

**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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

| | |
|--|---|
| Name of the organization GENESIS MEDICAL CENTER, ALEDO | Employer identification number 45 4475683 |
|--|---|

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|--|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | ✓ | |
| 1b If "Yes," was it a written policy? | ✓ | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. | | |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing 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 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> % | ✓ | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | ✓ | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | ✓ | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | ✓ | |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | | ✓ |
| 6a Did the organization prepare a community benefit report during the tax year? | ✓ | |
| 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 |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | | | | | | |
| a Financial Assistance at cost (from Worksheet 1) | | | 143,268 | 0 | 143,268 | 0.76 |
| b Medicaid (from Worksheet 3, column a) | | | 0 | 0 | 0 | 0.00 |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | 0 | 0.00 |
| d Total. Financial Assistance and Means-Tested Government Programs | 0 | 0 | 143,268 | 0 | 143,268 | 0.76 |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 35,772 | | 35,772 | 0.19 |
| f Health professions education (from Worksheet 5) | | | | | 0 | 0.00 |
| g Subsidized health services (from Worksheet 6) | | | | | 0 | 0.00 |
| h Research (from Worksheet 7) | | | | | 0 | 0.00 |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 49,517 | | 49,517 | 0.26 |
| j Total. Other Benefits | 0 | 0 | 85,289 | 0 | 85,289 | 0.45 |
| k Total. Add lines 7d and 7j | 0 | 0 | 228,557 | 0 | 228,557 | 1.22 |

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 | | | | | 0 | 0.00 |
| 3 Community support | | | | | 0 | 0.00 |
| 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 | | | 1,871 | | 1,871 | 0.01 |
| 9 Other | | | | | 0 | 0.00 |
| 10 Total | 0 | 0 | 1,871 | 0 | 1,871 | 0.01 |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|--|---|-----|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | ✓ | |
| 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 | | |
| 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 | | |
| 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 | 4,717,249 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 5,001,329 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | (284,080) |
| 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other | | |

Section C. Collection Practices

| | | | |
|---|----|---|--|
| 9a Did the organization have a written debt collection policy during the tax year? | 9a | ✓ | |
| 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 | ✓ | |

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 | | | | |
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| 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? 1

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

1 GENESIS MEDICAL CENTER, ALEDO
 409 N.W. NINTH AVENUE, ALEDO, IL 61231
 WWW.GENESISHEALTH.COM STATE LICENSE NO. : 5868

2

3

4

5

6

7

8

9

10

| 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 |
|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| ✓ | ✓ | | | ✓ | | ✓ | | | |
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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: GENESIS MEDICAL CENTER, ALEDO

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

| | | Yes | No |
|--|--|-----|----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | ✓ |
| 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 | | ✓ |
| 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 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>22</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | ✓ | |
| 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 | | ✓ |
| 6b | 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 | | ✓ |
| 7 | 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): | ✓ | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.GENESISHEALTH.COM/ABOUT/COMMUNITY-BENEFIT</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 | ✓ | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | ✓ | |
| a | If "Yes," (list url): <u>WWW.GENESISHEALTH.COM/ABOUT/COMMUNITY-BENEFIT</u> | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 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)? | | ✓ |
| 12b | If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: GENESIS MEDICAL CENTER, ALEDO

| | | Yes | No |
|---|---|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: | ✓ | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0 0</u> % and FPG family income limit for eligibility for discounted care of <u>3 8 0</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance status | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | ✓ | |
| 15 | 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): | | | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| 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 | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? | ✓ | |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | | | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: GENESIS MEDICAL CENTER, ALEDO

| | | Yes | No |
|-----------|---|-----|----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | ✓ | |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: | | |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| f | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: | | ✓ |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply): | | |
| a | <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) | | |
| b | <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) | | |
| d | <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| f | <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

| | | | |
|-----------|---|---|--|
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: | ✓ | |
| a | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions | | |
| b | <input type="checkbox"/> The hospital facility's policy was not in writing | | |
| c | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |

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, ALEDO

| | | Yes | No |
|-----------|---|-----------|----|
| 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 | <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 | <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 | | |
| c | <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 | | |
| d | <input type="checkbox"/> 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. | 23 | ✓ |
| 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. | 24 | ✓ |

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, ALEDO 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"> - NUTRITION, PHYSICAL ACTIVITY & WEIGHT TO REDUCE CHRONIC DISEASE - MENTAL HEALTH AND SUBSTANCE ABUSE - ACCESS TO HEALTH CARE, INCLUDING CANCER SCREENINGS |
| <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 ALEDO</p> <p>DESCRIPTION: TO COMPLETE THIS CHNA, EXISTING HEALTH-RELATED DATA WAS COLLECTED VIA THE ONLINE COMMUNITY COMMONS COMMUNITY HEALTH NEEDS ASSESSMENT REPORT TOOL AT HTTP://WWW.COMMUNITYCOMMONS.ORG/MAPS-DATA. THIS SITE ALLOWS FOR IDENTIFICATION OF 87 DISTINCT HEALTH AND SOCIAL INDICATORS AT THE COUNTY LEVEL, ALONG WITH COMPARISONS TO STATE AND NATIONAL DATA. ONCE AN INDICATOR REPORT WAS GENERATED, RELEVANT INDICATORS WERE REVIEWED TO DETERMINE HOW MERCER COUNTY COMPARED TO AVAILABLE STATE/NATIONAL DATA. SEE THE "DETAILED HEALTH INDICATORS" SECTION OF THIS DOCUMENT. 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., MENTAL HEALTH, CHILDREN'S HEALTH, ETC.), OR ONLY ADDRESSED MINIMALLY (E.G., ACCESS TO HEALTHCARE). ANOTHER LIMITATION IS THAT MOST MEASURES INCLUDED IN THIS ASSESSMENT REPRESENT DATA THAT ARE SEVERAL YEARS OLD. FINALLY, GIVEN THE SMALL POPULATION OF THE COUNTY SOME RESULTS ARE SUPPRESSED (E.G. ALCOHOL AND TOBACCO DATA). AS PART OF THIS CHNA, GMC-ALEDO PARTNERED WITH THE MERCER COUNTY PUBLIC HEALTH DEPARTMENT AND SOUGHT INPUT FROM PUBLIC HEALTH REPRESENTATIVES AND OTHER COMMUNITY STAKEHOLDERS WITH AN INTEREST IN THE HEALTH OF THE COMMUNITY THROUGH A SERIES OF DISCUSSION MEETINGS. ORGANIZATIONS AND SECTORS REPRESENTED AT THESE COMMUNITY STAKEHOLDER MEETINGS INCLUDE:</p> <p>PRIVATE SECTOR: BUSINESS OWNERS AND REPRESENTATIVES VOLUNTARY SECTOR: MINISTERIAL AND NON-PROFIT SERVICE AGENCIES INFORMAL SECTOR: FOUNDATION AND DAYCARE POLICY PARTNERS: LAW ENFORCEMENT, BOARD OF HEALTH AND 708 BOARD HEALTH PRACTITIONERS: HOME HEALTH, PUBLIC HEALTH, ASSISTED LIVING, LONG-TERM CARE, PRIMARY CARE, PHARMACY, DENTAL CARE AND HOSPITAL CARE BENEFICIARIES: INSURANCE, EMERGENCY SERVICES, CORONER RESOURCE PARTNERS: SEARCH AND RESCUE, EXTENSION OFFICE PUBLIC SECTOR: SCHOOLS AND COUNTY BOARD</p> <p>AN IMPORTANT COMPONENT TO THESE MEETINGS WAS A DISCUSSION OF THE PRIMARY AND CHRONIC DISEASE NEEDS AND OTHER HEALTH ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS, AND MINORITY GROUPS. THIS QUALITATIVE INPUT WAS USED TO FURTHER INFORM THE PRIORITIZATION PROCESS