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

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

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

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

3. Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization’s patients during the tax year.
   - a. Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?  
      - [X] Yes  
      - [ ] No
      - Indicate which of the following was the FPG family income limit for eligibility for free care:  
        - [ ] 100%  
        - [ ] 150%  
        - [X] 200%  
        - [ ] Other ______ __________%
   
   - b. Did the organization use FPG as a factor in determining eligibility for providing discounted care?  
      - [X] Yes  
      - [ ] No
      - Indicate which of the following was the FPG family income limit for eligibility for discounted care:  
        - [ ] 200%  
        - [ ] 250%  
        - [ ] 300%  
        - [ ] 350%  
        - [X] 400%  
        - [ ] Other ______ __________%
   
   - c. If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.

4. Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?  
   - [X] Yes  
   - [ ] No

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

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

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

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

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

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

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Financial Assistance at cost (from Worksheet 1)</td>
<td></td>
<td>805,657.</td>
<td>805,657.</td>
<td>.59%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Medicaid (from Worksheet 3, column a)</td>
<td></td>
<td>20129234.11544898.</td>
<td>8584336.</td>
<td>6.26%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Total Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td>20934891.11544898.</td>
<td>9389993.</td>
<td>6.85%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Other Benefits

<table>
<thead>
<tr>
<th>Description</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>e. Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>18</td>
<td>2,161</td>
<td>210,802.</td>
<td>210,802.</td>
<td>.15%</td>
<td></td>
</tr>
<tr>
<td>f. Health professions education (from Worksheet 5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Subsidized health services (from Worksheet 6)</td>
<td>6</td>
<td>2,987</td>
<td>6902973.</td>
<td>3977059.</td>
<td>2925914.</td>
<td>2.13%</td>
</tr>
<tr>
<td>h. Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>7</td>
<td>13</td>
<td>38,358.</td>
<td>38,358.</td>
<td>.03%</td>
<td></td>
</tr>
<tr>
<td>j. Total, Other Benefits</td>
<td>31</td>
<td>5,161</td>
<td>7152133.</td>
<td>3977059.</td>
<td>3175074.</td>
<td>2.31%</td>
</tr>
<tr>
<td>k. Total, Add lines 7d and 7j</td>
<td>31</td>
<td>5,161</td>
<td>128087024.</td>
<td>15521957.</td>
<td>12565067.</td>
<td>9.16%</td>
</tr>
</tbody>
</table>
## Part II: Community Building Activities

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

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Community support</td>
<td>2</td>
<td>174</td>
<td>367,212.</td>
<td>367,212.</td>
<td>.27%</td>
</tr>
<tr>
<td>4 Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Leadership development and training for community members</td>
<td>3</td>
<td>43</td>
<td>982</td>
<td>982</td>
<td>.00%</td>
</tr>
<tr>
<td>6 Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Workforce development</td>
<td>1</td>
<td>16,416.</td>
<td>16,416.</td>
<td>16,416.</td>
<td>.01%</td>
</tr>
<tr>
<td>9 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Total</td>
<td>6</td>
<td>217</td>
<td>384,610.</td>
<td>384,610.</td>
<td>.28%</td>
</tr>
</tbody>
</table>

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

### Section A. Bad Debt Expense

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **No**
- Enter the amount of the organization’s bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. **3,566,024.**
- 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. **0.**
- Provide in Part VI the text of the footnote to the organization’s financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

### Section B. Medicare

- Enter total revenue received from Medicare (including DSH and IME) **37,253,555.**
- Enter Medicare allowable costs of care relating to payments on line 5 **37,077,796.**
- Subtract line 6 from line 5. This is the surplus (or shortfall) **175,759.**

### Section C. Collection Practices

- Did the organization have a written debt collection policy during the tax year? **Yes**
- 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. **Yes**

## Part IV: Management Companies and Joint Ventures

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

<table>
<thead>
<tr>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization’s profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees’ profit % or stock ownership %</th>
<th>(e) Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CLINTON IMAGING SERVICES, LLC.</td>
<td>MRI SERVICES</td>
<td>65.00%</td>
<td>35.00%</td>
<td></td>
</tr>
</tbody>
</table>
### Part V Facility Information

**Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year? **1**

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

<table>
<thead>
<tr>
<th>Facility Reporting Group</th>
<th>Licensed Hospital</th>
<th>Gen. Medical &amp; Surgical</th>
<th>Children's Hospital</th>
<th>Critical Access Hospital</th>
<th>ER-24 Hours</th>
<th>ER-other</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 MERCYONE CLINTON MEDICAL CENTER</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>LAB, RADIOLOGY</td>
</tr>
</tbody>
</table>

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

### Section B. Facility Policies and Practices

(continues information from Part V, Section A)

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

#### Line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

<table>
<thead>
<tr>
<th>No.</th>
<th>Facility Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MERCY MEDICAL CENTER - CLINTON, INC.</td>
</tr>
</tbody>
</table>

#### Community Health Needs Assessment

1. Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? Yes X  
2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? Yes X  
3. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? Yes X  

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

4. Indicate the tax year the hospital facility last conducted a CHNA: 2019  
5. In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? Yes X  

6a. Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If “Yes,” list the other hospital facilities in Section C. Yes 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. Yes X  
7. Did the hospital facility make its CHNA report widely available to the public? Yes X  

8. Indicate the tax year the hospital facility last adopted an implementation strategy: 2019  
9. Is the hospital facility’s most recently adopted implementation strategy posted on a website? Yes X  

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website? Yes 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)? No X  
12b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? 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)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the hospital facility have in place during the tax year a written financial assistance policy that:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td>❌ 13</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 %</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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>X</td>
<td></td>
</tr>
<tr>
<td>d Medical indigency</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e Insurance status</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f Underinsurance status</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g Residency</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h Other (describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14 Explained the basis for calculating amounts charged to patients?</td>
<td>❌ 14</td>
<td></td>
</tr>
<tr>
<td>15 Explained the method for applying for financial assistance?</td>
<td>❌ 15</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>X</td>
<td></td>
</tr>
<tr>
<td>b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e Other (describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16 Was widely publicized within the community served by the hospital facility?</td>
<td>❌ 16</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>X</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>X</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>X</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>X</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>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients’ attention</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>j Other (describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
### Billing and Collections

