

**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 CATHOLIC HEALTH INITIATIVES - IOWA CORP	Employer identification number 42-0680448
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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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			5153504.		5153504.	.56%
b Medicaid (from Worksheet 3, column a)			131753472	97079524.	34673948.	3.79%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			136906976	97079524.	39827452.	4.35%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	7	4,548	509,606.		509,606.	.06%
f Health professions education (from Worksheet 5)	4	187	12418402.	7225709.	5192693.	.57%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	1		10,083.		10,083.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7		3113347.	80,915.	3032432.	.33%
j Total. Other Benefits	19	4,735	16051438.	7306624.	8744814.	.96%
k Total. Add lines 7d and 7j	19	4,735	152958414	104386148	48572266.	5.31%

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1		131,250.		131,250.	.01%
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	1	7,621	31,257.		31,257.	.00%
9 Other						
10 Total	2	7,621	162,507.		162,507.	.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 X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	46,583,087.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0.
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	159,482,480.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	180,115,307.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-20,632,827.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
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	X

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 MERCY TERRACE HILL SURGERY CENTER, LLC	AMBULATORY SURGERY CENTER	50.00%		50.00%
2 RCG MERCY DES MOINES, LLC	PHYSICIAN SERVICES	20.00%		80.00%
3 WEST LAKES SURGERY CENTER, LLC	AMBULATORY SURGERY CENTER	51.08%		48.92%

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: FACILITY REPORTING GROUP - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3

	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: FACILITY REPORTING GROUP - A

	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 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 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)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP - A

	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?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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: FACILITY REPORTING GROUP - A

		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 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		
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		
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	X
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	X

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Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: MERCYONE DES MOINES MEDICAL CENTER
- FACILITY 2: MERCY REHABILITATION HOSPITAL, LLC
- FACILITY 3: CLIVE BEHAVIORAL HEALTH HOSPITAL

GROUP A-FACILITY 1 -- MERCYONE DES MOINES MEDICAL CENTER

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

LINE 3E:

CATHOLIC HEALTH INITIATIVES - IOWA (MERCYONE DES MOINES), MERCY REHABILITATION HOSPITAL (MERCYONE CLIVE REHAB), AND CLIVE BEHAVIORAL HEALTH INCLUDED IN THEIR JOINT 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:

1. MENTAL HEALTH
2. RESPIRATORY DISEASE (COVID-19)
3. NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT
4. SUBSTANCE ABUSE
5. HEART DISEASE AND STROKE
6. ACCESS TO HEALTH CARE SERVICES
7. INFANT HEALTH AND FAMILY PLANNING
8. INJURY AND VIOLENCE

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.

9. DISABILITY AND CHRONIC PAIN

10. SEXUAL HEALTH

11. CANCER

GROUP A-FACILITY 1 -- MERCYONE DES MOINES MEDICAL CENTER

PART V, SECTION B, LINE 5: INPUT WAS COLLECTED FROM JUNE TO AUGUST OF 2021 FROM PERSONS WHO REPRESENT THE COMMUNITY THROUGH SURVEYS CONDUCTED VIA TELEPHONE (LANDLINE AND CELL PHONE), AS WELL AS THROUGH ONLINE QUESTIONNAIRES. IN ALL, 537 AREA ADULTS COMPLETED THE COMMUNITY HEALTH SURVEY. TO SOLICIT INPUT FROM INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS IMPLEMENTED AS PART OF THIS PROCESS. IN ALL, 66 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. PARTICIPANTS INCLUDED 2 PHYSICIANS, 6 PUBLIC HEALTH REPRESENTATIVES (INCLUDING DALLAS COUNTY HEALTH DEPARTMENT, POLK COUNTY HEALTH DEPARTMENT, AND WARREN COUNTY PUBLIC HEALTH), 4 SOCIAL SERVICES PROVIDERS, 48 COMMUNITY LEADERS, AND 6 OTHER HEALTH PROVIDERS. THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICALLY UNDERSERVED POPULATIONS.

