

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

GENESIS HEALTH SYSTEM

Employer identification number

42-1418847

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
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: ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	X	
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	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			2004568.		2004568.	.32%
b Medicaid (from Worksheet 3, column a)			90536198.	111552195	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			92540766.	111552195	2004568.	.32%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	13		381,690.	211,799.	169,891.	.03%
f Health professions education (from Worksheet 5)	3	675	3304022.	860,180.	2443842.	.39%
g Subsidized health services (from Worksheet 6)	3		3093086.	2834503.	258,583.	.04%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	8		402,609.		402,609.	.06%
j Total. Other Benefits	27	675	7181407.	3906482.	3274925.	.52%
k Total. Add lines 7d and 7j	27	675	99722173.	115458677	5279493.	.84%

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.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1		1,591.		1,591.	.00%
3 Community support	1		4,926.		4,926.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		857.		857.	.00%
7 Community health improvement advocacy	1		1,470.		1,470.	.00%
8 Workforce development	2		114,672.		114,672.	.02%
9 Other						
10 Total	6		123,516.		123,516.	.02%

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? 1 X

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 2 18,411,155.

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 3 0.

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) 5 113,644,354.

6 Enter Medicare allowable costs of care relating to payments on line 5 6 121,462,907.

7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 -7,818,553.

8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit.

Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

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

b 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 9b X

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
	AMBULATORY SURGERY			
1 GENGASTRO, LLC	CENTER	83.75%	.00%	16.25%
	ORTHOPAEDIC SURGERY			
2 GENORTH, LLC	CENTER	40.00%	.00%	60.00%
3 SPRING PARK SURGERY	AMBULATORY SURGERY			
CENTER, LLC	CENTER	40.00%	.00%	60.00%
	DIAGNOSTIC IMAGING			
4 GENRAD IMAGING, LLC	CENTER	50.00%	.00%	50.00%
5 CLYFEE DIALYSIS, LLC	OUTPATIENT DIALYSIS			
	CENTER	20.00%	2.50%	77.50%

Part V Facility Information**Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year? 2

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):

1 MERCYONE GENESIS

1227 E. RUSHOLME STREET

DAVENPORT, IA 52803

WWW.GENESISHEALTH.COM

820011H

Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other
X	X					X	

Other (describe)

Facility reporting group

2 GENESIS MEDICAL CENTER - DEWITT

1118 11TH STREET

DEWITT, IA 52742

WWW.GENESISHEALTH.COM

230149H

X	X			X		X	
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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 GENESIS

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b ☐ Other website (list url):		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: MERCYONE GENESIS

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
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?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their 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?	16 X	
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): <u>SEE PART V, PAGE 8</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
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)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: MERCYONE GENESIS

	Yes	No	
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?	17	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 ☐ Other similar actions (describe in Section C)			
f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a ☒ 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

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?	21	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)			

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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 GENESIS**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.

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.

	Yes	No
23		X
24		X

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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: GENESIS MEDICAL CENTER - DEWITT

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>23</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b ☒ Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: GENESIS MEDICAL CENTER - DEWITT

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
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?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their 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?	16 X	
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): <u>SEE PART V, PAGE 8</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
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)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: GENESIS MEDICAL CENTER - DEWITT

	Yes	No	
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?	17	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 ☐ Other similar actions (describe in Section C)			
f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a ☒ 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

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?	21	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)			

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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: GENESIS MEDICAL CENTER - DEWITT**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.

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.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2023

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.

MERCYONE GENESIS:

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

PART V, SECTION B, LINE 3E:

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

1. INFANT HEALTH
2. MENTAL HEALTH
3. NUTRITION, PHYSICAL ACTIVITY AND WEIGHT/DIABETES CARE
4. ACCESS TO HEALTH CARE SERVICES

GENESIS MEDICAL CENTER - DEWITT:

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

PART V, SECTION B, LINE 3E:

GENESIS MEDICAL CENTER - DEWITT (MERCYONE GENESIS DEWITT) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE SIGNIFICANT HEALTH NEEDS WERE DETERMINED THROUGH KEY INFORMANT INTERVIEWS, A COMMUNITY SURVEY, A COMMUNITY FOCUS GROUP, AND A REVIEW OF SECONDARY DATA FROM STATE AND NATIONAL SOURCES. SIGNIFICANT HEALTH NEEDS WERE PRIORITIZED THROUGH A

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.

SECOND SURVEY OF HOSPITAL AND COMMUNITY LEADERS. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH THE ABOVE-DESCRIBED COMMUNITY-INVOLVED SELECTION PROCESS. OF NOTE, TEEN PREGNANCY WAS IDENTIFIED AFTER THE PRIORITIZATION SURVEY AS A SIGNIFICANT NEED DUE TO OVERWHELMING DISPARITY IN SERVICE AREA RATES COMPARED TO STATE AND NATIONAL RATES AND WAS THEREFORE NOT ABLE TO BE RANKED.

1. BRAIN/MENTAL HEALTH

2. SUBSTANCE USE

3. ACCESS TO CARE

4. CANCER

5. ACCESS TO CHILDCARE

6. FOOD INSECURITY

7. HOUSING AND HOMELESSNESS

8. OBESITY, OBESITY-RELATED DISEASE, EXERCISE

9. ACCESS TO DENTAL CARE

10. ASTHMA

11. TEEN PREGNANCY

MERCYONE GENESIS:

PART V, SECTION B, LINE 5: THE SPONSORS OF THIS STUDY, COMMUNITY HEALTH CARE, INC., GENESIS HEALTH SYSTEM, MUSCATINE COUNTY PUBLIC HEALTH, QUAD CITY HEALTH INITIATIVE, ROCK ISLAND COUNTY HEALTH DEPARTMENT, SCOTT COUNTY HEALTH DEPARTMENT AND UNITYPOINT HEALTH-TRINITY, COLLABORATE ON IMPROVING HEALTH STATUS AND QUALITY OF LIFE IN THE QUAD CITIES REGION. THIS WORK TOGETHER IS ROOTED IN PERIODIC, COMPREHENSIVE COMMUNITY HEALTH ASSESSMENTS

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.

