**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  
   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?  
      If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:  
      - 100%  
      - 150%  
      - 200%  
      - X 200%  
      - 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 family income limit for eligibility for discounted care:  
      - 200%  
      - 250%  
      - 300%  
      - 350%  
      - X 400%  
      - 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 the "medically indigent"?

5a. Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  
   If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:  
   - 100%  
   - 150%  
   - 200%  
   - X 200%  
   - Other __________ %

5b. If "Yes," did the organization’s financial assistance expenses exceed the budgeted amount?  
   Yes  
   X  
   No

5c. 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?  
   Yes  
   X  
   No

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

6b. If "Yes," did the organization make it available to the public?  
   Yes  
   X  
   No

---

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

**Means-Tested Government Programs**

<table>
<thead>
<tr>
<th>Financial Assistance at cost (from Worksheet 1)</th>
<th>Parson served (optional)</th>
<th>Total community benefit expense</th>
<th>Direct offsetting revenue</th>
<th>Net community benefit expense</th>
<th>Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Financial Assistance at cost</td>
<td>(a) Number of activities or programs (optional)</td>
<td>7770376.</td>
<td>7770376.</td>
<td>.91%</td>
<td></td>
</tr>
<tr>
<td>b. Medicaid (from Worksheet 3, column a)</td>
<td>(b) Persons served (optional)</td>
<td>10314892875631133.</td>
<td>27517795.</td>
<td>3.21%</td>
<td></td>
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<tr>
<td>c. Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Total, Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td>11091930475631133.</td>
<td>35288171.</td>
<td>4.12%</td>
<td></td>
</tr>
</tbody>
</table>

**Other Benefits**

| Community health improvement services and community benefit operations (from Worksheet 4) | (a) Number of activities or programs (optional) | 54 | 48,082 | 3743300. | 462,373. | 3280927. | .38% |
| Health professions education (from Worksheet 5) | (b) Persons served (optional) | 11 | 327 | 3401266. | 591,671. | 2809595. | .33% |
| Subsidized health services (from Worksheet 6) | (c) Total community benefit expense | 19 | 26,39421228980. | 9984359. | 11244621. | 1.31% |
| Research (from Worksheet 7) | | | | | | |
| Cash and in-kind contributions for community benefit (from Worksheet 8) | (a) Number of activities or programs (optional) | 28 | 50,186 | 614,029. | 96,531. | 517,498. | .06% |
| Total, Other Benefits | (b) Persons served (optional) | 112 | 124,98928987575. | 11134934. | 17852641. | 2.08% |
| Total, Add lines 7d and 7e | | 112 | 124,98913990687986766067. | 53140812. | 6.20% |
### Schedule H (Form 990) 2020

#### MERCY HEALTH SERVICES - IOWA, CORP. 31-1373080 Page 2

#### Part II Community Building Activities

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

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Economic development</td>
<td>2</td>
<td>570.</td>
<td></td>
<td>570.</td>
<td>.00%</td>
</tr>
<tr>
<td>3 Community support</td>
<td>2</td>
<td>50</td>
<td>3,070.</td>
<td>3,070.</td>
<td>.00%</td>
</tr>
<tr>
<td>4 Environmental improvements</td>
<td>1</td>
<td>96</td>
<td>471.</td>
<td>471.</td>
<td>.00%</td>
</tr>
<tr>
<td>5 Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Section A. Bad Debt Expense**

1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? [ ] Yes [x] 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
- [x] Cost to charge ratio
- [ ] Other

**Section C. Collection Practices**

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

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

#### 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>
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<tbody>
<tr>
<td>1 FOREST PARK IMAGING, LLC</td>
<td>IMAGING SERVICES</td>
<td>52.89%</td>
<td>47.11%</td>
<td></td>
</tr>
<tr>
<td>2 MAGNETIC RESONANCE SERVICES, LLC</td>
<td>MRI SERVICES</td>
<td>49.00%</td>
<td>51.00%</td>
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<tr>
<td>3 MASON CITY AMBULATORY SURGICAL AMBULATORY SURGERY SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 MERCY HEART CENTER OUTPATIENT OUTPATIENT SERVICES, ECHOCARDIOGRAPHY AND LLC</td>
<td>NUCLEAR MEDICINE SERVICES</td>
<td>51.00%</td>
<td>49.00%</td>
<td></td>
</tr>
</tbody>
</table>

032092 12-02-20
<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>
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</thead>
<tbody>
<tr>
<td>5 SURGICAL CENTER BUILDING ASSOCIATES, LLC</td>
<td>OWNS AND LEASES SURGICAL CENTER BUILDING</td>
<td>35.00%</td>
<td>65.00%</td>
<td></td>
</tr>
<tr>
<td>6 SIOUXLAND SURGERY CENTER, LLP (D/B/A DUNES SURGICAL HOSPITAL)</td>
<td>AMBULATORY SURGICAL SERVICES</td>
<td>29.22%</td>
<td>47.54%</td>
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<tr>
<td>7 HEALTH MANAGEMENT SERVICES, LLC</td>
<td>AMBULATORY SURGICAL SVCS, OCCUPATIONAL HLTH SVCS AND PRIMARY CARE PHYS SVCS</td>
<td>50.00%</td>
<td>50.00%</td>
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<tr>
<td>8 PREFERRED HEALTH CHOICES, LLC</td>
<td>MANAGEMENT SERVICES</td>
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<tr>
<td>9 UNITED CLINICAL LABORATORIES, INC.</td>
<td>MEDICAL LABORATORY</td>
<td>33.33%</td>
<td>33.33%</td>
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<tr>
<td>10 SSC MOBI, LLC</td>
<td>MEDICAL OFFICE BUILDING</td>
<td>11.36%</td>
<td>55.61%</td>
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</table>
### 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?** 6

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>Ben. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Critical access hospital</th>
<th>ER-24 hours</th>
<th>ER-other</th>
<th>Other (describe)</th>
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<tr>
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<td>X</td>
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<tr>
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<tr>
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</tr>
</tbody>
</table>
### Community Health Needs Assessment

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

2. **Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year?**  
   - Yes [X]  
   - No [ ]

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)?**  
   - Yes [X]  
   - No [ ]

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

4. **Indicate the tax year the hospital facility last conducted a CHNA:**  
   - 20 [ ]  
   - 19 [X]

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?**  
   - Yes [X]  
   - No [ ]

   **Indicate how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted:**

   - Other (describe in Section C)

6. **Was the hospital facility’s CHNA conducted with one or more other organizations other than hospital facilities?**  
   - Yes [ ]  
   - No [X]

   **List the other organizations in Section C:**

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

   **If “Yes,” indicate how the CHNA report was made widely available (check all that apply):**
   - Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C [X]
   - Other website (list url): [ ]
   - Made a paper copy available for public inspection without charge at the hospital facility [X]
   - Other (describe in Section C)

8. **Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA?**  
   - Yes [X]  
   - No [ ]

   **If “Yes,” indicate what the strategy describes (check all that apply):**
   - The immediate and significant health needs of the community served by the hospital facility [X]
   - The process for identifying and prioritizing community health needs and services to meet the community health needs [X]
   - The process for consulting with persons representing the community’s interests [X]
   - The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s) [X]
   - Other (describe in Section C)

9. **Indicate the tax year the hospital facility last adopted an implementation strategy:**  
   - 20 [ ]  
   - 19 [X]

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

11. **Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed:**

12. **Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?**  
    - Yes [X]  
    - No [ ]

13. **If “Yes” to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?**  
    - Yes [ ]  
    - No [X]

14. **If “Yes” to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?**  
    - $ [ ]
Financial Assistance Policy (FAP)

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

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

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

14 Explained the basis for calculating amounts charged to patients?  

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

16 Was widely publicized within the community served by the hospital facility?  
   If "Yes," indicate how the hospital facility publicized the policy (check all that apply):
   a [X] The FAP was widely available on a website (list url): SEE PART V, PAGE 8  
   b [X] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8  
   c [X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8  
   d [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  
   e [X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)  
   f [X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  
   g [X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients’ attention  
   h [X] Notified members of the community who are most likely to require financial assistance about availability of the FAP  
   i [X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations  
   j [ ] Other (describe in Section C)
### Billing and Collections

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>MERCYONE NORTH IOWA MEDICAL CENTER</td>
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<thead>
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<tbody>
<tr>
<td>17</td>
<td>Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
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<td></td>
<td>17</td>
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</thead>
<tbody>
<tr>
<td>18</td>
<td>Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:</td>
</tr>
<tr>
<td></td>
<td>a Reporting to credit agency(ies)</td>
</tr>
<tr>
<td></td>
<td>b Selling an individual’s debt to another party</td>
</tr>
<tr>
<td></td>
<td>c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the facility’s FAP</td>
</tr>
<tr>
<td></td>
<td>d Actions that require a legal or judicial process</td>
</tr>
<tr>
<td></td>
<td>e Other similar actions (describe in Section C)</td>
</tr>
<tr>
<td></td>
<td>f None of these actions or other similar actions were permitted</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP?</td>
</tr>
<tr>
<td></td>
<td>a Reporting to credit agency(ies)</td>
</tr>
<tr>
<td></td>
<td>b Selling an individual’s debt to another party</td>
</tr>
<tr>
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<td>c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the facility’s FAP</td>
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</tr>
<tr>
<td></td>
<td>e Other similar actions (describe in Section C)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</td>
</tr>
<tr>
<td></td>
<td>a Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</td>
</tr>
<tr>
<td></td>
<td>b Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</td>
</tr>
<tr>
<td></td>
<td>c Processed incomplete and complete FAP applications (if not, describe in Section C)</td>
</tr>
<tr>
<td></td>
<td>d Made presumptive eligibility determinations (if not, describe in Section C)</td>
</tr>
<tr>
<td></td>
<td>e Other (describe in Section C)</td>
</tr>
<tr>
<td></td>
<td>f None of these efforts were made</td>
</tr>
</tbody>
</table>

### Policy Relating to Emergency Medical Care

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>21</td>
<td>Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>21</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>The hospital facility did not provide care for any emergency medical conditions</td>
</tr>
<tr>
<td>b</td>
<td>The hospital facility’s policy was not in writing</td>
</tr>
<tr>
<td>c</td>
<td>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
</tr>
<tr>
<td>d</td>
<td>Other (describe in Section C)</td>
</tr>
</tbody>
</table>
### Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

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

#### Part V Facility Information (continued)

<table>
<thead>
<tr>
<th>22</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>X The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
</tr>
<tr>
<td>b</td>
<td>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</td>
</tr>
<tr>
<td>c</td>
<td>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</td>
</tr>
<tr>
<td>d</td>
<td>No The hospital facility used a prospective Medicare or Medicaid method</td>
</tr>
</tbody>
</table>

#### 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? 

If "Yes," explain in Section C.

| 23 | Yes (X) |

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

If "Yes," explain in Section C.

| 24 | Yes (X) |
Section B. Facility Policies and Practices

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

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

---

**Community Health Needs Assessment**

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

2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? 2 No

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 3 Yes

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

4. Indicate the tax year the hospital facility last conducted a CHNA: 20 18

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 No

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

   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 No

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

   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 8 No

   If "Yes," indicate the tax year the hospital facility last adopted an implementation strategy: 20 18

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website? 10 No

   a. If "Yes," (list url): SEE SCHEDULE H, PART V, SECTION C
   b. If "No," is the hospital facility’s most recently adopted implementation strategy attached to this return? 10b Yes

11. Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

12a. Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)? 12a No

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

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

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>MERCYONE SIOUXLAND MEDICAL CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the hospital facility have in place during the tax year a written financial assistance policy that:</td>
<td></td>
</tr>
<tr>
<td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate the eligibility criteria explained in the FAP:</td>
<td></td>
</tr>
<tr>
<td>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%</td>
<td></td>
</tr>
<tr>
<td>b Income level other than FPG (describe in Section C)</td>
<td>X</td>
</tr>
<tr>
<td>c Asset level</td>
<td>X</td>
</tr>
<tr>
<td>d Medical indigency</td>
<td>X</td>
</tr>
<tr>
<td>e Insurance status</td>
<td>X</td>
</tr>
<tr>
<td>f Underinsurance status</td>
<td>X</td>
</tr>
<tr>
<td>g Residency</td>
<td>X</td>
</tr>
<tr>
<td>h Other (describe in Section C)</td>
<td>X</td>
</tr>
<tr>
<td>14 Explained the basis for calculating amounts charged to patients?</td>
<td>X</td>
</tr>
<tr>
<td>15 Explained the method for applying for financial assistance?</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; 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):</td>
<td></td>
</tr>
<tr>
<td>a Described the information the hospital facility may require an individual to provide as part of his or her application</td>
<td>X</td>
</tr>
<tr>
<td>b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
<td>X</td>
</tr>
<tr>
<td>c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
<td>X</td>
</tr>
<tr>
<td>d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
<td>X</td>
</tr>
<tr>
<td>e Other (describe in Section C)</td>
<td>X</td>
</tr>
<tr>
<td>16 Was widely publicized within the community served by the hospital facility?</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility publicized the policy (check all that apply):</td>
<td></td>
</tr>
<tr>
<td>a The FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td>X</td>
</tr>
<tr>
<td>b The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td>X</td>
</tr>
<tr>
<td>c A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td>X</td>
</tr>
<tr>
<td>d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td>X</td>
</tr>
<tr>
<td>e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td>X</td>
</tr>
<tr>
<td>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)</td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>h Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>j Other (describe in Section C)</td>
<td>X</td>
</tr>
</tbody>
</table>
### Billing and Collections

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

#### 17. Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?  
- Yes [ ]  
- No [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:  
- Reporting to credit agency(ies) [ ]  
- Selling an individual's debt to another party [ ]  
- Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP [ ]  
- Actions that require a legal or judicial process [ ]  
- Other similar actions (describe in Section C) [X]

#### 19. Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?  
- Reporting to credit agency(ies) [ ]  
- Selling an individual's debt to another party [ ]  
- Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP [ ]  
- Actions that require a legal or judicial process [ ]  
- Other similar actions (describe in Section C) [ ]

#### 20. Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):  
- Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) [X]  
- Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) [X]  
- Processed incomplete and complete FAP applications (if not, describe in Section C) [X]  
- Made presumptive eligibility determinations (if not, describe in Section C) [ ]  
- Other (describe in Section C) [ ]

#### Policy Relating to Emergency Medical Care

#### 21. Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?  
- Yes [X]  
- No [ ]  

If "No," indicate why:  
- The hospital facility did not provide care for any emergency medical conditions [ ]  
- The hospital facility’s policy was not in writing [ ]  
- The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) [ ]
## Part V Facility Information (continued)

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

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

<table>
<thead>
<tr>
<th></th>
<th>Name of hospital facility or letter of facility reporting group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MERCYONE SIouxLAND MEDICAL CENTER</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
</tr>
<tr>
<td>b</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
</tr>
<tr>
<td>c</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
</tr>
</tbody>
</table>

### 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?

- **Yes**

### 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?

- **Yes**
Section B. Facility Policies and Practices

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

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

Community Health Needs Assessment

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

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? Yes □ No □

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)? Yes □ No □

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

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? Yes □ No □

6a. Was the hospital facility’s CHNA conducted with one or more hospital facilities? Yes □ No □

6b. Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? Yes □ No □

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

8. Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? Yes □ No □

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

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website? Yes □ No □

11. Describe in Section C how the hospital facility is addressing the significant health needs identified in its most recently conducted CHNA as required by section 501(r)(3)?

12a. Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)? Yes □ No □

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

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

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

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

14  Explained the basis for calculating amounts charged to patients?

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

16  Was widely publicized within the community served by the hospital facility?
   If "Yes," indicate how the hospital facility publicized the policy (check all that apply):
   - The FAP was widely available on a website (list url): SEE PART V, PAGE 8
   - The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8
   - A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8
   - The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
   - The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
   - A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
   - Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients’ attention
   - Notified members of the community who are most likely to require financial assistance about availability of the FAP
   - The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations
   - Other (describe in Section C)
Billing and Collections

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

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

   Yes [X]  No

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

   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)
   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?

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

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

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

   a. [X] Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
   b. [X] Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
   c. [X] Processed incomplete and complete FAP applications (if not, describe in Section C)
   d. [X] 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?

