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

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

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Financial Assistance at cost (from Worksheet 1)</td>
<td>1</td>
<td>662</td>
<td>1,170,198</td>
<td>1,170,198</td>
<td>1.15%</td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td>4</td>
<td>14,425</td>
<td>18,702,688</td>
<td>15,995,771</td>
<td>2.66%</td>
<td></td>
</tr>
<tr>
<td>c Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>5</td>
<td>15,087</td>
<td>19,872,886</td>
<td>15,995,771</td>
<td>3.81%</td>
<td></td>
</tr>
<tr>
<td>d Total Financial Assistance and Means-Tested Government Programs</td>
<td>5</td>
<td>15,087</td>
<td>19,872,886</td>
<td>15,995,771</td>
<td>3.81%</td>
<td></td>
</tr>
</tbody>
</table>

### Other Benefits

| (g) Subsidized health services (from Worksheet 6) | 3 | 8,787 | 4,692,064 | 3,214,508 | 1,477,556 | 1.45% |
| h Research (from Worksheet 7) | 1 | 1 | 1,348 | 1,348 | 0.00% |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 22 | 5,309 | 87,231 | 87,231 | 0.09% |
| j Total, Other Benefits | 46 | 16,963 | 4,951,398 | 3,215,008 | 1,736,390 | 1.71% |
| k Total, Add lines 7d and 7j | 51 | 32,050 | 24,824,284 | 19,210,779 | 5,613,505 | 5.52% |

**Note:**
- Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- Go to www.irs.gov/Form990 for instructions and the latest information.
### 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</th>
<th>(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>1 252</td>
<td>4,983.</td>
<td></td>
<td>4,983.</td>
<td>.00%</td>
</tr>
<tr>
<td>2 Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Community development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Community health improvement advocacy</td>
<td>1 3</td>
<td>18,182.</td>
<td></td>
<td>18,182.</td>
<td>.02%</td>
</tr>
<tr>
<td>5 Leadership development and training for community members</td>
<td>1 1</td>
<td>156.</td>
<td>156.</td>
<td>.00%</td>
<td></td>
</tr>
<tr>
<td>6 Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Total</td>
<td>3 256</td>
<td>23,321.</td>
<td></td>
<td>23,321.</td>
<td>.02%</td>
</tr>
</tbody>
</table>

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

**Section A. Bad Debt Expense**
- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.
- Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.
- Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**
- Enter total revenue received from Medicare (including DSH and IME).
- Enter Medicare allowable costs of care relating to payments on line 5.
- Subtract line 6 from line 5. This is the surplus (or shortfall).
- 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.

**Section C. Collection Practices**
- Did the organization have a written debt collection policy during the tax year?
- If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI how these practices were followed.

### 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>CLINTON IMAGING SERVICES, LLC.</td>
<td>MRI SERVICES</td>
<td>65.00%</td>
<td>35.00%</td>
<td></td>
</tr>
</tbody>
</table>
### Part V Facility Information

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

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

1

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

<table>
<thead>
<tr>
<th>Licensed hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Teaching hospital</th>
<th>Critical access hospital</th>
<th>ER24 hours</th>
<th>ERother</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LAB, RADIOLOGY</td>
</tr>
</tbody>
</table>

MERCY MEDICAL CENTER - CLINTON, INC. 42-1336618
### 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 - CLINTON

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

---

#### Community Health Needs Assessment

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;No,&quot; skip to line 12</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c. 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. How data was obtained</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e. The significant health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f. 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. 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. The process for consulting with persons representing the community’s interests</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>i. 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. Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Indicate the tax year the hospital facility last conducted a CHNA:</td>
<td>20 17</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; 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</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6a. Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If &quot;Yes,&quot; list the other hospital facilities in Section C</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6b. Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If &quot;Yes,&quot; list the other organizations in Section C</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7. Did the hospital facility make its CHNA report widely available to the public?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Hospital facility’s website (list url):</td>
<td>SEE SCHEDULE H, PART V, SECTION C</td>
<td></td>
</tr>
<tr>
<td>b. Other website (list url):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Made a paper copy available for public inspection without charge at the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d. Other (describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8. Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If &quot;No,&quot; skip to line 11</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>9. Indicate the tax year the hospital facility last adopted an implementation strategy:</td>
<td>20 17</td>
<td></td>
</tr>
<tr>
<td>10. Is the hospital facility’s most recently adopted implementation strategy posted on a website?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>a. If &quot;Yes,&quot; (list url):</td>
<td>SEE SCHEDULE H, PART V, SECTION C</td>
<td></td>
</tr>
<tr>
<td>b. If &quot;No,&quot; is the hospital facility’s most recently adopted implementation strategy attached to this return?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b. If &quot;Yes&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. If &quot;Yes&quot; 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?</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
Financial Assistance Policy (FAP)

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

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? [ ] Yes [ ] No

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

- 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%.

- Income level other than FPG (describe in Section C).

- Asset level.

- Medical indigency.

- Insurance status.

- Underinsurance status.

- Residency.

- 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):

- Described the information the hospital facility may require an individual to provide as part of his or her application.

- Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application.

- Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process.

- Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications.

