### 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></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>5c</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>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 7 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>Financial Assistance at cost (from Worksheet 1)</td>
<td>4</td>
<td>12,449</td>
<td>7,687,904</td>
<td>7,687,904</td>
<td></td>
<td>1.06%</td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>61</td>
<td>71,101</td>
<td>78,324,925</td>
<td>59,738,872</td>
<td>18,586,053</td>
<td>2.57%</td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Financial Assistance and Means-Tested Government Programs</td>
<td>65</td>
<td>83,550</td>
<td>86,012,829</td>
<td>59,738,872</td>
<td>26,273,957</td>
<td>3.63%</td>
</tr>
</tbody>
</table>

#### Other Benefits

<table>
<thead>
<tr>
<th>Benefit</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>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>72</td>
<td>90,599</td>
<td>4,500,050</td>
<td>545,650</td>
<td>3,954,400</td>
<td>.55%</td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td>11</td>
<td>401</td>
<td>3,579,598</td>
<td>1,046,965</td>
<td>2,532,633</td>
<td>.35%</td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 6)</td>
<td>21</td>
<td>42,683</td>
<td>18,945,855</td>
<td>11,228,406</td>
<td>7,717,449</td>
<td>.10%</td>
</tr>
<tr>
<td>Research (from Worksheet 7)</td>
<td>4</td>
<td>253</td>
<td>193,420</td>
<td>47,052</td>
<td>146,368</td>
<td>.02%</td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Other Benefits</td>
<td>145</td>
<td>196,753</td>
<td>27,978,582</td>
<td>12,926,798</td>
<td>15,051,784</td>
<td>2.09%</td>
</tr>
<tr>
<td>Total</td>
<td>210</td>
<td>280,303</td>
<td>113,991,411</td>
<td>72,665,670</td>
<td>41,325,741</td>
<td>5.72%</td>
</tr>
</tbody>
</table>

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**Note:** For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule H (Form 990) 2017

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**OMB No. 1545-0047**

**Open to Public Inspection**

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**Name of the organization:** MERCY HEALTH SERVICES - IOWA, CORP.

**Employer identification number:** 31-1373080

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**732091 11-28-17**

**LHA**

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule H (Form 990) 2017**

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**09290516 794151 3200**

**2017.05060 MERCY HEALTH SERVICES - IOW 32001**
### 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>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense (d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Economic development</td>
<td>2</td>
<td>60</td>
<td>1,379.</td>
<td>1,379.</td>
</tr>
<tr>
<td>3 Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Environmental improvements</td>
<td>2</td>
<td>169</td>
<td>8,084.</td>
<td>8,084.</td>
</tr>
<tr>
<td>5 Leadership development and training for community members</td>
<td>1</td>
<td>2,773</td>
<td>12,032.</td>
<td>12,032.</td>
</tr>
<tr>
<td>6 Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Community health improvement advocacy</td>
<td>1</td>
<td>515</td>
<td>659.</td>
<td>659.</td>
</tr>
<tr>
<td>8 Workforce development</td>
<td>1</td>
<td>60</td>
<td>177.</td>
<td>177.</td>
</tr>
<tr>
<td>9 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Total</td>
<td>8</td>
<td>3,577</td>
<td>24,975.</td>
<td>24,975.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Section A. Bad Debt Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B. Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Enter total revenue received from Medicare (including DSH and IME)</td>
</tr>
<tr>
<td>6 Enter Medicare allowable costs of care relating to payments on line 5</td>
</tr>
<tr>
<td>7 Subtract line 6 from line 5. This is the surplus (or shortfall)</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

Check the box that describes the method used:
- ☐ Cost accounting system
- ☑ Cost to charge ratio
- ☐ Other

<table>
<thead>
<tr>
<th>Section C. Collection Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>9a Did the organization have a written debt collection policy during the tax year?</td>
</tr>
<tr>
<td>9b If &quot;Yes,&quot; 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</td>
</tr>
<tr>
<td>9a</td>
</tr>
</tbody>
</table>

### 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>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization's profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees' profit % or stock ownership %</th>
<th>(e) Physicians' profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 FOREST PARK IMAGING, LLC</td>
<td>IMAGING SERVICES</td>
<td>52.89%</td>
<td>47.11%</td>
<td></td>
</tr>
<tr>
<td>2 MAGNETIC RESONANCE SERVICES, LLC</td>
<td>MRI SERVICES</td>
<td>49.00%</td>
<td>51.00%</td>
<td></td>
</tr>
<tr>
<td>3 MASON CITY AMBULATORY SURGICAL CENTER, LLC</td>
<td>SERVICES</td>
<td>51.00%</td>
<td>49.00%</td>
<td></td>
</tr>
<tr>
<td>4 MERCY HEART CENTER OUTPATIENT OUTPATIENT SERVICES, ECOCARDIOGRAPHY AND LLC</td>
<td>NUCLEAR MEDICINE SERVICES</td>
<td>51.00%</td>
<td>49.00%</td>
<td></td>
</tr>
<tr>
<td>Name of entity</td>
<td>Description of primary activity of entity</td>
<td>Organization's profit % or stock ownership %</td>
<td>Officers, directors, trustees, or key employees' profit % or stock ownership %</td>
<td>Physicians' profit % or stock ownership %</td>
</tr>
<tr>
<td>----------------</td>
<td>------------------------------------------</td>
<td>---------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>SURGICAL CENTER OWNSES AND LEASES SURGICAL BUILDING ASSOCIATES, CENTER BUILDING LLC</td>
<td>35.00%</td>
<td>65.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIOUXLAND SURGERY AMBULATORY SURGICAL CENTER, LLP (D/B/A SERVICES DUNES SURGICAL HOSPITAL)</td>
<td>30.94%</td>
<td>44.46%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEALTH MANAGEMENT AMBULATORY SURGICAL SERVICES, LLC</td>
<td>50.00%</td>
<td>50.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTH IOWA HEALTHCARE PROVIDERS AND COMMUNITY HEALTHCARE, LLC</td>
<td>20.50%</td>
<td>41.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREFERRED HEALTH CHOICES, LLC</td>
<td>50.00%</td>
<td>50.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNITED CLINICAL LABORATORIES, INC.</td>
<td>33.33%</td>
<td>33.33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSC MOBI, LLC</td>
<td>13.18%</td>
<td>49.80%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V Facility Information

<table>
<thead>
<tr>
<th>#</th>
<th>Facility Name</th>
<th>Address</th>
<th>City, State, ZIP</th>
<th>Website Address</th>
<th>License Type</th>
<th>Other Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MERCY MEDICAL CENTER - NORTH IOWA</td>
<td>1000 FOURTH STREET SW</td>
<td>MASON CITY, IA 50401</td>
<td><a href="http://WWW.MERCYONE.ORG/NORTHIOWA/">WWW.MERCYONE.ORG/NORTHIOWA/</a></td>
<td>Licensed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>MERCY MEDICAL CENTER - DUBUQUE</td>
<td>250 MERCY DRIVE</td>
<td>DUBUQUE, IA 52001</td>
<td><a href="http://WWW.MERCYONE.ORG/DUBUQUE/">WWW.MERCYONE.ORG/DUBUQUE/</a></td>
<td>Licensed</td>
<td>REHAB, LAB, PHARM, X-RAY, HOME CARE</td>
</tr>
<tr>
<td>3</td>
<td>MERCY MEDICAL CENTER - SIOUX CITY</td>
<td>801 FIFTH STREET</td>
<td>SIOUX CITY, IA 51101</td>
<td><a href="http://WWW.MERCYONE.ORG/SIOUXLAND/">WWW.MERCYONE.ORG/SIOUXLAND/</a></td>
<td>Licensed</td>
<td>EMPLOYED PHYSICIANS, SKILLED CARE UNIT</td>
</tr>
<tr>
<td>4</td>
<td>MERCY MEDICAL CENTER - NEW HAMPTON</td>
<td>308 NORTH MAPLE AVE</td>
<td>NEW HAMPTON, IA 50659</td>
<td><a href="http://WWW.MERCYONE.ORG/NEWHAMPTON/">WWW.MERCYONE.ORG/NEWHAMPTON/</a></td>
<td>Licensed</td>
<td>EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>5</td>
<td>DUNES SURGICAL HOSPITAL</td>
<td>600 N. SIOUX POINT ROAD</td>
<td>DAKOTA DUNES, SD 57049</td>
<td><a href="http://WWW.DUNESSURGICALHOSPITAL.COM">WWW.DUNESSURGICALHOSPITAL.COM</a></td>
<td>Licensed</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>MERCY MEDICAL CENTER - DYERSVILLE</td>
<td>1111 THIRD STREET SW</td>
<td>DRYERSVILLE, IA 52040</td>
<td><a href="http://WWW.MERCYONE.ORG/DUBUQUE/DYERSVILLE/">WWW.MERCYONE.ORG/DUBUQUE/DYERSVILLE/</a></td>
<td>Licensed</td>
<td>REHAB, LAB, PHARM, X-RAY, HOME CARE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hospital</td>
<td></td>
</tr>
</tbody>
</table>
Part V Facility Information (continued)

Section B. Facility Policies and Practices
(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from 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 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 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: 2016

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 5 X

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

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 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):

- Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C
- Other website (list url):

- Made a paper copy available for public inspection without charge at the hospital facility
- 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:

10a. 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
If "No," is the hospital facility’s most recently adopted implementation strategy attached to this return?

10b. 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

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

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 MEDICAL CENTER–NORTH IOWA

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? ........................................... 13 X

   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 □ Asset level
   d □ Medical indigency
   e □ Insurance status
   f □ Underinsurance status
   g □ Residency
   h □ Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients? ................................................................. 14 X

15 Explained the method for applying for financial assistance? ................................................................................. 15 X

   If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)
   explained the method for applying for financial assistance (check all that apply):
   a 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 □ 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? ......................................................... 16 X

   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)
### Part V Facility Information (continued)

#### Billing and Collections

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>MERCY MEDICAL CENTER - NORTH IOWA</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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>X</td>
<td></td>
</tr>
</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
- Actions that require a legal or judicial process
- Other similar actions (describe in Section C)
- None of these actions or other similar actions were permitted

<table>
<thead>
<tr>
<th></th>
<th>Reporting to credit agency(ies)</th>
<th>Selling an individual’s debt to another party</th>
<th>Actions that require a legal or judicial process</th>
<th>Other similar actions (describe in Section C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Provided a written notice about upcoming ECAs and a plain language summary of the FAP at least 30 days before initiating those ECAs</th>
<th>Made a reasonable effort to orally notify individuals about the FAP and FAP application process</th>
<th>Processed incomplete and complete FAP applications</th>
<th>Made presumptive eligibility determinations</th>
<th>Other (describe in Section C)</th>
<th>None of these efforts were made</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>X</td>
<td></td>
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</tr>
</tbody>
</table>

#### 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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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>
<tr>
<th></th>
<th>The hospital facility did not provide care for any emergency medical conditions</th>
<th>The hospital facility’s policy was not in writing</th>
<th>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</th>
<th>Other (describe in Section C)</th>
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</thead>
<tbody>
<tr>
<td>21</td>
<td>X</td>
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</table>
### 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 MEDICAL CENTER—NORTH IOWA

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>22</td>
<td></td>
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<tr>
<td>a</td>
<td>X</td>
<td></td>
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<tr>
<td>b</td>
<td></td>
<td></td>
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<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
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</tbody>
</table>

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- **a** 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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>23</td>
<td>X</td>
<td></td>
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</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>24</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
### Part V Facility Information (continued)

#### Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group:** MERCY MEDICAL CENTER – SIOUX CITY

**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

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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 &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>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 &quot;No,&quot; skip to line 12</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; indicate what the CHNA report describes (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>How data was obtained</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>The significant health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>The process for consulting with persons representing the community’s interests</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 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?

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?

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)?

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

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? $
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? ................................................................. 13 X

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)

14 Explained the basis for calculating amounts charged to patients? ................................................................. 14 X

15 Explained the method for applying for financial assistance? ................................................................. 15 X

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

a ☑ 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)

16 Was widely publicized within the community served by the hospital facility? ................................................................. 16 X

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)

Schedule H (Form 990) 2017
### Billing and Collections

**Name of hospital facility or letter of facility reporting group:** MERCY MEDICAL CENTER - SIOUX CITY

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>17</td>
<td></td>
<td>X</td>
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</tbody>
</table>

**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)
- None of these actions or other similar actions were permitted

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>19</td>
<td></td>
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</tbody>
</table>

**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:**

- 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

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</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?|

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<tbody>
<tr>
<td>21</td>
<td>X</td>
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</tbody>
</table>

**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)
### 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>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

#### 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- **a** 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?

- **23**

#### 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

- **24**

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**Part V Facility Information (continued)**

MERCY MEDICAL CENTER - SIoux City
Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: MERCY MEDICAL CENTER-DUBUQUE

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

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

4. Indicate the tax year the hospital facility last conducted a CHNA: 2017

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 [X]

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 [X]

7. Did the hospital facility make its CHNA report widely available to the public? [Yes] [No] 7 X

   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 [X]
   b. Other website (list url): [X]
   c. Made a paper copy available for public inspection without charge at the hospital facility [X]
   d. Other (describe in Section C) [X]

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

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 2017

10. Is the hospital facility's most recently adopted implementation strategy posted on a website? [Yes] [No] 10 X

10b. If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? [Yes] [No] [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

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

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 MEDICAL CENTER - DUBUQUE

<table>
<thead>
<tr>
<th>Did the hospital facility have in place during the tax year a written financial assistance policy that:</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate the eligibility criteria explained in the FAP:</td>
</tr>
<tr>
<td>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%</td>
</tr>
<tr>
<td>b ☐ Income level other than FPG (describe in Section C)</td>
</tr>
<tr>
<td>c ☒ Asset level</td>
</tr>
<tr>
<td>d ☒ Medical indigency</td>
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<tr>
<td>e ☒ Insurance status</td>
</tr>
<tr>
<td>f ☒ Underinsurance status</td>
</tr>
<tr>
<td>g ☒ Residency</td>
</tr>
<tr>
<td>h ☒ Other (describe in Section C)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Explained the basis for calculating amounts charged to patients?</th>
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<td>14 X</td>
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<table>
<thead>
<tr>
<th>Explained the method for applying for financial assistance?</th>
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<tr>
<td>15 X</td>
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</table>

<table>
<thead>
<tr>
<th>Was widely publicized within the community served by the hospital facility?</th>
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</thead>
<tbody>
<tr>
<td>16 X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicate how the hospital facility publicized the policy (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>a X The FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
</tr>
<tr>
<td>b X The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8</td>
</tr>
<tr>
<td>c X A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
</tr>
<tr>
<td>d X The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
</tr>
<tr>
<td>e X The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
</tr>
<tr>
<td>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)</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>h X Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>j ☐ Other (describe in Section C)</td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2017
Name of hospital facility or letter of facility reporting group: MERCY MEDICAL CENTER - DUBUQUE

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?  

