### Part I: Financial Assistance and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance at cost (from Worksheet 1)</td>
<td>1</td>
<td>47</td>
<td>166,986</td>
<td>0</td>
<td>166,986</td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>1</td>
<td>399</td>
<td>300,243</td>
<td>256,847</td>
<td>43,396</td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>1</td>
<td>47</td>
<td>166,986</td>
<td>0</td>
<td>166,986</td>
</tr>
<tr>
<td>Total Financial Assistance and Other Benefits Programs</td>
<td>2</td>
<td>446</td>
<td>467,229</td>
<td>256,847</td>
<td>210,382</td>
</tr>
</tbody>
</table>

### Other Benefits

| (a) Community health improvement services and community benefit operations (from Worksheet 4) | 10                            | 4,917                              | 169,467                       | 169,467                       | 3.01%                       |
| (b) Health professions education (from Worksheet 5) | 2                             | 4                                  | 1,966                         | 1,966                         | .03%                        |
| (c) Subsidized health services (from Worksheet 6) | 3                             | 41                                 | 5,285                         | 5,285                         | .09%                        |

### Total, Other Benefits

| 15 | 4,962 | 176,718 | 176,718 | 3.13% |

### Total, Add lines 7d and 7e

| 17 | 5,408 | 643,947 | 256,847 | 387,100 | 6.86% |
### 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>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Economic development</td>
<td>541</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Community support</td>
<td>20</td>
<td>35.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Leadership development and training for community members</td>
<td>48</td>
<td>245.</td>
<td>245.</td>
<td>.00%</td>
<td></td>
</tr>
<tr>
<td>6 Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Community health improvement advocacy</td>
<td>225</td>
<td>3,335.</td>
<td></td>
<td></td>
<td>.06%</td>
</tr>
<tr>
<td>8 Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Total</td>
<td>834</td>
<td>3,961.</td>
<td></td>
<td></td>
<td>.07%</td>
</tr>
</tbody>
</table>

### Part III Bad Debt, Medicare, & Collection Practices

#### Section A. Bad Debt Expense

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

   Yes  No  

2. Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.  

   89,316.  

3. Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.  

   5,007.  

4. Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.  

#### Section B. Medicare

5. Enter total revenue received from Medicare (including DSH and IME)  

   3,019,205.  

6. Enter Medicare allowable costs of care relating to payments on line 5  

   3,143,699.  

7. Subtract line 6 from line 5. This is the surplus (or shortfall)  

   -124,494.  

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  [X] Cost to charge ratio  [ ] Other  

#### Section C. Collection Practices

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

   Yes  No  

9b. If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI  

   Yes  No  

### Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

<table>
<thead>
<tr>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization's profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees' profit % or stock ownership %</th>
<th>(e) Physicians' profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
### Part V Facility Information

#### Section A. Hospital Facilities

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

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)

<table>
<thead>
<tr>
<th></th>
<th>Licensed hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Teaching hospital</th>
<th>Critical access hospital</th>
<th>Research facility</th>
<th>ER24 hours</th>
<th>ERother</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OAKLAND MERCY HOSPITAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SKILLED NURSING CARE</td>
</tr>
<tr>
<td></td>
<td>601 EAST 2ND STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OAKLAND, NE 68045</td>
</tr>
<tr>
<td></td>
<td><a href="http://WWW.OAKLANDHOSPITAL.ORG">WWW.OAKLANDHOSPITAL.ORG</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>080001</td>
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<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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09530510 794151 3260 2014.05092 OAKLAND MERCY HOSPITAL 32601
### 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)

<table>
<thead>
<tr>
<th>Community Health Needs Assessment</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>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 &quot;No,&quot; skip to line 12</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

If "Yes," indicate what the CHNA report describes (check all that apply):

- [X] A definition of the community served by the hospital facility
- [X] Demographics of the community
- [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- [X] How data was obtained
- [X] The significant health needs of the community
- [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- [X] The process for identifying and prioritizing community health needs and services to meet the community health needs
- [X] The process for consulting with persons representing the community’s interests
- [ ] Information gaps that limit the hospital facility’s ability to assess the community’s health needs
- [ ] Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA: 2013

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.