- 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):

- The FAP was widely available on a website (list url): SEE PART V, PAGE 8.

- The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8.

- A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8.

- The FAP was available upon request and without charge (in public locations in the hospital facility and by mail).

- The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail).

- A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail).

- 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.

- Notified members of the community who are most likely to require financial assistance about availability of the FAP.

- The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations.

- Other (describe in Section C).
**Billing and Collections**

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>MERCY MEDICAL CENTER - CLINTON</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></td>
<td></td>
<td>X</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  
- 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>
<th>17</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th></th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>X</td>
</tr>
<tr>
<td>d</td>
<td>X</td>
</tr>
<tr>
<td>e</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td></td>
</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>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d</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)
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
<td>X</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>
<td></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>
<td></td>
</tr>
<tr>
<td>d</td>
<td>The hospital facility used a prospective Medicare or Medicaid method</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</td>
<td>X</td>
</tr>
<tr>
<td>24</td>
<td>During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</td>
<td>X</td>
</tr>
</tbody>
</table>
MERCY MEDICAL CENTER - CLINTON:

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

PART V, SECTION B, LINE 3E:

MERCY MEDICAL CENTER - CLINTON (MMC-CLINTON) 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. MENTAL HEALTH, ACCESS OF SERVICE FOR ADOLESCENTS
2. SUBSTANCE ABUSE - INCLUDES OPIOID, METHAMPHETAMINES, AND ALCOHOL ABUSE
3. ACCESS TO HEALTH SERVICES, PCP AND TRANSPORTATION
4. NUTRITION, PHYSICAL ACTIVITY, OBESITY, INCLUDING COMMUNITY RESOURCES AND PARTNERSHIPS AND PROGRAM IMPLEMENTATION
5. SUICIDE
6. EDUCATION/POVERTY LEVELS
7. COMMUNITY ENGAGEMENT

MERCY MEDICAL CENTER - CLINTON:

PART V, SECTION B, LINE 5: MMC-CLINTON, WORKING IN CONJUNCTION WITH THE GENESIS VISITING NURSES ASSOCIATION (VNA) HELD A SERIES OF MEETINGS WITH VARIOUS COMMUNITY AGENCIES AND ELECTED OFFICIALS TO REVIEW DATA AND PRIORITIZE LOCAL HEALTH ISSUES. THE VNA SERVES AS THE PUBLIC HEALTH NURSING AGENCY FOR CLINTON COUNTY, AND IS CONTRACTED TO HANDLE MOST OF THE
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.


SURROUNDING COUNTIES: INPUT WAS SOUGHT FROM JACKSON, CARROLL AND WHITESIDE COUNTIES AND WAS INCORPORATED BY REVIEWING COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT MATERIAL AND INCLUDING INPUT FROM KEY STAKEHOLDERS REPRESENTING EACH OF THE COUNTIES. FEEDBACK WAS RECEIVED FROM JACKSON AND WHITESIDE COUNTIES. CARROLL COUNTY DID NOT PROVIDE INPUT FOR THE CHNA.

SURVEY OF THOSE WHO ARE POOR: MMC-CLINTON CONDUCTED FOCUS GROUPS WITH STAYING AHEAD. STAYING AHEAD IS A GROUP OF INDIVIDUALS THAT ARE WORKING TO IMPROVE THEIR LIFE BY UNDERSTANDING THE ROOT CAUSES OF POVERTY AND WORK TOWARDS DEVELOPING ACTION PLANS TO MAINTAIN SELF-SUFFICIENCY. THE MISSION OF STAYING AHEAD IS TO IMPROVE LIVES, HELP WITH SELF-SUFFICIENCY AND CONTINUE THE MOMENTUM OF SUSTAINABILITY, WHICH HELPS MEMBERS OF THE COMMUNITY GET OUT OF POVERTY. SURVEYS WERE COLLECTED FROM THIS GROUP TO IDENTIFY THEIR HEALTH NEEDS. SURVEYING OCCURRED ON DECEMBER 6 AND DECEMBER 13, 2017.

MINORITY FOCUS GROUPS: MMC-CLINTON CONDUCTED SURVEYS WITH INFORMATION REFERRAL, A GROUP THAT REPRESENTS LOWER INCOME LEVELS AND AFRICAN AMERICAN AND HISPANIC GROUPS. THE SURVEYS WERE COLLECTED DURING FOOD PANTRY DAYS AND WHEN INDIVIDUALS WERE COMING IN FOR FINANCIAL ASSISTANCE FOR
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.

MEDICATIONS, HOUSING AND UTILITIES. THE SURVEYS COLLECTED WERE COMPRISED OF 21% AFRICAN AMERICAN, 11% HISPANIC, 58% CAUCASIAN AND 11% OTHER.

