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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### 2. Application of Financial Assistance Policy to Various Hospital Facilities

- **X** Applied uniformly to all hospital facilities
- Applied uniformly to most hospital facilities
- Generally tailored to individual hospital facilities
- Applied uniformly to most hospital facilities
- Generally tailored to individual hospital facilities
- Applied uniformly to individual hospital facilities
- Applied uniformly to all hospital facilities

#### 3. Determining Eligibility for Free or Discounted Care

- X 200%
- X 250%
- X 300%
- X 350%
- Other 400%
- Other 500%


- X 200%
- X 250%
- X 300%
- X 350%
- Other 400%
- Other 500%

#### 5. Budget Considerations

- X 200%
- X 250%
- X 300%
- X 350%
- Other 400%
- Other 500%

#### 6. Preparation of Community Benefit Report

- X 200%
- X 250%
- X 300%
- X 350%
- Other 400%
- Other 500%

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

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of activities or programs (optional)</td>
<td>Number of persons served (optional)</td>
<td>Total community benefit expense</td>
<td>Direct offsetting revenue</td>
<td>Net community benefit expense</td>
<td>Percent of total expense</td>
</tr>
<tr>
<td>Financial Assistance at cost (from Worksheet 1)</td>
<td>6784753.</td>
<td>6784753.</td>
<td>.72%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>120778017</td>
<td>78106562</td>
<td>42671455</td>
<td>4.50%</td>
<td></td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>127562770</td>
<td>78106562</td>
<td>49456208</td>
<td>5.22%</td>
<td></td>
</tr>
<tr>
<td>Total Financial Assistance and Means-Tested Government Programs</td>
<td>127562770</td>
<td>78106562</td>
<td>49456208</td>
<td>5.22%</td>
<td></td>
</tr>
</tbody>
</table>

#### Other Benefits

- Community health improvement services and community benefit operations (from Worksheet 4) | 47 | 40,869 | 3860902 | 356,288 | 3504614 | .37% |
- Health professions education (from Worksheet 5) | 9 | 307 | 2868370 | 671,511 | 2196859 | .23% |
- Subsidized health services (from Worksheet 6) | 19 | 27,338 | 22410830 | 11326079 | 11084751 | 1.17% |
- Research (from Worksheet 7) | 1 | 1,075 | 1,075 | .00% |
- Cash and in-kind contributions for community benefit (from Worksheet 8) | 22 | 25,251 | 693,939 | 68,952 | 624,987 | .07% |
- Total, Other Benefits | 98 | 93,765 | 29835116 | 12422830 | 17412286 | 1.84% |
- Total, Add lines 7d and 7j | 98 | 93,765 | 157397886 | 90529392 | 66868494 | 7.06% |
### 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)</th>
<th>Number of activities or programs (optional)</th>
<th>(b)</th>
<th>Persons served (optional)</th>
<th>(c)</th>
<th>Total community building expense</th>
<th>(d)</th>
<th>Direct offsetting revenue</th>
<th>(e)</th>
<th>Net community building expense</th>
<th>(f)</th>
<th>Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td>2</td>
<td>7,130</td>
<td>3,670.</td>
<td>3,670.</td>
<td>0.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td>2</td>
<td>680</td>
<td>9,371.</td>
<td>9,371.</td>
<td>0.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td>1</td>
<td>97</td>
<td>611.</td>
<td>611.</td>
<td>0.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td>1</td>
<td>2,726</td>
<td>4,511.</td>
<td>4,511.</td>
<td>0.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td>1</td>
<td>80.</td>
<td>80.</td>
<td>80.</td>
<td>0.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td>2</td>
<td>175</td>
<td>2,448.</td>
<td>2,448.</td>
<td>0.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>9</td>
<td>10,808</td>
<td>20,691.</td>
<td>20,691.</td>
<td>0.00%</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  
   - 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.

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

#### Section C. Collection Practices

9a. Did the organization have a written debt collection policy during the tax year?

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)</th>
<th>Name of entity</th>
<th>(b)</th>
<th>Description of primary activity of entity</th>
<th>(c)</th>
<th>Organization’s profit % or stock ownership %</th>
<th>(d)</th>
<th>Officers, directors, trustees, key employees’ profit % or stock ownership %</th>
<th>(e)</th>
<th>Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FOREST PARK IMAGING, LLC</td>
<td>IMAGING SERVICES</td>
<td>52.89%</td>
<td>47.11%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>MAGNETIC RESONANCE SERVICES, LLC</td>
<td>MRI SERVICES</td>
<td>49.00%</td>
<td>51.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>MASON CITY AMBULATORY SURGICAL AMBULATORY SURGERY CENTER, LLC</td>
<td>SERVICES</td>
<td>51.00%</td>
<td>49.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>MERCY HEART CENTER OUTPATIENT SERVICES, LLC</td>
<td>ECHOCARDIOGRAPHY AND NUCLEAR MEDICINE SERVICES</td>
<td>51.00%</td>
<td>49.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name of entity</td>
<td>(b) Description of primary activity of entity</td>
<td>(c) Organization’s profit % or stock ownership %</td>
<td>(d) Officers, directors, trustees, or key employees’ profit % or stock ownership %</td>
<td>(e) Physicians’ profit % or stock ownership %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
<td></td>
<td></td>
<td></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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 PREFERRED HEALTH CHOICES, LLC</td>
<td>MANAGEMENT SERVICES</td>
<td>50.00%</td>
<td>50.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 SSC MOBI, LLC</td>
<td>MEDICAL OFFICE BUILDING</td>
<td>11.36%</td>
<td>55.61%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>License No.</th>
<th>Name, Address, State</th>
<th>Website Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>170023H</td>
<td>MERCYONE NORTH IOWA MEDICAL CENTER 1000 FOURTH STREET SW, MASON CITY, IA 50401, <a href="http://WWW.MERCYONE.ORG/NORTHIOWA/">WWW.MERCYONE.ORG/NORTHIOWA/</a></td>
<td></td>
</tr>
<tr>
<td>310003H</td>
<td>MERCYONE DUBUQUE MEDICAL CENTER 250 MERCY DRIVE, DUBUQUE, IA 52001, <a href="http://WWW.MERCYONE.ORG/DUBUQUE/">WWW.MERCYONE.ORG/DUBUQUE/</a></td>
<td></td>
</tr>
<tr>
<td>970112H</td>
<td>MERCYONE SIOUXLAND MEDICAL CENTER 801 FIFTH STREET, SIOUX CITY, IA 51101, <a href="http://WWW.MERCYONE.ORG/SIOUXLAND/">WWW.MERCYONE.ORG/SIOUXLAND/</a></td>
<td></td>
</tr>
<tr>
<td>10580</td>
<td>DUNES SURGICAL HOSPITAL 600 N. SIOUX POINT ROAD, DAKOTA DUNES, SD 57049, <a href="http://WWW.DUNESSURGICALHOSPITAL.COM">WWW.DUNESSURGICALHOSPITAL.COM</a></td>
<td></td>
</tr>
<tr>
<td>190022H</td>
<td>MERCYONE NEW HAMPTON MEDICAL CENTER 308 NORTH MAPLE AVE, NEW HAMPTON, IA 50659, <a href="http://WWW.MERCYONE.ORG/NEWHAMPTON/">WWW.MERCYONE.ORG/NEWHAMPTON/</a></td>
<td></td>
</tr>
<tr>
<td>310181H</td>
<td>MERCYONE DYERSVILLE MEDICAL CENTER 1111 THIRD STREET SW, DYERSVILLE, IA 52040, <a href="http://WWW.MERCYONE.ORG/DUBUQUE/DYERSVILLE/">WWW.MERCYONE.ORG/DUBUQUE/DYERSVILLE/</a></td>
<td></td>
</tr>
</tbody>
</table>

### Facility Information

<table>
<thead>
<tr>
<th>Facility Reporting Group</th>
<th>Licensed Hospital</th>
<th>General Medical &amp; Surgical</th>
<th>Children's Hospital</th>
<th>Teaching Hospital</th>
<th>Critical Access Hospital</th>
<th>Emergency Room 24 Hours</th>
<th>Other (Describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 MERCYONE NORTH IOWA MEDICAL CENTER</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 MERCYONE DUBUQUE MEDICAL CENTER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>REHAB, LAB, PHARM, X-RAY, HOME CARE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 MERCYONE SIOUXLAND MEDICAL CENTER</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>EMPLOYED PHYSICIANS, SKILLED CARE UNIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 DUNES SURGICAL HOSPITAL</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 MERCYONE NEW HAMPTON MEDICAL CENTER</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>EMPLOYED PHYSICIANS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 MERCYONE DYERSVILLE MEDICAL CENTER</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>REHAB, LAB, PHARM, X-RAY, HOME CARE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Section B. Facility Policies and Practices**

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

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

### Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If &quot;No,&quot; skip to line 12</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A definition of the community served by the hospital facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Demographics of the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>How data was obtained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>The significant health needs of the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>The process for consulting with persons representing the community’s interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Indicate the tax year the hospital facility last conducted a CHNA:</td>
<td>2019</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If &quot;Yes,&quot; describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other website (list url):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Made a paper copy available for public inspection without charge at the hospital facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the hospital facility make its CHNA report widely available to the public?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other website (list url):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Made a paper copy available for public inspection without charge at the hospital facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Indicate the tax year the hospital facility last adopted an implementation strategy:</td>
<td>2019</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Is the hospital facility’s most recently adopted implementation strategy posted on a website?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12c</td>
<td>If &quot;Yes&quot; to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Financial Assistance Policy (FAP)

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 [ ] 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 widely available upon request and without charge (in public locations in the hospital facility and by mail)

   e [X] The FAP application form was widely 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 widely 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

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>MERCYONE NORTH IOWA MEDICAL CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>17</strong> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</td>
<td>X</td>
</tr>
</tbody>
</table>

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

- [ ] Reporting to credit agency(ies)
- [ ] Selling an individual’s debt to another party
- [ ] Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
- [ ] Actions that require a legal or judicial process
- [ ] Other similar actions (describe in Section C)
- [X] None of these actions or other similar actions were permitted

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

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

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

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

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

- [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

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

If "No," indicate why:

- [ ] The hospital facility did not provide care for any emergency medical conditions
- [ ] The hospital facility’s policy was not in writing
- [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- [ ] Other (describe in Section C)
### Schedule H (Form 990) 2021

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

#### 31-1373080

**Page 7**

#### Part V Facility Information (continued)

<table>
<thead>
<tr>
<th>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>22</td>
</tr>
<tr>
<td>a</td>
</tr>
<tr>
<td>b</td>
</tr>
<tr>
<td>c</td>
</tr>
<tr>
<td>d</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.

