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

#### 1a. Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a.
- Yes [X]
- No

#### 1b. If "Yes," was it a written policy?
- Yes [X]
- No

#### 2. If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.
- [X] Applied uniformly to all hospital facilities
- [ ] Applied uniformly to most hospital facilities
- [ ] Generally tailored to individual hospital facilities

#### 3. Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization’s patients during the tax year.

a. Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
- [X] 200%
- [ ] 150%
- [ ] 100%
- [ ] Other ______%

b. Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for discounted care:
- [X] 400%
- [ ] 350%
- [ ] 300%
- [ ] 250%
- [ ] 200%
- [ ] 150%
- [ ] 100%
- [ ] Other ______%

C. If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.

#### 4. Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to a patient who was eligible for free or discounted care?
- [X] Yes
- [ ] No

#### 5a. Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- [X] Yes
- [ ] No

b. If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- [X] Yes
- [ ] No

c. If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- [X] Yes
- [ ] No

#### 6a. Did the organization prepare a community benefit report during the tax year?
- [X] Yes
- [ ] No

b. If "Yes," did the organization make it available to the public?
- [X] Yes
- [ ] No

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

<table>
<thead>
<tr>
<th>Financial Assistance and Certain Other Community Benefits at Cost</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>2680854</td>
<td>2680854</td>
<td>.36%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>13665570110881516027840541</td>
<td>3.74%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>3142338.2528774.613,564</td>
<td>.08%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. Financial Assistance and Means-Tested Government Programs</td>
<td>14247889311134393431134959</td>
<td>4.18%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>21</td>
<td>4,571</td>
<td>3441474</td>
<td>889,316</td>
<td>2552158</td>
<td>.34%</td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td>1</td>
<td>9815122602</td>
<td>4939206</td>
<td>10183396</td>
<td>1.37%</td>
<td></td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>2</td>
<td>302,134</td>
<td>302,134</td>
<td>.04%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. Other Benefits</td>
<td>24</td>
<td>4,66918866210</td>
<td>5828522</td>
<td>13037688</td>
<td>1.75%</td>
<td></td>
</tr>
<tr>
<td>Total. Add lines 7d and 7f</td>
<td>24</td>
<td>4,66916134510311717245644172647</td>
<td>5.93%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Employer identification number**: 38-2589966

**Name of the organization**: MERCY HEALTH PARTNERS D/B/A MERCY HEALTH MUSKEGON

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

**Schedule H (Form 990) 2020**
**Part II Community Building Activities**

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

<table>
<thead>
<tr>
<th></th>
<th>(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</td>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td>4</td>
<td>54,023.</td>
<td>21,078.</td>
<td>32,945.</td>
<td>.00%</td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td>1</td>
<td>41,229.</td>
<td>5,400.</td>
<td>35,829.</td>
<td>.00%</td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td>1</td>
<td>6,223.</td>
<td></td>
<td>6,223.</td>
<td>.00%</td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td>1</td>
<td>6,223.</td>
<td></td>
<td>6,223.</td>
<td>.00%</td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>6</td>
<td>101,475.</td>
<td>26,478.</td>
<td>74,997.</td>
<td>.00%</td>
</tr>
</tbody>
</table>

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

**Section A. Bad Debt Expense**

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

2. Enter the amount of the organization’s bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

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

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

**Section B. Medicare**

5. Enter total revenue received from Medicare (including DSH and IME)

6. Enter Medicare allowable costs of care relating to payments on line 5

7. Subtract line 6 from line 5. This is the surplus (or shortfall)

8. Describe in Part VI the extent to which any shortfall reported on 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.

   Check the box that describes the method used:

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

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

   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.

9a. [ ] Yes [ ] No

9b. [ ] Yes [ ] No

**Part IV Management Companies and Joint Ventures**

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

<table>
<thead>
<tr>
<th>(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 MUSKEGON SC, LLC</td>
<td>AMBULATORY SURGERY CTR</td>
<td>26.04%</td>
<td>60.42%</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? **3**

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

<table>
<thead>
<tr>
<th>Facility Reporting Group</th>
<th>Licensed Hospital</th>
<th>Gen. Medical &amp; Surgical</th>
<th>Critical Access Hospital</th>
<th>Teaching Hospital</th>
<th>Research Facility</th>
<th>ER 24 Hours</th>
<th>ER Other</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 MERCY HEALTH PARTNERS MERCY CAMPUS</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>1500 E. SHERMAN BLVD.</td>
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<tr>
<td>MUSKEGON, MI 49444</td>
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<tr>
<td><a href="http://WWW.MERCYHEALTH.COM">WWW.MERCYHEALTH.COM</a></td>
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<td>LICENSE 1060000188</td>
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</tr>
<tr>
<td>2 MERCY HEALTH PARTNERS HACKLEY CAMPUS</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
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<td></td>
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<tr>
<td>1700 CLINTON STREET</td>
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<tr>
<td>MUSKEGON, MI 49442</td>
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<td></td>
</tr>
<tr>
<td>3 MERCY HEALTH PARTNERS LAKE SHORE CAMPUS</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72 S. STATE STREET</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHELBY, MI 49455</td>
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<td><a href="http://WWW.MERCYHEALTH.COM">WWW.MERCYHEALTH.COM</a></td>
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</tr>
</tbody>
</table>
Section B. Facility Policies and Practices

(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 HEALTH PARTNERS MERCY CAMPUS

### Facility Information

<table>
<thead>
<tr>
<th>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

#### Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</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>
</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 “Yes,” provide details of the acquisition in Section C</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 “No,” skip to line 12</td>
</tr>
<tr>
<td>4</td>
<td>Indicate the tax year the hospital facility last conducted a CHNA: 2020</td>
</tr>
<tr>
<td>5</td>
<td>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</td>
</tr>
</tbody>
</table>

#### Additional Information

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td>Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If “Yes,” list the other hospital facilities in Section C</td>
</tr>
<tr>
<td>6b</td>
<td>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</td>
</tr>
<tr>
<td>7</td>
<td>Did the hospital facility make its CHNA report widely available to the public?</td>
</tr>
</tbody>
</table>

#### Implementation Strategy

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

#### Excise Tax

- **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, did the organization file Form 4720 to report the section 4959 excise tax?
Financial Assistance Policy (FAP)

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

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

- 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:
  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 No
  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?

- Yes
- No

15 Explained the method for applying for financial assistance?

- Yes
- No

  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 X Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
  e X Other (describe in Section C)

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

- Yes
- No

  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 Limited English Proficiency (LEP) populations
  j X Other (describe in Section C)
**Billing and Collections**

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

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

- [ ] 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):

- [X] 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 (if not, describe in Section C)
- [X] b Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- [X] c Processed incomplete and complete FAP applications (if not, describe in Section C)
- [ ] d Made presumptive eligibility determinations (if not, describe in Section C)
- [ ] 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? **X**

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

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

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  No  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  No  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  No  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.
Name of hospital facility or letter of facility reporting group: MERCY HEALTH PARTNERS LAKESHORE CAMPUS

<table>
<thead>
<tr>
<th>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):</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>
</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?</td>
<td>X</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)?</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>Indicate the tax year the hospital facility last conducted a CHNA:</td>
<td>2020</td>
</tr>
<tr>
<td>5</td>
<td>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 or expertise in public health?</td>
<td>X</td>
</tr>
<tr>
<td>6a</td>
<td>Was the hospital facility’s CHNA conducted with one or more other hospitals?</td>
<td>X</td>
</tr>
<tr>
<td>6b</td>
<td>Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities?</td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>Did the hospital facility make its CHNA report widely available to the public?</td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA?</td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>Indicate the tax year the hospital facility last adopted an implementation strategy:</td>
<td>2020</td>
</tr>
<tr>
<td>10a</td>
<td>Is the hospital facility’s most recently adopted implementation strategy posted on a website?</td>
<td>X</td>
</tr>
<tr>
<td>10b</td>
<td>Is the hospital facility’s most recently adopted implementation strategy attached to this return?</td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td>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>
</tr>
<tr>
<td>12a</td>
<td>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>X</td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td></td>
</tr>
<tr>
<td>12c</td>
<td>If &quot;Yes&quot; to line 12b, did the organization file Form 4720 to report the section 4959 excise tax for all of its hospital facilities?</td>
<td>$</td>
</tr>
</tbody>
</table>
Financial Assistance Policy (FAP)

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

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

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? (X) Yes ( ) No

   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? (X) Yes ( ) No

15 Explained the method for applying for financial assistance? (X) Yes ( ) No

   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? (X) Yes ( ) No

   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 Limited English Proficiency (LEP) populations
   j ( ) Other (describe in Section C)
Billing and Collections

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<th>Yes</th>
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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.

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)

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 (if not, describe in Section C)
- Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- Processed incomplete and complete FAP applications (if not, describe in Section C)
- Made presumptive eligibility determinations (if not, describe in Section C)
- Other (describe in Section C)

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?

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)

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

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 B. Facility Policies and Practices

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

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

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? 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 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. 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: 2020

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

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 6b X

7. Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):
   a. 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. 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. If "Yes," indicate what the CHNA report describes (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. Other (describe in Section C)

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 2020

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website? If "Yes," list the website in Section C. If "No," skip to line 12 10 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)? 12a X

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

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? $
### Billing and Collections

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

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**Policy Relating to Emergency Medical Care**

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<th>Yes</th>
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Schedule H (Form 990) 2020

D/B/A MERCY HEALTH MUSKEGON 38-2589966

MERCY HEALTH PARTNERS

Part V

Facility Information (continued)

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</table>
### Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

#### Name of hospital facility or letter of facility reporting group

<table>
<thead>
<tr>
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<th>Yes</th>
<th>No</th>
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</table>

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

#### Part V Facility Information

**MERCY HEALTH PARTNERS HACKLEY CAMPUS**

#### Line 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.

#### Line 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.
### Financial Assistance Policy (FAP)

#### Name of hospital facility or letter of facility reporting group

**MERCY HEALTH PARTNERS HACKLEY CAMPUS**

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

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:**

   **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?

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.** 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?

   **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 Limited English Proficiency (LEP) populations

   **j.** Other (describe in Section C)
MERCY HEALTH PARTNERS MERCY CAMPUS:

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

MERCY HEALTH PARTNERS MERCY CAMPUS:


MUSKEGON COUNTY

1. EDUCATION
2. EMPLOYMENT AND INCOME
3. COMMUNITY SAFETY - RACISM AND DISCRIMINATION
4. DISPARITIES IN HOUSING - RESIDENTIAL HOUSING AND WATER
5. HEALTHY BEHAVIORS - TOBACCO, NUTRITION, EXERCISE, ALCOHOL AND DRUG USE, SEXUAL BEHAVIOR

OCEANA COUNTY

1. EDUCATION
2. ACCESS TO CARE
3. HOUSING AND TRANSIT
4. EMPLOYMENT - CHILDCARE AND TRAINING OPPORTUNITIES

5. DIET AND EXERCISE

MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

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

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MUSKEGON COUNTY

1. EDUCATION

2. EMPLOYMENT AND INCOME

3. COMMUNITY SAFETY - RACISM AND DISCRIMINATION

4. DISPARITIES IN HOUSING - RESIDENTIAL HOUSING AND WATER

5. HEALTHY BEHAVIORS - TOBACCO, NUTRITION, EXERCISE, ALCOHOL AND DRUG USE, SEXUAL BEHAVIOR

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OCEANA COUNTY

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

2. ACCESS TO CARE

3. HOUSING AND TRANSIT

4. EMPLOYMENT - CHILDCARE AND TRAINING OPPORTUNITIES

5. DIET AND EXERCISE

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

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

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

PART V, SECTION B, LINE 3E: MERCY HEALTH PARTNERS (MHP) INCLUDED IN ITS JOINT FY21 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA.