SURVEYS WERE COLLECTED FOR TWO WEEKS IN DECEMBER 2017 AND TWO WEEKS IN JANUARY 2018

MERCY MEDICAL CENTER - CLINTON:

PART V, SECTION B, LINE 6B: CLINTON COUNTY COMMUNITY FOCUS GROUP: AS A WAY TO GAIN INSIGHT INTO THE UNDERSERVED POPULATION, GENESIS VNA AND MMC-CLINTON CONVENE A SERIES OF MEETINGS WITH REPRESENTATIVES FROM VARIOUS ORGANIZATIONS WITHIN THE SERVICE AREA INCLUDING:

- BRIDGEVIEW COMMUNITY MENTAL HEALTH CENTER
- CLINTON COUNTY BOARD OF HEALTH
- CLINTON COUNTY BOARD OF SUPERVISORS
- EASTERN IOWA COMMUNITY COLLEGE - CLINTON
- GATEWAY IMPACT (SUBSTANCE ABUSE) COUNCIL
- GENESIS VNA
- CLINTON COUNTY SHERIFF DEPARTMENT
- CLINTON FIRE DEPARTMENT
- FULTON SUPERINTENDENT (WHITESIDE COUNTY)
- SISTERS OF SAINT FRANCIS
- HILLCREST FAMILY SERVICES - WIC
- HY-VEE GROCERY STORE
- COMMUNITY HEALTH CLINIC
- CLINTON SCHOOL DISTRICT
- WOMEN'S HEALTH SERVICES
- IOWA STATE EXTENSION SERVICE
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>Facility Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- IOWA STATE SENATE OFFICE</td>
<td></td>
</tr>
<tr>
<td>- LUTHERAN SOCIAL SERVICES</td>
<td></td>
</tr>
<tr>
<td>- UNITED WAY OF CLINTON COUNTY</td>
<td></td>
</tr>
<tr>
<td>- VISITING NURSES OF IOWA (I-SMILE) DENTAL PROGRAM</td>
<td></td>
</tr>
<tr>
<td>- YWCA</td>
<td></td>
</tr>
</tbody>
</table>

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**MERCY MEDICAL CENTER – CLINTON:**

**PART V, SECTION B, LINE 7D:** THE FOLLOWING ARE ADDITIONAL WAYS MMC-CLINTON COMMUNICATED ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO THE BROADER COMMUNITY: 1.) DISTRIBUTION OF COPIES TO INDIVIDUALS WHO SERVED ON OUR CHNA STEERING COMMITTEE 2.) INDIVIDUALS WHO PARTICIPATED IN THE SOCIAL SERVICES FOCUS GROUP, AND 3.) THROUGH ARTICLES IN THE HOSPITAL'S NEWSLETTERS.

---

**MERCY MEDICAL CENTER – CLINTON:**

**PART V, SECTION B, LINE 11:** MAJOR PRIORITIES (IN ORDER OF PRIORITY):

**MENTAL HEALTH SERVICE:** THE HOSPITAL CONTINUED ITS SUPPORT FOR BRIDGEVIEW COMMUNITY MENTAL HEALTH CENTER'S OUTPATIENT BEHAVIORAL HEALTH SERVICES AND ITS OWN INPATIENT MENTAL HEALTH UNIT. MAINTAINING AN INPATIENT UNIT WAS SEEN AS CRITICAL SINCE THE NEXT NEAREST UNIT IS OVER 35 MILES AWAY AND MANY OF THOSE WHO ARE CHRONICALLY MENTALLY ILL HAVE TRANSPORTATION CHALLENGES. THE ANNUAL RENT SUBSIDY THAT MMC-CLINTON PROVIDES BRIDGEVIEW IS $169,500, BASED ON THE MOST RECENT MEDICARE COST REPORT. THE ESTIMATED ANNUAL SUBSIDY TO THE MENTAL HEALTH UNIT WOULD BE REFLECTED IN OTHER PARTS.
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.

OF THE HOSPITAL’S FORM 990. HOWEVER, WHAT WOULD NOT BE INCLUDED IN THAT

NUMBER IS THE SUBSIDY THE HOSPITAL PROVIDES FOR PROFESSIONAL CARE. DUE TO

A SHORTAGE OF PSYCHIATRISTS IN THE COMMUNITY, THE HOSPITAL’S INPATIENT

BEHAVIORAL HEALTH UNIT IS STAFFED BY A TELE-PSYCHIATRIST SERVICE. THE

SUBSIDY TO MAINTAIN THAT SERVICE DURING THE PAST YEAR WAS $208,423.

ACCESS TO CARE: THERE ARE TWO MAJOR WAYS THAT MMC-CLINTON SUPPORTED

IMPROVED ACCESS TO CARE. FIRST, MMC-CLINTON CONTINUED OPERATING MERCY

SPECIALTY CLINIC, A COMMUNITY BASED MEDICAL CLINIC, WHICH PROVIDES ENT AND

GASTROENTEROLOGY SERVICES. IN CONJUNCTION WITH THE CLINIC, CHARITY CARE

AND FREE HEALTH SCREENINGS ARE PROVIDED. THE HOSPITAL IS ACTIVELY WORKING

TO EXPAND PRIMARY CARE AND SPECIALTY SERVICES. A FAMILY PRACTICE DOCTOR

AND NURSE PRACTITIONER AS WELL AS ORTHOPEDIC SERVICES WERE ADDED DURING

FISCAL YEAR 2018. MMC-CLINTON CONTINUED TO PURSUE OTHER PHYSICIAN/PROVIDER

EMPLOYMENT OPPORTUNITIES. THE HOSPITAL CONTINUED TO HELP PATIENTS WHO

HAVE FINANCIAL NEEDS RECEIVE TRANSPORTATION TO AND FROM THE HOSPITAL OR TO

OTHER MEDICAL PROVIDERS. IN FISCAL YEAR 2018, MEDIC AMBULANCE SERVICE,

CAB OR BUS VOUCHERS WERE AVAILABLE FOR PATIENTS WITHOUT MEANS OF

TRANSPORTATION WHO HAVE NO OTHER METHOD TO PAY.