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

### Policy Relating to Emergency Medical Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?</td>
<td>X</td>
<td></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>
</tr>
<tr>
<td>c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

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

**MERCYONE CLINTON MEDICAL CENTER**

### Part V Facility Information (continued)

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

- The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td></td>
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</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>c</td>
<td></td>
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</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>d</td>
<td></td>
<td></td>
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</tbody>
</table>

- 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>
<th>X</th>
</tr>
</thead>
</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>
<th>X</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, 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 CLINTON MEDICAL CENTER:

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

PART V, SECTION B, LINE 3E:

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

1. MENTAL HEALTH
2. SUBSTANCE ABUSE
3. ACCESS TO HEALTH CARE
4. OBESITY
5. POVERTY
6. ACCESS TO FOOD
7. SUICIDE
8. CANCER

MERCYONE CLINTON MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS INCLUDED GATHERING BOTH QUALITATIVE AND QUANTITATIVE DATA OVER A THREE-MONTH PERIOD FROM OCTOBER 2020 TO DECEMBER 2020. WHILE MOST OF THIS DATA IS HEALTH SPECIFIC, MERCYONE CLINTON ACKNOWLEDGES THAT MANY FACTORS AFFECT INDIVIDUAL AND POPULATION HEALTH. MOST NOTABLY, THE SOCIAL

032098 12-02-20

Schedule H (Form 990) 2020  MERCY MEDICAL CENTER - CLINTON, INC.  42-1336618  Page 8

MERCY MEDICAL CENTER - CLINTON, INC.  42-1336618

Part V  Facility Information (continued)

07530509 794151 4350 2020.05094 MERCY MEDICAL CENTER - CL 4350___1
DETERMINANTS OF HEALTH (POVERTY, EDUCATION, EMPLOYMENT, ETC.) CAN HAVE A
SIGNIFICANT IMPACT ON HEALTH STATUS, AND MERCYONE CLINTON COLLECTED A WIDE
VARIETY OF DATA THAT REFLECTS THESE INDICATORS. TOGETHER, THE QUALITATIVE
AND THE QUANTITATIVE DATA HELPED THE HEALTH SYSTEM MAKE DECISIONS
REGARDING SHORT-TERM AND LONG-TERM RESOURCE ALLOCATION.

MERCYONE CLINTON USED SURVEY MONKEY TO DISTRIBUTE A SURVEY FROM OCTOBER
19, 2020, THROUGH JANUARY 5, 2021, WHICH WAS PROMOTED TO DIVERSE
POPULATIONS INCLUDING ALL LEVELS OF EDUCATION, INCOME, AND RACE. THE
STEERING COMMITTEE DEVELOPED ONE SURVEY THAT WAS USED FOR ALL
PARTICIPATING ORGANIZATIONS. THE FULL STEERING COMMITTEE REVIEWED THE
SURVEY FOR READABILITY, CLARITY OF QUESTIONS, FORMAT, AND OVERALL
COMMUNITY HEALTH NEEDS.

THE DEMOGRAPHICS OF THE 600 SURVEY RESPONDENTS WERE REFLECTIVE OF MERCYONE
CLINTON'S SERVICE AREA. THE SURVEY DEMOGRAPHIC RESULTS CAN BE VIEWED IN
THE FULL CHNA REPORT. SURVEYS WERE SENT ELECTRONICALLY TO THE GENERAL
POPULATION AND WERE PASSED OUT TO INFORMATION REFERRAL ASSISTANCE AND
SERVICE AT A FREE MEAL SITE TO INCLUDE THE VULNERABLE POPULATION THAT DID
NOT HAVE ACCESS TO THE ELECTRONIC SURVEY. THE TOP FIVE RESPONSES FROM THE
FIVE QUESTIONS LISTED WERE COMPiled INTO A LIST OF 25 POTENTIAL AREAS OF
CONCERN. FROM THE LIST OF 25, CLOSELY RELATED RESPONSES WERE GROUPED
TOGETHER TO CREATE A BETTER-DEFINED LIST OF 15 AREAS OF CONCERN. AFTER
OBTAINING A LIST OF THE AREAS OF CONCERN FROM THE SURVEY, A NEED
DIFFERENTIAL WAS CALCULATED FOR EACH AREA, COMPARING QUANTITATIVE DATA
INDICATORS FROM THE COUNTY HEALTH RANKINGS IN IOWA AND ILLINOIS.

REPRESENTATION FROM THOSE WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, OR IN
RACIAL MINORITY POPULATIONS WAS OBSERVED FROM THE SURVEY. AS A WAY TO
GAIN INSIGHT INTO UNDERSERVED POPULATIONS, MERCYONE CLINTON CONVENED A
SERIES OF MEETINGS WITH REPRESENTATIVES FROM VARIOUS NON-PROFIT
ORGANIZATIONS WITHIN THE SERVICE AREA. IN ADDITION, COMMUNITY SURVEYS WERE
COLLECTED FROM MEAL SITES AND SOCIAL SERVICE ORGANIZATIONS TARGETING THE
UNDERSERVED POPULATION. MERCYONE CLINTON WAS INTENTIONAL ABOUT SURVEY
COLLECTION FROM MINORITY GROUPS, THE UNDERSERVED AND LOW-INCOME
POPULATION. THE PERCENTAGE OF SURVEYS COLLECTED FROM RACIAL MINORITY
POPULATIONS CLOSELY ALIGNS WITH THE DEMOGRAPHIC MAKE-UP OF THE SERVICE
AREA. AS FOCUS GROUPS ARE FORMED FOR ACTION PLANNING, RACIAL MINORITY
POPULATIONS WILL BE INCLUDED TO HELP WITH THE DEVELOPMENT OF THE
IMPLEMENTATION STRATEGIES.