THE FY21 CHNA REPORT ENCOMPASSED MUSKEGON AND OCEANA COUNTIES FOR MERCY HEALTH MERCY CAMPUS, MERCY HEALTH HACKLEY CAMPUS, AND MERCY HEALTH LAKESHORE CAMPUS. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

MUSKEGON COUNTY

1. EDUCATION

2. EMPLOYMENT AND INCOME

3. COMMUNITY SAFETY - RACISM AND DISCRIMINATION

4. DISPARITIES IN HOUSING - RESIDENTIAL HOUSING AND WATER

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

OCEANA COUNTY

1. EDUCATION

2. ACCESS TO CARE

3. HOUSING AND TRANSIT

4. EMPLOYMENT – CHILDCARE AND TRAINING OPPORTUNITIES

5. DIET AND EXERCISE

MERCY HEALTH PARTNERS MERCY CAMPUS:

THE COMMUNITY ENGAGEMENT AND INPUT STRATEGY INCLUDED A COMMUNITY SURVEY WITH PARTICIPATION BY 1,257 RESIDENTS AND 13 MULTI-SITE FOCUS GROUPS. THE COMMUNITY SURVEY INCORPORATED A RANGE OF QUESTIONS FOCUSING ON HOUSEHOLD INFORMATION, SOCIAL DETERMINANTS OF HEALTH (SDOH), DEPENDENT CARE, HEALTH CARE/INSURANCE, PHYSICAL HEALTH, BEHAVIORAL HEALTH AND SUBSTANCE USE, PHYSICAL ACTIVITY AND NUTRITION, ENVIRONMENT AND TRANSPORTATION, HOUSING, EDUCATION AND EMPOWERMENT, AND DEMOGRAPHIC CHARACTERISTICS. THE SURVEY WAS ADMINISTERED BY A CONSULTANT WHO TRACKED DAILY PARTICIPATION AND RESPONSES TO MEDIA PUSHES. THE LINK FOR THE SURVEY WAS CIRCULATED THROUGH VARIOUS SOCIAL MEDIA OUTLETS (FACEBOOK PRIMARILY) AND THE MERCY HEALTH MARKETING DEPARTMENT'S PATIENT MEDIA PLATFORMS, AS WELL AS PAID ADVERTISEMENTS ON FACEBOOK FOR BOTH MERCY HEALTH AND THE HEALTH PROJECT.

SURVEY METHODOLOGIES INCLUDED VOLUNTEER-ADMINISTERED PAPER QUESTIONNAIRES AND ONLINE SURVEYS CONDUCTED VIA SURVEY MONKEY FROM APRIL 1ST TO MAY 10, 2021. EACH FOCUS GROUP WAS PROFESSIONALLY RECRUITED TO ENSURE THAT PARTICIPANTS REFLECTED THE AREA DEMOGRAPHICS. UTILIZING A VIRTUAL FORMAT,
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EIGHT TO TEN PARTICIPANTS WERE RECRUITED FOR EACH GROUP AND ALL GROUP SESSIONS WERE FACILITATED BY STAFF. EACH SESSION'S NOTES WERE CAPTURED AND ABRIDGED FOR CENTRAL THEMES, COMMENTS, AND NEW INSIGHTS. ONCE SURVEY AND FOCUS GROUP COMMENTS WERE AGGREGATED, THE PRIORITY ISSUES WERE RANKED BY THE CHNA ADVISORY COMMITTEES IN BOTH MUSKEGON AND OCEANA COUNTIES.

MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

PART V, SECTION B, LINE 5: MERCY HEALTH PARTNERS (MHP) ENCOMPASSES THREE CAMPUSES: MERCY CAMPUS, HACKLEY CAMPUS, AND THE LAKESHORE CAMPUS. THE MHP FY21 JOINT-CHNA PROCESS BEGAN IN JANUARY 2021 AND CONCLUDED IN JUNE 2021, WITH A 34-MEMBER ADVISORY COUNCIL REPRESENTING A BROAD RANGE OF INTERESTS IN THE SERVICE AREA. A MAJOR PARTICIPANT IN THE CHNA PROCESS WAS THE MUSKEGON COMMUNITY HEALTH PROJECT (HEALTH PROJECT), THE COMMUNITY BENEFIT ARM OF MHP. THE HEALTH PROJECT PROVIDES FREE HEALTH CARE SUPPORT, ADVOCACY, ACCESS, AND SERVICES TO THOSE IN NEED ALONG MICHIGAN'S WEST COAST. OTHER PARTICIPANTS IN THE CHNA PROCESS INCLUDED: PUBLIC HEALTH MUSKEGON COUNTY, DISTRICT HEALTH DEPARTMENT #10, HACKLEY COMMUNITY CARE CENTER, GREAT START COLLABORATIVE THROUGH MUSKEGON ISD, COMMUNITY FOUNDATION FOR MUSKEGON CO., MUSKEGON/OCEANA COMM. ACTION PARTNER, YMCA OF THE LAKESHORE, OCEANA COUNTY LEADER, MUSKEGON COMMUNITY COLLEGE, LAKESHORE CHAMBER OF COMMERCE, MERCY HEALTH PARTNER HOSPITALS, MERCY HEALTH PHYSICIAN PARTNERS, RAMOS AUTO BODY, TRUE NORTH COMMUNITY SERVICES, WALKERVILLE THRIVES, HART PUBLIC SCHOOLS BOARD OF EDUCATION, GOODWILL WEST MICHIGAN, MERCY HEALTH LAKESHORE HOSPITAL, MICHIGAN WORKS, CHILDCARE ACTION TEAM, LIFECIRCLE/PACE, MUSKEGON HEIGHTS NEIGHBORHOOD ASSOC., MUSKEGON FOOD ALLIANCE, MUSKEGON PUBLIC SCHOOLS, HEALTH PROJECT, BETHANY CHRISTIAN SERVICES/COMMUNITY ENCOMPASS, PETERSON FARMS, OCEANA COUNTY
FAMILY COURT, OCEANA COUNTY SHERIFF, MDHHS-OCEANA, OCEANA COMMUNITY FOUNDATION, PENTWATER TOWNSHIP, HART PUBLIC SCHOOLS BOARD OF EDUCATION,
REP. SCOTT VANSINGEL -100TH HOUSE DISTRICT, CITY OF HART, HART AREA PUBLIC LIBRARY, VILLAGE OF SHELBY, STATE OF MICHIGAN, SILVER LAKE-HART CHAMBER
AND VISITOR BUREAU, OCEANA'S HERALD JOURNAL, ST. GREGORY-OUR LADY OF FATIMA, OCEANA COMMUNITY FOUNDATION, AND WEST MICHIGAN COMMUNITY MENTAL HEALTH.

THE COMMUNITY ENGAGEMENT AND INPUT STRATEGY INCLUDED A COMMUNITY SURVEY WITH PARTICIPATION BY 1,257 RESIDENTS AND 13 MULTI-SITE FOCUS GROUPS. THE COMMUNITY SURVEY INCORPORATED A RANGE OF QUESTIONS FOCUSING ON HOUSEHOLD INFORMATION, SOCIAL DETERMINANTS OF HEALTH (SDOH), DEPENDENT CARE, HEALTH CARE/INSURANCE, PHYSICAL HEALTH, BEHAVIORAL HEALTH AND SUBSTANCE USE, PHYSICAL ACTIVITY AND NUTRITION, ENVIRONMENT AND TRANSPORTATION, HOUSING, EDUCATION AND EMPOWERMENT, AND DEMOGRAPHIC CHARACTERISTICS. THE SURVEY WAS ADMINISTERED BY A CONSULTANT WHO TRACKED DAILY PARTICIPATION AND RESPONSES TO MEDIA PUSHES. THE LINK FOR THE SURVEY WAS CIRCULATED THROUGH VARIOUS SOCIAL MEDIA OUTLETS (FACEBOOK PRIMARILY) AND THE MERCY HEALTH MARKETING DEPARTMENT'S PATIENT MEDIA PLATFORMS, AS WELL AS PAID ADVERTISEMENTS ON FACEBOOK FOR BOTH MERCY HEALTH AND THE HEALTH PROJECT.

SURVEY METHODOLOGIES INCLUDED VOLUNTEER-ADMINISTERED PAPER QUESTIONNAIRES AND ONLINE SURVEYS CONDUCTED VIA SURVEY MONKEY FROM APRIL 1ST TO MAY 10, 2021. EACH FOCUS GROUP WAS PROFESSIONALLY RECRUITED TO ENSURE THAT PARTICIPANTS REFLECTED THE AREA DEMOGRAPHICS. UTILIZING A VIRTUAL FORMAT, EIGHT TO TEN PARTICIPANTS WERE RECRUITED FOR EACH GROUP AND ALL GROUP SESSIONS WERE FACILITATED BY STAFF. EACH SESSION'S NOTES WERE CAPTURED AND

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MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON 38-2589966  Page 8

Schedule H (Form 990) 2020

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

ABRIDGED FOR CENTRAL THEMES, COMMENTS, AND NEW INSIGHTS. ONCE SURVEY AND FOCUS GROUP COMMENTS WERE AGGREGATED, THE PRIORITY ISSUES WERE RANKED BY THE CHNA ADVISORY COMMITTEES IN BOTH MUSKEGON AND OCEANA COUNTIES.

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

PART V, SECTION B, LINE 5: MERCY HEALTH PARTNERS (MHP) ENCOMPASSES THREE CAMPUSES: MERCY CAMPUS, HACKLEY CAMPUS, AND THE LAKESHORE CAMPUS. THE MHP FY21 JOINT-CHNA PROCESS BEGAN IN JANUARY 2021 AND CONCLUDED IN JUNE 2021, WITH A 34-MEMBER ADVISORY COUNCIL REPRESENTING A BROAD RANGE OF INTERESTS IN THE SERVICE AREA. A MAJOR PARTICIPANT IN THE CHNA PROCESS WAS THE MUSKEGON COMMUNITY HEALTH PROJECT (HEALTH PROJECT), THE COMMUNITY BENEFIT ARM OF MHP. THE HEALTH PROJECT PROVIDES FREE HEALTH CARE SUPPORT, ADVOCACY, ACCESS, AND SERVICES TO THOSE IN NEED ALONG MICHIGAN'S WEST COAST. OTHER PARTICIPANTS IN THE CHNA PROCESS INCLUDED: PUBLIC HEALTH MUSKEGON COUNTY, DISTRICT HEALTH DEPARTMENT #10, HACKLEY COMMUNITY CARE CENTER, GREAT START COLLABORATIVE THROUGH MUSKEGON ISD, COMMUNITY FOUNDATION FOR MUSKEGON CO., MUSKEGON/OCEANA COMM. ACTION PARTNER, YMCA OF THE LAKESHORE, OCEANA COUNTY LEADER, MUSKEGON COMMUNITY COLLEGE, LAKESHORE CHAMBER OF COMMERCE, MERCY HEALTH PARTNER HOSPITALS, MERCY HEALTH PHYSICIAN PARTNERS, RAMOS AUTO BODY, TRUE NORTH COMMUNITY SERVICES, WALKERVILLE THRIVES, HART PUBLIC SCHOOLS BOARD OF EDUCATION, GOODWILL WEST MICHIGAN, MERCY HEALTH LAKESHORE HOSPITAL, MICHIGAN WORKS, CHILDicare ACTION TEAM, LIFECIRCLE/PACE, MUSKEGON HEIGHTS NEIGHBORHOOD ASSOC., MUSKEGON FOOD ALLIANCE, MUSKEGON PUBLIC SCHOOLS, HEALTH PROJECT, BETHANY CHRISTIAN SERVICES/COMMUNITY ENCOMPASS, PETERSON FARMS, OCEANA COUNTY FAMILY COURT, OCEANA COUNTY SHERIFF, MDHHS-OCEANA, OCEANA COMMUNITY FOUNDATION, PENTWATER TOWNSHIP, HART PUBLIC SCHOOLS BOARD OF EDUCATION,
REP. SCOTT VANSINGEL -100TH HOUSE DISTRICT, CITY OF HART, HART AREA PUBLIC
LIBRARY, VILLAGE OF SHELBY, STATE OF MICHIGAN, SILVER LAKE-HART CHAMBER
AND VISITOR BUREAU, OCEANA'S HERALD JOURNAL, ST. GREGORY-OUR LADY OF
FATIMA, OCEANA COMMUNITY FOUNDATION, AND WEST MICHIGAN COMMUNITY MENTAL
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PHYSICAL ACTIVITY AND NUTRITION, ENVIRONMENT AND TRANSPORTATION, HOUSING,
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TO MEDIA PUSHES. THE LINK FOR THE SURVEY WAS CIRCULATED THROUGH VARIOUS
SOCIAL MEDIA OUTLETS (FACEBOOK PRIMARILY) AND THE MERCY HEALTH MARKETING
DEPARTMENT'S PATIENT MEDIA PLATFORMS, AS WELL AS PAID ADVERTISEMENTS ON
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SURVEY METHODOLOGIES INCLUDED VOLUNTEER-ADMINISTERED PAPER QUESTIONNAIRES
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ABRIDGED FOR CENTRAL THEMES, COMMENTS, AND NEW INSIGHTS. ONCE SURVEY AND
FOCUS GROUP COMMENTS WERE AGGREGATED, THE PRIORITY ISSUES WERE RANKED BY
THE CHNA ADVISORY COMMITTEES IN BOTH MUSKEGON AND OCEANA COUNTIES.

