

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization CENTRAL COMMUNITY HOSPITAL	Employer identification number 42-0818642
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial assistance at cost (from Worksheet 1)			65,831.		65,831.	.47%
b Medicaid (from Worksheet 3, column a)			1172818.	3996963.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			1238649.	3996963.	65,831.	.47%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	126	41,673.	7,000.	34,673.	.25%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)	3		3650660.	2373553.	1277107.	9.11%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	5	35,923.		35,923.	.26%
j Total. Other benefits	25	131	3728256.	2380553.	1347703.	9.62%
k Total. Add lines 7d and 7j	25	131	4966905.	6377516.	1413534.	10.09%

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

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

1 MERCYONE ELKADER MEDICAL CENTER
901 DAVIDSON ST NW
ELKADER, IA 52043-9015
WWW.MERCYONE.ORG/ELKADER
220051H

Table with 8 columns: Licensed hospital, gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first four columns and 'X' in the ER-24 hours column.

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 ELKADER MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (CHNA)		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>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 ELKADER MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
<p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	X	
<p>18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>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>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

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

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:			
a	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		23	X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		24	X

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

PART V, SECTION B, LINE 3E:
CENTRAL COMMUNITY HOSPITAL (MERCYONE ELKADER) 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. ACCESS TO CARE
2. MENTAL HEALTH AND SUBSTANCE MISUSE
3. OBESITY, NUTRITION AND PHYSICAL INACTIVITY
4. SOCIAL DETERMINANTS OF HEALTH (SDOH)
5. PREVENTIVE HEALTH SERVICES

MERCYONE ELKADER MEDICAL CENTER:
PART V, SECTION B, LINE 5: THE CHNA ADVISORY COUNCIL (ADVISORY COUNCIL) MET FOR THE FIRST TIME IN MAY 2024. REPRESENTATIVES FROM MERCYONE ELKADER, CLAYTON COUNTY PUBLIC HEALTH/VISITING NURSES ASSOCIATION (VNA), CENTRAL COMMUNITY SCHOOL DISTRICT, NORTHEAST IOWA BEHAVIORAL HEALTH (NEIBH), CLAYTON COUNTY EMERGENCY MANAGEMENT AGENCY (EMA), AND GUTTENBERG MUNICIPAL HOSPITAL AND CLINICS WERE PRESENT. THE ADVISORY COUNCIL REVIEWED THE CHNA AND IMPLEMENTATION STRATEGY FROM THE PREVIOUS CYCLE AND DESIGNED THE PROCESS FOR COLLECTING COMMUNITY IMPACT. SAMPLE SURVEYS FOR COMMUNITY INPUT WERE SENT TO THE ADVISORY COUNCIL FOLLOWING THE MEETING FOR REVIEW AND FEEDBACK. SIX MONTHS LATER, IN NOVEMBER 2024, THERE WAS A SECOND MEETING WHERE THE ADVISORY COUNCIL REVIEWED DEMOGRAPHIC DATA, RESULTS FROM THE COMMUNITY INPUT SURVEY, AND A SUMMARY OF SECONDARY DATA. THE ADVISORY COUNCIL DISCUSSED THE HEALTH INDICATORS WHERE CLAYTON COUNTY PERFORMED POORLY IN COMPARISON TO IOWA AND/OR THE UNITED STATES, AREAS THAT COMMUNITY MEMBERS RANKED AS IMPORTANT ON THE COMMUNITY INPUT SURVEY AND COMMUNITY FACTORS THAT MAY BE INFLUENCING THE DATA. THE ADVISORY COUNCIL DISCUSSED GROUPING INDICATORS TOGETHER AS SIGNIFICANT HEALTH NEEDS.