   Yes  No  17  [X]

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

   a  [ ] Reporting to credit agency(ies)  
   b  [ ] Selling an individual’s debt to another party  
   c  [X] Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP  
   d  [ ] Actions that require a legal or judicial process  
   e  [ ] Other similar actions (describe in Section C)  
   f  [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:  

   a  [ ] Reporting to credit agency(ies)  
   b  [ ] Selling an individual’s debt to another party  
   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  
   d  [ ] Actions that require a legal or judicial process  
   e  [ ] 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):  

   a  [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  
   b  [X] Made a reasonable effort to orally notify individuals about the FAP and FAP application process  
   c  [X] Processed incomplete and complete FAP applications  
   d  [X] Made presumptive eligibility determinations  
   e  [ ] Other (describe in Section C)  
   f  [ ] 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:  

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

   21  [X]
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.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>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>
</tr>
<tr>
<td>b</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>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>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.
Schedule H (Form 990) 2017  MERCY HEALTH SERVICES - IOWA, CORP.  31-1373080 Page 4

Part V Facility Information (continued)

Section B. Facility Policies and Practices
(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

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

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

<table>
<thead>
<tr>
<th>Community Health Needs Assessment</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
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If "Yes," indicate what the CHNA report describes (check all that apply):

- a X A definition of the community served by the hospital facility
- b X Demographics of the community
- c X Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d X How data was obtained
- e X The significant health needs of the community
- f X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g X The process for identifying and prioritizing community health needs and services to meet the community health needs
- h X The process for consulting with persons representing the community's interests
- i X 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 | 5   | X  |

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

- b X 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

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 X Hospital facility's website (list url): SEE SCHEDULE H, PART V, SECTION C
- b X Other website (list url): SEE SCHEDULE H, PART V, SECTION C
- c X Made a paper copy available for public inspection without charge at the hospital facility
- d X 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 | 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? | 10  | X  |

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)? | 12a | X  |

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

c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $
Financial Assistance Policy (FAP)

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

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 [ ] 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>
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<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>DUNES SURGICAL HOSPITAL</th>
</tr>
</thead>
</table>

#### Part V Facility Information (continued)

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?
- **Yes**
- **No**

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)
- **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?
- 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)

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):
- 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**

#### 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?
- **Yes**
- **No**

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

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  X The hospital facility used a prospective Medicare or Medicaid method

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.
## Part V Facility Information (continued)

### Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: **MERCY MEDICAL CENTER - NEW HAMPTON**

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

#### 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**

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**

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  
   - **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: 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**

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**

6b. 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**

7. Did the hospital facility make its CHNA report widely available to the public?  
   - **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):  
     - 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**

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?  
    - **Yes**

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**

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

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? **$**

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Schedule H (Form 990) 2017

MERCY HEALTH SERVICES - IOWA, CORP. 31-1373080

Page 4

732094  11-28-17

09290516  794151  3200  2017.05060  MERCY HEALTH SERVICES - IOWA 32001
Financial Assistance Policy (FAP)

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

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 %
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Schedule H (Form 990) 2017  MERCY HEALTH SERVICES – IOWA, CORP.  31-1373080  Page 5
Billing and Collections

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

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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   a Reporting to credit agency(ies)
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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):
   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
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- X 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
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| Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): | 6 |

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| 4 Indicate the tax year the hospital facility last conducted a CHNA: | 20 17 |
| 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. | 5 X |
| 6a Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 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 | 6b X |
| 7 Did the hospital facility make its CHNA report widely available to the public? | 7 X |
| a Hospital facility’s website (list url): **SEE SCHEDULE H, PART V, SECTION C** |    |    |
| b Other website (list url): | | |
| 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 | 8 X |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: | 20 17 |
| 10 Is the hospital facility’s most recently adopted implementation strategy posted on a website? | 10 X |
| 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)? | 12a X |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? | $ | |
Name of hospital facility or letter of facility reporting group: MERCY MEDICAL CENTER - DYERSVILLE

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? ................................................................. 13 X

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? ................................................................. 14 X

15 Explained the method for applying for financial assistance? ................................................................................................. 15 X

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

 a 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? ................................................................................................. 16 X

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)
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 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

**Name of hospital facility or letter of facility reporting group**  
MERCY MEDICAL CENTER–DYERSVILLE

<table>
<thead>
<tr>
<th>17</th>
<th>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?</th>
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</table>

<table>
<thead>
<tr>
<th>18</th>
<th>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:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a</td>
<td>Reporting to credit agency(ies)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Selling an individual’s debt to another party</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>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>
</tr>
<tr>
<td></td>
<td>d</td>
<td>Actions that require a legal or judicial process</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e</td>
<td>Other similar actions (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>None of these actions or other similar actions were permitted</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19</th>
<th>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?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If “Yes,” check all actions in which the hospital facility or a third party engaged:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>Reporting to credit agency(ies)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Selling an individual’s debt to another party</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>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>
</tr>
<tr>
<td></td>
<td>d</td>
<td>Actions that require a legal or judicial process</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e</td>
<td>Other similar actions (describe in Section C)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20</th>
<th>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):</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a</td>
<td>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></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Made a reasonable effort to orally notify individuals about the FAP and FAP application process</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>Processed incomplete and complete FAP applications</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d</td>
<td>Made presumptive eligibility determinations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e</td>
<td>Other (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>None of these efforts were made</td>
<td></td>
</tr>
</tbody>
</table>

### Policy Relating to Emergency Medical Care

<table>
<thead>
<tr>
<th>21</th>
<th>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?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If “No,” indicate why:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>The hospital facility did not provide care for any emergency medical conditions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>The hospital facility’s policy was not in writing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d</td>
<td>Other (describe in Section C)</td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2017
22  Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
   a  [X] 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.
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 MEDICAL CENTER—NORTH IOWA:

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

PART V, SECTION B, LINE 3E: MERCY MEDICAL CENTER—NORTH IOWA (MERCY NI)

INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR FISCAL YEAR 2018 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. LACK OF MENTAL HEALTH PROVIDERS/SUPPORT SERVICES
2. DIABETES
3. COST OF HEALTH CARE
4. OBESITY
5. HEART DISEASE
6. HEALTHY FOOD NOT AVAILABLE
7. ELDER CARE
8. LACK OF MEDICAL PROVIDERS
9. LACK OF SOCIAL/EMOTIONAL SUPPORT
10. TRANSPORTATION TO HEALTH APPOINTMENTS

MERCY MEDICAL CENTER—SIOUX CITY:

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

PART V, SECTION B, LINE 3E: MERCY MEDICAL CENTER—SIOUX CITY (MERCY SC)
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," etc.) and name of hospital facility.

INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR FISCAL YEAR 2018 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. ACCESS TO CARE
2. MENTAL ILLNESS
3. HOUSING
4. OBESITY
5. TOBACCO & SUBSTANCE ABUSE
6. CANCER
7. TEEN BIRTHS

MERCY MEDICAL CENTER-DUBUQUE:

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

PART V, SECTION B, LINE 3E: MERCY MEDICAL CENTER-DUBUQUE (MERCY DUBUQUE)

INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. OPIOID USE AND ABUSE
2. OBESITY & OVERWEIGHT
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. ALCOHOL USE AND ABUSE

4. MENTAL HEALTH ACCESS

5. INFLUENZA IMMUNIZATIONS

6. HEALTHY HOMES

7. PRIMARY CARE ACCESS

8. EMERGENCY/DISASTER PLANNING

9. DRINKING WATER PROTECTION

10. DENTAL CARE ACCESS

11. SPECIALTY CARE ACCESS

12. ELDER CARE ACCESS

13. HIV/AIDS SCREENING AND PREVALENCE

14. STD/STI SCREENING AND PREVALENCE

IN THE MERCY DUBUQUE IMPLEMENTATION STRATEGY, THE FOURTEEN SIGNIFICANT HEALTH NEEDS IDENTIFIED AND PRIORITIZED THROUGH THE CHNA WERE COMBINED INTO FOUR CATEGORIES: 1.) HEALTHY BEHAVIORS AND LIFESTYLES; 2.) DISEASE INFECTION CONTROL; 3.) HEALTH CARE ACCESS; AND 4.) ENVIRONMENTAL HEALTH.

DUNES SURGICAL HOSPITAL:

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

PART V, SECTION B, LINE 3E: DUNES SURGICAL HOSPITAL (DUNES) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR FISCAL YEAR 2018 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:
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.

1. ACCESS TO CARE

2. MENTAL ILLNESS

3. HOUSING

4. OBESITY

5. TOBACCO & SUBSTANCE ABUSE

6. CANCER

7. TEEN BIRTHS

MERCY MEDICAL CENTER—NEW HAMPTON:

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

PART V, SECTION B, LINE 3E: MERCY MEDICAL CENTER—NEW HAMPTON (MERCY NH)

INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR FISCAL YEAR 2018 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. PRIMARY CARE ACCESS (INCLUDING CONTINUITY OF CARE)

2. BEHAVIORAL HEALTH / CHEMICAL DEPENDENCY

3. AREA PHARMACY DEMAND EXCEEDS AVAILABILITY

4. MAINTAIN / INCREASE SPECIALTY SERVICES

MERCY MEDICAL CENTER—DYERSVILLE:

PART V, SECTION B, LINE 3J: N/A
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.

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

1. OPIOID USE AND ABUSE
2. OBESITY & OVERWEIGHT
3. ALCOHOL USE AND ABUSE
4. MENTAL HEALTH ACCESS
5. INFLUENZA IMMUNIZATIONS
6. HEALTHY HOMES
7. PRIMARY CARE ACCESS
8. EMERGENCY/DISASTER PLANNING
9. DRINKING WATER PROTECTION
10. DENTAL CARE ACCESS
11. SPECIALTY CARE ACCESS
12. ELDER CARE ACCESS
13. HIV/AIDS SCREENING AND PREVALENCE
14. STD/STI SCREENING AND PREVALENCE

IN THE MERCY DYERSVILLE IMPLEMENTATION STRATEGY, THE FOURTEEN SIGNIFICANT HEALTH NEEDS IDENTIFIED AND PRIORITIZED THROUGH THE CHNA WERE COMBINED INTO FOUR CATEGORIES: 1.) HEALTHY BEHAVIORS AND LIFESTYLES; 2.) DISEASE INFECTION CONTROL; 3.) HEALTH CARE ACCESS; AND 4.) ENVIRONMENTAL HEALTH.
MERCY MEDICAL CENTER—NORTH IOWA:

PART V, SECTION B, LINE 5: DURING THE 2016 CHNA ASSESSMENT PERIOD, MERCY NI WORKED WITH AN INDEPENDENT CONSULTANT TO DESIGN AND COORDINATE THE CHNA PROCESS. THE ASSESSMENT PERIOD SPANNED AUGUST 2016 THROUGH JANUARY 2017 WITH ADOPTION OF THE CNHA ON MARCH 1, 2017 BY THE BOARD OF DIRECTORS.

DURING THE ASSESSMENT PERIOD, MERCY NI'S TRAINED FACILITATOR LEAD A SERIES OF FOCUS GROUPS AND INTERVIEWS WHICH WERE HELD WITH MEMBERS OR REPRESENTATIVES OF THE FOLLOWING GROUPS: LA LUZ HISPANA, HAMPTON, IA, WHICH PROVIDES SUPPORT AND RESOURCES TO AN UNDERSERVED HISPANIC COMMUNITY; COMMUNITY KITCHEN, WHICH SERVES FOOD TO THOSE WHO ARE UNDERSERVED AND LIVING IN POVERTY; FREE MEDICAL AND DENTAL CLINICS, WHICH SERVE THOSE WHO ARE UNDERSERVED AND LIVING IN POVERTY; AND THE COMMUNITY CARE COORDINATION PROGRAM, WHICH ASSISTS THOSE WHOM ARE SOCIALLY AND MEDICALLY UNDERSERVED.

THE FOLLOWING NONPROFIT COMMUNITY AGENCIES ALSO CONTRIBUTED IN THE FOCUS GROUPS AND INTERVIEWS: CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH, NORTH IOWA COMMUNITY ACTION ORGANIZATIONS, PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTHCARE, UNITED WAY OF NORTH CENTRAL IOWA, AND WELLSOURCE OF NORTH IOWA, ALL OF WHICH ADDRESS THE NEEDS OF THOSE WHO ARE UNDERSERVED AND LIVING IN POVERTY IN THE COMMUNITY. A CHNA STEERING COMMITTEE, COMPRISED OF A REPRESENTATIVE FROM EACH OF THESE COMMUNITY AGENCIES, SUMMARIZED AND ANALYZED DATA THAT WAS OBTAINED FROM THE FOLLOWING: THE COUNTY HEALTH RANKINGS FOR THE 14 COUNTIES IN THE MERCY NI SERVICE AREA, THE CENTERS FOR DISEASE CONTROL AND PREVENTION, COMMUNITY COMMONS WEBSITE,
CHNA GOALS FROM THE PUBLIC HEALTH DEPARTMENTS IN EACH OF THE 14 COUNTIES, AND A SURVEY MONKEY QUESTIONNAIRE DISTRIBUTED TO MERCY NI EMPLOYEES AND OTHER AGENCIES. ALL OF THESE DATA SOURCES WERE SUMMARIZED AND INFORMATION PROVIDED TO A SEPARATE ADVISORY COMMITTEE, A GATHERING OF AGENCY REPRESENTATIVES. THE ADVISORY COMMITTEE THEN PRIORITIZED THE IDENTIFIED HEALTH NEEDS, BASED ON THE AVERAGE SCORE GIVEN BY COMMITTEE MEMBERS.

MERCY MEDICAL CENTER-SIOUX CITY:

PART V, SECTION B, LINE 5: IN 2015 DUNES SURGICAL HOSPITAL, MERCY MEDICAL CENTER-SIOUX CITY, SIOUXLAND DISTRICT HEALTH DEPARTMENT, AND UNITYPOINT HEALTH - ST. LUKE'S PARTNERED TOGETHER TO COMPLETE THE FIRST EVER JOINT CHNA TO DETERMINE THE COMMUNITY'S GREATEST HEALTH NEEDS AND TO COORDINATE EFFORTS TO IMPROVE POPULATION HEALTH OUTCOMES FOR THE SIOUXLAND AREA.


THE JOINT CHNA LOOKED AT DATA FROM THE FOLLOWING SIX COUNTIES IN THE
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.

TRI-STATE SIOUXLAND AREA, AS EACH HOSPITAL SERVES A LARGER TERRITORY

OUTSIDE OF JUST WOODBURY COUNTY:
- UNION, SD
- DAKOTA, DIXON, AND THURSTON, NE
- PLYMOUTH AND WOODBURY, IA

MERCY MEDICAL CENTER-DUBUQUE:

PART V, SECTION B, LINE 5: THE CHNA WAS CONDUCTED IN PARTNERSHIP WITH
DUBUQUE COUNTY HEALTH DEPARTMENT, CITY OF DUBUQUE, CRESCENT COMMUNITY
HEALTH CENTER, MERCY MEDICAL CENTER-DYERSVILLE, AND UNITY POINT FINLEY HOSPITAL, HEREIN "STEERING COMMITTEE". THE STEERING COMMITTEE COLLECTED
INFORMATION FROM PRIMARY AND SECONDARY DATA SOURCES. DATA WAS ALSO
COLLECTED THROUGH A COMMUNITY INPUT SURVEY IN DUBUQUE COUNTY. SURVEYS WERE
GATHERED BETWEEN JANUARY 11 AND JANUARY 22, 2018. THE SURVEY WAS OFFERED
ON-LINE VIA "SURVEY MONKEY" AND WAS AVAILABLE IN ENGLISH AND SPANISH
LANGUAGES. THE STEERING COMMITTEE DEVELOPED A COMMUNICATIONS PLAN TO
SPREAD THE WORD AROUND THE COMMUNITY AND ULTIMATELY 1,052 COMPLETED
RESPONSES WERE COLLECTED. THE DATA COLLECTION PROCESS ALSO INCLUDED
COLLECTING AVAILABLE DATA AND DEVELOPING AND EXECUTING THE COMMUNITY-WIDE
SURVEY. THE STEERING COMMITTEE THEN REVIEWED AND COMPARED THE SURVEY
RESULTS TO THE COLLECTED DATA. THE RESULTS AND DATA WERE CONSISTENT WITH
EACH OTHER, VALIDATING BOTH FINDINGS. THE STEERING COMMITTEE THEN BEGAN
FORMING TASKFORCES OF COMMUNITY EXPERTS TO EVALUATE THE DATA, INCLUDING
SURVEY RESULTS, AND TO IDENTIFY THE PRIORITY NEEDS FOR EACH OF THE FOUR
CATEGORIES. THE STEERING COMMITTEE IDENTIFIED AND INVITED COMMUNITY
MEMBERS, EXPERTS, AND LEADERS FROM ACROSS THE COMMUNITY TO PARTICIPATE ON
THE TASKFORCES. EACH TASKFORCE REVIEWED THE DATA, CONDUCTED A SWOT
ANALYSIS, AND MADE RECOMMENDATIONS TO THE STEERING COMMITTEE REGARDING
PRIORITY NEEDS AND FOCUS AREAS FOR OUR HEALTH IMPROVEMENT PLANS. THE
STEERING COMMITTEE THEN CONVENED TO REVIEW AND ADOPT THE RECOMMENDATIONS
FROM THE STEERING COMMITTEES.

