

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> GENESIS HEALTH SYSTEM	<b>Employer identification number</b> 42 1418847
--	---

**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 . . . . .	✓	
<b>1b</b> If "Yes," was it a written policy? . . . . .	✓	
<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 free 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 _____ %	✓	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted 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 type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>380</u> %	✓	
<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"? . . . . .	✓	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	✓	
<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? . . . . .	✓	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	✓	

**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) . . . . .			3,558,904	0	3,558,904	0.57
<b>b</b> Medicaid (from Worksheet 3, column a)			84,373,139	57,150,122	27,223,017	4.35
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .					0	0.00
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs	0	0	87,932,043	57,150,122	30,781,921	4.91
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			379,572	0	379,572	0.06
<b>f</b> Health professions education (from Worksheet 5) . . . . .			3,090,388	2,051,438	1,038,950	0.17
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			3,259,252	1,659,013	1,600,239	0.26
<b>h</b> Research (from Worksheet 7) . . . . .					0	0.00
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			753,820		753,820	0.12
<b>j Total.</b> Other Benefits . . . . .	0	0	7,483,032	3,710,451	3,772,581	0.60
<b>k Total.</b> Add lines 7d and 7j . . . . .	0	0	95,415,075	60,860,573	34,554,502	5.52

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50192T

Schedule H (Form 990) 2022

**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					0	0.00
2 Economic development			1,500	0	1,500	0.00
3 Community support			565,690	0	565,690	0.09
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 <b>Total</b>	0	0	567,190	0	567,190	0.09

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1**  Yes  No
- 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** 9,957,212
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . . **3** 0
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . . **5** 116,155,224
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . . **6** 128,691,749
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . . **7** (12,536,525)
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  
 Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

- 9a Did the organization have a written debt collection policy during the tax year? . . . . . **9a**  Yes  No
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b**  Yes  No

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	GENGASTRO, LLC	AMBULATORY SURGERY CENTER	84.00	0.00	16.00
2	GENORTHO, LLC	ORTHOPAEDIC SURGERY CENTER	40.00	0.00	60.00
3	SPRING PARK SURGERY CENTER, LLC	OUTPATIENT SURGICAL CENTER	40.00	0.00	60.00
4	GENRAD IMAGING, LLC	DIAGNOSTIC IMAGING CENTER	50.00	0.00	50.00
5	DAVITA DIALYSIS, LLC	OUTPATIENT DIALYSIS CENTER	20.00	0.00	80.00
6					
7					
8					
9					
10					
11					
12					
13					

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest—see instructions)  
 How many hospital facilities did the organization operate during the tax year? 2

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<b>1</b> GENESIS MEDICAL CENTER - DEWITT 1118 11TH STREET, DEWITT, IA 52742 WWW.GENESISHEALTH.COM STATE LICENSE NO. : 230149H	✓	✓			✓		✓			
<b>2</b> GENESIS MEDICAL CENTER - DAVENPORT 1227 E. RUSHOLME STREET, DAVENPORT, IA 52803 820011H STATE LICENSE NO. : WWW.GENESISHEALTH.COM	✓	✓					✓			
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: GENESIS MEDICAL CENTER - DEWITT

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		✓
<b>2</b>	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 . . . . .		✓
<b>3</b>	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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	✓	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
<b>5</b>	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 . . . . .	✓	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		✓
<b>6b</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 . . . . .		✓
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	✓	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.GENESISHEALTH.COM/COMMUNITY-BENEFIT</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	✓	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	✓	
<b>a</b>	If "Yes," (list url): <u>WWW.GENESISHEALTH.COM/COMMUNITY-BENEFIT</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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.		
<b>12a</b>	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)? . . . . .		✓
<b>12b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group: GENESIS MEDICAL CENTER - DEWITT

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 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>2 0 0</u> % and FPG family income limit for eligibility for discounted care of <u>3 8 0</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" 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 type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	✓	
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	✓	
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 his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her 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? . . . . .	✓	
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 STATEMENT)</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</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 STATEMENT)</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)		

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

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: GENESIS MEDICAL CENTER - DEWITT

		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>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? . . . . . 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? . . . . . 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)		

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

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group: GENESIS MEDICAL CENTER - DEWITT

		Yes	No
<b>22</b>	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:		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> 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		
<b>c</b>	<input checked="" type="checkbox"/> 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		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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.	<b>23</b>	✓
<b>24</b>	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.	<b>24</b>	✓

**Supplemental Information.** 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.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>GENESIS MEDICAL CENTER DEWITT INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:</p> <ul style="list-style-type: none"> <li>- SUBSTANCE ABUSE</li> <li>- MENTAL ILLNESS</li> <li>- DIABETES &amp; ACCESS TO HEALTH CARE</li> </ul>
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: GENESIS MEDICAL CENTER DEWITT</p> <p>DESCRIPTION: PART V, SECTION B, LINE 5: TO COMPLETE THE COMMUNITY HEALTH NEEDS ASSESSMENT, EXISTING HEALTH -RELATED DATA WERE COLLECTED VIA THE ONLINE COMMUNITY COMMONS COMMUNITY HEALTH NEEDS ASSESSMENT REPORT TOOL AT <a href="http://www.communitycommons.org/maps-data">HTTP://WWW.COMMUNITYCOMMONS.ORG/MAPS-DATA</a>. THIS SITE ALLOWS FOR IDENTIFICATION OF 87 DISTINCT HEALTH AND SOCIAL INDICATORS AT THE COUNTY LEVEL , ALONG WITH COMPARISONS TO STATE AND NATIONAL DATA, AND HEALTH PEOPLE 2020 TARGETS, WHERE AVAILABLE. ONCE AN INDICATORS REPORT WAS GENERATED, RELEVANT INDICATORS WERE REVIEWED TO DETERMINE HOW CLINTON COUNTY COMPARED TO AVAILABLE STATE/NATIONAL DATA (SEE THE "DETAILED HEALTH INDICATORS" SECTION OF THIS DOCUMENT. DATA WAS ALSO COLLECTED BY GENESIS HEALTH SYSTEM BUSINESS INTELLIGENCE AND COMMUNICATIONS DEPARTMENTS.</p> <p>INFORMATION GAPS: BECAUSE THIS CHNA RELIES ON EXISTING DATASETS, IT IS LIMITED IN SCOPE TO THOSE INDICATORS CURRENTLY AVAILABLE THROUGH DATABASE COLLECTION. IT DOES NOT INCLUDE A PRIMARY RESEARCH COMPONENT AND MANY IMPORTANT ISSUES ARE UNADDRESSED (E.G. ACCESS TO HEALTHCARE). ANOTHER LIMITATION IS THAT MOST MEASURES INCLUDED IN THIS ASSESSMENT REPRESENT DATA THAT ARE SEVERAL YEARS OLD.</p> <p>COMMUNITY STAKEHOLDER INPUT: GENESIS MEDICAL CENTER DEWITT GOT INPUT FROM PUBLIC HEALTH OFFICIALS AND OTHER COMMUNITY STAKEHOLDERS THROUGH A SERIES OF MEETINGS. THE ORGANIZATIONS INVOLVED INCLUDE:</p> <ul style="list-style-type: none"> <li>*WESTWING SENIOR LIVING</li> <li>*CLINTON COUNTY PUBLIC HEALTH DEPARTMENT</li> <li>*GMC DEWITT</li> <li>*PATIENT HEALTH SERVICES JACK COUNTY BOARD OF HEALTH</li> <li>*GMC DEWITT SOCIAL SERVICES</li> <li>*GMC DEWITT COMMUNITY HEALTH LIAISON</li> </ul> <p>GENESIS MEDICAL CENTER DEWITT ALSO CONDUCTS A COMMUNITY SURVEY TO LOCAL ORGANIZATIONS FOR INPUT ON CHNA AND IMPLEMENTATION STRATEGY.</p> <p>FOLLOWING THE MERGER OF GENESIS HEALTH SYSTEM AND TRINITY HEALTH, IMPROVEMENTS WERE MADE TO THE COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES FOR GENESIS MEDICAL CENTER, DAVENPORT, SILVIS, DEWITT, AND ALEDO, AND THEY WERE READOPTED BY THE BOARD OF DIRECTORS AND POSTED TO THEIR SYSTEM WEBSITE <a href="https://www.genesishealth.com/about/community-benefit/">HTTPS://WWW.GENESISHEALTH.COM/ABOUT/COMMUNITY-BENEFIT/</a>.</p>



Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: GENESIS MEDICAL CENTER - DEWITT:</p> <p>DESCRIPTION: GENESIS HEALTH SYSTEM, IN COLLABORATION WITH CLINTON COUNTY HEALTH DEPARTMENT, CONTINUES TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE MOST RECENT CHNA THROUGH OUR ONGOING PROGRAMS AND RESOURCES. THESE PROGRAMS INCLUDE:</p> <p>HEALTHY BEHAVIORS: INTEGRATED HEALTH, WELLNESS ACTIVITIES, SMOKING CESSATION, PHYSICAL ACTIVITY AND WEIGHT STATUS: *SWITCH PROGRAM COMPLETED FOR DEWITT AREA FAMILIES BY EXTENSION OFFICE</p> <p>*SCHOOL NURSE WAS PROVIDED EXTENSION OFFICE 5210 HEALTHY EATING HABITS POSTERS FOR EDUCATION AT DEWITT SCHOOLS</p> <p>*DIABETES CCM PROGRAM *IMPLEMENTATION OF FOOD PHARMACY *CONTINUE GENESIS SUPPORT FOR PRIMARY AND SPECIALTY CARE SERVICES *EXPANSION OF GENESIS EMERGENCY AND CONVENIENT CARE SERVICES IN AREAS OF GROWING POPULATION/NEED *EXPANSION ON TELEHEALTH SERVICES *CONCUSSION MANAGEMENT BUILT INTO THE SCHOOL'S INITIAL ASSESSMENT FOR BASELINE OF ANY STUDENT ATHLETE *COVERAGE FOR TREATMENT AT ATHLETIC EVENTS (NORTHEAST, DEWITT, AND CALAMUS/WHEATLAND SCHOOLS)</p> <p>DECREASE YOUTH RISKY BEHAVIORS: TEENAGE PREGNANCY, MARIJUANA USE: *DEWITT/CAMANCHE COALITION ATTENDANCE PROVIDED BY WANDA HAACK AND/OR ANN BIXBY *SCOTT DRUG PROVIDES DROP BOX FOR UNUSED MEDICATION DISPOSAL *DEWITT/CAMANCHE COALITION PROVIDED EDUCATION AT LOCAL SCHOOLS</p> <p>MENTAL HEALTH AWARENESS AND SERVICES: SUICIDE PREVENTION AND AWARENESS, MEDICATION DISPOSAL, EDUCATION ON ADVERSE CHILDHOOD EXPERIENCE (ACE): *CONNECTIONS MATTER *CNO AND RN BECAME EDUCATED TRAINERS; PROVIDED EDUCATION TO MED/SURG AND ED UNITS AT GMC-DEWITT AND DEWITT LION'S CLUB *EDUCATION PROVIDED TO VNA STAFF AND HOSTED AT GMC-DEWITT *RESPIRE HOUSE SUPPORT PROVIDED THROUGH DEWITT AND GHS FOUNDATIONS. HOUSE PROVIDED THROUGH LEASE AGREEMENT WITH GMC-DEWITT *CONTINUED CONTRACT WITH EASTERN IOWA GRANT PROVIDING TELEPSYCHE SERVICES WITHIN THE ED AND RN CARE COORDINATION FOR MENTAL HEALTH SERVICES FROM ED TO COMMUNITY RN CARE COORDINATOR *CONTINUE EFFORTS TO SUPPORT COMMUNITY MENTAL HEALTH PROGRAMS *PARTICIPATE IN ZERO SUICIDE PROGRAM *ADVOCATE FOR IMPROVED FUNDING FOR MENTAL HEALTH SERVICES</p> <p>FOLLOWING THE MERGER OF GENESIS HEALTH SYSTEM AND TRINITY HEALTH, IMPROVEMENTS WERE MADE TO THE COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES FOR GENESIS MEDICAL CENTER, DAVENPORT, SILVIS, DEWITT, AND ALEDO, AND THEY WERE READOPTED BY THE BOARD OF DIRECTORS AND POSTED TO THEIR SYSTEM WEBSITE <a href="https://www.genesishealth.com/about/community-benefit/">HTTPS://WWW.GENESISHEALTH.COM/ABOUT/COMMUNITY-BENEFIT/</a>.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p><a href="http://WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE/">WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE/</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p><a href="http://WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE/">WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE/</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p>	<p><a href="http://WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE/">WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE/</a></p>

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: GENESIS MEDICAL CENTER - DAVENPORT

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		✓
<b>2</b>	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 . . . . .		✓
<b>3</b>	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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	✓	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
<b>5</b>	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 . . . . .	✓	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	✓	
<b>b</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 . . . . .	✓	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	✓	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.GENESISHEALTH.COM/COMMUNITY-BENEFIT</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	✓	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	✓	
<b>a</b>	If "Yes," (list url): <u>WWW.GENESISHEALTH.COM/COMMUNITY-BENEFIT</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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.		
<b>12a</b>	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)? . . . . .		✓
<b>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group: GENESIS MEDICAL CENTER - DAVENPORT

		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? 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>2 0 0</u> % and FPG family income limit for eligibility for discounted care of <u>3 8 0</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" 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 type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	✓	
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	✓	
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 his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her 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? . . . . .	✓	
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 STATEMENT)</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</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 STATEMENT)</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)		

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

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: GENESIS MEDICAL CENTER - DAVENPORT

		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>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? . . . . . 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? . . . . . 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)		

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

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group: GENESIS MEDICAL CENTER - DAVENPORT

		Yes	No
<b>22</b>	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:		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> 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		
<b>c</b>	<input checked="" type="checkbox"/> 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		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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.	<b>23</b>	✓
<b>24</b>	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.	<b>24</b>	✓

