### Part I: Financial Assistance and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3c</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

#### Financial Assistance and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Financial Assistance at cost (from Worksheet 1)</td>
<td>2</td>
<td>7,085</td>
<td>3,895,874.</td>
<td>3,895,874.</td>
<td>.65%</td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td>4</td>
<td>144,326</td>
<td>117,321,421.</td>
<td>98,292,858.</td>
<td>19,028,563.</td>
<td>3.15%</td>
</tr>
<tr>
<td>c Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>3</td>
<td>677</td>
<td>3,077,944.</td>
<td>2,758,873.</td>
<td>319,071.</td>
<td>.05%</td>
</tr>
<tr>
<td>d Total Financial Assistance and Means-Tested Government Programs</td>
<td>9</td>
<td>152,088</td>
<td>124,295,239.</td>
<td>101,051,731.</td>
<td>23,243,508.</td>
<td>3.85%</td>
</tr>
<tr>
<td>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>29</td>
<td>181,233</td>
<td>5,227,009.</td>
<td>212,103.</td>
<td>5,014,906.</td>
<td>.83%</td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td>2</td>
<td>105</td>
<td>10,813,047.</td>
<td>3,782,742.</td>
<td>7,030,305.</td>
<td>1.16%</td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
<td>2</td>
<td>1,455</td>
<td>14,088,408.</td>
<td>9,331,659.</td>
<td>4,756,749.</td>
<td>.79%</td>
</tr>
<tr>
<td>h Research (from Worksheet 7)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>6</td>
<td>38,568</td>
<td>512,515.</td>
<td></td>
<td>512,515.</td>
<td>.08%</td>
</tr>
<tr>
<td>j Total, Other Benefits</td>
<td>39</td>
<td>221,361</td>
<td>30,640,979.</td>
<td>13,326,504.</td>
<td>17,314,475.</td>
<td>2.86%</td>
</tr>
<tr>
<td>k Total, Add lines 7d and 7j</td>
<td>48</td>
<td>373,449</td>
<td>154,936,218.</td>
<td>114,378,235.</td>
<td>40,557,983.</td>
<td>6.71%</td>
</tr>
</tbody>
</table>

732091 11-28-17 LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule H (Form 990) 2017
### Part II: Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

<table>
<thead>
<tr>
<th></th>
<th>Number of activities or programs (optional)</th>
<th>Persons served (optional)</th>
<th>Total community building expense</th>
<th>Direct offsetting revenue</th>
<th>Net community building expense</th>
<th>Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td>2</td>
<td>39,600.</td>
<td>39,600.</td>
<td>.01%</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>2</td>
<td>39,600.</td>
<td>39,600.</td>
<td>.01%</td>
<td></td>
</tr>
</tbody>
</table>

### Part III: Bad Debt, Medicare, & Collection Practices

**Section A. Bad Debt Expense**

1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?  
   - Yes  
   - No

2. Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount:  
   - 18,360,120.

3. Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit:  
   - 0.

4. Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

5. Enter total revenue received from Medicare (including DSH and IME):  
   - 123,433,666.

6. Enter Medicare allowable costs of care relating to payments on line 5:  
   - 138,473,931.

7. Subtract line 6 from line 5. This is the surplus (or shortfall)  
   - -15,040,265.

8. Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

   - [ ] Cost accounting system  
   - [X] Cost to charge ratio  
   - [ ] Other

**Section C. Collection Practices**

9a. Did the organization have a written debt collection policy during the tax year?  
   - [X] Yes  
   - [ ] No

9b. If 'Yes,' did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

   - [X] Yes  
   - [ ] No

### Part IV: Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

<table>
<thead>
<tr>
<th></th>
<th>Name of entity</th>
<th>Description of primary activity of entity</th>
<th>Organization's profit % or stock ownership %</th>
<th>Officers, directors, trustees, or key employees' profit % or stock ownership %</th>
<th>Physicians' profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MUSKEGON SC, LLC</td>
<td>AMBULATORY SURGERY CTR</td>
<td>34.88%</td>
<td>2.91%</td>
<td>49.42%</td>
</tr>
</tbody>
</table>
### Part V Facility Information

Section A. Hospital Facilities  
(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year?  3

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)

<table>
<thead>
<tr>
<th></th>
<th>Licensed hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Teaching hospital</th>
<th>Critical access hospital</th>
<th>ER24 hours</th>
<th>ERother</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MERCY HEALTH PARTNERS MERCY CAMPUS</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1500 E. SHERMAN BLVD.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MUSKEGON, MI 49444</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td><a href="http://WWW.MERCYHEALTHMUSKEGON.COM">WWW.MERCYHEALTHMUSKEGON.COM</a></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>LICENSE 1060000188</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>MERCY HEALTH PARTNERS HACKLEY CAMPUS</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>1700 CLINTON STREET</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>MUSKEGON, MI 49442</td>
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<td></td>
<td><a href="http://WWW.MERCYHEALTHMUSKEGON.COM">WWW.MERCYHEALTHMUSKEGON.COM</a></td>
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<tr>
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<td>LICENSE 1060000032</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>MERCY HEALTH PARTNERS LAKESHORE CAMPUS</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>72 S. STATE STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SHELBY, MI 49455</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="http://WWW.MERCYHEALTHMUSKEGON.COM">WWW.MERCYHEALTHMUSKEGON.COM</a></td>
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</tr>
<tr>
<td></td>
<td>LICENSE 1060000153</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
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)

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

Community Health Needs Assessment

1. Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?  
   Yes  No  1  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  
   Yes  No  2  X

3. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12  
   If "Yes," indicate what the CHNA report describes (check all that apply):
   a) A definition of the community served by the hospital facility  
   b) Demographics of the community  
   c) Existing health care facilities and resources within the community that are available to respond to the health needs of the community  
   d) How data was obtained  
   e) The significant health needs of the community  
   f) Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  
   g) The process for identifying and prioritizing community health needs and services to meet the community health needs  
   h) The process for consulting with persons representing the community's interests  
   i) The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  
   j) Other (describe in Section C)  

4. Indicate the tax year the hospital facility last conducted a CHNA: 20 15  

5. In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted  

6a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C  
   Yes  No  6a  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  
   Yes  No  6b  X

7. Did the hospital facility make its CHNA report widely available to the public?  
   If "Yes," indicate how the CHNA report was made widely available (check all that apply):
   a) Hospital facility's website (list url): SEE SCHEDULE H, PART V, SECTION C  
   b) Other website (list url): SEE SCHEDULE H, PART V, SECTION C  
   c) Made a paper copy available for public inspection without charge at the hospital facility  
   d) 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  
   Yes  No  8  X

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 20 15  

10. Is the hospital facility's most recently adopted implementation strategy posted on a website?  
    If "Yes," (list url):  
    If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?  
    Yes  No  10b  X

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)?  
    Yes  No  12a  X

b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?  
    Yes  No  12b  X

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?  
   \$  

Schedule H (Form 990) (2017) 10 A MERCY HEALTH PARTNERS MUSKEGON 38-2589966 Page 4
### Financial Assistance Policy (FAP)

**Name of hospital facility or letter of facility reporting group**: Mercy Health Partners Mercy Campus

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the hospital facility have in place during the tax year a written financial assistance policy that:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td>13</td>
<td>X</td>
</tr>
<tr>
<td><strong>a</strong> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <strong>200</strong>% and FPG family income limit for eligibility for discounted care of <strong>400</strong>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b</strong> Income level other than FPG (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c</strong> Asset level</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d</strong> Medical indigency</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>e</strong> Insurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>f</strong> Underinsurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g</strong> Residency</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h</strong> Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explained the basis for calculating amounts charged to patients?</td>
<td>14</td>
<td>X</td>
</tr>
<tr>
<td>Explained the method for applying for financial assistance?</td>
<td>15</td>
<td>X</td>
</tr>
<tr>
<td><strong>a</strong> Described the information the hospital facility may require an individual to provide as part of his or her application</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b</strong> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c</strong> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d</strong> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>e</strong> Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was widely publicized within the community served by the hospital facility?</td>
<td>16</td>
<td>X</td>
</tr>
<tr>
<td><strong>a</strong> The FAP was widely available on a website (list url): <strong>SEE PART V, PAGE 8</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b</strong> The FAP application form was widely available on a website (list url): <strong>SEE PART V, PAGE 8</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c</strong> A plain language summary of the FAP was widely available on a website (list url): <strong>SEE PART V, PAGE 8</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d</strong> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>e</strong> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>f</strong> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g</strong> 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h</strong> Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>i</strong> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>j</strong> Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V Facility Information (continued)

#### Billing and Collections

**Name of hospital facility or letter of facility reporting group**: MERCY HEALTH PARTNERS MERCY CAMPUS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</td>
<td>![X]</td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td>![X]</td>
<td></td>
</tr>
<tr>
<td>a Reporting to credit agency(ies)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>b Selling an individual’s debt to another party</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>c 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</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>d Actions that require a legal or judicial process</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>e Other similar actions (describe in Section C)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>f None of these actions or other similar actions were permitted</td>
<td>![X]</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>![X]</td>
<td></td>
</tr>
<tr>
<td>a Reporting to credit agency(ies)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>b Selling an individual’s debt to another party</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>c 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</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>d Actions that require a legal or judicial process</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>e Other similar actions (describe in Section C)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</td>
<td>![X]</td>
<td>![ ]</td>
</tr>
<tr>
<td>a Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs</td>
<td>![X]</td>
<td>![ ]</td>
</tr>
<tr>
<td>b Made a reasonable effort to orally notify individuals about the FAP and FAP application process</td>
<td>![X]</td>
<td>![ ]</td>
</tr>
<tr>
<td>c Processed incomplete and complete FAP applications</td>
<td>![X]</td>
<td>![ ]</td>
</tr>
<tr>
<td>d Made presumptive eligibility determinations</td>
<td>![X]</td>
<td>![ ]</td>
</tr>
<tr>
<td>e Other (describe in Section C)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>f None of these efforts were made</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?</td>
<td>![X]</td>
<td>![ ]</td>
</tr>
<tr>
<td>a The hospital facility did not provide care for any emergency medical conditions</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>b The hospital facility’s policy was not in writing</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>d Other (describe in Section C)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

**Policy Relating to Emergency Medical Care**

Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy? **Yes**

If "No," indicate why:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a The hospital facility did not provide care for any emergency medical conditions</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>b The hospital facility’s policy was not in writing</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>d Other (describe in Section C)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>MERCY HEALTH PARTNERS MERCY CAMPUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>a X The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
<td></td>
</tr>
<tr>
<td>b □ 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</td>
<td></td>
</tr>
<tr>
<td>c □ 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</td>
<td></td>
</tr>
<tr>
<td>d □ The hospital facility used a prospective Medicare or Medicaid method</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; explain in Section C.</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; explain in Section C.</td>
<td></td>
</tr>
</tbody>
</table>
Name of hospital facility or letter of facility reporting group: MERCY HEALTH PARTNERS LAKESHORE CAMPUS

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

Community Health Needs Assessment

1. Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? [X] Yes [ ] No

2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.

3. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.

   a. A definition of the community served by the hospital facility
   b. Demographics of the community
   c. Existing health care facilities and resources within the community that are available to respond to the health needs of the community
   d. How data was obtained
   e. The significant health needs of the community
   f. Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
   g. The process of identifying and prioritizing community health needs and services to meet the community health needs
   h. The process of consulting with persons representing the community's interests
   i. The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
   j. Other (describe in Section C)

4. Indicate the tax year the hospital facility last conducted a CHNA: 2015

5. In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.

6a. Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C.

6b. Was the hospital facility’s CHNA conducted with one or more other organizations other than hospital facilities? If "Yes," list the other organizations in Section C.

7. Did the hospital facility make its CHNA report widely available to the public?

   a. Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C
   b. Other website (list url): SEE SCHEDULE H, PART V, SECTION C
   c. Made a paper copy available for public inspection without charge at the hospital facility
   d. Other (describe in Section C)

8. Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 2015

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website?

   a. If "Yes," (list url): SEE SCHEDULE H, PART V, SECTION C
   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] Yes [ ] No

12b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? [X] Yes [ ] No

12c. 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? $
Name of hospital facility or letter of facility reporting group: MERCY HEALTH PARTNERS LAKESHORE CAMPUS

Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 
   If "Yes," indicate the eligibility criteria explained in the FAP:
   a [X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 400%
   b [ ] Income level other than FPG (describe in Section C)
   c [X] Asset level
   d [X] Medical indigency
   e [X] Insurance status
   f [X] Underinsurance status
   g [X] Residency
   h [X] Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?
   If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):
   a [X] Described the information the hospital facility may require an individual to provide as part of his or her application
   b [X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
   c [X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
   d [ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
   e [ ] Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?
   If "Yes," indicate how the hospital facility publicized the policy (check all that apply):
   a [X] The FAP was widely available on a website (list url): SEE PART V, PAGE 8
   b [X] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8
   c [X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8
   d [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
   e [X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
   f [X] 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 [X] 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 [X] Notified members of the community who are most likely to require financial assistance about availability of the FAP
   i [X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
   j [ ] Other (describe in Section C)
### Billing and Collections

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>MERCY HEALTH PARTNERS LAKESHORE CAMPUS</th>
</tr>
</thead>
</table>

**17** Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<td></td>
<td>X</td>
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</tbody>
</table>

**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:

- [ ] Reporting to credit agency(ies)
- [ ] Selling an individual’s debt to another party
- [ ] 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
- [ ] Actions that require a legal or judicial process
- [ ] Other similar actions (describe in Section C)
- [X] None of these actions or other similar actions were permitted

**19** Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP?

If “Yes,” check all actions in which the hospital facility or a third party engaged:

- [ ] Reporting to credit agency(ies)
- [ ] Selling an individual’s debt to another party
- [ ] 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
- [ ] Actions that require a legal or judicial process
- [ ] Other similar actions (describe in Section C)

**20** Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- [X] Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- [X] Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- [X] Processed incomplete and complete FAP applications
- [X] Made presumptive eligibility determinations
- [ ] Other (describe in Section C)
- [ ] None of these efforts were made

### Policy Relating to Emergency Medical Care

**21** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?

If "No," indicate why:

- [ ] The hospital facility did not provide care for any emergency medical conditions
- [ ] The hospital facility’s policy was not in writing
- [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- [ ] Other (describe in Section C)

<table>
<thead>
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<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

<p>| | | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>a</td>
<td>X</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>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</td>
</tr>
<tr>
<td>c</td>
<td></td>
<td>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</td>
</tr>
<tr>
<td>d</td>
<td></td>
<td>The hospital facility used a prospective Medicare or Medicaid method</td>
</tr>
</tbody>
</table>

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.