MERCY HEALTH PARTNERS MERCY CAMPUS:


MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

MERCY HEALTH PARTNERS MERCY CAMPUS:

PART V, SECTION B, LINE 11: IN FY21, MERCY HEALTH MERCY CAMPUS, MERCY HEALTH HACKLEY CAMPUS, AND MERCY HEALTH LAKESHORE CAMPUS, THROUGH MERCY HEALTH PARTNERS (MHP), COLLECTIVELY ADDRESSED THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE FY21 CHNA.

1. MUSKEGON - EDUCATION: IN MARCH 2020, MHP FORMALLY ANNOUNCED THAT SEVERAL ACRES OF THE MERCY HEALTH HACKLEY CAMPUS PROPERTY WOULD BE GIVEN TO MUSKEGON PUBLIC SCHOOLS TO BUILD A NEW MIDDLE SCHOOL. INCLUDED IN THE DESIGN IS THE DEVELOPMENT OF THE EARLY CAREER TECHNOLOGY EXPLORATION CENTER FOR GRADES 6TH THROUGH 8TH, WITH CAREER PATHWAYS LEADING TO CONTINUED EDUCATION THROUGH THE MUSKEGON CAREER TECH CENTER, MUSKEGON COMMUNITY COLLEGE AND BAKER COLLEGE. IN FY21, MHP BEGAN PREPARATION FOR THE LAND TRANSFER BY PLANNING FOR DEMOLITION OF THE EXISTING SITE AND
COORDINATING WITH MUSKEGON PUBLIC SCHOOLS AND THE CITY OF MUSKEGON ON MUNICIPAL INFRASTRUCTURE ISSUES, DEMOLITION PERMITS, AND HAZARDOUS MITIGATION REQUIREMENTS.

2. OCEANA – EDUCATION: IN JUNE 2021, MERCY HEALTH FORMALLY ANNOUNCED A COMMUNITY BENEFIT BOARD INITIATIVE AND SISTER SIMONE GRANT REQUEST FOR PROPOSALS THAT WOULD INCLUDE EDUCATIONAL PRIORITIES IN BOTH MUSKEGON AND OCEANA COUNTIES. THIS APPLICATION PROCESS RESULTED IN THE OCEANA COLLEGE ACCESS NETWORK RECEIVING A GRANT TO PROMOTE POST-SECONDARY EDUCATION IN OCEANA COUNTY.

3. MUSKEGON – EMPLOYMENT AND INCOME: IN COLLABORATION WITH THE COMMUNITY HEALTH IMPROVEMENT REGION (CHIR), MHP AND SEVERAL COMMUNITY PARTNERS CONTINUED WORK ON THE CHIR'S LIVABILITY LAB 100-DAY CHALLENGE, WHICH WAS LAUNCHED IN SEPTEMBER 2019. THE CHIR'S PROCESS IDENTIFIED SEVERAL TEAMS THAT COLLABORATED FOR 100 DAYS TO USE DATA TO IDENTIFY BARRIERS AND POSSIBLY IMPLEMENT SOLUTIONS: CHILDCARE OPPORTUNITIES, WORKFORCE DEVELOPMENT GAPS, EMPLOYMENT OPPORTUNITIES VIA EXPUNGEMENT, AND IDENTIFY, PROMOTE, AND SUPPORT MINORITY OWNED BUSINESSES.

4. MUSKEGON – COMMUNITY SAFETY – RACISM AND DISCRIMINATION: MHP, THROUGH THE HEALTH PROJECT, HAS FACILITATED THE MUSKEGON HEALTH DISPARITIES COALITION (MHDC) FOR SEVERAL YEARS TO COLLECT DATA, OFFER TRAININGS, AND ENCOURAGE COMMUNITY MEMBERS TO ADVOCATE FOR THEIR HEALTH CARE NEEDS. SINCE 2017, MHDC HAS SUPPORTED MASTER TRAINERS IN COMING TOGETHER FOR RACIAL UNDERSTANDING (CTRU) AND OFFERED MULTIPLE WORKSHOPS ON UNCONSCIOUS BIAS AND RACISM, AS WELL AS PRESENTING MOVIES TO THE COMMUNITY FREE OF.
Charge on multiple issues. Over 200 community members have taken advantage of the MHDC trainings since 2018. Mercy Health staff and mission leaders are actively engaged in the initiative, ensuring alignment and partnership opportunities with the diversity and inclusion team.

During FY21, the CTRU classes were adapted to a virtual format with two four-week sessions completed during this time.

5. Muskegon Healthy Behaviors - Tobacco, Nutrition, Exercise, Alcohol and Drug Use, Sexual Behavior: Since the release of the 2019 Mercy Health CHNA, great efforts to provide healthy food opportunities have continued in Oceana County. Oceana Health Bound, a coalition led by MHP through the Health Project, and its subgroup, Healthy Lifestyles, have led and participated in several community-wide health fairs. Staff from Mercy Health Lakeshore, the Health Project and community partners like MSU-Extension continue to offer the Stanford University Diabetes Self-Management Program (DSMP) and other nutrition-related courses. In FY21, Mercy Health Lakeshore was awarded $15,000 per year for implementation of the Prescription for Health program which comes directly from the Michigan Health Endowment Fund Grant. Area farmers markets have also received grants to offer opportunities for fresh fruits and vegetables to children and seniors. Although slow to start in FY21 due to the pandemic, the program education has been adapted to a virtual format and will continue into FY22.

6. Oceana - Employment - Childcare and Training Opportunities: As part of the Health Project Community Benefit Board Initiative (CBBI) grants, the United Way of the Lakeshore received $20,000 to support existing childcare...
PROVIDERS AND RECRUIT NEW ONES THROUGH THE HELP OF A SHARED SERVICES HUB.

THIS SHARED SERVICES HUB WILL REDUCE STRESS ON PROVIDERS BY ENABLING

ACCESS TO A TEAM OF EXPERTS IN BOTH BUSINESS AND PEDAGOGICAL LEADERSHIP.

IT WILL ALLOW MORE TIME TO FOCUS ON THE CHILDREN AND THEIR LEARNING

ACTIVITIES WHICH WILL RAISE THE QUALITY OF CARE.

7. OCEANA – DIET AND EXERCISE: IN FY21, MERCY HEALTH PARTNERS CONTINUED TO SUPPORT THE DIABETES PREVENTION PROGRAM (DPP) EXPANSION TO OCEANA COUNTY IN A VIRTUAL FORMAT.


MERCY HEALTH PARTNERS 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 IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. FOR THAT REASON, MHP WILL NOT DIRECTLY ADDRESS DISPARITIES IN HOUSING – RESIDENTIAL HOUSING AND WATER IN MUSKEGON COUNTY OR HOUSING AND TRANSIT IN OCEANA COUNTY.

MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

PART V, SECTION B, LINE 11: IN FY21, MERCY HEALTH MERCY CAMPUS, MERCY HEALTH HACKLEY CAMPUS, AND MERCY HEALTH LAKESHORE CAMPUS, THROUGH MERCY HEALTH PARTNERS (MHP), COLLECTIVELY ADDRESSED THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE FY21 CHNA.
1. MUSKEGON - EDUCATION: IN MARCH 2020, MHP FORMALLY ANNOUNCED THAT SEVERAL ACRES OF THE MERCY HEALTH HACKLEY CAMPUS PROPERTY WOULD BE GIVEN TO MUSKEGON PUBLIC SCHOOLS TO BUILD A NEW MIDDLE SCHOOL. INCLUDED IN THE DESIGN IS THE DEVELOPMENT OF THE EARLY CAREER TECHNOLOGY EXPLORATION CENTER FOR GRADES 6TH THROUGH 8TH, WITH CAREER PATHWAYS LEADING TO CONTINUED EDUCATION THROUGH THE MUSKEGON CAREER TECH CENTER, MUSKEGON COMMUNITY COLLEGE AND BAKER COLLEGE. IN FY21, MHP BEGAN PREPARATION FOR THE LAND TRANSFER BY PLANNING FOR DEMOLITION OF THE EXISTING SITE AND COORDINATING WITH MUSKEGON PUBLIC SCHOOLS AND THE CITY OF MUSKEGON ON MUNICIPAL INFRASTRUCTURE ISSUES, DEMOLITION PERMITS, AND HAZARDOUS MITIGATION REQUIREMENTS.

2. OCEANA - EDUCATION: IN JUNE 2021, MERCY HEALTH FORMALLY ANNOUNCED A COMMUNITY BENEFIT BOARD INITIATIVE AND SISTER SIMONE GRANT REQUEST FOR PROPOSALS THAT WOULD INCLUDE EDUCATIONAL PRIORITIES IN BOTH MUSKEGON AND OCEANA COUNTIES. THIS APPLICATION PROCESS RESULTED IN THE OCEANA COLLEGE ACCESS NETWORK RECEIVING A GRANT TO PROMOTE POST-SECONDARY EDUCATION IN OCEANA COUNTY.

3. MUSKEGON - EMPLOYMENT AND INCOME: IN COLLABORATION WITH THE COMMUNITY HEALTH IMPROVEMENT REGION (CHIR), MHP AND SEVERAL COMMUNITY PARTNERS CONTINUED WORK ON THE CHIR'S LIVABILITY LAB 100-DAY CHALLENGE, WHICH WAS LAUNCHED IN SEPTEMBER 2019. THE CHIR'S PROCESS IDENTIFIED SEVERAL TEAMS THAT COLLABORATED FOR 100 DAYS TO USE DATA TO IDENTIFY BARRIERS AND POSSIBLY IMPLEMENT SOLUTIONS: CHILDCARE OPPORTUNITIES, WORKFORCE DEVELOPMENT GAPS, EMPLOYMENT OPPORTUNITIES VIA EXPUNGEMENT, AND IDENTIFY, PROMOTE, AND SUPPORT MINORITY OWNED BUSINESSES.
4. MUSKEGON - COMMUNITY SAFETY - RACISM AND DISCRIMINATION: MHP, THROUGH THE HEALTH PROJECT, HAS FACILITATED THE MUSKEGON HEALTH DISPARITIES COALITION (MHDC) FOR SEVERAL YEARS TO COLLECT DATA, OFFER TRAININGS, AND TO ENCOURAGE COMMUNITY MEMBERS TO ADVOCATE FOR THEIR HEALTH CARE NEEDS. SINCE 2017, MHDC HAS SUPPORTED MASTER TRAINERS IN COMING TOGETHER FOR RACIAL UNDERSTANDING (CTRU) AND OFFERED MULTIPLE WORKSHOPS ON UNCONSCIOUS BIAS AND RACISM, AS WELL AS PRESENTING MOVIES TO THE COMMUNITY FREE OF CHARGE ON MULTIPLE ISSUES. OVER 200 COMMUNITY MEMBERS HAVE TAKEN ADVANTAGE OF THE MHDC TRAININGS SINCE 2018. MERCY HEALTH STAFF AND MISSION LEADERS ARE ACTIVELY ENGAGED IN THE INITIATIVE, ENSURING ALIGNMENT AND PARTNERSHIP OPPORTUNITIES WITH THE DIVERSITY AND INCLUSION TEAM. DURING FY21, THE CTRU CLASSES WERE ADAPTED TO A VIRTUAL FORMAT WITH TWO FOUR-WEEK SESSIONS COMPLETED DURING THIS TIME.