THE STEERING COMMITTEE SOUGHT AND CONSIDERED THE NEEDS, INPUT, AND
CONCERNS OF UNDERREPRESENTED PERSONS AND POPULATIONS THROUGHOUT THIS
PROCESS. SERVING ON THE STEERING COMMITTEE, ANGELA PETSCHE FROM CRESCENT
COMMUNITY HEALTH CENTER AND STACEY KILLIAN FROM UNITY POINT FINLEY
HOSPITAL - DUBUQUE VISITING NURSE ASSOCIATION REPRESENTED THE POPULATIONS
THAT THEIR ORGANIZATIONS SERVE. THE PRIMARY MAKEUP OF THESE POPULATIONS
ARE THOSE WHO ARE UNDERREPRESENTED IN THE COMMUNITY:Those who are
MEDICALLY UNERSERVED, IN POVERTY; AND/OR FROM MINORITY POPULATIONS. IN
ADDITION, REPRESENTATIVES FROM DUBUQUE SCHOOL DISTRICT, WESTERN DUBUQUE
SCHOOL DISTRICT, AND DUBUQUE EARLY CHILDHOOD PARTICIPATED ON THE
TASKFORCES AND REPRESENTED THE NEEDS AND BEST INTERESTS OF THE YOUTH
POPULATION THAT COMPRISES 23% OF OUR COMMUNITY. THE STEERING COMMITTEE
REVIEWED REPORTED DEMOGRAPHIC INFORMATION OF THOSE WHO COMPLETED THE
SURVEY AND FOUND THAT DISTRIBUTION BY ETHNICITY, AGE, INCOME AND ZIP CODE
WERE CONSISTENT WITH THE COMMUNITY'S DEMOGRAPHIC PROFILE.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 5: IN 2015 DUNES SURGICAL HOSPITAL, MERCY
MEDICAL CENTER-SIOUX CITY, SIOUXLAND DISTRICT HEALTH DEPARTMENT, AND
UNITYPOINT HEALTH - ST. LUKE'S PARTNERED TOGETHER TO COMPLETE THE FIRST
EVER JOINT CHNA TO DETERMINE THE COMMUNITY'S GREATEST HEALTH NEEDS AND TO
COORDINATE EFFORTS TO IMPROVE POPULATION HEALTH OUTCOMES FOR THE SIOUXLAND
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.

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THE JOINT CHNA LOOKED AT DATA FROM THE FOLLOWING SIX COUNTIES IN THE TRI-STATE SIOUXLAND AREA, AS EACH HOSPITAL SERVES A LARGER TERRITORY OUTSIDE OF JUST WOODBURY COUNTY:

- UNION, SD
- DAKOTA, DIXON, AND THURSTON, NE
- PLYMOUTH AND WOODBURY, IA

MERCY MEDICAL CENTER-NEW HAMPTON:

PART V, SECTION B, LINE 5: MERCY MEDICAL CENTER-NEW HAMPTON INITIATED THE ASSESSMENT PROCESS. A PLANNING TEAM WAS FORMED CONSISTING OF REPRESENTATIVES FROM HOSPITAL GOVERNANCE, LEADERSHIP AND MEDICAL STAFF, AREA EMPLOYERS, SCHOOL DISTRICTS, AND AREA HEALTH PROFESSIONALS.

FACILITATED BY AN OUTSIDE CONSULTANT, THREE SEPARATE DISCUSSION GROUPS...
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.

WERE HELD LOCALLY IN DECEMBER 2015. THE GROUPS REPRESENTED VARYING SECTORS IN THE COMMUNITY: (1) SOCIAL SERVICE PARTNERS, (2) PATIENTS, AND (3) COMMUNITY/BUSINESS REPRESENTATIVES. THERE WAS A 72% RESPONSE TO INVITATIONS TO PARTICIPATE. THE PATIENT GROUP WAS PULLED RANDOMLY FROM A PATIENT LISTING OVER THE PRECEDING SIX MONTHS, SOCIAL SERVICE PARTNERS WERE A CROSS-SECTION OF THE AGENCIES MERCY NH WORKS CLOSELY WITH, AND COMMUNITY LEADERS/BUSINESS OWNERS WERE SELECTED FOR THEIR KNOWLEDGE OF THE COMMUNITY.

SEVEN PARTICIPANTS WERE FROM OUTSIDE NEW HAMPTON (FREDERICKSBURG, LAWLER AND ALTA VISTA); ALL OTHERS WERE FROM NEW HAMPTON.

THE OUTSIDE CONSULTANT COLLATED AND ANALYZED THE FOCUS GROUP RESULTS WITH SUPPORT FROM MERCY NI'S PLANNING & MARKETING TEAM IN MASON CITY. MERCY NH ALSO USED OTHER MECHANISMS TO GATHER COMMUNITY INPUT ON SERVICES: SURVEYS, PATIENT FEEDBACK, AND SERVICE UTILIZATION DATA. DATA SOURCES INCLUDED COUNTY HEALTH RANKINGS, THE IOWA HOSPITAL ASSOCIATION, THE ADVISORY BOARD AND THE DEPARTMENT OF HEALTH & HUMAN SERVICES.

MERCY NH WAS CAREFUL TO GATHER INPUT FROM REPRESENTATIVES OF VARIOUS MINORITY AND UNDERSERVED INDIVIDUALS INCLUDING: LOW INCOME/UNDERSERVED (SALVATION ARMY, PUBLIC HEALTH AND HERITAGE RESIDENCE REPRESENTATIVES); CHRONIC CONDITIONS (AREA NURSING HOME, MENTAL HEALTH AND HOSPICE REPRESENTATIVES); AND RACIAL/ETHNIC MINORITY (HISPANIC MINISTER FROM HOLY FAMILY).

MERCY MEDICAL CENTER-DYERSVILLE:
PART V, SECTION B, LINE 5: THE CHNA WAS CONDUCTED IN PARTNERSHIP WITH

DUBUQUE COUNTY HEALTH DEPARTMENT, CITY OF DUBUQUE, CRESCENT COMMUNITY

HEALTH CENTER, MERCY MEDICAL CENTER-DUBUQUE AND UNITY POINT FINLEY

HOSPITAL, HEREIN "STEERING COMMITTEE". THE STEERING COMMITTEE COLLECTED

INFORMATION FROM PRIMARY AND SECONDARY DATA SOURCES. DATA WAS ALSO

COLLECTED THROUGH A COMMUNITY INPUT SURVEY IN DUBUQUE COUNTY. SURVEYS WERE

GATHERED BETWEEN JANUARY 11 AND JANUARY 22, 2018. THE SURVEY WAS OFFERED

ON-LINE VIA "SURVEY MONKEY" AND WAS AVAILABLE IN ENGLISH AND SPANISH

LANGUAGES. THE STEERING COMMITTEE DEVELOPED A COMMUNICATIONS PLAN TO

SPREAD THE WORD AROUND THE COMMUNITY AND ULTIMATELY 1,052 COMPLETED

RESPONSES WERE COLLECTED. THE DATA COLLECTION PROCESS ALSO INCLUDED

COLLECTING AVAILABLE DATA AND DEVELOPING AND EXECUTING THE COMMUNITY-WIDE

SURVEY. THE STEERING COMMITTEE THEN REVIEWED AND COMPARED THE SURVEY

RESULTS TO THE COLLECTED DATA. THE RESULTS AND DATA WERE CONSISTENT WITH

EACH OTHER, VALIDATING BOTH FINDINGS. THE STEERING COMMITTEE THEN BEGAN

FORMING TASKFORCES OF COMMUNITY EXPERTS TO EVALUATE THE DATA, INCLUDING

SURVEY RESULTS, AND TO IDENTIFY THE PRIORITY NEEDS FOR EACH OF THE FOUR

CATEGORIES. THE STEERING COMMITTEE IDENTIFIED AND INVITED COMMUNITY

MEMBERS, EXPERTS, AND LEADERS FROM ACROSS THE COMMUNITY TO PARTICIPATE ON

THE TASKFORCES. EACH TASKFORCE REVIEWED THE DATA, CONDUCTED A SWOT

ANALYSIS, AND MADE RECOMMENDATIONS TO THE STEERING COMMITTEE REGARDING

PRIORITY NEEDS AND FOCUS AREAS FOR OUR HEALTH IMPROVEMENT PLANS. THE

STEERING COMMITTEE THEN CONVENED TO REVIEW AND ADOPT THE RECOMMENDATIONS

FROM THE STEERING COMMITTEES.

THE STEERING COMMITTEE SOUGHT AND CONSIDERED THE NEEDS, INPUT, AND

CONCERNS OF UNDERREPRESENTED PERSONS AND POPULATIONS THROUGHOUT THIS
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.

PROCESS. SERVING ON THE STEERING COMMITTEE, ANGELA PETSCHE FROM CRESCENT COMMUNITY HEALTH CENTER AND STACEY KILLIAN FROM UNITY POINT FINLEY HOSPITAL - DUBUQUE VISITING NURSE ASSOCIATION REPRESENTED THE POPULATIONS THAT THEIR ORGANIZATIONS SERVE. THE PRIMARY MAKEUP OF THESE POPULATIONS ARE THOSE WHO ARE UNDERREPRESENTED IN THE COMMUNITY: THOSE WHO ARE MEDICALLY UNDERSERVED, IN POVERTY; AND/OR FROM MINORITY POPULATIONS. IN ADDITION, REPRESENTATIVES FROM DUBUQUE SCHOOL DISTRICT, WESTERN DUBUQUE SCHOOL DISTRICT, AND DUBUQUE EARLY CHILDHOOD PARTICIPATED ON THE TASKFORCES AND REPRESENTED THE NEEDS AND BEST INTERESTS OF THE YOUTH POPULATION THAT COMPRISSES 23% OF OUR COMMUNITY. THE STEERING COMMITTEE REVIEWED REPORTED DEMOGRAPHIC INFORMATION OF THOSE WHO COMPLETED THE SURVEY AND FOUND THAT DISTRIBUTION BY ETHNICITY, AGE, INCOME AND ZIP CODE WERE CONSISTENT WITH THE COMMUNITY'S DEMOGRAPHIC PROFILE.

MERCY MEDICAL CENTER-SIOUX CITY:
PART V, SECTION B, LINE 6A: MERCY SC'S CHNA WAS CONDUCTED WITH UNITY POINT HEALTH-ST. LUKE'S AND DUNES SURGICAL HOSPITAL.

MERCY MEDICAL CENTER-DUBUQUE:
PART V, SECTION B, LINE 6A: MERCY DUBUQUE CONDUCTED ITS CHNA WITH MERCY DYERSVILLE AND UNITYPOINT HEALTH-FINLEY HOSPITAL, DUBUQUE.

DUNES SURGICAL HOSPITAL:
PART V, SECTION B, LINE 6A: DUNES' CHNA WAS CONDUCTED WITH MERCY SC AND UNITY POINT HEALTH-ST. LUKE'S.
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 MEDICAL CENTER–DYERSVILLE:

PART V, SECTION B, LINE 6A: MERCY DYERSVILLE CONDUCTED ITS CHNA WITH MERCY DUBUQUE AND UNITYPOINT HEALTH–FINLEY HOSPITAL, DUBUQUE.

MERCY MEDICAL CENTER–NORTH IOWA:

PART V, SECTION B, LINE 6B: MERCY NI CONDUCTED ITS CHNA WITH THE FOLLOWING NON–HOSPITAL ORGANIZATIONS:

CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH, PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTHCARE, UNITED WAY OF NORTH CENTRAL IOWA, WELLSOURCE OF NORTH IOWA, LA LUZ HISPANA, COMMUNITY KITCHEN OF NORTH IOWA, NORTH IOWA DENTAL CLINIC FOR THE UNINSURED AND UNDERINSURED, CERRO GORDO COUNTY FREE HEALTH CARE CLINIC, MASON CITY AREA CHAMBER OF COMMERCE, NORTH IOWA VOCATIONAL CENTER, WELLSOURCE OF NORTH IOWA, MASON CITY PUBLIC LIBRARY, MASON CITY YMCA, NORTH IOWA COMMUNITY ACTION ORGANIZATION, BLUE ZONES PROJECT, NORTH IOWA TRANSITION CENTER, ELDERBRIDGE AGENCY ON AGING, KIMT TELEVISION STATION, RHYTHM CHURCH, MASON CITY YOUTH TASK FORCE, PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTHCARE, CENTRAL PARK DENTISTRY, MASON CITY SCHOOL SYSTEM, SALVATION ARMY OF MASON CITY, HY–VEE PHARMACY, CERRO GORDO COUNTY LAW ENFORCEMENT CENTER, NORTHERN LIGHTS ALLIANCE FOR THE HOMELESS, IOWA WORKFORCE DEVELOPMENT, NEWMAN CATHOLIC SCHOOL, FIRST CITIZENS NATIONAL BANK, PROBATION/PAROLE MANAGER 2ND JUDICIAL DISTRICT, MASON CITY POLICE DEPARTMENT, MASON CITY PARATRANSIT, CHARLIE BROWN PRESCHOOL, IOWA SPECIALTY HOSPITAL, FAMILIES FIRST, IOWA LEGAL AID, AND NORTH IOWA YOUTH FOR CHRIST.
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 MEDICAL CENTER-SIoux CITY:

PART V, SECTION B, LINE 6B: MERCY SC CONDUCTED ITS CHNA IN COLLABORATION WITH: BOYS TOWN, CENTER FOR SIOUXLAND, COMMUNITY ACTION AGENCY OF SIOUXLAND, CENTER FOR SEXUAL ABUSE & DOMESTIC VIOLENCE, JACKSON RECOVERY CENTERS (SUBSTANCE ABUSE), JACKSON RECOVERY CENTERS SPF-SIG (UNDERAGE), MERCY HOME CARE, MERCY MEDICAL CENTER, MERCY CHILD ADVOCACY CENTER, PLANNED PARENTHOOD - NAVIGATOR (ELDERLY), POISON CENTER, SIMPCO (PHYSICALLY CHALLENGED/GENERAL POPULATION), CONNECTION AREA AGENCY ON AGING, SIOUXLAND CARES, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND DISTRICT HEALTH CENTER, SIOUXLAND DISTRICT HEALTH DEPARTMENT, SIOUXLAND HUMAN INVESTMENT PARTNERSHIP (NATIVE POPULATION), SIOUXLAND MENTAL HEALTH CENTER, UNITY POINT - ST. LUKE'S, SUSAN G. KOMEN (CANCER), AND THE FOODBANK OF SIOUXLAND.

MERCY MEDICAL CENTER-DUBUQUE:

PART V, SECTION B, LINE 6B: MERCY DUBUQUE CONDUCTED ITS CHNA WITH THE FOLLOWING NON-HOSPITAL ORGANIZATIONS:

- CITY OF DUBUQUE HEALTH SERVICES
- DUBUQUE COUNTY HEALTH DEPARTMENT
- CRESCENT COMMUNITY HEALTH CENTER
- CITY OF DUBUQUE LEISURE SERVICES
- YMCA/YWCA
- HOLY FAMILY SCHOOL DISTRICT
- HYVEE DIETITIAN SERVICES
- WIC
- HILLCREST FAMILY SERVICES
- HELPING SERVICES OF NE IOWA
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, 19e, 20a, 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.

- DUBUQUE COMMUNITY SCHOOLS
- VISITING NURSE ASSOCIATION
- MEDICAL ASSOCIATES CLINIC
- CITY OF DUBUQUE HUMAN RIGHTS DEPARTMENT
- ISU EXTENSION
- ASBURY CITY PARKS

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 6B: DUNES CONDUCTED ITS CHNA IN COLLABORATION WITH: BOYS TOWN, CENTER FOR SIOUXLAND, COMMUNITY ACTION AGENCY OF SIOUXLAND, CENTER FOR SEXUAL ABUSE & DOMESTIC VIOLENCE, JACKSON RECOVERY CENTERS (SUBSTANCE ABUSE), JACKSON RECOVERY CENTERS SPF-SIG (UNDERAGE), MERCY HOME CARE, MERCY MEDICAL CENTER, MERCY CHILD ADVOCACY CENTER, PLANNED PARENTHOOD – NAVIGATOR (ELDERLY), POISON CENTER, SIMPCO (PHYSICALLY CHALLENGED/GENERAL POPULATION), CONNECTION AREA AGENCY ON AGING, SIOUXLAND CARES, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND DISTRICT HEALTH CENTER, SIOUXLAND DISTRICT HEALTH DEPARTMENT, SIOUXLAND HUMAN INVESTMENT PARTNERSHIP (NATIVE POPULATION), SIOUXLAND MENTAL HEALTH CENTER, UNITY POINT – ST. LUKE'S, SUSAN G. KOMEN (CANCER), AND THE FOODBANK OF SIOUXLAND.