THAT MEET THE INFORMATION AND REPORTING NEEDS OF ALL PARTNERS.

UNDERSTANDING OUR COMMUNITY'S HEALTH STATUS IS THE FOUNDATION FOR
DEVELOPING COMMUNITY EDUCATION, RESOURCES, AND PROGRAMS THAT WILL ADVANCE
OUR COMMUNITY'S HEALTH. THE ASSESSMENT INFORMS THE CREATION OF COMMUNITY
HEALTH IMPROVEMENT PLANS FOR THE STUDY SPONSORS. IN ADDITION, THE STUDY
SPONSORS ENCOURAGE OTHER ORGANIZATIONS ALSO TO USE THIS INFORMATION TO
INFORM STRATEGIC PLANNING, GRANT WRITING AND PROJECT DEVELOPMENT.

FOR THE 2021 QUAD CITIES COMMUNITY HEALTH ASSESSMENT, OUR COORDINATED
APPROACH INCLUDED PRIMARY DATA COLLECTION, SECONDARY DATA ANALYSIS, AND
QUALITATIVE DATA GATHERING FROM COMMUNITY MEMBERS IN OUR BI-STATE AREA.
THE STUDY SPONSORS ENGAGED PRC, INC. TO COLLECT SECONDARY DATA AND
IMPLEMENT A COMMUNITY HEALTH SURVEY. SELECT OPERATIONS DATA FROM LOCAL
PROVIDERS ALSO WERE SUMMARIZED. SPECIAL CONSIDERATION WAS GIVEN TO HOW WE
COULD INCREASE OUR UNDERSTANDING OF TOPICS SUCH AS THE IMPACT OF COVID-19,
HEALTH DISPARITIES, AND SOCIAL DETERMINANTS OF HEALTH. THE FOLLOWING
DOCUMENT PROVIDES PRC, INC.'S BI-STATE FINDINGS IN DETAIL AS WELL AS
INFORMATION OBTAINED THROUGH LOCAL PARTNERS. DOCUMENTS PRODUCED AS PART OF
THE 2021 QUAD CITIES COMMUNITY HEALTH ASSESSMENT PROCESS ARE AVAILABLE FOR
REVIEW ONLINE AT [QUADCITIES.HEALTHFORECAST.NET](https://quadcities.healthforecast.net).

THIS COMMUNITY HEALTH ASSESSMENT IS A SYSTEMATIC, DATA-DRIVEN APPROACH TO
DETERMINING THE HEALTH STATUS, BEHAVIORS, AND NEEDS OF RESIDENTS IN SCOTT,
MUSCATINE, AND ROCK ISLAND COUNTIES - IT IS A FOLLOW-UP TO SIMILAR STUDIES
CONDUCTED IN THE QUAD CITIES AREA (SCOTT AND ROCK ISLAND COUNTIES) IN
2002, 2007, 2012, 2015, AND THROUGHOUT THE FULL THREE-COUNTY AREA IN 2018.
SUBSEQUENTLY, THIS INFORMATION MAY BE USED TO INFORM DECISIONS AND GUIDE

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.

EFFORTS TO IMPROVE COMMUNITY HEALTH AND WELLNESS.

THIS STUDY WAS SPONSORED BY A COLLABORATION OF LOCAL ORGANIZATIONS, INCLUDING: COMMUNITY HEALTH CARE, INC.; GENESIS HEALTH SYSTEM; MUSCATINE COUNTY PUBLIC HEALTH; QUAD CITY HEALTH INITIATIVE; ROCK ISLAND COUNTY HEALTH DEPARTMENT; SCOTT COUNTY HEALTH DEPARTMENT; AND UNITYPOINT HEALTH-TRINITY. THE PORTION OF THE STUDY CONDUCTED BY PRC WAS FUNDED BY GENESIS HEALTH SYSTEM AND UNITYPOINT HEALTH-TRINITY. STAFF FROM THE SPONSORING ORGANIZATIONS COMPRISED THE ASSESSMENT STEERING COMMITTEE. THE STEERING COMMITTEE WAS GUIDED BY THE INPUT FROM STAKEHOLDER COMMITTEES THAT WERE CONVENED TO SUPPORT DATA COLLECTION AND THE IDENTIFICATION OF COMMUNITY HEALTH PRIORITIES. NUMEROUS COMMUNITY MEMBERS PARTICIPATED IN THIS PROCESS, ALONG WITH STAFF FROM THE SCOTT COUNTY EMERGENCY MANAGEMENT AGENCY.

GENESIS MEDICAL CENTER - DEWITT:

PART V, SECTION B, LINE 5: THE FOLLOWING ADVISORY COMMITTEE OF COMMUNITY, HEALTH CARE, AND PUBLIC HEALTH PARTNERS PROVIDED INSIGHT AND GUIDANCE THROUGHOUT THE CHNA PROCESS: CLINTON COUNTY PUBLIC HEALTH DEPARTMENT, AREA SUBSTANCE ABUSE COUNCIL, CLINTON COUNTY RESOURCE CENTER, SPEAK OUT AGAINST SUICIDE, AND COMMUNITY HEALTH CARE, INC.

KEY INFORMANT INTERVIEWS OCCURRED THROUGHOUT 2023 AND INTO 2024 TO UNDERSTAND THE STRENGTHS AND NEEDS OF THE COMMUNITY FROM THE PERSPECTIVE OF RESIDENTS. INTERVIEWEES REPRESENTED THE FOLLOWING ORGANIZATIONS AND COALITIONS: GENESIS HEALTH SYSTEM/MERCYONE GENESIS DEWITT, GENESIS VISITING NURSE ASSOCIATION, MERCYONE CLINTON MEDICAL CENTER, COMMUNITY

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.

HEALTH CARE, INC. (THE LOCAL FEDERALLY QUALIFIED HEALTH CENTER), CLINTON RESOURCE CENTER, YWCA CLINTON EMPOWERMENT CENTER, AREA SUBSTANCE ABUSE COUNCIL, CLINTON SUBSTANCE ABUSE COUNCIL, WOMEN'S HEALTH SERVICES OF EASTERN IOWA, AND INFORMATION, REFERRAL, AND ASSISTANCE SERVICES.

