

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **COVENANT MEDICAL CENTER, INC.** Employer identification number **42-1264647**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <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 _____ %	<input checked="" type="checkbox"/>	
<b>b</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 _____ %	<input checked="" type="checkbox"/>	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
<b>5a</b> 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>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			1627111.		1627111.	.50%
<b>b</b> Medicaid (from Worksheet 3, column a)			52233340.	44243539.	7989801.	2.44%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			53860451.	44243539.	9616912.	2.94%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	11	37,406	830,752.	12,300.	818,452.	.25%
<b>f</b> Health professions education (from Worksheet 5)	5	977	3723586.	2,310.	3721276.	1.13%
<b>g</b> Subsidized health services (from Worksheet 6)	3	1,010	913,836.		913,836.	.28%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	3	2,295	48,470.		48,470.	.01%
<b>j Total.</b> Other Benefits	22	41,688	5516644.	14,610.	5502034.	1.67%
<b>k Total.</b> Add lines 7d and 7j	22	41,688	59377095.	44258149.	15118946.	4.61%

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, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Form for Section A with questions 1-4 and a Yes/No column. Question 1 asks about bad debt expense reporting. Question 2 asks for bad debt expense amount (7,789,241). Question 3 asks for estimated amount attributable to patients (0). Question 4 asks for footnote text.

Section B. Medicare

Form for Section B with questions 5-7 and a Yes/No column. Question 5 asks for total revenue received from Medicare (48,978,117). Question 6 asks for Medicare allowable costs (54,503,863). Question 7 asks for surplus or shortfall (-5,525,746). Question 8 asks for description of shortfall and costing methodology.

Section C. Collection Practices

Form for Section C with questions 9a and 9b and a Yes/No column. Question 9a asks if there is a written debt collection policy (Yes). Question 9b asks if the policy contains provisions for financial assistance (Yes).

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, 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 MERCYONE WATERLOO MEDICAL CENTER
3421 WEST NINTH STREET
WATERLOO, IA 50702
WWW.MERCYONE.ORG
070137H

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

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

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

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	<b>X</b>	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
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		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		<b>X</b>
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)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
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**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>X</b>	
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: MERCYONE WATERLOO MEDICAL CENTER

		Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:			
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		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.		<b>23</b>	<b>X</b>
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.		<b>24</b>	<b>X</b>

Schedule H (Form 990) 2022

**Part V Facility Information** (continued)

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

MERCYONE WATERLOO MEDICAL CENTER:

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

LINE 3E:

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

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

MERCYONE WATERLOO MEDICAL CENTER:

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



**Part V Facility Information** (continued)

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

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

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

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

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

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

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

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

MERCYONE WATERLOO MEDICAL CENTER:

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

MERCYONE WATERLOO MEDICAL CENTER:

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

**Part V Facility Information** (continued)

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

MERCYONE WATERLOO MEDICAL CENTER:

PART V, SECTION B, LINE 11:

MENTAL HEALTH:

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

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

MERCYONE WATERLOO HAS ONE KNOWN TRAINED 'MAKE IT OK' AMBASSADOR.

HEALTH EQUITY:

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

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

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

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

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

HEALTHY EATING/FOOD INSECURITY:

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

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

**Part V Facility Information** (continued)

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

MERCYONE WATERLOO MEDICAL CENTER:

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

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON

AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: ACCOUNTS

DISCHARGED THROUGH BANKRUPTCY AND PATIENTS DETERMINED TO BE ELIGIBLE FOR

IOWA MEDICAID.

PART V, SECTION B, LINE 7A:

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

PART V, SECTION B, LINE 9:

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

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

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

TO THE PUBLIC.