GROUP A-FACILITY 1 -- MERCYONE DES MOINES MEDICAL CENTER

PART V, SECTION B, LINE 6A: MERCYONE DES MOINES, MERCYONE CLIVE REHAB, AND CLIVE BEHAVIORAL HEALTH COLLABORATED WITH BROADLAWNS MEDICAL CENTER AND UNITYPOINT HEALTH-DES MOINES TO CONDUCT THE JOINT CHNA.

GROUP A-FACILITY 1 -- MERCYONE DES MOINES MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED WITH THE FOLLOWING

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.

ORGANIZATIONS: POLK COUNTY HEALTH DEPARTMENT, DALLAS COUNTY HEALTH DEPARTMENT, WARREN COUNTY HEALTH SERVICES, UNITED WAY OF CENTRAL IOWA, EVERYSTEP, AND MID-IOWA HEALTH FOUNDATION.

GROUP A-FACILITY 1 -- MERCYONE DES MOINES MEDICAL CENTER

PART V, SECTION B, LINE 11: MERCYONE DES MOINES ADDRESSED THE FOLLOWING SIGNIFICANT NEEDS IN FY23:

ACCESS TO HEALTH CARE SERVICES:

- AWARDED A GRANT TO PRIMARY HEALTH CARE, A FEDERALLY QUALIFIED HEALTH CENTER, TO FUND THE OTHERWISE UNCOMPENSATED COST OF CARE PROVIDED AT THE FAMILY MEDICINE RESIDENCY CENTER;
- CONTINUED TO HAVE A COMMUNITY HEALTH WORKER EMBEDDED IN THE EMERGENCY DEPARTMENT AND EXPANDED THE PROGRAM TO THE WEST LAKES CAMPUS TO ASSIST PATIENTS IN NAVIGATING COMMUNITY RESOURCES AND PUBLIC ASSISTANCE PROGRAMS;
- PROVIDED ENROLLMENT ASSISTANCE IN GOVERNMENTAL INSURANCE PLANS;
- UPON DISCHARGE OF PATIENTS, PROVIDED CAB VOUCHERS TO THOSE WHO COULD NOT AFFORD TRANSPORTATION AND PRESCRIPTION ASSISTANCE TO PATIENTS UNABLE TO PAY FOR NEEDED MEDICATION; AND
- STARTED A REMOTE PATIENT MONITORING PILOT FOR PATIENTS WITH DIABETES, HYPERTENSION, CHRONIC KIDNEY DISEASE (CKD), AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).

SUBSTANCE ABUSE:

COLLABORATED WITH HOUSE OF MERCY (HOM) TO EXPAND SUBSTANCE USE DISORDER TREATMENT SERVICES AND TRAIN ADDITIONAL STAFF IN EVIDENCE-BASED COUNSELING AND THERAPEUTIC TECHNIQUES. TWO HOM COUNSELORS WERE DEDICATED TO PROVIDING

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.

SCREENING BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT) AT MERCYONE DES MOINES WORKING DIRECTLY WITH NURSES, DOCTORS, AND SOCIAL WORKERS. THIS CONNECTION INCREASED COLLABORATION WITH HOM'S SUBSTANCE USE DISORDER SERVICES AND ALLOWED FOR A MORE SEAMLESS APPROACH FOR INDIVIDUALS TO ENTER TREATMENT.

INFANT HEALTH AND FAMILY PLANNING:

- EXPANDED COMMUNITY HEALTH WORKER COVERAGE TO THE OBSTETRIC EMERGENCY DEPARTMENT IN FY23 TO ASSIST PATIENTS IN NAVIGATING COMMUNITY RESOURCES, APPLYING FOR PUBLIC ASSISTANCE PROGRAMS, AND IDENTIFYING A MEDICAL HOME THAT MEETS THEIR PRE-NATAL CARE NEEDS AND PREFERENCES;
- CONTRIBUTED TO AND PARTNERED WITH HEALTHY BIRTH DAY ON SEVERAL COMMUNITY EVENTS TO EDUCATE AND PROVIDE RESOURCES. HEALTHY BIRTH DAY'S MISSION IS TO IMPROVE BIRTH OUTCOMES THROUGH PROGRAMMING, ADVOCACY, AND SUPPORT; AND
- SERVED ON UNITED WAY'S EARLY CHILDHOOD SUCCESS CABINET, WHICH IS FOCUSED ON INVESTING FUNDS TOWARD STRATEGIES TO ADDRESS INFANT MORTALITY, DEVELOPMENTAL SCREENINGS, QUALITY CHILDCARE, AND KINDERGARTEN READINESS.

HEART DISEASE AND STROKE:

- CONTRIBUTED TO THE AMERICAN HEART ASSOCIATION TO FURTHER RESEARCH, COMMUNITY OUTREACH, AND EDUCATION ON HEART DISEASE AND STROKE;
- IN PARTNERSHIP WITH THE IOWA HEART CENTER, CONTINUED TO TREAT A VARIETY OF CARDIAC AND RELATED CONDITIONS USING THE LATEST MEDICAL TREATMENTS AND PROCEDURES, AS WELL AS EDUCATE PEOPLE ABOUT CARDIOVASCULAR HEALTH AND PREVENTIVE MEDICINE.

MERCYONE DES MOINES DID NOT DIRECTLY ADDRESS ALL NEEDS IDENTIFIED IN THIS

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.

CYCLE, AS IT WAS DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THIS REASON, MERCYONE DES MOINES DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS: MENTAL HEALTH; RESPIRATORY DISEASE (COVID-19); NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT; INJURY AND VIOLENCE; DISABILITY AND CHRONIC PAIN; SEXUAL HEALTH; AND CANCER. HOWEVER, MERCY DES MOINES CONTINUED TO COLLABORATE WITH OTHER AGENCIES TO ADDRESS THESE NEEDS.

GROUP A-FACILITY 1 -- MERCYONE DES MOINES 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: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, AND PATIENTS WHO ARE ELIGIBLE FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS (SUCH AS FOOD STAMPS OR LOW-INCOME/SUBSIDIZED HOUSING).

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A

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.

SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

GROUP A-FACILITY 2 -- MERCY REHABILITATION HOSPITAL, LLC

PART V, SECTION B, LINE 3J: LINE 3E: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- MERCY REHABILITATION HOSPITAL, LLC

PART V, SECTION B, LINE 5: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- MERCY REHABILITATION HOSPITAL, LLC

PART V, SECTION B, LINE 6A: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- MERCY REHABILITATION HOSPITAL, LLC

PART V, SECTION B, LINE 6B: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- MERCY REHABILITATION HOSPITAL, LLC

PART V, SECTION B, LINE 11: MERCYONE CLIVE REHAB ADDRESSED THE FOLLOWING SIGNIFICANT NEEDS IN FY23:

MENTAL HEALTH: CLIVE BEHAVIORAL HEALTH AND MERCYONE CLIVE REHAB PARTNERED TO TRIAGE REHABILITATION PATIENTS WITH BEHAVIORAL HEALTH CONCERNS TO THE APPROPRIATE LEVEL OF CARE. CLIVE BEHAVIORAL HEALTH PROVIDED EDUCATION TO MERCYONE CLIVE REHAB STAFF ON AVAILABLE BEHAVIORAL HEALTH SERVICES.

HEART DISEASE AND STROKE: MERCYONE CLIVE REHAB COMPLETED A GAP ANALYSIS IN FY23 TO IDENTIFY POPULATIONS WHO MAY BENEFIT FROM PHYSICAL MEDICINE AND REHABILITATION PROGRAMS BUT ARE NOT CURRENTLY ABLE TO BE CARED FOR AT 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.

HOSPITAL. FROM THIS ANALYSIS, THE HOSPITAL WILL BE FOCUSING ON STROKE PATIENTS IN FY24. THE HOSPITAL CONTINUED TO WORK TOWARDS A STROKE CERTIFICATION THROUGH THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES.