MERCY MEDICAL CENTER-DYERSVILLE:

PART V, SECTION B, LINE 6B: MERCY DYERSVILLE CONDUCTED ITS CHNA WITH THE FOLLOWING NON-HOSPITAL ORGANIZATIONS:
- CITY OF DUBUQUE HEALTH SERVICES
- DUBUQUE COUNTY HEALTH DEPARTMENT
- CRESCENT COMMUNITY HEALTH CENTER
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.

- CITY OF DUBUQUE LEISURE SERVICES
- YMCA/YWCA
- HOLY FAMILY SCHOOL DISTRICT
- HYVEE DIETITIAN SERVICES
- WIC
- HILLCREST FAMILY SERVICES
- HELPING SERVICES OF NE IOWA
- DUBUQUE COMMUNITY SCHOOLS
- VISITING NURSE ASSOCIATION
- MEDICAL ASSOCIATES CLINIC
- CITY OF DUBUQUE HUMAN RIGHTS DEPARTMENT
- ISU EXTENSION
- ASBURY CITY PARKS

MERCY MEDICAL CENTER-SIOUX CITY:

PART V, SECTION B, LINE 7D: PAPER COPIES OF THE CHNA WERE MADE AVAILABLE TO THE COLLABORATIVE PARTNERS LISTED ON LINE 6B.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 7D: PAPER COPIES OF THE CHNA WERE MADE AVAILABLE TO THE COLLABORATIVE PARTNERS LISTED ON LINE 6B.

MERCY MEDICAL CENTER-NORTH IOWA:

PART V, SECTION B, LINE 11: MERCY NI ADDRESSED THE FOLLOWING SIGNIFICANT HEALTH NEEDS WITHIN ITS IMPLEMENTATION STRATEGY: LACK OF MENTAL HEALTH
PROVIDERS/SUPPORT SERVICES: TO ADDRESS THE LACK OF MENTAL HEALTH

PROVIDERS, MERCY NI HIRED ONE ADVANCED REGISTERED NURSE PRACTITIONER (ARNP) SPECIFICALLY TO SUPPORT BEHAVIORAL HEALTH SERVICES. ADDITIONALLY, ONE LICENSED INDEPENDENT SOCIAL WORKER (LISW) WAS EMPLOYED TO PROVIDE SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) TELEMEDICINE SERVICES. TO FURTHER ADDRESS MENTAL HEALTH SUPPORT SERVICES, MERCY NI BEGAN PROJECT PREPARATION AND PLANNING SURROUNDING NEW CONSTRUCTION OF A BEHAVIORAL HEALTH CENTER THAT BROKE GROUND IN OCTOBER 2017. MERCY NI PARTICIPATED IN A COMMUNITY COLLABORATIVE EVENT, NORTH IOWA BEHAVIORAL HEALTH CARE SUMMIT; WHICH WAS HELD ON APRIL 11, 2018. IT WAS DESIGNED TO REDUCE THE IMPACT OF STIGMA AND INCREASE PUBLIC AWARENESS OF BEHAVIORAL HEALTH ISSUES AFFECTING INDIVIDUALS, FAMILIES, AND THE COMMUNITY THEY LIVE IN. IN ADDITION, MERCY NI HOSTED A COMMUNITY COFFEE AND CONVERSATION EVENT FOR VOLUNTEERS THROUGHOUT THE COMMUNITY TO EDUCATE THEM ON SUPPORT SERVICES AND BUILDING EXPANSION OF THE BEHAVIORAL HEALTH CENTER. IN OCTOBER 2017, THE COMMUNITY INTEGRATED HEALTH HOME, TRANSITIONED TO A NEW ORGANIZATION AND MERCY NI WAS INVOLVED IN COLLABORATION OF CARE COORDINATION SERVICES. MERCY NI WAS INVOLVED IN A RAPID IMPROVEMENT EVENT, WHICH INVOLVED COLLABORATIVE WORK AND PLANNING AROUND SOCIAL AND EMOTIONAL SUPPORT THAT WILL BE PROVIDED BY THE BEHAVIORAL HEALTH CENTER. MERCY NI WORKED WITH THE MASON CITY POLICE DEPARTMENT TO SUPPORT PLANNING FOR A BUREAU OF JUSTICE ASSISTANCE GRANT FOR JUSTICE AND MENTAL HEALTH COLLABORATION. A COMMUNITY ADVISORY COALITION MEETING WAS HELD TO DISCUSS SOCIAL RESOURCE ACCESS, CARE COORDINATION, AND SUICIDE AWARENESS AND PREVENTION EFFORTS.

DIABETES:
A project model which began as a pilot within the previous CHNA cycle has now become routine practice for the management of diabetic patients within one primary care clinic. This was done by integrating a pharmacist into the care team. Study analysis indicates an outcome of a 1% decrease in A1C and an overall risk reduction of 40%. This allows for patient-centered goal setting promoted by health coaches, which has enhanced and empowered patient-centered self-management care. Mercy NI entered into a collaborative partnership in 2017 with the Cerro Gordo County Department of Public Health and the Family YMCA to increase awareness by educating citizens on the prevention of diabetes using life coaches. This is also an Iowa statewide initiative in which Cerro Gordo County and collaborative partners are taking part.

Obesity:

Mercy NI and Cerro Gordo County Department of Public Health collaborated to support the 5-2-1-0 Iowa Healthy State Program through a placed-based grant from Trinity Health's Community Health & Well Being Department. The grant was used to install refillable water bottle drinking fountains within Mason City and surrounding schools to address childhood obesity.

Heart Disease:

The leading cause of death is heart disease and smoking contributes to that significantly. Mercy NI participated in Tobacco Free North Iowa, which is a multi-county collaboration with Cerro Gordo County Dept. of Public Health's Freedom from Smoking Program (created by the American Lung Association), Smoke Free Homes Program and Mercy NI, to prevent, reduce...
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.

AND ELIMINATE NICOTINE USE. MERCY NI ALSO PARTICIPATED IN TOBACCO (COALITION) POLICY WORK WHICH INCLUDED TOBACCO 21 SUPPORT (AMERICAN LUNG ASSOCIATION) AND IMPLEMENTATION OF OTHER TOBACCO CONTROL POLICIES SUCH AS SMOKE FREE CAMPUSES/E-CIGARETTES AND SMOKE FREE MOVIES.

ELDER CARE:

MERCY NI CONTINUED OUR COMMITMENT TO COLLABORATE WITH THE FOLLOWING COMMUNITY PARTNERS TO CARE FOR THE ELDERLY IN OUR COMMUNITY: AGING SERVICES COALITION, ELDERBRIDGE AGENCY ON AGING, LOCAL NURSING HOMES, COMMUNITY CARE COORDINATION PROGRAM, MERCY HOME CARE, AREA PUBLIC HEALTH DEPARTMENTS, NORTH IOWA COMMUNITY ACTION ORGANIZATION, AND NORTH IOWA AREA COMMUNITY COLLEGE. MERCY NI SPONSORED THE CERRO GORDO COUNTY SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP), WHICH WENT LIVE SEPTEMBER 2017.

REFERRALS CAME FROM A VARIETY OF SOURCES INCLUDING COMMUNITY PARTNERS, FAMILY AND FRIENDS, MERCY PRACTICE CARE MANAGEMENT TEAM, RURAL OUTREACH, COMMUNITY CARE COORDINATORS, AND MERCY PHARMACIES. THIS PROGRAM ASSISTED UNDERINSURED ELDERLY OR DISABLED MEDICARE ELIGIBLE PATIENTS IN REMOVING FINANCIAL BARRIERS TO CARE BY ASSISTING CLIENTS WITH; MAKING CHANGES TO THEIR CURRENT SUPPLEMENT/DRUG PLANS, HELPING CLIENTS CONNECT TO EXTRA HELP PROGRAMS AND BY CONNECTING TO MERCY ASSISTANCE PROGRAMS WHEN APPLICABLE.

LACK OF SOCIAL AND EMOTIONAL SUPPORT:

WITH THE PLANNING FOR THE NEW BEHAVIORAL HEALTH CENTER, STRATEGIES WILL BE IMPLEMENTED IN THE UPCOMING THREE YEARS WITH A GOAL TO MAXIMIZE SERVICE AVAILABILITY FOR THOSE WITH SOCIAL/EMOTIONAL NEEDS AND TO INCREASE ACCESS AND QUALITY OF SUPPORT SERVICES. COMMUNITY HEALTH COORDINATORS, PEER SUPPORTS, HEALTH COACHES AND VOLUNTEER SERVICE PROVIDERS HAVE UNIFIED IN
COLLABORATION TO REMOVE SOCIAL AND EMOTIONAL BARRIERS AND PROVIDE SOLUTIONS FOR THOSE AT RISK OF ISOLATION.

MERCY NI DID NOT DIRECTLY ADDRESS THE FOLLOWING LISTED NEEDS IN THIS CHNA CYCLE BECAUSE OF COMPETING PRIORITIES, LACK OF RESOURCES, AND DUE TO THE FACT THAT OTHER AGENCIES ARE ALREADY ADDRESSING THESE ISSUES.

HEALTHY FOOD NOT AVAILABLE:

ALTHOUGH MERCY NI DID NOT TAKE ADDITIONAL STEPS TO ADDRESS THE LACK OF AVAILABILITY OF HEALTHY FOOD, MERCY NI PROMOTED ACCESS TO HEALTHY, UNPROCESSED, FRESH, NUTRITIOUS, AND NATURAL FOODS BY PARTNERING WITH COMMUNITY COLLABORATIVE EVENTS SUCH AS FARMERS MARKETS, COMMUNITY SUPPORTED AGRICULTURE (CSA), MEALS ON WHEELS, AND Community KITCHEN. MERCY NI ALSO MADE A COMMITMENT TO EXPAND THEIR ENDORESEMENT OF HEALTHY FOOD INITIATIVES IN OUR COMMUNITY BY ADDING DOLLARS TO OUR FISCAL YEAR 2019 BUDGET, WHICH WILL SUPPORT EXISTING COMMUNITY COLLABORATIVE PROGRAMS AND POTENTIAL NEW COLLABORATIONS WITH LOCAL FOOD PANTRIES, GROCERY STORES, AND OTHER HEALTHY FOOD INITIATIVES.

COST OF HEALTH CARE:

ALTHOUGH MERCY NI DID NOT TAKE ADDITIONAL STEPS TO ADDRESS COST OF HEALTH CARE, MERCY NI CONTINUED TO SUPPORT AND SUSTAIN THE SAFETY NET CARE COORDINATION MODEL INITIATED IN EARLY 2014 IN PARTNERSHIP WITH IOWA PRIMARY CARE ASSOCIATION, IOWA DEPARTMENT OF PUBLIC HEALTH AND LOCAL COMMUNITY PARTNERS (CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH, PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTHCARE, NORTH IOWA COMMUNITY ACTION ORGANIZATION, AND WELLSOURCE). ALSO, MERCY NI OFFERED A CHARITY
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.

CARE PROGRAM WHICH IS COMMITTED TO PROVIDING ACCESS TO QUALITY HEALTH CARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES. OUR CHARITY PROGRAM IS COMMITTED TO CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES; ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE; AND BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY.

LACK OF MEDICAL PROVIDERS:
ALTHOUGH MERCY NI DID NOT TAKE ADDITIONAL STEPS TO ADDRESS THE LACK OF MEDICAL PROVIDERS, MERCY NI HAS ROBUST RECRUITMENT INITIATIVES IN PLACE TO RECRUIT AND RETAIN MEDICAL PROVIDERS WITHIN THE COMMUNITY, OF WHICH IT WILL SUSTAIN WHILE FOCUSING ON PROVIDER SATISFACTION.

TRANSPORTATION TO HEALTH APPOINTMENTS:
ALTHOUGH MERCY NI DID NOT TAKE ADDITIONAL STEPS TO ADDRESS TRANSPORTATION TO HEALTH APPOINTMENTS; MERCY NI CONTINUED TO SUPPORT AND CONTRIBUTE FINANCIALLY TO OUR COMMUNITY PARTNER, THE SALVATION ARMY. THE SALVATION ARMY PROVIDED LEADERSHIP AND OVERSIGHT IN PARTNERSHIP WITH OTHER LOCAL COMMUNITY AGENCIES WITHIN CERRO GORDO COUNTY. MERCY NI ALONG WITH THE CITY OF MASON CITY, REGION II TRANSIT, AND THE NORTH IOWA AREA COUNCIL OF GOVERNMENTS COLLABORATIVELY ADDRESSED COORDINATION OF HUMAN SERVICES TRANSPORTATION INCLUDING; PARTICIPATING IN A TRANSPORTATION ADVISORY GROUP AND ATTENDING THE 2018 PASSENGER TRANSPORTATION SUMMIT TO LEARN OF INNOVATIVE SERVICES, TRANSPORTATION COORDINATION IN IOWA, AND TO HEAR
ELECTED OFFICIALS TRANSIT PERSPECTIVE. MERCY NI ALSO FACILITATED CONVERSATIONS, THROUGH PROCESS MAPPING, BETWEEN THE MERCY CANCER CENTER AND THE TRANSPORTATION ADVISORY GROUP. WORK WAS DONE TOWARD CREATING AN IDEAL FUTURE STATE FOR LOCAL OF HUMAN SERVICES TRANSPORTATION. A COMMITMENT WAS MADE TO CONTINUE THIS WORK IN FISCAL YEAR 2019.

MERCY MEDICAL CENTER-SIOUX CITY:


THE SIOUXLAND DISTRICT HEALTH DEPARTMENT AND MERCY SC HAVE COLLABORATED TO OFFER THE FOLLOWING PROGRAMS IN FISCAL YEAR 2018:

TOBACCO/SUBSTANCE ABUSE:

SIOUXLAND COMMUNITY HEALTH AND JACKSON RECOVERY PARTICIPATED IN A TRAINING PROVIDED BY MERCY SC, THROUGH THE SOCIETY OF PUBLIC HEALTH EDUCATORS, FOR SMOKING CESSATION & REDUCTION IN PREGNANCY TREATMENT (SCRIPT). SCRIPT IS AN AWARD-WINNING, EVIDENCE-BASED PROGRAM SHOWN TO BE EFFECTIVE IN HELPING THOUSANDS OF PREGNANT WOMEN QUIT SMOKING. IT'S DESIGNED TO BE A COMPONENT OF A PATIENT EDUCATION PROGRAM FOR PRENATAL CARE PROVIDERS, AND IS CITED BY THE 'AGENCY FOR HEALTHCARE RESEARCH & QUALITY'S' SMOKING CESSATION CLINICAL PRACTICE GUIDELINES.

CATCH MY BREATH IS A YOUTH E-CIGARETTE PREVENTION PROGRAM, WHOSE GOAL IS
TO INCREASE STUDENTS' KNOWLEDGE OF E-CIGARETTES, NICOTINE AND ADDICTION
DANGERS. THE AIM IS TO INFORM AND EDUCATE TEACHERS, PARENTS, AND HEALTH
PROFESSIONALS IN THE SCHOOL/AFTER-SCHOOL SETTING TO EQUIP STUDENTS WITH
ANSWERS ABOUT E-CIGARETTES TO MAKE INFORMED DECISIONS. CURRICULUM LICENSES
WERE PURCHASED AND PROVIDED TO 3 MIDDLE SCHOOLS AND 12 ELEMENTARY SCHOOLS
IN SIOUX CITY. THE PROGRAM TARGETED 11-14 YEAR OLDS. BEGINNING IN FISCAL
YEAR 2017, THE CURRICULUM WAS AVAILABLE TO ALL MIDDLE AND ELEMENTARY
SCHOOLS AND CONTINUED IN FISCAL YEAR 2018.