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

If "Yes," explain in Section C.

---

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

MERCYONE NORTH IOWA MEDICAL CENTER

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**Schedule H (Form 990) 2021**
Schedule H (Form 990) 2021  MERCY HEALTH SERVICES - IOWA, CORP.  31-1373080  Page 4

Part V Facility Information (continued)

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

Name of hospital facility or letter of facility reporting group

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? Yes No

2 X

2 X

3 X

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)

Indicate the tax year the hospital facility last conducted a CHNA: 20  21

5 X

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

5 X

6a X

b X

7 X

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

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

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

b X Other website (list url): SEE SCHEDULE H, PART V, SECTION C

c X Made a paper copy available for public inspection without charge at the hospital facility

d Other (describe in Section C)

8 X

Indicate the tax year the hospital facility last adopted an implementation strategy: 20  21

10 X

10b

Describe in Section C how the hospital facility is addressing the significant health needs identified through its most recently conducted CHNA? If "No," skip to line 11

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 X

12b

d X

X

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

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

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

**Name of hospital facility or letter of facility reporting group**  
MERCYONE SIOUXLAND 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>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td>☑</td>
<td></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 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>
<td></td>
</tr>
<tr>
<td>b Income level other than FPG (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Asset level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Medical indigency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Insurance status</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>f Underinsurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Residency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>15 Explained the method for applying for financial assistance?</td>
<td>☑</td>
<td></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 Described the information the hospital facility may require an individual to provide as part of his or her application</td>
<td>☑</td>
<td></td>
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<tr>
<td>b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
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<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>
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<td>d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
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<td>e Other (describe in Section C)</td>
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</tr>
<tr>
<td>16 Was widely publicized within the community served by the hospital facility?</td>
<td>☑</td>
<td></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 The FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>b The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td>☑</td>
<td></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>☑</td>
<td></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>☑</td>
<td></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>
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<td></td>
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<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>
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<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>
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<td>h Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
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<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>
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<td></td>
</tr>
<tr>
<td>j Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Billing and Collections

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

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 ☐ None of these actions or other similar actions were permitted
   f ☐ Other similar actions (describe in Section C)

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

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

Policy Relating to Emergency Medical Care

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

If "No," indicate why:
   a ☐ The hospital facility did not provide care for any emergency medical conditions
   b ☐ The hospital facility's policy was not in writing
   c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
   d ☐ Other (describe in Section C)
### 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 SIOUXLAND MEDICAL CENTER

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

<table>
<thead>
<tr>
<th>23</th>
<th>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?</th>
</tr>
</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 DUBUQUE MEDICAL CENTER

<table>
<thead>
<tr>
<th>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year?</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If &quot;No,&quot; skip to line 12</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>Indicate the tax year the hospital facility last conducted a CHNA:</td>
<td>20</td>
</tr>
<tr>
<td>5</td>
<td>In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If &quot;Yes,&quot; describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted</td>
<td>X</td>
</tr>
<tr>
<td>6a</td>
<td>Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If &quot;Yes,&quot; list the other hospital facilities in Section C</td>
<td>X</td>
</tr>
<tr>
<td>6b</td>
<td>Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If &quot;Yes,&quot; list the other organizations in Section C</td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>Did the hospital facility make its CHNA report widely available to the public?</td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If &quot;No,&quot; skip to line 11</td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>Indicate the tax year the hospital facility last adopted an implementation strategy:</td>
<td>20</td>
</tr>
<tr>
<td>10</td>
<td>Is the hospital facility’s most recently adopted implementation strategy posted on a website?</td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td>Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?</td>
<td>X</td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td></td>
</tr>
<tr>
<td>12c</td>
<td>If &quot;Yes&quot; to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?</td>
<td>$</td>
</tr>
</tbody>
</table>
Name of hospital facility or letter of facility reporting group  **MERCYONE DUBUQUE MEDICAL CENTER**

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  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)
Billiing and Collections

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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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:

<p>| | | |</p>
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<td>b</td>
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<td>Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP</td>
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<tr>
<td>d</td>
<td>Actions that require a legal or judicial process</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Other similar actions (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>None of these actions or other similar actions were permitted</td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>Processed incomplete and complete FAP applications (if not, describe in Section C)</td>
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<td>X</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Other (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>None of these efforts were made</td>
<td></td>
</tr>
</tbody>
</table>

Policy Relating to Emergency Medical Care

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

If "No," indicate why:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<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>
<td></td>
</tr>
<tr>
<td>b</td>
<td>The hospital facility’s policy was not in writing</td>
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<td>Other (describe in Section C)</td>
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</tr>
</tbody>
</table>
### Part V Facility Information (continued)

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

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>MERCY ONE DUBUQUE MEDICAL CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>22</strong> 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 Yes</td>
<td>No</td>
</tr>
<tr>
<td>b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
<td></td>
</tr>
<tr>
<td>c The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
<td></td>
</tr>
<tr>
<td>d The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
<td></td>
</tr>
<tr>
<td>e The hospital facility used a prospective Medicare or Medicaid method</td>
<td></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.

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

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

4. Indicate the tax year the hospital facility last conducted a CHNA:  
   - 2018 [ ]  
   - 2019 [X]  
   - 2020 [ ]  

5. In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health?  
   - Yes [ ]  
   - No [X]  

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

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

7. Did the hospital facility make its CHNA report widely available to the public?  
   - Yes [ ]  
   - No [X]  
   
   If "Yes," indicate how the CHNA report was made widely available (check all that apply):  
   - Hospital facility’s website (list url):  
     - See Schedule H, Part V, Section C [ ]
   - Other website (list url):  
     - See Schedule H, Part V, Section C [ ]
   - Made a paper copy available for public inspection without charge at the hospital facility [ ]
   - Other (describe in Section C) [ ]

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 [X]  

9. Indicate the tax year the hospital facility last adopted an implementation strategy:  
   - 2018 [ ]  
   - 2019 [X]  
   - 2020 [ ]

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website?  
    - Yes [ ]  
    - No [X]  
    
    If "Yes," (list url):  
    - See Schedule H, Part V, Section C [ ]

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

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

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

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

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

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

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

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

a  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)
### Part V Facility Information (continued)

#### Billing and Collections

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>17</strong> 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>17</td>
</tr>
<tr>
<td><strong>18</strong> 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>
</tr>
<tr>
<td>c. Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Actions that require a legal or judicial process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Other similar actions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. None of these actions or other similar actions were permitted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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)                       |     |    |

| 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? |     | 19 |
| 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. 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. Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) |     |    |
| c. Processed incomplete and complete FAP applications (if not, describe in Section C) |     |    |
| d. Made presumptive eligibility determinations (if not, describe in Section C) |     |    |
| e. Other (describe in Section C)                                       |     |    |
| f. None of these efforts were made                                      |     |    |

#### Policy Relating to Emergency Medical Care

<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td><strong>21</strong> 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>21</td>
</tr>
<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>
</tr>
<tr>
<td>b. The hospital facility’s policy was not in writing</td>
<td></td>
<td></td>
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<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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</table>
**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

**Part V Facility Information (continued)**

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

<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>☐ 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>
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<td>☑ The hospital facility used a prospective Medicare or Medicaid method</td>
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<tbody>
<tr>
<td>23</td>
<td>X</td>
</tr>
</tbody>
</table>

If "Yes," explain in Section C.

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

3. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? Yes No X

4. Indicate the tax year the hospital facility last conducted a CHNA: 20 21

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 X

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

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

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

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 X

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 20 21

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.

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 X

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

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

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

**MERCYONE NEW HAMPTON MEDICAL CENTER**

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<tr>
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<td>b Income level other than FPG (describe in Section C)</td>
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<td></td>
</tr>
<tr>
<td>c Asset level</td>
<td>☑️</td>
<td></td>
</tr>
<tr>
<td>d Medical indigency</td>
<td>☑️</td>
<td></td>
</tr>
<tr>
<td>e Insurance status</td>
<td>☑️</td>
<td></td>
</tr>
<tr>
<td>f Underinsurance status</td>
<td>☑️</td>
<td></td>
</tr>
<tr>
<td>g Residency</td>
<td>☑️</td>
<td></td>
</tr>
<tr>
<td>h Other (describe in Section C)</td>
<td>☑️</td>
<td></td>
</tr>
<tr>
<td>14 Explained the basis for calculating amounts charged to patients?</td>
<td>☑️</td>
<td></td>
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<tr>
<td>15 Explained the method for applying for financial assistance?</td>
<td>☑️</td>
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<tr>
<td>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):</td>
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<tr>
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</tr>
<tr>
<td>16 Was widely publicized within the community served by the hospital facility?</td>
<td>☑️</td>
<td></td>
</tr>
<tr>
<td>If “Yes,” indicate how the hospital facility publicized the policy (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a 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 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 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 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 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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</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>☑️</td>
<td></td>
</tr>
<tr>
<td>j Other (describe in Section C)</td>
<td>☑️</td>
<td></td>
</tr>
</tbody>
</table>
Billing and Collections

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

- [ ] 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
- [x] Actions that require a legal or judicial process
- [ ] Other similar actions (describe in Section C)
- [ ] None of these actions or other similar actions were permitted

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

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

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

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

- [x] Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (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

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

If "No," indicate why:

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

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.