PART V, SECTION B, LINE 10A:

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

PART V, SECTION B, LINE 16A:

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

BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16B:

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

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

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

BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16C:

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

BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

**Part 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? 60

Name and address	Type of facility (describe)
1 MERCYONE KIMBALL OUTPATIENT PHYSICAL 2101 KIMBALL AVENUE WATERLOO, IA 50702	OUTPATIENT PHYSICAL AND OCCUPATIONAL THERAPY
2 MERCYONE WATERLOO HEMATOLOGY/ONCOLOGY 200 EAST RIDGEWAY AVENUE, SUITE 400 WATERLOO, IA 50702	OUTPATIENT HEMATOLOGY AND ONCOLOGY SERVICES
3 MERCYONE WATERLOO SLEEP LAB 2710 ST. FRANCIS DRIVE, SUITE 409 WATERLOO, IA 50702	OUTPATIENT SLEEP DISORDER DIAGNOSTICS
4 MERCYONE WATERLOO NEUROSURGERY 2710 ST. FRANCIS DRIVE, SUITE 110 WATERLOO, IA 50702	OP NEURO SURGERY OP PAIN MANAGEMENT OP X-RAY SERVICES
5 MERCYONE WATERLOO NEUROLOGY 2710 ST. FRANCIS DRIVE, SUITE 201 WATERLOO, IA 50702	OUTPATIENT CLINIC NEUROLOGY SERVICES
6 MERCYONE WATERLOO URGENT CARE 2710 ST. FRANCIS DRIVE, SUITE 111 WATERLOO, IA 50702	OUTPATIENT CLINIC
7 MERCYONE WATERLOO FAMILY MEDICINE 2710 ST. FRANCIS DRIVE, SUITE 210 WATERLOO, IA 50702	OP FAMILY PRACTICE, GYNECOLOGY, PODIATRY, LABORATORY SERVICES
8 MERCYONE WATERLOO ORTHOPEDICS CARE 2710 ST. FRANCIS DRIVE, SUITE 319 WATERLOO, IA 50702	OUTPATIENT CLINIC ORTHOPEDIC SERVICES
9 MERCYONE WATERLOO HEART CARE 2710 ST. FRANCIS DRIVE, SUITE 320 WATERLOO, IA 50702	OUTPATIENT CLINIC CARDIOLOGY SERVICES
10 MERCYONE WATERLOO PULMONARY CARE 2710 ST. FRANCIS DRIVE, SUITE 402 WATERLOO, IA 50702	OUTPATIENT CLINIC PULMONOLOGY SERVICES

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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? 60

Name and address	Type of facility (describe)
11 MERCYONE WATERLOO GENERAL SURGERY 2710 ST. FRANCIS DRIVE, SUITE 410 WATERLOO, IA 50702	OP GENERAL SURGERY, WOUND CARE, VASCULAR ERY SERVICES
12 MERCYONE WATERLOO ENT/ALLERGY CARE 2710 ST. FRANCIS DRIVE, SUITE 411 WATERLOO, IA 50702	OUTPATIENT CLINIC - EAR, NOSE & THROAT AND ALLERGY SERVICES
13 MERCYONE WATERLOO PEDIATRICS CARE 2710 ST. FRANCIS DRIVE, SUITE 510A WATERLOO, IA 50702	OP NEPHROLOGY, PODIATRY, AND PEDIATRIC SERVICES
14 MERCYONE WATERLOO OB/GYN 432 KING DRIVE WATERLOO, IA 50702	OUTPATIENT MAMMOGRAPHY IMAGING SERVICES
15 MERCYONE WATERLOO BEHAVIORAL HEALTH C 2750 ST. FRANCIS DRIVE WATERLOO, IA 50702	OUTPATIENT CLINIC - PSYCHIATRY SERVICES
16 MERCYONE CEDAR FALLS BEHAVIORAL HEALT 2802 ORCHARD DRIVE CEDAR FALLS, IA 50613	OUTPATIENT CLINIC - PSYCHIATRY SERVICES
17 MERCYONE BLUEBELL ROAD 226 BLUEBELL ROAD, SUITE CC CEDAR FALLS, IA 50613	OP FAMILY PRACTICE, PSYCHIATRY, PODIATRY, GYNECOLOGY SERVICES
18 MERCYONE BLUEBELL ROAD STE OPT 226 BLUEBELL ROAD, SUITE OPT CEDAR FALLS, IA 50613	OP PHYSICAL THERAPY, OCCUPATIONAL HEALTH, RADIOLOGY SERVICES
19 MERCYONE WATERLOO PHYSICAL MEDICINE & 3421 WEST NINTH STREET, SUITE 100 WATERLOO, IA 50702	OUTPATIENT CLINIC - PSYCHIATRY SERVICES
20 MERCYONE KIMBALL FAMILY MEDICINE 2055 KIMBALL AVE, SUITE 400 WATERLOO, IA 50702	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES

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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? 60

Name and address	Type of facility (describe)
21 MERCYONE CEDAR FALLS FAMILY MEDICINE 516 SOUTH DIVISION STREET, SUITE 100 CEDAR FALLS, IA 50613	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
22 MERCYONE CEDAR FALLS GENERAL SURGERY 516 SOUTH DIVISION STREET, SUITE 105 CEDAR FALLS, IA 50613	OUTPATIENT PHYSICIAN CLINIC - BARIATRICS SERVICES
23 MERCYONE CEDAR FALLS ORTHOPEDICS CARE 516 SOUTH DIVISION STREET, SUITE 125 CEDAR FALLS, IA 50613	OUTPATIENT CLINIC ORTHOPEDIC SERVICES
24 MERCYONE CEDAR FALLS SPECIALISTS 516 SOUTH DIVISION STREET, SUITE 135 CEDAR FALLS, IA 50613	OP CLINIC - ENT, ALLERGY, CARDIOLOGY, PAIN MANAGEMENT SERVICES
25 MERCYONE DYSART FAMILY MEDICINE 501 CLARK STREET DYSART, IA 52224	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
26 MERCYONE EVANSDALE FAMILY MEDICINE 3562 LAFAYETTE ROAD EVANSDALE, IA 50707	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
27 MERCYONE FAIRBANK FAMILY MEDICINE 105 SOUTH WALNUT STREET FAIRBANK, IA 50629	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
28 MERCYONE GLADBROOK FAMILY MEDICINE 309 SECOND STREET GLADBROOK, IA 50635	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
29 MERCYONE JESUP FAMILY MEDICINE 1094 220TH STREET JESUP, IA 50648	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
30 MERCYONE LA PORTE CITY FAMILY MEDICIN 601 HIGHWAY 218 NORTH LAPORTE CITY, IA 50651	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES

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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? 60

Name and address	Type of facility (describe)
31 MERCYONE OELWEIN FAMILY MEDICINE 129 8TH AVENUE SE OELWEIN, IA 50662	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
32 MERCYONE REINBECK FAMILY MEDICINE 501 MAIN STREET REINBECK, IA 50669	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
33 MERCYONE TRAER FAMILY MEDICINE 200 WALNUT STREET TRAER, IA 50675	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
34 MERCYONE TRIPOLI FAMILIY MEDICINE 602 7TH AVENUE SW TRIPOLI, IA 50676	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
35 MERCYONE WAVERLY FAMILY MEDICINE 217 20TH STREET NW WAVERLY, IA 50677	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
36 MERCYONE ARLINGTON FAMILY MEDICINE 751 MAIN STREET ARLINGTON, IA 50606	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
37 MERCYONE WATERLOO HOME HEALTH CARE 2101 KIMBALL AVE, SUITE 140 WATERLOO, IA 50702	HOME HEALTH CARE
38 MERCYONE WATERLOO PAIN MANAGEMENT 2710 SAINT FRANCIS DRIVE, SUITE 419 WATERLOO, IA 50702	OUTPATIENT CLINIC - PAIN MANAGEMENT
39 MERCYONE WATERLOO INTERNAL MEDICINE 2710 SAINT FRANCIS DRIVE, SUITE 300 WATERLOO, IA 50702	OUTPATIENT CLINIC - INTERNAL MEDICINE SERVICES
40 MERCYONE CEDAR FALLS FAMILY MEDICINE 516 S DIVISION ST STE 100 CEDAR FALLS, IA 50613	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES

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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? 60