BROADER COMMUNITY INPUT WAS COLLECTED THROUGH A 19-QUESTION SURVEY. A TOTAL OF 124 RESPONSES WERE COLLECTED BETWEEN SEPTEMBER AND OCTOBER 2023.

A FOCUS GROUP WAS HELD ON DECEMBER 20, 2023, TO COLLECT INPUT FROM PEOPLE WHO MAY BE EXPERIENCING POVERTY. THE FOCUS GROUP WAS HELD AT INFORMATION, REFERRAL, AND ASSISTANCE SERVICES IN CLINTON, IA.

IN JANUARY 2024, THE ADVISORY COMMITTEE, COMMUNITY RESIDENTS, AND GENESIS AND CLINTON HOSPITAL LEADERS PRIORITIZED A LIST OF THE TEN GREATEST NEEDS IN THE COMMUNITY.

MERCYONE GENESIS:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED WITH GENESIS HEALTH SYSTEM (IL) AND UNITYPOINT HEALTH-TRINITY.

GENESIS MEDICAL CENTER - DEWITT:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED WITH MERCYONE CLINTON MEDICAL CENTER.

MERCYONE GENESIS:

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.

PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED WITH COMMUNITY HEALTH CARE, QUAD CITY HEALTH INITIATIVE, ROCK ISLAND COUNTY HEALTH DEPARTMENT, MUSCATINE COUNTY BOARD OF HEALTH, AND THE SCOTT COUNTY HEALTH DEPARTMENT.

GENESIS MEDICAL CENTER - DEWITT:

PART V, SECTION B, LINE 6B: THE FOLLOWING NON-HOSPITAL ORGANIZATIONS SERVED ON THE CHNA ADVISORY COMMITTEE: CLINTON COUNTY PUBLIC HEALTH DEPARTMENT, AREA SUBSTANCE ABUSE COUNCIL, CLINTON COUNTY RESOURCE CENTER, AND SPEAK OUT AGAINST SUICIDE. COMMUNITY HEALTH CARE, INC, A FEDERALLY QUALIFIED HEALTH CENTER LOCATED IN CLINTON, IA, ALSO PARTICIPATED IN THE CHNA. OTHER CONTRIBUTORS INCLUDED INFORMATION, RESOURCE, ASSISTANCE, & REFERRAL SERVICES, GATEWAY IMPACT COALITION, YWCA CLINTON EMPOWERMENT CENTER, CLINTON COUNTY IOWA STATE UNIVERSITY EXTENSION AND OUTREACH, WOMEN'S HEALTH SERVICES OF EASTERN IOWA, SHARAR FOUNDATION AND GROW CLINTON.

MERCYONE GENESIS:

PART V, SECTION B, LINE 11: MERCYONE GENESIS DAVENPORT ADDRESSED THE FOLLOWING SIGNIFICANT HEALTH NEEDS IN FY24:

1. MENTAL HEALTH:

A. COLLABORATION WITH VERA FRENCH TO SUPPORT PROGRAMS SUCH AS ACT (ASSERTIVE COMMUNITY TREATMENT) AND MST (MULTI-SYSTEMIC THERAPY FOR TEENS).

B. BEHAVIORAL HEALTH SERVICES PROVIDED BY THE MEDICAL CENTER EMERGENCY DEPARTMENT AND INPATIENT UNITS.

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.

C. PARTICIPATION IN THE QUAD CITIES BEHAVIORAL HEALTH COALITION PROGRAMS, SUCH AS THE ZERO SUICIDE INITIATIVE WHICH PROVIDES FREE ONLINE SUICIDE PREVENTION TRAINING.

2. NUTRITION/PHYSICAL ACTIVITY/ WEIGHT:

A. PARTICIPATION IN BE HEALTHY QC, AN INITIATIVE TO EDUCATE THE PUBLIC REGARDING THE IMPORTANCE OF HEALTH, DIET AND EXERCISE.

B. MERCYONE GENESIS FOODPLEX, A MEDICAL CENTER OWNED FOOD PANTRY PROGRAM PROVIDING FREE, HEALTHY FOODS AND EDUCATION TO DIABETIC PATIENTS.

C. HEALTHY LIFESTYLE SPONSORSHIPS SUCH AS THE BIX 7 RACE ANNUALLY IN JULY 2023.

D. EDUCATION AND TREATMENT THROUGH THE MEDICAL CENTER'S CENTER FOR WEIGHT MANAGEMENT AND BARIATRIC SURGERY.

E. DIABETES CARE MANAGEMENT PROGRAM THROUGH THE FAMILY MEDICAL CENTER IN DAVENPORT TO EDUCATE AND WORK WITH PATIENTS ON CONTROLLING THEIR DIABETES AND PROMOTING HEALTHY HABITS.

3. DIABETES:

A. DIABETES CARE MANAGEMENT PROGRAM THROUGH THE FAMILY MEDICAL CENTER IN DAVENPORT TO EDUCATE AND WORK WITH PATIENTS ON CONTROLLING THEIR DIABETES AND PROMOTING HEALTHY HABITS.

B. MERCYONE GENESIS FOODPLEX, A MEDICAL CENTER OWNED FOOD PANTRY PROGRAM PROVIDING FREE, HEALTHY FOODS AND EDUCATION TO DIABETIC PATIENTS.

4. ACCESS TO HEALTH CARE SERVICES:

A. PROVIDING CARE THROUGH THE MEDICAL CENTER, OUTPATIENT CLINICS, AND EMERGENCY DEPARTMENT, INCLUDING CHARITY CARE.

B. PROMOTING 421-DOCS, A PHONE LINE FOR ASSISTANCE IN FINDING A PRIMARY CARE PROVIDER THROUGH THE HEALTH SYSTEM.

5. HEART DISEASE/ STROKE: THE MEDICAL CENTER PROVIDES DIAGNOSTIC SERVICES,

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.

CARDIOVASCULAR AND THORACIC CARE, TREATMENT, AND REHABILITATION THERAPIES THROUGH THE MERCYONE GENESIS HEART INSTITUTE.

