

**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 CENTRAL COMMUNITY HOSPITAL	Employer identification number 42-0818642
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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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			63,804.		63,804.	.52%
b Medicaid (from Worksheet 3, column a)			1130227.	1161676.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			1194031.	1161676.	63,804.	.52%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	7	331	24,611.	7,720.	16,891.	.14%
f Health professions education (from Worksheet 5)	1		813.		813.	.01%
g Subsidized health services (from Worksheet 6)	1	27	62,154.		62,154.	.51%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4		2,952.		2,952.	.02%
j Total. Other Benefits	13	358	90,530.	7,720.	82,810.	.68%
k Total. Add lines 7d and 7j	13	358	1284561.	1169396.	146,614.	1.20%

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.

Table with 7 columns: (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. Rows include Physical improvements and housing, Economic development (200.), Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total (200., 200., .00%).

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with columns Yes/No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes X). Row 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 | 132,072.). Row 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 | 13,207.). Row 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

Table for Section B with columns Yes/No. Row 5: Enter total revenue received from Medicare (including DSH and IME) (5 | 5,711,426.). Row 6: Enter Medicare allowable costs of care relating to payments on line 5 (6 | 5,778,267.). Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall) (7 | -66,841.). Row 8: Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: [] Cost accounting system [X] Cost to charge ratio [] Other.

Section C. Collection Practices

Table for Section C with columns Yes/No. Row 9a: Did the organization have a written debt collection policy during the tax year? (9a | X). Row 9b: 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)

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, or trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

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 CENTRAL COMMUNITY HOSPITAL
901 DAVIDSON ST NW
ELKADER, IA 52043-9015
WWW.MERCYONE.ORG/ELKADER
220051H

Table with 8 columns: Licensed hospital, gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Facility reporting group. Row 1 contains 'X' marks in the first four columns.

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: CENTRAL COMMUNITY HOSPITAL

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>23</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: CENTRAL COMMUNITY HOSPITAL

	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>300</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 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: CENTRAL COMMUNITY HOSPITAL

	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: CENTRAL COMMUNITY HOSPITAL

	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?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

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.

CENTRAL COMMUNITY HOSPITAL:

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

LINE 3E:

CENTRAL COMMUNITY HOSPITAL (MERCYONE ELKADER) 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, HOME HEALTH/SKILLED CARE, RECRUITING PROVIDERS/ACCESS TO SPECIALISTS, HEALTH CARE TRANSPORTATION, OBESITY (NUTRITION/EXERCISE), DENTAL SERVICES, DRUGS & SUBSTANCE ABUSE

CENTRAL COMMUNITY HOSPITAL:

PART V, SECTION B, LINE 5: IN NOVEMBER 2021, A MEETING WAS HELD WITH HOSPITAL LEADERS, CLAYTON COUNTY PUBLIC HEALTH/VISITING NURSES ASSOCIATION (VNA) AND VVV CONSULTANTS, LLC TO REVIEW THE CHNA PROCESS AND COLLABORATIVE OPTIONS. THE VNA IN CLAYTON COUNTY PROVIDES NUMEROUS DIRECT SERVICES TO VULNERABLE COMMUNITY MEMBERS TO INCREASE ACCESS TO MEDICAL AND DENTAL CARE AND HOMECARE SERVICES. THEIR WORK WITH MEDICALLY UNDERSERVED AND LOW-INCOME INDIVIDUALS GRANTED THEM THE INSIGHT TO ADVOCATE THEIR NEEDS ON THEIR BEHALF. FROM NOVEMBER 2021 TO FEBRUARY 2022, THE TEAM COLLECTED DATA/RESEARCH AND PREPARED FOR AN ONLINE SURVEY AND TOWN HALL

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.