MERCYONE ELKADER COLLECTED COMMUNITY INPUT THROUGH A 36-QUESTION SURVEY, BETWEEN AUGUST 2 AND SEPTEMBER 9, 2024; A TOTAL OF 96 RESPONSES WERE COLLECTED. SURVEYS WERE DISTRIBUTED TO COMMUNITY MEMBERS AND ORGANIZATIONS THROUGHOUT CLAYTON COUNTY, INCLUDING, BUT NOT LIMITED TO, MERCYONE FAMILY MEDICINE LOCATIONS IN ELKADER AND MONONA, CORNERSTONE FAMILY PRACTICE IN GUTTENBERG AND CLAYTON COUNTY PUBLIC HEALTH/VISITING NURSES ASSOCIATION. THE SURVEY WAS ALSO PUBLICIZED THROUGH MULTIPLE SOCIAL MEDIA POSTS. THE SURVEY WAS AVAILABLE IN BOTH PAPER AND ELECTRONIC FORMAT AND IN BOTH ENGLISH AND SPANISH.

MERCYONE ELKADER MEDICAL CENTER:
PART V, SECTION B, LINE 6A: GUTTENBERG MUNICIPAL HOSPITAL AND CLINICS

MERCYONE ELKADER MEDICAL CENTER:

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.

PART V, SECTION B, LINE 6B: CLAYTON COUNTY PUBLIC HEALTH/VISITING NURSES ASSOCIATION, CENTRAL COMMUNITY SCHOOL DISTRICT, NORTHEAST IOWA BEHAVIORAL HEALTH, CLAYTON COUNTY EMERGENCY MANAGEMENT AGENCY, COUNTY SOCIAL SERVICES, AND SUBSTANCE ABUSE SERVICES FOR CLAYTON COUNTY, INC.

MERCYONE ELKADER MEDICAL CENTER:

PART V, SECTION B, LINE 11: MERCYONE ELKADER ADDRESSED THE FOLLOWING NEEDS IN FY25:

ACCESS TO CARE:

MERCYONE ELKADER CONNECTED INPATIENTS TO SPECIALISTS IN VARIOUS WAYS, WHICH INCLUDED USING: AVEL E-EMERGENCY AND AVEL E-HOSPITALISTS TELEMEDICINE SERVICES; AVEL E-SANE, WHICH PROVIDED GUIDANCE WHEN SEXUAL ASSAULT VICTIMS PRESENTED TO THE HOSPITAL; AND INTEGRATED TELEHEALTH PARTNERS/FLOWSTATE FOR BRAIN HEALTH CONSULTS. PROVIDERS WERE ENCOURAGED TO UTILIZE THESE TELEHEALTH SERVICES AND MOBILE APP OPTIONS TO IMPROVE PRODUCTIVITY.

MERCYONE ELKADER CONTRACTED CARDIOLOGISTS FROM MEDICAL ASSOCIATES IN DUBUQUE TO TRAVEL TO ELKADER FOR IN-PERSON VISITS. ADDITIONALLY, MERCY ONE ELKADER OFFERS SPECIALTY SERVICES FOR COLONOSCOPIES, CATARACTS, PODIATRY, ANTI-COAGULATION, AND THERAPY.

NATIONAL HEALTH SERVICES CORPS (NHSC) CERTIFICATION: MERCYONE ELKADER BECAME AN APPROVED NHSC SITE. THIS CERTIFICATION WILL HELP WITH PROVIDER RECRUITMENT AND RETENTION IN ELKADER'S RURAL LOCATION.

CAREER FAIRS: MERCYONE ELKADER PROMOTED AND ADVERTISED AT SURROUNDING AREA COLLEGE JOB FAIRS TO STUDENTS AND OTHERWISE UNEMPLOYED INDIVIDUALS WITHIN THE COUNTY AND ENCOURAGED AREA PROVIDERS TO HELP COLLECTIVELY RECRUIT AND IDENTIFY AND/OR CONTACT KEY PROVIDERS.