IN FISCAL YEAR 2018, TWO ADDITIONAL LANDLORDS (TWENTY-TWO TOTAL) WERE
TRAINED FOR SMOKE-FREE HOUSING FOCUSING ON CLEAN INDOOR AIR. AS A RESULT,
THE LANDLORDS ADDED A LEASE ADDENDUM PROHIBITING SMOKING IN THE HOUSING
THEY PROVIDE. THESE LANDLORDS ATTENDED A FOUR-HOUR SEMINAR ABOUT TOBACCO
AND NICOTINE FREE HOUSING, LEASING, FINDING A GOOD TENANT,
APPLICANTS/APPLICATION PROCESS, AND BACKGROUND CHECKS. EACH LANDLORD THAT
ATTENDED RECEIVED A COPY OF "AN APARTMENT MANAGER'S GUIDE", A SAMPLE LEASE
ADDENDUM, QUITLINE IOWA PRODUCTS THAT PROMOTE THE PROGRAM, AND INFORMATION
ABOUT CESSATION PROGRAMS IN SIOUX CITY. ALL THE INFORMATION THAT WAS
PROVIDED AT THE SEMINAR WAS GIVEN TO THE SIouxLAND RENTAL ASSOCIATION
LEADERSHIP TO BE PROVIDED TO INTERESTED MEMBERS.

IN FISCAL YEAR 2018, ADVOCACY EFFORTS TO CURB TOBACCO USE AND ACCESS WERE
CONDUCTED THROUGH THE "REINVENT THE REEL" GRANT, WHICH WAS PROVIDED BY THE
TRUTH INITIATIVE AND TRINITY HEALTH. REINVENT THE REEL ADVOCATES FOR
SMOKE-FREE MOVIES AND TOBACCO 21, WHICH INVOLVES RAISING THE MINIMUM AGE
FOR PURCHASING AND USING TOBACCO PRODUCTS TO 21.
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.

Obesity:

In an effort to curb the prevalence of obesity in fiscal year 2018, Mercy SC continued collaborating with the Siouxland YMCA for "Healthy Weight & Your Child", a family focused program that helps kids ages 7-13 years old reach a healthy weight and live a healthier lifestyle.

Mercy SC created a referral process for pre-diabetics through the Diabetes Prevention Program (DPP) with the local YMCA certified partner. DPP courses were held during fiscal year 2018 at various locations throughout the Siouxland region, helping to combat obesity within the Mercy SC service area.

Mercy SC and the American Heart Association partnered in fiscal year 2018 to donate exercise equipment and water bottles to Irving Elementary School, in an effort to combat childhood obesity in the local low-income schools.

Access to Care:

Throughout fiscal year 2018, Siouxland Community Health Center staffed certified application counselors to assist patients at the health center, as well as locations around the Siouxland community, to answer questions regarding the Affordable Care Act and assist consumers with the enrollment process.

Mercy SC is located in a medically underserved area, which enables the hospital to recruit physicians with J1 waivers. Community hospitals supported/subsidized the Siouxland Medical Education Foundation residency.
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, 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.

PROGRAM FOR FAMILY PRACTICE PHYSICIANS. MANY OF THESE PHYSICIANS STAY IN THE LOCAL COMMUNITIES UPON GRADUATION.

COMMUNITY URGENT CARE CLINICS AND SIOUXLAND COMMUNITY HEALTH CENTER CONTINUED TO OFFER EXTENDED HOURS TO ACCOMMODATE NEEDS OF THE PATIENTS' SCHEDULES. IN ADDITION, MERCY SC LED EFFORTS TO ENROLL PEOPLE IN THE INSURANCE EXCHANGE, AS WELL AS PARTNERING WITH SOCIAL SERVICES AGENCIES AND OTHER NON-PROFIT ORGANIZATIONS TO PROVIDE COMMUNITY MEMBERS WITH EASY ACCESS TO VIALBE INSURANCE OPTIONS.

MERCY SC, DUNES SURGICAL HOSPITAL, SIOUXLAND COMMUNITY HEALTH CENTER (SCHC), SUNNYBROOK CHURCH, AND CNOS CONTINUED TO SUPPORT THE STREET MEDICINE PROJECT, WHICH PROVIDES ACCESS TO CARE FOR OUR HOMELESS POPULATION IN THE COMMUNITY. THE STREET MEDICINE TEAM, WHICH IS COMPRISED OF HEALTH CARE PROFESSIONALS INCLUDING SOCIAL WORKERS, CHURCH MEMBERS AND OUTREACH VOLUNTEERS, ADMINISTER FIRST-AID AND REFERRALS TO THE SCHC URGENT CARE CLINIC AND/OR MERCY SC'S EMERGENCY DEPARTMENT. THROUGH SIOUXLAND COMMUNITY HEALTH CENTER, A FEDERALLY QUALIFIED HEALTH CENTER, BEGINNING IN FISCAL YEAR 2018, WE NOW HAVE THE ABILITY TO OFFER MOBILE SHOWERS VIA A TRAILER THAT PROVIDES SHOWERS FOR OUR HOMELESS POPULATION AS WELL.

IN FISCAL YEAR 2018, MERCY SC BEGAN OFFERING AN EXPRESS CARE CLINIC AT THE HY-VEE GROCERY STORE LOCATED ON HAMILTON BLVD. PROVIDERS AT THIS CONVENIENT LOCATION CAN DIAGNOSIS AND TREAT ILLNESSES SUCH AS INFLUENZA, STREP/SORE THROAT, SINUS INFECTIONS, BRONCHITIS, URINARY TRACT INFECTIONS AND SKIN INFECTIONS/RASHES. BASIC HEALTH SCREENINGS FOR DIABETES, BLOOD PRESSURE AND TUBERCULOSIS WILL ALSO BE CONVENIENTLY AVAILABLE.
### 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," etc.) and name of hospital facility.

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<th>Facility Information (continued)</th>
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**HOUSING:**

In Fiscal Year 2018, Mercy SC and Dunes collaborated with the Siouxland Street Project to address homelessness in the Siouxland area. From this large group, sub-committees were formed that seek to concentrate on addressing the needs that arise from chronic homelessness:

- Detoxification/Mental Illness, Shelter, Organization Reporting and Retooling, Screening and Intake, Research, Education and Community Awareness. The consensus is that the Warming Shelter, which operates nights only, is not sufficient during winter to meet the growing demands of the homeless. A shelter that operates 24/7, 365 days a year is in need. This requires collaboration and funding from all agencies involved. The Warming Shelter was operative in Fiscal Year 2018 day and night during the winter months. Transportation will be provided by a community partner to and from the Warming Shelter to the Soup Kitchen.

Mercy SC and Dunes continued to support the development of housing/shelter services for the community's homeless population. The Warming Shelter, Gospel Mission, Community Action Agency, Oakleaf Management Properties, and Department of Human Services are integral partners in assisting the homeless population.

**MENTAL ILLNESS:**

The Mercy SC Emergency Department, Behavior Health Unit and Unity Point-St. Luke's continued in Fiscal Year 2018 to collaborate with Siouxland Mental Health to provide mental health services for Mercy SC patients upon intake/discharge. Mercy SC, along with Unity Point-St.
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, 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.

LUKE'S, SIOUXLAND COMMUNITY HEALTH CENTER AND SIOUXLAND MENTAL HEALTH HAVE DEVELOPED A MENTAL HEALTH COORDINATOR POSITION TO WORK WITH INDIVIDUALS WITH A MENTAL HEALTH CONDITION UPON DISCHARGE FROM EITHER HOSPITAL'S EMERGENCY DEPARTMENT.

CANCER SCREENING:

IN FISCAL YEAR 2018, MERCY SC PROVIDED PERSONNEL, FINANCIAL, AND PROGRAM DEVELOPMENT SUPPORT TO THE SIOUXLAND COMMUNITY HEALTH, A FEDERALLY QUALIFIED HEALTH CENTER, AND THE JUNE E. NYLEN CANCER CENTER. MERCY SC AND PARTNERS PROVIDED A SKIN, ORAL, HEAD AND NECK CANCER SCREENING TO ADULTS WHO HAD NOT BEEN PREVIOUSLY SCREENED BY A SPECIALIST OR DIAGNOSED WITH CANCER. THIS EVENT WAS FREE OF COST, WITH NO REGISTRATION OR APPOINTMENT REQUIRED TO BE SCREENED.

THE SOIL IN IOWA IS RANKED AS THE HIGHEST IN THE NATION FOR EMITTING RADON GAS. IN FISCAL YEAR 2018, MERCY SC FOCUSED ON EDUCATION FOR RADON AWARENESS AND PARTNERED WITH THE SIOUXLAND DISTRICT HEALTH DEPARTMENT TO PROVIDE EDUCATION FOR LUNG CANCER PREVENTION, AND TEST KITS TO PROMOTE RADON AWARENESS, WHICH IS THE LEADING CAUSE OF LUNG CANCER AMONGST NON-SMOKERS.

TEEN BIRTHS WAS IDENTIFIED AS A NEED IN THE COLLABORATIVE CHNA PROCESS WITH SIOUXLAND DISTRICT HEALTH DEPARTMENT AND UNITY POINT-ST. LUKES HOSPITAL. AS UNITY POINT ACCOUNTS FOR THE MAJORITY OF THE BIRTHS IN THE SIOUXLAND AREA, THEY AGREED TO ADDRESS THE NEED. FOR THIS REASON, MERCY SC AND DUNES WILL NOT SPECIFICALLY ADDRESS TEEN BIRTHS.
MERCY MEDICAL CENTER - DUBUQUE:

PART V, SECTION B, LINE 11: THE SIGNIFICANT NEED TO BE ADDRESSED IS OBESITY. OBESITY IS CHARACTERISTIC OF 29% OF DUBUQUE COUNTY ADULTS. THE GOAL IS REDUCE OBESITY AMONG DUBUQUE COUNTY ADULTS TO 27% BY JUNE 30, 2018.

MERCY DUBUQUE WAS INVOLVED IN THE FOLLOWING PROJECTS DURING FISCAL YEAR 2018 TO HELP REDUCE OBESITY IN OUR COMMUNITY:

- MERCY DUBUQUE IS A MEMBER OF DUBUQUE COUNTY WELLNESS COALITION AND A PARTNER OF DUBUQUE EATS WELL. WITH THIS, MERCY DUBUQUE IS CONNECTED WITH THE IOWA STATE UNIVERSITY DESIGN LAB TO ADDRESS COMMUNITY NEED PROJECTS.

- DOUBLE-UP BUCKS PROMOTION DOUBLES THE VALUE OF THE FEDERAL SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP). FOR EVERY "BUCK" SPENT, A MATCHED DOLLAR IS GIVEN TO BE EXCLUSIVELY SPENT ON FRUITS AND VEGETABLES AT THE FARMERS MARKET.

- SINSINAWA COLLABORATIVE FARM SERVES THE NEEDS OF BEGINNING FARMERS WITH ACCESS TO LAND, ESPECIALLY TO UNDER-SERVED POPULATIONS, TO GROW FRESH FOODS AND VEGETABLES.

- FARM TO INSTITUTIONS NETWORK AND PROCUREMENT - LONG TERM STRATEGIC PLAN FOR INCREASING THE SUPPLY AND DEMAND OF FRESH FRUITS AND VEGETABLES AT INSTITUTIONS.

- MERCY DUBUQUE PARTNERED WITH DUBUQUE WELLNESS COALITION AND DUBUQUE COMMUNITY SCHOOL DISTRICT TO SPONSOR AN EVENT, "DUBUQUE ON THE MOVE," TO CONNECT COMMUNITY MEMBERS WITH HEALTH AND WELLNESS PROFESSIONALS DURING A WALKING EVENT.
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 DUBUQUE ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. MERCY DUBUQUE WILL NOT TAKE ACTION ON THE FOLLOWING HEALTH NEEDS:

- DISEASE INFECTION CONTROL (INFLUENZA IMMUNIZATIONS, HIV/AIDS SCREENING AND PREVALENCE, AND STD/STI SCREENING AND PREVALENCE) – MERCY DUBUQUE DOES NOT PLAN TO DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE OTHER AGENCIES ARE ALREADY HAVING SOME SUCCESS IN THIS AREA AND THEIR EXPERTISE BETTER POSITIONS THEM TO ADDRESS THE NEED.

- ENVIRONMENTAL HEALTH (EMERGENCY/DISASTER PLANNING, DRINKING WATER PROTECTION, AND HEALTHY HOMES) – MERCY DUBUQUE DOES NOT PLAN TO DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE CITY AND COUNTY RESOURCES ARE BEST ABLE TO ADDRESS THIS SPECIFIC NEED.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 11: AFTER REVIEWING ALL INFORMATION AND DATA AVAILABLE FOR THE 2016 CHNA, THE FOLLOWING SEVEN NEEDS WERE IDENTIFIED FOR THE SIOUXLAND AREA: TOBACCO/SUBSTANCE ABUSE, OBESITY, TEEN BIRTHS, ACCESS TO CARE, MENTAL ILLNESS, CANCER SCREENINGS, AND HOUSING. DUNES OFFERED THE FOLLOWING PROGRAMS AND ACTIVITIES TO ADDRESS THE HEALTH NEEDS IN FISCAL YEAR 2018:

ACCESS TO CARE:

DUNES INCREASED ACCESS TO CARE WITHIN THE COMMUNITY DURING FISCAL YEAR 2018 BY OFFERING A FINANCIAL ASSISTANCE PROGRAM WHICH ALLOWS THOSE MEETING THE FINANCIAL NEED CRITERIA TO RECEIVE ASSISTANCE FOR NECESSARY SURGICAL
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.

HOUSING:

MERCY SC AND DUNES COLLABORATED WITH THE SIOUXLAND STREET PROJECT TO ADDRESS HOMELESSNESS IN THE SIOUXLAND AREA. FROM THIS LARGE GROUP, SUB-COMMITTEES WERE FORMED THAT SEEK TO CONCENTRATE IN A SPECIFIC AREA OF FOCUS TO ADDRESS THE FACETS THAT ARISE FROM CHRONIC HOMELESSNESS: DETOXIFICATION/MENTAL ILLNESS, SHELTER, ORGANIZATION REPORTING AND RETOOLING, SCREENING AND INTAKE, RESEARCH, EDUCATION AND COMMUNITY AWARENESS. THE CONSENSUS IS THAT THE WARMING SHELTER, WHICH OPERATES NIGHTS ONLY, IS NOT SUFFICIENT DURING WINTER TO MEET THE GROWING DEMANDS OF THE HOMELESS. A SHELTER THAT OPERATES 24/7, 365 DAYS A YEAR IS IN NEED. THIS REQUIRES COLLABORATION AND FUNDING FROM ALL AGENCIES INVOLVED. FROM THESE MEETINGS A ONE-MONTH TRIAL RUN WAS FUNDED BY MERCY SC FOR A DAY SHELTER THAT HAS PROVEN TO MEET A DIRE NEED. THE WARMING SHELTER WAS OPERATIVE DAY AND NIGHT DURING THE WINTER MONTHS. DUNES FINANCIALLY CONTRIBUTED TO THE WARMING SHELTER TO PROVIDE HOUSING FOR THE HOMELESS. TRANSPORTATION WILL BE PROVIDED BY A COMMUNITY PARTNER TO AND FROM THE WARMING SHELTER TO THE SOUP KITCHEN.

MERCY SC AND DUNES COORDINATED A PRESENTATION OF DR. WITHERS FROM PITTSBURGH MERCY TO PRESENT STREET MEDICINE, WHICH RESULTED IN A GROUP OF COMMUNITY PARTNERS TO CHAMPION THE STREET MEDICINE PROJECT, LED BY SUNNYBROOK CHURCH. MERCY SC HAS SUPPORTED THIS EFFORT IN BRINGING ACCESS TO CARE FOR THE HOMELESS AT FOUR LOCATIONS. OVER 50 COMMUNITY PARTNERS MEET TO CONTINUE THE WORK FOR THE PLANNING OF THE SIOUXLAND STREET PROJECT. THE OVERARCHING STRATEGIC FOCUS OF THE SESSIONS IS TO BRING A
SUPER SHELTER THAT CAN ADDRESS ALL THE NEEDS OF THE HOMELESS POPULATION IN ONE CENTRALIZED LOCATION.

CANCER SCREENING:

DUNES CONTINUED PROVIDING FINANCIAL ASSISTANCE FOR CANCER PATIENTS REQUIRING SURGICAL INTERVENTION DUE TO CANCER.