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

6b 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

7 Did the hospital facility make its CHNA report widely available to the public?

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

- [X] Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C
- [X] Made a paper copy available for public inspection without charge at the hospital facility
- [X] Other website (list url):
- [ ] 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

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 2013

10 Is the hospital facility’s most recently adopted implementation strategy posted on a website?

If "Yes," (list url): SEE SCHEDULE H, PART V, SECTION C

10b 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)?

12b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

12c 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? "$
Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: OAKLAND MERCY HOSPITAL

Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?
   If "Yes," indicate the eligibility criteria explained in the FAP:
   a X Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 400%
   b X Income level other than FPG (describe in Section C)
   c X Asset level
   d X Medical indigency
   e X Insurance status
   f X Underinsurance status
   g X Residency
   h X Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?
   If "Yes," indicate how the hospital facility’s FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):
   a X Described the information the hospital facility may require an individual to provide as part of his or her application
   b X Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
   c X Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
   d X Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
   e X Other (describe in Section C)

16 Included measures to publicize the policy within the community served by the hospital facility?
   If "Yes," indicate how the hospital facility publicized the policy (check all that apply):
   a X The FAP was widely available on a website (list url): SEE PART V
   b X The FAP application form was widely available on a website (list url): SEE PART V
   c X A plain language summary of the FAP was widely available on a website (list url): SEE PART V
   d X The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
   e X The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
   f X A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
   g X Notice of availability of the FAP was conspicuously displayed throughout the hospital facility
   h X Notified members of the community who are most likely to require financial assistance about availability of the FAP
   i X Other (describe in Section C)

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?

18 Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:
   a X Reporting to credit agency(ies)
   b X Selling an individual’s debt to another party
   c X Actions that require a legal or judicial process
   d X Other similar actions (describe in Section C)
   e X None of these actions or other similar actions were permitted
### 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?

<table>
<thead>
<tr>
<th>Action</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Reporting to credit agency(ies)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b. Selling an individual's debt to another party</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>c. Actions that require a legal or judicial process</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>d. Other similar actions (describe in Section C)</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### 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):

<table>
<thead>
<tr>
<th>Effort</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Notified individuals of the financial assistance policy on admission</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>b. Notified individuals of the financial assistance policy prior to discharge</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>c. Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>d. Other (describe in Section C)</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

### 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?

<table>
<thead>
<tr>
<th>Policy</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### 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.

<table>
<thead>
<tr>
<th>Method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Used its lowest negotiated commercial insurance rate</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b. Used the average of its three lowest negotiated commercial insurance rates</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>c. Used the Medicare rates</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>d. Other (describe in Section C)</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 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?

<table>
<thead>
<tr>
<th>Yes, explain in Section C.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 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?

<table>
<thead>
<tr>
<th>Yes, explain in Section C.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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**Schedule H (Form 990) 2014**

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**Part V Facility Information**

**Name of hospital facility or letter of facility reporting group**: OAKLAND MERCY HOSPITAL
### OAKLAND MERCY HOSPITAL

#### Part V, Section B, Line 5: Oakland Mercy Hospital Contracted with the Elkhorn Logan Valley Health Department and Ionia Research. Input from Diverse Sectors Involved in Public Health Was Obtained Through Key Informant Interviews From Groups Such As, Allied Health Professionals, Behavioral Health Executives, Emergency Response Planners, Community Based Organizations, Community College Administrators, Health Education Directors, Community Health Center Executives, Business Leaders and School Administrators. The Data Was Gathered Using Both Primary and Secondary Sources. The Primary Data Was Collected Through Community-Level Health Surveys Administered Online and Through Regular Mail. Secondary Data Sources Were the Public Health Association of Nebraska, Behavior Risk Factor Surveillance System, Youth Risk Behavior Survey, U.S. Census Bureau- Vital Statistics, County Health Rankings (Robert Wood Johnson Foundation) and Healthy People 2020.