(VIA ZOOM DUE TO THE OMICRON COVID-19 VARIANT). IN FEBRUARY 2022, AN ONLINE SURVEY WAS LAUNCHED (VIA EMAIL AND SENT TO LOCAL MEDIA) TO COLLECT FEEDBACK FROM STAKEHOLDERS. AT THE END OF MARCH 2022, A TOWN HALL TOOK PLACE TO REVIEW THE SURVEY RESULTS AND OTHER DATA/RESEARCH. REPRESENTATIVES FROM NORTHEAST IOWA BEHAVIORAL HEALTH, INC.; CLAYTON COUNTY EMERGENCY MANAGEMENT; CENTRAL COMMUNITY SCHOOL DISTRICT; SUBSTANCE ABUSE SERVICES FOR CLAYTON COUNTY; CENTRAL COMMUNITY HOSPITAL FOUNDATION; CHAMBER OF COMMERCE; CITY OF ELKADER; AND NORTH IOWA COMMUNITY COLLEGE (NICC) PARTICIPATED. AFTER THE TOWN HALL, FEEDBACK WAS GATHERED FROM STAKEHOLDERS UP UNTIL THE END OF APRIL, WHEN THE REPORT WAS FINALIZED. IT WAS APPROVED BY THE MERCYONE ELKADER MEDICAL CENTER BOARD OF DIRECTORS IN MAY OF 2022.

CENTRAL COMMUNITY HOSPITAL:

PART V, SECTION B, LINE 6A: GUTTENBERG MUNICIPAL HOSPITAL AND CLINICS

CENTRAL COMMUNITY HOSPITAL:

PART V, SECTION B, LINE 6B: CLAYTON COUNTY PUBLIC HEALTH/VISITING NURSES ASSOCIATION, NORTHEAST IOWA BEHAVIORAL HEALTH, INC., CLAYTON COUNTY EMERGENCY MANAGEMENT, CENTRAL COMMUNITY SCHOOL DISTRICT, SUBSTANCE ABUSE SERVICES FOR CLAYTON COUNTY, CENTRAL COMMUNITY HOSPITAL FOUNDATION, CHAMBER OF COMMERCE, CITY OF ELKADER, NICC

CENTRAL COMMUNITY 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: MENTAL HEALTH:

MERCYONE ELKADER CONTRACTED WITH INTEGRATED TELEHEALTH PARTNERS/FLOWSTATE TO PROVIDE CONSULTS TO PATIENTS WHO ARE IN CRISIS. THIS WAS FUNDED BY COUNTY SOCIAL SERVICES AND NOT BILLED TO THE PATIENT. IT WAS A SIGNIFICANT COMMUNITY BENEFIT OFFERED TO THOSE IN CRISIS IN THE EMERGENCY ROOM AND HELPED GET THEM TO THE NEXT LEVEL OF CARE.

MERCYONE ELKADER PROVIDED FUNDING TO SEVA HEALTH CENTER FOR WELLBEING, A 501(C)(3) ORGANIZATION PROVIDING AN INNOVATIVE APPROACH TO SUPPORT BRAIN HEALTH. SEVA'S PEACE FOR YOUR MIND PROJECT INCLUDED WORKING WITH INDIVIDUALS TO SUPPORT BRAIN HEALTH THROUGH NUTRITION, EXERCISE, STRESS MANAGEMENT, EDUCATION, COACHING, AND MIND-BODY PRACTICES. THE PROJECT PROVIDED WRAP-AROUND SERVICES THAT TOOK PLACE BEYOND THE WALLS OF THE TRADITIONAL CLINICAL SETTING FOCUSING ON: BRIDGING THE GAP BETWEEN THE PATIENT AND THEIR PROVIDER TO IMPROVE BRAIN HEALTH, EDUCATING AND SUPPORTING INDIVIDUAL BRAIN HEALTH THROUGH HEALTH COACHING, AND PRACTICE OF INTEGRATIVE TECHNIQUES THAT STRENGTHEN AN INDIVIDUAL'S ABILITY TO IMPROVE THEIR BRAIN HEALTH.