HEALTH PROFESSIONS EDUCATION: MERCYONE ELKADER WORKED ON EXPANDING THEIR RESIDENCY PROGRAMS FOR MEDICAL STUDENTS AND EXPLORED THE OPPORTUNITY TO HAVE SCHOOL SCHOLARSHIP / INTERNSHIP PROGRAMS. ADDITIONALLY, RADIOLOGY TECH STUDENTS COMPLETE CLINICALS AT MERCYONE ELKADER.

MERCYONE ELKADER CONTRACTED WITH INTEGRATED TELEHEALTH PARTNERS/FLOWSTATE TO PROVIDE CONSULTS TO PATIENTS WHO ARE IN CRISIS. THIS WAS FUNDED BY COUNTY SOCIAL SERVICES AND NOT BILLED TO THE PATIENT. IT WAS A SIGNIFICANT COMMUNITY BENEFIT OFFERED TO THOSE IN CRISIS IN THE EMERGENCY ROOM AND HELPED GET THEM TO THE NEXT LEVEL OF CARE.

MENTAL HEALTH AND SUBSTANCE MISUSE:

MERCYONE ELKADER PROVIDED A CONTRIBUTION TO SEVA HEALTH CENTER FOR WELLBEING, A 501(C)(3) NONPROFIT, TO START SEVA'S PEACE FOR YOUR MIND PROJECT. THIS PROJECT WORKS WITH INDIVIDUALS TO SUPPORT BRAIN HEALTH THROUGH NUTRITION, EXERCISE, STRESS MANAGEMENT, EDUCATION, COACHING AND MIND-BODY PRACTICES. THE WRAP-AROUND SERVICES TOOK PLACE BEYOND THE WALLS OF THE TRADITIONAL CLINICAL SETTING AND FOCUSED ON BRIDGING THE GAP BETWEEN THE PATIENT AND THEIR PROVIDER TO IMPROVE BRAIN HEALTH, EDUCATING AND SUPPORTING INDIVIDUAL BRAIN HEALTH THROUGH HEALTH COACHING AND BY PRACTICING INTEGRATIVE TECHNIQUES THAT STRENGTHEN AN INDIVIDUAL'S ABILITY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TO IMPROVE THEIR BRAIN HEALTH.

SOCIAL DETERMINANTS OF HEALTH:

MERCYONE ELKADER PROVIDED A CONTRIBUTION TO SUPPORT FAMILY'S HELPING HAND, A 501(C)(3) NONPROFIT THAT ASSISTS FAMILIES THROUGH ECONOMIC STABILITY. THE FUNDING WENT TOWARDS THE PURCHASE OF FOOD, CLOTHING, HOUSEHOLD, AND HYGIENE ITEMS AND SUPPLIES.

A WIDE RANGE OF PRIORITY HEALTH AND SOCIAL ISSUES EMERGED FROM THE CHNA PROCESS. MERCYONE ELKADER DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE NEEDS WHICH WERE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. THEREFORE, MERCYONE ELKADER DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS: OBESITY, NUTRITION AND PHYSICAL ACTIVITY AND PREVENTIVE HEALTH SERVICES.

MERCYONE ELKADER 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:

COMMUNITY HEALTH NEEDS ASSESSMENT:

WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING

PART V, SECTION B, LINE 10A:

IMPLEMENTATION STRATEGY:

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 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:

CENTRAL COMMUNITY HOSPITAL (MERCYONE ELKADER) 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 ELKADER 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 \$87,362.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$111,649, 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 ELKADER PARTICIPATED IN THE FOLLOWING COMMUNITY BUILDING ACTIVITIES IN FY25:

Part VI Supplemental Information (Continuation)

ECONOMIC DEVELOPMENT, COALITION BUILDING, AND ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS/SAFETY: MERCYONE ELKADER LEADERS SERVED ON BOARDS AND COMMITTEES FOCUSED ON ECONOMIC AND COMMUNITY DEVELOPMENT INITIATIVES, HEALTH AND SAFETY ISSUES, AND ENHANCING ADVOCACY STRATEGIES FOR VARIOUS HEALTH AND SOCIAL NEEDS.