   Yes [X]  No

   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:** MERCYONE DUBUQUE MEDICAL CENTER

### Part V Facility Information (continued)

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

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

- a. The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b. The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c. The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d. The hospital facility used a prospective Medicare or Medicaid method

### During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

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

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

If "Yes," explain in Section C.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
**Section B. Facility Policies and Practices**

(For each hospital facility or facility reporting group listed in Part V, Section A)

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

**DUNES SURGICAL HOSPITAL**

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

### Community Health Needs Assessment

<table>
<thead>
<tr>
<th></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>

---

#### If "Yes," indicate what the CHNA report describes (check all that apply):

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

### Indicate the tax year the hospital facility last conducted a CHNA:

| 20 | 18 |

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

| X |

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

| X |

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

| X |

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

| X |

---

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

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

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

| X |

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

| 20 | 18 |

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

| X |

### 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:

| X |

### Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?

| X |

---

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

| X |

#### If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $

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**MERCY HEALTH SERVICES - IOWA, CORP.**

**31-1373080**

**Page 4**

**Schedule H (Form 990) 2020**

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**SEE SCHEDULE H, PART V, SECTION C**
Financial Assistance Policy (FAP)

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

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .......... 13 X

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

a X Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 %
   and FPG family income limit for eligibility for discounted care of 400 %

bチェックボックス None

c X Asset level

d X Medical indigency

e X Insurance status

f X Underinsurance status

gチェックボックス None

h X Other (describe in Section C)

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

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

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

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

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

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

dチェックボックス None

eチェックボックス None

fチェックボックス None

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

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

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

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

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

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

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

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

g X Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention

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

i X The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations

jチェックボックス None
### Billing and Collections

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

### Policy Relating to Emergency Medical Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a X The hospital facility did not provide care for any emergency medical conditions</td>
<td></td>
<td></td>
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<tr>
<td>b The hospital facility's policy was not in writing</td>
<td></td>
<td></td>
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<tr>
<td>c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
<td></td>
<td></td>
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<tr>
<td>d Other (describe in Section C)</td>
<td></td>
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</tbody>
</table>
### Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

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

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<table>
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</thead>
<tbody>
<tr>
<td>22</td>
<td>Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
<td>Yes</td>
</tr>
<tr>
<td>b</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
<td>No</td>
</tr>
<tr>
<td>c</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
<td>No</td>
</tr>
<tr>
<td>d</td>
<td>The hospital facility used a prospective Medicare or Medicaid method</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>23</td>
<td>During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</td>
</tr>
</tbody>
</table>

**If "Yes," explain in Section C.**

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>24</td>
<td>During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</td>
</tr>
</tbody>
</table>

**If "Yes," explain in Section C.**
Section B. Facility Policies and Practices

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

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

Community Health Needs Assessment

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

2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C 2 [ ] Yes [ ] No

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

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

4. Indicate the tax year the hospital facility last conducted a CHNA: 2018

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 [ ] Yes [ ] No

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

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 [ ] Yes [ ] No

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

   If "Yes," indicate how the CHNA report was made widely available (check all that apply):
   a [ ] Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C
   b [ ] Other website (list url):
   c [ ] Made a paper copy available for public inspection without charge at the hospital facility
   d [ ] Other (describe in Section C)

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

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 2018

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

   a. If "Yes," list url: SEE SCHEDULE H, PART V, SECTION C
   b. If "No," is the hospital facility’s most recently adopted implementation strategy attached to this return? 10 [ ] Yes [ ] No

11. Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

12a. Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)? 12a [ ] Yes [ ] No

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

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

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

<table>
<thead>
<tr>
<th>Did the hospital facility have in place during the tax year a written financial assistance policy that:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13</strong> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td></td>
<td><strong>13 X</strong></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate the eligibility criteria explained in the FAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a [X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <strong>200</strong>% and FPG family income limit for eligibility for discounted care of <strong>400</strong>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b [ ] Income level other than FPG (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c [X] Asset level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d [X] Medical indigency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e [X] Insurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f [X] Underinsurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g [X] Residency</td>
<td></td>
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</tr>
<tr>
<td>h [X] Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>14</strong> Explained the basis for calculating amounts charged to patients?</td>
<td></td>
<td><strong>14 X</strong></td>
</tr>
<tr>
<td><strong>15</strong> Explained the method for applying for financial assistance?</td>
<td></td>
<td><strong>15 X</strong></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; 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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a [X] Described the information the hospital facility may require an individual to provide as part of his or her application</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b [X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c [X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d [ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e [ ] Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16</strong> Was widely publicized within the community served by the hospital facility?</td>
<td></td>
<td><strong>16 X</strong></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility publicized the policy (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a [X] The FAP was widely available on a website (list url): <strong>SEE PART V, PAGE 8</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b [X] The FAP application form was widely available on a website (list url): <strong>SEE PART V, PAGE 8</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c [X] A plain language summary of the FAP was widely available on a website (list url): <strong>SEE PART V, PAGE 8</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
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</tr>
<tr>
<td>e [X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
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<td>f [X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
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<td>g [X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients’ attention</td>
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<td>h [X] Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j [ ] Other (describe in Section C)</td>
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</tbody>
</table>
**Billing and Collections**

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

**Policy Relating to Emergency Medical Care**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?</td>
<td></td>
<td></td>
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<tr>
<td>If &quot;No,&quot; indicate why:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The hospital facility did not provide care for any emergency medical conditions</td>
<td></td>
<td></td>
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<tr>
<td>b The hospital facility's policy was not in writing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
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<td>d Other (describe in Section C)</td>
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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: MERCYONE NEW HAMPTON MEDICAL CENTER

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.

   X

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

   If “Yes,” explain in Section C.

   X
Section B. Facility Policies and Practices

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

Community Health Needs Assessment

1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? Yes 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

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: 20

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

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

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

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

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 Other website (list url): 
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

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

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

a If "Yes," (list url): SEE SCHEDULE H, PART V, SECTION C
b If "No," is the hospital facility’s most recently adopted implementation strategy attached to this return?

11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

12a Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?

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

b If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $
Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 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)
### Billing and Collections

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

**MERCYONE DYERSVILLE MEDICAL CENTER**

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

- [ ] Yes
- [X] No

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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
- [X] Other similar actions (describe in Section C)

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

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

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

- [X] Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- [X] Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- [X] Processed incomplete and complete FAP applications (if not, describe in Section C)
- [X] Made presumptive eligibility determinations (if not, describe in Section C)
- [ ] Other (describe in Section C)
- [ ] None of these efforts were made

### 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?  

- [X] Yes
- [ ] No

#### If "No," indicate why:

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

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

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

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<th></th>
<th>Yes</th>
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<td>22</td>
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**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

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<tbody>
<tr>
<td>23</td>
<td></td>
<td>X</td>
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</tbody>
</table>

**During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?**

If "Yes," explain in Section C.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>24</td>
<td></td>
<td>X</td>
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</tbody>
</table>

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

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

MERCYONE NORTH IOWA MEDICAL CENTER:

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

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

THE FOLLOWING ARE THE PRIORITIZED SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED:

1. ACCESS TO CARE
2. EARLY CHILDHOOD ISSUES
3. HOUSING

MERCYONE SIOUXLAND MEDICAL CENTER:

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

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

2. MENTAL HEALTH

3. SEXUAL HEALTH

4. SUBSTANCE AND TOBACCO ABUSE

5. OBESITY/CHRONIC HEALTH CONDITIONS

6. ACCESS TO CARE

MERCYONE DUBUQUE MEDICAL CENTER:

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

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

1. ACCESS TO HEALTH CARE

2. OBESITY

3. BRAIN HEALTH

DUNES SURGICAL HOSPITAL:

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

PART V, SECTION B, LINE 3E: THE DUNES SURGICAL HOSPITAL (DUNES) INCLUDED ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 22, 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.

MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. HOUSING/HOMELESSNESS  
2. MENTAL HEALTH  
3. SEXUAL HEALTH  
4. SUBSTANCE AND TOBACCO ABUSE  
5. OBESITY/CHRONIC HEALTH CONDITIONS  
6. ACCESS TO CARE  

MERCYONE NEW HAMPTON MEDICAL CENTER:  

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

MERCYONE DYERSVILLE MEDICAL CENTER:  

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

1. ACCESS TO HEALTH CARE
2. OBESITY
3. BRAIN HEALTH

MERCYONE NORTH IOWA MEDICAL CENTER:

PART V, SECTION B, LINE 5: LOCAL COMMUNITY NEEDS ASSESSMENTS, STRATEGIC PLANS, AND REPORTS FROM THE PAST THREE YEARS WERE REVIEWED TO IDENTIFY COMMUNITY HEALTH NEEDS AND TO PROVIDE CONTEXT TO THE QUANTITATIVE DATA COLLECTED. ADDITIONALLY, COMMUNITY INFORMATION (QUALITATIVE DATA) WAS SOUGHT IN A VARIETY OF WAYS INCLUDING, SURVEYS, FOCUS GROUPS, MEETINGS, AND INTERVIEWS. THE QUANTITATIVE AND QUALITATIVE DATA WAS GATHERED FROM OCTOBER 2019 TO NOVEMBER 2019. THE COMMUNITY PRIORITY SESSION INCLUDED PARTICIPANTS FROM UNITED WAY OF NORTH CENTRAL IOWA, IOWA TOTAL CARE HEALTH PLAN, ELDERBRIDGE AREA ON AGING, PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTHCARE, DEPART OF HUMAN SERVICES, LUTHERAN SERVICES OF IOWA, MASON CITY POLICE DEPARTMENT, TURNING LEAF COUNSELING, HANCOCK COUNTY HEALTH SYSTEM, COMMUNITY HEALTH CENTER OF MASON CITY, NORTH IOWA COMMUNITY ACTION ORGANIZATION, CHILD CARE RESOURCE & REFERRAL, CITIZEN AT LARGE, AMERIGROUP
HEALTH PLAN, DEPARTMENT OF CORRECTIONS, CRISIS INTERVENTION SERVICES,
CERRO GORDO PUBLIC HEALTH, MASON CITY YOUTH TASK FORCE, FRIEND OF THE
FAMILY, FAMILY WELCOME CENTERS NORTH IOWA CARES, AND PRIORITIZED SEVERAL
HEALTH ISSUES AND OUTCOMES BY THE FOLLOWING FACTORS:

1. SIGNIFICANT IMPACT: A HEALTH ISSUE IS IMPORTANT IN BOTH SCOPE (AFFECTS MANY PEOPLE WITHIN THE POPULATION) AND SCALE (HAS SERIOUS CONSEQUENCES FOR THOSE AFFECTED)

2. BENCHMARK: NORTH IOWA LAGS COMPARED TO OTHER AREAS ON THIS HEALTH ISSUE AND/OR IS NOT ON TRACK TO ACHIEVE HEALTHY PEOPLE 2020 GOAL

3. DISPARITIES IN HEALTH STATUS: A HEALTH ISSUE DISPROPORTIONATELY IMPACTS THE HEALTH STATUS OF ONE OR MORE SUBPOPULATIONS

4. LINKS TO CHRONIC DISEASE: AN INDICATOR IS LINKED TO CHRONIC DISEASE AND RELATED HEALTH OUTCOMES. HIGH MORBIDITY/MORTALITY/DISABILITY/SUFFERING CONSIDERATION. ASKS: DOES THE ISSUE HAVE SERIOUS HEALTH CONSEQUENCES?

5. POTENTIAL FOR CHANGE: LOCAL EFFORTS ARE LIKELY TO RESULT IN A MEANINGFUL IMPROVEMENT IN THE SCOPE AND/OR SEVERITY OF A HEALTH ISSUE

6. PREVENTION OPPORTUNITY: AN INDICATOR REPRESENTS A SIGNIFICANT OPPORTUNITY TO IMPROVE HEALTH OUTCOMES USING PREVENTION-FOCUSED APPROACHES

ORGANIZATIONS CONTRIBUTING INPUT INTO THE CHNA INCLUDED REPRESENTATION OF MINORITY POPULATIONS, LOW-INCOME INDIVIDUALS, AND THOSE WHO ARE OTHERWISE UNDERSERVED IN OUR COMMUNITY. IN ADDITION TO THE ORGANIZATIONS THAT PARTICIPATED IN THE PRIORITY SESSION, OTHER ORGANIZATIONS PROVIDING INPUT INCLUDED: NORTH IOWA CHILDREN'S ALLIANCE CITIZEN, MARY SCHISSEL, WRIGHT COUNTY PUBLIC HEALTH, PALO ALTO COUNTY PUBLIC HEALTH, FLOYD COUNTY PUBLIC HEALTH, KOSSUTH COUNTY PUBLIC HEALTH, WINNEBAGO COUNTY PUBLIC HEALTH, CERRO GORDO COUNTY SHERIFF'S OFFICE, PRIVATE CITIZEN, MASON CITY TRANSIT,
THE SALVATION ARMY, NORTH IOWA CORRIDOR, HEALTHY HARVEST OF NORTH IOWA, COMMUNITY KITCHEN, EARLY CHILDHOOD, FARMERS / GROWERS, AND MINISTERIAL GROUP.

MERCYONE SIOUXLAND MEDICAL CENTER:

PART V, SECTION B, LINE 5: IN 2018, THE DUNES SURGICAL HOSPITAL, MERCYONE SIOUXLAND MEDICAL CENTER, THE SIOUXLAND DISTRICT HEALTH DEPARTMENT, AND UNITYPOINT HEALTH - ST. LUKE'S PARTNERED TOGETHER TO COMPLETE THE SECOND JOINT CHNA TO DETERMINE THE COMMUNITY'S GREATEST HEALTH NEEDS AND TO COORDINATE EFFORTS TO IMPROVE POPULATION HEALTH OUTCOMES FOR THE SIOUXLAND AREA.


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

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

MERCYONE DUBUQUE MEDICAL CENTER:

PART V, SECTION B, LINE 5: FOR THE PREVIOUS THREE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CYCLES, MERCYONE DUBUQUE MEDICAL CENTER AND MERCYONE DYERSVILLE MEDICAL CENTER JOINED THE DUBUQUE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT HEALTH IMPROVEMENT PLAN (CHNA-HIP) COALITION. THIS COALITION ASSURED BROAD INVOLVEMENT FROM MANY KEY ORGANIZATIONS ACROSS OUR SERVICE AREA. HOWEVER, DUE TO THE COVID-19 PANDEMIC, THE COALITION FOR THE FISCAL YEAR 2021 CYCLE WAS COMPRISED PRIMARILY OF MERCYONE DUBUQUE MEDICAL CENTER, MERCYONE DYERSVILLE MEDICAL CENTER, UNITY POINT FINLEY HOSPITAL, AND HILLCREST FAMILY SERVICES AS CITY OF DUBUQUE AND DUBUQUE COUNTY HEALTH DEPARTMENT REQUESTED, AND WERE GRANTED, EXTENSIONS TO COMPLETE THEIR CHNA PROCESS. WHILE PANDEMIC SPECIFIC DEMANDS IMPACTED CAPACITY FOR CITY AND COUNTY INVOLVEMENT IN THE COALITION, BOTH CITY OF DUBUQUE AND DUBUQUE COUNTY HEALTH DEPARTMENT DID PROVIDE INPUT FOR THIS CHNA SURVEY AND PLANNING, AS WELL AS INCLUDED THE CHNA SURVEY ON SAID WEBSITES TO ASSIST IN DISSEMINATION OF SURVEYS, ESPECIALLY TO VULNERABLE POPULATIONS.
MERCYONE DUBUQUE MEDICAL CENTER AND MERCYONE DYERSVILLE MEDICAL CENTER

PARTICIPATED IN ALL ASPECTS OF STEERING, COORDINATING AND COMPLETING THE CURRENT PROCESS.

THE STEERING COMMITTEE COLLECTED INFORMATION FROM PRIMARY AND SECONDARY DATA SOURCES. DATA WAS COLLECTED THROUGH A COMMUNITY INPUT SURVEY IN DUBUQUE COUNTY, ADMINISTERED BETWEEN NOVEMBER 17, 2020 AND JANUARY 4, 2021. THE SURVEY WAS OFFERED ONLINE VIA "SURVEY MONKEY" AND WAS AVAILABLE IN ENGLISH AND SPANISH LANGUAGES. PAPER COPIES OF THE SURVEY WERE ALSO AVAILABLE FOR THOSE WITHOUT COMPUTER ACCESS. THE STEERING COMMITTEE DEVELOPED A COMMUNICATIONS PLAN TO DISSEMINATE IN THE COMMUNITY AND ULTIMATELY, 1,355 COMPLETED RESPONSES WERE COLLECTED, AN INCREASE IN RESPONSE RATE FROM THE PREVIOUS CYCLE.

THE STEERING COMMITTEE SOUGHT AND CONSIDERED THE NEEDS, INPUT, AND CONCERNS OF UNDERREPRESENTED PERSONS AND POPULATIONS THROUGHOUT THIS PROCESS, INCLUDING, THOSE WHO ARE MEDICALLY UNDERSERVED, IN POVERTY; AND/OR FROM MINORITY POPULATIONS. IN ADDITION, REPRESENTATIVES FROM VARIOUS AGENCIES WERE ABLE TO REPRESENT THE UNIQUE NEEDS OF THE POPULATIONS THEY SERVE WITH SPECIFIC EMPHASIS ON THOSE WHO ARE UNDERSERVED. THE STEERING COMMITTEE REVIEWED REPORTED DEMOGRAPHIC INFORMATION OF THOSE WHO COMPLETED THE SURVEY AND FOUND THAT DISTRIBUTION BY ETHNICITY, AGE, INCOME AND ZIP CODE WERE CONSISTENT WITH THE COMMUNITY'S DEMOGRAPHIC PROFILE.

THE CHNA PROCESS INCLUDED GATHERING BOTH QUALITATIVE AND QUANTITATIVE DATA. THE STEERING COMMITTEE THEN REVIEWED AND COMPARED THE SURVEY RESULTS...
TO THE COLLECTED DATA. THE RESULTS AND DATA WERE CONSISTENT WITH EACH
OTHER, VALIDATING BOTH FINDINGS. AFTER THE TOP 13 NEEDS WERE IDENTIFIED,
THEY WERE PRESENTED TO THE STEERING COMMITTEE. THE STEERING COMMITTEE
PRIORITIZED THE TOP HEALTH NEEDS BASED ON A NEED DIFFERENTIAL AND ON THEIR
AREA OF EXPERTISE AND KNOWLEDGE OF THE COMMUNITY. THE STEERING COMMITTEE
WAS INSTRUMENTAL IN IDENTIFYING THE PRIORITY AREAS SINCE THIS IS THE GROUP
THAT COLLECTIVELY CAN HELP ADDRESS THE NEEDS WITH THE MAXIMUM COMMUNITY
IMPACT.