**Part V, Section C**

**Supplemental Information.** 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.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>GENESIS MEDICAL CENTER DAVENPORT INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:</p> <ul style="list-style-type: none"> <li>- INFANT HEALTH</li> <li>- MENTAL HEALTH</li> <li>- NUTRITION, PHYSICAL ACTIVITY AND WEIGHT/DIABETES CARE</li> <li>- ACCESS TO HEALTH CARE SERVICES</li> </ul>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: GENESIS MEDICAL CENTER - DAVENPORT</p> <p>DESCRIPTION: THE SPONSORS OF THIS STUDY, COMMUNITY HEALTH CARE, INC., GENESIS HEALTH SYSTEM, MUSCATINE COUNTY PUBLIC HEALTH, QUAD CITY HEALTH INITIATIVE, ROCK ISLAND COUNTY HEALTH DEPARTMENT, SCOTT COUNTY HEALTH DEPARTMENT AND UNITYPOINT HEALTH-TRINITY, COLLABORATE ON IMPROVING HEALTH STATUS AND QUALITY OF LIFE IN THE QUAD CITIES REGION. THIS WORK TOGETHER IS ROOTED IN PERIODIC, COMPREHENSIVE COMMUNITY HEALTH ASSESSMENTS THAT MEET THE INFORMATION AND REPORTING NEEDS OF ALL PARTNERS. UNDERSTANDING OUR COMMUNITY'S HEALTH STATUS IS THE FOUNDATION FOR DEVELOPING COMMUNITY EDUCATION, RESOURCES, AND PROGRAMS THAT WILL ADVANCE OUR COMMUNITY'S HEALTH. THE ASSESSMENT INFORMS THE CREATION OF COMMUNITY HEALTH IMPROVEMENT PLANS FOR THE STUDY SPONSORS. IN ADDITION, THE STUDY SPONSORS ENCOURAGE OTHER ORGANIZATIONS ALSO TO USE THIS INFORMATION TO INFORM STRATEGIC PLANNING, GRANT WRITING AND PROJECT DEVELOPMENT.</p> <p>FOR THE 2021 QUAD CITIES COMMUNITY HEALTH ASSESSMENT, OUR COORDINATED APPROACH INCLUDED PRIMARY DATA COLLECTION, SECONDARY DATA ANALYSIS, AND QUALITATIVE DATA GATHERING FROM COMMUNITY MEMBERS IN OUR BI-STATE AREA. THE STUDY SPONSORS ENGAGED PRC, INC. TO COLLECT SECONDARY DATA AND IMPLEMENT A COMMUNITY HEALTH SURVEY. SELECT OPERATIONS DATA FROM LOCAL PROVIDERS ALSO WERE SUMMARIZED. SPECIAL CONSIDERATION WAS GIVEN TO HOW WE COULD INCREASE OUR UNDERSTANDING OF TOPICS SUCH AS THE IMPACT OF COVID-19, HEALTH DISPARITIES, AND SOCIAL DETERMINANTS OF HEALTH. THE FOLLOWING DOCUMENT PROVIDES PRC, INC.'S BI-STATE FINDINGS IN DETAIL AS WELL AS INFORMATION OBTAINED THROUGH LOCAL PARTNERS. DOCUMENTS PRODUCED AS PART OF THE 2021 QUAD CITIES COMMUNITY HEALTH ASSESSMENT PROCESS ARE AVAILABLE FOR REVIEW ONLINE AT QUADCITIES.HEALTHFORECAST.NET.</p> <p>THIS COMMUNITY HEALTH ASSESSMENT IS A SYSTEMATIC, DATA-DRIVEN APPROACH TO DETERMINING THE HEALTH STATUS, BEHAVIORS, AND NEEDS OF RESIDENTS IN SCOTT, MUSCATINE, AND ROCK ISLAND COUNTIES - IT IS A FOLLOW-UP TO SIMILAR STUDIES CONDUCTED IN THE QUAD CITIES AREA (SCOTT AND ROCK ISLAND COUNTIES) IN 2002, 2007, 2012, 2015, AND THROUGHOUT THE FULL THREE-COUNTY AREA IN 2018. SUBSEQUENTLY, THIS INFORMATION MAY BE USED TO INFORM DECISIONS AND GUIDE EFFORTS TO IMPROVE COMMUNITY HEALTH AND WELLNESS.</p> <p>THIS STUDY WAS SPONSORED BY A COLLABORATION OF LOCAL ORGANIZATIONS, INCLUDING: COMMUNITY HEALTH CARE, INC.; GENESIS HEALTH SYSTEM; MUSCATINE COUNTY PUBLIC HEALTH; QUAD CITY HEALTH INITIATIVE; ROCK ISLAND COUNTY HEALTH DEPARTMENT; SCOTT COUNTY HEALTH DEPARTMENT; AND UNITYPOINT HEALTH-TRINITY. THE PORTION OF THE STUDY CONDUCTED BY PRC WAS FUNDED BY GENESIS HEALTH SYSTEM AND UNITYPOINT HEALTH-TRINITY. THE FOLLOWING STAFF FROM THE SPONSORING ORGANIZATIONS COMPRISED THE ASSESSMENT STEERING COMMITTEE.</p> <p>STEERING COMMITTEE:</p> <p>BROOKE BARNES, SCOTT COUNTY HEALTH DEPARTMENT TARYN BAUTISTA, GENESIS HEALTH SYSTEM SHERRI BEHR DEVRIEZE, UNITYPOINT HEALTH-TRINITY TOM BOWMAN, COMMUNITY HEALTH CARE, INC. NICOLE CARKNER, QUAD CITY HEALTH INITIATIVE (QCHI) MICHELE DANE, GENESIS HEALTH SYSTEM RIKKI HETZLER, UNITYPOINT HEALTH-TRINITY MUSCATINE PUBLIC HEALTH JANET HILL, ROCK ISLAND COUNTY HEALTH DEPARTMENT DANIEL JOINER, UNITYPOINT HEALTH-TRINITY CHERI LEWIS, QUAD CITY HEALTH INITIATIVE (QCHI) NITA LUDWIG, ROCK ISLAND COUNTY HEALTH DEPARTMENT TIFFANY PETERSON, SCOTT COUNTY HEALTH DEPARTMENT CHRISTY ROBY WILLIAMS, UNITYPOINT HEALTH-TRINITY MUSCATINE PUBLIC HEALTH</p> <p>THE STEERING COMMITTEE WAS GUIDED BY THE INPUT FROM STAKEHOLDER COMMITTEES THAT WERE CONVENED TO SUPPORT DATA COLLECTION AND THE IDENTIFICATION OF COMMUNITY HEALTH PRIORITIES. THE STEERING COMMITTEE THANKS THE FOLLOWING COMMUNITY MEMBERS WHO PARTICIPATED IN THIS PROCESS. THE STEERING COMMITTEE WOULD LIKE TO ACKNOWLEDGE STAFF FROM THE SCOTT COUNTY EMERGENCY MANAGEMENT AGENCY FOR CONVERSATIONS ABOUT HOW THIS ASSESSMENT CAN INFORM BROADER COMMUNITY-RECOVERY PLANNING EFFORTS. THE STEERING COMMITTEE ALSO APPRECIATES THE CONTRIBUTIONS OF LARA PAXTON, MPH STUDENT, ST. AMBROSE UNIVERSITY, WHO SUPPORTED THIS ASSESSMENT AS AN INTERN.</p> <p>ROCK ISLAND AND SCOTT COUNTIES STAKEHOLDER COMMITTEE:</p> <p>DR. RON BOESCH, PALMER COLLEGE OF CHIROPRACTIC CLINICS CAROL BRENNER, METROLINK DEBRA BROWNSON, SKIP-A-LONG FAMILY AND COMMUNITY SERVICES DENISE BULAT, BI-STATE REGIONAL COMMISSION SHERIFF GERRY BUSTOS, ROCK ISLAND COUNTY SHERIFF'S DEPARTMENT DAVE DONOVAN, SCOTT COUNTY EMA GINA EKSTROM, DAVENPORT COMMUNITY SCHOOL DISTRICT LAURA FONTAINE, WORLD RELIEF QUAD CITIES LINDA FREDERIKSEN, MEDIC EMS DEBORAH FREIBURG, ROCK ISLAND COUNTY BOARD OF HEALTH MAYOR BOB GALLAGHER, CITY OF BETTENDORF DR. ANN GARTON, ST. AMBROSE INSTITUTE FOR PERSON-CENTERED CARE REV. DR. MELVIN GRIMES, CHURCHES UNITED OF THE QUAD CITY AREA DR. KATHLEEN HANSON, SCOTT COUNTY BOARD OF HEALTH DR. KRISTIN HUMPHRIES, EAST MOLINE SCHOOL DISTRICT JERRY JONES, MLK JR. COMMUNITY CENTER LESLIE KILGANNON, QUAD CITIES HOUSING CLUSTER BRYCIE KOCHUYT, ALTERNATIVES FOR THE OLDER ADULT SHERIFF TIM LANE, SCOTT COUNTY SHERIFF'S DEPARTMENT SHIRLEEN MARTIN, DAVENPORT NAACP HEALTH COMMITTEE MEMBER DR. AMY MAXEINER, BLACK HAWK COLLEGE MIKE MILLER, RIVER BEND FOOD BANK TAMMY REED, ROCK ISLAND COUNTY NAACP HEALTH COMMITTEE CHAIR, TASC ANAMARIA ROCHA, MERCADO ON FIFTH PAUL RUMLER, QUAD CITIES CHAMBER ALICIA SANDERS, ROCK ISLAND-MILAN SCHOOL DISTRICT DR. RACHEL SAVAGE, MOLINE-COAL VALLEY SCHOOL DISTRICT SARAH STEVENS, THE PROJECT OF THE QUAD CITIES</p>

