

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

COVENANT MEDICAL CENTER, INC.

Employer identification number

42-1264647

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?	<input checked="" type="checkbox"/>	
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 _____ %		
<b>b</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 checked="" type="checkbox"/>	
<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 _____ %		
<b>c</b> 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.		
<b>4</b> 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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
<b>c</b> 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?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			1844218.		1844218.	.51%
<b>b</b> Medicaid (from Worksheet 3, column a)			75547236.	101149035	0.	.00%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			77391454.	101149035	1844218.	.51%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	16	10,878	1220380.	11,244.	1209136.	.33%
<b>f</b> Health professions education (from Worksheet 5)	6	1,818	6641768.	2395270.	4246498.	1.17%
<b>g</b> Subsidized health services (from Worksheet 6)	2	924	961,994.		961,994.	.26%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	6	1,438	51,009.		51,009.	.01%
<b>j Total.</b> Other Benefits	30	15,058	8875151.	2406514.	6468637.	1.77%
<b>k Total.</b> Add lines 7d and 7j	30	15,058	86266605.	103555549	8312855.	2.28%





**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: MERCYONE WATERLOO MEDICAL CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
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: MERCYONE WATERLOO MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b> <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>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <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)		
<b>f</b> <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)		
<b>g</b> <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		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <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		
<b>j</b> <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: MERCYONE WATERLOO MEDICAL CENTER

	Yes	No	
<b>17</b> 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? .....	<b>17</b>	<b>X</b>	
<b>18</b> 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:			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <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			
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> 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? .....	<b>19</b>		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <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			
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> 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):			
<b>a</b> <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>b</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)			
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? .....	<b>21</b>	<b>X</b>	
If "No," indicate why:			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <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: MERCYONE WATERLOO MEDICAL CENTER**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☒ 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
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

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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.

MERCYONE WATERLOO MEDICAL CENTER:

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

LINE 3E:

COVENANT MEDICAL CENTER (MERCYONE WATERLOO) 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
- HEALTH EQUITY
- HEALTHY EATING/FOOD INSECURITY
- EMERGING HEALTH ISSUES

MERCYONE WATERLOO MEDICAL CENTER:

PART V, SECTION B, LINE 5: MERCYONE WATERLOO WORKED WITH BLACK HAWK COUNTY PUBLIC HEALTH USING THE MAPP PROCESS (MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS) IN A COMMUNITY-WIDE STRATEGIC PLANNING PROCESS FOR IMPROVING PUBLIC HEALTH, AS WELL AS AN ACTION-ORIENTED PROCESS TO HELP COMMUNITIES PRIORITIZE PUBLIC HEALTH ISSUES, IDENTIFY RESOURCES FOR ADDRESSING ISSUES, AND TAKE ACTION. THE ASSESSMENT PROCESS WAS A COLLABORATION BETWEEN MERCYONE WATERLOO MEDICAL CENTER, MERCYONE CEDAR FALLS MEDICAL CENTER, BLACK HAWK COUNTY PUBLIC HEALTH DEPARTMENT,



**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.

UNITYPOINT HEALTH - ALLEN HOSPITAL, PEOPLE'S COMMUNITY HEALTH CARE,  
UNIVERSITY OF NORTHERN IOWA, AND SEVERAL AREA ORGANIZATIONS AND AGENCIES.

