

**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

CATHOLIC HEALTH INITIATIVES - IOWA CORP

Employer identification number

42-0680448

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: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> 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)			2392239.		2392239.	.25%
b Medicaid (from Worksheet 3, column a)			149453717	183901731	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			151845956	183901731	2392239.	.25%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	18	6,060	1384265.	2,740.	1381525.	.14%
f Health professions education (from Worksheet 5)	7	182	18482225.	9342484.	9139741.	.95%
g Subsidized health services (from Worksheet 6)	4		26222050.	21321061.	4900989.	.51%
h Research (from Worksheet 7)	1		14,597.		14,597.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	13	1,531	3598284.		3598284.	.38%
j Total. Other Benefits	43	7,773	49701421.	30666285.	19035136.	1.98%
k Total. Add lines 7d and 7j	43	7,773	201547377	214568016	21427375.	2.23%

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	2		133,623.		133,623.	.01%
3 Community support	2	20	7,161.		7,161.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	3		6,283.		6,283.	.00%
7 Community health improvement advocacy	1		2,190.		2,190.	.00%
8 Workforce development	3	14,651	29,326.		29,326.	.00%
9 Other						
10 Total	11	14,671	178,583.		178,583.	.01%

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 43,502,654.

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) 5 161,532,007.

6 Enter Medicare allowable costs of care relating to payments on line 5 6 191,094,234.

7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 -29,562,227.

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 %
1 MERCY TERRACE HILL SURGERY CENTER, LLC	AMBULATORY SURGERY CENTER	50.00%		50.00%
2 RCG MERCY DES MOINES, LLC	OUTPATIENT DIALYSIS CENTERS	20.00%		80.00%
3 WEST LAKES SURGERY CENTER, LLC	AMBULATORY SURGERY CENTER	53.45%		46.55%

Part V	Facility Information
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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? 3

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

[illegible]

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: FACILITY REPORTING GROUP - ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3

	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 <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</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 <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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>21</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: **FACILITY REPORTING GROUP - A**

	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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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: FACILITY REPORTING GROUP - A

	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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> 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: FACILITY REPORTING GROUP - A**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 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.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A**FACILITY REPORTING GROUP A CONSISTS OF:**

- FACILITY 1: MERCYONE DES MOINES MEDICAL CENTER
- FACILITY 2: MERCY REHABILITATION HOSPITAL, LLC
- FACILITY 3: CLIVE BEHAVIORAL HEALTH HOSPITAL

GROUP A-FACILITY 1 -- MERCYONE DES MOINES MEDICAL CENTER

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

LINE 3E:

CATHOLIC HEALTH INITIATIVES - IOWA (MERCYONE DES MOINES), MERCY REHABILITATION HOSPITAL (MERCYONE CLIVE REHAB), AND CLIVE BEHAVIORAL HEALTH INCLUDED IN THEIR JOINT 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. MENTAL HEALTH
2. RESPIRATORY DISEASE (COVID-19)
3. NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
4. SUBSTANCE ABUSE
5. HEART DISEASE AND STROKE
6. ACCESS TO HEALTH CARE SERVICES
7. INFANT HEALTH AND FAMILY PLANNING
8. INJURY AND VIOLENCE

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.

9. DISABILITY AND CHRONIC PAIN**10. SEXUAL HEALTH****11. CANCER****GROUP A-FACILITY 1 -- MERCYONE DES MOINES MEDICAL CENTER**

PART V, SECTION B, LINE 5: INPUT WAS COLLECTED FROM JUNE TO AUGUST OF 2021 FROM PERSONS WHO REPRESENT THE COMMUNITY THROUGH SURVEYS CONDUCTED VIA TELEPHONE (LANDLINE AND CELL PHONE), AS WELL AS THROUGH ONLINE QUESTIONNAIRES. IN ALL, 537 AREA ADULTS COMPLETED THE COMMUNITY HEALTH SURVEY. TO SOLICIT INPUT FROM INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS IMPLEMENTED AS PART OF THIS PROCESS. IN ALL, 66 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. PARTICIPANTS INCLUDED 2 PHYSICIANS, 6 PUBLIC HEALTH REPRESENTATIVES (INCLUDING DALLAS COUNTY HEALTH DEPARTMENT, POLK COUNTY HEALTH DEPARTMENT, AND WARREN COUNTY PUBLIC HEALTH), 4 SOCIAL SERVICES PROVIDERS, 48 COMMUNITY LEADERS, AND 6 OTHER HEALTH PROVIDERS. THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICALLY UNDERSERVED POPULATIONS.