MERCYONE ELKADER ACQUIRED THE ELKADER AND MONONA CLINICS ON JULY 1, 2022, AND STARTED IMPLEMENTING DEPRESSION SCREENINGS WITH PATIENTS AGE 12+.

MERCYONE ELKADER CONTINUED TO PROMOTE 24-HOUR CRISIS HOTLINES AND EXISTING MENTAL HEALTH SERVICES, FACILITIES, AND PROVIDERS. THEY ALSO EDUCATED THE COMMUNITY ON SCREENINGS, BULLYING, MENTAL HEALTH CARE DELIVERY, PLACEMENT PROCESS, AND DEPRESSION.

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.

RECRUITING PROVIDERS/ACCESS TO SPECIALISTS:

MERCYONE ELKADER CONNECTED INPATIENTS TO SPECIALISTS IN VARIOUS WAYS,

WHICH INCLUDED USING:

- AVEL E-EMERGENCY AND AVEL E-HOSPITALISTS TELEMEDICINE SERVICES
- AVEL E-SANE, WHICH PROVIDED GUIDANCE WHEN SEXUAL ASSAULT VICTIMS

PRESENTED TO THE HOSPITAL

- INTEGRATED TELEHEALTH PARTNERS/FLOWSTATE FOR BRAIN HEALTH CONSULTS

PROVIDERS WERE ENCOURAGED TO UTILIZE THESE TELEHEALTH SERVICES AND MOBILE APPS OPTIONS IN ORDER TO IMPROVE PRODUCTIVITY.

MERCYONE ELKADER ALSO CONTRACTED CARDIOLOGISTS FROM MEDICAL ASSOCIATES IN DUBUQUE TO COME TO ELKADER FOR IN-PERSON VISITS AND STARTED THE APPLICATION PROCESS TO BECOME AN APPROVED NATIONAL HEALTH SERVICES CORPS (NHSC) SITE. THIS CERTIFICATION WILL HELP WITH PROVIDER RECRUITMENT AND RETENTION IN ELKADER'S RURAL LOCATION.

MERCYONE ELKADER PROMOTED AND ADVERTISED AT SURROUNDING AREA COLLEGE JOB FAIRS TO STUDENTS AND OTHERWISE UNEMPLOYED INDIVIDUALS WITHIN THE COUNTY AND ENCOURAGED AREA PROVIDERS TO COLLECTIVELY HELP RECRUIT AND IDENTIFY AND/OR CONTACT KEY PROVIDERS.

MERCYONE ELKADER WORKED ON EXPANDING THEIR RESIDENCY PROGRAMS FOR MEDICAL STUDENTS AND EXPLORED THE OPPORTUNITY TO HAVE A SCHOOL SCHOLARSHIP / INTERNSHIP PROGRAM.

DENTAL SERVICES:

THE HOSPITAL ASSISTED THE PUBLIC HEALTH DEPARTMENT BY CLEANING 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.

STERILIZING DENTAL INSTRUMENTS USED BY COUNTY DENTAL CLINIC.

MERCYONE ELKADER CONTINUED TO PARTNER WITH A LOCAL DENTIST ON HOSPITAL-RELATED DENTAL NEEDS.

DRUGS & SUBSTANCE ABUSE:

MERCYONE ELKADER COLLABORATED WITH SCHOOLS AND CHURCHES TO PROVIDE AFTER-SCHOOL PROGRAMS AND ACTIVITY OPTIONS TO KEEP YOUTH FROM DEVELOPING HABITS INVOLVING DRUG / SUBSTANCE USE. MERCYONE ELKADER ALSO CONTINUED TO PROVIDE TOBACCO CESSATION EDUCATION.

A CASH DONATION WAS GIVEN TO THE NATIONAL CHILD SAFETY COUNCIL UPON REQUEST FROM THE CLAYTON COUNTY SHERIFF OFFICE, WHICH WAS USED TO PURCHASE AND PROVIDE CHILD SAFETY AND DRUG EDUCATIONAL MATERIALS AND SERVICES FOR CHILDREN AND PARENTS.