Return Reference - Identifier	Explanation
	<p>BRIAN STRUSZ, PLEASANT VALLEY SCHOOL DISTRICT            KELLY THOMPSON, QUAD CITIES COMMUNITY FOUNDATION            DR. CHERYL TRUE, TRUE LIFESTYLE MEDICINE CLINIC            DEB WAYMACK, DEERE &amp; COMPANY            DR. RICH WHITAKER, VERA FRENCH COMMUNITY MENTAL HEALTH CENTER            MARCI ZOGG, UNITED WAY QUAD CITIES            MUSCATINE COUNTY STAKEHOLDER COMMITTEE:            BRENDA ARTHUR-MILLER, WEST LIBERTY COMMUNITY SCHOOL DISTRICT            PASTOR SUSAN BANTZ, MUSCATINE MINISTERIAL ASSOCIATION            BOB BARRETT, CITY OF WILTON            STEVE BRAUNS, WILTON MINISTERIAL ASSOCIATION            DIANA BRODERSON, CITY OF MUSCATINE            JOE BURNETT, WILTON COMMUNITY SCHOOL DISTRICT            CLINT CHRISTOPHER, MUSCATINE COMMUNITY SCHOOL DISTRICT            SCOTT DAHLKE, MUSCATINE CENTER FOR SOCIAL ACTION            DR. NAOMI DEWINTER, MUSCATINE COMMUNITY COLLEGE            DENNIS DUKE, UNITYPOINT HEALTH - ROBERT YOUNG CENTER            JERRY EWERS, CITY OF MUSCATINE - FIRE AND EMERGENCY MEDICAL SERVICES            MEGAN FRANCIS, MUSCATINE SENIOR RESOURCES            MICHELLE GARVIN, WESTER DRUG PHARMACY AND WELLNESS            FATHER GUILLERMO TREVINO, JR., WEST LIBERTY ST. JOSEPH CATHOLIC CHURCH            KAREN HARPER RPH, MUSCATINE COUNTY BOARD OF HEALTH            BOB HARTMAN, CITY OF WEST LIBERTY            ERIKA HAYES, UNITYPOINT HEALTH - TRINITY MUSCATINE            RIKKI HETZLER, UNITYPOINT HEALTH - TRINITY MUSCATINE            ANGELA JOHNSON, UNITYPOINT HEALTH - TRINITY MUSCATINE            ANTHONY KIES, CITY OF MUSCATINE - POLICE DEPARTMENT            WILLIAM KOELLNER, MUSCATINE COUNTY BOARD OF HEALTH            MELANIE LANGLEY, IOWA DEPARTMENT OF HUMAN SERVICES            DANA LARUE, NON-EMERGENCY TRANSPORT            LAURIE LUDMAN, IOWA DEPARTMENT OF HUMAN SERVICES            DR. MICHAEL MAHARRY, UNIVERSITY OF IOWA HOSPITALS AND CLINICS            STEPHANIE MARTIN, WEST LIBERTY CHAMBER OF COMMERCE            KADIE MCCORY, MISSISSIPPI VALLEY CHILD PROTECTION CENTER            ROSA MENDOZA, DIVERSITY SERVICE CENTER OF IOWA            MARY ODELL, MUSCATINE HEALTH SUPPORT FUNDS            SHANE ORR, UNITED WAY OF MUSCATINE            DAMARIS ORTEGA, UNITYPOINT HEALTH - TRINITY MUSCATINE OCCUPATIONAL MEDICINE            DR. DUSTAFF PERSAUD, MERCY FAMILY MEDICINE            LINDSEY PHILLIPS, TRINITY MUSCATINE FOUNDATION BOARD OF DIRECTORS            CHERYL PLANK, VISION 2020 MUSCATINE            TINA PLETT, COMMUNITY HEALTH CARE, INC., MUSCATINE MEDICAL CLINIC            ERIC READER, GREATER MUSCATINE CHAMBER OF COMMERCE AND INDUSTRY            ERICK RECINOS, UNITYPOINT HEALTH - TRINITY            GLENDA REICHERT - UNITYPOINT HEALTH - TRINITY MUSCATINE            JUDGE TOM REIDEL, 7TH JUDICIAL DISTRICT - IOWA DEPARTMENT OF CORRECTIONS            SHERIFF QUINN REISS, MUSCATINE COUNTY SHERIFF'S DEPARTMENT            CHRISTY ROBY WILLIAMS, UNITYPOINT HEALTH - TRINITY MUSCATINE PUBLIC HEALTH            DANIEL SALAZAR, RACIAL JUSTICE FUND COMMITTEE OF COMMUNITY FOUNDATION OF GREATER MUSCATINE            NICK SALAZAR, LULAC - LEAGUE OF UNITED LATIN AMERICAN CITIZENS OF IOWA            SANTOS SAUCEDO, MUSCATINE COUNTY BOARD OF SUPERVISORS            CHARLA SCHAFFER, COMMUNITY FOUNDATION OF GREATER MUSCATINE            PASTOR TY THOMAS, CALVARY CHURCH MUSCATINE            FELICIA TOPPERT, MUSCATINE COUNTY COMMUNITY SERVICES            KIM WARREN, ALIGNED IMPACT MUSCATINE            BRANDY WERLING-MARQUEZ, WILTON CHAMBER OF COMMERCE            STEVE WIESKAMP, ROCK VALLEY PHYSICAL THERAPY            DESTINY WILLIAMS, RACIAL JUSTICE FUND COMMITTEE OF COMMUNITY FOUNDATION OF GREATER MUSCATINE            BRIAN WRIGHT, EMERGENCY MANAGEMENT AGENCY</p>
<p>SCHEDULE H, PART V,            SECTION B, LINE 6A -            CHNA CONDUCTED WITH            ONE OR MORE OTHER            HOSPITAL FACILITIES</p>	<p>FACILITY NAME:            GENESIS MEDICAL CENTER - DAVENPORT</p> <p>DESCRIPTION:            UNITY POINT HEALTH-TRINITY</p>
<p>SCHEDULE H, PART V,            SECTION B, LINE 6B -            CHNA CONDUCTED WITH            ONE OR MORE            ORGANIZATIONS OTHER            THAN HOSPITAL            FACILITIES</p>	<p>FACILITY NAME:            GENESIS MEDICAL CENTER - DAVENPORT</p> <p>DESCRIPTION:            COMMUNITY HEALTH CARE, QUAD CITY HEALTH INITIATIVE, ROCK ISLAND COUNTY HEALTH DEPARTMENT,            MUSCATINE COUNTY BOARD OF HEALTH, AND THE SCOTT COUNTY HEALTH DEPARTMENT</p>



Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: GMC DAVENPORT</p> <p>DESCRIPTION: WITH FOLLOWING THE GENESIS HEALTH SYSTEM'S MISSION ALONG WITH COORDINATING WITH THE QUAD CITY HEALTH INITIATIVE IMPLEMENTATION PLAN, GENESIS MEDICAL CENTER SILVIS WILL BE FOCUSING AND DELIVERING ON THE FOLLOWING PROGRAMS AND RESOURCES TO ADDRESS THE NEEDS OF THE COMMUNITY: COMMUNITY EDUCATION AND OUTREACH HEALTH SCREENING SUPPORT GROUPS COUNSELING SELF-HELP IMMUNIZATIONS OTHER COMMUNITY PROGRAMS FAMILY SUPPORT SERVICES IN-HOME SERVICES MEALS/NUTRITION SERVICES TRANSPORTATION SERVICES CASH AND IN-KIND DONATIONS MEDICAL EDUCATION AND RESEARCH</p> <p>III. COMMUNITY HEALTH IMPROVEMENT INITIATIVES</p> <p>INFANT HEALTH: MULTI-YEAR PLAN IN COORDINATION WITH THE QUAD CITY HEALTH INITIATIVE, UNITY POINT QC, THE ROCK ISLAND AND SCOTT COUNTY HEALTH DEPARTMENTS AND COMMUNITY HEALTH CARE TO REDUCE THE NUMBER OF LOW BIRTH WEIGHT INFANTS. -FORM THE MULTI-DISCIPLINARY TASK FORCE - HEALTH CARE ORGANIZATION LEADERS, PROVIDERS AND TARGET POPULATION -UNDERSTAND THE SIZE AND SCOPE OF THE HEALTH ISSUE -DETERMINE THE AREA OF FOCUS TO REDUCE LOW BIRTH WEIGHT BIRTHS -IMPLEMENT STRATEGIES -EVALUATE PROGRESS</p> <p>MENTAL HEALTH: -CONTINUE OUR EFFORTS TO SUPPORT COMMUNITY MENTAL HEALTH PROGRAMS THROUGH: - COLLABORATION WITH VERA FRENCH TO SUPPORT PROGRAMS SUCH AS "ACT" ASSERTIVE COMMUNITY TREATMENT, MST MULTISYSTEMIC THERAPY FOR TEENS, ETC. - BEHAVIORAL HEALTH SERVICES PROVIDED VIA OUR EMERGENCY DEPARTMENT AND INPATIENT UNIT -SUPPORT FAMILY CONNECTS - MOMS WITH POST-PARTUM DEPRESSION -PARTICIPATE IN THE QUAD CITIES BEHAVIORAL HEALTH COALITION PROGRAMS (E.G.THE ZERO SUICIDE INITIATIVE) -ADVOCATE FOR IMPROVED FUNDING FOR MENTAL HEALTH SERVICES</p> <p>NUTRITION, PHYSICAL ACTIVITY AND WEIGHT: -COLLABORATE WITH COMMUNITY PARTNERS TO EDUCATE THE PUBLIC RE THE IMPORTANCE OF HEALTHY DIET AND REGULAR EXERCISE SUCH AS BE HEALTHY QC -IMPLEMENT A FOOD PHARMACY TO HELP DIABETIC PATIENTS WITH LIMITED RESOURCES OBTAIN AND USE HEALTHY FOODS TO CONTROL THEIR DIABETES. -PROVISION OF EXERCISE EQUIPMENT AT AREA PARKS. -CONTINUE GENESIS PROGRAMS: -YMCA MEMBERSHIP DISCOUNT FOR STAFF AND THEIR FAMILIES -HEALTHY LIFESTYLE SPONSORSHIPS SUCH AS BIX 7 -CENTER FOR WEIGHT MANAGEMENT AND BARIATRIC SURGERY</p> <p>ACCESS TO HEALTHCARE: -CONTINUE GENESIS SUPPORT FOR: -421-DOCS - ASSISTANCE FOR FINDING A PRIMARY CARE PROVIDER -RECRUITING PRIMARY CARE PROVIDERS AND SPECIALISTS -EXPANSION OF GENESIS EMERGENCY AND CONVENIENT CARE SERVICES IN GROWING POPULATION AREAS (E.G. ELDRIDGE CONVENIENT CARE CLINIC) -EXPANSION OF TELEHEALTH SERVICES FOR: -NON-EMERGENT, BASIC HEALTH CARE -CONSULTATIONS WITH SPECIALISTS ESPECIALLY FOR PATIENTS LIVING IN RURAL AREAS</p> <p>DIABETES PREVENTION AND TREATMENT: -GENESIS HEALTH SYSTEM FY 2022 STRATEGIC GOAL - ACHIEVE BREAKTHROUGH PERFORMANCE IN LOWERING THE HEMOGLOBIN A1C RATE TO IMPROVE THE HEALTH OF OUR COMMUNITY. ACHIEVED BY: -CONTINUED MONITORING OF HIGH RISK PATIENTS -ONGOING EDUCATION -IMPLEMENTATION OF A FOOD PHARMACY TO HELP DIABETIC PATIENTS, WITH LIMITED RESOURCES, OBTAIN AND USE HEALTHY FOODS TO CONTROL THEIR DIABETES.</p> <p>FOLLOWING THE MERGER OF GENESIS HEALTH SYSTEM AND TRINITY HEALTH, IMPROVEMENTS WERE MADE TO THE COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES FOR GENESIS MEDICAL CENTER, DAVENPORT, SILVIS, DEWITT, AND ALEDO, AND THEY WERE READOPTED BY THE BOARD OF DIRECTORS AND POSTED TO THEIR SYSTEM WEBSITE <a href="https://www.genesishealth.com/about/community-benefit/">HTTPS://WWW.GENESISHEALTH.COM/ABOUT/COMMUNITY-BENEFIT/</a>.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<a href="http://WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE/">WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE/</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="http://WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE/">WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE/</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="http://WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE/">WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE/</a>