GROUP A-FACILITY 1 -- MERCYONE DES MOINES MEDICAL CENTER

PART V, SECTION B, LINE 6A: MERCYONE DES MOINES, MERCYONE CLIVE REHAB, AND CLIVE BEHAVIORAL HEALTH COLLABORATED WITH BROADLAWNS MEDICAL CENTER AND UNITYPOINT HEALTH-DES MOINES TO CONDUCT THE JOINT CHNA.

GROUP A-FACILITY 1 -- MERCYONE DES MOINES MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED WITH THE FOLLOWING

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.

ORGANIZATIONS: POLK COUNTY HEALTH DEPARTMENT, DALLAS COUNTY HEALTH

DEPARTMENT, WARREN COUNTY HEALTH SERVICES, UNITED WAY OF CENTRAL IOWA,

EVERYSTEP, AND MID-IOWA HEALTH FOUNDATION.

GROUP A-FACILITY 1 -- MERCYONE DES MOINES MEDICAL CENTER

PART V, SECTION B, LINE 11: MERCYONE DES MOINES ADDRESSED THE FOLLOWING

SIGNIFICANT NEEDS IN FY24:

ACCESS TO HEALTH CARE SERVICES:

- AWARDED A GRANT TO PRIMARY HEALTH CARE, A FEDERALLY QUALIFIED HEALTH CENTER, TO FUND THE OTHERWISE UNCOMPENSATED COST OF CARE PROVIDED AT THE FAMILY MEDICINE RESIDENCY CENTER;

- CONTINUED TO HAVE A COMMUNITY HEALTH WORKER EMBEDDED IN THE EMERGENCY DEPARTMENT AND EXPANDED THE PROGRAM TO THE WEST LAKES CAMPUS TO ASSIST PATIENTS IN NAVIGATING COMMUNITY RESOURCES AND PUBLIC ASSISTANCE PROGRAMS;

- CONTINUED TO OPERATE A COMMUNITY PARAMEDICINE PROGRAM, SERVING AS AN EXTENSION OF PRIMARY CARE, FREE OF CHARGE, IN THE PATIENT'S HOME;

- PROVIDED ENROLLMENT ASSISTANCE IN GOVERNMENTAL INSURANCE PLANS;

- UPON DISCHARGE OF PATIENTS, PROVIDED CAB VOUCHERS TO THOSE WHO COULD NOT AFFORD TRANSPORTATION AND PRESCRIPTION ASSISTANCE TO PATIENTS UNABLE TO PAY FOR NEEDED MEDICATION; AND

- CONTINUED TO OFFER A MEDICATION ASSISTANCE PROGRAM AT THE IOWA HEART CENTER TO ASSIST THOSE UNABLE TO AFFORD THE COST OF THEIR MEDICATION.

SUBSTANCE ABUSE:

CONTINUED TO COLLABORATE WITH HOUSE OF MERCY (HOM) TO PROVIDE SUBSTANCE USE DISORDER TREATMENT SERVICES. TWO HOM COUNSELORS PROVIDED SCREENING,

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.

BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT) AT MERCYONE DES MOINES WORKING DIRECTLY WITH NURSES, DOCTORS, AND SOCIAL WORKERS. THIS CONNECTION INCREASED COLLABORATION WITH HOM'S SUBSTANCE USE DISORDER SERVICES AND ALLOWED FOR A MORE SEAMLESS APPROACH FOR INDIVIDUALS TO ENTER TREATMENT.