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

ALSO RECEIVED GRANTS TO OFFER OPPORTUNITIES FOR FRESH FRUITS AND VEGETABLES TO CHILDREN AND SENIORS. ALTHOUGH SLOW TO START IN FY21 DUE TO THE PANDEMIC, THE PROGRAM EDUCATION HAS BEEN ADAPTED TO A VIRTUAL FORMAT AND WILL CONTINUE INTO FY22.

6. OCEANA - EMPLOYMENT - CHILDCARE AND TRAINING OPPORTUNITIES: AS PART OF THE HEALTH PROJECT COMMUNITY BENEFIT BOARD INITIATIVE (CBBI) GRANTS, THE UNITED WAY OF THE LAKESHORE RECEIVED $20,000 TO SUPPORT EXISTING CHILDCARE PROVIDERS AND RECRUIT NEW ONES THROUGH THE HELP OF A SHARED SERVICES HUB. THIS SHARED SERVICES HUB WILL REDUCE STRESS ON PROVIDERS BY ENABLING ACCESS TO A TEAM OF EXPERTS IN BOTH BUSINESS AND PEDAGOGICAL LEADERSHIP. IT WILL ALLOW MORE TIME TO FOCUS ON THE CHILDREN AND THEIR LEARNING ACTIVITIES WHICH WILL RAISE THE QUALITY OF CARE.

7. OCEANA - DIET AND EXERCISE: IN FY21, MERCY HEALTH PARTNERS CONTINUED TO SUPPORT THE DIABETES PREVENTION PROGRAM (DPP) EXPANSION TO OCEANA COUNTY IN A VIRTUAL FORMAT.

8. OCEANA - ACCESS TO CARE: MERCY HEALTH HAS PROVIDED ENROLLMENT OF MEDICAID AND MEDICARE, AND EXPANDED ENROLLMENT FOR THE MARKETPLACE THAT OPENED UP AS A RESULT OF THE PANDEMIC.

MERCY HEALTH PARTNERS 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 IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. FOR THAT REASON, MHP WILL NOT DIRECTLY ADDRESS DISPARITIES IN HOUSING - RESIDENTIAL HOUSING AND...
Part V Facility Information (continued)

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

WATER IN MUSKEGON COUNTY OR HOUSING AND TRANSIT IN OCEANA COUNTY.

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

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3. MUSKEGON - EMPLOYMENT AND INCOME: IN COLLABORATION WITH THE COMMUNITY

HEALTH IMPROVEMENT REGION (CHIR), MHP AND SEVERAL COMMUNITY PARTNERS

CONTINUED WORK ON THE CHIR’S LIVABILITY LAB 100-DAY CHALLENGE, WHICH WAS LAUNCHED IN SEPTEMBER 2019. THE CHIR’S PROCESS IDENTIFIED SEVERAL TEAMS THAT COLLABORATED FOR 100 DAYS TO USE DATA TO IDENTIFY BARRIERS AND POSSIBLY IMPLEMENT SOLUTIONS: CHILDREN OPPORTUNITIES, WORKFORCE DEVELOPMENT GAPS, EMPLOYMENT OPPORTUNITIES VIA EXPUNGEMENT, AND IDENTIFY, PROMOTE, AND SUPPORT MINORITY OWNED BUSINESSES.

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5. MUSKEGON HEALTHY BEHAVIORS - TOBACCO, NUTRITION, EXERCISE, ALCOHOL AND DRUG USE, SEXUAL BEHAVIOR: SINCE THE RELEASE OF THE 2019 MERCY HEALTH CHNA, GREAT EFFORTS TO PROVIDE HEALTHY FOOD OPPORTUNITIES HAVE CONTINUED IN OCEANA COUNTY. OCEANA HEALTH BOUND, A COALITION LED BY MHP THROUGH THE
HEALTH PROJECT, AND ITS SUBGROUP, HEALTHY LIFESTYLES, HAVE LED AND PARTICIPATED IN SEVERAL COMMUNITY-WIDE HEALTH FAIRS. STAFF FROM MERCY HEALTH LAKESHORE, THE HEALTH PROJECT AND COMMUNITY PARTNERS LIKE MSU-EXTENSION CONTINUE TO OFFER THE STANFORD UNIVERSITY DIABETES SELF-MANAGEMENT PROGRAM (DSMP) AND OTHER NUTRITION-RELATED COURSES. IN FY21, MERCY HEALTH LAKESHORE WAS AWARDED $15,000 PER YEAR FOR IMPLEMENTATION OF THE PRESCRIPTION FOR HEALTH PROGRAM WHICH COMES DIRECTLY FROM THE MICHIGAN HEALTH ENDOWMENT FUND GRANT. AREA FARMERS MARKETS HAVE ALSO RECEIVED GRANTS TO OFFER OPPORTUNITIES FOR FRESH FRUITS AND VEGETABLES TO CHILDREN AND SENIORS. ALTHOUGH SLOW TO START IN FY21 DUE TO THE PANDEMIC, THE PROGRAM EDUCATION HAS BEEN ADAPTED TO A VIRTUAL FORMAT AND WILL CONTINUE INTO FY22.

6. OCEANA - EMPLOYMENT - CHILDCARE AND TRAINING OPPORTUNITIES: AS PART OF THE HEALTH PROJECT COMMUNITY BENEFIT BOARD INITIATIVE (CBBI) GRANTS, THE UNITED WAY OF THE LAKESHORE RECEIVED $20,000 TO SUPPORT EXISTING CHILDCARE PROVIDERS AND RECRUIT NEW ONES THROUGH THE HELP OF A SHARED SERVICES HUB. THIS SHARED SERVICES HUB WILL REDUCE STRESS ON PROVIDERS BY ENABLING ACCESS TO A TEAM OF EXPERTS IN BOTH BUSINESS AND PEDAGOGICAL LEADERSHIP. IT WILL ALLOW MORE TIME TO FOCUS ON THE CHILDREN AND THEIR LEARNING ACTIVITIES WHICH WILL RAISE THE QUALITY OF CARE.

7. OCEANA - DIET AND EXERCISE: IN FY21, MERCY HEALTH PARTNERS CONTINUED TO SUPPORT THE DIABETES PREVENTION PROGRAM (DPP) EXPANSION TO OCEANA COUNTY IN A VIRTUAL FORMAT.

8. OCEANA - ACCESS TO CARE: MERCY HEALTH HAS PROVIDED ENROLLMENT OF

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8. OCEANA - ACCESS TO CARE: MERCY HEALTH HAS PROVIDED ENROLLMENT OF
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON
38-2589966

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

M EDICAID AND MEDICARE, AND EXPANDED ENROLLMENT FOR THE MARKETPLACE THAT OPENED UP AS A RESULT OF THE PANDEMIC.

MERCY HEALTH PARTNERS 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 IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. FOR THAT REASON, MHP WILL NOT DIRECTLY ADDRESS DISPARITIES IN HOUSING – RESIDENTIAL HOUSING AND WATER IN MUSKEGON COUNTY OR HOUSING AND TRANSIT IN OCEANA COUNTY.

MERCY HEALTH PARTNERS MERCY CAMPUS:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF
OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE

UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN
ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS
TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A
SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY
PATIENTS.

MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS
ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON
AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED
PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS,
NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING
FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF
RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO
RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

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
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ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS
TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A
SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MERCY HEALTH PARTNERS MERCY CAMPUS

PART V, LINE 16A, FAP WEBSITE:
WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MERCY HEALTH PARTNERS LAKESHORE CAMPUS

PART V, LINE 16A, FAP WEBSITE:
WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MERCY HEALTH PARTNERS HACKLEY CAMPUS

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WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MERCY HEALTH PARTNERS MERCY CAMPUS

PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MERCY HEALTH PARTNERS LAKESHORE CAMPUS

PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MERCY HEALTH PARTNERS HACKLEY CAMPUS

PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MERCY HEALTH PARTNERS MERCY CAMPUS

PART V, LINE 16C, FAP Plain Language Summary Website:
WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MERCY HEALTH PARTNERS LAKESHORE CAMPUS

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

WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MERCY HEALTH PARTNERS HACKLEY CAMPUS

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

WWW.MERCYHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

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

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

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

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

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

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.
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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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

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

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

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

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

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

MERCY HEALTH PARTNERS MERCY CAMPUS - PART V, SECTION B, LINE 7B:
WWW.MCHP.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CURRENT-CHNA
## Section C. Supplemental Information for Part V, Section B.

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

### MERCY HEALTH PARTNERS LAKE SHORE CAMPUS – PART V, SECTION B, LINE 7B:


### MERCY HEALTH PARTNERS HACKLEY CAMPUS – PART V, SECTION B, LINE 7B:

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? 53

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 MUSKEGON SURGERY CENTER</td>
<td>OUTPATIENT SURGERY</td>
<td></td>
</tr>
<tr>
<td>1400 MERCY DRIVE, SUITE 150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUSKEGON, MI 49444</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 JOHNSON FAMILY CENTER FOR CANCER CARE</td>
<td>CANCER TREATMENT FACILITY</td>
<td></td>
</tr>
<tr>
<td>1440 E. SHERMAN BLVD.</td>
<td></td>
<td></td>
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<tr>
<td>MUSKEGON, MI 49444</td>
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<td></td>
</tr>
<tr>
<td>3 WEST SHORE CARDIOLOGY</td>
<td>CARDIOLOGY</td>
<td></td>
</tr>
<tr>
<td>1212 E. SHERMAN BLVD.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUSKEGON, MI 49444</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 WEST MI GASTROENTEROLOGY</td>
<td>GASTROENTEROLOGY</td>
<td></td>
</tr>
<tr>
<td>1675 LEAHY STREET, SUITE 324B</td>
<td></td>
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<tr>
<td>MUSKEGON, MI 49444</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 LAKES VILLAGE</td>
<td>OUTPATIENT SERVICES, LAB, URGENT CARE, REHAB, IMAGING</td>
<td></td>
</tr>
<tr>
<td>6401 PRAIRIE STREET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTON SHORES, MI 49444</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 OB GYN ASSOCIATES</td>
<td>OBSTETRICS / GYNECOLOGY</td>
<td></td>
</tr>
<tr>
<td>1675 LEAHY STREET, SUITE 428B</td>
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</tr>
<tr>
<td>MUSKEGON, MI 49444</td>
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<td></td>
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<tr>
<td>7 SHORELINE NEUROSURGERY</td>
<td>NEUROSURGICAL &amp; PHYSIATRY</td>
<td></td>
</tr>
<tr>
<td>1675 LEAHY STREET, SUITE 401A</td>
<td></td>
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</tr>
<tr>
<td>MUSKEGON, MI 49444</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 MH LAKESHORE LASER AND AESTHETICS</td>
<td>OUTPATIENT SERVICES</td>
<td></td>
</tr>
<tr>
<td>3570 HENRY STREET STE. 210</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTON SHORES, MI 49441</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 MERCY HEALTH HEART CENTER</td>
<td>CARDIOLOGY</td>
<td></td>
</tr>
<tr>
<td>1212 E. SHERMAN BLVD.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUSKEGON, MI 49444</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 PULMONARY MEDICINE</td>
<td>PULMONARY</td>
<td></td>
</tr>
<tr>
<td>1560 E. SHERMAN BLVD, SUITE 150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUSKEGON, MI 49444</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? **53**