FINDINGS FROM THE 2020 BLACK HAWK COUNTY PUBLIC HEALTH'S CHNA AND  
RESULTING PRIORITY ISSUES OF MENTAL HEALTH AND TRAUMA, HEALTHY BEHAVIORS  
AND SYSTEMS THINKING WERE USED AS THE STARTING POINT FOR THE UPDATE. THE  
INITIAL COMMUNITY NEEDS SURVEY IN 2020 CONSISTED OF 41 QUESTIONS AND WAS  
ADMINISTERED IN MULTIPLE WAYS. AN ONLINE VERSION USING SURVEY MONKEY WAS  
DISTRIBUTED THROUGH SOCIAL MEDIA ACCOUNTS AND VARIOUS ORGANIZATION  
WEBSITES. PAPER VERSIONS OF THE SURVEY WERE DISTRIBUTED THROUGH SELECTED  
COMMUNITY CHURCHES IN ORDER TO OBTAIN ADDITIONAL RESPONSES FROM  
UNDER-REPRESENTED COMMUNITY MEMBERS. IN-PERSON INTERVIEWS WERE CONDUCTED  
BY EMBARC STAFF. EMBARC IS A GRASS-ROOTS, COMMUNITY-BASED, NON-PROFIT  
ORGANIZATION FOUNDED BY REFUGEES, FOR REFUGEES. A TOTAL OF 1,621 SURVEYS  
WERE RECORDED USING THESE THREE METHODS. THE COVID-19 PANDEMIC IMPACTED  
THE LEVEL OF IMPLEMENTATION OF THE PRIORITY ISSUE ACTION PLAN AND RESULTS.  
THE TEAM ALSO RECOGNIZED THAT COLLABORATING TO BRING TRANSFORMATIONAL  
CHANGE DOES NOT FULLY HAPPEN IN A SINGLE THREE-YEAR CYCLE. APPLYING A  
HEALTH EQUITY LENS REQUIRES AN INVESTMENT IN DEEPENING AND BROADENING THE  
PARTNERSHIPS THAT GUIDE THE STRUCTURE OF THE COMMUNITY HEALTH IMPROVEMENT  
PROCESS. IN ADDITION, THE FOUNDATIONAL PRINCIPLES OF THE MAPP PROCESS  
WERE EVOLVING TO REFLECT THE GUIDED VALUES OF EQUITY, INCLUSION, TRUSTED  
RELATIONSHIPS, COMMUNITY POWER, STRATEGIC COLLABORATION AND ALIGNMENT, AND  
DATA- AND COMMUNITY-INFORMED ACTION.

DUE TO THE ABOVE-MENTIONED FACTORS, THE BLACK HAWK COUNTY COMMUNITY HEALTH  
IMPROVEMENT STEERING COMMITTEE DECIDED THAT THE 2022 CHNA WOULD UPDATE THE

**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.

QUANTITATIVE DATA AS WELL AS OBTAIN FEEDBACK ON THE PRIORITY ISSUES THAT AFFECT HEALTHY LIVING AND THE IMPACTS OF THE COVID-19 PANDEMIC.

BLACK HAWK COUNTY PUBLIC HEALTH WAS INSTRUMENTAL IN ASSISTING IN THE DATA COLLECTION AND SURVEY FOR THIS NEW THREE-YEAR REPORTING CYCLE. THEY SHARED A FACT SHEET THROUGHOUT THE COMMUNITY, SUMMARIZING THE UPDATED CHNA BETWEEN JUNE 1 AND JUNE 13, 2022, ALONG WITH A REQUEST TO COMPLETE A SURVEY GIVING INPUT ON HOW THE COMMUNITY'S HEALTH HAS CHANGED OVER THE PAST THREE YEARS AND HOW THE COVID-19 PANDEMIC IMPACTED HEALTH PRIORITIES. MERCYONE SHARED THE SURVEY ON THEIR LOCAL FACEBOOK PAGE ON JUNE 11, 2022, ENCOURAGING BLACK HAWK COUNTY RESIDENTS AS WELL AS EMPLOYEES TO PARTICIPATE, FOR A TOTAL OF 315 RECORDED RESPONSES. IN ADDITION, BLACK HAWK COUNTY PUBLIC HEALTH HELD FIVE DIFFERENT FOCUS GROUPS DURING AUGUST AND SEPTEMBER 2022, COLLECTING ADDITIONAL DATA FROM THE FOLLOWING GROUPS: BLACK/AFRICAN AMERICAN, BURMESE, CONGOLESE, HISPANIC/LATINX AND RURAL.

MERCYONE WATERLOO MEDICAL CENTER:

PART V, SECTION B, LINE 6A: MERCYONE WATERLOO CONDUCTED THE CHNA WITH UNITYPOINT HEALTH - ALLEN HOSPITAL AND MERCYONE CEDAR FALLS.

MERCYONE WATERLOO MEDICAL CENTER:

PART V, SECTION B, LINE 6B: MERCYONE WATERLOO CONDUCTED THE CHNA WITH THE FOLLOWING ORGANIZATIONS: PEOPLE'S COMMUNITY HEALTH CLINIC, BLACK HAWK COUNTY HEALTH DEPARTMENT, CEDAR VALLEY UNITED WAY, AND THE UNIVERSITY OF NORTHERN IOWA.

