

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization SARTORI MEMORIAL HOSPITAL, INC.	Employer identification number 42-0758901
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			108,152.		108,152.	.33%
b Medicaid (from Worksheet 3, column a)			2890689.	3126224.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			2998841.	3126224.	108,152.	.33%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	8	1,246	128,043.		128,043.	.39%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)	2	250	214,365.		214,365.	.65%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1		2,552.		2,552.	.01%
j Total. Other Benefits	11	1,496	344,960.		344,960.	1.05%
k Total. Add lines 7d and 7j	11	1,496	3343801.	3126224.	453,112.	1.38%

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 MERCYONE CEDAR FALLS MEDICAL CENTER
515 COLLEGE STREET
CEDAR FALLS, IA 50613
WWW.MERCYONE.ORG
070059H

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, , , , , X, , ,

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: MERCYONE CEDAR FALLS MEDICAL CENTER

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?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b 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: MERCYONE CEDAR FALLS MEDICAL CENTER

	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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of 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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: MERCYONE CEDAR FALLS MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: MERCYONE CEDAR FALLS MEDICAL CENTER

	Yes	No
<p>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:</p> <p>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</p> <p>b <input checked="" 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</p> <p>c <input 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</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p>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?</p> <p>If "Yes," explain in Section C.</p>	23	X
<p>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?</p> <p>If "Yes," explain in Section C.</p>	24	X

Schedule H (Form 990) 2022

Part V Facility Information (continued)

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

MERCYONE CEDAR FALLS MEDICAL CENTER:

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

LINE 3E:

SARTORI MEMORIAL HOSPITAL (MERCYONE CEDAR FALLS) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- MENTAL HEALTH
- HEALTH EQUITY
- HEALTHY EATING/FOOD INSECURITY
- EMERGING HEALTH ISSUES

MERCYONE CEDAR FALLS MEDICAL CENTER:

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

Part V Facility Information (continued)

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

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

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

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

Part V Facility Information (continued)

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

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

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

MERCYONE CEDAR FALLS MEDICAL CENTER:

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

MERCYONE CEDAR FALLS MEDICAL CENTER:

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

Part V Facility Information (continued)

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

MERCYONE CEDAR FALLS MEDICAL CENTER:

PART V, SECTION B, LINE 11:

MENTAL HEALTH:

MERCYONE CEDAR FALLS PARTICIPATED IN THE CEDAR VALLEY COALITION ON SUICIDE PREVENTION AND SUPPORT. THE COMMUNITY HEALTH IMPROVEMENT PLANNING CORE TEAM, CONSISTING OF BLACK HAWK COUNTY PUBLIC HEALTH, PEOPLE'S COMMUNITY HEALTH CLINIC, UNITYPOINT HEALTH - ALLEN HOSPITAL, AND MERCYONE WATERLOO AND CEDAR FALLS MEDICAL CENTERS, WILL CONTINUE TO IDENTIFY WAYS THAT THEY CAN COLLABORATIVELY REDUCE THE STIGMA ASSOCIATED WITH SEEKING MENTAL HEALTH SERVICES AND INCREASE THE PERCEPTION THAT SEEKING MENTAL HEALTH SERVICES IS POSITIVE AND HEALTH ENHANCING. THE CORE TEAM WILL IDENTIFY ONE INITIATIVE TO COLLABORATIVELY ADDRESS MENTAL HEALTH WITHIN THE COMMUNITY.

THREE NEW PSYCHIATRIC NURSE PRACTITIONERS WERE HIRED IN FY23 TO BUILD ACCESS IN OUTPATIENT SERVICES. IN ADDITION, ANOTHER THERAPIST HAS BEEN HIRED FOR OUTPATIENT PSYCHIATRIC CARE IN WATERLOO.

MERCYONE CEDAR FALLS HAS ONE KNOWN TRAINED 'MAKE IT OK' AMBASSADOR.

HEALTH EQUITY:

MERCYONE CEDAR FALLS PARTICIPATED IN SEVERAL COMMUNITY-BASED EVENTS WHERE INFORMATION WAS PROVIDED TO RESIDENTS ON THE ON-LINE COMMUNITY DIRECTORY, FIND HELP. MERCYONE CEDAR FALLS COMMUNITY HEALTH WORKERS (CHW'S) HAVE MET JOINTLY WITH MERCYONE WATERLOO AND UNITYPOINT CHW'S TO COLLABORATE AND

Part V Facility Information *(continued)*

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

SHARE INFORMATION. MERCYONE CEDAR FALLS CHW'S PARTICIPATED IN THE PUBLIC HEALTH WEEK COMMUNITY RECEPTION, ORGANIZED BY BLACK HAWK COUNTY PUBLIC HEALTH, AND THE 'ADVANCING EQUITY IN THE CEDAR VALLEY' CONFERENCE.

