEDULE H, PART V, SECTION C</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>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," list url: <u>SEE SCHEDULE H, PART V, SECTION C</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: MERCYONE DYERSVILLE MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input 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 checked="" type="checkbox"/> Residency		
h <input checked="" 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?	X	
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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
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 PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</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, PAGE 8</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)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: MERCYONE DYERSVILLE MEDICAL CENTER

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written 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?		X
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) on line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) 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 FAP?	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)		

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: MERCYONE DYERSVILLE MEDICAL CENTER

	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	X
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	X
If "Yes," explain in Section C.		

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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, 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.

MERCYONE NORTH IOWA MEDICAL CENTER:
PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: MERCYONE NORTH IOWA MEDICAL CENTER (MERCYONE NORTH IOWA) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS.

THE FOLLOWING ARE THE PRIORITIZED SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED:

- 1. MENTAL HEALTH**
- 2. FOOD ACCESS**
- 3. AGING SUPPORT**

MERCYONE SIOUXLAND MEDICAL CENTER:
PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: MERCYONE SIOUXLAND MEDICAL CENTER (MERCYONE SIOUXLAND) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- 1. MENTAL HEALTH**
- 2. SUBSTANCE USE**
- 3. SEXUAL HEALTH**
- 4. CANCER PREVENTION**
- 5. NUTRITION & PHYSICAL ACTIVITY**

MERCYONE DUBUQUE MEDICAL CENTER:
PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: MERCYONE DUBUQUE MEDICAL CENTER (MERCYONE DUBUQUE) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- 1. BRAIN/MENTAL HEALTH (INCLUDING ALCOHOL AND DRUG MISUSE); 2. OBESITY (INCLUDING PHYSICAL ACTIVITY AND NUTRITION); 3. ACCESS TO DENTAL CARE; 4. ACCESS TO HEALTH CARE; 5. SEXUAL HEALTH AND BEHAVIOR; 6. FOOD INSECURITY; 7. LYME DISEASE; 8. ALZHEIMER'S DISEASE; AND 9. ASTHMA.**

DUNES SURGICAL HOSPITAL:
PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: THE DUNES SURGICAL HOSPITAL (DUNES) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF 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, 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.

COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- 1. MENTAL HEALTH
- 2. SUBSTANCE USE
- 3. SEXUAL HEALTH
- 4. CANCER PREVENTION
- 5. NUTRITION & PHYSICAL ACTIVITY

MERCYONE NEW HAMPTON MEDICAL CENTER:
PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: MERCYONE NEW HAMPTON MEDICAL CENTER (MERCYONE NEW HAMPTON) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- 1. CANCER
- 2. MENTAL HEALTH
- 3. IMMIGRANT POPULATION
- 4. OBESITY
- 5. HEART DISEASE/STROKE
- 6. DIABETES
- 7. LUNG DISEASE

MERCYONE DYERSVILLE MEDICAL CENTER:
PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: MERCYONE DYERSVILLE MEDICAL CENTER (MERCYONE DYERSVILLE) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- 1. BRAIN/MENTAL HEALTH (INCLUDING ALCOHOL AND DRUG MISUSE); 2. OBESITY (INCLUDING PHYSICAL ACTIVITY AND NUTRITION); 3. ACCESS TO DENTAL CARE; 4. ACCESS TO HEALTH CARE; 5. SEXUAL HEALTH AND BEHAVIOR; 6. FOOD INSECURITY; 7. LYME DISEASE; 8. ALZHEIMER'S DISEASE; AND 9. ASTHMA.

MERCYONE NORTH IOWA MEDICAL CENTER:

PART V, SECTION B, LINE 5: MERCYONE NORTH IOWA WORKED TOGETHER WITH CERRO GORDO PUBLIC HEALTH TO DEVELOP THE CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT/IMPLEMENTATION STRATEGY AND IS A PARTICIPANT IN THE CERRO GORDO COUNTY HEALTH IMPROVEMENT PARTNERSHIP, WHICH IS COMPRISED OF 14 AREA ORGANIZATIONS AND RESIDENTS. WE FEEL THAT WE WILL HAVE THE MOST SUCCESS WHEN WE PARTNER AND WORK COLLABORATIVELY TOGETHER IN IDENTIFYING AND ADDRESSING THE COMMUNITY HEALTH NEEDS. SURVEYS WERE DISPERSED VIA EMAIL, WEBSITE AND IN PERSON STARTING JULY 2022 THROUGH OCTOBER 2022. IN ADDITION

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, 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.

TO SURVEYS, FOCUS GROUPS WERE HELD WITH PROFESSIONALS AND CITIZENS UTILIZING SERVICES IN THE CERRO GORDO COMMUNITY THROUGHOUT JANUARY. ON JANUARY 23, 2023, A COMMUNITY HEALTH FORUM WAS HELD AT NORTH IOWA AREA COMMUNITY COLLEGE (NIACC), WHERE THE INFORMATION THAT WAS PROVIDED THROUGH THE SURVEYS AND FOCUS GROUPS WAS DISCUSSED. THE FOCUS GROUP IDENTIFIED SEVERAL COMMON THEMES AND FOCUS AREAS.

THE STEERING TEAM UTILIZED THE MAPP (MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS) FRAMEWORK. BASED ON THE ASSESSMENTS, THEMES IN QUALITATIVE AND QUANTITATIVE DATA WERE ANALYZED AND STRATEGIC ISSUES WERE IDENTIFIED. THE STEERING TEAM UTILIZED THE BIG EASY METHOD OF VOTING WHERE MEMBERS PLACED THE HIGHEST IMPACT AND EASE ON EFFORTS FOCUSED TOWARDS IMPROVING FOOD ACCESS, MENTAL HEALTH SERVICES/SUPPORT, AND SERVICES FOR THE AGING POPULATION.

IN ADDITION TO CERRO GORDO PUBLIC HEALTH, THE FOLLOWING AGENCIES CONTRIBUTED TO THE DEVELOPMENT AND INFORMATION USED FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT: NORTH IOWA COMMUNITY ACTION ORGANIZATION, PRAIRIE RIDGE INTEGRATED HEALTH CARE, UNITED WAY OF NORTH CENTRAL IOWA, NORTH IOWA CHILDREN'S ALLIANCE, MASON CITY YOUTH TASK FORCE, NORTH IOWA AREA COUNCIL OF GOVERNMENTS (NIACOG), RESIDENTS OF THE COMMUNITY, WRIGHT COUNTY PUBLIC HEALTH, PALO ALTO PUBLIC HEALTH, KOSSUTH PUBLIC HEALTH, AND HANCOCK PUBLIC HEALTH.

MERCYONE SIOUXLAND MEDICAL CENTER:

PART V, SECTION B, LINE 5: IN FEBRUARY 2024, A COMMUNITY HEALTH NEEDS ASSESSMENT KICK-OFF MEETING WAS HELD WITH 59 COMMUNITY PARTNERS COMING TOGETHER TO PARTICIPATE IN A VISIONING WORKSHOP. THE PURPOSE OF THIS MEETING WAS TO ENGAGE THE GROUP IN VISIONARY THINKING AND TO CREATE A SHARED LIST OF VISIONARY COMPONENTS.

INPUT WAS ALSO COLLECTED IN APRIL AND MAY 2024 FROM PEOPLE WHO REPRESENT THE COMMUNITY THROUGH SURVEYS CONDUCTED VIA AN ONLINE QUESTIONNAIRE. IN ALL, 432 AREA ADULTS COMPLETED THE SURVEY. COMMUNITY INPUT WAS ALSO COLLECTED FROM 29 COMMUNITY MEMBERS THROUGH FIVE FOCUS GROUPS CONDUCTED IN APRIL AND MAY 2024. FOCUS GROUPS INCLUDED AN AGING POPULATION FOCUS GROUP AT SIOUXLAND CENTER FOR ACTIVE GENERATIONS, A NATIVE AMERICAN INDIVIDUAL INTERVIEW AT URBAN NATIVE CENTER, A MOTHER INPATIENT SUBSTANCE USE DISORDER TREATMENT FOCUS GROUP AT ROSECRANCE JACKSON CENTERS, A TEENAGE YOUTH FOCUS GROUP AT BOYS & GIRLS CLUB TEEN CENTER, AND A NEWCOMER/IMMIGRANT POPULATION FOCUS GROUP AT MARY J. TREGLIA COMMUNITY HOUSE.

A COMMUNITY MEETING WAS ALSO HELD IN AUGUST 2024 WITH 44 LOCAL PARTNERS, INCLUDING LOCAL COLLEGES, COMMUNITY ACTION AGENCIES, HEALTH PROVIDERS, AND COMMUNITY-BASED ORGANIZATIONS, TO ASSIST IN PRIORITIZING COMMUNITY NEEDS.

MERCYONE DUBUQUE MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE CHNA ADVISORY COMMITTEE CONVENED ON DECEMBER 12, 2022, AND CONTINUED TO MEET ON A BIWEEKLY BASIS THROUGH NOVEMBER 6TH, 2023. THE ADVISORY COMMITTEE CONSISTED OF REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS:

- DUBUQUE COUNTY PUBLIC HEALTH DEPARTMENT
- CITY OF DUBUQUE HEALTH SERVICES DEPARTMENT

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, 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.

- CITY OF DUBUQUE, OFFICE OF SHARED PROSPERITY & NEIGHBORHOOD SUPPORT
- UNITYPOINT HEALTH-FINLEY HOSPITAL
- DUBUQUE VISITING NURSES ASSOCIATION
- CRESCENT COMMUNITY HEALTH CENTER
- CITY OF DUBUQUE, PLANNING SERVICES DEPARTMENT

THE CHNA ADVISORY COMMITTEE CONSTRUCTED A COMMUNITY SURVEY WHICH WAS MADE AVAILABLE TO THE PUBLIC FROM MARCH 15, 2023, THROUGH MAY 24, 2023. THE CITY OF DUBUQUE'S OFFICE OF SHARED PROSPERITY AND NEIGHBORHOOD SUPPORT (OSPNS) ASSISTED WITH THE PROCESS OF ASSESSING COMMUNITY HEALTH NEEDS AND SOUGHT TO PROMOTE EQUITY THROUGHOUT THIS PROCESS. THE OSPNS ENCOURAGED THE COMMITTEE TO TRANSLATE SURVEYS INTO SPANISH AND MARSHALLESE TO INCREASE ACCESSIBILITY AND PARTICIPATION WITHIN HISPANIC, LATINO, AND MARSHALLESE COMMUNITIES. THE DEPARTMENT PARTNERED WITH THE CITY OF DUBUQUE'S OFFICE OF EQUITY AND HUMAN RIGHTS TO DIRECTLY ASSIST WITH THE SPANISH TRANSLATION. TRANSLATION OF THE SURVEY INTO MARSHALLESE WAS PERFORMED BY AN OUTSIDE AGENCY.

IN ADDITION TO THE RESULTS OF THE COMMUNITY-WIDE SURVEY DEVELOPED BY THE ADVISORY COMMITTEE, DATA FROM SECONDARY SOURCES AND FINDINGS FROM THE COMMUNITY EQUITY PROFILE CONDUCTED BY COMMUNITY FOUNDATION OF GREATER DUBUQUE WERE USED TO IDENTIFY AND PRIORITIZE THE COMMUNITY HEALTH NEEDS.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 5: IN FEBRUARY 2024, A COMMUNITY HEALTH NEEDS ASSESSMENT KICK-OFF MEETING WAS HELD WITH 59 COMMUNITY PARTNERS COMING TOGETHER TO PARTICIPATE IN A VISIONING WORKSHOP. THE PURPOSE OF THIS MEETING WAS TO ENGAGE THE GROUP IN VISIONARY THINKING AND TO CREATE A SHARED LIST OF VISIONARY COMPONENTS.

INPUT WAS ALSO COLLECTED IN APRIL AND MAY 2024 FROM PEOPLE WHO REPRESENT THE COMMUNITY THROUGH SURVEYS CONDUCTED VIA AN ONLINE QUESTIONNAIRE. IN ALL, 432 AREA ADULTS COMPLETED THE SURVEY. COMMUNITY INPUT WAS ALSO COLLECTED FROM 29 COMMUNITY MEMBERS THROUGH FIVE FOCUS GROUPS CONDUCTED IN APRIL AND MAY 2024. FOCUS GROUPS INCLUDED AN AGING POPULATION FOCUS GROUP AT SIOUXLAND CENTER FOR ACTIVE GENERATIONS, A NATIVE AMERICAN INDIVIDUAL INTERVIEW AT URBAN NATIVE CENTER, A MOTHER INPATIENT SUBSTANCE USE DISORDER TREATMENT FOCUS GROUP AT ROSECRANCE JACKSON CENTERS, A TEENAGE YOUTH FOCUS GROUP AT BOYS & GIRLS CLUB TEEN CENTER, AND A NEWCOMER/IMMIGRANT POPULATION FOCUS GROUP AT MARY J. TREGLIA COMMUNITY HOUSE.

A COMMUNITY MEETING WAS ALSO HELD IN AUGUST 2024 WITH 44 LOCAL PARTNERS, INCLUDING LOCAL COLLEGES, COMMUNITY ACTION AGENCIES, HEALTH PROVIDERS, AND COMMUNITY-BASED ORGANIZATIONS, TO ASSIST IN PRIORITIZING COMMUNITY NEEDS.

