

**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><br><b>MERCY MEDICAL CENTER - CLINTON, INC.</b> | <b>Employer identification number</b><br><b>42-1336618</b> |
|--|--|

**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 .....  | <input checked="" type="checkbox"/> |                                     |
| <b>1b</b> If "Yes," was it a written policy? .....   | <input checked="" type="checkbox"/> |                                     |
| <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:<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><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: .....   | <input checked="" type="checkbox"/> |                                     |
| <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: .....  | <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 _____ %  |                                     |                                     |
| <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"?  | <input checked="" type="checkbox"/> |                                     |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its FAP during the tax year? .....  | <input checked="" type="checkbox"/> |                                     |
| <b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....   | <input checked="" type="checkbox"/> |                                     |
| <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? .....   |                                     | <input checked="" type="checkbox"/> |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year? .....   | <input checked="" type="checkbox"/> |                                     |
| <b>6b</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 |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>   |   |                               |                                     |                               |                                   |                              |
| <b>a</b> Financial assistance at cost (from Worksheet 1) .....   |   |                               | 2378014.                            |                               | 2378014.                          | 1.86%                        |
| <b>b</b> Medicaid (from Worksheet 3, column a) .....   |   |                               | 20665100.                           | 25845352.                     | 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 .....                          |   |                               | 23043114.                           | 25845352.                     | 2378014.                          | 1.86%                        |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) ..... | 13  | 914                           | 194,026.                            |                               | 194,026.                          | .15%                         |
| <b>f</b> Health professions education (from Worksheet 5) .....   | 3   | 107                           | 11,841.                             |                               | 11,841.                           | .01%                         |
| <b>g</b> Subsidized health services (from Worksheet 6) .....   | 6   | 78                            | 14111550.                           | 7522155.                      | 6589395.                          | 5.15%                        |
| <b>h</b> Research (from Worksheet 7) .....   |   |                               |                                     |                               |                                   |                              |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....                   | 13  | 3                             | 63,681.                             |                               | 63,681.                           | .05%                         |
| <b>j Total.</b> Other benefits .....   | 35  | 1,102                         | 14381098.                           | 7522155.                      | 6858943.                          | 5.36%                        |
| <b>k Total.</b> Add lines 7d and 7j .....  | 35  | 1,102                         | 37424212.                           | 33367507.                     | 9236957.                          | 7.22%                        |





**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 CLINTON 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>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 CLINTON 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> %<br>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 checked="" 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, PAGE 8</u>   |          |    |
| <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</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, PAGE 8</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 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)  |          |    |

Schedule H (Form 990) 2024

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: MERCYONE CLINTON 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 checked="" 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> |  |
|--|----------|--|

**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 CLINTON 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? .....<br>If "Yes," explain in Section C. | <b>23</b> | <b>X</b> |
| <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? .....<br>If "Yes," explain in Section C.   | <b>24</b> | <b>X</b> |

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

PART V, SECTION B, LINE 3E:  
MERCYONE CLINTON MEDICAL CENTER (MERCYONE CLINTON) 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 CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. BRAIN/MENTAL HEALTH
2. SUBSTANCE USE
3. ACCESS TO CARE
4. CANCER
5. ACCESS TO CHILDCARE
6. FOOD INSECURITY
7. HOUSING & HOMELESSNESS
8. OBESITY, OBESITY-ASSOCIATED DISEASE, EXERCISE
9. ACCESS TO DENTAL CARE
10. ASTHMA
11. TEEN PREGNANCY

MERCYONE CLINTON MEDICAL CENTER:  
PART V, SECTION B, LINE 5: COMMUNITY INPUT WAS COLLECTED THROUGH KEY INFORMANT INTERVIEWS, INPUT FROM AN ADVISORY COMMITTEE OF COMMUNITY RESIDENTS, A COMMUNITY SURVEY, A FOCUS GROUP, AND A SECOND SURVEY FOR NEEDS PRIORITIZATION. THIS PROCESS BEGAN IN EARLY 2023 BY ANALYZING THE PREVIOUS CHNAS FROM DEWITT AND CLINTON AND ANALYZING DATA FROM SEVERAL STATE AND NATIONAL DATABASES. THIS REVIEW ALLOWED A BASELINE UNDERSTANDING OF THE REGION'S DEMOGRAPHICS AND HISTORICAL NEEDS.