A CASH DONATION WAS GIVEN TO THE 5C COALITION TO FUND RED RIBBON WEEK, WHICH ENCOURAGES CHILDREN TO CHOOSE A DRUG AND ALCOHOL-FREE LIFESTYLE.

MERCYONE ELKADER ESTABLISHED AND PROMOTED DISCARDING OLD PRESCRIPTIONS AT LOCAL POLICE DEPARTMENTS AND PHARMACIES, ESPECIALLY OPIOIDS.

MERCYONE ELKADER ACKNOWLEDGES THAT THERE WAS A WIDE RANGE OF PRIORITY HEALTH AND SOCIAL ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. THEREFORE,

MERCYONE ELKADER DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS:

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.

- HOME HEALTH/SKILLED CARE

- HEALTH CARE TRANSPORTATION

- OBESITY (NUTRITION/EXERCISE)

CENTRAL COMMUNITY HOSPITAL:

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, LOW

INCOME/SUBSIDIZED HOUSING, AND SUBSIDIZED SCHOOL LUNCHES).

PART V, SECTION B, LINE 7A:

COMMUNITY HEALTH NEEDS ASSESSMENT:

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

PART V, SECTION B, LINE 10A:

IMPLEMENTATION STRATEGY:

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

PART V, SECTION B, LINE 9:

FOLLOWING ADOPTION OF THE FY22 IMPLEMENTATION STRATEGY, MERCYONE

ELKADER MADE IMPROVEMENTS TO THEIR IMPLEMENTATION STRATEGY, WHICH WAS

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.

READOPTED BY THE BOARD OF DIRECTORS ON NOVEMBER 2, 2023 AND POSTED TO

THEIR WEBSITE AT

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/ELKADER/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:

CENTRAL COMMUNITY HOSPITAL (MERCYONE ELKADER) 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 ELKADER 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, \$132,072, 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:

MERCYONE ELKADER MADE A DONATION TO MAIN STREET ELKADER, A NON-PROFIT DEDICATED TO SUPPORTING ECONOMIC DEVELOPMENT IN THE TOWN OF ELKADER FOR THE BENEFIT OF THE ENTIRE COMMUNITY.

PART III, LINE 2:

MERCYONE ELKADER DETERMINES ITS ESTIMATE OF IMPLICIT PRICE CONCESSIONS BASED ON ITS HISTORICAL COLLECTION EXPERIENCE WITH THIS CATEGORY OF PATIENT.

PART III, LINE 3:

A REASONABLE ESTIMATE OF THE HOSPITAL'S IMPLICIT PRICE CONCESSIONS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY IS 10% OF IMPLICIT PRICE CONCESSIONS. THIS IS BASED ON THE PERCENTAGE OF INDIVIDUALS BELOW THE POVERTY LEVEL IN THE AREA.

Part VI Supplemental Information (Continuation)

PART III, LINE 4:

MERCYONE ELKADER 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 ELKADER DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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 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:

Part VI Supplemental Information (Continuation)

NEEDS ASSESSMENT - MERCYONE ELKADER CONTINUOUSLY MONITORS THE NEEDS OF THE COMMUNITY BY REVISITING THE COMMUNITY HEALTH IMPROVEMENT PLAN AND UPDATING THE PLAN WITH ACTIONS TAKEN AS WELL AS NEW STRATEGIES THAT NEED TO BE DEPLOYED BASED ON NEW DATA. MERCYONE ELKADER ACTIVELY PARTNERS WITH THE LOCAL SCHOOLS, CITY/TOWNSHIPS, HOSPITALS, PUBLIC HEALTH AGENCIES, EMERGENCY MANAGEMENT AGENCIES, LAW ENFORCEMENT, FIRE AND EMS AND OFTEN IS MADE AWARE OF COMMUNITY NEEDS THROUGH THOSE PARTNERSHIPS.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MERCYONE ELKADER 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 ELKADER 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