Name and address	Type of facility (describe)
41 MERCYONE CEDAR FALLS HEART CARE 515 COLLEGE STREET, SUITE 2000 CEDAR FALLS, IA 50613	OUTPATIENT CLINIC CARDIOLOGY SERVICES
42 MERCYONE KIMBALL FAMILY MEDICINE 2055 KIMBALL AVENUE, SUITE 330 WATERLOO, IA 50702	OUTPATIENT CLINIC
43 MERCYONE TRAER PHYSICAL THERAPY 549 2ND STREET TRAER, IA 50675	PHYSICAL THERAPY SERVICES
44 MERCYONE PARKERSBURG FAMILY MEDICINE 1306 HIGHWAY 57, UNIT A CEDAR FALLS, IA 50665	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
45 MERCYONE WATERLOO UROLOGY CARE 3410 KIMBALL AVENUE WATERLOO, IA 50702	OUTPATIENT CLINIC - UROLOGICAL SERVICES
46 MERCYONE OELWEIN URGENT CARE & OCCUPA 201 8TH AVE SE, STE 411 OELWEIN, IA 50662	OUTPATIENT CLINIC - OCCUPATIONAL HEALTH
47 MERCYONE INDEPENDENCE FAMILY MEDICINE 2004 ENTERPRISE CT. INDEPENDENCE, IA 50644	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
48 MERCYONE ALLISON FAMILY MEDICINE 502 LOCUST ST. ALLISON, IA 50602	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
49 MERCYONE WATERLOO PODIATRY CARE 2710 SAINT FRANCIS DR. STE 510B WATERLOO, IA 50702	OUTPATIENT CLINIC - PODIATRY SERVICES
50 MERCYONE WATERLOO GASTROENTEROLOGY CA 2710 ST FRANCIS DR, STE 104 WATERLOO, IA 50702	OUTPATIENT CLINIC - GASTROENTEROLOGY

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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? 60

Name and address	Type of facility (describe)
51 MERCYONE CEDAR FALLS WEIGHT LOSS CENT 515 COLLEGE ST, STE 2800 CEDAR FALLS, IA 50613	OUTPATIENT CLINIC - BARIATRICS
52 MERCYONE WATERLOO HOME MEDICAL EQUIPM 441 SAN MARNAN DR. WATERLOO, IA 50702	HOME HEALTH CARE
53 MERCYONE LA PORTE CITY PHARMACY 601 HIGHWAY 218 N LAPORTE CITY, IA 50651	PHARMACY
54 MERCYONE JESUP PHARMACY 1094 220TH STREET JESUP, IA 50648	PHARMACY
55 MERCYONE WATERLOO PHARMACY 2710 ST. FRANCIS DR., STE 101 WATERLOO, IA 50702	PHARMACY
56 MERCYONE GRAND CROSSING 220 FRANKLIN STREET WATERLOO, IA 50702	OUTPATIENT CLINIC - FAMILY PRACTICE SERVICES
57 MERCYONE WATERLOO RADIATION ONCOLOGY 200 EAST RIDGEWAY AVENUE, SUITE CTC WATERLOO, IA 50702	OUTPATIENT CANCER TREATMENT
58 MERCYONE WAVERLY PHYSICAL THERAPY 211 20TH ST. NW WAVERLY, IA 50677	PHYSICAL THERAPY SERVICES
59 MERCYONE EVANSDALE PHYSICAL THERAPY 110 S EVANS RD. STE 110 EVANSDALE, IA 50707	PHYSICAL THERAPY SERVICES
60 MERCYONE NEIA FAMILY MEDICAL RESIDENC 2055 KIMBALL AVENUE, SUITE 101 WATERLOO, IA 50702	FAMILY PRACTICE RESIDENCY

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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.

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**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.

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**PART I, LINE 6A:**

COVENANT MEDICAL CENTER (MERCYONE WATERLOO) 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.

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

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**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

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**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, \$7,789,241, 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:

MERCYONE WATERLOO OFFERED STUDENTS THE EXPERIENCE TO COME AND SHADOW DIFFERENT OCCUPATIONS AND STAFF. IN-KIND HOURS WERE CAPTURED FOR TIME SPENT WITH THE STUDENTS EDUCATING THEM AND ANSWERING QUESTIONS ON THE DIFFERENT PROFESSIONS. MERCYONE WATERLOO HOSTED A VIP SUMMER CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL YOUTH. THE 15 SCHOOL-AGED STUDENTS SPENT A WEEK AT THE HOSPITAL LEARNING ABOUT THE DIFFERENT DEPARTMENTS AND CAREER OPPORTUNITIES WITHIN A HOSPITAL SETTING, AS WELL AS PARTICIPATING IN SIMULATIONS AND DRILLS.

