

**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

CENTRAL COMMUNITY HOSPITAL

Employer identification number

42-0818642

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?		X
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)			60,713.		60,713.	.47%
b Medicaid (from Worksheet 3, column a)			1352558.	2443228.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			1413271.	2443228.	60,713.	.47%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	10	419	35,576.	3,500.	32,076.	.25%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)	4	7,207	4576587.	2649748.	1926839.	14.89%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	6	11,296.		11,296.	.09%
j Total. Other Benefits	20	7,632	4623459.	2653248.	1970211.	15.23%
k Total. Add lines 7d and 7j	20	7,632	6036730.	5096476.	2030924.	15.70%

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		218.		218.	.00%
3 Community support	2		3,245.	800.	2,445.	.02%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		10.		10.	.00%
7 Community health improvement advocacy	1		18.		18.	.00%
8 Workforce development	2	175	1,416.		1,416.	.01%
9 Other						
10 Total	8	175	4,907.	800.	4,107.	.03%

Part III	Bad Debt, Medicare, & Collection Practices
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Section A. Bad Debt Expense

Section A. Bad Debt Expense		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	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		
	2 169,900.		
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 16,990.		
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 6,092,105.		
6	Enter Medicare allowable costs of care relating to payments on line 5		
	6 6,159,122.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)		
	7 -67,017.		
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		
Section C. Collection Practices			
9a	Did the organization have a written debt collection policy during the tax year?	X	
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	X	

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

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 <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>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: CENTRAL COMMUNITY HOSPITAL

	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)		

Schedule H (Form 990) 2023

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

	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)			

Schedule H (Form 990) 2023

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: CENTRAL COMMUNITY HOSPITAL**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.

CENTRAL COMMUNITY HOSPITAL:

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

LINE 3E:

CENTRAL COMMUNITY HOSPITAL (MERCYONE ELKADER) 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:

MENTAL HEALTH, HOME HEALTH/SKILLED CARE, RECRUITING PROVIDERS/ACCESS TO SPECIALISTS, HEALTH CARE TRANSPORTATION, OBESITY (NUTRITION/EXERCISE), DENTAL SERVICES, DRUGS & SUBSTANCE ABUSE

CENTRAL COMMUNITY HOSPITAL:

PART V, SECTION B, LINE 5: IN NOVEMBER 2021, A MEETING WAS HELD WITH HOSPITAL LEADERS, CLAYTON COUNTY PUBLIC HEALTH/VISITING NURSES ASSOCIATION (VNA) AND VVV CONSULTANTS, LLC TO REVIEW THE CHNA PROCESS AND COLLABORATIVE OPTIONS. THE VNA IN CLAYTON COUNTY PROVIDES NUMEROUS DIRECT SERVICES TO VULNERABLE COMMUNITY MEMBERS TO INCREASE ACCESS TO MEDICAL AND DENTAL CARE AND HOMECARE SERVICES. THEIR WORK WITH MEDICALLY UNDERSERVED AND LOW-INCOME INDIVIDUALS GRANTED THEM THE INSIGHT TO ADVOCATE THEIR NEEDS ON THEIR BEHALF. FROM NOVEMBER 2021 TO FEBRUARY 2022, THE TEAM COLLECTED DATA/RESEARCH AND PREPARED FOR AN ONLINE SURVEY AND TOWN HALL

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.

(VIA ZOOM DUE TO THE OMICRON COVID-19 VARIANT). IN FEBRUARY 2022, AN
ONLINE SURVEY WAS LAUNCHED (VIA EMAIL AND SENT TO LOCAL MEDIA) TO COLLECT
FEEDBACK FROM STAKEHOLDERS. AT THE END OF MARCH 2022, A TOWN HALL TOOK
PLACE TO REVIEW THE SURVEY RESULTS AND OTHER DATA/RESEARCH.
REPRESENTATIVES FROM NORTHEAST IOWA BEHAVIORAL HEALTH, INC.; CLAYTON
COUNTY EMERGENCY MANAGEMENT; CENTRAL COMMUNITY SCHOOL DISTRICT; SUBSTANCE
ABUSE SERVICES FOR CLAYTON COUNTY; CENTRAL COMMUNITY HOSPITAL FOUNDATION;
CHAMBER OF COMMERCE; CITY OF ELKADER; AND NORTH IOWA COMMUNITY COLLEGE
(NICC) PARTICIPATED. AFTER THE TOWN HALL, FEEDBACK WAS GATHERED FROM
STAKEHOLDERS UP UNTIL THE END OF APRIL, WHEN THE REPORT WAS FINALIZED. IT
WAS APPROVED BY THE MERCYONE ELKADER MEDICAL CENTER BOARD OF DIRECTORS IN
MAY OF 2022.