MERCYONE CLINTON MEDICAL CENTER:

PART V, SECTION B, LINE 6B: ORGANIZATIONS THAT MERCYONE CLINTON CONDUCTED
THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT WITH INCLUDED, CLINTON
CHAMBER OF COMMERCE, WOMEN'S HEALTH SERVICES, CLINTON COMMUNITY HEALTH
CLINIC, BRIDGEVIEW, CLINTON COUNTY PUBLIC HEALTH, CITY OF CLINTON, CITY OF
DEWITT, CLINTON FIRE DEPARTMENT, IOWA STATE SENATOR, INFORMATION REFERRAL
& SERVICES, UNITED WAY, SISTERS OF SAINT FRANCIS - CANTICLE, ASAC, GATEWAY
IMPACT, COMMUNITY PARTNERSHIPS PROTECTING CHILDREN, SCHOOL NURSES –
CLINTON, JACKSON, WHITESIDE & CARROLL, FULTON SCHOOLS, WIC, AND CLINTON
SCHOOLS.

MERCYONE CLINTON MEDICAL CENTER:
PART V, SECTION B, LINE 7D: IN ADDITION TO MAKING THE CHNA AVAILABLE ONLINE AND IN THE HOSPITAL FACILITY, MERCYONE CLINTON COMMUNICATED ITS CHNA TO THE BROADER COMMUNITY IN THE FOLLOWING WAYS: BY DISTRIBUTING COPIES AT NO CHARGE TO INDIVIDUALS WHO SERVED ON THE CHNA STEERING COMMITTEE, BY DISTRIBUTING COPIES TO INDIVIDUALS WHO PARTICIPATED IN THE SOCIAL SERVICES FOCUS GROUP, AND BY MAKING IT AVAILABLE TO HOSPITAL'S BOARD.

MERCYONE CLINTON MEDICAL CENTER:

PART V, SECTION B, LINE 11: MERCYONE CLINTON CONDUCTED THE CHNA DURING FISCAL YEAR 2021 WHILE SIMULTANEOUSLY TAKING SEVERAL STEPS TO ADDRESS NEEDS THAT WERE IDENTIFIED IN THE FISCAL YEAR 2019-2021 CHNA. FOLLOWING ARE SUMMARIES OF ACTIONS TAKEN AND THE IMPACT THAT WAS MADE ON THE RESPECTIVE HEALTH NEEDS SINCE THE LAST CHNA WAS CONDUCTED:

MENTAL HEALTH: ACCORDING TO COUNTYHEALTHRANKINGS.ORG, IN 2021, CLINTON COUNTY HAD AN AVERAGE OF 3.9 MENTALLY UNHEALTHY DAYS IN THE LAST 30 DAYS COMPARED TO 3.5 DAYS FOR THE STATE OF IOWA. JACKSON COUNTY HAD AN AVERAGE OF 3.7 DAYS. THE STATE OF ILLINOIS HAD AN AVERAGE OF 3.8 MENTALLY UNHEALTHY DAYS IN THE LAST 30 DAYS WITH WHITESIDE COUNTY REPORTING AN AVERAGE OF 4.3 DAYS AND CARROLL COUNTY REPORTING 4.5 DAYS.

IN FISCAL YEAR 2021, MERCYONE CLINTON HAD 626 EMERGENCY DEPARTMENT INPATIENT AND OUTPATIENT ADMISSIONS. ACTIONS TAKEN BY MERCYONE CLINTON BETWEEN FISCAL YEAR 2019 AND 2021 TO ADDRESS MENTAL HEALTH INCLUDE, ENSURING ALL INPATIENTS DISCHARGED FROM THE BEHAVIORAL HEALTH UNIT ARE
Given resources for outpatient support and are scheduled for follow-up care prior to their discharge so that the patient knows when and where they can follow-up. If a patient declines outpatient services, MercyOne Clinton will connect the patient with local community agencies who can support their mental health needs. The behavioral health unit has resumed group activities, which were put on hold during COVID-19. Patients can participate in self-care activities, disease process education, life skills, coping strategies, and/or safety planning. During the fiscal year, Telepsych served 351 patients with a net contribution of $243,951.

Substance abuse: MercyOne Clinton has seen an exponential increase in the number of emergency department patients with a diagnosis code of substance abuse. Beginning in fiscal year 2020, MercyOne Clinton began tracking patients with a mental health and substance abuse diagnosis. In fiscal year 2020, 436 patients had a diagnosis of substance abuse citing methamphetamine (188) and etoh (192).

According to the strategic initiatives to prevent drug overdoses (SIPDO), amphetamine-related emergency room visits and hospitalizations in Clinton County are among the highest in the state of Iowa relative to its population (IDPH, Division of Behavioral Health 2014-2018). According to the Governor's Office of Drug Control Policy (2020) and Iowa drug control strategy and drug use profile annual report, treatment admissions with methamphetamine reported as their primary substance is rising in Iowa. One out of every four adults admitted for substance use disorder treatment in 2020 reported methamphetamine as the primary substance, surpassing opioids and marijuana.
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 8a, 8b, 10d, 11, 13b, 13h, 15e, 16j, 18e, 19a, 19b, 20a, 20b, 20c, 20d, 20e, 20f, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**Part V Facility Information (continued)**

Actions that MercyOne Clinton supported for substance abuse between fiscal year 2019 and 2021 included a collaboration with Clinton County and a new contract with Life Connections who will be completing substance misuse evaluations for court commitments. Life Connections performs court ordered substance abuse evaluations for MercyOne Clinton patients. If someone is committed to the behavioral health unit under a dual commitment (mental health and substance misuse), Life Connections performs the substance abuse evaluation and then makes recommendations to the court on what treatment the patient qualifies for (inpatient, outpatient or no treatment needed). If the patient is committed for substance misuse only, they are transported to the Center for Alcohol and Drug Services for an evaluation. MercyOne Clinton has served 60 patients at the Medication Assisted Treatment (MAT) Clinic for Opioid Use Disorder (OUD) since opening in October 2019. A recently awarded grant will enable expansion in hours and providers for OUD treatment at the MercyOne Clinton MAT Clinic. In fiscal year 2020, the MAT Clinic served 38 patients, 2,290 staff hours and a net contribution of $115,995. In fiscal year 2021, the MAT Clinic served 46 patients, 2,242 staff hours and net contribution of $119,933.