**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 WATERLOO MEDICAL CENTER:

PART V, SECTION B, LINE 11:

MENTAL HEALTH:

MERCYONE WATERLOO CONTINUED TO FOCUS ON MENTAL HEALTH IN THE COMMUNITY IN FY24. SEVERAL EMPLOYEES PARTICIPATED IN THE CEDAR VALLEY COALITION ON SUICIDE PREVENTION AND SUPPORT. WE WORKED COLLABORATIVELY WITH BLACK HAWK COUNTY PUBLIC HEALTH IN ADDITION TO PEOPLE'S COMMUNITY HEALTH CLINIC, UNITY POINT HEALTH-ALLEN HOSPITAL, ALIVE & RUNNING, WATERLOO/CEDAR FALLS SCHOOLS, AND MORE RECENTLY THE YOUTH CITY COUNCIL. THIS COALITION HAS WORKED TOGETHER TO PROVIDE INFORMATION AND EDUCATION TO THE COMMUNITY ON MENTAL HEALTH AWARENESS AND TO REDUCE THE STIGMA OF MENTAL HEALTH. NUMEROUS TRAININGS HAVE BEEN PROVIDED IN THE COMMUNITY, IN WHICH MERCYONE EMPLOYEES HAVE PARTICIPATED. EMPLOYEES HAVE PARTICIPATED IN MENTAL HEALTH TRAININGS, SUCH AS ASIST SUICIDE PREVENTION TRAINING. MERCYONE HAS BEGUN TO WORK WITH THE YOUTH CITY COUNSEL TO ADDRESS MENTAL HEALTH NEEDS WITH THE YOUTH IN OUR COMMUNITY. THIS WORK WILL CONTINUE INTO FY25.

HEALTH EQUITY:

MERCYONE WATERLOO CONTINUED TO PARTICIPATE IN ADVANCING EQUITY IN THE CEDAR VALLEY. THIS INFORMATIVE COLLABORATION WITH OTHERS IN THE CEDAR VALLEY ALLOWS US TO ADDRESS AND IMPROVE HEALTH EQUITY. MERCYONE WATERLOO IS FOCUSED ON IMPROVING THE HEALTH OF ALL INDIVIDUALS. WE HAVE CONTINUED TO SCREEN PATIENTS FOR THE SOCIAL DETERMINANTS OF HEALTH. WHEN PATIENTS ARE FLAGGED WITH NEEDS, THEY ARE REFERRED TO OUR COMMUNITY HEALTH WORKERS (CHW'S) WHO ASSIST THEM IN FINDING NEEDED RESOURCES TO HELP IMPROVE THEIR

**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.

OVERALL QUALITY OF LIFE. THE CHW'S HAVE MET SEVERAL TIMES THIS YEAR WITH THE CHW'S AT UNITY POINT AND BLACK HAWK COUNTY PUBLIC HEALTH FOR COLLABORATION AND SUPPORT. WE HAVE CONTINUED TO PROVIDE EDUCATION TO THE PUBLIC ON FIND HELP, THE FREE COMMUNITY RESOURCE DIRECTORY.

MERCYONE WATERLOO OFFERED SEVERAL FREE SCREENINGS IN FY24 TO THE COMMUNITY.

SEVERAL MERCYONE EMPLOYEES PARTICIPATED IN THE BLACK WOMEN'S HEALTH SUMMIT AS WELL AS THE HEALTH DIVERSITY AND EQUITY EVENT.

MERCYONE EMPLOYEES CONTINUED TO PARTNER WITH BLACK HAWK COUNTY PUBLIC HEALTH AND THE CARE FOR YOURSELF PROGRAM TO OFFER FREE MAMMOGRAMS IN OCTOBER FOR WOMEN AGES FORTY AND OLDER WHO HAVE FINANCIAL BARRIERS TO RECEIVING THEIR YEARLY MAMMOGRAM. EXTENDED HOURS WERE PROVIDED TO HELP REDUCE BARRIERS. AS A RESULT, MERCYONE WATERLOO WAS ABLE TO PROVIDE FREE MAMMOGRAMS TO 34 PATIENTS.

OUR CHW'S WORKED TO RECRUIT AFRICAN AMERICAN/BLACK AND HISPANIC/LATINX PARTICIPANTS FOR THE DIABETES PREVENTION PROGRAM BECAUSE PEOPLE OF COLOR WERE UNDERREPRESENTED IN PRIOR COHORTS. AS A RESULT, TWO NEW COHORTS WERE STARTED IN FY24 WITH 25% OF PARTICIPANTS BEING AFRICAN AMERICAN/BLACK AND HISPANIC/LATINX.