NUTRITION, PHYSICAL ACTIVITY AND OBESITY: BASED ON THE RWJ FOUNDATION

COUNTY HEALTH RANKINGS FROM 2018, CLINTON COUNTY CONTINUES TO SEE AN

INCREASE IN ADULT OBESITY, 32%, AND PHYSICAL INACTIVITY, 27%, COMPARED TO

THE NATIONAL RANKINGS OF 26% AND 20% RESPECTIVELY.

WWW.COUNTYHEALTHRANKINGS.ORG

THE 2017 CDC BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM PREVALENCE OF

732098 11-28-17

Schedule H (Form 990) 2017 MERCY MEDICAL CENTER - CLINTON, INC. 42-1336618 Page 8

Schedule H (Form 990) 2017

40

11520516 794151 4350 2017.05060 MERCY MEDICAL CENTER - CLIN 43501
OBESITY INDICATED 7 STATES HAVING THE HIGHEST PERCENTAGE (>35%) OF ADULTS

WITH OBESITY. IOWA WAS ONE OF THESE 7 STATES.

WWW.CDC.GOV/OBESITY/DATA/PREVALENCE-MAPS.HTML

THE HOSPITAL IS ADDRESSING WEIGHT LOSS AND PHYSICAL ACTIVITY THROUGH ITS

EFFORTS IN THE LOCAL LET'S LIVE HEALTHY CLINTON INITIATIVE, WORKING IN

AREA SCHOOLS ON NUTRITION AND PHYSICAL ACTIVITY PROGRAMS, AND PATIENT

DIABETES EDUCATION.

THE CLINTON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT HAS INCLUDED A GOAL

TO "DECREASE OR MAINTAIN THE PERCENTAGE OF ADULTS OVER THE AGE OF 18 IN

CLINTON COUNTY WHO REPORT NO PHYSICAL ACTIVITY ON THE COUNTY HEALTH

RANKINGS." IN CONJUNCTION WITH THIS COUNTY HEALTH GOAL, THE HEALTHY

LIFESTYLE COALITION DEVELOPED A MASTER STRATEGIC PLAN. THE MASTER PLAN

WILL TARGET THREE AREAS – EAT WELL, MOVE MORE AND FEEL BETTER. THE EAT

WELL, MOVE MORE AND FEEL BETTER THEME IS A PARTNERSHIP WITH THE HEALTHY

HOMETOWN SPONSORED BY WELLMARK. THE MASTER PLAN HAS BEEN SUBDIVIDED WITH

A COLLABORATION OF KEY STAKEHOLDERS WORKING ON THESE INITIATIVES.

PARTNERSHIPS IN THE COUNTY INCLUDE, BUT NOT LIMITED TO, MERCY MEDICAL

CENTER, YWCA, PUBLIC HEALTH, CITY MANAGER, ASSISTANT ENGINEER, LOCAL AREA

SUPERINTENDENTS, IOWA STATE EXTENSION OFFICE, COUNTY BOARD OF HEALTH,

CHAMBER OF COMMERCE, CLINTON COMMUNITY COLLEGE, CLINTON HERALD, AND

MEDICAL ASSOCIATES.

SECONDARY PRIORITIES:

WHILE NOT THE TOP AREAS OF FOCUS FOR MMC-CLINTON'S 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.

**PROGRAM, THE HOSPITAL ALSO WORKED ON A VARIETY OF OTHER HEALTH ISSUES**

- TOBACCO USE
- FOOD INSECURITY
- PRESCRIPTION ASSISTANCE
- MINORITY HEALTH INSURANCE ENROLLMENT
- EXERCISE
- DIABETES
- HEART DISEASE/HIGH BLOOD PRESSURE
- SENIOR SERVICES
- CANCER AWARENESS/PREVENTION
- LOW BIRTH WEIGHT BABIES

**ISSUES NOT TO BE ADDRESSED BY MMC-CLINTON:**

MMC-CLINTON CANNOT REALISTICALLY ADDRESS, EITHER DIRECTLY OR INDIRECTLY, ALL OF THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE CHNA. TIME, MONEY AND OTHER RESOURCES ARE TOO LIMITED. HOWEVER, MMC-CLINTON DOES LOOK FOR OPPORTUNITIES TO PARTNER WITH, SUPPORT, OR ENCOURAGE OTHER ORGANIZATIONS IN THE COMMUNITY WHO CAN MORE EFFECTIVELY AND/OR TIMELY ADDRESS OTHER HEALTH NEEDS IN THE COMMUNITY. LISTED BELOW ARE THE REMAINING ISSUES AND THE CORRESPONDING ALTERNATIVE PROVIDER.