Access to care: Access to care in 2021, especially primary care, continues to be a challenge for residents of our primary and secondary service areas. Iowa has one primary care provider for every 1,360 residents. Jackson County and Clinton County have a much higher ratio of residents to providers, as evidenced by the ratio of 2,780:1 in Jackson County and 1,860:1 in Clinton County. Illinois has a ratio of 1,240:1 with Carroll...
Due to the primary care need in our service area, MercyOne Clinton hired a physician recruitment agency to help with recruiting health care providers to our service area. In fiscal year 2019, MercyOne Clinton contributed $71,307 towards this need, in fiscal year 2020, $25,900 and fiscal year 2021, $16,416. Since fiscal year 2019, MercyOne Clinton has recruited the following health care providers: three family practice nurse practitioners, an internal medicine physician, a pediatrician, a PRN pediatric nurse practitioner, an urgent care physician assistant, a cardiology nurse practitioner, a cardiologist, a gastroenterologist, a general surgeon, and an orthopedic nurse practitioner.

Transportation was identified as a barrier to accessing health care. To assist vulnerable patients to get to and from health care, MercyOne Clinton offers a transportation program for qualifying or uninsured patients. In fiscal year 2021, 389 patients were served with a contribution of $41,313.

Due to limited time, money, and other resources, MercyOne Clinton cannot realistically address, either directly or indirectly, all the significant health needs identified in the CHNA. Therefore, obesity, poverty, access to food, suicide, and cancer were not directly addressed in fiscal year 2021. However, MercyOne Clinton does look for opportunities to partner with, support, or encourage other organizations in the community who can more effectively and/or timely address other health needs in the community. The implementation strategy workgroups had these needs in mind.
AS THEY DEVELOPED STRATEGIES TO ADDRESS MENTAL HEALTH, SUBSTANCE ABUSE,
AND ACCESS TO HEALTH CARE.

MERCY ONE CLINTON 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.
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 15e, 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 CLINTON MEDICAL CENTER:

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

MERCYONE CLINTON MEDICAL CENTER:

PART V, SECTION B, LINE 20E: IF AN INDIVIDUAL Registers AS SELF-PAY, THEN THEY MEET WITH A FINANCIAL COUNSELOR.

MERCYONE CLINTON MEDICAL CENTER - PART V, SECTION B, LINE 7A:

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

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

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

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

WWW.MERCYONE.ORG/CLINTON/FOR-PATIENTS/BILLING-

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

MERCYONE CLINTON MEDICAL CENTER, PART V, LINE 16C:
FAP PLAIN LANGUAGE SUMMARY WEBSITE:
WWW.MERCYONE.ORG/CLINTON/FOR-PATIENTS/BILLING-
AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE
Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 7

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 MERCY SPECIALTY CLINIC</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>1410 NORTH 4TH STREET</td>
<td></td>
</tr>
<tr>
<td>CLINTON, IA 52732</td>
<td></td>
</tr>
<tr>
<td>2 CLINTON IMAGING SERVICES</td>
<td>MRI DIAGNOSTIC SERVICES</td>
</tr>
<tr>
<td>1410 NORTH 4TH STREET</td>
<td></td>
</tr>
<tr>
<td>CLINTON, IA 52732</td>
<td></td>
</tr>
<tr>
<td>3 MERCYONE CLINTON NORTH HEALTH PLAZA</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>915 13TH AVE NORTH</td>
<td></td>
</tr>
<tr>
<td>CLINTON, IA 52732</td>
<td></td>
</tr>
<tr>
<td>4 MERCYONE FULTON FAMILY MEDICINE</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>1705 16TH AVE</td>
<td></td>
</tr>
<tr>
<td>FULTON, IL 61252</td>
<td></td>
</tr>
<tr>
<td>5 MERCYONE DEWITT FAMILY MEDICINE</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>1021 11TH ST</td>
<td></td>
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<tr>
<td>DEWITT, IA 52742</td>
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</tr>
<tr>
<td>6 MERCYONE MORRISON FAMILY MEDICINE</td>
<td>OUTPATIENT CLINIC</td>
</tr>
<tr>
<td>635 E LINCOLNWAY</td>
<td></td>
</tr>
<tr>
<td>MORRISON, IL 61270</td>
<td></td>
</tr>
<tr>
<td>7 MERCYONE CLINTON URGENT CARE</td>
<td>URGENT CARE CLINIC AND</td>
</tr>
<tr>
<td>2400 LILLIAN WAY</td>
<td>OCCUPATIONAL MEDICINE</td>
</tr>
<tr>
<td>CLINTON, IA 52732</td>
<td></td>
</tr>
</tbody>
</table>
Provide the following information.

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

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

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

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

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

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

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

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**PART I, LINE 3C:**

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

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**PART I, LINE 6A:**

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

IN ADDITION, MERCYONE CLINTON INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH’S WEBSITE.

---

**PART I, LINE 7:**

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

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $3,566,024, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART I, LINE 5A:

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

PART II, COMMUNITY BUILDING ACTIVITIES:

THE COMMUNITY BUILDING PROGRAMS SUPPORTED BY MERCYONE CLINTON ARE INTENDED TO PROMOTE THE OVERALL HEALTH OF OUR COMMUNITY. MANY ARE AIMED AT IMPROVING THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, CHALLENGING FAMILY SITUATIONS, FINANCIAL CHALLENGES, AND ENVIRONMENTAL PROBLEMS. THE
FOLLOWING COMMUNITY BUILDING ACTIVITIES OCCURRED IN FISCAL YEAR 2021:

COMMUNITY SUPPORT:

THE CLINTON COUNTY REGION HAS APPROXIMATELY 1,900 CHILDCARE SPACES AVAILABLE AND 7,800 CHILDREN AGES 0 TO 12. CLINTON IS CONSIDERED A CHILDCARE DESERT; AS A RESULT, MERCYONE CLINTON IS ONE OF FIVE FACILITIES THAT PROVIDES AND SUBSIDIZES CHILDCARE TO SUPPORT THIS COMMUNITY NEED.