COMMUNITY SUPPORT: MERCYONE ELKADER LEADERS PARTICIPATED IN COMMUNITY SUPPORT ACTIVITIES, INCLUDING SERVING ON LOCAL BOARDS AND PROVIDING MENTORSHIP TO STUDENTS. MERCYONE ELKADER HOSTED AND LED A SAFE SITTER CLASS FOR THE COMMUNITY. ADDITIONALLY, ONE OF MERCYONE ELKADER'S COLLEAGUES LEAD A PARKINSON'S SUPPORT GROUP.

WORKFORCE DEVELOPMENT: MERCYONE ELKADER LEADERS SPENT TIME ON WORKFORCE DEVELOPMENT INITIATIVES SUCH AS HIGH SCHOOL CAREER EXPLORATION EVENTS, COLLEGE BOARD PARTICIPATION, AND PRESENTATIONS TO AREA SCHOOL GROUPS.

PART III, LINE 2:

MERCYONE ELKADER DETERMINES ITS ESTIMATE OF IMPLICIT PRICE CONCESSIONS BASED ON ITS HISTORICAL COLLECTION EXPERIENCE WITH THIS CATEGORY OF PATIENT.

PART III, LINE 3:

A REASONABLE ESTIMATE OF THE HOSPITAL'S IMPLICIT PRICE CONCESSIONS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY IS 10% OF IMPLICIT PRICE CONCESSIONS. THIS IS BASED ON THE PERCENTAGE OF INDIVIDUALS BELOW THE POVERTY LEVEL IN THE AREA.

PART III, LINE 4:

MERCYONE ELKADER 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 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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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 ELKADER CONTINUOUSLY MONITORS THE NEEDS OF THE COMMUNITY BY REVISITING THE COMMUNITY HEALTH IMPROVEMENT PLAN AND UPDATING THE PLAN WITH ACTIONS TAKEN AS WELL AS NEW STRATEGIES THAT NEED TO BE DEPLOYED BASED ON NEW DATA. MERCYONE ELKADER ACTIVELY PARTNERS WITH THE LOCAL SCHOOLS, CITY/TOWNSHIPS, HOSPITALS, PUBLIC HEALTH AGENCIES, EMERGENCY MANAGEMENT AGENCIES, LAW ENFORCEMENT, FIRE AND EMS AND OFTEN IS MADE AWARE OF COMMUNITY NEEDS THROUGH THOSE PARTNERSHIPS.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MERCYONE ELKADER 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.

Part VI Supplemental Information (Continuation)