Part VI Supplemental Information (Continuation)

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, LINE 4:

COMMUNITY INFORMATION - MERCYONE ELKADER SERVES THE RESIDENTS OF THE CENTRAL PART OF CLAYTON COUNTY, IOWA INTO THE NORTHEAST SECTION OF THE COUNTY. IT IS A RURAL, AGRICULTURAL AREA. THE GEOGRAPHIC AREA OF CLAYTON COUNTY IS 793 SQUARE MILES. THE NEAREST LARGER CITY IS DUBUQUE, IOWA, WHICH IS 72 MILES FROM ELKADER, THE COUNTY SEAT. CLAYTON COUNTY HAS A POPULATION OF 16,998 AND IS THE FIFTH-LARGEST COUNTY IN IOWA BY AREA. IN 2021, THE MEDIAN HOUSEHOLD INCOME OF CLAYTON COUNTY RESIDENTS WAS \$58,148. THE POVERTY RATE OF CLAYTON COUNTY IN 2021 WAS 12%. THE PERCENTAGE OVER AGE 65 IS 25% OF THE TOTAL POPULATION. THE LARGEST CLAYTON COUNTY RACIAL/ETHNIC GROUPS ARE WHITE (95.3%), HISPANIC OR LATINO (2.4%), TWO OR MORE RACES (1.2%), AND BLACK OR AFRICAN AMERICAN (0.9%). CLAYTON COUNTY IS A DESIGNATED MEDICALLY UNDERSERVED AREA (INDEX SCORE OF 55.0). GUTTENBERG MUNICIPAL HOSPITAL ALSO SERVES CLAYTON COUNTY AND IS LOCATED IN GUTTENBERG, IOWA.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - IN FISCAL YEAR 2023, MERCYONE ELKADER BOARD MEMBERS RESIDED IN THE PRIMARY SERVICE AREA. NO BOARD MEMBERS WERE EMPLOYED OR CONTRACTED BY THE HOSPITAL, AND NO BOARD MEMBERS HAD FAMILY MEMBERS EMPLOYED BY MERCYONE ELKADER.

MERCYONE ELKADER EXTENDED HOSPITAL PRIVILEGES TO ALL QUALIFIED PHYSICIANS

Part VI Supplemental Information (Continuation)

IN ITS SERVICE AREA EXTENDING TO DUBUQUE, IOWA.

WHEN THE HOSPITAL CREATED ITS ANNUAL BUDGET, EFFORTS WERE MADE BY THE ADMINISTRATIVE TEAM TO ALLOCATE FUNDS TO IMPROVE PATIENT CARE BY UPDATING EQUIPMENT, EXPANDING SUPPLIES, AND HIRING STAFF.

THE HOSPITAL'S MANAGEMENT TEAM AND BOARD MEMBERS WORKED TO ALIGN CHNA GOALS WITH THE HOSPITAL BUDGET. ONE EXAMPLE IS THE ACQUISITION OF TWO PRIMARY CARE CLINICS (ELKADER AND MONONA). ANY SURPLUS AT THE END OF THE FISCAL YEAR WAS INVESTED BACK INTO THE ORGANIZATION IN THE FORM OF CAPITAL DOLLARS. THESE CAPITAL DOLLARS ARE INVESTED IN EQUIPMENT AND PROJECTS THAT HELP MEET THE NEEDS OF THE COMMUNITY.

MERCYONE ELKADER PARTNERED WITH THE CITY OF ELKADER AND LOCAL TOWNSHIPS TO PROVIDE EMS SERVICES. THE HOSPITAL EMPLOYED ALL OF THE STAFF, PROVIDED MEDICAL DIRECTORSHIP, PURCHASED EQUIPMENT, SUPPLIES AND MEDICATIONS, AS WELL AS PAID FOR HALF OF THE GAS AND HANDLED THE BILLING. THE CITY OF ELKADER PURCHASED, MAINTAINED, AND PROVIDED STORAGE FOR THE AMBULANCES, AS WELL AS PAID FOR INSURANCE AND HALF OF THE GAS.