**SUBSTANCE ABUSE:** WHILE MMC-CLINTON DOES NOT CURRENTLY OFFER TREATMENT IN THESE AREAS, WE PARTNER WITH, AND ARE COMMITTED TO SUPPORTING COMMUNITY AGENCIES WHO CAN MORE EFFECTIVELY ADDRESS SUBSTANCE ABUSE ISSUES. IN THE COMMUNITY, THE FOLLOWING ORGANIZATIONS HAVE MORE EXPERIENCE AND CAPACITY TO ADDRESS THIS NEED: GATEWAY IMPACT COALITION AND THE CLINTON SUBSTANCE ABUSE AND PREVENTION COUNCIL. MMC-CLINTON PROVIDED THE GATEWAY IMPACT COALITION WITH FINANCIAL ASSISTANCE IN EXCESS OF $5,000 CASH AND IN KIND DONATIONS. MMC-CLINTON PROVIDES MEETING SPACE TO COMMUNITY RESOURCES UNITED TO STOP HEROIN (CRUSH) AND HAS COLLEAGUES ACTIVELY SERVING IN THE GROUP. OVER THE LAST YEAR, MMC-CLINTON HAS COMPLETED OPIOID ABUSE EDUCATION WITH OUR EMERGENCY ROOM PROVIDERS, COMMUNITY PHYSICIANS AND...
MERCY COLLEAGUES. EDUCATION IN THE COMMUNITY IS ONGOING AND OFTEN OCCURS "JUST IN TIME" IN THE ER. THIS ISSUE HAS RISEN TO THE TOP ON THE MOST RECENT CHNA AND MMC-CLINTON IS CURRENTLY DEVELOPING NEW ACTION PLANS TO PROACTIVELY ADDRESS THIS IMPORTANT COMMUNITY ISSUE.

SUICIDE: COMPETING PRIORITIES EXCLUDED THIS NEED FROM BEING DIRECTLY ADDRESSED IN THE IMPLEMENTATION STRATEGIES, BUT MMC-CLINTON WILL KEEP THIS HEALTH NEED IN MIND WHEN DEVELOPING THE MENTAL HEALTH AND SUBSTANCE ABUSE IMPLEMENTATION STRATEGY AS THE HIGH INCIDENCE OF SUICIDE MAY BE ATTRIBUTED TO THE MENTAL HEALTH AND SUBSTANCE ABUSE IN THE AREA.

EDUCATION/POVERTY LEVELS: COMPETING PRIORITIES EXCLUDED THIS NEED FROM BEING DIRECTLY ADDRESSED IN THE IMPLEMENTATION STRATEGIES.

COMMUNITY ENGAGEMENT: COMPETING PRIORITIES EXCLUDED THIS NEED FROM BEING DIRECTLY ADDRESSED IN THE IMPLEMENTATION STRATEGIES, BUT WE ARE AWARE THAT COMMUNITY ENGAGEMENT IS ESSENTIAL TO DIRECTLY IMPACT THE TOP HEALTH PRIORITIES. MMC-CLINTON WILL CONTINUE TO SUPPORT COMMUNITY EVENTS/PROGRAMS THAT RELATE TO THE TOP HEALTH NEEDS.

MERCY MEDICAL CENTER - CLINTON:

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,
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.

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 - CLINTON:

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

MERCY MEDICAL CENTER - CLINTON:

PART V, SECTION B, LINE 20E: IF INDIVIDUAL REGISTERS AS SELF-PAY HE/SHE MEETS WITH A FINANCIAL COUNSELOR.
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 - CLINTON - PART V, SECTION B, LINE 7A:

WWW.MERCYONE.ORG/CLINTON/ABOUT-US/COMMUNITY-BENEFIT/

MERCY MEDICAL CENTER - CLINTON - PART V, SECTION B, LINE 10A:

WWW.MERCYONE.ORG/CLINTON/ABOUT-US/COMMUNITY-BENEFIT/

MERCY MEDICAL CENTER - CLINTON - 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 - CLINTON, PART V, LINE 16A, FAP WEBSITE:

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

MERCY MEDICAL CENTER - CLINTON, PART V, LINE 16B, FAP APPLICATION WEBSITE:

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

MERCY MEDICAL CENTER - CLINTON, PART V, LINE 16C:

FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.MERCYONE.ORG/CLINTON/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE
### Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
</table>
| 1 MERCY LIVING CENTER - NORTH  
   600 14TH AVE NORTH  
   CLINTON, IA 52732 | LONG TERM CARE |
| 2 MERCY SPECIALTY CLINIC  
   1410 NORTH 4TH STREET  
   CLINTON, IA 52732 | OUTPATIENT CLINIC |
| 3 CLINTON IMAGING SERVICES  
   615 VALLEY VIEW DRIVE, SUITE 202  
   MOLINE, IL 61265 | MRI DIAGNOSTIC SERVICES |

How many non-hospital health care facilities did the organization operate during the tax year? **3**
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.