MERCYONE NEW HAMPTON MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE CHNA ADVISORY COMMITTEE MET FOR THE FIRST TIME ON JANUARY 22, 2025. REPRESENTATIVES FROM MERCYONE NEW HAMPTON MEDICAL CENTER, CHICKASAW COUNTY PUBLIC HEALTH, IOWA STATE EXTENSION OFFICE, COUNSELING & FAMILY CENTERED SERVICES, CITY OF NEW HAMPTON AND AREA BUSINESSES PARTICIPATED IN THE IN-PERSON MEETING. THE ADVISORY COMMITTEE DISCUSSED THE PURPOSE AND REQUIREMENTS OF CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT, DEFINITION OF OUR COMMUNITY, AS WELL AS A BRIEF

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, 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.

OVERVIEW OF THE CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT AND THE IDENTIFIED COMMUNITY HEALTH NEEDS. A REVIEW OF THE TIMELINE WAS COMPLETED. DATA COLLECTED WAS SENT IN AN EMAIL PRIOR TO THE MEETING SO DISCUSSION ON PRIORITY NEEDS COULD TAKE PLACE.

MERCYONE NEW HAMPTON COLLECTED COMMUNITY INPUT THROUGH A 23-QUESTION SURVEY. A TOTAL OF 180 RESPONSES WERE COLLECTED BETWEEN OCTOBER 1 AND DECEMBER 5, 2024. SURVEYS WERE DISTRIBUTED TO COMMUNITY MEMBERS AND ORGANIZATIONS THROUGHOUT CHICKASAW COUNTY INCLUDING, BUT NOT LIMITED TO, MASS EMAILS, SOCIAL MEDIA, MOBILE FOOD BANKS AND VACCINATION CLINICS.

MERCYONE NEW HAMPTON ALSO COLLECTED COMMUNITY INPUT THROUGH FOUR FOCUS GROUPS HELD IN SEPTEMBER. THE FOCUS GROUPS CONSISTED OF COMMUNITY SERVICE ORGANIZATIONS, COUNTY MINISTERIAL ASSOCIATION, CHICKASAW COUNTY CHILD ABUSE PREVENTION COUNCIL, AND SCHOOL REPRESENTATIVES. THE COMMUNITY SERVICE ORGANIZATIONS GROUP INCLUDED REPRESENTATIVES FROM SALVATION ARMY, CHICKASAW COUNTY FOOD BANK AND NORTHEAST IOWA COMMUNITY ACTION. THE GROUP OF SCHOOL REPRESENTATIVES INCLUDED SCHOOL COUNSELORS, NURSES, AND ENGLISH AS A SECOND LANGUAGE TEACHERS. THIRTY-NINE COMMUNITY MEMBERS PARTICIPATED IN THESE FOCUS GROUPS.

MERCYONE DYERSVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE CHNA ADVISORY COMMITTEE CONVENED ON DECEMBER 12, 2022, AND CONTINUED TO MEET ON A BIWEEKLY BASIS THROUGH NOVEMBER 6TH, 2023. THE ADVISORY COMMITTEE CONSISTED OF REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS:

- DUBUQUE COUNTY PUBLIC HEALTH DEPARTMENT
- CITY OF DUBUQUE HEALTH SERVICES DEPARTMENT
- CITY OF DUBUQUE, OFFICE OF SHARED PROSPERITY & NEIGHBORHOOD SUPPORT
- UNITYPOINT HEALTH-FINLEY HOSPITAL
- DUBUQUE VISITING NURSES ASSOCIATION
- CRESCENT COMMUNITY HEALTH CENTER
- CITY OF DUBUQUE, PLANNING SERVICES DEPARTMENT

THE CHNA ADVISORY COMMITTEE CONSTRUCTED A COMMUNITY SURVEY WHICH WAS MADE AVAILABLE TO THE PUBLIC FROM MARCH 15, 2023, THROUGH MAY 24, 2023. THE CITY OF DUBUQUE'S OFFICE OF SHARED PROSPERITY AND NEIGHBORHOOD SUPPORT (OSPNS) ASSISTED WITH THE PROCESS OF ASSESSING COMMUNITY HEALTH NEEDS AND SOUGHT TO PROMOTE EQUITY THROUGHOUT THIS PROCESS. THE OSPNS ENCOURAGED THE COMMITTEE TO TRANSLATE SURVEYS INTO SPANISH AND MARSHALLESE TO INCREASE ACCESSIBILITY AND PARTICIPATION WITHIN HISPANIC, LATINO, AND MARSHALLESE COMMUNITIES. THE DEPARTMENT PARTNERED WITH THE CITY OF DUBUQUE'S OFFICE OF EQUITY AND HUMAN RIGHTS TO DIRECTLY ASSIST WITH THE SPANISH TRANSLATION. TRANSLATION OF THE SURVEY INTO MARSHALLESE WAS PERFORMED BY AN OUTSIDE AGENCY.

IN ADDITION TO THE RESULTS OF THE COMMUNITY-WIDE SURVEY DEVELOPED BY THE ADVISORY COMMITTEE, DATA FROM SECONDARY SOURCES AND FINDINGS FROM THE COMMUNITY EQUITY PROFILE CONDUCTED BY COMMUNITY FOUNDATION OF GREATER DUBUQUE WERE USED TO IDENTIFY AND PRIORITIZE THE COMMUNITY HEALTH NEEDS.

MERCYONE SIOUXLAND MEDICAL CENTER:

PART V, SECTION B, LINE 6A: MERCYONE SIOUXLAND CONDUCTED A JOINT CHNA

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, 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.

WITH DUNES SURGICAL HOSPITAL AND UNITYPOINT HEALTH.

MERCYONE DUBUQUE MEDICAL CENTER:

PART V, SECTION B, LINE 6A: MERCYONE DUBUQUE CONDUCTED A JOINT CHNA WITH MERCYONE DYERSVILLE AND UNITYPOINT HEALTH-FINLEY HOSPITAL, DUBUQUE.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 6A: DUNES SURGICAL HOSPITAL CONDUCTED A JOINT CHNA WITH MERCYONE SIOUXLAND AND UNITYPOINT HEALTH.

MERCYONE DYERSVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 6A: MERCYONE DYERSVILLE CONDUCTED A JOINT CHNA WITH MERCYONE DUBUQUE AND UNITYPOINT HEALTH-FINLEY HOSPITAL, DUBUQUE.

MERCYONE NORTH IOWA MEDICAL CENTER:

PART V, SECTION B, LINE 6B: MERCYONE NORTH IOWA COLLABORATED WITH THE FOLLOWING ORGANIZATIONS TO CONDUCT THE MOST RECENT CHNA: CERRO GORDO PUBLIC HEALTH, NORTH IOWA COMMUNITY ACTION ORGANIZATION, MASON CITY YOUTH TASK FORCE, UNITED WAY OF NORTH CENTRAL, IOWA PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTH CARE, NORTH IOWA AREA COUNCIL OF GOVERNMENTS, NORTH IOWA COMMUNITY COLLEGE, FLOYD COUNTY PUBLIC HEALTH, KOSSUTH REGIONAL HEALTH CENTER, HANCOCK COUNTY HEALTH SYSTEM, PALO ALTO COUNTY HEALTH SYSTEM, WINNEBAGO COUNTY PUBLIC HEALTH, WRIGHT COUNTY PUBLIC HEALTH, AND RESIDENTS OF THE COMMUNITY

MERCYONE SIOUXLAND MEDICAL CENTER:

PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED WITH BRIAR CLIFF UNIVERSITY, GROWING COMMUNITY CONNECTIONS, ROSECRANCE JACKSON BEHAVIORAL HEALTH, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND DISTRICT HEALTH DEPARTMENT, AND SOURCE FOR SIOUXLAND.

MERCYONE DUBUQUE MEDICAL CENTER:

PART V, SECTION B, LINE 6B: MERCYONE DUBUQUE CONDUCTED ITS CHNA WITH THE FOLLOWING NON-HOSPITAL ORGANIZATIONS: DUBUQUE COUNTY PUBLIC HEALTH DEPARTMENT; CITY OF DUBUQUE HEALTH SERVICES DEPARTMENT; CITY OF DUBUQUE, OFFICE OF SHARED PROSPERITY & NEIGHBORHOOD SUPPORT; DUBUQUE VISITING NURSES ASSOCIATION; CRESCENT COMMUNITY HEALTH CENTER; AND CITY OF DUBUQUE, PLANNING SERVICES DEPARTMENT.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED WITH BRIAR CLIFF UNIVERSITY, GROWING COMMUNITY CONNECTIONS, ROSECRANCE JACKSON BEHAVIORAL HEALTH, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND DISTRICT HEALTH DEPARTMENT, AND SOURCE FOR SIOUXLAND.

MERCYONE DYERSVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 6B: MERCYONE DYERSVILLE CONDUCTED ITS CHNA WITH THE FOLLOWING NON-HOSPITAL ORGANIZATIONS: DUBUQUE COUNTY PUBLIC HEALTH DEPARTMENT; CITY OF DUBUQUE HEALTH SERVICES DEPARTMENT; CITY OF DUBUQUE, OFFICE OF SHARED PROSPERITY & NEIGHBORHOOD SUPPORT; DUBUQUE VISITING NURSES ASSOCIATION; CRESCENT COMMUNITY HEALTH CENTER; AND CITY OF DUBUQUE, PLANNING SERVICES DEPARTMENT.

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, 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.

MERCYONE NORTH IOWA MEDICAL CENTER:

PART V, SECTION B, LINE 11: MERCYONE NORTH IOWA CONTINUED TO FOCUS ON MENTAL HEALTH SUPPORT IN FY25. THE HOSPITAL HAS A VARIETY OF PROGRAMS AND SERVICES TO ASSIST INDIVIDUALS AND FAMILIES WHO HAVE BEHAVIORAL HEALTH CONCERNS. THE PROGRAMS AND SERVICES ARE OFFERED ON BOTH AN INPATIENT AND OUTPATIENT BASIS AND INCLUDE INDIVIDUAL THERAPY, FAMILY, AND GROUP THERAPY AS WELL AS VARIOUS KINDS OF PSYCHOLOGICAL TESTING.

MERCYONE NORTH IOWA HAS CONTINUED TO PROVIDE PSYCHIATRIC TRIAGE IN ITS EMERGENCY ROOM FOR ALL PATIENTS PRESENTING WITH PSYCHIATRIC OR SUBSTANCE USE CONCERNS. THE PSYCHIATRIC TRIAGE PROCESS IS CARRIED OUT BY REGISTERED NURSES WITH A BACKGROUND IN BEHAVIORAL HEALTH WHO HELP TO ASSESS PATIENTS AND HELP INITIATE ADMISSION TO THE BEHAVIORAL HEALTH UNIT IF NEEDED OR PROVIDE REFERRAL INFORMATION ON COMMUNITY RESOURCES/AGENCIES IF THEY ARE ABLE TO BE DISCHARGED. IN FY25, 2,039 PSYCHIATRIC NURSE ASSESSMENTS WERE COMPLETED IN THE EMERGENCY ROOM. WE CONTINUE TO ASK ALL PATIENTS THE SOCIAL DETERMINANTS OF HEALTH QUESTIONS AND IF A PATIENT HAS IDENTIFIED NEEDS, THEY ARE REFERRED TO OUR COMMUNITY HEALTH WORKERS TO ASSIST WITH RESOURCES.

DR. BURKLEY CONTINUED TO COMPLETE TESTING AT THE RESIDENCY CLINIC. DR. BURKLEY AND HER STAFF ARE IN THE RESIDENCY CLINIC ONCE A MONTH TO CONDUCT ADHD TESTING. THIS ALLOWS PATIENTS TO HAVE A MORE TIMELY APPOINTMENT WITH THE RESIDENTS TO GO OVER THE FINDINGS, A PLAN OF CARE, AND RECOMMENDATIONS.

DR. HARRELL JOINED THE DEPARTMENT IN JUNE 2023 AND CONTINUES TO CONDUCT PSYCHOLOGICAL TESTING, HELPING TO ADDRESS THE SIGNIFICANT NEED FOR SPECIFIC TYPES OF TESTING INCLUDING TESTING FOR CHILDREN AND AUTISM TESTING. MERCYONE NORTH IOWA CONTINUES TO HAVE A PSYCHOLOGIST AT KOSSUTH COUNTY REGIONAL HEALTH WHO OFFERS PSYCHOLOGICAL TESTING. THIS HAS ADDED ADDITIONAL ACCESS TO TESTING IN A MORE RURAL REGION AND HELPED THE TEAM AS IT CONTINUES TO ADDRESS THE LONG WAIT LIST FOR TESTING. MERCYONE NORTH IOWA EMPLOYS A CHEMICAL DEPENDENCY COUNSELOR WHO PROVIDES AMERICAN SOCIETY OF ADDICTION MEDICINE ASSESSMENTS AND SUBSTANCE USE COUNSELING. THIS CHEMICAL DEPENDENCY COUNSELOR WORKS ON SITE AND ASSESSES PATIENTS WITH CURRENT OR HISTORY OF SUBSTANCE USE.

MERCYONE NORTH IOWA COLLEAGUES PARTICIPATE IN THE COUNTY MENTAL HEALTH COALITION WHERE COLLABORATIVE WORK IS BEING DONE IN THE COMMUNITY TO ADDRESS MENTAL HEALTH.

MERCYONE NORTH IOWA BEHAVIORAL HEALTH DEPARTMENT HAS BEEN ENGAGED IN SEVERAL COMMUNITY EVENTS IN FY25, SUCH AS THE 'MAKE IT OK' EVENT AND 'NATIONAL NIGHT OUT'. INFORMATION AND RESOURCES ARE PROVIDED TO RESIDENTS AT THESE EVENTS.