MERCYONE CLIVE REHAB DID NOT DIRECTLY ADDRESS ALL NEEDS IDENTIFIED IN THIS CYCLE, AS IT WAS DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THIS REASON, MERCYONE CLIVE REHAB DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS: RESPIRATORY DISEASE (COVID-19); NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT; SUBSTANCE ABUSE; ACCESS TO HEALTH CARE SERVICES; INFANT HEALTH AND FAMILY PLANNING; INJURY AND VIOLENCE; DISABILITY AND CHRONIC PAIN; SEXUAL HEALTH; AND CANCER.

GROUP A-FACILITY 3 -- CLIVE BEHAVIORAL HEALTH HOSPITAL
PART V, SECTION B, LINE 3J: LINE 3E: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 3 -- CLIVE BEHAVIORAL HEALTH HOSPITAL
PART V, SECTION B, LINE 5: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 3 -- CLIVE BEHAVIORAL HEALTH HOSPITAL
PART V, SECTION B, LINE 6A: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 3 -- CLIVE BEHAVIORAL HEALTH HOSPITAL
PART V, SECTION B, LINE 6B: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 3 -- CLIVE BEHAVIORAL HEALTH HOSPITAL

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 11: CLIVE BEHAVIORAL HEALTH ADDRESSED THE FOLLOWING SIGNIFICANT NEEDS IN FY23:

MENTAL HEALTH: CLIVE BEHAVIORAL HEALTH CONTINUED TO INCREASE CAPACITY FOR THEIR INPATIENT AND OUTPATIENT PROGRAMS. CLIVE BEHAVIORAL HEALTH LAUNCHED AN ADULT PARTIAL HOSPITALIZATION PROGRAM AND ADDED A SECOND COUNSELOR TO THE ADOLESCENT INTENSIVE OUTPATIENT PROGRAM. CLIVE BEHAVIORAL HEALTH AND MERCYONE CLIVE REHAB PARTNERED TO TRIAGE REHAB PATIENTS WITH BEHAVIORAL HEALTH CONCERNS TO THE APPROPRIATE LEVEL OF CARE. CLIVE BEHAVIORAL HEALTH PROVIDED EDUCATION TO MERCYONE CLIVE REHAB STAFF ON AVAILABLE BEHAVIORAL HEALTH SERVICES.

SUBSTANCE ABUSE: CLIVE BEHAVIORAL HEALTH OPENED THE FIRST STEP RECOVERY CENTER, WHICH PROVIDES TREATMENT FOR ADULTS WITH CHEMICAL DEPENDENCY AND EMOTIONAL ISSUES OR RECURRING DISORDERS.

CLIVE BEHAVIORAL HEALTH DID NOT DIRECTLY ADDRESS ALL NEEDS IDENTIFIED IN THIS CYCLE, AS IT WAS DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THIS REASON, CLIVE BEHAVIORAL HEALTH DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS: RESPIRATORY DISEASE (COVID-19); NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT; HEART DISEASE AND STROKE; ACCESS TO HEALTH CARE SERVICES; INFANT HEALTH AND FAMILY PLANNING; INJURY AND VIOLENCE; DISABILITY AND CHRONIC PAIN; SEXUAL HEALTH; AND CANCER.

PART V, SECTION B, LINE 7A:

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.

COMMUNITY HEALTH NEEDS ASSESSMENT: 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:

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

PART V, SECTION B, LINE 16A-C:

FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY:
WWW.MERCYONE.ORG/DESMOINES/FOR-PATIENTS/
BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