THE STEERING COMMITTEE FELT IT WAS BEST TO BUNDLE AREAS OF CONCERN AND
ADDRESS A SMALLER NUMBER OF AREAS FOCUSING ON QUALITY AND IMMINENT
PRIORITY IN PANDEMIC AND PANDEMIC RECOVERY VERSUS QUANTITY. THE TOP THREE
NEEDS, BASED ON NEED DIFFERENTIAL, WERE IDENTIFIED BY THE STEERING
COMMITTEE. COMMUNITY MEMBERS, EXPERTS, AND LEADERS FROM ACROSS THE
COMMUNITY WERE THEN INVITED TO PARTICIPATE ON THE THREE PRIORITY
TASKFORCES. EACH TASKFORCE REVIEWED THE DATA, CONDUCTED A SWOT ANALYSIS,
AND MADE RECOMMENDATIONS TO THE STEERING COMMITTEE REGARDING STRATEGY FOR
OUR HEALTH IMPROVEMENT PLANS.

STEERING COMMITTEE MEMBERS PROVIDING INPUT INCLUDED:
MALISSA SPRENGER, MICHELLE ARENSDORF, GWEN HALL DRISCOLL, (MERCYONE
DUBUQUE MEDICAL CENTER & MERCYONE DYERSVILLE)
CAROL CROSS (UNITY POINT FINLEY HOSPITAL)
STACEY KILLIAN (UNITY POINT FINLEY HOSPITAL, VISITING NURSE ASSOCIATION)
JANAEE SCHMITT, MARIAH SCHRACK (HILLCREST FAMILY SERVICES)
PATRICE LAMBERT (DUBUQUE COUNTY HEALTH DEPARTMENT) -ADVISORY
MARY ROSE CORRIGAN (CITY OF DUBUQUE) -ADVISORY
DUNES SURGICAL HOSPITAL:


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

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

MERCYONE NEW HAMPTON MEDICAL CENTER:

PART V, SECTION B, LINE 5: MERCYONE NEW HAMPTON INITIATED THE ASSESSMENT PROCESS FOR THE 2019 CHNA. A PLANNING TEAM WAS FORMED CONSISTING OF REPRESENTATIVES FROM HOSPITAL GOVERNANCE, LEADERSHIP AND MEDICAL STAFF, AREA EMPLOYERS, SCHOOL DISTRICTS, AND AREA HEALTH PROFESSIONALS.

MERCYONE NEW HAMPTON HAD SEVERAL MECHANISMS TO GATHER COMMUNITY INPUT ON SERVICES WHICH TOOK PLACE BETWEEN NOVEMBER 2018 AND JANUARY 2019, INCLUDING SURVEYS, PATIENT FEEDBACK, AND SERVICE UTILIZATION DATA. DATA SOURCES INCLUDED COUNTY HEALTH RANKINGS, COMMUNITY COMMONS, AND THE NORTHEAST IOWA COMMUNITY ACTION CORPORATION CLIENT NEEDS ASSESSMENT SURVEY.

IN ADDITION, FOCUS GROUPS, INTERVIEWS AND INDIVIDUAL STORIES PROVIDE A VALUABLE TOOL TO GATHER QUALITATIVE DATA FOR STRATEGIC PLANNING. THERE IS GREAT VALUE IN HAVING COMMUNITY REPRESENTATIVES PARTICIPATE IN A GUIDED DISCUSSION ABOUT THE HEALTH STATUS OF THE COMMUNITY, THE ORGANIZATION’S STRENGTHS, AND OPPORTUNITIES FOR IMPROVEMENT. THESE DATA PROVIDE DIRECTION FOR STRATEGIC PLANNING AS MERCYONE NEW HAMPTON WORKS TO BECOME A TRUSTED
Section C. Supplemental Information for Part V, Section B.

HEALTH CARE PARTNER FOR LIFE.

MERCYONE NEW HAMPTON WAS CAREFUL TO GATHER INPUT FROM REPRESENTATIVES OF VARIOUS MINORITY AND UNDERSERVED INDIVIDUALS INCLUDING: LOW INCOME/UNDERSERVED (SALVATION ARMY, CHICKASAW COUNTY PUBLIC HEALTH, PASTORAL COMMITTEE, SCHOOL ADMINISTRATION AND NORTHEAST IOWA COMMUNITY ACTION); CHRONIC CONDITIONS (AREA NURSING HOME, MENTAL HEALTH, AND HOSPICE REPRESENTATIVES); AND RACIAL/ETHNIC MINORITY (HISPANIC MINISTER FROM HOLY FAMILY AND PUBLIC HEALTH).

MERCYONE DYERSVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 5: FOR THE PREVIOUS THREE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CYCLES, MERCYONE DUBUQUE MEDICAL CENTER AND MERCYONE DYERSVILLE MEDICAL CENTER JOINED THE DUBUQUE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT HEALTH IMPROVEMENT PLAN (CHNA-HIP) COALITION. THIS COALITION ASSURED BROAD INVOLVEMENT FROM MANY KEY ORGANIZATIONS ACROSS OUR SERVICE AREA. HOWEVER, DUE TO THE COVID-19 PANDEMIC, THE COALITION FOR THE FISCAL YEAR 2021 CYCLE WAS COMPRISED PRIMARILY OF MERCYONE DUBUQUE MEDICAL CENTER, MERCYONE DYERSVILLE MEDICAL CENTER, UNITY POINT FINLEY HOSPITAL, AND HILLCREST FAMILY SERVICES AS CITY OF DUBUQUE AND DUBUQUE COUNTY HEALTH DEPARTMENT REQUESTED, AND WERE GRANTED, EXTENSIONS TO COMPLETE THEIR CHNA PROCESS. WHILE PANDEMIC SPECIFIC DEMANDS IMPACTED CAPACITY FOR CITY AND COUNTY INVOLVEMENT IN THE COALITION, BOTH CITY OF DUBUQUE AND DUBUQUE COUNTY HEALTH DEPARTMENT DID PROVIDE INPUT FOR THIS CHNA SURVEY AND PLANNING, AS WELL AS INCLUDED THE CHNA SURVEY ON SAID WEBSITES TO ASSIST IN DISSEMINATION OF SURVEYS, ESPECIALLY TO VULNERABLE POPULATIONS.

MERCYONE DUBUQUE MEDICAL CENTER AND MERCYONE DYERSVILLE MEDICAL CENTER
PARTICIPATED IN ALL ASPECTS OF STEERING, COORDINATING AND COMPLETING THE CURRENT PROCESS.

THE STEERING COMMITTEE COLLECTED INFORMATION FROM PRIMARY AND SECONDARY DATA SOURCES. DATA WAS COLLECTED THROUGH A COMMUNITY INPUT SURVEY IN DUBUQUE COUNTY, ADMINISTERED BETWEEN NOVEMBER 17, 2020 AND JANUARY 4, 2021. THE SURVEY WAS OFFERED ONLINE VIA "SURVEY MONKEY" AND WAS AVAILABLE IN ENGLISH AND SPANISH LANGUAGES. PAPER COPIES OF THE SURVEY WERE ALSO AVAILABLE FOR THOSE WITHOUT COMPUTER ACCESS. THE STEERING COMMITTEE DEVELOPED A COMMUNICATIONS PLAN TO DISSEMINATE IN THE COMMUNITY AND ULTIMATELY, 1,355 COMPLETED RESPONSES WERE COLLECTED, AN INCREASE IN RESPONSE RATE FROM THE PREVIOUS CYCLE.

THE STEERING COMMITTEE SOUGHT AND CONSIDERED THE NEEDS, INPUT, AND CONCERNS OF UNDERREPRESENTED PERSONS AND POPULATIONS THROUGHOUT THIS PROCESS, INCLUDING, THOSE WHO ARE MEDICALLY UNDERSERVED, IN POVERTY; AND/OR FROM MINORITY POPULATIONS. IN ADDITION, REPRESENTATIVES FROM VARIOUS AGENCIES WERE ABLE TO REPRESENT THE UNIQUE NEEDS OF THE POPULATIONS THEY SERVE WITH SPECIFIC EMPHASIS ON THOSE WHO ARE UNDERSERVED. THE STEERING COMMITTEE REVIEWED REPORTED DEMOGRAPHIC INFORMATION OF THOSE WHO COMPLETED THE SURVEY AND FOUND THAT DISTRIBUTION BY ETHNICITY, AGE, INCOME AND ZIP CODE WERE CONSISTENT WITH THE COMMUNITY'S DEMOGRAPHIC PROFILE.

THE CHNA PROCESS INCLUDED GATHERING BOTH QUALITATIVE AND QUANTITATIVE DATA. THE STEERING COMMITTEE THEN REVIEWED AND COMPARED THE SURVEY RESULTS TO THE COLLECTED DATA. THE RESULTS AND DATA WERE CONSISTENT WITH EACH
OTHER, VALIDATING BOTH FINDINGS. AFTER THE TOP 13 NEEDS WERE IDENTIFIED, THEY WERE PRESENTED TO THE STEERING COMMITTEE. THE STEERING COMMITTEE PRIORITIZED THE TOP HEALTH NEEDS BASED ON A NEED DIFFERENTIAL AND ON THEIR AREA OF EXPERTISE AND KNOWLEDGE OF THE COMMUNITY. THE STEERING COMMITTEE WAS INSTRUMENTAL IN IDENTIFYING THE PRIORITY AREAS SINCE THIS IS THE GROUP THAT COLLECTIVELY CAN HELP ADDRESS THE NEEDS WITH THE MAXIMUM COMMUNITY IMPACT.

THE STEERING COMMITTEE FELT IT WAS BEST TO BUNDLE AREAS OF CONCERN AND ADDRESS A SMALLER NUMBER OF AREAS FOCUSING ON QUALITY AND IMMINENT PRIORITY IN PANDEMIC AND PANDEMIC RECOVERY VERSUS QUANTITY. THE TOP THREE NEEDS, BASED ON NEED DIFFERENTIAL, WERE IDENTIFIED BY THE STEERING COMMITTEE. COMMUNITY MEMBERS, EXPERTS, AND LEADERS FROM ACROSS THE COMMUNITY WERE THEN INVITED TO PARTICIPATE ON THE THREE PRIORITY TASKFORCES. EACH TASKFORCE REVIEWED THE DATA, CONDUCTED A SWOT ANALYSIS, AND MADE RECOMMENDATIONS TO THE STEERING COMMITTEE REGARDING STRATEGY FOR OUR HEALTH IMPROVEMENT PLANS.

STEERING COMMITTEE MEMBERS PROVIDING INPUT INCLUDED:
MARISSA SPRENGER, MICHELLE ARENSDORF, GWEN HALL DRISCOLL, (MERCYONE DUBUQUE MEDICAL CENTER & MERCYONE DYERSVILLE)
CAROL CROSS (UNITY POINT FINLEY HOSPITAL)
STACEY KILLIAN (UNITY POINT FINLEY HOSPITAL, VISITING NURSE ASSOCIATION)
JANAE SCHMITT, MARIAH SCHRACK (HILLCREST FAMILY SERVICES)
PATRICE LAMBERT (DUBUQUE COUNTY HEALTH DEPARTMENT) - ADVISORY
MARY ROSE CORRIGAN (CITY OF DUBUQUE) - ADVISORY
MERCYONE SIOUXLAND MEDICAL CENTER:

PART V, SECTION B, LINE 6A: MERCYONE SIOUXLAND’S CHNA WAS CONDUCTED WITH
UNITY POINT HEALTH–ST. LUKE’S AND DUNES SURGICAL HOSPITAL.

MERCYONE DUBUQUE MEDICAL CENTER:

PART V, SECTION B, LINE 6A: MERCYONE DUBUQUE CONDUCTED ITS CHNA WITH
MERCYONE DYERSVILLE, AND UNITYPONT HEATH–FINLEY HOSPITAL, DUBUQUE.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 6A: THE DUNES SURGICAL HOSPITAL’S CHNA WAS
CONDUCTED WITH MERCYONE SIOUXLAND MEDICAL CENTER AND UNITYPONT
HEALTH–ST. LUKE’S.

MERCYONE DYERSVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 6A: MERCYONE DYERSVILLE CONDUCTED ITS CHNA WITH
MERCYONE DUBUQUE, AND UNITYPONT HEATH–FINLEY HOSPITAL, DUBUQUE.

MERCYONE NORTH IOWA MEDICAL CENTER:

PART V, SECTION B, LINE 6B: MERCYONE NORTH IOWA CONDUCTED ITS CHNA WITH
THE FOLLOWING NON-HOSPITAL ORGANIZATIONS:

NORTH IOWA COMMUNITY ACTION ORGANIZATION, PRAIRIE RIDGE INTEGRATED
BEHAVIORAL HEALTHCARE, MASON CITY YOUTH TASK FORCE, NORTH IOWA CHILDREN’S
ALLIANCE, TURNING LEAF COUNSELING, CITIZEN MARY SCHISSEL, CG PUBLIC
HEALTH, UNITED WAY OF NORTH CENTRAL IOWA, COMMUNITY HEALTH CENTER, WRIGHT
COUNTY PUBLIC HEALTH, PALO ALTO COUNTY PUBLIC HEALTH, FLOYD COUNTY 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, 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.

HEALTH, KOSUTH COUNTY PUBLIC HEALTH, AND WINNEBAGO COUNTY PUBLIC HEALTH

MERCYONE SIOUXLAND MEDICAL CENTER:

PART V, SECTION B, LINE 6B: MERCYONE SIOUXLAND CONDUCTED ITS CHNA IN COLLABORATION WITH:

BLUE ZONES, BRIAR CLIFF UNIVERSITY, CENTER FOR SEXUAL ABUSE AND DOMESTIC VIOLENCE, CONSULTING BY DESIGN, DOWNTOWN PARTNERS, FAMILY HEALTHCARE OF SIOUXLAND, HEARTLAND COUNSELING, IOWA STATE UNIVERSITY EXTENSION, JACKSON RECOVERY CENTERS, MORNINGSIDE COLLEGE, ONE SIOUXLAND, PLANNED PARENTHOOD OF GREATER IOWA, RONALD MCDONALD HOUSE, SIOUX CITY COMMUNITY DEVELOPMENT, SIOUX CITY COMMUNITY SCHOOLS, SIOUX CITY ELECTED OFFICIALS, SIOUX CITY HOUSING AUTHORITY, SIOUX CITY PARKS AND RECREATION, SIOUXLAND CARES, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND DISTRICT HEALTH DEPARTMENT, SIOUXLAND DISTRICT HEALTH DEPARTMENT BOARD OF HEALTH, SIOUXLAND HUMAN INVESTMENT PARTNERSHIP, SIOUXLAND MENTAL HEALTH CENTER, THE FOOD BANK OF SIOUXLAND, YMCA, INSTITUTE FOR COMMUNITY ALLIANCE, JUNE E. NYLEN CANCER CENTER, SIOUX CITY POLICE DEPARTMENT, SIOUXLAND MEDICAL EDUCATION FOUNDATION, SUNRISE RETIREMENT CENTER, UNITED HEALTH CARE, UNITED WAY OF SIOUXLAND, WESTERN IOWA TECH COMMUNITY COLLEGE, AND WINNEBAGO TRIBE.

MERCYONE DUBUQUE MEDICAL CENTER:

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

CITY OF DUBUQUE HEALTH SERVICES, DUBUQUE COUNTY HEALTH DEPARTMENT, CRESCENT COMMUNITY HEALTH CENTER, GRAND RIVER MEDICAL GROUP, HILLCREST FAMILY SERVICES, VISITING NURSE ASSOCIATION, MEDICAL ASSOCIATES CLINIC, RIVERBEND FOOD BANK, DUBUQUE FOOD POLICY COUNCIL, CONVIVIUM URBAN
FARMSTEAD, PROJECT ROOTED, BRAIN HEALTH NOW, ZTM SOBER LIVING, AND
SUBSTANCE ABUSE SERVICES CENTER.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 6B: THE DUNES SURGICAL HOSPITAL CONDUCTED ITS
CHNA IN COLLABORATION WITH:

BLUE ZONES, BRIAR CLIFF UNIVERSITY, CENTER FOR SEXUAL ABUSE AND DOMESTIC
VIOLENCE, CONSULTING BY DESIGN, DOWNTOWN PARTNERS, FAMILY HEALTHCARE OF
SIOUXLAND, HEARTLAND COUNSELING, IOWA STATE UNIVERSITY EXTENSION, JACKSON
RECOVERY CENTERS, MORNINGSIDE COLLEGE, ONE SIOUXLAND, PLANNED PARENTHOOD
OF GREATER IOWA, RONALD MCDONALD HOUSE, SIOUX CITY COMMUNITY DEVELOPMENT,
SIOUX CITY COMMUNITY SCHOOLS, SIOUX CITY ELECTED OFFICIALS, SIOUX CITY
HOUSING AUTHORITY, SIOUX CITY PARKS AND RECREATION, SIOUXLAND CARES,
SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND DISTRICT HEALTH DEPARTMENT,
SIOUXLAND DISTRICT HEALTH DEPARTMENT BOARD OF HEALTH, SIOUXLAND HUMAN
INVESTMENT PARTNERSHIP, SIOUXLAND MENTAL HEALTH CENTER, THE FOOD BANK OF
SIOUXLAND, YMCA, INSTITUTE FOR COMMUNITY ALLIANCE, JUNE E. NYLEN CANCER
CENTER, SIOUX CITY POLICE DEPARTMENT, SIOUXLAND MEDICAL EDUCATION
FOUNDATION, SUNRISE RETIREMENT CENTER, UNITED HEALTH CARE, UNITED WAY OF
SIOUXLAND, WESTERN IOWA TECH COMMUNITY COLLEGE, AND WINNEBAGO TRIBE.