THERE ARE TWO CRITICAL ACCESS HOSPITALS IN CLAYTON COUNTY, IOWA: MERCYONE ELKADER IN ELKADER, IOWA AND GUTTENBERG MUNICIPAL HOSPITAL & CLINICS IN GUTTENBERG, IOWA. MERCYONE ELKADER IS 30 MINUTES AWAY FROM GUTTENBERG MUNICIPAL HOSPITAL & CLINICS AS WELL AS THE SAME DISTANCE AWAY FROM THREE OTHER CRITICAL ACCESS HOSPITALS (REGIONAL MEDICAL CENTER, GUNDERSON PALMER LUTHERAN HOSPITAL, AND CROSSING RIVERS HEALTH). THE RESIDENTS OF ELKADER AND SURROUNDING AREAS DEPEND ON THE EMERGENCY ROOM BEING AVAILABLE 24/7/365 WHEN EMERGENCY HEALTH NEEDS ARISE. EMS SERVICE IS ALSO AVAILABLE

Part VI Supplemental Information (Continuation)

24/7/365 FOR ALL 911 CALLS AND TRANSFER CALLS. THE HOSPITAL WORKS
RELENTLESSLY TO ENSURE THAT COVERAGE FOR BOTH THE ER AND THE EMS SERVICE
IS ALWAYS AVAILABLE FOR THE COMMUNITY, IN AN INCREASINGLY TOUGH
RECRUITMENT MARKET. IF THESE SERVICES WERE NOT AVAILABLE, THE COMMUNITY
WOULD SUFFER TREMENDOUSLY.

IT WAS A HUGE TASK TO ENSURE THAT HEALTH CARE PERSONNEL WERE UP-TO-DATE ON
ALL REQUIRED TRAINING. MERCYONE ELKADER OFFERED TRAINING FOR PHYSICIANS,
ADVANCED PRACTICE PROVIDERS, NURSES AND EMS PERSONNEL IN BASIC LIFE
SUPPORT (CPR-BLS), ADVANCED CARDIOVASCULAR LIFE SUPPORT (CPR-ACLS),
PEDIATRIC ADVANCED LIFE SUPPORT (CPR-PALS), NEONATAL RESUSCITATION
(CPR-NRP), ADVANCED TRAUMA LIFE SUPPORT (ATLS), AND TRAUMA NURSING CORE
COURSE (TNCC).

MERCYONE ELKADER WAS INVOLVED IN A REGIONAL COALITION THAT INVOLVED SIX
OTHER COUNTIES THAT WORKED TOGETHER ON EMERGENCY PREPAREDNESS STRATEGIES.
THE HOSPITAL ALSO PARTICIPATED IN THE HOSPITAL ALLIANCE FOR PREPAREDNESS
IN IOWA.

MERCYONE ELKADER FAMILY MEDICINE PARTNERED WITH IOWA STATE UNIVERSITY
EXTENSION AND OUTREACH TO OFFER A FREE THREE-PART SERIES CALLED "EXPLORING
DEMENTIA AND BRAIN HEALTH." THE 15 PARTICIPANTS LEARNED CURRENT
INFORMATION ABOUT BRAIN HEALTH AND DIFFERENT TYPES OF DEMENTIA AND
RECEIVED A FREE RESOURCE RELATED TO DEMENTIA AND BRAIN HEALTH.

MERCYONE ELKADER ALSO HELD A PARKINSON SUPPORT GROUP ONCE A MONTH, WHICH
HELPED COMMUNITY MEMBERS CONNECT WITH OTHERS GOING THROUGH THE SAME
DIFFICULT JOURNEY.

Part VI Supplemental Information (Continuation)

MERCYONE ELKADER'S ACQUISITION OF TWO PRIMARY CARE CLINICS (ELKADER AND MONONA) ALLOWED THE HOSPITAL TO BE INTIMATELY INVOLVED IN CHRONIC DISEASE MANAGEMENT.

