

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

<b>Name of the organization</b> SARTORI MEMORIAL HOSPITAL, INC.	<b>Employer identification number</b> 42-0758901
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a .....	X	
<b>1b</b> If "Yes," was it a written policy? .....	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the 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		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	X	
<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 _____ %		
<b>c</b> 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.		
<b>4</b> 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"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its FAP during the tax year? .....	X	
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	X	
<b>5c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	X	
<b>6b</b> If "Yes," did the organization make it available to the public? .....	X	

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial assistance at cost (from Worksheet 1) .....			115,684.		115,684.	.30%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			5195038.	6901363.	0.	.00%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial assistance and means-tested government programs .....			5310722.	6901363.	115,684.	.30%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	19	1,981	288,337.		288,337.	.76%
<b>f</b> Health professions education (from Worksheet 5) .....						
<b>g</b> Subsidized health services (from Worksheet 6) .....	2	143	2097779.	789,788.	1307991.	3.44%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....	2	99	4,903.		4,903.	.01%
<b>j Total.</b> Other benefits .....	23	2,223	2391019.	789,788.	1601231.	4.21%
<b>k Total.</b> Add lines 7d and 7j .....	23	2,223	7701741.	7691151.	1716915.	4.51%





**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 CEDAR FALLS 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
<b>Community Health Needs Assessment (CHNA)</b>		
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 CEDAR FALLS MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
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):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <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)		
<b>f</b> <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)		
<b>g</b> <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		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <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		
<b>j</b> <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 CEDAR FALLS MEDICAL CENTER

	Yes	No
<p><b>17</b> 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? .....</p>	<b>X</b>	
<p><b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><b>19</b> 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? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		<b>X</b>
<p><b>20</b> 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):</p> <p><b>a</b> <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)</p> <p><b>b</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)</p> <p><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><b>21</b> 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? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>X</b>	
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**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

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

	Yes	No
<b>22</b> 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:		
<b>a</b> <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>b</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		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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.		
<b>24</b> 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.		

Schedule H (Form 990) 2024

**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 CEDAR FALLS MEDICAL CENTER:  
PART V, SECTION B, LINE 3J: N/A

LINE 3E:

MERCYONE CEDAR FALLS 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 RECENT CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. ECONOMIC STABILITY
2. HOUSING STABILITY
3. TRANSPORTATION CHALLENGES

MERCYONE CEDAR FALLS MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE CHNA WORK WAS LED BY THE COMMUNITY HEALTH IMPROVEMENT (CHI) CORE TEAM. THIS TEAM CONSISTED OF A PUBLIC HEALTH PLANNER AND TWO EPIDEMIOLOGISTS, WORKING IN COLLABORATION WITH KEY AREA HEALTH CARE INSTITUTIONS: MERCYONE, UNITYPOINT HEALTH, AND THE FEDERALLY QUALIFIED HEALTH CENTER PEOPLES COMMUNITY HEALTH CLINIC. ADDITIONAL GUIDANCE WAS PROVIDED BY A BROADER STEERING COMMITTEE AND AN ASSESSMENT DESIGN TEAM. INPUT WAS COLLECTED USING THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS, A METHOD FOR COMMUNITY HEALTH IMPROVEMENT PLANNING WHICH ENCOURAGES COMMUNITY COLLABORATION, LEADING LONG-LASTING CHANGE. THE COMMUNITY HEALTH ASSESSMENT PORTION OF MAPP 2.0 CONSISTS OF THREE ASSESSMENTS: COMMUNITY STATUS ASSESSMENT (CSA), COMMUNITY PARTNER ASSESSMENT (CPA), AND COMMUNITY CONTEXT ASSESSMENT (CCA).

THERE WERE TWO PARTS TO THE COMMUNITY STATUS ASSESSMENT (CSA): THE COMMUNITY SURVEY AND SECONDARY DATA ANALYSIS.