INFANT HEALTH AND FAMILY PLANNING:

- CONTINUED TO PROVIDE COMMUNITY HEALTH WORKER COVERAGE TO THE OBSTETRIC EMERGENCY DEPARTMENT TO ASSIST PATIENTS IN NAVIGATING COMMUNITY RESOURCES, APPLYING FOR PUBLIC ASSISTANCE PROGRAMS, AND IDENTIFYING A MEDICAL HOME THAT MEETS THEIR PRE-NATAL CARE NEEDS AND PREFERENCES;
- PARTNERED WITH THE ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC & NEONATAL NURSES (AWHONN) TO PROVIDE RESPECTFUL MATERNITY CARE TRAINING TO OVER 250 STAFF. THIS TRAINING PROVIDES EVIDENCE-BASED APPROACHES THAT HELP REDUCE DISPARITIES IN MATERNAL MORBIDITY AND MORTALITY OUTCOMES;
- CONTRIBUTED TO AND PARTNERED WITH HEALTHY BIRTH DAY ON SEVERAL COMMUNITY EVENTS TO EDUCATE AND PROVIDE RESOURCES. HEALTHY BIRTH DAY'S MISSION IS TO IMPROVE BIRTH OUTCOMES THROUGH PROGRAMMING, ADVOCACY, AND SUPPORT;
- SERVED ON UNITED WAY'S EARLY CHILDHOOD SUCCESS CABINET, WHICH IS FOCUSED ON INVESTING FUNDS TOWARD STRATEGIES TO ADDRESS INFANT MORTALITY, DEVELOPMENTAL SCREENINGS, QUALITY CHILDCARE, AND KINDERGARTEN READINESS; AND
- MAINTAINED MATERNITY CARE, NEONATAL INTENSIVE CARE, AND PEDIATRIC SERVICES, DESPITE OPERATING AT A LOSS.

HEART DISEASE AND STROKE:

- IN PARTNERSHIP WITH THE IOWA HEART CENTER, CONTINUED TO TREAT A VARIETY

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.

OF CARDIAC AND RELATED CONDITIONS USING THE LATEST MEDICAL TREATMENTS AND PROCEDURES, AS WELL AS EDUCATE PEOPLE ABOUT CARDIOVASCULAR HEALTH AND PREVENTIVE MEDICINE.

MERCYONE DES MOINES DID NOT DIRECTLY ADDRESS ALL NEEDS IDENTIFIED IN THIS CYCLE, AS IT WAS DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THIS REASON, MERCYONE DES MOINES DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS: MENTAL HEALTH; RESPIRATORY DISEASE (COVID-19); NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT; INJURY AND VIOLENCE; DISABILITY AND CHRONIC PAIN; SEXUAL HEALTH; AND CANCER. HOWEVER, MERCY DES MOINES CONTINUED TO COLLABORATE WITH OTHER AGENCIES TO ADDRESS THESE NEEDS.

GROUP A-FACILITY 1 -- MERCYONE DES MOINES MEDICAL CENTER

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

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.

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.

GROUP A-FACILITY 2 -- MERCY REHABILITATION HOSPITAL, LLC

PART V, SECTION B, LINE 3J: LINE 3E: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- MERCY REHABILITATION HOSPITAL, LLC

PART V, SECTION B, LINE 5: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- MERCY REHABILITATION HOSPITAL, LLC

PART V, SECTION B, LINE 6A: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- MERCY REHABILITATION HOSPITAL, LLC

PART V, SECTION B, LINE 6B: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- MERCY REHABILITATION HOSPITAL, LLC

PART V, SECTION B, LINE 11: MERCYONE CLIVE REHAB ADDRESSED THE FOLLOWING SIGNIFICANT NEEDS IN FY24:

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.

MENTAL HEALTH: CLIVE BEHAVIORAL HEALTH AND MERCYONE CLIVE REHAB CONTINUED TO PARTNER TO TRIAGE REHABILITATION PATIENTS WITH BEHAVIORAL HEALTH CONCERNS TO THE APPROPRIATE LEVEL OF CARE.

HEART DISEASE AND STROKE: MERCYONE CLIVE REHAB CONTINUED TO WORK TOWARDS A STROKE CERTIFICATION THROUGH THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES AND RECEIVED 3-YEAR ACCREDITATION FOR STROKE AND GENERAL REHABILITATION IN FY24. MERCYONE CLIVE REHAB CONTINUED TO EVALUATE HOW THEY COULD BETTER SERVE THEIR PATIENT POPULATION AND PARTNERED WITH MULTIPLE ORGANIZATIONS TO BETTER CONNECT VISUALLY IMPAIRED PATIENTS WITH AVAILABLE RESOURCES.