MERCYONE DYERSVILLE MEDICAL CENTER:

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

CITY OF DUBUQUE HEALTH SERVICES, DUBUQUE COUNTY HEALTH DEPARTMENT,
CRESCENT COMMUNITY HEALTH CENTER, GRAND RIVER MEDICAL GROUP, HILLCREST
FAMILY SERVICES, VISITING NURSE ASSOCIATION, MEDICAL ASSOCIATES CLINIC,
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.

RIVERBEND FOOD BANK, DUBUQUE FOOD POLICY COUNCIL, CONVIVIUM URBAN FARMSTEAD, PROJECT ROOTED, BRAIN HEALTH NOW, ZTM SOBER LIVING, AND SUBSTANCE ABUSE SERVICES CENTER.

MERCYONE NORTH IOWA MEDICAL CENTER:

PART V, SECTION B, LINE 11: MERCYONE NORTH IOWA ADOPTED A NEW CHNA IN FISCAL YEAR 2020, WHICH IDENTIFIED THE FOLLOWING NEEDS: ACCESS TO CARE, EARLY CHILDHOOD ISSUES, AND HOUSING. THE HOSPITAL BEGAN IMPLEMENTING ACTIVITIES TO ADDRESS THOSE NEEDS IN FISCAL YEAR 2021 (FY21). THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE ADDRESSED WITHIN FY21:

ACCESS TO CARE:
MERCYONE NORTH IOWA INTENDED TO EXPAND ITS PRIMARY HEALTH CARE SERVICES TO SOUTHERN MINNESOTA BY THE DEVELOPMENT AND GROUNDBREAKING OF A CLINIC IN ALBERT LEA, MN. DUE TO THE COVID-19 PANDEMIC THE PROJECT WAS DELAYED. TO ADDRESS THE LACK OF MENTAL HEALTH PROVIDERS IN THE COMMUNITY, SUPPORT FOR RECRUITMENT OF PROVIDERS AND MENTAL HEALTH SERVICES WILL CONTINUE TO BE A PRIORITY. MERCYONE NORTH IOWA PSYCHIATRY HIRED ONE PSYCHIATRIST AND TWO ADVANCED REGISTERED NURSE PRACTITIONERS. THE INPATIENT UNIT INCREASED CENSUS FROM 24.8 IN FY20 TO 25.7 IN FY21.

MERCYONE NORTH IOWA SPONSORED THE SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP) TO ADDRESS THE HIGH COST OF SENIOR MEDICATIONS. SHIIP OFFERED SESSIONS TO SENIORS TO ACCESS UNBIASED COUNSELING FOR DRUG PLAN COVERAGE AND PUBLIC BENEFIT ENROLLMENT, AS WARRANTED. COUNSELORS ADAPTED TO VIRTUAL AND AUDIO SESSIONS AS COVID-19 RESTRICTIONS CONTINUED, SERVING
THE SAME NUMBER OF CLIENTS AS THE PREVIOUS YEAR. ANOTHER COUNSELOR WAS ADDED FOR A TOTAL OF FOUR.

MERCY ONE NORTH IOWA PARTNERED WITH NORTH IOWA COMMUNITY ACTION ORGANIZATION (NICAO) TO FURTHER DEVELOP THE COMMUNITY TRANSPORTATION MODEL, MY COMMUNITY RIDE. NICAO PROVIDED CASE MANAGEMENT, MEANS TESTING FOR SUBSIDIZED RIDES AND HELP FOR THOSE WITH TRANSPORTATION BENEFITS TO NAVIGATE THE SYSTEM. THEY PROVIDED 78 RIDES IN FY21. MERCYONE NORTH IOWA, WITH THE CITY OF MASON CITY, REGION II TRANSIT, AND THE NORTH IOWA AREA COUNCIL OF GOVERNMENTS, COLLABORATIVELY ADDRESSED COORDINATION OF HUMAN SERVICES TRANSPORTATION, INCLUDING PARTICIPATING IN A TRANSPORTATION ADVISORY GROUP.

DESPITE MERCYONE NORTH IOWA'S ROBUST RECRUITMENT ACTIVITIES, WE SAW OUR VACANCIES ESCALATE IN FY21. CONTRIBUTING FACTORS INCLUDE THE COVID-19 PANDEMIC, FEAR OF THE VIRUS, EARLY RETIREMENT, AND ATTRITION. IN FY21, MERCYONE NORTH IOWA RECRUITED 40 NEW PROVIDERS AND APPLIED FOR 1 J1 VISA WAIVER, WHICH WAS APPROVED.

MERCYONE NORTH IOWA CONTINUED TO ADVOCATE FOR, AND PARTICIPATE IN, THE 340B PROGRAM, SERVING AN INCREASED NUMBER OF PATIENTS. MERCYONE NORTH IOWA SUPPORTED MENTAL HEALTH AND SUBSTANCE USE RECOVERY PROGRAMS VIA THE 340B PROGRAM IN THE COMMUNITY PARTNERING WITH THE COMMUNITY HEALTH CENTER OF MASON CITY, BEJE CLARK, SECOND JUDICIAL DISTRICT PROBATION/PAROLE AND PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTH CARE.

IN FY21, MERCYONE NORTH IOWA CONTINUED THE SAFETY NET CARE COORDINATION
MODEL, WHICH WAS INITIATED IN 2014. MERCYONE NORTH IOWA CONTINUED TO OFFER FINANCIAL ASSISTANCE TO QUALIFYING PATIENTS, WHICH PROVIDES ACCESS TO QUALITY HEALTH CARE SERVICES WITH COMPASSION, DIGNITY, AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THOSE WHO ARE POOR AND THE UNDERSERVED IN OUR COMMUNITIES.

HOUSING:
MERCYONE NORTH IOWA ADDRESSED HOMELESSNESS BY SUPPORTING THE ALLIANCE FOR THE HOMELESS SHELTERS (MEN/WOMEN AND CHILDREN). MERCYONE NORTH IOWA PARTICIPATED IN COMMUNITY DISCUSSIONS AND THE CITY OF MASON CITY SURVEY TO ASSIST IN THE DEVELOPMENT OF AFFORDABLE HOUSING.

MERCYONE NORTH IOWA DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS IN THIS CHNA CYCLE DUE TO COMPETING PRIORITIES, LACK OF RESOURCES, AND BECAUSE OTHER AGENCIES ARE ALREADY ADDRESSING THESE ISSUES.

EARLY CHILDHOOD ISSUES:
THOUGH IT WAS NOT A DIRECT FOCUS IN FY21, MERCYONE NORTH IOWA DEEPENED ITS COLLABORATION WITH THE NORTH IOWA FOOD COALITION IN SUPPORT OF HEALTHY HARVEST OF NORTH IOWA, TO INCREASE THE AVAILABILITY OF FRESH, WHOLE, HEALTHY FOODS AND ASSISTING FAMILIES WITH CHILDREN AND THEIR NUTRITIONAL NEEDS. DURING THE COVID-19 PANDEMIC HEALTHY HARVEST OF NORTH IOWA PROVIDED COMMUNITY EDUCATION VIA THEIR WEBSITE, FACEBOOK AND IN PERSON DEMONSTRATIONS WITH SAMPLES AND RECIPE CARDS. THEY SAFELY HOSTED 20 IN-PERSON DEMONSTRATIONS IN SEVEN DIFFERENT COMMUNITIES WITH 1,760 SAMPLES AND RECIPE CARDS GIVEN OUT. DOUBLE UP FOOD BUCKS WERE GIVEN OUT, WITH $2,477 REDEEMED AT FAIREWAY OR THE FARMERS MARKETS BETWEEN JULY AND
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.

DECEMBER 2020. MERCYONE NORTH IOWA WILL FURTHER INVESTIGATE HOW IT CAN PARTNER WITH OTHER COMMUNITY AGENCIES CURRENTLY ADDRESSING EARLY CHILDHOOD ISSUES IN FISCAL YEAR 2022. MERCYONE NORTH IOWA HAD A PRESENCE AT PARTNERS 4 CHILDREN DECATEGORIZATION PROJECT AND EYES (EMPOWERING YOUTH WITH EDUCATION AND SUPPORT) COALITIONS.

MERCYONE SIOUXLAND MEDICAL CENTER:


HOUSING/HOMELESSNESS:

BASED ON THE 2020 SIOUX CITY POINT-IN-TIME COUNT, THERE WERE 214 HOMELESS INDIVIDUALS. THIS WAS A DECREASE FROM THE 2018 POINT-IN-TIME COUNT OF 292 INDIVIDUALS SUFFERING FROM HOMELESSNESS. MERCYONE SIOUXLAND CONTINUED TO PROVIDE SUPPORT TO THE LOCAL HOMELESS SHELTER AND THE DAY SHELTER. MERCYONE SIOUXLAND ALSO COLLABORATED WITH OTHER ORGANIZATIONS TO ASSIST INDIVIDUALS IN ACCESSING HOUSING THROUGH THE COORDINATED ENTRY PROGRAM. MERCYONE SIOUXLAND, ALONG WITH OTHER COMMUNITY AGENCIES AND CITIZENS, CONTINUED TO COLLABORATE TO IMPROVE ACCESS TO SHELTERED HOUSING WITHIN THE SIOUXLAND REGION.

IN FISCAL YEAR 2021, MERCYONE SIOUXLAND COLLABORATED WITH THE SIOUXLAND STREET PROJECT TO ADDRESS HOMELESSNESS IN THE SIOUXLAND AREA. FROM THIS

MENTAL HEALTH:

MERCYONE SIOUXLAND CONTINUED TO COLLABORATE WITH OTHER MENTAL HEALTH PROVIDERS TO COORDINATE MENTAL HEALTH CARE. MERCYONE SIOUXLAND PROVIDERS CONTINUED TO SCREEN AND EDUCATE COMMUNITY MEMBERS ABOUT MENTAL HEALTH. REFERRALS WERE MADE TO MENTAL HEALTH PROFESSIONALS AS NEEDED. RECRUITMENT CONTINUED FOR ADDITIONAL MENTAL HEALTH PROVIDERS FOR THE SIOUXLAND AREA. TELEMEDICINE WAS USED TO IMPROVE ACCESS FOR MENTAL HEALTH CARE. THE CHILD ADVOCACY CENTER CONTINUED TO PROVIDE MENTAL HEALTH SERVICES TO CHILDREN WHO HAVE BEEN ABUSED.

TOBACCO/SUBSTANCE ABUSE:
IN COLLABORATION WITH THE COMMUNITY COALITION, TOBACCO FREE SIOUXLAND,

MERCYONE SIOUXLAND SUPPORTED THE INITIATIVE TO ESTABLISH TOBACCO/NICOTINE-
FREE COMMUNITY PARKS IN WOODBURY COUNTY WITH PROGRESS MADE AT THE

RIVERSIDE PARK. MERCYONE SIOUXLAND PROVIDERS AND HEALTH COACHES CONTINUED
TO EDUCATE COMMUNITY MEMBERS ON HEALTHY LIFESTYLE CHOICES, INCLUDING THE

CESSATION OF SMOKING AND ELIMINATING SUBSTANCE ABUSE. MERCYONE SIOUXLAND,

THROUGH MERCYONE SIOUXLAND BUSINESS HEALTH, CONTINUED TO PROVIDE SMOKING

CESSATION CLASSES AND HEALTH COACHING FOR TOBACCO CESSATION. THE

PREVALENCE OF ADULT SMOKING HAS DECREASED IN THREE OF THE SIX COUNTIES AS

COMPAARED TO 2016. ADULT BINGE DRINKING IN THE SIX COUNTIES VARIED FROM

18.4% IN DAKOTA COUNTY TO 24.6% IN PLYMOUTH COUNTY. MERCYONE SIOUXLAND

CONTINUED TO COLLABORATE WITH THE SOBER LIVING FACILITY IN SIOUX CITY TO

SUPPORT SUCCESSFUL COMMUNITY LIVING FOLLOWING INPATIENT HOSPITALIZATIONS.

OBESITY/CHRONIC HEALTH CONDITIONS:

OBESITY WAS AN ONGOING CONCERN IN SIOUXLAND. MERCYONE SIOUXLAND CONTINUED
TO PROVIDE HEALTH COACHING, EDUCATION ON HEALTHY CHOICES, AND THE

IMPORTANCE OF MAINTAINING A HEALTHY WEIGHT. MERCYONE SIOUXLAND PROVIDERS
CONTINUED TO MEASURE BMIS FOR HEALTHY WEIGHT MONITORING.

IN AN EFFORT TO CURB THE PREVALENCE OF OBESITY IN FISCAL YEAR 2021,

MERCYONE SIOUXLAND CONTINUED COLLABORATING WITH THE SIOUXLAND YMCA BY

REFERRING PRE-DIABETIC PERSONS TO THE DIABETES PREVENTION PROGRAM (DPP).

DPP COURSES WERE HELD AND PARTICIPANTS DEMONSTRATED SUCCESS IN COMBATING

OBESITY. MERCYONE SIOUXLAND CONTINUED TO PARTNER WITH THE FOOD BANK OF

SIOUXLAND TO IMPROVE ACCESS TO HEALTHY FOODS, ESPECIALLY FRESH PRODUCE BY

PROVIDING FINANCIAL SUPPORT FOR TRANSPORTING HEALTHY FOODS THROUGHOUT THE
SERVICE AREA. MERCYONE SIOUXLAND COLLABORATED WITH THE IOWA STATE EXTENSION (MASTERS GARDENERS) AND UP FROM THE EARTH TO INCREASE ACCESS TO FRESH VEGETABLES.

ACCESS TO CARE:

MERCYONE SIOUXLAND CONTINUED TO SUPPORT THE STREET MEDICINE PROGRAM THROUGH THE DONATION OF SUPPLIES ALLOWING BASIC MEDICAL CARE TO BE PROVIDED TO THOSE WHO WERE HOMELESS. ACCESS TO CARE HAS ALSO BEEN IMPROVED THROUGH THE SUCCESSFUL RECRUITMENT OF TEN ADDITIONAL PROVIDERS IN FISCAL YEAR 2021. MERCYONE SIOUXLAND ALSO CONTINUED THEIR FINANCIAL ASSISTANCE PROGRAM TO ASSIST WITH ACCESS TO NECESSARY CARE FOR THOSE WHO QUALIFY.

MERCYONE SIOUXLAND IS IN A MEDICALLY UNDERSERVED AREA, WHICH ENABLED THE HOSPITAL TO RECRUIT PHYSICIANS WITH J-1 WAIVERS. COMMUNITY HOSPITALS SUPPORTED THE SIOUXLAND MEDICAL EDUCATION FOUNDATION RESIDENCY PROGRAM FOR FAMILY PRACTICE PHYSICIANS TO INCREASE THE NUMBER OF TRAINED PROVIDERS FOR THE LOCAL COMMUNITIES.

MERCYONE SIOUXLAND CONTINUED TO ACCOMMODATE THE NEEDS OF PATIENTS' SCHEDULES BY OFFERING EXTENDED HOURS AT THE URGENT CARE CLINIC AND ADDING A FAST TRACK PROGRAM IN THE EMERGENCY DEPARTMENT TO BETTER SERVE THE COMMUNITY. IN ADDITION, MERCYONE SIOUXLAND EXPANDED ACCESS TO CARE VIA TELEHEALTH DURING FISCAL YEAR 2021. MANY MORE PATIENTS SOUGHT CARE VIA TELEHEALTH DURING FISCAL YEAR 2021 DUE TO COVID-19.

MERCYONE SIOUXLAND ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD
EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST
PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE.

UNITY POINT, A COLLABORATIVE PARTNER IN THE CHNA PROCESS, PROVIDES CARE
FOR THE MAJORITY OF THE BIRTHS IN THE SIOUXLAND AREA AND AGREED TO ADDRESS
THE SEXUAL HEALTH NEED. FOR THIS REASON, MERCYONE SIOUXLAND DID NOT
SPECIFICALLY ADDRESS SEXUAL HEALTH.

MERCYONE DUBUQUE MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE SIGNIFICANT NEEDS THAT WERE ADDRESSED IN
FISCAL YEAR 2021 (FY21) WERE ACCESS TO HEALTH CARE, OBESITY, AND BRAIN
HEALTH.

MERCYONE DUBUQUE WAS INVOLVED IN THE FOLLOWING PROJECTS DURING FY21 TO
ADDRESS ACCESS TO HEALTH CARE:

- ESTABLISHED TWELVE POP-UP VACCINE CLINICS THAT RESULTED IN OVER 30,000
  COVID-19 VACCINATIONS AND BOOSTER SHOTS GIVEN TO COMMUNITY MEMBERS. THE
  CLINICS WERE HELD IN STRATEGIC LOCATIONS, INCLUDING WESTERN DUBUQUE, TO
  ASSIST IN DECREASING BARRIERS TO ACCESSING THE VACCINES.