MERCYONE CEDAR FALLS PARTNERED WITH BLACK HAWK COUNTY PUBLIC HEALTH AND THE CARE FOR YOURSELF PROGRAM TO OFFER FREE MAMMOGRAMS IN OCTOBER FOR WOMEN AGES FORTY AND OLDER WHO HAD COST BARRIERS TO RECEIVING THEIR YEARLY MAMMOGRAM. THIS EVENT OFFERED EXTENDED MAMMOGRAM HOURS TO HELP REDUCE BARRIERS. A TOTAL OF 19 WOMEN WERE PROVIDED FREE MAMMOGRAMS, 11 OF WHOM REQUIRED PROVIDER VISITS.

HEALTHY EATING/FOOD INSECURITY:

MERCYONE CEDAR FALLS PARTNERED WITH UNI-CEEE FOR THE VEGGIE VOUCHER PROGRAM. MERCYONE CONTRIBUTES RESTRICTED FINANCIAL FUNDING ANNUALLY AND HAS BEEN A HOST SITE IN DISTRIBUTION OF THE VOUCHERS TO PATIENTS WHO MEET THE CRITERIA FOR FOOD INSECURITY. THE CHW'S HAVE BEEN INSTRUMENTAL IN LEADING THIS PROJECT WITHIN THE HOSPITAL, RESULTING IN AN INCREASE IN THE REDEMPTION RATE IN FY23.

MERCYONE CEDAR FALLS DID NOT DIRECTLY ADDRESS ALL OF THE NEEDS IDENTIFIED IN THIS CHNA CYCLE DUE TO COMPETING PRIORITIES, LACK OF RESOURCES, AND OTHER AGENCIES AND ORGANIZATIONS ALREADY ADDRESSING THESE ISSUES. FOR THIS REASON, THE CATEGORY OF EMERGING HEALTH ISSUES (GUN VIOLENCE, INFLATION, EDUCATION, STD'S, COVID-19, AND HEALTH CARE COSTS/ACCESS) WAS NOT ADDRESSED IN FY23.

Part V Facility Information (continued)

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

MERCYONE CEDAR FALLS MEDICAL CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON

AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: ACCOUNTS

DISCHARGED THROUGH BANKRUPTCY AND PATIENTS DETERMINED TO BE ELIGIBLE FOR

IOWA MEDICAID.

PART V, SECTION B, LINE 7A:

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

PART V, SECTION B, LINE 9:

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S

IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE

FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE

TO THE PUBLIC.

PART V, SECTION B, LINE 10A:

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

PART V, SECTION B, LINE 16A:

WWW.MERCYONE.ORG/NORTHEASTIOWA/FOR-PATIENTS/

BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16B:

WWW.MERCYONE.ORG/NORTHEASTIOWA/FOR-PATIENTS/

Part V Facility Information *(continued)*

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

BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16C:

WWW.MERCYONE.ORG/NORTHEASTIOWA/FOR-PATIENTS/

BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

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

PART I, LINE 6A:

SARTORI MEMORIAL HOSPITAL (MERCYONE CEDAR FALLS) REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

MERCYONE CEDAR FALLS ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE

Part VI Supplemental Information (Continuation)

CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$992,269, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART III, LINE 2:

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

PART III, LINE 3:

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

Part VI Supplemental Information (Continuation)

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

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

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

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

PART III, LINE 4:

MERCYONE CEDAR FALLS 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

Part VI Supplemental Information (Continuation)

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."

PART III, LINE 8:

MERCYONE CEDAR FALLS DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

Part VI Supplemental Information (Continuation)

PART III, LINE 5:

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

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

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

PART VI, LINE 2:

NEEDS ASSESSMENT - MERCYONE CEDAR FALLS ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORT TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF ITS COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS

Part VI Supplemental Information (Continuation)

OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MERCYONE CEDAR FALLS COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

MERCYONE CEDAR FALLS OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. INFORMATION REGARDING FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES.

Part VI Supplemental Information (Continuation)

IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

PART VI, LINE 4:

COMMUNITY INFORMATION - MERCYONE CEDAR FALLS IS LOCATED IN BLACK HAWK COUNTY.

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

BLACK HAWK COUNTY HAS A PRIMARY CARE PHYSICIAN (PCP) RATIO OF 1,060:1, COMPARED TO THE STATE'S RATIO OF 1,350:1 (RWJF 2022). THE BLACK HAWK COUNTY MENTAL HEALTH PROVIDER RATIO IS 510:1, WHICH IS SIMILAR TO THE STATE RATIO AT 570:1, BUT SIGNIFICANTLY LESS THAN THE NATIONAL RATIO OF 250:1.