MERCYONE WATERLOO ALSO DONATED IN-KIND TIME PARTICIPATING IN VARIOUS COALITIONS WITHIN THE COMMUNITY IN ORDER TO ADDRESS AND ENHANCE THE HEALTH AND WELL-BEING OF THE COMMUNITY. COALITIONS INCLUDED PEOPLE'S CLINIC QUALITY BOARD, VALLEY COALITION FOR SUICIDE PREVENTION, CEDAR VALLEY HOUSING CORPORATION, AND EXCEPTIONAL PERSON'S INC. BOARD.

**Part VI** Supplemental Information (Continuation)

PART III, LINE 2:

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

PART III, LINE 3:

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

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

AS A RESULT OF THESE SCORING PROCEDURES, MERCYONE WATERLOO'S POSITION IS THAT NONE OF THE PATIENTS RESULTING IN UNCOLLECTIBLE ACCOUNTS WOULD HAVE QUALIFIED AS CHARITY CARE PATIENTS AS THIS DETERMINATION IS MADE AT THE TIME OF ADMISSION, OR LATER WITH THE TIMING OF THE SCORING PROCEDURES DESCRIBED ABOVE. BAD DEBT IS THEREFORE ONLY DETERMINED AT THE TIME THE

**Part VI** Supplemental Information (Continuation)

AMOUNT DUE IS TRULY DETERMINED TO BE UNCOLLECTIBLE, AFTER FINANCIAL ASSISTANCE HAS BEEN DETERMINED, AND AFTER MANY MONTHS OF COLLECTION EFFORTS.

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

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

PART III, LINE 4:

MERCYONE WATERLOO 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



**Part VI** Supplemental Information (Continuation)

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

PART 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 VI** Supplemental Information (Continuation)

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

**Part VI** Supplemental Information (Continuation)

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 WATERLOO OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. INFORMATION REGARDING FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

PART VI, LINE 4:

COMMUNITY INFORMATION - MERCYONE WATERLOO IS LOCATED IN BLACK HAWK COUNTY.

AS OF JULY 2021, IOWA HAD AN ESTIMATED POPULATION OF 3,193,079 WHILE BLACK HAWK COUNTY HAD AN ESTIMATED POPULATION OF 130,368, WHICH IS SLIGHTLY LESS THAN THE ESTIMATES ON APRIL 1, 2020, OF 131,144 (U.S. CENSUS 2021). THE POPULATION BY RACE CONSISTS OF 84.5% WHITE, 9.7% BLACK, 4.6% HISPANIC, 2.5% ASIAN, WITH 2.5% BEING TWO OR MORE RACES. NEARLY 22% OF THE

**Part VI** Supplemental Information (Continuation)

POPULATION IS UNDER THE AGE OF 18 AND 17% REPRESENTS INDIVIDUALS AGED 65 OR OLDER. THE HIGH SCHOOL GRADUATION RATES ARE HIGH AT NEARLY 92%, AND 29% OF THE RESIDENTS HAVE A BACHELOR'S DEGREE OR HIGHER. THE MEDIAN HOUSEHOLD INCOME IN BLACK HAWK COUNTY IS \$54,774, WHILE THE MEDIAN HOUSEHOLD INCOME IN IOWA IS \$64,994. MERCYONE WATERLOO AND MERCYONE CEDAR FALLS ARE TWO OF THREE MEDICAL CENTERS IN BLACK HAWK COUNTY, BOTH WITHIN A 10-MILE DISTANCE OF EACH OTHER, AND APPROXIMATELY 6-8 MILES FROM UNITYPOINT HEALTH - ALLEN HOSPITAL ON THE NORTH SIDE OF WATERLOO.