- MERCYONE DUBUQUE AND MERCYONE DYERSVILLE PURCHASED A 31-FOOT WINNEBAGO
  AND HIRED A VENDOR TO CUSTOMIZE THE UNIT WITH A WAITING ROOM, INTAKE AREA,
  TWO EXAM ROOMS AND A HANDICAP ACCESSIBLE LIFT. THE UNIT WAS TO BE LAUNCHED
  IN FY21, HOWEVER THERE WERE MANY PANDEMIC RELATED DELAYS MOSTLY RELATED TO
  SUPPLY CHAIN. DESPITE THIS, MUCH PLANNING AND COLLABORATION WITH
  COMMUNITY PARTNERS TOOK PLACE IN FY21 IN PREPARATION FOR THE MOBILE UNIT’S
  LAUNCH IN NOVEMBER 2021.
MERCYONE DUBUQUE WAS INVOLVED IN THE FOLLOWING PROJECT DURING FY21 TO ADDRESS OBESITY:

- SPECIFIC EFFORTS FOCUSED ON COLLABORATIONS TO BRING SOLUTIONS RELATED TO FOOD INSECURITY NEEDS OF PATIENTS AND COLLEAGUES. MERCYONE DUBUQUE CONTINUED TO WORK IN PARTNERSHIP WITH RIVERBEND FOOD BANK AND OUR LADY OF THE MISSISSIPPI ABBEY SISTERS TO EXPAND A FOOD PANTRY ONSITE AT MERCYONE DUBUQUE. THE FOOD PANTRY STOCKED 53,000 POUNDS OF FOOD IN FY21, THE EQUIVALENT OF 44,000 MEALS, SERVING 7,034 COLLEAGUES AND PATIENTS (2,229 CHILDREN AND 635 SENIORS).

MERCYONE DUBUQUE WAS INVOLVED IN THE FOLLOWING PROJECTS DURING FY21 TO ADDRESS BRAIN HEALTH:

- PARTICIPATED IN A MONTHLY BRAIN HEALTH STAKEHOLDERS TEAM TO ASSIST IN COORDINATING AND LEVERAGING BRAIN HEALTH SPECIFIC RESOURCES WITHIN THE COMMUNITY.

- MERCYONE DUBUQUE PHARMACY CONTINUED TO STOCK NALOXONE (NARCAN) AND EDUCATED COMMUNITY MEMBERS WHO PRESENTED FOR A NARCAN KIT.

- DEVELOPED A COLLEAGUE CARE CIRCLE TO ASSIST IN FOSTERING COLLEAGUE MENTAL WELL-BEING SECONDARY TO PANDEMIC IMPACT.

DUNES SURGICAL HOSPITAL:

TO CARE. THESE NEEDS WERE PRIORITIZED BASED UPON ABILITY TO INFLUENCE AND NEEDS EXCEPT SEXUAL HEALTH, HOUSING/HOMELESSNESS, AND MENTAL HEALTH WITHIN THE PAST YEAR.

TOBACCO/SUBSTANCE ABUSE:

THE PROVIDERS AT THE DUNES SURGICAL HOSPITAL CONTINUED TO EDUCATE PATIENTS ON THE HEALTH RISKS OF SMOKING AND THE USE OF ALCOHOL. WRITTEN MATERIALS ON SMOKING/VAPING CESSATION WERE DISSEMINATED TO THE COMMUNITY THROUGH THE DUNES SURGICAL HOSPITAL. THE PREVALENCE OF ADULT SMOKING HAS DECREASED IN THREE OF THE SIX COUNTIES. ADULT BINGE DRINKING VARIED FROM 18.4% IN DAKOTA COUNTY TO 24.6% IN PLYMOUTH COUNTY.

OBESITY/CHRONIC HEALTH CONDITIONS:

DUNES SURGICAL HOSPITAL CONTINUED TO PROVIDE PATIENT EDUCATION ON HEALTHY CHOICES, AND THE IMPORTANCE OF MAINTAINING A HEALTHY WEIGHT. THE PROVIDERS AT THE DUNES SURGICAL HOSPITAL CONTINUED TO MEASURE PATIENT'S HEALTH RISK USING BODY MASS INDEX (BMI) FOR HEALTHY WEIGHT MONITORING. POST-SURGICAL EDUCATION WAS PROVIDED TO PATIENTS EMPHASIZING THE IMPORTANCE OF PHYSICAL EXERCISE AND PROPER NUTRITION. ADDITIONALLY, A FOOD DRIVE WAS HELD AT THE HOSPITAL FOR THE VULNERABLE POPULATION IN THE COMMUNITY.

ACCESS TO CARE:

DUNES SURGICAL HOSPITAL INCREASED ACCESS TO CARE WITHIN THE COMMUNITY DURING FISCAL YEAR 2021 BY CONTINUING TO OFFER A FINANCIAL ASSISTANCE PROGRAM, WHICH ALLOWED THOSE WHO MET THE FINANCIAL NEED CRITERIA TO RECEIVE ASSISTANCE FOR NECESSARY SURGICAL SERVICES. SIOUXLAND HAS ACHIEVED

14360513 794151 3200                  2020.05094 MERCY HEALTH SERVICES - I 3200___1
IMPROVEMENTS IN COUNTY CLINICAL CARE RANKINGS WHEN COMPARING 2015 TO 2018
IN TWO OF THE SIX COUNTIES WITHIN THE PRIMARY SERVICE AREA. THOSE COUNTIES WERE UNION, SD AND DIXON, NE. ACCESS TO CARE WAS ALSO REDUCED WHEN COMMUNITY MEMBERS LACKED INSURANCE COVERAGE. SUCCESS WAS ACHIEVED IN REDUCING THE PERCENT OF UNINSURED ADULTS IN ALL SIX COUNTIES WITHIN THE PRIMARY SERVICE AREA (WOODBURY IA, PLYMOUTH IA, UNION SD, DAKOTA NE, DIXON NE, AND THURSTON NE). AT THE TIME OF DISMISSAL, THE HOSPITAL STAFF MAKES AN APPOINTMENT FOR PATIENTS TO FOLLOW UP WITH A PRIMARY CARE PHYSICIAN TO ASSIST IN ACCESS FOR PROPER FOLLOW-UP CARE.

THE DUNES SURGICAL HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE NEEDS THAT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. FOR THESE REASONS, THE DUNES SURGICAL HOSPITAL DID NOT TAKE ACTION ON THE NEEDS OF SEXUAL HEALTH, HOUSING AND HOMELESSNESS, AND MENTAL HEALTH AND INSTEAD FOCUSED ON THE PRESSING ISSUES OF COVID-19 AND FLU VACCINATIONS.

MERCYONE NEW HAMPTON MEDICAL CENTER:

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

NUTRITION AND FOOD INSECURITY: THROUGH THE CHNA PROCESS, MERCYONE NEW
HAMPTON LEARNED THERE IS A SIGNIFICANT NEED TO IMPROVE FOOD SECURITY.

WITH INFORMATION FROM A PRIVATE NON-PROFIT, NORTHEAST IOWA COMMUNITY ACTION CORPORATION, WHO SERVES LOW-INCOME INDIVIDUALS IN OUR AREA, FAMILIES NEED HELP ACCESSING FOOD FROM FOOD PANTRIES. THE CURRENT FOOD PANTRIES LOCATED IN CHICKASAW COUNTY ARE NOT OPEN IN THE EVENING OR ON WEEKENDS. MANY MIDDLE-CLASS FAMILIES ARE CONSIDERED THE "WORKING POOR" BECAUSE THEY DO NOT MAKE ENOUGH TO PAY ALL THE BILLS BUT THEY MAKE TOO MUCH TO QUALIFY FOR ANY GOVERNMENTAL ASSISTANCE PROGRAMS. OTHER CONCERNS FROM THIS POPULATION INCLUDE NOT HAVING ENOUGH FOOD AT HOME AND NOT KNOWING HOW TO GROCERY SHOP FOR HEALTHY FOODS ON A BUDGET. IN FISCAL YEAR 2021, MERCYONE NEW HAMPTON CONTINUED IMPLEMENTING INITIATIVES TO ADDRESS NUTRITION AND FOOD INSECURITY INCLUDING THE CHAPLAIN PROVIDING VOUCHERS FOR THE CHICKASAW COUNTY FOOD PANTRY FOR PATIENTS WHO ARE IN NEED. A SMALL PANTRY WAS ADDED TO THE NORTHEAST IOWA COMMUNITY ACTION OFFICE IN CHICKASAW COUNTY, WHICH ALSO HOUSES VETERANS AFFAIRS.

MENTAL HEALTH: SINCE THE 2016 CHNA, MERCYONE NEW HAMPTON HAS BEEN BUILDING THE COMMUNITY'S CAPACITY TO ADDRESS MENTAL HEALTH ISSUES BY IMPROVING ACCESS TO AVAILABLE SERVICES AND HEALTH IMPROVEMENT OPTIONS/OPPORTUNITIES BY USING NEW COMMUNICATION CHANNELS AND TECHNOLOGIES. WHILE GREAT STRIDES WERE MADE IN THOSE THREE YEARS, WORK IS STILL REQUIRED TO DEVELOP, IMPLEMENT AND PROMOTE PROGRAMS TO SUPPORT LOCAL MENTAL HEALTH ISSUES.

IN FISCAL YEAR 2021, MERCYONE NEW HAMPTON BEGAN CRISIS MOBILIZATION SERVICES IN CHICKASAW COUNTY THROUGH ELEVATE CERTIFIED COMMUNITY BASED BEHAVIORAL HEALTH CLINIC. THIS AGENCY WAS THE RECIPIENT OF A TWO-YEAR FEDERAL SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION GRANT TO
EXPAND QUALITY HEALTH CARE TO INDIVIDUALS WITHOUT INSURANCE AND THOSE UNDERINSURED. THEY OFFER ONSITE AND IN-PERSON INTERVENTIONS TO INDIVIDUALS EXPERIENCING A MENTAL HEALTH CRISIS. SUICIDE PREVENTION YARD SIGNS MADE AND DELIVERED THROUGHOUT THE COUNTY AND PLANNED AWARENESS CAMPAIGNS FOR MENTAL HEALTH AWARENESS MONTH (MAY) AND SUICIDE PREVENTION AWARENESS MONTH (SEPTEMBER). MERCYONE NEW HAMPTON EVALUATED THE NEED FOR ADDITIONAL PSYCHIATRIC PROVIDER COVERAGE AND ADDED MIKE GERBER, DNP VIA TELEHEALTH 2 TIMES/MONTH.


IN FISCAL YEAR 2021, MERCYONE NEW HAMPTON LEADERS WORKED WITH THE NEW HAMPTON SOCCER CLUB TO PLAN FOR THE SOCCER SEASON AT NEW HAMPTON HIGH SCHOOL. WHILE THE SEASON DID NOT TAKE PLACE BECAUSE OF COVID-19, WE DID SEE AN INCREASE IN PARTICIPATION IN THE YOUTH SOCCER PROGRAM. SOCCER IS A VERY POPULAR SPORT FOR OUR AREA YOUTH, ESPECIALLY WITH THE HISPANIC POPULATION WHO ARE AT A HIGHER RISK FOR DEVELOPING DIABETES. BY HAVING AN EXPANDED SOCCER PROGRAM, HISPANIC YOUTH HAVE THE OPPORTUNITY TO BE ACTIVE.
IN A SPORT THEY ARE PASSIONATE ABOUT.

A STRATEGIC INITIATIVE COMMITTEE, INCLUDING REPRESENTATIVES FROM THE CHICKASAW WELLNESS COMPLEX, NEW HAMPTON PARKS & RECREATION, AREA NATURE/WALKING TRAIL COMMITTEES AND MERCYONE NEW HAMPTON, CONTINUES TO WORK ON IMPROVEMENT EFFORTS. THE SECOND PHASE OF THE FITNESS TRAIL IN NEW HAMPTON HAS BEEN COMPLETED AND THE FINAL PHASE IS BEING SCHEDULED.

MERCYONE NEW HAMPTON HAS A GREAT PARTNERSHIP WITH NEW HAMPTON PARKS AND RECREATION AND COLLABORATIVELY PLAN COMMUNITY WALKING EVENTS. IN APRIL 2021, MERCYONE NEW HAMPTON AND THE CITY OF NEW HAMPTON PARTNERED WITH WELLMARK TO INITIATE BECOMING A "HEALTHY HOMETOWN". HEALTHY HOMETOWN POWERED BY WELLMARK IS A WAY TO MAKE OUR HOMETOWN AN EVEN BETTER PLACE TO LIVE. FOCUSED ON MAKING THE HEALTHY CHOICE THE EASY CHOICE, HEALTHY HOMETOWN USES OVER 100 PROVEN TOOLS AND TECHNIQUES TO MAKE SIMPLE CHANGES IN OUR COMMUNITY THAT HAVE A LONG-LASTING IMPACT ON YOUR HEALTH AND WELL-BEING AND THEY FALL INTO THREE AREAS: EAT WELL, MOVE MORE AND FEEL BETTER. EXPERTS FROM WELLMARK HELP WITH FACILITATION OF A COMMUNITY ASSESSMENT AND PLAN TO GUIDE AND ORGANIZE THE COMMUNITY'S WORK.

MERCYONE DYERSVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE SIGNIFICANT NEEDS THAT WERE ADDRESSED IN FISCAL YEAR 2021 (FY21) WERE ACCESS TO HEALTH CARE, OBESITY, AND BRAIN HEALTH.

MERCYONE DYERSVILLE WAS INVOLVED IN THE FOLLOWING PROJECT DURING FY21 TO ADDRESS ACCESS TO HEALTH CARE:

- MERCYONE DUBUQUE AND MERCYONE DYERSVILLE PURCHASED A 31-FOOT WINNEBAGO
AND HIRED A VENDOR TO CUSTOMIZE THE UNIT WITH A WAITING ROOM, INTAKE AREA,
TWO EXAM ROOMS AND A HANDICAP ACCESSIBLE LIFT. THE UNIT WAS TO BE LAUNCHED
IN FY21, HOWEVER THERE WERE MANY PANDEMIC RELATED DELAYS MOSTLY RELATED TO
SUPPLY CHAIN. DESPITE THIS, MUCH PLANNING AND COLLABORATION WITH
COMMUNITY PARTNERS TOOK PLACE IN FY21 IN PREPARATION FOR THE MOBILE UNIT’S
LAUNCH IN NOVEMBER 2021.

MERCYONE DYERSVILLE WAS INVOLVED IN THE FOLLOWING PROJECT DURING FY21 TO
ADDRESS OBESITY:

- SPECIFIC EFFORTS FOCUSED ON COLLABORATIONS TO BRING SOLUTIONS RELATED TO
FOOD INSECURITY NEEDS OF PATIENTS AND COLLEAGUES. MERCYONE DYERSVILLE
CONTINUED TO WORK IN PARTNERSHIP WITH RIVERBEND FOOD BANK AND OUR LADY OF
THE MISSISSIPPI ABBEY SISTERS TO EXPAND A FOOD PANTRY ONSITE AT MERCYONE
DUBUQUE. WHILE THE FOOD PANTRY IS LOCATED AT MERCYONE DUBUQUE, IT SERVES
MERCYONE DYERSVILLE COLLEAGUES AND PATIENTS AS WELL. THE FOOD PANTRY
STOCKED 53,000 POUNDS OF FOOD IN FY21, THE EQUIVALENT OF 44,000 MEALS,
SERVING 7,034 COLLEAGUES AND PATIENTS (2,229 CHILDREN AND 635 SENIORS).

MERCYONE DYERSVILLE WAS INVOLVED IN THE FOLLOWING PROJECTS DURING FY21 TO
ADDRESS BRAIN HEALTH:

- PARTICIPATED IN A MONTHLY BRAIN HEALTH STAKEHOLDERS TEAM TO ASSIST IN
COORDINATING AND LEVERAGING BRAIN HEALTH SPECIFIC RESOURCES WITHIN THE
COMMUNITY.

- DEVELOPED A COLLEAGUE CARE CIRCLE TO ASSIST IN FOSTERING COLLEAGUE
MENTAL WELL-BEING SECONDARY TO PANDEMIC IMPACT.
MERCYONE NORTH IOWA MEDICAL CENTER:

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.

MERCYONE SIOUXLAND MEDICAL CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 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.

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.

MERCYONE DUBUQUE MEDICAL CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

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.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.
FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESumptive ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

MERCYONE NEW HAMPTON MEDICAL CENTER:

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.

MERCYONE DYERSVILLE MEDICAL CENTER:

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.

| MERCYONE NORTH IOWA MEDICAL CENTER - PART V, SECTION B, LINE 7A | WWW.MERCYONE.ORG/NORTHIOWA/ABOUT-US/COMMUNITY-BENEFIT/ |
| MERCYONE NORTH IOWA MEDICAL CENTER - PART V, SECTION B, LINE 10A | WWW.MERCYONE.ORG/NORTHIOWA/ABOUT-US/COMMUNITY-BENEFIT/ |
| MERCYONE SIOUXLAND MEDICAL CENTER - PART V, SECTION B, LINE 7A | WWW.MERCYONE.ORG/SIOUXLAND/ABOUT-US/COMMUNITY-BENEFIT/ |
| MERCYONE SIOUXLAND MEDICAL CENTER - PART V, SECTION B, LINE 10A | WWW.MERCYONE.ORG/SIOUXLAND/ABOUT-US/COMMUNITY-BENEFIT/ |
| MERCYONE DUBUQUE MEDICAL CENTER - PART V, SECTION B, LINE 7A | WWW.MERCYONE.ORG/DUBUQUE/ABOUT-US/COMMUNITY-BENEFIT/ |
| MERCYONE DUBUQUE MEDICAL CENTER - PART V, SECTION B, LINE 10A | WWW.MERCYONE.ORG/DUBUQUE/ABOUT-US/COMMUNITY-BENEFIT/ |
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 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.