HEALTHY EATING/FOOD INSECURITY:

MERCYONE WATERLOO CONTINUED TO FOCUS ON HEALTHY EATING AND FOOD INSECURITY. ACCORDING TO FIND HELP, WE HAVE SEEN AN INCREASE IN PATIENTS

**Part V Facility Information** (continued)

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

AND BLACK HAWK COUNTY COMMUNITY MEMBERS NEEDING ADDITIONAL RESOURCES FOR FOOD IN FY24.

MERCYONE WATERLOO HAS CONTINUED TO PARTNER WITH UNIVERSITY OF NORTHERN IOWA ON THE VEGGIE VOUCHER PROGRAM. MERCYONE WATERLOO HAS CONTINUED TO CONTRIBUTE RESTRICTED CASH DONATIONS TO THIS PROGRAM. CHW'S PROVIDE EDUCATION TO PATIENTS IN NEED AND HAND OUT THE VOUCHERS TO BE USED AT LOCAL FARMERS MARKETS. WE HAVE SEEN AN INCREASE IN REDEMPTION RATES OVER THE PAST YEAR, INDICATING MORE PATIENTS ARE ATTENDING THE FARMERS MARKET AND PURCHASING FRESH PRODUCE. MERCYONE WATERLOO HAS HOSTED SEVERAL FOOD DRIVES FOR THE NORTHEAST IOWA FOOD BANK AND CONTINUES TO PROVIDE FREE MEALS TO CATHOLIC WORKER HOUSE AND THE YMCA.

MERCYONE WATERLOO DID NOT DIRECTLY ADDRESS ALL THE NEEDS IDENTIFIED IN THIS CHNA CYCLE DUE TO COMPETING PRIORITIES, LACK OF RESOURCES, AND OTHER AGENCIES AND ORGANIZATIONS ALREADY ADDRESSING THESE ISSUES. FOR THIS REASON, THE CATEGORY OF EMERGING HEALTH ISSUES (GUN VIOLENCE, INFLATION, EDUCATION, STD'S, COVID-19) WERE NOT ADDRESS IN FY24.

MERCYONE WATERLOO 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,

**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.

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:

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:

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

PART V, SECTION B, LINE 16A:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-  
FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

PART V, SECTION B, LINE 16B:

WWW.MERCYONE.ORG/FOR-PATIENTS/BILLING-AND-  
FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

PART V, SECTION B, LINE 16C:

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

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

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

FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE-RHM

Blank lines for supplemental information.

**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? 31

Name and address	Type of facility (describe)
1 MERCYONE CEDAR FALLS HEALTH PLAZA 516 S DIVISION ST CEDAR FALLS, IA 50613	FAMILY MED, BARIATRICS, ORTHO, ENT, ALLERGY, CARDIO, PAIN MGMT
2 MERCYONE KIMBALL OUTPATIENT THERAPY 2101 KIMBALL AVE WATERLOO, IA 50702	OUTPATIENT PHYSICAL AND OCCUPATIONAL THERAPY
3 MERCYONE BLUEBELL 226 BLUEBELL RD CEDAR FALLS, IA 50613	FAMILY PRACTICE, PSYCHIATRY, PODIATRY, GYNECOLOGY, PT, OT, RADIOLOGY
4 MERCYONE EVANSDALE PHYSICAL THERAPY 110 EVANS RD STE 110 EVANSDALE, IA 50707	PHYSICAL THERAPY SERVICES
5 MERCYONE WATERLOO CANCER CENTER 200 E RIDGEWAY AVE WATERLOO, IA 50702	OUTPATIENT HEMATOLOGY, ONCOLOGY, AND RADIATION SERVICES
6 MERCYONE TRAER PHYSICAL THERAPY 549 2ND STREET TRAER, IA 50675	PHYSICAL THERAPY SERVICES
7 MERCYONE WAVERLY PHYSICAL THERAPY 211 20TH STREET NW WAVERLY, IA 50677	PHYSICAL THERAPY SERVICES
8 MERCYONE ALLISON FAMILY MEDICINE 502 LOCUST ST ALLISON, IA 50602	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
9 MERCYONE CEDAR FALLS BEHAVIORAL HEALT 2802 ORCHARD DR CEDAR FALLS, IA 50613	OUTPATIENT CLINIC - PSYCHIATRY SERVICES
10 MERCYONE GRAND CROSSING 220 FRANKLIN ST WATERLOO, IA 50702	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES

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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? 31