6. INFANT HEALTH/ FAMILY PLANNING: PARTICIPATION IN THE QUAD CITY HEALTH INITIATIVE TASK FORCE TO UNDERSTAND AND PREVENT LOW BIRTH WEIGHTS.

7. SUBSTANCE ABUSE: HOSPITAL STAFF WORK WITH AREA SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAMS TO ADDRESS SUBSTANCE ABUSE IN THE COMMUNITY.

8. INJURY/VIOLENCE: THE MEDICAL CENTER WORKED WITH GROUPS SUCH AS THE DAVENPORT MAYOR'S VIOLENT CRIME COMMUNITY TASK FORCE AND ROCK ISLAND COUNTY CHILDREN'S ADVOCACY CENTER.

9. ORAL HEALTH: THE MEDICAL CENTER SUPPORTED THE LOCAL FEDERALLY QUALIFIED HEALTH CARE CENTER, COMMUNITY HEALTH CARE, IN THEIR ORAL HEALTH INITIATIVES.

10. RESPIRATORY DISEASE: THE MEDICAL CENTER CONTINUES TO PROVIDE PREVENTION AND TREATMENT THROUGH THE MERCYONE GENESIS HEALTH GROUP PRIMARY CARE PROVIDERS AND PULMONOLOGISTS.

11. CANCER: THE MEDICAL CENTER CONTINUES TO PROVIDE COMMUNITY EDUCATION AND PREVENTION SERVICES IN ADDITION TO MEDICAL ONCOLOGY AND RADIATION ONCOLOGY SERVICES.

12. KIDNEY DISEASE: THE MEDICAL CENTER CONTINUES TO PROVIDE NEPHROLOGY SERVICES.

GENESIS MEDICAL CENTER - DEWITT:

PART V, SECTION B, LINE 11: MERCYONE GENESIS DEWITT ADDRESSED THE FOLLOWING NEEDS IN FY24:

1. BRAIN/MENTAL HEALTH: MERCYONE GENESIS EMPLOYEES SERVED ON THE DEWITT

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.

CAMANCHE COALITION FOR SUBSTANCE ABUSE AND MENTAL HEALTH.

2. SUBSTANCE USE: MERCYONE GENESIS EMPLOYEES SERVED ON THE DEWITT CAMANCHE COALITION FOR SUBSTANCE ABUSE.

3. ACCESS TO CARE: MERCYONE GENESIS FAMILY PRACTICE CLINIC, MERCYONE DEWITT FAMILY PRACTICE, AND EMERGENCY DEPARTMENT, WHICH INCLUDES CHARITY CARE AND UNCOLLECTED GROSS REVENUE AT EACH SITE.

4. CANCER: CROSSROADS HEALTH FOUNDATION, A PARTNER OF MERCYONE GENESIS DEWITT, PROVIDED FREE MAMMOGRAMS FOR UNDERINSURED OR UNINSURED COMMUNITY MEMBERS.

5. FOOD INSECURITY: MERCYONE GENESIS DEWITT MEDICAL CENTER RAN FOOD DRIVES FOR THE REFERRAL CENTER.

6. HOUSING AND HOMELESSNESS: MERCYONE GENESIS DEWITT MEDICAL CENTER PROVIDED STORAGE AND HOUSING FOR IOWA NEWCOMER INTEGRATION COMMUNITY & EXCHANGE (NICE) AND REFUGEES.

7. OBESITY, OBESITY-RELATED DISEASE, EXERCISE: CONTINUED PROMOTING WONDR HEALTH, LEARNED BEHAVIOR EDUCATION AND TRAINING FOR INDIVIDUALS WITH OBESITY, HIGH BLOOD PRESSURE, AND HEART DISEASE, AND MADE IT AVAILABLE FOR EMPLOYEES AND COMMUNITY MEMBERS.

8. ACCESS TO DENTAL CARE: MERCYONE GENESIS AND MERCYONE GENESIS DEWITT MEDICAL CENTER WORKED WITH DELTA DENTAL TO PROVIDE ORAL SWABS FOR INFECTION VIA GRANT FUNDING.

ACCESS TO CHILDCARE, ASTHMA, AND TEEN PREGNANCY WERE NOT ADDRESSED DUE TO RESOURCE, WORKFORCE, AND FINANCIAL LIMITATIONS AT MERCYONE GENESIS DEWITT MEDICAL CENTER.

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.

MERCYONE GENESIS:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, 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 DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE 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 ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

GENESIS MEDICAL CENTER - DEWITT:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS

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.

ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, 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 DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE 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 ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

MERCYONE GENESIS - PART V, SECTION B, LINE 7A:

WWW.GENESISHEALTH.COM/ABOUT/COMMUNITY-BENEFIT

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.

MERCYONE GENESIS - 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 GENESIS - PART V, SECTION B, LINE 10A:

WWW.GENESISHEALTH.COM/ABOUT/COMMUNITY-BENEFIT

MERCYONE GENESIS - PART V, SECTION B, LINES 16A-C:

FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION, AND
FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY:

WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE

GENESIS MEDICAL CENTER - DEWITT - PART V, SECTION B, LINE 7A:

WWW.GENESISHEALTH.COM/ABOUT/COMMUNITY-BENEFIT

GENESIS MEDICAL CENTER - DEWITT - PART V, SECTION B, LINE 7B:

WWW.MERCYONE.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING

GENESIS MEDICAL CENTER - DEWITT - 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.

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

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.

