Introduction to the IRS Form 990 Schedule H

As a not-for-profit hospital, we operate for one purpose: to further our healing ministry. We do this by:

- Reinvesting our profits back into the communities through various programs and services
- Making sure that care is available to everyone — regardless of his or her ability to pay.
- Using compassion as the cornerstone our work to improve the health of our communities. Patients and their families are always treated as people first — attending to the needs of the whole person — body, mind, and spirit.
- Providing a range of special benefits to the community, such as programs to manage care for persons with chronic diseases, health education and disease prevention initiatives, outreach for the elderly, and care for persons who are poor or uninsured.

The IRS grants us tax exemption as a “charitable, community-oriented organization.” Without this status, we could not continue to deliver the same level of community benefits that are so important and necessary.

The federal government recently ruled that health care entities like ours report their community benefit programs. This includes a wide array of activities and services that need to be categorized and explained – in detail – on the following IRS form called “990 Schedule H.” This document requires us to report information on:

- Charity care (financial assistance) and other community benefits
- Community building activities
- Medicare, bad debt and collection practices
- Management companies and joint ventures
- Facilities comprising the organization

The following terms and definitions will help you better understand each section of the report. Should you choose to not print the document, you can also hover your computer’s mouse over the terms for a brief definition.

PART I: Charity Care and Certain Other Community Benefit at Cost

1a Charity Care Policy: A Trinity Health Ministry Organization's designated procedure/methodology for classifying patients who cannot afford health care services due to inadequate resources and/or are uninsured or underinsured. Care is then provided without charge, or at amounts less than the established rates. Because Trinity Health does not pursue collection of amounts determined to qualify for charity care, they are not reported as net patient service revenue in the consolidated statements of operations and changes in net assets. The cost of charity care is calculated using a cost-to-charge ratio methodology.

3 Charity Care Eligibility: A patient's ability to meet Trinity Health-specified qualifications/criteria to receive financial assistance for medical care, based on the Ministry Organization's official Charity Care Policy.

3a Federal Poverty Guidelines (FPGs): Issued annually by the Department of Health and Human Services (HHS). FPGs are a simplification of the government's designated "federal poverty thresholds," which are highly statistical to calculate the number of Americans living in poverty each year. FPGs are more administrative, and help determine financial eligibility for certain federal programs. The poverty guidelines are sometimes loosely referred to as the "federal poverty level" (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

4 Medically indigent: Persons whom the organization has determined are unable to pay some or all of their medical bills because the bills exceed a certain percentage of their family income and/or assets (e.g., due to catastrophic costs or conditions), even though they have income or assets that otherwise exceed the generally applicable eligibility requirements for free or discounted care under the organization's Charity Care Policy.

6a annual community benefit report: Published each fall within Trinity Health's Annual Report, this is a detailed account of all costs associated with dedicated staff, community health needs and/or asset assessments, as well as other costs associated with community benefit strategy and operations.

7a Charity care at cost: Free or discounted health care services provided to persons who meet the organization's criteria for financial assistance and are therefore deemed unable to pay for all or a portion of such services.

7b Unreimbursed Medicaid: When Medicaid, a state health care program for qualifying low-income residents, does not reimburse Trinity Health for the full cost of health care services provided to patients. Trinity Health then "absorbs" these costs at a financial loss.

7c Unreimbursed costs – Other means-tested government programs: Government programs for which eligibility for benefits or coverage is determined by the recipient's income or asset level. (e.g., The State Children's Health Insurance Program (SCHIP) is a means-tested government program.)

7e Community health improvement services and community benefit operations: The activities to be reported on this line are two different categories of activities:

1. **Community health improvement services:** Activities and services for which no patient bill exists. These services are not expected to be financially self-supporting, although some may be supported by outside grants or funding. Some examples include free clinic services, programs directed at improving women's health, free or low cost prescription medications, and rural and urban outreach programs. The Ministry Organization actively collaborates with community groups and agencies to assist those in need in providing such services.
2. **Community Benefit Operations:** Costs associated with dedicated staff, community health needs and or assets assessments, and other costs associated with community benefit strategy and operations.

7f Health professions education: Programs that result in a degree, certificate, or training that is necessary to be licensed to practice as a health professional, as required by state law; or continuing education that is necessary to retain state license or certification by a board in the individual's health profession specialty.

7g Subsidized health services: Clinical services that are provided, despite a financial loss to the organization. The financial loss is measured after removing losses, measured by cost, associated with bad debt, charity care, Medicaid and other means-tested government programs. Despite the financial loss, the service is provided because:

1. It meets an identified community need, such as providing needed access to care for low-income individuals
2. If the service were no longer offered, access to health services would be impaired, or
3. Providing the service would become the responsibility of government or another tax-exempt organization.

7h Research: Any study or investigation of which the goal is to generate generalized knowledge made available to the public, such as knowledge about:

1. Underlying biological mechanisms of health and disease, natural processes or principles affecting health or illness;
2. Evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols;
3. Laboratory based studies; epidemiology, health outcomes and effectiveness
4. Behavioral or sociological studies related to health, delivery of care, or prevention
5. Studies related to changes in the health care delivery system; and
6. Communication of findings and observations (including publication in a medical journal)

This category only includes research internally funded or research funded by a tax-exempt or government entity.

7i Cash and in-kind contributions to community groups: Cash contributions made to entities and community groups that share the organization's goals and mission. In-kind contributions include the cost of hours donated by staff to the community while on the organization's payroll, indirect cost of space donated to tax-exempt community groups (such as for meetings), and the financial value of donated food, equipment, and supplies.

PART II Community Building Activities Community Building activities include programs that address the root causes of health problems, such as poverty, homelessness and environmental problems. They support community assets by offering the expertise and resources of the health care organization.