MERCYONE CLIVE REHAB DID NOT DIRECTLY ADDRESS ALL NEEDS IDENTIFIED IN THIS CYCLE, AS IT WAS DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THIS REASON, MERCYONE CLIVE REHAB DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS: RESPIRATORY DISEASE (COVID-19); NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT; SUBSTANCE ABUSE; ACCESS TO HEALTH CARE SERVICES; INFANT HEALTH AND FAMILY PLANNING; INJURY AND VIOLENCE; DISABILITY AND CHRONIC PAIN; SEXUAL HEALTH; AND CANCER.

GROUP A-FACILITY 3 -- CLIVE BEHAVIORAL HEALTH HOSPITAL

PART V, SECTION B, LINE 3J: LINE 3E: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 3 -- CLIVE BEHAVIORAL HEALTH HOSPITAL

PART V, SECTION B, LINE 5: SEE FACILITY 1 EXPLANATION.

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.

GROUP A-FACILITY 3 -- CLIVE BEHAVIORAL HEALTH HOSPITAL

PART V, SECTION B, LINE 6A: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 3 -- CLIVE BEHAVIORAL HEALTH HOSPITAL

PART V, SECTION B, LINE 6B: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 3 -- CLIVE BEHAVIORAL HEALTH HOSPITAL

PART V, SECTION B, LINE 11: CLIVE BEHAVIORAL HEALTH ADDRESSED THE
FOLLOWING SIGNIFICANT NEEDS IN FY24:

MENTAL HEALTH: CLIVE BEHAVIORAL HEALTH CONTINUED TO INCREASE CAPACITY FOR
THEIR INPATIENT AND OUTPATIENT PROGRAMS. CLIVE BEHAVIORAL HEALTH
TRANSITIONED THEIR ADOLESCENT INTENSIVE OUTPATIENT PROGRAM TO A PARTIAL
HOSPITALIZATION PROGRAM TO PROVIDE MORE INTENSIVE TREATMENT PROGRAMMING.
CLIVE BEHAVIORAL HEALTH AND MERCYONE CLIVE REHAB COLLABORATED TO TRIAGE
REHAB PATIENTS WITH BEHAVIORAL HEALTH CONCERNS TO THE APPROPRIATE LEVEL OF
CARE. CLIVE BEHAVIORAL HEALTH PROVIDED EDUCATION TO MERCYONE CLIVE REHAB
STAFF ON AVAILABLE BEHAVIORAL HEALTH SERVICES.

SUBSTANCE ABUSE: CLIVE BEHAVIORAL HEALTH CONTINUED TO OPERATE THE FIRST
STEP RECOVERY CENTER, WHICH PROVIDES TREATMENT FOR ADULTS WITH CHEMICAL
DEPENDENCY.

CLIVE BEHAVIORAL HEALTH DID NOT DIRECTLY ADDRESS ALL NEEDS IDENTIFIED IN
THIS CYCLE, AS IT WAS DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY
THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN

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.

ITS ABILITY TO INFLUENCE. FOR THIS REASON, CLIVE BEHAVIORAL HEALTH DID NOT
DIRECTLY ADDRESS THE FOLLOWING NEEDS: RESPIRATORY DISEASE (COVID-19);
NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT; HEART DISEASE AND STROKE; ACCESS
TO HEALTH CARE SERVICES; INFANT HEALTH AND FAMILY PLANNING; INJURY AND
VIOLENCE; DISABILITY AND CHRONIC PAIN; SEXUAL HEALTH; AND CANCER.

PART V, SECTION B, LINE 7A:

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

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.