MERCYONE NORTH IOWA EMERGENCY DEPARTMENT CONTINUED TO COLLABORATE WITH THE MASON CITY POLICE DEPARTMENT, HEALTHIM, 43 NORTH IOWA, CERRO GORDO COUNTY SHERIFF'S, LOCAL MAGISTRATES/JUDGES, AND PRAIRIE RIDGE TO IDENTIFY AND ADDRESS BARRIERS IN ORDER TO BEST SERVE INDIVIDUALS IN THE COMMUNITY WHO ARE EXPERIENCING MENTAL HEALTH ISSUES.

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, 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.

IN FY25, A TOTAL OF \$70,000 RESTRICTED CASH DONATIONS WERE PROVIDED TO 43 NORTH IOWA AND NORTHERN LIGHTS ALLIANCE FOR THE HOMELESS SHELTER TO ASSIST THOSE INDIVIDUALS WHO WERE STRUGGLING WITH MENTAL HEALTH.

MERCYONE NORTH IOWA ALSO SPONSORED AND ATTENDED THE MENTAL HEALTH SUMMIT LOCATED AT NIACC.

MERCYONE NORTH IOWA ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH AND SOCIAL ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THAT REASON, MERCYONE NORTH IOWA DID NOT ADDRESS THE FOLLOWING NEEDS:

FOOD ACCESS - MERCYONE NORTH IOWA CONTINUED TO COLLABORATE WITH THE HEALTHIEST STATE INITIATIVE AND THE NORTH IOWA FOOD COALITION WHO ARE ALREADY LEADING INITIATIVES TO ADDRESS THIS NEED.

AGING SUPPORT - MERCYONE NORTH IOWA CONTINUED TO PROVIDE SERVICES TO SUPPORT THE AGING POPULATION WITH PROGRAMS SUCH AS SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP) AND WILL CONTINUE TO PARTICIPATE IN THE AGING SUPPORT WORK TEAM.

MERCYONE SIOUXLAND MEDICAL CENTER:
PART V, SECTION B, LINE 11: THE FOLLOWING NEEDS WERE ADDRESSED BY MERCYONE SIOUXLAND IN FY25:

MENTAL HEALTH:
RECRUITMENT CONTINUED FOR ADDITIONAL MENTAL HEALTH PROVIDERS. MERCYONE SINGING HILLS FAMILY MEDICINE CLINIC HIRED A PEDIATRIC NURSE PRACTITIONER TO INCREASE ACCESS TO MENTAL HEALTH CARE FOR CHILDREN. PROVIDERS CONTINUED TO SCREEN AND EDUCATE COMMUNITY MEMBERS ABOUT MENTAL HEALTH AND MADE REFERRALS TO MENTAL HEALTH PROFESSIONALS AS NEEDED. TELEMEDICINE WAS USED TO IMPROVE ACCESS FOR MENTAL HEALTH CARE. THE HOSPITAL CONTINUED TO OPERATE AN INPATIENT MENTAL HEALTH UNIT. MERCYONE CHILD ADVOCACY CENTER PROVIDED MENTAL HEALTH SERVICES TO CHILDREN WHO HAD BEEN ABUSED, HIRED A THERAPIST TO INCREASE ACCESS, AND EDUCATED COMMUNITY PROFESSIONALS ON TRAUMA-INFORMED RESPONSE IN ABUSE INVESTIGATIONS.

MERCYONE SIOUXLAND CONTINUED TO COLLABORATE WITH OTHER MENTAL HEALTH PROVIDERS TO COORDINATE MENTAL HEALTH CARE. MERCYONE SIOUXLAND, WITH COALITION PARTNERS, PARTICIPATED IN THE MENTAL HEALTH ROUNDTABLE, TO CREATE AND MAINTAIN A MENTAL HEALTH PROVIDER LOCATION GUIDE FOR THE COMMUNITY. IN FY25, PLANNING BEGAN TO DEVELOP STRATEGIES TO INCREASE ENGAGEMENT WITH ADDITIONAL COMMUNITY PARTNERS AND TO DELIVER EDUCATIONAL TRAINING SESSIONS TO THE COMMUNITY OVER THE NEXT THREE YEARS.

MERCYONE SIOUXLAND FINANCIALLY CONTRIBUTED TO CATHOLIC CHARITIES, HEARTLAND COUNSELING, AND BOYS & GIRLS HOME TO SUPPORT MENTAL HEALTH PROGRAMMING AND SERVICES. THE HOSPITAL FINANCIALLY CONTRIBUTED TO AND PROVIDED COMMUNITY OUTREACH AND EDUCATION AT THE MENTAL HEALTH AND WELLNESS EXPO, A FREE COMMUNITY EVENT AIMED AT CREATING A SUPPORTIVE SPACE FOR FAMILIES TO BOND, LEARN, AND FOCUS ON HEALTH AND MENTAL WELLNESS. LASTLY, MERCYONE SIOUXLAND PROVIDED COMMUNITY EDUCATION ON MILITARY MEMBER AND VETERAN MENTAL HEALTH.

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, 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.

SUBSTANCE USE:

MERCYONE SIOUXLAND PARTICIPATED IN COMMUNITY EFFORTS OF THE TOBACCO FREE SIOUXLAND COALITION. PROVIDERS AND HEALTH COACHES CONTINUED TO EDUCATE COMMUNITY MEMBERS ON HEALTHY LIFESTYLE CHOICES, INCLUDING THE CESSATION OF SMOKING AND ELIMINATING SUBSTANCE MISUSE. CARE SITES SCREENED PREGNANT PATIENTS FOR SUBSTANCE USE AS A STANDARD OF CARE AND PROVIDED COUNSELING AND REFERRALS TO SPECIALISTS AS NEEDED. MERCYONE SIOUXLAND, THROUGH MERCYONE SIOUXLAND BUSINESS HEALTH, CONTINUED TO PROVIDE HEALTH COACHING FOR TOBACCO CESSATION. LASTLY, MERCYONE SIOUXLAND FINANCIALLY CONTRIBUTED TO HEARTLAND COUNSELING TO SUPPORT SUBSTANCE ABUSE PROGRAMMING AND SERVICES.

CANCER PREVENTION:

MERCYONE SIOUXLAND PARTICIPATED IN COMMUNITY EFFORTS OF THE COMMUNITY CANCER COALITION, FOCUSED ON INCREASING SCREENING RATES FOR COLON, CERVICAL, AND BREAST CANCER. IN FY25, PLANNING BEGAN TO DEVELOP STRATEGIES TO LAUNCH EDUCATIONAL CAMPAIGNS RELATED TO SCREENINGS AND PARTNER WITH LOCAL BUSINESSES TO PROVIDE EMPLOYEE INCENTIVES FOR SCREENINGS.

PROVIDERS CONTINUED TO EDUCATE PATIENTS ON CANCER SCREENING RECOMMENDATIONS AND REFER AS NEEDED. MERCYONE DAKOTA DUNES BREAST CARE CENTER PROVIDED MAMMOGRAPHY AND RELATED WOMEN'S IMAGING AND BEGAN OFFERING WALK-IN APPOINTMENTS FOR ANNUAL SCREENING MAMMOGRAMS TO INCREASE ACCESS.

MERCYONE SIOUXLAND DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS DUE TO COMPETING PRIORITIES, LACK OF RESOURCES, AND BECAUSE OTHER AGENCIES ARE ALREADY ADDRESSING THESE ISSUES: SEXUAL HEALTH AND NUTRITION & PHYSICAL ACTIVITY.

MERCYONE DUBUQUE MEDICAL CENTER:

PART V, SECTION B, LINE 11: MERCYONE DUBUQUE MEDICAL CENTER ADDRESSED THE FOLLOWING SIGNIFICANT NEEDS IN FY25:

BRAIN HEALTH:

- MERCYONE DUBUQUE CONTINUED TO OFFER MANY SERVICE LINES RELATED TO BRAIN HEALTH AND SUBSTANCE MISUSE DESPITE FINANCIAL LOSS. THIS INCLUDED THEIR INPATIENT AND OUTPATIENT PSYCHIATRIC UNITS, AND OUTPATIENT SUBSTANCE USE DISORDER TREATMENT CENTER.
- HOSTED SEVERAL SUPPORT GROUPS TO PROMOTE BRAIN HEALTH THAT WERE FREE TO THE PUBLIC AND THOSE SEEKING SUPPORT FOR CANCER, GRIEF, AND BREASTFEEDING.
- MERCYONE DUBUQUE AND MERCYONE DYERSVILLE PARTNERED WITH CHALLENGE TO CHANGE TO CONDUCT A RESEARCH STUDY TO EVALUATE THE IMPACT OF A MINDFULNESS PROGRAM THROUGH CHALLENGE TO CHANGE ON EMOTIONAL REGULATION AND MINDFULNESS. THE TITLE OF THIS PROJECT IS: THE IMPACT OF MINDFULNESS ON EMOTIONAL REGULATION IN HEALTHCARE WORKERS II. OVER THE COURSE OF SIX WEEKS THE GOAL WAS TO DETERMINE WHETHER THIS INTERVENTION IMPROVED EMOTIONAL REGULATION WHEN ENCOUNTERING STRESSORS IN HEALTH CARE WORKERS WHILE AT WORK OR IN THEIR PERSONAL LIVES.
- PROVIDED A GRANT TO ENHANCE NAMI'S (NATIONAL ALLIANCE ON MENTAL ILLNESS) PEER SUPPORT SERVICES IN BOTH DUBUQUE AND DELAWARE COUNTY AT OUR PEER-RUN WELLNESS CENTERS AS WELL AS SUPPORT FOR MERCYONE DUBUQUE RESOURCE SHARING ON THE INPATIENT UNIT OR PHP AND TURNING POINT. THE GRANT FUNDING WILL BE ALLOCATED TO EDUCATIONAL AND WELLNESS CENTER PROGRAM DELIVERY FOR:

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, 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.

FACILITATOR PROGRAM DELIVERY FOR SUBSTANCE USE AND BRAIN HEALTH CONDITIONS, 1:1 PEER SUPPORT FOR SUBSTANCE USE/BRAIN HEALTH SERVICES, VOLUNTEER SUPPORT GROUP FACILITATOR STIPENDS, PROGRAM COORDINATION AND DIRECT MARKETING EFFORTS AS WELL AS MATERIAL AND NAMI PROGRAM INFORMATION FOR CO-OCCURRING DIAGNOSIS FOR SUBSTANCE USE AND BRAIN HEALTH EXPERIENCES.

- PROVIDED A GRANT TO ASSIST CATHOLIC CHARITIES IN HIRING A NEW TELEHEALTH COUNSELOR TO PROVIDE MENTAL HEALTH COUNSELING SERVICES TO LIMITED-INCOME INDIVIDUALS, COUPLES, CHILDREN, AND FAMILIES.

- PROVIDED A GRANT TO ALMOST HOME TO FUND HEALTH-RELATED EXPENSES FOR HOMELESS FATHERS AND THEIR CHILDREN.

- SUBSTANCE ABUSE COALITION PARTICIPATION: MERCYONE DUBUQUE COLLEAGUES DONATED IN-KIND TIME TO PARTICIPATE IN THE DUBUQUE COUNTY WELLNESS COALITION AND DUBUQUE AREA SUBSTANCE ABUSE COALITION, WHICH BOTH PRIMARILY ADDRESS SUBSTANCE MISUSE IN THE COMMUNITY.

OBESITY:

- PROVIDED FUNDING TO THE MISSION SCHOOL OF PRESERVATION OF THE DUBUQUE RESCUE MISSION FOR THEIR PART-TIME ASSISTANT KITCHEN MANAGER WHO TRAINED MEN IN CULINARY SKILLS AND PREPARED AND PRESERVED 5,000 POUNDS OF FRESH PRODUCE TO SERVE AT THEIR FREE MEAL MINISTRY.

- FOOD AND EMPLOYEE TIME WAS DONATED TO PREPARE AND SERVE MEALS TO PEOPLE EXPERIENCING HOMELESSNESS AT THE DUBUQUE RESCUE MISSION.

- KEPT A FOOD PANTRY ONSITE AT MERCYONE DUBUQUE TO HELP ALLEVIATE FOOD INSECURITY FOR PATIENTS.

ACCESS TO DENTAL CARE:

- PROVIDED A GRANT TO DUBUQUE FOR REFUGEE CHILDREN, WHICH ASSISTED AND EMPOWERED OVER 60 UNACCOMPANIED IMMIGRANT MINORS PER YEAR WITH THEIR LEGAL, EDUCATIONAL, MEDICAL, AND DENTAL NEEDS.

A WIDE RANGE OF PRIORITY HEALTH AND SOCIAL ISSUES EMERGED FROM THE CHNA PROCESS. MERCYONE DUBUQUE DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE NEEDS WHICH WERE MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. THE NEEDS THAT WERE NOT ADDRESSED IN FY25 INCLUDE: ACCESS TO HEALTH CARE, SEXUAL HEALTH AND BEHAVIOR, FOOD INSECURITY, LYME DISEASE, ALZHEIMER'S DISEASE, AND ASTHMA.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 11: THE FOLLOWING NEEDS WERE ADDRESSED BY DUNES SURGICAL HOSPITAL IN FY25:

MENTAL HEALTH:

DUNES PROVIDERS CONTINUED TO SCREEN AND EDUCATE COMMUNITY MEMBERS ABOUT MENTAL HEALTH. REFERRALS WERE MADE TO MENTAL HEALTH PROFESSIONALS AS NEEDED. RECRUITMENT CONTINUED FOR ADDITIONAL MENTAL HEALTH PROVIDERS FOR THE SIOUXLAND AREA.