MERCYONE CLINTON LAUNCHED THE TRINITY HEALTH MILVET PROGRAM INTERNALLY ON OCTOBER 1ST, 2021. ON JUNE 4, 2021, AN INTRODUCTORY MEETING WAS SCHEDULED TO DISCUSS PARTNERSHIPS WITH CLINTON COUNTY VETERANS AFFAIR AND THE AMERICAN LEGION. THIS PARTNERSHIP WILL CONTINUE OVER THE NEXT YEAR TO ESTABLISH COMMUNITY BUILDING STRATEGIES FOR THE VETERAN POPULATION.

COALITION BUILDING:

IN FISCAL YEAR 2021, MERCYONE CLINTON SERVED ON THE LET'S LIVE HEALTH CLINTON TASK FORCE TO REDUCE THE RISK FOR OBESITY, DIABETES, HUMAN TRAFFICKING, AND SUBSTANCE USE. AS A RESULT, THE LET'S LIVE HEALTH CLINTON TASK FORCE CONTINUES TO WORK TO IMPROVE THE OVERALL HEALTH BY FOCUSING ON EAT WELL, MOVE MORE AND FEEL BETTER. THE CLINTON COLLABORATION COUNCIL IS A COALITION THAT MERCYONE CLINTON PARTNERS WITH TO ADDRESS LICIT AND ILLICIT DRUG DEATHS, STRENGTHEN STATE AND LOCAL CAPACITY TO THE DRUG OVERDOSE CRISIS AND COORDINATE WITH PUBLIC SAFETY AND COMMUNITY-BASED PARTNERS TO RAPIDLY IDENTIFY OVERDOSE THREAT, REVERSE OVERDOSES, LINK PEOPLE TO EFFECTIVE TREATMENT AND REDUCE THE HARMs ASSOCIATED WITH LICIT AND ILLICIT DRUGS. MERCYONE CLINTON WAS ALSO ASKED TO SIT ON AN ANTI-HUMAN TRAFFICKING COALITION IN FISCAL YEAR 2021.
WORKFORCE DEVELOPMENT:

AS PART OF THE WORKFORCE DEVELOPMENT AND THE CLINTON COUNTY HEALTH RATIO
OF PHYSICIANS TO RESIDENTS, PHYSICIAN RECRUITMENT WAS ADDED AS A HIGH NEED
TO SUPPORT THE COMMUNITY HEALTH NEED IN CLINTON COUNTY. IN FISCAL 2021,
MERCYONE CLINTON CONTRIBUTED $114,782 TO RECRUIT PHYSICIANS IN THE
MEDICALLY UNDERSERVED AREA. MERCYONE CLINTON HAS RECRUITED THREE FAMILY
MEDICINE NURSE PRACTITIONERS, AN INTERNAL MEDICINE PHYSICIAN, A
PEDIATRICIAN, A PRN PEDIATRIC NURSE PRACTITIONER, AN URGENT CARE PHYSICIAN
ASSISTANT, A CARDIOLOGY NURSE PRACTITIONER, A CARDIOLOGIST, A
GASTROENTEROLOGIST, AND A GENERAL SURGEON.

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:

MERCYONE CLINTON USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT
VARABLES 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, MERCYONE CLINTON IS
RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON
THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MERCYONE CLINTON IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

MERCYONE CLINTON IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 13 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE.

PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED."
PART III, LINE 8:

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

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

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.
PART VI, LINE 2:

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

PART VI, LINE 3:

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

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

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

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

PART VI, LINE 4:

COMMUNITY INFORMATION - MERCYONE CLINTON IS LOCATED IN CLINTON, IOWA AND SERVES 16 ZIP CODES IN FOUR COUNTIES IN IOWA AND ILLINOIS. THE FOUR COUNTIES ARE, CLINTON, IA, JACKSON, IA, WHITESIDE IL, AND CARROLL, IL.

OVER 93% OF MERCYONE CLINTON'S PATIENTS RESIDE WITHIN THIS SERVICE AREA.

THE THRESHOLD FOR A TRUE SERVICE AREA IS 90%.

THE FOUR-COUNTY SERVICE AREA HAS SEEN A CONSISTENT POPULATION DECLINE OVER
THE PAST 20 YEARS. MOST RECENTLY, THE SERVICE AREA POPULATION DECLINED FROM 147,772 IN 2015 TO 137,571 IN 2018. APPROXIMATELY 20% OF THE SERVICE AREA'S POPULATION IS 65 YEARS OR OLDER, WHICH IS SUBSTANTIALLY HIGHER THAN THE NATIONAL AVERAGE OF 15%. ALL FOUR COUNTIES WITHIN THE SERVICE AREA HAVE POPULATIONS THAT ARE PREDOMINANTLY WHITE. CLINTON AND JACKSON COUNTIES REPORT 93.8% AND 96.8% OF RESIDENTS, RESPECTIVELY, AS WHITE, WHILE 95.7% OF CARROLL COUNTY RESIDENTS AND 93.4% OF WHITESIDE COUNTY RESIDENTS IDENTIFY AS WHITE. CLINTON COUNTY HAS THE HIGHEST PERCENTAGE OF BLACK OR AFRICAN AMERICAN POPULATION, AT 2.7%. JACKSON, CARROLL, AND WHITESIDE COUNTY ALL REPORTED LESS THAN 2% OF RESIDENTS AS BLACK OR AFRICAN AMERICAN. WHITESIDE COUNTY HAS THE HIGHEST PERCENTAGE OF RESIDENTS WITH A HISPANIC ETHNICITY, AT 11.9%. CLINTON COUNTY REPORTS 3.1%, CARROLL COUNTY REPORTS 3.6%, AND JACKSON COUNTY REPORTS 1.4% HISPANIC OR LATINO.

OF THE 21,417 ENROLLED STUDENTS IN CLINTON COUNTY, 48.7% (10,435) WERE ELIGIBLE FOR FREE/REDUCED LUNCH. THE PERCENT ELIGIBLE FOR FREE/REDUCED LUNCH IS SIGNIFICANTLY HIGHER THAN THE IOWA AVERAGE OF 42.5%.


THE CITY OF CLINTON HAS A FEDERALLY QUALIFIED HEALTH CARE FACILITY TO PROVIDE SERVICES IN UNDERSERVED URBAN AND RURAL COMMUNITIES. THIS INCLUDES PATIENTS WITH AND WITHOUT HEALTH INSURANCE, MEDICARE AND MEDICAID...
PATIENTS, VETERANS, HOMELESS PERSONS, AND PRIVATE PAY PATIENTS.