MENTAL ILLNESS, OBESITY, TOBACCO/SUBSTANCE ABUSE, AND TEEN BIRTHS WERE IDENTIFIED AS NEEDS IN THE COLLABORATIVE CHNA PROCESS WITH SIOUXLAND DISTRICT HEALTH DEPARTMENT AND UNITY POINT-ST. LUKES. GIVEN DUNES SURGICAL HOSPITAL'S SURGICAL SPECIALTY, THESE NEEDS WILL NOT BE SPECIFICALLY ADDRESSED BY THE HOSPITAL. AS UNITY POINT ACCOUNTS FOR THE MAJORITY OF THE BIRTHS IN THE SIOUXLAND AREA, THEY AGREED TO ADDRESS THE NEED. MERCY SC, AS A PARTNER TO DUNES, HAS TAKEN THE LEAD IN THE AREAS OF OBESITY, TOBACCO/SUBSTANCE ABUSE AND MENTAL ILLNESS DUE TO THE CLINICAL SERVICES AVAILABLE AT MERCY SC IN THOSE AREAS THAT ARE IN CLOSE PROXIMITY.

MERCY MEDICAL CENTER-NEW HAMPTON:

PART V, SECTION B, LINE 11: MERCY NH RESOURCES, AND OVERALL ALIGNMENT WITH THE HOSPITAL'S MISSION, GOALS AND STRATEGIC PRIORITIES WERE TAKEN INTO CONSIDERATION OF THE SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENT CHNA PROCESS. MERCY NH IS FOCUSING ON DEVELOPING AND/OR SUPPORTING INITIATIVES AND MEASURES THEIR EFFECTIVENESS, TO IMPROVE THE FOLLOWING HEALTH NEEDS:

PRIMARY CARE ACCESS: PATIENTS HAVE HAD DIFFICULTY ACCESSING PRIMARY CARE IN THE SERVICE AREA. PATIENTS SOMETIMES HAVE TO WAIT ONE WEEK TO SEE THEIR
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.

PRIMARY CARE PROVIDER DUE TO LACK OF OPEN APPOINTMENTS. PATIENTS REPORT HAVING A DIFFICULT TIME GETTING TO THE CLINIC FOR APPOINTMENTS BETWEEN TRADITIONAL HOURS OF 8-5. AS A RESULT, EXTENDED CLINIC HOURS CONTINUED IN FISCAL YEAR 2018. TWO DAYS PER WEEK THE CLINIC IS OPEN UNTIL 7:00 P.M. EIGHT SCHEDULE BLOCKS PER DAY FOR EACH PROVIDER ARE BEING RESERVED FOR SAME DAY APPOINTMENTS. A HEALTH COACH CONTINUED CLOSELY MONITORING CHRONIC HEALTH PATIENTS TO ENSURE THEIR PRIMARY CARE PHYSICIAN (PCP) IS SEEING THEM. A HEALTH NAVIGATOR CONTINUED MONITORING PATIENT VISITS AND WORKING WITH SCHEDULERS TO FIT IN ANNUAL EXAMS, RE-CHECKS AND PREVENTATIVE WELLNESS TESTING WITH THEIR PCP. DATA WAS RECENTLY COLLECTED OVER A FOUR WEEK TIMEFRAME AND SHOWED 98% OF PATIENTS CALLING FOR SAME-DAY APPOINTMENTS WERE BEING SCHEDULED WITH THEIR PCP.

BEHAVIORAL HEALTH/CHEMICAL DEPENDENCY: MERCY NH HAS BEEN BUILDING THE COMMUNITY’S CAPACITY TO ADDRESS MENTAL HEALTH ISSUES BY IMPROVING ACCESS TO AVAILABLE SERVICES AND HEALTH IMPROVEMENT OPTIONS/OPPORTUNITIES BY USING NEW COMMUNICATION CHANNELS AND TECHNOLOGIES. UNDER THE THEORY THAT MENTAL HEALTH ISSUES HAVE BEEN PUSHED TO THE COUNTY LEVEL WITH NO ADDED RESOURCES TO PROVIDE MUCH NEEDED SERVICES, MERCY NH HAS IDENTIFIED KEY COUNTY STAKEHOLDERS TO FORM OR STRENGTHEN A COUNTY BEHAVIORAL COALITION. MERCY NH WILL SUPPORT THIS COALITION IN DEVELOPING AND IMPLEMENTING PROGRAMS TO SUPPORT LOCAL MENTAL HEALTH ISSUES. A RENOVATION PROJECT WAS RECENTLY STARTED FOR THE EMERGENCY DEPARTMENT, WHICH INCLUDES A PSYCHIATRIC EXAM ROOM, TO KEEP OUR MENTAL HEALTH PATIENTS SAFE WHILE THEY ARE IN THE EMERGENCY DEPARTMENT.

MERCY NH ADDED TELEHEALTH PSYCHIATRIC CONSULTS WITHIN OUR EMERGENCY

MERCY HEALTH SERVICES - IOWA, CORP. 31-1373080  8

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.

DEPARTMENT USING INTEGRATED TELEHEALTH PARTNERS.

MERCY NH ALSO PARTICIPATED IN COMMUNITY MEETINGS TO ADDRESS SPECIFIC COMMUNITY ISSUES RELATED TO MENTAL HEALTH CONCERNS, SUBSTANCE ABUSE AND CHEMICAL DEPENDENCY. MERCY NH IS WORKING WITH THE IOWA HEALTHCARE COLLABORATIVE AND COMPASS TO REDUCE OPIOID OVERDOSE. A TASKFORCE OF HOSPITAL STAFF HAS BEEN ESTABLISHED AND A COMMUNITY MEETING WAS HELD RECENTLY FOR THE PUBLIC, SO THEY COULD UNDERSTAND WHAT SAFE AND EFFECTIVE COMFORT MANAGEMENT LOOKS LIKE WITHOUT THE USE OF OPIOIDS.

MAINTAIN & INCREASE SPECIALTY SERVICES: THE COMMUNITY'S ACCESS TO SPECIALTY SERVICES DELIVERED LOCALLY HAS DECREASED OVER THE PAST COUPLE OF YEARS. WITH AN INCREASE IN POPULATION OF THOSE OVER THE AGE OF 70 AND LIMITED RESOURCES FOR PUBLIC TRANSPORTATION OUTSIDE OF OUR COMMUNITY, IT IS IMPORTANT TO OFFER MORE SERVICES LOCALLY. MERCY NH IS THE ONLY HOSPITAL IN OUR COUNTY, WHICH IS CLASSIFIED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION AS MEDICALLY UNDERSERVED. MERCY NH'S GENERAL SURGEON IS VISITING WEEKLY NOW INSTEAD OF MONTHLY. A PAIN CLINIC HAS BEEN STARTED AND A PULMONOLOGIST VISITS MONTHLY AS WELL. A CYSTOSCOPE WAS PURCHASED FOR USE BY THE UROLOGY PROVIDER AND OTHERS. MARKET DATA INDICATED MANY PATIENTS WERE TRAVELING OUT OF TOWN FOR SERVICES WE COULD DO LOCALLY IF A CYSTOSCOPE WAS AVAILABLE. MERCY NH ADDED AN ABI MACHINE TO THE RADIOLOGY DEPARTMENT, WHICH ENABLES US TO DO A MORE COMPLETE SET OF NEW DIAGNOSTIC IMAGING WITH THE ULTRASOUND MACHINE, INCLUDING THREE TYPES OF VASCULAR SCREENINGS THAT PATIENTS CAN REQUEST WITHOUT A PHYSICIAN ORDER AS A PART OF OUR PUBLIC WELLNESS PROGRAM.
MERCY NH ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE 2016 CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS THAT IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. MERCY NH WILL NOT TAKE ACTION ON THE FOLLOWING HEALTH NEED:

AREA PHARMACY DEMAND EXCEEDS AVAILABILITY: MERCY NH HAS BEEN WORKING CLOSELY WITH THE NEW HAMPTON ECONOMIC DEVELOPMENT OFFICE ON RECRUITING ANOTHER PHARMACY TO THE AREA AND CONTINUES TO WORK CLOSELY WITH PHARMACIES IN NORTHEAST IOWA ABOUT THE OPPORTUNITIES AVAILABLE IN NEW HAMPTON. IN PARTICULAR, THE POTENTIAL OPPORTUNITY FOR TELE-PHARMACY AS IT IS BROUGHT TO IOWA IN 2017. HOME DELIVERY SERVICE HAS BECOME AVAILABLE THROUGH AN OUT OF TOWN PHARMACY AND THEY DELIVER TO OUR SERVICE AREA ON A DAILY BASIS. THAT SERVICE HAS GREATLY AFFECTED OUR HOMEBOUND CITIZENS.

MERCY MEDICAL CENTER-DYERSVILLE:

PART V, SECTION B, LINE 11: THE SIGNIFICANT NEED TO BE ADDRESSED IS OBESITY. OBESITY IS CHARACTERISTIC OF 29% OF DUBUQUE COUNTY ADULTS. THE GOAL IS REDUCE OBESITY AMONG DUBUQUE COUNTY ADULTS TO 27% BY JUNE 30, 2018.

MERCY DYERSVILLE WAS INVOLVED IN THE FOLLOWING PROJECTS DURING FISCAL YEAR 2018 TO HELP REDUCE OBESITY IN OUR COMMUNITY:

- MERCY DYERSVILLE WAS A SPONSOR OF THE 2018 DYERSVILLE COMMUNITY GAEIC GALLOP 2 MILE/8K FUN WALK/RUN.
- MERCY DYERSVILLE WAS A SPONSOR OF THE DYERSVILLE CHAMBER OF COMMERCE
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 DYERSVILLE PARTNERED WITH WESTERN DUBUQUE COMMUNITY SCHOOLS IN APRIL 2018 FOR A COMMUNITY DAY PERFORMING YARD WORK AND OTHER OUTDOOR ACTIVITIES WITH MIDDLE AND HIGH SCHOOL STUDENTS.

- MERCY DYERSVILLE ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. MERCY DYERSVILLE WILL NOT TAKE ACTION ON THE FOLLOWING HEALTH NEEDS:
  - DISEASE INFECTION CONTROL (INFLUENZA IMMUNIZATIONS, HIV/AIDS SCREENING AND PREVALENCE, AND STD/STI SCREENING AND PREVALENCE) - MERCY DYERSVILLE DOES NOT PLAN TO DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE OTHER AGENCIES ARE ALREADY HAVING SOME SUCCESS IN THIS AREA AND THEIR EXPERTISE BETTER POSITIONS THEM TO ADDRESS THE NEED.
  - ENVIRONMENTAL HEALTH (EMERGENCY/DISASTER PLANNING, DRINKING WATER PROTECTION, AND HEALTHY HOMES) - MERCY DYERSVILLE DOES NOT PLAN TO DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE CITY AND COUNTY RESOURCES ARE BEST ABLE TO ADDRESS THIS SPECIFIC NEED.

MERCY MEDICAL CENTER–NORTH IOWA:

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...
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.

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 MEDICAL CENTER-SIOUX CITY:

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.

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 MEDICAL CENTER-DUBUQUE:

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
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.

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.

Dunes Surgical Hospital:

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 MEDICAL CENTER–NEW HAMPTON:

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 MEDICAL CENTER-DYERSVILLE:

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.
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 MEDICAL CENTER-NORTHEAST IOWA - PART V, SECTION B, LINE 7A
WWW.MERCYONE.ORG/NORTHEASTIOWA/ABOUT-US/COMMUNITY-BENEFIT/
COMMUNITY-HEALTH-NEEDS-ASSESSMENT

MERCY MEDICAL CENTER-NORTHEAST IOWA - PART V, SECTION B, LINE 10A
WWW.MERCYONE.ORG/NORTHEASTIOWA/ABOUT-US/COMMUNITY-BENEFIT/
COMMUNITY-HEALTH-NEEDS-ASSESSMENT

MERCY MEDICAL CENTER-SIOUX CITY - PART V, SECTION B, LINE 7A
WWW.MERCYONE.ORG/SIOUXLAND/ABOUT-US/COMMUNITY-BENEFIT/
COMMUNITY-HEALTH-NEEDS-ASSESSMENT

MERCY MEDICAL CENTER-SIOUX CITY - PART V, SECTION B, LINE 10A
WWW.MERCYONE.ORG/SIOUXLAND/ABOUT-US/COMMUNITY-BENEFIT/
COMMUNITY-HEALTH-NEEDS-ASSESSMENT

MERCY MEDICAL CENTER-DUBUQUE - PART V, SECTION B, LINE 7A
WWW.MERCYONE.ORG/DUBUQUE/ABOUT-US/COMMUNITY-BENEFIT/
COMMUNITY-HEALTH-NEEDS-ASSESSMENT

MERCY MEDICAL CENTER-DUBUQUE - PART V, SECTION B, LINE 10A
WWW.MERCYONE.ORG/DUBUQUE/ABOUT-US/COMMUNITY-BENEFIT/
COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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

DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 10A
WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT
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 MEDICAL CENTER–NEW HAMPTON – PART V, SECTION B, LINE 7A
WWW.MERCYONE.ORG/NEWHAMPTON/ABOUT-US/COMMUNITY-BENEFIT/
COMMUNITY-HEALTH-NEEDS-ASSESSMENT

MERCY MEDICAL CENTER–NEW HAMPTON – PART V, SECTION B, LINE 10A
WWW.MERCYONE.ORG/NEWHAMPTON/ABOUT-US/COMMUNITY-BENEFIT/
COMMUNITY-HEALTH-NEEDS-ASSESSMENT

MERCY MEDICAL CENTER–DYERSVILLE – PART V, SECTION B, LINE 7A
WWW.MERCYONE.ORG/DUBUQUE/DYERSVILLE/COMMUNITY-BENEFIT/

MERCY MEDICAL CENTER–DYERSVILLE – PART V, SECTION B, LINE 10A
WWW.MERCYONE.ORG/DUBUQUE/DYERSVILLE/COMMUNITY-BENEFIT/

MERCY MEDICAL CENTER–NEW HAMPTON – 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 MEDICAL CENTER–NORTH IOWA – 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.
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, 19j, 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 MEDICAL CENTER - SIOUX CITY - PART V, SECTION B, LINE 7B
WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT
WWW.SIOUXLANDDISTRICTHEALTH.ORG/SERVICESCLINICS/
HEALTH-PLANNING-/CHNAHIP.HTML
WWW.UNITYPOINT.ORG/SIOUXCITY/ABOUT-COMMUNITY-BENEFIT.ASPX

DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 7B
WWW.MERCYONE.ORG/SIOUXLAND/ABOUT-US/COMMUNITY-BENEFIT
WWW.SIOUXLANDDISTRICTHEALTH.ORG/SERVICESCLINICS/
HEALTH-PLANNING-/CHNAHIP.HTML
WWW.UNITYPOINT.ORG/SIOUXCITY/ABOUT-COMMUNITY-BENEFIT.ASPX

MERCY MEDICAL CENTER - DUBUQUE - 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 MEDICAL CENTER - DYERSVILLE - 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 MEDICAL CENTER - NORTH IOWA, PART V, LINE 16A, FAP WEBSITE:
WWW.MERCYONE.ORG/NORTHIOWA/FOR-PATIENTS/BILLING-AND-
FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

Schedule H (Form 990) 2017 MERCY HEALTH SERVICES - IOWA, CORP. 31-1373080 Page 8
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.