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.
Name of hospital facility or letter of facility reporting group: MERCY HEALTH PARTNERS HACKLEY CAMPUS

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

2

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)

Community Health Needs Assessment

1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? [ ] Yes [ ] No

2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C

3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "Yes," indicate what the CHNA report describes (check all that apply):

[ ] A definition of the community served by the hospital facility
[ ] Demographics of the community
[ ] Existing health care facilities and resources within the community that are available to respond to the health needs of the community
[ ] How data was obtained
[ ] The significant health needs of the community
[ ] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
[ ] The process for identifying and prioritizing community health needs and services to meet the community health needs
[ ] The process for consulting with persons representing the community's interests
[ ] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
[ ] Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA: 2015

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

[ ] Yes [ ] No

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

[ ] Yes [ ] No

6b Was the hospital facility’s CHNA conducted with one or more other organizations other than hospital facilities? If "Yes," list the other organizations in Section C

[ ] Yes [ ] No

7 Did the hospital facility make its CHNA report widely available to the public?

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

[ ] Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C
[ ] Other website (list url): SEE SCHEDULE H, PART V, SECTION C
[ ] Made a paper copy available for public inspection without charge at the hospital facility
[ ] Other (describe in Section C)

[ ] Yes [ ] No

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

[ ] Yes [ ] No

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 2015

10 Is the hospital facility’s most recently adopted implementation strategy posted on a website?

If "Yes," (list url): SEE SCHEDULE H, PART V, SECTION C

[ ] Yes [ ] No

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)?

[ ] Yes [ ] No

12b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

[ ] Yes [ ] No

12c 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? $
### Financial Assistance Policy (FAP)

**Name of hospital facility or letter of facility reporting group:** MERCY HEALTH PARTNERS HACKLEY CAMPUS

Did the hospital facility have in place during the tax year a written financial assistance policy that:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>13</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Explain eligibility criteria for financial assistance, and whether such assistance included free or discounted care?

If "Yes," indicate the eligibility criteria explained in the FAP:

- **a** Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 400%
- **b** Income level other than FPG (describe in Section C)
- **c** Asset level
- **d** Medical indigency
- **e** Insurance status
- **f** Underinsurance status
- **g** Residency
- **h** Other (describe in Section C)

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>14</td>
<td>X</td>
<td></td>
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</tbody>
</table>

Explain the basis for calculating amounts charged to patients?

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** Described the information the hospital facility may require an individual to provide as part of his or her application
- **b** Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- **c** Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- **d** Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- **e** Other (describe in Section C)

<table>
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<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>15</td>
<td>X</td>
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</tbody>
</table>

Was widely publicized within the community served by the hospital facility?

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

- **a** The FAP was widely available on a website (list url): SEE PART V, PAGE 8
- **b** The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8
- **c** A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8
- **d** The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- **e** The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- **f** 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** 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** Notified members of the community who are most likely to require financial assistance about availability of the FAP
- **i** The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- **j** Other (describe in Section C)
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? 

18 Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:

- Reporting to credit agency(ies)
- Selling an individual’s debt to another party
- 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
- Actions that require a legal or judicial process
- Other similar actions (describe in Section C)

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?

- Reporting to credit agency(ies)
- Selling an individual’s debt to another party
- 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
- Actions that require a legal or judicial process
- Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- Processed incomplete and complete FAP applications
- Made presumptive eligibility determinations
- Other (describe in Section C)
- None of these efforts were made

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?

- The hospital facility did not provide care for any emergency medical conditions
- The hospital facility’s policy was not in writing
- The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- Other (describe in Section C)
### Part V Facility Information (continued)

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

Name of hospital facility or letter of facility reporting group: **MERCY HEALTH PARTNERS HACKLEY CAMPUS**

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<tr>
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<th>Yes</th>
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<td>a</td>
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<td>b</td>
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<td>c</td>
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<tr>
<td>d</td>
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</tbody>
</table>

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** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- **b** 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** 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** 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.

**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.
MERCY HEALTH PARTNERS MERCY CAMPUS:

PART V, SECTION B, LINE 3J: MERCY HEALTH PARTNERS D/B/A MERCY HEALTH MUSKEGON (MHM)’S FY16 CHNA ALSO INCLUDED:

- INTRODUCTION AND MISSION REVIEW STATEMENT
- LOOKING BACK AT THE FY13 CHNA: A PROGRESS REPORT
- REFLECTIONS ON THE CHNA PROCESS: LESSONS LEARNED AND NEXT STEPS
- NINE APPENDICES, INCLUDING (FOR ALL THREE COUNTIES): COMMUNITY HEALTH AND ENVIRONMENTAL DATA TABLES; HEALTH DISPARITIES INDICATORS AND REPORT CARD; UNIVERSITY OF WISCONSIN COUNTY HEALTH RANKINGS DATA; CALL 2-1-1 TOP HEALTH CARE AND RELATED SERVICE REQUESTS AND UNMET NEEDS (2012-2015);
- 2013-14 MICHIGAN PROFILE FOR HEALTH YOUTH SURVEY RESULTS; 2015 CONSUMER HEALTH SURVEY QUESTIONNAIRE; AND COMMUNITY PARTICIPANTS IN FOCUS GROUPS.

MERCY HEALTH PARTNERS MERCY COMPUS:

PART V, SECTION B, LINE 3E: MERCY HEALTH PARTNERS INCLUDED IN ITS FY2016 CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY’S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

THE FY2016 CHNA REPORT COVERED MUSKEGON COUNTY FOR MERCY HEALTH MERCY CAMPUS AND MERCY HEALTH HACKLEY CAMPUS, WHO LISTED THE FOLLOWING TOP FIVE HEALTH CARE ISSUES OR CONCERNS:

1. CARE COORDINATION/PATIENT ADVOCACY
2. ACCESS TO PRIMARY CARE
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, 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.

3. LACK OF MENTAL HEALTH PROVIDERS

4. DIABETES

5. LACK OF SUBSTANCE ABUSE PROVIDERS

THIS SAME CHNA REPORT COVERED OCEANA COUNTY FOR MERCY HEALTH LAKESHORE CAMPUS AND LISTED THE FOLLOWING TOP FIVE HEALTH CARE ISSUES OR CONCERNS:

1. ACCESS TO SPECIALTY CARE

2. ACCESS TO PRIMARY CARE

3. CARDIOVASCULAR DISEASE

4. HYPERTENSION

5. DIABETES

MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

PART V, SECTION B, LINE 3J: MHM'S FY16 CHNA ALSO INCLUDED:

- INTRODUCTION AND MISSION REVIEW STATEMENT

- LOOKING BACK AT THE FY13 CHNA: A PROGRESS REPORT

- REFLECTIONS ON THE CHNA PROCESS: LESSONS LEARNED AND NEXT STEPS

- NINE APPENDICES, INCLUDING (FOR ALL THREE COUNTIES): COMMUNITY HEALTH AND ENVIRONMENTAL DATA TABLES; HEALTH DISPARITIES INDICATORS AND REPORT CARD; UNIVERSITY OF WISCONSIN COUNTY HEALTH RANKINGS DATA; CALL 2-1-1 TOP HEALTH CARE AND RELATED SERVICE REQUESTS AND UNMET NEEDS (2012-2015);

2013-14 MICHIGAN PROFILE FOR HEALTH YOUTH SURVEY RESULTS; 2015 CONSUMER HEALTH SURVEY QUESTIONNAIRE; AND COMMUNITY PARTICIPANTS IN FOCUS GROUPS.

MERCY HEALTH PARTNERS LAKESHORE COMPUS:

PART V, SECTION B, LINE 3E: MERCY HEALTH PARTNERS INCLUDED IN ITS FY2016 CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S
SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY
CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY
HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A
COMMUNITY-INVOLVED SELECTION PROCESS:

THE FY2016 CHNA REPORT COVERED MUSKEGON COUNTY FOR MERCY HEALTH MERCY
CAMPUS AND MERCY HEALTH HACKLEY CAMPUS, WHO LISTED THE FOLLOWING TOP FIVE
HEALTH CARE ISSUES OR CONCERNS:
1. CARE COORDINATION/PATIENT ADVOCACY
2. ACCESS TO PRIMARY CARE
3. LACK OF MENTAL HEALTH PROVIDERS
4. DIABETES
5. LACK OF SUBSTANCE ABUSE PROVIDERS

THIS SAME CHNA REPORT COVERED OCEANA COUNTY FOR MERCY HEALTH LAKESHORE
CAMPUS AND LISTED THE FOLLOWING TOP FIVE HEALTH CARE ISSUES OR CONCERNS:
1. ACCESS TO SPECIALTY CARE
2. ACCESS TO PRIMARY CARE
3. CARDIOVASCULAR DISEASE
4. HYPERTENSION
5. DIABETES

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

PART V, SECTION B, LINE 3J: MHM'S FY16 CHNA ALSO INCLUDED:
- INTRODUCTION AND MISSION REVIEW STATEMENT
- LOOKING BACK AT THE FY13 CHNA: A PROGRESS REPORT
- REFLECTIONS ON THE CHNA PROCESS: LESSONS LEARNED AND NEXT STEPS
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, 16, 18e, 19e, 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.

- NINE APPENDICES, INCLUDING (FOR ALL THREE COUNTIES): COMMUNITY HEALTH AND ENVIRONMENTAL DATA TABLES; HEALTH DISPARITIES INDICATORS AND REPORT CARD; UNIVERSITY OF WISCONSIN COUNTY HEALTH RANKINGS DATA; CALL 2-1-1 TOP HEALTH CARE AND RELATED SERVICE REQUESTS AND UNMET NEEDS (2012-2015);

2013-14 MICHIGAN PROFILE FOR HEALTH YOUTH SURVEY RESULTS; 2015 CONSUMER HEALTH SURVEY QUESTIONNAIRE; AND COMMUNITY PARTICIPANTS IN FOCUS GROUPS.

MERCY HEALTH PARTNERS HACKLEY COMPUS:

PART V, SECTION B, LINE 3E: MERCY HEALTH PARTNERS INCLUDED IN ITS FY2016 CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S Significant health needs, which were identified through the most recently conducted community health needs assessment. The following community health needs were deemed significant and were prioritized through a community-involved selection process:

- ACCESS TO SPECIALTY CARE

This same CHNA report covered OCEANA COUNTY FOR MERCY HEALTH LAKESHORE CAMPUS and listed the following top five health care issues or concerns:

1. ACCESS TO SPECIALTY CARE
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, 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.

2. ACCESS TO PRIMARY CARE

3. CARDIOVASCULAR DISEASE

4. HYPERTENSION

5. DIABETES

MERCY HEALTH PARTNERS MERCY CAMPUS:

PART V, SECTION B, LINE 5: THE FY2016 CHNA PROCESS BEGAN IN JANUARY 2016 AND CONCLUDED IN AUGUST 2016, WITH AN ADVISORY COMMITTEE REPRESENTING A BROAD RANGE OF INTERESTS IN THE SERVICE AREA. A MAJOR PARTICIPANT IN THE CHNA PROCESS WAS THE MUSKEGON COMMUNITY HEALTH PROJECT (HEALTH PROJECT), THE COMMUNITY BENEFIT MINISTRY OF MHM. THE HEALTH PROJECT IS ESSENTIALLY THE COMMUNITY BENEFIT ARM OF MHM, AND PROVIDES FREE HEALTH CARE SUPPORT, ADVOCACY, ACCESS, AND SERVICES TO THOSE IN NEED ALONG MICHIGAN'S WEST COAST. OTHER PARTICIPANTS IN THE CHNA PROCESS INCLUDED: UNITED WAY OF THE LAKESHORE, MUSKEGON COUNTY PUBLIC HEALTH, DISTRICT HEALTH DEPARTMENT #10, AFFINIA HEALTH NETWORK, MERCY VISITING NURSE SERVICES (VNS) AND HARBOR HOSPICE, MERCY HEALTH EMERGENCY DEPARTMENT, MERCY HEALTH URGENT CARE, HEALTHWEST—COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY, HACKLEY COMMUNITY CARE CENTER (FEDERALLY QUALIFIED HEALTH CENTER (FQHC)), MUSKEGON FAMILY CARE (FQHC), COMMUNITY ACCESS LINE OF THE LAKESHORE (CALL 2-1-1), MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT, GRAND VALLEY STATE UNIVERSITY, OCEANA HISPANIC CENTER, WEST MICHIGAN MIGRANT RESOURCE COUNCIL, MUSKEGON COUNTY PROSECUTOR'S OFFICE, MERCY HEALTH EMERGENCY DEPARTMENT, COALITION FOR A DRUG FREE MUSKEGON COUNTY, MUSKEGON FAMILY YMCA, ACCESS HEALTH INC., LITTLE RIVER BAND OF OTTAWA INDIANS, MUSKEGON-OCEANA DEPARTMENT OF HUMAN SERVICES, MUSKEGON-OCEANA COUNTY HEALTH DISPARITIES REDUCTION COALITION,
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, 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.