PART VI, LINE 5:

OTHER INFORMATION - AS A SOLE COMMUNITY PROVIDER, MERCYONE CLINTON OFFERS MANY SERVICES TO THE COMMUNITY THAT WOULD OTHERWISE BE UNAVAILABLE. IN ADDITION TO TRADITIONAL ACUTE CARE SERVICES, EMERGENCY SERVICES, RADIATION ONCOLOGY, RENAL DIALYSIS, HOME CARE, HOSPICE CARE, WOUND CARE, AND INPATIENT BEHAVIORAL HEALTH ARE OFFERED REGARDLESS OF ABILITY TO PAY.

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

PRENATAL EDUCATION: MERCYONE CLINTON PROVIDED EDUCATION TO LOW-INCOME FAMILIES TO PROMOTE HEALTHY OUTCOMES FOR MOTHER AND BABY. THE MAJORITY OF DELIVERIES AT OUR HOSPITAL ARE WITH MOTHERS LIVING IN CLINTON WHO ARE AT OR BELOW THE POVERTY LEVEL. EVIDENCE HAS DOCUMENTED THAT EDUCATION HAS AN IMPACT ON HEALTHY PREGNANCIES AND HEALTHY BABIES.

AMBULANCE AND CAB SERVICE: MERCYONE CLINTON WORKED WITH LOCAL CAB SERVICES AND AMBULANCE PROVIDERS TO ASSURE TRANSPORTATION FOR MEDICAL CARE OR TRANSPORTATION HOME. ACCESS TO CARE CONTINUES TO BE A GAP IN OUR COMMUNITY. IN FISCAL YEAR 2021, PARATRANSIT WAS PROVIDED FOR PATIENTS IN THE EMERGENCY DEPARTMENT, RENAL DIALYSIS, CARDIAC REHAB, BEHAVIORAL MEDICAL UNIT AND OUTPATIENT NUTRITION EDUCATION AND PEOPLE IN THE COMMUNITY SEEKING HEALTH EDUCATION PROGRAMS.

PRESCRIPTION ASSISTANCE: DURING FISCAL YEAR 2021, MERCYONE CLINTON PROVIDED 108 PATIENTS WITH FREE PRESCRIPTIONS WORTH $3,867 TO LOW-INCOME
INDIVIDUALS BEING DISCHARGED FROM THE HOSPITAL. WHILE THE INITIAL FOCUS OF THIS PROGRAM WAS ON CONGESTIVE HEART FAILURE PATIENTS, WHICH STARTED IN FISCAL YEAR 2016, MERCYONE CLINTON EXPANDED THE PROGRAM TO INCLUDE A BROADER RANGE OF INPATIENTS.

DIABETES & HEALTH EDUCATION: DIABETES IS CLEARLY A SIGNIFICANT ISSUE FOR OUR SERVICE AREA RESIDENTS. THERE ARE SEVERAL WAYS THAT MERCYONE CLINTON ADDRESSED THIS ISSUE IN FISCAL YEAR 2021. MERCYONE CLINTON HAS TWO LIFESTYLE COACHES TO FACILITATE THE PREVENT T2 CLASSES. PREVENT T2 IS A CENTERS FOR DISEASE CONTROL RECOGNIZED DIABETES PREVENTION PROGRAM (DPP). THE CERTIFIED DIABETES EDUCATOR AND COMMUNITY WELLNESS COORDINATOR HAVE PROVIDED THREE YEAR-LONG CLASSES IN FISCAL YEAR 2021. THE PREVENT T2 PROGRAM WAS OFFERED FOR FREE. A PROCESS WAS DEVELOPED WITH THE LOCAL COMMUNITY CLINIC AND PRIMARY CARE PHYSICIANS TO INITIATE REFERRALS FOR THE PREVENT T2 PROGRAM. IN FISCAL YEAR 2021, MERCYONE CLINTON WORKED WITH 31 PARTICIPANTS IN THE CLASSES.

SUBSIDIZED PROGRAMS: BRIDGEVIEW MENTAL HEALTH, A FINANCIAL SUBSIDY, PROVIDED MENTAL HEALTH SERVICES TO COUNTY FUNDED AND OTHER LOW INCOME AND/OR UNINSURED PATIENTS IN OUR COMMUNITY.

SPECIALTY CLINIC SUBSIDY PROVIDED G.I., E.N.T. AND ORTHOPEDIC SERVICES TO PATIENTS IN THE COMMUNITY, OPERATING AT A LOSS, DUE IN PART TO ACCEPTANCE OF MEDICAID AND CHARITY CARE PATIENTS.

COMMUNITY HEALTH TASK FORCE: MERCYONE CLINTON ACTIVELY LED A HEALTHY LIFESTYLE COALITION CALLED LET'S LIVE HEALTHY CLINTON FOCUSING ON EAT WELL, MOVE MORE, AND FEEL BETTER. KEY STAKEHOLDERS ON THE TASK FORCE WERE

Schedule H (Form 990)
CLINTON SCHOOLS, PUBLIC HEALTH, CITY OF CLINTON, IOWA STATE EXTENSION OFFICE, YWCA, CLINTON COMMUNITY COLLEGE, CLINTON VISITOR BUREAU, AND HY-VEE.

MERCYONE CLINTON SERVED ON THE GATEWAY IMPACT COALITION (ANTI-DRUG) AND CRUSH (COMMUNITY RESOURCES UNITED TO STOP HEROIN).

STEPPING ON: DUE TO A HIGH INCIDENCE OF FALLS AND/OR FALL RISKS, MERCYONE CLINTON PROVIDED A PROGRAM FOR PEOPLE 65 AND OLDER CALLED STEPPING ON. THE PROGRAM TEACHES PARTICIPANTS ON FALL PREVENTION BEHAVIORS, STRENGTHENING AND BALANCE EXERCISE. THIS IS AN EVIDENCE-BASED PROGRAM AND IS OFFERED FREE AS A COMMUNITY BENEFIT TO IMPROVE THE FALL RISKS OF THE ELDERLY POPULATION IN OUR COMMUNITY.