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.
**Part V Facility Information** (continued)

### Section B. Facility Policies and Practices

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

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

**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

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

#### 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 |     | X  |

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

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

#### 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): |     | X  |
| a Hospital facility’s website (list url): **SEE SCHEDULE H, PART V, SECTION C** |     |    |
| b Other website (list url): |    |    |
| c Made a paper copy available for public inspection without charge at the hospital facility | X  |    |
| 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 |     | X  |

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

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

#### 12a Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)? |     | X  |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? |     |    |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? |     |    |
### Financial Assistance Policy (FAP)

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

<table>
<thead>
<tr>
<th>Did the hospital facility have in place during the tax year a written financial assistance policy that:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13</strong> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; indicate the eligibility criteria explained in the FAP:</strong></td>
</tr>
<tr>
<td><strong>a</strong> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <strong>200</strong>% and FPG family income limit for eligibility for discounted care of <strong>400</strong>%</td>
</tr>
<tr>
<td><strong>b</strong> Income level other than FPG (describe in Section C)</td>
</tr>
<tr>
<td><strong>c</strong> Asset level</td>
</tr>
<tr>
<td><strong>d</strong> Medical indigency</td>
</tr>
<tr>
<td><strong>e</strong> Insurance status</td>
</tr>
<tr>
<td><strong>f</strong> Underinsurance status</td>
</tr>
<tr>
<td><strong>g</strong> Residency</td>
</tr>
<tr>
<td><strong>h</strong> Other (describe in Section C)</td>
</tr>
<tr>
<td><strong>14</strong> Explained the basis for calculating amounts charged to patients?</td>
</tr>
<tr>
<td><strong>15</strong> Explained the method for applying for financial assistance?</td>
</tr>
<tr>
<td><strong>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):</strong></td>
</tr>
<tr>
<td><strong>a</strong> Described the information the hospital facility may require an individual to provide as part of his or her application</td>
</tr>
<tr>
<td><strong>b</strong> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
</tr>
<tr>
<td><strong>c</strong> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
</tr>
<tr>
<td><strong>d</strong> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
</tr>
<tr>
<td><strong>e</strong> Other (describe in Section C)</td>
</tr>
<tr>
<td><strong>16</strong> Was widely publicized within the community served by the hospital facility?</td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; indicate how the hospital facility publicized the policy (check all that apply):</strong></td>
</tr>
<tr>
<td><strong>a</strong> The FAP was widely available on a website (list url): [SEE PART V, PAGE 8]</td>
</tr>
<tr>
<td><strong>b</strong> The FAP application form was widely available on a website (list url): [SEE PART V, PAGE 8]</td>
</tr>
<tr>
<td><strong>c</strong> A plain language summary of the FAP was widely available on a website (list url): [SEE PART V, PAGE 8]</td>
</tr>
<tr>
<td><strong>d</strong> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
</tr>
<tr>
<td><strong>e</strong> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
</tr>
<tr>
<td><strong>f</strong> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
</tr>
<tr>
<td><strong>g</strong> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients’ attention</td>
</tr>
<tr>
<td><strong>h</strong> Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
</tr>
<tr>
<td><strong>i</strong> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations</td>
</tr>
<tr>
<td><strong>j</strong> Other (describe in Section C)</td>
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</tbody>
</table>
### Billing and Collections

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
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</tr>
</thead>
<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>
<td>☒</td>
<td></td>
</tr>
<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>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Reporting to credit agency(ies)</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Selling an individual’s debt to another party</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Actions that require a legal or judicial process</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Other similar actions (describe in Section C)</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>None of these actions or other similar actions were permitted</td>
<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>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Reporting to credit agency(ies)</td>
<td>☐</td>
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</tr>
<tr>
<td>b</td>
<td>Selling an individual’s debt to another party</td>
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<td>Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP</td>
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<td>d</td>
<td>Actions that require a legal or judicial process</td>
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<td></td>
</tr>
<tr>
<td>e</td>
<td>Other similar actions (describe in Section C)</td>
<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>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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>
</tr>
<tr>
<td>c</td>
<td>Processed incomplete and complete FAP applications (if not, describe in Section C)</td>
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<td></td>
</tr>
<tr>
<td>d</td>
<td>Made presumptive eligibility determinations (if not, describe in Section C)</td>
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</tr>
<tr>
<td>e</td>
<td>Other (describe in Section C)</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>None of these efforts were made</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

### Policy Relating to Emergency Medical Care

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</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>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>If &quot;No,&quot; indicate why:</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The hospital facility did not provide care for any emergency medical conditions</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>The hospital facility’s policy was not in writing</td>
<td>☐</td>
<td></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>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (describe in Section C)</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
**Part V  Facility Information (continued)**

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

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

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

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

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

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

If "Yes," explain in Section C.

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

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

If "Yes," explain in Section C.

<table>
<thead>
<tr>
<th></th>
<th>24</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
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:
### Part V | Facility Information (continued)

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

<table>
<thead>
<tr>
<th>1. PREVENTATIVE CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. SUBSTANCE MISUSE</td>
</tr>
<tr>
<td>3. PHYSICAL HEALTH</td>
</tr>
<tr>
<td>4. MENTAL HEALTH</td>
</tr>
</tbody>
</table>

**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 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.
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 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.

THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. PREVENTATIVE CARE
2. SUBSTANCE MISUSE
3. PHYSICAL HEALTH
4. MENTAL HEALTH

MERCYONE NEW HAMPTON MEDICAL CENTER:

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

PART V, SECTION B, LINE 3E: MERCYONE NEW HAMPTON MEDICAL CENTER (MERCYONE NEW HAMPTON) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH HAVE BEEN 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. AGING POPULATION
3. EMERGENCY MEDICAL SERVICES
4. KNOWLEDGE OF HEALTH CARE RESOURCES/SERVICES AVAILABLE LOCALLY

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 2021, THE DUNES SURGICAL HOSPITAL, MERCYONE SIOUXLAND MEDICAL CENTER, THE SIOUXLAND DISTRICT HEALTH DEPARTMENT, AND UNITYPOINT HEALTH – ST. LUKE’S PARTNERED TOGETHER TO COMPLETE THE THIRD 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:

- 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)
JANAE SCHMITT, MARIAH SCHRACK (HILLCREST FAMILY SERVICES)
PATRICE LAMBERT (DUBUQUE COUNTY HEALTH DEPARTMENT) –ADVISORY
MARY ROSE CORRIGAN (CITY OF DUBUQUE) –ADVISORY

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 5: IN 2021, THE DUNES SURGICAL HOSPITAL, MERCYONE SIOUXLAND MEDICAL CENTER, THE SIOUXLAND DISTRICT HEALTH
DEPARTMENT, AND UNITYPOINT HEALTH - ST. LUKE'S PARTNERED TOGETHER TO COMPLETE THE THIRD 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:

- UNIION, SD
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.

- 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 2022 CHNA, ALONG WITH A PLANNING TEAM CONSISTING OF REPRESENTATIVES FROM HOSPITAL GOVERNANCE, LEADERSHIP AND MEDICAL STAFF, AREA EMPLOYERS, SCHOOL DISTRICTS, AND AREA HEALTH PROFESSIONALS.

BETWEEN SEPTEMBER 2021 AND JANUARY 2022, MERCYONE GATHERED COMMUNITY INPUT THROUGH SURVEYS, PATIENT FEEDBACK, AND SERVICE UTILIZATION DATA. DATA SOURCES INCLUDED COUNTY HEALTH RANKINGS, COMMUNITY COMMONS, 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. 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). SEVERAL SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED WITHIN THE MERCYONE NEW HAMPTON COMMUNITY. THOSE NEEDS WERE THEN PRIORITIZED BY THE PLANNING TEAM BASED ON INFORMATION FROM ALL THE SOURCES MENTIONED WHICH WAS DISTILLED INTO A LIST OF OPPORTUNITIES ESTIMATED TO HAVE THE GREATEST POSITIVE IMPACT ON THE IDENTIFIED COMMUNITY HEALTH NEEDS.
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.

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
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.

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)

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 UNITYPOINT HEALTH-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 UNITY POINT HEALTH-ST. LUKE'S.

MERCYONE DYERSVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 6A: MERCYONE DYERSVILLE CONDUCTED ITS CHNA WITH

MERCYONE DUBUQUE, AND UNITYPOINT HEALTH-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 HEALTH, KOSSUTH COUNTY PUBLIC HEALTH, AND WINNEBAGO COUNTY PUBLIC HEALTH

MERCYONE SIOUXLAND MEDICAL CENTER:

PART V, SECTION B, LINE 6B: THROUGHOUT 2021 THE CHNA PLANNING COMMITTEE, MADE UP OF REPRESENTATIVES FROM THE AFOREMENTIONED HOSPITALS, AS WELL AS THE FOLLOWING ORGANIZATIONS; BRIAR CLIFF UNIVERSITY, GROWING COMMUNITY CONNECTIONS, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND DISTRICT HEALTH DEPARTMENT, AND SOURCE FOR SIOUXLAND, CONDUCTED THE JOINT CHNA IN COLLABORATION WITH: BOYS AND GIRLS HOME AND FAMILY SERVICES, DAKOTA COUNTY JUVENILE DIVERSION, DEPARTMENT OF CORRECTIONAL SERVICES, GIRLS INC.,
INSTITUTE FOR COMMUNITY ALLIANCE, IOWA POISON CONTROL, IOWA STATE UNIVERSITY EXTENSION, JUNE E. NYLEN CANCER CENTER, MORNINGSIDE UNIVERSITY, NAACP, NORM WAITT SR. YMCA, ONE SIOUXLAND, PROTEUS, ROSECRANCE JACKSON RECOVERY CENTER, SIOUXLAND CARES, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND HUMAN INVESTMENT PARTNERSHIP, SIOUXLAND MENTAL HEALTH CENTER, THE WARMING SHELTER, AND UNITED WAY OF SIOUXLAND.

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: THROUGHOUT 2021 THE CHNA PLANNING COMMITTEE, MADE UP OF REPRESENTATIVES FROM THE AFOREMENTIONED HOSPITALS, AS WELL AS THE FOLLOWING ORGANIZATIONS; BRIAR CLIFF UNIVERSITY, GROWING COMMUNITY CONNECTIONS, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND DISTRICT HEALTH DEPARTMENT, AND SOURCE FOR SIOUXLAND, CONDUCTED THE JOINT CHNA IN COLLABORATION WITH: BOYS AND GIRLS HOME AND FAMILY SERVICES, DAKOTA COUNTY JUVENILE DIVERSION, DEPARTMENT OF CORRECTIONAL SERVICES, GIRLS INC., INSTITUTE FOR COMMUNITY ALLIANCE, IOWA POISON CONTROL, IOWA STATE UNIVERSITY EXTENSION, JUNE E. NYLEN CANCER CENTER, MORNINGSIDE UNIVERSITY,
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.