BLUE CROSS BLUE SHIELD OF MICHIGAN, SENIOR RESOURCES OF WEST MICHIGAN,

DISABILITY NETWORK OF WEST MICHIGAN, PATHWAYS TO BETTER HEALTH OF THE

LAKESHORE, AND COMMUNITY FOUNDATION FOR MUSKEGON COUNTY.

COMMUNITY PARTICIPATION AND INPUT: A SERIES OF ACTIVITIES, INCLUDING THE

EXECUTION OF A DETAILED CONSUMER HEALTH SURVEY, AND FACILITATED "COMMUNITY

CONVERSATIONS" AND FOCUS GROUPS, WERE HELD TO ACHIEVE BROAD PUBLIC

PARTICIPATION IN IDENTIFYING THE HEALTH CARE NEEDS OF THE COMMUNITY.

A CONSUMER HEALTH ISSUES SURVEY INCORPORATED A RANGE OF QUESTIONS FOCUSING

ON THE DEMOGRAPHIC CHARACTERISTICS, BEHAVIOR RISK FACTORS, AND PERSONAL

WELL-BEING OF RESPONDENTS AND THEIR HOUSEHOLD MEMBERS. IT ALSO ASKED FOR

FEEDBACK ON ABILITY TO ACCESS HEALTH CARE SERVICES, AND THE QUALITY OF

CARE RECEIVED.

SURVEY METHODOLOGIES INCLUDED VOLUNTEER-ADMINISTERED PAPER QUESTIONNAIRES

AND ONLINE SURVEYS VIA THE USE OF GETFEEDBACK. FACILITATED FORUMS, CALLED

"COMMUNITY CONVERSATIONS", TOOK PLACE IN THREE COUNTIES FOR A PERIOD OF

TWO TO THREE HOURS TO DISCUSS TOPICS RAISED BY THE SURVEY. FOCUS GROUPS

WERE CONDUCTED AROUND THE TOPICAL AREAS EMERGING FROM EPIDEMIOLOGICAL AND

COMMUNITY DATA, AND AROUND ISSUES RAISED IN THE SURVEYS AND FORUMS,

INCLUDING ONE PHYSICIAN FOCUS GROUP.

MHM'S FY16 CHNA INCLUDES THE FOLLOWING INFORMATION ELEMENTS:

1. DEMOGRAPHIC INFORMATION, HEALTH AND ENVIRONMENTAL DATA, AND DATA ON

   HEALTH DISPARITIES

2. CONSUMER SURVEY, ADMINISTERED VIA PAPER QUESTIONNAIRES AT A VARIETY OF
COMMUNITY VENUES AND ELECTRONIC MEDIA - RESPONSES TO THE SURVEY INCLUDED

2,463 SURVEYS (18% INCREASE OVER FY13)

3. FIVE "COMMUNITY CONVERSATIONS" IN THE THREE COUNTIES - APPROXIMATELY 160 PEOPLE PARTICIPATED IN THE FIVE CONVERSATIONS

4. FOURTEEN FOCUS GROUPS ON DIFFERENT TOPICAL AREAS - APPROXIMATELY 150 PEOPLE PARTICIPATED

MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

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, 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.

SERVICES, MUSKEGON–OCEANA COUNTY HEALTH DISPARITIES REDUCTION COALITION,

BLUE CROSS BLUE SHIELD OF MICHIGAN, SENIOR RESOURCES OF WEST MICHIGAN,

DISABILITY NETWORK OF WEST MICHIGAN, PATHWAYS TO BETTER HEALTH OF THE LAKESHORE, AND COMMUNITY FOUNDATION FOR MUSKEGON COUNTY.

COMMUNITY PARTICIPATION AND INPUT: A SERIES OF ACTIVITIES, INCLUDING THE EXECUTION OF A DETAILED CONSUMER HEALTH SURVEY, AND FACILITATED "COMMUNITY CONVERSATIONS" AND FOCUS GROUPS, WERE HELD TO ACHIEVE BROAD PUBLIC PARTICIPATION IN IDENTIFYING THE HEALTH CARE NEEDS OF THE COMMUNITY.

A CONSUMER HEALTH ISSUES SURVEY INCORPORATED A RANGE OF QUESTIONS FOCUSING ON THE DEMOGRAPHIC CHARACTERISTICS, BEHAVIOR RISK FACTORS, AND PERSONAL WELL-BEING OF RESPONDENTS AND THEIR HOUSEHOLD MEMBERS. IT ALSO ASKED FOR FEEDBACK ON ABILITY TO ACCESS HEALTH CARE SERVICES, AND THE QUALITY OF CARE RECEIVED.

SURVEY METHODOLOGIES INCLUDED VOLUNTEER-ADMINISTERED PAPER QUESTIONNAIRES AND ONLINE SURVEYS VIA THE USE OF GETFEEDBACK. FACILITATED FORUMS, CALLED "COMMUNITY CONVERSATIONS", TOOK PLACE IN THREE COUNTIES FOR A PERIOD OF TWO TO THREE HOURS TO DISCUSS TOPICS RAISED BY THE SURVEY. FOCUS GROUPS WERE CONDUCTED AROUND THE TOPICAL AREAS EMERGING FROM EPIDEMIOLOGICAL AND COMMUNITY DATA, AND AROUND ISSUES RAISED IN THE SURVEYS AND FORUMS, INCLUDING ONE PHYSICIAN FOCUS GROUP.

MHM'S FY16 CHNA INCLUDES THE FOLLOWING INFORMATION ELEMENTS:

1. DEMOGRAPHIC INFORMATION, HEALTH AND ENVIRONMENTAL DATA, AND DATA ON HEALTH DISPARITIES
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, 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.

2. CONSUMER SURVEY, ADMINISTERED VIA PAPER QUESTIONNAIRES AT A VARIETY OF COMMUNITY VENUES AND ELECTRONIC MEDIA – RESPONSES TO THE SURVEY INCLUDED

2,463 SURVEYS (18% INCREASE OVER FY13)

3. FIVE "COMMUNITY CONVERSATIONS" IN THE THREE COUNTIES – APPROXIMATELY 160 PEOPLE PARTICIPATED IN THE FIVE CONVERSATIONS

4. FOURTEEN FOCUS GROUPS ON DIFFERENT TOPICAL AREAS – APPROXIMATELY 150 PEOPLE PARTICIPATED

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

PART V, SECTION B, LINE 5: THE FY2016 CHNA PROCESS BEGAN IN JANUARY 2016 AND CONCLUDED IN AUGUST 2016, WITH AN ADVISORY COMMITTEE REPRESENTING A WIDESPREAD RANGE OF INTERESTS IN THE SERVICE AREA. A MAJOR PARTICIPANT IN THE CHNA PROCESS WAS THE MUSKEGON COMMUNITY HEALTH PROJECT (HEALTH PROJECT), THE COMMUNITY BENEFIT MINISTRY OF MHM. THE HEALTH PROJECT IS ESSENTIALLY THE COMMUNITY BENEFIT ARM OF MHM, AND PROVIDES FREE HEALTH CARE SUPPORT, ADVOCACY, ACCESS, AND SERVICES TO THOSE IN NEED ALONG MICHIGAN'S WEST COAST. OTHER PARTICIPANTS IN THE CHNA PROCESS INCLUDED: UNITED WAY OF THE LAKESHORE, MUSKEGON COUNTY PUBLIC HEALTH, DISTRICT HEALTH DEPARTMENT #10, AFFINIA HEALTH NETWORK, MERCY VISITING NURSE SERVICES (VNS) AND HARBOR HOSPICE, MERCY HEALTH EMERGENCY DEPARTMENT, MERCY HEALTH URGENT CARE, HEALTHWEST–COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY, HACKLEY COMMUNITY CARE CENTER (FEDERALLY QUALIFIED HEALTH CENTER (FQHC)), MUSKEGON FAMILY CARE (FQHC), COMMUNITY ACCESS LINE OF THE LAKESHORE (CALL 2-1-1), MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT, GRAND VALLEY STATE UNIVERSITY, OCEANA HISPANIC CENTER, WEST MICHIGAN MIGRANT RESOURCE COUNCIL, MUSKEGON COUNTY PROSECUTOR'S OFFICE, MERCY HEALTH EMERGENCY DEPARTMENT, COALITION FOR A DRUG FREE MUSKEGON COUNTY, MUSKEGON FAMILY YMCA, ACCESS HEALTH INC.,
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, 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.

LITTLE RIVER BAND OF OTTAWA INDIANS, MUSKEGON–OCEANA DEPARTMENT OF HUMAN SERVICES, MUSKEGON–OCEANA COUNTY HEALTH DISPARITIES REDUCTION COALITION, BLUE CROSS BLUE SHIELD OF MICHIGAN, SENIOR RESOURCES OF WEST MICHIGAN, DISABILITY NETWORK OF WEST MICHIGAN, PATHWAYS TO BETTER HEALTH OF THE LAKESHORE, AND COMMUNITY FOUNDATION FOR MUSKEGON COUNTY.

COMMUNITY PARTICIPATION AND INPUT: A SERIES OF ACTIVITIES, INCLUDING THE EXECUTION OF A DETAILED CONSUMER HEALTH SURVEY, AND FACILITATED "COMMUNITY CONVERSATIONS" AND FOCUS GROUPS, WERE HELD TO ACHIEVE BROAD PUBLIC PARTICIPATION IN IDENTIFYING THE HEALTH CARE NEEDS OF THE COMMUNITY.

A CONSUMER HEALTH ISSUES SURVEY INCORPORATED A RANGE OF QUESTIONS FOCUSING ON THE DEMOGRAPHIC CHARACTERISTICS, BEHAVIOR RISK FACTORS, AND PERSONAL WELL-BEING OF RESPONDENTS AND THEIR HOUSEHOLD MEMBERS. IT ALSO ASKED FOR FEEDBACK ON ABILITY TO ACCESS HEALTH CARE SERVICES, AND THE QUALITY OF CARE RECEIVED.

SURVEY METHODOLOGIES INCLUDED VOLUNTEER-ADMINISTERED PAPER QUESTIONNAIRES AND ONLINE SURVEYS VIA THE USE OF GETFEEDBACK. FACILITATED FORUMS, CALLED "COMMUNITY CONVERSATIONS", TOOK PLACE IN THREE COUNTIES FOR A PERIOD OF TWO TO THREE HOURS TO DISCUSS TOPICS RAISED BY THE SURVEY. FOCUS GROUPS WERE CONDUCTED AROUND THE TOPICAL AREAS EMERGING FROM EPIDEMIOLOGICAL AND COMMUNITY DATA, AND AROUND ISSUES RAISED IN THE SURVEYS AND FORUMS, INCLUDING ONE PHYSICIAN FOCUS GROUP.

MHM'S FY16 CHNA INCLUDES THE FOLLOWING INFORMATION ELEMENTS:

1. DEMOGRAPHIC INFORMATION, HEALTH AND ENVIRONMENTAL DATA, AND DATA ON
HEALTH DISPARITIES

2. CONSUMER SURVEY, ADMINISTERED VIA PAPER QUESTIONNAIRES AT A VARIETY OF COMMUNITY VENUES AND ELECTRONIC MEDIA - RESPONSES TO THE SURVEY INCLUDED

2,463 SURVEYS (18% INCREASE OVER FY13)

3. FIVE "COMMUNITY CONVERSATIONS" IN THE THREE COUNTIES - APPROXIMATELY 160 PEOPLE PARTICIPATED IN THE FIVE CONVERSATIONS

4. FOURTEEN FOCUS GROUPS ON DIFFERENT TOPICAL AREAS - APPROXIMATELY 150 PEOPLE PARTICIPATED

MERCY HEALTH PARTNERS MERCY CAMPUS:


MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

MERCY HEALTH PARTNERS HACKLEY CAMPUS:


MERCY HEALTH PARTNERS MERCY CAMPUS:

PART V, SECTION B, LINE 7D: MHM'S MARKETING DEPARTMENT PUBLISHED A FOUR-PAGE CHNA SUMMARY IN NOVEMBER 2015 WHICH HAS BEEN USED REPEATEDLY BY MERCY PERSONNEL FOR DISTRIBUTION AT MEETINGS, SPEAKING ENGAGEMENTS, CONFERENCES AND A VARIETY OF COMMUNITY OUTREACH EVENTS. IT IS ALSO AVAILABLE AT HEALTH PROJECT OFFICES AND ALL THREE MERCY HEALTH MUSKEGON CAMPUSES. THE FY16 CHNA IS POSTED ON BOTH MERCY HEALTH MUSKEGON'S WEB SITE AND THE HEALTH PROJECT'S WEBSITE. A DIGITAL COPY OF THE CHNA WAS DISTRIBUTED TO ALL MEMBERS OF THE ADVISORY COUNCIL LISTED IN LINE 5 ABOVE AND ALL INDIVIDUAL MEMBERS OF THE HEALTH PROJECT'S 12 ACTIVE COMMUNITY COALITIONS. THE CHNA HAS BEEN POSTED BY MANY OF OUR COMMUNITY PARTNERS THROUGH THEIR WEBSITES AND SOCIAL MEDIA.