Part VI Supplemental Information (Continuation)

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - MERCYONE CEDAR FALLS IS A 100-BED, FULL-SERVICE COMMUNITY HOSPITAL PROVIDING INPATIENT AND OUTPATIENT CARE TO THE PEOPLE LIVING IN AND NEAR CEDAR FALLS, IOWA. SERVICES INCLUDE 24-HOUR EMERGENCY ROOM AND AMBULANCE TRANSPORTATION, INTENSIVE CARE, GENERAL MEDICAL CARE, SURGERY, CARDIOLOGY CARE, BARIATRIC PROGRAM TO ADDRESS OBESITY, AND AMBULATORY CARE. SUPPORT SERVICES INCLUDE X-RAY, MAMMOGRAPHY AND BREAST MRI, ULTRASOUND, LABORATORY, RESPIRATORY THERAPY, PHYSICAL THERAPY, SPIRITUAL CARE, SOCIAL SERVICES, NUTRITIONAL EDUCATION, AND OCCUPATIONAL HEALTH. THE MERCYONE CEDAR FALLS AMBULANCE DEPARTMENT SERVES AS THE EMERGENCY 911 RESPONDER FOR THE CITY OF CEDAR FALLS.

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

- PROVIDING FREE TRANSPORTATION SERVICES TO THOSE IN NEED THROUGH A CARE-A-VAN PROGRAM
- OFFERING A DIABETES PREVENTION PROGRAM AND CLASSES
- PROVIDING FIRST-AID TENTS AND SUPPORT AT LOCAL COMMUNITY EVENTS
- PROVIDING ENROLLMENT ASSISTANCE IN THE SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP)
- PARTICIPATING IN JUNETEENTH EVENT
- PARTICIPATING IN HEALTH FAIRS
- HOSTING A FOOD DRIVE FOR THE NORTHEAST IOWA FOOD BANK
- BEING AN ACTIVE PARTICIPANT IN THE VEGGIE VOUCHER PROGRAM
- PARTICIPATING IN THE UNITED WAY HEALTH COMMUNITY IMPACT TEAM
- PROVIDING FREE TELEPHONE TRIAGE SERVICES THAT OFFER MEDICAL ADVICE AND ARE AVAILABLE TO THE PUBLIC 24-HOURS A DAY, SEVEN DAYS A WEEK

Part VI Supplemental Information (Continuation)

- COLLABORATING WITH CEDAR FALLS PUBLIC SAFETY ON CONDUCTING EMERGENCY SIMULATIONS, AND DEVELOPING AND TESTING RESPONSE PLANS FOR A VARIETY OF POTENTIAL THREATS TO INDIVIDUALS AND THE COMMUNITY
- OFFERING CONFERENCE ROOM SPACE TO OUTSIDE ORGANIZATIONS (CEDAR VALLEY RUGBY, CHURCH ORGANIZATIONS, ETC.)
- OFFERING A MILITARY/VETERANS PROGRAM
- PARTICIPATING IN RESOURCE FAIRS AND EVENTS TO EDUCATE THE COMMUNITY ON THE ON-LINE RESOURCE DIRECTORY, FIND HELP

PART VI, LINE 6:

MERCYONE CEDAR FALLS IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH AND WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE SOCIAL AND CLINICAL CARE. WE DO THIS BY:

1. ADDRESSING PATIENT SOCIAL NEEDS,
2. INVESTING IN OUR COMMUNITIES, AND
3. STRENGTHENING THE IMPACT OF OUR COMMUNITY BENEFIT.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES AND FOCUS INTENTIONALLY ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. WE BELIEVE THAT COMMUNITY MEMBERS AND COMMUNITIES THAT ARE THE MOST IMPACTED BY RACISM AND OTHER FORMS OF DISCRIMINATION EXPERIENCE THE GREATEST DISPARITIES AND INEQUITIES IN HEALTH OUTCOMES AND SHOULD BE INCLUSIVELY ENGAGED IN ALL COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT EFFORTS. THROUGHOUT OUR WORK, WE DISMANTLE

Part VI Supplemental Information (Continuation)

OPPRESSIVE SYSTEMS, AND BUILD COMMUNITY CAPACITY AND PARTNERSHIPS.

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2023 (FY23), TRINITY HEALTH CONTRIBUTED \$1.47 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE VULNERABLE AND LIVING IN POVERTY, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE.