NAACP, NORM WAITT SR. YMCA, ONE SIOUXLAND, PROTEUS, ROSECRANCE JACKSON RECOVERY CENTER, SIOUXLAND CARES, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND HUMAN INVESTMENT PARTNERSHIP, SIOUXLAND MENTAL HEALTH CENTER, THE WARMING SHELTER, AND UNITED WAY OF SIOUXLAND.

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, CRESCEST 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.

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 FOLLOWING SIGNIFICANT HEALTH NEEDS WERE ADDRESSED WITHIN FISCAL YEAR 2022 (FY22):

ACCESS TO CARE:

MERCYONE NORTH IOWA SUCCESSFULLY EXPANDED ITS PRIMARY HEALTH CARE SERVICES TO SOUTHERN MINNESOTA BY THE DEVELOPMENT, OPENING AND STAFFING OF A PRIMARY HEALTH CARE CLINIC IN ALBERT LEA, MN.
TO ADDRESS THE LACK OF MENTAL HEALTH PROVIDERS IN THE COMMUNITY, SUPPORT
FOR RECRUITMENT OF PROVIDERS AND MENTAL HEALTH SERVICES CONTINUED TO BE A
PRIORITY. MERCYONE NORTH IOWA'S BEHAVIORAL HEALTH UNIT EXPERIENCED AN
INCREASE OVERALL FOR DETOX TREATMENT OR COMORBID MENTAL HEALTH/MEDICAL
DIAGNOSES ON MEDICAL FLOORS.

MERCYONE NORTH IOWA CONTINUES TO SPONSOR THE SENIOR HEALTH INSURANCE
INFORMATION PROGRAM (SHIIP) TO ADDRESS THE HIGH COST OF SENIOR
MEDICATIONS. COUNSELORS OFFERED SESSIONS TO SENIORS TO ACCESS UNBIASED
COUNSELING FOR DRUG PLAN COVERAGE AND PUBLIC BENEFIT ENROLLMENT.
COUNSELORS HOSTED WELCOME TO MEDICARE SEMINARS, VIRTUAL AND IN PERSON
COUNSELING SESSIONS SERVING AN INCREASED NUMBER OF CLIENTS FROM THE
PREVIOUS YEAR. AN ADDITIONAL TWO COUNSELORS WERE ADDED FOR A TOTAL OF SIX.

MERCY ONE NORTH IOWA HAS CONTINUED TO PARTNER WITH NORTH IOWA COMMUNITY
ACTION ORGANIZATION (NICAO) FOR COMMUNITY TRANSPORTATION. WHILE THE
COVID-19 PANDEMIC DRASTICALLY CHANGED THE NEED FOR TRANSPORTATION, NICAO
PROVIDED CASE MANAGEMENT, MEANS TESTING FOR SUBSIDIZED RIDES AND HELP FOR
THOSE WITH TRANSPORTATION BENEFITS TO NAVIGATE THE SYSTEM. THEY PROVIDED
41 RIDES IN FY22.

DESPITE MERCYONE NORTH IOWA'S ROBUST RECRUITMENT ACTIVITIES, WE SAW
VACANCIES ESCALATE IN FY22. CONTRIBUTING FACTORS INCLUDE THE COVID-19
PANDEMIC, FEAR OF THE VIRUS, EARLY RETIREMENT, AND ATTRITION. IN FY22,
MERCYONE NORTH IOWA RECRUITED 37 NEW PROVIDERS.
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, 18, 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.

**340B PROGRAM,** SERVING A 10% INCREASE IN THE NUMBER OF PATIENTS SEEKING ASSISTANCE. MERCYONE NORTH IOWA CONTINUED TO SUPPORT 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.

**HOUSING:**

MERCYONE NORTH IOWA ADDRESSED HOMELESSNESS BY SUPPORTING THE ALLIANCE FOR THE HOMELESS SHELTERS (MEN/WOMEN AND CHILDREN). MERCYONE NORTH IOWA PARTICIPATED IN COMMUNITY WIDE IMPACT MEETINGS CONCERNING DEVELOPMENT OF COMMUNITY LOW BARRIER WARMING SHELTER.

MERCYONE NORTH IOWA DID NOT DIRECTLY ADDRESS THE FOLLOWING NEED 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 FY22, MERCYONE NORTH IOWA CONTINUED 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. PARTNERSHIPS FURTHER DEVELOPED WITH CG PUBLIC HEALTH, FMC DECAT (DHS) AND FLOYD COUNTY CULTURAL EQUITY BOARD TO EXTEND THE VEGGIE VOUCHER PROJECT INTO FLOYD AND CERRO GORDO COUNTIES. THE PROGRAM DISTRIBUTED VOUCHERS AND CSA BOXES IN CERRO GORDO AND IN FLOYD COUNTY. HEALTHY HARVEST OF NORTH IOWA PROVIDED COMMUNITY EDUCATION VIA THEIR WEBSITE, FACEBOOK AND
IN PERSON DEMONSTRATIONS WITH SAMPLES AND RECIPE CARDS. THEY SAFELY HOSTED 30 IN-PERSON DEMONSTRATIONS IN ELEVEN DIFFERENT COMMUNITIES WITH 1,600 SAMPLES AND 54 ADDITIONAL RECIPE CARDS DISTRIBUTED. DOUBLE UP FOOD BUCKS REDEEMED AT TWO LOCAL FARMERS MARKETS TOTALED $4,366 WHILE $3,887 WAS REDEEMED AT FARWAY/HYVEE. MERCYONE NORTH IOWA WILL FURTHER INVESTIGATE HOW IT CAN PARTNER WITH OTHER COMMUNITY AGENCIES CURRENTLY ADDRESSING EARLY CHILDHOOD ISSUES IN FISCAL YEAR 2023. MERCYONE NORTH IOWA CONTINUED PARTICIPATION WITH PARTNERS 4 CHILDREN DECATEGORYIZATION PROJECT AND EYES (EMPOWERING YOUTH WITH EDUCATION AND SUPPORT) COALITIONS.

MERCYONE SIOUXLAND MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE FOLLOWING FOUR NEEDS WERE IDENTIFIED IN THE 2022 CHNA FOR THE SIOUXLAND AREA: MENTAL HEALTH, PHYSICAL HEALTH, PREVENTATIVE CARE, AND SUBSTANCE MISUSE.

MENTAL HEALTH:

IN FY22, RECRUITMENT CONTINUED FOR ADDITIONAL MENTAL HEALTH PROVIDERS FOR THE SIOUXLAND AREA. TELEMEDICINE WAS USED AT MERCYONE SIOUXLAND TO IMPROVE ACCESS FOR MENTAL HEALTH CARE. MERCYONE SIOUXLAND ALSO OPENED A SECOND INPATIENT MENTAL HEALTH UNIT DURING THIS YEAR TO BETTER SERVE THE NEEDS OF THE COMMUNITY. CONTINUED MENTAL HEALTH SERVICES WERE PROVIDED AT THE MERCYONE CHILD ADVOCACY CENTER TO CHILDREN WHO HAD BEEN ABUSED. MERCYONE SIOUXLAND FINANCIALLY SUPPORTED MENTAL HEALTH SERVICES PROVIDED AT CATHOLIC CHARITIES TO VULNERABLE POPULATIONS. IN ADDITION, THE BOYS AND GIRLS HOME AND FAMILY SERVICES AND THE WARMING SHELTER WERE SUPPORTED TO ASSIST IN AIDING THOSE WITH MENTAL HEALTH NEEDS.
MERCYONE SIOUXLAND CONTINUED TO COLLABORATE WITH OTHER MENTAL HEALTH PROVIDERS TO COORDINATE MENTAL HEALTH CARE. MERCYONE SIOUXLAND PARTICIPATED IN THE MENTAL HEALTH ROUNDTABLE WHICH WAS COMPRISED OF 18 MENTAL HEALTH COMMUNITY PARTNERS AND PROVIDING ORGANIZATIONS. IN ADDITION, MERCYONE SIOUXLAND PROVIDERS CONTINUED TO SCREEN AND EDUCATE COMMUNITY MEMBERS ABOUT MENTAL HEALTH, AND MADE REFERRALS TO MENTAL HEALTH PROFESSIONALS AS NEEDED.

PHYSICAL HEALTH:

IN FY22, 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 AND COUNSELING. IN ADDITION, THE MERCYONE SIOUXLAND DIETITIANS COMPLETED EDUCATION TO PROMOTE HEALTHY FOOD CHOICES. PHYSICIAN RESIDENTS IN THE COMMUNITY WERE EDUCATED BY THE MERCYONE SIOUXLAND DIETITIANS TO INCREASE FUTURE PHYSICIAN SUPPORT FOR THE COMMUNITY IN THE AREA OF PHYSICAL HEALTH. THE CARDIAC PROGRAM ALSO PROVIDED VASCULAR AND CHOLESTEROL SCREENINGS TO PROMOTE HEALTHY LIFESTYLE CHOICES.

IN AN EFFORT TO CURB THE PREVALENCE OF OBESITY IN FY22, 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 ALSO PROVIDED SUPPORT FOR THE BOARD OF DIRECTORS AT THE FOOD BANK OF SIOUXLAND, A SOURCE OF HEALTHY FOODS FOR THE VULNERABLE POPULATION IN THE COMMUNITY.
PREVENTATIVE CARE:

MERCYONE SIOUXLAND AIDED COMMUNITY MEMBERS WHO WERE UNABLE TO OBTAIN PRESCRIPTIONS NECESSARY TO MAINTAIN THEIR HEALTH STATUS AND AVOID HOSPITALIZATIONS. TRANSPORTATION WAS ALSO PROVIDED WHEN COMMUNITY MEMBERS WERE UNABLE TO AFFORD BUS OR TAXI SERVICES TO ACCESS HEALTH MAINTENANCE SERVICES. DURING THE PANDEMIC, MERCYONE SIOUXLAND PROVIDED INFECTION CONTROL SUPPLIES TO THE LOCAL HOMELESS SHELTER. ENROLLMENT ASSISTANCE FOR MEDICAID WAS ALSO PROVIDED TO ASSIST THOSE IN LOW-INCOME CATEGORIES. IN ADDITION, THE LOCAL HOMELESS SHELTER WAS FINANCIALLY SUPPORTED TO OFFER SHELTERED HOUSING DURING THE WINTER MONTHS AND DAY SHELTER SERVICES THROUGHOUT THE YEAR. MERCYONE SIOUXLAND ALSO CONTINUED THEIR FINANCIAL ASSISTANCE PROGRAM TO ASSIST WITH ACCESS TO NECESSARY PREVENTATIVE CARE FOR THOSE WHO QUALIFY. PREVENTATIVE TELEMONITORING WAS PROVIDED FOR THE VULNERABLE CONGESTIVE HEART FAILURE POPULATION.