THE COMMUNITY SURVEY WAS OPEN FROM AUGUST 5, 2024 THROUGH OCTOBER 22, 2024 AND RECEIVED 1,100 RESPONSES. OUTREACH WAS DONE BY PRESS RELEASE, POSTCARDS AND FLYERS, COMMUNITY PARTNERS, SOCIAL MEDIA, TARGETED OUTREACH EVENTS, AND DIRECT MAIL. THE SURVEY WAS AVAILABLE IN THE FOLLOWING LANGUAGES: BOSNIAN, BURMESE, ENGLISH, FRENCH, MARSHALLESE, AND SPANISH.

SECONDARY DATA SOURCES INCLUDED THE CENSUS, THE IOWA PUBLIC HEALTH TRACKING PORTAL, AND FEEDING AMERICA (SEE REFERENCES). ADDITIONAL DATA WAS SHARED THROUGH FORMAL AGREEMENTS WITH THE IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES (IOWA HHS) AND THE NORTHEAST IOWA FOODBANK. SOURCES FROM IOWA HHS INCLUDED THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, IOWA HOSPITAL ASSOCIATION INPATIENT OUTPATIENT DATA, VITAL RECORDS, AND BARRIERS TO PRENATAL CARE. WHENEVER POSSIBLE, DATA WAS BROKEN DOWN BY RACE, ETHNICITY, AGE GROUP, AND SEX TO HIGHLIGHT POTENTIAL DISPARITIES. INCOME, HIGHEST LEVEL OF EDUCATION, AND ZIP CODE WERE ADDED WHEN DATA ALLOWED.

THE COMMUNITY PARTNER ASSESSMENT (CPA) TOOK PLACE FROM OCTOBER 3, 2024 THROUGH DECEMBER 2, 2024. THE CHI CORE TEAM DEVELOPED AN INITIAL DRAFT CPA FOCUSED ON 'DIVERSITY, ACCESS, AND COMMUNITY ENGAGEMENT' AND 'DATA

**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.

COLLECTION AND SHARING' FROM THE RECOMMENDED MAPP 2.0 CPA TOPICS. THE CHI STEERING COMMITTEE AND THE ASSESSMENT DESIGN TEAM CONDUCTED A REVIEW OF THE UPDATED SURVEY TO ENSURE ITS RELEVANCE AND ALIGNMENT WITH COMMUNITY NEEDS. THE SURVEY WAS THEN UPLOADED TO ALCHEMER, A HIPAA-COMPLIANT SURVEY PLATFORM. THE SURVEY WAS SENT VIA EMAIL TO 52 ORGANIZATIONS ASSOCIATED WITH ADVANCING EQUITY IN THE CEDAR VALLEY MULTI-SECTOR COALITION. THIS APPROACH WAS CHOSEN BASED ON THE COALITION'S FOCUS ON REMOVING BARRIERS, MOBILIZING AND CONNECTING PEOPLE AND ORGANIZATIONS, AND SUPPORTING ORGANIZATIONS AND COMMUNITIES TO DEVELOP EQUITABLE PRACTICES.

THE COMMUNITY CONTEXT ASSESSMENT (CCA) TOOK PLACE BETWEEN JUNE 11, 2024 AND JULY 2, 2024. THE CCA FOCUSED ON ZIP CODE 50703, AN AREA IDENTIFIED THROUGH THE CSA AS HAVING THE MOST SIGNIFICANT HEALTH DISPARITIES AND HIGHER RATES OF POVERTY, FOOD INSECURITY, AND UNEMPLOYMENT. COMMUNITY ASSETS WITHIN ZIP CODE 50703 WERE MAPPED. DATA SOURCES INCLUDED UNITED WAY'S 211 RESOURCE LIST AND LOCAL RESOURCE LISTS COMPILED BY BLACK HAWK COUNTY GENERAL ASSISTANCE, THE SALVATION ARMY, CEDAR VALLEY UNITED WAY, AND THE COMMUNITY PARTNERSHIP FOR PROTECTING CHILDREN.