Focus groups were then employed to further refine the process. Participants in the focus groups were from a cross section of the service area and included elected officials, health care professionals, dental advocates, citizens at large, behavioral health, mental health, schools, churches, not-for-profit agencies, law enforcement, tribal representative and prevention organizers.

#### OAKLAND MERCY HOSPITAL

#### Part V, Section B, Line 6A: The Hospital’s CHNA Was Conducted With St. Francis Memorial Hospital.
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, 16, 18d, 19d, 20e, 21c, 21d, 22d, 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.

OAKLAND MERCY HOSPITAL:

PART V, SECTION B, LINE 6B: COLLABORATING ORGANIZATIONS INCLUDED, BAKER COUNSELING, BURT COUNTY COMMISSIONERS BOARD, DEPARTMENT OF HEALTH AND HUMAN SERVICES, DINKLAGE MEDICAL CLINIC, DISTRICT 7 PROBATION, FAITH REGIONAL HEALTH SERVICES, FRANCISCAN CARE SERVICES, HOME INSTEAD SERVICE CARE, CUMING COUNTY JUVENILE DIVERSION, IONIA RESEARCH, LAND O'FROST, MADISON PUBLIC SCHOOLS, MEMORIAL COMMUNITY HOSPITAL AND HEALTH SYSTEM, MT. OLIVE LUTHERAN CHURCH, NEBRASKA STATE SENATOR, DISTRICT 16, NENCA, NORFOLK COMMUNITY HEALTH CARE CLINIC, NORFOLK POLICE DIVISION, NORFOLK PUBLIC SCHOOLS, NORTHEAST COMMUNITY COLLEGE, NORTHEAST NEBRASKA AREA AGENCY ON AGING, NORTHEAST NEBRASKA COMMUNITY ACTION PARTNERSHIP, OAKLAND HEIGHTS, OAKLAND—CRAIG SCHOOLS, PONCA TRIBE OF NEBRASKA, REGION 4, ST. FRANCIS MEMORIAL HOSPITAL, STANTON HEALTH CENTER, WEST POINT CHAMBER OF COMMERCE, WEST POINT LIVING CENTER, WEST POINT PUBLIC SCHOOLS, WISNER CARE CENTER, AND WOMEN'S EMPOWERING LIFELINE.

OAKLAND MERCY HOSPITAL:

PART V, SECTION B, LINE 11: OAKLAND MERCY HOSPITAL ADDRESSED ALL FOUR AREAS IDENTIFIED IN THE CHNA.

OAKLAND MERCY HOSPITAL HAS ADDRESSED THE OBESITY NEED BY STARTING UP A WEIGHT WATCHERS AT WORK PROGRAM FOR OUR COLLEAGUES IN AUGUST 2014; AND, MEMBERS OF SURROUNDING COMMUNITIES WERE INVITED. THE GROUP HAS HAD A STEADY MEMBERSHIP AND CONTINUES TO THRIVE. IN THE AREA OF PREVENTION, HEALTH AND WELLNESS EDUCATION AND BLOOD PRESSURE CHECKS ARE HELD MONTHLY
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, 16d, 18d, 20e, 21c, 21d, 22d, 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," etc.) and name of hospital facility.