MERCYONE ELKADER RECEIVED REQUESTS FROM TWO LOCAL HIGH SCHOOLS TO PROVIDE SUBSIDIZED MEDICAL SERVICES FOR THEIR ATHLETIC PROGRAMS TO IMPROVE SAFETY. THESE PROVIDERS PERFORMED CONCUSSION SCREENINGS (BASELINE AND POST-INJURY) AND OTHER PREVENTATIVE AND INJURY TREATMENT MEASURES TO ENSURE THE STUDENTS' SAFETY AT PRACTICES AND GAMES.

DEATH INVESTIGATIONS ARE CRITICAL FOR MANY ASPECTS OF PUBLIC HEALTH PRACTICE AND RESEARCH, INCLUDING SURVEILLANCE, EPIDEMIOLOGY, AND PREVENTION PROGRAMS, MOST OFTEN IN INJURY PREVENTION AND CONTROL BUT ALSO IN PREVENTION OF SUICIDE, VIOLENCE, OR SUBSTANCE ABUSE. WHEN IT WAS DECIDED THAT CLAYTON COUNTY'S THEN-CURRENT DEATH INVESTIGATOR WOULD BE TRANSITIONING INTO A CLINIC-BASED ROLE AND WOULD NO LONGER HAVE THE CAPACITY TO SERVE, MERCYONE ELKADER PREEMPTIVELY OFFERED TO PAY FOR THE TRAINING AND CERTIFICATION OF THEIR EMS MANAGER AND CRITICAL CARE PARAMEDIC TO PREVENT A GAP IN THIS SERVICE.

MERCYONE ELKADER SUPPORTED BLOOD DRIVES IN THE LOCAL COMMUNITY THROUGH IN-KIND TIME HELPING CHECK PEOPLE IN AND PROVIDING SUPPLIES.

MERCYONE ELKADER SUPPORTED ITS COMMUNITY THROUGH SEVERAL CASH AND SUPPLIES DONATIONS. THESE INCLUDED DONATIONS TO:

- A LOCAL CHILDCARE CENTER THAT REACHED OUT NEEDING FUNDS IN ORDER TO STAY OPEN

Part VI Supplemental Information (Continuation)

- NORTHEAST IOWA COMMUNITY ACTION

- MONONA FIRE DEPARTMENT

- ELKADER FIRE DEPARTMENT

- DEFIBRILLATOR PADS TO A LOCAL CHURCH

MERCYONE ELKADER IS DESIGNATED AS A SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP) SPONSOR ORGANIZATION BY THE IOWA INSURANCE DIVISION. THIS PARTNERSHIP HAS LASTED FOR OVER TEN YEARS AND HAS HELPED MANY RESIDENTS FROM CLAYTON COUNTY AND THE SURROUNDING COUNTIES UNDERSTAND THEIR CHOICES FOR MEDICARE PART D DRUG PLANS. SHIIP SERVICES ARE DELIVERED BY VOLUNTEERS IN A VARIETY OF ROLES THROUGH A STATEWIDE NETWORK OF SPONSOR ORGANIZATIONS. MERCYONE ELKADER HAS TWO CERTIFIED TRAINED SHIIP COUNSELORS AND ALSO EMPLOYS A SHIIP COORDINATOR WHO TAKES PHONE CALLS, SCHEDULES APPOINTMENTS, AND SERVES AS A LIAISON TO THE STATE.

PART VI, LINE 6:

MERCYONE ELKADER 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

Part VI Supplemental Information (Continuation)

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)
- FACILITIES: BUILDING COMMUNITY FACILITIES FOR NONPROFITS, SOCIAL SERVICE PROVIDERS, AND OTHER COMMUNITY-BASED ORGANIZATIONS (\$9.7 MILLION)

Part VI Supplemental Information (Continuation)

- 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.

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

Part VI Supplemental Information (Continuation)

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.