PART V, SECTION B, LINE 10A:

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

PART V, SECTION B, LINE 16A-C:

FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND
FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY:
WWW.MERCYONE.ORG/FOR-PATIENTS/
BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

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 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? 18

Name and address	Type of facility (describe)
1 MERCY OUTPATIENT CARDIAC TESTING 5880 UNIVERSITY, SUITE 211 WEST DES MOINES, IA 50266	AMBULATORY HEALTH CARE
2 MERCY AMBULATORY SURGERY CENTER 411 LAUREL STREET DES MOINES, IA 50314	AMBULATORY HEALTH CARE
3 MERCY FRANKLIN CENTER 1818 48TH STREET DES MOINES, IA 50314	BEHAVIORAL HEALTH
4 RCG MERCY DES MOINES, LLC 920 WINTER STREET WALTHAM, MA 02451	OUTPATIENT DIALYSIS CENTERS
5 RIVER HILLS SURGERY CENTER 1111 6TH AVENUE DES MOINES, IA 50314	SURGERY CENTER
6 CENTRAL IOWA CYBERKNIFE 411 LAUREL STREET DES MOINES, IA 50314	PHYSICIAN OFFICE
7 MERCY WEIGHT LOSS & NUTRITION CENTER 12493 UNIVERSITY AVENUE, SUITE 110 WEST DES MOINES, IA 50235	AMBULATORY HEALTH CARE
8 MERCY WEST ENDOSCOPY 1601 NW 114TH STREET, SUITE 244 CLIVE, IA 50325	AMBULATORY HEALTH CARE
9 MERCY OUTPATIENT CARDIAC TESTING 411 LAUREL STREET DES MOINES, IA 50314	AMBULATORY HEALTH CARE
10 MERCY WEST RADIOLOGY 1601 NW 114TH STREET, SUITE 149 CLIVE, IA 50325	MEDICAL IMAGING

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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? 18

Name and address	Type of facility (describe)
11 MERCY CANCER CENTER 411 LAUREL STREET DES MOINES, IA 50314	PHYSICIAN SERVICES
12 WEST LAKES SURGERY CENTER, LLC 12499 UNIVERSITY AVENUE, SUITE 100 CLIVE, IA 50325	SURGERY CENTER
13 RADIOLOGY CENTER 12495 UNIVERSITY AVENUE CLIVE, IA 50325	MEDICAL IMAGING
14 MERCY SLEEP CENTER 1449 NW 128TH STREET, SUITE 100 CLIVE, IA 50325	AMBULATORY HEALTH CARE
15 MERCY RIVERSIDE REHABILITATION CENTER 730 EAST 2ND STREET DES MOINES, IA 50309	REHABILITATION CENTER
16 MERCY CARDIAC & PULMONARY REHABILITAT 411 LAUREL STREET DES MOINES, IA 50314	AMBULATORY HEALTH CARE
17 MERCY ATRIUM IMAGING 411 LAUREL STREET DES MOINES, IA 50314	MEDICAL IMAGING
18 MERCY FAMILY MEDICINE RESIDENCY CENTE 250 LAUREL STREET DES MOINES, IA 50314	PHYSICIAN OFFICE

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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:

CATHOLIC HEALTH INITIATIVES - IOWA, CORP. (MERCYONE DES MOINES) 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 DES MOINES 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 SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$43,502,654, 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:

WORKFORCE DEVELOPMENT: TO ADDRESS WORKFORCE SHORTAGES IN THE HEALTH CARE FIELD, MERCYONE DES MOINES PROVIDED AWARENESS AND EXPLORATION ACTIVITIES PROVIDING EXPOSURE TO A VARIETY OF HEALTH CARE CAREERS. MERCYONE DES MOINES ATTENDED OR HOSTED OVER 40 EVENTS SERVING HIGH SCHOOL STUDENTS IN THE 2023-2024 SCHOOL YEAR. EVENTS INCLUDED SPEAKING TO STUDENTS ABOUT CAREERS IN HEALTH CARE, BRINGING STUDENTS TO THE HOSPITAL TO TOUR AND EXPLORE SPECIFIC CLINICAL PATHWAYS, CAREER FAIRS SHOWCASING DIFFERENT HEALTH CARE OPPORTUNITIES, AND ADDITIONAL CAREER EXPLORATION THROUGH GAMES AND HANDS-ON ACTIVITIES DURING ONSITE EVENTS. MERCYONE DES MOINES ALSO PROVIDED STUDENTS OPPORTUNITIES TO SHADOW CLINICIANS TO GAIN EXPOSURE TO THE HEALTH CARE FIELD. MERCYONE LEADERS SPENT TIME ON WORKFORCE DEVELOPMENT INITIATIVES SUCH AS HIGH SCHOOL CAREER EXPLORATION EVENTS, COLLEGE BOARD PARTICIPATION, AND PRESENTATIONS TO AREA SCHOOL GROUPS. THE MERCYONE FLIGHT TEAM PARTNERED WITH RURAL HOSPITALS, EMS, AND BUSINESSES