AT AREA SENIOR CENTERS. THE HOSPITAL SPONSORS, AND ONE OF OUR PHYSICIAN ASSISTANTS ORGANIZES AND DIRECTS A HEALTH FAIR AT ONE OF OUR LOCAL ELEMENTARY SCHOOLS; THE EMPHASIS IS ON HAND HYGIENE AND GENERAL HEALTHY HABITS. ONE OF OUR PROVIDERS ASSISTS STUDENT ATHLETES THROUGHOUT THE YEAR WITH THE EVALUATION AND TREATMENT OF SPORTS-RELATED INJURIES. ALSO IN THE AREA OF PREVENTION, FLU SHOT CLINICS ARE HELD AT LOCAL SENIOR CENTERS AS WELL AS SOME LOCAL BUSINESSES. IN JANUARY 2015, IN A JOINT VENTURE WITH THE ELKHORN LOGAN VALLEY HEALTH DEPARTMENT, AN EBOLA AWARENESS TRAINING SESSION WAS HELD FOR LOCAL POLICE, FIRE AND RESCUE DEPARTMENTS, AND HOSPITAL AND CLINIC PERSONNEL. WE HAVE A REGISTERED NURSE ON STAFF THAT VOLUNTEERS HER TIME TO WRITE A WEEKLY ARTICLE FOR OUR LOCAL NEWSPAPERS THAT INCLUDES EDUCATIONAL INFORMATION AND INFORMATION ABOUT UPCOMING HEALTH AND WELLNESS EVENTS. SHE INCLUDES SUBJECTS RELATED TO GENERAL HEALTH, MENTAL HEALTH, AND RISKY BEHAVIORS. A HEALTH COACH WAS ADDED TO OUR CLINIC TEAM IN NOVEMBER 2014. SHE REVIEWS THE PATIENT'S HISTORY, THEN COACHES AND COUNSELS THEM ON HEALTH RISKS (RISKY BEHAVIOR, OBESITY, PREVENTION, AND BEHAVIORAL/MENTAL HEALTH) AND DIRECTS THEM TOWARD PROPER TREATMENT.

OAKLAND MERCY HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESumptIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING...
FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

OAKLAND MERCY HOSPITAL:

PART V, SECTION B, LINE 22D: PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES. ACUTE CARE PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE ACUTE CARE CONTRACTUAL ADJUSTMENT FOR MEDICARE. AMBULATORY PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE PHYSICIAN CONTRACTUAL ADJUSTMENT FOR MEDICARE. THE ACUTE AND PHYSICIAN AVERAGE CONTRACTUAL ADJUSTMENT AMOUNTS FOR MEDICARE ARE CALCULATED UTILIZING THE LOOK BACK METHODOLOGY OF CALCULATING THE SUM OF PAID CLAIMS DIVIDED BY THE TOTAL GROSS CHARGES FOR THOSE CLAIMS ANNUALLY USING TWELVE MONTHS OF PAID CLAIMS WITH A 30 DAY LAG FROM REPORT DATE TO THE MOST RECENT DISCHARGE DATE.

OAKLAND MERCY HOSPITAL - PART V, SECTION B, LINE 7A:

WWW.OAKLANDHOSPITAL.ORG/WORKFILES/OAKLAND/OMHCOMMUNITYHEALTHNEEDSASSESSMENT.PDF

OAKLAND MERCY HOSPITAL - PART V, SECTION B, LINE 10A:
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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

**Table: Facility Information**

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Website Link</th>
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<tbody>
<tr>
<td>OAKLAND MERCY HOSPITAL 20-8072234</td>
<td><a href="http://WWW.OAKLANDHOSPITAL.ORG/WORKFILES//OMH_IMPLEMENTATION_PLAN.PDF">OMH_IMPLEMENTATION_PLAN.PDF</a></td>
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- **OAKLAND MERCY HOSPITAL - PART V, SECTION B, LINE 16A:**
  - [WWW.OAKLANDHOSPITAL.ORG/BUSINESS-OFFICE-707](http://WWW.OAKLANDHOSPITAL.ORG/BUSINESS-OFFICE-707)

- **OAKLAND MERCY HOSPITAL - PART V, SECTION B, LINE 16B:**
  - [WWW.OAKLANDHOSPITAL.ORG/BUSINESS-OFFICE-707](http://WWW.OAKLANDHOSPITAL.ORG/BUSINESS-OFFICE-707)