DESCRIBED LATER IN THIS SUMMARY. THE FOLLOWING REPRESENT KNOWN EXISTING HEALTH CARE FACILITIES AND RESOURCES THAT ARE AVAILABLE TO RESPOND TO THE HEALTH NEEDS OF THE COMMUNITY. THESE LISTS ARE NOT EXHAUSTIVE AND ARE SUBJECT TO CHANGE, BUT THESE ORGANIZATIONS REPRESENT POTENTIAL PARTNERS IN IMPROVING HEALTH IN MERCER COUNTY:</p> <p>ADVANCED REHAB & SPORTS MEDICINE ALEDO REHAB AND HEALTHCARE (LTC) AMERICAN RED CROSS BROOKSTONE OF ALEDO (ALC) MERCER COUNTY CRISIS CENTER MERCER COUNTY SCHOOL SYSTEM MERCER COUNTY YMCA MERCER MANOR (LTC) EAGLE VIEW COMMUNITY HEALTH SYSTEM MERCER COUNTY HEALTH DEPARTMENT GENESIS AMBULANCE GENESIS HEALTH GROUP, ALEDO GENESIS MEDICAL CENTER, ALEDO SHERRARD SCHOOL SYSTEM UNIVERSITY OF ILLINOIS EXTENSION</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, ALEDO:</p> <p>DESCRIPTION: WITH FOLLOWING THE GENESIS MEDICAL CENTER ALEDO'S MISSION ALONG WITH COORDINATING WITH THE QUAD CITY HEALTH INITIATIVE IMPLEMENTATION PLAN, GENESIS MEDICAL CENTER ALEDO WILL BE FOCUSING AND DELIVERING ON THE FOLLOWING PROGRAMS AND RESOURCES TO ADDRESS THE NEEDS OF THE COMMUNITY:</p> <p>A. NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT</p> <ol style="list-style-type: none"> 1. HEALTHBEAT EXERCISE EQUIPMENT AT YOGI BEAR PARK, ALEDO 2. SPONSOR OF RHUBARB RUN 2016, 2017, 2018, 2019, AND 2020 3. GENESIS MEDICAL CENTER, ALEDO EMPLOYEE MEMBERSHIP AT YMCA 4. FARMER'S MARKET WEEKLY 5. 475 PARTICIPANTS IN METABOLIC SYNDROME PROGRAM WITH GENESIS PHILANTHROPY-41% OF PARTICIPANTS HAVE REDUCED THEIR RISK FOR MET S 6. PARTNERED WITH YMCA FOR LIVESTRONG, DIABETES PREVENTION, JUST LOSE IT AND ENHANCED FITNESS <p>B. MENTAL HEALTH AND SUBSTANCE ABUSE</p> <ol style="list-style-type: none"> 1. MENTAL HEALTH SUMMIT HELD, WHICH MOVED TO THE MERCER COUNTY MENTAL HEALTH CONSORTIUM WITH 3 SUBGROUPS: RESOURCE DIRECTORY, SUPPORT GROUPS, COLLABORATIVE GRANT WRITING. GROUP MEETS QUARTERLY. 2. CONTINUE TO SEEK FUNDING FOR THE MENTAL HEALTH ACTION PLAN THROUGH COLLABORATIONS. 3. CONTINUE ACCESS TO MENTAL HEALTH SERVICES AT GHG ALEDO, THROUGH MENTAL HEALTH CARE PROVIDERS AND COLLABORATION WITH MERCER COUNTY HEALTH DEPARTMENT FOR MENTAL HEALTH NAVIGATION AND CARE COORDINATION. <p>C. ACCESS TO HEALTH CARE</p> <ol style="list-style-type: none"> 1. ADDED ADVANCED PRACTITIONERS TO GHG ALEDO 2. INCREASED SPECIALTY 3. ENHANCED RELATIONSHIP WITH EAGLE VIEW FQHC 4. UTILIZING TRADITIONAL AND SOCIAL MEDIA TO MAKE RESIDENTS AWARE OF HEALTH SERVICES 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 HTTPS://WWW.GENESISHEALTH.COM/ABOUT/COMMUNITY-BENEFIT/. |
| <p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p> | <p>WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE/</p> |
| <p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p> | <p>WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE/</p> |
| <p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p> | <p>WWW.GENESISHEALTH.COM/PATIENTS-VISITORS/BILLING/ASSISTANCE/</p> |