A MOBILE MEDICAL UNIT (MMU) IS BEING MANUFACTURED THROUGH THE TRINITY HEALTH PRESERVING OUR LEGACY GRANT. THE MMU TEAM IS WORKING TO STAFF THIS UNIT WITH A COMMUNITY HEALTH WORKER, PROVIDERS, NURSES, AND DRIVERS TO MAKE HEALTH CARE MORE ACCESSIBLE TO OUR TARGETED POPULATIONS WITHIN OUR SERVICE AREA WHO ARE POOR AND UNDERSERVED AND BRINGING HEALTH CARE TO THOSE THAT NEED IT. THE MOBILE CLINIC WILL ADDRESS INEQUITIES IN HEALTH CARE ACCESS BY PROVIDING PREVENTATIVE, PRIMARY CARE, AND WELLNESS EDUCATION TO PEOPLE WHO DO NOT CURRENTLY HAVE ACCESS TO HEALTH SCREENINGS AND EDUCATION. THE TEAM WILL CONTINUE TO WORK ON THIS STREET MEDICINE CONCEPT AND ARE HOPEFUL ALTERNATIVE FUNDING STREAMS WILL SECURE THIS CONCEPT TO SUPPORT THIS MUCH NEEDED OUTREACH.

MERCYONE CLINTON IS A CERTIFIED BABY FRIENDLY SITE. BABY FRIENDLY HOSPITALS ARE HOSPITALS THAT ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING.
AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS.

MERCYONE CLINTON WORKED WITH A WORKGROUP CALLED BREATHE EASY TO COMBAT TOBACCO AND NICOTINE IN THE COMMUNITY. MERCYONE CLINTON CONTINUES TO BE A TOBACCO FREE CAMPUS AND THE CURRENT POLICY STATES THE CAMPUS IS "NICOTINE" FREE, WHICH INCLUDES E-CIGARETTES.

IN-KIND BOARD MEMBER: MERCYONE CLINTON OFFERS IN-KIND TIME SPENT ON COMMUNITY BOARDS. SPECIFICALLY, MERCYONE CLINTON EMPLOYEES HAVE A PRESENCE SERVING ON ROTARY, UNITED WAY EXECUTIVE BOARD, CLINTON REGIONAL DEVELOPMENT CORPORATION, CLINTON CHAMBER OF COMMERCE, YWCA, AND RIVER BLUFF COMMUNITY FOUNDATION.

IN-KIND DONATIONS AND FINANCIAL SUPPORT: MERCYONE CLINTON PROVIDED FINANCIAL SUPPORT IN FISCAL YEAR 2021 TO GATEWAY IMPACT, INFORMATION REFERRAL AND SERVICES, SUICIDE AWARENESS, AND AMERICAN HEART ASSOCIATION TO ADDRESS THE CHALLENGES IN OUR COMMUNITY AT THE ROOT OF MANY HEALTH PROBLEMS.

MERCYONE CLINTON BEGAN WORKING WITH THE POPULATION HEALTH SERVICES ORGANIZATION IN FISCAL YEAR 2020 AND CONTINUES IN FISCAL YEAR 2021 TO IDENTIFY PATIENTS IN NEED OF SOCIAL INFLUENCERS OF HEALTH. CASE MANAGERS ASK PATIENTS QUESTIONS REGARDING FOOD ACCESS, TRANSPORTATION NEEDS, HOUSING, AND ACCESS TO PRIMARY CARE PHYSICIANS. IF A PATIENT IS IDENTIFIED AS NEEDING SOCIAL CARE, THEY ARE REFERRED TO THE COMMUNITY HEALTH AND WELL-BEING DEPARTMENT SO THE PATIENT CAN BE CONNECTED WITH COMMUNITY RESOURCES. MERCYONE CLINTON IS COLLABORATING WITH SERVICE
ORGANIZATIONS IN THE COMMUNITY TO SUPPORT PATIENTS IN NEED OF SOCIAL CARE.

IN FISCAL YEAR 2021, MERCYONE CLINTON PROVIDED SOCIAL CARE SUPPORT FOR PATIENTS IN NEED OF TRANSPORTATION TO AND FROM DIALYSIS, CARDIAC REHAB, PHYSICAL THERAPY, AND COMMUNITY HEALTH EDUCATION PROGRAMS. PATIENTS IN FINANCIAL NEED LEAVING THE HOSPITAL MAY UTILIZE THE FREE TRANSPORTATION SERVICE THROUGH THE MTA PARATRANSIT PROGRAM.

GROCERIES WITH GRACE WAS DESIGNED TO MAKE SURE PATIENTS DO NOT LEAVE OUR FACILITY IN NEED OF FOOD. HIGH NEED AREAS FOR GROCERIES WITH GRACE ARE THE EMERGENCY DEPARTMENT, HOMECARE, BEHAVIORAL MEDICAL UNIT, AND DIABETES AND/OR NUTRITION EDUCATION OUTPATIENTS.

SCREENING STATIONS CONTINUE DURING FISCAL YEAR 2021 AT ENTRANCES TO SCREEN COLLEAGUES, PATIENTS, AND VISITORS FOR FEVER AND COVID-19 SYMPTOMS. ALL ENTERING THE MEDICAL CENTER WERE PROVIDED A FACE MASK. AMBASSADORS WERE SCHEDULED TO STAFF THE ENTRANCES WHICH INCLUDED COLLEAGUES FROM ALL DIFFERENT DEPARTMENTS.

MERCYONE CLINTON CONTINUES TO PROVIDE COVID-19 TESTING AT AN URGENT CARE CENTER TO SUPPORT VOLUME OF PATIENTS PRESENTING WITH COVID-19 SYMPTOMS.

MERCYONE CLINTON CONTINUES WITH TELEHEALTH OPPORTUNITIES IN SEVERAL SERVICE AREAS TO ASSURE THE CONTINUUM OF CARE DURING THE PANDEMIC. DEPARTMENTS THAT PROVIDED THESE SERVICES WERE: CARDIOLOGY, FAMILY PRACTICE, HOSPITALISTS WITH INPATIENTS, INTERNAL MEDICINE, UROLOGY, PODIATRY, AND SURGICAL.
MERCY ONE CLINTON collaborates with key community stakeholders for an incident command center locally and regionally to discuss strategies that are needed with continued COVID-19 support.