THE CORE TEAM PROCEEDED WITH TWO PRIMARY DATA COLLECTION METHODS TO ASSESS THE BUILT ENVIRONMENT AND FORCES OF CHANGE WITHIN ZIP CODE 50703:

1. KEY INFORMANT INTERVIEWS CONDUCTED WITH REPRESENTATIVES FROM LOCAL GOVERNMENT, TRANSPORTATION AUTHORITIES, AND SERVICE ORGANIZATIONS TO GAIN INSIGHTS INTO COMMUNITY NEEDS, ACCESSIBILITY CHALLENGES, AND HISTORICAL INFLUENCES ON THE BUILT ENVIRONMENT.
2. WALKING/WINDSHIELD SURVEYS CONDUCTED TO OBSERVE TRANSPORTATION INFRASTRUCTURE, SIDEWALK CONDITIONS, AND ACCESSIBILITY IN FOUR DEFINED REGIONS WITHIN ZIP CODE 50703.

THE THREE MOST SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED BASED ON THE INFORMATION GATHERED THROUGH THESE ASSESSMENTS. ON JANUARY 14, 2025, THE COMMUNITY HEALTH IMPROVEMENT PRIORITY SETTING MEETING WAS HELD AT HAWKEYE COMMUNITY COLLEGE. OVER 55 INDIVIDUALS ATTENDED REPRESENTING THE FOLLOWING ORGANIZATIONS: BLACK HAWK COUNTY GENERAL ASSISTANCE, BLACK HAWK COUNTY PUBLIC HEALTH, CEDAR VALLEY UNITED WAY, CHILD CARE RESOURCE AND REFERRAL, CITY OF CEDAR FALLS, CITY OF WATERLOO, FRIENDS OF THE COMMUNITY, GROW CEDAR VALLEY, HABITAT FOR HUMANITY, HAWKEYE COMMUNITY COLLEGE, HOUSE OF HOPE, IOWA NORTHLAND REGIONAL COUNCIL OF GOVERNMENTS, IOWA HEADSTART, IOWA STATE EXTENSION, JESSE COSBY CENTER, LOVE INC., MERCYONE, MET TRANSIT, MOLINA HEALTHCARE, NORTHEAST IOWA AREA AGENCY ON AGING, NORTHEAST IOWA FOOD BANK, ONE CITY UNITED, OPERATION THRESHOLD, OTTO SCHOITZ, PATHWAYS BEHAVIORAL SERVICES, PEOPLES CLINIC, REPRESENTATIVE ASHLEY HINSON'S OFFICE, SALVATION ARMY, SENATOR JONI ERNST'S OFFICE, SUCCESS LINK, THE RIVER ARC, TOGETHER FOR YOUTH, UNITY POINT CANCER CENTER, UNITYPOINT HEALTH, UNIVERSITY OF IOWA, UNIVERSITY OF NORTHERN IOWA CENTER FOR ENERGY AND ENVIRONMENTAL EDUCATION, VERIDIAN CREDIT UNION, VETERANS ADMINISTRATION, WATERLOO COMMUNITY SCHOOL DISTRICT, AND WATERLOO PUBLIC LIBRARY.

BLACK HAWK COUNTY HEALTH DEPARTMENT PRESENTED SURVEY DATA AND SECONDARY DATA ON THE 10 PREVIOUSLY IDENTIFIED COMMON THEMES:

1. ECONOMIC STABILITY,
2. INEQUITABLE FOOD ACCESS,
3. TRANSPORTATION CHALLENGES,

**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.

- 4. BEHAVIORAL HEALTH, TREATMENT, PREVENTION, & RECOVERY,
- 5. ACCESS TO HEALTH CARE,
- 6. HOUSING STABILITY,
- 7. CHRONIC DISEASE,
- 8. INFECTIOUS DISEASE,
- 9. CULTURAL AND LINGUISTIC INCLUSIVITY, AND
- 10. HEALTH LITERACY