1. **Physical improvements and housing** (Examples include: Community gardens; neighborhood improvement and revitalization projects; contributions to community-based assisted living and senior and low-income housing projects)

2. **Economic development** (Examples include: Assisting small business development in neighborhoods with vulnerable populations and creating new employment opportunities in areas with high rates of joblessness; participation in an economic/labor development council; chamber of commerce or Rotary Club)

3. **Community support** (Examples include: Childcare and mentoring programs for vulnerable populations or neighborhoods; neighborhood support groups; violence prevention programs; disaster readiness and public health emergency activities)

4. **Environmental improvements** (Examples include: Efforts to reduce community environmental hazards in the air; water and ground; residential improvements; such as helping to paint public housing apartments; or lead/radon programs; Neighborhood/community improvements; Adopt-a-Road)

5. **Leadership development and training for community members** (Examples include: Life or civic skills training programs; medical interpreter training for community members; community leadership development; cultural skills training)

6. **Coalition building** (Examples include: Hospital representation to community coalitions related to community health; Disease management programs; Collaborative partnerships with community groups to improve community health)

7. **Community health improvement advocacy** (Examples include: Local, state and national advocacy on behalf of such areas as: access to health care, public health, transportation, housing; Advocacy for social justice and human rights, including costs associated with advocating for social justice, environmental responsibility and human rights, such as fair treatment to workers)

8. **Workforce development** These programs address community-wide workforce issues — not the workforce needs of the health care organization. (Examples include: Physician/other health professional recruitment for areas identified by the government as medically underserved; Partnerships with community colleges and universities to address the health care workforce shortage; School-based programs on health care careers; Health care career mentoring projects)

Part VI: Supplemental Information

2 Needs assessment Trinity Health’s designated evaluation process that involves the hospital assessing the health care needs of the community it serves by periodically

consolidating data and perspectives about the health and social needs of the community. The assessment data assists in the development of a plan for the entire community, with a linkage between the organization's mission and strategic plan, with special attention given to those most in need. A needs assessment is performed by the hospital in partnership with the community, or as a result of other agencies (e.g. public health or private such as United Way). If the hospital cannot perform the assessment, an outside vendor conducts it, then supplies the results.

3 Patient education of eligibility for assistance 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 charity care policy.

4 Community information Describes the geographic area (e.g., urban, suburban, rural), the demographics of the community or communities (e.g., population, average income, percentages of community residents with incomes below the federal poverty guideline, percentage of the hospital's and community's patients who are uninsured or Medicaid recipients), the number of other hospitals serving the community or communities, and whether one or more federally-designated medically underserved areas or populations are present in the community.

5 Community building activities Includes programs that address the root causes of health problems, such as poverty, homelessness and environmental problems. They support community assets by offering the expertise and resources of the health care organization.

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: MERCY HEALTH SERVICES - IOWA, CORP. MASON CITY

Employer identification number: 31-1373080

Part I Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	1a	X	
b If "Yes," is it a written policy?	1b	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. [X] Applied uniformly to all hospitals [ ] Applied uniformly to most hospitals [ ] Generally tailored to individual hospitals			
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.			
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: [ ] 100% [X] 150% [ ] 200% [ ] Other ____ %	3a	X	
b Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [X] 400% [ ] Other ____ %	3b	X	
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	4	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	X	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Does the organization prepare an annual community benefit report?	6a	X	
b If "Yes," does the organization make it available to the public?	6b	X	

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(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
a Charity care at cost (from Worksheets 1 and 2)	2	5,067	4602298.		4602298.	1.57%
b Unreimbursed Medicaid (from Worksheet 3, column a)	35	27,669	23509839.	22822163.	687,676.	.24%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs	37	32,736	28112137.	22822163.	5289974.	1.81%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	49	77,542	1810795.	19,677.	1791118.	.61%
f Health professions education (from Worksheet 5)	12	18,323	5231576.	3955385.	1276191.	.44%
g Subsidized health services (from Worksheet 6)	41	37,840	17875017.	13152344.	4722673.	1.61%
h Research (from Worksheet 7)	3	987	233,251.		233,251.	.08%
i Cash and in-kind contributions to community groups (from Worksheet 8)	20	41,092	457,996.	78,033.	379,963.	.13%
j **Total.** Other Benefits	125	175,784	25608635.	17205439.	8403196.	2.87%
k **Total.** Add lines 7d and 7j	162	208,520	53720772.	40027602.	13693170.	4.68%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	464	73,486.		73,486.	.03%
2 Economic development	2	178	9,199.		9,199.	.00%
3 Community support	1	40	13,055.		13,055.	.00%
4 Environmental improvements	1	133	452.		452.	.00%
5 Leadership development and training for community members						
6 Coalition building	2	327	8,759.		8,759.	.00%
7 Community health improvement advocacy						
8 Workforce development	2	16	84,365.		84,365.	.03%
9 Other						
10 **Total**	9	1,158	189,316.		189,316.	.06%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X

2 Enter the amount of the organization's bad debt expense (at cost) ..... 2 | 4,833,380.

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy ..... 3 | 966,676.

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) ..... 5 | 104,923,980.

6 Enter Medicare allowable costs of care relating to payments on line 5 ..... 6 | 87,580,700.

7 Subtract line 6 from line 5. This is the surplus or (shortfall) ..... 7 | 17,343,280.

8 Describe in Part VI the extent to which any shortfall reported in 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 ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