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? 18

Name and address	Type of facility (describe)
1 MERCY OUTPATIENT CARDIAC TESTING 5880 UNIVERSITY, SUITE 211 WEST DES MOINES, IA 50266	AMBULATORY HEALTH CARE
2 MERCY AMBULATORY SURGERY CENTER 411 LAUREL STREET DES MOINES, IA 50314	AMBULATORY HEALTH CARE
3 MERCY FRANKLIN CENTER 1818 48TH STREET DES MOINES, IA 50314	BEHAVIORAL HEALTH
4 RCG MERCY DES MOINES, LLC 920 WINTER STREET WALTHAM, MA 02451	PHYSICIAN SERVICES
5 RIVER HILLS SURGERY CENTER 1111 6TH AVENUE DES MOINES, IA 50314	SURGERY CENTER
6 CENTRAL IOWA CYBERKNIFE 411 LAUREL STREET DES MOINES, IA 50314	PHYSICIAN OFFICE
7 MERCY WEIGHT LOSS & NUTRITION CENTER 12493 UNIVERSITY AVENUE, SUITE 110 WEST DES MOINES, IA 50235	AMBULATORY HEALTH CARE
8 MERCY WEST ENDOSCOPY 1601 NW 114TH STREET, SUITE 244 CLIVE, IA 50325	AMBULATORY HEALTH CARE
9 MERCY OUTPATIENT CARDIAC TESTING 411 LAUREL STREET DES MOINES, IA 50314	AMBULATORY HEALTH CARE
10 MERCY WEST RADIOLOGY 1601 NW 114TH STREET, SUITE 149 CLIVE, IA 50325	MEDICAL IMAGING

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Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 18

Name and address	Type of facility (describe)
11 MERCY CANCER CENTER 411 LAUREL STREET DES MOINES, IA 50314	PHYSICIAN SERVICES
12 WEST LAKES SURGERY CENTER, LLC 12499 UNIVERSITY AVENUE, SUITE 100 CLIVE, IA 50325	SURGERY CENTER
13 RADIOLOGY CENTER 12495 UNIVERSITY AVENUE CLIVE, IA 50325	MEDICAL IMAGING
14 MERCY SLEEP CENTER 1449 NW 128TH STREET, SUITE 100 CLIVE, IA 50325	AMBULATORY HEALTH CARE
15 MERCY RIVERSIDE REHABILITATION CENTER 730 EAST 2ND STREET DES MOINES, IA 50309	REHABILITATION CENTER
16 MERCY CARDIAC & PULMONARY REHABILITAT 411 LAUREL STREET DES MOINES, IA 50314	AMBULATORY HEALTH CARE
17 MERCY ATRIUM IMAGING 411 LAUREL STREET DES MOINES, IA 50314	MEDICAL IMAGING
18 MERCY FAMILY MEDICINE RESIDENCY CENTE 250 LAUREL STREET DES MOINES, IA 50314	PHYSICIAN OFFICE

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Part VI Supplemental Information

Provide the following information.

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

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:

CATHOLIC HEALTH INITIATIVES - IOWA, CORP. (MERCYONE DES MOINES) 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 DES MOINES 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, \$46,583,087, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

WORKFORCE DEVELOPMENT: TO ADDRESS WORKFORCE SHORTAGES IN THE HEALTH CARE FIELD, MERCYONE DES MOINES PROVIDED AWARENESS AND EXPLORATION ACTIVITIES PROVIDING EXPOSURE TO A VARIETY OF HEALTH CARE CAREERS. MERCYONE DES MOINES ATTENDED OR HOSTED 20 EVENTS SERVING HIGH SCHOOL STUDENTS IN THE 2022-2023 SCHOOL YEAR. EVENTS INCLUDED SPEAKING TO STUDENTS ABOUT CAREERS IN HEALTH CARE, BRINGING STUDENTS TO THE HOSPITAL TO TOUR AND EXPLORE SPECIFIC CLINICAL PATHWAYS, CAREER FAIRS SHOWCASING DIFFERENT HEALTH CARE OPPORTUNITIES, AND ADDITIONAL CAREER EXPLORATION THROUGH GAMES AND HANDS-ON ACTIVITIES DURING ONSITE EVENTS.