THE FOLLOWING ADVISORY COMMITTEE OF COMMUNITY, HEALTH CARE, AND PUBLIC HEALTH PARTNERS PROVIDED INSIGHT AND GUIDANCE THROUGHOUT THE CHNA PROCESS: CLINTON COUNTY PUBLIC HEALTH DEPARTMENT, AREA SUBSTANCE ABUSE COUNCIL, CLINTON COUNTY RESOURCE CENTER, SPEAK OUT AGAINST SUICIDE, AND COMMUNITY HEALTH CARE, INC.

KEY INFORMANT INTERVIEWS OCCURRED THROUGHOUT 2023 AND INTO 2024 TO UNDERSTAND THE STRENGTHS AND NEEDS OF THE COMMUNITY FROM THE PERSPECTIVE OF RESIDENTS. INTERVIEWEES REPRESENTED THE FOLLOWING ORGANIZATIONS AND COALITIONS: GENESIS HEALTH SYSTEM/GMC DEWITT, GENESIS VISITING NURSE ASSOCIATION, MERCYONE CLINTON MEDICAL CENTER, COMMUNITY HEALTH CARE, INC. (THE LOCAL FEDERALLY QUALIFIED HEALTH CENTER), CLINTON RESOURCE CENTER, YWCA CLINTON EMPOWERMENT CENTER, AREA SUBSTANCE ABUSE COUNCIL, CLINTON SUBSTANCE ABUSE COUNCIL, WOMEN'S HEALTH SERVICES OF EASTERN IOWA, AND INFORMATION, REFERRAL, AND ASSISTANCE SERVICES.

BROADER COMMUNITY INPUT WAS COLLECTED THROUGH A 19-QUESTION SURVEY. A TOTAL OF 124 RESPONSES WERE COLLECTED BETWEEN SEPTEMBER AND OCTOBER 2023. SURVEYS WERE DISTRIBUTED TO COMMUNITY MEMBERS AND ORGANIZATIONS THROUGHOUT THE SERVICE AREA, INCLUDING, BUT NOT LIMITED TO, MERCYONE CLINTON MEDICAL

**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.

CENTER, MERCYONE GENESIS DEWITT MEDICAL CENTER, COMMUNITY HEALTH CARE, AREA SUBSTANCE ABUSE COUNCIL, THE CLINTON RESOURCE CENTER, SPEAK OUT AGAINST SUICIDE, AND THE CLINTON PUBLIC TRANSIT SYSTEM. REQUESTS TO COMPLETE THE ONLINE SURVEY WERE POSTED ON SOCIAL MEDIA AS WELL AS IN PHYSICAL LOCATIONS.

A FOCUS GROUP WAS HELD ON DECEMBER 20, 2023, TO COLLECT INPUT FROM PEOPLE WHO MAY BE EXPERIENCING POVERTY. THE FOCUS GROUP WAS HELD AT INFORMATION, REFERRAL, AND ASSISTANCE SERVICES IN CLINTON, IA. THE ORGANIZATION'S MISSION IS TO LINK PEOPLE IN NEED WITH APPROPRIATE SERVICES, TO IDENTIFY AND RESPOND TO UNMET COMMUNITY NEEDS, AND TO PROVIDE EMERGENCY ASSISTANCE TO PEOPLE WHO FALL THROUGH THE CRACKS IN THE HUMAN SERVICE NETWORK. ALL FOCUS GROUP PARTICIPANTS WERE FROM PRIORITY ZIP CODES AND PART OF THE SERVICE AREA.