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11 MH INFECTIOUS DISEASE &amp; HEP C CLINIC</strong></td>
<td>INFECTIOUS DISEASE</td>
</tr>
<tr>
<td>1675 LEAHY STREET, SUITE 301A</td>
<td></td>
</tr>
<tr>
<td>MUSKEGON, MI 49442</td>
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</tr>
<tr>
<td><strong>12 HACKLEY LAKES OB GYN</strong></td>
<td>OBSTETRICS / GYNECOLOGY</td>
</tr>
<tr>
<td>6401 PRAIRIE STREET, SUITE 2100</td>
<td></td>
</tr>
<tr>
<td>NORTON SHORES, MI 49444</td>
<td></td>
</tr>
<tr>
<td><strong>13 MH PRIMARY CARE NORTON SHORES</strong></td>
<td>PRIMARY CARE PHYSICIAN</td>
</tr>
<tr>
<td>3570 HENRY STREET STE. 120</td>
<td></td>
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<tr>
<td>NORTON SHORES, MI 49441</td>
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<tr>
<td><strong>14 MH FAMILY CARE NORTH MUSKEGON</strong></td>
<td>PRIMARY CARE PHYSICIAN OFFICE</td>
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<tr>
<td>2006 HOLTON ROAD STE. 200</td>
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</tr>
<tr>
<td>MUSKEGON, MI 49445</td>
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</tr>
<tr>
<td><strong>15 LAKESHORE MEDICAL CENTER – SHELBY</strong></td>
<td>PRIMARY CARE PHYSICIAN OFFICE</td>
</tr>
<tr>
<td>71 W. BEVIER ROAD</td>
<td></td>
</tr>
<tr>
<td>SHELBY, MI 49455</td>
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</tr>
<tr>
<td><strong>16 CARDIOTHORACIC SURGERY</strong></td>
<td>CARDIOLOGY</td>
</tr>
<tr>
<td>1560 E. SHERMAN BLVD, SUITE 309</td>
<td></td>
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<tr>
<td>MUSKEGON, MI 49444</td>
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</tr>
<tr>
<td><strong>17 WESTSHORE FAMILY MEDICINE</strong></td>
<td>PRIMARY CARE PHYSICIAN OFFICE</td>
</tr>
<tr>
<td>1223 MERCY DRIVE</td>
<td></td>
</tr>
<tr>
<td>MUSKEGON, MI 49444</td>
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<tr>
<td><strong>18 LAKESHORE MEDICAL CENTER – WHITEHALL</strong></td>
<td>PRIMARY CARE PHYSICIAN OFFICE</td>
</tr>
<tr>
<td>905 E. COLBY STREET</td>
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<tr>
<td>WHITEHALL, MI 49461</td>
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</tr>
<tr>
<td><strong>19 HART FAMILY MEDICAL CENTER</strong></td>
<td>PRIMARY CARE PHYSICIAN OFFICE</td>
</tr>
<tr>
<td>611 E. MAIN STREET</td>
<td></td>
</tr>
<tr>
<td>HART, MI 49420</td>
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</tr>
<tr>
<td><strong>20 MERCY WESTSHORE INTERNAL MEDICINE</strong></td>
<td>PRIMARY CARE PHYSICIAN OFFICE</td>
</tr>
<tr>
<td>1150 E. SHERMAN BLVD., SUITE 1100</td>
<td></td>
</tr>
<tr>
<td>MUSKEGON, MI 49444</td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2020
### 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? __________

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 FRUITPORT FAMILY MEDICINE</td>
<td>PRIMARY CARE PHYSICIAN OFFICE</td>
</tr>
<tr>
<td>3443 FARR RD.</td>
<td></td>
</tr>
<tr>
<td>FRUITPORT, MI 49415</td>
<td></td>
</tr>
<tr>
<td>22 MERCY H.E.A.R.T. CENTER</td>
<td>WELLNESS &amp; REHABILITATION</td>
</tr>
<tr>
<td>1212 E. SHERMAN BLVD.</td>
<td></td>
</tr>
<tr>
<td>MUSKEGON, MI 49444</td>
<td></td>
</tr>
<tr>
<td>23 HART PAVILION</td>
<td>LAB, RADIOLOGY, PHYSICIAN</td>
</tr>
<tr>
<td>611 E. MAIN STREET</td>
<td>PARTNERS</td>
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<tr>
<td>HART, MI 49420</td>
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</tr>
<tr>
<td>24 MH REHABILITATION NORTON SHORES</td>
<td>REHABILITATION</td>
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<tr>
<td>3570 HENRY STREET STE. 200</td>
<td></td>
</tr>
<tr>
<td>NORTON SHORES, MI 49441</td>
<td></td>
</tr>
<tr>
<td>25 MERCY GERIATRIC MEDICAL ASSOCIATES</td>
<td>GERIATRICS</td>
</tr>
<tr>
<td>1150 E. SHERMAN BLVD., SUITE 1175</td>
<td></td>
</tr>
<tr>
<td>MUSKEGON, MI 49444</td>
<td></td>
</tr>
<tr>
<td>26 SABLE POINT</td>
<td>PRIMARY CARE PHYSICIAN OFFICE,</td>
</tr>
<tr>
<td>5656 W US 10</td>
<td>LAB, WORKPLACE HEALTH;</td>
</tr>
<tr>
<td>LUDINGTON, MI 49431</td>
<td>REHABILITATION</td>
</tr>
<tr>
<td>27 LAKESHORE FAMILY CARE</td>
<td>PRIMARY CARE PHYSICIAN OFFICE</td>
</tr>
<tr>
<td>601 W. SAVIDGE STREET</td>
<td></td>
</tr>
<tr>
<td>SPRING LAKE, MI 49456</td>
<td></td>
</tr>
<tr>
<td>28 COMPREHENSIVE WOMEN'S HEALTH</td>
<td>OBSTETRICS / GYNECOLOGY</td>
</tr>
<tr>
<td>1675 LEAHY STREET, SUITE 311A</td>
<td></td>
</tr>
<tr>
<td>MUSKEGON, MI 49444</td>
<td></td>
</tr>
<tr>
<td>29 HACKLEY LAKES OB GYN</td>
<td>OBSTETRICS / GYNECOLOGY</td>
</tr>
<tr>
<td>1675 LEAHY STREET, SUITE 215A</td>
<td></td>
</tr>
<tr>
<td>MUSKEGON, MI 49444</td>
<td></td>
</tr>
<tr>
<td>30 ADULT MEDICINE SPECIALIST</td>
<td>PRIMARY CARE PHYSICIAN OFFICE</td>
</tr>
<tr>
<td>6401 PRAIRIE STREET, SUITE 2800</td>
<td></td>
</tr>
<tr>
<td>MUSKEGON, MI 49444</td>
<td></td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
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<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 OSTEOPATHIC MEDICINE</td>
<td>PHYSIATRY</td>
</tr>
<tr>
<td>1150 E. SHERMAN BLVD., SUITE 1100</td>
<td></td>
</tr>
<tr>
<td>MUSKEGON, MI 49444</td>
<td></td>
</tr>
<tr>
<td>32 NEURODIAGNOSTICS BUILDING</td>
<td>NEURODIAGNOSTICS / SLEEP CENTER</td>
</tr>
<tr>
<td>1277 MERCY DR.</td>
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</table>
Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 53

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
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<tr>
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</thead>
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<tr>
<td>51 NORTHSIDE FAMILY MEDICINE</td>
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</table>

How many non-hospital health care facilities did the organization operate during the tax year? 53
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.*

**PART I, LINE 6A:**

*MERCY HEALTH PARTNERS D/B/A MERCY HEALTH MUSKEGON (MHM) REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.*

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

**PART I, LINE 7:**

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

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $26,663,323, 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 I, LINE 5A:

DURING FY21, DUE TO THE COVID-19 PANDEMIC, THE HOSPITAL SUSPENDED ITS TRADITIONAL ANNUAL BUDGET PROCESS AND USED A QUARTERLY PROCESS TO PLAN FOR FREE AND DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICY. THIS CHANGE IN PROCESS DID NOT ALLOW THE HOSPITAL TO BUDGET FOR FINANCIAL ASSISTANCE EXPENSES ON AN ANNUAL BASIS. THE HOSPITAL IMPLEMENTED A NEW ROLLING FORECAST METHOD FOR FINANCIAL PLANNING IN FY22. THE ROLLING FORECAST WILL FACILITATE CONTINUOUS PLANNING, PERFORMANCE ASSESSMENT AND ACCOUNTABILITY.

PART II, COMMUNITY BUILDING ACTIVITIES:

IN FY21, MERCY HEALTH PARTNERS MERCY CAMPUS ENGAGED IN COMMUNITY BUILDING ACTIVITIES IN THE FOLLOWING WAYS:

COMMUNITY SUPPORT - ACTIVITIES INCLUDE SUPPORT OF THE MUSKEGON COUNTY
HOMELESS CONTINUUM OF CARE NETWORK (MCHCCN), WHICH IS THE DESIGNATED
COLLABORATIVE BODY TO PLAN AND IMPLEMENT SERVICES TO END HOMELESSNESS IN
MUSKEGON COUNTY. THE HEALTH PROJECT IS THE COLLABORATIVE APPLICANT ON
BEHALF OF THE NETWORK FOR THE APPLICATION FOR FUNDS FOR ALL AGENCIES
SEEKING HUD AND MSHDA EMERGENCY SOLUTIONS GRANT (ESG) FUNDS. THE HEALTH
PROJECT IS THE FIDUCIARY FOR THE HUD PLANNING GRANT, WHICH IS USED TO HIRE
A CONSULTANT TO CREATE A COORDINATED ENTRY SYSTEM, REVISE THE NETWORK'S
GOVERNANCE CHARTER, AND DEVELOP POLICIES AND PROCEDURES TO BE IN
COMPLIANCE WITH FEDERAL AND STATE REGULATIONS. THE MCHCCN COORDINATOR IS A
HEALTH PROJECT STAFF MEMBER WHO PREPARES AND SUBMITS FUNDING APPLICATIONS
FOR HUD AND MSHDA ON BEHALF OF THE COMMUNITY AND IS SUPPORT STAFF TO THE
VARIOUS COMMITTEES OF THE NETWORK. THE MCHCCN COORDINATOR IS ALSO
RESPONSIBLE FOR THE DEVELOPMENT OF THE CONSOLIDATED HOUSING PLAN FOR
MUSKEGON COUNTY TO ENSURE COORDINATION BETWEEN THE ENTITLEMENT
COMMUNITIES, THE COUNTY OF MUSKEGON, AND THE NETWORK. MERCY HEALTH MERCY
CAMPUS ALSO PROVIDES THE STAFF TO ACT AS THE CHAIR FOR THE CASE MANAGEMENT
COMMITTEE. THIS COMMITTEE CONVENES MEETINGS OF 60 AGENCIES IN THE
COMMUNITY EVERY MONTH TO SHARE RESOURCES. THE MERCY HEALTH MERCY CAMPUS
STAFF DEVELOPS THE EDUCATION PROGRAMS FOR THE CASE MANAGERS OF THESE
AGENCIES SO THAT THE AGENCIES ARE ADHERING TO A VARIETY OF STATE AND
FEDERAL REGULATIONS. MANY OF THE SMALL AGENCIES DO NOT HAVE THE TIME NOR
FUNDS TO ATTEND REQUIRED TRAININGS AND THE CASE MANAGERS COMMITTEE
PROVIDES THAT ACCESS TO THEM. THE MERCY HEALTH MERCY CAMPUS STAFF IS THE
PERSON WHO PUTS TOGETHER A COMMUNITY CASE MANAGEMENT TEAM TO ADDRESS
PROBLEMS PRESENTED BY PATIENTS THAT NO ONE AGENCY CAN SOLVE ON ITS OWN.
MERCY HEALTH MERCY CAMPUS ALSO PROVIDES STAFF TO SUPPORT SIMILAR CASE
MANAGEMENT COMMITTEES IN OCEANA AND MASON COUNTIES.
THE MERCY HEALTH MERCY CAMPUS, THROUGH THE HEALTH PROJECT, PROVIDED TIME FOR THE HUB MANAGER TO ACT AS THE COORDINATOR FOR THE NETWORK TO ENSURE THAT THE NETWORK IS COMPLIANT. A PORTION OF THE HUB MANAGER'S TIME IS ALLOCATED AS THE IN-KIND MATCH FOR THE HUD PLANNING GRANT TO FACILITATE PARTICIPATION IN NETWORK FUNCTIONS.