**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? 38

Name and address	Type of facility (describe)
<b>1</b> GENESIS HEART INSTITUTE 1236 E. RUSHOLME STREET DAVENPORT, IA 52803	O/P CARDIAC DIAGNOSTIC & REHAB CARE
<b>2</b> GENESIS IMAGING CENTER, 53RD STREET 1970 E. 53RD STREET DAVENPORT, IA 52807	OUTPATIENT RADIOLOGY SERVICES
<b>3</b> CENTRAL PARK MEDICAL PAVILIONS 1 & 2 1351 W. CENTRAL PARK AVENUE DAVENPORT, IA 52804	O/P CANCER, INFUSION, WOUND, & PHYSICIAN CLINIC
<b>4</b> GENESIS MEDICAL PLAZA 2535 MAPLECREST ROAD BETTENDORF, IA 52722	O/P REHAB, PAIN, PHYS THERAPY, DIABETES, HOME HEALTH, SPINE CTR & PHSY CLINIC
<b>5</b> VISITING NURSE ASSOC & HOSPICE HOUSE 611 NORTH 2ND AVE. CLINTON, IA 52732	HOME HEALTH & HOSPICE
<b>6</b> ILLINI LARSON CENTER 855 ILLINI DRIVE SILVIS, IL 61282	OUTPATIENT LAB & PHYSICIAN CLINIC
<b>7</b> BETTENDORF HEALTH PLEX 2140 53RD AVENUE BETTENDORF, IA 52722	OUTPATIENT PHYSICIAN CLINIC AND IMAGING SERVICES
<b>8</b> VISITING NURSE ASSOC & HOSPICE HOUSE 2546 TECH DRIVE BETTENDORF, IA 52722	HOME HEALTH & HOSPICE
<b>9</b> MEDICAL OFFICE BUILDING #1 AND #2 1228 E. RUSHOLME STREET DAVENPORT, IA 52803	O/P MAMMOGRAPHY & DIALYSIS SERVICES
<b>10</b> GENESIS HEALTH GROUP 865 LINCOLN ROAD BETTENDORF, IA 52722	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2022

**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? 38

Name and address	Type of facility (describe)
<b>1</b> MOLINE HEALTHPLEX 3900 28TH AVENUE MOLINE, IL 61265	OUTPATIENT PHYSICIAN CLINIC
<b>2</b> ELDRIDGE FAMILY PRACTICE 301 N. 4TH AVENUE ELDRIDGE, IA 52748	OUTPATIENT PHYSICIAN CLINIC
<b>3</b> GENESIS SPORTS MEDICINE, ROCK ISLAND 1025 30TH STREET ROCK ISLAND, IL 61201	OUTPATIENT PHYSICAL THERAPY CLINIC
<b>4</b> GENESIS PHYSICAL REHAB - VALLEY FAIR 2300 53RD STREET BETTENDORF, IA 52722	O/P PHYSICAL THERAPY CLINIC
<b>5</b> GENRAD IMAGING, LLC 1970 E. 53RD STREET DAVENPORT, IA 52807	DIAGNOSTIC IMAGING CENTER
<b>6</b> GENGASTRO, LLC 2222 53RD AVENUE BETTENDORF, IA 52722	AMBULATORY SURGERY CENTER
<b>7</b> FAMILY PRACTICE AT WEST CAMPUS 1345 W. CENTRAL PARK AVENUE DAVENPORT, IA 52804	OUTPATIENT PHYSICIAN CLINIC
<b>8</b> GENORTHO, LLC 2300 53RD STREET BETTENDORF, IA 52722	ORTHOPEDIC SURGERY CENTER
<b>9</b> GENESIS CONVENIENT CARE - ILLINOIS 2350 41ST STREET MOLINE, IL 61265	OUTPATIENT URGENT CARE CLINIC
<b>10</b> SPRING PARK SURGERY CENTER, LLC 3319 SPRING STREET, STE. 202A DAVENPORT, IA 52807	OUTPATIENT SURGICAL CENTER

Schedule H (Form 990) 2022

**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? 38

Name and address	Type of facility (describe)
<b>1</b> GENESIS PSYCHOLOGY ASSOCIATES 4455 E. 56TH STREET DAVENPORT, IA 52804	OUTPATIENT COUNSELING CLINIC
<b>2</b> ELDRIDGE PHYSICAL THERAPY 170 S. 4TH AVENUE ELDRIDGE, IA 52748	OUTPATIENT PHYSICAL THERAPY CLINIC
<b>3</b> GHS OCCUPATIONAL HEALTH - DAVENPORT 3319 SPRING STREET DAVENPORT, IA 52807	OUTPATIENT OCCUPATIONAL HEALTH
<b>4</b> DURANT FAMILY PRACTICE 619 5TH DURANT, IA 52747	OUTPATIENT PHYSICIAN CLINIC
<b>5</b> DEWITT AMBULANCE 1220 11TH STREET DEWITT, IA 52742	AMBULANCE SERVICES
<b>6</b> GENESIS OCCUPATIONAL HEALTH 2350 41ST STREET MOLINE, IL 61265	OUTPATIENT OCCUPATIONAL HEALTH
<b>7</b> GHS - AUGUSTANA PT CLINIC 639 38TH STREET ROCK ISLAND, IL 61201	OUTPATIENT PHYSICAL THERAPY CLINIC
<b>8</b> PHYSICAL THERAPY & SPORTS MEDICINE 1702 E. 53RD STREET DAVENPORT, IA 52807	O/P PHYSICAL THERAPY & SPORTS PERF CLINIC
<b>9</b> CONVENIET CARE NOW W. LOCUST 2351 WEST LOCUST STREET DAVENPORT, IA 52804	OUTPATIENT URGENT CARE CLINIC
<b>10</b> DAVENPORT HEALTHPLEX 3200 WEST KIMBERLY RD. DAVENPORT, IA 52806	OUTPATIENT PHYSICIAN CLINIC/PHYSICAL THERAPY