CENTRAL COMMUNITY HOSPITAL:

PART V, SECTION B, LINE 6A: GUTTENBERG MUNICIPAL HOSPITAL AND CLINICS

CENTRAL COMMUNITY HOSPITAL:

PART V, SECTION B, LINE 6B: CLAYTON COUNTY PUBLIC HEALTH/VISITING NURSES
ASSOCIATION, NORTHEAST IOWA BEHAVIORAL HEALTH, INC., CLAYTON COUNTY
EMERGENCY MANAGEMENT, CENTRAL COMMUNITY SCHOOL DISTRICT, SUBSTANCE ABUSE
SERVICES FOR CLAYTON COUNTY, CENTRAL COMMUNITY HOSPITAL FOUNDATION,
CHAMBER OF COMMERCE, CITY OF ELKADER, NICC

CENTRAL COMMUNITY HOSPITAL:

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 11: MERCYONE ONE ELKADER ADDRESSED THE FOLLOWING
NEEDS IN FY24:

MENTAL HEALTH - MERCYONE ELKADER CONTRACTED WITH INTEGRATED TELEHEALTH
PARTNERS/FLOWSTATE TO PROVIDE CONSULTS TO PATIENTS WHO ARE IN CRISIS. THIS
WAS FUNDED BY COUNTY SOCIAL SERVICES AND NOT BILLED TO THE PATIENT. IT WAS
A SIGNIFICANT COMMUNITY BENEFIT OFFERED TO THOSE IN CRISIS IN THE
EMERGENCY ROOM AND HELPED GET THEM TO THE NEXT LEVEL OF CARE.

MERCYONE ELKADER IMPLEMENTED DEPRESSION SCREENINGS WITH PATIENTS AGE 12+.
THE HOSPITAL CONTINUED TO PROMOTE 24-HOUR CRISIS HOTLINES AND EXISTING
MENTAL HEALTH SERVICES, FACILITIES, AND PROVIDERS. THEY ALSO EDUCATED THE
COMMUNITY ON SCREENINGS, BULLYING, MENTAL HEALTH CARE DELIVERY, PLACEMENT
PROCESS, AND DEPRESSION.

RECRUITING PROVIDERS/ACCESS TO SPECIALISTS - MERCYONE ELKADER CONNECTED
INPATIENTS TO SPECIALISTS IN VARIOUS WAYS, WHICH INCLUDED USING: AVEL
E-EMERGENCY AND AVEL E-HOSPITALISTS TELEMEDICINE SERVICES; AVEL E-SANE,
WHICH PROVIDED GUIDANCE WHEN SEXUAL ASSAULT VICTIMS PRESENTED TO THE
HOSPITAL; AND INTEGRATED TELEHEALTH PARTNERS/FLOWSTATE FOR BRAIN HEALTH
CONSULTS. PROVIDERS WERE ENCOURAGED TO UTILIZE THESE TELEHEALTH SERVICES
AND MOBILE APP OPTIONS TO IMPROVE PRODUCTIVITY.

MERCYONE ELKADER ALSO CONTRACTED CARDIOLOGISTS FROM MEDICAL ASSOCIATES IN
DUBUQUE TO COME TO ELKADER FOR IN-PERSON VISITS AND BECAME AN APPROVED
NATIONAL HEALTH SERVICES CORPS (NHSC) SITE. THIS CERTIFICATION HELPS WITH
PROVIDER RECRUITMENT AND RETENTION IN ELKADER'S RURAL LOCATION.

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 ELKADER PROMOTED AND ADVERTISED AT SURROUNDING AREA COLLEGE JOB FAIRS TO STUDENTS AND OTHERWISE UNEMPLOYED INDIVIDUALS WITHIN THE COUNTY AND ENCOURAGED AREA PROVIDERS TO COLLECTIVELY HELP RECRUIT AND IDENTIFY AND/OR CONTACT KEY PROVIDERS.

DENTAL SERVICES - THE HOSPITAL ASSISTED THE PUBLIC HEALTH DEPARTMENT BY CLEANING AND STERILIZING DENTAL INSTRUMENTS USED BY COUNTY DENTAL CLINIC. MERCYONE ELKADER CONTINUED TO PARTNER WITH A LOCAL DENTIST ON HOSPITAL-RELATED DENTAL NEEDS.