THE LINK FOR THE SURVEY WAS CIRCULATED THROUGH VARIOUS SOCIAL MEDIA OUTLETS (FACEBOOK AND TWITTER, PRIMARILY), BY LOCAL SOCIAL MEDIA "CELEBRITIES", AS WELL AS THROUGH PAID ADVERTISEMENTS ON FACEBOOK,
Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

**MERCY HEALTH PARTNERS LAKESHORE CAMPUS:**

PART V, SECTION B, LINE 7D: MHM'S MARKETING DEPARTMENT PUBLISHED A FOUR-PAGE CHNA SUMMARY IN NOVEMBER 2015 WHICH HAS BEEN USED REPEATEDLY BY MERCY PERSONNEL FOR DISTRIBUTION AT MEETINGS, SPEAKING ENGAGEMENTS, CONFERENCES AND A VARIETY OF COMMUNITY OUTREACH EVENTS. IT IS ALSO AVAILABLE AT HEALTH PROJECT OFFICES AND ALL THREE MERCY HEALTH MUSKEGON CAMPUSES. THE FY16 CHNA IS POSTED ON BOTH MERCY HEALTH MUSKEGON'S WEBSITE AND THE HEALTH PROJECT'S WEBSITE. A DIGITAL COPY OF THE CHNA WAS DISTRIBUTED TO ALL MEMBERS OF THE ADVISORY COUNCIL LISTED IN LINE 5 ABOVE AND ALL INDIVIDUAL MEMBERS OF THE HEALTH PROJECT'S 12 ACTIVE COMMUNITY COALITIONS. THE CHNA HAS BEEN POSTED BY MANY OF OUR COMMUNITY PARTNERS THROUGH THEIR WEBSITES AND SOCIAL MEDIA.

THE LINK FOR THE SURVEY WAS CIRCULATED THROUGH VARIOUS SOCIAL MEDIA OUTLETS (FACEBOOK AND TWITTER, PRIMARILY), BY LOCAL SOCIAL MEDIA "CELEBRITIES", AS WELL AS THROUGH PAID ADVERTISEMENTS ON FACEBOOK, DESIGNED BY OUR MEDIA CONSULTANTS.

**MERCY HEALTH PARTNERS HACKLEY CAMPUS:**

PART V, SECTION B, LINE 7D: MHM'S MARKETING DEPARTMENT PUBLISHED A FOUR-PAGE CHNA SUMMARY IN NOVEMBER 2015 WHICH HAS BEEN USED REPEATEDLY BY MERCY PERSONNEL FOR DISTRIBUTION AT MEETINGS, SPEAKING ENGAGEMENTS, CONFERENCES AND A VARIETY OF COMMUNITY OUTREACH EVENTS. IT IS ALSO AVAILABLE AT HEALTH PROJECT OFFICES AND ALL THREE MERCY HEALTH MUSKEGON CAMPUSES. THE FY16 CHNA IS POSTED ON BOTH MERCY HEALTH MUSKEGON'S WEBSITE DESIGNED BY OUR MEDIA CONSULTANTS.
AND THE HEALTH PROJECT'S WEBSITE. A DIGITAL COPY OF THE CHNA WAS DISTRIBUTED TO ALL MEMBERS OF THE ADVISORY COUNCIL LISTED IN LINE 5 ABOVE AND ALL INDIVIDUAL MEMBERS OF THE HEALTH PROJECT'S 12 ACTIVE COMMUNITY COALITIONS. THE CHNA HAS BEEN POSTED BY MANY OF OUR COMMUNITY PARTNERS THROUGH THEIR WEBSITES AND SOCIAL MEDIA.

THE LINK FOR THE SURVEY WAS CIRCULATED THROUGH VARIOUS SOCIAL MEDIA OUTLETS (FACEBOOK AND TWITTER, PRIMARILY), BY LOCAL SOCIAL MEDIA "CELEBRITIES", AS WELL AS THROUGH PAID ADVERTISEMENTS ON FACEBOOK, DESIGNED BY OUR MEDIA CONSULTANTS.

MERCY HEALTH PARTNERS MERCY CAMPUS:

PART V, SECTION B, LINE 11: FOLLOWING ARE THE SIGNIFICANT HEALTH NEEDS FOR THE MERCY CAMPUS AND HOW THEY ARE BEING ADDRESSED. IT SHOULD BE NOTED THAT ALL OF THE NEEDS BELOW ARE ADDRESSED BY MHM ON A SYSTEM-WIDE BASIS, I.E., PATIENTS BEING SERVED AT ALL THREE CAMPUSES AND MHM PROVIDER PRACTICES IN MUSKEGON, OCEANA COUNTIES, MASON, AND OTTAWA COUNTIES:

1. ACCESS TO PRIMARY CARE - IN FY18, 15 NEW PROVIDERS WERE RECRUITED AND HIRED HEALTH SYSTEM-WIDE, RESULTING IN A NET INCREASE OF 7 PROVIDERS WHEN CONSIDERING PROVIDER EXITS FROM THE SYSTEM. THE NET INCREASE IN THE WHOLE OF THE MERCY HEALTH MUSKEGON PARTIALLY REFLECTS PROVIDERS ADDED TO THE MASON AND NORTH OTTAWA COUNTY FACILITIES.

2. CARE COORDINATION/PATIENT ADVOCACY - IN FY18, THE USE OF COMMUNITY HEALTH WORKERS (CHWS) CONTINUED IN MUSKEGON AND EXPANDED IN OCEANA COUNTIES. THE PATHWAYS COMMUNITY HUB MODEL WAS ALSO EXPANDED TO PROVIDE
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, 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.

MORE SERVICES TO SENIORS IN THEIR HOMES. THE MODEL IS A CENTRALIZED COMMUNITY RESOURCE THAT UTILIZES CARE COORDINATORS TO LINK LOCAL RESIDENTS TO CLINICAL HEALTH AND SOCIAL SERVICE RESOURCES.

3. LACK OF MENTAL HEALTH CARE PROVIDERS – MERCY LIFE COUNSELING EXPANDED ITS SERVICES AND ADDED TWO NEW PROVIDERS IN FY18, AN MSW AND A NURSE PRACTITIONER, AND MAINTAINED THE THREE "RECOVERY COACHES" IN THE PATHWAYS PROGRAM WITH SPECIALIZED EXPERIENCE, STRENGTHENING THEIR RELATIONSHIPS WITH HEALTHWEST AND PINE REST TREATMENT FACILITIES.

4. LACK OF SUBSTANCE ABUSE PROVIDERS – IN FY18, MERCY LIFE COUNSELING ADDED NEW PROVIDERS AND MAINTAINED THREE "RECOVERY COACHES" TO THE PATHWAYS PROGRAM WITH SPECIALIZED EXPERIENCE, AND STRENGTHENED RELATIONSHIPS WITH HEALTHWEST AND PINE REST TREATMENT FACILITIES.

5. DIABETES – NEIGHBORHOOD-BASED COMMUNITY EVENTS PROVIDE FREE-OF-COST SCREENING AND REFERRALS TO INDIVIDUALS IN THE COMMUNITY, AND IN FY18, 14,108 PEOPLE WERE SERVED. AS PART OF THE PATHWAYS TO BETTER HEALTH PROGRAM, DIABETES PATIENTS ARE PAIRED WITH A COMMUNITY HEALTH WORKER TO HELP ADDRESS SOCIAL DETERMINANTS, ENSURE COMMUNITY CARE COORDINATION, EDUCATE ON SELF-MANAGEMENT PRACTICES AND HEALTHY BEHAVIORS, AND IMPROVE PATIENT ADHERENCE TO TREATMENT REGIMENS. THE LIONS CLUB VISION SERVICES PROGRAM, ADMINISTERED BY THE HEALTH PROJECT, PROVIDES RETINOPATHY PATIENTS WITH SPECIALIST EYE EXAMINATIONS AND GLASSES. IN FY18, 4,728 INDIVIDUALS WERE SCREENED. THE PATHWAYS PROGRAM SERVES DIABETES PATIENTS FROM ALL THREE MHM CAMPUSES, AS WELL AS ALL REFERRED FROM PROVIDER PRACTICES.

SOME OF THESE HEALTH CONCERNS HAVE BEEN AND CONTINUE TO BE ADDRESSED WITH MHM PROGRAMS INITIATED AS A RESULT OF PREVIOUS CHNAS. SOME ARE BEING ADDRESSED BY COMMUNITY HEALTH COALITIONS, COLLABORATIVES, OR WORK GROUPS.
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, 16, 19e, 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.

SUPPORTED BY OR WITH THE PARTICIPATION OF MHM RESOURCES. MHM CAMPUSES

ACKNOWLEDGE THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT THEY COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH THEY DEEMED TO BE THE MOST PRESSING, MOST UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO IMPACT NEEDED CHANGE WITHIN THE THREE-YEAR CHNA PERIOD. FOR THIS REASON, MERCY CAMPUS WILL NOT TAKE PRIMARY ACTION ON THE FOLLOWING HEALTH NEEDS:

EMERGENCY DEPARTMENT OVERUSE – RECENT DATA SUGGESTS THAT BY FOCUSING ON PRIMARY CARE ACCESS AND APPOINTMENT AVAILABILITY, THIS PROBLEM WILL BEGIN TO DECREASE. EXTENSIVE USE OF PATHWAYS/COMMUNITY HEALTH WORKERS FOR AT-RISK PATIENTS AND PATIENTS WITH CHRONIC DISEASES, AS WELL AS HEALTH COVERAGE ENROLLMENT ACTIVITIES, HAVE CONTRIBUTED TO A REDUCTION IN INAPPROPRIATE USE OF THE EMERGENCY DEPARTMENT. NO ADDITIONAL ACTIVITIES ARE PLANNED TO ADDRESS THIS NEED.

CARDIOVASCULAR DISEASE, HYPERTENSION, CANCER AND HIGH CHOLESTEROL – ALL FOUR OF THESE AREAS ARE THE FOCUS OF BOTH INTERNAL WORKGROUPS AND EXTERNAL COMMUNITY COALITIONS. THEY ARE ALSO INCLUDED IN THE FOCUS OF THE PATHWAYS COMMUNITY CARE COORDINATION PROGRAM OFFERED TO PATIENTS AT ALL THREE CAMPUSES. MHM HAS BEEN CONDUCTING CARDIOVASCULAR DISEASE SCREENING EVENTS FOR ALL HIGH SCHOOL ATHLETES SINCE 2015. NO ADDITIONAL ACTIVITIES ARE PLANNED TO ADDRESS THIS NEED.

CULTURAL SENSITIVITY TRAINING FOR PROVIDERS AND PATIENT/PROVIDER COMMUNICATION – MHM HAS A ROBUST CULTURAL COMPETENCY TRAINING THAT IS REQUIRED DURING ONBOARDING. ADDITIONAL REFRESHERS ARE REQUIRED ON A YEARLY
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, 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.

BASIS, IN ADDITION TO OPTIONAL WORKSHOPS OFFERED THROUGHOUT THE YEAR. THE EXPANSION OF COMMUNITY CARE COORDINATION PROGRAMS SUCH AS PATHWAYS, ESPECIALLY EMBEDDING CHWS INTO PROVIDER PRACTICES, HAS IMPROVED PATIENT/PROVIDER COMMUNICATION. NO ADDITIONAL ACTIVITIES ARE PLANNED TO ADDRESS THIS NEED.

MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

PART V, SECTION B, LINE 11: FOLLOWING ARE THE SIGNIFICANT HEALTH NEEDS FOR THE LAKESHORE CAMPUS AND HOW THEY ARE BEING ADDRESSED:

1. ACCESS TO PRIMARY CARE - IN FY18, 15 NEW PROVIDERS WERE RECRUITED AND HIRED HEALTH SYSTEM-WIDE, RESULTING IN A NET INCREASE OF 7 PROVIDERS WHEN CONSIDERING PROVIDER EXITS FROM THE SYSTEM. DIRECTLY IMPACTING THE NORTHERN NETWORK, SABLE POINT HAS 3 PHYSICIANS AND 2.3 ADVANCED PRACTITIONERS IN LUDINGTON WHO SERVED 8,458 PATIENTS.

2. ACCESS TO SPECIALTY CARE - BEGINNING IN FY18, THE COMMUNITY NOW HAS ACCESS TO SPECIALTY CLINICS AT LAKESHORE CAMPUS, MOBILE MRI, TELEHEALTH PROGRAM, AND A NEW HEALTH CENTER IN LUDINGTON THAT SERVES OCEANA AND NEWAYGO COUNTIES WITH SOME SPECIALTY CARE, LAB, RADIOLOGY, AND SUPPORT GROUPS.

3. HEALTH CARE COVERAGE - HEALTH PROJECT EXPANDED ENROLLMENT ACTIVITIES AGAIN IN FY18, ADDING ONE NEW BILINGUAL STAFF AT THE OCEANA COUNTY SATELLITE OFFICE IN SHELBY, PARTNERING WITH ENROLL WEST MICHIGAN.