<table>
<thead>
<tr>
<th>Hospital Facility</th>
<th>Web Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 7A</td>
<td><a href="http://www.dunessurgicalhospital.com/community-benefit">www.dunessurgicalhospital.com/community-benefit</a></td>
</tr>
<tr>
<td>DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 10A</td>
<td><a href="http://www.dunessurgicalhospital.com/community-benefit">www.dunessurgicalhospital.com/community-benefit</a></td>
</tr>
<tr>
<td>MERCYONE DYERSVILLE MEDICAL CENTER - PART V, SECTION B, LINE 7A</td>
<td><a href="http://www.mercyone.org/dubuque/dyersville/community-benefit">www.mercyone.org/dubuque/dyersville/community-benefit</a></td>
</tr>
<tr>
<td>MERCYONE DYERSVILLE MEDICAL CENTER - PART V, SECTION B, LINE 10A</td>
<td><a href="http://www.mercyone.org/dubuque/dyersville/community-benefit">www.mercyone.org/dubuque/dyersville/community-benefit</a></td>
</tr>
<tr>
<td>MERCYONE NEW HAMPTON MEDICAL CENTER - PART V, SECTION B, LINE 9</td>
<td>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.</td>
</tr>
<tr>
<td>MERCYONE NORTH IOWA MEDICAL CENTER - PART V, SECTION B, LINE 9</td>
<td></td>
</tr>
</tbody>
</table>

032098 12-02-20

14360513 794151 3200 2020.05094 MERCY HEALTH SERVICES - I 3200___1
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.

MERCYONE SIOUXLAND MEDICAL CENTER – PART V, SECTION B, LINE 7B
WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT
WWW.SIOUXLANDDISTRICTHEALTH.ORG/COMMUNITY/COMMUNITY-
HEALTH-NEEDS-ASSESSMENT-AND-STATISTICS
WWW.UNITYPOINT.ORG/SIOUXCITY/ABOUT-COMMUNITY-BENEFIT.ASPX

DUNES SURGICAL HOSPITAL – PART V, SECTION B, LINE 7B
WWW.MERCYONE.ORG/SIOUXLAND/ABOUT-US/COMMUNITY-BENEFIT/
WWW.SIOUXLANDDISTRICTHEALTH.ORG/COMMUNITY/COMMUNITY-
HEALTH-NEEDS-ASSESSMENT-AND-STATISTICS
WWW.UNITYPOINT.ORG/SIOUXCITY/ABOUT-COMMUNITY-BENEFIT.ASPX

MERCYONE DUBUQUE MEDICAL CENTER – PART V, SECTION B, LINE 9
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MERCYONE DYERSVILLE MEDICAL CENTER – PART V, SECTION B, LINE 9
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL’S
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FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TO THE PUBLIC.

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

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

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

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

MERCYONE NORTH IOWA MEDICAL CTR, PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.MERCYONE.ORG/NORTHIOWA/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/

MERCYONE DUBUQUE MEDICAL CENTER, PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.MERCYONE.ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

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

MERCYONE DYERSVILLE, PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.MERCYONE.ORG/DUBUQUE/FOR-PATIENTS/BILLING-AND-
FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

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

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

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

DUNES SURGICAL HOSPITAL, PART V, LINE 16C,
FAP PLAIN LANGUAGE SUMMARY WEBSITE:
WWW.DUNESSURGICALHOSPITAL.COM/FINANCIAL-
ASSISTANCE-AND-CHARITY-CARE
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 5, 6a, 6b, 7, 11, 13a, 13b, 13c, 13h, 15e, 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.

MERCYONE NEW HAMPTON MEDICAL CENTER, PART V, LINE 16C,

FAP PLAIN LANGUAGE SUMMARY WEBSITE:

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

MERCYONE DYERSVILLE MEDICAL CENTER, PART V, LINE 16C,

FAP PLAIN LANGUAGE SUMMARY WEBSITE:

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

MERCYONE NEW HAMPTON MEDICAL CENTER, PART V, LINE 16A, FAP WEBSITE:

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

MERCYONE NEW HAMPTON MEDICAL CTR, PART V, LINE 16B, FAP APPLICATION WEBSITE

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

MERCYONE SIOUXLAND MEDICAL CENTER, PART V, LINE 16A, FAP WEBSITE:

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

MERCYONE SIOUXLAND MEDICAL CTR, PART V, LINE 16B, FAP APPLICATION WEBSITE:

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

MERCYONE SIOUXLAND MEDICAL CENTER - 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 D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 16

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 MEDICAL ASSOCIATES WEST CAMPUS</td>
<td>OCC. HEALTH, PHYS THER, AMBULATORY SURGERY</td>
</tr>
<tr>
<td>1500 ASSOCIATES DRIVE DUBUQUE, IA 52001</td>
<td></td>
</tr>
<tr>
<td>2 MEDICAL ASSOCIATES CLINIC</td>
<td>X-RAY, LAB, EMPLOYED</td>
</tr>
<tr>
<td>1240 BIG JACK ROAD PLATTEVILLE, WI 53818</td>
<td>PHYSICIANS</td>
</tr>
<tr>
<td>3 TRI-STATE OCCUPATIONAL HEALTH</td>
<td>PHYS THERAPY, EMPLOYED</td>
</tr>
<tr>
<td>1920 ELM STREET DUBUQUE, IA 52001</td>
<td>PHYSICIANS</td>
</tr>
<tr>
<td>4 MEDICAL ASSOCIATES CLINIC</td>
<td>HOME CARE, LAB, EMPLOYED</td>
</tr>
<tr>
<td>10988 BARTELL BLVD GALENA, IL 61036</td>
<td>PHYSICIANS</td>
</tr>
<tr>
<td>5 MERCYONE DYERSVILLE MEDICAL CENTER</td>
<td>CLINIC</td>
</tr>
<tr>
<td>1121 THIRD STREET SW DYERSVILLE, IA 52040</td>
<td></td>
</tr>
<tr>
<td>6 MEDICAL ASSOCIATES CLINIC</td>
<td>CLINIC</td>
</tr>
<tr>
<td>208 N. 12TH STREET BELLEVUE, IA 52031</td>
<td></td>
</tr>
<tr>
<td>7 MEDICAL ASSOCIATES CLINIC</td>
<td>CLINIC</td>
</tr>
<tr>
<td>911 N.W. CARTER ELKADER, IA 52043</td>
<td></td>
</tr>
<tr>
<td>8 CASCADE FAMILY HEALTH CENTER</td>
<td>EMPLOYED PHYSICIANS, LAB, X-RAY, PT</td>
</tr>
<tr>
<td>805 JOHNSON STREET SW CASCADE, IA 52033</td>
<td></td>
</tr>
<tr>
<td>9 MEDICAL ASSOCIATES CLINIC</td>
<td>X-RAY, LAB, EMPLOYED</td>
</tr>
<tr>
<td>117 SOUTH MADISON CUBA CITY, WI 53807</td>
<td>PHYSICIANS</td>
</tr>
<tr>
<td>10 MEDICAL ASSOCIATES CLINIC</td>
<td>CLINIC</td>
</tr>
<tr>
<td>560 PLEASANT ST ELIZABETH, IL 61028</td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2020
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)

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<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 MEDICAL ASSOCIATES CLINIC</td>
<td>CLINIC</td>
</tr>
<tr>
<td>107 S. PAGE</td>
<td></td>
</tr>
<tr>
<td>MONONA, IA 52159</td>
<td></td>
</tr>
<tr>
<td>12 MEDICAL ASSOCIATES EAST CAMPUS</td>
<td>OCC. HEALTH, PHYSICAL THERAPY</td>
</tr>
<tr>
<td>1000 LANGWORTHY</td>
<td></td>
</tr>
<tr>
<td>DUBUQUE, IA 52001</td>
<td></td>
</tr>
<tr>
<td>13 MERCYONE DAKOTA DUNES MEDICAL LAB</td>
<td>REFERENCE LABORATORY</td>
</tr>
<tr>
<td>101 TOWER RD, SUITE 220</td>
<td></td>
</tr>
<tr>
<td>DAKOTA DUNES, SD 57049</td>
<td></td>
</tr>
<tr>
<td>14 MASON CITY SURGERY CENTER</td>
<td>AMBULATORY SURGERY</td>
</tr>
<tr>
<td>990 4TH STREET</td>
<td></td>
</tr>
<tr>
<td>MASON CITY, IA 50401</td>
<td></td>
</tr>
<tr>
<td>15 MERCY FAMILY CLINIC - BUFFALO CENTER</td>
<td>X-RAY, LAB, EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>115 NORTH MAIN</td>
<td></td>
</tr>
<tr>
<td>BUFFALO CENTER, IA 50424</td>
<td></td>
</tr>
<tr>
<td>16 TRI-STATE SURGERY CENTER</td>
<td>OUTPATIENT CLINIC, OPHTHALMOLOGY, ORTHOPEDICS</td>
</tr>
<tr>
<td>1500 ASSOCIATES DRIVE</td>
<td></td>
</tr>
<tr>
<td>DUBUQUE, IA 52002</td>
<td></td>
</tr>
</tbody>
</table>
Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.

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

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

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

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

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**PART I, LINE 3C:**

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

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**PART I, LINE 6A:**

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

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

---

**PART I, LINE 7:**

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

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $19,693,903, 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:

MERCYONE DUBUQUE MEDICAL CENTER (MERCYONE DUBUQUE) PROVIDED COMMUNITY SUPPORT BY PROVIDING EMS TRAINING, WHICH INCLUDED VARIOUS ACTIVITIES THAT SUPPORT THE EDUCATION OF EMERGENCY MEDICAL SERVICE PERSONNEL IN THE...
MERCYONE NEW HAMPTON MEDICAL CENTER (MERCYONE NEW HAMPTON):

ECONOMIC DEVELOPMENT: AS ONE OF THE LARGEST EMPLOYERS IN THE AREA, MERCYONE NEW HAMPTON TAKES ITS CIVIC RESPONSIBILITY VERY SERIOUSLY. SUPPORT OF, AND CONTRIBUTIONS TO, COMMUNITY ORGANIZATIONS, EVENTS, AND PROGRAMS, SUCH AS NEW HORIZONS-CHAMBER, AND THE INDUSTRIAL DEVELOPMENT CORPORATION HELP IMPROVE THE ECONOMY OF MERCYONE NEW HAMPTON'S CATCHMENT COUNTIES. BY PROMOTING ECONOMIC DEVELOPMENT, MERCYONE NEW HAMPTON HELPS CREATE A COMMUNITY THAT CONTINUES TO BUILD ITSELF THROUGH THE LEADERS WHO WORK AND VOLUNTEER AT THE HOSPITAL. ECONOMIC STABILITY IS INTRINSICALLY LINKED TO THE PREVENTION OF HEALTH PROBLEMS ASSOCIATED WITH POVERTY, HOMELESSNESS, AND ENVIRONMENTAL CHALLENGES, AND IS CRUCIAL IF THE COMMUNITY HOPES TO MAINTAIN A VIABLE HOSPITAL COMPLEX WITH A BROAD SPECTRUM OF ESSENTIAL SERVICES.

WORKFORCE DEVELOPMENT AND COMMUNITY SUPPORT: MERCYONE NEW HAMPTON ENCOURAGES ITS LEADERSHIP STAFF TO SUPPORT AND PROVIDE LEADERSHIP TO NON-PROFIT ORGANIZATIONS THROUGHOUT THE AREA. MERCYONE NEW HAMPTON'S PUBLIC RELATIONS MANAGER AND CEO SERVE ON THE BOARD OF DIRECTORS FOR THE INDUSTRIAL DEVELOPMENT CORPORATION, WHICH WORKS TO IMPROVE THE QUALITY OF LIVING IN THE NEW HAMPTON AREA. THE WORK INDUSTRIAL DEVELOPMENT CORPORATION ALSO TIES INTO WORKFORCE DEVELOPMENT AND COLLABORATING WITH OUR AREA COMMUNITY COLLEGES AND INDUSTRIES TO ENHANCE THEIR WORKFORCE. MERCYONE NEW HAMPTON ASSISTED THE MEMBERS OF THE INDUSTRIAL DEVELOPMENT CORPORATION IN 2020 AND 2021 AS WE ALL RESPONDED TO THE CORONAVIRUS PANDEMIC. MERCYONE NEW HAMPTON REPRESENTATIVES PARTICIPATED IN MANY VIRTUAL MEETINGS WITH AREA BUSINESSES TO ASSIST THEM WITH THEIR PLANS AND...
EDUCATE THEM ABOUT THE VIRUS AND TESTING OPTIONS AVAILABLE LOCALLY.

MERCYONE NEW HAMPTON'S CEO SERVES ON THE NORTHEAST IOWA COMMUNITY COLLEGE (NICC) SECTOR BOARD, WHICH WORKS TO DEVELOP CURRICULUM AT NICC THAT SUPPORTS THE NEEDS OF LOCAL EMPLOYERS AND AREA STUDENTS. MERCYONE NEW HAMPTON'S PUBLIC RELATIONS MANAGER ALSO SERVES ON THE NEW HAMPTON ROTARY CLUB'S BOARD OF DIRECTORS.

ENVIRONMENTAL IMPROVEMENTS: MERCYONE NEW HAMPTON ADDRESSES THE NEED FOR MEMBERS OF THE COMMUNITY TO SAFELY DISPOSE OF THEIR SHARPS AND CONTAINERS TO REDUCE ENVIRONMENTAL HAZARDS. THE HOSPITAL COLLABORATES WITH PHARMACIES IN NEW HAMPTON TO COLLECT THEIR CONTAINERS.

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT: MERCYONE NEW HAMPTON PRIDES ITSELF ON BEING A COMMUNITY HEALTH IMPROVEMENT ADVOCATE. MERCYONE NEW HAMPTON'S WELLNESS COORDINATOR SERVES AS CHAIRPERSON FOR CHICKASAW CONNECTIONS, A COALITION AGAINST UNDERAGE DRINKING, DRUG, AND TOBACCO USE. THE ATHLETIC TRAINER CONTINUES TO BE CERTIFIED IN YOUTH MENTAL HEALTH FIRST AID SINCE SHE WORKS PRIMARILY WITH MIDDLE SCHOOL AND HIGH SCHOOL AGE STUDENTS. THE WELLNESS COORDINATOR IS LEADING THE CHNA STRATEGY TEAM FOR RECREATION AND WELLNESS OPPORTUNITIES.

WORKING CLOSELY WITH OTHER HEALTH CARE PARTNERS IN OUR COMMUNITY IS A PRIORITY FOR MERCYONE NEW HAMPTON. MERCYONE NEW HAMPTON CONTINUES TO LEAD THE TRANSITIONS OF CARE TEAM AND MENTAL HEALTH COALITION. BOTH THESE TEAMS GATHER AREA HEALTH CARE PARTNERS TO DISCUSS ISSUES AND WORK TOGETHER TO FORM SOLUTIONS. THE CHICKASAW COUNTY AMBULANCE COUNCIL TAKES PART IN BOTH GROUPS AND MERCYONE NEW HAMPTON IN TURN ASSISTS THE COUNCIL WITH CONTRACT NEGOTIATION PROCESSES AND WORKING WITH THEM TO ENSURE AREA HEALTH
CARE TRANSPORTATION NEEDS ARE BEING MET.

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

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

PART III, LINE 4:
MHS-IA 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 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:

MHS-IA DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.
PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:
MHS-IA’S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN EACH HOSPITAL’S COLLECTION POLICY. THE HOSPITALS HAVE IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:
NEEDS ASSESSMENT - MHS-IA HOSPITALS ASSESS THE HEALTH STATUS OF THEIR COMMUNITIES, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORT TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THEIR COMMUNITIES, OUR HOSPITALS MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH AREAS OF UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT
HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

MERCYONE NORTH IOWA MEDICAL CENTER (MERCYONE NORTH IOWA) AND MERCYONE NEW HAMPTON EACH HAVE A LOCAL BOARD OF GOVERNANCE COMPOSED OF AREA RESIDENTS, EMPLOYERS, AND REPRESENTATIVES OF DEMOGRAPHIC GROUPS. THESE HOSPITALS ALSO COMMUNICATE WITH OTHER AGENCIES ABOUT WHAT SERVICES ARE NEEDED LOCALLY. IN PARTICULAR OUR PRIMARY CARE PHYSICIANS HAVE A STRONG AWARENESS OF PATIENT NEEDS. A COMMITTEE MEETS QUARTERLY THAT IS COMPRISED OF COMMUNITY MEMBERS AND HOSPITAL PERSONNEL THAT WORK DIRECTLY WITH THE UNINSURED, UNDERINSURED AND UNDERSERVED. THE COMMUNITY BENEFIT MINISTRY OFFICER INTERFACES REGULARLY WITH COMMUNITY HUMAN SERVICE AGENCIES AND COALITIONS.

THE STAFF OF MERCYONE SIOUXLAND MEDICAL CENTER (MERCYONE SIOUXLAND) ROUTINELY MET WITH VARIOUS COMMUNITY AGENCIES, CHURCHES, AND SCHOOLS IN SEARCH OF OPPORTUNITIES TO FURTHER COLLABORATE TO ADDRESS ACCESS TO CARE, MENTAL HEALTH, PREVENTION OF OBESITY/CHRONIC CARE, PREVENTION OF ABUSE OF TOBACCO AND OTHER SUBSTANCES, AND INCREASING ACCESS TO HOUSING THEREBY DECREASING HOMELESSNESS.

PART VI, LINE 3:

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

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

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

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

PART VI, LINE 4:

COMMUNITY INFORMATION -

MERCYONE NORTH IOWA’S SERVICE AREA IS COMPRISED OF 15 COUNTIES IN NORTH-CENTRAL IOWA AND SOUTHERN MINNESOTA. THE PRIMARY SERVICE AREA INCLUDES CERRO GORDO AND WORTH COUNTIES, AND THE SECONDARY SERVICE AREA INCLUDES BUTLER, CHICKASAW, FLOYD, FRANKLIN, FREEBORN, HANCOCK, HARDIN, HOWARD, KOSSUTH, MITCHELL, PALO ALTO, WINNEBAGO, AND WRIGHT COUNTIES.