SUBSTANCE MISUSE:

MERCYONE SIOUXLAND PROVIDED SUPPORT TO THE HOPE STREET SOBER LIVING FACILITY. MERCYONE SIOUXLAND PARTICIPATED IN COMMUNITY EFFORTS OF THE SMOKEFREE SIOUXLAND COALITION. ADDITIONAL SMOKE-FREE AREAS WERE ACHIEVED. MERCYONE SIOUXLAND PROVIDERS AND HEALTH COACHES CONTINUED TO EDUCATE COMMUNITY MEMBERS ON HEALTHY LIFESTYLE CHOICES, INCLUDING THE CESSATION OF SMOKING AND ELIMINATING SUBSTANCE MISUSE. MERCYONE SIOUXLAND, THROUGH MERCYONE SIOUXLAND BUSINESS HEALTH, CONTINUED TO PROVIDE HEALTH COACHING FOR TOBACCO CESSATION.

MERCYONE DUBUQUE MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE SIGNIFICANT NEEDS THAT WERE ADDRESSED IN
FY22 WERE ACCESS TO HEALTH CARE, OBESITY, AND BRAIN HEALTH.

MERCYONE DUBUQUE WAS INVOLVED IN THE FOLLOWING PROJECTS DURING FY22 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 LAUNCHED IN NOVEMBER 2022 WITH THE VISION OF REACHING ANYONE EXPERIENCING A BARRIER TO HEALTH CARE ACCESS. INITIAL FOCUS WAS ON ADULT, ADOLESCENT, AND PEDIATRIC COVID-19 VACCINE DISTRIBUTION.

THROUGH THE MOBILE MEDICAL UNIT, THE FOLLOWING OUTREACH EVENTS WERE HELD:

- TWENTY-THREE VACCINE CLINICS, RESULTING IN 1,425 COVID-19 VACCINATIONS AND BOOSTER SHOTS GIVEN TO COMMUNITY MEMBERS. THE CLINICS WERE HELD IN STRATEGIC LOCATIONS, INCLUDING ELEMENTARY, MIDDLE, AND HIGH SCHOOLS IN HIGH PRIORITY ZIP CODES, TO ASSIST IN DECREASING BARRIERS TO ACCESSING THE VACCINES. VACCINE FAQS WERE TRANSLATED INTO MARSHALLESE AND SPANISH TO ASSIST WITH LANGUAGE BARRIERS RELATED TO VACCINE HESITANCY.

- TUBERCULOSIS SCREENINGS (BLOOD DRAWS) TO MARSHALLESE POPULATION, AT VARIOUS LOCATIONS, IN PARTNERSHIP WITH THE IOWA DEPARTMENT OF PUBLIC HEALTH AND THE DUBUQUE COUNTY HEALTH DEPARTMENT, TO MAKE IT MORE ACCESSIBLE. THE TUBERCULOSIS SCREENINGS YIELDED 16 POSITIVE RESULTS REQUIRING X-RAYS AND PHYSICIAN FOLLOW UP.

- OUTREACH TO THOSE EXPERIENCING HOMELESSNESS INCLUDING BLOOD PRESSURES, A1C'S, BRAIN HEALTH SCREENINGS, IMMUNIZATIONS, VACCINATIONS, AND...
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 4, 4a, 4b, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 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.

CONNECTION TO MEDICATIONS. THE TEAM ALSO PROVIDED HYGIENE PRODUCTS, NUTRIENT DENSE FOOD, HYDRATION, BLANKETS, CLOTHING, COATS, AND GLOVES.

- PREVENTIVE CARE AND VACCINATIONS TO ACTIVE MILITARY, VETERANS, AND FAMILIES AT THE VETERANS FREEDOM CENTER AND TO RURAL COMMUNITIES IN THE SURROUNDING AREA.

- HEAD INJURY PREVENTION EDUCATION TO 47 CHILDREN AND THEIR FAMILIES AT A LOCAL SKI RESORT.

- PARTNERED WITH CRESCENT COMMUNITY HEALTH CENTER TO PROVIDE SCHOOL REQUIRED IMMUNIZATIONS TO 4 AND 5 YEAR OLD AND 7TH GRADE STUDENTS IN HIGH PRIORITY POVERTY ZIP CODES.

MERCYONE DUBUQUE WAS INVOLVED IN THE FOLLOWING PROJECT DURING FY22 TO ADDRESS OBESITY:

- MERCYONE DUBUQUE CONTINUED TO WORK IN PARTNERSHIP WITH RIVERBEND FOOD BANK AND OUR LADY OF THE MISSISSIPPI ABBEY SISTERS TO MAINTAIN A FOOD PANTRY ONSITE AT MERCYONE DUBUQUE TO HELP ALLEVIATE FOOD INSECURITY. THE FOOD PANTRY STOCKED 50,662 POUNDS OF FOOD IN FY22, THE EQUIVALENT OF 42,219 MEALS, SERVING 3,855 COLLEAGUES AND PATIENTS (1,272 CHILDREN AND 382 SENIORS).

- THE MOBILE MEDICAL UNIT WAS PRESENT AT FARMERS MARKETS IN DUBUQUE AND DYERSVILLE TO PROMOTE HEALTHY EATING. DIETICIANS JOINED THE INTERDISCIPLINARY MOBILE MEDICAL UNIT TEAM TO MEET WITH COMMUNITY MEMBERS AND PROVIDE TEACHING ON NUTRIENT DENSE FOOD CHOICES AND PHYSICAL ACTIVITY.
MERCYONE DUBUQUE WAS INVOLVED IN THE FOLLOWING PROJECTS DURING FY22 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.

- PARTICIPATED IN A LOCAL BRAIN HEALTH SUMMIT PROMOTING BRAIN HEALTH LANGUAGE AND PARTNERING TO IMPROVE TIMELY ACCESS FOR CHILDREN, ADOLESCENTS, AND ADULTS IN OUR COMMUNITIES RELATED TO BRAIN HEALTH.

- MERCYONE DUBUQUE PHARMACY CONTINUED TO STOCK NALOXONE (NARCAN) AND EDUCATED COMMUNITY MEMBERS WHO PRESENTED FOR A NARCAN KIT. THE MOBILE MEDICAL UNIT PROVIDED THREE NARCAN TRAININGS TO THE COMMUNITY.

- MAINTAINED A COLLEAGUE CARE CIRCLE TO ASSIST IN FOSTERING COLLEAGUE MENTAL WELL-BEING SECONDARY TO PANDEMIC IMPACT. DEVELOPED A COLLEAGUE CARE SUSTAINMENT MODEL USING CHAPLAINS, THERAPISTS, AND A MISSION LEADER TO ASSURE A SKILLED EMBEDDED PRESENCE THROUGHOUT DUBUQUE & DYERSVILLE ORGANIZATIONS. PROVIDED WEEKLY COLLEAGUE CARE ROUNDING DURING ALL SHIFTS.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 11: THE FOLLOWING FOUR NEEDS WERE IDENTIFIED IN THE 2022 CHNA FOR THE SIOUXLAND AREA: MENTAL HEALTH, PHYSICAL HEALTH, PREVENTATIVE CARE, AND SUBSTANCE MISUSE.
THE PROVIDERS AT THE DUNES SURGICAL HOSPITAL (DUNES) CONTINUED TO EDUCATE PATIENTS ON THE HEALTH RISKS OF SMOKING AND USING ALCOHOL. WRITTEN MATERIALS ON SMOKING/VAPING CESSATION WERE DISSEMINATED TO THE COMMUNITY THROUGH DUNES.

PHYSICAL HEALTH:

DUNES CONTINUED TO PROVIDE PATIENT EDUCATION ON HEALTHY CHOICES, AND THE IMPORTANCE OF MAINTAINING A HEALTHY WEIGHT. THE PROVIDERS AT DUNES 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.

MENTAL HEALTH:

DUNES 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.

PREVENTATIVE CARE:

DUNES INCREASED ACCESS TO CARE WITHIN THE COMMUNITY DURING FY22 BY CONTINUING TO OFFER A FINANCIAL ASSISTANCE PROGRAM, WHICH ALLOWED THOSE WHO MET THE FINANCIAL NEED CRITERIA TO RECEIVE ASSISTANCE FOR NECESSARY SERVICES. 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
PATIENTS' DISMISSAL, THE HOSPITAL STAFF MADE FOLLOW UP APPOINTMENTS WITH PRIMARY CARE PHYSICIANS TO AID IN THE MAINTENANCE OR IMPROVEMENT OF OVERALL HEALTH STATUS.

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. IN FY22, MERCYONE NEW HAMPTON DEVELOPED AND/OR SUPPORTED INITIATIVES AND MEASURED THEIR EFFECTIVENESS, TO IMPROVE THE FOLLOWING HEALTH NEEDS:

ACCESS TO HEALTH CARE - MERCYONE NEW HAMPTON IDENTIFIED THAT AREA RESIDENTS WOULD DESIRE MORE LOCAL ACCESS TO SPECIALISTS, TREATMENTS/PROCEDURES, AND FAMILY PHYSICIANS. IN FY22, MERCYONE NEW HAMPTON FAMILY MEDICINE WORKED WITH OPION TO PROVIDE ONLINE REGISTRATION FOR APPOINTMENTS, WHICH LAUNCHED IN FALL 2022.