THE HEALTH PROJECT ALSO PROVIDES TIME FOR THE HUB COORDINATOR TO SIT ON THE SPECIALIZED SERVICES COMMITTEE FOR THE MUSKEGON AREA TRANSIT SYSTEM. SHE IS ALSO A VOTING MEMBER OF THE TEAM THAT REVIEWS AND APPROVES THE REQUESTS FOR FUNDING SUBMISSION TO THE MICHIGAN DEPARTMENT OF TRANSPORTATION FOR CAPITAL EQUIPMENT FOR OUR NON-PROFIT AGENCIES THAT PROVIDE TRANSPORTATION TO THE COMMUNITY.

COALITION BUILDING - WITH 10 COMMUNITY COALITIONS, MERCY HEALTH MERCY CAMPUS, THROUGH THE HEALTH PROJECT, ACTS AS THE BACKBONE ORGANIZATION PROVIDING STAFF SUPPORT. WORKING WITH AREA COMMUNITY LEADERS, THE HEALTH PROJECT PROVIDES VENUE AND LOGISTICS, DEVELOPS MINUTES AND AGENDAS, AND IS THE FIDUCIARY OF MULTIPLE COMMUNITY HEALTH IMPROVEMENT (CHI) TEAMS. WITH OVER 140 LEADERS CONTRIBUTING TO THESE COALITIONS, MERCY HEALTH MERCY CAMPUS LEVERAGES RESOURCES FROM OVER 65 ORGANIZATIONS.

COMMUNITY HEALTH IMPROVEMENT (RIDE WITH PRIDE) IS PART OF COALITION BUILDING. MERCY HEALTH MERCY CAMPUS SUPPORTS THE RIDE WITH PRIDE (RWP) PROGRAM THAT WAS ADMINISTERED IN EIGHT SCHOOL DISTRICTS IN THE 2020/2021 SCHOOL YEAR. FOR FY21, OVER 10 SCHOOLS PARTICIPATED IN THE PROGRAM. THE RWP PROGRAM PROVIDES ANCILLARY SUPPORT OF THE LOCAL SCHOOL DISTRICT'S IMPLEMENTATION OF THE POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS (PBIS) TIER 1 EFFORTS. PBIS ESTABLISHES THE FOUNDATION FOR DELIVERING
REGULAR, PROACTIVE SUPPORT AND PREVENTING UNWANTED BEHAVIORS, EMPHASIZING PROSOCIAL SKILLS AND EXPECTATIONS BY TEACHING AND ACKNOWLEDGING APPROPRIATE STUDENT BEHAVIOR. RWP ENGAGES LAW ENFORCEMENT, BUSINESSES, SCHOOL ADMINISTRATORS, AND TEACHERS TO ENHANCE THEIR PROGRAM WITH A POSITIVE BEHAVIOR PLEDGE, PROVIDING ONGOING SUPPORT THROUGHOUT THE SCHOOL YEAR, AND INCENTIVIZING BEHAVIOR WITH FREE PRIZES, INCLUDING A CAR AT THE END OF THE YEAR.

ADVOCACY FOR CHI/SAFETY - MERCY HEALTH MERCY CAMPUS HOSTED SEVERAL MEETINGS WITH AREA LEGISLATORS TO DISCUSS LEGISLATIVE PRIORITIES, AND OFFERED TOURS OF THE NEW MEDICAL CENTER AND BRIEFINGS ON THE NEW AMBULATORY STRATEGY, COMMUNITY BENEFIT PROGRAMS, AND MAINTAINING THE PROTECTIONS AND HEATH ACCESS FOUND UNDER THE AFFORDABLE CARE ACT. ADDITIONALLY, STAFF ATTENDED SEVERAL COUNTY COMMISSIONS, CITY COUNCIL, AND SCHOOL BOARD MEETINGS TO DISCUSS PREVENTION ISSUES AND/OR ADDRESS OTHER COMMUNITY ISSUES.

PART III, LINE 2:

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

PART III, LINE 3:

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

PART III, LINE 4:

MHM IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 13 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION’S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT...
PART VI

Supplemental Information (Continuation)

AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED."

PART III, LINE 8:

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

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

PART III, LINE 9B:

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

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

PART VI, LINE 2:

NEEDS ASSESSMENT -

MERCY HEALTH PARTNERS (MHP) ASSESS THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS, AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL SYSTEM USES PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTIVE SERVICES OR ARE UNINSURED. THE HOSPITALS ALSO USE STANDARD QUALITY MEASURES TO MONITOR PATIENT SATISFACTION AND IMPROVE INPATIENT SERVICES AND QUALITY OF CARE.

MHP STAFF CONTINUE TO WORK WITH THE MERCY HEALTH PARTNERS CHNA ADVISORY COMMITTEE TO OVERSEE PLANNING, IMPLEMENTATION, AND EVALUATION OF THE PRIORITY AREA INITIATIVES.

ADDITIONALLY, THE FOLLOWING 11 COMMUNITY COALITIONS AND WORKGROUPS ARE CONVENED AND SUPPORTED BY THE HEALTH PROJECT. THESE COALITIONS MEET REGULARLY TO DISCUSS HEALTH PROBLEMS, ISSUES AND CONCERNS AFFECTING THEIR RESPECTIVE TOPICAL AREAS AND/OR AFFINITY CONSTITUENCIES. WHILE THESE
ISSUES MAY OR MAY NOT BE CITED IN THE CHNA, THE HEALTH PROJECT BRINGS THE ISSUES TO THE ATTENTION OF THE APPROPRIATE HOSPITAL SYSTEM LEADERSHIP FOR REVIEW AND RESOLUTION ACTIVITIES, IF POSSIBLE.

COALITION FOR A DRUG FREE MUSKEGON COUNTY

MUSKEGON ALCOHOL LIABILITY INITIATIVE

KNOWSMOKE COALITION

MUSKEGON AREA MEDICATION DISPOSAL PROGRAM

MUSKEGON-OCEANA COUNTY HEALTH DISPARITIES COALITION (HDC)

ALLIANCE FOR MARIJUANA PREVENTION

CHARTED COALITION

UPFRONT COALITION

OCEANA HEALTHBOUND COALITION

COMMUNITY HEALTH INNOVATION REGION (CHIR)

SAFE KIDS WEST MICHIGAN

THE FOLLOWING ARE THE COMMUNITY COALITIONS SUPPORTED BY MERCY HEALTH PARTNERS AS A MEMBER OR PROVIDER THAT WORK TO ADDRESS, DIRECTLY OR INDIRECTLY, COMMUNITY HEALTH ISSUES THAT ARISE IN THE CHNA PROCESS:

WEST MICHIGAN MIGRANT RESOURCE COUNCIL

NORTHWEST MICHIGAN CHRONIC DISEASE COALITION

OCEANA'S HOME PARTNERSHIP

OCEANA LEADS

TALKSOONER

HEALTHY FAMILIES OF OCEANA COUNTY

PART VI, LINE 3:
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE -

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

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

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

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

PART VI, LINE 4:

MUSKEGON COUNTY IS DIVERSE, RANGING FROM RURAL TO URBAN IN CHARACTER, AND IS COMPRISED OF SEVEN CITIES, THREE VILLAGES AND 16 TOWNSHIPS. THE COUNTY IS LOCATED ON THE EASTERN SHORELINE OF LAKE MICHIGAN, 35 MILES WEST OF GRAND RAPIDS. MUSKEGON COUNTY IS KNOWN FOR ITS AGRICULTURAL PRODUCTION OF FRUITS AND VEGETABLES, AS A TOURISM DESTINATION, AND AS AN INDUSTRIAL CENTER. THE COUNTY SEAT IS THE CITY OF MUSKEGON, THE LARGEST CITY IN THE COUNTY AND SERVICE AREA. INTERSTATE I-96 AND US-31 CONNECT THE COUNTY WITH MAJOR METROPOLITAN CENTERS TO THE EAST AND SOUTH. MUSKEGON IS HOME TO THE COUNTY'S MAJOR HOSPITAL SYSTEM, MERCY HEALTH PARTNERS, WHICH INCLUDES THE MERCY AND HACKLEY CAMPUSES IN MUSKEGON COUNTY. THE COUNTY HAS A TOTAL AREA OF 1,459 SQUARE MILES, A POPULATION OF 173,408 PEOPLE, AND A POPULATION DENSITY OF 335 PEOPLE PER SQUARE MILE.

THE COMPOSITION OF THE COUNTY'S POPULATION INCLUDES 76.4% OF RESIDENTS CLASSIFIED AS NON-HISPANIC WHITE, 14.1% AS NON-HISPANIC AFRICAN AMERICAN, 5.6% AS HISPANIC, 1% AS AMERICAN INDIAN OR ALASKA NATIVE, AND 0.7% AS ASIAN. MUSKEGON COUNTY IS 50.2% FEMALE WITH 23.3% OF THE POPULATION LIVING IN A RURAL AREA. THE MEDIAN FAMILY INCOME IS $55,421 AND THE
AVERAGE FAMILY INCOME IS $68,221. THE PER CAPITA INCOME AS OF US CENSUS (IN 2017 DOLLARS) IS $22,829. ABOUT 40.73% OF THE POPULATION IS REPORTED WITH INCOME AT OR BELOW 200% OF FEDERAL POVERTY LINE (FPL) AND 53.78% OF CHILDREN, UNDER THE AGE OF 18, ARE AT OR BELOW 200% OF FPL.

MUSKEGON COUNTY CONTINUES TO HAVE SIGNIFICANT INVESTMENT IN ITS DOWNTOWN, SIGNALING SIGNIFICANT ECONOMIC REVITALIZATION OF THE AREA. IN SPITE OF THIS, THE CHAMBER OF COMMERCE INDICATES THE AREA HAS A WORKFORCE SHORTAGE. THE CITIES OF MUSKEGON AND MUSKEGON HEIGHTS ARE EACH DESIGNATED AS FEDERAL ENTERPRISE COMMUNITIES AND, MOST RECENTLY, FEDERAL OPPORTUNITY ZONES. THERE ARE THREE ENTITLEMENT COMMUNITIES WITHIN MUSKEGON COUNTY THAT RECEIVE COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS. THE ENTITLEMENT COMMUNITIES ARE THE CITIES OF MUSKEGON, MUSKEGON HEIGHTS, AND NORTON SHORES. THERE ARE ALSO TWO FEDERALLY QUALIFIED HEALTH CENTERS SERVING RESIDENTS OF MUSKEGON COUNTY; BOTH CENTERS ARE IN THE CITY OF MUSKEGON HEIGHTS.

OCEANA COUNTY IS LOCATED IMMEDIATELY NORTH OF MUSKEGON COUNTY AND ALONG THE LAKE MICHIGAN COASTLINE. OCEANA IS A RURAL COUNTY WITH THE SECOND LARGEST FRUIT TREE ACREAGE IN THE STATE. BECAUSE OF ITS PROXIMITY TO LAKE MICHIGAN, TOURISM ALSO PLAYS A VITAL PART IN THE LOCAL ECONOMY. OCEANA COUNTY IS COMPRISED OF ONE CITY, SIX VILLAGES AND 16 TOWNSHIPS. THE COUNTY SEAT IS HART, MICHIGAN. OCEANA COUNTY IS RANKED AS A HEALTH PROFESSIONAL SHORTAGE AREA AND A MEDICALLY UNDERSERVED POPULATION BY THE FEDERAL GOVERNMENT.