- **OAKLAND MERCY HOSPITAL - PART V, SECTION B, LINE 16C:**
  - [WWW.OAKLANDHOSPITAL.ORG/BUSINESS-OFFICE-707](http://WWW.OAKLANDHOSPITAL.ORG/BUSINESS-OFFICE-707)
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)

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
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How many non-hospital health care facilities did the organization operate during the tax year? 0
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 (e.g., 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:**

OAKLAND MERCY HOSPITAL 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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IN ADDITION, OAKLAND MERCY HOSPITAL INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON TRINITY HEALTH’S WEBSITE:

(TRINITY-HEALTH.ORG/MERCY-MEDICAL-CENTER-SIOUX-CITY-IA).

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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 
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, $89,136 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:

ECONOMIC DEVELOPMENT: THE CEO OR CFO FROM OAKLAND MERCY HOSPITAL 
PARTICIPATED IN THE OAKLAND, LYONS, AND TEKAMAH MONTHLY CHAMBER OF 
COMMERCE/COMMUNITY CLUB MEETINGS AND COUNTY ECONOMIC DEVELOPMENT BOARD 
MEETINGS. ONE OF THE RNS ON STAFF ATTENDED MONTHLY BOARD OF HEALTH 
MEETINGS. SHE ALSO ATTENDED THE STATE AND NATIONAL BOARD OF HEALTH 
CONFERENCES.

COMMUNITY SUPPORT: THE HOSPITAL AND CLINIC MEDICAL DIRECTOR SERVED AS 
THE DIRECTOR FOR THE LYONS VOLUNTEER RESCUE TEAM. A PHYSICIAN ASSISTANT 
ON STAFF SERVED AS THE DIRECTOR FOR THE CRAIG VOLUNTEER RESCUE TEAM.

COALITION BUILDING: THE MEDICAL DIRECTOR PARTICIPATED IN THE DEVELOPMENT 
AND IMPLEMENTATION OF TRAINING SESSIONS WITH THE LYONS VOLUNTEER RESCUE 
TEAM. THE PHYSICIAN ASSISTANT ON STAFF PARTICIPATED IN THE DEVELOPMENT
AND IMPLEMENTATION OF TRAINING SESSIONS REGARDING EPIPENS, TREATING WITH ASPIRIN, AND KING PIN TRAINING.

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT/SAFETY: AN EBOLA INFORMATION AND TRAINING NIGHT, IN COLLABORATION WITH THE ELKHORN LOGAN VALLEY HEALTH DEPARTMENT, WAS HELD AT THE CRAIG FIRE HALL. THE ATTENDEES INCLUDED HOSPITAL AND CLINIC STAFF, AREA FIRE AND RESCUE TEAMS, AND AREA LAW ENFORCEMENT GROUPS. AN OPEN HOUSE WAS HELD IN JULY TO SHOWCASE OUR ER AND RADIOLOGY REMODEL. WE INTRODUCED THE ADDITION OF DIGITAL MAMMOGRAPHY AND THE DEXASCAN. AN EDUCATIONAL PROGRAM ABOUT SMOKING ENTITLED, "TAR WARS," WAS PRESENTED TO GRADES 5, 6, AND 9 IN THE TEKAMAH-HERMAN SCHOOL. ONE OF OUR STAFF RNS WROTE ARTICLES FOR TWO AREA NEWSPAPERS. HER ARTICLES INCLUDED HEALTH TIPS AND NEWS ABOUT UPCOMING EVENTS RELATED TO HEALTH AND WELLNESS. SHE ALSO SHARED INFORMATION ABOUT SAFE DRIVING, QUITTING SMOKING, AND TIPS FOR STAYING HEALTHY DURING THE FLU SEASON.