MERCYONE ELKADER 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 - MERCYONE ELKADER SERVES THE RESIDENTS OF THE CENTRAL PART OF CLAYTON COUNTY, IOWA INTO THE NORTHEAST SECTION OF THE COUNTY. CLAYTON COUNTY IS A RURAL, AGRICULTURAL AREA WITH A GEOGRAPHIC SPAN OF 793 SQUARE MILES. THE NEAREST LARGER CITY IS DUBUQUE, IOWA, WHICH IS 72 MILES FROM ELKADER, THE COUNTY SEAT. THE TOTAL POPULATION OF CLAYTON COUNTY, AS RECORDED ON THE MOST RECENT CENSUS IN 2020, IS 17,043. THE POPULATION OF CLAYTON COUNTY DECREASED BY 5% BETWEEN 2010 AND 2020. CLAYTON COUNTY HAS AN AGING POPULATION WITH 26% OF RESIDENTS 65 YEARS OF AGE AND OLDER. MOST OF THE POPULATION (97%) IS WHITE, AND THE COUNTY HAS SEEN ALMOST NO MINORITY GROWTH IN THE PAST 10 YEARS. GUTTENBERG MUNICIPAL HOSPITAL ALSO SERVES CLAYTON COUNTY AND IS LOCATED IN GUTTENBERG, IOWA.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - THERE ARE TWO CRITICAL ACCESS HOSPITALS IN CLAYTON COUNTY, IOWA: MERCYONE ELKADER IN ELKADER AND GUTTENBERG MUNICIPAL HOSPITAL & CLINICS IN GUTTENBERG. MERCYONE ELKADER IS 30 MINUTES AWAY FROM GUTTENBERG MUNICIPAL HOSPITAL & CLINICS AS WELL AS THE SAME DISTANCE AWAY FROM THREE OTHER CRITICAL ACCESS HOSPITALS (REGIONAL MEDICAL CENTER, GUNDERSON PALMER LUTHERAN HOSPITAL, AND CROSSING RIVERS HEALTH). THE RESIDENTS OF ELKADER AND SURROUNDING AREAS DEPEND ON THE EMERGENCY ROOM BEING AVAILABLE 24/7/365 WHEN EMERGENCY HEALTH NEEDS ARISE. EMS SERVICE IS ALSO AVAILABLE 24/7/365 FOR ALL 911 CALLS AND TRANSFER CALLS. THE HOSPITAL WORKS RELENTLESSLY TO ENSURE THAT COVERAGE FOR BOTH THE ER AND THE EMS SERVICE IS ALWAYS AVAILABLE FOR THE COMMUNITY, IN AN INCREASINGLY TOUGH RECRUITMENT MARKET. IF THESE SERVICES WERE NOT AVAILABLE, THE COMMUNITY WOULD SUFFER TREMENDOUSLY.

MERCYONE ELKADER RECEIVED REQUESTS FROM TWO LOCAL HIGH SCHOOLS TO PROVIDE SUBSIDIZED MEDICAL SERVICES FOR THEIR ATHLETIC PROGRAMS TO IMPROVE SAFETY. THESE PROVIDERS PERFORMED CONCUSSION SCREENINGS (BASELINE AND POST-INJURY) AND OTHER PREVENTATIVE AND INJURY TREATMENT MEASURES TO ENSURE THE STUDENTS' SAFETY AT PRACTICES AND GAMES.

MERCYONE ELKADER SUPPORTED BLOOD DRIVES IN THE LOCAL COMMUNITY THROUGH IN-KIND TIME HELPING CHECK PEOPLE IN AND PROVIDING SUPPLIES.

MERCYONE ELKADER IS DESIGNATED AS A SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP) SPONSOR ORGANIZATION BY THE IOWA INSURANCE DIVISION. THIS PARTNERSHIP HAS LASTED FOR OVER TEN YEARS AND HAS HELPED MANY RESIDENTS FROM CLAYTON COUNTY AND THE SURROUNDING COUNTIES UNDERSTAND THEIR CHOICES FOR MEDICARE PART D DRUG PLANS. SHIIP SERVICES ARE DELIVERED BY VOLUNTEERS IN A VARIETY OF ROLES THROUGH A STATEWIDE NETWORK OF SPONSOR ORGANIZATIONS. MERCYONE ELKADER HAD CERTIFIED TRAINED SHIIP COUNSELORS AND

Part VI Supplemental Information (Continuation)

EMPLOYED A SHIIP COORDINATOR WHO TAKES PHONE CALLS, SCHEDULES APPOINTMENTS, AND SERVES AS A LIAISON TO THE STATE.

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

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

Part VI Supplemental Information (Continuation)

EDUCATION SLOTS; AND 2,400 EARLY CHILDHOOD EDUCATION SLOTS.

- DEVELOPED AT LEAST 9.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE OVER THE LAST EIGHT YEARS.
- SINCE 2014, 920 STUDENTS HAVE RECEIVED \$2.65 MILLION IN SCHOLARSHIPS THROUGH THE FRESNO STATE AND BOISE STATE SCHOLARSHIPS FUNDS.
- APPROXIMATELY 12,900 FULL- AND PART-TIME POSITIONS HAVE BEEN EITHER CREATED OR MAINTAINED THROUGH PARTNER LENDING.

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

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

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