DRUGS & SUBSTANCE ABUSE - MERCYONE ELKADER COLLABORATED WITH SCHOOLS AND CHURCHES TO PROVIDE AFTER-SCHOOL PROGRAMS AND ACTIVITY OPTIONS TO KEEP YOUTH FROM DEVELOPING HABITS INVOLVING DRUG/SUBSTANCE USE. MERCYONE ELKADER ALSO CONTINUED TO PROVIDE TOBACCO CESSATION EDUCATION. SEVERAL CASH DONATIONS WERE MADE TO ORGANIZATIONS TO SUPPORT EFFORTS TO ENCOURAGE CHILDREN TO CHOOSE A DRUG AND ALCOHOL-FREE LIFESTYLE. MERCYONE ELKADER ESTABLISHED AND PROMOTED DISCARDING OLD PRESCRIPTIONS AT LOCAL POLICE DEPARTMENTS AND PHARMACIES, ESPECIALLY OPIOIDS.

ONE RN AND ONE ARNP BECAME TRAINED UNDER THE SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM THIS YEAR. THIS RESULTED IN A TOTAL OF FOUR MEMBERS OF THE NURSING DEPARTMENT NOW BEING TRAINED TO PERFORM SEXUAL ASSAULT EXAMS TO HELP LIMIT THE NEED FOR THESE PATIENTS TO BE TRANSFERRED TO ANOTHER FACILITY. THE MERCYONE ELKADER SANE NURSES WERE ACTIVELY INVOLVED IN THE CLAYTON COUNTY SEXUAL ASSAULT TEAM.

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 ELKADER ACKNOWLEDGES THAT THERE WAS A WIDE RANGE OF PRIORITY HEALTH AND SOCIAL ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. THEREFORE, MERCYONE ELKADER DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS:

- HOME HEALTH/SKILLED CARE
- HEALTH CARE TRANSPORTATION
- OBESITY (NUTRITION/EXERCISE)

CENTRAL COMMUNITY HOSPITAL:

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.

PART V, SECTION B, LINE 7A:

COMMUNITY HEALTH NEEDS ASSESSMENT:

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

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 10A:

IMPLEMENTATION STRATEGY:

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

PART V, SECTION B, LINE 9:

FOLLOWING ADOPTION OF THE FY22 IMPLEMENTATION STRATEGY, MERCYONE
ELKADER MADE IMPROVEMENTS TO THEIR IMPLEMENTATION STRATEGY, WHICH WAS
READOPTED BY THE BOARD OF DIRECTORS ON NOVEMBER 2, 2023 AND POSTED TO
THEIR WEBSITE AT:

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

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:

CENTRAL COMMUNITY HOSPITAL (MERCYONE ELKADER) 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 ELKADER 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, \$169,900, 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:

ECONOMIC DEVELOPMENT: MERCYONE ELKADER LEADERS SERVED ON BOARDS AND COMMITTEES FOCUSED ON ECONOMIC AND COMMUNITY DEVELOPMENT INITIATIVES.

COMMUNITY SUPPORT: MERCYONE ELKADER LEADERS PARTICIPATED IN COMMUNITY SUPPORT ACTIVITIES, INCLUDING SERVING ON LOCAL BOARDS AND PROVIDING MENTORSHIP TO STUDENTS. MERCYONE ELKADER ALSO HOSTED AND LED A SAFE SITTER CLASS FOR THE COMMUNITY.

COALITION BUILDING: MERCYONE ELKADER LEADERS PARTICIPATED IN COMMUNITY COALITIONS AND BOARDS FOCUSED ON ADDRESSING HEALTH AND SAFETY ISSUES.

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS/SAFETY: MERCYONE ELKADER LEADERS PARTICIPATED IN ADVOCACY EFFORTS BY ATTENDING COMMUNITY MEETINGS FOCUSED ON ENHANCING ADVOCACY STRATEGIES FOR VARIOUS HEALTH AND SOCIAL

Part VI Supplemental Information (Continuation)

NEEDS.

WORKFORCE DEVELOPMENT: MERCYONE ELKADER LEADERS SPENT TIME ON WORKFORCE DEVELOPMENT INITIATIVES SUCH AS HIGH SCHOOL CAREER EXPLORATION EVENTS, COLLEGE BOARD PARTICIPATION, AND PRESENTATIONS TO AREA SCHOOL GROUPS.

PART III, LINE 2:

MERCYONE ELKADER DETERMINES ITS ESTIMATE OF IMPLICIT PRICE CONCESSIONS BASED ON ITS HISTORICAL COLLECTION EXPERIENCE WITH THIS CATEGORY OF PATIENT.