		Yes	No
9a	Does the organization have a written debt collection policy?	X	
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	X	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	FOREST PARK				
2	IMAGING, LLC	IMAGING SERVICES	52.89%		47.11%
3	MAGNETIC RESONANCE				
4	SERVICES				
5	PARTNERSHIP	MRI SERVICES	49.00%		51.00%
6	MASON CITY	AMBULATORY SURGICAL			
7	AMBULATORY SURGERY	SERVICES			
8	CENTER, LLC		51.00%		49.00%
9	MERCY HEART CENTER	OUTPATIENT			
10	OUTPATIENT	ECHOCARDIOGRAPHY AND			
11	SERVICES, LLC	NUCLEAR MEDICINE			
12		SERVICES	51.00%		49.00%
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MERCY MEDICAL CENTER-NORTH IOWA EAST 1000 FOURTH STREET SW MASON CITY, IA 50401	X	X		X		X	X		
MERCY MEDICAL CENTER-NORTH IOWA WEST 910 EISENHOWER AVENUE MASON CITY, IA 50401	X								LONG TERM CARE
MERCY MEDICAL CENTER-NEW HAMPTON 308 NORTH MAPLE AVE NEW HAMPTON, IA 50659	X				X		X		
MERCY MEDICAL CENTER-NEW HAMPTON(CONT'D) 308 NORTH MAPLE AVE NEW HAMPTON, IA 50659									EMPLOYED PHYSICIANS
MASON CITY SURGERY CENTER 990 4TH STREET MASON CITY, IA 50401		X							REHAB
MASON CITY CLINIC 250 SOUTH CRESCENT DRIVE MASON CITY, IA 50401		X							RADIOLOGY
CHELSEA CREEK 1504 FOURTH STREET MASON CITY, IA 50401									REHAB, EMPLOYED PHYSICIANS
MERCY DERMATOLOGY CENTER 1421 FOURTH STREET MASON CITY, IA 50401									EMPLOYED PHYSICIANS
MERCY FAMILY PRACTICE - BUFFALO CENTER 115 NORTH MAIN BUFFALO CENTER, IA 50424									X-RAY, LAB, EMPLOYED PHYSICIANS
MERCY FAMILY PRACTICE - CHARLES CITY 1413 SOUTH GRAND AVE CHARLES CITY, IA 50620									EMPLOYED PHYSICIANS
MERCY FAMILY PRACTICE - CLEAR LAKE 1410 6TH AVENUE SOUTH CLEAR LAKE, IA 50428									X-RAY, LAB, EMPLOYED PHYSICIANS
MERCY PED. & ADOL. PRACTICE - CLEAR LAKE 418 NORTH SHORE DRIVE CLEAR LAKE, IA 50428									EMPLOYED PHYSICIANS, LAB
MERCY FAMILY PRACTICE - FOREST CITY 635 EAST HIGHWAY 9 FOREST CITY, IA 50436									X-RAY, LAB, EMPLOYED PHYSICIANS
MERCY FAMILY PRACTICE - FOREST PARK 1010 4TH STREET SW MASON CITY, IA 50401									EMPLOYED PHYSICIANS, X-RAY
MERCY FAMILY PRACTICE - GREENE 104 E. TRAER GREENE, IA 50401									X-RAY, LAB, EMPLOYED PHYSICIANS
MERCY FAMILY PRACTICE - LAKE MILLS 505 SOUTH 1ST AVE LAKE MILLS, IA 50450									X-RAY, LAB, EMPLOYED PHYSICIANS

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MERCY FAMILY PRACTICE - NORTHWOOD 803 9TH AVENUE NORTH NORTHWOOD, IA 50459									X-RAY, LAB, EMPLOYED PHYSICIANS
MERCY FAMILY PRACTICE - REGENCY 621 SOUTH ILLINOIS MASON CITY, IA 50401									EMPLOYED PHYSICIANS, REHAB
MERCY FAMILY PRACTICE - ROCKFORD 702 EAST MAIN ROCKFORD, IA 50468									X-RAY, LAB, EMPLOYED PHYSICIANS
MERCY FAMILY PRACTICE - SHEFFIELD 203 2ND STREET SHEFFIELD, IA 50475									X-RAY, LAB, EMPLOYED PHYSICIANS

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

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 charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 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.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 6A: MERCY MEDICAL CENTER - NORTH IOWA (WHICH INCLUDES HOSPITALS IN MASON CITY AND NEW HAMPTON) REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH IN ITS ANNUAL REPORT, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, MERCY MEDICAL CENTER - NORTH IOWA INCLUDES A COPY OF ITS MOST RECENT 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 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, LINE 7F: THE FOLLOWING NUMBER, $10,887,886, 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

Part VI Supplemental Information

SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART III, LINE 4: MERCY MEDICAL CENTER - NORTH IOWA IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM THOSE STATEMENTS: "SUBSTANTIALLY ALL OF THE CORPORATION'S RECEIVABLES ARE RELATED TO PROVIDING HEALTHCARE SERVICES TO PATIENTS. ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE. THE CORPORATION'S ESTIMATE FOR ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS BY PAYOR."

COSTING METHODOLOGY FOR LINES 2 AND 3: AMOUNTS ARE CALCULATED ON LINE 2 USING A COST TO CHARGE RATIO METHODOLOGY.

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.

THE AMOUNT ON LINE 3 WAS CALCULATED BASED ON INFORMATION SUPPLIED BY A THIRD PARTY VENDOR, H&R COLLECTION AGENCY, WHO USES THE FASTAG PROGRAM WHICH IDENTIFIES FINANCIAL ASSISTANCE BASED ON A PROPRIETARY PROCESS. FASTAG COMBINES ACCOUNT DATA, EXTERNAL INFORMATION AND THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY TO ARRIVE AT A DISCOUNT RECOMMENDATION FOR EACH ACCOUNT.

Part VI Supplemental Information

PART III, LINE 8: SIMILAR TO CHA RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE 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, MERCY MEDICAL CENTER - NORTH IOWA DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT.

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: MERCY MEDICAL CENTER - NORTH IOWA'S COLLECTION POLICY CONTAINS THE CRITERIA FOR FINANCIAL ASSISTANCE, AND CONTAINS THE FOLLOWING VERBIAGE FOR ARRANGEMENTS WITH OUTSIDE COLLECTION AGENCIES: THE AGREEMENT MUST DEFINE THE STANDARDS AND SCOPE OF PRACTICES TO BE USED BY OUTSIDE COLLECTION AGENTS ACTING ON BEHALF OF THE MINISTRY ORGANIZATION, ALL OF WHICH MUST BE IN COMPLIANCE WITH THIS POLICY.