<table>
<thead>
<tr>
<th>Hospital Facility</th>
<th>FAP Website</th>
<th>FAP Application Website</th>
</tr>
</thead>
</table>
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FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

MERCY MEDICAL CENTER-NORTH IOWA, PART V, LINE 16C,
FAP PLAIN LANGUAGE SUMMARY WEBSITE:
WWW.MERCYONE.ORG/NORTHIOWA/FOR-PATIENTS/BILLING-
AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

MERCY MEDICAL CENTER-SIOUX CITY, PART V, LINE 16C,
FAP PLAIN LANGUAGE SUMMARY WEBSITE:
WWW.MERCYONE.ORG/SIOUXLAND/FOR-PATIENTS/BILLING-AND-
FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

MERCY MEDICAL CENTER-DUBUQUE, PART V, LINE 16C,
FAP PLAIN LANGUAGE SUMMARY WEBSITE:
WWW.MERCYONE.ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-
FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

DUNES SURGICAL HOSPITAL, PART V, LINE 16C,
FAP PLAIN LANGUAGE SUMMARY WEBSITE:
WWW.DUNESSURGICALHOSPITAL.COM/FINANCIAL-
ASSISTANCE-AND-CHARITY-CARE

MERCY MEDICAL CENTER-NEW HAMPTON, PART V, LINE 16C,
FAP PLAIN LANGUAGE SUMMARY WEBSITE:
WWW.MERCYONE.ORG/NEWHAMPTON/
FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/
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 MEDICAL CENTER-DYERSVILLE, PART V, LINE 16C,

FAP PLAIN LANGUAGE SUMMARY WEBSITE:
WWW.MERCYONE.ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-
FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

MERCY MEDICAL CENTER-NEW HAMPTON, PART V, LINE 16A, FAP WEBSITE:
WWW.MERCYONE.ORG/NEWHAMPTON/FOR-PATIENTS/BILLING-AND-
FINANCIAL-INFORMATION/

MERCY MEDICAL CENTER-NEW HAMPTON, PART V, LINE 16B, FAP APPLICATION WEBSITE
WWW.MERCYONE.ORG/NEWHAMPTON/FOR-PATIENTS/
BILLING-AND-FINANCIAL-INFORMATION/

MERCY MEDICAL CENTER-SIOUX CITY, PART V, LINE 16A, FAP WEBSITE:
WWW.MERCYONE.ORG/SIOUXLAND/FOR-PATIENTS/
BILLING-AND-FINANCIAL-INFORMATION/
FINANCIAL-ASSISTANCE

MERCY MEDICAL CENTER-SIOUX CITY, PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.MERCYONE.ORG/SIOUXLAND/FOR-PATIENTS/
BILLING-AND-FINANCIAL-INFORMATION/
FINANCIAL-ASSISTANCE
**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?  

16

Name and address | Type of Facility (describe)
--- | ---
1. MEDICAL ASSOCIATES WEST CAMPUS  
1500 ASSOCIATES DRIVE  
DUBUQUE, IA 52001 | OCC. HEALTH, PHYS THER, AMBULATORY SURGERY
2. MEDICAL ASSOCIATES CLINIC  
1240 BIG JACK ROAD  
PLATTEVILLE, WI 53818 | X-RAY, LAB, EMPLOYED PHYSICIANS
3. TRI-STATE OCCUPATIONAL HEALTH  
1920 ELM STREET  
DUBUQUE, IA 52001 | PHYS THERAPY, EMPLOYED PHYSICIANS
4. MEDICAL ASSOCIATES CLINIC  
10988 BARTELL BLVD  
BELLEVUE, IA 52031 | HOME CARE, LAB, EMPLOYED PHYSICIANS
5. MERCY MEDICAL CENTER - DYERSVILLE  
1121 THIRD STREET SW  
DYERSVILLE, IA 52040 | CLINIC
6. MEDICAL ASSOCIATES CLINIC  
208 N. 12TH STREET  
BELLEVUE, IA 52031 | CLINIC
7. MEDICAL ASSOCIATES CLINIC  
911 N.W. CARTER  
ELKADER, IA 52043 | CLINIC
8. CASCADE FAMILY HEALTH CENTER  
805 JOHNSON STREET SW  
CASCADE, IA 52033 | EMPLOYED PHYSICIANS, LAB, X-RAY, PT
9. MEDICAL ASSOCIATES CLINIC  
117 SOUTH MADISON  
CUBA, WI 53807 | X-RAY, LAB, EMPLOYED PHYSICIANS
10. MEDICAL ASSOCIATES CLINIC  
560 PLEASANT ST  
ELIZABETH, IL 61028 | CLINIC
## 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? **16**

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11 MEDICAL ASSOCIATES CLINIC</strong></td>
<td>CLINIC</td>
</tr>
<tr>
<td>107 S. PAGE</td>
<td></td>
</tr>
<tr>
<td>MONONA, IA 52159</td>
<td></td>
</tr>
<tr>
<td><strong>12 MEDICAL ASSOCIATES EAST CAMPUS</strong></td>
<td>OCC. HEALTH, PHYSICAL THERAPY</td>
</tr>
<tr>
<td>1000 LANGWORTHY</td>
<td></td>
</tr>
<tr>
<td>DUBUQUE, IA 52001</td>
<td></td>
</tr>
<tr>
<td><strong>13 DUNES MEDICAL LABORATORY</strong></td>
<td>REFERENCE LABORATORY</td>
</tr>
<tr>
<td>350 W. ANCHOR DRIVE, SUITE 20</td>
<td></td>
</tr>
<tr>
<td>DAKOTA DUNES, SD 57049</td>
<td></td>
</tr>
<tr>
<td><strong>14 MASON CITY SURGERY CENTER</strong></td>
<td>AMBULATORY SURGERY</td>
</tr>
<tr>
<td>990 4TH STREET</td>
<td></td>
</tr>
<tr>
<td>MASON CITY, IA 50401</td>
<td></td>
</tr>
<tr>
<td><strong>15 MERCY FAMILY CLINIC - BUFFALO CENTER</strong></td>
<td>X-RAY, LAB, EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>115 NORTH MAIN</td>
<td></td>
</tr>
<tr>
<td>BUFFALO CENTER, IA 50424</td>
<td></td>
</tr>
<tr>
<td><strong>16 TRI-STATE SURGERY CENTER</strong></td>
<td>OUTPATIENT CLINIC, OPHTHALMOLOGY, ORTHOPEDICS</td>
</tr>
<tr>
<td>1500 ASSOCIATES DRIVE</td>
<td></td>
</tr>
<tr>
<td>DUBUQUE, IA 52002</td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2017
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 SERVICES-IOWA (MHS-IA) REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

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IN ADDITION, THE HOSPITAL DIVISIONS OF MHS-IA INCLUDE A COPY OF THEIR MOST RECENT SCHEDULE H ON THEIR RESPECTIVE WEBSITES. TRINITY HEALTH ALSO INCLUDES MHS-IA’S MOST RECENTLY FILED SCHEDULE H ON ITS WEBSITE.

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PART I, LINE 7:

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

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $13,709,841, 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:

MERCY MEDICAL CENTER-SIOUX CITY (MERCY SC):

MERCY SC CONTINUED TO COLLABORATE WITH COMMUNITY PARTNERS IN FISCAL YEAR 2018 TO PROMOTE ACTIVITIES THAT IMPROVE POPULATION HEALTH. WE CONTINUED TO BE COMMITTED TO LEADERSHIP DEVELOPMENT TRAINING FOR OUR COMMUNITY AND MANY COLLEAGUES OF MERCY SC AND DUNES SURGICAL HOSPITAL (DUNES) ARE INVOLVED IN COMMUNITY BOARDS THAT HELP DEVELOP LEADERSHIP SKILLS FOR INDIVIDUALS IN OUR COMMUNITY.

MERCY MEDICAL CENTER-NEW HAMPTON (MERCY NH):

AS ONE OF THE LARGEST EMPLOYERS IN THE AREA, MERCY NH TAKES ITS CIVIC RESPONSIBILITY VERY SERIOUSLY. SUPPORT OF, AND CONTRIBUTIONS TO, COMMUNITY ORGANIZATIONS, EVENTS, AND PROGRAMS, SUCH AS NEW HORIZONS-CHAMBER, AND THE INDUSTRIAL DEVELOPMENT CORPORATION HELP IMPROVE THE ECONOMY OF MERCY NH'S CATCHMENT COUNTIES. BY PROMOTING ECONOMIC...
DEVELOPMENT, MERCY NH HELPS CREATE A COMMUNITY THAT CONTINUES TO BUILD ITSELF THROUGH THE LEADERS WHO WORK AND VOLUNTEER AT THE HOSPITAL.

ECONOMIC STABILITY IS INTRINSICALLY LINKED TO THE PREVENTION OF HEALTH PROBLEMS ASSOCIATED WITH POVERTY, HOMELESSNESS, AND ENVIRONMENTAL CHALLENGES, AND IS CRUCIAL IF THE COMMUNITY HOPES TO MAINTAIN A Viable HOSPITAL COMPLEX WITH A BROAD SPECTRUM OF ESSENTIAL SERVICES.

MERCY NH ENCOURAGES ITS LEADERSHIP STAFF TO SUPPORT AND PROVIDE LEADERSHIP TO NON-PROFIT ORGANIZATIONS THROUGHOUT THE AREA. MERCY NH'S PUBLIC RELATIONS MANAGER AND CEO SERVE ON THE BOARD OF DIRECTORS FOR THE INDUSTRIAL DEVELOPMENT CORPORATION, WHICH WORKS TO IMPROVE THE QUALITY OF LIVING IN THE NEW HAMPTON AREA. THE WORK INDUSTRIAL DEVELOPMENT CORPORATION ALSO TIES INTO WORKFORCE DEVELOPMENT AND COLLABORATING WITH OUR AREA COMMUNITY COLLEGES AND INDUSTRIES TO ENHANCE THEIR WORKFORCE.

MERCY NH'S CEO SERVES ON THE NORTHEAST IOWA COMMUNITY COLLEGE (NICC) SECTOR BOARD, WHICH WORKS TO DEVELOP CURRICULUM AT NICC THAT SUPPORTS THE NEEDS OF LOCAL EMPLOYERS AND AREA STUDENTS. MERCY NH'S PUBLIC RELATIONS MANAGER ALSO SERVES ON THE NEW HAMPTON ROTARY CLUB'S BOARD OF DIRECTORS AND IS THE PUBLIC IMAGE CHAIR FOR ROTARY DISTRICT 5970. BEING ACTIVE IN ROTARY NOT ONLY HELPS IMPROVE OUR LOCAL COMMUNITY BUT THEY ALSO WORK INTERNATIONALLY ON SERVICE PROJECTS WITH THE MOST NOTABLE ONE BEING "END POLIO NOW."

WORKING CLOSELY WITH OTHER HEALTH CARE PARTNERS IN OUR COMMUNITY IS A PRIORITY FOR MERCY NH. MERCY NH'S CHIEF NURSING OFFICER SERVES ON THE PRAIRIE VIEW MANAGEMENT BOARD, WHICH OVERSEES THE HERITAGE RESIDENCE LOCATED IN NEW HAMPTON. THE HERITAGE RESIDENCE IS A 15-BED RESIDENTIAL CARE FACILITY THAT OFFERS ON-SITE PSYCHIATRIC SERVICES, SUBSTANCE ABUSE
COUNSELING, AND COMMUNITY INTEGRATED ACTIVITY PROGRAM. THE HERITAGE RESIDENCE ALSO HAS HOME AND COMMUNITY BASED SERVICES FOR THOSE INDIVIDUALS ON ID WAIVER OR HABILITATION SERVICES.

MERCY NH ALSO IDENTIFIED A NEED FOR MEMBERS OF THE COMMUNITY TO SAFELY DISPOSE OF THEIR SHARPS AND CONTAINERS TO REDUCE ENVIRONMENTAL HAZARDS. THE HOSPITAL NOW COLLABORATES WITH PHARMACIES IN NEW HAMPTON TO COLLECT THEIR CONTAINERS. MERCY NH HAS STARTED A PROGRAM FOR COLLECTING PILL BOTTLES FOR RECYCLING TO HELP REDUCE THESE HAZARDS.

MERCY NH PRIDES ITSELF ON BEING A COMMUNITY HEALTH IMPROVEMENT ADVOCATE. MERCY NH PROVIDES SUPPORT AND EXPERTISE TO THE CHICKASAW CONNECTIONS, A COALITION AGAINST UNDERAGE DRINKING. THIS PARTNERSHIP INCLUDES ACTIVE INVOLVEMENT FROM ALL OF OUR FAMILY MEDICINE PHYSICIANS, CEO, AND THE WELLNESS COORDINATOR AND RECENTLY EXPANDED ITS SCOPE OF WORK TO INCLUDE REDUCING DRUG USE IN OUR AREA TEENAGERS AS WELL. MERCY NH WAS RECENTLY INVOLVED WITH CREATING A YOUTH SOCCER BOOSTERS COALITION TO ENCOURAGE YOUTH ACTIVITIES THAT CAN WORK TOWARDS LESSENING CHILDHOOD OBESITY. MERCY NH CONTINUES TO WORK WITH THE SOCCER BOOSTERS AND THE AREA HIGH SCHOOLS TO ADD SOCCER PROGRAMS AT THE HIGH SCHOOL LEVEL.

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.
PART III, LINE 3:

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

PART III, LINE 4:

CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE."

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:
MHS-IA 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:
MHS-IA'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 EACH HOSPITAL’S COLLECTION POLICY. THE HOSPITALS HAVE
IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT
OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL
REGULATIONS.

PART VI, LINE 2:

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

MERCY MEDICAL CENTER-NORTH IOWA (MERCY NI) AND MERCY NH EACH HAVE A LOCAL
BOARD OF GOVERNANCE COMPOSED OF AREA RESIDENTS, EMPLOYERS AND
REPRESENTATIVES OF DEMOGRAPHIC GROUPS. THESE HOSPITALS ALSO COMMUNICATE
WITH OTHER AGENCIES ABOUT WHAT SERVICES ARE NEEDED LOCALLY. IN
PARTicular, our PRIMARY CARE PHYSICIANS HAVE A STRONG AWARENESS OF PATIENT
NEEDS. A COMMITTEE MEETS QUARTERLY THAT IS COMPRISED OF COMMUNITY MEMBERS
AND HOSPITAL PERSONNEL THAT WORK DIRECTLY WITH THE UNINSURED, UNDERINSURED
AND UNDERSERVED. THE COMMUNITY BENEFIT MINISTRY OFFICER INTERFACES
REGULARLY WITH COMMUNITY HUMAN SERVICE AGENCIES AND COALITIONS.
MERCY SC AND DUNES STAFF ROUTINELY (MONTHLY) MEET WITH VARIOUS COMMUNITY AGENCIES, CHURCHES, AND SCHOOLS IN SEARCH OF OPPORTUNITIES TO PARTNER WITH TO ADDRESS (1) ACCESS TO PRIMARY CARE, (2) EXERCISE AND NUTRITION FOR YOUTH, (3) ACCESS TO MENTAL HEALTH SERVICES, AND (4) SOCIAL DETERMINANTS OF HEALTH GENERAL POVERTY, HOMELESSNESS, EDUCATION AND HUNGER.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MHS-IA HOSPITALS COMMUNICATE 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.

THE HOSPITALS OFFER 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 HOSPITALS.

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

PART VI, LINE 4:

COMMUNITY INFORMATION -

MERCY NI SERVES 14 COUNTIES IN NORTH CENTRAL IOWA. THE PRIMARY SERVICE AREA INCLUDES CERRO GORDO AND WORTH COUNTIES AND THE SECONDARY SERVICE AREA INCLUDES BUTLER, CHICKASAW, FLOYD, FRANKLIN, HANCOCK, HARDIN, HOWARD, KOSSTUTH, MITCHELL, PALO ALTO, WINNEBAGO, AND WRIGHT COUNTIES.

CHILDREN UNDER THE AGE OF 18.

NINETY-SIX PERCENT OF THE SERVICE AREA IS WHITE, COMPARED WITH 91% FOR IOWA AND 77% FOR THE COUNTRY AS A WHOLE. FOUR PERCENT OF THE WHITE POPULATION IS HISPANIC IN THE NORTH IOWA AREA.

NEARLY 5% OF THE SERVICE AREA IS UNINSURED, COMPARED WITH 5.5% IN IOWA AND 10.2% NATIONALLY.

MERCY MEDICAL CENTER-DUBUQUE (MERCY DUBUQUE) AND MERCY MEDICAL CENTER-DYERSVILLE (MERCY DYERSVILLE)'S PRIMARY SERVICE AREA IS DUBUQUE COUNTY, IOWA, WHICH IS A FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREA. THIS DEFINITION OF THE COMMUNITY IS BASED ON THE RESIDENCE OF THE HOSPITALS' PATIENTS: IN CALENDAR YEAR 2014, 61.6% OF MERCY DUBUQUE'S INPATIENT CASES AND 75.2% OF MERCY DUBUQUE'S EMERGENCY DEPARTMENT CASES WERE FOR DUBUQUE COUNTY RESIDENTS, WHILE 93.8% OF MERCY DYERSVILLE'S INPATIENT CASES AND 77.7% OF MERCY DYERSVILLE'S EMERGENCY DEPARTMENT CASES WERE FOR DUBUQUE COUNTY RESIDENTS. BEYOND DUBUQUE COUNTY, RESIDENTS' USE OF THE HOSPITAL IS MORE SCATTERED. IN 2014, FOR EXAMPLE, MERCY DUBUQUE AND MERCY DYERSVILLE DISCHARGED INPATIENTS WHO RESIDED IN 18 DIFFERENT STATES.