MERCY ONE CLINTON created a triage team of five anonymous physicians to triage scarce resources (ventilators, critical care beds, therapeutics) in the event of a COVID-19 surge. The 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.

The clinical informatics team worked diligently with Trinity Health informatics to create a discreet field in the electronic medical record to chart sequential organ failure assessment "SOFA" scores, so timely reports could be generated for triage physicians.

PART VI, LINE 6:
MERCYONE CLINTON IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH AND WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR THOSE WHO ARE POOR AND VULNERABLE IN THE COMMUNITIES WE SERVE BY CONNECTING SOCIAL AND CLINICAL CARE, ADDRESSING SOCIAL NEEDS, DISMANTLING SYSTEMIC RACISM, AND REDUCING HEALTH INEQUITIES. WE DO THIS BY:

1. INVESTING IN OUR COMMUNITIES
2. ADVANCING SOCIAL CARE
3. IMPACTING SOCIAL INFLUENCERS OF HEALTH

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

ADDITIONALLY, THROUGH TRINITY HEALTH'S COMMUNITY HEALTH INSTITUTE, $1.6
MILLION WAS INVESTED IN THE "IT STARTS HERE" COVID-19 VACCINE CAMPAIGN,
COUPLING COMMUNITY ENGAGEMENT STRATEGIES AND SOCIAL MEDIA INFLUENCERS.
THIS EFFORT DISTRIBUTED $1.1 MILLION IN CHWB GRANTS TO MEMBER HOSPITALS
AND COMMUNITY-BASED ORGANIZATIONS IN SUPPORT OF COMMUNITY ENGAGEMENT
STRATEGIES FOCUSED IN COMMUNITIES OF COLOR. OVER 80% OF DOLLARS AWARDED
SUPPORTED PRIORITIZED COMMUNITIES, DEFINED AS 40% OF THE COMMUNITY BEING
BLACK/LATINX AND/OR NATIVE AMERICAN. IT STARTS HERE LAUNCHED IN FEBRUARY,
AND IN JUST UNDER FIVE MONTHS, MEMBER HOSPITALS AND THEIR COMMUNITY
PARTNERS REACHED NEARLY 615,000 PEOPLE THROUGH OUTREACH AND EDUCATION,
ENGAGED OVER 1,150 COMMUNITY CHAMPIONS, AND HELD OVER 700 VACCINE CLINICS
THAT PROVIDED OVER 152,000 VACCINATIONS. IN ADDITION TO COMMUNITY EFFORTS,
IT STARTS HERE FUNDED SOCIAL MEDIA CAMPAIGNS TO IMPROVE ACCESS TO COVID-19
VACCINATION INFORMATION BY ENGAGING LOCAL SOCIAL MEDIA INFLUENCERS WHO
REPRESENT THE CULTURE AND ETHNICITY OF OUR LOCAL COMMUNITIES.
BEYOND COVID-19 EFFORTS, TRINITY HEALTH COMMITTED MORE THAN $46 MILLION IN LOANS TO 31 NOT-FOR-PROFIT ORGANIZATIONS FOCUSING ON IMPROVING COMMUNITY CONDITIONS AROUND HOUSING, FACILITIES, EDUCATION, AND ECONOMIC DEVELOPMENT THROUGH OUR COMMUNITY INVESTING PROGRAM. THE PROGRAM MAKES LOW-INTEREST RATE LOANS TO SELECT COMMUNITY PARTNERS AND INTERMEDIARIES TO POSITIVELY IMPACT SOCIAL INFLUENCERS THAT DRIVE HEALTHY OUTCOMES FOR FAMILIES AND RESIDENTS LIVING IN THE COMMUNITIES WE SERVE.

ADVANCING SOCIAL CARE:

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

COMMUNITY HEALTH WORKERS ARE A KEY COMPONENT OF SOCIAL CARE AND SERVE AS LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES AND THE COMMUNITY TO ADDRESS PATIENTS' SOCIAL NEEDS AND MITIGATE BARRIERS. TRINITY HEALTH'S COMMUNITY HEALTH WORKER HUB DRIVES INTEGRATION AND ASSIGNMENT OF COMMUNITY HEALTH WORKERS THROUGHOUT THE HEALTH SYSTEM. IT INCLUDES A NETWORK OF COMMUNITY HEALTH WORKERS AND COMMUNITY-BASED ORGANIZATIONS THAT TOGETHER, HELP SUPPORT INDIVIDUALS AND FAMILIES IN NEED. BECAUSE OF THEIR LIVED EXPERIENCES, COMMUNITY HEALTH WORKERS ARE TRUSTED MEMBERS OF THE COMMUNITY AND WORK CLOSELY WITH A PATIENT BY ASSESSING THEIR SOCIAL NEEDS, HOME ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECT THE INDIVIDUAL TO SERVICES WITHIN THE COMMUNITY. IN FISCAL YEAR 2021, TRINITY HEALTH GREW ITS NETWORK OF COMMUNITY HEALTH WORKERS BY 15%, OVER 90 COMMUNITY HEALTH WORKERS, SPANNING NEARLY EVERY MEMBER HOSPITAL.
ADDITIONALLY, WE CREATED THE TRINITY HEALTH COMMUNITY RESOURCE DIRECTORY, WHICH IS AN ONLINE PORTAL CONNECTING THOSE IN NEED TO FREE OR REDUCED-COST HEALTH AND SOCIAL SERVICE RESOURCES WITHIN THE COMMUNITY AND ACROSS ALL TRINITY HEALTH LOCATIONS. IN FISCAL YEAR 2021, THE COMMUNITY RESOURCE DIRECTORY YIELDED NEARLY 50,000 SEARCHES, OVER 1,000 REFERRALS, OVER 70 KEY ORGANIZATIONS CLAIMED THEIR PROGRAMS, AND OVER 900 SOCIAL NEEDS ASSESSMENTS WERE COMPLETED.

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

IMPACTING SOCIAL INFLUENCERS OF HEALTH:

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

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

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

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