Name and address	Type of facility (describe)
11 MERCYONE GLADBROOK FAMILY MEDICINE 309 SECOND ST GLADBROOK, IA 50635	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
12 MERCYONE REINBECK FAMILY MEDICINE 501 MAIN ST REINBECK, IA 50669	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
13 MERCYONE DYSART FAMILY MEDICINE 501 CLARK ST DYSART, IA 52224	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
14 MERCYONE FAIRBANK FAMILY MEDICINE 105 S WALNUT ST FAIRBANK, IA 50629	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
15 MERCYONE OELWEIN MEDICAL CENTER 201 8TH AVE SE, STE 411 OELWEIN, IA 50662	OUTPATIENT CLINIC - OCCUPATIONAL HEALTH
16 MERCYONE ARLINGTON FAMILY MEDICINE 751 MAIN ST ARLINGTON, IA 50606	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
17 MERCYONE PARKERSBURG FAMILY MEDICINE 1306 HIGHWAY 57, UNIT A CEDAR FALLS, IA 50665	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
18 MERCYONE JESUP FAMILY MEDICINE 1094 220TH STREET JESUP, IA 50648	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
19 MERCYONE LA PORTE CITY FAMILY MEDICIN 601 HIGHWAY 218 NORTH LAPORTE CITY, IA 50651	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
20 MERCYONE TRAER FAMILY MEDICINE 200 WALNUT ST TRAER, IA 50675	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES

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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? 31

Name and address	Type of facility (describe)
21 MERCYONE TRIPOLI FAMILY MEDICINE 602 7TH AVENUE SW TRIPOLI, IA 50676	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
22 MERCYONE INDEPENDENCE FAMILY MEDICINE 2004 ENTERPRISE CT INDEPENDENCE, IA 50644	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
23 MERCYONE EVANSDALE FAMILY MEDICINE 3562 LAFAYETTE RD EVANSDALE, IA 50707	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
24 MERCYONE OELWEIN FAMILY MEDICINE 129 8TH AVENUE SE OELWEIN, IA 50662	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
25 MERCYONE WATERLOO BEHAVIORAL HEALTH C 2750 SAINT FRANCIS DR WATERLOO, IA 50702	OUTPATIENT CLINIC - PSYCHIATRY SERVICES
26 MERCYONE WATERLOO UROLOGY CARE 3410 KIMBALL AVE WATERLOO, IA 50702	OUTPATIENT CLINIC - UROLOGICAL SERVICES
27 MERCYONE WAVERLY FAMILY MEDICINE 217 20TH STREET NW WAVERLY, IA 50677	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
28 MERCYONE CEDAR FALLS MEDICAL CENTER 515 COLLEGE ST CEDAR FALLS, IA 50613	OUTPATIENT CARDIOLOGY, BARIATRICS
29 MERCYONE WATERLOO OB/GYN 432 KING DR WATERLOO, IA 50702	OUTPATIENT MAMMOGRAPHY IMAGING SERVICES
30 MERCYONE KIMBALL FAMILY MEDICINE 2055 KIMBALL AVE WATERLOO, IA 50702	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES

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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.

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**PART I, LINE 3C:**

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

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**PART I, LINE 6A:**

COVENANT MEDICAL CENTER (MERCYONE WATERLOO) 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 WATERLOO 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.

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**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, \$12,022,488, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

## PART II, COMMUNITY BUILDING ACTIVITIES:

MERCYONE WATERLOO HOSTED A VIP SUMMER CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL YOUTH. THE 29 STUDENTS SPENT A WEEK AT THE HOSPITAL LEARNING ABOUT THE DIFFERENT DEPARTMENTS AND CAREER OPPORTUNITIES WITHIN A HOSPITAL SETTING, AS WELL AS PARTICIPATING IN SIMULATIONS AND DRILLS.

MERCYONE WATERLOO ALSO PARTICIPATED IN VARIOUS COALITIONS WITHIN THE COMMUNITY TO ADDRESS AND ENHANCE THE HEALTH AND WELL-BEING OF THE COMMUNITY. COALITIONS INCLUDED PEOPLE'S CLINIC QUALITY BOARD, VALLEY COALITION FOR SUICIDE PREVENTION, CEDAR VALLEY HOUSING CORPORATION, AND EXCEPTIONAL PERSONS INC.