PART VI, LINE 2: NEEDS ASSESSMENT -

MERCY MEDICAL CENTER-NORTH IOWA (MMC-NI) ASSESSES THE HEALTH NEEDS OF THE COMMUNITY THROUGH COMMUNITY NEEDS ASSESSMENTS EVERY THREE YEARS. A COMMUNITY NEEDS ASSESSMENT IS A POINT-IN-TIME EFFORT TO MEASURE THE HEALTH

Part VI Supplemental Information

AND WELL BEING OF THE COMMUNITY. IT SERVES AS THE BASIS FOR MMC-NI STRATEGIC AND SUBSEQUENT ACTION PLANNING TO DEVELOP HEALTH POLICY, ALLOCATE RESOURCES, IMPROVE OR EXPAND EXISTING SERVICES, IMPLEMENT NEW PROGRAMS AND COLLABORATE WITH OTHER COMMUNITY HEALTHCARE PROVIDERS. A COMMUNITY NEEDS ASSESSMENT ALSO SERVES AS A BENCHMARK FOR FUTURE ASSESSMENT OF RELATIVE PROGRESS TOWARD ESTABLISHED COMMUNITY HEALTH OBJECTIVES.

THE MMC-NI COMMUNITY NEEDS ASSESSMENT PROVIDES THE OPPORTUNITY TO:

- GAIN INSIGHTS INTO THE NEEDS AND ASSETS OF THE COMMUNITIES SERVED
- IDENTIFY AND ADDRESS THE NEEDS OF VULNERABLE POPULATIONS WITHIN THE COMMUNITY
- ENHANCE HOSPITAL/COMMUNITY RELATIONSHIPS AND THE OPPORTUNITY FOR COLLABORATIVE COMMUNITY ACTION, INCLUDING INVOLVEMENT WITH COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, COMMISSIONS, ADVISORY GROUPS AND PANELS
- PROVIDE THE INFORMATION REQUIRED FOR COMMUNITY OUTREACH PLANNING

THE MMC-NI COMMUNITY NEEDS ASSESSMENT PROCESS INVOLVES THE GATHERING OF TWO TYPES OF DATA: QUANTITATIVE (DEMOGRAPHICS, HEALTH INDICATORS, ETC.) AND QUALITATIVE (PUBLIC SURVEYS, FORUMS, FOCUS GROUPS). THE DATA HELPS SUPPORT SHORT-TERM AND LONG-TERM DECISIONS ABOUT ALLOCATION OF COMMUNITY HUMAN AND CAPITAL RESOURCES.

THE MMC-NI COMMUNITY HEALTHCARE NEEDS ASSESSMENT IS CURRENT AS OF OCTOBER 2010 AND ACTION PLANS TO ADDRESS IDENTIFIED COMMUNITY NEEDS HAVE BEEN DEVELOPED THROUGH JUNE 2013. THE ASSESSMENT COVERED THE 14-COUNTY SERVICE AREA OF MERCY - NORTH IOWA. THERE CONTINUES TO BE COORDINATION WITH CERRO GORDO PUBLIC HEALTH, NORTH IOWA COMMUNITY ACTION ORGANIZATION AND THE

Part VI Supplemental Information

NORTH CENTRAL IOWA REGIONAL PLANNING COALITION, COMPRISED OF OTHER NOT-FOR-PROFIT AND GOVERNMENTAL AGENCIES AND ORGANIZATIONS REPRESENTING 14 NORTH IOWA COUNTIES: BUTLER, CERRO GORDO, CHICKASAW, FLOYD, FRANKLIN, HANCOCK, HARDIN, HOWARD, KOSSUTH, MITCHELL, PALO ALTO, WINNEBAGO, WORTH, AND WRIGHT. OUTSIDE REFERENCES SUCH AS THE DHS REPORT "HEALTHY PEOPLE 2020" AND IOWA DEPARTMENT OF PUBLIC HEALTH'S "PUBLIC HEALTH DATA WAREHOUSE" AS WELL AS OTHER RELEVANT RESOURCES SUCH AS UNIVERSITY OF IOWA'S "2009 IOWA HEALTH FACT BOOK" WERE REFERENCED. TECHNICAL ASSISTANCE WAS PROVIDED BY A DES MOINES BASED CONSULTING AND SERVICE FIRM.

PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE -

MMC-NI IS COMMITTED TO:

- PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES
- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES
- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE
- BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY

IN ACCORDANCE WITH AHA RECOMMENDATIONS, MMC-NI HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS:

- PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS
- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS

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- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS
- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER
- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS

MMC-NI EFFECTIVELY COMMUNICATES 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 AND EXTERNAL 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. THE AVAILABILITY OF MMC-NI'S FINANCIAL ASSISTANCE PROGRAM IS DISPLAYED IN VARIOUS ADMISSION AREAS THROUGHOUT THE HOSPITAL AND CLINICS. A "PATIENT FINANCIAL GUIDELINES" BROCHURE IS ALSO AVAILABLE AT EACH ADMISSION AREA. THIS BROCHURE PROVIDES INFORMATION REGARDING PAYMENT OPTIONS, FINANCIAL ASSISTANCE & BILLING QUESTIONS.

AT THE TIME OF ADMISSION, THE NAMES OF UNINSURED AND UNDERINSURED PATIENTS ARE GIVEN TO THE PUBLIC BENEFITS FINANCIAL SERVICES COUNSELOR WHO MAKES 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 HEALTHCARE SERVICES. THE PUBLIC BENEFIT FINANCIAL COUNSELOR HAS A GOOD WORKING RELATIONSHIP WITH THE DEPARTMENT OF HUMAN SERVICES, STATE DISABILITY OFFICES, AND VARIOUS COUNTY AND COMMUNITY PROGRAMS. CONTACT WITH THESE OFFICES OCCURS ALMOST DAILY. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING

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ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE.

MMC-NI OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. OUTPATIENTS, REFERRALS, OR SELF-REFERRALS RECEIVE THE SAME ATTENTION AND ASSISTANCE FROM BOTH THE PUBLIC BENEFIT FINANCIAL COUNSELOR AND THE FINANCIAL ASSISTANCE COUNSELOR. CONTACT MAY BE BY PHONE AND/OR LETTER PROCESS IF FACE-TO-FACE CONTACT IS NOT POSSIBLE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH VARIOUS MEANS: PATIENT BROCHURES, NOTICES OR MESSAGING INCLUDED ON PATIENT BILLS, AND NOTICES IN PUBLIC REGISTRATION AREAS, INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, PATIENT ACCOUNTING DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES THAT ARE LOCATED ON FACILITY CAMPUSES.

INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON THE HOSPITAL WEBSITE, IN THE ADMISSION PACKAGE DURING INTAKE, AND BROCHURES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN SPANISH, REFLECTING THE OTHER PRIMARY LANGUAGE SPOKEN BY THE POPULATION SERVICED BY THE HOSPITAL. THERE IS ALSO A BILINGUAL SPECIAL POPULATIONS OUTREACH COORDINATOR WHO ASSISTS SPANISH-SPEAKING PATIENTS WITH THE FINANCIAL APPLICATION PROCESS. A LANGUAGE LINE CONNECTION IS ALSO AVAILABLE FOR OVER 170 OTHER LANGUAGES.

MMC-NI HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. MMC-NI MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL,

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CONSISTENT MANNER. MMC-NI EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS ABOUT THESE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES.

THE PATIENT FINANCIAL SERVICES DEPARTMENT HAS ITS OWN TRAINING DEPARTMENT AND TRAINERS. OUR PATIENT REGISTRATION, FINANCIAL ASSISTANCE, PATIENT FINANCIAL SERVICES, CUSTOMER SERVICE, AND BILLING DEPARTMENTS RECEIVE TRAINING REGARDING THE POLICIES THAT ARE RELEVANT TO THEIR POSITIONS AND OUR MISSION VALUES. SCRIPTING IS USED AND FINANCIAL ASSISTANCE APPLICATIONS ARE AVAILABLE.

MMC-NI ALSO PROVIDES FINANCIAL ASSISTANCE FOR PRESCRIBED MEDICATIONS. THERE ARE SEVERAL SHORT-TERM ASSISTANCE PROGRAMS, AS WELL AS A SOCIAL WORKER, FACILITATING THE APPLICATION PROCESS FOR LONG-TERM ASSISTANCE FROM PHARMACEUTICAL PROGRAMS.

PART VI, LINE 4: COMMUNITY INFORMATION -

MMC-NI SERVES A 14-COUNTY SERVICE AREA WITHIN A 70-MILE RADIUS STRETCHING IN EVERY DIRECTION FROM MASON CITY. THE PRIMARY SERVICE AREA CONSISTS OF CERRO GORDO AND WORTH COUNTIES IN IOWA, WHILE THE SECONDARY SERVICE AREA IS COMPRISED OF AN ADDITIONAL 12 CONTIGUOUS COUNTIES IN IOWA (BUTLER, CHICKASAW, FLOYD, FRANKLIN, HANCOCK, HARDIN, HOWARD, KOSSUTH, MITCHELL, PALO ALTO, WINNEBAGO, AND WRIGHT). IN 2008, THE 14-COUNTY SERVICE AREA HAD AN ESTIMATED POPULATION OF 206,853. NINETY-FIVE PERCENT OF RESIDENTS ARE WHITE.

THERE ARE 11 CRITICAL ACCESS HOSPITALS WITHIN MMC-NI'S SERVICE AREA

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PROVIDING PRIMARY HEALTH CARE SERVICES, EIGHT OF WHICH ARE MMC-NI AFFILIATES. PATIENTS FROM THE REMAINING IOWA COUNTIES UTILIZE MMC-NI FOR TERTIARY LEVEL CARE. THE UNIVERSITY OF IOWA HOSPITALS IN IOWA CITY AND MAYO CLINIC IN ROCHESTER, MINNESOTA ALSO PROVIDE TERTIARY CARE FOR THIS AREA.

MMC-NI'S MARKET SHARE FOR THE 14-COUNTY SERVICE AREA IS STABLE AT 51.6 PERCENT, WHILE THE PRIMARY SERVICE AREA HAS 94.8 PERCENT OF THE MARKET, AS REPORTED BY IOWA HOSPITAL ASSOCIATION DATA.

ACCORDING TO THE U.S. CENSUS BUREAU, MMC-NI'S SERVICE AREA EXPERIENCED A 6.6 PERCENT DECLINE IN POPULATION FROM 2000-2009; THE 2014 POPULATION PROJECTION DOCUMENTS AN ADDITIONAL 3.2 PERCENT DECLINE. THE STRESS THAT THIS TREND PLACES ON THE PROVISION OF SERVICES IS COMPOUNDED BY THE HIGHER THAN AVERAGE PROPORTION OF ELDERLY IN THE AREA. ABOUT 19.6 PERCENT OF THE POPULATION IN THE SERVICE AREA WAS OVER AGE 65 IN 2009, COMPARED TO 17 PERCENT FOR THE STATE AND 12.9 PERCENT FOR THE NATION.

IOWA RANKS SECOND IN THE NATION IN PERCENTAGE OF POPULATION OVER 85, FOURTH IN PERCENTAGE OF POPULATION OVER THE AGE OF 65, AND HIGHEST IN THE NATION FOR PERCENTAGE OF POPULATION AGE 100 AND OVER. THIS LARGE PERCENTAGE OF ELDERLY PRESENTS SPECIAL CHALLENGES TO HEALTH CARE PROVIDERS BECAUSE THE ELDERLY HAVE THE HIGHEST INCIDENCE OF DISEASE AND MORTALITY IN MOST CATEGORIES AND, CORRESPONDINGLY, ARE THE BIGGEST USERS OF HEALTH CARE SERVICES. MEDICARE PAYMENT SHORTFALLS PRESENT AN ADDITIONAL BURDEN FOR RURAL HEALTH PROVIDERS. FOR FISCAL YEAR 2008, 55.9 PERCENT OF MMC-NI'S REVENUES WERE GENERATED FROM MEDICARE PATIENTS.