EMERGENCY MEDICAL SERVICES - IN FY22, MERCYONE NEW HAMPTON COLLABORATED WITH CHICKASAW COUNTY BOARD OF SUPERVISORS, CHICKASAW COUNTY AMBULANCE COUNCIL AND CHICKASAW EMS ADVISORY COMMITTEE TO ASSIST WITH THE ESTABLISHMENT OF NEW COUNTY OWNED AND OPERATED EMS, IN RESPONSE TO THE RECENT LOSS OF THE ONLY LOCAL EMS PROVIDER. MERCYONE NEW HAMPTON'S EMERGENCY DEPARTMENT NURSE LEADER CONTINUES TO SERVE ON THE ADVISORY COMMITTEE. MERCYONE NEW HAMPTON'S CEO AND PUBLIC RELATIONS MANAGER PARTICIPATED AND OFFERED ASSISTANCE WITH DATA COLLECTION, EDUCATING THE PUBLIC, MARKETING, AND RECRUITMENT. MERCYONE NEW HAMPTON DEVELOPED A
PARTNERSHIP WITH NORTHEAST IOWA COMMUNITY COLLEGE AND NEW HAMPTON COMMUNITY SCHOOLS TO OFFER EMT EDUCATION TO SENIORS IN HIGH SCHOOL. OVER THE NEXT 3 YEARS, MERCYONE NEW HAMPTON WILL CONTINUE TO SUPPORT THE NEW EMS MODEL AND WORK TO DECREASE WAIT TIME FOR PARAMEDIC TRANSFERS OUT OF THE ER AND INCREASE AMBULANCE TRANSFER ACCESS FOR MEDICAID PATIENTS AND OTHER UNDER-INSURED PATIENTS.

MERCYONE NEW HAMPTON 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 ARE THE MOST PRESSING, UNDER- ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. MERCYONE NEW HAMPTON DOES NOT INTEND TO ADDRESS THE FOLLOWING HEALTH NEEDS:

KNOWLEDGE OF HEALTH CARE RESOURCES/SERVICES AVAILABLE LOCALLY, WHILE NOT INCLUDED FOR INTERVENTION IN THE IMPLEMENTATION STRATEGY, MERCYONE NEW HAMPTON WILL CONTINUE TO PROMOTE AND EDUCATE OUR COMMUNITY ABOUT RESOURCES AVAILABLE THROUGH MERCYONE NEW HAMPTON, COUNTY AND STATE AGENCIES. MERCYONE NEW HAMPTON LAUNCHED AN ONLINE COMMUNITY RESOURCE DIRECTORY WHICH WILL HELP PEOPLE FIND LOCAL PROGRAMS, RESOURCES, AND SUPPORT.

AGING POPULATION, WHILE NOT ADDRESSED IN FY22, STRATEGIES WERE DETERMINED, AND WILL BE IMPLEMENTED OVER THE NEXT 3 YEARS. PARTNERSHIPS WITH CHICKASAW COUNTY PUBLIC HEALTH, SENIOR LIFE SOLUTIONS, NORTHEAST IOWA AREA AGENCY ON AGING, AMERICAN HEART ASSOCIATION, HOSPICE AGENCIES AND CHICKASAW COUNTY MINISTERIAL ASSOCIATION HAVE BEEN ESTABLISHED TO ASSIST MERCYONE NEW HAMPTON WITH OUR STRATEGY IMPLEMENTATION.
MERCYONE DYERSVILLE MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE SIGNIFICANT NEEDS THAT WERE ADDRESSED IN FY22 WERE ACCESS TO HEALTH CARE, OBESITY, AND BRAIN HEALTH.

MERCYONE DYERSVILLE WAS INVOLVED IN THE FOLLOWING PROJECT DURING FY22 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 LAUNCHED IN NOVEMBER 2022 WITH THE VISION OF REACHING ANYONE EXPERIENCING A BARRIER TO HEALTH CARE ACCESS. WITH INITIAL FOCUS ON ADULT, ADOLESCENT, AND PEDIATRIC COVID-19 VACCINE DISTRIBUTION.

MERCYONE DYERSVILLE WAS INVOLVED IN THE FOLLOWING PROJECT DURING FY22 TO ADDRESS OBESITY:

- THE MOBILE MEDICAL UNIT WAS PRESENT AT FARMERS MARKETS IN DUBUQUE AND DYERSVILLE TO PROMOTE HEALTHY EATING. DIETICIANS JOINED THE INTERDISCIPLINARY MOBILE MEDICAL UNIT TEAM TO MEET WITH COMMUNITY MEMBERS AND PROVIDE TEACHING ON NUTRIENT DENSE FOOD CHOICES.

MERCYONE DYERSVILLE WAS INVOLVED IN THE FOLLOWING PROJECTS DURING FY22 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.

- MAINTAINED A COLLEAGUE CARE CIRCLE TO ASSIST IN FOSTERING COLLEAGUE
MENTAL WELL-BEING SECONDARY TO PANDEMIC IMPACT. DEVELOPED A COLLEAGUE CARE SUSTAINMENT MODEL USING CHAPLAINS, THERAPISTS, AND A MISSION LEADER TO ASSURE A SKILLED EMBEDDED PRESENCE THROUGHOUT DUBUQUE & DYERSVILLE ORGANIZATIONS. PROVIDED WEEKLY COLLEAGUE CARE ROUNding DURING ALL SHIFTS.

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.

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.

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,
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.

NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESumptive ELigibility TO FINANCIALLY NEEDY PATIENTS.

MERCY ONE 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 MODE
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.

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Part V, Section B, Line</th>
<th>Website</th>
</tr>
</thead>
</table>
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, 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.

Dunes Surgical Hospital - Part V, Section B, Line 7A
WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT

Dunes Surgical Hospital - Part V, Section B, Line 10A
WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT

Mercyone New Hampton Medical Center - Part V, Section B, Line 7A
WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/

Mercyone New Hampton Medical Center - Part V, Section B, Line 10A
WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/

Mercyone Dyersville Medical Center - Part V, Section B, Line 7A
WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/

Mercyone Dyersville Medical Center - Part V, Section B, Line 10A
WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/

Mercyone New Hampton 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.

Mercyone North Iowa Medical Center - Part V, Section B, Line 9
As permitted in the final Section 501(r) Regulations, the hospital's
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

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/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/
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
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 DYERSVILLE 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 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, 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, 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:
WWW.DUNESSURGICALHOSPITAL.COM/FINANCIAL-
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.

ASSISTANCE-AND-CHARITY-CARE

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/

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

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

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

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

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</td>
<td></td>
</tr>
<tr>
<td>DUBUQUE, IA 52001</td>
<td></td>
</tr>
<tr>
<td>2 MEDICAL ASSOCIATES CLINIC</td>
<td>X-RAY, LAB, EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>1240 BIG JACK ROAD</td>
<td></td>
</tr>
<tr>
<td>PLATTEVILLE, WI 53818</td>
<td></td>
</tr>
<tr>
<td>3 TRI-STATE OCCUPATIONAL HEALTH</td>
<td>PHYS THERAPY, EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>1920 ELM STREET</td>
<td></td>
</tr>
<tr>
<td>DUBUQUE, IA 52001</td>
<td></td>
</tr>
<tr>
<td>4 MEDICAL ASSOCIATES CLINIC</td>
<td>HOME CARE, LAB, EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>10988 BARTELL BLVD</td>
<td></td>
</tr>
<tr>
<td>GALENA, IL 61036</td>
<td></td>
</tr>
<tr>
<td>5 MERCYONE DYERSVILLE MEDICAL CENTER</td>
<td>CLINIC</td>
</tr>
<tr>
<td>1121 THIRD STREET SW</td>
<td></td>
</tr>
<tr>
<td>DYERSVILLE, IA 52040</td>
<td></td>
</tr>
<tr>
<td>6 MEDICAL ASSOCIATES CLINIC</td>
<td>CLINIC</td>
</tr>
<tr>
<td>208 N. 12TH STREET</td>
<td></td>
</tr>
<tr>
<td>BELLEVUE, IA 52031</td>
<td></td>
</tr>
<tr>
<td>7 MEDICAL ASSOCIATES CLINIC</td>
<td>CLINIC</td>
</tr>
<tr>
<td>911 N.W. CARTER</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>CASCADE, IA 52033</td>
<td></td>
</tr>
<tr>
<td>9 MEDICAL ASSOCIATES CLINIC</td>
<td>X-RAY, LAB, EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>117 SOUTH MADISON</td>
<td></td>
</tr>
<tr>
<td>CUBA CITY, WI 53807</td>
<td></td>
</tr>
<tr>
<td>10 MEDICAL ASSOCIATES CLINIC</td>
<td>CLINIC</td>
</tr>
<tr>
<td>560 PLEASANT ST</td>
<td></td>
</tr>
<tr>
<td>ELIZABETH, IL 61028</td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2021
### Part V Facility Information (continued)

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

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

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

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

Schedule H (Form 990) 2021
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.

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.

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.

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

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.).

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.

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

PART I, LINE 3C:

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

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.

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, $18,098,216, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

MERCYONE NORTH IOWA MEDICAL CENTER (MERCYONE NORTH IOWA) SPONSORED THE NORTH IOWA FOOD COALITION, A COALITION AIMING TO HELP CITIZENS OBTAIN AFFORDABLE FRESH, WHOLE, HEALTHY FOODS WITHIN OUR COMMUNITY.

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 TRI-STATE AREA.

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 VIALBE HOSPITAL COMPLEX WITH A BROAD SPECTRUM OF ESSENTIAL SERVICES. IN FISCAL YEAR 2022 (FY22), MERCYONE NEW HAMPTON SUPPORTED THE INDUSTRIAL DEVELOPMENT CORPORATION WITH THE EXPANSION OF A LOCAL NON-PROFIT DAYCARE TO DOUBLE THEIR CAPACITY. MERCYONE NEW HAMPTON'S INVOLVEMENT INCLUDED DONATIONS OF IN-KIND PRODUCTS FOR OPEN HOUSES, WORKDAYS, AND FUNDRAISERS. WE ALSO WROTE LETTERS OF SUPPORT FOR GRANTS.