Schedule H (Form 990) 2022

**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? 38

Name and address	Type of facility (describe)
<b>1</b> DEWITT FAMILY PRACTICE 1008 11TH ST. DEWITT, IA 52742	OUTPATIENT PHYSICIAN CLINIC
<b>2</b> WOODLANDS FAMILY PRACTICE 4321 53RD AVE BETTENDORF, IA 52722	OUTPATIENT PHYSICIAN CLINIC
<b>3</b> GHG-VALLEY VIEW MOLINE 615 VALLEY VEW DR. SUITE 305 MOLINE, IL 61265	OUTPATIENT PHYSICIAN CLINIC
<b>4</b> GENESIS PHYSICAL THERAPY DAVENPORT 1820 WEST 3RD ST DAVENPORT, IA 52801	OUTPATIENT PHYSICAL THERAPY CLINIC AND PHYSICIAN CLINIC
<b>5</b> GENESIS PT & SPORTS MEDICAINE-BETTENDORF 2300 53RS AVE STE LL02 BETTENDORF, IA 52722	OUTPATIENT PHYSICAL THERAPY CLINIC
<b>6</b> GENESIS PHYSICAL THERAPY , CLINTON 1647 LINCOLN WAY CLINTON, IA 52732	OUTPATIENT PHYSICAL THERAPY CLINIC
<b>7</b> GENESIS PHYSICAL THERAPY AT LECLAIRE 1003 CANAL SHORE DRIVE LECLAIRE, IA 52753	OUTPATIENT PHYSICAL THERAPY CLINIC
<b>8</b> CONVENIENT CARE NOW E. KIMBERLY 1823 E. KIMBERLY RD. DAVENPORT, IA 52807	OUTPATIENT URGENT CARE CLINIC
<b>9</b>	
<b>10</b>	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 6A - NAME OF RELATED ORGANIZATION THAT PREPARED COMMUNITY BENEFIT REPORT	GENESIS HEALTH SYSTEM (GHS ILLINOIS) AND GENESIS MEDICAL CENTER, ALEDO (GMC, ALEDO)
SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G	NO COSTS ASSOCIATED WITH A PHYSICIAN CLINIC WERE REPORTED IN SUBSIDIZED HEALTH SERVICES.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	GENESIS HEALTH SYSTEM (GHS IOWA) UTILIZED WORKSHEET 2 TO CALCULATE ITS COST-TO-CHARGE RATIO. THE CALCULATED COST-TO-CHARGE RATIO WAS USED TO CALCULATE THE COST OF CHARITY CARE AND UNREIMBURSED MEDICAID. COSTS OF THE "OTHER BENEFITS" REPORTED IN 7E -7I WERE COMPILED THROUGHOUT THE YEAR IN THE COMMUNITY BENEFIT DATABASE (I.E., CBISA) THAT GENESIS HEALTH SYSTEM UTILIZES.
SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	ECONOMIC DEVELOPMENT (F2): GRANTS TO COMMUNITY BUSINESSES - GENESIS HEALTH SYSTEM SUPPORTS ITS COMMUNITY BY GIVING GRANTS TO LOCAL BUSINESSES TO IMPROVE ECONOMIC DEVELOPMENT AND RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT OR OTHER TAX-EXEMPT ORGANIZATIONS. COMMUNITY SUPPORT (F3): DISASTER READINESS - GENESIS HEALTH SYSTEM PARTICIPATES IN COMMUNITY WIDE DISASTER READINESS DRILLS THROUGHOUT THE YEAR TO ENSURE ITS PREPAREDNESS FOR AN ARRAY OF DISASTERS.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15, BAD DEBT IS REPORTED AT THE FULL-ESTABLISHED CHARGE FROM THE MOST RECENT AUDITED FINANCIAL REPORT. PAYMENTS RECEIVED AFTER AN ACCOUNT HAD BEEN WRITTEN OFF TO BAD DEBT WERE CREDITED TO A BAD DEBT RECOVERY ACCOUNT. DISCOUNTS ON PATIENT ACCOUNTS PROVIDED BY THIRD-PARTY PAYERS WERE WRITTEN OFF TO A CONTRACTUAL ALLOWANCE ACCOUNT.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	GENESIS HEALTH SYSTEM USES AVADYNE HEALTH TO PROCESS AGING PATIENT ACCOUNTS. AVADYNE HEALTH'S COLLECTION PROCESS UTILIZES PUBLICLY AVAILABLE INFORMATION TO ENSURE ALL AGING PATIENT ACCOUNTS RECEIVE FINANCIAL ASSISTANCE IN ACCORDANCE TO GENESIS HEALTH SYSTEM POLICY BEFORE BEING DEEMED BAD DEBT. GENESIS HEALTH SYSTEM REPORTED ZERO DOLLARS FOR THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE SYSTEM DETERMINES THE TRANSACTION PRICE BASED ON STANDARD CHARGES FOR GOODS AND SERVICES PROVIDED TO PATIENTS, REDUCED BY EXPLICIT PRICE CONCESSIONS CONSISTING OF CONTRACTUAL ADJUSTMENTS PROVIDED TO THIRD-PARTY PAYORS, DISCOUNTS PROVIDED TO UNINSURED PATIENTS IN ACCORDANCE WITH THE SYSTEM'S POLICY, AND/OR IMPLICIT PRICE CONCESSIONS PROVIDED TO UNINSURED PATIENTS BASED ON HISTORICAL COLLECTION EXPERIENCE. THE IMPLICIT PRICE CONCESSIONS INCLUDED IN ESTIMATING THE TRANSACTION PRICE REPRESENT THE DIFFERENCE BETWEEN AMOUNTS BILLED TO PATIENTS AND THE AMOUNTS EXPECTED TO BE COLLECTED BASED ON THE SYSTEM'S COLLECTION HISTORY WITH SIMILAR CLASSES OF PATIENTS. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO PATIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE. BAD DEBT EXPENSE FOR THE YEARS ENDED JUNE 30, 2023 AND 2022, WAS NOT MATERIAL.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>NO MEDICARE SHORTFALLS WERE INCLUDED IN COMMUNITY BENEFIT. THE MEDICARE COST REPORT SHORTFALL REPRESENTS THE DIFFERENCE BETWEEN THE TOTAL REVENUE RECEIVED FROM MEDICARE BASED ON MEDICARE COST REPORT REIMBURSEMENT RATES AND THE COSTS INCURRED BY GHS IOWA IN PROVIDING HEALTHCARE SERVICES TO THE ELDERLY. THE TOTAL MEDICARE SHORTFALL, WHICH INCLUDES FEE SCREEN SERVICES, WAS \$12,536,525. IN 2022, THE PERCENT OF PERSONS 65 YEARS AND OVER IN ROCK ISLAND AND SCOTT COUNTIES WAS 17.0%. IN ACCORDANCE WITH GHS IOWA'S MISSION STATEMENT, "TO PROVIDE COMPASSIONATE, QUALITY HEALTH SERVICES TO ALL THOSE IN NEED," THE ELDERLY WERE SERVED DESPITE THE TOTAL MEDICARE LOSS OF \$12,536,525. GHS IOWA HAS A CLEAR MISSION TO SERVE ALL THOSE IN NEED AND TO IMPROVE THE HEALTH OF THE COMMUNITY INCLUDING THE ELDERLY. FURTHERMORE, THERE ARE NO FOR-PROFIT HOSPITALS IN THE COMMUNITY, AND THEREFORE GHS IOWA IS ONE OF TWO TAX-EXEMPT HEALTHCARE ORGANIZATIONS IN THE COMMUNITY WHO PROVIDE ACCESS TO HEALTHCARE FOR MEDICARE PATIENTS. ACCORDINGLY, IT IS GHS IOWA'S POSITION FOR THE REASONS STATED ABOVE THAT THE TOTAL MEDICARE SHORTFALL OF \$12,536,525 REPRESENTS A COMMUNITY BENEFIT. PURSUANT TO THE INSTRUCTIONS TO THE FORM 990, SCHEDULE H, THE MEDICARE SHORTFALL IS NOT INCLUDED IN PART I, LINE 7. IF THE TOTAL MEDICARE SHORTFALL WAS INCLUDED IN PART I, LINE 7, THEN PART I, LINE 7K, COLUMN F WOULD BE 7.61%.</p>