SUBSTANCE USE:

THE PROVIDERS AT DUNES CONTINUED TO EDUCATE PATIENTS ON THE HEALTH RISKS OF SMOKING AND USING ALCOHOL. WRITTEN MATERIALS ON SMOKING/VAPING CESSATION WERE DISSEMINATED TO THE COMMUNITY.

CANCER PREVENTION:

DUNES PARTICIPATED IN COMMUNITY EFFORTS OF THE COMMUNITY CANCER COALITION.

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, 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.

THIS COALITION WAS FOCUSED ON INCREASING SCREENING RATES FOR COLON, CERVICAL, AND BREAST CANCER. IN FY25, PLANNING BEGAN TO DEVELOP STRATEGIES TO LAUNCH EDUCATIONAL CAMPAIGNS RELATED TO SCREENINGS AND PARTNER WITH LOCAL BUSINESSES TO PROVIDE EMPLOYEE INCENTIVES FOR SCREENINGS.

DUNES SURGICAL HOSPITAL DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS DUE TO COMPETING PRIORITIES, LACK OF RESOURCES, AND BECAUSE OTHER AGENCIES ARE ALREADY ADDRESSING THESE ISSUES: SEXUAL HEALTH AND NUTRITION & PHYSICAL ACTIVITY.

MERCYONE NEW HAMPTON MEDICAL CENTER:

PART V, SECTION B, LINE 11: MERCYONE NEW HAMPTON ADDRESSED THE FOLLOWING COMMUNITY HEALTH NEEDS IN FY25:

CANCER:

IN AN EFFORT TO IMPROVE COMMUNITY HEALTH OUTCOMES AND REDUCE THE BURDEN OF CANCER IN CHICKASAW COUNTY, MERCYONE NEW HAMPTON IS IN THE MIDST OF LAUNCHING A COMPREHENSIVE INITIATIVE FOCUSED ON EARLY DETECTION AND PREVENTION AND GUIDED BY THREE CORE STRATEGIES THAT ALIGN WITH OUR CHNA PRIORITIES: INCREASING ACCESS TO PREVENTIVE CARE, ENHANCING CANCER SCREENING RATES, AND EXPANDING COMMUNITY EDUCATION.

IN FY25, MERCYONE NEW HAMPTON DISTRIBUTED FREE SUNSCREEN AND SKIN CANCER EDUCATION TO TWO AREA SWIMMING POOLS, PARKS AND RECREATION PROGRAMS AND AREA DAY CARE CENTERS. MERCYONE NEW HAMPTON FAMILY MEDICINE IMPLEMENTED EPIC DASHBOARD UPDATES TO HELP CLINICIANS QUICKLY IDENTIFY OVERDUE SCREENINGS AND CLOSE CARE GAPS. MERCYONE NEW HAMPTON ALSO CONDUCTED AUTOMATED REMINDER CAMPAIGNS AND DIRECT PATIENT CALLS, RESULTING IN INCREASED SCHEDULING FOR MEDICARE ANNUAL WELLNESS VISITS, MAMMOGRAMS AND COLONOSCOPIES.

MENTAL HEALTH:

MERCYONE NEW HAMPTON IS COMMITTED TO IMPROVING MENTAL HEALTH OUTCOMES AND PROMOTING EMOTIONAL WELL-BEING ACROSS CHICKASAW COUNTY. RECOGNIZING THE GROWING NEED FOR MENTAL HEALTH SUPPORT, MERCYONE NEW HAMPTON IS FOCUSING ON INCREASING AWARENESS, ENHANCING ACCESS TO RESOURCES, AND FOSTERING A SUPPORTIVE COMMUNITY ENVIRONMENT WHERE INDIVIDUALS FEEL CONNECTED AND EMPOWERED.

IN FY25, MERCYONE PARTNERED WITH SENIOR LIFE SOLUTIONS AND OTHER LOCAL ORGANIZATIONS FOR MENTAL HEALTH AWARENESS MONTH OUTREACH AND SOCIAL MEDIA EDUCATION. MERCYONE NEW HAMPTON'S SENIOR LIFE SOLUTIONS PROGRAM INCREASES AWARENESS OF AVAILABLE MENTAL HEALTH RESOURCES FOR ADULTS OVER 65. THIS OPEN HOUSE AIMED TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES BY BUILDING TRUST, ENCOURAGING HELPSEEKING, AND CONNECTING INDIVIDUALS WHO MAY BE RELUCTANT OR ISOLATED WITH APPROPRIATE CARE.

WITH THE IMPLEMENTATION OF THE EPIC ELECTRONIC HEALTH RECORD SYSTEM IN JUNE 2025, THE CLINIC ADDED STANDARDIZED SCREENING QUESTIONS ADDRESSING MENTAL HEALTH AND SOCIAL DRIVERS OF HEALTH (SDOH). THESE INCLUDE QUESTIONS RELATED TO DEPRESSIVE SYMPTOMS, SUBSTANCE OR ALCOHOL USE, PHYSICAL INACTIVITY, AND OTHER BEHAVIORAL HEALTH RISKS INTEGRATED INTO EPIC'S WORKFLOW. THE EPIC SDOH MODULE ALSO ADDS SOCIAL NEEDS QUESTIONS COVERING KEY AREAS SUCH AS HOUSING STABILITY, FOOD ACCESS, TRANSPORTATION

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, 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.

CHALLENGES, FINANCIAL STRAIN, EMPLOYMENT STATUS, CAREGIVING RESPONSIBILITIES, AND LEVELS OF SOCIAL CONNECTION OR ISOLATION. THESE ADDITIONAL QUESTIONS SUPPORT EARLY IDENTIFICATION OF PSYCHOSOCIAL NEEDS AND STRENGTHEN CARE COORDINATION BY ENABLING REFERRALS TO COMMUNITY RESOURCES DIRECTLY WITHIN THE SYSTEM.

IMMIGRANT POPULATION:

MERCYONE NEW HAMPTON IS FOSTERING A HEALTH CARE ENVIRONMENT THAT IS WELCOMING, INCLUSIVE, AND RESPONSIVE TO THE NEEDS OF IMMIGRANT POPULATIONS IN CHICKASAW COUNTY. RECOGNIZING THE UNIQUE CHALLENGES FACED BY NON-ENGLISH-SPEAKING AND CULTURALLY DIVERSE PATIENTS, THE HOSPITAL SEEKS TO IMPROVE ACCESS, UNDERSTANDING, AND TRUST THROUGH TARGETED STRATEGIES THAT PROMOTE LANGUAGE ACCESS, CULTURAL SENSITIVITY, AND HEALTH CARE NAVIGATION SUPPORT.

THROUGHOUT FY25, MERCYONE NEW HAMPTON'S FINANCIAL COUNSELOR FOCUSED ON PROVIDING ASSISTANCE TO IMMIGRANT POPULATIONS WITH INSURANCE ENROLLMENT AND FINANCIAL ASSISTANCE PROGRAMS. DURING THESE FINANCIAL COUNSELING APPOINTMENTS, WE WERE ALSO ABLE TO CONNECT PATIENTS TO SOCIAL SERVICE RESOURCES SUCH AS HOUSING, FOOD ASSISTANCE, OR LEGAL AID WHEN BARRIERS TO CARE WERE IDENTIFIED. MERCYONE NEW HAMPTON ALSO INCREASED THE AVAILABILITY OF TRANSLATED PATIENT EDUCATION MATERIALS AND SIGNAGE.

OBESITY:

IN FY25, MERCYONE NEW HAMPTON COLLABORATED WITH AREA SCHOOLS, COMMUNITY ORGANIZATIONS, AND PUBLIC HEALTH PARTNERS TO PROMOTE HEALTHY FOOD ENVIRONMENTS AND PHYSICAL ACTIVITY INITIATIVES.

TO SUPPORT OBESITY PREVENTION AND PROMOTE HEALTHIER LIFESTYLES, MERCYONE NEW HAMPTON HOSTED ITS EXERCISE AND ENERGIZE COMMUNITY EVENT IN PARTNERSHIP WITH IOWA STATE UNIVERSITY EXTENSION OFFICE, OFFERING RESIDENTS AN OPPORTUNITY TO PARTICIPATE IN GUIDED PHYSICAL ACTIVITY AND LEARN STRATEGIES FOR INCLUDING MOVEMENT IN THEIR DAILY ROUTINES. THE EVENT ALSO FEATURED A COLLABORATION WITH A LOCAL COFFEE SHOP TO HIGHLIGHT TO PARTICIPANTS HEALTHIER, LOWERSUGAR, NUTRIENT-FOCUSED CAFFEINE AND BEVERAGE OPTIONS, AS WELL AS WAYS TO IMPROVE MORNING ENERGY WITHOUT HIGH-CALORIE OR HIGH-SUGAR CHOICES.

GIVEN THE STRONG LINK BETWEEN OBESITY AND HIGH BLOOD PRESSURE, AS EXCESS WEIGHT SIGNIFICANTLY INCREASES THE HEART'S WORKLOAD AND CONTRIBUTES TO MOST PRIMARY HYPERTENSION CASES. BECAUSE HIGH BLOOD PRESSURE OFTEN HAS NO SYMPTOMS AND AFFECTS NEARLY HALF OF U.S. ADULTS, EARLY DETECTION IS ESSENTIAL. TO SUPPORT PREVENTION AND WELLNESS, MERCYONE NEW HAMPTON PROVIDED ONSITE BLOOD PRESSURE SCREENINGS AT AREA INDUSTRIES, GIVING EMPLOYEES CONVENIENT ACCESS TO MONITORING AND EDUCATION ABOUT HOW WEIGHT, SODIUM INTAKE, AND PHYSICAL ACTIVITY INFLUENCE BLOOD PRESSURE AND OVERALL HEALTH.

AS PART OF EFFORTS TO ADDRESS OBESITY AND REDUCE CHRONIC DISEASE RISK, MERCYONE NEW HAMPTON BEGAN OFFERING GROUP DIABETES EDUCATION IN ADDITION TO PRIVATE SESSIONS. THE GROUP SETTING FOSTERED SHARED LEARNING, ACCOUNTABILITY, AND EMOTIONAL SUPPORT, WHICH ARE IMPORTANT FACTORS IN SUSTAINING LIFESTYLE CHANGES. PARTICIPANTS DISCUSSED CHALLENGES, CELEBRATED MILESTONES, AND LEARNED FROM ONE ANOTHER'S EXPERIENCES.

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, 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.

MERCYONE NEW HAMPTON MEDICAL CENTER ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH AND SOCIAL ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THOSE REASONS, MERCYONE NEW HAMPTON MEDICAL CENTER DID NOT ADDRESS THE FOLLOWING NEEDS IN FY25: HEART DISEASE/STROKE, DIABETES, AND LUNG DISEASE.

MERCYONE DYERSVILLE MEDICAL CENTER:
PART V, SECTION B, LINE 11: MERCYONE DYERSVILLE MEDICAL CENTER ADDRESSED THE FOLLOWING SIGNIFICANT NEEDS IN FY25:

MERCYONE DYERSVILLE ADDRESSED BRAIN HEALTH, OBESITY AND ACCESS TO DENTAL CARE BY COLLABORATING WITH MERCYONE DUBUQUE'S MOBILE MEDICAL UNIT AT THE DYERSVILLE DOWNTOWN MARKET TO PROVIDE INFLUENZA (FLU) VACCINES, NUTRITION EDUCATION, AND BRAIN HEALTH PROMOTION.

A WIDE RANGE OF PRIORITY HEALTH AND SOCIAL ISSUES EMERGED FROM THE CHNA PROCESS. MERCYONE DYERSVILLE DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE NEEDS WHICH WERE MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. THE NEEDS THAT WERE NOT ADDRESSED IN FY25 INCLUDE: ACCESS TO HEALTH CARE, SEXUAL HEALTH AND BEHAVIOR, FOOD INSECURITY, LYME DISEASE, ALZHEIMER'S DISEASE, AND ASTHMA.

MERCYONE NORTH IOWA MEDICAL CENTER:
PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

MERCYONE SIOUXLAND MEDICAL CENTER:
PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE

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, 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.

INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

MERCYONE DUBUQUE MEDICAL CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING

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, 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.

FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

MERCYONE NEW HAMPTON MEDICAL CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

MERCYONE DYERSVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

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, 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.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

PART V, SECTION B, LINE 7A AND 10A
WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING

DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 7A AND 10A
WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT

MERCYONE SIOUXLAND MEDICAL CENTER - PART V, SECTION B, LINE 7B
WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT
WWW.SIOUXLANDDISTRICTHEALTH.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-STATISTICS
WWW.UNITYPOINT.ORG/ABOUT-UNITYPOINT-HEALTH/COMMUNITY-BENEFITS/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 7B
WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING
WWW.SIOUXLANDDISTRICTHEALTH.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-STATISTICS
WWW.UNITYPOINT.ORG/ABOUT-UNITYPOINT-HEALTH/COMMUNITY-BENEFITS/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

MERCYONE NEW HAMPTON MEDICAL CENTER - PART V, SECTION B, LINE 9
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

MERCYONE NORTH IOWA MEDICAL CENTER - PART V, SECTION B, LINE 9
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

PART V, SECTION B, LINE 16A-C:
FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY:
WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

DUNES SURGICAL HOSPITAL, PART V, SECTION B, LINE 16A-C:

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, 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.

FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY:

WWW.DUNESSURGICALHOSPITAL.COM/FINANCIAL-ASSISTANCE-AND-CHARITY-CARE

Lined area for supplemental information.