4. ACCESS TO MEDICATION - IN FY18, HEALTH PROJECT CONTINUED A PHARMACEUTICAL ASSISTANCE PROGRAM BY TRAINED ADDITIONAL STAFF IN THE OCEANA SATELLITE OFFICE IN SHELBY. BOTH MHM AND PRIVATE PHARMACIES PARTICIPATE IN THE PROGRAM.
5. ACCESS TO URGENT CARE – IN FY18, THE HOSPITAL HAS CONTINUED EMERGENCY
DEPARTMENT SERVICES AT LAKESHORE CAMPUS, INCLUDING HOURS AT OCEANA PRIMARY
CARE PHYSICIANS. THE SABLE POINT MEDICAL CENTER IN LUDINGTON PROVIDES
URGENT CARE SERVICES, SERVING PATIENTS IN NORTHERN PARTS OF OCEANA COUNTY
AND MASON COUNTY.

SOME OF THESE HEALTH CONCERNS HAVE BEEN AND CONTINUE TO BE ADDRESSED WITH
MHM PROGRAMS INITIATED AS A RESULT OF PREVIOUS CHNAS. SOME ARE BEING
ADDRESS BY COMMUNITY HEALTH COALITIONS, COLLABORATIVES, OR WORK GROUPS
SUPPORTED BY OR WITH THE PARTICIPATION OF MHM RESOURCES. MHM CAMPUSES
ACKNOWLEDGE THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE
CHNA PROCESS, AND DETERMINED THAT THEY COULD EFFECTIVELY FOCUS ON ONLY
THOSE HEALTH NEEDS WHICH THEY DEEMED TO BE THE MOST PRESSING, MOST
UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO IMPACT NEEDED CHANGE WITHIN THE
THREE-YEAR CHNA PERIOD. FOR THIS REASON, LAKESHORE CAMPUS WILL NOT TAKE
PRIMARY ACTION ON THE FOLLOWING HEALTH NEEDS:

EMERGENCY DEPARTMENT OVERUSE – RECENT DATA SUGGESTS THAT BY FOCUSING ON
PRIMARY CARE ACCESS AND APPOINTMENT AVAILABILITY, THIS PROBLEM WILL BEGIN
TO DECREASE. EXTENSIVE USE OF PATHWAYS/COMMUNITY HEALTH WORKERS FOR
AT-RISK PATIENTS AND PATIENTS WITH CHRONIC DISEASES, AS WELL AS HEALTH
COVERAGE ENROLLMENT ACTIVITIES, HAVE CONTRIBUTED TO A REDUCTION IN
INAPPROPRIATE USE OF THE EMERGENCY DEPARTMENT. NO ADDITIONAL ACTIVITIES
ARE PLANNED TO ADDRESS THIS NEED.

CARDIOVASCULAR DISEASE, HYPERTENSION, CANCER AND HIGH CHOLESTEROL – ALL
FOUR OF THESE AREAS ARE THE FOCUS OF BOTH INTERNAL WORKGROUPS AND EXTERNAL
COMMUNITY COALITIONS. THEY ARE ALSO INCLUDED IN THE FOCUS OF THE PATHWAYS
COMMUNITY CARE COORDINATION PROGRAM OFFERED TO PATIENTS AT ALL THREE
CAMPUS. MHM HAS BEEN CONDUCTING CARDIOVASCULAR DISEASE SCREENING EVENTS
FOR ALL HIGH SCHOOL ATHLETES SINCE 2015. NO ADDITIONAL ACTIVITIES ARE
PLANNED TO ADDRESS THIS NEED.

CULTURAL SENSITIVITY TRAINING FOR PROVIDERS AND PATIENT/PROVIDER
COMMUNICATION – MHM HAS A ROBUST CULTURAL COMPETENCY TRAINING THAT IS
REQUIRED DURING ONBOARDING. ADDITIONAL REFRESHERS ARE REQUIRED ON A YEARLY
BASIS, IN ADDITION TO OPTIONAL WORKSHOPS OFFERED THROUGHOUT THE YEAR. THE
EXPANSION OF COMMUNITY CARE COORDINATION PROGRAMS SUCH AS PATHWAYS,
especially embedding CHWS INTO PROVIDER PRACTICES, HAS IMPROVED
PATIENT/PROVIDER COMMUNICATION. NO ADDITIONAL ACTIVITIES ARE PLANNED TO
ADDRESS THIS NEED.

DIABETES – LAKESHORE CAMPUS’ IMPLEMENTATION STRATEGY IN FY2016 DID NOT
INCLUDE DIABETES DUE TO COMPETING PRIORITIES. HOWEVER, MHM HEALTH PROJECT
STAFF CONTINUES WORKING WITH THE OCEANA HEALTH DISPARITIES REDUCTION
COALITION IN CONDUCTING A LONG-TERM STRATEGIC PLANNING PROCESS WITH
COMMUNITY LEADERS TO ADDRESS ACCESS TO HEALTH CARE, DIABETES AND OBESITY.
A SUBGROUP OF THE COALITION, THE OCEANA DIABETES TEAM, IS CURRENTLY ACTIVE
AND WORKING WITH HEALTHY FAMILIES OF OCEANA COUNTY. ADDITIONALLY, HEALTH
PROJECT STAFF OUTREACH IS AT HEALTH FAIRS, SCHOOL EVENTS, FOOD TRUCKS AND
COMMUNITY EVENTS, WHICH INCLUDE EDUCATION, SCREENING, REFERRAL AND
ENROLLMENT ACTIVITIES. MHM-SUPPORTED PREVENTION PROGRAMS HAVE FOCUSED ON
NUTRITION EDUCATION AND ACCESS TO HEALTHY FOOD PROGRAMS, IN COLLABORATION
WITH LOCAL COALITIONS, LOCAL SCHOOL DISTRICTS AND COMMUNITY-BASED.
TO BE EMBEDDED IN MHM PRACTICES WAS PROPOSED IN FY 18. THE MHM'S PATHWAYS CAMPUSES, AS WELL AS ALL REFERRED FROM PROVIDER PRACTICES.

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

PART V, SECTION B, LINE 11: FOLLOWING ARE THE SIGNIFICANT HEALTH NEEDS FOR THE HACKLEY CAMPUS AND HOW THEY ARE BEING ADDRESSED:

1. ACCESS TO PRIMARY CARE – IN FY18, 15 NEW PROVIDERS WERE RECRUITED AND HIRED HEALTH SYSTEM-WIDE, RESULTING IN A NET INCREASE OF 7 PROVIDERS WHEN CONSIDERING PROVIDER EXITS FROM THE SYSTEM. THE NET INCREASE IN THE WHOLE OF THE MERCY HEALTH MUSKEGON PARTIALLY REFLECTS PROVIDERS ADDED TO THE MASON AND NORTH OTTAWA COUNTY FACILITIES.

2. CARE COORDINATION/PATIENT ADVOCACY – IN FY18, THE USE OF COMMUNITY HEALTH WORKERS (CHWS) CONTINUED IN MUSKEGON AND EXPANDED IN OCEANA COUNTIES. THE PATHWAYS COMMUNITY HUB MODEL WAS ALSO EXPANDED TO PROVIDE MORE SERVICES TO SENIORS IN THEIR HOMES. THE MODEL IS A CENTRALIZED COMMUNITY RESOURCE THAT UTILIZES CARE COORDINATORS TO LINK LOCAL RESIDENTS TO CLINICAL HEALTH AND SOCIAL SERVICE RESOURCES.

3. LACK OF MENTAL HEALTH CARE PROVIDERS – MERCY LIFE COUNSELING EXPANDED ITS SERVICES AND ADDED TWO NEW PROVIDERS IN FY18, AN MSW AND A NURSE PRACTITIONER, AND MAINTAINED THE THREE "RECOVERY COACHES" IN THE PATHWAYS PROGRAM WITH SPECIALIZED EXPERIENCE, STRENGTHENING THEIR RELATIONSHIPS WITH HEALTHWEST AND PINE REST TREATMENT FACILITIES. MERCY LIFE COUNSELING SERVES PATIENTS FROM ALL THREE MHM CAMPUSES.

4. LACK OF SUBSTANCE ABUSE PROVIDERS – IN FY18, MERCY LIFE COUNSELING
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, 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.

ADDED NEW PROVIDERS AND MAINTAINED THREE "RECOVERY COACHES" TO THE PATHWAYS PROGRAM WITH SPECIALIZED EXPERIENCE, AND STRENGTHENED RELATIONSHIPS WITH HEALTHWEST AND PINE REST TREATMENT FACILITIES. MERCY LIFE COUNSELING SERVES PATIENTS FROM ALL THREE MHM CAMPUSES.

5. DIABETES - NEIGHBORHOOD-BASED COMMUNITY EVENTS PROVIDE FREE-OF-COST SCREENING AND REFERRALS TO INDIVIDUALS IN THE COMMUNITY, AND IN FY18, 14,108 PEOPLE WERE SERVED. AS PART OF THE PATHWAYS TO BETTER HEALTH PROGRAM, DIABETES PATIENTS ARE PAIRED WITH A COMMUNITY HEALTH WORKER TO HELP ADDRESS SOCIAL DETERMINANTS, ENSURE COMMUNITY CARE COORDINATION, EDUCATE ON SELF-MANAGEMENT PRACTICES AND HEALTHY BEHAVIORS, AND IMPROVE PATIENT ADHERENCE TO TREATMENT REGIMENS. THE LIONS CLUB VISION SERVICES PROGRAM, ADMINISTERED BY THE HEALTH PROJECT, PROVIDES RETINOPATHY PATIENTS WITH SPECIALIST EYE EXAMINATIONS AND GLASSES. IN FY18, 4,728 INDIVIDUALS WERE SCREENED. THE PATHWAYS PROGRAM SERVES DIABETES PATIENTS FROM ALL THREE MHM CAMPUSES, AS WELL AS ALL REFERRED FROM PROVIDER PRACTICES.

SOME OF THESE HEALTH CONCERNS HAVE BEEN AND CONTINUE TO BE ADDRESSED WITH MHM PROGRAMS INITIATED AS A RESULT OF PREVIOUS CHNAS. SOME ARE BEING ADDRESSED BY COMMUNITY HEALTH COALITIONS, COLLABORATIVES, OR WORK GROUPS SUPPORTED BY OR WITH THE PARTICIPATION OF MHM RESOURCES. MHM CAMPUSES ACKNOWLEDGE THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT THEY COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH THEY DEEMED TO BE THE MOST PRESSING, MOST UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO IMPACT NEEDED CHANGE WITHIN THE THREE-YEAR CHNA PERIOD. FOR THIS REASON, HACKLEY CAMPUSS WILL NOT TAKE PRIMARY ACTION ON THE FOLLOWING HEALTH NEEDS:

11380514 794151 2160 2017.05060 MERCY HEALTH PARTNERS D/B/A 21601
EMERGENCY DEPARTMENT OVERUSE – RECENT DATA SUGGESTS THAT BY FOCUSING ON PRIMARY CARE ACCESS AND APPOINTMENT AVAILABILITY, THIS PROBLEM WILL BEGIN TO DECREASE. EXTENSIVE USE OF PATHWAYS/COMMUNITY HEALTH WORKERS FOR AT-RISK PATIENTS AND PATIENTS WITH CHRONIC DISEASES, AS WELL AS HEALTH COVERAGE ENROLLMENT ACTIVITIES, HAVE CONTRIBUTED TO A REDUCTION IN INAPPROPRIATE USE OF THE EMERGENCY DEPARTMENT. NO ADDITIONAL ACTIVITIES ARE PLANNED TO ADDRESS THIS NEED.

CARDIOVASCULAR DISEASE, HYPERTENSION, CANCER AND HIGH CHOLESTEROL – ALL FOUR OF THESE AREAS ARE THE FOCUS OF BOTH INTERNAL WORKGROUPS AND EXTERNAL COMMUNITY COALITIONS. THEY ARE ALSO INCLUDED IN THE FOCUS OF THE PATHWAYS COMMUNITY CARE COORDINATION PROGRAM OFFERED TO PATIENTS AT ALL THREE CAMPUSES. MHM HAS BEEN CONDUCTING CARDIOVASCULAR DISEASE SCREENING EVENTS FOR ALL HIGH SCHOOL ATHLETES SINCE 2015. NO ADDITIONAL ACTIVITIES ARE PLANNED TO ADDRESS THIS NEED.

CULTURAL SENSITIVITY TRAINING FOR PROVIDERS AND PATIENT/PROVIDER COMMUNICATION – MHM HAS A ROBUST CULTURAL COMPETENCY TRAINING THAT IS REQUIRED DURING ONBOARDING. ADDITIONAL REFRESHERS ARE REQUIRED ON A YEARLY BASIS, IN ADDITION TO OPTIONAL WORKSHOPS OFFERED THROUGHOUT THE YEAR. THE EXPANSION OF COMMUNITY CARE COORDINATION PROGRAMS SUCH AS PATHWAYS, ESPECIALLY EMBEDDING CHWS INTO PROVIDER PRACTICES, HAS IMPROVED PATIENT/PROVIDER COMMUNICATION. NO ADDITIONAL ACTIVITIES ARE PLANNED TO ADDRESS THIS NEED.
Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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 13H:**

The hospital recognizes that not all patients are able to provide complete financial and/or social information. Therefore, approval for financial support may be determined based on available information. Examples of presumptive cases include: deceased patients with no known estate, the homeless, 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 needy patients, a third party is 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, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.

**MERCY HEALTH PARTNERS LAKESHORE CAMPUS:**

**PART V, SECTION B, LINE 13H:**

The hospital recognizes that not all patients are able to provide complete financial and/or social information. Therefore, approval for financial support may be determined based on available information. Examples of presumptive cases include: deceased patients with no known estate, the homeless, 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.
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, 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.

PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, 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 NEEDY PATIENTS, A THIRD PARTY IS 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, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, 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.
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, 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.

RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

For the purpose of helping financially needy patients, a third party is 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, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.

MERCY HEALTH PARTNERS MERCY CAMPUS

PART V, LINE 16A, FAP WEBSITE:

WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS LAKE SHORE CAMPUS

PART V, LINE 16A, FAP WEBSITE:

WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS HACKLEY CAMPUS

PART V, LINE 16A, FAP WEBSITE:

WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON
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, 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.

MERCY HEALTH PARTNERS MERCY CAMPUS

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS LAKESHORE CAMPUS

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS HACKLEY CAMPUS

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS MERCY CAMPUS

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS LAKESHORE CAMPUS

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS HACKLEY CAMPUS

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS MERCY CAMPUS - PART V, SECTION B, LINE 9

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S

11380514 794151 2160 2017.05060 MERCY HEALTH PARTNERS D/B/A 21601
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.

MERCY HEALTH PARTNERS LAKESHORE CAMPUS - 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.

MERCY HEALTH PARTNERS HACKLEY CAMPUS - 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.

MERCY HEALTH PARTNERS MERCY CAMPUS - PART V, SECTION B, LINE 7A:
HTTPS://WWW.MERCYHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

MERCY HEALTH PARTNERS LAKESHORE CAMPUS - PART V, SECTION B, LINE 7A:
HTTPS://WWW.MERCYHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

MERCY HEALTH PARTNERS HACKLEY CAMPUS - PART V, SECTION B, LINE 7A:
HTTPS://WWW.MERCYHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT
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, 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.

MERCY HEALTH PARTNERS MERCY CAMPUS – PART V, SECTION B, LINE 10A
HTTPS://WWW.MERCYHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

MERCY HEALTH PARTNERS LAKESHORE CAMPUS – PART V, SECTION B, LINE 10A
HTTPS://WWW.MERCYHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

MERCY HEALTH PARTNERS HACKLEY CAMPUS – PART V, SECTION B, LINE 10A
HTTPS://WWW.MERCYHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

MERCY HEALTH PARTNERS MERCY CAMPUS – PART V, SECTION B, LINE 7B:
HTTPS://MCHP.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CURRENT-CHNA

MERCY HEALTH PARTNERS LAKESHORE CAMPUS – PART V, SECTION B, LINE 7B:
HTTPS://MCHP.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CURRENT-CHNA

MERCY HEALTH PARTNERS HACKLEY CAMPUS – PART V, SECTION B, LINE 7B:
HTTPS://MCHP.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CURRENT-CHNA
### 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? 47

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> MUSKEGON SURGERY CENTER</td>
<td>OUTPATIENT SURGERY</td>
</tr>
<tr>
<td>1400 MERCY DRIVE, SUITE 150 MUSKEGON, MI 49444</td>
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<tr>
<td><strong>2</strong> JOHNSON FAMILY CENTER FOR CANCER CARE</td>
<td>CANCER TREATMENT FACILITY</td>
</tr>
<tr>
<td>1440 E. SHERMAN BLVD. MUSKEGON, MI 49444</td>
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<tr>
<td><strong>3</strong> WEST SHORE CARDIOLOGY</td>
<td>CARDIOLOGY</td>
</tr>
<tr>
<td>1212 E. SHERMAN BLVD. MUSKEGON, MI 49444</td>
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<tr>
<td><strong>4</strong> WEST MI GASTROENTEROLOGY</td>
<td>GASTROENTEROLOGY</td>
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<tr>
<td>1675 LEAHY STREET, SUITE 324B MUSKEGON, MI 49444</td>
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<td><strong>5</strong> NORTON FAMILY PRACTICE</td>
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<tr>
<td>3535 PARK STREET, SUITE 110 MUSKEGON, MI 49444</td>
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<tr>
<td><strong>6</strong> MERCY MEDI CENTER</td>
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<td>1700 OAK AVE MUSKEGON, MI 49442</td>
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<tr>
<td><strong>7</strong> LAKES VILLAGE</td>
<td>OUTPATIENT SERVICES, LAB, URGENT CARE, REHAB, IMAGING</td>
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<td>6401 PRAIRIE STREET NORTON SHORES, MI 49444</td>
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<td><strong>8</strong> WESTSHORE FAMILY MEDICINE</td>
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<tr>
<td>1223 MERCY DRIVE MUSKEGON, MI 49444</td>
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<tr>
<td><strong>9</strong> OB GYN ASSOCIATES</td>
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<td>1675 LEAHY STREET, SUITE 428B MUSKEGON, MI 49444</td>
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<tr>
<td><strong>10</strong> PAIN CLINIC</td>
<td>PAIN MANAGEMENT</td>
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<tr>
<td>1700 CLINTON STREET MUSKEGON, MI 49442</td>
<td></td>
</tr>
</tbody>
</table>
### 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? 47

<table>
<thead>
<tr>
<th>Name and address</th>
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</tr>
</thead>
<tbody>
<tr>
<td>11 SHORELINE NEUROSURGERY</td>
<td>NEUROSURGICAL &amp; PHYSIATRY</td>
</tr>
<tr>
<td>1675 LEAHY STREET, SUITE 401A</td>
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<td>12 HARBORWOOD FAMILY MEDICINE</td>
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<td>13 LAKESHORE MEDICAL CENTER - WHITEHALL</td>
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<td>905 E. COLBY STREET</td>
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<tr>
<td>WHITEHALL, MI 49461</td>
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<td>14 HACKLEY LAKES OB GYN</td>
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<td>15 LAKESHORE MEDICAL CENTER - SHELBY</td>
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<td>71 W. BEVIER ROAD</td>
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<td>SHELBY, MI 49455</td>
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<td>16 CARDIOTHORACIC SURGERY</td>
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<td>17 HARBOUR POINTE MEDICAL ASSOCIATES</td>
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<tr>
<td>3587 HENRY STREET, SUITE 200</td>
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<td>18 SLEEP DISORDERS CENTER</td>
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<tr>
<td>19 HART FAMILY MEDICAL CENTER</td>
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<tr>
<td>611 E. MAIN STREET</td>
<td></td>
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<tr>
<td>HART, MI 49420</td>
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<tr>
<td>20 MERCY WESTSHORE INTERNAL MEDICINE</td>
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<tr>
<td>1150 E. SHERMAN BLVD., SUITE 1100</td>
<td></td>
</tr>
<tr>
<td>MUSKEGON, MI 49444</td>
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</tr>
</tbody>
</table>
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<tbody>
<tr>
<td>21 NORTHSHORE FAMILY PRACTICE</td>
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<tr>
<td>1915 HOLTON ROAD</td>
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<td>22 FRUITPORT FAMILY MEDICINE</td>
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<tr>
<td>3443 PARR RD.</td>
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<tr>
<td>23 MERCY H.E.A.R.T. CENTER</td>
<td>WELLNESS &amp; REHABILITATION</td>
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<tr>
<td>1212 E. SHERMAN BLVD.</td>
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<td>24 HART PAVILION</td>
<td>LAB, RADIOLOGY</td>
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<td>611 E. MAIN STREET</td>
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<td>25 MERCY GERIATRIC MEDICAL ASSOCIATES</td>
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<td>26 LAKESHORE FAMILY CARE</td>
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<td>601 W. SAVIDGE STREET</td>
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<td>27 COMPREHENSIVE WOMEN'S HEALTH</td>
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<td>28 HACKLEY WORKPLACE HEALTH</td>
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<td>1675 LEAHY STREET, SUITE 120</td>
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<td>29 HACKLEY LAKES OB GYN</td>
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<td>1675 LEAHY STREET, SUITE 215A</td>
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<td>30 BEAR CREEK HEALTH CENTER</td>
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<tr>
<td>1877 N. GETTY STREET</td>
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</tbody>
</table>
### Part V - Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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<tr>
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<tbody>
<tr>
<td><strong>31 LAKES FAMILY MEDICINE</strong></td>
<td>PRIMARY CARE PHYSICIAN OFFICE</td>
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<tr>
<td>6207 HARVEY STREET</td>
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<tr>
<td><strong>32 ADULT MEDICINE SPECIALIST</strong></td>
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<td>6401 PRAIRIE STREET, SUITE 2800</td>
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<tr>
<td><strong>33 HARBOUR VIEW FAMILY MEDICINE</strong></td>
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<tr>
<td>1909 RUDDIMAN DRIVE</td>
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<tr>
<td><strong>34 OSTEOPATHIC MEDICINE</strong></td>
<td>PHYSIATRY</td>
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<tr>
<td><strong>35 SABLE POINT</strong></td>
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<td>LUDINGTON, MI 49431</td>
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<td><strong>36 NORRIS CREEK</strong></td>
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<td><strong>37 WEST VIEW FAMILY MEDICINE</strong></td>
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<td><strong>38 NORTHSIDE FAMILY MEDICINE</strong></td>
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<td>420 N WHITEHALL ROAD SUITE 4</td>
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<td><strong>39 BLADDER CLINIC</strong></td>
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<td><strong>40 PULMONARY MEDICINE</strong></td>
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<td>MUSKEGON, MI 49444</td>
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</table>
## 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)

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
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<tbody>
<tr>
<td>41 INFECTIOUS DISEASE</td>
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<td>INFECTIOUS DISEASE</td>
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<tr>
<td>42 ST MARYS WORKPLACE HLTH DOWNTN</td>
<td>150 JEFFERSON SE GRAND RAPIDS, MI 49503</td>
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<td>OCC MED</td>
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<tr>
<td>43 INTERNAL MEDICINE AND SPECIALTY CARE</td>
<td>1675 LEAHY STREET, SUITE 201A MUSKEGON, MI 49442</td>
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<td>PRIMARY CARE PHYSICIAN OFFICE</td>
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<tr>
<td>44 HACKLEY WORKPLACE NORTH</td>
<td>ONE MISCO DRIVE WHITEHALL, MI 49461</td>
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<td>OCC MED</td>
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<td>45 HEP C CLINIC</td>
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<td>HEPATITIS</td>
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<td>46 CHF CLINIC</td>
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<td>CARDIOLOGY</td>
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<tr>
<td>47 WEST MICHIGAN INTERNAL MEDICINE</td>
<td>957 BROOKHAVEN CT, STE 3-4, BLDG F MUSKEGON, MI 49442</td>
</tr>
<tr>
<td></td>
<td>PRIMARY CARE PHYSICIAN OFFICE</td>
</tr>
</tbody>
</table>

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How many non-hospital health care facilities did the organization operate during the tax year? 47
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 financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**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.

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**PART I, LINE 6A:**

MERCY HEALTH PARTNERS D/B/A MERCY HEALTH MUSKEGON (MHM) 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.

IN ADDITION, MHM INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

---

**PART I, LINE 7:**

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

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $18,360,120, 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:

IN FY18, MHM'S MERCY CAMPUS ENGAGED IN COMMUNITY BUILDING ACTIVITIES IN THE FOLLOWING WAYS:

THE MUSKEGON COUNTY HOMELESS CONTINUUM OF CARE NETWORK (COC) IS THE DESIGNATED COLLABORATIVE BODY TO PLAN AND IMPLEMENT SERVICES TO END HOMELESSNESS IN MUSKEGON COUNTY. THE HEALTH PROJECT IS THE COLLABORATIVE APPLICANT ON BEHALF OF THE NETWORK FOR THE APPLICATION OF FUNDS FOR ALL AGENCIES SEEKING HUD AND MSHDA ESG FUNDS. THE HEALTH PROJECT IS THE FIDUCIARY FOR THE HUD PLANNING GRANT, WHICH IS USED TO HIRE A CONSULTANT TO CREATE A COORDINATED ENTRY SYSTEM, REVISE THE NETWORK'S GOVERNANCE CHARTER, AND DEVELOP POLICIES AND PROCEDURES TO BE IN COMPLIANCE WITH FEDERAL AND STATE REGULATIONS. THE COC COORDINATOR IS A HEALTH PROJECT STAFF WHO PREPARES AND SUBMITS FUNDING APPLICATIONS FOR HUD AND MSHDA ON BEHALF OF THE COMMUNITY, AND IS SUPPORT STAFF TO THE VARIOUS COMMITTEES OF THE NETWORK. THE COC COORDINATOR IS ALSO RESPONSIBLE FOR THE DEVELOPMENT
OF THE CONSOLIDATED HOUSING PLAN FOR MUSKEGON COUNTY TO ENSURE
COORDINATION BETWEEN THE ENTITLEMENT COMMUNITIES, THE COUNTY OF MUSKEGON
AND THE NETWORK.

THE HEALTH PROJECT PROVIDED TIME FOR THE HUB MANAGER TO ACT AS THE
COORDINATOR FOR THE NETWORK TO ENSURE THAT THE NETWORK IS IN COMPLIANCE
WITH THE VARIOUS REQUIREMENTS, ETC. A PORTION OF THE HUB MANAGER’S TIME
IS ALLOCATED AS THE IN-KIND MATCH FOR THE HUD PLANNING GRANT TO FACILITATE
PARTICIPATION IN NETWORK FUNCTIONS.