IN ADDITION TO ANNUAL COMMUNITY BENEFIT SPENDING, TRINITY HEALTH IMPLEMENTS A SOCIALLY RESPONSIBLE INVESTING PROGRAM. AS OF THE END OF FY23, \$62.7 MILLION (INCLUDING \$7.0 MILLION IN NEW LENDING) WAS ALLOCATED IN THE FOLLOWING AREAS:

- HOUSING: BUILDING AFFORDABLE HOUSING; IMPROVING ACCESS TO SENIOR HOUSING; AND COMBATTING HOMELESSNESS (\$35.5 MILLION)
- EDUCATION: SUPPORTING STUDENTS ENTERING THE HEALTH PROFESSIONS (\$10.1 MILLION)
- FACILITIES: BUILDING COMMUNITY FACILITIES FOR NONPROFITS, SOCIAL SERVICE PROVIDERS, AND OTHER COMMUNITY-BASED ORGANIZATIONS (\$9.7 MILLION)
- ECONOMIC DEVELOPMENT: ENCOURAGING SMALL BUSINESS DEVELOPMENT, CREATING LOCAL JOBS AND SUPPORTING ACCESS TO HEALTHY FOODS; QUALITY CHILDCARE; AND OTHER COMMUNITY SERVICES (\$7.4 MILLION)

ACROSS THE SYSTEM, NEARLY 700,000 OF PATIENTS SEEN IN PRIMARY CARE SETTINGS WERE SCREENED FOR SOCIAL NEEDS. FOR ABOUT 30% OF THOSE PATIENTS,

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

AT LEAST ONE SOCIAL NEED WAS IDENTIFIED. TOGETHERCARE - TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, POWERED BY EPIC - HAS MADE IT POSSIBLE FOR TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (COMMUNITYRESOURCES.TRINITY-HEALTH.ORG).

COMMUNITY HEALTH WORKERS (CHW'S) SERVE AS LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES. TRINITY HEALTH CHW'S PARTNERED WITH POPULATION HEALTH NURSES AND SOCIAL WORK CARE MANAGERS TO SERVE MEDICARE PATIENTS AT RISK FOR PREVENTABLE HOSPITALIZATIONS, RESULTING IN A DECREASE IN PREVENTABLE HOSPITALIZATIONS FOR THE MEDICARE POPULATION OVERALL, AND ALSO FOR LOW-INCOME PATIENTS DUALY ENROLLED IN MEDICARE AND MEDICAID.

CHW'S ADVANCE SOCIAL AND CLINICAL CARE INTEGRATION BY ASSESSING AND ADDRESSING A PATIENT'S SOCIAL NEEDS, HOME ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECTING THE PATIENT (AND THEIR FAMILY) TO SERVICES WITHIN THE COMMUNITY. TRINITY HEALTH PROVIDES A 40+ HOUR FOUNDATIONAL CHW AND CHRONIC DISEASE-SPECIFIC TRAINING TO TRINITY HEALTH-EMPLOYED CHW'S AND ALSO TO COMMUNITY PARTNERS THAT EMPLOY CHW'S.

IN 2017, TRINITY HEALTH RECEIVED A SIX-YEAR, \$8.5 MILLION GRANT FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO INCREASE THE NUMBER OF NATIONAL DIABETES PREVENTION PROGRAM (DPP) DELIVERY SITES, INCREASE PROGRAM ENROLLMENT, MAINTAIN PARTICIPATION RATES, AND INCREASE BENEFIT COVERAGE. IN ADDITION, THE GRANT WAS USED TO STANDARDIZE CLINICAL SCREENING AND DETECTION OF DIABETES. DURING THE GRANT PERIOD, TRINITY HEALTH BUILT THE NATIONAL DPP INTO ITS ELECTRONIC HEALTH RECORD SYSTEM TO MAKE IDENTIFYING PATIENTS AND ENROLLING THEM IN THE PROGRAM EASIER. SINCE

Part VI Supplemental Information (Continuation)

SEPTEMBER 2017, OVER 6,000 PARTICIPANTS HAVE ENROLLED IN A TRINITY HEALTH NATIONAL DPP AND HAVE COLLECTIVELY LOST A TOTAL OF OVER 51,000 POUNDS.

LASTLY, TRINITY HEALTH'S FY23 SHAREHOLDER ADVOCACY PRIORITIES FOCUSED ON IMPROVING CORPORATE POLICIES AND PRACTICES THAT IMPACT COMMUNITIES, WITH THE AIM OF REDUCING STRUCTURAL RACISM AND HEALTH INEQUITIES. TRINITY HEALTH, IN COLLABORATION WITH ITS PARTNERS THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY AND THE INVESTOR ENVIRONMENTAL HEALTH NETWORK, FILED SHAREHOLDER PROPOSALS AT 20 COMPANIES.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.