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? 17

Name and address	Type of facility (describe)
1 MEDICAL ASSOCIATES WEST CAMPUS 1500 ASSOCIATES DRIVE DUBUQUE, IA 52001	OCC. HEALTH, PHYS THER, AMBULATORY SURGERY
2 MEDICAL ASSOCIATES CLINIC 1240 BIG JACK ROAD PLATTEVILLE, WI 53818	X-RAY, LAB, EMPLOYED PHYSICIANS
3 TRI-STATE OCCUPATIONAL HEALTH 1920 ELM STREET DUBUQUE, IA 52001	PHYS THERAPY, EMPLOYED PHYSICIANS
4 MEDICAL ASSOCIATES CLINIC 10988 BARTELL BLVD GALENA, IL 61036	HOME CARE, LAB, EMPLOYED PHYSICIANS
5 MERCYONE DYERSVILLE MEDICAL CENTER 1121 THIRD STREET SW DYERSVILLE, IA 52040	CLINIC
6 MEDICAL ASSOCIATES CLINIC 208 N. 12TH STREET BELLEVUE, IA 52031	CLINIC
7 MEDICAL ASSOCIATES CLINIC 911 N.W. CARTER ELKADER, IA 52043	CLINIC
8 CASCADE FAMILY HEALTH CENTER 805 JOHNSON STREET SW CASCADE, IA 52033	EMPLOYED PHYSICIANS, LAB, X-RAY, PT
9 MEDICAL ASSOCIATES CLINIC 117 SOUTH MADISON CUBA CITY, WI 53807	X-RAY, LAB, EMPLOYED PHYSICIANS
10 MEDICAL ASSOCIATES CLINIC 560 PLEASANT ST ELIZABETH, IL 61028	CLINIC

Schedule H (Form 990) 2024

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? 17

Name and address	Type of facility (describe)
11 MEDICAL ASSOCIATES CLINIC 107 S. PAGE MONONA, IA 52159	CLINIC
12 MEDICAL ASSOCIATES EAST CAMPUS 1000 LANGWORTHY DUBUQUE, IA 52001	OCC. HEALTH, PHYSICAL THERAPY
13 MERCYONE DAKOTA DUNES MEDICAL LAB 101 TOWER RD, SUITE 220 DAKOTA DUNES, SD 57049	REFERENCE LABORATORY
14 MASON CITY SURGERY CENTER 990 4TH STREET MASON CITY, IA 50401	AMBULATORY SURGERY
15 TRI-STATE SURGERY CENTER 1500 ASSOCIATES DRIVE DUBUQUE, IA 52002	OUTPATIENT CLINIC, OPHTHALMOLOGY, ORTHOPEDICS
16 FKC NORTH IOWA LLC 920 WINTER ST WALTHAM, MA 02451	DIALYSIS CENTER
17 MAGNETIC RESONANCE SERVICES PARTNERSH 1416 SIXTH STREET SW MASON CITY, IA 50401	DIAGNOSTIC IMAGING

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.
- 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 (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

PART I, LINE 6A:

MERCY HEALTH SERVICES - IOWA (MHS-IA) REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

MHS-IA ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON TRINITY HEALTH'S WEBSITE AT WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITALS' COST ACCOUNTING SYSTEMS.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$19,262,760, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

MERCYONE NORTH IOWA MEDICAL CENTER (MERCYONE NORTH IOWA): ECONOMIC DEVELOPMENT: MERCYONE NORTH IOWA LEADERS SERVED ON BOARDS AND COMMITTEES FOCUSED ON ECONOMIC AND COMMUNITY DEVELOPMENT.

COMMUNITY SUPPORT: MERCYONE NORTH IOWA WAS ACTIVE IN PARTICIPATING IN COMMUNITY EMERGENCY PREPAREDNESS.

Part VI Supplemental Information (Continuation)

COALITION BUILDING: MERCYONE NORTH IOWA LEADERS AND COLLEAGUES PARTICIPATED IN COMMUNITY COALITIONS AND BOARDS FOCUSED ON ADDRESSING HEALTH AND SAFETY.

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS/SAFETY: MERCYONE NORTH IOWA LEADERS ATTENDED COMMUNITY MEETINGS FOCUSED ON ENHANCING ADVOCACY STRATEGIES FOR VARIOUS HEALTH AND SOCIAL NEEDS.

WORKFORCE DEVELOPMENT: MERCYONE NORTH IOWA DONATED TO WORKFORCE DEVELOPMENT INITIATIVES SUCH AS HIGH SCHOOL PARTNERSHIPS, COLLEGE BOARD PARTICIPATION, AND PRESENTATIONS TO AREA SCHOOLS.

MERCYONE DUBUQUE MEDICAL CENTER (MERCYONE DUBUQUE): ECONOMIC DEVELOPMENT: MERCYONE DUBUQUE LEADERS SERVED ON BOARDS AND COMMITTEES FOCUSED ON ECONOMIC AND COMMUNITY DEVELOPMENT INITIATIVES.

COMMUNITY SUPPORT: MERCYONE DUBUQUE LEADERS SERVED ON LOCAL BOARDS AND PROVIDED MENTORSHIP TO STUDENTS. ADDITIONALLY, A MERCYONE DUBUQUE COLLEAGUE PARTICIPATED ON THE BOARD AND EXECUTIVE COMMITTEE FOR A LOCAL DUPACO COMMUNITY CREDIT UNION BOARD, A NOT-FOR-PROFIT FINANCIAL COOPERATIVE, TO LEAD EFFORTS TO HELP THOSE IN NEED LEARN MONEY-SAVING SKILLS; AND COMMUNITY-BASED EMERGENCY PREPAREDNESS EXERCISES.

COALITION BUILDING: MERCYONE DUBUQUE LEADERS PARTICIPATED IN COMMUNITY COALITIONS AND BOARDS FOCUSED ON ADDRESSING HEALTH AND SAFETY ISSUES.

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS/SAFETY: MERCYONE DUBUQUE LEADERS ATTENDED COMMUNITY MEETINGS FOCUSED ON ENHANCING ADVOCACY STRATEGIES FOR VARIOUS HEALTH AND SOCIAL NEEDS.

WORKFORCE DEVELOPMENT: MERCYONE DUBUQUE PROVIDED AREA HIGH SCHOOL STUDENTS OPPORTUNITIES TO WORK ALONGSIDE CLINICAL STAFF THROUGH AN INTERNSHIP PROGRAM; ATTENDED HIGH SCHOOL CAREER FAIRS; AND PROVIDED TOURS AND OBSERVATION OPPORTUNITIES TO EXPOSE YOUNG STUDENTS TO THE HEALTH CARE FIELD AND INSPIRE INTEREST AND INFORM THEM OF THE EDUCATIONAL PATHS REQUIRED TO ENTER THE FIELD.

MERCYONE SIOUXLAND MEDICAL CENTER (MERCYONE SIOUXLAND): COALITION BUILDING: MERCYONE SIOUXLAND LEADERS PARTICIPATED IN COMMUNITY COALITIONS AND BOARDS FOCUSED ON ADDRESSING HEALTH AND SAFETY ISSUES.

COMMUNITY HEALTH IMPROVEMENT ADVOCACY: MERCYONE SIOUXLAND LEADERS PARTICIPATED IN ADVOCACY EFFORTS BY ATTENDING COMMUNITY MEETINGS FOCUSED ON ENHANCING ADVOCACY STRATEGIES FOR VARIOUS HEALTH AND SOCIAL NEEDS.

COMMUNITY SUPPORT: MERCYONE SIOUXLAND LEADERS PARTICIPATED IN LOCAL COMMUNITY BOARDS AND COMMUNITY COLLABORATIONS, INCLUDING HOLY SPIRIT RETIREMENT HOME AND IOWA DONOR NETWORK. THESE ORGANIZATIONS PROVIDE NEEDED SERVICES TO THE COMMUNITY AND MERCYONE SIOUXLAND LEADERS PROVIDED HEALTH CARE AND LEADERSHIP PERSPECTIVES TO HELP FURTHER THEIR MISSIONS AND ENHANCE COMMUNITY COLLABORATION. MERCYONE SIOUXLAND LEADERS ALSO PROVIDED MENTORSHIP OPPORTUNITIES TO STUDENTS.

ECONOMIC DEVELOPMENT: MERCYONE SIOUXLAND LEADERS SERVED ON BOARDS AND COMMITTEES FOCUSED ON ECONOMIC AND COMMUNITY DEVELOPMENT INITIATIVES.

Part VI Supplemental Information (Continuation)

ENVIRONMENTAL IMPROVEMENTS: MERCYONE SIOUXLAND LEADERS PARTICIPATED IN THE NORTHWEST IOWA FOOD SAFETY TASKFORCE, AN INITIATIVE TO ENHANCE FOOD SAFETY STANDARDS AND PRACTICES ACROSS THE REGION AND IDENTIFY FOOD SAFETY RISKS, WITH THE GOAL OF PREVENTING FOODBORNE ILLNESS.

WORKFORCE DEVELOPMENT: MERCYONE SIOUXLAND LEADERS PARTICIPATED IN THE IOWA MEDICAL SOCIETY HEALTHCARE WORKFORCE SUMMIT, WHICH FOCUSED ON DEVELOPING IOWA'S HEALTH CARE WORKFORCE. MERCYONE SIOUXLAND LEADERS SPENT TIME ON WORKFORCE DEVELOPMENT INITIATIVES SUCH AS COLLEGE BOARD PARTICIPATION AND HEALTH CARE CAREER EXPLORATION AND AWARENESS EVENTS. MERCYONE SIOUXLAND STAFF ALSO SERVED ON THE UNIVERSITY OF SOUTH DAKOTA DEPARTMENT OF PUBLIC HEALTH SCIENCES ADVISORY BOARD TO HELP SHAPE PROGRAM OFFERINGS TO GROW AND SUPPORT THE LOCAL WORKFORCE.

MERCYONE NEW HAMPTON MEDICAL CENTER (MERCYONE NEW HAMPTON):
 WORKFORCE DEVELOPMENT: THE HOSPITAL HOSTED A CAREER EXPLORATION EVENT IN PARTNERSHIP WITH NORTHEAST IOWA COMMUNITY COLLEGE (NICC) AND ALLEN COLLEGE. AREA HIGH SCHOOL STUDENTS LEARNED ABOUT EMS, OCCUPATIONAL THERAPY, SPEECH THERAPY AND NURSING. THROUGHOUT THE YEAR, MERCYONE NEW HAMPTON WORKS CLOSELY WITH NICC AND THE NEW HAMPTON COMMUNITY SCHOOL DISTRICT ON 8TH GRADE CAREER WEEK, ADULTING 101 DAY FOR SENIORS, AND JOB SHADOWING OPPORTUNITIES AT MERCYONE NEW HAMPTON. MERCYONE NEW HAMPTON ALSO ADVOCATED FOR AREA SCHOOLS TO INCREASE THE NUMBER OF COLLEGE HEALTH CARE CAREER CLASSES OFFERED TO HIGH SCHOOL SENIORS AND IS WORKING WITH NEW HAMPTON COMMUNITY SCHOOL DISTRICT TO HAVE A LOCAL CERTIFIED NURSING ASSISTANT LAB.

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT: MERCYONE NEW HAMPTON'S PUBLIC RELATIONS MANAGER IS THE PANTRY COORDINATOR FOR CHICKASAW PRIDE PANTRY LOCATED AT NEW HAMPTON MIDDLE/HIGH SCHOOL. THE PANTRY IS A PROJECT OF THE NEW HAMPTON ROTARY CLUB AND THE NEW HAMPTON HIGH SCHOOL INTERACT CLUB, WHICH MERCYONE NEW HAMPTON'S PUBLIC RELATIONS MANAGER ALSO ADVISES. THE PANTRY DISTRIBUTES FRESH FRUIT AND VEGETABLES, EASY TO OPEN SHELF-STABLE ITEMS, A COMBINATION OF GRAINS, PERSONAL CARE/HYGIENE ITEMS AND PAPER PRODUCTS. THE AGENCY PARTNER IS NORTHEAST IOWA FOOD BANK. IN FY25, 1,387 POUNDS OF FOOD AND PERSONAL CARE ITEMS WERE DISTRIBUTED. MERCYONE NEW HAMPTON ALSO PARTNERED WITH NEW HAMPTON ROTARY TO SPONSOR AND DISTRIBUTE 50 CHRISTMAS MEALS FOR FAMILIES IN NEED.

COMMUNITY SUPPORT: MERCYONE NEW HAMPTON HAS DEDICATED TIME, RESOURCES, AND LINEN SERVICES TO THE CHICKASAW COUNTY EMS PROGRAM. MERCYONE NEW HAMPTON'S ATHLETIC TRAINERS ALSO PARTNERED WITH CHICKASAW COUNTY EMS TO HOLD A TRAINING ON HELMET AND PAD REMOVAL SINCE THEY COVER AREA FOOTBALL GAMES TOGETHER.