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THE AVERAGE INCOME IN MERCY MEDICAL CENTER - NORTH IOWA'S SERVICE AREA IN 2009 WAS ESTIMATED AT $54,550; INDIVIDUALS EARNING LESS THAN $15,000 COMPRISE 11.8 PERCENT OF THE POPULATION. MMC-NI IS A DISPROPORTIONATE SHARE HOSPITAL. IN FY 2010, OUR GENERAL ADMITTANCE INSURANCE PAYOR MIX FOR MEDICARE WAS 53.2 PERCENT AND 12.2 PERCENT FOR THE POOR AND UNDERSERVED. THE INSURANCE PAYOR MIX FOR THE POOR AND UNDERSERVED IN EMERGENCY DEPARTMENT ADMITTANCE WAS 34 PERCENT. PRIORITIES OF OUR EMERGENCY DEPARTMENT PHYSICIANS INCLUDE AUGMENTING ACCESS TO CARE FOR UNINSURED AND UNDERINSURED INDIVIDUALS, FACILITATING CONNECTION WITH A PCP FOR THOSE WITH NONE, AND PROVIDING EMERGENT MEDICATIONS FOR THOSE WITH LIMITED OR NO FUNDS. USE HAS GROWN SO THAT SLIGHTLY OVER HALF OF MERCY FAMILY MEDICINE RESIDENCY PATIENTS REPRESENT THOSE ON MEDICAID OR SELF-PAY. AND NEARLY HALF OF THE CALLS RECEIVED BY OUR TELEPHONE INFORMATION SERVICE, MERCY FAMILY HEALTH LINE, MEDICAL TRIAGE BY NURSES AS WELL AS REFERRALS FOR INTERNAL AND COMMUNITY RESOURCES, SERVE THOSE ON MEDICAID OR WITHOUT INSURANCE.

THE ENTIRE 14-COUNTY SERVICE AREA IS DESIGNATED AS A MENTAL HEALTH PROFESSIONAL SHORTAGE AREA, AND SEVERAL COUNTIES ARE CONSIDERED PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS OR MEDICALLY UNDERSERVED AREAS.

MMC-NI WORKS IN COLLABORATION WITH LOCAL COUNTIES AND COMMUNITY ORGANIZATIONS TO ADDRESS THE PREVALENCE OF OBESITY, DIABETES, HEART DISEASE, STROKE AND SUBSTANCE ABUSE. MMC-NI HAS IMPLEMENTED A BARIATRIC CENTER, A DIABETES CENTER AND CONTINUES TO HAVE A DEDICATED KIDNEY CENTER. MMC-NI ALSO OFFERS FREE DIABETES TESTING AND PARTICIPATES IN A COMMUNITY-WIDE EFFORT TO PREVENT DIABETES. IN ADDITION, MMC-NI HAS EARNED JOINT COMMISSION CERTIFICATION FOR THE MERCY STROKE CENTER AND HAS BEEN

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NAMED A CENTER OF EXCELLENCE FOR ITS MERCY BARIATRIC CENTER AND THE MERCY - FOREST PARK IMAGING BREAST IMAGING.

MMC-NEW HAMPTON (MMC-NH) SERVES THE CHICKASAW AREA AND SURROUNDING COUNTIES WITHIN A 20-MILES RADIUS STRETCHING IN EVERY DIRECTION FROM NEW HAMPTON. THE PRIMARY SERVICE AREA CONSISTS OF THE TOWNS OF NEW HAMPTON, FREDERICKSBURG, ALTA VISTA, IONIA, ELMA, WAUCOMA, LAWLER AND NASHUA. THE ESTIMATED POPULATION OF THIS AREA IS 13,500.

ACCORDING TO THE U.S. CENSUS BUREAU, CHICKASAW COUNTY HAD AN ESTIMATED POPULATION OF 12,017 IN 2009. CHICKASAW COUNTY EXPERIENCED AN ESTIMATED 8.2% PERCENT DECLINE IN POPULATION FROM 2000-2009. THE STRESS THAT THIS TREND PLACES ON THE PROVISION OF SERVICES IS COMPOUNDED BY THE HIGHER THAN AVERAGE PROPORTION OF ELDERLY IN THE AREA. EIGHTEEN PERCENT OF THE POPULATION IN CHICKASAW AREA WAS OVER AGE 65 IN 2009, COMPARED TO 15 PERCENT FOR THE STATE AND 13 PERCENT FOR THE NATION. IOWA RANKS THIRD IN THE NATION IN PERCENTAGE OF POPULATION OVER 85, FIFTH IN PERCENTAGE OF POPULATION OVER THE AGE OF 65, AND HIGHEST IN THE NATION FOR PERCENTAGE OF POPULATION AGE 100 AND OVER. THIS LARGE PERCENTAGE OF ELDERLY PRESENTS SPECIAL CHALLENGES TO HEALTH CARE PROVIDERS BECAUSE THE ELDERLY HAVE THE HIGHEST INCIDENCE OF DISEASE AND MORTALITY IN MOST CATEGORIES AND, CORRESPONDINGLY, ARE THE BIGGEST USERS OF HEALTH CARE SERVICES. IN ADDITION, MEDICARE PAYMENT SHORTFALLS PRESENT AN ADDITIONAL BURDEN FOR RURAL HEALTH PROVIDERS. FOR FISCAL YEAR 2010, 59 PERCENT OF MMC-NH'S REVENUES (HOSPITAL INPATIENT AND OUTPATIENT) WERE GENERATED FROM MEDICARE PATIENTS.

THE MEDIAN HOUSEHOLD INCOME IN CHICKASAW COUNTY WAS ESTIMATED AT $43,990

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IN 2009. INDIVIDUALS BELOW THE POVERTY LEVEL COMPRISE 9.3% OF THE POPULATION. THE FISCAL YEAR 2010 PAYER MIX AT POINT OF REGISTRATION INCLUDES 34% COVERED BY MEDICARE, 9% COVERED BY MEDICAID AND 5% SELF-PAY.

ACCORDING TO 2009 DATA FROM THE U.S. CENSUS BUREAU, THE RESIDENTS OF CHICKASAW COUNTY ARE 98.4% WHITE,

PART VI, LINE 5: COMMUNITY BUILDING ACTIVITIES - MMC-NI COLLABORATES WITH THE NORTHERN LIGHTS HOMELESS SHELTER, WHICH PROVIDES EMERGENT NEED FOR SHELTER, MEDICAL CARE, RESOURCES FOR FINDING LONG-TERM RESIDENCE, AND EMPLOYMENT FOR MEN AND WOMEN. FIVE HOUSES CURRENTLY SHELTER ADULTS AND ACCOMPANYING CHILDREN. RESIDENTS RECEIVE ACCESS TO FREE MEDICAL AND DENTAL CARE, MENTAL HEALTH AND ALCOHOL-RELATED SERVICES, PRESCRIPTION DRUGS, AND LONG-TERM RESIDENCE FOR DISABLED MEN.