IN JANUARY 2024, SIGNIFICANT HEALTH NEEDS WERE PRIORITIZED THROUGH A SECOND SURVEY OF HOSPITAL AND COMMUNITY LEADERS. FIFTY-THREE RESPONSES WERE COLLECTED WITH RESPONDENTS RATING THE MAGNITUDE, SEVERITY, AND FEASIBILITY OF EACH NEED ON A SCALE OF ONE TO FIVE BASED ON THE DATA PRESENTED AND THEIR PERSONAL EXPERIENCES WORKING IN THE COMMUNITY.

**MERCYONE CLINTON MEDICAL CENTER:**

PART V, SECTION B, LINE 6A: MERCYONE CLINTON MEDICAL CENTER PUBLISHED A JOINT CHNA WITH MERCYONE GENESIS DEWITT MEDICAL CENTER.

**MERCYONE CLINTON MEDICAL CENTER:**

PART V, SECTION B, LINE 6B: THE FOLLOWING NON-HOSPITAL ORGANIZATIONS SERVED ON THE CHNA ADVISORY COMMITTEE: CLINTON COUNTY PUBLIC HEALTH DEPARTMENT, AREA SUBSTANCE ABUSE COUNCIL, CLINTON COUNTY RESOURCE CENTER, AND SPEAK OUT AGAINST SUICIDE. COMMUNITY HEALTH CARE, INC, A FEDERALLY QUALIFIED HEALTH CENTER LOCATED IN CLINTON, IOWA, ALSO PARTICIPATED IN THE CHNA. OTHER CONTRIBUTORS INCLUDED INFORMATION, RESOURCE, ASSISTANCE, & REFERRAL SERVICES, GATEWAY IMPACT COALITION, YWCA CLINTON EMPOWERMENT CENTER, CLINTON COUNTY IOWA STATE UNIVERSITY EXTENSION AND OUTREACH, WOMEN'S HEALTH SERVICES OF EASTERN IOWA, SHARAR FOUNDATION AND GROW CLINTON.

**MERCYONE CLINTON MEDICAL CENTER:**

PART V, SECTION B, LINE 11: MERCYONE CLINTON TOOK THE FOLLOWING ACTIONS IN FY25 TO ADDRESS ACCESS TO HEALTH CARE:

MERCYONE CLINTON RECRUITED ADDITIONAL HEALTH CARE PROVIDERS AND SUBSIDIZED SEVERAL PRIMARY CARE SERVICE LINES DESPITE A FINANCIAL LOSS.

MERCYONE'S MOBILE MEDICAL UNIT, OPERATING OUT OF DUBUQUE, MADE MULTIPLE TRIPS TO CLINTON, AND ADDRESSED VULNERABLE POPULATIONS. VULNERABLE POPULATION OUTREACH EVENTS INCLUDED VISITS TO FOOD PANTRIES, COMMUNITY RESOURCE CENTERS AND EVENTS, AND HOMELESS SHELTERS. AT THESE EVENTS, HEALTH SCREENINGS (BLOOD PRESSURE, BLOOD SUGAR, BRAIN HEALTH), VACCINES, AND CONNECTIONS TO OTHER NEEDED RESOURCES WERE OFFERED FREE OF CHARGE.

**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.

FUNDING SUPPORTED THE PURCHASE OF ONE VAN TO START A SHUTTLE SERVICE IN THE CLINTON, IOWA AREA. TRANSPORTATION REMAINS AS AN UNMET NEED FOR THOSE WHO CANNOT TRAVEL TO AND FROM PHYSICIANS/PROVIDERS OR THE MEDICAL CENTERS DUE TO CONSTRAINTS. A SHUTTLE SERVICE OWNED BY THE MEDICAL CENTER PROVIDES CONSISTENT AND RELIABLE SHUTTLE SERVICES - SIGNIFICANTLY IMPROVING ACCESS TO CARE FOR THOSE IN NEED.