IN ADDITION, MERCYONE LEADERS AND EMPLOYEES HAVE:

- SERVED ON BOARDS AND COMMITTEES FOCUSED ON ECONOMIC AND COMMUNITY DEVELOPMENT INITIATIVES,

**Part VI** Supplemental Information (Continuation)

- PARTICIPATED IN COMMUNITY SUPPORT ACTIVITIES, INCLUDING SERVING ON LOCAL  
BOARDS AND PROVIDING MENTORSHIP TO STUDENTS,

- PARTICIPATED IN COMMUNITY COALITIONS AND BOARDS FOCUSED ON ADDRESSING  
HEALTH AND SAFETY ISSUES,

- PARTICIPATED IN ADVOCACY EFFORTS BY ATTENDING COMMUNITY MEETINGS FOCUSED  
ON ENHANCING ADVOCACY STRATEGIES FOR VARIOUS HEALTH AND SOCIAL NEEDS, AND

- 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:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A  
PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO  
ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A  
RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT  
ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE  
TRANSACTIONS.

## PART III, LINE 3:

IN DETERMINING BAD DEBT AMOUNTS, MERCYONE WATERLOO USES A TWO-LEVEL  
SCORING PROCESS AS FOLLOWS: FIRST, FOR ANY PATIENT ACCOUNT THAT IS  
CATEGORIZED AS HAVING NO INSURANCE, WHEN THE AMOUNT BECOMES 60 DAYS  
OVERDUE OR GREATER, THE PATIENT'S ACCOUNT IS REVIEWED FOR FINANCIAL  
ASSISTANCE QUALIFICATION. IF THE PATIENT IS FOUND TO QUALIFY FOR FINANCIAL  
ASSISTANCE, THE NECESSARY STEPS ARE TAKEN TO APPLY, AND THE NEEDED  
ADJUSTMENTS ARE MADE TO TREAT AS CHARITY CARE AND NOT AS BAD DEBT.

A SIMILAR SCORING PROCESS IS COMPLETED FOR THOSE PATIENTS WHO DO HAVE

**Part VI** Supplemental Information (Continuation)

INSURANCE, BUT AFTER 120 DAYS OR GREATER, STILL HAVE NOT PAID THE PATIENT RESPONSIBILITY PORTION. AGAIN, THESE PATIENT ACCOUNTS ARE REVIEWED FOR FINANCIAL ASSISTANCE, AND IF THEY QUALIFY, SIMILAR STEPS ARE TAKEN TO REMOVE FROM BAD DEBT.

AS A RESULT OF THESE SCORING PROCEDURES, MERCYONE WATERLOO'S POSITION IS THAT NONE OF THE PATIENTS RESULTING IN UNCOLLECTIBLE ACCOUNTS WOULD HAVE QUALIFIED AS CHARITY CARE PATIENTS AS THIS DETERMINATION IS MADE AT THE TIME OF ADMISSION, OR LATER WITH THE TIMING OF THE SCORING PROCEDURES DESCRIBED ABOVE. BAD DEBT IS THEREFORE ONLY DETERMINED AT THE TIME THE AMOUNT DUE IS TRULY DETERMINED TO BE UNCOLLECTIBLE, AFTER FINANCIAL ASSISTANCE HAS BEEN DETERMINED, AND AFTER MANY MONTHS OF COLLECTION EFFORTS.

ADDITIONALLY, MERCYONE WATERLOO FOLLOWS GUIDELINES ESTABLISHED BY THE CATHOLIC HEALTH ASSOCIATION AND THE IOWA HOSPITAL ASSOCIATION, WHO RECOMMEND THAT NO BAD DEBT AMOUNTS BE INCLUDED IN COMMUNITY BENEFIT AMOUNTS.

FOR THESE REASONS, PART III, SECTION A, LINE 3 IS REPORTED AT ZERO.

PART III, LINE 4:

MERCYONE WATERLOO 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

**Part VI** Supplemental Information (Continuation)

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

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

PART III, LINE 5:

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

PART III, LINE 8:

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

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**Part VI** Supplemental Information (Continuation)

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

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 26, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT - MERCYONE WATERLOO ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORT TO IMPROVE PATIENT CARE

**Part VI** Supplemental Information (Continuation)

AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF ITS COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

## PART VI, LINE 3:

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

**Part VI** Supplemental Information (Continuation)

EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. 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 - MERCYONE WATERLOO IS LOCATED IN BLACK HAWK COUNTY.