AS THE LARGEST EMPLOYER IN OUR 14-COUNTY AREA, MMC-NI TAKES ITS CIVIC RESPONSIBILITY VERY SERIOUSLY. MERCY MEDICAL CENTER - NORTH IOWA ENCOURAGES ITS LEADERSHIP STAFF TO SUPPORT AND PROVIDE LEADERSHIP TO OTHER NON-PROFIT ORGANIZATIONS THROUGHOUT THE AREA, INCLUDING DEPARTMENT OF HEALTH & HUMAN SERVICES COUNCIL, AREA-WIDE YOUTH TASK FORCE, BEHAVIORAL SERVICES COUNCIL AND DIALECTICAL BEHAVIOR THERAPY CONSULTATION.

MMC-NI ALSO ACTIVELY RECRUITS PHYSICIANS IN AN EFFORT TO PROMOTE ACCESSIBLE HEALTH CARE TO THE RESIDENTS OF THE COMMUNITIES WE SERVE THAT HAVE BEEN DESIGNATED AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) AND/OR MEDICALLY UNDERSERVED AREA (MUA). THESE EFFORTS SUPPORT THE COMMUNITIES BY PROVIDING EXPERTISE AND HEALTH CARE SERVICES, ESPECIALLY FOR INDIGENT AND UNDERSERVED POPULATIONS.

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BY PROMOTING ECONOMIC DEVELOPMENT, MMC-NEW HAMPTON HELPS CREATE A COMMUNITY THAT CONTINUES TO BUILD ITSELF THROUGH THE LEADERS WHO WORK AND VOLUNTEER AT THE HOSPITAL. ECONOMIC STABILITY IS INTRINSICALLY LINKED TO THE PREVENTION OF HEALTH PROBLEMS ASSOCIATED WITH POVERTY, HOMELESSNESS, AND ENVIRONMENTAL CHALLENGES, AND IS CRUCIAL IF THE COMMUNITY HOPES TO MAINTAIN A VIABLE HOSPITAL COMPLEX WITH A BROAD SPECTRUM OF ESSENTIAL SERVICES. IN ADDITION TO SUPPORTING ECONOMIC DEVELOPMENT IN ITS REGION, MMC-NH ENCOURAGES ITS LEADERSHIP STAFF TO SUPPORT AND PROVIDE LEADERSHIP TO NON-PROFIT ORGANIZATIONS THROUGHOUT THE AREA.

FOLLOWING THE 911 ATTACKS AND HURRICANE KATRINA, THE U.S. GOVERNMENT PROVIDED GRANT MONEY TO HELP COMMUNITIES BETTER PREPARE FOR DISASTER. MMC-NH IS NOW PART OF A MULTI-DISCIPLINARY GROUP, WHICH INCLUDES STATE, COUNTY, CITY EMPLOYEES, PUBLIC HEALTH, HOSPITALS AND PHYSICIANS, AND VOLUNTEERS THAT MEETS TO STRATEGIZE FOR A REAL DISASTER USING TABLETOP EVENTS AND SIMULATIONS.

IN ORDER TO CREATE AWARENESS OF THE OPPORTUNITIES IN HEALTHCARE IN RURAL IOWA, MMC-NH COLLABORATES WITH THE HIGH SCHOOL TO PROVIDE THE SERVICE TO BRING IN STUDENTS TO SHADOW A VARIETY OF HEALTH-RELATED OCCUPATIONS IN ORDER TO SPARK INTEREST IN CONSIDERING A HEALTHCARE CAREER.

MMC-NH ALSO IDENTIFIED A NEED FOR MEMBERS OF THE COMMUNITY TO MORE SAFELY DISPOSE OF THEIR SHARPS AND CONTAINERS. THE HOSPITAL NOW COLLABORATES WITH PHARMACIES IN NEW HAMPTON TO COLLECT THE CONTAINERS.

PART VI, LINE 6: OTHER INFORMATION -

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MMC-NI HAS BEEN PROVIDING MANAGEMENT SERVICES FOR RURAL HOSPITALS SINCE 1978. THESE COMMUNITY HOSPITALS OFFER QUALITY HEALTH CARE AND YET ARE STILL ABLE TO TAKE ADVANTAGE OF ALL THE RESOURCES MMC-NI HAS TO OFFER AS A MAJOR REFERRAL CENTER.

AS A TEACHING HOSPITAL, MMC-NI HOSTS A FAMILY PRACTICE RESIDENCY PROGRAM, PALLIATIVE CARE FELLOWSHIP, CARDIOLOGY FELLOWSHIP, AND A SCHOOL OF RADIOLOGIC TECHNOLOGY. IT ALSO IS A CLINICAL SITE FOR STUDENTS STUDYING TO BECOME MEDICAL LABORATORY TECHNICIANS, NURSES, PARAMEDICS, REHABILITATION TECHNICIANS AND PERFUSIONISTS. IN ADDITION, THE MEDICAL CENTER MANAGES AN ADULT DAY CARE CENTER IN COLLABORATION WITH OTHER NON-PROFITS.

AS A SOLE COMMUNITY PROVIDER, SPECIALIZED SERVICES INCLUDE A CANCER CENTER, A DIABETES CENTER, LEVEL II BIRTH CENTER, AND A LEVEL II EMERGENCY CENTER. EMERGENCY SERVICES ARE AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY.

WE ALSO PARTICIPATE IN A FEDERAL GOVERNMENT MEDICARE PROJECT GRANT TO PROVIDE SERVICES TO MEDICARE RECIPIENTS WHO HAVE CERTAIN CHRONIC DISEASES.

BECAUSE OF THE NEED FOR DENTAL CARE FOR THE INDIGENT, MMC - NI HAS FULLY FURNISHED TWO ROOMS TO ACCOMMODATE EMERGENT DENTAL NEEDS. HALF DAY CLINICS ARE MANNED BY AREA DENTISTS AND DENTAL ASSISTANTS WHO VOLUNTEER THEIR TIME AND GUIDANCE.