MERCYONE CLINTON CONTRACTED FIRST SOURCE TO ASSIST PATIENTS WITH NO INSURANCE TO EXPLORE AND APPLY FOR INSURANCE TO IMPROVE THEIR ACCESS TO HEALTH CARE. OUR FINANCIAL COUNSELORS ALSO SPENT TIME ASSISTING PATIENTS IN ENROLLING IN MEDICAID AND PUBLIC PROGRAMS OUTSIDE OF THEIR REGULAR FINANCIAL ASSISTANCE DUTIES.

A WIDE RANGE OF PRIORITY HEALTH AND SOCIAL ISSUES EMERGED FROM THE CHNA PROCESS. MERCYONE CLINTON DETERMINED THAT IT COULD ONLY EFFECTIVELY FOCUS ON ONLY THOSE NEEDS WHICH WERE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. DESPITE THAT, MERCYONE CLINTON WILL CONTINUE TO PARTNER WITH LOCAL ORGANIZATIONS AND EVALUATE ADDITIONAL RESOURCES AS THEY BECOME AVAILABLE. DUE TO RESOURCE LIMITATIONS, MERCYONE CLINTON DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS.

- BRAIN/MENTAL HEALTH
- SUBSTANCE USE
- CANCER
- ACCESS TO CHILDCARE
- FOOD INSECURITY
- HOUSING AND HOMELESSNESS
- OBESITY, OBESITY- ASSOCIATED DISEASE, EXERCISE
- ACCESS TO DENTAL CARE
- ASTHMA
- TEEN PREGNANCY

**MERCYONE CLINTON 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

**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.

**METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.**

**MERCYONE CLINTON MEDICAL CENTER:**  
**PART V, SECTION B, LINE 15E: THE HOSPITAL PROVIDES ASSISTANCE WITH SIGNING UP FOR MEDICARE OR MEDICAID.**

**MERCYONE CLINTON MEDICAL CENTER:**  
**PART V, SECTION B, LINE 20E: IF AN INDIVIDUAL REGISTERS AS SELF-PAY, THEN THEY MEET WITH A FINANCIAL COUNSELOR.**

**PART V, SECTION B, LINE 7A AND LINE 10A:**  
**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 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**

**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? 4

| Name and address   | Type of facility (describe) |
|--|-----------------------------|
| 1 MERCY SPECIALTY CLINIC<br>1410 NORTH 4TH STREET<br>CLINTON, IA 52732           | OUTPATIENT CLINIC           |
| 2 CLINTON IMAGING SERVICES<br>1410 NORTH 4TH STREET<br>CLINTON, IA 52732         | MRI DIAGNOSTIC SERVICES     |
| 3 MERCYONE CLINTON NORTH HEALTH PLAZA<br>915 13TH AVE NORTH<br>CLINTON, IA 52732 | OUTPATIENT CLINIC           |
| 4 MERCYONE FULTON FAMILY MEDICINE<br>1705 16TH AVE<br>FULTON, IL 61252           | OUTPATIENT CLINIC           |
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**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 MEDICAL CENTER - CLINTON (MERCYONE CLINTON) 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 CLINTON 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, LINE 7G:**

INCLUDED IN SUBSIDIZED HEALTH SERVICES IS THE NET COMMUNITY BENEFIT COST ATTRIBUTED TO PHYSICIAN CLINICS OF \$3,625,839.

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

THE FOLLOWING NUMBER, \$1,713,156, 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:**

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

**Part VI** Supplemental Information (Continuation)

COMMUNITY SUPPORT: CLINTON COUNTY IS CONSIDERED A CHILDCARE DESERT. IN FY25, MERCYONE CLINTON PROVIDED AND SUBSIDIZED CHILDCARE TO SUPPORT THIS COMMUNITY NEED TO 85 CHILDREN IN THE COMMUNITY WHOSE CAREGIVERS WERE UNAFFILIATED WITH MERCYONE. MERCYONE CLINTON LEADERS PARTICIPATED IN COMMUNITY SUPPORT ACTIVITIES, INCLUDING SERVING ON LOCAL BOARDS AND PROVIDING MENTORSHIP TO STUDENTS.