PARTICIPANTS WERE ASKED TO SIT AT THE TABLE WITH THE THEME AND DISCUSS THE ROOT CAUSES, CONTRIBUTING FACTORS, OR UPSTREAM ISSUES FOR THE THEME; THE COMMUNITY RESOURCES AND GAPS TO ADDRESS THE HEALTH CHALLENGES; THE AVAILABILITY AND FEASIBILITY OF SOLUTIONS TO ADDRESS THE NEED; AND THE CASCADING EFFECTS ON THE OTHER THEMES. ALL PARTICIPANTS DISCUSSED AS A GROUP AND WERE THEN ASKED TO DIGITALLY RANK THEIR TOP THREE PRIORITY NEEDS.

MERCYONE CEDAR FALLS MEDICAL CENTER:

PART V, SECTION B, LINE 6A: MERCYONE CEDAR FALLS CONDUCTED THE CHNA WITH MERCYONE WATERLOO MEDICAL CENTER AND UNITYPOINT HEALTH - ALLEN HOSPITAL.

MERCYONE CEDAR FALLS MEDICAL CENTER:

PART V, SECTION B, LINE 6B: MERCYONE CEDAR FALLS CONDUCTED THE CHNA WITH THE FOLLOWING ORGANIZATIONS: BLACK HAWK COUNTY HEALTH DEPARTMENT AND PEOPLES COMMUNITY HEALTH CLINIC.

MERCYONE CEDAR FALLS MEDICAL CENTER:

PART V, SECTION B, LINE 11: WITH THE GOAL OF ADDRESSING THE UPSTREAM FACTORS AFFECTING ECONOMIC STABILITY SUCH AS FOOD INSECURITY, THE BURDEN OF CANCER, AND BEHAVIORAL HEALTH CONDITIONS IN THE COMMUNITY, MERCYONE CEDAR FALLS TOOK THE FOLLOWING ACTIONS IN FY25:

FOOD INSECURITY: RECOGNIZING THE GROWING ISSUES AND CONCERNS SURROUNDING FOOD INSECURITY, MERCYONE CEDAR FALLS PROVIDED THE FOLLOWING IN FY25:

- CONTINUED TO PARTNER WITH UNIVERSITY OF NORTHERN IOWA ON THE VEGGIE VOUCHER PROGRAM
- HOSTED SEVERAL FOOD DRIVES WITH ALL PROCEEDS GOING TO THE NORTHEAST IOWA FOOD BANK

REDUCE THE BURDEN OF CANCER: MERCYONE EMPLOYEES CONTINUED TO PARTNER WITH BLACK HAWK COUNTY PUBLIC HEALTH AND THE CARE FOR YOURSELF PROGRAM OFFERING FREE MAMMOGRAMS IN OCTOBER TO 16 WOMEN AGED FORTY AND OLDER WHO HAD FINANCIAL BARRIERS TO RECEIVING AN ANNUAL MAMMOGRAM.

BEHAVIORAL HEALTH: MERCYONE CEDAR FALLS CONTINUED TO FOCUS ON MENTAL HEALTH IN THE COMMUNITY IN FY25. SEVERAL EMPLOYEES PARTICIPATED IN THE CEDAR VALLEY COALITION ON SUICIDE PREVENTION AND SUPPORT. WE WORKED COLLABORATIVELY WITH BLACK HAWK COUNTY PUBLIC HEALTH IN ADDITION TO PEOPLES COMMUNITY HEALTH CLINIC, UNITY POINT HEALTH-ALLEN HOSPITAL, ALIVE & RUNNING, WATERLOO/CEDAR FALLS SCHOOLS, AND THE WATERLOO YOUTH CITY COUNCIL TO PROVIDE INFORMATION AND EDUCATION TO THE COMMUNITY ON MENTAL HEALTH AWARENESS AND TO REDUCE THE STIGMA OF MENTAL HEALTH. IN PARTNERSHIP