ECONOMIC DEVELOPMENT: AS ONE OF THE LARGEST EMPLOYERS IN THE AREA, MERCYONE NEW HAMPTON TAKES ITS CIVIC RESPONSIBILITY VERY SERIOUSLY. SUPPORT OF, AND CONTRIBUTIONS TO, COMMUNITY ORGANIZATIONS, EVENTS, AND PROGRAMS, SUCH AS THE INDUSTRIAL DEVELOPMENT CORPORATION HELP IMPROVE THE ECONOMY OF THE HOSPITAL'S SERVICE AREA. ECONOMIC STABILITY IS INTRINSICALLY LINKED TO THE PREVENTION OF HEALTH PROBLEMS ASSOCIATED WITH POVERTY, HOMELESSNESS, AND ENVIRONMENTAL CHALLENGES, AND IS CRUCIAL IF THE COMMUNITY HOPES TO MAINTAIN A VIABLE HOSPITAL COMPLEX WITH A BROAD SPECTRUM OF ESSENTIAL SERVICES. IN FY25, MERCYONE NEW HAMPTON'S PUBLIC RELATIONS MANAGER SERVED AS THE PRESIDENT OF NEW HAMPTON'S INDUSTRIAL

Part VI Supplemental Information (Continuation)

DEVELOPMENT CORPORATION BOARD. MERCYONE NEW HAMPTON'S CEO WAS ALSO A MEMBER OF THE BOARD. PROJECTS INCLUDED INCREASING ACCESS TO DAY CARE, AVAILABILITY OF AFFORDABLE HOUSING, TRADE/SKILL EDUCATION PROGRAMING AND OFFERING FINANCIAL ASSISTANCE TO NEW OR EXPANDING BUSINESSES.

MERCYONE NEW HAMPTON HAS TWO COLLEAGUES WHO ARE MEMBERS OF NEW HAMPTON ROTARY CLUB, WHOSE AREAS OF FOCUS INCLUDES: BASIC EDUCATION AND LITERARY; DISEASE PREVENTION AND MANAGEMENT; WATER, SANITATION AND HYGIENE; ECONOMIC EMPOWERMENT AND COMMUNITY DEVELOPMENT ENVIRONMENTAL PROTECTION; MATERNAL AND CHILD HEALTH; PEACE AND CONFLICT PREVENTION. IN FY25, OUR COLLEAGUES WITH NEW HAMPTON ROTARY WORKED TO IMPROVE FOOD INSECURITY WITHIN OUR COMMUNITY, YOUTH PROGRAMS, SCHOLARSHIP OPPORTUNITIES, LEADERSHIP TRAINING AND ECONOMIC DEVELOPMENT.

ENVIRONMENTAL IMPROVEMENTS: MERCYONE NEW HAMPTON CONTINUES TO PROVIDE MEMBERS OF THE COMMUNITY A PLACE TO SAFELY DISPOSE OF THEIR SHARPS AND CONTAINERS TO REDUCE ENVIRONMENTAL HAZARDS. THE HOSPITAL COLLABORATES WITH PHARMACIES IN NEW HAMPTON TO COLLECT THEIR CONTAINERS AS WELL.

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

MHS-IA USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, MHS-IA IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MHS-IA IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

MHS-IA IS IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR

Part VI Supplemental Information (Continuation)

PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED. ESTIMATED RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER STATE MEDICAID PROVIDER TAX PROGRAMS."

PART III, LINE 5:

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

THE IRS COMMUNITY BENEFIT OBJECTIVES INCLUDE RELIEVING OR REDUCING THE BURDEN OF GOVERNMENT TO IMPROVE HEALTH. TREATING MEDICARE PATIENTS CREATES SHORTFALLS THAT MUST BE ABSORBED BY HOSPITALS, WHICH PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE, THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H, PART VI, LINE 5 FOR MORE INFORMATION.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 26, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT - MHS-IA HOSPITALS ASSESS THE HEALTH STATUS OF THEIR COMMUNITIES, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORT TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THEIR COMMUNITIES, OUR HOSPITALS MAY USE PATIENT DATA, PUBLIC HEALTH DATA, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

MERCYONE NORTH IOWA AND MERCYONE NEW HAMPTON EACH HAVE A LOCAL BOARD OF GOVERNANCE COMPOSED OF AREA RESIDENTS, EMPLOYERS, AND REPRESENTATIVES OF

Part VI Supplemental Information (Continuation)

DEMOGRAPHIC GROUPS. THESE HOSPITALS ALSO COMMUNICATE WITH OTHER AGENCIES ABOUT WHAT SERVICES ARE NEEDED LOCALLY. IN PARTICULAR OUR PRIMARY CARE PHYSICIANS HAVE A STRONG AWARENESS OF PATIENT NEEDS. A COMMITTEE MEETS QUARTERLY THAT IS COMPRISED OF COMMUNITY MEMBERS AND HOSPITAL PERSONNEL THAT WORK DIRECTLY WITH THE UNINSURED, UNDERINSURED AND UNDERSERVED. THE COMMUNITY BENEFIT MINISTRY OFFICER INTERFACES REGULARLY WITH COMMUNITY HUMAN SERVICE AGENCIES AND COALITIONS.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MHS-IA HOSPITALS COMMUNICATE EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HEALTH CARE BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY FOR FINANCIAL SUPPORT PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

THE HOSPITALS OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITALS.

PART VI, LINE 4:

COMMUNITY INFORMATION

MERCYONE NORTH IOWA:

TRINITY HEALTH DATA HUB ESTIMATES POPULATION IN IOWA AT 3.2 MILLION WITH CERRO GORDO COUNTY'S ESTIMATED POPULATION AT 43,185, WHICH IS SLIGHTLY HIGHER THAN THE LAST CHNA REPORTING CYCLE. THE COUNTY HAS A VERY LOW DIVERSITY INDEX, .006 COMPARED TO IOWA AT .40. MOST OF THE RESIDENTS ARE WHITE, MAKING UP 90.74% OF THE POPULATION, WHILE BLACK MAKES UP 2.03%, HISPANIC, 5.38%, AND NON-HISPANIC ASIAN 1.28%. CERRO GORDO'S POPULATION OF UNDER 18-YEAR-OLDS IS 21.04%, 18-64-YEAR-OLDS, 57.58% AND 65 AND OLDER IS 21.38%.

CERRO GORDO COUNTY HAS 87 MENTAL HEALTH PROVIDERS LOCATED AT FOUR DIFFERENT FACILITIES AND 201.73 PROVIDERS/100,000 POPULATION. THERE IS A 90.43:100,000 RATIO FOR SUBSTANCE ABUSE PROVIDERS IN THE COUNTY. THERE ARE 22.81% OF THE CERRO GORDO POPULATION WHO CURRENTLY RECEIVE MEDICAID. THIS IS HIGHER THAN BOTH THE STATE (20.47%) AND NATIONALLY (22.19%). FOOD

Part VI Supplemental Information (Continuation)

INSECURITY CONTINUES TO BE AN ISSUE IN CERRO GORDO COUNTY WITH 8.30% OF THE POPULATION FOOD INSECURE, WHICH IS HIGHER THAN THE STATE AVERAGE OF 7.30%. STUDENTS ELIGIBLE FOR FREE OR REDUCED LUNCH IS 42.1%. THE MEDIAN HOUSEHOLD INCOME IN CERRO GORDO COUNTY IS \$58,271. THE POPULATION UNDER AGE 18 WHO ARE BELOW 200% FEDERAL POVERTY LEVEL IS 36.43%.

MOST CERRO GORDO COUNTY RESIDENTS HAVE A HIGH SCHOOL DIPLOMA (93.51%), WITH 23.89% OF THESE INDIVIDUALS HAVING OBTAINED A BACHELOR'S DEGREE OR HIGHER.

MERCYONE DUBUQUE AND MERCYONE DYERSVILLE MEDICAL CENTER (MERCYONE DYERSVILLE):

THE PRIMARY SERVICE AREA OF MERCYONE DUBUQUE AND MERCYONE DYERSVILLE IS DUBUQUE COUNTY, IOWA, WHICH IS A FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREA. THERE IS ONE OTHER HOSPITAL, AND ONE FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER LOCATED IN DUBUQUE, IOWA.

DUBUQUE COUNTY IS IN NORTHEASTERN IOWA, BORDERED BY THE MISSISSIPPI RIVER AND IS COMPRISED OF TWENTY-ONE UNINCORPORATED COMMUNITIES AND THEIR SURROUNDING RURAL AREAS. SPANNING 608 SQUARE MILES, THE COUNTY HAS A UNIQUE BLEND OF RURAL AND METROPOLITAN CHARACTERISTICS. AS OF THE 2020 CENSUS, THE POPULATION WAS 99,266 MAKING IT THE EIGHTH MOST POPULATED COUNTY IN IOWA. THE MEDIAN AGE OF DUBUQUE COUNTY RESIDENTS IS 39.5 YEARS, SLIGHTLY ABOVE THE STATE AND NATIONAL MEDIAN AGES OF APPROXIMATELY 38 YEARS. THE SHARE OF THE DUBUQUE COUNTY POPULATION THAT IS 65 AND OLDER INCREASED FROM 15.3% IN 2010 TO 18.7% IN 2021, REPRESENTING AN AGING POPULATION. ACCORDING TO THE US CENSUS BUREAU POPULATION ESTIMATES AS OF 2022, DUBUQUE COUNTY'S POPULATION WAS PREDOMINATELY WHITE (91.9%) THOUGH THERE HAS BEEN A SLOW INCREASE IN THE DIVERSITY OF THE POPULATION SINCE 2000. THE DUBUQUE COMMUNITY HAS EXPERIENCED AN INCREASE IN THE PACIFIC ISLANDER POPULATION IN RECENT YEARS.

MERCYONE SIOUXLAND AND DUNES SURGICAL HOSPITAL:

THE PRIMARY SERVICE AREA FOR MERCYONE SIOUXLAND AND DUNES SURGICAL HOSPITAL INCLUDES WOODBURY COUNTY, IOWA, PLYMOUTH COUNTY, IOWA, DAKOTA COUNTY, NEBRASKA, AND UNION COUNTY, SOUTH DAKOTA. A TOTAL OF 169,155 PEOPLE LIVE IN THE 2,460.76 SQUARE MILE SERVICE AREA DEFINED FOR THIS ASSESSMENT ACCORDING TO LATEST CENSUS ESTIMATES, WITH A POPULATION DENSITY ESTIMATED AT 69 PERSONS PER SQUARE MILE. THE MAJORITY OF THE POPULATION IS URBAN (72.5%), RESIDING IN THE SIOUX CITY METRO AREA. OF THE POPULATION, 25.8% ARE UNDER 18 YEARS, AND 16.0% OF THE POPULATION IS OVER THE AGE OF 65 YEARS. THE MAJORITY OF THE POPULATION IS WHITE (77.5%), AND 17.6% OF THE POPULATION IS HISPANIC OR LATINO. IN THE SERVICE AREA, 29.32% OF INDIVIDUALS ARE LIVING IN HOUSEHOLDS WITH INCOME BELOW 200% OF THE FEDERAL POVERTY LEVEL (US CENSUS BUREAU, AMERICAN COMMUNITY SURVEY. 2018-22).

MERCYONE NEW HAMPTON:

MERCYONE NEW HAMPTON SERVES PATIENTS IN CHICKASAW COUNTY AND BORDERING COUNTIES. DUE TO OVER 80% OF MERCYONE NEW HAMPTON'S MARKET SHARE COMING FROM PATIENTS IN CHICKASAW COUNTY, AND FOR ACCURACY IN DATA COLLECTION, CHICKASAW COUNTY WAS THE FOCUS OF THIS ASSESSMENT. THIS SERVICE AREA DOES NOT EXCLUDE LOW-INCOME OR UNDERSERVED POPULATIONS.

THE TOTAL POPULATION OF CHICKASAW COUNTY, AS ESTIMATED BY THE U.S. CENSUS BUREAU FOR 2022, IS 11,957. CHICKASAW COUNTY IS CONSIDERED 100% RURAL, WITH NO TOWNS HAVING OVER 5,000 RESIDENTS. THE COUNTY'S ESTIMATED POPULATION DROPPED 2.9% BETWEEN 2020 AND 2023; BY COMPARISON, IOWA'S

Part VI Supplemental Information (Continuation)

POPULATION ONLY GREW 0.5% OVER THE SAME TIME. AS AN INDICATOR, POPULATION TRENDS ARE RELEVANT BECAUSE A SHRINKING POPULATION BASE AFFECTS HEALTH CARE PROVIDERS AND THE UTILIZATION OF COMMUNITY RESOURCES. IN GENERAL, RURAL POPULATIONS TEND TO HAVE POPULATIONS THAT ARE OLDER AND LESS EDUCATED THAN THEIR URBAN COUNTERPARTS, WITH HIGHER PREVALENCE OF CHRONIC DISEASES. CHICKASAW COUNTY IS NO EXCEPTION. THE COUNTY'S POPULATION IS PREDOMINATELY WHITE (97.1 %) WITH 23.4% BEING OVER THE AGE OF 65. ONLY 19.1% OF PEOPLE OVER THE AGE OF 25 HAVE A BACHELOR'S DEGREE OR HIGHER.

ACCORDING TO THE U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY; 2018-22 AND HEALTHY PEOPLE 2030, THE MEDIAN HOUSEHOLD INCOME IN CHICKASAW COUNTY WAS ESTIMATED AT \$72,734 IN 2022. MORE THAN A QUARTER (25.82%) OF CHICKASAW COUNTY RESIDENTS LIVE IN HOUSEHOLDS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL (FPL). THE POPULATION UNDER 18 LIVING IN HOUSEHOLDS BELOW 200% FPL IS 32.92%. FOR MERCYONE NEW HAMPTON, THE PAYER MIX AT POINT OF REGISTRATION INCLUDES 55.5% COVERED BY MEDICARE, 8.3% COVERED BY MEDICAID, BLUE CROSS BLUE SHIELD 22.8%, COMMERCIAL WAS 10.9% AND 2.4% SELF-PAY.