AS OF JULY 2021, IOWA HAD AN ESTIMATED POPULATION OF 3,193,079 WHILE BLACK HAWK COUNTY HAD AN ESTIMATED POPULATION OF 130,368, WHICH IS SLIGHTLY LESS THAN THE ESTIMATES ON APRIL 1, 2020, OF 131,144 (U.S. CENSUS 2021). THE POPULATION BY RACE CONSISTS OF 84.5% WHITE, 9.7% BLACK, 4.6% HISPANIC, 2.5% ASIAN, WITH 2.5% BEING TWO OR MORE RACES. NEARLY 22% OF THE POPULATION IS UNDER THE AGE OF 18 AND 17% REPRESENTS INDIVIDUALS AGED 65 OR OLDER. THE HIGH SCHOOL GRADUATION RATES ARE HIGH AT NEARLY 92%, AND 29% OF THE RESIDENTS HAVE A BACHELOR'S DEGREE OR HIGHER. THE MEDIAN HOUSEHOLD INCOME IN BLACK HAWK COUNTY IS \$54,774, WHILE THE MEDIAN HOUSEHOLD INCOME IN IOWA IS \$64,994. MERCYONE WATERLOO AND MERCYONE CEDAR FALLS ARE TWO OF THREE MEDICAL CENTERS IN BLACK HAWK COUNTY, BOTH WITHIN A 10-MILE DISTANCE OF EACH OTHER, AND APPROXIMATELY 6-8 MILES FROM UNITYPOINT HEALTH - ALLEN HOSPITAL ON THE NORTH SIDE OF WATERLOO.

BLACK HAWK COUNTY HAS A PRIMARY CARE PHYSICIAN (PCP) RATIO OF 1,060:1, COMPARED TO THE STATE'S RATIO OF 1,350:1 (RWJF 2022). THE BLACK HAWK COUNTY MENTAL HEALTH PROVIDER RATIO IS 510:1, WHICH IS SIMILAR TO THE STATE RATIO AT 570:1, BUT SIGNIFICANTLY LESS THAN THE NATIONAL RATIO OF

**Part VI** Supplemental Information (Continuation)

250:1.

## PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - MERCYONE WATERLOO IS A 366-BED, FULL-SERVICE, MULTI-SPECIALTY HOSPITAL THAT PROVIDES INPATIENT AND OUTPATIENT HEALTH CARE SERVICES TO SUPPORT THE COMMUNITY'S HEALTH CARE NEEDS. MERCYONE WATERLOO PEDIATRICS, EMERGENCY MANAGEMENT AND EMS TEAMS RECEIVED THE IOWA PEDIATRIC EMERGENCY ASSESSMENT AND CARE DESIGNATION. ONLY FOUR OTHER HOSPITALS IN THE STATE HAVE ACHIEVED THIS DESIGNATION. DURING FY24, MERCYONE WATERLOO'S HORIZONS STARTED PROVIDING ADOLESCENT SUBSTANCE USE DISORDER CARE FOR KIDS AGES 12-17 ON AN OUTPATIENT BASIS. THIS NEW PROGRAM FOR ADOLESCENTS FOCUSES ON INDIVIDUAL COUNSELING, AND EVENTUALLY HOPES TO PROVIDE GROUP COUNSELING AND ADDRESS CO-OCCURRING EMOTIONAL AND MENTAL HEALTH ISSUES THAT INTERSECT WITH SUBSTANCE USE. MERCYONE WATERLOO ALSO CONTINUES TO OFFER TELEHEALTH SERVICES.

MERCYONE WATERLOO CONTINUED TO INVEST IN ITS COMMUNITY TO ENHANCE THE HEALTH AND WELL-BEING OF RESIDENTS BY:

- PROVIDING FREE TRANSPORTATION SERVICES TO THOSE IN NEED THROUGH A CARE-A-VAN PROGRAM
- HOSTING BLOOD DRIVES
- OFFERING DIABETES PREVENTION PROGRAM AND CLASSES
- PROVIDING ENROLLMENT ASSISTANCE IN THE SENIOR HEALTH INSURANCE INFORMATION PROGRAM
- PROVIDING EDUCATION ON THE COMMUNITY RESOURCE DIRECTORY, FIND HELP
- PARTICIPATING IN HEALTH FAIRS
- PARTNERING WITH SEVERAL LOCAL AGENCIES TO HOST A FOOD DRIVE FOR THE NORTHEAST IOWA FOOD BANK. MERCYONE WATERLOO AND MERCYONE CEDAR FALLS