**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 THESE ORGANIZATIONS, FREE SUICIDE PREVENTION TRAINING WAS PROVIDED, FOCUSING ON YOUTH AND THOSE WORKING WITH YOUTH IN OUR COMMUNITY. MERCYONE CEDAR FALLS FINANCIALLY SUPPORTED AN EVENT AT ONE OF THE ELEMENTARY SCHOOLS FOCUSED SPECIFICALLY ON BULLYING AND ALSO HOSTED AN EVENING EVENT FOR PARENTS AND COMMUNITY MEMBERS.

MERCYONE CEDAR FALLS HAS ONE KNOWN TRAINED 'MAKE IT OK' AMBASSADOR. 'MAKE IT OK' IS A COMMUNITY CAMPAIGN FOCUSED ON REDUCING THE STIGMA AND PROMOTING MENTAL HEALTH WELLNESS FOR ALL.

MERCYONE CEDAR FALLS CONTINUED TO SCREEN PATIENTS FOR SOCIAL DETERMINANTS OF HEALTH. WHEN PATIENTS ARE FLAGGED WITH NEEDS, INCLUDING ECONOMIC STABILITY, THEY ARE REFERRED TO OUR COMMUNITY HEALTH WORKERS (CHW'S) WHO ASSIST THEM IN FINDING NEEDED RESOURCES TO HELP IMPROVE THEIR OVERALL QUALITY OF LIFE. WE CONTINUE TO PROVIDE FIND HELP, A FREE COMMUNITY RESOURCE DIRECTORY.

MERCYONE CEDAR FALLS DID NOT DIRECTLY ADDRESS ALL THE NEEDS IDENTIFIED IN THIS CHNA CYCLE DUE TO COMPETING PRIORITIES, LACK OF RESOURCES, AND OTHER AGENCIES AND ORGANIZATIONS ALREADY ADDRESSING THESE ISSUES. FOR THESE REASONS, THE CATEGORIES OF HOUSING STABILITY AND TRANSPORTATION CHALLENGES WERE NOT ADDRESSED IN FY25.

**MERCYONE CEDAR FALLS 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, SECTION B, LINE 7A:**

[WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING](http://WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING)

**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 10A:**

[WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING](http://WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING)

**PART V, SECTION B, LINE 16A:**

[WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM](http://WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM)

**PART V, SECTION B, LINE 16B:**

**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.

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/  
FINANCIAL-ASSISTANCE-RHM

PART V, SECTION B, LINE 16C:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/  
FINANCIAL-ASSISTANCE-RHM

Multiple horizontal lines for providing supplemental information.



**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:**

SARTORI MEMORIAL HOSPITAL (MERCYONE CEDAR FALLS) 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.

MERCYONE CEDAR FALLS 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 HOSPITAL'S COST ACCOUNTING SYSTEM.

**PART I, LN 7 COL(F):**

THE FOLLOWING NUMBER, \$1,978,516, 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 CEDAR FALLS HAD THE FOLLOWING COMMUNITY BUILDING EXPENSES IN FY25:

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

**Part VI** Supplemental Information (Continuation)

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

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

WORKFORCE DEVELOPMENT: HOSPITAL EMPLOYEES AND LEADERS SPENT TIME AT HIGH SCHOOL CAREER EXPLORATION EVENTS, COLLEGE BOARD PARTICIPATION, AND PRESENTATIONS TO AREA SCHOOL GROUPS.

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:

MERCYONE CEDAR FALLS 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, MERCYONE CEDAR FALLS IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MERCYONE CEDAR FALLS IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

MERCYONE CEDAR FALLS 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 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

**Part VI Supplemental Information** (Continuation)

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 - MERCYONE CEDAR FALLS ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, 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 ITS COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, 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.

## PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MERCYONE CEDAR FALLS COMMUNICATES 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

**Part VI** Supplemental Information (Continuation)

## 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.

MERCYONE CEDAR FALLS OFFERS 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. 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 HOSPITAL.