Part VI Supplemental Information (Continuation)

TO PROVIDE EMERGENCY PREPAREDNESS TRAINING.

ECONOMIC DEVELOPMENT: MERCYONE DES MOINES FINANCIALLY CONTRIBUTED TO THE GREATER DES MOINES PARTNERSHIP TO HELP SPUR ECONOMIC DEVELOPMENT, ATTRACT, RETAIN, AND DEVELOP TALENT, AND SUPPORT SMALL BUSINESSES. EXAMPLES OF INITIATIVES INCLUDED: SCALE DSM AND SPARK DSM, WHICH HELP SUPPORT STARTUP BUSINESSES AND PROVIDE EDUCATION TO SUSTAIN GROWTH; DSM WORKFORCE COLLABORATIVE, WHICH DRIVES WORK-BASED LEARNING AND TALENT RETENTION STRATEGIES; AND THE DOWNTOWN FUTURE FORWARD VISION PLAN TO HELP POSITION DOWNTOWN DES MOINES FOR SHORT-TERM ECONOMIC RECOVERY AND LONG-TERM ECONOMIC VITALITY AND VIBRANCY, PART OF WHICH INCLUDES ADDRESSING HOUSING INSECURITY BY PRESERVING AND ENHANCING AFFORDABLE HOUSING UNITS.

COALITION BUILDING: MERCYONE LEADERS SERVED ON BOARDS AND COMMITTEES FOCUSED ON ECONOMIC AND COMMUNITY DEVELOPMENT INITIATIVES. MERCYONE LEADERS PARTICIPATED IN COMMUNITY COALITIONS AND BOARDS FOCUSED ON ADDRESSING HEALTH AND SAFETY ISSUES.

COMMUNITY SUPPORT: MERCYONE LEADERS PARTICIPATED IN COMMUNITY SUPPORT ACTIVITIES, INCLUDING SERVING ON LOCAL BOARDS AND PROVIDING MENTORSHIP TO STUDENTS.

COMMUNITY HEALTH IMPROVEMENT ADVOCACY: MERCYONE LEADERS PARTICIPATED IN ADVOCACY EFFORTS BY ATTENDING COMMUNITY MEETINGS FOCUSED ON ENHANCING ADVOCACY STRATEGIES FOR VARIOUS HEALTH AND SOCIAL NEEDS.

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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 DES MOINES USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, MERCYONE DES MOINES IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MERCYONE DES MOINES 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 DES MOINES 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 ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS,

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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 THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE, THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED

Part VI Supplemental Information (Continuation)

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 DES MOINES, MERCYONE CLIVE REHAB, AND CLIVE BEHAVIORAL HEALTH ASSESS THE HEALTH STATUS OF THEIR COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL

Part VI Supplemental Information (Continuation)

COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITALS 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 DES MOINES 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 DES MOINES 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

Part VI Supplemental Information (Continuation)

INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND
OTHER PATIENT FINANCIAL SERVICES OFFICES. 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 HOSPITAL.