**Part VI** Supplemental Information (Continuation)

TOGETHER COLLECTED 452 POUNDS OF FOOD, WHICH EQUATES TO OVER 500 MEALS FOR MEMBERS OF OUR COMMUNITY

- DISTRIBUTING VOUCHERS FOR THE VEGGIE VOUCHER PROGRAM
- PARTICIPATING IN THE UNITED WAY HEALTH COMMUNITY IMPACT TEAM
- PROVIDING PHYSICIAN INVOLVEMENT AND PARTICIPATION IN SPEAKING EVENTS
- PROVIDING FREE TELEPHONE TRIAGE SERVICES THAT OFFER MEDICAL ADVICE AND ARE AVAILABLE TO THE PUBLIC 24 HOURS A DAY, SEVEN DAYS A WEEK
- PARTICIPATING IN THE CEDAR VALLEY HEART WALK
- PARTICIPATING IN THE BREAST CANCER AWARENESS EVENT
- PARTICIPATING IN ASIST, SUICIDE PREVENTION TRAINING
- DONATING SEVERAL TABLES AND CHAIRS TO HOUSE OF MERCY IN DES MOINES
- DONATING HATS AND BLANKETS TO SEVERAL NON-PROFIT AGENCIES
- HOSTING A DIAPER DRIVE IN HONOR OF MERCY WEEK. DIAPERS WERE DONATED TO SEVERAL LOCAL AGENCIES TO DISTRIBUTE TO FAMILIES IN NEED
- PARTNERING WITH THE LOCAL PUBLIC HEALTH AGENCY, UNITY POINT, PEOPLE'S CLINIC, AND CEDAR VALLEY HEALTH CARE TO SPREAD AWARENESS ON MENTAL HEALTH
- PARTNERING WITH LOCAL SCHOOLS TO ADOPT FAMILIES AT CHRISTMAS
- PARTICIPATING IN THE MAY DAY SILENT AUCTION, WITH PROCEEDS GOING TO THE AMERICAN HEART ASSOCIATION
- PROVIDING MEALS TO CATHOLIC WORKER HOUSE AND SHARING EMPLOYEES' VOLUNTEER TIME TO PREPARE, TRANSPORT AND SERVE MEALS
- PROVIDING SEVERAL TRAININGS OPEN TO AREA HEALTH CARE PROFESSIONALS: TRENDS IN TRAUMA, EMS WINTER EDUCATION, AND SHIPHT YOUTH CONFERENCE
- OFFERING A MILITARY/VETERANS PROGRAM
- HAVING DRUG DROP-OFF BOXES AVAILABLE FOR THE PUBLIC TO DISPOSE OF MEDICATION
- HOSTING TRUNK OR TREAT IN THE COMMUNITY
- PROVIDING SEVERAL DIFFERENT FREE SCREENINGS IN THE COMMUNITY

**Part VI** Supplemental Information (Continuation)

- PROVIDING FINANCIAL CONTRIBUTIONS AND PARTICIPATING IN THE AMERICAN CANCER SOCIETY RELAY FOR LIFE
- PROVIDING A FINANCIAL CONTRIBUTION TO THE AMERICAN HEART ASSOCIATION AND HAVING A BOOTH AT THE HEART EVENT
- HOSTING A WAVE OF LIGHT CEREMONY FOR NATIONAL PREGNANCY AND INFANT LOSS AWARENESS DAY
- PROVIDING CASH DONATIONS TO SUPPORT:
  - PINK RIBBON RUN
  - IRISH FEST
  - UNITED WAY FUNDRAISER
  - MERCYONE WATERLOO AND CEDAR FALLS FOUNDATIONS
  - QUOTA OF THE CEDAR VALLEY, INC.
  - UNI FOUNDATION-PANTHER SCHOLARSHIP CLUB
  - AMERICAN CANCER SOCIETY RELAY FOR LIFE
  - AMERICAN HEART ASSOCIATION

## ADDITIONAL INITIATIVES:

- A COMMUNITY HEALTH WORKER STARTED A SMALL FOOD PANTRY WITH DONATIONS FROM DOCTORS AND EMPLOYEES.
- MERCYONE CANCER TREATMENT CENTER RECEIVED A GRANT AND BEGAN WORKING WITH THE NORTHEAST IOWA FOOD BANK TO OPEN A FOOD PANTRY TO HELP ENSURE THAT CANCER PATIENTS IN NEED HAVE PROPER NUTRITION.
- EMPLOYEES CAN PAY TO WEAR JEANS ON FRIDAY AND THAT MONEY IS DONATED TO LOCAL NON-PROFIT AGENCIES.

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

**Part VI** Supplemental Information (Continuation)

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

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

PART VI, LINE 6:

MERCYONE WATERLOO 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

**Part VI** Supplemental Information (Continuation)

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.

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:



**Part VI** Supplemental Information (Continuation)

- 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 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

**Part VI** Supplemental Information (Continuation)

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 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](http://WWW.TRINITY-HEALTH.ORG).