PART III, LINE 3:

A REASONABLE ESTIMATE OF THE HOSPITAL'S IMPLICIT PRICE CONCESSIONS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY IS 10% OF IMPLICIT PRICE CONCESSIONS. THIS IS BASED ON THE PERCENTAGE OF INDIVIDUALS BELOW THE POVERTY LEVEL IN THE AREA.

PART III, LINE 4:

MERCYONE ELKADER 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, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS

Part VI Supplemental Information (Continuation)

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 COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO

Part VI Supplemental Information (Continuation)

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 ELKADER CONTINUOUSLY MONITORS THE NEEDS OF THE COMMUNITY BY REVISITING THE COMMUNITY HEALTH IMPROVEMENT PLAN AND UPDATING THE PLAN WITH ACTIONS TAKEN AS WELL AS NEW STRATEGIES THAT NEED TO BE DEPLOYED BASED ON NEW DATA. MERCYONE ELKADER ACTIVELY PARTNERS WITH THE LOCAL SCHOOLS, CITY/TOWNSHIPS, HOSPITALS, PUBLIC HEALTH AGENCIES, EMERGENCY MANAGEMENT AGENCIES, LAW ENFORCEMENT, FIRE AND EMS AND OFTEN IS MADE AWARE OF COMMUNITY NEEDS THROUGH THOSE PARTNERSHIPS.

Part VI Supplemental Information (Continuation)

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MERCYONE ELKADER 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 ELKADER 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 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 Supplemental Information (Continuation)

PART VI, LINE 4:

COMMUNITY INFORMATION - MERCYONE ELKADER SERVES THE RESIDENTS OF THE CENTRAL PART OF CLAYTON COUNTY, IOWA INTO THE NORTHEAST SECTION OF THE COUNTY. IT IS A RURAL, AGRICULTURAL AREA. THE GEOGRAPHIC AREA OF CLAYTON COUNTY IS 793 SQUARE MILES. THE NEAREST LARGER CITY IS DUBUQUE, IOWA, WHICH IS 72 MILES FROM ELKADER, THE COUNTY SEAT. CLAYTON COUNTY HAS A POPULATION OF 16,998 AND IS THE FIFTH-LARGEST COUNTY IN IOWA BY AREA. IN 2021, THE MEDIAN HOUSEHOLD INCOME OF CLAYTON COUNTY RESIDENTS WAS \$58,148. THE POVERTY RATE OF CLAYTON COUNTY IN 2021 WAS 12%. THE PERCENTAGE OVER AGE 65 IS 25% OF THE TOTAL POPULATION. THE LARGEST CLAYTON COUNTY RACIAL/ETHNIC GROUPS ARE WHITE (95.3%), HISPANIC OR LATINO (2.4%), TWO OR MORE RACES (1.2%), AND BLACK OR AFRICAN AMERICAN (0.9%). CLAYTON COUNTY IS A DESIGNATED MEDICALLY UNDERSERVED AREA (INDEX SCORE OF 55.0). GUTTENBERG MUNICIPAL HOSPITAL ALSO SERVES CLAYTON COUNTY AND IS LOCATED IN GUTTENBERG, IOWA.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - IN FISCAL YEAR 2024, MERCYONE ELKADER BOARD MEMBERS RESIDED IN THE PRIMARY SERVICE AREA. NO BOARD MEMBERS WERE EMPLOYED OR CONTRACTED BY THE HOSPITAL, AND NO BOARD MEMBERS HAD FAMILY MEMBERS EMPLOYED BY MERCYONE ELKADER.

MERCYONE ELKADER PARTNERED WITH THE CITY OF ELKADER AND LOCAL TOWNSHIPS TO PROVIDE EMS SERVICES. THE HOSPITAL EMPLOYED ALL THE STAFF, PROVIDED MEDICAL DIRECTORSHIP, PURCHASED EQUIPMENT, SUPPLIES AND MEDICATIONS, AS WELL AS PAID FOR HALF OF THE GAS AND HANDLED THE BILLING. THE CITY OF ELKADER PURCHASED, MAINTAINED, AND PROVIDED STORAGE FOR THE AMBULANCES, AS

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

WELL AS PAID FOR INSURANCE AND HALF OF THE GAS.