WWW.GENESISHEALTH.COM/ABOUT/COMMUNITY-BENEFIT

GENESIS MEDICAL CENTER - DEWITT - PART V, SECTION B, LINES 16A-C:

FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION, AND

FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY:

WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE

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? 37

Name and address	Type of facility (describe)
1 CENTRAL PARK MEDICAL PAVILIONS 1 & 2 1351 W. CENTRAL PARK AVENUE DAVENPORT, IA 52804	OUTPATIENT CANCER, INFUSION, WOUND, & PHYSICIAN CLINIC
2 BETTENDORF HEALTH PLEX 2140 53RD AVENUE BETTENDORF, IA 52722	OUTPATIENT PHYSICIAN CLINIC AND IMAGING SERVICES
3 DAVENPORT HEALTHPLEX 3200 WEST KIMBERLY RD. DAVENPORT, IA 52806	OUTPATIENT PHYSICIAN CLINIC/PHYSICAL THERAPY
4 GENESIS IMAGING CENTER, 53RD STREET 1970 E. 53RD STREET DAVENPORT, IA 52807	OUTPATIENT RADIOLOGY SERVICES
5 GENESIS MEDICAL PLAZA 2535 MAPLECREST ROAD BETTENDORF, IA 52722	O/P REHAB, PAIN, PHYS THERAPY, DIABETES, HOME HEALTH, SPINE CTR, PHYS CLINIC
6 MEDICAL OFFICE BUILDING #1 AND #2 1228 E. RUSHOLME STREET DAVENPORT, IA 52803	OUTPATIENT MAMMOGRAPHY & DIALYSIS SERVICES
7 ELDRIDGE FAMILY PRACTICE 301 N. 4TH AVENUE ELDRIDGE, IA 52748	OUTPATIENT PHYSICIAN CLINIC
8 WOODLANDS FAMILY PRACTICE 4321 53RD AVE BETTENDORF, IA 52722	OUTPATIENT PHYSICIAN CLINIC
9 VISITING NURSE ASSOC & HOSPICE HOUSE 2546 TECH DRIVE BETTENDORF, IA 52722	HOME HEALTH & HOSPICE
10 GENESIS CONVENIENT CARE - ILLINOIS 2350 41ST STREET MOLINE, IL 61265	OUTPATIENT URGENT CARE CLINIC

Schedule H (Form 990) 2023

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? 37

Name and address	Type of facility (describe)
11 ILLINI LARSON CENTER 855 ILLINI DRIVE SILVIS, IL 61282	OUTPATIENT LAB & PHYSICIAN CLINIC
12 GENGASTRO, LLC 2222 53RD AVENUE BETTENDORF, IA 52722	AMBULATORY SURGERY CENTER
13 GENESIS HEALTH GROUP 865 LINCOLN ROAD BETTENDORF, IA 52722	OUTPATIENT PHYSICIAN CLINIC
14 GHG-VALLEY VIEW MOLINE 615 VALLEY VIEW DR. SUITE 305 MOLINE, IL 61265	OUTPATIENT PHYSICIAN CLINIC
15 GENESIS PHYSICAL REHAB - VALLEY FAIR 2300 53RD STREET BETTENDORF, IA 52722	OUTPATIENT PHYSICAL THERAPY CLINIC
16 FAMILY PRACTICE AT WEST CAMPUS 1345 W. CENTRAL PARK AVENUE DAVENPORT, IA 52804	OUTPATIENT PHYSICIAN CLINIC
17 GENESIS PSYCHOLOGY ASSOCIATES 4455 E. 56TH STREET DAVENPORT, IA 52804	OUTPATIENT COUNSELING CLINIC
18 PHYSICAL THERAPY & SPORTS MEDICINE 1702 E. 53RD STREET DAVENPORT, IA 52807	OUTPATIENT PHYSICAL THERAPY & SPORTS PERF CLINIC
19 DEWITT FAMILY PRACTICE 1008 11TH ST. DEWITT, IA 52742	OUTPATIENT PHYSICIAN CLINIC
20 ELDRIDGE PHYSICAL THERAPY 170 S. 4TH AVENUE ELDRIDGE, IA 52748	OUTPATIENT PHYSICAL THERAPY CLINIC

Schedule H (Form 990) 2023

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? 37

Name and address	Type of facility (describe)
21 GHS OCCUPATIONAL HEALTH - DAVENPORT 3319 SPRING STREET DAVENPORT, IA 52807	OUTPATIENT OCCUPATIONAL HEALTH
22 MOLINE HEALTHPLEX 3900 28TH AVENUE MOLINE, IL 61265	OUTPATIENT PHYSICIAN CLINIC
23 GENRAD IMAGING, LLC 1970 E. 53RD STREET DAVENPORT, IA 52807	DIAGNOSTIC IMAGING CENTER
24 DURANT FAMILY PRACTICE 619 5TH DURANT, IA 52747	OUTPATIENT PHYSICIAN CLINIC
25 GENESIS OCCUPATIONAL HEALTH 2350 41ST STREET MOLINE, IL 61265	OUTPATIENT OCCUPATIONAL HEALTH
26 GENORTH0, LLC 2300 53RD STREET BETTENDORF, IA 52722	ORTHOPEDIC SURGERY CENTER
27 GENESIS PHYSICAL THERAPY AT LECLAIRE 1003 CANAL SHORE DRIVE LECLAIRE, IA 52753	OUTPATIENT PHYSICAL THERAPY CLINIC
28 GENESIS PT & SPORTS MEDICINE-BETTENDO 2300 53RD AVE STE LL02 BETTENDORF, IA 52722	OUTPATIENT PHYSICAL THERAPY CLINIC AND PHYSICIAN CLINIC
29 GENESIS PHYSICAL THERAPY DAVENPORT 1820 WEST 3RD ST DAVENPORT, IA 52801	OUTPATIENT PHYSICAL THERAPY CLINIC AND PHYSICIAN CLINIC
30 DEWITT AMBULANCE 1220 11TH STREET DEWITT, IA 52742	AMBULANCE SERVICES

Schedule H (Form 990) 2023

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? 37

Name and address	Type of facility (describe)
31 SPRING PARK SURGERY CENTER, LLC 3319 SPRING STREET STE. 202A DAVENPORT, IA 52807	OUTPATIENT SURGICAL CENTER
32 GENESIS SPORTS MEDICINE, ROCK ISLAND 1025 30TH STREET ROCK ISLAND, IL 61201	OUTPATIENT PHYSICAL THERAPY CLINIC
33 MERCYONE DEWITT FAMILY PRACTICE 1021 11TH STREET DEWITT, IA 52742	OUTPATIENT PHYSICIAN CLINIC
34 VISITING NURSE ASSOC & HOSPICE HOUSE 611 NORTH 2ND AVE. CLINTON, IA 52732	HOME HEALTH & HOSPICE
35 GENESIS HEART INSTITUTE 1236 E. RUSHOLME STREET DAVENPORT, IA 52803	OUTPATIENT CARDIAC DIAGNOSTIC & REHAB CARE
36 GHS - AUGUSTANA PT CLINIC 639 38TH STREET ROCK ISLAND, IL 61201	OUTPATIENT PHYSICAL THERAPY CLINIC
37 GENESIS PHYSICAL THERAPY, CLINTON 1647 LINCOLN WAY CLINTON, IA 52732	OUTPATIENT PHYSICAL THERAPY CLINIC

Schedule H (Form 990) 2023

Part VI Supplemental Information

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 (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

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

PART I, LINE 6A:

GENESIS HEALTH SYSTEM (MERCYONE GENESIS) 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.