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

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS/SAFETY: MERCYONE CLINTON LEADERS PARTICIPATED IN ADVOCACY EFFORTS BY ATTENDING COMMUNITY MEETINGS FOCUSED ON ENHANCING ADVOCACY STRATEGIES FOR VARIOUS HEALTH AND SOCIAL NEEDS.

WORKFORCE DEVELOPMENT: A MERCYONE LEADER AND FELLOW DONATED TIME TO WORKFORCE DEVELOPMENT INITIATIVES SUCH AS HIGH SCHOOL PARTNERSHIPS, DES MOINES UNIVERSITY BOARD PARTICIPATION, AND PRESENTATIONS TO AREA SCHOOLS.

## 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 CLINTON 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 CLINTON IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MERCYONE CLINTON 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 CLINTON 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.

**Part VI** Supplemental Information (Continuation)

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 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 CREATE 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 CLINTON ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND CONTINUED EFFORTS TO IMPROVE PATIENT CARE. THE HEALTH OF THE COMMUNITY IS REGULARLY ASSESSED USING HOSPITAL PATIENT DATA, ANNUAL COUNTY HEALTH RANKINGS, IOWA YOUTH SURVEY, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED. IN FY24, MERCYONE CLINTON FORMED A DIVERSITY, EQUITY, AND INCLUSION (DEI) COMMITTEE THAT COMPILED DATA TO IDENTIFY HEALTH DISPARITIES IN ITS SERVICE AREA AND THEN CREATED AN ACTION PLAN TO ADDRESS ONE OF THOSE NEEDS.

**Part VI** Supplemental Information (Continuation)

## PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MERCYONE CLINTON 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 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 CLINTON 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. 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 HOSPITAL.

## PART VI, LINE 4:

COMMUNITY INFORMATION - THE GEOGRAPHIC AREA MERCYONE CLINTON SERVES INCLUDES 17 ZIP CODES IN 5 COUNTIES IN IOWA AND ILLINOIS. THE FIVE COUNTIES INCLUDE CLINTON, JACKSON, AND SCOTT IN IOWA, AND WHITESIDE AND CARROLL IN ILLINOIS. NINETY-THREE PERCENT (93%) OF MERCYONE CLINTON'S PATIENTS RESIDE WITHIN THIS AREA. THIS SERVICE AREA DID NOT EXCLUDE LOW-INCOME OR UNDERSERVED POPULATIONS.

THE TOTAL POPULATION OF THE SERVICE AREA, AS RECORDED ON THE MOST RECENT CENSUS IN 2023, IS 76,099, AND IS TRENDING DOWNWARD. THE POPULATION IS PRIMARILY RURAL WITH TWO SMALL CITIES, CLINTON AND DEWITT. THE MEDIAN AGE IS 42.5, WHICH IS HIGHER THAN THE MEDIAN IOWA AND US AGE OF 38. THE POPULATION IS MOSTLY CAUCASIAN, WITH 92.3% WHITE, 2.6% BLACK, 0.05% NATIVE AMERICAN, 0.6% ASIAN, AND 4.3% HISPANIC.

THE CITY OF CLINTON HAS A FEDERALLY QUALIFIED HEALTH CARE FACILITY CALLED COMMUNITY HEALTH CARE, INC. TO PROVIDE SERVICES IN UNDERSERVED URBAN AND RURAL COMMUNITIES. THIS INCLUDES PATIENTS WITH AND WITHOUT HEALTH INSURANCE, MEDICARE AND MEDICAID PATIENTS, VETERANS, HOMELESS PERSONS, AND PRIVATE PAY PATIENTS.