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

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - MERCYONE WATERLOO IS A 366-BED, FULL-SERVICE, MULTI-SPECIALTY HOSPITAL THAT PROVIDES INPATIENT AND OUTPATIENT HEALTH CARE SERVICES TO SUPPORT THE COMMUNITY'S HEALTH CARE NEEDS. SERVICES INCLUDE INTENSIVE CARE; OPERATING AND RECOVERY ROOMS FOR BOTH INPATIENT AND OUTPATIENT SURGERIES AND PROCEDURES; AN ACCREDITED REHABILITATION PROGRAM SERVING INPATIENTS; ACCREDITED CANCER AND BREAST CARE CENTERS; WOMEN'S HEALTH CARE SERVICES INCLUDING OB/GYN AND MIDWIFERY, BIRTH CENTER AND THE AREA'S ONLY LEVEL II NEONATAL INTENSIVE CARE PROGRAM; COMPREHENSIVE IMAGING AND RADIOLOGY SERVICES; LABORATORY; RESPIRATORY THERAPY; CARDIOVASCULAR SERVICES, INCLUDING GENERAL INTERVENTIONAL CARDIOLOGY AND ELECTROPHYSIOLOGY AND ACCREDITED CHEST PAIN CENTER; INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES, INCLUDING THE AREA'S

**Part VI** Supplemental Information (Continuation)

ONLY INPATIENT PEDIATRIC BEDS; COMPLETE EMERGENCY SERVICES INCLUDING BOTH GROUND AND AIR AMBULANCE AS NEEDED; THE ONLY COMPREHENSIVE, ACCREDITED AND MULTIDISCIPLINARY CANCER TREATMENT CENTER IN THE AREA AND THE ONLY CANCER AND REHABILITATION AND WELLNESS PROGRAM IN THE MIDWEST; HOME HEALTH SERVICE; OCCUPATIONAL HEALTH SERVICES; SPIRITUAL CARE; SOCIAL SERVICES; BOTH INPATIENT AND RETAIL PHARMACY. MERCYONE WATERLOO ALSO OFFERS TELEHEALTH SERVICES.

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

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

**Part VI** Supplemental Information (Continuation)

- PARTICIPATING IN THE CEDAR VALLEY HEART WALK BY TEACHING CPR
- PARTICIPATING IN THE MAY DAY SILENT AUCTION, WITH PROCEEDS GOING TO THE AMERICAN HEART ASSOCIATION
- PROVIDING MEALS TO CATHOLIC WORKER HOUSE AND EMPLOYEES' VOLUNTEER TIME TO PREPARE, TRANSPORT AND SERVE MEALS
- PROVIDING SEVERAL TRAININGS OPEN TO AREA HEALTH CARE PROFESSIONALS: TRENDS IN TRAUMA, EMS WINTER EDUCATION, AND SHIPT YOUTH CONFERENCE
- OFFERING A MILITARY/VETERANS PROGRAM
- HAVING DRUG DROP-OFF BOXES AVAILABLE AT A PHARMACY FOR THE GENERAL PUBLIC TO DISPOSE OF MEDICATION
- HAVING ADMINISTRATION SERVE ON SEVERAL LOCAL BOARDS (HAWKEYE COMMUNITY COLLEGE FOUNDATION BOARD, BOYS & GIRLS CLUB)

PART VI, LINE 6:

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

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

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES AND FOCUS INTENTIONALLY ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. WE BELIEVE THAT COMMUNITY MEMBERS AND

**Part VI** Supplemental Information (Continuation)

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)
- ECONOMIC DEVELOPMENT: ENCOURAGING SMALL BUSINESS DEVELOPMENT, CREATING LOCAL JOBS AND SUPPORTING ACCESS TO HEALTHY FOODS; QUALITY CHILDCARE; AND

**Part VI** Supplemental Information (Continuation)

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 NATIONAL DIABETES PREVENTION PROGRAM (DPP) DELIVERY SITES, INCREASE PROGRAM ENROLLMENT, MAINTAIN PARTICIPATION RATES, AND INCREASE BENEFIT



**Part VI** Supplemental Information (Continuation)

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](http://WWW.TRINITY-HEALTH.ORG).