THE NORTH-CENTRAL IOWA REGION HAS A POPULATION OF APPROXIMATELY 200,000, INCLUDING ABOUT 42,600 RESIDENTS WHO LIVE WITHIN CERRO GORDO, THE LARGEST COUNTY AND 7,500 RESIDENTS WHO LIVE WITHIN WORTH, THE SMALLEST COUNTY, AS WELL AS ONE FEDERALLY QUALIFIED HEALTH CENTER. REGIONALLY, THE POPULATION IS APPROXIMATELY 96% WHITE ALONE, 1.8% BLACK ALONE AND 4.6% LATINO (STATE AVERAGES ARE: 90.7%, 4%, AND 6.2% RESPECTIVELY). THIS AREA IS AMONG THE LEAST DIVERSE NATIONALLY; HOWEVER, IN IOWA, RACIAL AND ETHNIC MINORITY POPULATIONS ARE INCREASING. THIS POPULATION COMPRICES 2.1% OF THE POPULATION IN BUTLER COUNTY (THE LOWEST) TO 12.6% IN FRANKLIN COUNTY (THE HIGHEST). IOWA HAS AN OLDER POPULATION THAT IS AMONG THE HIGHEST IN THE NATION. REGIONALLY, INDIVIDUALS AGE 65 YEARS AND OLDER ACCOUNT FOR 21.8% OF THE POPULATION AND PERSONS UNDER AGE 18 YEARS ACCOUNT FOR 22.5% OF THE POPULATION. STATEWIDE, THE AVERAGES ARE 17.1% AND 23.2% RESPECTIVELY.

IN DUBUQUE COUNTY, ONE OTHER HOSPITAL IS PRESENT AND ONE FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER. THE PRIMARY SERVICE AREA OF MERCYONE DUBUQUE AND MERCYONE DYERSVILLE MEDICAL CENTER (MERCYONE DYERSVILLE) IS DUBUQUE COUNTY, IOWA, WHICH IS A FEDERALLY DESIGNATED MEDICALLY...
UNDERSERVED AREA.

THE MAJOR SERVICE AREA FOR MERCYONE DUBUQUE IS DUBUQUE COUNTY, BUT ALSO INCLUDES JACKSON, CLAYTON, LAFAYETTE, AND DELAWARE COUNTIES IN IOWA, GRANT COUNTY, WISCONSIN, AND JO DAVIESS COUNTY, ILLINOIS. THE SERVICE AREA IS RELATIVELY HOMOGENOUS, WITH A WHITE NON-HISPANIC POPULATION OF 92.5% AND VERY LOW OVERALL POPULATION GROWTH.


ABOUT 26% OF THE POPULATION WAS UNDER THE AGE OF 18 YEARS AND 16% OF THE POPULATION WAS OVER THE AGE OF 65 YEARS. THE RACE/ETHNICITY DISTRIBUTION IN THE AREA WAS 74% WHITE, 16% HISPANIC, 3% BLACK, 2% ASIAN, AND 5% OTHER.

IN THE AREA, 45% OF THE HOUSEHOLDS WERE IN AN ANNUAL INCOME GROUP OF LESS THAN $50,000. THE REGIONAL ECONOMY IS BASED ON FOOD MANUFACTURING, AGRICULTURE, HEALTH CARE AND SOCIAL ASSISTANCE, EDUCATION, AND THE FOOD
SERVICE INDUSTRIES. THE JULY 2018 UNEMPLOYMENT RATE FOR THE LARGEST COUNTIES IN THE REGION - WOODBURY, PLYMOUTH, AND DAKOTA - WAS 2.5%, 1.9%, AND 3.9% RESPECTIVELY.

WOODBURY COUNTY HAD A POPULATION OF 104,815, WHICH REPRESENTED 59% OF THE SIOUXLAND REGIONAL TOTAL. THE COMMUNITY RESIDENTS OF SIOUX CITY AND SERGEANT BLUFF REPRESENTED NEARLY 90% OF THE WOODBURY COUNTY POPULATION.

PLYMOUTH COUNTY HAD A POPULATION OF 24,140, OR 14% OF THE SIOUXLAND REGIONAL TOTAL. THE LARGEST COMMUNITY IN THE COUNTY WAS LE MARS WITH A POPULATION OF 12,900. AT 12% OF THE REGIONAL POPULATION, DAKOTA COUNTY HAD A POPULATION OF 20,910. SOUTH SIOUX CITY AND DAKOTA CITY TOTAL RESIDENTS REPRESENTED 84% OF THE COUNTY POPULATION. UNION COUNTY HAD A POPULATION OF 16,000, WHICH REPRESENTED 9% OF THE REGIONAL TOTAL. NORTH SIOUX CITY AND DAKOTA DUNES TOTAL RESIDENTS REPRESENTED 43% OF THE COUNTY POPULATION. THE TOTAL RESIDENTS IN THE COMMUNITIES OF SIOUX CITY, SERGEANT BLUFF, LE MARS, SOUTH SIOUX CITY, DAKOTA CITY, NORTH SIOUX CITY, AND DAKOTA DUNES TOTALED 130,850. COMPLETING THE SIX-COUNTY AREA WAS THURSTON COUNTY WITH A POPULATION OF 7,190 AND DIXON COUNTY WITH A POPULATION OF 5,800 REPRESENTING 7% OF THE REGIONAL TOTAL.

MERCY ONE NEW HAMPTON SERVES THE CHICKASAW AREA AND SURROUNDING COUNTIES WITHIN A 20-MILE RADIUS STRETCHING IN EVERY DIRECTION FROM NEW HAMPTON. THE PRIMARY SERVICE AREA CONSISTS OF THE TOWNS OF NEW HAMPTON, FREDERICKSBURG, ALTA VISTA, IONIA, ELMA, WAUCOMA, LAWLER AND NASHUA. THE ESTIMATED POPULATION OF THIS AREA IS 13,000.

ACCORDING TO THE U.S. CENSUS BUREAU, CHICKASAW COUNTY HAD AN ESTIMATED POPULATION OF 12,012 IN 2020. CHICKASAW COUNTY EXPERIENCED AN ESTIMATED
4.1% DECLINE IN POPULATION FROM 2010 TO 2020. THE STRESS THAT THIS TREND PLACES ON THE PROVISION OF SERVICES IS COMPOUNDED BY THE HIGHER-THAN-AVERAGE PROPORTION OF ELDERLY INDIVIDUALS IN THE AREA. OF THE CHICKASAW POPULATION, 21.2% WERE OVER AGE 65 IN 2019, COMPARED TO 17.5% FOR THE STATE AND 16.4% FOR THE NATION. THIS LARGE PERCENTAGE FOR THIS AGE GROUP PRESENTS SPECIAL CHALLENGES TO HEALTH CARE PROVIDERS, BECAUSE THIS AGE GROUP HAS THE HIGHEST INCIDENCE OF DISEASE AND MORTALITY IN MOST CATEGORIES, AND CORRESPONDINGLY, REPRESENTS THE BIGGEST USERS OF HEALTH CARE SERVICES. IN ADDITION, MEDICARE PAYMENT SHORTFALLS PRESENT AN ADDITIONAL BURDEN FOR RURAL HEALTH PROVIDERS. APPROXIMATELY 53.2% OF MERCYONE NEW HAMPTON'S REVENUES (HOSPITAL INPATIENT AND OUTPATIENT) WERE GENERATED FROM MEDICARE PATIENTS.

THE MEDIAN HOUSEHOLD INCOME IN CHICKASAW COUNTY WAS ESTIMATED AT $60,034 IN 2019. PERSONS IN POVERTY COMPRISE 8.5% OF THE POPULATION. THE FISCAL YEAR 2020 PAYER MIX AT POINT OF REGISTRATION INCLUDES 53.2% COVERED BY MEDICARE, 10.1% COVERED BY MEDICAID AND 2.2% SELF-PAY.

PART VI, LINE 5:
OTHER INFORMATION —

MERCYONE NORTH IOWA HAS PROVIDED MANAGEMENT SERVICES FOR RURAL HOSPITALS SINCE 1978. THESE COMMUNITY HOSPITALS OFFER QUALITY HEALTH CARE AND YET ARE STILL ABLE TO TAKE ADVANTAGE OF ALL THE RESOURCES WE HAVE TO OFFER AS A MAJOR REFERRAL CENTER. WE EXTEND MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTH CARE PROVIDERS TO MEET THE NEEDS OF THOSE WHO LIVE IN OUR COMMUNITIES.

MERCYONE NORTH IOWA IS INTENTIONAL IN DEVELOPING TRIPLE-AIM ACCOUNTABLE

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CARE ORGANIZATION RELATIONSHIPS AND COLLABORATING WITH COMMUNITY HEALTH PROVIDERS AND SOCIAL SERVICE AGENCIES, IN CREATING A SYSTEM OF CARE COORDINATION PROCESSES. AS A TEACHING HOSPITAL, WE HOST A THREE-YEAR FAMILY PRACTICE RESIDENCY PROGRAM, PHARMACY RESIDENCY, INTERNAL MEDICINE RESIDENCY, CARDIOLOGY FELLOWSHIP, HOSPICE AND PALLIATIVE CARE FELLOWSHIP, NURSE RESIDENCY, AND A SCHOOL OF RADIOLOGIC TECHNOLOGY. THE HOSPITAL SERVES AS A CLINICAL SITE FOR MULTIDISCIPLINARY STUDENTS.

AS A COMMUNITY PROVIDER, SPECIALIZED SERVICES INCLUDE A HEART & VASCULAR INSTITUTE, CANCER, DIABETES, STROKE, BARIATRIC, VASCULAR AND WOUND, LEVEL II BIRTH, AND LEVEL II EMERGENCY CENTERS. EMERGENCY SERVICES ARE AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY.

MERCYONE NORTH IOWA FURTHER INVESTS IN THE COMMUNITY TO ENHANCE THE HEALTH OF RESIDENTS BY:

- PROVIDING NO COST MEDICATION NAVIGATION ASSISTANCE TO THOSE WHO HAVE NON-COVERED LONG-TERM MEDICATIONS
- PARTICIPATING WITH THE AGING SERVICES COALITION TO ADVOCATE AND CONNECT ELDERLY TO COMMUNITY RESOURCES
- OFFERING EVIDENCED BASED DIABETIC PREVENTION PROGRAM VIRTUAL CLASSES AT NO CHARGE. THREE COHORTS STARTED THEIR DIABETES PREVENTION PROGRAM JOURNEY IN FISCAL YEAR 2021
- OFFERING SOCIAL CARE OUTREACH FOR FOOD, EMERGENCY SUPPLIES, AND CONNECTION TO COMMUNITY COVID-19 EMERGENCY FUNDS THROUGH COMMUNITY CARE COORDINATION
- PARTNERING WITH CG PUBLIC HEALTH (CGPH) TO ACTUALIZE A COVID-19 COMMUNITY IMMUNIZATION CLINIC. PROVIDING SPANISH DOCUMENT TRANSLATION FOR SIGNAGE AND VOLUNTEER HOURS TO SUPPORT VULNERABLE POPULATION AT THE VACCINATION
SITE

- PROVIDING SUPPORT FOR THOSE WHO ARE HOMELESS

- DONATING FOLD OUT SOFAS TO FRIENDS OF FAMILY, CRISIS INTERVENTION, ONE VISION, AND FRANCIS LAUER YOUTH SHELTER

- PROVIDING THE MERCY FAMILY HEALTH LINE, A 24-HOUR/7-DAY A WEEK TELEPHONE MEDICAL TRIAGE/COVID-19 EMERGENT TESTING AND RESOURCES AND SOCIAL SUPPORT SERVICE

- PARTICIPATING AND ASSISTING IN DELIVERY OF MEALS ON WHEELS, INCLUDING TO THOSE IN COVID-19 QUARANTINE

- PARTICIPATED IN LOCAL BLOOD DRIVES

- CONTINUING TO HAVE A PRESENCE VIRTUALLY IN NORTH IOWA COALITION FOR NICOTINE PREVENTION DURING THE COVID-19 PANDEMIC AND CONTINUING CESSATION COACHING WHICH TRANSITIONED TO A VIRTUAL FORMAT AT CHARGE. IN PARTNERSHIP WITH RESPIRATORY HEALTH ASSOCIATION AND TRINITY HEALTH, MERCYONE NORTH IOWA TRAINED AN ADDITIONAL TWO FACILITATORS IN THE COURAGE TO QUIT VIRTUAL CESSATION CURRICULUM

- PARTICIPATING IN CERRO GORDO COUNTY RURAL COMMUNITY’S OPIOID PREPAREDNESS STRATEGIC PLANNING DAY

- COLLABORATING AND PARTICIPATING IN THE LOCAL BUILD AND LAUNCH OF AUNT BERTHA COMMUNITY RESOURCE DIRECTORY

- COLLABORATING WITH HEALTHY HARVEST, CERRO GORDO PUBLIC HEALTH, HYVEE, FARMERS MARKET MASON CITY AND CLEAR LAKE, COMMUNITY PARTNERSHIPS FOR PROTECTING CHILDREN (CPPC), AND UNIVERSITY OF NORTHERN IOWA (UNI) TO PILOT A VEGGIE VOUCHER PROGRAM

- SCREENING INDIVIDUALS FOR SOCIAL INFLUENCERS OF HEALTH IN THE EMERGENCY DEPARTMENT, INPATIENT UNITS, AND CLINICS, AND CONNECTING THOSE IDENTIFIED WITH SOCIAL NEEDS TO COMMUNITY RESOURCES

- FACILITATING A WEEKLY VIRTUAL COMMUNITY HUDDLE TO INCLUDE THE CERRO
GORDO DEPARTMENT OF PUBLIC HEALTH, NORTH IOWA COMMUNITY ACTION
ORGANIZATION, LUTHERAN SERVICES IOWA, COUNTY SOCIAL SERVICES, VA CLINIC,
AND PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTH CARE, TO ENABLE THE SHARING
OF COMMUNITY RESOURCES AND KNOWLEDGE
- BABY FRIENDLY INITIATIVES INCLUDED IMPLEMENTING INFANT FEEDING POLICY,
PROVIDING EDUCATION TO ALL NEW STAFF AND ANNUALLY THEREAFTER, PROMOTING 10
STEPS TO SUCCESSFUL BREASTFEEDING, PROVIDING A SECURE LACTATION AREA
INCLUSIVE OF A HOSPITAL GRADE PUMP FOR ALL STAFF TO USE, INITIATING
OUTPATIENT BREASTFEEDING APPOINTMENTS WITH OUR CLC STAFF, AND PROVIDING
DONOR MILK FOR ALL NICU BABIES, AS WELL AS OTHER NEWBORNS NEEDING DONOR'S
MILK

IN FISCAL YEAR 2021, MERCYONE NORTH IOWA COLLABORATED ON ADVOCACY EFFORTS
WITH OUR MERCYONE AND TRINITY HEALTH COLLEAGUES TO SUPPORT POLICIES SUCH
AS TOBACCO 21, FUNDING FOR PUBLIC HEALTH AND PREVENTION EFFORTS, HOUSING,
RACIAL DISPARITIES, EXPANSION OF HEALTH CARE ACCESS, MEDICAID EXPANSION,
340B, AND INCREASED FUNDING FOR BEHAVIORAL / MENTAL HEALTH SERVICES.

IN 1879, THE SISTERS OF MERCY ARRIVED IN DUBUQUE AT THE REQUEST OF BISHOP
JOHN HENNESSY TO LAUNCH A HEALING MINISTRY NOW KNOWN AS MERCYONE DUBUQUE
MEDICAL CENTER. TODAY, MERCYONE DUBUQUE IS THE LEADING HOSPITAL IN THE
TRI-STATES, WITH THE MOST COMPREHENSIVE CARDIOLOGY CENTER IN THE AREA AND
THE ONLY LEVEL II REGIONAL NEONATAL INTENSIVE CARE UNIT. OTHER SERVICES
INCLUDE A TRAUMA CENTER, A CARF-ACCREDITED INPATIENT REHABILITATION UNIT,
HOME HEALTH CARE, ORTHOPEDICS, CANCER CARE, RETAIL PHARMACIES, PALLIATIVE
CARE, AND A WIDE RANGE OF OUTPATIENT AND COMMUNITY SERVICES. MERCYONE
DUBUQUE OPERATES TWO HOSPITAL-BASED SKILLED NURSING UNITS AND A 40-BED
NURSING HOME.
IN RECOGNITION OF THE STRENGTH OF ITS NURSING SERVICE AND THE OVERALL QUALITY OF PATIENT CARE, MERCYONE DUBUQUE HAS BEEN DESIGNATED A MAGNET HOSPITAL FOUR CONSECUTIVE TIMES - THE NATION'S MOST PRESTIGIOUS AWARD FOR NURSING EXCELLENCE.

MERCYONE DYERSVILLE IS A 20-BED CRITICAL ACCESS HOSPITAL SERVING 17 RURAL COMMUNITIES IN WESTERN DUBUQUE COUNTY, OFFERING THE FOLLOWING SERVICES: EMERGENCY/TRAUMA, ACUTE AND SKILLED CARE, REHABILITATION SERVICES (PT/OT/SPEECH), AMBULATORY SURGERY, HOME CARE, AND A SPECIALTY CLINIC.