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? 2

| Name and address | Type of facility (describe) |
|---|-----------------------------|
| 1 GENESIS HEALTH GROUP, ALEDO 1007 N.W. 3RD STREET ALEDO, IL 61231 | OUTPATIENT PHYSICIAN CLINIC |
| 2 GENESIS HEALTH GROUP, ALPHA 202 PICARD STREET, BOX 419 ALPHA, IL 61413 | OUTPATIENT PHYSICIAN CLINIC |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

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 |
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| SCHEDULE H, PART I, LINE 6A - NAME OF RELATED ORGANIZATION THAT PREPARED COMMUNITY BENEFIT REPORT | GENESIS HEALTH SYSTEM (GHS IOWA), GENESIS HEALTH SYSTEM (GHS ILLINOIS) |
| 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 MEDICAL CENTER ALEDO (GMC ALEDO) 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" REPORT IN 7E-7I WERE COMPLIED THROUGHOUT THE YEAR IN THE COMMUNITY BENEFIT DATABASE (I.E., CBISA) THAT GMC ALEDO UTILIZES. THE ORGANIZATION'S TOTAL COMMUNITY BENEFIT EXPENSE AS A PERCENTAGE OF TOTAL EXPENSES IS 1.22% AND THE PERCENTAGE INCREASE TO 2.73% IF MEDICARE COST REPORT ALLOWABLE COSTS ARE INCLUDED IN TOTAL COMMUNITY BENEFIT EXPENSE. |
| SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY | GENESIS HEALTH SYSTEM WORKS WITH THE LOCAL COMMUNITY COLLEGES AND UNIVERSITIES TO ADDRESS COMMUNITY-WIDE WORKFORCE ISSUES BY SUPPORTING JOB CREATION AND TRAINING PROGRAMS. COUNCIL AND CHAMBER - GENESIS MEDICAL CENTER ALEDO SUPPORTS EMPLOYEE INVOLVEMENT ON LOCAL COUNCIL AND CHAMBER COMMITTEES. GRANTS TO COMMUNITY BUSINESSES - GENESIS MEDICAL CENTER ALEDO 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: GMC, ALEDO SUPPORTS EMPLOYEE INVOLVEMENT WITH DISASTER READINESS FOR THE COMMUNITY. |
| 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 HAS 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 | GMC, ALEDO UTILIZES 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 GMC, ALEDO POLICY BEFORE BEING DEEMED BAD DEBT. GMC, ALEDO 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 |
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| <p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p> | <p>THE MEDICARE COST REPORT WAS USED TO DETERMINE THE AMOUNT REPORTED IN PART III, LINES 5, 6, AND 7 FOR THE HOSPITAL. 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 GMC, ALEDO IN PROVIDING HEALTHCARE SERVICES TO THE ELDERLY. THE TOTAL MEDICARE SHORTFALL, WHICH INCLUDES FEE SCREEN SERVICES, WAS \$234,309. IN ACCORDANCE WITH GMC, ALEDO'S MISSION STATEMENT, "TO PROVIDE COMPASSIONATE, QUALITY HEALTH SERVICES TO ALL THOSE IN NEED," THE ELDERLY WERE SERVED DESPITE THE TOTAL MEDICARE LOSS OF \$284,080. GMC, ALEDO 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 GMC, ALEDO IS THE ONLY HEALTHCARE ORGANIZATION IN THE COMMUNITY WHO PROVIDES ACCESS TO HEALTHCARE FOR MEDICARE PATIENTS. ACCORDINGLY, IT IS GMC, ALEDO'S POSITION FOR THE REASONS STATED ABOVE THAT THE TOTAL MEDICARE SHORTFALL OF \$284,080 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 2.73%.