THERE ARE TWO CRITICAL ACCESS HOSPITALS IN CLAYTON COUNTY, IOWA: MERCYONE ELKADER IN ELKADER, IOWA AND GUTTENBERG MUNICIPAL HOSPITAL & CLINICS IN GUTTENBERG, IOWA. MERCYONE ELKADER IS 30 MINUTES AWAY FROM GUTTENBERG MUNICIPAL HOSPITAL & CLINICS AS WELL AS THE SAME DISTANCE AWAY FROM THREE OTHER CRITICAL ACCESS HOSPITALS (REGIONAL MEDICAL CENTER, GUNDERSON PALMER LUTHERAN HOSPITAL, AND CROSSING RIVERS HEALTH). THE RESIDENTS OF ELKADER AND SURROUNDING AREAS DEPEND ON THE EMERGENCY ROOM BEING AVAILABLE 24/7/365 WHEN EMERGENCY HEALTH NEEDS ARISE. EMS SERVICE IS ALSO AVAILABLE 24/7/365 FOR ALL 911 CALLS AND TRANSFER CALLS. THE HOSPITAL WORKS RELENTLESSLY TO ENSURE THAT COVERAGE FOR BOTH THE ER AND THE EMS SERVICE IS ALWAYS AVAILABLE FOR THE COMMUNITY, IN AN INCREASINGLY TOUGH RECRUITMENT MARKET. IF THESE SERVICES WERE NOT AVAILABLE, THE COMMUNITY WOULD SUFFER TREMENDOUSLY.

IT WAS A HUGE TASK TO ENSURE THAT HEALTH CARE PERSONNEL WERE UP TO DATE ON ALL REQUIRED TRAINING. MERCYONE ELKADER OFFERED TRAINING FOR PHYSICIANS, ADVANCED PRACTICE PROVIDERS, NURSES AND EMS PERSONNEL IN BASIC LIFE SUPPORT (CPR-BLS), ADVANCED CARDIOVASCULAR LIFE SUPPORT (CPR-ACLS), PEDIATRIC ADVANCED LIFE SUPPORT (CPR-PALS), NEONATAL RESUSCITATION (CPR-NRP), ADVANCED TRAUMA LIFE SUPPORT (ATLS), AND TRAUMA NURSING CORE COURSE (TNCC).

MERCYONE ELKADER WAS INVOLVED IN A REGIONAL COALITION THAT INVOLVED SIX OTHER COUNTIES THAT WORKED TOGETHER ON EMERGENCY PREPAREDNESS STRATEGIES. THE HOSPITAL ALSO PARTICIPATED IN THE HOSPITAL ALLIANCE FOR PREPAREDNESS IN IOWA.

Part VI Supplemental Information (Continuation)

MERCYONE ELKADER RECEIVED REQUESTS FROM TWO LOCAL HIGH SCHOOLS TO PROVIDE SUBSIDIZED MEDICAL SERVICES FOR THEIR ATHLETIC PROGRAMS TO IMPROVE SAFETY. THESE PROVIDERS PERFORMED CONCUSSION SCREENINGS (BASELINE AND POST-INJURY) AND OTHER PREVENTATIVE AND INJURY TREATMENT MEASURES TO ENSURE THE STUDENTS' SAFETY AT PRACTICES AND GAMES.

MERCYONE ELKADER SUPPORTED BLOOD DRIVES IN THE LOCAL COMMUNITY THROUGH IN-KIND TIME HELPING CHECK PEOPLE IN AND PROVIDING SUPPLIES.

MERCYONE ELKADER IS DESIGNATED AS A SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP) SPONSOR ORGANIZATION BY THE IOWA INSURANCE DIVISION. THIS PARTNERSHIP HAS LASTED FOR OVER TEN YEARS AND HAS HELPED MANY RESIDENTS FROM CLAYTON COUNTY AND THE SURROUNDING COUNTIES UNDERSTAND THEIR CHOICES FOR MEDICARE PART D DRUG PLANS. SHIIP SERVICES ARE DELIVERED BY VOLUNTEERS IN A VARIETY OF ROLES THROUGH A STATEWIDE NETWORK OF SPONSOR ORGANIZATIONS. MERCYONE ELKADER HAD CERTIFIED TRAINED SHIIP COUNSELORS AND EMPLOYED A SHIIP COORDINATOR WHO TAKES PHONE CALLS, SCHEDULES APPOINTMENTS, AND SERVES AS A LIAISON TO THE STATE.

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

Part VI Supplemental Information (Continuation)

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 ELKADER 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:

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.

Part VI Supplemental Information (Continuation)

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.

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

Part VI Supplemental Information (Continuation)

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
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

Part VI Supplemental Information (Continuation)

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 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.