## PART VI, LINE 4:

COMMUNITY INFORMATION - THE GEOGRAPHIC AREA FOR THIS ASSESSMENT IS BLACK HAWK COUNTY, WHERE MERCYONE CEDAR FALLS IS LOCATED AND WHERE 74% OF MERCYONE WATERLOO MEDICAL CENTER AND MERCYONE CEDAR FALLS PATIENTS RESIDE. THIS SERVICE AREA DOES NOT EXCLUDE LOW-INCOME OR UNDERSERVED POPULATIONS. TWO HIGH-PRIORITY ZIP CODES HAVE BEEN IDENTIFIED IN BLACK HAWK COUNTY: 50701 AND 50702.

THE TOTAL POPULATION OF BLACK HAWK COUNTY AS RECORDED ON THE MOST RECENT CENSUS IN 2023 IS 130,471. THE POPULATION PER SQUARE MILE IS 231.8. THERE IS NEARLY AN EVEN SPLIT BETWEEN FEMALES AND MALES IN BLACK HAWK COUNTY: 50.7% FEMALE AND 49.3% MALE. PEOPLE UNDER 18 YEARS OLD REPRESENT 21.9% OF THE POPULATION WHILE 18% ARE 65 YEARS AND OVER. MOST OF THE RESIDENTS ARE WHITE, 83.2%, WHILE 9.9% ARE BLACK. OVER SIX PERCENT (6.4%) ARE FOREIGN-BORN. IN BLACK HAWK COUNTY WE HAVE 5,918 VETERANS. OWNER-OCCUPIED HOUSING MAKES UP 65.3% OF THE POPULATION AND THE MEDIAN VALUE OF OWNER-OCCUPIED HOUSING IS \$182,400. THE MEDIAN MONTHLY MORTGAGE IS \$1,396 WHILE THE MEDIAN RENT IN BLACK HAWK COUNTY IS \$962. OVER NINETY PERCENT (93.3%) OF BLACK HAWK COUNTY RESIDENTS ARE HIGH SCHOOL GRADUATES. NEARLY A THIRD (30.1%) HAVE A BACHELOR'S DEGREE OR HIGHER. THE MEDIAN HOUSEHOLD INCOME IS \$64,581. BLACK HAWK COUNTY HAS 14.2% OF RESIDENTS LIVING IN POVERTY. OF THE 3,132 EMPLOYER ESTABLISHMENTS IN BLACK HAWK COUNTY, ONLY 100 OF THESE ARE MINORITY-OWNED.

## PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - MERCYONE IS A CONNECTED SYSTEM OF HEALTH CARE FACILITIES AND SERVICES DEDICATED TO HELPING PEOPLE AND COMMUNITIES LIVE THEIR BEST LIVES. THE SYSTEM'S MORE THAN 220 CLINICS, MEDICAL CENTERS, HOSPITALS, AND CARE LOCATIONS ARE LOCATED THROUGHOUT THE STATE OF IOWA AND BEYOND. MERCYONE EMPLOYS MORE THAN 22,000 EMPLOYEES. MERCYONE IS A MEMBER OF TRINITY HEALTH BASED IN LIVONIA, MICHIGAN. MERCYONE CEDAR FALLS IS A MEMBER OF MERCYONE, A FAITH-BASED, FULL-SERVICE COMMUNITY HEALTH SYSTEM SERVING RESIDENTS OF BLACK HAWK COUNTY AND SEVEN SURROUNDING COUNTIES THROUGHOUT NORTHEAST IOWA. MERCYONE CEDAR FALLS IS A 100-BED FULL-SERVICE COMMUNITY HOSPITAL PROVIDING INPATIENT AND OUTPATIENT CARE TO THE PEOPLE LIVING NEAR CEDAR FALLS, IOWA. SERVICES INCLUDE 24-HOUR EMERGENCY ROOM AND AMBULANCE TRANSPORTATION, GENERAL MEDICAL CARE,