</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>TO COMPLETE THIS CHNA, EXISTING HEALTH-RELATED DATA WAS COLLECTED VIA THE ONLINE COMMUNITY COMMONS COMMUNITY HEALTH NEEDS ASSESSMENT REPORT TOOL AT HTTP://WWW.COMMUNITYCOMMONS.ORG/MAPS-DATA. THIS SITE ALLOWS FOR IDENTIFICATION OF 87 DISTINCT HEALTH AND SOCIAL INDICATORS AT THE COUNTY LEVEL, ALONG WITH COMPARISONS TO STATE AND NATIONAL DATA. ONCE AN INDICATOR REPORT WAS GENERATED, RELEVANT INDICATORS WERE REVIEWED TO DETERMINE HOW MERCER COUNTY COMPARED TO AVAILABLE STATE/NATIONAL DATA. SEE THE "DETAILED HEALTH INDICATORS" SECTION OF THIS DOCUMENT.</p> <p>THE FOLLOWING REPRESENT KNOWN EXISTING HEALTH CARE FACILITIES AND RESOURCES THAT ARE AVAILABLE TO RESPOND TO THE HEALTH NEEDS OF THE COMMUNITY. THESE LISTS ARE NOT EXHAUSTIVE AND ARE SUBJECT TO CHANGE, BUT THESE ORGANIZATIONS REPRESENT POTENTIAL PARTNERS IN IMPROVING HEALTH IN MERCER COUNTY:</p> <p>ADVANCED REHAB & SPORTS MEDICINE ALEDO REHAB AND HEALTHCARE (LTC) AMERICAN RED CROSS BROOKSTONE OF ALEDO (ALC) MERCER COUNTY CRISIS CENTER MERCER COUNTY SCHOOL SYSTEM MERCER COUNTY YMCA MERCER MANOR (LTC) EAGLE VIEW COMMUNITY HEALTH SYSTEM MERCER COUNTY HEALTH DEPARTMENT GENESIS AMBULANCE GENESIS HEALTH GROUP, ALEDO GENESIS MEDICAL CENTER, ALEDO SHERRARD SCHOOL SYSTEM UNIVERSITY OF ILLINOIS EXTENSION</p> <p>AS PART OF THIS CHNA, GMC - ALEDO PARTNERED WITH THE MERCER COUNTY PUBLIC HEALTH DEPARTMENT AND SOUGHT INPUT FROM PUBLIC HEALTH REPRESENTATIVES AND OTHER COMMUNITY STAKEHOLDERS WITH AN INTEREST IN THE HEALTH OF THE COMMUNITY THROUGH A SERIES OF DISCUSSION MEETINGS.</p> <p>ORGANIZATIONS AND SECTORS REPRESENTED AT THESE COMMUNITY STAKEHOLDER MEETINGS INCLUDE: PRIVATE SECTOR: BUSINESS OWNERS AND REPRESENTATIVES VOLUNTARY SECTOR: MINISTERIAL AND NON-PROFIT SERVICE AGENCIES INFORMAL SECTOR: FOUNDATION AND DAYCARE POLICY PARTNERS: LAW ENFORCEMENT, BOARD OF HEALTH AND 708 BOARD HEALTH PRACTITIONERS: HOME HEALTH, PUBLIC HEALTH, ASSISTED LIVING, LONG-TERM CARE, PRIMARY CARE, PHARMACY, DENTAL CARE AND HOSPITAL CARE BENEFICIARIES: INSURANCE, EMERGENCY SERVICES, CORONER RESOURCE PARTNERS: SEARCH AND RESCUE, EXTENSION OFFICE PUBLIC SECTOR: SCHOOLS AND COUNTY BOARD</p> <p>AN IMPORTANT COMPONENT TO THESE MEETINGS WAS A DISCUSSION OF THE PRIMARY AND CHRONIC DISEASE NEEDS AND OTHER HEALTH ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS, AND MINORITY GROUPS. THIS QUALITATIVE INPUT WAS USED TO FURTHER INFORM THE PRIORITIZATION PROCESS DESCRIBED LATER IN THIS SUMMARY.</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 DEPARTMENT OF THE HOSPITAL. IN ADDITION, THE HOSPITAL REGISTRATION STAFF MAKES AVAILABLE INFORMATIVE BROCHURES FOR PATIENTS IN THE EMERGENCY ROOM REGISTRATION AREA EXPLAINING THEIR ELIGIBILITY FOR ASSISTANCE. GMC, ALEDO PROVIDES A PATIENT FINANCIAL COUNSELOR 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. IN ADDITION, THE GMC, ALEDO WEBSITE WWW.GENESISHEALTH.COM ALSO LISTS THE OPTIONS FOR PAYMENT.</p> |