---

**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 MEDICAL CENTER - CLINTON (MMC-CLINTON) REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.**

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**IN ADDITION, MMC-CLINTON INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S 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 HOSPITAL’S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):
THE FOLLOWING NUMBER, $2,285,931, 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:
THE COMMUNITY BUILDING PROGRAMS SUPPORTED BY MMC-CLINTON ARE INTENDED TO PROMOTE THE OVERALL HEALTH OF OUR COMMUNITY. MANY ARE AIMED AT IMPROVING THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, CHALLENGING FAMILY SITUATIONS, FINANCIAL CHALLENGES, AND ENVIRONMENTAL PROBLEMS. MMC-CLINTON SUPPORTS THE CHAMBER OF COMMERCE, CLINTON REGIONAL DEVELOPMENT CORPORATION, COMMUNITY RESOURCES UNITED TO STOP HEROIN (CRUSH), UNITED WAY, AND THE YWCA. MMC-CLINTON ALSO PROVIDES LEADERSHIP SUPPORT AND PARTICIPATION IN COMMUNITY DEVELOPMENT ACTIVITIES, AND PROVIDES IN-KIND AND FINANCIAL SUPPORT TO UNITED WAY, CRUSH, AND BRIDGEVIEW COMMUNITY HEALTH CENTER IN ORDER TO SUPPORT THEIR EFFORTS TO ADDRESS THE CHALLENGES IN OUR COMMUNITY AT THE ROOT OF MANY HEALTH PROBLEMS. OTHER COMMUNITY BUILDING ACTIVITIES ARE LISTED BELOW:

CLINTON SCHOOLS: PROVIDES SUPPORT AS REQUESTED FOR CAREER DEVELOPMENT PROGRAMS. DURING FISCAL YEAR 2018, MMC-CLINTON PROVIDED FINANCIAL AND
IN-KIND SUPPORT TO PROJECT SEARCH, A PROGRAM TO ASSIST WITH JOB SKILLS FOR
STUDENTS WITH LEARNING DISABILITIES. FIVE STUDENTS PARTICIPATED IN THE
INITIAL PROGRAM WITH EACH SERVING IN THREE DIFFERENT ROTATIONS THROUGHOUT
THE SCHOOL YEAR.

ADVOCACY - BROADER COMMUNITY: LEADERSHIP AND ASSOCIATES ARE ACTIVELY
ENGAGED IN ADVOCACY EFFORTS TO IMPROVE MEDICAL ACCESS AND COVERAGE FOR
ALL. ADVOCACY EFFORTS ARE TARGETED AT IMPROVING CARE FOR THE UNINSURED
AND UNDERINSURED IN OUR COMMUNITY.

IN-KIND BOARD MEMBER: OFFERS IN-KIND TIME SPENT AS A BOARD MEMBER ON THE
CHAMBER OF COMMERCE BOARD OF DIRECTORS, THE FINANCE COMMITTEE OF THE
CHAMBER OF COMMERCE, THE CHAMBER EXECUTIVE COMMITTEE, CLINTON REGIONAL
DEVELOPMENT CORPORATION, THE PAUL B. SHARAR FOUNDATION OF CLINTON
COMMUNITY COLLEGE AND THE YWCA.

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:

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

PART III, LINE 4:


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

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:
THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY.

THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT
PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT – MMC-CLINTON ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE – MMC-CLINTON COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF
ADMISSION OR SERVICE.

MMC-CLINTON OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

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

PART VI, LINE 4:

COMMUNITY INFORMATION - MMC-CLINTON SERVES A 16 ZIP CODE AREA ALONG THE MISSISSIPPI RIVER IN EASTERN IOWA AND WESTERN ILLINOIS. ITS PRIMARY AND SECONDARY SERVICE AREAS HAVE A TOTAL POPULATION OF APPROXIMATELY 52,762. WHILE THE OVERALL POPULATION IS DECLINING, THE NUMBER OF RESIDENTS 65
YEARS OF AGE AND OLDER IS PROJECTED TO INCREASE. THE ETHNICITY OF MMC-CLINTON'S SERVICE AREA IS PRIMARILY WHITE. CLINTON AND JACKSON COUNTIES REGISTER 94.2% AND 97.4% OF RESIDENTS, RESPECTIVELY, AS WHITE, WHILE 96.6% OF CARROLL COUNTY RESIDENTS AND 94.9% OF WHITESIDE COUNTY RESIDENTS IDENTIFY AS WHITE. CLINTON COUNTY HAS THE HIGHEST PERCENTAGE OF BLACK OR AFRICAN-AMERICAN POPULATION, AT 2.8%. JACKSON, CARROLL, AND WHITESIDE COUNTY ALL REPORTED LESS THAN 2% OF RESIDENTS AS BLACK OR AFRICAN-AMERICAN. WHITESIDE COUNTY HAS THE HIGHEST PERCENTAGE OF RESIDENTS WITH A HISPANIC ETHNICITY, AT 11.6%. CLINTON COUNTY REPORTS 2.9%, CARROLL COUNTY REPORTS 3.3%, AND JACKSON COUNTY REPORTS 1.3% HISPANIC OR LATINO.