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

PART III, LINE 4:

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:
MHM DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS,
WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

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 27, 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. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. 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 - MERCY HEALTH MUSKEGON ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL
COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE
AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE
COMMUNITY, THE HOSPITAL SYSTEM USES PATIENT DATA, PUBLIC HEALTH DATA,
ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS
SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT
CARE, WHICH INDICATES POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO
PREVENTIVE SERVICES OR ARE UNINSURED. THE HOSPITAL ALSO USES PRESS-GANEY
AND OTHER STANDARD QUALITY MEASURES TO MONITOR PATIENT SATISFACTION AND
IMPROVE INPATIENT SERVICES AND QUALITY OF CARE. THE HEALTH PROJECT
DEVELOPED AND IMPLEMENTED A SOPHISTICATED INFORMATION SYSTEM THAT PROVIDES
PROGRAM UTILIZATION DATA THAT INTEGRATES WITH INDIVIDUAL PATIENT DATA AND
CORRELATES WITH VARIOUS SOCIAL DETERMINANTS OF HEALTH. THE SYSTEM, CALLED
THE CLARKE INFORMATION SYSTEM, HELPS EVALUATE PROGRAM EFFECTIVENESS AND
DIRECT DEPLOYMENT OF COMMUNITY BENEFIT SERVICES WHERE AND TO WHOM MOST
NEEDED.

ADDITIONALLY, 16 COMMUNITY COALITIONS AND WORKGROUPS ARE CONVENCED AND
SUPPORTED BY THE HEALTH PROJECT. THESE COALITIONS MEET REGULARLY TO
DISCUSS HEALTH PROBLEMS, ISSUES AND CONCERNS AFFECTING THEIR RESPECTIVE
TOPICAL AREAS AND/OR AFFINITY CONSTITUENCIES. THESE ISSUES MAY OR MAY NOT
BE CITED IN THE CHNA; BUT, IN ANY CASE, THE HEALTH PROJECT BRINGS THE
ISSUES TO THE ATTENTION OF THE APPROPRIATE HOSPITAL SYSTEM LEADERSHIP FOR
REVIEW AND RESOLUTION ACTIVITIES, IF POSSIBLE. THE FOLLOWING ARE THE
COMMUNITY COALITIONS SUPPORTED BY MERCY HEALTH MUSKEGON:

COALITION FOR A DRUG FREE MUSKEGON COUNTY
MUSKEGON ALCOHOL LIABILITY INITIATIVE
KNOWSMOKE COALITION
MUSKEGON AREA MEDICATION DISPOSAL PROGRAM

ALLIANCE FOR MARIJUANA PREVENTION TASKFORCE

CHARTED COALITION (FORMERLY END OF LIFE COALITION)

UPFRONT COALITION (FORMERLY MUSKEGON COUNTY HIV/AIDS PREVENTION COALITION)

WEST MICHIGAN MIGRANT RESOURCE COUNCIL

NORTHWEST MICHIGAN CHRONIC DISEASE COALITION

OCEANA'S HOME PARTNERSHIP

OCEANA COUNTY OUTREACH

OCEANA COUNTY SUBSTANCE ABUSE PREVENTION COALITION

MUSKEGON-OCEANA COUNTY HEALTH DISPARITIES COALITION (HDC)

OCEANA HEALTHBOUND COALITION

HEALTHY FAMILIES OF OCEANA COUNTY

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MHM COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL 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 PRIOR TO OR AT THE TIME OF
ADMISSION OR SERVICE.

MHM OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, 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 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.

MHM HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. MHM MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

COMMUNITY INFORMATION: MUSKEGON COUNTY IS DIVERSE, RANGING FROM RURAL TO URBAN IN CHARACTER, AND IS COMPRISED OF SEVEN CITIES, THREE VILLAGES AND 16 TOWNSHIPS. THE COUNTY IS LOCATED ON THE EASTERN SHORELINE OF LAKE MICHIGAN, ROUGHLY 35 MILES WEST OF GRAND RAPIDS. MUSKEGON COUNTY IS KNOWN

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FOR ITS AGRICULTURAL PRODUCTION OF FRUITS AND VEGETABLES, AS A TOURISM
DESTINATION, AND AS AN INDUSTRIAL CENTER. THE COUNTY SEAT IS THE CITY OF
MUSKEGON, AN URBAN COMMUNITY OF ALMOST 40,000 RESIDENTS. INTERSTATE I-96
AND US-31 CONNECT THE COUNTY WITH MAJOR METROPOLITAN CENTERS TO THE EAST
AND SOUTH. MUSKEGON IS HOME TO THE COUNTY'S MAJOR HOSPITAL SYSTEM, MERCY
HEALTH MUSKEGON, WHICH INCLUDES THE MERCY AND HACKLEY CAMPUSES IN MUSKEGON
COUNTY AND THE LAKESHORE CAMPUS IN OCEANA COUNTY. THE COUNTY HAS A TOTAL
AREA OF 1,459 SQUARE MILES, A POPULATION OF 172,188 PEOPLE, AND A
POPULATION DENSITY OF 334 PEOPLE PER SQUARE MILE.

BASED ON THE LEVEL OF EMPLOYMENT BY INDUSTRIAL CLASSIFICATION, THE
COUNTY'S HIGHEST EMPLOYMENT CATEGORIES INCLUDE MANUFACTURING (25.0%);
EDUCATION, HEALTH CARE AND SOCIAL SERVICES (22.2%); RETAIL TRADE (12.2%);
AND ARTS, ENTERTAINMENT, RECREATION AND FOOD SERVICES (8.3%). THE
COMPOSITION OF THE COUNTY'S POPULATION INCLUDES 81.4% OF RESIDENTS
CLASSIFIED AS WHITE, 14.2% AS AFRICAN AMERICAN, 5.2% AS HISPANIC, 1% AS
AMERICAN INDIAN OR ALASKA NATIVE, AND 0.7% AS ASIAN. THE MEDIAN FAMILY
INCOME IS $40,979 AND THE MEDIAN HOUSEHOLD INCOME IS $65,000. THE PER
CAPITA INCOME IS $20,621. ABOUT 14% OF FAMILIES AND 19.9% OF THE
POPULATION ARE REPORTED AS BELOW THE POVERTY LINE. FAMILIES COMPRISED OF A
FEMALE ADULT, RELATED CHILDREN UNDER 18 YEARS, AND NO HUSBAND PRESENT,
EXPERIENCE POVERTY RATES APPROACHING 49%.

SOME AREAS OF THE COUNTY ARE DESIGNATED AS FEDERAL ENTERPRISE COMMUNITIES
(CITIES OF MUSKEGON AND MUSKEGON HEIGHTS) AND MEDICALLY UNDERSERVED
POPULATION (MUP) AREAS. WITHIN MUSKEGON COUNTY, THERE ARE THREE
ENTITLEMENT COMMUNITIES RECEIVING COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS.
THERE ARE ALSO TWO FEDERALLY QUALIFIED HEALTH CLINICS LOCATED IN THE CITY.
OCEANA COUNTY IS LOCATED IN WEST CENTRAL MICHIGAN, ON THE LAKE MICHIGAN COASTLINE. THE COUNTY GREW DURING MICHIGAN'S LUMBERING ERA; WHEN THE LUMBER BOOM CAME TO A HALT, FARMERS FOUND THE AREA AN EXCELLENT PLACE FOR ORCHARDS. TODAY IT PROSPERS, HOLDING THE SECOND LARGEST FRUIT TREE ACREAGE IN THE STATE. IT IS ALSO KNOWN AS THE ASPARAGUS CAPITAL OF THE WORLD FOR ITS HIGH PRODUCTION OF THE CROP. TOURISM ALSO PLAYS A VITAL PART OF THE COUNTY'S ECONOMY DUE LARGELY TO THE ATTRACTION OF THE LAKE MICHIGAN COASTLINE AND ASSOCIATED DUNES. THIS RURAL COUNTY BOASTS TWO CITIES, TWO VILLAGES AND 16 TOWNSHIPS. THE COUNTY HAS A TOTAL AREA OF 1,307 SQUARE MILES, A POPULATION OF 26,570 PEOPLE, AND POPULATION DENSITY OF ROUGHLY 20 PEOPLE PER SQUARE MILE. COMPARED TO MUSKEGON COUNTY'S POPULATION DENSITY OF 334 PEOPLE PER SQUARE MILE, IT IS EASY TO UNDERSTAND WHY OCEANA COUNTY IS GENERALLY CONSIDERED A RURAL AREA.

BASED ON THE LEVEL OF EMPLOYMENT BY INDUSTRIAL CLASSIFICATION, THE COUNTY'S HIGHEST EMPLOYMENT CATEGORIES INCLUDE EDUCATION, HEALTH CARE AND SOCIAL SERVICES (19.7%); MANUFACTURING (19.0%); AGRICULTURE, FORESTRY, FISHING, HUNTING AND MINING (12.8%); AND RETAIL TRADE (10.2%). THE COMPOSITION OF THE COUNTY'S POPULATION INCLUDES 95.9% OF RESIDENTS CLASSIFIED AS WHITE, 0.7% AS AFRICAN AMERICAN, 14.1% AS HISPANIC, 1.5% AS AMERICAN INDIAN OR ALASKA NATIVE, AND 0.3% AS ASIAN. THE MEDIAN HOUSEHOLD INCOME IS $40,023 AND THE MEDIAN FAMILY INCOME IS $47,906. THE PER CAPITA INCOME IS $18,986. ABOUT 12% OF FAMILIES AND 19.9% OF THE POPULATION ARE REPORTED AS LIVING BELOW THE POVERTY LINE. FAMILIES COMPRISED OF A FEMALE ADULT, RELATED CHILDREN UNDER 18 YEARS, AND NO HUSBAND PRESENT, EXPERIENCE POVERTY RATES APPROACHING 50%. THE FEDERAL GOVERNMENT HAS DEEMED OCEANA
MERCY HEALTH PARTNERS  
D/B/A MERCY HEALTH MUSKEGON  
38-2589966  

COUNTY A HEALTH PROFESSIONAL SHORTAGE AREA AND MEDICALLY UNDERSERVED POPULATION AREA.

MERCY HEALTH OPENED A NEW FAMILY MEDICAL CENTER IN LUDINGTON, MICHIGAN, WHICH IS THE COUNTY SEAT FOR MASON COUNTY AND LOCATED NORTH OF OCEANA COUNTY. AS OF THE 2000 UNITED STATES CENSUS, THERE WERE 28,274 PEOPLE, 11,406 HOUSEHOLDS, AND 7,881 FAMILIES IN MASON COUNTY. THE POPULATION DENSITY WAS 57 PEOPLE PER SQUARE MILE (22/KM). THERE WERE 16,063 HOUSING UNITS AT AN AVERAGE DENSITY OF 32 PER SQUARE MILE (13/KM). THE RACIAL MAKEUP OF THE COUNTY WAS 95.84% WHITE, 0.73% BLACK OR AFRICAN AMERICAN, 0.78% NATIVE AMERICAN, 0.28% ASIAN, 0.02% PACIFIC ISLANDER, 0.82% FROM OTHER RACES, AND 1.53% FROM TWO OR MORE RACES. 3.01% OF THE POPULATION WERE HISPANIC OR LATINO OF ANY RACE. 24.5% WERE OF GERMAN, 10.4% OF POLISH, 8.8% OF ENGLISH, 8.5% OF IRISH, 7.7% OF AMERICAN, AND 5.0% OF SWEDISH ANCESTRY ACCORDING TO CENSUS 2000. 96.0% SPOKE ENGLISH AND 2.2% SPOKE SPANISH AS THEIR FIRST LANGUAGE.

THERE WERE 11,406 HOUSEHOLDS, OF WHICH 29.70% HAD CHILDREN UNDER THE AGE OF 18 LIVING WITH THEM, 56.40% WERE MARRIED COUPLES LIVING TOGETHER, 9.20% HAD A FEMALE HOUSEHOLDER WITH NO HUSBAND PRESENT, AND 30.90% WERE NON-FAMILIES. 26.50% OF ALL HOUSEHOLDS WERE MADE UP OF INDIVIDUALS, AND 11.70% HAD SOMEONE LIVING ALONE WHO WAS 65 YEARS OF AGE OR OLDER. THE AVERAGE HOUSEHOLD SIZE WAS 2.43 AND THE AVERAGE FAMILY SIZE WAS 2.92.

THE MEDIAN INCOME FOR A HOUSEHOLD IN THE COUNTY WAS $34,704, AND THE MEDIAN INCOME FOR A FAMILY WAS $41,654. MALES HAD A MEDIAN INCOME OF $33,873 VERSUS $22,616 FOR FEMALES. THE PER CAPITA INCOME FOR THE COUNTY WAS $17,713. ABOUT 8.20% OF FAMILIES AND 11.00% OF THE POPULATION WERE
BELOW THE POVERTY LINE, INCLUDING 16.50% OF THOSE UNDER AGE 18 AND 7.00% OF THOSE AGE 65 OR OVER.

MERCY HEALTH OPERATES A FACILITY IN THE NORTHERN PART OF OTTAWA COUNTY, WHICH IS LOCATED SOUTH OF MUSKEGON COUNTY. THIS FACILITY IS LOCATED IN SPRING LAKE AND SERVES RESIDENTS OF SPRING LAKE, GRAND HAVEN AND THE SURROUNDING AREA. AS OF THE 2010 UNITED STATES CENSUS, THERE WERE 263,801 PEOPLE RESIDING IN THE COUNTY. 90.1% WERE WHITE, 2.6% ASIAN, 1.5% BLACK OR AFRICAN AMERICAN, 0.4% NATIVE AMERICAN, 3.4% OF SOME OTHER RACE, AND 2.0% OF TWO OR MORE RACES. 8.6% WERE HISPANIC OR LATINO OF ANY RACE. 31.0% WERE OF DUTCH, 14.2% OF GERMAN, 5.8% OF ENGLISH, AND 5.7% OF IRISH ANCESTRY.