PART VI, LINE 5:

OTHER INFORMATION - MERCYONE NORTH IOWA HAS PROVIDED MANAGEMENT SERVICES FOR RURAL HOSPITALS SINCE 1978. THESE COMMUNITY HOSPITALS OFFER QUALITY HEALTH CARE AND YET ARE STILL ABLE TO TAKE ADVANTAGE OF ALL THE RESOURCES WE HAVE TO OFFER AS A MAJOR REFERRAL CENTER. WE EXTEND MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTH CARE PROVIDERS TO MEET THE NEEDS OF THOSE WHO LIVE IN OUR COMMUNITIES.

MERCYONE NORTH IOWA IS INTENTIONAL IN DEVELOPING TRIPLE-AIM ACCOUNTABLE CARE ORGANIZATION RELATIONSHIPS AND WORKS COLLABORATIVELY WITH MANY COMMUNITY HEALTH PROVIDERS, SOCIAL SERVICES, AND AGENCIES IN CREATING A SYSTEM OF CARE COORDINATION PROCESS AND WORK TO IDENTIFY AND REDUCE/ELIMINATE THE SOCIAL DETERMINANTS OF HEALTH. AS A TEACHING HOSPITAL, MERCYONE NORTH IOWA HOSTS A FAMILY MEDICINE RESIDENCY PROGRAM, PHARMACY RESIDENCY, INTERNAL MEDICINE RESIDENCY, CARDIOLOGY FELLOWSHIP, NURSE RESIDENCY, AND A SCHOOL OF RADIOLOGIC TECHNOLOGY. MERCYONE NORTH IOWA'S CARDIOLOGY FELLOWSHIP PROGRAM HAS TRIPLED IN SIZE SINCE IT ORIGINATED IN 2002. IN ADDITION, MERCYONE NORTH IOWA OFFERS A 12-MONTH PROGRAM FOR NEWLY LICENSED REGISTERED NURSES AS THEY TRANSITION FROM THEIR STUDENT ROLE INTO A PROFESSIONAL ROLE, OFFERING THEM MORE SUPPORT TO EMPOWER AND BUILD CONFIDENCE IN THEIR NURSING CAREERS.

MERCYONE NORTH IOWA OFFERS SPECIALIZED SERVICES INCLUDING HEART AND VASCULAR INSTITUTE, CANCER, DIABETES, STROKE, BARIATRIC, WOUND, REHABILITATION, LEVEL II BIRTH CENTER, AND LEVEL III TRAUMA CENTER. OUR EMERGENCY ROOM'S PSYCH TRIAGE NURSES ASSIST BEHAVIORAL HEALTH PATIENTS IN THE EMERGENCY ROOM BY PROVIDING REFERRALS AND INFORMATION ON COMMUNITY RESOURCES. MERCYONE NORTH IOWA HAS MATERNAL HEALTH OUTREACH IN NEW HAMPTON AND HAMPTON, AS WELL AS THE FAMILY MEDICINE RESIDENCY CLINIC WHERE AN INTERPRETER IS AVAILABLE. PATIENTS ARE ALSO ASSISTED IN OBTAINING MEDICAID.

MERCYONE NORTH IOWA WORKS CLOSELY WITH CERRO GORDO PUBLIC HEALTH AND NUMEROUS AGENCIES IN IDENTIFYING AND COLLABORATIVELY ADDRESSING COMMUNITY NEEDS.

MERCYONE NORTH IOWA CONTINUES TO INVEST IN THE COMMUNITY WE SERVE TO

Part VI Supplemental Information (Continuation)

ENHANCE THE HEALTH AND WELL-BEING OF RESIDENTS BY:

- ASSISTING MERCYONE NORTH IOWA COLLEAGUES MAKE A MEANINGFUL IMPACT IN THE LOCAL COMMUNITY BY ALLOWING FOR CONTRIBUTIONS TO THE LOCAL UNITED WAY DIRECTLY FROM THEIR PAYROLL.
- CONTINUING PARTICIPATION IN THE AWARDED MISSION LIFELINE STROKE GRANT.
- SCREENING FOR AND ADDRESSING NEEDS FOR THOSE IDENTIFIED TO HAVE SOCIAL NEEDS THROUGH TWO FULL-TIME COMMUNITY HEALTH WORKERS; SPREADING AWARENESS OF FINDHELP, THE ON-LINE COMMUNITY RESOURCE DIRECTORY.
- CONTINUING TO PROVIDE THE MEALS ON WHEELS PROGRAM.
- CONDUCTING SEVERAL FOOD DRIVES FOR THE HAWKEYE HARVEST FOOD BANK.
- FUNDING A GRANT FOR THE PHLEBOTOMY YOUTH INTERNSHIP.
- HOSTING SEVERAL BLOOD DRIVES.
- IMPLEMENTING BABY-FRIENDLY INITIATIVES INCLUDING BREAST FEEDING SUPPORT GROUPS AND INFANT EDUCATION GROUPS.
- PARTNERING WITH HEALTHIEST STATE INITIATIVES FOR THE PRODUCE PRESCRIPTION PROGRAM.
- PARTICIPATING IN NORTH IOWA ADDICTION PREVENTION ALLIANCE TO PREVENT UNDERAGE DRINKING.
- PARTICIPATING IN THE AGING SERVICES COALITION TO ADVOCATE FOR AND CONNECT ELDERLY INDIVIDUALS TO COMMUNITY RESOURCES.
- PARTICIPATING IN NORTH CENTRAL IOWA COMMUNITY COLLABORATION HOUSING COALITION.
- ENCOURAGING COLLEAGUE PARTICIPATION IN THE MONSOON TRAINING, SPECIFICALLY REGARDING PACIFIC ISLANDER CULTURE.
- PROVIDING RURAL OUTREACH PROGRAM AND PROVIDING FREE MEDICATIONS TO QUALIFYING RESIDENTS.
- PARTICIPATING IN EVENTS SURROUNDING MENTAL HEALTH AWARENESS AND REDUCING STIGMA, SUCH AS MAKE IT OK WALK AND EVENT.
- APPLYING FOR, AND BEING AWARDED, A \$60,000 GRANT FROM VARIETY-THE CHILDREN'S CHARITY. THIS GRANT FUNDED THE INSTALLATION OF A CENTRAL MONITORING SYSTEM AND SEVEN BEDSIDE MONITORS, ENHANCING SAFETY AND CONNECTIVITY FOR VULNERABLE NEWBORNS AND THEIR FAMILIES.
- COLLABORATING WITH COMMUNITY ORGANIZATIONS, AGENCIES, AND COALITIONS.
- PROVIDING A RESTRICTED \$450,000 CASH DONATION TO THE YMCA TO GO TOWARD THE AIR HANDLER UNIT SERVING THE SWIMMING POOL. IN ADDITION, MERCYONE NORTH IOWA DIVESTED ITS 50% OWNERSHIP IN YMCA REHABILITATION CENTER, TRANSFERRING FULL OWNERSHIP TO THE YMCA.
- OFFERING MEDICAL ASSISTANT TRAINING PROGRAM, A 16-WEEK PROGRAM WITH 3 COHORTS.

IN FY25, MERCYONE NORTH IOWA ALSO PROVIDED CASH DONATIONS/SPONSORSHIPS TO SUPPORT:

- HANCOCK COUNTY HEALTH SYSTEM FOUNDATION
- KOSSUTH REGIONAL HEALTH CENTER FOUNDATION
- MITCHELL COUNTY REGIONAL HEALTH CENTER FOUNDATION
- NORTH IOWA COMMUNITY ACTION
- NORTHERN LIGHTS ALLIANCE FOR THE HOMELESS
- HEALTHY HARVEST
- 43 NORTH IOWA

MERCYONE DUBUQUE AND MERCYONE DYERSVILLE:

MERCYONE DUBUQUE IS THE LEADING HOSPITAL IN THE TRI-STATES, OFFERING THE ONLY COMPREHENSIVE CARDIOLOGY CENTER AND LEVEL II REGIONAL NEONATAL INTENSIVE CARE UNIT IN THE AREA AS WELL AS THE NEWLY CONSTRUCTED MERCYONE DUBUQUE CANCER CENTER. OTHER SERVICES INCLUDE A TRAUMA CENTER, A

Part VI Supplemental Information (Continuation)

CARF-ACCREDITED INPATIENT REHABILITATION UNIT, HOME HEALTH CARE, ORTHOPEDICS, RETAIL PHARMACIES, PALLIATIVE CARE, AND A WIDE RANGE OF OUTPATIENT AND COMMUNITY SERVICES. MERCYONE OPERATES TWO HOSPITAL-BASED SKILLED NURSING UNITS AND A 40-BED NURSING HOME. THE MERCYONE DUBUQUE MATERNAL HEALTH CLINIC OPENED IN 1991 AND PROVIDES PRENATAL, POSTPARTUM AND YEARLY WELL WOMEN VISIT FOR UNDERSERVED WOMEN IN THE DUBUQUE COMMUNITY AND SURROUNDING AREA.

MERCYONE DYERSVILLE MEDICAL CENTER IS A 20-BED CRITICAL ACCESS HOSPITAL SERVING 17 RURAL COMMUNITIES IN WESTERN DUBUQUE COUNTY, OFFERING THE FOLLOWING SERVICES: EMERGENCY/TRAUMA, ACUTE AND SKILLED CARE, REHABILITATION SERVICES (PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH THERAPY), AMBULATORY SURGERY, HOME CARE, AND SPECIALTY CLINICS.

MERCYONE DUBUQUE AND MERCYONE DYERSVILLE ARE ADVISED BY LOCAL BOARDS AND OPERATE EMERGENCY ROOMS, WHICH ARE AVAILABLE TO ALL REGARDLESS OF ABILITY TO PAY. MERCYONE DUBUQUE ALSO PROVIDED SEVERAL UNIQUE SERVICES, INCLUDING OPEN-HEART SURGERY, NEONATAL INTENSIVE CARE, AND INPATIENT COMMUNITY PSYCHIATRIC SERVICES.

MERCYONE DUBUQUE AND MERCYONE DYERSVILLE RECOGNIZE THE IMPORTANCE OF SCREENING FOR AND ADDRESSING SOCIAL INFLUENCES OF HEALTH, SUCH AS AFFORDABLE HOUSING, ACCESS TO EDUCATION, PUBLIC SAFETY, AVAILABILITY OF HEALTHY FOODS, LOCAL EMERGENCY/HEALTH SERVICES, AND ENVIRONMENTS FREE OF LIFE-THREATENING TOXINS. THE MERCYONE COMMUNITY RESOURCE DIRECTORY POWERED BY FINDHELP.ORG WAS USED TO CONNECT PATIENTS WITH IDENTIFIED SOCIAL NEEDS.

MERCYONE DUBUQUE EMPLOYEES SERVE ON VARIOUS EXTERNAL COMMITTEES AND BOARDS SUCH AS STONEHILL COMMUNITIES BOARD OF DIRECTORS.

MERCYONE DUBUQUE PROVIDED EDUCATIONAL OPPORTUNITIES TO LOCAL VOLUNTEER EMS AGENCIES IN THE TRI-STATE AREA ON TOPICS INCLUDING TRAUMA, STROKE, AND CARDIAC CARE. THE AGENCIES ASSISTED WITH POLICY DEVELOPMENT AND CASE REVIEWS USING REAL LIFE SITUATIONS TO IMPROVE PRE-HOSPITAL CARE. THE EMERGENCY DEPARTMENT TRAUMA COORDINATOR ALSO SERVED ON THE DUBUQUE COUNTY EMS ASSOCIATION BOARD AND PARAMOUNT EMS ADVISORY COMMITTEE. THESE GROUPS SOUGHT TO ENHANCE THE KNOWLEDGE AND SKILLS NECESSARY TO SERVE THE PUBLIC WITH COMPETENT PROFESSIONAL EMS PROFESSIONALS.

THE MOBILE UNIT ALSO HAD A REGULAR PRESENCE AT THE DUBUQUE FARMER'S MARKETS WHERE IT PROVIDED EDUCATION ON BRAIN HEALTH, FALL PREVENTION, STROKE AWARENESS, BREAST CANCER AWARENESS, AND RESOURCES FOR MILITARY MEMBERS AND VETERANS IN ADDITION TO FREE PREVENTATIVE CARE SERVICES SUCH AS SKIN CANCER SCREENINGS. MERCYONE DYERSVILLE STAFF ALSO PARTNERED WITH THE MOBILE MEDICAL TEAM TO PROVIDE FLU SHOTS AND OTHER PREVENTATIVE CARE AT THE DYERSVILLE DOWNTOWN MARKET.

...CONTINUED AFTER PART VI, LINE 6.

PART VI, LINE 6:

MHS-IA IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH & WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE CLINICAL AND SOCIAL CARE.

Part VI Supplemental Information (Continuation)

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) AND IMPLEMENTATION STRATEGIES WITH INTENTIONAL FOCUS ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. TO FURTHER OUR COMMITMENT TO ACHIEVING HEALTH EQUITY AND THE COMMON GOOD, THE CHNA AND IMPLEMENTATION STRATEGIES FOSTER COLLECTIVE ACTION TO EQUITABLY ALLOCATE RESOURCES FROM THE HOSPITAL AND OTHER SOURCES TO ADDRESS THESE NEEDS IN COMMUNITIES MOST IMPACTED.