MERCYONE GENESIS ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE
H ON TRINITY HEALTH'S WEBSITE AT
WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

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

Part VI Supplemental Information (Continuation)

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 SYSTEMS.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$18,411,155, 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:

COMMUNITY BUILDING ACTIVITIES INCLUDE HOURS SPENT BY LEADERSHIP REPRESENTING MERCYONE GENESIS ON THE IOWA BUSINESS COUNCILS, EXECUTIVE COMMITTEES, STEERING COMMITTEES (SUCH AS THE QUAD CITY HEALTH INITIATIVE), AND SERVING ON NONPROFIT BOARDS AND MENTORSHIPS. LEADERSHIP HAS ALSO DONATED THEIR TIME TO SUPPORT POLICIES AND PROGRAMS TO SAFEGUARD OR IMPROVE PUBLIC HEALTH, HOUSING, TRANSPORTATION, AND THE WORKFORCE.

ECONOMIC DEVELOPMENT: GRANTS TO COMMUNITY BUSINESSES - MERCYONE GENESIS SUPPORTS ITS COMMUNITY BY GIVING GRANTS TO LOCAL BUSINESSES TO IMPROVE ECONOMIC DEVELOPMENT AND RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT OR OTHER TAX-EXEMPT ORGANIZATIONS.

COMMUNITY SUPPORT: DISASTER READINESS - MERCYONE GENESIS PARTICIPATES IN COMMUNITY WIDE DISASTER READINESS DRILLS THROUGHOUT THE YEAR TO ENSURE ITS

Part VI Supplemental Information (Continuation)

PREPAREDNESS FOR AN ARRAY OF DISASTERS.

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 GENESIS UTILIZES PUBLICLY AVAILABLE INFORMATION TO ENSURE ALL AGING PATIENT ACCOUNTS RECEIVE FINANCIAL ASSISTANCE IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY. BASED ON THIS PROCESS, 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 GENESIS IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THIS PROCESS. THEREFORE, MERCYONE GENESIS IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED.

PART III, LINE 4:

MERCYONE GENESIS 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 14 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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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. ESTIMATED RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER STATE MEDICAID PROVIDER TAX PROGRAMS."

PART III, LINE 5:

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

THE IRS COMMUNITY BENEFIT OBJECTIVES INCLUDE RELIEVING OR REDUCING THE BURDEN OF GOVERNMENT TO IMPROVE HEALTH. TREATING MEDICARE PATIENTS CREATES SHORTFALLS THAT MUST BE ABSORBED BY HOSPITALS, WHICH PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE, THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H, PART VI, LINE 5 FOR MORE INFORMATION.

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 26, 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. 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 GENESIS ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE

Part VI Supplemental Information (Continuation)

AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH 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 GENESIS COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HEALTH CARE 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 FOR FINANCIAL SUPPORT PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

MERCYONE GENESIS OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING

Part VI Supplemental Information (Continuation)

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 AND GOVERNMENT 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.

PART VI, LINE 4:

COMMUNITY INFORMATION - MERCYONE GENESIS' MISSION IS TO PROVIDE QUALITY, COMPASSIONATE CARE FOR ALL THOSE IN NEED. MERCYONE GENESIS DAVENPORT LIVES ITS MISSION EACH DAY BY SERVING A 10-COUNTY REGION OF EASTERN IOWA AND WESTERN ILLINOIS, INCLUDING BOTH URBAN AND RURAL AREAS. THE REGION SERVED BY MERCYONE GENESIS DAVENPORT (DAVENPORT-MOLINE-ROCK ISLAND, IA-IL. METROPOLITAN STATISTICAL AREA (MSA) - HENRY COUNTY, IL, MERCER COUNTY, IL, MUSCATINE COUNTY, IA, ROCK ISLAND, IL, AND SCOTT COUNTY, IA) HAS A POPULATION OF 359,208. ACCORDING TO THE US CENSUS BUREAU AMERICAN COMMUNITY SURVEY FIVE-YEAR ESTIMATES (2015-2019), WHITES MADE UP 84.0% OF THE MSA POPULATION WITH 8.1% BLACK OR AFRICAN AMERICAN AND 7.9% HISPANIC OR OTHER ORIGIN. IN THE QUAD CITIES AREA, 23.4% OF THE POPULATION ARE INFANTS, CHILDREN, OR ADOLESCENTS (AGE 0-17); ANOTHER 59.6% ARE 18-64, WHILE 17.0% ARE AGE 65 AND OLDER.

ACCORDING TO ESTIMATES FROM THE US CENSUS BUREAU AMERICAN COMMUNITY SURVEY, 12.5% OF QUAD CITIES AREA RESIDENTS (SCOTT AND ROCK ISLAND COUNTIES) LIVE BELOW THE FEDERAL POVERTY LEVEL.

Part VI Supplemental Information (Continuation)

LACK OF HEALTH INSURANCE AMONG ADULTS AGED 18 TO 64 IS REPORTED BY 5.7% OF SCOTT COUNTY, IA RESIDENTS AND 8.7% OF ROCK ISLAND COUNTY, IL RESIDENTS. THE QUAD CITIES AREA PERCENTAGE OF ADULTS WHO SMOKED IN 2021 WAS 20.5%. THE PERCENTAGE OF ADULTS WHO WERE OBESE IN 2021 WAS 40.5% IN ROCK ISLAND COUNTY AND 42.1% IN SCOTT COUNTY. OBESITY RATES IN BOTH SCOTT AND ROCK ISLAND COUNTIES ARE HIGHER THAN NATIONAL BENCHMARKS.