BEING A RURAL AREA OFTEN CREATES A TRANSPORTATION BARRIER FOR ACCESS TO MEDICAL APPOINTMENTS. MMC-NI HAS TWO SUBSIDIZED PROGRAMS THAT FACILITATE

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TRANSPORTATION FOR INDIVIDUALS WHO, BECAUSE OF AGE, DISABILITY, ECONOMICS AND/OR TREATMENT, NEED ASSISTANCE. THIS SERVES THOSE WHO LIVE IN MASON CITY AS WELL AS THROUGHOUT SURROUNDING NORTH IOWA COMMUNITIES.

A 24-HOUR/7-DAY A WEEK TELEPHONE INFORMATION SERVICE IS AVAILABLE, MERCY FAMILY HEALTH LINE, WHICH FIELDS OVER 22,000 CALLS A YEAR. MEDICAL TRIAGE IS PROVIDED BY NURSES AS WELL AS REFERRALS TO INTERNAL AND COMMUNITY RESOURCES. WE ALSO PARTICIPATE IN A FEDERAL GOVERNMENT MEDICARE PROJECT GRANT TO PROVIDE SERVICES TO MEDICARE RECIPIENTS WHO HAVE CERTAIN CHRONIC DISEASES.

IN COLLABORATION WITH THE COMMUNITY KITCHEN, OUR HOSPITAL KITCHEN HANDLES THE PREPARATION OF MEALS ON WHEELS AND DONATES DELIVERY COORDINATION. IN CALENDAR YEAR 2009, NEARLY 30,000 MEALS WERE PREPARED AND DELIVERED.

MMC-NI IS GOVERNED BY A BOARD OF DIRECTORS COMPRISED OF LOCAL BUSINESS LEADERS, LOCAL PHYSICIANS, AND ROMAN CATHOLIC SISTERS REPRESENTING SISTERS OF MERCY. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTHCARE PROVIDERS IN ORDER TO BEST MEET THE NEEDS OF OUR NORTH IOWA COMMUNITIES.

MMC-NI HAS ABOUT 400 VOLUNTEERS, WHO SERVE IN NEARLY EVERY DEPARTMENT OF THE HOSPITAL. FROM CLERICAL WORK TO PROVIDING PATIENT AND VISITOR SERVICES, MERCY VOLUNTEERS TRULY DO MAKE A DIFFERENCE. THROUGH FUNDRAISERS, THE VOLUNTEERS ALSO PROVIDE FINANCIAL SUPPORT TO A VARIETY OF AREAS WITHIN THE HOSPITAL. MERCY AUXILIARY AWARDS SCHOLARSHIPS TO STUDENTS PURSUING EDUCATION IN THE HEALTHCARE FIELD. THE AUXILIARY RENTS OUT INFANT SAFETY SEATS TO ENSURE THAT ALL BABIES LEAVE OUR HEALTH CARE CENTER IN A PROPER SAFETY SEAT. THEY ALSO CO-SPONSOR FREE MONTHLY SAFETY SEAT

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INSPECTION SERVICES FOR THE COMMUNITY.

AS A SOLE COMMUNITY PROVIDER, MMC-NH PROVIDES A RANGE OF SPECIALIZED SERVICES, DIABETES EDUCATION AND NUTRITION AND AN EMERGENCY CENTER. EMERGENCY SERVICES ARE AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY.

A BOARD OF DIRECTORS COMPRISED OF LOCAL BUSINESS LEADERS, LOCAL PHYSICIANS, AND ROMAN CATHOLIC SISTERS REPRESENTING SISTERS OF MERCY GOVERNS MMC-NH. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTHCARE PROVIDERS, IN ORDER TO BEST MEET THE NEEDS OF OUR NORTHEAST IOWA COMMUNITIES.

MMC-NH HAS ABOUT 200 VOLUNTEERS, WHO SERVE IN NEARLY EVERY DEPARTMENT OF THE HOSPITAL. FROM CLERICAL WORK TO PROVIDING PATIENT AND VISITOR SERVICES, MERCY VOLUNTEERS TRULY DO MAKE A DIFFERENCE. THROUGH FUNDRAISERS, THE VOLUNTEERS ALSO PROVIDE FINANCIAL SUPPORT TO A VARIETY OF AREAS WITHIN THE HOSPITAL. MERCY AUXILIARY AWARDS SCHOLARSHIPS TO HIGH SCHOOL AND NON-TRADITIONAL STUDENTS PURSUING EDUCATION IN THE HEALTHCARE FIELD. THE AUXILIARY ALSO SPONSORS NUMEROUS BLOOD DRIVES AND LUNCH-AND-LEARN EVENTS ON HEALTHCARE SUBJECTS. THEY ALSO PROVIDE WIGS AND TURBANS TO THOSE INDIVIDUALS WHO HAVE LOST THEIR HAIR DUE TO ILLNESS.

PART VI, LINE 7: MERCY MEDICAL CENTER - NORTH IOWA IS A MEMBER ORGANIZATION OF TRINITY HEALTH, THE FOURTH-LARGEST CATHOLIC HEALTH CARE SYSTEM IN THE COUNTRY. BASED IN NOVI, MICHIGAN, TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEVELOP, AND ARE HELD ACCOUNTABLE FOR ACHIEVING, COMMUNITY BENEFIT GOALS THAT INCLUDE DEVELOPING NEEDED

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SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITY THROUGH PROGRAMS TO SERVE THE POOR AND UNINSURED, MANAGE CHRONIC CONDITIONS LIKE DIABETES, HEALTH EDUCATION AND PROMOTION INITIATIVES, AND OUTREACH FOR THE ELDERLY. IN FISCAL YEAR 2010, THIS INCLUDED NEARLY $456 MILLION IN SUCH COMMUNITY BENEFITS. THEREFORE, TRINITY HEALTH TAKES A SYSTEMS APPROACH IN ITS COMMUNITY BENEFIT PLANNING AND IMPLEMENTATION, AND IS CONSEQUENTLY ABLE TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ARE HELPING PROMOTE AND ADDRESS THE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES.

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