ECONOMIC DEVELOPMENT: MERCYONE DES MOINES FINANCIALLY CONTRIBUTED TO THE GREATER DES MOINES PARTNERSHIP TO HELP SPUR ECONOMIC DEVELOPMENT, ATTRACT, RETAIN, AND DEVELOP TALENT, AND SUPPORT SMALL BUSINESSES. EXAMPLES OF INITIATIVES INCLUDED: MINORITY BUSINESS INCUBATOR AND MINORITY BUSINESS ACCELERATOR, WHICH HELP SUPPORT STARTUP BUSINESSES AND PROVIDE EDUCATION

Part VI Supplemental Information (Continuation)

TO SUSTAIN GROWTH; AND THE DOWNTOWN FUTURE FORWARD VISION PLAN TO HELP POSITION DOWNTOWN DES MOINES FOR SHORT-TERM ECONOMIC RECOVERY AND LONG-TERM ECONOMIC VITALITY AND VIBRANCY, PART OF WHICH INCLUDES ADDRESSING HOUSING INSECURITY BY PRESERVING AND ENHANCING AFFORDABLE HOUSING UNITS.

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:

MERCYONE DES MOINES USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, MERCYONE DES MOINES IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MERCYONE DES MOINES IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

Part VI Supplemental Information (Continuation)

MERCYONE DES MOINES 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."

PART III, LINE 8:

MERCYONE DES MOINES 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

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Part VI Supplemental Information (Continuation)

THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

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 DES MOINES, MERCYONE CLIVE REHAB, AND CLIVE BEHAVIORAL HEALTH

Part VI Supplemental Information (Continuation)

ASSESS THE HEALTH STATUS OF THEIR COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITALS USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MERCYONE DES MOINES 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 DES MOINES OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED

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Part VI Supplemental Information (Continuation)

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

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

PART VI, LINE 4:

COMMUNITY INFORMATION -

THE PRIMARY SERVICE AREA FOR MERCYONE DES MOINES, MERCYONE CLIVE REHAB, AND CLIVE BEHAVIORAL HEALTH INCLUDES POLK, WARREN, AND DALLAS COUNTIES IN IOWA. POLK, WARREN, AND DALLAS COUNTIES TOGETHER ENCOMPASS 1,730 SQUARE MILES AND HOUSE A TOTAL POPULATION OF 616,787 RESIDENTS, ACCORDING TO THE LATEST CENSUS ESTIMATES. IN THE SERVICE AREA, 25.4% OF THE POPULATION ARE CHILDREN FROM AGE 0 TO 17; ANOTHER 61.7% ARE INDIVIDUALS FROM AGE 18 TO 64, WHILE 12.9% ARE AGE 65 AND OLDER. IN LOOKING AT RACE INDEPENDENT OF ETHNICITY (HISPANIC OR LATINO ORIGIN), 85.9% OF RESIDENTS ARE WHITE AND 5.6% ARE BLACK. A TOTAL OF 7.6% OF RESIDENTS ARE HISPANIC OR LATINO. TWO IN THREE TOTAL SERVICE AREA ADULTS AGES 18 TO 64 (66.3%) REPORT HAVING HEALTH CARE COVERAGE THROUGH PRIVATE INSURANCE. ANOTHER 28.9% REPORT COVERAGE THROUGH A GOVERNMENT-SPONSORED PROGRAM (E.G., MEDICAID, MEDICARE, MILITARY BENEFITS). AMONG ADULTS AGES 18 TO 64, 4.8% REPORT HAVING NO INSURANCE COVERAGE FOR HEALTH CARE EXPENSES. THE LATEST CENSUS ESTIMATE SHOWS 9.5% OF THE SERVICE AREA POPULATION LIVE BELOW THE FEDERAL POVERTY

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Part VI Supplemental Information (Continuation)

LEVEL. AMONG THE SERVICE AREA POPULATION AGES 25 AND OLDER, AN ESTIMATED 7.6% DO NOT HAVE A HIGH SCHOOL EDUCATION, WHICH IS WELL BELOW THE NATIONAL PERCENTAGE.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH -

MERCYONE DES MOINES OPERATES TWO MEDICAL CENTERS IN DES MOINES AND WEST DES MOINES AND TWO SPECIALTY HOSPITALS - MERCYONE CHILDREN'S HOSPITAL IN DES MOINES AND MERCYONE REHABILITATION HOSPITAL IN CLIVE - ALONG WITH MORE THAN 20 ADDITIONAL FACILITIES THAT HOUSE MORE THAN 60 PRIMARY CARE, PEDIATRIC, INTERNAL MEDICINE AND SPECIALTY CLINICS. ADDITIONALLY, MERCYONE DES MOINES PARTNERS WITH CLIVE BEHAVIORAL HEALTH TO PROVIDE INPATIENT CARE FOR PEOPLE WITH BEHAVIORAL HEALTH DISORDERS OR CO-OCCURRING DISORDERS.

THE ORGANIZATION'S HOSPITAL FACILITIES HAVE AN OPEN MEDICAL STAFF. THE BOARD OF DIRECTORS REPRESENTS DIVERSE PROFESSIONAL EXPERTISE AND LIFE EXPERIENCE IN THE COMMUNITY. ALL PATIENTS PRESENTING AT THE HOSPITAL FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE ARE TREATED REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH TREATMENT.

MERCYONE DES MOINES COLLABORATES WITH HEALTH EDUCATION PROGRAMS IN THE AREA INCLUDING MERCY COLLEGE, DES MOINES UNIVERSITY, DRAKE UNIVERSITY, UNIVERSITY OF IOWA, SIMPSON COLLEGE, IOWA STATE UNIVERSITY, AND DES MOINES AREA COMMUNITY COLLEGE. MERCYONE DES MOINES ALSO OFFERS RESIDENCY PROGRAMS IN FAMILY MEDICINE, INTERNAL MEDICINE, GENERAL SURGERY, PHARMACY, AND PSYCHIATRY, AS WELL AS A CARDIOLOGY FELLOWSHIP. MERCYONE DES MOINES OPERATES AN INSTITUTIONAL REVIEW BOARD THAT REVIEWS THE VARIOUS RESEARCH STUDIES CONDUCTED AT MERCYONE FACILITIES.

Part VI Supplemental Information (Continuation)

MERCYONE DES MOINES CONTINUES TO SUPPORT THE COMMUNITY BY HAVING LEADERS ACTIVELY PARTICIPATE IN LOCAL COMMUNITY BOARDS. MERCYONE DES MOINES PARTICIPATES IN REGULAR BLOOD DRIVES THROUGHOUT THE YEAR AND HOSTS A FREE MAMMOGRAM EVENT TO PROVIDE UNINSURED OR UNDER-INSURED QUALIFYING PATIENTS WITH A SCREENING MAMMOGRAM. MERCYONE DES MOINES CONTINUES TO PARTNER WITH POLK COUNTY'S SEXUAL ASSAULT RESPONSE TEAM PROGRAM TO PROVIDE QUALITY, COMPASSIONATE AND CONSISTENT CARE TO VICTIMS OF SEXUAL ASSAULT. MERCYONE DES MOINES PROVIDES COMMUNITY EDUCATION COURSES SUCH AS STOP THE BLEED, WHICH PROVIDES TRAINING ON HOW TO STOP A LIFE-THREATENING HEMORRHAGE, AND MATTER OF BALANCE, A FALL PREVENTION PROGRAM.

MERCYONE DES MOINES PROVIDES EDUCATIONAL COURSES TO COMMUNITY EMS, PARAMEDICS, NURSES, AND PROVIDERS ON VARIOUS TOPICS, INCLUDING AIRWAY MANAGEMENT, ADVANCED TRAUMA LIFE SUPPORT, AND RURAL TRAUMA TEAM DEVELOPMENT.

PART VI, LINE 6:

MERCYONE DES MOINES 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.

Part VI Supplemental Information (Continuation)

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 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)

Part VI Supplemental Information (Continuation)

- 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, 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.

Part VI Supplemental Information (Continuation)

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 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.