ACCORDING TO THE US CENSUS BUREAU IN 2015, THE MEDIAN HOUSEHOLD INCOME FOR ILLINOIS AND IOWA WAS $59,590 AND $54,843 RESPECTIVELY. THE MEDIAN HOUSEHOLD INCOME FOR THE UNITED STATES WAS $55,775. WHEN COMPARED TO STATE AND NATIONAL DATA, ALL FOUR COUNTIES IN THE SERVICE AREA HAVE MEDIAN HOUSEHOLD INCOMES THAT ARE SIGNIFICANTLY LOWER. WHITESIDE COUNTY HAS THE LOWEST HOUSEHOLD INCOME AT $45,463, FOLLOWED BY JACKSON COUNTY AT $49,956, CARROLL COUNTY AT $50,432, AND CLINTON COUNTY AT $52,945.

THE MEDICAL CENTER CONSISTS OF AN ACUTE CARE HOSPITAL AND A STRONG CONTINUUM OF SERVICES FOR SENIORS (TWO NURSING HOMES, A DEMENTIA UNIT, TRANSITIONAL CARE BEDS, HOME CARE AND HOSPICE).

PART VI, LINE 5:
OTHER INFORMATION - MMC-CLINTON HAS AN OPEN MEDICAL STAFF. AS A SOLE COMMUNITY PROVIDER, WE OFFER MANY SERVICES TO THE COMMUNITY THAT WOULD OTHERWISE BE UNAVAILABLE. IN ADDITION TO TRADITIONAL ACUTE CARE SERVICES, WE OFFER EMERGENCY SERVICES REGARDLESS OF ABILITY TO PAY, RADIATION
ONCOLOGY, RENAL DIALYSIS, HOME CARE, HOSPICE CARE, WOUND CARE AND
INPATIENT BEHAVIORAL HEALTH. WE ALSO HAVE A COMMUNITY INSTITUTIONAL
REVIEW BOARD, WHICH APPROVES ANY MEDICAL-RELATED RESEARCH REQUESTS.

MMC-CLINTON OFFERS MANY OPPORTUNITIES FOR STUDENTS PURSUING
MEDICAL-RELATED CAREERS TO GAIN CLINICAL EXPERIENCE. THIS INCLUDES, BUT
IS NOT LIMITED TO, PHYSICIANS, NURSES, LAB TECHNICIANS, EEG, RADIOLOGY,
PHARMACY AND RESPIRATORY THERAPY.

WE PROMOTE THE HEALTH OF THE COMMUNITIES WE SERVE IN MANY WAYS.
MMC-CLINTON HAS A VERY ACTIVE AND EXPANSIVE VOLUNTEER PROGRAM, WHICH
OFFERS OPPORTUNITIES ACROSS THE CONTINUUM, FROM ACUTE CARE TO LONG-TERM
CARE AND HOSPICE.

MAJOR COMMUNITY BENEFIT PROGRAMS ARE LISTED BELOW ALONG WITH THE
DESCRIPTION OF THEIR IMPACT ON IMPROVING HEALTH IN THE COMMUNITY.

PRENATAL EDUCATION: PROVIDES EDUCATION TO LOW INCOME FAMILIES TO PROMOTE
HEALTHY OUTCOMES FOR MOTHER AND BABY. THE MAJORITY OF DELIVERIES AT OUR
HOSPITAL ARE WITH MOTHERS WHO ARE AT OR BELOW THE POVERTY LEVEL. EVIDENCE
HAS DOCUMENTED THAT EDUCATION HAS AN IMPACT ON HEALTHY PREGNANCIES AND
HEALTHY BABIES. IN ADDITION, MMC-CLINTON IS ACTIVELY MOVING TO BECOME A
CERTIFIED BABY FRIENDLY SITE. BABY FRIENDLY HOSPITALS ARE HOSPITALS THAT
ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING,
WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND
MOTHERS.

AMBULANCE AND CAB SERVICE: PROVIDES TRANSPORTATION FOR ADDITIONAL MEDICAL
MERCY MEDICAL CENTER - CLINTON, INC. 42-1336618

Part VI Supplemental Information (Continuation)

CARE OR TRANSPORTATION HOME. ACCESS TO CARE CONTINUES TO BE A GAP IN OUR COMMUNITY. MANY PATIENTS ARRIVE IN OUR ER AND DO NOT HAVE TRANSPORTATION AVAILABLE TO RETURN HOME.

DRUG ENDANGERED CHILD TASK FORCE: WORKS ON REDUCING THE RISK FOR DRUG-ENDANGERED CHILDREN BORN IN OUR FACILITY.

PRESCRIPTION ASSISTANCE: DURING FISCAL YEAR 2018, MMC-CLINTON PROVIDED $4,308 IN FREE PRESCRIPTIONS TO LOW INCOME INDIVIDUALS BEING DISCHARGED FROM THE HOSPITAL. WHILE THE INITIAL FOCUS OF THIS PROGRAM WAS ON CONGESTIVE HEART FAILURE PATIENTS, WHICH STARTED IN FISCAL YEAR 2016, MMC-CLINTON EXPANDED THE PROGRAM TO INCLUDE A BROADER RANGE OF INPATIENTS.