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:
THIS CRITICAL ACCESS HOSPITAL DOES NOT HAVE PRESUMPTIVE CHARITY. THE PERCENTAGE OF BAD DEBT WAS ESTIMATED AT THIS AMOUNT BASED ON A REVIEW OF PATIENT RECORDS REPORTED AS BAD DEBT. AN ASSESSMENT OF THE FINANCIAL
ASSISTANCE PACKETS WAS DONE TO FIND OUT HOW MANY WERE DENIED DUE TO MISSING OR INCOMPLETE DOCUMENTATION.

PART III, LINE 4:


PART III, LINE 8:

OAKLAND MERCY HOSPITAL 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 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.

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

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. 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 - OAKLAND MERCY HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY IN THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL 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, IN THE ASSESSMENT OF THE COMMUNITY. OAKLAND MERCY HOSPITAL ALSO WORKS COLLABORATIVELY WITH OTHER AGENCIES AND, IN PARTICULAR, THE ELKHORN LOGAN VALLEY HEALTH DEPARTMENT.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - OAKLAND MERCY HOSPITAL 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 AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS, OAKLAND MERCY HOSPITAL 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
- 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

OAKLAND MERCY HOSPITAL 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 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.

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 HEALTHCARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. FINANCIAL ASSISTANCE APPLICATIONS WILL BE ACCEPTED UNTIL ONE YEAR AFTER THE FIRST BILLING STATEMENT TO THE PATIENT.

OAKLAND MERCY HOSPITAL 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. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, 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. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS
OAKLAND MERCY HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. OAKLAND MERCY HOSPITAL 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, CONSISTENT MANNER.

PART VI, LINE 4:
COMMUNITY INFORMATION – OAKLAND MERCY HOSPITAL'S PRIMARY SERVICE AREA IS BURT AND THE SURROUNDING COUNTIES IN NORTHEAST NEBRASKA. THE PRIMARY HOSPITAL IS LOCATED IN OAKLAND, NEB. AND OPERATES THREE RURAL HEALTH CLINICS IN OAKLAND, LYONS AND TEKAMAH. OAKLAND MERCY HOSPITAL IS AN OWNED FACILITY OF MERCY MEDICAL CENTER–SIoux CITY AND PART OF THE MERCY SIOUXLAND REGIONAL NETWORK, WHICH ALSO MANAGES THE PENDER COMMUNITY HOSPITAL IN THURSTON COUNTY.

OAKLAND MERCY HOSPITAL'S SERVICE AREA IS CONSIDERED RURAL. THE MEDIAN INCOME FOR A HOUSEHOLD IN THE COUNTY WAS $45,813. THE PER CAPITA INCOME FOR THE COUNTY WAS $25,185. ABOUT 6.20% OF FAMILIES AND 9.70% OF THE POPULATION WERE BELOW THE POVERTY LINE, INCLUDING 7.70% OF THOSE UNDER AGE 18 AND 6.20% OF THOSE AGE 65 OR OVER.

PART VI, LINE 5:
OTHER INFORMATION – OAKLAND MERCY HOSPITAL HAS EMPLOYEES WHO ARE ENGAGED IN OUR COMMUNITY. WE HAVE INDIVIDUALS WHO SERVE ON COMMITTEES IN OUR SCHOOL, NURSING HOMES, PUBLIC HEALTH DEPARTMENT AND REGIONAL MEDICAL RESPONSE SYSTEM.
PART VI, LINE 6:

OAKLAND MERCY HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL REGIONAL HEALTH MINISTRIES DEFINE - AND ACHIEVE - COMMUNITY BENEFIT GOALS THAT INCLUDE IMPLEMENTING NEEDED 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 SERVING THOSE WHO ARE POOR AND UNINSURED, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND REACHING OUT TO UNDERSERVED POPULATIONS. ANNUALLY, THE ORGANIZATION INVESTS MORE THAN $800 MILLION IN SUCH COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING EACH COMMUNITY'S SPECIFIC NEEDS.

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