PART VI, LINE 4:

COMMUNITY INFORMATION -

THE PRIMARY SERVICE AREA FOR MERCYONE DES MOINES, MERCYONE CLIVE REHAB,
AND CLIVE BEHAVIORAL HEALTH INCLUDES POLK, WARREN, AND DALLAS COUNTIES IN
IOWA. POLK, WARREN, AND DALLAS COUNTIES TOGETHER ENCOMPASS 1,730 SQUARE
MILES AND HOUSE A TOTAL POPULATION OF 616,787 RESIDENTS, ACCORDING TO THE
LATEST CENSUS ESTIMATES. IN THE SERVICE AREA, 25.4% OF THE POPULATION ARE
CHILDREN FROM AGE 0 TO 17; ANOTHER 61.7% ARE INDIVIDUALS FROM AGE 18 TO
64, WHILE 12.9% ARE AGE 65 AND OLDER. IN LOOKING AT RACE INDEPENDENT OF
ETHNICITY (HISPANIC OR LATINO ORIGIN), 85.9% OF RESIDENTS ARE WHITE AND
5.6% ARE BLACK. A TOTAL OF 7.6% OF RESIDENTS ARE HISPANIC OR LATINO. TWO
IN THREE TOTAL SERVICE AREA ADULTS AGES 18 TO 64 (66.3%) REPORT HAVING
HEALTH CARE COVERAGE THROUGH PRIVATE INSURANCE. ANOTHER 28.9% REPORT
COVERAGE THROUGH A GOVERNMENT-SPONSORED PROGRAM (E.G., MEDICAID, MEDICARE,
MILITARY BENEFITS). AMONG ADULTS AGES 18 TO 64, 4.8% REPORT HAVING NO
INSURANCE COVERAGE FOR HEALTH CARE EXPENSES. THE LATEST CENSUS ESTIMATE
SHOWS 9.5% OF THE SERVICE AREA POPULATION LIVE BELOW THE FEDERAL POVERTY
LEVEL. AMONG THE SERVICE AREA POPULATION AGES 25 AND OLDER, AN ESTIMATED
7.6% DO NOT HAVE A HIGH SCHOOL EDUCATION, WHICH IS WELL BELOW THE NATIONAL
PERCENTAGE.

Part VI Supplemental Information (Continuation)

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH -

MERCYONE DES MOINES OPERATES TWO MEDICAL CENTERS IN DES MOINES AND WEST DES MOINES AND TWO SPECIALTY HOSPITALS - MERCYONE CHILDREN'S HOSPITAL IN DES MOINES AND MERCYONE REHABILITATION HOSPITAL IN CLIVE - ALONG WITH MORE THAN 20 ADDITIONAL FACILITIES THAT HOUSE MORE THAN 60 PRIMARY CARE, PEDIATRIC, INTERNAL MEDICINE AND SPECIALTY CLINICS. ADDITIONALLY, MERCYONE DES MOINES PARTNERED WITH CLIVE BEHAVIORAL HEALTH TO PROVIDE INPATIENT CARE FOR PEOPLE WITH BEHAVIORAL HEALTH DISORDERS OR CO-OCCURRING DISORDERS.

THE ORGANIZATION'S HOSPITAL FACILITIES HAVE AN OPEN MEDICAL STAFF. THE BOARD OF DIRECTORS REPRESENTS DIVERSE PROFESSIONAL EXPERTISE AND LIFE EXPERIENCE IN THE COMMUNITY. ALL PATIENTS PRESENTING AT THE HOSPITAL FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE ARE TREATED REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH TREATMENT.

MERCYONE DES MOINES COLLABORATES WITH HEALTH EDUCATION PROGRAMS IN THE AREA INCLUDING MERCY COLLEGE, DES MOINES UNIVERSITY, DRAKE UNIVERSITY, UNIVERSITY OF IOWA, SIMPSON COLLEGE, IOWA STATE UNIVERSITY, AND DES MOINES AREA COMMUNITY COLLEGE. MERCYONE DES MOINES COLLABORATED WITH THE GRANDVIEW NURSING ADVISORY BOARD. MERCYONE DES MOINES OFFERS RESIDENCY PROGRAMS IN FAMILY MEDICINE, INTERNAL MEDICINE, GENERAL SURGERY, PHARMACY, AND PSYCHIATRY, AS WELL AS A CARDIOLOGY FELLOWSHIP. MERCYONE DES MOINES OPERATES AN INSTITUTIONAL REVIEW BOARD THAT REVIEWS THE VARIOUS RESEARCH STUDIES CONDUCTED AT MERCYONE FACILITIES.