THE COUNTY HAS A TOTAL AREA OF 1,307 SQUARE MILES AND A POPULATION OF 26,027 PEOPLE. THE COMPOSITION OF THE COUNTY'S POPULATION INCLUDES 82.1%
OF RESIDENTS CLASSIFIED AS NON-HISPANIC WHITE, 0.6% AS NON-HISPANIC AFRICAN AMERICAN, 14.8% AS HISPANIC, 1.6% AMERICAN INDIAN OR ALASKA NATIVE, 0.1% NATIVE HAWAIIAN OR PACIFIC ISLANDER, AND 0.3% ASIAN. OCEANA COUNTY'S POPULATION IS CONSIDERED 89.9% RURAL, WITH 49.6% FEMALE. AGE DEMOGRAPHICS ARE 23.5% BELOW 18 YEARS OF AGE AND 19.7% AGE 65 AND OLDER.

PART VI, LINE 5:
OTHER INFORMATION – MOST OF THE GOVERNING BODY OF MHP ARE PEOPLE WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA AND WHO ARE NOT EMPLOYEES, CONTRACTORS OF THE ORGANIZATION, OR FAMILY MEMBERS. SINCE MHP OPERATES THE ONLY HOSPITALS IN MUSKEGON COUNTY OR OCEANA COUNTY, STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

AVAILABLE FUNDS ARE ALLOCATED TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH. SINCE PASSAGE OF THE AFFORDABLE CARE ACT (ACA), HEALTH COVERAGE HAS REMAINED STABLE IN THE REGION. MUSKEGON COUNTY'S RATE OF UNINSURED RESIDENTS IS 6%, WHILE OCEANA'S IS 11%. MHP'S FOCUS HAS BEEN ON ACCESS TO CARE, ENROLLMENT UNDER THE ACA OR IN MICHIGAN MEDICAID (AS QUALIFIED), AND ADDRESSING UNMET HEALTH AND HUMAN SERVICE NEEDS. OUR SUBSIDIARY AND COMMUNITY BENEFIT MINISTRY, THE MUSKEGON COMMUNITY HEALTH PROJECT, HAS BEEN VERY PROACTIVE IN WORKING WITH MHP'S MEDICAL DEPARTMENTS, MEDICAL PRACTICES, TWO FQHCS, AND MANY COMMUNITY AND FAITH-BASED HEALTH AND HUMAN SERVICE AGENCIES TO PROMOTE INTEGRATED COMMUNITY CARE COORDINATION. THE STREAMLINED ENROLLMENT PROCESS DESIGN MAKES APPLYING FOR ASSISTANCE EASIER FOR CONSUMERS BY INCLUDING ON A SINGLE FORM ALL INFORMATION DEEMED ESSENTIAL FOR DETERMINING ELIGIBILITY FOR MULTIPLE HEALTH AND HUMAN SERVICES.
THE OUTREACH PROGRAM, AMID THE COVID-19 PANDEMIC, HAS CONSISTED PRIMARILY
OF PROVIDING EDUCATION AND FACILITATING EFFORTS TO GET THE COMMUNITY
VACCINATED, ESPECIALLY THE MINORITY POPULATIONS WHO HAVE A LOWER
VACCINATION RATE. THE GOALS OF OUTREACH INCLUDE INCREASING THE VACCINATION
RATE AMONG ALL SEGMENTS OF THE COMMUNITY, AS WELL AS REDUCING EMERGENCY
DEPARTMENT VISITS AND AVOIDABLE HOSPITALIZATIONS BY SCREENING AND ALERTING
PATIENTS TO TREATABLE PROBLEMS THAT COULD ESCALATE INTO SERIOUS OR
LIFE-THREATENING SITUATIONS. VACCINATION EFFORTS HAVE INCLUDED EDUCATING
THE COMMUNITY THROUGH OUR RADIO PROGRAM, MAKING THOUSANDS OF PHONE CALLS
TO SCHEDULE COVID-19 VACCINES, AND ASSISTING AT THE VACCINATION CLINICS,
THEREBY CREATING GREATER ACCESS TO HEALTH CARE AND FOSTERING HEALTHY
BEHAVIORS.

MERCY HEALTH PARTNER'S COMMUNITY BENEFIT MINISTRY, THE HEALTH PROJECT,
OPERATES A PHARMACEUTICAL ACCESS PROGRAM, WHICH INCLUDES THREE PROGRAMS:
1) MEANS-TESTED ELIGIBILITY SCREENING AND ENROLLMENT APPLICATION TO DRUG
COMPANY PHARMACEUTICAL ASSISTANCE PROGRAMS (PAPS), 2) PROCUREMENT OF
INTERIM MEDICATIONS AND SUPPLIES DURING THE APPLICATION PROCESS PERIOD,
AND 3) LOW-INCOME PHARMACY PROGRAM, WHICH PROVIDES MANY GENERIC AND BRAND
NAME DRUGS AT NO COST. THIS PROGRAM COLLABORATES WITH AREA HEALTH CARE
PROVIDERS AND COMMUNITY SERVICE ORGANIZATIONS TO PROVIDE LOW-INCOME,
UNINSURED, OR UNDERINSURED PERSONS WITH THE PRESCRIPTION DRUGS THEY NEED
TO MANAGE CHRONIC DISEASES. THERE ARE NO OTHER KNOWN PROGRAMS IN THE AREA
THAT SUPPLY INTERIM MEDICATIONS TO PATIENTS WAITING TO BE ENROLLED IN THE
PAPS. THE HEALTH PROJECT'S PROGRAM IS SUPPORTED 100% BY MHP'S COMMUNITY
BENEFIT FUNDING. THE PHARMACEUTICAL ACCESS PROGRAM PROVIDES ACCESS TO THE
RESOURCES NECESSARY FOR LOW-INCOME PATIENTS TO OBTAIN THE MAINTENANCE
MEDICATIONS NEEDED TO CONTROL THEIR CHRONIC DISEASES AND IMPROVE THE QUALITY OF THEIR CARE AND HEALTH. THESE RESOURCES PROVIDE PATIENTS WITH THE MEANS FOR MEDICATION COMPLIANCE THEREBY REMOVING OBSTACLES TO HEALTHY BEHAVIORS.

IN PARTNERSHIP WITH SEVERAL COMMUNITY ORGANIZATIONS, THE HEALTH PROJECT HAS BEEN OPERATING THE MUSKEGON AREA MEDICATION DISPOSAL PROJECT (MAMDP) SINCE LATE 2010. THE MAMDP FOCUSES ON THE PRESCRIPTION DRUG TAKE-BACK PROGRAM, IMPLEMENTING TWO COMMUNITY EVENTS AS WELL AS PERMANENT COLLECTION SITES AT ALL AREA POLICE STATIONS AND AT EIGHT LOCAL PHARMACIES. TO DATE, THEY HAVE COLLECTED OVER 48,000 POUNDS OF MATERIALS.

THE HEALTH PROJECT ADVISORY BOARD OF DIRECTORS AWARDS SEVERAL GRANTS ANNUALLY TO COMMUNITY ORGANIZATIONS WHO ADDRESS THE RANKED HEALTH NEEDS LISTED IN THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT. IN FY21, THE HEALTH PROJECT BOARD AWARDED $150,000 IN GRANTS TO EIGHT ORGANIZATIONS: UNITED WAY OF THE LAKESHORE, HARBOR HOSPICE, READ MUSKEGON, KIDS FOOD BASKET, GOODWILL INDUSTRIES OF WEST MI, FRESH COAST ALLIANCE, ALTERNATIVES IN MOTION, AND MOCAP LLC.

MHP'S DEPARTMENTS ARE ACTIVELY INVOLVED IN COMMUNITY PROGRAMS. OUTREACH AND ENROLLMENT SPECIALISTS CONDUCT HEALTH AND HUMAN SERVICE ELIGIBILITY SCREENINGS ON ALL UNINSURED PATIENTS AT THE TIME OF DISCHARGE FROM THE HOSPITAL OR EMERGENCY DEPARTMENT. THE SCREENINGS INCLUDE ELIGIBILITY FOR MEDICAID, CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OR OTHER AVAILABLE HEALTH COVERAGE, FOOD ASSISTANCE PROGRAM, AND FOR THE HOSPITALS' FINANCIAL ASSISTANCE PROGRAM. MHP PARTICIPATES IN THE UNITED WAY'S DAY OF CARING.

THE ANNUAL HEALTHY-U EVENT IS CONDUCTED TO EDUCATE THE COMMUNITY ABOUT
HEART HEALTH AND PROVIDES WORKSHOPS AND PROGRAMS AT NO COST.

MHP CONDUCTS EXTENSIVE COMMUNITY-BASED SCREENINGS AT CHURCHES AND OTHER VENUES AROUND THE COMMUNITY. BIRTHING CLASSES ARE OFFERED TO EVERYONE IN THE COMMUNITY. MHP PROVIDES ITS FACILITIES TO NON-PROFIT ORGANIZATIONS FOR MEETINGS AND COMMUNITY ACTIVITIES. MEDICAL AND ADMINISTRATIVE STAFF SIT ON COMMUNITY COALITIONS THAT TARGET AREAS OF COMMUNITY NEED, INCLUDING HIV/AIDS, DIABETES, CHILDHOOD OBESITY, HEALTH DISPARITIES, ASTHMA, ALCOHOL, AND TOBACCO AND SUBSTANCE ABUSE. MHP ALSO GIVES MONEY TO SUPPORT THE COMMUNITY ACCESS LINE OF THE LAKESHORE (CALL 2-1-1) INFORMATION AND REFERRAL PHONE LINE, AND ACCESS HEALTH (A COMMUNITY HEALTH COVERAGE PROGRAM).

"SAFE KIDS WEST MICHIGAN" IS A PROGRAM THROUGH MHP'S COMMUNITY DEVELOPMENT DEPARTMENT THAT WORKS WITH PARENTS AND KIDS TO PREVENT ACCIDENTAL INJURY TO CHILDREN AGES 0-14. THE GOAL IS TO REDUCE THE OVERALL RATE OF UNINTENTIONAL INJURIES TO CHILDREN IN WEST MICHIGAN.

MHP STAFF SUPPORT THE WORK OF THE SCHOOL-BASED HEALTH CENTER AT OAKRIDGE SCHOOLS. STUDENTS WHO ARE PRONE TO HIGH-RISK BEHAVIORS AND/OR ARE PRONE TO FUTURE MEDICAL CONDITIONS (HYPERTENSION, DIABETES, ETC.), INCLUDING THEIR FAMILIES, ARE PAIRED WITH A COMMUNITY HEALTH WORKER TO GUIDE THEM THROUGH BEHAVIOR CHANGES AND CARE COORDINATION TO HELP PROMOTE A HEALTHIER OUTCOME IN ADULTHOOD. MHP STAFF IS ALSO LOCATED AT FRUITPORT SCHOOLS TO PROVIDE SUPPORT TO THE HIGH-RISK SCHOOL DISTRICT BY PROVIDING LINKAGES TO COMMUNITY AND MEDICAL RESOURCES FOR THE STUDENTS AND THEIR FAMILIES. TWO MHP COLLEAGUES SERVE AS MEMBERS OF A SCHOOL BOARD THAT SERVES HIGH-RISK STUDENTS.
MHP COLLEAGUES PARTICIPATE AND CHAIR COMMITTEES WITHIN THE MUSKEGON/OCEANA HOMELESS CONTINUUMS OF CARE, HELPING TO INSURE THAT MEDICALLY FRAGILE, HOMELESS MEMBERS OF THE COMMUNITY ARE MATCHED WITH APPROPRIATE EMERGENCY, TRANSITIONAL AND PERMANENT HOUSING FOR THEIR MEDICAL AND SOCIAL NEEDS. MHP COLLEAGUES SUPPORT THE HOMELESS POPULATION BY LINKING THEM TO OTHER SERVICES SUCH AS FOOD, MEDICATION, AND OTHER NEEDS DURING THEIR SEARCH FOR HOUSING AND AFTER THEY ARE HOUSED, TO HELP ENSURE SUCCESSFUL HOUSING PLACEMENT.