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES WE SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2025 (FY25), TRINITY HEALTH CONTRIBUTED NEARLY \$1.4 BILLION IN IRS-DEFINED COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS COMMITMENT THROUGH AN ADDITIONAL \$1.5 BILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.9 BILLION IN FY25.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY25 WITH MORE THAN \$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN COLLABORATION WITH 30 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$1.1 BILLION IN INVESTMENTS THAT SERVED COMMUNITIES WITHIN TRINITY HEALTH'S SERVICE AREAS. BETWEEN 2018 AND APRIL 2025, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- SUPPORTED THE CREATION OF 15,700 UNITS OF AFFORDABLE HOUSING OVER THE LAST EIGHT YEARS (INCLUDING APPROXIMATELY 380 SUPPORTIVE HOUSING BEDS).
- CREATED OR RETAINED AT LEAST 1,300 CHILDCARE SLOTS; 7,600 K-HIGH SCHOOL EDUCATION SLOTS; AND 2,400 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPED AT LEAST 9.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE OVER THE LAST EIGHT YEARS.
- SINCE 2014, 920 STUDENTS HAVE RECEIVED \$2.65 MILLION IN SCHOLARSHIPS THROUGH THE FRESNO STATE AND BOISE STATE SCHOLARSHIPS FUNDS.
- APPROXIMATELY 12,900 FULL- AND PART-TIME POSITIONS HAVE BEEN EITHER CREATED OR MAINTAINED THROUGH PARTNER LENDING.

IN FY25, OVER ONE MILLION PATIENTS SYSTEM-WIDE WERE SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AT THEIR DOCTOR'S OFFICE. OF THOSE SCREENED, 27.4% IDENTIFIED AT LEAST ONE NEED AND MOST OFTEN IDENTIFIED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. AN ADDITIONAL 137,000 PATIENTS WERE SCREENED FOR SOCIAL NEEDS DURING AN IN-PATIENT HOSPITAL STAY WHERE TOP NEEDS INCLUDED FOOD ACCESS, TRANSPORTATION AND HOUSING.

TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) INCLUDES A STANDARD SCREENING TOOL FOR PATIENT SOCIAL NEEDS, AND AN INTEGRATED COMMUNITY RESOURCE DIRECTORY THROUGH FINDHELP TO CONNECT PATIENTS TO FREE AND REDUCED COST SUPPORT PROGRAMS. THE COMMUNITY RESOURCE DIRECTORY YIELDED OVER 118,000 SEARCHES, AN INCREASE OF 34% OVER THE PRIOR YEAR. TOP SEARCHES INCLUDED HOUSING, FOOD ACCESS AND HEALTH CARE.

BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING AND INCLUSION IN THE CARE TEAM, COMMUNITY HEALTH

Part VI Supplemental Information (Continuation)

WORKERS (CHW) PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S HAVE MANY COMPETENCIES, INCLUDING PATIENT OUTREACH AND ENGAGEMENT, CONDUCTING ASSESSMENTS, RESOURCE CONNECTION, HEALTH AND SOCIAL SERVICES SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING THROUGH ONGOING EDUCATION, ADVOCACY AND SUPPORT. IN FY25, TRINITY HEALTH'S 162 CHW'S SUCCESSFULLY ADDRESSED OVER 16,300 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO RESOLVE.

WITH FUNDING THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, TRINITY HEALTH WORKED WITH 23 PARTNERS AND 47 CERTIFIED LIFESTYLE COACHES NATIONWIDE TO DELIVER THE NATIONAL DIABETES PREVENTION PROGRAM, AN EVIDENCE-BASED, 12-MONTH LIFESTYLE CHANGE PROGRAM. THE GOAL OF THE PROGRAM IS TO LOSE A PERCENTAGE OF BASELINE WEIGHT, ATTEND SESSIONS REGULARLY, AND ENGAGE IN 150 MINUTES OF PHYSICAL ACTIVITY A WEEK. GROUP SESSIONS ARE FACILITATED BY A CDC CERTIFIED LIFESTYLE COACH AND OFFERED IN-PERSON, REMOTELY, OR VIRTUALLY AT A SELF-PACED RATE. ALL PARTICIPANTS ARE REGULARLY SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AND ARE REFERRED TO A CHW TO ADDRESS IDENTIFIED NEEDS. IN FY25, TRINITY HEALTH CONDUCTED FOCUSED OUTREACH WITH NEARLY 165,000 ELIGIBLE PARTICIPANTS AND ENROLLED 1,074 PARTICIPANTS INTO THE LIFESTYLE CHANGE PROGRAM.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

PART VI, LINE 5 CONTINUED:

MERCYONE SIOUXLAND:

MERCYONE SIOUXLAND OPERATES THE ONLY LEVEL II TRAUMA CENTER IN WESTERN IOWA AND PROVIDES A VITAL, LIFESAVING LINK TO RURAL AREAS VIA A HELICOPTER AMBULANCE SERVICE. EMERGENCY SERVICES ARE AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY. MERCYONE SIOUXLAND OPERATES A PRIMARY CARE CLINIC NETWORK, SPECIALTY CLINICS, AND HOME HEALTH SERVICES. WE CONTINUED TO PARTNER WITH OTHER COMMUNITY HEALTH CARE PROVIDERS TO SPONSOR A REGIONAL CANCER CENTER, HOSPICE SERVICES, AND A FREESTANDING SURGERY CENTER TO MEET THE NEEDS OF RESIDENTS IN IOWA, NEBRASKA, AND SOUTH DAKOTA. MERCYONE SIOUXLAND CONTINUED TO HAVE AN OPEN MEDICAL STAFF.

THE HOSPITAL OPERATES THE MERCYONE SIOUXLAND CHILD ADVOCACY CENTER, THE ONLY ONE IN NORTHWEST IOWA, DEDICATED TO SERVING SUSPECTED VICTIMS OF CHILD ABUSE AND PROVIDES MEDICAL EXAMS, FORENSIC INTERVIEWS, ADVOCACY SERVICES, THERAPY SERVICES, PREVENTION AND PROFESSIONAL EDUCATION, AND EXPERT WITNESS TESTIMONY. THE CHILD ADVOCACY CENTER HOSTED THE PROTECTING FAMILIES CONFERENCE, WHICH FOCUSED ON A MULTI-DISCIPLINARY APPROACH TO PREVENTING AND ADDRESSING CHILD ABUSE. THE CENTER ALSO DONATED FURNITURE TO THE FBI AND CRITTENTON CENTER.

MERCYONE SIOUXLAND LEADERS PARTICIPATED IN LOCAL COMMUNITY BOARDS AND COMMUNITY COLLABORATIONS, INCLUDING THE WARMING SHELTER AND SIOUXLAND STREET PROJECT, TO ADDRESS HOMELESSNESS. TO FURTHER ADDRESS HOMELESSNESS, THE HOSPITAL FINANCIALLY CONTRIBUTED TO THE WARMING SHELTER IN FY25.

MERCYONE SIOUXLAND PARTICIPATED IN REGULAR BLOOD DRIVES THROUGHOUT THE YEAR. IN ADDITION, MERCYONE SIOUXLAND COLLABORATED WITH HEALTH EDUCATION PROGRAMS INCLUDING ST. LUKE'S COLLEGE OF NURSING, WESTERN IOWA TECH COMMUNITY COLLEGE SCHOOL OF NURSING, NORTHEAST COMMUNITY

Part VI Supplemental Information (Continuation)

COLLEGE, NORTHWESTERN COLLEGE, NORTHWEST IOWA COMMUNITY COLLEGE, DORDT UNIVERSITY, MORNINGSIDE UNIVERSITY, AND BRIAR CLIFF UNIVERSITY SCHOOL OF NURSING. MERCYONE SIOUXLAND PARTNERED WITH THE SIOUXLAND MEDICAL EDUCATION FOUNDATION TO ASSIST IN TRAINING MEDICAL STUDENTS DURING THEIR FAMILY MEDICINE RESIDENCY. MERCYONE SIOUXLAND'S VOLUNTEER AMBASSADOR PROGRAM HAD EIGHT VOLUNTEERS IN FY25 WHO PROVIDED HOSPITALITY SERVICES AND PET VISITATIONS TO PATIENTS. EXTRAORDINARY MINISTERS OF HOLY COMMUNION WAS ALSO PART OF THE VOLUNTEER PROGRAM.

MERCYONE SIOUXLAND AIDED COMMUNITY MEMBERS WHO WERE UNABLE TO OBTAIN PRESCRIPTIONS NECESSARY TO MAINTAIN THEIR HEALTH STATUS AND AVOID HOSPITALIZATIONS. TRANSPORTATION WAS ALSO PROVIDED WHEN COMMUNITY MEMBERS WERE UNABLE TO AFFORD BUS OR TAXI SERVICES TO ACCESS HEALTH MAINTENANCE SERVICES. MERCYONE SIOUXLAND PURCHASED A MEDICAL TRANSPORT VAN AND BRODA CHAIR TO PROVIDE TRANSPORTATION FOR PERSONS TO RETURN TO A LESSER LEVEL OF CARE. MERCYONE SIOUXLAND PROVIDED ENROLLMENT ASSISTANCE IN GOVERNMENTAL INSURANCE PLANS AND THE HOSPITAL'S CHARITY CARE PROGRAM ALLOWING FOR FREE OR DISCOUNTED CARE. PREVENTATIVE TELEMONITORING WAS PROVIDED FOR THE CONGESTIVE HEART FAILURE POPULATION.

MERCYONE SIOUXLAND FINANCIALLY CONTRIBUTED TO THE IOWA DENTAL FOUNDATION TO SUPPORT THE ANNUAL IOWA MISSION OF MERCY CLINIC, WHICH PROVIDES FREE ORAL HEALTH CARE TO INDIVIDUALS WHO FACE BARRIERS TO RECEIVING DENTAL CARE.

DUNES SURGICAL HOSPITAL:

DUNES SURGICAL HOSPITAL SUPPORTED HEALTH EDUCATION IN THE AREAS OF NURSING, SURGICAL TECHNOLOGY, AND RESPIRATORY THERAPY IN COLLABORATION WITH BRIAR CLIFF UNIVERSITY, MORNINGSIDE UNIVERSITY, WESTERN IOWA TECH COMMUNITY COLLEGE SCHOOL OF NURSING, AND UNIVERSITY OF SOUTH DAKOTA. DUNES SURGICAL HOSPITAL ACTIVELY PARTICIPATED IN A CEREAL DRIVE FOR THE LOCAL SIOUXLAND FOOD BANK AS WELL AS A UNITED WAY CAMPAIGN THAT WILL GREATLY BENEFIT THE COMMUNITY. IN ADDITION, EMERGENCY MEDICAL PREPAREDNESS WORK CONTINUED WITH THE SOUTH DAKOTA HEALTH CARE COALITION.

DUNES SURGICAL HOSPITAL CONTINUED TO OFFER FINANCIAL ASSISTANCE, ALLOWING THOSE WHO MEET FINANCIAL NEED CRITERIA TO RECEIVE ASSISTANCE FOR NECESSARY SERVICES. AT THE TIME OF PATIENTS' DISCHARGE, THE HOSPITAL STAFF SCHEDULE FOLLOW UP APPOINTMENTS WITH PRIMARY CARE PHYSICIANS TO AID IN THE MAINTENANCE OR IMPROVEMENT OF OVERALL HEALTH STATUS.

MERCYONE NEW HAMPTON:

MERCYONE NEW HAMPTON OFFERED THE FOLLOWING COMMUNITY BASED EDUCATION OPPORTUNITIES IN FY25:

- TO PROMOTE SAFETY, FIRST AID COMPREHENSION, AND TO EMPHASIZE THE QUALITY CHARACTERISTICS OF A GOOD BABYSITTER, BABYSITTING 101 WAS HELD IN APRIL 2025. STUDENTS WERE TAUGHT THE BASICS OF CHILDCARE WITH SPECIAL PRESENTATIONS BY CHICKASAW COUNTY SHERIFF'S DEPARTMENT, NEW HAMPTON FIRE DEPARTMENT, MERCYONE NEW HAMPTON NURSING STAFF AND MERCYONE NEW HAMPTON'S WELLNESS COORDINATOR.

- MERCYONE NEW HAMPTON'S ATHLETIC TRAINER AND WELLNESS COORDINATOR IS A CERTIFIED CHILD PASSENGER SAFETY TECHNICIAN. EXPECTING PARENTS CAN RECEIVE CHILD AND INFANT CAR SEAT INSPECTION AND SAFETY CHECK SERVICES

Part VI Supplemental Information (Continuation)

TO ENSURE THAT INSTALLATION HAS BEEN CARRIED OUT CORRECTLY AND THAT THEIR CHILD WILL BENEFIT FROM THE PROTECTION THESE SEATS ARE DESIGNED TO PROVIDE.

- MERCYONE NEW HAMPTON OFFERED EDUCATIONAL OPPORTUNITIES THROUGHOUT FY25 TO OUR COLLEAGUES AND AREA HEALTH CARE PROVIDERS. CLASSES INCLUDED: BASIC LIFE SUPPORT, ADVANCED CARDIAC LIFE SUPPORT HEARTCODE, PEDIATRIC ADVANCED LIFE SUPPORT, TRAUMA NURSING CORE COURSE, AMERICAN HEART ASSOCIATION INSTRUCTOR RENEWAL, HAZMAT/DECONTAMINATION, A.L.I.C.E. AND FOSTERING POSITIVE AND SAFE INTERACTIONS. MERCYONE NEW HAMPTON ALSO SUPPORTS HEALTH PROFESSIONALS' EDUCATION BY HOSTING PRECEPTORS. IN FY25, TWO PHYSICAL THERAPY, ONE SPEECH LANGUAGE PATHOLOGIST AND THREE NURSES WERE PRECEPTED.

IN FY25, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT AS REPORTED IN PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM MAKES A DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING PEOPLE EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS.

MERCYONE'S REGIONAL COMMUNITY IMPACT IN FY25 TOTALED \$357.3 MILLION.