COMMUNITY SUPPORT: FY22 BROUGHT MANY CHALLENGES TO OUR COMMUNITY AS WE FACED LOSING THE ONLY EMERGENCY MEDICAL SERVICES PROVIDER. MERCYONE NEW HAMPTON, WITH THE SUPPORT OF TWO MEMBERS OF THE COUNTY BOARD OF SUPERVISORS, WORKED TO RESEARCH OPTIONS FOR EMS AND SUPPORTED THE CREATION OF A COUNTY OWNED AND OPERATED AMBULANCE SERVICE. MERCYONE NEW HAMPTON ADMINISTRATORS WERE ACTIVE PARTICIPANTS IN DISCUSSIONS WITH THE CHICKASAW AMBULANCE COUNCIL, CITY COUNCILS AND CHICKASAW COUNTY BOARD OF SUPERVISORS. MERCYONE NEW HAMPTON ADVOCATED FOR AN AMBULANCE SERVICE THAT WOULD ACCEPT MEDICAID, AS THE PREVIOUS SERVICE DID NOT. MERCYONE NEW HAMPTON HAS A COMMITMENT TO THOSE WHO ARE POOR, AND IT WAS IMPORTANT THAT OUR MOST VULNERABLE PATIENTS HAVE ACCESS TO TIMELY AMBULANCE TRANSFERS WHEN A HIGHER LEVEL OF CARE IS NEEDED.

ENVIRONMENTAL IMPROVEMENTS: MERCYONE NEW HAMPTON CONTINUES TO ADDRESS 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 AS WELL.

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT: IN SEPTEMBER 2021, AN INITIATIVE WAS STARTED TO RENOVATE A CURRENT, RUN-DOWN PARK INTO AN INCLUSIVE PLAYGROUND. MERCYONE NEW HAMPTON HAS THREE COLLEAGUES ON THE PLANNING AND FUNDRAISING COMMITTEE. AS WE ALL KNOW, PLAY IS A VITAL PART OF CHILDREN'S DEVELOPMENT, NOT JUST PHYSICALLY BUT SOCially AND EMOTIONALLY. THE INCLUSIVE PLAYGROUND WILL BRING TOGETHER CHILDREN AND FAMILIES IN PLAY. THE PLAYGROUND WILL HELP THOSE WITH DISABILITIES HAVE FUN PLAYING ALONGSIDE THEIR FRIENDS, FURTHERING THEIR DEVELOPMENT AND SENSE OF BELONGING. FOR OTHER CHILDREN, IT WILL TEACH THEM TO EMBRACE DIVERSITY AND INCLUSION OF CHILDREN DIFFERENT FROM THEM.


MERCYONE NEW HAMPTON PARTNERS WITH NORTHEAST IOWA COMMUNITY COLLEGE AND AREA SCHOOLS TO PROMOTE CAREER EXPLORATION. CAREER EXPLORATION IS AN IMPORTANT STEP IN HELPING STUDENTS FULFILL LONG TERM EMPLOYMENT GOALS. MERCYONE NEW HAMPTON WELCOMES JOB SHADOW STUDENTS AND HOLDS AN ANNUAL HEALTH CARE CAREER DAY FOR HIGH SCHOOL STUDENTS. ALL AREA 8TH GRADE STUDENTS TOUR MERCYONE NEW HAMPTON TO LEARN ABOUT HEALTH CARE CAREERS AND PARTICIPATE IN MOCK INTERVIEWS. MERCYONE NEW HAMPTON ADMINISTRATION IS ALSO A MEMBER OF THE NORTHEAST IOWA REGIONAL CAREER AND TECHNICAL EDUCATION PLANNING PARTNERSHIP.
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 5:
TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE ONE PERCENT SEQUESTRATION REDUCTION FOR THE PERIOD APRIL 1, 2022 THROUGH JUNE 30, 2022.

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 FINANCIAL ASSISTANCE 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 FINANCIAL ASSISTANCE 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 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 AND SCHOOLS IN SEARCH OF
OPPORTUNITIES TO FURTHER COLLABORATE TO ADDRESS PHYSICAL HEALTH, SUBSTANCE
MISUSE, MENTAL HEALTH, AND PREVENTATIVE CARE.

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 COMPRIZES 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 AGED 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 84% WHITE, 4% AMERICAN INDIAN, 3% BLACK, 2% ASIAN, 3% TWO OR MORE RACES, AND 4% OTHER. EIGHTY FOUR PERCENT ARE NON-HISPANIC WHILE 16% WERE HISPANIC/LATINO.

IN THE AREA, OVERALL POVERTY RATE IS 13%, WITH AMERICAN INDIAN/ALASKA
NATIVE AND BLACK OR AFRICAN AMERICAN POPULATIONS HAVING THE HIGHEST POVERTY RATE. THIRTY PERCENT OF HOUSEHOLDS FALL UNDER THE 200% POVERTY RATE AND THE MEDIAN HOUSEHOLD INCOME FOR THE AREA IS $61,393.

THE REGIONAL ECONOMY IS BASED ON FOOD MANUFACTURING/PROCESSING, AGRICULTURE, HEALTH CARE AND SOCIAL ASSISTANCE, EDUCATION, AND THE FOOD SERVICE INDUSTRIES. THE JUNE 2021 UNEMPLOYMENT RATE FOR THE LARGEST COUNTIES IN THE REGION WOODBURY, PLYMOUTH, AND DAKOTA WAS 4.9%, 3.5%, AND 3.4%, RESPECTIVELY.

WOODBURY COUNTY, IA HAS A POPULATION OF 103,107, WHICH REPRESENTS 58% OF THE SIOUXLAND REGIONAL TOTAL. THE RESIDENTS OF SIOUX CITY AND SERGEANT BLUFF REPRESENT NEARLY 90% OF THE WOODBURY COUNTY POPULATION. PLYMOUTH COUNTY, IA HAS A POPULATION OF 25,177, OR 14% OF THE SIOUXLAND REGIONAL TOTAL. THE LARGEST COMMUNITY IN THE COUNTY IS LE MARS WITH A POPULATION OF 10,081. DAKOTA COUNTY, NE HAS A POPULATION OF 20,026. SOUTH SIOUX CITY AND DAKOTA CITY TOTAL RESIDENTS REPRESENT 73% OF THE COUNTY POPULATION. UNION COUNTY, SD HAS A POPULATION OF 15,932 WHICH REPRESENTS 9% OF THE REGIONAL TOTAL. NORTH SIOUX CITY AND DAKOTA DUNES’ TOTAL RESIDENTS REPRESENT 34% OF THE COUNTY POPULATION. THURSTON COUNTY, NE HAS A POPULATION OF 7,224. DIXON COUNTY, NE HAS A POPULATION OF 5,636, REPRESENTING 7% OF THE REGIONAL TOTAL.

MERCYONE 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 3.5% 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, 21.4% WERE OVER AGE 65 IN 2020, COMPARED TO 17.7% FOR THE STATE AND 16.8% 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% 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 $61,239 IN 2020. PERSONS IN POVERTY COMPRISE 8.3% OF THE POPULATION. THE FISCAL YEAR 2020 PAYER MIX AT POINT OF REGISTRATION INCLUDES 53% COVERED BY MEDICARE, 11.8% COVERED BY MEDICAID AND 1.5% 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 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
- PARTICIPATING WITH THE NCI COMMUNITY COLLABORATIONS HOUSING COALITION
- PARTICIPATING WITH NORTH IOWA ADDICTION PREVENTION ALLIANCE TO ADDRESS UNDERAGE DRINKING, TOBACCO & NICOTINE PREVENTION, PRESCRIPTION & OPIOID MISUSE PREVENTION
- OFFERING SOCIAL CARE OUTREACH FOR FOOD, EMERGENCY SUPPLIES, AND CONNECTION TO COMMUNITY
- Providing support for those who are homeless

- 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

- Participated in Healthy You Resource Fair with numerous community-based agencies on exercise, stress reduction, nicotine cessation, employment, mental health, pregnancy, childcare resources, education, food and nutrition, general health, housing assistance, parenting resources and sexual health

- Collaborating and participating with community-based organizations local build and launch of Aunt Bertha community resource directory for free reduced programming

- Collaborating with Healthy Harvest, Cerro Gordo Public Health, Hy-Vee, Farmers Market, Mason City and Clear Lake, community partnerships for protecting children, and University of Northern Iowa to extend veggie voucher program with community supported agriculture boxes

- 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

- Facilitate 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 CICS, Prairie Ridge Integrated Behavioral Health Care, to enable the sharing of community resources, events and education

- 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 FY22, MERCYONE NORTH IOWA COLLABORATED ON ADVOCACY EFFORTS WITH OUR MERCYONE AND TRINITY HEALTH COLLEAGUES TO SUPPORT POLICIES SUCH AS 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.

THROUGHOUT FY22, 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 2022 (BUT WITH LESS FREQUENCY IN 2022).
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.

...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 PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES 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, AND
3. IMPACTING SOCIAL INFLUENCERS OF HEALTH.

TO FURTHER OUR STRATEGY IN FISCAL YEAR 2022 (FY22), CHWB LAUNCHED TWO TRAINING SERIES TO ADVANCE HEALTH AND RACIAL EQUITY IN OUR COMMUNITIES.

1. CHWB LEADER SERIES TO ADVANCE HEALTH AND RACIAL EQUITY: A YEAR-LONG PEER LEARNING SERIES TO BUILD THE CAPACITY OF OUR CHWB LEADERS TO DELIVER ON OUR CHWB STRATEGY WITH A FOCUS ON COMMUNITY LEADERSHIP AND ENGAGEMENT, AND THE USE OF A RACIAL EQUITY LENS IN ALL OF OUR DECISION MAKING.
2. COMMUNITY ENGAGEMENT TO ADVANCE RACIAL JUSTICE - PREPARING FOR IMPLEMENTATION STRATEGY: A FOUR-PART SERIES ON ENGAGING OUR COMMUNITIES IN MEANINGFUL WAYS USING A HEALTH EQUITY AND RACIAL EQUITY LENS TO BUILD LASTING PARTNERSHIPS AND IMPACTFUL IMPLEMENTATION STRATEGIES.