A MHP COLLEAGUE PARTICIPATES ON TWO COMMITTEES FOR THE MUSKEGON AREA TRANSIT SERVICE TO ENSURE THAT BUS ROUTES ARE ACCESSIBLE TO LOW-INCOME RESIDENTS AND TO APPROVE REQUESTS FOR CAPITAL PROJECTS FUNDED BY THE MICHIGAN DEPARTMENT OF TRANSPORTATION FOR NON-PROFIT ORGANIZATIONS THAT PROVIDE TRANSPORTATION TO LOW-INCOME AND DISABLED RESIDENTS.

MHP COLLEAGUES SUPPORT THE WORK OF THE YMCA, WHICH PROVIDES SERVICES TO THE PRE-DIABETIC POPULATION IN THE REGION WITH A FOCUS ON MEDICARE PATIENTS AND THE AFRICAN AMERICAN AND HISPANIC COMMUNITY.

MHP COLLEAGUES SUPPORT THE WORK OF THE PRESCRIPTION FOR HEALTH PROGRAM, WHICH PROVIDES FOOD AND EDUCATION ABOUT FOOD PREPARATION AND SAFETY TO VULNERABLE RESIDENTS IN THE INNER-CITY OF MUSKEGON AND WELL AS UNDERSERVED RURAL AREAS.

IN FY21, MERCY HEALTH PARTNERS CONTINUED TO WORK ON CONNECTING THE COMMUNITY WITH SMOKING CESSTATION FOR YOUTH AND ADULTS. ALREADY A SMOKE-FREE CAMPUS, FURTHER WORK WAS DONE TO MAKE SMOKING CESSTATION
MATERIALS AND SUPPORT AVAILABLE TO EMPLOYEES, PATIENTS, AND COMMUNITY MEMBERS, AND TO OFFER ADDITIONAL CESSATION CLASSES ON EACH HOSPITAL CAMPUS.

IN FY21, IN RESPONSE TO THE CRITICAL NEED OF COMMUNITIES DURING THE COVID-19 PANDEMIC, TRINITY HEALTH AWARDED FUNDS AND RESOURCES TO COMBAT THE IMPACTS OF THE PANDEMIC AND PROMOTE VACCINATION AWARENESS AND ACCESS THROUGH THE "IT STARTS HERE" INITIATIVE. MUSKEGON WAS AWARDED $25,000, WHICH WAS SPENT PRIMARILY ON TRANSPORTATION RESOURCES (BUS CARDS, TAXI VOUCHERS), MARKETING AND COMMUNICATIONS, AND SUPPLIES FOR VACCINE CLINICS.

TRINITY HEALTH IS COMMITTED TO IDENTIFYING AND WORKING TO IMPACT THE SOCIAL INFLUENCERS OF HEALTH THAT IMPACT PATIENTS AND FAMILIES. DURING THE REPORTING PERIOD, MERCY HEALTH PARTNERS INITIATED A PILOT TO FURTHER THE SCREENINGS FOR SOCIAL NEEDS AND IMPLEMENTED A PILOT DESIGNED TO GROW THE RATE OF SCREENINGS IN OUR AMBULATORY AND EMERGENCY DEPARTMENTS TO BRING OUR OVERALL SCREENING RATES UP TO 90% BY THE END OF THE FISCAL YEAR.

PART VI, LINE 6:

MHM IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH AND WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR THOSE WHO ARE POOR AND VULNERABLE IN THE COMMUNITIES WE SERVE BY CONNECTING SOCIAL AND CLINICAL CARE, ADDRESSING SOCIAL NEEDS, DISMANTLING SYSTEMIC RACISM, AND REDUCING HEALTH INEQUITIES. WE DO THIS BY:

1. INVESTING IN OUR COMMUNITIES

2. ADVANCING SOCIAL CARE
3. IMPACTING SOCIAL INFLUENCERS OF HEALTH

INVESTING IN OUR COMMUNITIES:

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2021, TRINITY HEALTH INVESTED $1.2 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE. IN RESPONSE TO COVID-19, TRINITY HEALTH MEMBER HOSPITALS REDIRECTED SOME RESOURCES TO ADDRESS THE MOST URGENT SOCIAL AND MEDICAL NEEDS IN OUR COMMUNITIES, INCLUDING FOOD SUPPORT, EDUCATION SUPPORT, AND OUTREACH TO THOSE EXPERIENCING HOMELESSNESS.

ADDITIONALLY, THROUGH TRINITY HEALTH'S COMMUNITY HEALTH INSTITUTE, $1.6 MILLION WAS INVESTED IN THE "IT STARTS HERE" COVID-19 VACCINE CAMPAIGN, COUPLING COMMUNITY ENGAGEMENT STRATEGIES AND SOCIAL MEDIA INFLUENCERS. THIS EFFORT DISTRIBUTED $1.1 MILLION IN CHWB GRANTS TO MEMBER HOSPITALS AND COMMUNITY-BASED ORGANIZATIONS IN SUPPORT OF COMMUNITY ENGAGEMENT STRATEGIES FOCUSED IN COMMUNITIES OF COLOR. OVER 80% OF DOLLARS AWARDED SUPPORTED PRIORITIZED COMMUNITIES, DEFINED AS 40% OF THE COMMUNITY BEING BLACK/LATINX AND/OR NATIVE AMERICAN. IT STARTS HERE LAUNCHED IN FEBRUARY, AND IN JUST UNDER FIVE MONTHS, MEMBER HOSPITALS AND THEIR COMMUNITY PARTNERS REACHED NEARLY 615,000 PEOPLE THROUGH OUTREACH AND EDUCATION, ENGAGED OVER 1,150 COMMUNITY CHAMPIONS, AND HELD OVER 700 VACCINE CLINICS.
THAT PROVIDED OVER 152,000 VACCINATIONS. IN ADDITION TO COMMUNITY EFFORTS, IT STARTS HERE FUNDED SOCIAL MEDIA CAMPAIGNS TO IMPROVE ACCESS TO COVID-19 VACCINATION INFORMATION BY ENGAGING LOCAL SOCIAL MEDIA INFLUENCERS WHO REPRESENT THE CULTURE AND ETHNICITY OF OUR LOCAL COMMUNITIES.

BEYOND COVID-19 EFFORTS, TRINITY HEALTH COMMITTED MORE THAN $46 MILLION IN LOANS TO 31 NOT-FOR-PROFIT ORGANIZATIONS FOCUSING ON IMPROVING COMMUNITY CONDITIONS AROUND HOUSING, FACILITIES, EDUCATION, AND ECONOMIC DEVELOPMENT THROUGH OUR COMMUNITY INVESTING PROGRAM. THE PROGRAM MAKES LOW-INTEREST RATE LOANS TO SELECT COMMUNITY PARTNERS AND INTERMEDIARIES TO POSITIVELY IMPACT SOCIAL INFLUENCERS THAT DRIVE HEALTHY OUTCOMES FOR FAMILIES AND RESIDENTS LIVING IN THE COMMUNITIES WE SERVE.

ADVANCING SOCIAL CARE:

TRINITY HEALTH'S SOCIAL CARE PROGRAM WAS DEVELOPED TO PROMOTE HEALTHY BEHAVIORS WHILE HELPING PATIENTS, COLLEAGUES AND MEMBERS ACCESS ESSENTIAL NEEDS, SUCH AS TRANSPORTATION, CHILDCARE, OR AFFORDABLE MEDICATIONS.

COMMUNITY HEALTH WORKERS ARE A KEY COMPONENT OF SOCIAL CARE AND SERVE AS LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES AND THE COMMUNITY TO ADDRESS PATIENTS' SOCIAL NEEDS AND MITIGATE BARRIERS. TRINITY HEALTH'S COMMUNITY HEALTH WORKER HUB DRIVES INTEGRATION AND ASSIGNMENT OF COMMUNITY HEALTH WORKERS THROUGHOUT THE HEALTH SYSTEM. IT INCLUDES A NETWORK OF COMMUNITY HEALTH WORKERS AND COMMUNITY-BASED ORGANIZATIONS THAT TOGETHER, HELP SUPPORT INDIVIDUALS AND FAMILIES IN NEED. BECAUSE OF THEIR LIVED EXPERIENCES, COMMUNITY HEALTH WORKERS ARE TRUSTED MEMBERS OF THE COMMUNITY AND WORK CLOSELY WITH A PATIENT BY ASSESSING THEIR SOCIAL NEEDS, HOME ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECT THE

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INDIVIDUAL TO SERVICES WITHIN THE COMMUNITY. IN FISCAL YEAR 2021, TRINITY HEALTH GREW ITS NETWORK OF COMMUNITY HEALTH WORKERS BY 15%, OVER 90 COMMUNITY HEALTH WORKERS, SPANNING NEARLY EVERY MEMBER HOSPITAL.

ADDITIONALLY, WE CREATED THE TRINITY HEALTH COMMUNITY RESOURCE DIRECTORY, WHICH IS AN ONLINE PORTAL CONNECTING THOSE IN NEED TO FREE OR REDUCED-COST HEALTH AND SOCIAL SERVICE RESOURCES WITHIN THE COMMUNITY AND ACROSS ALL TRINITY HEALTH LOCATIONS. IN FISCAL YEAR 2021, THE COMMUNITY RESOURCE DIRECTORY YIELDED NEARLY 50,000 SEARCHES, OVER 1,000 REFERRALS, OVER 70 KEY ORGANIZATIONS CLAIMED THEIR PROGRAMS, AND OVER 900 SOCIAL NEEDS ASSESSMENTS WERE COMPLETED.

TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION. EPIC, TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, IDENTIFIED THE DIABETES PREVENTION PROGRAM AS A BEST PRACTICE FOR IDENTIFICATION OF AT-RISK PATIENTS, REFERRAL, AND BI-DIRECTIONAL COMMUNICATION. ADDITIONALLY, THE AMERICAN MEDICAL ASSOCIATION PRESENTED TRINITY HEALTH'S DIABETES PREVENTION PROGRAM APPROACH TO THEIR BOARD OF DIRECTORS AS A BEST PRACTICE FOR A POPULATION HEALTH, DATA-DRIVEN STRATEGY TO PREVENT DIABETES.

IMPACTING SOCIAL INFLUENCERS OF HEALTH:

IN PARTNERSHIP WITH THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY, THE INVESTOR ENVIRONMENTAL HEALTH NETWORK AND INVESTORS FOR OPIOID AND PHARMACEUTICAL ACCOUNTABILITY, TRINITY HEALTH USES ITS OWNERSHIP OF SHARES OF STOCK IN CORPORATIONS TO INFLUENCE CORPORATIONS' POLICIES AND PRACTICES THAT AFFECT SOCIAL INFLUENCERS OF HEALTH, THE LIVING CONDITIONS THAT CAN
AFFECT THE HEALTH OF A COMMUNITY, SUCH AS HOUSING, FOOD, EDUCATION, HEALTH CARE, AND ECONOMICS.

TRINITY HEALTH TAKES ACTION BY WRITING LETTERS TO COMPANIES, MEETING WITH CORPORATE MANAGEMENT, AND SUBMITTING AND SUPPORTING SHAREHOLDER RESOLUTIONS AS AGENDA ITEMS FOR COMPANIES' ANNUAL MEETINGS OF SHAREHOLDERS.

FISCAL YEAR 2021 YIELDED MANY POSITIVE OUTCOMES IN ITS 180 COMPANY ENGAGEMENTS, INCLUDING 50 COMPANY DIALOGUES AND 16 FILED RESOLUTIONS LEADING TO CHANGES IN POLICIES AND PRACTICES AT 18 CORPORATIONS.

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