Part VI Supplemental Information (Continuation)

MERCYONE DES MOINES CONTINUES TO SUPPORT THE COMMUNITY BY HAVING LEADERS ACTIVELY PARTICIPATE IN LOCAL COMMUNITY BOARDS AND COALITIONS. MERCYONE DES MOINES PARTICIPATED IN REGULAR BLOOD DRIVES THROUGHOUT THE YEAR AND HOSTED A FREE MAMMOGRAM EVENT TO PROVIDE UNINSURED OR UNDER-INSURED QUALIFYING PATIENTS WITH A SCREENING MAMMOGRAM. MERCYONE DES MOINES CONTINUED TO PARTNER WITH POLK COUNTY'S SEXUAL ASSAULT RESPONSE TEAM PROGRAM TO PROVIDE QUALITY, COMPASSIONATE AND CONSISTENT CARE TO VICTIMS OF SEXUAL ASSAULT. MERCYONE DES MOINES PROVIDED COMMUNITY EDUCATION COURSES SUCH AS STOP THE BLEED, WHICH PROVIDES TRAINING ON HOW TO STOP A LIFE-THREATENING HEMORRHAGE, AND TALK IT UP, LOCK IT UP, WHICH PROMOTES GUN SAFETY. MERCYONE DES MOINES FINANCIALLY CONTRIBUTED TO THE TALK IT UP, LOCK IT UP INITIATIVE AND PARTICIPATED IN PUBLIC SERVICE ANNOUNCEMENTS RELATED TO THIS INITIATIVE TO EDUCATE THE PUBLIC.

MERCYONE FITNESS CENTER ALSO HOSTED MULTIPLE COMMUNITY EDUCATION EVENTS FOCUSED ON HEALTH PREVENTION BEHAVIORS AND NAVIGATING COMMUNITY RESOURCES. MERCYONE FITNESS CENTER ALSO REGULARLY DONATED SPACE FOR COMMUNITY ORGANIZATIONS TO UTILIZE FOR COMMUNITY EDUCATION AND COALITION MEETINGS.

MERCYONE DES MOINES PROVIDED EDUCATIONAL COURSES TO COMMUNITY EMS, PARAMEDICS, NURSES, AND PROVIDERS ON VARIOUS TOPICS, INCLUDING AIRWAY MANAGEMENT, ADVANCED TRAUMA LIFE SUPPORT, AND RURAL TRAUMA TEAM DEVELOPMENT. MERCYONE DES MOINES PARTICIPATED IN THE MATTER OF BALANCE PROGRAM, AIMED AT PREVENTING FALLS AMONG THE ELDERLY. MERCYONE DES MOINES CREATED FREE MEDICAL CONTENT FOR MI SALUD TOTAL EN IOWA TO SUPPORT HEALTH EDUCATION IN THE LATINO COMMUNITY AND PARTICIPATED IN NATIONAL LATINO PHYSICIAN DAY TO BRING AWARENESS TO UNDERREPRESENTATION OF MINORITIES IN THE FIELD OF MEDICINE. THIS INCLUDED VISITS TO AVENUE SCHOLARS AND START'S

Part VI Supplemental Information (Continuation)

RIGHT HERE PROGRAMS. MERCYONE DES MOINES AMBULANCE SERVICE ASSEMBLED
CANCER BAGS AND DONATED THEM TO CANCER WALKS. MERCYONE CHILDREN'S HOSPITAL
PROVIDED FAMILIES IN NEED WITH CAR SEATS WHEN THEY WERE UNABLE TO AFFORD
THEM OR NEEDED SPECIALIZED SEATS DUE TO CERTAIN DIAGNOSES. MERCYONE
DONATED AN AMBULANCE TO FONTANELLE EMS TO HELP THEM CONTINUE TO PROVIDE
EMERGENCY SERVICES IN THEIR COMMUNITY.

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'S REGIONAL COMMUNITY IMPACT IN FY24 TOTALED \$263.9 MILLION.

PART VI, LINE 6:

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

Part VI Supplemental Information (Continuation)

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 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.

Part VI Supplemental Information (Continuation)

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 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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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, 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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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.