MERCYONE DUBUQUE AND MERCYONE DYERSVILLE ARE ADVISED BY LOCAL BOARDS AND OPERATE EMERGENCY ROOMS, WHICH ARE AVAILABLE TO ALL REGARDLESS OF ABILITY TO PAY. MERCYONE DUBUQUE ALSO PROVIDED SEVERAL SERVICES THAT WERE UNIQUE TO THE COMMUNITY, INCLUDING OPEN-HEART SURGERY, NEONATAL INTENSIVE CARE, AND INPATIENT COMMUNITY PSYCHIATRIC SERVICES.

IN FISCAL YEAR 2021, SIGNIFICANT ENERGY WENT INTO PLANNING FOR A MOBILE MEDICAL UNIT THAT WILL MAKE HEALTH CARE MORE ACCESSIBLE FOR POPULATIONS THAT HAVE BARRIERS SUCH AS NO TRANSPORTATION, NO INSURANCE, AND/OR HAVE HISTORICALLY NOT TRUSTED HEALTH CARE.

THROUGHOUT FISCAL YEAR 2021, MERCYONE DUBUQUE AND MERCYONE DYERSVILLE CONTINUED INCIDENT COMMAND MEETINGS TO MITIGATE THE SURGE RISK OF COVID-19 PATIENTS WITHIN THE HOSPITALS AND THE COMMUNITIES. INCIDENT COMMAND MEETINGS WERE FACILITATED TO ENHANCE COMMUNICATION AND OVERALL EMERGENCY PREPAREDNESS TOWARDS ADDRESSING THE COVID-19 PANDEMIC. THE WEEKLY INCIDENT COMMAND MEETINGS INCLUDED SECTION CHIEFS FOR OPERATIONS,
LOGISTICS/SUPPLIES, DIGITAL SUPPORT, VISITOR/STAFF SCREENING, TESTING, VACCINE, PLANNING, FINANCE, HOSPITAL LIAISON, SAFETY, PUBLIC INFORMATION, EMERGENCY PREPAREDNESS/ED, MISSION/SPiritual care, and BUSINESS RECOVERY, AS WELL AS OTHER MEDICAL CENTER LEADERS. INCIDENT COMMAND MEMBERS COLLABORATED WITH LOCAL ENTITIES TO INFORM OUR DECISION MAKING, SUCH AS OTHER HOSPITALS, FEDERAL QUALIFIED COMMUNITY HEALTH CENTER, DUBUQUE COUNTY HEALTH DEPARTMENT, CITY OF DUBUQUE PUBLIC HEALTH NURSE SPECIALIST, DUBUQUE COUNTY EMERGENCY MANAGEMENT, LONG TERM CARE FACILITIES, AND LOCAL COLLEGES AND UNIVERSITIES. INCIDENT COMMAND MEETINGS STARTED IN MARCH 2020 AND CONTINUED THROUGH 2021.

SCREENING STATIONS CONTINUED AT MERCYONE DUBUQUE AND MERCYONE DYERSVILLE ENTRANCES TO SCREEN COLLEAGUES, PATIENTS, AND VISITORS FOR FEVER AND COVID-19 SYMPTOMS. ALL ENTERING BOTH MEDICAL CENTERS WERE PROVIDED A FACE MASK. AT TIMES OF HIGH COMMUNITY PREVALENCE, WITH VISITOR RESTRICTIONS IN PLACE, MISSION LEADER ASSISTED FAMILIES OF PATIENTS TO CONNECT VIA PHONE AND VIDEO CONFERENCING.

MERCYONE DUBUQUE CONTINUED TO SERVE ON A LOCAL PACIFIC ISLANDERS HEALTH ADVISORY TEAM. THE MARSHALLESE POPULATION WAS DISPROPORTIONATELY IMPACTED BY COVID-19 OFTENTIMES DUE TO THEIR COMORBIDITIES AND CONGREGATE LIVING ARRANGEMENTS. THE TEAM GENERATED SOLUTIONS TO ASSIST THIS VULNERABLE POPULATION, INCLUDING INCREASED PUBLIC HEALTH EDUCATION, COVID-19 TESTING, DISTRIBUTION OF MASKS, AND LUNCH AND DINNER DELIVERIES.

...CONTINUED AFTER PART VI, LINE 6.

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

PART VI, LINE 5 CONTINUED:
MERCYONE DUBUQUE CONTINUED TO ENDORSE AND PARTICIPATE IN AN #ALLOFUSDUBUQUE CAMPAIGN. MERCYONE DUBUQUE AND MERCYONE DYERSVILLE WORKED COLLABORATIVELY WITH THE CITY OF DUBUQUE, CLARKE UNIVERSITY, COMMUNITY FOUNDATION OF GREATER DUBUQUE, CRESCENT COMMUNITY HEALTH
CENTER, DIVINE WORD COLLEGE, DOMINICAN SISTERS OF SINSINAWA, DUBUQUE
AREA CONGREGATIONS UNITED, DUBUQUE COLLEGE ACCESS NETWORK, DUBUQUE
COMMUNITY SCHOOL DISTRICT, DUBUQUE COMMUNITY YMCA/YWCA, DUBUQUE FOR
REFUGEE CHILDREN, THE DUBUQUE PACIFIC ISLANDER HEALTH PROJECT, DUBUQUE
PARADISE CHURCH, ASSEMBLY OF GOD, EPIC HEALTH AND WELLNESS, FOUNTAIN OF
YOUTH, LORAS COLLEGE, MCGRAW HILL, MEDICAL ASSOCIATES CLINIC AND HEALTH
PLANS, THE MULTICULTURAL FAMILY CENTER, NAACP-DUBUQUE CHAPTER,
NORtheast IOWA COMMUNITY COLLEGE, PRESENTATION LANTERN CENTER
(Immigrants), Radio Dubuque, River Bend Foodbank, Sisters of Charity of
The Blessed Virgin Mary, Sisters of St. Francis, Sisters of the
Presentation of Dubuque, The Telegraph Herald, Tri-State Vets,
Unitarian Universalist Fellowship of Dubuque, UnityPoint Health, and
University of Dubuque.

MercyOne Dubuque continued support of the Dubuque Community Quarantine
Shelter by providing blessing bags, thermal blankets, and food and
water. The blessing bags contained eating utensils, toiletries, bath
towels, wash cloths, face masks, and hand sanitizer.

MercyOne Dubuque case management team and population health services
organization continued to facilitate calls to patients and colleagues
diagnosed with COVID-19. The teams also followed up with persons under
investigation (PUI) to assure they had what they needed while
quarantining, such as food, medications, follow up, etc.

MercyOne Dubuque continued to facilitate a triage team of nine
anonymous physicians to triage scarce resources such as ventilators,
critical care beds, and therapeutics in the event of a COVID-19 surge.
MISSION LEADER FACILITATED MULTIPLE ZOOM MEETINGS WITH THIS TEAM TO REVIEW TRIAGE GUIDELINES AND SOLIDIFY PROCESS FOR TRIAGING SCARCE RESOURCES IN THE EVENT OF A COVID-19 SURGE.

MERCYONE DUBUQUE AND MERCYONE DYERSVILLE RECOGNIZED THE IMPORTANCE OF SCREENING FOR AND ADDRESSING SOCIAL INFLUENCERS OF HEALTH (SIOH), SUCH AS AFFORDABLE HOUSING, ACCESS TO EDUCATION, PUBLIC SAFETY, AVAILABILITY OF HEALTHY FOODS, LOCAL EMERGENCY/HEALTH SERVICES, AND ENVIRONMENTS FREE OF LIFE-THREATENING TOXINS.

SPECIFIC EFFORTS FOCUSED ON COLLABORATIONS TO BRING SOLUTIONS RELATED TO FOOD INSECURITY NEEDS OF PATIENTS AND COLLEAGUES. MERCYONE DUBUQUE CONTINUED TO WORK IN PARTNERSHIP WITH RIVERBEND FOOD BANK AND OUR LADY OF THE MISSISSIPPI ABBEY SISTERS TO EXPAND A FOOD PANTRY ONSITE AT MERCYONE DUBUQUE. IN ADDITION, NUTRIENT DENSE FOOD TOTE BAGS WERE DISTRIBUTED, USING OUR MOBILE MEDICAL UNIT, TO IDENTIFIED FOOD DESERT AREAS.

THROUGHOUT FISCAL YEAR 2021, SIGNIFICANT ENERGY WAS PLACED INTO EXECUTING A VISION FOR A MOBILE MEDICAL UNIT. THE MOBILE MEDICAL UNIT PLANNING INVOLVED MUCH COLLABORATION WITH COMMUNITY PARTNERS, POLICY WRITING, SECURING SUPPLIES TO OUTFIT THE UNIT, WORKING WITH THE INTERIOR DESIGN TEAM, TRAINING THE TEAM/ASSESSING COMPETENCY, AND DEVELOPING A ROBUST MARKETING STRATEGY HIGHLIGHTING OUR MISSION DRIVEN GROWTH.

THE MOBILE MEDICAL UNIT HAS A PHASED IN DELIVERY APPROACH FOR MERCYONE'S EASTERN IOWA REGION; PHASE 1-PREVENTIVE CARE, PHASE
2—PRIMARY CARE, AND PHASE 3—SPECIALTY CARE. A MERCYONE EASTERN IOWA ADVISORY TEAM WAS ESTABLISHED TO FURTHER DEVELOP THE VISION AND CREATE A "DAY IN THE LIFE OF THE BUS".

THE OVERARCHING GOAL OF THE MOBILE MEDICAL UNIT VISION WAS TO MAKE HEALTH CARE MORE ACCESSIBLE TO POPULATIONS WHO ARE EXPERIENCING BARRIERS TO ACCESSING HEALTH CARE IN THE SERVICE AREA OF MERCYONE DUBUQUE AND MERCYONE DYERSVILLE. THE MOBILE MEDICAL UNIT STARTED ADDRESSING LACK OF RELIABLE TRANSPORTATION, A SOCIAL INFLUENCER OF HEALTH, BY TAKING HEALTH CARE TO THE PEOPLE WHO NEED IT. THE MOBILE UNIT HAS ADDRESSED INEQUITIES IN HEALTH CARE ACCESS BY PROVIDING PREVENTIVE CARE TO PEOPLE WHO DO NOT CURRENTLY HAVE ACCESS TO HEALTH SCREENINGS AND EDUCATION.

MERCYONE SIOUXLAND REMAINS FOCUSED ON IMPROVING THE HEALTH OF OUR COMMUNITY. MERCYONE SIOUXLAND IS HOME TO THE ONLY LEVEL II TRAUMA CENTER IN WESTERN IOWA AND PROVIDES A VITAL, LIFESAVING LINK TO RURAL AREAS VIA HELICOPTER AMBULANCE SERVICE. WE ARE INVOLVED IN A NUMBER OF COMMUNITY COLLABORATIONS, WHICH SUPPORT THE SIOUXLAND MEDICAL EDUCATION FOUNDATION (FAMILY PRACTICE RESIDENCY). MERCYONE SIOUXLAND CONTINUES TO HAVE AN OPEN MEDICAL STAFF. IN ADDITION, MERCYONE SIOUXLAND COLLABORATES WITH HEALTH EDUCATION PROGRAMS IN THE AREA INCLUDING ST. LUKE'S COLLEGE OF NURSING, WESTERN IOWA TECH COMMUNITY COLLEGE SCHOOL OF NURSING, NORTHEAST COMMUNITY COLLEGE, NORTHWESTERN COLLEGE, NORTHWEST IOWA COMMUNITY COLLEGE, AND BRIAR CLIFF UNIVERSITY SCHOOL OF NURSING. MERCYONE SIOUXLAND CONTINUES TO SUPPORT THE COMMUNITY BY HAVING LEADERS ACTIVELY PARTICIPATE IN LOCAL COMMUNITY BOARDS.
IN FISCAL YEAR 2021, EXTENSIVE COMMUNITY EMERGENCY PLANNING WAS
COMPLETED RELATED TO COVID-19. CONTINGENCY PLANNING AND PREPARATION
REQUIRED EXTENSIVE RESOURCES WITHIN THE HOSPITAL AND THE COMMUNITY.
INCIDENT COMMAND MEETINGS CONTINUED THROUGHOUT THE YEAR. A DRIVE-UP
TESTING CLINIC CONTINUED IN FISCAL YEAR 2021 IN RESPONSE TO THE NEEDS
OF THE COMMUNITY. THE COMMUNITY COVID-19 VACCINATION CLINICS WERE
SUPPORTED BY MERCYONE SIOUXLAND COLLEAGUES IN COLLABORATION WITH OTHER
COMMUNITY PARTNERS. OTHER EMERGENCY DISASTER PLANNING WITH COMMUNITY
PARTNERS WAS ALSO COMPLETED THROUGHOUT FISCAL YEAR 2021. MERCYONE
SIOUXLAND ALSO PARTNERED WITH THE WINNEBAGO COMPREHENSIVE HEALTH
SERVICES IN PROVIDING COMMUNITY EDUCATION AND ACCESS TO THE COVID-19
VACCINATION FOR THE VULNERABLE NATIVE AMERICAN POPULATION.

DUNES SURGICAL HOSPITAL CONTINUED TO SUPPORT THE HEALTH AND WELL-BEING
OF THE COMMUNITY BY SUPPORTING HEALTH EDUCATION IN THE AREAS OF NURSING
AND RESPIRATORY THERAPY IN COLLABORATION WITH BRIAR CLIFF UNIVERSITY,
MORNINGSIDE UNIVERSITY, WESTERN IOWA TECH COMMUNITY COLLEGE SCHOOL OF
NURSING, AND UNIVERSITY OF SOUTH DAKOTA. IN ADDITION, EXTENSIVE
EMERGENCY MEDICAL PREPAREDNESS WORK WAS COMPLETED WITH THE SOUTH DAKOTA
HEALTH CARE COALITION. POINT OF DISTRIBUTION PLANNING WAS COMPLETED.
THE DUNES SURGICAL HOSPITAL SUPPORTED BOTH A COMMUNITY COVID-19 VACCINE
CLINIC SITE AND A FLU VACCINE CLINIC.

MERCYONE NEW HAMPTON IS THE SOLE COMMUNITY PROVIDER OFFERING A RANGE OF
SPECIALIZED SERVICES, FAMILY HEALTH, DIABETES AND NUTRITION EDUCATION,
AND AN EMERGENCY CENTER. EMERGENCY SERVICES ARE AVAILABLE TO ALL
REGARDLESS OF THEIR ABILITY TO PAY. EMERGENCY SERVICES ARE PROVIDED AT
A FINANCIAL LOSS BUT IS A CRITICALLY NEEDED SERVICE. WE COLLABORATE

MERCY HEALTH SERVICES - IOWA, CORP.  31-1373080
WITH OTHER AGENCIES TO IMPROVE OVERALL COMMUNITY HEALTH AND WELL-BEING.

WE EXTEND MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTH CARE PROVIDERS, IN ORDER TO MEET THE NEEDS OF OUR NORTHEAST IOWA COMMUNITIES.

MERCYONE NEW HAMPTON PRIDES ITSELF ON BEING COMMUNITY HEALTH IMPROVEMENT ADVOCATES. OUR COMMUNITY WELLNESS PROGRAM CONTINUES TO EXPAND, AND IN FISCAL YEARS 2020 AND 2021 WAS ACTIVE IN THE WALKING SCHOOL BUS PROGRAM, TOBACCO FREE COALITION, COMMUNITY FOOD & FITNESS INITIATIVE, AND THE LOCAL FARMER’S MARKET. WE PROVIDE SUPPORT AND EXPERTISE TO CHICKASAW CONNECTIONS, A COALITION AGAINST UNDERAGE DRINKING AND DRUG USE. WE WORK CLOSELY WITH NEW HAMPTON COMMUNITY SCHOOLS TO EDUCATE STUDENTS ABOUT HEALTH AND WELLNESS. HANDWASHING LESSONS ARE TAUGHT TO ALL PRE-SCHOOL AND KINDERGARTEN CLASSES. WE ALSO INVITE ALL EIGHTH-GRADE STUDENTS FOR A TOUR IN WHICH THEY LEARN ABOUT THE VARIETY OF HEALTH CARE CAREERS AVAILABLE TO THEM.

SINCE THE BEGINNING OF THE COVID-19 PANDEMIC, OUR TOP PRIORITY WAS TO PROVIDE A SAFE ENVIRONMENT FOR OUR STAFF AND PATIENTS. MERCYONE NEW HAMPTON ACTIVATED THE EMERGENCY RESPONSE PLAN ON MONDAY, MARCH 16, 2020. IMMEDIATE DECISIONS WERE MADE IN MARCH 2020 WHICH INCLUDED, VISITOR RESTRICTIONS, SURGE PLANNING, SUPPLY ACQUISITION, TESTING CAPABILITIES, MASKING REQUIREMENTS, LABOR RESOURCES AND COMMUNICATION TO THE PUBLIC. MERCYONE NEW HAMPTON BEGAN OFFERING TELEHEALTH OPTIONS FOR FAMILY CLINIC AND MENTAL HEALTH VISITS. MERCYONE NEW HAMPTON WORKS VERY CLOSELY WITH CHICKASAW COUNTY PUBLIC HEALTH AND EMERGENCY MANAGEMENT AND COMMUNICATIONS ARE OFTEN RELEASED TO THE PUBLIC JOINTLY.

MERCYONE NEW HAMPTON WAS FORTUNATE TO NOT EXPERIENCE A SURGE IN THE
SPRING, WHICH ALLOWED MUCH NEEDED TIME TO PROPERLY PLAN AND IMPLEMENT NEW EMERGENCY PREPAREDNESS PRACTICES. IN OCTOBER, WHEN THE AREA STARTED TO EXPERIENCE A SURGE, A DRIVE THROUGH TESTING SITE WAS OPENED AND OPERATED THROUGH THE WINTER.