## PART VI, LINE 5:

OTHER INFORMATION - MERCYONE CLINTON MEDICAL CENTER, A MEMBER OF MERCYONE, IS A LICENSED 163-BED HOSPITAL. SERVICES OFFERED INCLUDE EMERGENCY

**Part VI** Supplemental Information (Continuation)

SERVICES OFFERING LEVEL IV TRAUMA SUPPORT, RADIATION, ONCOLOGY, PEDIATRICS, BIRTH CENTER, PERIOPERATIVE SERVICES, INPATIENT REHABILITATION (PHYSICAL, OCCUPATIONAL, SPEECH), CARDIAC AND PULMONARY DIAGNOSTIC AND INTERVENTIONAL SERVICES, SLEEP LAB, LABORATORY, AND PHARMACY. LOCATED NEAR THE HOSPITAL IS A HEALTH PLAZA WITH DIALYSIS, WOUND CARE AND PHYSICIAN OFFICES. OUTPATIENT REHABILITATION AND HOME MEDICAL EQUIPMENT ARE ALSO LOCATED NEAR THE MAIN HOSPITAL.

FETAL MONITORS: MERCYONE CLINTON UTILIZED FUNDS TO PURCHASE 10 NEW FETAL MONITORS FOR ITS MATERNAL CHILD UNIT. INDIVIDUALS DELIVERING AT MERCYONE CLINTON REPRESENT A POOR AND UNDERSERVED POPULATION, WITH THE MAJORITY OF MOMS ON MEDICAID.

MEDICAL ASSISTANT TRAINING PROGRAM: 16-WEEK PROGRAM INCLUDES IN-PERSON AND ONLINE EDUCATION PARTNERED WITH A SKILLS LAB AND CLINICAL EXTERNSHIP. THE PROGRAM PREPARES STUDENTS TO TAKE THE NATIONAL HEALTHCAREER ASSOCIATION (NHA) CERTIFICATE EXAM TO BECOME A CERTIFIED CLINICAL MEDICAL ASSISTANT (CCMA). STUDENTS IN THE PROGRAM ARE FULL-TIME EMPLOYEES RECEIVING COMPETITIVE WAGE AND BENEFITS. MERCYONE CLINTON COVERS THE COSTS OF THE NHA CURRICULUM & CCMA CERTIFICATION EXAM. STUDENTS COMMIT TO A THREE-YEAR AGREEMENT POST-GRADUATION.

MERCYONE CLINTON RECOGNIZED THE IMPORTANCE OF SCREENING FOR AND ADDRESSING SOCIAL INFLUENCERS 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. IN ADDITION TO THE COMMUNITY RESOURCE DIRECTORY, (FINDHELP.ORG), MERCYONE CLINTON EMPLOYED COMMUNITY HEALTH WORKERS (CHW) TO CONNECT PATIENTS WITH IDENTIFIED SOCIAL NEEDS TO COMMUNITY RESOURCES. CHW'S ALSO MET REGULARLY WITH COMMUNITY-BASED ORGANIZATIONS TO BETTER UNDERSTAND RESOURCES AVAILABLE AND IDENTIFY WHERE GAPS EXIST IN THE AVAILABILITY OF NEEDED RESOURCES. MERCYONE CLINTON ALSO CONTRIBUTED FUNDS IN FY25 FOR PATIENT SOCIAL NEEDS ASSISTANCE.

MERCYONE CLINTON CONTINUES TO BE A TOBACCO FREE CAMPUS AND THE CURRENT POLICY STATES THE CAMPUS IS "NICOTINE" FREE, WHICH INCLUDES E-CIGARETTES.

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.

## PART VI, LINE 6:

MERCYONE CLINTON 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

**Part VI** Supplemental Information (Continuation)

WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE CLINICAL AND SOCIAL 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).