AS OF THE 2000 UNITED STATES CENSUS, THERE WERE 238,314 PEOPLE, 81,662 HOUSEHOLDS, AND 61,328 FAMILIES IN OTTAWA COUNTY. THE POPULATION DENSITY WAS 421 PEOPLE PER SQUARE MILE (163/KM). THERE WERE 86,856 HOUSING UNITS AT AN AVERAGE DENSITY OF 154 PER SQUARE MILE (59/KM). THE RACIAL MAKEUP OF THE COUNTY WAS 91.52% WHITE, 1.05% BLACK OR AFRICAN AMERICAN, 0.36% NATIVE AMERICAN, 2.09% ASIAN, 0.02% PACIFIC ISLANDER, 3.48% FROM OTHER RACES, AND 1.48% FROM TWO OR MORE RACES. 7.00% OF THE POPULATION WERE HISPANIC OR LATINO OF ANY RACE. 37.3% REPORTED BEING OF DUTCH, 14.6% OF GERMAN, 6.2% OF ENGLISH, 5.6% OF IRISH, AND 5.4% OF AMERICAN ANCESTRY ACCORDING TO CENSUS 2000. 91.5% SPOKE ONLY ENGLISH AT HOME AND 5.4% SPOKE SPANISH.

THE COUNTY POPULATION CONTAINS 28.70% UNDER THE AGE OF 18, 11.90% FROM 18 TO 24, 29.30% FROM 25 TO 44, 20.00% FROM 45 TO 64, AND 10.10% WHO WERE 65 YEARS OF AGE OR OLDER. THE MEDIAN AGE WAS 32 YEARS. THE COUNTY HAS NUMEROUS SEASONAL RESIDENTS DURING THE SUMMER; NO OFFICIAL STATISTICS ARE COMPILED ON SEASONAL RESIDENTS.
PART VI, LINE 5:

OTHER INFORMATION - THE MAJORITY OF THE GOVERNING BODY OF MHM IS PERSONS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA AND WHO ARE NOT EMPLOYEES, CONTRACTORS OF THE ORGANIZATION, OR FAMILY MEMBERS. SINCE MHM OPERATES THE ONLY HOSPITALS IN MUSKEGON COUNTY OR OCEANA COUNTY, STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

AVAILABLE FUNDS ARE ALLOCATED TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH. THE UNINSURED RATES IN THE SERVICE AREA HAVE DECLINED SUBSTANTIALLY IN FY18, PRIMARILY DUE TO ENROLLMENT IN THE AFFORDABLE CARE ACT (ACA)-INITIATED HEALTHY MICHIGAN AND THE MARKETPLACE PROGRAMS. MHM'S FOCUS HAS BEEN ON ACCESS TO CARE, ENROLLMENT UNDER THE ACA, AND ADDRESSING UNMET HEALTH AND HUMAN SERVICE NEEDS. OUR SUBSIDIARY AND COMMUNITY BENEFIT MINISTRY, THE MUSKEGON COMMUNITY HEALTH PROJECT, HAS BEEN VERY PROACTIVE IN WORKING WITH MHM'S MEDICAL DEPARTMENTS, MEDICAL PRACTICES, TWO FQHCS, AND MANY COMMUNITY AND FAITH-BASED HEALTH AND HUMAN SERVICE AGENCIES TO PROMOTE INTEGRATED COMMUNITY CARE COORDINATION. THE STREAMLINED ENROLLMENT PROCESS DESIGN MAKES APPLYING FOR ASSISTANCE EASIER FOR CONSUMERS BY INCLUDING ALL INFORMATION ESSENTIAL FOR DETERMINING ELIGIBILITY FOR MULTIPLE HEALTH AND HUMAN SERVICES IN A SINGLE FORM.

THE WHEELS OF MERCY (TWO MOBILE UNITS) VISIT UNDERSERVED AREAS IN THE THREE COUNTIES FROM APRIL TO OCTOBER, SERVING AN AVERAGE OF 5,000 INDIVIDUALS PER SEASON. THEY PROVIDE BLOOD PRESSURE, DIABETES, PULMONARY FUNCTION, VISION, AND CHOLESTEROL SCREENINGS. ENROLLMENT ASSISTANCE INTO VARIOUS PROGRAMS IS ALSO PROVIDED. THE GOALS INCLUDE REDUCING EMERGENCY DEPARTMENT VISITS AND AVOIDABLE HOSPITALIZATIONS BY SCREENING AND ALERTING...
PATIENTS TO TREATABLE PROBLEMS THAT COULD ESCALATE INTO SERIOUS OR LIFE-THREATENING SITUATIONS.

MERCY HEALTH MUSKEGON'S COMMUNITY BENEFIT MINISTRY, THE HEALTH PROJECT, OPERATES A PHARMACEUTICAL ACCESS PROGRAM, WHICH INCLUDES THREE PROGRAMS: 1) MEANS-TESTED ELIGIBILITY SCREENING AND ENROLLMENT APPLICATION TO DRUG COMPANY PHARMACEUTICAL ASSISTANCE PROGRAMS (PAPS), 2) PROCUREMENT OF INTERIM MEDICATIONS AND SUPPLIES DURING THE APPLICATION PROCESS PERIOD, AND 3) LOW-INCOME PHARMACY PROGRAM, WHICH PROVIDES MANY GENERIC DRUGS AT REDUCED PRICES. THIS PROGRAM COLLABORATES WITH A LOCAL FAITH-BASED ORGANIZATION TO PROVIDE LOW-INCOME, UNINSURED PERSONS WITH THE PRESCRIPTION DRUGS THEY NEED TO MANAGE CHRONIC DISEASES. THERE ARE NO OTHER KNOWN PROGRAMS IN THE AREA THAT SUPPLY INTERIM MEDICATIONS TO PATIENTS WAITING TO BE ENROLLED IN THE PAPS. THE HEALTH PROJECT'S PROGRAM IS SUPPORTED 100% BY MHM'S COMMUNITY BENEFIT FUNDING.

IN PARTNERSHIP WITH MERCY HEALTH PHYSICIAN PARTNERS, THE HEALTH PROJECT HAS BEEN OPERATING THE MUSKEGON AREA MEDICATION DISPOSAL PROJECT (MAMDP) SINCE LATE 2010. THE MAMDP FOCUSES ON THE PRESCRIPTION DRUG TAKE-BACK PROGRAM, IMPLEMENTING TWO COMMUNITY EVENTS AND PERMANENT COLLECTION SITES AT ALL AREA POLICE STATIONS, AND AT EIGHT LOCAL PHARMACIES. TO DATE, THEY HAVE COLLECTED OVER 32,500 POUNDS OF MATERIALS.

THE HEALTH PROJECT ADVISORY BOARD OF DIRECTORS AWARDS SEVERAL GRANTS ANNUALLY TO COMMUNITY ORGANIZATIONS WHO ADDRESS THE RANKED HEALTH NEEDS LISTED IN THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT. IN JULY OF 2018, THE BOARD AWARDED $125,000 IN GRANTS TO SEVEN ORGANIZATIONS: MONTAGUE AREA SCHOOLS FOOD SERVICE PROGRAM REDESIGN, CATHOLIC CHARITIES...
WEST MICHIGAN'S SUBSTANCE ABUSE PEER SUPPORT PROGRAM, COMMUNITY ENCOMPASS
PRESCRIPTION FOR HEALTH PILOT, BOYS AND GIRLS CLUB OF MUSKEGON'S
NUTRITION/PHYSICAL ACTIVITY PROGRAMMING, YMCA OF THE LAKESHORE'S DIABETES
PREVENTION PROGRAM, ARBOR CIRCLE'S ELEMENTARY SCHOOL BOYS RUNNING/
MENTORSHIP PROGRAM, AND DWELLING PLACE COMMUNITY GARDENS.

MHM'S DEPARTMENTS ARE ACTIVELY INVOLVED IN COMMUNITY PROGRAMS. OUTREACH
AND ENROLLMENT SPECIALISTS CONDUCT HEALTH AND HUMAN SERVICE ELIGIBILITY
SCREENINGS ON ALL UNINSURED PATIENTS AT THE TIME OF DISCHARGE FROM THE
HOSPITAL OR EMERGENCY DEPARTMENT. THE SCREENINGS INCLUDE ELIGIBILITY FOR
MEDICAID, SCHIP OR OTHER AVAILABLE HEALTH COVERAGE, FOOD ASSISTANCE
PROGRAM, AND FOR THE HOSPITALS' FINANCIAL ASSISTANCE PROGRAM. MHM
PARTICIPATES IN THE UNITED WAY DAY OF CARING. THE ANNUAL HEALTHY-U EVENT
IS CONDUCTED TO EDUCATE THE COMMUNITY ABOUT HEART HEALTH, AND PROVIDE
WORKSHOPS AND PROGRAMS AT NO COST. MHM SUPPORTS EVENTS, SUCH AS THE
AFRICAN-AMERICAN DIABETES CONFERENCE, AND MEN'S HEALTH FAIR AND SCREENING.
THESE ARE HELD TO PROVIDE INFORMATION, EDUCATION AND REFERRAL TO THE
GENERAL PUBLIC, BUT ESPECIALLY TARGETS UNDERSERVED POPULATION SEGMENTS.

MHM CONDUCTS EXTENSIVE COMMUNITY-BASED SCREENINGS AT CHURCHES AND OTHER
VENUES AROUND THE COMMUNITY. BIRTHING CLASSES ARE OFFERED TO EVERYONE IN
THE COMMUNITY. MHM PROVIDES ITS FACILITIES TO NON-PROFIT ORGANIZATIONS
FOR MEETINGS AND COMMUNITY ACTIVITIES. MEDICAL AND ADMINISTRATIVE STAFF
SIT ON COMMUNITY COALITIONS THAT TARGET AREAS OF COMMUNITY NEED, INCLUDING
HIV/AIDS, DIABETES, CHILDHOOD OBESITY, HEALTH DISPARITIES, ASTHMA,
ALCOHOL, TOBACCO AND SUBSTANCE ABUSE. MHM ALSO GIVES MONEY TO SUPPORT THE
COMMUNITY ACCESS LINE OF THE LAKESHORE (CALL 2-1-1) INFORMATION AND
REFERRAL PHONE LINE, AND ACCESS HEALTH (A COMMUNITY HEALTH COVERAGE
"SAFE KIDS WEST MICHIGAN" is a program through MHM's Community Development Department that works with parents and kids to prevent accidental injury to children ages 0-14. The goal is to reduce the overall rate of unintentional injuries to children in West Michigan.

Annual earnings from MHM's Sister Simone Courtaude Endowment Fund are directed to community groups for projects to improve the health of the community. Nine non-profit community health and human service organizations received $70,000 to support 11 service programs from July 1, 2017 through June 30, 2018.

"PATHWAYS TO HEALTHY FUTURES" is a collaboration with the school-based health center at Oakridge Schools. Students who are prone to high-risk behaviors and/or are prone to future medical conditions (hypertension, diabetes, etc.), including their families, are paired with a community health worker to guide them through behavior changes and care coordination to help promote a healthier outcome in adulthood.

MHM colleagues participate and chair committees within the Muskegon/Oceana Homeless Continuum of Care, helping to insure that medically fragile, homeless members of the community are matched with appropriate emergency, transitional and permanent housing for their medical and social needs.

Part VI, Line 6:
MHM is a member of Trinity Health, one of the largest Catholic health care delivery systems in the country. Trinity Health annually requires that
ALL MEMBER MINISTRIES DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2018, EVERY MINISTRY FOCUSED ON FOUR GOALS:

1. REDUCE TOBACCO USE
2. REDUCE OBESITY PREVALENCE
3. ADDRESS AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED IN THE MINISTRY COMMUNITY HEALTH NEEDS ASSESSMENT
4. ADDRESS AT LEAST ONE SOCIAL DETERMINANT OF HEALTH

TRINITY HEALTH ACKNOWLEDGES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE MINISTRIES OF TRINITY HEALTH. TCI IS AN INNOVATIVE FUNDING MODEL AND TECHNICAL ASSISTANCE INITIATIVE SUPPORTING EIGHT COMMUNITIES USING POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AS WELL AS ADDRESS SOCIAL DETERMINANTS OF HEALTH. TRINITY HEALTH INVESTED $3.6 MILLION IN FISCAL YEAR 2018 IN TCI. IN FISCAL YEAR 2018, TRINITY HEALTH LAUNCHED THE GOOD SAMARITAN INITIATIVE (GSI) TO SUPPORT THE MOST VULNERABLE PATIENTS' SOCIAL AND ECONOMIC NEEDS IN OUR SYSTEM THROUGH INTEGRATING COMMUNITY HEALTH WORKERS AS PART OF CARE TEAMS ACROSS NINE MINISTRIES. TRINITY HEALTH INVESTED OVER $260,000 IN FISCAL YEAR 2018 IN GSI. ADDITIONALLY, TRINITY HEALTH INVESTED $500,000 IN ELEVEN GRANTS TO IMPROVE THE BUILT ENVIRONMENT ACROSS EIGHT MINISTRIES.
AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROMOTING WELLNESS AND DEVELOPING PROGRAMS SPECIFICALLY SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM AND ENVIRONMENTAL CHANGE. THE ORGANIZATION WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2018, TRINITY HEALTH INVESTED OVER $1.1 BILLION IN SUCH COMMUNITY BENEFITS.

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