MERCYONE GENESIS DEWITT SERVES THE RESIDENTS OF CLINTON COUNTY, PRIMARILY THOSE RESIDING IN DEWITT AND THE SURROUNDING TOWNS. THE SECONDARY SERVICE AREA INCLUDES JACKSON COUNTY AND SCOTT COUNTY IN IOWA, AND WHITESIDE COUNTY AND CARROLL COUNTY IN ILLINOIS. THE PRIMARY SERVICE AREA HAS A POPULATION OF 76,009 AS OF 2023. THE POPULATION IS PRIMARILY RURAL, WITH TWO SMALLER CITIES, DEWITT AND CLINTON. THE MEDIAN AGE IS 42.5. POPULATION DEMOGRAPHICS ARE WHITE (92.3%), BLACK (2.6%), NATIVE AMERICAN (0.5%), ASIAN (0.6%), AND HISPANIC (4.3%). AGE DEMOGRAPHICS ARE UNDER 18 (23.7%), 18-64 (56.7%), AND 65 AND OLDER (19.6%). DATA WAS OBTAINED FROM THE US CENSUS BUREAU, 2017 TO 2021. MERCYONE CLINTON MEDICAL CENTER IS ALSO INCLUDED WITHIN THIS SERVICE AREA.

PART VI, LINE 5:

OTHER INFORMATION - MERCYONE GENESIS' BOARD OF DIRECTORS IS A DIVERSE REPRESENTATION OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREAS THAT MERCYONE GENESIS SERVES. THE ORGANIZATION'S EXECUTIVES AND EMPLOYEES SERVE ON DOZENS OF VOLUNTEER BOARDS THROUGHOUT THE REGION ON IMPORTANT PROJECTS AND INITIATIVES, SUCH AS HOMELESS SHELTERS, MENTAL HEALTH, DOWNTOWN REDEVELOPMENT AND EVENTS AND FESTIVALS. EMPLOYEES ALSO SERVE THE COMMUNITIES WHERE THEY LIVE BY SERVING IN ELECTED OFFICES IN CITY AND

Part VI Supplemental Information (Continuation)

COUNTY GOVERNMENT. MERCYONE GENESIS EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITIES.

SURPLUS FUNDS RESULTING FROM EFFICIENT OPERATIONS AND COST-CONTAINMENT MEASURES ARE REINVESTED IN THE HEALTH CARE OPERATIONS OF MERCYONE GENESIS TO IMPROVE THE HEALTH CARE SERVICES THAT MERCYONE GENESIS PROVIDES. ADVANCES IN MEDICAL EQUIPMENT AND TECHNOLOGY, STAFF EDUCATION, AND NEW MEDICAL SERVICES ARE EXAMPLES OF OPERATION INVESTMENTS THAT ULTIMATELY IMPROVE THE HEALTH OF THE COMMUNITIES SERVED.

MERCYONE GENESIS DEWITT AND THE CROSSROADS HEALTH FOUNDATION (FORMERLY DEWITT COMMUNITY HOSPITAL FOUNDATION) SUPPORT ITS COMMUNITY BY GIVING GRANTS TO LOCAL BUSINESSES TO IMPROVE ECONOMIC DEVELOPMENT AND RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT OR OTHER TAX-EXEMPT ORGANIZATIONS.

MERCYONE GENESIS HAS ENDEAVORED TO IMPROVE ACCESS TO HEALTH CARE FOR THE COMMUNITIES IT SERVES BY PARTICIPATING IN APPROPRIATE JOINT VENTURES THAT OFFER NEEDED HEALTH CARE SERVICES TO UNDER-SERVED AREAS. DOZENS OF HEALTH SCREENINGS AND IMMUNIZATIONS ARE SCHEDULED THROUGHOUT THE YEAR AT A REDUCED COST. THESE INCLUDE SCREENINGS FOR DIABETES, STROKE AND HEART DISEASE AND PUBLIC FLU IMMUNIZATION CLINICS.

EACH YEAR, MERCYONE GENESIS PROVIDES THE COMMUNITY WITH DOZENS OF CLASSES AND EVENTS PROMOTING HEALTH AND HEALTH EDUCATION. HUNDREDS OF RESIDENTS IN THE REGION SERVED BY MERCYONE GENESIS LEARN CPR, FIRST AID, PARENTING SKILLS, AND NEWBORN CARE BY ENROLLING IN CLASSES.

MERCYONE GENESIS MAINTAINS AN ACTIVE EFFORT TO ADVOCATE FOR ACCESS TO

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

HEALTH CARE IN IOWA AND ILLINOIS STATE GOVERNMENT AND IN WASHINGTON D.C.

ORGANIZATION EMPLOYEES ALSO PARTICIPATE IN A VOTER VOICE INITIATIVE TO
ADVOCATE ON IMPORTANT HEALTH ISSUES WITH CITY, COUNTY, STATE, AND NATIONAL
ELECTED OFFICIALS.

MERCYONE GENESIS IS COMMITTED TO THE PROMOTION OF COMMUNITY HEALTH. THE
HOSPITALS PARTICIPATE IN PROGRAMS SUCH AS HOUSING FOR PERSONS WITH MENTAL
ILLNESS. THE ORGANIZATION ALSO PROVIDES TRANSLATION SERVICES BASED ON THE
DIVERSITY OF THE POPULATION SERVED.

IN FY24, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON
COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT
AS REPORTED IN PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE
SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS
EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION
BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL
COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY
INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO
DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM MAKES A
DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING PEOPLE
EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS.

MERCYONE, WHICH INCLUDES MERCYONE GENESIS, HAD A TOTAL REGIONAL COMMUNITY
IMPACT IN FY24 OF \$263.9 MILLION.