DUBUQUE COUNTY'S POPULATION IN 2012 WAS 95,097. THE POPULATION GREW ABOUT 5% BETWEEN 2000 AND 2010. OF THE POPULATION, 73% IS URBAN AND 27% IS RURAL. IT HAS AN AVERAGE POPULATION DENSITY OF 156 PEOPLE PER SQUARE MILE. IN MARCH 2012, THE COST OF LIVING INDEX FOR DUBUQUE COUNTY WAS 86.8, COMPARED TO THE US AVERAGE OF 100. WHITE NON-HISPANIC PEOPLE COMPRIZE 92.9% OF THE POPULATION; BLACK NON-HISPANICS 2.6%; HISPANIC OR
LATINO 1.9%; TWO OR MORE RACES 1.2%, AND ASIAN 0.9%. THE MEDIAN RESIDENT AGE IS 38.0 YEARS, THE SAME AS IOWA’S.

IN ADDITION TO MERCY DUBUQUE AND MERCY DYERSVILLE, UNITYPOINT HEALTH FINLEY HOSPITAL IS THE THIRD HOSPITAL LOCATED IN DUBUQUE COUNTY.

MERCY SC AND DUNES:


ABOUT 22% OF THE POPULATION IS UNDER THE AGE OF 14 YEARS AND 15% OF THE POPULATION IS OVER THE AGE OF 65 YEARS. THE RACE/ETHNICITY DISTRIBUTION IN THE AREA IS 76% WHITE, 15% HISPANIC, 2% BLACK, 2% ASIAN, AND 5% OTHER.

IN THE AREA, 50% OF THE HOUSEHOLDS ARE IN AN ANNUAL INCOME GROUP OF LESS THAN $50K. THE REGIONAL ECONOMY IS BASED ON FOOD MANUFACTURING, AGRICULTURE, HEALTH CARE AND SOCIAL ASSISTANCE, EDUCATION, AND THE FOOD SERVICE INDUSTRIES. THE AUGUST 2015 UNEMPLOYMENT RATE FOR THE LARGEST COUNTIES IN THE REGION – WOODBURY, PLYMOUTH, AND DAKOTA – WAS 3.5%, 2.5%,
AND 3.9% RESPECTIVELY. THE UNEMPLOYMENT RATE FOR THURSTON COUNTY, WITH A POPULATION OF APPROXIMATELY 7,000, HAS RISEN TO 6%.

WOODBURY COUNTY HAS A POPULATION OF 104,080, WHICH REPRESENTS 59% OF THE SIOUXLAND REGIONAL TOTAL. THE COMMUNITY RESIDENTS OF SIOUX CITY AND SERGEANT BLUFF REPRESENT NEARLY 90% OF THE WOODBURY COUNTY POPULATION. PLYMOUTH COUNTY HAS A POPULATION OF 23,085, OR 13% OF THE SIOUXLAND REGIONAL TOTAL. THE LARGEST COMMUNITY IN THE COUNTY IS LEMARS WITH A POPULATION OF 12,600. AT 12% OF THE REGIONAL POPULATION, DAKOTA COUNTY HAS A POPULATION OF 21,660. SOUTH SIOUX CITY AND DAKOTA CITY TOTAL RESIDENTS REPRESENT 84% OF THE COUNTY POPULATION. UNION COUNTY HAS A POPULATION OF 16,200, WHICH REPRESENTS 9% OF THE REGIONAL TOTAL. NORTH SIOUX CITY AND DAKOTA DUNES TOTAL RESIDENTS REPRESENT 40% OF THE COUNTY POPULATION. THE TOTAL RESIDENTS IN THE COMMUNITIES OF SIOUX CITY, SERGEANT BLUFF, LEMARS, SOUTH SIOUX CITY, DAKOTA CITY, NORTH SIOUX CITY, AND DAKOTA DUNES TOTAL 128,800. COMPLETING THE SIX-COUNTY AREA IS THURSTON COUNTY WITH A POPULATION OF 6,860 AND DIXON COUNTY WITH A POPULATION OF 5,860 REPRESENTING 7% OF THE REGIONAL TOTAL.

MERCY NH SERVES THE CHICKASAW AREA AND SURROUNDING COUNTIES WITHIN A 20-MILE RADIUS STRETCHING IN EVERY DIRECTION FROM NEW HAMPTON. THE PRIMARY SERVICE AREA CONSISTS OF THE TOWNS OF NEW HAMPTON, FREDERICKSBURG, ALTA VISTA, IONIA, ELMA, WAUCOMA, LAWLER AND NASHUA. THE ESTIMATED POPULATION OF THIS AREA IS 13,500.

ACCORDING TO THE U.S. CENSUS BUREAU, CHICKASAW COUNTY HAD AN ESTIMATED POPULATION OF 12,005 IN 2017. CHICKASAW COUNTY EXPERIENCED AN ESTIMATED 3.5% PERCENT DECLINE IN POPULATION FROM 2010 TO 2017. THE STRESS THAT THIS
TREND PLACES ON THE Provision of services is compounded by the higher than average proportion of elderly individuals in the area. Of the Chickasaw population, 20.5% were over age 65 in 2017, compared to 16.7% for the state and 15.6% for the nation. Iowa ranks twelfth in percentage of population over the age of 65. This large percentage for this age group presents special challenges to health care providers, because this age group has the highest incidence of disease and mortality in most categories, and correspondingly, represents the biggest users of health care services. In addition, Medicare payment shortfalls present an additional burden for rural health providers. Approximately 49.0% of Mercy NH’s revenues (Hospital inpatient and outpatient) were generated from Medicare patients.

The median household income in Chickasaw County was estimated at $48,013 in 2016. Individuals below the poverty level comprise 10.9% of the population. The fiscal year 2018 payer mix at point of registration includes 45.1% covered by Medicare, 10.5% covered by Medicaid and 4.1% self-pay.

PART VI, LINE 5:
OTHER INFORMATION -

Mercy NI has provided management services for rural hospitals since 1978. These community hospitals offer quality health care and yet are still able to take advantage of all the resources we have to offer as a major referral center.

Mercy NI is intentional in developing triple-aim accountable care organization relationships and collaborating with community health
PROVIDERS AND SOCIAL SERVICE AGENCIES, IN CREATING A SYSTEM OF CARE COORDINATION PROCESSES. AS A TEACHING HOSPITAL, WE HOST A THREE-YEAR FAMILY PRACTICE RESIDENCY PROGRAM, PHARMACY RESIDENCY, INTERNAL MEDICINE RESIDENCY, CARDIOLOGY FELLOWSHIP, HOSPICE AND PALLIATIVE CARE FELLOWSHIP, AND A SCHOOL OF RADIOLOGIC TECHNOLOGY. THE HOSPITAL SERVES AS A CLINICAL SITE FOR STUDENTS. WE EXTEND MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTH CARE PROVIDERS TO MEET THE NEEDS OF THOSE WHO LIVE IN OUR COMMUNITIES.

AS A SOLE COMMUNITY PROVIDER, SPECIALIZED SERVICES INCLUDE A HEART & VASCULAR INSTITUTE, CANCER, DIABETES, STROKE, BARIATRIC, VASCULAR AND WOUND, LEVEL II BIRTH, AND LEVEL II EMERGENCY CENTERS. EMERGENCY SERVICES ARE AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY. BECAUSE OF THE NEED BY INDIGENT ADULTS FOR DENTAL CARE, WE PROVIDE A SUITE WITH TWO FULLY FURNISHED OPERATORIES TO ACCOMMODATE EMERGENT DENTAL NEEDS. PARTNERSHIP FOR A TOBACCO FREE CERRO GORDO COUNTY IS A COALITION THAT INCLUDES CERRO GORDO COUNTY DEPT. OF PUBLIC HEALTH, FREEDOM FROM SMOKING, AND SMOKE FREE HOMES PROGRAMS, WHICH FOCUS ON COMMUNITY GOALS TARGETING TOBACCO USE AND OBESITY. WE SUPPORTED OVER THE COUNTER NICOTINE REPLACEMENT THERAPY FOR THOSE WITH INCOME LIMITATIONS. WE WORKED WITH WHOLLY OWNED CLINIC NETWORK CLINICIANS TO SCREEN AND REFER FOR CESSATION. WE SPONSORED FREEDOM FROM SMOKING FACILITATOR TRAINING FOR TWO COMMUNITY PARTNERS. OUR BABY FRIENDLY JOURNEY HAS ACCOMPLISHED ADDITIONAL MILESTONES IN THE IMPLEMENTATION PROCESS AND BREASTFEEDING POLICY DEVELOPMENT.

MERCY NI FURTHER INVESTS IN THE COMMUNITY TO ENHANCE THE HEALTH OF RESIDENTS BY PROVIDING:

- PRE-DIABETES CLASSES AND SUPPORT GROUP MEETINGS AT NO CHARGE
- **Senior Health Insurance Information Program (SHIIP) Counseling by SHIIP Volunteers**

- **Support for Transportation to Eliminate Barriers to Health Care**

- **Support for Those Who Are Homeless**

- **Collaboration to Support a Self-Sufficiency Program**

- **Mercy Family Health Line, a 24-Hour/7-Day a Week Telephone Medical Triage and Information Service**

- **Participation of the Hospital Kitchen in Preparation of Meals on Wheels**

- **Five Health Career Scholarships Given Annually to Community Recipients**

**The Hospital Volunteer Auxiliary**

_Mercy Ni and Cerro Gordo County Department of Public Health collaborated to support the 5-2-1-0 Iowa Healthy State Program through a placed based grant from Trinity Health's Community Health & Well Being Department. The grant was used to install refillable water bottle drinking fountains within Mason City and surrounding schools to address childhood obesity._

_Mercy Dubuque and Mercy Dyersville are advised by local boards and operate emergency rooms, which are available to all regardless of ability to pay._

_Mercy Dubuque also provides several services that are unique to the community, including open-heart surgery, neonatal intensive care and inpatient community psychiatric services. Mercy Dubuque and Dyersville continue to lead the opioid response team meetings, which brings together community leaders to address the opioid crisis in a coordinated fashion._

_Mercy Dubuque is a member of Dubuque County Wellness Coalition and a partner of Dubuque Eats Well. With this, we are connected with the Iowa State University Design Lab to address community need projects. We are_
Also involved in the Double-Up Bucks Promotion - Farmers' Market Collaboration, which doubles the value of the Federal Supplemental Nutrition Assistance Program (SNAP). For every "Buck" spent, a matched dollar is given to be exclusively spent on fruits and vegetables at the Farmers Market.

Mercy Dubuque collaborates with the Sinsinawa Collaborative Farm to serve the needs of beginning farmers with access to land, especially to under-served populations, to grow fresh foods and vegetables. We collaborated with the farm to Institutions Network and Procurement in the long-term strategic plan for increasing the supply and demand of fresh fruits and vegetables at institutions. We partnered with Dubuque Wellness Coalition and Dubuque Community School District to sponsor an event, "Dubuque on the Move," to connect community members with health and wellness professionals during a walking event.

Mercy SC has earned more national recognition for quality patient outcomes than any other hospital in the region. The Medical Center has earned multiple honors for excellence in clinical areas, including cardiac care and stroke care. We are shifting focus and committing resources to people-centered health care. We collaborate with the health coaches to provide support to patients post discharge for improved health in the community.

Mercy SC is home to the only Level II Trauma Center in Western Iowa and provides a vital, lifesaving link to rural areas via Mercy Air Care, the hospital's helicopter ambulance service. We are involved in a number of community collaborations, which support the Siouxland Medical Education...
FOUNDATION (FAMILY PRACTICE RESIDENCY). WE ALSO WORK CLOSELY WITH WINNEBAGO INDIAN HEALTH SERVICES TO CLOSE HEALTH OUTCOME DISPARITIES. IN ADDITION, WE COLLABORATE WITH ST. LUKE'S COLLEGE OF NURSING, WESTERN IOWA TECH COMMUNITY COLLEGE SCHOOL OF NURSING, NORTHEAST COMMUNITY COLLEGE, NORTHWESTERN COLLEGE, NORTHWEST COMMUNITY COLLEGE, AND BRIAR CLIFF UNIVERSITY SCHOOL OF NURSING.

IN FISCAL YEAR 2018, MERCY SC AND COMMUNITY PARTNERS WERE AWARDED THE FOLLOWING GRANTS:

"REINVENT THE REEL" WAS AWARDED SPECIFICALLY TO SIOUXLAND DISTRICT HEALTH, A PARTNER OF MERCY SC, WHO ORGANIZES THE TOBACCO FREE SIOUXLAND EFFORTS. ALL THE REQUIREMENTS OF THE GRANT HAVE BEEN MET THROUGH WORKING WITH THE MAYORS YOUTH COMMISSION TO SUPPORT THE EFFORT TO END SMOKING ON SCREEN AND RAISING THE RATING TO "R" FOR IMAGES OF SMOKING SHOWN IN PG-13 MOVIES.

TWO PLACED BASED INVESTMENT GRANTS WERE AWARDED IN FISCAL YEAR 2018 TO MARY J. TREGLIA COMMUNITY HOUSE (MJTCH) AND SIOUXLAND DISTRICT HEALTH DEPARTMENT (SDHD), TO BEGIN TRANSFORMING OUR COMMUNITY ENVIRONMENT.

MJTCH RECEIVED A GRANT FOR "RENOVATION FOR WELLNESS". THE GRANT PROVIDED FUNDING FOR IMPROVEMENTS TO A GYMNASIUM THAT WAS NO LONGER BEING UTILIZED DUE TO ITS UNSAFE CONDITIONS. BY REPAIRING THE ROOF AND FLOORING, THOSE RESIDING IN THE COMMUNITY WILL NOW HAVE ACCESS TO FREE EXERCISE.

SDHD RECEIVED A GRANT FOR "ACCESS TO HEALTHY FOODS". THIS GRANT WILL PROVIDE COMMUNITY GARDENS IN AREAS KNOWN AS FOOD DESERTS AND LOW INCOME. THESE COMMUNITY GARDENS WILL BE PLACED AT APARTMENT COMPLEXES IN LOWER-INCOME NEIGHBORHOODS, GIVING THEM ACCESS TO FREE FRUITS AND
VEGETABLES. The collaborative partners consist of Iowa State Extension (Master Gardeners), The Food Bank of Siouxland, Up From The Earth, and Mercy SC.

Mercy SC continued advocacy on Tobacco 21 through our collaboration with SDHD and was awarded the rights to show the Leonard Nimoy film in our continued efforts to reduce tobacco use. We created a referral process for offering to our community, the Diabetes Prevention Program with our certified partner Norm Waitt Sr. YMCA.

Mercy NH is the sole community provider offering a range of specialized services, diabetes and nutrition education, and an emergency center. Emergency services are available to all regardless of their ability to pay. Emergency services are provided at a financial loss, but are a critically needed service. We cooperate with other agencies to improve overall community health and well-being. We sponsor a community garden where produce is provided to the community's food pantry. We extend medical staff privileges to all qualified community health care providers, in order to meet the needs of our Northeast Iowa communities.

Mercy NH prides itself on being community health improvement advocates. Our community wellness program continues to expand and is currently active in the Walking School Bus Program, Tobacco Free Coalition, Community Food & Fitness Initiative and the local Farmer's Market. We provide support and expertise to the Chickasaw Connections, a coalition against underage drinking. We work closely with New Hampton Community Schools to educate students about health and wellness. Handwashing lessons are taught to all pre-school and kindergarten classes. We also invite all eighth grade...
STUDENTS FOR A TOUR IN WHICH THEY LEARN ABOUT THE VARIETY OF HEALTH CARE CAREERS AVAILABLE TO THEM.

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PART VI, LINE 6:
MHS-IA IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH 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.