| Return Reference - Identifier | Explanation |
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| <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>GMC, ALEDO'S BOARD OF DIRECTORS IS A DIVERSE REPRESENTATION OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREA THAT GMC, ALEDO AND ITS RELATED ORGANIZATIONS SERVE.</p> <p>GMC, ALEDO AND ITS RELATED ORGANIZATIONS' 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, JUNIOR ACHIEVEMENT, AND EVENTS AND FESTIVALS. GMC, ALEDO EMPLOYEES SERVE THE COMMUNITIES WHERE THEY LIVE BY SERVING IN ELECTED OFFICES IN CITY AND COUNTY GOVERNMENT.</p> <p>GMC, ALEDO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITIES.</p> <p>GMC, ALEDO PROVIDES THE COMMUNITY WITH CLASSES AND EVENTS PROMOTING HEALTH AND HEALTH EDUCATION. RESIDENTS IN THE REGION SERVED BY GMC, ALEDO LEARN CPR, FIRST AID, PARENTING SKILLS AND NEWBORN CARE BY ENROLLING IN CLASSES.</p> <p>GMC, ALEDO AND ITS RELATED ORGANIZATIONS HAS REDUCED ITS ENVIRONMENTAL FOOTPRINT ON THE COMMUNITIES IT SERVES BY IMPLEMENTING BULK WASTE RECYCLING, POLYSTYRENE RECYCLING, REDUCING SHARPS DISPOSAL, IMPLEMENTING WATER RUNOFF MEASURES, AND REDUCING WATER AND CHEMICAL USAGE IN THE MEDICAL LAUNDRY.</p> <p>GMC, ALEDO AND ITS RELATED ORGANIZATIONS MAINTAINS AN ACTIVE EFFORT TO ADVOCATE FOR ACCESS TO HEALTH CARE IN IOWA AND ILLINOIS STATE GOVERNMENT AND IN WASHINGTON D.C. 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 MEASURES ARE RE-INVESTED IN THE HEALTHCARE OPERATIONS OF GMC, ALEDO TO IMPROVE THE HEALTHCARE SERVICES THAT GMC, ALEDO PROVIDES. ADVANCES IN MEDICAL EQUIPMENT AND TECHNOLOGY, STAFF EDUCATION, AND NEW MEDICAL SERVICES ARE EXAMPLES OF OPERATIONAL INVESTMENTS THAT ULTIMATELY IMPROVE THE HEALTH OF THE COMMUNITIES THAT GMC, ALEDO SERVES.</p> |

| Return Reference - Identifier | Explanation |
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| <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> |