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE. IF ELIGIBLE, PAYMENT PLANS ARE MADE AVAILABLE BASED ON THEIR RESOURCES AND INCOME. ALL BALANCES OWING AFTER FINANCIAL ASSISTANCE ALLOWANCES HAVE BEEN TAKEN ARE PAYABLE IN MONTHLY PAYMENTS IN ACCORDANCE WITH THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>THE SPONSORS OF THIS STUDY, COMMUNITY HEALTH CARE, INC., GENESIS HEALTH SYSTEM(GHS ILLINOIS), MUSCATINE COUNTY PUBLIC HEALTH, QUAD CITY HEALTH INITIATIVE, ROCK ISLAND COUNTY HEALTH DEPARTMENT, SCOTT COUNTY HEALTH DEPARTMENT AND UNITYPOINT HEALTH-TRINITY, COLLABORATE ON IMPROVING HEALTH STATUS AND QUALITY OF LIFE IN THE QUAD CITIES REGION. THIS WORK TOGETHER IS ROOTED IN PERIODIC, COMPREHENSIVE COMMUNITY HEALTH ASSESSMENTS THAT MEET THE INFORMATION AND REPORTING NEEDS OF ALL PARTNERS. UNDERSTANDING OUR COMMUNITY'S HEALTH STATUS IS THE FOUNDATION FOR DEVELOPING COMMUNITY EDUCATION, RESOURCES, AND PROGRAMS THAT WILL ADVANCE OUR COMMUNITY'S HEALTH. THE ASSESSMENT INFORMS THE CREATION OF COMMUNITY HEALTH IMPROVEMENT PLANS FOR THE STUDY SPONSORS. IN ADDITION, THE STUDY SPONSORS ENCOURAGE OTHER ORGANIZATIONS ALSO TO USE THIS INFORMATION TO INFORM STRATEGIC PLANNING, GRANT WRITING AND PROJECT DEVELOPMENT.</p> <p>FOR THE 2021 QUAD CITIES COMMUNITY HEALTH ASSESSMENT, OUR COORDINATED APPROACH INCLUDED PRIMARY DATA COLLECTION, SECONDARY DATA ANALYSIS, AND QUALITATIVE DATA GATHERING FROM COMMUNITY MEMBERS IN OUR BI-STATE AREA. THE STUDY SPONSORS ENGAGED PRC, INC. TO COLLECT SECONDARY DATA AND IMPLEMENT A COMMUNITY HEALTH SURVEY. SELECT OPERATIONS DATA FROM LOCAL PROVIDERS ALSO WERE SUMMARIZED. SPECIAL CONSIDERATION WAS GIVEN TO HOW WE COULD INCREASE OUR UNDERSTANDING OF TOPICS SUCH AS THE IMPACT OF COVID-19, HEALTH DISPARITIES, AND SOCIAL DETERMINANTS OF HEALTH. THE FOLLOWING DOCUMENT PROVIDES PRC, INC.'S BI-STATE FINDINGS IN DETAIL AS WELL AS INFORMATION OBTAINED THROUGH LOCAL PARTNERS. DOCUMENTS PRODUCED AS PART OF THE 2021 QUAD CITIES COMMUNITY HEALTH ASSESSMENT PROCESS ARE AVAILABLE FOR REVIEW ONLINE AT QUADCITIES.HEALTHFORECAST.NET.</p> <p>THIS COMMUNITY HEALTH ASSESSMENT IS A SYSTEMATIC, DATA-DRIVEN APPROACH TO DETERMINING THE HEALTH STATUS, BEHAVIORS, AND NEEDS OF RESIDENTS IN SCOTT, MUSCATINE, AND ROCK ISLAND COUNTIES - IT IS A FOLLOW-UP TO SIMILAR STUDIES CONDUCTED IN THE QUAD CITIES AREA (SCOTT AND ROCK ISLAND COUNTIES) IN 2002, 2007, 2012, 2015, AND THROUGHOUT THE FULL THREE-COUNTY AREA IN 2018. SUBSEQUENTLY, THIS INFORMATION MAY BE USED TO INFORM DECISIONS AND GUIDE EFFORTS TO IMPROVE COMMUNITY HEALTH AND WELLNESS.</p> <p>A COMMUNITY HEALTH ASSESSMENT PROVIDES INFORMATION SO THAT COMMUNITIES MAY IDENTIFY ISSUES OF GREATEST CONCERN AND DECIDE TO COMMIT RESOURCES TO THOSE AREAS, THEREBY MAKING THE GREATEST POSSIBLE IMPACT ON COMMUNITY HEALTH STATUS. THIS COMMUNITY HEALTH ASSESSMENT WILL SERVE AS A TOOL TOWARD REACHING THREE BASIC GOALS:</p> <ul style="list-style-type: none"> <li>TO IMPROVE RESIDENTS' HEALTH STATUS, INCREASE THEIR LIFE SPANS, AND ELEVATE THEIR OVERALL QUALITY OF LIFE. A HEALTHY COMMUNITY IS NOT ONLY ONE WHERE ITS RESIDENTS SUFFER LITTLE FROM PHYSICAL AND MENTAL ILLNESS, BUT ALSO ONE WHERE ITS RESIDENTS ENJOY A HIGH QUALITY OF LIFE.</li> <li>TO REDUCE THE HEALTH DISPARITIES AMONG RESIDENTS. BY GATHERING DEMOGRAPHIC INFORMATION ALONG WITH HEALTH STATUS AND BEHAVIOR DATA, IT WILL BE POSSIBLE TO IDENTIFY POPULATION SEGMENTS THAT ARE MOST AT-RISK FOR VARIOUS DISEASES AND INJURIES. INTERVENTION PLANS AIMED AT TARGETING THESE INDIVIDUALS MAY THEN BE DEVELOPED TO COMBAT SOME OF THE SOCIO-ECONOMIC FACTORS THAT HISTORICALLY HAVE HAD A NEGATIVE IMPACT ON RESIDENTS' HEALTH.</li> <li>TO INCREASE ACCESSIBILITY TO PREVENTIVE SERVICES FOR ALL COMMUNITY RESIDENTS. MORE ACCESSIBLE PREVENTIVE SERVICES WILL PROVE BENEFICIAL IN ACCOMPLISHING THE FIRST GOAL (IMPROVING HEALTH STATUS, INCREASING LIFE SPANS, AND ELEVATING THE QUALITY OF LIFE), AS WELL AS LOWERING THE COSTS ASSOCIATED WITH CARING FOR LATE-STAGE DISEASES RESULTING FROM A LACK OF PREVENTIVE CARE.</li> </ul> <p>GENESIS MEDICAL CENTER DEWITT UTILIZES THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONDUCTED BY GENESIS HEALTH SYSTEM BUSINESS INTELLIGENCE AND COMMUNICATIONS DEPARTMENT AS WELL PARTNERING WITH CLINTON COUNTY HEALTH DEPARTMENT IN 2020.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>INFORMATION ON THE AVAILABILITY OF FINANCIAL ASSISTANCE IS POSTED IN VISIBLE LOCATIONS IN THE ADMISSION DEPARTMENTS OF THE HOSPITALS. IN ADDITION, THE HOSPITAL REGISTRATION STAFF MAKE AVAILABLE INFORMATIVE BROCHURES FOR PATIENTS IN THE EMERGENCY ROOM REGISTRATION AREA EXPLAINING THEIR ELIGIBILITY FOR ASSISTANCE. GENESIS HEALTH SYSTEM (GHS IOWA) PROVIDES PATIENT FINANCIAL COUNSELORS ON EACH HOSPITAL CAMPUS TO DISCUSS OPTIONS WITH THE PATIENTS. PATIENT FINANCIAL SERVICES PREPARES AND PROVIDES A LETTER TO EACH PATIENT, EXPLAINING THEIR CURRENT BALANCE AND ADVISING THEM OF THEIR OPTIONS. A PHONE NUMBER IS PROVIDED WITH THE LETTER ENCOURAGING THE PATIENT TO CALL IF NEEDED.</p>



Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>GENESIS HEALTH SYSTEM IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 13 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE. THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED."</p>
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>GENESIS HEALTH SYSTEM'S BOARD OF DIRECTORS IS A DIVERSE REPRESENTATION OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREA THAT GENESIS HEALTH SYSTEM SERVES.</p> <p>GENESIS HEALTH SYSTEM EXECUTIVES AND EMPLOYEES SERVE ON DOZENS OF VOLUNTEER BOARDS THROUGHOUT THE REGION ON IMPORTANT PROJECTS AND INITIATIVES, SUCH AS HOMELESS SHELTERS, MENTAL HEALTH, DOWNTOWN REDEVELOPMENT AND EVENTS AND FESTIVALS. GENESIS HEALTH SYSTEM EMPLOYEES SERVE THE COMMUNITIES WHERE THEY LIVE BY SERVING IN ELECTED OFFICES IN CITY AND COUNTY GOVERNMENT.</p> <p>GENESIS HEALTH SYSTEM EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITIES.</p> <p>GENESIS HEALTH SYSTEM HAS ENDEAVORED TO IMPROVE ACCESS TO HEALTH CARE FOR THE COMMUNITIES IT SERVES BY PARTICIPATING IN APPROPRIATE JOINT VENTURES THAT OFFER NEEDED HEALTH CARE SERVICES TO UNDER-SERVED AREAS.</p> <p>GENESIS HEALTH SYSTEM SCHEDULES DOZENS OF HEALTH SCREENINGS AND IMMUNIZATIONS THROUGHOUT THE YEAR AT A REDUCED COST. THESE INCLUDE SCREENINGS FOR DIABETES, STROKE AND HEART DISEASE AND PUBLIC FLU IMMUNIZATION CLINICS.</p> <p>GENESIS HEALTH SYSTEM PROVIDERS TRANSLATION SERVICES BASED ON A PERCENTAGE OF THE DIVERSITY OF THE POPULATION.</p> <p>EACH YEAR, GENESIS HEALTH SYSTEM PROVIDES THE COMMUNITY WITH DOZENS OF CLASSES AND EVENTS PROMOTING HEALTH AND HEALTH EDUCATION. HUNDREDS OF RESIDENTS IN THE REGION SERVED BY GENESIS HEALTH SYSTEM LEARN CPR, FIRST AID, PARENTING SKILLS, AND NEWBORN CARE BY ENROLLING IN CLASSES.</p> <p>GENESIS HEALTH SYSTEM SUPPLIES MEDICAL SUPPLIES AND EQUIPMENT TO GLOBUS, WHICH IS A THIRD PARTY COMPANY THAT HELPS COMPANIES SHARE AND TRANSFER RESEARCH DATA.</p> <p>GENESIS HEALTH SYSTEM MAINTAINS AN ACTIVE EFFORT TO ADVOCATE FOR ACCESS TO HEALTH CARE IN IOWA AND ILLINOIS STATE GOVERNMENT AND IN WASHINGTON D.C. GENESIS HEALTH SYSTEM EMPLOYEES ALSO PARTICIPATE IN A VOTER VOICE INITIATIVE TO ADVOCATE ON IMPORTANT HEALTH ISSUES WITH CITY, COUNTY, STATE, AND NATIONAL ELECTED OFFICIALS.</p> <p>SURPLUS FUNDS RESULTING FROM EFFICIENT OPERATIONS AND COST-CONTAINMENT MEASURE ARE RE-INVESTED IN THE HEALTHCARE OPERATIONS OF GENESIS HEALTH SYSTEM TO IMPROVE THE HEALTHCARE SERVICES THAT GENESIS HEALTH SYSTEM PROVIDES. ADVANCES IN MEDICAL EQUIPMENT AND TECHNOLOGY, STAFF EDUCATION, AND NEW MEDICAL SERVICES ARE EXAMPLES OF OPERATION INVESTMENTS THAT ULTIMATELY IMPROVE THE HEALTH OF THE COMMUNITIES THAT GENESIS HEALTH SYSTEM SERVES.</p> <p>AS PART OF GENESIS HEALTH SYSTEM, GMC DEWITT IS COMMITTED TO THE PROMOTION OF COMMUNITY HEALTH. THE HOSPITAL PARTICIPATES IN PROGRAMS SUCH AS HOUSING FOR PERSONS WITH MENTAL ILLNESS.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>GHS IOWA AND GHS ILLINOIS OPERATE THE FOLLOWING BUSINESS UNITS:  GENESIS HEALTH SYSTEM PROVIDES ADMINISTRATIVE, MANAGEMENT, INFORMATION TECHNOLOGY AND OTHER SUPPORT SERVICES TO ITS AFFILIATES.  GENESIS CLINICAL SERVICES OPERATES PHYSICIAN MEDICAL PRACTICES, CONVENIENT CARE PRACTICES AND AN OCCUPATIONAL MEDICINE CLINIC AND PROVIDES BEHAVIORAL HEALTH SERVICES TO THE RESIDENTS OF EASTERN IOWA AND WESTERN ILLINOIS.  GENESIS MEDICAL CENTER- DAVENPORT (GMC - DAVENPORT) IS LICENSED AS A 502-BED ACUTE CARE HOSPITAL WHICH PROVIDES SERVICES FROM TWO HOSPITAL FACILITIES LOCATED IN DAVENPORT, IOWA.  GENESIS FAMILY MEDICAL CENTER (GFMC) IS A FAMILY PRACTICE RESIDENCY TRAINING PROGRAM THAT OPERATES CLINICS IN DAVENPORT AND BLUE GRASS, IOWA TO PROVIDE A CLINICAL SETTING FOR THE RESIDENTS TO TREAT PATIENTS.  GENESIS MEDICAL CENTER- DEWITT (GMC - DEWITT) IS CERTIFIED AS A CRITICAL ACCESS HOSPITAL, WHICH HAS 13-ACUTE CARE AND SWING BEDS, WHICH ARE DUALLY LICENSED FOR MEDICARE AND MEDICAID SERVICES AND WHICH PROVIDE SERVICES FROM ITS FACILITY IN DEWITT, IOWA. IN JUNE 2019, GMC - DEWITT ENTERED INTO A LEASE AGREEMENT, WHEREBY GMC - DEWITT BEGAN LEASING THE ASSETS AND OPERATIONS OF ITS LONG-TERM CARE FACILITY TO A JOINT VENTURE, WELLSPIRE, LLC. THE SYSTEM HAS A 40% OWNERSHIP INTEREST IN WELLSPIRE, LLC.  GENESIS VISITING NURSE ASSOCIATION AND HOSPICE (VNA) PROVIDES HOME HEALTH CARE, COMMUNITY NURSING SERVICES AND HOSPICE SERVICES TO PATIENTS IN EASTERN IOWA AND WESTERN ILLINOIS.  GENESIS MEDICAL CENTER- SILVIS (GMC - SILVIS) IS LICENSED AS A 145-BED ACUTE CARE HOSPITAL WHICH PROVIDES SERVICES FROM ITS FACILITY IN SILVIS, ILLINOIS.  ILLINI HOSPITAL NURSING HOME (INH) OPERATES CROSSTOWN SQUARE. CROSSTOWN SQUARE IS AN INDEPENDENT LIVING FACILITY CONTAINING 64 RENTABLE APARTMENTS AND THREE GUEST ROOMS THAT OFFERS SERVICES DESIGNED TO PROVIDE INDEPENDENT LIVING APARTMENTS FOR SENIORS.  CROSSTOWN SQUARE IS MANAGED BY WELLSPIRE, LLC, WHICH IS ONE OF THE SYSTEM'S JOINT VENTURES.  GENESIS MEDICAL CENTER- ALEDO (GMC - ALEDO) IS CERTIFIED AS A CRITICAL ACCESS HOSPITAL, WHICH HAS 22-ACUTE CARE AND SWING BEDS, AS WELL AS A PHYSICIAN CLINIC, WHICH PROVIDES SERVICES FROM ITS FACILITY IN ALEDO, ILLINOIS.  GENESIS HEALTH SERVICES FOUNDATION (GENESIS FOUNDATION) IS AN ORGANIZATION WHOSE MISSION IS TO DEVELOP, MANAGE AND GRANT CHARITABLE SUPPORT TO MEET THE HEALTH-RELATED NEEDS OF THE COMMUNITIES SERVED BY GENESIS HEALTH SYSTEM.  GENGASTRO, LLC (D/B/A THE CENTER FOR DIGESTIVE HEALTH) IS A LIMITED LIABILITY COMPANY, WHICH OPERATES A SINGLE-SPECIALTY GASTROENTEROLOGY AMBULATORY SURGERY CENTER LOCATED IN BETTENDORF, IOWA. GENESIS HEALTH SYSTEM SOLD AN INTEREST IN SEPTEMBER 2021 REDUCING THEIR OWNERSHIP FROM 90% TO AN 83.75% OWNERSHIP INTEREST IN GENGASTRO, LLC.  THE LARSON CENTER PARTNERSHIP (LCP) IS A FOR-PROFIT REAL ESTATE PARTNERSHIP WHICH OWNS A MEDICAL OFFICE BUILDING ADJACENT TO GMC - SILVIS AND LEASES SPACE FOR CLINICS, LABORATORY, PHARMACY AND OFFICES TO GMC - SILVIS AND OTHER THIRD-PARTY ORGANIZATIONS. GHS ILLINOIS IS A GENERAL PARTNER AND OWNS APPROXIMATELY 82.6% OF LCP.  GEN VENTURES, INC. (GEN VENTURES) IS A WHOLLY-OWNED FOR-PROFIT CORPORATION WHICH OPERATES THE FOLLOWING DIVISIONS, PRIMARILY IN THE QUAD CITIES:  GENESIS AT HOME, CONTINUING CARE SELLS AND LEASES HOME MEDICAL EQUIPMENT, PROVIDES INTRAVENOUS THERAPY SERVICES, INCLUDING SALES OF RELATED SOLUTIONS AND SUPPLIES TO PATIENTS, AND PROVIDES RETAIL PHARMACEUTICAL AND OVER-THE-COUNTER PRODUCTS TO PATIENTS AND EMPLOYEES OF THE SYSTEM.  GENPROPERTIES OWNS, LEASES AND/OR MANAGES OFFICE SPACE IN 14 MEDICAL OFFICE BUILDINGS LOCATED IN BETTENDORF, DAVENPORT, ELDRIDGE, LECLAIRE AND MUSCATINE, IOWA.  CRESCENT LAUNDRY PROVIDES COMMERCIAL LAUNDRY SERVICES TO HEALTH CARE FACILITIES IN EASTERN IOWA AND IN NORTH-CENTRAL ILLINOIS.  GENESIS ACCOUNTABLE CARE ORGANIZATION, LLC (GENESIS ACO) IS AN IOWA LIMITED LIABILITY COMPANY FORMED IN DECEMBER 2011. ITS PURPOSE IS TO ENGAGE IN LAWFUL BUSINESS RELATED TO THE CREATION AND ORGANIZATION OF A "PHYSICIAN-DRIVEN" NETWORK TO ACT AS, AND/OR PARTICIPATE IN, AN ACCOUNTABLE CARE ORGANIZATION WITHIN THE MEANING OF THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT. THE COMPANY IS ALSO ORGANIZED TO DEVELOP A CLINICALLY INTEGRATED NETWORK OF PROVIDERS INCLUDING PHYSICIANS, HEALTH PROFESSIONALS, HOSPITALS AND ANCILLARY PROVIDERS WORKING TOGETHER TO PROMOTE HIGH QUALITY, COORDINATED AND EFFICIENT CARE TO PATIENTS INCLUDING MEMBERS OF VARIOUS MANAGED CARE PAYORS AND THE COMMUNITY AT LARGE.  GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN AND TRUST (WORKERS' COMPENSATION TRUST) PROVIDES A FUND WHICH IS USED TO PAY WORKERS' COMPENSATION CLAIMS AND COSTS FOR THE BENEFIT OF GENESIS HEALTH SYSTEM.  MISERICORDIA ASSURANCE COMPANY, LTD. (MISERICORDIA) IS A WHOLLY-OWNED CAYMAN-BASED CAPTIVE INSURANCE COMPANY WHICH UNDERWRITES THE GENERAL AND PROFESSIONAL LIABILITY RISKS OF GENESIS HEALTH SYSTEM AND AFFILIATES.  GENESIS HEALTH SYSTEM AND ITS RELATED ORGANIZATIONS ARE COLLECTIVELY REFERRED TO AS THE SYSTEM.  DURING FY2023, GENESIS HEALTH SYSTEM MERGED WITH TRINITY HEALTH.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>IL, IA</p>