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 FY22, TRINITY HEALTH CONTRIBUTED $1.37 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE VULNERABLE AND LIVING IN POVERTY, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. SOME EXAMPLES OF THESE INVESTMENTS INCLUDE:

TRINITY HEALTH AWARDED OVER $1.6 MILLION IN COMMUNITY GRANTS THAT DIRECTLY ALIGN WITH INTERVENTIONS AND LOCAL PARTNERSHIPS IDENTIFIED IN ITS MEMBER HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION STRATEGIES, INCLUDING ACCESS TO HEALTH CARE, MENTAL HEALTH, TRANSPORTATION, COMMUNITY ENGAGEMENT, FOOD ACCESS, AND HOUSING SUPPORTS.

WITH A $1.2 MILLION INITIAL INVESTMENT, TRINITY HEALTH LAUNCHED ROUND 2 OF THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), A FIVE-YEAR, INNOVATIVE FUNDING AND TECHNICAL ASSISTANCE INITIATIVE, PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS AND RESIDENTS TO ADVANCE HEALTH AND RACIAL EQUITY IN NINE OF OUR COMMUNITIES EXPERIENCING HIGH POVERTY AND OTHER VULNERABILITIES. HEALTH MINISTRIES RECEIVING TCI FUNDING ARE COLLABORATING...
WITH A LOCAL MULTI-SECTOR COLLABORATIVE TO DEVELOP AND IMPLEMENT
EVIDENCE-BASED STRATEGIES THAT ADVANCE HEALTH AND RACIAL EQUITY THROUGH
ADDRESSING AT LEAST ONE ROOT CAUSE OF POOR HEALTH IDENTIFIED IN THE
DEVELOPMENT OF THEIR MOST RECENT CHNA IMPLEMENTATION STRATEGY.

TRINITY HEALTH AWARDED OVER $1 MILLION IN COVID-19 FUNDING TO SUPPORT NEW
AND ONGOING COMMUNITY ENGAGEMENT AND MOBILIZATION EFFORTS AROUND MAKING
THE COVID-19 VACCINATION ACCESSIBLE TO ALL ELIGIBLE POPULATIONS. THIS
FUNDING WAS DESIGNED TO SUPPORT ALL COMMUNITIES TO ENSURE EASY AND
EQUITABLE ACCESS TO THE VACCINE BY REMOVING BARRIERS FOR ALL PEOPLE TO
RECEIVE THE VACCINE, ESPECIALLY COMMUNITIES THAT HAVE LESS THAN A 75%
VACCINATION RATE. WITH THIS FUNDING, HEALTH MINISTRIES FACILITATED 3,200
COVID-19 VACCINE EVENTS, ADMINISTERED 80,000 COVID-19 VACCINE DOSES, AND
REACHED 874,000 PEOPLE WITH EDUCATIONAL MATERIALS ON COVID-19 AND THE
BENEFITS OF VACCINATION.

IN ADDITION TO THE $1.37 BILLION IN COMMUNITY BENEFIT SPENDING, OUR
COMMUNITY INVESTING PROGRAM HAD THE MOST ROBUST YEAR OF LENDING SINCE THE
PROGRAM'S INCEPTION OVER 20 YEARS AGO: $17.8 MILLION IN NEW LOANS AND $8.3
MILLION IN LOAN RENEWALS WERE APPROVED, FOCUSING ON BUILDING AFFORDABLE
HOUSING AND INCREASING ACCESS TO EDUCATION IN PARTNERSHIP WITH OUR HEALTH
MINISTRIES.

ADVANCING SOCIAL CARE -

TRINITY HEALTH'S SOCIAL CARE PROGRAM WAS DEVELOPED TO ADDRESS SOCIAL
NEEDS, SUCH AS ACCESS TO TRANSPORTATION, CHILDCARE, OR AFFORDABLE
MEDICATIONS BY FACILITATING CONNECTIONS BETWEEN OUR PATIENTS, HEALTH CARE
PROVIDERS AND COMMUNITY PARTNERS THAT PROMOTE HEALTHY BEHAVIORS.
HIGHLIGHTS FROM FY22 INCLUDE THE FOLLOWING SUCCESSES:

- LAUNCHED TRINITY HEALTH COMMUNITY HEALTH WORKER (CHW) CERTIFICATION PROGRAM, TRAINING 86 CHWS WITH 40+ HOURS OF TRAINING, AND INCREASED CHW STAFF ACROSS MOST HEALTH MINISTRIES

- LAUNCHED A SYSTEM-WIDE ASSESSMENT OF LANGUAGE ACCESS SERVICES TO RECOMMEND SYSTEM STANDARDS THAT ENSURE CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES FOR ALL OF OUR PATIENTS, THEIR COMPANIONS, AND CAREGIVERS

- ENGAGED OVER 1,100 PARTICIPANTS IN THE NATIONAL DIABETES PREVENTION PROGRAM, EXCEEDING OUR PROGRAM YEAR 5 GOAL

- INCREASED THE NUMBER OF ACTIVE COMMUNITY PARTNER ORGANIZATIONS ON THE COMMUNITY RESOURCE DIRECTORY BY 120% FROM FISCAL YEAR 2021

- ENGAGED 5,300+ PATIENTS WHO ARE DUALLY ENROLLED IN MEDICARE AND MEDICAID IN A SOCIAL CARE OR MEDICAL CARE ACTIVITY, IN SUPPORT OF REDUCING PREVENTABLE HOSPITALIZATIONS (SUCH AS DIABETES AND ASTHMA)

IMPACTING SOCIAL INFLUENCERS OF HEALTH - LEVERAGING INVESTOR POWER TO CATALYZE CORPORATE SOCIAL RESPONSIBILITY, TRINITY HEALTH'S SHAREHOLDER ADVOCACY WORK FOCUSES ON DISMANTLING RACISM ACROSS FIVE STRATEGIC FOCUS AREAS BY HOLDING CORPORATIONS ACCOUNTABLE FOR THE HUMAN RIGHTS VIOLATIONS THOSE COMPANIES PERPETUATE IN THE U.S. AND BEYOND. IN FY22, TRINITY HEALTH FACILITATED OVER 135 SHAREHOLDER ADVOCACY ENGAGEMENTS, WITH GREAT SUCCESS:

- FIVE BELOW COMMITTED TO ASSESS AND MANAGE THE RISKS/HAZARDS ASSOCIATED WITH CHEMICALS OF HIGH CONCERN CONTAINED IN THEIR PRIVATE LABEL PRODUCTS

- UNILEVER AGREED TO STOP FOOD AND BEVERAGE MARKETING TO CHILDREN UNDER AGE 16, AND WILL ADOPT NEW TARGETS TO REDUCE SALT, ADDED SUGARS AND CALORIES, AND INCREASE SALES OF THEIR HEALTHIER PRODUCTS
PEPSICO SET GOALS TO INCREASE POSITIVE NUTRIENTS IN THEIR PRODUCTS

PDC ENERGY ACCELERATED ITS GOAL TO END ROUTINE FLARING OF METHANE, FROM 2030 TO 2025, THUS REDUCING ENVIRONMENTAL HEALTH RISKS AND GREENHOUSE GAS EMISSIONS

ADDITIONALLY, TRINITY HEALTH AND OTHER MEMBERS OF THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY GUN SAFETY GROUP SUBMITTED A SHAREHOLDER RESOLUTION ASKING STURM RUGER, ONE OF THE NATION'S LEADING MANUFACTURERS OF FIREARMS, TO CONDUCT AND PUBLISH AN INDEPENDENT HUMAN RIGHTS IMPACT ASSESSMENT OF ITS POLICIES, PRACTICES AND PRODUCTS, AND MAKE RECOMMENDATIONS FOR IMPROVEMENT. THE RESOLUTION RECEIVED A 68.5% VOTE IN FAVOR, WELL ABOVE THE THRESHOLD REQUIRED FOR THE RESOLUTION TO BE RESUBMITTED IN 2023, INDICATING A LARGE MAJORITY OF STURM RUGER INVESTORS BELIEVE THE COMPANY HAS TO ADDRESS ITS HUMAN RIGHTS IMPACTS. TRINITY HEALTH AND TRINITY HEALTH OF NEW ENGLAND ARE CITED AS PART OF THE GROUP WHO MOVED FORWARD THIS RESOLUTION.

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

PART VI, LINE 5 CONTINUED:

MERCYONE DUBUQUE CONTINUED TO SERVE ON A LOCAL PACIFIC ISLANDERS HEALTH ADVISORY TEAM. THE MARSHALLESE POPULATION WAS DISPROPORTIONATELY IMPACTED BY COVID-19 OFTEN TIMES 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. THE MOBILE MEDICAL UNIT WAS PRESENT AT THE MARSHALLESE CHURCH AND REPUBLIC OF THE MARSHALL ISLANDS CONSTITUTIONAL
DAYS TO PROVIDE COVID-19 EDUCATION AND VACCINATIONS. TO DECREASE VACCINE HESITANCY, VACCINE FAQS WERE TRANSLATED INTO MARSHALLESE.


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 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, 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 MAINTAIN 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.

IN FY22, SIGNIFICANT ENERGY WENT INTO PLANNING AND LAUNCHING A MOBILE MEDICAL UNIT WITH THE VISION OF MAKING HEALTH CARE MORE ACCESSIBLE FOR POPULATIONS THAT HAVE BARRIERS SUCH AS NO TRANSPORTATION, NO INSURANCE,
AND/OR HAVE HISTORICALLY NOT TRUSTED HEALTH CARE. 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".

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 SEVERAL
COMMUNITY COLLABORATIONS. 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 FY22, EXTENSIVE COMMUNITY EMERGENCY PLANNING CONTINUED RELATED TO
COVID-19. CONTINGENCY PLANNING AND PREPARATION REQUIRED RESOURCES
WITHIN THE HOSPITAL AND THE COMMUNITY. INCIDENT COMMAND MEETINGS AND DRILLS CONTINUES THROUGHOUT THE YEAR. OTHER EMERGENCY DISASTER PLANNING WITH COMMUNITY PARTNERS WAS ALSO COMPLETED THROUGHOUT FY22.

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 COMMUNITY COVID-19 EFFORTS.

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 WITH OTHER AGENCIES TO IMPROVE OVERALL COMMUNITY HEALTH AND WELL-BEING.

WE EXTEND MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTH CARE PROVIDERS, 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 FY22 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.