PART VI, LINE 6:

MERCYONE GENESIS IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST
CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S

Part VI Supplemental Information (Continuation)

COMMUNITY HEALTH & WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE SOCIAL AND CLINICAL CARE. WE DO THIS BY:

1. ADDRESSING PATIENT SOCIAL NEEDS,
2. INVESTING IN OUR COMMUNITIES, AND
3. STRENGTHENING THE IMPACT OF OUR COMMUNITY BENEFIT.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES AND FOCUS INTENTIONALLY ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. WE BELIEVE THAT COMMUNITY MEMBERS AND COMMUNITIES THAT ARE THE MOST IMPACTED BY RACISM AND OTHER FORMS OF DISCRIMINATION EXPERIENCE THE GREATEST DISPARITIES AND INEQUITIES IN HEALTH OUTCOMES AND SHOULD BE INCLUSIVELY ENGAGED IN ALL COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT EFFORTS. THROUGHOUT OUR WORK, WE AIM TO DISMANTLE OPPRESSIVE SYSTEMS AND BUILD COMMUNITY CAPACITY AND PARTNERSHIPS.

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 WE 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 2024 (FY24), TRINITY HEALTH CONTRIBUTED NEARLY \$1.3 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS

Part VI Supplemental Information (Continuation)

COMMITMENT THROUGH AN ADDITIONAL \$900 MILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.2 BILLION IN FY24.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY24 WITH MORE THAN \$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN PARTNERSHIP WITH 31 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$931.5 MILLION IN INVESTMENTS, WITH APPROXIMATELY 80% (\$749.3 MILLION) OF THESE FUNDS SUPPORTING HIGH PRIORITY ZIP CODES WITHIN TRINITY HEALTH'S SERVICE AREAS (DEFINED AS RACIALLY/ETHNICALLY-DIVERSE COMMUNITIES WITH HIGH LEVELS OF POVERTY). BETWEEN 2018 AND APRIL 2024, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- CREATING AT LEAST 1,100 CHILDCARE; 7,000 KINDERGARTEN THROUGH HIGH SCHOOL EDUCATION; AND 1,500 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPING AT LEAST 7.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE.
- PROVIDING 872 STUDENTS NEARLY \$2.5 MILLION IN SCHOLARSHIPS TO PURSUE CAREERS IN THE HEALTH PROFESSIONS.
- SUPPORTING 10,800 FULL- AND PART-TIME POSITIONS INVOLVED IN THE CREATION OF THESE PROJECTS.
- CREATING 12,100 UNITS OF AFFORDABLE HOUSING OVER THE LAST FIVE YEARS (INCLUDING 360 SUPPORTIVE HOUSING BEDS).

ACROSS THE TRINITY HEALTH SYSTEM, OVER 875,000 (ABOUT 80%) OF THE PATIENTS SEEN IN PRIMARY CARE SETTINGS WERE SCREENED FOR SOCIAL NEEDS. ABOUT 28% OF THOSE SCREENED IDENTIFIED AT LEAST ONE SOCIAL NEED. THE TOP THREE NEEDS IDENTIFIED INCLUDED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) MADE IT

Part VI Supplemental Information (Continuation)

POSSIBLE FOR TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (CRD), COMMUNITY HEALTH WORKERS (CHW'S) AND OTHER SOCIAL CARE PROFESSIONALS. THE CRD (FINDHELP) YIELDED OVER 88,600 SEARCHES, WITH NEARLY 7,000 REFERRALS MADE AND NEARLY 400 ORGANIZATIONS ENGAGED THROUGH OUTREACH, TRAININGS, ONE-ON-ONE ENGAGEMENTS, AND COLLABORATIVES.

CHW'S ARE FRONTLINE HEALTH PROFESSIONALS WHO ARE TRUSTED MEMBERS OF AND/OR HAVE A DEEP UNDERSTANDING OF THE COMMUNITY SERVED. BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING, CHW'S PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S FULFILL MANY SKILLS AND FUNCTIONS INCLUDING OUTREACH, CONDUCTING ASSESSMENTS LIKE A SOCIAL NEEDS SCREENING OR A HEALTH ASSESSMENT, RESOURCE CONNECTION, SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING THROUGH ONGOING EDUCATION, ADVOCACY, AND SUPPORT. IN PRACTICE, SOME EXAMPLES ARE A CHW HELPING A PATIENT CONNECT WITH THEIR PRIMARY CARE DOCTOR, ASSISTING WITH A MEDICAID INSURANCE APPLICATION OR UNDERSTANDING THEIR BASIC INSURANCE BENEFITS, OR EMPOWERING A PATIENT TO ASK CLARIFYING QUESTIONS ABOUT THEIR MEDICATIONS OR PLAN OF CARE AT THEIR NEXT DOCTOR'S APPOINTMENT. IN FY24, CHW'S SUCCESSFULLY ADDRESSED NEARLY 16,000 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO SUCCESSFULLY CLOSE, WHICH MEANS THE NEED HAS BEEN FULLY MET AND IS NO LONGER IDENTIFIED AS A NEED.

TRINITY HEALTH RECEIVED A NEW CENTER FOR DISEASE CONTROL AND PREVENTION GRANT (5-YEAR, \$12.5 MILLION AWARD) IN JUNE 2024. SINCE ITS LAUNCH, WE HAVE CREATED 21 NEW MULTI-SECTOR PARTNERSHIPS ACROSS 16 STATES TO ACCELERATE HEALTH EQUITY IN DIABETES PREVENTION. THIS PAST FISCAL YEAR,

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

OUR HUB ENROLLED NEARLY 700 PARTICIPANTS INTO THE 12-MONTH, EVIDENCE-BASED LIFESTYLE CHANGE PROGRAM (60% REPRESENTING BLACK, LATINX AND/OR 65+ POPULATIONS), REACHED OUT TO NEARLY 20,350 PATIENTS AT RISK FOR TYPE 2 DIABETES, RECEIVED OVER 1,350 POINT OF CARE REFERRALS FROM PHYSICIANS, AND SCREENED NEARLY 1,500 POTENTIAL PARTICIPANTS FOR HEALTH-RELATED SOCIAL NEEDS - PROVIDING CHW INTERVENTIONS WHEN REQUESTED.

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