**Part VI** Supplemental Information (Continuation)

SURGERY, CARDIOLOGY CARE, AND AMBULATORY CARE. SUPPORT SERVICES INCLUDE X-RAY, MAMMOGRAPHY AND BREAST MRI, ULTRASOUND, LABORATORY, RESPIRATORY THERAPY, PHYSICAL THERAPY, SPIRITUAL CARE, SOCIAL SERVICES, NUTRITIONAL EDUCATION, AND OCCUPATIONAL HEALTH. THE MERCYONE CEDAR FALLS AMBULANCE DEPARTMENT SERVES AS THE EMERGENCY 911 RESPONDER FOR THE CITY OF CEDAR FALLS. WE ARE PROUD TO HAVE COMMUNITY LEVEL IV TRAUMA DESIGNATION, AND JOINT COMMISSION DESIGNATION.

MERCYONE CEDAR FALLS CONTINUED TO INVEST IN ITS COMMUNITY TO ENHANCE THE HEALTH AND WELL-BEING OF RESIDENTS BY:

- PROVIDING FREE TRANSPORTATION SERVICES TO THOSE IN NEED THROUGH A CARE-A-VAN PROGRAM
- OFFERING A DIABETES PREVENTION PROGRAM AND CLASSES
- PROVIDING FIRST-AID TENTS AND SUPPORT AT LOCAL COMMUNITY EVENTS
- PROVIDING ENROLLMENT ASSISTANCE IN THE SENIOR HEALTH INSURANCE INFORMATION PROGRAM
- PARTICIPATING IN HEALTH FAIRS
- HOSTING SEVERAL FOOD DRIVES FOR THE NORTHEAST IOWA FOOD BANK
- PARTICIPATING IN THE VEGGIE VOUCHER PROGRAM
- EMPLOYEES PARTICIPATING IN THE LOCAL UNITED WAY HEALTH COMMUNITY IMPACT TEAM
- PROVIDING FREE TELEPHONE TRIAGE SERVICES THAT OFFER MEDICAL ADVICE AND ARE AVAILABLE TO THE PUBLIC 24 HOURS A DAY, SEVEN DAYS A WEEK
- PROVIDING CONFERENCE ROOM SPACE TO OUTSIDE ORGANIZATIONS (CEDAR VALLEY RUGBY, CHURCH ORGANIZATIONS, ETC.)
- PARTICIPATING IN RESOURCE FAIRS AND EVENTS TO EDUCATE THE COMMUNITY ABOUT THE ON-LINE RESOURCE DIRECTORY, FIND HELP
- PARTICIPATING IN A COMMUNITY EVENT IN STURGIS FALLS AND THE REGISTER'S ANNUAL GREAT BICYCLE RIDE ACROSS IOWA (RAGBRAI), WHICH TOOK PLACE IN CEDAR FALLS. EMPLOYEES VOLUNTEERED TIME TO HELP AT BOTH EVENTS
- PROVIDING COMMUNITY HEALTH WORKERS TO ASSIST PATIENTS WITH REFERRAL AND COMMUNITY-BASED RESOURCES
- PARTNERING WITH HANSEN ELEMENTARY SCHOOL BY PARTICIPATING IN INTERVIEW DAY PRACTICE AND SPONSORING AN END-OF-YEAR STUDENT AWARD

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, WHICH INCLUDES MERCYONE CEDAR FALLS, HAD A TOTAL COMMUNITY IMPACT IN FY25 OF \$357.3 MILLION.

PART VI, LINE 6:

MERCYONE CEDAR FALLS 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

**Part VI** Supplemental Information (Continuation)

CARE.

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.

**Part VI** Supplemental Information (Continuation)

BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING AND INCLUSION IN THE CARE TEAM, COMMUNITY HEALTH 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](http://WWW.TRINITY-HEALTH.ORG).