DIABETES: DIABETES IS CLEARLY A SIGNIFICANT ISSUE FOR OUR SERVICE AREA RESIDENTS. THERE ARE SEVERAL WAYS THAT MMC-CLINTON ADDRESSED THIS ISSUE IN FISCAL YEAR 2018. FIRST, THE HOSPITAL PARTICIPATED IN AN ACCOUNTABLE CARE ORGANIZATION/CLINICALLY INTEGRATE NETWORK (ACO/CIN) IN CONJUNCTION WITH MEDICAL ASSOCIATES, THE MAJOR MULTISPECIALTY MEDICAL PROVIDER IN THE REGION, AND OTHER AREA PRIMARY CARE PROVIDERS. ONE OF THE FIRST CLINICAL AREAS OF FOCUS FOR THIS ORGANIZATION WAS THE USE OF HEALTH COACHES TO BETTER MANAGE THE HEALTH OF THESE PATIENTS. HEALTH COACHES ARE LOOKING AT SEVERAL QUALITY MEASURES TO WORK TO IMPROVE OUTCOMES. TWO OF THE INDICATORS TARGET INDIVIDUALS WITH DIABETES AND A HBA1C GREATER THAN 9 AND DIABETICS WITH BLOOD PRESSURE ABOVE 140/90. IN ADDITION, TWO OF MMC-CLINTON'S COMMUNITY EDUCATORS ARE BEING TRAINED AS LIFESTYLE COACHES TO FACILITATE A CENTERS FOR DISEASE CONTROL RECOGNIZED DIABETES PREVENTION PROGRAM (DPP). THE CERTIFIED DIABETES EDUCATOR AND COMMUNITY WELLNESS COORDINATOR ARE WORKING WITH THE LOCAL COMMUNITY CLINIC AND PRIMARY CARE
PHYSICIANS TO INITIATE A REFERRAL PROCESS FOR THE DPP. MMC-CLINTON'S COMMUNITY HEALTH AND WELLNESS DEPARTMENT CONTINUES TO FOCUS A MAJOR PORTION OF COMMUNITY EDUCATION TARGETED AT THE PRE-DIABETIC POPULATION.

SUBSIDIZED PROGRAMS:

BRIDGEVIEW MENTAL HEALTH: PROVIDES FINANCIAL SUBSIDY TO THE PROGRAM, WHICH PROVIDES MENTAL HEALTH SERVICES TO COUNTY FUNDED AND OTHER LOW INCOME AND/OR UNINSURED PATIENTS IN OUR COMMUNITY.

SPECIALTY CLINIC SUBSIDY: PROVIDES GI, ENT AND ORTHOPEDIC SERVICES TO PATIENTS IN THE COMMUNITY, OPERATING AT A LOSS, DUE IN PART TO ACCEPTANCE OF MEDICAID AND CHARITY CARE PATIENTS.

THE PREGNANCY CENTER: ASSISTS WITH SUPPORT FOR MOTHERS WITH UNPLANNED PREGNANCIES. ALSO PROMOTES AND PROVIDES EDUCATION ON HEALTHY RELATIONSHIPS. REDUCING THE NUMBER OF SUBSEQUENT PREGNANCIES IN YOUNG WOMEN UNDER 20 IS ONE OF THE GOALS/STRATEGIES FOR THE CLINTON COUNTY HEALTH IMPROVEMENT PLAN.

CERTIFIED DIABETES CENTER: PROVIDES EDUCATION AND MEDICAL MANAGEMENT FOR DIABETIC PATIENTS IN OUR COMMUNITY.

HEALTHY VENDING: OUR HEALTH SYSTEM IS COMPLIANT WITH THE LIVE YOUR LIFE GREEN LOGO SNACK CRITERIA AND 60% OF THE SNACKS IN THE CAMPUS VENDING MACHINES MEET THE SNACK CRITERIA.

SMOKE-FREE CAMPUS: MMC-CLINTON IS A SMOKE FREE CAMPUS AND HAS UPDATED ITS POLICY TO BE A NICOTINE FREE CAMPUS, WHICH INCLUDES E-CIGARETTES.
MMC-CLINTON ACTIVELY PARTICIPATES IN A VARIETY OF LOCAL COALITIONS INCLUDING THE BREATHE EASY COALITION (ANTI-TOBACCO), LET'S LIVE HEALTHY CLINTON (LLHC), A HEALTHY LIFESTYLE COALITION FOCUSING ON EAT WELL, MOVE MORE AND FEEL BETTER. KEY STAKEHOLDERS ARE CLINTON SCHOOLS, PUBLIC HEALTH, CITY OF CLINTON, IOWA STATE EXTENSION OFFICE, YWCA, CLINTON COMMUNITY COLLEGE, CLINTON VISITOR BUREAU, HYVEE, AND GATEWAY IMPACT COALITION (ANTI-DRUG) WHICH INCLUDES CRUSH - "COMMUNITY RESOURCES UNITED TO STOP HEROIN."

PART VI, LINE 6:

MMC-CLINTON 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 $260K 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.